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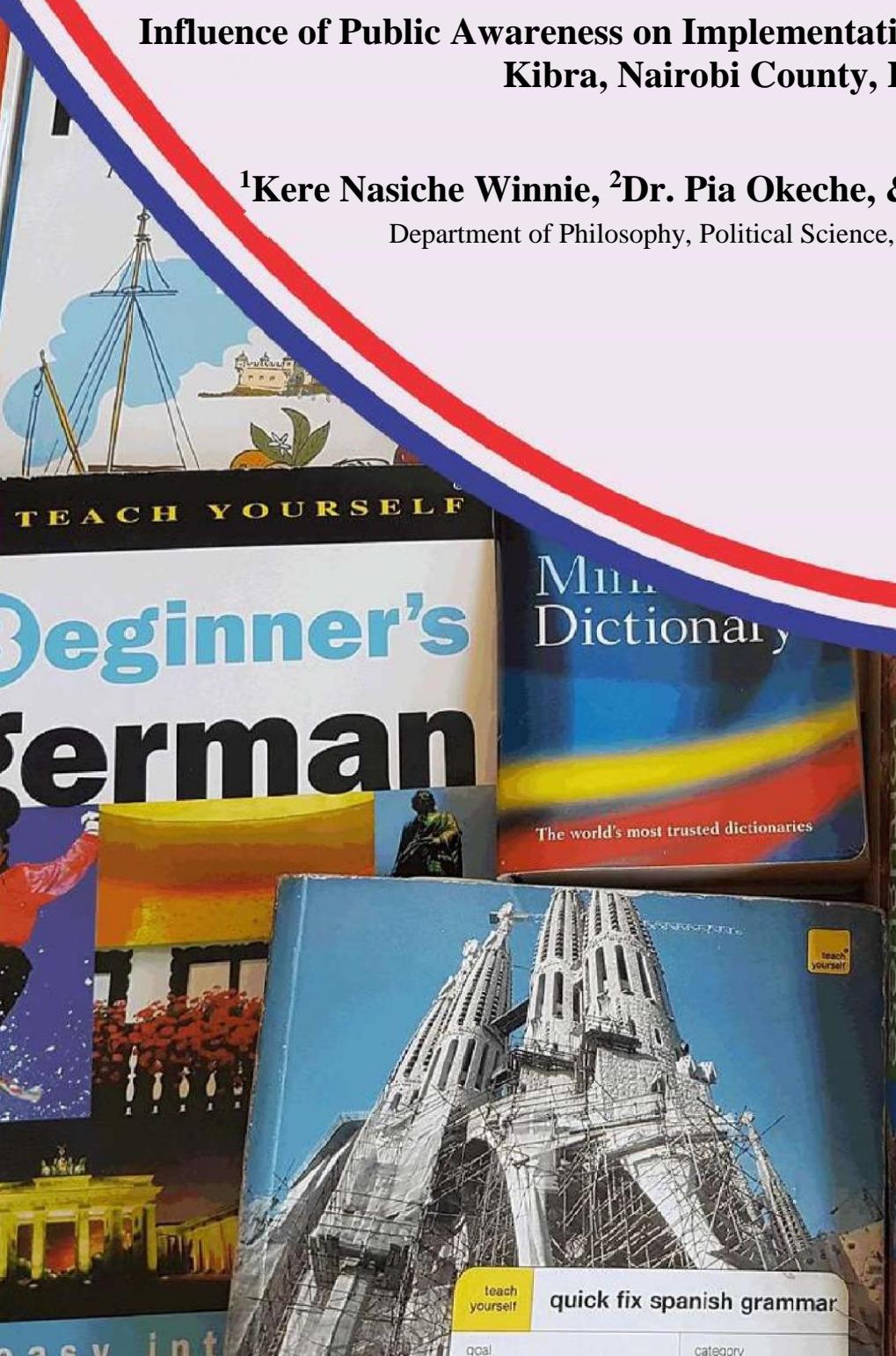
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Influence of Public Awareness on Implementation of Public Health Policy in Kibra, Nairobi County, Kenya

