

Establishing the Effect of Democratic Governance on the Performance of Public Hospitals in Selected Counties in Kenya

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Abstract:-

➤ Background

The study critically evaluates the effect of democratic governance on the performance of public hospitals in Kenyan counties, following the 2010 Constitution that introduced devolved governance. This shift aimed to enhance local decision-making, accountability, and service delivery, specifically in the health sector, by empowering county governments. Democratic governance principles, such as transparency, accountability, and citizen participation are critical for addressing long-standing challenges like inequitable resource distribution, underfunding, and inefficiencies in public health services. This study explored the effect of democratic governance on the performance of public health hospitals in Kenya.

➤ Methodology

A mixed-methods approach was employed combining quantitative data from surveys with qualitative insights from interviews with county officials. Factor analysis was used to assess the relationship between democratic governance indicators - transparency, accountability, citizen participation, and public health service performance. Qualitative data, were gathered through interviews and content analysis of responses from county officials complemented the quantitative findings.

➤ Results

The study revealed that while democratic governance positively influences the performance of public hospitals in delivering health services in Kenyan counties, there are discrepancies in implementation across counties. Most respondents agreed that public participation and transparency in decision-making are strong, but the accessibility of financial records and county documents remains limited. Factor analysis confirmed that democratic governance significantly impacts health service outcomes, but qualitative findings indicated moderate transparency in financial matters, with only 8.3% of respondents rating transparency as high.

➤ Recommendations

To improve the performance of public hospitals in the delivery of health services, county governments should enhance the accessibility of public records, strengthen financial reporting and transparency, and foster deeper citizen engagement in governance. Improved oversight mechanisms and better governance practices are essential for leveraging the benefits of devolved governance.

Keywords:- Democratic Governance, Health Service Delivery, Decentralization, Transparency, Public Participation, Accountability.

I. INTRODUCTION

➤ Background of the Study

Sweden is one of the countries with better democratic systems and has developed a strong public health system that is equally accessible and quality (Winblad, Isaksson, & Blomqvist, 2021). The Swedish model also promotes the principles of openness and rationality, responsibility, and public involvement in decision-making on health issues. Most health systems are delivered through local governments hence there is a need to ensure that policies formulated to support the health sector reflect the particular needs of the various regions (Thapa et al., 2022). It makes the utilization of healthcare resources more responsive and effective with desirable health outcomes and a high level of public satisfaction (Montagu, 2021).

In Italy, the National Health Service (Servizio Sanitario Nazionale) aims to achieve universal healthcare coverage; however, geographical variation persists in the health system (Signorelli, et al., 2020). Democracy entails decentralization, giving regional governments the authority to organize healthcare in their regions in whichever way they prefer, which can lead to disparities (Bueno, & Salapa, 2022). Since health policies are often determined through democratically elected processes, decentralization and inefficiencies can affect effective governance at the regional level (Plaček, et al., 2020). Therefore, advocacy by civil society organizations is essential in demanding changes that reduce health disparities and enhance health services across the nation.

Democratic influence on the performance of health services is well understood in African countries such as Ghana and South Africa (Arhin, Oteng-Abayie, & Novignon, 2023). Both countries have made significant progress in establishing democratic frameworks that shape and govern the health care systems. In Ghana, democratic governance has facilitated community involvement in health decision-making processes (Dick-Sagoe, Asare-Nuamah, & Dick-Sagoe, 2021). The government has enacted enabling legislation policies that encourage local health committees to involve citizens directly in the planning and or evaluation of the health service delivery systems. This approach has enhanced public participation in leadership roles, addressed community needs and concerns, and increased the accountability of health services to the people. Moreover, decentralization reforms in Ghana have provided local governments with the opportunity and authority to manage health resources thereby improving service delivery (Malakoane, *et. al.*, 2020).

