THE IMPACT OF DECENTRALIZATION IN KENYA

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Executive Summary

In 2010, Kenya passed a new Constitution that among other provisions, saw the introduction of a decentralization strategy. The decentralization process, which took effect in 2013 created two equal governing bodies: the national and county level governments. This change made nationwide matters including policy and financial budgets the responsibility of the national government, while local needs such as delivery of various services were made the responsibility of the 47 county level governments. The main objectives of this change were to bring the government to a community level, increase civic engagement, improve service delivery and quality, as well as achieve equality across the state. This research aims to determine the impact the 2013 decentralization process has had on Kenya’s Turkana and Kajiado counties, with particular consideration to the education and health sectors. This analysis concludes that whereas there have been increases in infrastructure, resources and changes to governing systems, the full extent of the impact of decentralization is yet to be realized.

Methods and Limitations

This analysis consists qualitative and quantitative data gathered through an extensive literature review of academic work, government publications, and third sector published materials. Secondary quantitative data was gathered from online databases via sources such as the World Bank, Kenya Government and county level governments. Additionally, primary data was gathered by in-person and Skype interviews with individuals from Kenya’s third sector, and those with significant knowledge on the decentralization process and marginalized communities.

The methods used for data collection involves primarily desk based research. Although changes have been implemented on the ground, there is limited published data available for analysis. Furthermore, the data that has been made available such as county budgets and World Bank data is inconsistent and is missing values. Interviews were held to remedy for this, and while these individuals are knowledgeable on the decentralization process and work heavily with marginalized communities, none were held with government officials or academics.

Introduction

Kenya is an East African nation that in 2014 was home to 45.5 million people (World Bank, 2016). It is one of East and Central Africa’s most powerful economies with a GDP of 60.94 billion USD as of 2014 (World Bank, 2016). Nevertheless, Kenya is still considered by the World Bank to be a lower middle income nation, with GNI per capita in 2014 reaching only 1,280 USD (World Bank, 2016). This income status is reflected in the poverty rates across the country, where in 2009, 28.8% of Kenyans lived below the poverty line (of 1.25 USD per day), 24.4% were vulnerable to poverty, and 19.8% lived in severe poverty (World Bank, 2016). Regions in Kenya with the highest poverty rates, happen to be arid and semi-arid lands (ASAL). These areas account for 80% of Kenya’s geographic reach, yet only 30% of the population resides here and the average poverty rate is 65% (World Bank, 2016). These regions are deemed ASAL based on low levels of rainfall which limits the presence of both animal life and plant growth. ASAL regions are highly vulnerable to drought and the impacts of climate change, with food and water insecurity posing a hazard to human livelihoods. As a result, 2 million of Kenya’s ASAL population live on permanent famine relief, with that number rising to 5 million during
periods of severe drought (UNDP, 2011). Despite difficult conditions, ASAL regions are home to nomadic pastoralists, whose lifestyle entails raising livestock under economic and social systems that thrive in dry lands (IFAD, 2009). Two ASAL regions with high poverty rates and large populations of marginalized communities of nomadic pastoralists are Turkana and Kajiado Counties. This research will focus on these two counties and the impact that decentralization has had on their governance, infrastructure, as well as resource and service delivery.

Decentralization

Decentralization is defined as “the transfer of authority for decision-making, finance, and management to quasi-autonomous units of local governments or the private sector” (Litvack and Seddon, 1999; Rondinelli, 1999). Decentralization is not a new concept considering that in the late 1990s approximately 80% of the world’s countries were experimenting with one form or another of decentralization (Manor, 1999). More than twenty years later, Channa and Faguet (2012) find it safe to say that “experiments with and excitement for decentralization are now ubiquitous around the globe”. Like many other countries, Kenya has also embraced a decentralization agenda as outlined in its current constitution which formally came into law on 27th August 2010 after a successful referendum. This is Kenya’s second constitution, replacing its first one that has been in place since Kenya attained her independence in 1963. This is also Kenya’s second attempt at decentralization after its initial attempt after independence in 1963 was amended thus making Kenya a unitary state with a strong central government (Constitution of Kenya (Amended), 1964).

Alongside key provisions with respect to human and social rights, the new constitution introduces major changes in the country’s governance structure, including a shift from a centralized system to a decentralized governance framework. Kenya’s new governance structure entails two levels of government which are a national government and 47 county governments. In practice, the national government and the county government are distinct but inter-dependent (See Fig. 1).