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**ABSTRACT:** The Kenya Health Policy 2014-2030 is one of such policy where reducing and reversing the burden of diseases. With the enactment of the new constitution of Kenya in the year 2010, the role of the public has been given great prominence in policy implementation. This is a radical shift from the assumption that the legislature is always representing interests of the public. However the extent to which the public participate in the implementation of public health policy, is not adequately researched and understood. The purpose of this study was to examine the influence of public awareness on implementation of public health policy in Kibra Sub-County, Kenya. The study adopted a descriptive survey research design. The target population of the study was 546 Ministry of Health officials, health workers and Community Based Organizations members. The sample size of the study was 225 including 9 Ministry of Health officials, 84 health workers and 132 CBO members. Purposive sampling and simple random sampling was used to select respondents who participated in the study. The study adopted the use of a questionnaires, interviews, and Focused Group Discussions as the main data collection instruments. The study used test-retest to establish the reliability of each section of the questionnaires. The data collected was analyzed using descriptive statistics. The study utilized both the qualitative and quantitative analysis to achieve the objectives of the study. Descriptive statistics was employed to summarize the demographic data which was presented by use of bar graph and pie-charts. Data was presented mainly using tabulations. Qualitative data was presented using narratives and quotes. The study findings indicated that there was a statistical significant positive correlation between public awareness on implementation of public health policy ( $r=0.622, p<0.05$ ). The study concluded that involvement of the public has been reported to increase the quality of decisions since it promotes levels of awareness. Public awareness encourages the public to have meaningful input into the decision-making process. This study recommended that public awareness structure should be designed and informed by key principles and be sensitive to relevant local institutions and governance arrangements.

## 1.0 INTRODUCTION

### 1.1 Background of the Study

Health systems are subject of competing and conflicting goals and information asymmetry between different actors, resulting in resistance to systems change [1]. Hence, implementing policies or priorities in the context of health systems is difficult. Health systems are subject of competing goals and information asymmetry between different actors, resulting in resistance to systems change (Ketoyo, 2017). Hence, implementing policies or priorities in the context of health systems is difficult. Governments establish health systems that implement different activities aimed at promoting, restoring, and maintaining individuals, physical, mental, and social health. Similarly, global, regional, and national health policies are established and implemented in order to create a world where individuals live healthier, safer, and longer lives (Briggs *et al.*, 2020). As such, governments should address the current health concerns and research to identify and counter emerging global, regional, and national health needs. Through different health agencies, the governments will draw up research and development to meet combined challenges and guarantee greater health impact in the future. Additionally, these agencies develop evidence upon which health policies was based (Briggs *et al.*, 2020).

Public awareness has been a concern in many countries across the world since 2010's especially with the fall of Berlin wall which ended the ideological rivalries between the Union of Soviet

Socialist Republics and United States of America thus opening democratic processes in many countries of the world. Many Governments were required to reform to enable citizens' space in the decision making processes right from the sub-national levels of governance to the top. This was to allow local people to plan and implement their own development initiatives. Public awareness is therefore considered crucial to good governance because it is characterized by transparency, accountability and responsiveness of institutions (Omar & Moi, 2020).

Globally, health plays a crucial role in global security. Globalization, increased international travels, trade, and expanding economies prompt the need to think of health in a global context. Today, many cases of surfacing or re-emergence of infectious diseases or health threats is reported (World Health Organization WHO, 2017). According to the World Health Organization, newly emerging diseases have been reported at an unprecedented rate since 1970s. Consequently, the WHO through governments has improved the global capacity to respond to infectious diseases and threats. In addition, the organization has played an important role in enhancing comprehensive global and real-time surveillance system aimed at detecting possible infectious disease emergence. As a result, the WHO and national governments have come together to promote global health, prevent international spread of diseases and protect the health of the global population. The rate of deaths from non-communicable diseases has increased, whereas deaths resulting in infectious diseases have significantly reduced. Deaths from non-communicable diseases are high in the developing countries as compared to the developed countries. Global health policies have been put in place to deal with all types of diseases through health systems, surveillance, treatment, rehabilitation, and nursing (Briggs *et al.*, 2020). The WHO in collaboration with the world community is improving on ways to tackle key health threats. Through the 2015 International Health Regulations (IHR), the WHO proposed new guidance and promoting cooperation between developed and developing countries on emerging health issues of global significance (WHO, 2015).