The post-apartheid period in South Africa has significantly transformed the governance of public health (Akeju, & Ojogbede, 2022). The establishment of constitutional protections for health rights has spurred the development of a robust health system investment portfolio (Arhin, Oteng-Abayie, & Novignon, 2023). However, gaps persist in achieving health equity, particularly the discrepancies in access to healthcare between urban and rural populations (Salifu, Adjei, & Buor, 2022). However, gaps persist in achieving health equity, particularly the discrepancies in access to health care between the urban and rural populations (Salifu, Adjei, & Buor, 2022). A distinguishing feature of democratic systems is the advocacy role of civil society, which holds governments accountable and demands fair and equitable health policies. Using the case studies of two countries, the importance of accountability and policy responsiveness in the organization of public hospitals' delivery of health services within a democratic framework is emphasized (Heerden, *et. al.*, 2020).

Despite observable improvements, persistent challenges remain that necessitate continuous efforts toward the stabilization and development of the democratic system, as well as enhancing the effectiveness of healthcare systems in addressing the population's needs (Akeju, & Ojogbede, 2022). Democracy plays a crucial role in determining the successful delivery of public services particularly in the area of health (Kasyula, 2019). In Kenya, therefore, the shift towards a more democratic governance system was realized through the adoption of the 2010 constitution, which established a devolved system of government (Kamer-Mbote, *et al.*, 2017). This devolution aimed to democratize decision-making processes, enhance local accountability, promote grassroots governance, and improve public service delivery by decentralizing power and funds from the central government to 47 county governments ensuring that decisions affecting local communities were made at the local level (Kamer-Mbote, *et al.*, 2017). However, the relationship between democracy and health systems is complex. One of the governing principles is to enhance the successful implementation of public health policies (Kamer-Mbote *et al.*, 2017). County governments play crucial roles in

improving health outcomes in populous areas by engaging with citizens, addressing health challenges, and developing strategies to tackle concerns while allocating resources (Hussein, 2018).

It is argued that democratic governance helps to improve health service delivery through many channels (McCollum, *et al.*, 2018). The health needs of any community are met more effectively when the citizens are actively involved in service delivery as this guarantees a local solution to local health problems (Hussein, 2018). Transparency in decision-making processes is highly valued by the public; therefore, health services operating under bureaucratic systems are compelled to act responsibly and fairly in the use of the resources that have been provided for the service. Lack of democratic governance impedes growth through increased bureaucracy, corrupt practices, and inefficiency thereby worsening service delivery standards (Thuku, 2020).

The Kenya's 2010 constitutional framework has introduced several changes in the health sector in Kenya (McCollum, *et al.*, 2018). However, the effectiveness of these reforms remains a subject of debate, as is the case with many reforms in the country. While improvements in health services are discernible, they remain varied and patchy, Njiru (2020). Persisting issues include resource inequities, personnel scarcity, deficient facilities, political favouritism, and local political dynamics.

Other factors influencing the delivery of health services in Kenya include political and -economic contexts, global health partners, and funding mechanisms (Okech, & Lelegwe, 2016). Currently, the funding of many counties is through donor financing to augment their budgets, and this has led to complex governance systems with question marks over accountability and or priority that will be accorded to health services (Kelly, *et al.*, 2020). Regarding the effect of democratic governance on health services, it is important to note that the impact is not consistent across different countries due to variations in leadership qualities, different political cultures, and levels of community engagement. These results suggest that there is a relationship between effective governance in the sense of leadership and citizen participation on the one hand and actual health outcomes on the other, evidenced by proportionately fewer adverse events occurring in the more lightly afflicted counties. The current challenges experienced in Kenya's health sector make it prudent to conduct thorough research on this topic. As counties operating under the system of decentralized governance encounter the challenges of delivery of health services to the citizens, it becomes important to consider how democratic values are being implemented and the impact of the whole process on the health industry.

This research therefore sought to examine the effect of democratic governance on the performance of public hospitals in delivering health services in selected counties in Kenya. The research aimed at offering relevant information on the enhanced functioning of the devolved system and the best practices that might be emulated to improve the health services that are offered to the public across the country.

➤ *Problem Statement*

The delivery of quality health services by public hospitals is crucial to promoting good health-seeking behavior in Kenya. However, it has been significantly impacted by the shift in the governance systems following the enactment of the 2010 Constitution (Okech, 2017). Although the framework was designed to enhance local governance, accountability, and citizens' participation, these goals have not been fully realized on the ground (Ntayia, 2023; Manyala, 2021). The democratization of resource allocation for public health services remains a persistent challenge. Many counties continue to face understaffing, underfunding challenges, and inefficiencies in the delivery of health services in the public sector, which hinder the effective implementation of democratic governance principles. (Naisho, & Muhindi, 2020).

