EFFECTS OF DEVOLVED GOVERNANCE ON HEALTH SERVICE DELIVERY AT THIKA LEVEL FIVE HOSPITAL IN KIAMBU COUNTY, KENYA

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A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF SCIENCE IN GOVERNANCE, PEACE AND SECURITY IN THE DEPARTMENT OF GOVERNANCE, PEACE AND SECURITY STUDIES, SCHOOL OF HUMANITIES AND SOCIAL SCIENCES OF AFRICA NAZARENE UNIVERSITY

AUGUST, 2020

DECLARATIONS

I declare that this document and the research it describes is my original work and that it has not been presented in any other university for academic work.



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This research was conducted under our supervision and is submitted with our approval as the university supervisors.



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DEDICATION

I dedicate this dedication to my wife Rita Nyanchama and to my two sons Dylan and Asher, my late father Mr. Benson Thuku Macharia and my mother Mary Wairimu Thuku.

ACKNOWLEDGEMENT

I thank the Almighty God for giving me the strength and resilience throughout the course work and the writing of this thesis. I also wish to thank my two supervisors Dr. Ouma and Dr. Ochieng for their guidance, dedication and time in reviewing my work and their immense contribution to this research project. I also thank the Chair, Department of Governance, Peace and Security Studies Dr. Emily Okuto, Dr. Simon Muthomi, Mr. Joseph Mutungi, and their entire team.

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DEFINITIONS OF TERMS

Accountability: The degree to which local governments have to explain or justify what they have done or failed to do to the citizens.

Constitution: An instrument or law that organises and manages governance and state power-it defines, distributes, and constrains the use of state power and provides a power map for the construction of society and running of affairs of state.

Decentralisation: Transfer of administrative authority such as planning, decision making, and the collection of public revenues from the central government to provincial institutions, local governments, or federal units.

Devolution: Transfer of administrative and political powers from central government to lower tyres, giving them decision making powers.

Fiscal Decentralisation: A set of policies designed to increase the revenues or fiscal autonomy of sub-national governments.

Governance: A set of policies that involves the management of economic resources, human resource, and policymaking for efficient service delivery.

Local Politics: Constitutional amendments and electoral reforms designed to open new, or activate existing but dormant or ineffective spaces for the representation of subnational politics.

ABBREVIATIONS AND ACRONYMS

CT Scan	Computed Tomography Scan
GoK	Government of Kenya
HERAF	Health Rights Advocacy Forum
HRH	Human Resources For Health
HRH ICC	Human Resource for Health Interagency Coordinating Committee
ICT	Information, Communication, and Technology
ICU	Intensive Care Unit
JICA	Japan International Cooperation Agency
KHPF	Kenya Health Policy Framework
KHSSP	Kenya Health Sector Strategic and Investment Plan
KMPDU	Kenya Medical Practitioners Pharmacists and Dentist Union
KNUN	Kenya National Union of Nurses
KPMG	Klynveld Peat Marwick Goerdeler
MCA	Member of the County Assembly
MDGs	Millennium Development Goals
MOH	Ministry of Health, Kenya
MRI	Magnetic Resonance Imaging
NACOSTI	National Commission for Science Technology and Innovation
NHIF	National Hospital Insurance Fund
OECD	Organisation for Economic Cooperation and Development
SDG's	Sustainable Development Goals
SPSS	Statistical Package for Social Sciences
UK	United Kingdom

ABSTRACT

The study sought to assess the effects of devolved governance on health service delivery in Thika level five hospitals in Kiambu County, Kenya. The specific objectives of the study were to examine the influence of devolution of the health sector on health care service delivery in Thika level five hospital, assess various strategies that the Kiambu county government is using to support and improve health care service delivery in Thika Level Five Hospital, and explore the challenges affecting the governance of health care service delivery in the Thika level five hospital. The study was pinned on sequential theory and new management theory and adopted a mixed-method research design. The target population comprised 451 health workers working at Thika Level Five Hospital, 952,322 Citizen Adult population, and 87 Kiambu Members of County Assembly. Out of a recommended study sample of 199 the study analysed findings from 160 respondents indicating a 80% response rate. The study used a structured questionnaire to collect data from the general public, health practitioners, and Members of the County Assembly while the interview guide was used to collect data from County Executive Committee Member and the Chief Officer in charge of health services in the County. Qualitative data was then cleaned, sorted, coded into themes and using SPSS, while quantitative was analysed using descriptive analysis and presented in the form of charts and tables for ease of interpretation. The results revealed that Kiambu level five hospital was not receiving enough allocation of funds from the county government, and the health workers were not paid their monthly salary on time, which affected the service delivery in the hospital. Furthermore, the counties are now shielded from political interference of the national Government. The Intensive Care Unit, emergency response services, CT scan, and the MRI scan services have been procured for the hospital as a result of devolution. The devolved governance has faced challenges such as the hiring of skilled staff and financing the hospital leading to a lack of adequate and skilled expertise to address medical needs. Among other challenges faced at Kiambu level five hospitals are persistent strikes, which lead to an abrupt stop in health service delivery and turnover of skilled and experienced employees. The study concluded that the devolution of governance of the health sector has brought positive effects to Thika Level Five Hospital in Kiambu County. The study recommends that more resources be allocated to the hospital for the purchase of more health equipment on time to help improve health service delivery and employment of more health workers in all healthcare centers be given priority in the county strategic plan to optimise service delivery. The study also recommends policy change by the national government to enable the hospital to retain some of the money collected for internal use.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

The Kenyan constitution that was promulgated in 2010 brought devolution where power and resources are transferred to the counties. According to Kenya Constitution Chapter eleven, some of the devolved functions include county health services, agriculture, county transport, county development and planning; control of air pollution, noise pollution, other public nuisances and outdoor advertising; cultural activities, public entertainment and public amenities; animal control and welfare; trade development and regulation; county public works and services among other functions. The main objective of this research is to assess the effect of devolved governance on the delivery of services at Thika Level Five Hospital in Kiambu County, Kenya. This chapter presents the background to the study, the problem statement, the specific objectives, hypothesis to the study, and the significance of the study. The chapter further presents the scope, delimitations, limitations, assumptions, theoretical framework, and conceptual framework of the study.