![Figure 1](https://example.com/image.png)

The New Structure and System of Governance in Kenya

The National government is headed by the President supported by the Cabinet and National Parliament while the county governments are headed by County Governors supported by the County Cabinets and County Assemblies (See Fig. 2). According to the legislation in place so far, county governments are responsible for the implementation and delivery of specific roles mainly in development of public infrastructure such as roads and provision of certain (not all) public services such as water, health and agriculture. To enable them conduct their functions, Article 203(2) of the constitution sets the annual transfer from the national government to the county government at a minimum of 15 per cent of the national revenue based on the most recent audited accounts (Constitution of Kenya, 2010). Further, Article 204 (1 and 2) of the constitution establishes an Equalization Fund comprising 0.5% of the national government revenue to “provide basic services including water, roads, health facilities and electricity to marginalized areas to the extent necessary to bring the quality of those services in those areas to the level generally enjoyed by the rest of the nation, so far as possible” (Government of Kenya, 2015). These areas include Turkana and Kajiado which have traditionally been neglected by the centralized system hence lag behind other areas in the country in key development sectors such as education and health.

**Figure 2**
Structure of County Government

Decentralization operates under the principle that decentralized systems have the advantage of having superior information on local needs and stronger incentives to address them. However, there are varying opinions on the impact of decentralization. Rondinelli et al (1999) noted that decentralization seldom, if ever, lived up its promise. On the other hand, in their review of more than 56 studies published since the late 1990’s, Shah et al. (2004) found that decentralization improved service delivery, corruption and growth in some countries while worsening it across a large range of countries. This paper therefore seeks to find out the impact of Kenya’s relatively young decentralization strategy which has been termed ambitious by some.
Results and discussion

There is evidence that decentralization in Kenya has impacted service delivery across most sectors both positively and negatively. For the purpose of this research, we will limit ourselves to the impact of devolution on the Education and Health sectors, on citizen participation and the rights of minorities. This is because these are the main areas of interest to Aidlink’s activities and they are key issues affecting people from marginalized communities which have hitherto been neglected by central government.

Impact of decentralization on Education

For a long time, communities in Kenya’s marginalized areas like Turkana and Kajiado have been characterized by low literacy levels, low retention and transition rates, and limited access to basic, secondary and tertiary education. The Kenya Institute for Public Policy Research and Analysis (KIPPRA) cites inequalities in access as one of the problems facing the education sector in Kenya. For instance, while the national net primary school enrolment is 95%, about 15 out of 47 counties that recorded low net primary school enrolment (below 80%) were in arid and semi-arid parts of the country which include Turkana and Kajiado (KIPPRA, 2014). The same applies to Secondary school enrolment. Factors contributing to the above scenario are attributed to the limited number of trained teachers, inadequate instructional and learning materials, high mobility of the communities linked to their pastoralist nature, inflexible curricula, inappropriate methodologies, and retrogressive socio-cultural practices such as early marriages and female genital mutilation which threaten the right to education for the girls (KIPPRA, 2014; Turkana County, 2013).

With the onset of decentralization, county governments of previously marginalized communities now have a chance to correct the above situation hence lower inequalities in access to education. The new constitution partially devolves education and counties are now responsible for the provision of pre-primary education, village polytechnics, homecraft centres and childcare facilities (Constitution of Kenya, 2010). Other functions such as education policy, curricula, standards, examinations and provision of all other levels of education remain the core responsibility of the national government since education is considered a national service (Constitution of Kenya, 2010). The counties’ key responsibilities therefore include registration, staffing and development of infrastructure for the two devolved components. As we shall see in the following section, decentralization has had mixed impacts on education in Turkana and Kajiado counties.

Impact on Education

To begin with, decentralization has enhanced strategic planning at the county level and counties have put in place strategic plans that outline priority areas of intervention in line with their community’s specific needs. This is a positive development and considering their previously marginalized status with regards to education, it is good to note that both Turkana and Kajiado counties have education as a key priority area of intervention (Turkana County, 2013; Kajiado County, 2013). However, having wonderful plans on paper and their realization are two
different things. In this case, prioritizing education yet counties have only limited control over it may create friction between the county and national governments. County governments therefore need to work closely with central government and other stakeholders in order to realize their development plans for the education sector.