While democracy is intended to bring greater openness and a better understanding of the community's needs, in reality, the application has drawbacks (Busolo, & Ngigi, 2020). These drawbacks suggest that the abilities of leaders, the structure of the local political systems, and the level of active citizens' participation differ from county to county, thereby affecting the efficiency of health service provision (Wakiaga, 2020). Some countries have made significant progress and are evolving into model health systems while others remain stagnant, or even worsen their system due to political patronage and bureaucracy (Muwonge, *et al.*, 2022). Furthermore, conditions such as dependence on overseas grants can make the governance structure highly charged. As previously observed, this reliance can harm local ownership and skew goals, thereby prejudicing the delivery of healthcare services to the public.

This study aims to establish the link that exists between democratic governance and the efficiency of public hospitals in delivering health services to the public in selected counties of Kenya. Having a look at how the governance structures and the citizens have embraced the health delivery through the devolved system of governance the study seeks to assess the

efficiencies of the system and the relevant practices as well as the arrival of considerable health improvements in the country.

➤ *Objective*

To assess the effect of democratic governance on the performance of public hospitals in delivering health services in selected counties in Kenya.

➤ *Theoretical Framework*

The political economy analysis of fiscal decentralization is grounded in the asymmetric information between the electorate (voters) and politicians (politicians' agents). Plæk *et al.* (2020) posit that this state of balance places service delivery in check since elected officials may put their interests over those of the voters. In a decentralized system, each jurisdiction has its agent, whereas in a centralized system, there is a single agent for the entire population. Electoral accountability is crucial for effective service delivery, as postulated by Kosec & Mogues (2020), through instruments such as the selection effect, whereby citizens can vote out officials with undesirable performance. Madariaga, (2021) argues that fiscal decentralization enhances competition among local governments.

Proponents of fiscal decentralization argue that local authorities are more in sync with the local community's preferences, a rationale aligned with the Doctrine of Subsidiarity, which posits that local governments are better placed to generate relevant information (Febriandiela, Frinaldi, & Magriasti, 2024). This view corresponds with agency theory, particularly within Kenya's devolved government structures, where politicians are expected to act as agents for the public. However, weak governance practices compromise accountability, making it pertinent to examine the relationship between the agents (leaders) and the principals (the citizens) to influence the service delivery outcomes (Aksuoğlu, 2021). This framework highlights the roles of electoral accountability and local sensitivity in ensuring efficiency in public services.