1.2 Background to the Study

Devolved governance is the transfer of authority from a senior level of government to a junior level (Dacks, 1990). It is seen as both a concept and a process when looked at theoretically and administratively. In the theoretical perspective, devolution is perceived as decolonisation, which conforms with political development literature while, on the other hand, if it is viewed from the perspective of an administrative process, education on devolution matters boosts conceptualisation of the general changes in the constitution concerning governance issues. Moreover, devolution can as well be defined as the transfer of significant powers, authorities, and functions from the national government to the local government units where finances are subsequently disbursed for their operation like the central government (Muriisa, 2008).

Aslam and Yilmaz (2011) noted that devolved governance has to turn out to be the foundation of development reforms in many states with the importance of devolution highly supported and dependent on the political economy to improve the delivery of services. Lately, majority of developed and developing countries have devolved governance functions with the aim of delivering better public services, improving the management of public resources and also being accountable for the disbursed resources to bolster economic development as well as improving equity in the delivery of services and the results of development and in return cultivating peace in the country among other things (Smoke, 2015). Devolved governance has widely been accepted and embraced as the dominant player of good governance and countries' economic development in the world.

Globally, the devolved system of governance has had mixed results in terms of performance for the different forms of local authorities. Several scholarly works have studied the performance of devolved units. In Colombia, Bahl and Bird (2013) reported that devolved units performed better than the central government in the funding of water projects and the management of water resources in the country. In Chile, Hinojosa and Franscechet (2012) reported that the devolution of political leadership to the grassroots did lead to the proper allocation of resources for the provision of essential public services such as maternal health adversely affecting the rating of the performance of regional governments in the country. In Finland, Cicchetti and Gasbarrini (2016) established that differences in funding levels for the provision of health did negatively influence the implementation of health care projects such as public hospitals and local community dispensaries in the administrative regions of Italy. Dickovick and Riedl (2010) observed that though devolved governance promised better delivery of services to the citizenry in the continent, different devolved units in various countries had exhibited mixed results in terms of their performance. In South Africa, Bikam, Rapodile, and Chakwizira, (2015) reported that poor implementation of fiscal decentralisation of the municipal infrastructure grants by provincial governments to municipal governments did adversely influence the latter’s funding of on-ground water and sanitation projects.

In Nigeria, Eboreime, Abimbola, & Obi (2017) reported that contrary to the national government's assessment of the level of compliance, sub-national governments exercised significant discretion concerning the implementation of core components of the policy. Whereas 35% and 32% of states fully met national criteria for the structural domains of "Office Establishment" and Legislation" respectively, no state was fully compliant to "human resource management" and "Funding" requirements, which are more indicative of functionality. The pattern of implementation suggests that, rather than implementing to improve outcomes, state governments may be more interested in executing low hanging fruits in order to access federal incentives. In both Kenya and Indonesia, following devolved governance on healthcare, the two countries experienced similar challenges ensuring good governance for health. Devolved governance reforms transformed power relationships, increasing responsibilities at subnational levels, and introducing opportunities for citizen participation. In both contexts, the impact of these mechanisms has been undermined by insufficiently clear guidance, failure to address pre-existing harmful contextual norms, and practices different decision-maker values, limited priority-setting capacity, and limited genuine community accountability. As a consequence, priorities in both contexts are too often placed on curative rather than preventive health services (McCollum, Limato, Otiso…, 2018).

In Kenya, for example, policies concerning health that is responsible for governing development in the health sector in the country are directed towards the Sustainable Development Goals (SDGs) and thus fulfilling the vision 2030 under the social pillar. Funds are devolved to the counties by the central government to provide efficient and high quality health care system to the Kenyan communities in a call to improve the overall livelihoods of all Kenyans (GoK, 2007). County governments have been empowered by devolution making putting them in a position to design the innovative models that match their needs in various sectors, broader views of determining priorities in the health system and finally allowing the local authorities to make independent decisions on the resource allocations and expenditure (Kenneth, 2014). Those mentioned above can only be fulfilled

if the entire devolved governance process is fully embraced and implemented; if not, its effects may not be felt (Muchomba & Karanja, 2015).

Accountability, the efficiency of service delivery framework, and opportunities are increased as a result of the effects of devolved governance in Kenya. Much can be attained if the counties are significant participants in the organisation's services at the local government level (Khaunya, Wawire & Chepng'eno, 2015). According to a report by KPMG (2014), successful devolved governance of the health services will highly be dependent on the presence of an enabling environment that is managed by the will of all health stakeholders. Counties have been experiencing several challenges in achieving their set goals from the devolved functions (Khaunya, Wawire, and Chepng'eno, 2015). Among the challenges include nepotism, corruption, inadequate funding, mistrust among the stakeholders, etc. The study also revealed that some of the devolved functions, particularly the health sector, have been faced with several challenges such that health medical staffs opposed to working under County governments.

Kiambu county government has a department under health service. The County has the following facilities; three levels five hospitals, 11 level 4-hospitals, 24 level 3-health centers and 70 level 2-dispensaries serving approximately 9 million citizens (Kiambu County Government, 2018). To ensure quality service delivery, the health department under Kiambu County Government established a five-year strategic plan between 2018 and 2022 to give full commitment and determination in improving the health services provided to its people. Kenya health policy that covers from 2012 to 2030 in the constitution gave the guidelines that were followed by Kiambu County in modelling the County's strategies conforming with the country's vision 2030 under Kenya Health Sector Strategic and Investment Plan (KHSSP), furthermore, the County adopted the 2012-2017 Millennium Development Goals (MDGs) in their integrated plans (Rosenberg & Weissman, 2013).