At the global level, the presence of world-regional actors in spheres and practices of public policy-making and governance is taking hold as a vibrant subject of research and political agendas focused on on-going processes of restructuring of social policy-making and delivery (Riggiorzi, 2015). In Europe, an important feature of the British state is the absence of a written constitution, which when coupled with the common law tradition within the UK has had the effect of facilitating policy developments that are made on a more ad-hoc and on-going basis than would be the case in countries with a much stronger civil law tradition or a formal constitution. However, the administrative culture of the British state is guided by "public interest", in which government is regarded as transparent and should be held to account as much as possible (Pollitt & Bouckaert, 2011).

In Asia, five countries have in recent years improved the health of their populations, but currently face the challenges of non-communicable diseases and ageing populations. Primary healthcare should be a core component in restructuring health systems. However, there is a lack of understanding among policymakers of the unique contribution of primary healthcare to the health of populations. This results in insufficient investment in facilities and low priority of specialty training in the community setting. Regional collaboration could strengthen the advocacy for primary healthcare to policymakers and other stakeholders. Priorities were investment in

community-based health facilities, and access to healthcare through professionals specialty-trained in the primary healthcare setting (van Weel *et al.*, 2016).

Due to lack of proper public awareness strategy in policy implementation and service delivery design, in many countries, there has been a problem responding to the individual's relevant needs at the grassroots level (Hügel & Davies, 2020). Centralization of power and resources at the centre of governance is not something new. Since the colonial era, many countries across the world preferred centralized system of governance because power was concentrated at the center. This system of governance denied the public the necessary involvement in governance due to dictatorial leadership.

In Africa, countries have come up with policy development agendas to promote health in particular regions and ways to exchange information. In South Africa, comprehensive political, constitutional, socio-economic transformation and change has characterized the country since 2013. The country was also provided the opportunity to break away from the boundaries of isolation and to re-enter the global village. Reforms of such a magnitude inevitably lead to change and transformation in almost all spheres of government and administration, and consequently public policy (Rouix, 2012). In Nigeria, the dominant feature of Policy implementation process is the principle of federal supremacy which is a constitutional conditionality in Nigeria. Constitutionally, the federal government is expected to provide the overall direction and leadership in the planning process from the formulation stage through the implementation and evaluation stages (Dahida & Maidoki, 2013).

In Kenya, Kenya Health Policy 2012-2030 offers guidelines to ensure momentous improvement in the status of health in Kenya, in line with the provision of the new constitution of Kenya 2010, Vision 2030, and other global commitments. The policy exhibits Kenya's health sector's obligation, under the national government supervision, to ensure that Kenya attain the highest possible standards of health, in response to the needs of its citizens. Health Policy 2012-2030 is designed to be all-inclusive, balanced, and rational. Therefore, it concentrates on the two major obligations of health, including contribution to economic development provided in the new constitution of Kenya 2010 and Vision 2030 (Ministry of Health, 2012). It also ensures equity, efficiency, and social accountability in the delivery of health care services. In order to achieve the ultimate goals in health, the policy consists of six objectives and seven orientations.

The health policies in Kenya show a commitment by the national government towards improving the health of the citizens by reducing ill health and improving living conditions (Ilinca *et al.*, 2019). The policies are comprehensive and innovative in order to counter the emerging trends of infectious and non-communicable diseases. The health policies 2012-2030 and 2014-2030 are premised on the new constitution of Kenya, 2010, Vision 2030 and other global health commitments. The policies define the health goal, objectives and orientations aimed at accomplishing the highest standard of healthcare in the country. Finally, the policies provide a guideline on how to monitor and assess the progress of stated objectives and the level of distribution and responsiveness of health services (Oraro-Lawrence & Wyss, 2020). Before Kenya's constitution in 2010 the country had survived a 5 decade legacy of underdevelopment in which the centralization of power had led to the misuse of executive power which in turn led to a

system of marginalization and exclusion of citizens from the main stream government decision making. The above action led to poverty and lack of citizen participation (Kibui et al., 2015).