Secondly, giving counties responsibility over pre-primary education and vocational education has encouraged development of these two levels of education which were previously neglected by central government (KIPPRA, 2014, Unicef 2013). Specifically, there have been notable infrastructural and human resource developments since the county governments took over with both counties undertaking construction of Early Childhood Development and Education (ECDE) centers and Polytechnics. For instance, in Kajiado County a total of 296 ECDE classrooms have been constructed across the county (Birishi, 2016). Accordingly, 499 care teachers and 31 instructors have been employed in Kajiado County for pre-primary education and vocational education respectively (Birishi, 2016; Kajiado County, 2016). The above initiatives are important because they reduce the burden on poor parents who were previously responsible for early childhood education since the central government did not employ pre-primary school teachers. Consequently, it may be safe to conclude that such infrastructural and human resource developments have contributed to improved enrolment of children to pre-primary schools and hence transition to primary, secondary and tertiary levels. An analysis of Ministry of Education data over the last few years reveals an increase in primary school enrolment in both Turkana and Kajiado. For instance, in 2010, Kajiado had a total enrolment of 115,056 pupils in Primary school while Turkana had a total enrolment of 64,456. 2014 saw Turkana’s primary school enrolment increase to 411,164 while Kajiado’s increased to 316,128 (MOE, 2015). Secondary school enrolment has also increased and overall the data indicates an upward trend that the two county governments should strive to maintain despite the fact that education is not yet fully devolved.

On the other hand, decentralization has led to the introduction of an ineffective County National School system by creating new County National Schools¹ in each of the 47 counties. All the interviewees felt that this was an initiative that was not well conceptualized and therefore needs to be revised in order for it to achieve meaningful impact especially in previously marginalized counties. According to them, the new policy gave the county national schools a new semantic identity without addressing the underlying quality issues. The academic impact of this new strategy is yet to be established and it calls for further research.

From the above examples it is evident that there have been mixed impacts on education in Kajiado and Turkana counties since the onset of decentralization in 2013. However, since education is not a fully devolved function, the impact of decentralization in this analysis has been limited to the devolved functions.

Health

Kenya’s health sector has been undergoing a series of health care reforms since its independence in 1963. Starting 1963, the nation sought to become a country with health care accessible by all. Although this aim seemed increasingly successful during the 1970’s and 80’s,

¹ National secondary schools are centres of education excellence established for purposes of stimulating education standards and fostering national unity and social cohesion. Previously, National Schools were centralized in cities and major urban areas and were generally well resourced. Decentralization has introduced new county ‘National’ schools in each of the 47 counties by rebranding some existing secondary schools.
it could not withstand the 1990’s economic recession and health crisis (Wamai, 2009). In addition to the 2013 decentralization process, there have been several other key policies both nationally (such as the 1994 National Health Policy Framework) and internationally (such as the WHO’s Health for All by 2000 and the Bamako Initiative). All of these policies hold equality and accessibility above all, with emphasis on involvement at the community level (Wamai, 2009). The decentralization process of 2013 aims to not only foster and improve upon the goals of these policies, but also hopes to implement a health governing structure that allows health to be controlled by those administrators deemed to hold the highest amount of local health knowledge, these administrators being appointed as county health officers. Chapter 2, Part 4 of the New Constitution provides for equal access to the highest quality of healthcare available, as well as ensures the state as the primary duty bearer for sustained delivery (Kenyan Constitution, 2013). With this constitution came a new health leadership, provided by the Ministry of Health, the result of a merger between the Ministry of Medical services and the Ministry of Public Health and Sanitation, which operates at the national level and addresses all cross-county health matters such as health care policies and the standard training of medical professionals (KPMG, 2013). To address county-specific matters, health administrations were formed to manage health functions, legislations, budgeting, resource allocation and service distribution (KPMG, 2013).

The transfer of administrative powers to the county level means that counties can distribute supplies and build infrastructure in ways that are most relevant for their communities needs. For example, decentralization grants local authorities the power to decide which health resources need to be procured. As such, counties such as Turkana have already implemented initiatives tailored to county specific needs. Turkana is a region that has been historically overlooked for development, leading to a low presence of health infrastructure, and also happens to be home to a high number of pastoralists, who are a mobile population. To address it unique health needs, Turkana has ordered mobile health units to act as health facilities and provide healthcare to various regions during pre-scheduled time periods. Such units grant health access to multiple county regions each week without the need for immediate construction of infrastructure. Additionally, there has been an increase in high need resources, such as the presence of ambulances, with Kajiado purchasing its first ambulance in 2014 (MOH, 2015).