In 2017, following a report by the health department that most medical facilities were understaffed and inadequately equipped, with statistics indicating that the whole County had a total

bed capacity of 900, the County allocated 34% of its budget to the health department. Due to the budget allocation, the bed capacity increased to 1,700, with development projects being undertaken to shoot the number up to 3,000 by the end of 2018. From the budget estimates, the county government set aside Sh1.76 billion in 2017 to upgrade health centers. It has created specialty centers, including trauma, paediatrics and renal units.

Some cases have also been reported exposing executives of the national government being unwilling to release funds that are meant for the development programmes of the counties, thus affecting the governance of the health sector hence poor service delivery and development in the counties (Abdumlingo & Mugambi, 2014). In the report prepared by Barker, Mulaki, Mwai, and Dutta (2014) that assessed the County health system in Kenya showed that among other counties, Kiambu County is less prepared to give the necessary health care services under the devolved system of governance. The research aims at evaluating the impact of devolved governance on service delivery in the health department in Kiambu County, Kenya.

1.3 Statement of the Problem

In the Kenyan constitution, article 143(1) (a) gives the right to health for every person and that they have the right to access the highest standard of health. The responsibility to achieve quality health services has been passed down to the County governments, which are in charge of the management of health care (Forman, 2010). However, many counties have encountered numerous challenges in the implementation of health care requirements (Forman, 2010). Following the devolved governance of health care services in Kenya, several cases have been going on, such as the health workers surrendering their duties due to low pay, some due to poor working conditions, inadequate staff, and delayed payment that has often paralysed the delivery of health services. Underfunding and delayed funding has also been witnessed in some counties. For instance, in 2014, Kisumu County was owed Ksh 55 million for maternity services provided. Kiambu County was owed

Ksh129 million which greatly affected the procurement of medical equipment. Besides, counties in overall experience delayed disbursement of funds from the National Treasury. The delays experienced during the transition between one financial year to the next, unfortunately, have led to strikes with nurses and doctors complaining of a lack of medical equipment and drugs (MOH, 2015).

This research sets out to investigate how devolved governance has affected the delivery of services in the health department, particularly in Kiambu County. The study is therefore expected to shed light on the reality of healthcare sector in Kenya under the devolved governance system and whether the goals of KHSSP, such as universal and better access to health services are likely to be achieved in the current health sector management set-up and what needs to be amended in the Kenya health policy framework-KHPF to address the problem.

1.4 Purpose of the Study

The purpose of the study was to assess the effects of devolved governance on health care service delivery in Thika Level Five Hospital in Kiambu County, Kenya.

1.5 Objectives of the Study

The specific objectives of the study were to;

I. Examine the influence of devolution of the health sector on health care service delivery in Thika Level Five Hospital in Kiambu County, Kenya
II. Assess various strategies that the Kiambu county government is using to support and improve health care service delivery in Thika Level Five Hospital in Kiambu County, Kenya.
III. Explore the challenges affecting the governance of health care service delivery in Thika Level Five Hospital in Kiambu County, Kenya.

1.6 Research Questions

I. How has the devolution of the health sector influenced the provision of health service delivery in Thika Level Five Hospital in Kiambu County, Kenya?

II. What strategies is the Kiambu county government using to improve and support health service delivery in Thika Level Five Hospital in Kiambu?

III. What are the challenges facing the governance of health service delivery in Thika Level Five Hospital in Kiambu County, Kenya?

1.7 Significance of the Study

Several stakeholders will benefit from the outcomes of this study and the County governments of Kenya, in particular, the society, scholars, and researchers. The best yardstick to measure government performance is through service delivery to the people. Service delivery is deemed the appropriate way in this study to measure the performance of the County governments. This study will, therefore, inform the national government on the progress of the County governments in Kenya by explicitly indicating the impact of devolved governance on the health care service delivery at the County levels. The findings from this study will as well benefit the policymakers to realign or even revise the legal framework and guidelines of devolution in the health sector.

Furthermore, this study will be significant to the County governments in that its findings will be used to bring appropriate policies in place that will facilitate the decentralisation process and also directed towards improving the service delivery in the counties, thus realising vision 2030. Also, the findings from this study can be used by the national government to develop planned intrusions that support devolved governance and service delivery to citizens with regards to health care service delivery. Best strategies will also be informed that can be applied by both national and local governments in improving the service delivery at all levels and a country as a whole. This study recommended some policies which can be applied by the County & National Governments to enhance service delivery in the health sector to members of the public.

The study is aimed at assessing the effects of devolved governance on service delivery in the health sector; the County governments are deemed beneficiaries from the findings of this study. All the stakeholders in the health sector are supposed to play critical roles in ensuring that there is

standard service delivery in the sector. Additionally, this study will take the front line in informing the County executives on whether the devolved functions have positive effects on health care service delivery to the citizens as outlined in the constitution. The County Assembly members can also apply the findings from this study to realign their existing legal framework aimed at improving health care service delivery in the counties as one of the agenda four priorities of the jubilee government.

The entire society will benefit from the findings of this study since it will be evaluating the association between devolved governance and health care delivery. The impact and effects of devolved functions will be highlighted in this study and particularly in the health sector, which will be valuable in shaping the future debate on devolved governance in line with strengthening the functions for bettering the society. The findings from this study will not be limited to the private health sector since they will also be educated with a better understanding of the relationship that exists between health care service delivery and devolved governance. African developing countries are also deemed to reap benefits from the findings of this study if they adopt the devolved health care particularly the East African countries that have a similar economic and political atmosphere like Kenya.