The Public Finance Management Act, 2012: The Act provides for mechanisms on how citizens can engage the two levels -national and county Governments - on matters relating to finance. Section 10 (2) of the Act provides that the Parliamentary Budget Office in carrying out its work as provided for in Section 10(1) of the Act shall observe the principle of public awareness in budgetary matters. At the County level, the Act in Section 137 provides for the establishment of the County Budget and Economic Forum for County budget consultation process. The County Governments Act, 2012: The Act provides for public awareness at the county level. Several sections of the Act provide for both the principles and processes of public awareness at the county level. Part VIII of the Act is entirely on Citizen Participation. Urban Areas and Cities Act, 2012: This Act gives effect to Article 184 of the Constitution of Kenya, 2010. The Act also provides for public awareness in several sections. Intergovernmental Relations Act, 2012: The Act establishes mechanisms for consultation and cooperation between the national and county governments as provided for by Articles 6 and 189 of the Constitution of Kenya, 2010.

Due to lack of proper public awareness strategy in policy implementation and service delivery design, in many countries, there has been a problem responding to the individual's relevant needs at the grassroots level (Kathryn, 2016). Centralization of power and resources at the centre of governance is not something new. Since the colonial era, many countries across the world preferred centralized system of governance because power was concentrated at the center. This system of governance denied the public the necessary involvement in governance due to dictatorial leadership. From these, it can be inferred that in spite of the efforts made by the government to aid public awareness, most of the critical requirements for successful implementation of projects in Kenya are still limited by administrative capacities, management of financial resources, public awareness, accountability, and public engagement (Lineth, 2013). Hence, this study seeks to establish the influence of public awareness on implementation of public health policy in Kibra Sub-County, Kenya.

## **1.2 Statement of the Problem**

Public awareness encourages the public to have meaningful input into the decision-making process. Public awareness provides the opportunity for communication between agencies making decisions and the public. Effective public awareness allows the public's values to be identified and incorporated into decisions (policies) that ultimately affect them. Public awareness seeks out and facilitates the involvement of those potentially affected by or interested in a decision; seeks input from participants in designing how they participate; provides participants with the information they need to participate in a meaningful way and communicates to participants how their input affected the decision (Kathryn, 2016). Public awareness therefore entails public awareness, public engagement, public engagement structure and accountability.

Whereas the public health policy outlines the government's commitment to improve the health and welfare of her population, several gaps must be addressed to accelerate realization of the highest attainable standards of health for Kenyans and to make the implementation of the current public health policy (2014-2030) a reality. How best to engage the public in local health policy implementation and decision-making is an ongoing challenge for health systems. Moreover, the

effectiveness of public awareness in influencing legislative policy outcomes in Kenya has not been forthcoming due to the fact that the constitution is still relatively young, and operationalizing it has not been complete. Hence, this study seeks to establish the influence of public awareness on implementation of public health policy in Kibra Sub-County, Kenya.

### **1.3 Justification of the Study**

Public involvement has been advocated as a means to enhance the responsiveness of healthcare systems and it has been sought in various fields of health policy, including health service planning and delivery, health research and priority-setting. Yet despite its obvious appeal, the concept of public involvement has remained poorly defined and its rationale and objectives are rarely specified when applied to the healthcare sector. Also, evidence for its impact on healthcare policy has remained difficult to ascertain. There has been a broad consensus that communities should be actively involved in improving their health. Yet, evidence for the effect of community participation – here broadly defined as: members of a community getting involved in planning, designing, implementing, and/or adapting policies and intervention on specific health outcomes, is limited. The rationale for community participation in health programmes has included responding better to communities' needs, designing programmes that account for contextual influences on health, such as the effects of local knowledge or cultural practices, increasing public accountability for health, and being a desirable end in itself. Involving communities is thought to be crucial in improving health equity, and healthcare service delivery and uptake (Draper, 2010).