Throughout Kenya, and particularly in Turkana and Kajiado, there have been increases in health facilities and infrastructure, increases in health personnel, as well as improvements to the quality of health care. Although decentralization has been implemented since 2013, it is important to note that reforms in the health sector have been occurring in Kenya for decades and therefore it cannot simply be stated that recent changes in the health sector are an impact of the decentralization process; To determine what is a result of decentralization and what is a result of other health policies and the third sector, other variables must be analyzed. Recent policies such as the National Health Reform Framework, which began in 1994 and has been redesigned every 5 years since, are not tied to the recent decentralization process but have provided funding for increased infrastructure and implemented increases in resources. As seen in Figure 3, from the Ministry of Health’s 2013 Household Expenditure Survey, average patient utilization rates have increased, while those sick but refusing to seek care has decreased since 2003, indicating that there have been improvements to the sector long before the presence of decentralization. To better understand decentralizations influence, the main instrument permitting counties power can be analyzed: monetary control. The funding amounts are determined by the national level government and dispersed to the county level by the Office of the Controller of the Budget (OCB). Each county is expected to spend funding on either development expenditure (one time
expenses such as infrastructure) or recurring expenditure (periodic expenses such as resources and personnel) and is expected to submit accounts to the Office of the Controller. By understanding the expenses each county incurs, we can determine whether or not the increases in infrastructure, personnel, and resources are due to decentralization, or if they originated elsewhere.

An analysis of Kajiado’s budget proved to be difficult. According to the OCB, Kajiado County needs to improve transparency, as expenses are grouped broadly into categories such as resources, but what the resources are for (health, education, etc.) are not accurately recorded (OCB, 2015). However, the budget does detail the recurrent and development expenses of the county, which for Kajiado there was no development expenditure until 2014/15 (OCB, 2015). It wasn’t until 2015/16 that the county dedicated 19% of its budget toward development expenditures, and of that only 1.99% was used for health infrastructure (OCB, 2015). This does not indicate poor usage of funding, as not dedicating development expenditure only indicates that Kajiado does not see building additional health infrastructure as high of a priority as resources and service delivery, which is in line with expected needs for the region already equipped with infrastructure (Kenya Health Policy, 2014). In line with Kajiado’s budget distribution, efficient allocation of resources and service delivery would be expected to improve health quality throughout Kenya, as demonstrated by Figure 4 from the Ministry of Health in the 2013 Household Expenditure Survey, where the top two reasons for patients bypassing the nearest medical facilities in 2013 were unavailable medicine (21%) and unqualified staff (18.9%). Kajiado may simply be aiming to tackle these specific barriers to accessing quality healthcare. This research found quality of care, service delivery and allocation of resources in 2016 to still be high-priority issues for local communities, with little change in quality or staff training noticed/available.
Turkana County allocated funding differently, with 47.7% of 2014/15 expenditures aimed at building water, energy, health and education facilities. This means that unlike in Kajiado County, an increase in infrastructure can be at positively related to the decentralization process. 42.3% of Turkana’s funding went to recurring expenditures, and a report from the Turkana County Health Department in 2016 shows that from 2012-2015, population has risen but several indicators related to health have improved. As seen in Table 1, population has risen, as has the presence of stunting and underweight children. This is correlated with recent droughts, which in an already food and water insecure region can lead to child malnourishment and poor overall health; However, indicators related to resources and service provision, such as child immunizations, births delivered at health facilities, and HIV testing have all increased between 2012-2015, indicating resources have been used to improve access to and distribution of these services (MOH, 2015). Additionally, cases of treatable and preventable disease, such as mother-child HIV transmission, malaria presence, and TB prevalence have decreased (MOH, 2015). Finally, in Table 2, which demonstrates presence of health personnel and facilities, it has been found that overall qualified health personnel and health facilities has increased since decentralization was implemented (MOH, 2015). This information confirms citizen feelings that Turkana services, infrastructure and overall quality have improved since the start of 2013 and can be attributed to decentralization.
While there is evidence that decentralization has improved conditions in Turkana and Kajiado, more evidence needs to be analyzed to determine the full extent of impact, for this we can consider the water and energy sectors. While the decentralization process does not devolve the water and energy sectors, it does grant control of water and energy infrastructure to county level administrations. Budgets from 2014/15 show that Kajiado has invested 29.9% of development expenditure to construct boreholes, which will improve water access in the county (OCB, 2015); This access is crucial to well functioning health services. Lack of clean water means patients do not have safe drinking water, sterilization of tools is difficult, and there are limited resources to create sanitary conditions that limit the possible spread of disease. Energy access can also be considered, as lack of reliable electricity hinders medical operations, proper storage of vaccines, and limits usage of infrastructure after dark. Water and energy shortages have long been present in ASAL regions and are known to hinder maximizing of health facilities across Kenya. Due to unreliable energy supply, in 2012 only 74% of Kenya health facilities had energy supply, and only 25% of these facilities had access to reliable energy supply, with the remaining facilities facing blackouts at least six times per month for an average of 4.5 hours at a time (Practical Action, 2013). Understandably, increasing access to energy and water supply would increase the quality of health services across counties, and efforts can be seen to achieve this in Kajiado and Turkana’s budgets (OCB, 2015); However, there is no energy data regarding post-2013 access available as of yet, so we cannot yet determine the impact of county energy