This study will add value to the current knowledge since it will be helping in developing a comprehensive model in the devolved functions in Kenya and beyond. In this case, scholars will as well gain from this study as they further their study directed towards improving the governance of devolution structures both in the local and global context. This study will act as the reference material for the academic researchers that help them develop academic papers with reliable facts on devolution matters. This study further gives the new development in the research on devolved governance and health care service delivery.

1.8 Scope of the Study

The scope of the study clarifies what subject is being examined. Since it is difficult to examine each part of Kenya, the extent of scope tells the reader which parts of a subject the researcher has

narrowed down on. Most research is restricted in scope by test size, time, and geographic zone (Ngechu, 2004). The study is limited to examination of the effect of devolved governance on healthcare service delivery in Thika Level Five Hospital in Kiambu County, Kenya. This is because Kiambu is a metropolitan county and has had reports of overcrowding beds. The conceptual scope of this study was limited to three devolved governance variables, namely the influence of devolved governance in the health sector, strategies being used to improve and support health care service delivery, and challenges affecting governance health service delivery in the Thika Level Five Hospital in Kiambu County. The study covered the period from March 2013 to March 2019, during which devolution has been in effect in Kenya.

1.9 Delimitations of the Study

Delimitation refers to the characteristics or features that limit the scope and may end up outlining the confines of the study (Simon, 2011). This research forms its basis in Thika Level Five Hospital and will only focus on funding, social accountability, political and governance challenges influencing service delivery in the hospital. The research did not, therefore, focus on other factors such as employee-related factors (level of experience, number of staff) that are also likely to influence service delivery.

1.10 Limitations of the Study

Limitations are defined as the expected challenges in the research that needs to be overcome by the researcher (Kombo and Tromp, 2006). Some of the limitations that the researcher encountered in this study include respondents not willing to respond to the questionnaires due to the sensitivity of the matter under investigation. Health practitioners from the hospital were hesitant to respond to the study questions because of fear that if they give the information required might jeopardise their jobs; however, this was overcome by assuring them that the information will not be divulged and is for academic purpose. Devolved governance is a new concept in Kenya; some respondents did not

understand the concept yet; hence, they had difficulties responding to the study. The researcher endeavored to explain the research questions as clearly as possible.

1.11 Assumptions of the Study

The study assumed that the respondents would provide accurate, honest, and truthful information to the researcher as much as possible.

1.12 Theoretical Framework

The study was hinged on Allocative Efficiency theory, the sequential theory of devolution, and new public management theory.

1.12.1 *Allocative Efficiency Theory*

The Allocative Efficiency theory was developed by Oates (1972) on the premise that devolved governments are better placed than the central government to provide conditions under which the Pareto-efficient levels of output for their respective jurisdictions would be uniform. Other proponents of the theory also argued that devolved units of governance could tailor outputs of public services and goods to the particular preferences and circumstances of the people they serve because they are closer to them than central governments are (Weingast, 1995; Oates, 2005). This, according to the theory, grants devolved units of governance opportunities to not only gather more adequate and reliable information on the needs of the citizenry, providing them with a platform to better serve them but to also do so at comparatively low costs (Schoeman, 2006).

In applying this theory to the topic under study, the researcher seeks to answer questions on the budgetary allocation on healthcare and funding of healthcare projects for better service delivery. This is expected to inform the study on the percentage allocation the County administration sets aside for health, and how these monies are used in infrastructural development, purchase of drugs and equipment, the theory will also help understand how financial allocation and funding of healthcare services improve the wellbeing of the citizens.

1.12.2 Sequential Theory of Decentralisation

Falleti (2004) developed the sequential theory of devolution. The theory that devolution is a set of reforms from the state. In that sense, devolution is not binding for the non-state actors. In Akorsu (2015) citation on Falleti's (2004) report, reforms on devolution can only take place in authoritarian and also in self-governing contexts, which implies that there should be no conflation on devolution and democratisation. Regional devolution is classified as sequential theory into political-administrative and fiscal areas (Falleti, 2004; Falleti, 2005).

The sequential theory is based on three prepositions including; institutional design of devolution describes the policies that much depend on the time policies took place in the reform system (Awortwi, 2011). The political and fiscal devolution policies occur earlier in the order with the intention of power increase in the local government actors, while pre-administrative devolution changes seem to be negatively affecting power. Secondly is the choice of preference of both the national and sub-national participants towards devolution. Administrative devolution is preferred to fiscal devolution by the politicians and executives at the national level wherein turn, fiscal devolution is preferred to political devolution. Coming last is the source or state context where the devolution process is carried but the time of occurrence is crucial and noted (Awortwi, 2011).

Three actors are identified in the sequential theory of devolution in the entire process of making policies. The three actors include; the president, governors and the ward representatives. The actors act within their territorial preferences (Falleti, 2004); administrative dimension is preferred by the president since it has reduction effect on the national expenditures which is realised in the downward delegation of responsibilities. Political dimension is preferred by the local officials that include the governors and the ward representatives who cover the gubernatorial and ward representative elections. The local officials prefer this dimension because the electoral mechanism helps in bestowing legitimacy which further allows them to pursue their territorial interests with no threat from the national government (Falleti, 2004). Referring to such assumptions, Falleti (2004) and

Falleti (2005) stated the extent of independence of sub-national involved in the devolution policies formulation process would depend on the president's interest where if the president prefers policy-making process then the sub-national independence will reduce since administrative devolution strengthens presidential authority. In case the political devolution carries the day, it will make the local officials lead a high degree of sub-national independence.