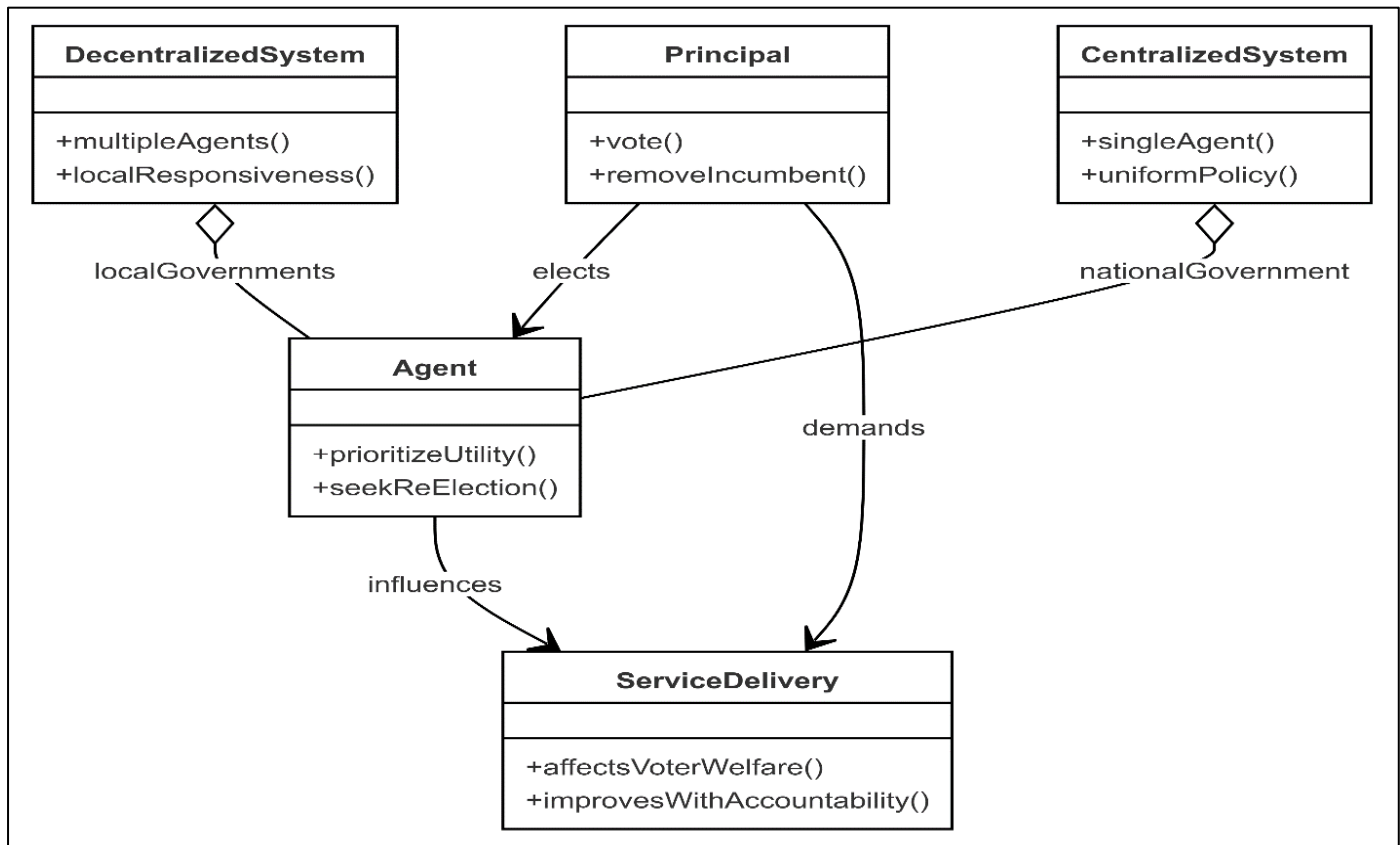


Fig 1 Fiscal Decentralization Framework
Source: Adapted from Plaek et al. (2020)

II. RESEARCH METHODOLOGY

This study was a cross-sectional study that utilized a mixed-methods research design. It combined qualitative and quantitative data collection methods for a more in-depth understanding and corroboration (Johnson & Christensen, 2017). The primary aim of this mixed-methods study was to broaden and strengthen the conclusions and recommendations by addressing the research objectives using both quantitative and qualitative data. A total of 20 county executive officials – comprising 10 Chief Officers for Health 10 Chief Officers for Finance and 356 healthcare personnel were selected from 10 counties. Additionally, the study also sampled 10 chairs of the budget committees and 10 chairs of the health committees, from the 10 county assemblies with

low budget absorption selected for this study. Sample representativeness was ensured through adherence to randomization during selection and adequacy by maintaining an adequate sample size to effectively capture the desired attributes of the population. The study comprehensively gathered all information from various county health facilities, policy formulators, and policy implementers at the national and county levels. The first stage involved selecting counties based on budget absorption, measured by the average recurrent and development expenditures in the health sector (public sector) averaged over five years (2015-2020). The study purposively selected ten counties with the lowest budget absorption, which had an average development budget absorption rate of 29-42% from 2015 to 2020.

Table 1 Healthcare Workforce Population

No	Referral County Hospitals	No. Healthcare Personnel
1	Siaya	477
2	Baringo	459
3	Vihiga	283
4	Embu	385
5	Nakuru	1035
6	Machakos	641
7	Meru	992
8	Lamu	146
9	Nandi	221
10	Kajiado	208
	Total	4847

Source: Kenya Health Workforce Report 2015

A. Democratic Governance

➤ Descriptive Analysis

The objective of this study aimed at establishing the effect of democratic governance on the performance of public hospitals in delivering health services in selected counties in

Kenya. Respondents were requested to indicate their level of agreement with the listed statements on the relationship between the effect of democratic governance and the performance of public hospitals in delivering health services in selected counties in Kenya. The results are presented in Table 2.