### **1.4 Objectives of the Study**

The study was guided by the following research objectives;

- i. To examine the influence of public awareness on implementation of public health policy in Kibra Sub-County, Kenya

## **LITERATURE REVIEW**

### **2.1 Theoretical Literature Review**

The study was guided by social network theory as discussed.

#### **2.1.1 Social Network Theory**

This theory was advanced by Barnes (1954) and revised by Wade (2015). Social network theory views social relationships in terms of nodes and ties. Nodes are the individual actors within the networks, and ties are the relationships between the actors. There can be many kinds of ties between the nodes. In its most simple form, a social network is a map of all of the relevant ties between the nodes being studied. The network can also be used to determine the social capital of individual actors. These concepts are often displayed in a social network diagram, where nodes are the points and ties are the lines (Mugabi, 2010). The power of social network theory stems from its difference from traditional sociological studies, which assume that it is the attributes of individual actors whether they are friendly or unfriendly, smart or dumb, etc., that matter.

Social network theory produces an alternate view, where the attributes of individuals are less important than their relationships and ties with other actors within the network. This approach has turned out to be useful for explaining many real-world phenomena, but leaves less room for individual agency, the ability for individuals to influence their success; so much of it rests within the structure of their network (Wade, 2015). Social networks have also been used to examine how

companies interact with each other, characterizing the many informal connections that link executives together, as well as associations and connections between individual employees at different companies (Mugabi, 2010).

In relation to the study, social networks are social structure constituted by a set of social actors with embedded relationships, which has a significant impact on both perceptions and behaviors among individuals and groups. Networks help to overcome some of the disadvantages of peripheral location by serving as means of economies of scale: sources of support, information and knowledge. Social networks have a significant impact on citizens' willingness to participate in social governance, specifically, the stronger the social networks are, the higher level of the citizens' willingness to participate was; social networks, together with social trust and social norms constitute social capital, and the social capital has a significant impact on the citizens' willingness to participate in social governance, which is manifested; the higher the social capital stock is, the higher level of the citizens' willingness to participate was.

## RESEARCH METHODOLOGY

### 3.1 Research design

The study adopted a descriptive survey research design. This is because the study intends to understand the influence of public awareness on implementation of public health policy. According to Mugenda and Mugenda, (2013), descriptive research is used to obtain information concerning current status of the phenomena to describe "what exists" with respect to variables in a situation. It sought to obtain information that describes public awareness by asking public about their perceptions, attitude, behavior or values (Mugenda & Mugenda, 2013). This design was considered appropriate for the type of objective of this study as it enabled the researcher to describe them as they exist without manipulation of variables.

### 3.2 Target Population

In this study the population of interest was ministry of health officials, health workers and Community Based Organizations (CBOs) in Kibra Sub-County. According to the Ministry of Social Services, Kibra Sub-County, there are 23 officials in the ministry of health, 203 health workers and 20 Community Based Organizations (CBOs) with an average of 16 publics giving a total of 320 public. The target population of the study was 546 Ministry of Health officials, health workers and CBO members in Kibra Sub-County.

### 3.3 Sample Size and sampling Procedures

According to Cooper and Schindler (2010) a researcher must clearly define the characteristic of the population, determine the required sample size and choose the best method for selecting members of the sample from the larger population hence the sample size of the study was calculated using the formula below as recommended by Fisher *et al* (2013):

$$nf = \frac{n}{1 + \frac{n}{N}}$$

Where;

$nf$  = Sample size (when the population is less than 10,000).

$n$  = Sample size (when the population is more than 10,000); 384.

N = Estimate of the population size; 546

$$\frac{384}{1+384/546} = 225$$

The sample size of the study was 225 including 9 Ministry of Health officials, 84 health workers and 132 CBO members. Purposive sampling was used to select officials from the ministry of education while simple random sampling to select the health workers and CBO members who participated in the study.