Akorsu (2015) cited Falleti (2004) and argued that it is expected administrative devolution to have either a positive or negative impact on the autonomy of sub-national executives. Organisational capacities will likely increase in case the administrative devolution improves local and state bureaucracies offering training to the local officials and also enhancing learning through delegation of duties and responsibilities. In case the administrative devolution operates without disbursing funds to the local governments, that may reduce the independence of sub-national officials who will then be forced to consistently rely on the national government, which can lead to the debt of delivery of public services. According to Akorsu (2015), fiscal devolution can give rise to either a positive or negative impact on the level of independence at the sub-national level. The design of the implemented fiscal devolution policy will significantly determine the results. High levels of spontaneous transfer increased the independence of sub-national officials since they gain benefits from those higher levels of resources without taking place in the revenue collection process. Severe constraints can be experienced in local budgets if the taxation is left to the sub-national units which may lead to greater dependence of the local officials on the central government (Falleti, 2004).

The sequential theory of devolution is relevant to the current study as it portends that devolution takes either political, administrative, and fiscal dimensions. However, this study will examine the governance devolution variables, namely; financial devolution, administrative devolution, social accountability and political devolution based on the sequential theory of devolution. The theory, therefore, does not integrate the general public in the governance of public

resources towards quality service delivery. The new public management theory will be used to supplement the sequential theory as discussed in section 1.13.2.

1.12.3 New Public Management Theory

Between the 1980s and 1990s, public management theory came to being. Hood (1991) argued that for the state of being more cost-efficient, it has to be reconfigured and that the public sector should carefully observe the influence of the private sector. Reforms in the public sector were directed to improve the quality of public service delivery, increase the efficiency of the government operations, reducing public expenditure if the implementation of the policies is made effective as cited by Mongol (2011) from (Balj, 1996; Hughes, 2003). The force behind the emergence of new public management was from the belief that large and monopolistic public bureaucracies are naturally incompetent; this was according to (Andrews, 2012). This theory is the symbol of a group of ideas, values, and practices directed at doing the private sector in the health sector (Bourgon, 2007). Lately, there has been a need for the government to come up and inspire the entrepreneurial spirit that is aimed at transforming the public sector in order to eradicate bureaucracy; this is as opined by Gumede and Dipholo (2014) citing Obsorne and Gaebler (1992). The public choice theory forms the basis of the development of public management theory, which observes the government's skills in marketing and productivity all through to managerialism and concentrates on management approaches in order to increase their productivity. Public management theory tries to solve three issues, which include; the value for taxpayers' money, citizen-centred services and the responsive public service workforce (Bourgon, 2007).

Remarkably, some studies have been trying to oppose the idea that public management reforms lead to improved service delivery. For instance, Simon` centralisation is introduced in theory through devolution, as pointed out by Mongkol (2011) cited from (Kaboolian, 1998; Khademian, 1998). Bestowing the decision making powers with the public managers to manage programmes may give rise to concentrating decisions in them, making the new public management seem to lead to

integrated decision making by the managers as opposed to giving support to devolution of public organisations as it claims. Another criticism regards the application of private sector management techniques in the public sector. New public management is seen to be encouraging so much the application of private sector management techniques, which may result in the risk involved with adopting the private sector practices in the public sector. Several academic researchers have added their voice that various areas in the public service and administration have discrete political, ethical, constitutional and social dimensions which are some of the factors that bring difference between public and private sectors, this is according to (Mongkol, 2011) citing (Armstrong, 1998; Flynn, 2002).

Developing countries have little knowledge and experience on how markets operate Mongkol (2011); Hughes (2003). Market-oriented reforms cannot be relied much on upon by the developing countries as the underlying infrastructure and management do not have enough capacity to offer such support (Barker, 2006). Furthermore, many factors need to be considered before an active market is achieved. Lack of the rule of law in the markets makes markets ineffective. The new public management theory is relevant to the current study as it informs citizen's participation, social accountability practices, and service delivery variables. According to (Pollitt, 1995), new public management theory urges the citizens to take part in the assessment of the public services being that the theory has a principle that the response of the customer requires the extent of the user satisfaction.

The theory is therefore applied in this study, and it helps in comprehending the effects of social accountability on service delivery. The broad idea of new public management theory is the application of market mechanisms in the public sector, thus making all the providers and managers accountable and responsible (Hughes, 2003; Mongkol, 2011). The proponents of this theory advocate that the government should put in place social accountability mechanisms to increase efficiency in service delivery. Service delivery as a variable is easily understood from the new public management

theory. The essence of introducing County governments was to ensure that service delivery is effective. The theory also gives the relationship between devolution and service delivery variables.

1.13 Conceptual Framework

This is a diagrammatic representation of interactions among the existing variables in the study (Mugenda & Mugenda, 2003). It shows the relationship between the dependent and independent variables. Figure 1.1 below represents the relationship between the dependent and independent variables in this study topic. In the conceptual framework, the hospitals, dispensaries, theatres, and medical labs and the number of hospital beds per unit are the indicators of health facilities, and their presence and location in terms of distance and the population they serve to affect the delivery of the healthcare services. The availability and high number of nurses, doctors and clinical officers per patient is an indicator of services available to the patients, and supervision of the doctors and nurses by the management in charge ensures accountability and indicates elements of proper management, training of the medics increases skill capacity. How strikes or industrial unrest are handled also indicates the type of management. In the procurement of medical equipment availability of an inspection body for counterfeits ensures that the delivered drugs and equipment are of high quality, a transparent procurement system with a digitised record-keeping eliminates conduits for corruption in procurement. The stakeholders involved in procurement should have background knowledge in that area.