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2015</th>
</tr>
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<tbody>
<tr>
<td>Population</td>
<td>939,368</td>
<td>999,368</td>
</tr>
<tr>
<td>Underweight (for age) %</td>
<td>22.7</td>
<td>34.0</td>
</tr>
<tr>
<td>Stunted (for age) %</td>
<td>3.5</td>
<td>23.9</td>
</tr>
<tr>
<td>Children (12-23 months) Immunized %</td>
<td>54.0</td>
<td>56.7</td>
</tr>
<tr>
<td>Births Delivered at Health Facility %</td>
<td>18.0</td>
<td>23.1</td>
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<tr>
<td>HIV Tested</td>
<td>103,203</td>
<td>106,299</td>
</tr>
<tr>
<td>Mother-Child HIV transmission %</td>
<td>13.3</td>
<td>9.0</td>
</tr>
<tr>
<td>Malaria Cases</td>
<td>19,359</td>
<td>18,089</td>
</tr>
<tr>
<td>TB prevalence (per 100,000)</td>
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<td>183</td>
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</table>

Source: Ministry of Health, 2015

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<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses (per 100,000)</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>Doctors (per 100,000)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Clinical Officers (per 100,000)</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Health Facilities</td>
<td>128</td>
<td>167</td>
</tr>
</tbody>
</table>

Source: Ministry of Health, 2015
infrastructure investment. As for water supply, no data has been found regarding water supply for health infrastructure, and that for individuals shows those with access to improved water sources rose from 60% in 2010 to 63.2% in 2015 and those with access to improved sanitation facilities rose from 29.2% in 2010 to 30.1% in 2015 (World Bank, 2016). As a result, there is not yet enough evidence to determine the scope of the impact that investments in energy and water infrastructure yield. This may be due to the nature of infrastructure building and the time investments needed to construct efficient, sustainable sources; It is likely that investments in these two sectors will payoff over a longer time span.

**Impact of Decentralization on citizen participation**

Although decentralization provides a framework for citizen participation, there must be action to ensure engagement (Cheema, 2007). Azfar, et al. (2004) lists elections, surveys, public hearings, hotlines, direct community involvement, participatory planning and budgeting, and monitoring and evaluation as the commonly used mechanisms for citizen participation. Whereas in a study of how citizen participation impacts decentralized service delivery Muriu (2014) found out that the participation of citizens was minimal and the resulting influence on decentralized service delivery negligible, a recent study by Khaunya et al. (2015) established that the county governments in Kenya have made significant progress in involvement of stakeholders in decision making on development at the county level. Though Khaunya et al. do not categorize the stakeholders, their findings are supported by our interviewees who confirm that community members are consulted and participate in county level decision making through various ways. For instance, in Kajiado County there is evidence that community members are engaged in identification and monitoring of county projects and are also involved in the budget making process. The interviewees explain that this is mainly done through public forums held in schools and other places. More importantly, they pointed out that the county has a schedule that is shared with the community members and it includes venues and dates for them to give their feedback.