Table 2 Democratic Governance and the Performance of Public Hospitals

Statement	SD%	D%	N%	A%	SA%	Mean	STD
Information about county government decision-making processes is readily available to the public.	.7	2.8	7.3	82.7	6.6	2.08	.553
County government documents and reports are easily accessible to the general public.	.7	12.5	11.4	59.2	16.3	2.22	.889
The county government actively seeks public input and feedback on important policy decisions.	0.0	4.5	2.4	79.9	13.1	1.98	.580
The county government provides ample opportunities for citizens to participate in the policy-making process.	0.0	2.4	.7	82.0	14.9	1.91	.495
The county government's financial records and expenditures are transparently reported to the public.	0.0	2.1	3.1	80.3	14.5	1.93	.505
The county government is held accountable for its actions and decisions through public oversight mechanisms.	0.3	2.1	.7	73.4	23.5	1.82	.571
Average						1.99	0.599

The findings of the study provide valuable insights into the perceptions of citizens regarding various aspects of governance in Kenyan counties. In terms of access to information, the majority of respondents (82.7%) agree that information about county government decision-making processes is readily available to the public, with a mean score of 2.08 (out of 5). However, a significant proportion (12.5%) disagree that county government documents and reports are easily accessible to the general public, with a mean score of 2.22. This suggests that while the decision-making processes are perceived as transparent, there are still challenges in terms of the actual accessibility and availability of government documents and records.

Regarding public participation, a large majority of respondents (79.9%) agree that the county government actively seeks public input and feedback on important policy decisions, with a mean score of 1.98. Similarly, 82% of respondents agree that the county government provides ample opportunities for citizens to participate in the policy-making process, with a mean score of 1.91. These findings indicate a relatively high level of citizen engagement and responsiveness from the county governments in the policy-making process. In the area of transparency and public

accountability, most respondents (80.3%) agree that the county government's financial records and expenditures are transparently reported to the public, with a mean score of 1.93. Additionally, 73.4% of respondents agree that the county government is held accountable for its actions and decisions through public oversight mechanisms, with a mean score of 1.82. These results suggest a positive perception of the county governments' financial transparency and their accountability to the public through oversight mechanisms.

These findings imply that the Kenyan county governments are generally perceived to be performing well in terms of access to information, public participation, and transparency and accountability. The high levels of agreement across these areas indicate that citizens feel their county governments are making efforts to engage the public, provide accessible information, and maintain accountability (Oduor & Aloo, 2021). However, the slightly lower scores for the accessibility of government documents and reports suggest that there is still room for improvement in this specific area. Enhancing the availability and user-friendliness of government records and information could further strengthen the public's trust and engagement with the county governments (Juma & Otieno, 2019).

Table 3 Kaiser-Meyer-Olkin Measure of Democratic Governance

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.757
Bartlett's Test of Sphericity	Approx. Chi-Square	230.059
	Df	15
	Sig.	.000

Table 3 shows that the KMO Measure of Sampling Adequacy for Democratic Governance was 0.757, which is deemed sufficient as it is above 0.5. Melkamu Asaye, et al. (2022) state that factor analysis can be performed with a KMO value of 0.5 or higher. Furthermore, it was verified by

the significance of Bartlett's test that significant, unique, and dependable components were produced by the factor analysis. The correlation matrix is not an identity matrix, as indicated by the chi-square coefficient of 230.059 and the p-value of 0.000, which is less than 0.05. This suggests that there exist

correlations between the items, enabling accurate factor extraction. The factor loadings of the Democratic Governance

indicators on the latent and composite variables are shown in Table 4.