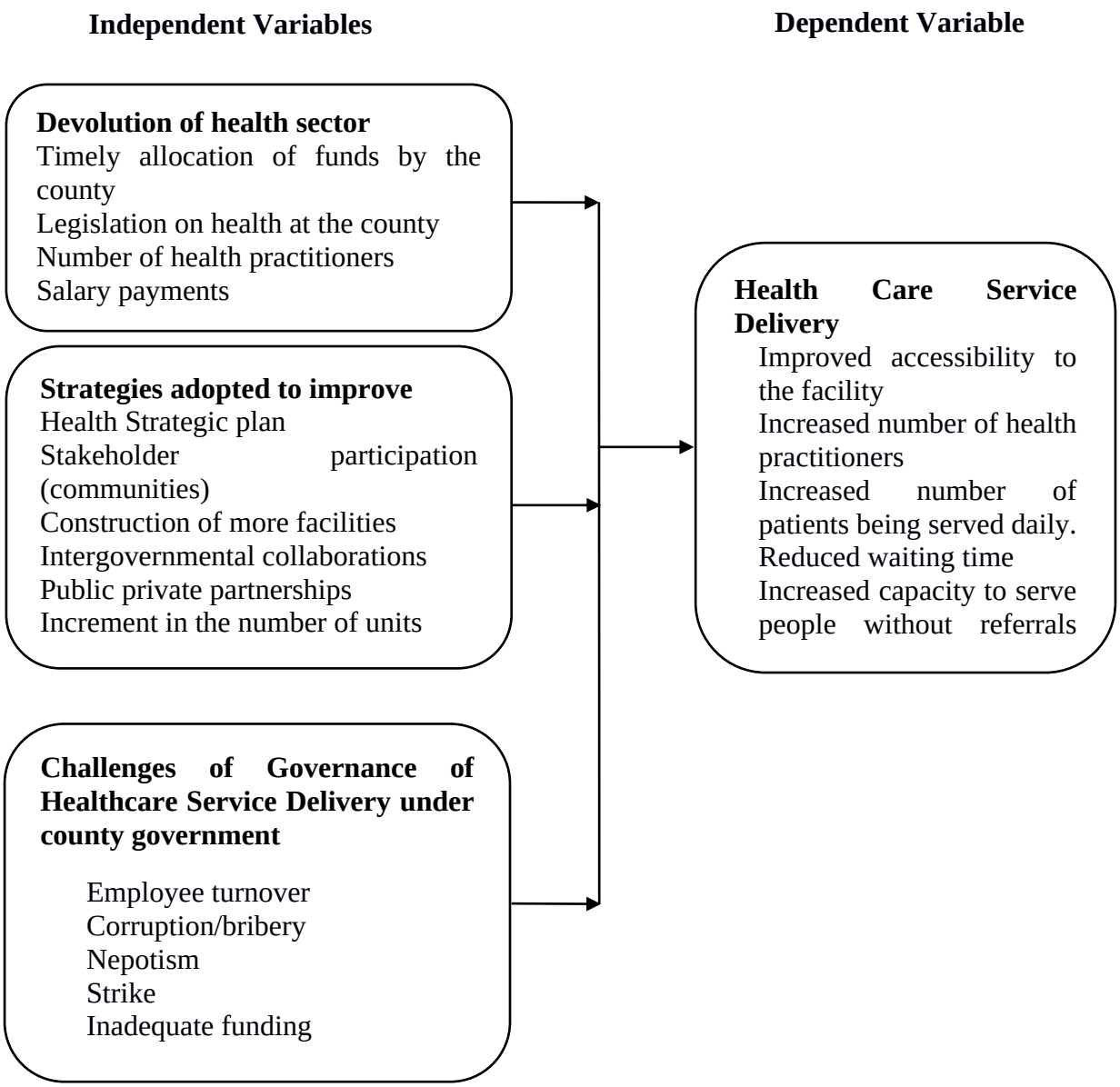


Figure 1.1: Conceptual Framework, **Source:** Author (2019)

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of the literature that is relevant and important to the scope of this study. It covers the past literature on the effects of devolved governance on service delivery at Thika Level Five Hospital in Kiambu County, Kenya.

2.2 Theoretical Review of Literature

Looking at decentralisation cases across the globe, health care has become one of the most significant concerns. In China, for example, the government is aiming to establish a health care system that provides both health protection and social protection for its population in terms of improved access to and utilisation of services as well as reduced poverty caused by illness (Hu, Lin & Pan, 2014). In countries like India, public needs are not adequately met by the health care system due to the uncontrolled nature of the private health sector and uneven distribution. On top of that, is a lack of critical risks pooling mechanism to fund the health care system. This further widens the uneven distribution of health services (Gangolli, Duggal & Shukla, 2015).

According to the Economic Intelligent Unit (2012), for the health care system in Africa to remain prominent in the next decade, the research revealed that the entire healthcare system had to be reevaluated. This could only be achieved by coping with the challenges that arise such as political and healthcare challenges. The research showed further that some forms of reforms were present since several countries had started increasing the coverage of social insurance programmes that were responsible for providing the medical cover, which was being acquired by most of the citizens. One such country was Ethiopia, which had already shown strong political will by putting in place primary-care services. The absolute variation in the African continent showed that the growth of the health care system is purely at its best. Atela (2013) states that health systems accountability and

engagement are increasingly improving services by providing mechanisms in the design, implementation, and evaluation of service delivery, where Kenya makes use of hospital boards, health facility committees, patient and facility service charters. In Kenya, the Ministry of Health is supposed to put much concern in minimising incompetency in service provision (Korir, 2010). Further, it was reported that in order to improve efficiency in their yearly services, the ministry needed to keep all the database records from all the hospitals on efficiency, which will then be used to improve the quality of services provided.

According to a report by Barker et al. (2014), it could be much easier for counties equipped with efficient health facilities to manage the devolution of healthcare as compared to the counties that had inefficient facilities. This may mean that those counties whose facilities were better at planning could have higher chances of offering good health services. A report by the GoK (2016) prepared by the Ministry of Health acknowledges that delivery of services is affected by challenges ranging from sub-standard services in the health system which result from the unequal distribution of medics and lack of motivation. Inefficient financing and the weak supply chain management develops missing critical input that are necessary in service delivery on some of the essential commodities, inappropriate utilisation of routine data that could be used in decision making. Citing (KPMG, 2014), GoK (2016) emphasises that devolution provides a great opportunity to address geographical and socioeconomic inequities and increase coverage, improve service delivery for underserved areas and populations and invest in strengthening County health systems.