### **3.4 Instruments of Data Collection**

The study adopted the use of a questionnaires, interviews, Focused Group Discussions and document review as the main data collection instruments. This means both primary and secondary data was collected for the study.

### **3.5 Validity and Reliability of the Research Instruments**

For the content validity of this instrument, proper conceptualization and operationalization of the variables under consideration was done through review of literature. The researcher consulted her supervisors and other experts in this area for expert validation of the research instruments.

The study used internal consistency to ensure that different subsections of a measure answer the same question. The study used a pilot test to establish the reliability of the questionnaire. The pilot test was conducted in Mathare using a sample of 32 respondents. The results of the pilot test were subjected to Cronbach's Alpha to test the reliability.

### **3.6 Data Analysis**

The data collected was analyzed using descriptive and inferential statistics. The study adopted both the qualitative and quantitative analysis to achieve the objectives of the study. Data from the interview schedules was organized, coded and overarching themes in the data was build; reliability and validity in the data analysis was ensured and lastly finding possible and plausible explanations for findings. Analysis was done using SPSS (Version 20.0) a computerized statistical package by encoding responses from questionnaires and providing understandable descriptive findings. Descriptive including frequencies, percentages, mean and standard deviation as well as inferential statistics (Pearson correlation analysis) was adopted to analyse the data. Regression model was used to establish the significance difference between the independent and dependent variables. Demographic data was used as a control variable to see its influence on the independent and dependent variables. Data was presented mainly using tables.

## **RESULTS AND DISCUSSIONS**

### **4.1 Response Rate**

The study targeted ministry of health officials, health workers and Community Based Organizations (CBOs) in Kibra Sub-County. The study sampled 132 respondents and managed to collect data from 132 respondents. This represented 100.0 per cent response rate. This was affirmed by Saleh and Bista (2017) who noted that a response rate of more than 75% is appropriate for data analysis.

**Table 1 Response rate**

Category	Administered	Returned	Response rate
Questionnaires	132	132	100.0%

#### **4.2 Public awareness and Implementation of public health policy**

The study sought to establish the influence of public awareness on implementation of public health policy of Kibra Sub-County. The respondent were asked to indicate whether they agree or disagree on the statement based on a Likert scale of 1 to 5 where 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree. The statistics used were minimum, maximum, mean and standard deviation. The study findings were as presented in Table 2.

**Table 2 Public awareness and Implementation of public health policy**

Statements		SA	A	U	D	SD	Mean	Std.Dev
1. Meaningful participation can only occur if the public is knowledgeable on public policy.	F	18	28	10	6	4	3.80	1.047
	%	27.7	43.1	15	9.2	5		
2. Lack of public awareness can also limit public from gaining access to and benefiting from participation in policy implementation.	F	20	26	6	10	3	3.79	1.074
	%	30.8	40	9.8	14.4	5		
3. Involvement of the public has been reported to increase the quality of decisions since it promotes levels of awareness.	F	14	41	10	1	0	4.04	0.342
	%	21.5	61.5	15.5	1.5	0		
4. Public face significantly greater challenges in gaining access to information on public awareness in public policies.	F	29	18	12	5	3	3.93	0.346
	%	44	27	18	7	4		

The study findings revealed 70.8% of the respondents agreed that meaningful participation can only occur if the public is knowledgeable on public policy (Mean=3.80, SD=1.047) as compared to 13.6% who disagreed. The study also indicated that 69.8% agreed that lack of public awareness can also limit public from gaining access to and benefiting from participation in policy implementation (Mean=3.79, SD=1.074) as compared to 19.4% who disagreed. In addition, the study findings revealed that 83.0% of the respondents agreed that Involvement of the public has

been reported to increase the quality of decisions since it promotes levels of awareness (Mean=4.04; SD=0.342) as compared to 1.5% who disagreed. Moreover, the study results revealed that 69.8% of the respondents agreed that public face significantly greater challenges in gaining access to information on public awareness in public policies (Mean=3.93; SD=0.346) whereas 13.3% were in disagreement. The study results in Table 4.6 revealed that majority of the respondents were of the view that involvement of the public has been reported to increase the quality of decisions since it promotes levels of awareness. The study results revealed that majority of the respondents were of the view that involvement of the public has been reported to increase the quality of decisions since it promotes levels of awareness. These findings were supported by Parsian (2013) who revealed that positive relationship exists between public awareness and implementation of public health policy. From the qualitative data, one of the participants highlighted that;