Table 4 Democratic Governance Factor Loading

Indicators	Factor Loading
Information about county government decision-making processes is readily available to the public.	.740
County government documents and reports are easily accessible to the general public.	.717
The county government actively seeks public input and feedback on important policy decisions.	.684
The county government provides ample opportunities for citizens to participate in the policy-making process	.646
The county government's financial records and expenditures are transparently reported to the public.	.552
The county government is held accountable for its actions and decisions through public oversight mechanisms.	.435

Table 4 presents the results, which show that all the indicators loaded the latent variable 'Democratic Governance' over the threshold of 0.4. This indicates that the construct is unidimensional and is at an appropriate level. The factor scores from the factor analysis were then applied to the democratic governance indicators to create a composite latent variable. The inferential study of democratic governance also made use of this continuous (interval) composite measure. In addition to the quantitative assessment, the study also conducted in-depth interviews to gather qualitative insights on democratic governance. A content analysis was performed on the relevant interview questions, employing a thematic analysis approach. This sought to further evaluate the status

of democratic governance within the counties, based on the qualitative information obtained from the interviews.

➤ Inferential Statistics

• Regression Analysis

Regression analysis was performed to examine the relationship between democratic governance and the performance of public hospitals by estimating coefficients and determining their significance. A significant and positive coefficient indicates that a well-established democratic governance is associated with better performance.

Table 5 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.036 ^a	.001	-.002	.17194	1.471

The findings for a single model, Model 1, are displayed in the model summary. The model's independent and dependent variables have a very weak positive association, as indicated by the R-value of 0.036. This is further supported by the R Square value of 0.001, which indicates that the independent variable(s) in the model only accounts for 0.1% of the variation in the dependent variable. Even less, at -

0.002, is the Adjusted R Square value, which indicates that the model does not adequately match the data and might not be a trustworthy predictor of the dependent variable. The average deviation of the observed values from the regression line is indicated by the standard error of the estimate, which stands at 0.17194.

Table 6 ANOVA

Model	Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	.011	1	.011	.368
	Residual	8.484	287	.030	.545 ^b
	Total	8.495	288		

The overall fit of Model 1, the model, to the data is shown in the ANOVA table. The dependent variable's entire variation is explained by the model to a very tiny extent, as indicated by the Sum of Squares (Regression) of 0.011. The amount of variance in the dependent variable not captured by the model is indicated by the significantly bigger Residual Sum of Squares of 8.484. The model has one independent variable, denoted by a Degree of Freedom (Regression) of 1, and a Degree of Freedom (Residual) of 287, which is the number of observations less the number of estimated parameters. The F-statistic is computed using the lower Mean Square (Regression) of 0.011 and the higher Mean Square (Residual) of 0.030.

This model's F-statistic is 0.368, which is quite low. This suggests that a sizable portion of the variance in the dependent variable cannot be explained by the model. The high p-value of 0.545, which is higher than the generally accepted significance limit of 0.05, lends more weight to this. As a result, the null hypothesis, which states that the model does not significantly explain any of the variations in the dependent variable, cannot be rejected because the model is not statistically significant. The ANOVA table indicates that there is a poor match between the model and the data. The model's independent variable(s) do not substantially predict the dependent variable, according to the low F-statistic and high p-value.

Table 7 Regression Coefficient

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.004	.056		18.012	.000
	Democratic Governance	.017	.028	.036	.607	.545

The specific predictors in the model are detailed in the Regression Coefficient table. With a standard error of 0.056, the constant term, often known as the Y-intercept, is valued at 1.004. It is statistically significant that the constant term has a t-statistic of 18.012 and a corresponding p-value of 0.000. The unstandardized regression coefficient for the "Democratic Governance" variable is 0.017, with a standard error of 0.028. This indicates that assuming all other factors remain constant, the dependent variable is expected to grow by 0.017 units for every unit increase in the "Democratic Governance" variable. The variable in question has a standardized regression coefficient (Beta) of only 0.036, indicating a weak correlation between the independent and dependent variables. For the "Democratic Governance"

variable, the corresponding p-value is 0.545 and the t-statistic is 0.607. The "Democratic Governance" variable is not statistically significant in predicting the dependent variable, the p-value is higher than the usually accepted significance level of 0.05.

➤ Content Analysis

The study collected qualitative data from 12 county chief officers. The study aimed to determine the influence of democratic governance on the transparency of the county government's financial records and expenditures. It collected views from county chief officers and the study findings are presented in their table 8 below.