2.3 Empirical Review of Literature

An empirical literature review of this study has been arranged thematically according to the research objectives. This has been done so as to identify the knowledge gap.

2.3.1 Influence of Devolution of Health Sector on Health Service Delivery

Health system decentralisation has, for many decades, been promoted as a priority reform agenda (Bossert, 2014). Decentralisation involves the transfer of decision making power and authority over the management of public affairs from an intermediate level of government to sub-national levels. It has been argued that it promotes community participation, accountability, and technical efficiency in the management of public resources (Bossert & Beauvais, 2012). The transfer of power and authority may involve revenue generation, priority setting, resource management and/or decision making, and the sub-national units may be elected directly by the population, or appointed by the central level or by private entities (Rondinelli and Nellis, 2016).

Empirical findings on the effects of decentralisation on health sector financial allocation and funding have been varied. Decentralisation has been linked with enhanced local level, internal health sector resource mobilisation allowing districts to make local decisions on user fees (Chitah & Bowser, 2015). The use of both discretional block grants and conditional grants as mechanisms for resource allocation to decentralised units has been reported in many countries (Jeppsson, 2011; Lakshminarayanan, 2013). An increase in discretional authority over local-level health sector priority-setting has been linked with reduced allocations for Primary Health Care (PHC) in decentralised units in some counties. It is therefore evident that, despite its growing popularity as an approach to tackling poor health system governance, the experiences of devolved governance of healthcare in most developing countries have been varied, irrespective of the form or mode of devolution adopted. There is also wider recognition that, by aiming to transfer power from one set of actors to another, decentralisation is an inherently highly political process whose effects and outcomes are heavily influenced by contextual factors (Omar, 2009).

In China, Uchimura and Jütting (2007) analysed the effect of the devolution of financial resources on health services using nationwide data. The analysis showed that there was a lower mortality rate in the fiscal devolution provinces than the counties where the provinces retained the

foremost spending authority. The findings from that analysis further confirm the fact that fiscal devolution results in the more efficient production of the local public goods and also stating the factors that need to be met for optimal results to be achieved. More recently, Olatona and Olomola (2015) analysed the effects of fiscal devolution on service delivery in the health and education sector between 1999 and 2012. The positive impact of fiscal devolution was shown on educational service delivery, where, on the other hand, real fiscal devolution affected healthcare delivery negatively.

In South Africa, financial devolution has remained steady. In this regard, the country's large cities can finance/sustain themselves (Bartley et al., 2008). In the cases of Johannesburg and Cape Town, the two cities only rely on 15% and 8% of grants, respectively, to finance their budgets. In this regard, such cities can exercise autonomy in making their spending decisions.A good administrative system is a key to the proper running of health care services provision; the management issues in health services are concerned with communication and information, communication and technology (ICT), staff working condition, accountability, supervision of workers, deployment of staff, and policies. As a result of the above countries, especially those developed, have devolved their healthcare. In the Dominican Republic and Latin American countries report showed that the overall health management system from the hospitals to the clinics mostly depends on the physicians who are few and have the experience to run their jobs effectively. This fact makes it difficult for them to make a move of reforming the healthcare system (World Bank, 2003).

Management of health in devolution thus has its unique challenges depending on how it's structured, In the globally Thailand chose to roll out devolution in phases at regional and districts level creating a mechanism to assesses management capability at this level before devolving healthfully, the regions were to demonstrate that they could handle the devolution first, the national government later gave regions which were able to devolve the full mandate successfully. The approach taken by Thailand had a positive impact in that a mechanism of governance and accountability was created to the health centre level (MOH, 2014). In Thailand's health devolution,

the medics were at liberty to choose whether to remain under national or move to the regional level creating flexibility that resulted in a positive impact even though it created challenges of political favouritism.

Nurunnabi and Islam (2012) studied the accountability gap of privatised healthcare systems in Bangladesh. About 533 patients participated in the process, out of which the results showed that even though Bangladesh privatised the healthcare, growth, and accountability majorly rely on the initiatives laid down by the government and fully implementing the laws that are in existence. In Pakistan, a study was carried out comparing the relationship among devolution, accountability, and service delivery (Hasnian, 2010). The study revealed that the local policymakers were more accessible to the citizens than the provincial and the national policymakers giving several avenues of communication to the public to air their demands quickly to the government. It was also revealed that there was a lack of electoral accountability as a result of indirect elections of districts and tehsil leadership. A qualitative case study was applied to the multidimensional accountability framework to evaluate the contribution practices in a child disability organisation that was founded by the parents. The government realised that accountability to all stakeholders was being attempted to be provided by governance and operational structures where top to down accountability to the government was prioritised over accountability to children and families.

In Spain, a sample of 101 countries was used, and the result showed a negative impact of politics at the sub-national level on the association between fiscal devolution and the quality control of the government (Kyriacou and Roca-Sagale's, 2011). The researchers then concluded that sub-national politics, which came in the form of sub-national elections, especially the independence in federalism, tends to bring a positive impact of financial management on the quality of the government. Further, it was observed that the results from the research could have been affected by the regionally elected upper house, which has the powers to hinder financial legislation proposals from the lower houses, thus affecting the improved performance of the government. Research in Indonesia which

had participants of 8,320 households that lived in 120 local governments established that the citizens were better informed on the transparency and the citizen political participation through community programmes and the formed community social groups which were important in improving the performance of the local public services (Sujarwoto, 2012). The impact of political party structure was examined, involving the incentives for the politicians to stay put on supporting improvements of services in Pakistan (Hasnain, 2008). The researchers further argue that delegation of functions helps in acquiring information problems faced by the voters when assigning credit or accusation for the need to improve service delivery making the politicians stay focused on the aimed benefits. The provision of service delivery can be improved through the application of devolving political powers (Obicci, 2014). It was further shown that there was a significant effect of devolution on service delivery in the local governments, as revealed from the study that assessed ten local governments.