In addition, the decentralized structure creates new levels of representation for marginalized people such as women, youth and persons with disabilities. This it does by creating in all constituencies the electable positions of Woman Member of Parliament, Youth Member of Parliament and an allocation for a person with disability which means that they now have a platform to make their voices heard unlike before. In addition, the Public Procurement Act 2013 is also particularly instrumental in supporting the inclusion of these marginalized groups of people. The Act proposes reserving 30% of all government (which includes county governments) procurement to youth, women and persons with disabilities. As a result of the above, employment opportunities for minorities have been created in some of the new departments and within the county governments.

Despite this notable progress in ensuring citizen participation, it is important to recognize the importance of empowering community members to enable them participate effectively in the decentralization process. Muriu (2014) recommends allocation of resources for awareness raising and capacity building of both the local government officials and citizens on their joint role in the participatory process. Further, there is need for continued civic education on the benefits of devolution to encourage community participation. Notably, the counties have embraced electronic media as an avenue for publicising their activities. For instance, both Kajiado and Turkana have active websites, www.kajiado.go.ke and www.turkana.go.ke, respectively. Turkana also unveiled Turkana Daily a local Newspaper that documents local issues.
Considering the low literacy levels in the two communities and access to internet, these may not be very useful tools for engaging with members of the community but are a step in the right direction.

**Further Suggestions**

In conclusion, this research shows that while there will be expected benefits in the coming years from the 2013 decentralization process, and there have been some improvements, such as the increase in financial spending, infrastructure and resources, it is still too early to identify the all the impacts and measure the full extent of the resulting changes. Additionally, there are areas that have received investment but still need improvement, such as quality of services and human resource training. To maximize future positive impacts, there are key recommendations to be considered by the Kenyan government, citizens, and NGO sector when approaching decentralization.

At the county level, it was found that there is a lack of human resources in ASAL regions, particularly when compared to that of Nairobi and other more economically developed counties. Kenya as a nation is losing professionals not just to wealthier counties, but to the international arena. In the past 5 years, personal remittances in Kenya have more than doubled to reach 1.4 billion USD in 2014, while net migration rates have been negative, a key indicator of ‘brain drain’, or the loss of skilled professionals who seek higher income in other regions (World Bank, 2016). To mend this lack of skilled personnel in high-need counties, there should be incentives in place to attract the necessary skilled human resources. Programs that encourage doctors, educators and other skilled staff to relocate to regions with heavy disease burdens or low literacy rates could increase equality and the standard of living for all citizens.

Additionally, for decentralization to be sustainable all Kenyans must remember that transparency and accountability is a requirement and should always be present. Decentralization will not be successful if governments do not feel accountable to elected officials, nor if governments and elected officials do not feel accountable to its citizens. To ensure this, there needs to be a strong central government system in place to hold county governments and administrators accountable for their actions (Juma, 2011). All Kenyan stakeholders, including government leaders, administrators, the private sector, the third sector, and citizens, all must demand governments that are transparent and fulfill their constitutional obligations, and ensure there are repercussions for those who fail to satisfy their duties.

Most importantly, citizens must be a part of government decisions and should be encouraged to participate in the decision making process. Three of the major themes in Kenya’s New Constitution include participation, equality and democracy, and if communities are not involved at the local level, these objectives will not be met. It is important for Kenyan officials to continue creating and implementing sustainable projects that allow all citizens to engage effectively, regardless of geographic location, income, ethnicity, or other demographic indicators. Local officials must travel throughout counties and hold meetings to better engage with all. They must provide citizens with up to date information on policies and activities, in ways all citizens can access, as well as ensure that citizens voices are heard. This is not always easy to do, and calls for the assistance of Kenya’s third sector. Non-governmental organizations working with local marginalized communities, tend to be more knowledgeable and have deeper engagement with these groups. This unique relationship with citizens allows the sector to advocate, engage and communicate across demographics. The third sector must advocate for
citizens and engage with local officials to ensure the needs of those who cannot traditionally advocate for themselves are heard. The sector should also partner with local governments to ensure citizens are informed on government activities and provide citizens with information on how they themselves can participate.