*“For devolution especially, citizens must be politically conscious and have access to information. This is attainable through capacity building. Political knowledge affects participation, not only quantitatively but also qualitatively. Moreover, civic education enhances awareness on key development processes such as planning and budget-making”.*

Effective public awareness depends in part on a sponsor agency's willingness and ability to involve the public in the decision process. While it is critical that sponsor agencies develop the skills to think through, plan for, and implement a public awareness process, it is no less important that the public develop the capacity to participate effectively in decision processes. A well-designed and sincere participation process will not fulfill its potential if the public lacks the necessary participation skills.

Omolo (2010) states that civic education informs citizens of major social, economic and political issues that affect their lives, as well as their rights and responsibilities. It also educates citizens on their specific civic roles and responsibilities, which will help them to be active participants in democratic processes such as legislation. This calls for an effective mobilization of the public, timely disbursement to citizens of the agenda items for the public forum, packaging and presentation of agenda items in simplified forms that citizens can understand and effectively respond to, and the development of alternative budgets that capture and express citizens' interests, among other measures that enhance public awareness.

In relation to stakeholder theory, in Kibra Sub-County there are different stakeholders who have interests (need to participate) in implementation of health policy. These stakeholders have varied interests and needs that must be addressed by any proposed health policy. The stakeholders include ministry of health, health officials, health centres, ordinary citizens, community- based organizations, religious groups among others. Health policy implementers should strive to do right by all these stakeholders through public awareness, accountability, public engagement and public engagement structure and that in doing so; they achieved effective and successful healthy policy implementation.

#### **4.3 Pearson correlation analysis**

Pearson correlation analysis was used to test the association between the study variables. Pearson correlation was used to measure the extent of correlation between variables of the study and to

show the strength of the linear relationship between variables. The study findings were as tabulated in Table 3.

**Table 3 Relationship between Study Variables**

		<b>Public awareness</b>
<b>Public awareness</b>	Pearson Correlation	1
	Sig. (2-tailed)	
<b>Implementation of public health policy</b>	Pearson Correlation	.622**
	Sig. (2-tailed)	0.000
	N	132

\*\*. Correlation is significant at the 0.01 level (2-tailed).

The study findings indicated that there was a statistical significant positive correlation between public awareness on implementation of public health policy ( $r=0.622$ ,  $p<0.05$ ). This implies that a unit change in public awareness leads to 62.2% change in implementation of public health policy. When public awareness is positive, implementation of public health policy is also positive.

## CONCLUSIONS AND RECOMMENDATIONS

### 5.1 Conclusions of the Study

The study concluded that involvement of the public has been reported to increase the quality of decisions since it promotes levels of awareness. Budgeting forums enhances accountability of public officials. Public awareness encourages the public to have meaningful input into the decision-making process. Public awareness provides the opportunity for communication between agencies making decisions and the public. Effective public awareness allows the public's values to be identified and incorporated into policies that ultimately affect them. Public awareness seeks out and facilitates the involvement of those potentially affected by or interested in a decision; seeks input from participants in designing how they participate; provides participants with the information they need to participate in a meaningful way and communicates to participants how their input affected the decision.

### 5.4 Recommendations for the Study

This study recommended that public awareness structure should be designed and informed by key principles and be sensitive to relevant local institutions and governance arrangements. Organizations try to account for their stakeholders; map stakeholder roles according to business objectives; analyze the results and draw the results collectively into a policy plan.

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