Table 8 Content Analysis of Transparency of County Government's Financial Records and Expenditures

Themes	Frequency	Percentage
Highly Transparent	1	8.3
Moderately Transparent	3	25.0
Somewhat Transparent	7	58.4
Opaque	1	8.3
Total	12	100.0

The content analysis on the transparency of county governments' financial records and expenditures reveals that the majority of responses (58.4%) indicate that the level of transparency is only "Somewhat Transparent." This suggests that many county governments are not fully embracing a culture of proactive and comprehensive financial disclosure, as evidenced by the relatively low percentage of "Highly Transparent" responses (8.3%) and "Opaque" responses (8.3%). To enhance transparency and accountability, county governments should implement more robust and standardized financial reporting practices, improve the accessibility and user-friendliness of published financial information, foster a culture of transparency through citizen engagement, and strengthen oversight mechanisms.

Respondents indicated that various mechanisms are in place to hold county governments accountable for their actions and decisions, including public audits, citizen oversight committees, and legal recourse (Ochieng & Odhiambo, 2020). However, the effectiveness of these accountability mechanisms is often hindered by factors such as limited public awareness, insufficient resources, and the political influence of county officials (Mwangi & Ngige, 2018). To enhance public oversight and improve government accountability, counties could explore measures such as strengthening the independence and capacity of oversight bodies, increasing public participation in monitoring and evaluation, and ensuring the timely and comprehensive implementation of audit recommendations (Otieno & Ogada, 2019).

III. SUMMARY FINDINGS

The study found that democratic governance significantly influences the performance of public hospitals across counties in Kenya. Counties with high citizen participation, transparency, and accountability mechanisms were shown to have better health outcomes. A vast majority of respondents (82.7%) acknowledged that county decision-making processes are accessible to the public. However, only 59.2% found county documents and reports easily accessible, indicating room for improvement in transparency. Similarly, public participation was highly rated, with 79.9% affirming that county governments actively seek citizen input in policy decisions, demonstrating a commitment to involving the community.

Financial transparency remains a key issue, with only 8.3% of respondents rating the transparency of financial records as high. This lack of openness in financial reporting hinders effective public oversight, leading to moderate to low perceptions of accountability. Furthermore, the study's factor analysis confirmed that democratic governance constructs (e.g., public participation, financial transparency, accountability) are strongly correlated with public hospitals' performance in health service delivery. Qualitative interviews revealed that county governments are perceived as somewhat transparent, with significant variations in performance between counties. Key obstacles include bureaucratic inefficiencies, local political dynamics, and external funding

complexities that can skew priorities and undermine governance effectiveness.

The study highlights the importance of addressing these discrepancies and strengthening governance structures to improve public health outcomes under the devolved system. Leadership quality, engagement with citizens, and improved resource management are key determinants of successful health service delivery in the counties by public hospitals.

IV. CONCLUSION

The findings of this study emphasize the crucial role of democratic governance in shaping the performance of public hospitals in Kenyan counties. Counties with strong democratic governance practices, characterized by high citizen participation, transparency, and accountability, tend to deliver better health outcomes. The results suggest that devolved governance, as envisioned in the 2010 Constitution, holds great potential for improving health service delivery if properly implemented. However, there remain significant gaps in financial transparency and the accessibility of public documents, which hinder the full realization of democratic principles at the county level.

Leadership quality and political dynamics also play a substantial role in the effectiveness of governance, influencing disparities in health service performance across counties. To maximize the benefits of devolved governance, there is a need for consistent application of democratic principles and enhanced efforts to engage citizens more effectively in governance processes. Strengthening transparency and accountability mechanisms, particularly in financial reporting, will be essential to sustaining the gains in health service delivery.

RECOMMENDATIONS

- The study recommends that county governments should improve their financial reporting standards to portray the most accurate information to the public.
- Countries should pay more attention to involving the citizens in the governance processes by expanding the channels where people can participate in policymaking.
- Counties should embrace leadership capacity to enhance the county leaders' ability in the management of public health services.
- There is need for the Counties to standardize the manner they are being governed to help in eradicating the variance in the service delivery.

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