Kenya has embarked on an ambitious journey that no other nation has done before. The country is looking to create widespread change in a short amount of time. This will not be easy, nor will it come without difficulties. The key to a successful decentralization process is to ensure that it is not just on paper, but also within the mindsets of the Kenyan people. This is more than just a political or administrative transformation, this will need to be a cultural shift in thinking and a transformation in mindsets. The way communities and governments view engagement, participation and equality will need to undergo the same transformation the state’s constitution has. Only when changes are made on paper and in mindsets will decentralization be realized.
References


Turkana County (2015). *Turkana County Second Annual Development Plan*. Turkana County, Kenya


Villegas, S. Interview, 08 April, 2016


**APPENDICES**

**Appendix 1: Interview Questions**
Interview Schedule on The impact of Decentralization on the ASAL (Arid and Semi-Arid Lands) regions of Kenya, in particular Kajiado and Turkana

March, 2016

Dear Respondent,

In partial fulfilment of the TCD-UCD Joint Masters in Development Practice, and in particular the Non-Governmental Development Organisations Placement Module, we are conducting research on The Impact of Decentralization on the ASAL regions of Kajiado and Turkana in Kenya. As one of the stakeholders in this region(s), we request for your participation as a respondent in the study. The survey is purely academic, so your responses will be for strictly academic purposes and will be handled with maximum confidentiality. Your co-operation in administering the instrument will make this study a success and will be highly appreciated. Kindly make an effort to answer the questions within five days and return it to lumbasil@tcd.ie or savageal@tcd.ie.

Thank you,

Alexis Savage and Linda Lumbasi

RESEARCH TEAM

INTERVIEW SCHEDULE

A. BACKGROUND INFORMATION
   1. NAME …………………………………………………………………………………………………………
   2. GENDER ………………………………………………………………………………………………………
   3. COUNTY ………………………………………………………………………………………………………
   4. ORGANISATION ……………………………………………………………………………………………
   5. POSITION IN ORGANISATION ……………………………………………………………………………

B. INTERVIEW QUESTIONS
B.1 GENERAL QUESTIONS
   1. Devolution was envisioned to bring resources and decision making closer to the people. In your opinion, are community members more involved in the planning and
implementation of county projects? If yes, what are the mechanisms in place to facilitate their engagement?

2. Has devolution enabled the county to: (i) ‘resurrect’ any projects that had stalled as a result of neglect by the central government? (ii) develop projects that focus on the unique interests of the community? Provide examples.

3. Do you feel that the county officials responsible for implementing devolution in the county are capable of the task? Please explain.

4. In your opinion, how have the following vulnerable groups benefited or lost from devolution?
   a) Women
   b) Children
   c) Persons with disabilities
   d) The poor

5. Mention the most significant positive change in the county that has come about as a result of devolution.

6. Mention the most significant negative change in the county that has come about as a result of devolution.

7. On a scale of 1 to 10 (where 1 is the least and 10 is the most), to what extent would you attribute the development of the county since the onset of devolution in 2013 to the following entities:
   a. Central Government
   b. County government
   c. Private sector
   d. Non-Governmental Organisations
   e. Community members

B.2 EDUCATION

8. What are some of the challenges the county faces when it comes to education?

9. Can you identify any significant initiatives that have been put in place by the county government with regards to education?

10. There has been a notable increase in primary and secondary school enrolment in the county. What would you attribute this increase to?

11. In your opinion, what three areas should the county invest available funds for education in order to reap maximum benefits?

12. What is your opinion on the introduction of county national secondary schools?

B.3 HEALTH

13. What are some of the general challenges the county faces when it comes to health care?

14. What do you see as the most beneficial impact of the decentralization of Health Care, as a result of the New Constitution?

15. Mention 3 challenges that you can say are a direct result of the decentralization of Health Care to the counties?
16. What strategies does the county use to ensure members of marginalized communities such as pastoralists have access to health care?

17. On a scale of 1 to 10 (where 1 is the least and 10 is the most), rate whether the county health facilities have sufficient human resources to cater to local populations.

18. On a scale of 1 to 10 (where 1 is the least and 10 is the most), rate whether the county health facilities have sufficient physical resources to cater to local populations.

19. Suggest some improvements that you would like to see implemented in the county’s health sector.

The End

Thank you for taking time to respond to our questions.

Alexis and Linda