According to studies done in Africa, different issues were highlighted as the challenges of devolution. A study carried out in Nigeria lousy leadership, lack of accountability and transparency from the elected leaders was blamed for the inefficiency of necessities (Ibok, 2014). Further, in the same context, it was noted that lack of accountability and transparency gave leeway to corruption, which could be the reason why people at the local level received low social services (Abe and Monisola, 2014). The local authority that is accountable to their electorates displayed more incentives to raise the level of services for which they were to provide (Kjaer, 2011). In order to improve the performance, accountability was revealed to be an essential tool of concern and that accountability is stronger when there is closeness between the authorities and the people they govern.

The effects of transparency and accountability were further examined by Joshi (2013) in a different study where the results showed that accountability initiatives were active on meeting the immediate goals and that there has been a strong impact in a few cases in the public services and evidenced that access to services and quality of services were mixed up. Better health outcomes were realised in Uganda due to the proper channel of information dissemination concerning the quality

health services (Björkman and Svensson, 2009). A comparative case study was carried out in Uganda based on the country's expenditures and the Indian citizen report card (Schatz, 2013). Inclusivity is required in the mechanism of accountability with public effect and attached in other relationships of accountability in the fight against corruption. Even though electoral accountability is the key, it is advised that there should be proper placement of support to social accountability mechanisms and have the agendas directed towards strengthening democratic governance. In Ghana, fourteen metropolitan and municipal assemblies were used as the sample to evaluate the level of transparency and accountability in the local governments (King et al., 2013). From the analysis, it was revealed that social accountability was quite easy due to legal provisions, and a big challenge came from assembly members in that they showed weak capacity in terms of their understanding of the legislative provisions, thus thwarting the implementation process.

In the Kenyan perspective, no mechanism was put in place to ensure accountability in the handling of funds leading cases of mismanagement of the funds by the county officials. Compared to Thailand the Kenyan government did not roll out devolution in phases therefore no mechanism was put in place to test the management capability of the counties in health, the health practitioners in Kenya had no choice to choose whether to remain under the national government or county government but to move straight to the counties thus creating qualms with the unions (MOH, 2014). Kenya, for instance, adopted the full devolution compared to Tanzania, Uganda, and Rwanda and had to grapple with many challenges such as inadequate and delayed payment, and poor working conditions which could not be easily handled leading to the creation of Human Resource for Health Interagency Coordinating Committee (HRHICC). The proposal was to create, among other things, doctors plaza, staff houses to motivate the medics, having car loans, entering into a public-private partnership among others. Uganda, on the other hand, chose to devolve many sectors including education but failed due to unavailability of mechanism to ensure public participation; Ethiopia chose

to devolve to districts and channel grants through regions and registered some positive change even though it also experienced its unique challenges.

In the South African context, research on the impact of local politicians at the County level and service delivery was conducted on the North West provincial government, which was found to be consisting of twelve provincial departments and legislature. It was found that there was no firm public bureaucracy that could be relied on in implementing the county government policies, and that could also be involved in monitoring politicians against abuse of their political powers. It was as well revealed that there were no political structures which in many cases, result in an error in the time of judgement hence poor governance and service delivery (Lambright, 2014). Locally a study by Miriti (2016), which was investigating the influence of devolution on the government service delivery on the provision of health care at level five hospitals in Meru County, concluded that hospital finance and information communication (ICT) was the duty of the national government. Access to healthcare services has been increased since the introduction of County governments since the services were available, affordable and acceptable. However, several gaps were identified, such as; the quality of services provided was affected due to late funds allocation; there was poor leadership, which negatively affected the quality of healthcare services provided and inadequate staffing. The proposed study, therefore, seeks to fill this gap by looking at the financial, administrative, and political influence of devolution on health service delivery at Thika Level Five Hospital in Kiambu County.

Supporters of devolved political power argue that in order to achieve better local government, citizens should stay in proximity with the government, which will give them time to monitor their elected members and making them accountable (Grindle, 2007). Bringing County governments closer to the citizens would make them demand for the quality services actively. Being that the local governments are the ones providing services, citizens will be highly motivated to request for improvement of services in case the quality decreases (Sujarwoto, 2012). Citizens have more power to make decisions on what happens in their local governments through their elected leaders by

political devolution. As a result, the service delivery at the sub-national level will be adequately informed and covers a variety of issues in the local governments that affect the people than when the decision is with the national government. The devolution of political powers at the County level is aimed at bestowing more powers with the citizens and their elected representatives in making decisions and in public administration (Akorsu, 2015). Citizens and the elected representatives have more powers in the political devolution, which also supported democracy by giving more opportunities to the citizens and their representatives that tampers with the formulation and implementation of the policies (Ozmen, 2014).

The Kenyan health sector, user fees were introduced in public health facilities in 1989, and District Health Management Teams (DHMTs) and District Health Management Boards (DHMBs) were established to oversee the management of these fees (O'Meara et al., 2011). A bottom-up health sector Annual Planning process was introduced at the same time. In 2009 the Ministry of Health (MOH) introduced the Health Sector Services Fund (HSSF) which is a system where the government finances some recurrent costs for primary level health facilities by sending monies directly from National Treasury to health facility bank accounts, without going through the traditional disbursement bureaucracy in the health system (Waweru et al., 2015) Most recently, in August 2010, Kenya adopted a new constitution that created a devolved government system with 47 semi-autonomous counties established after the 2013 general elections. More extensive countrywide political processes mainly drove this devolution with a broader goal of enhancing equitable resource allocation amongst regions and communities and free community involvement in public resource management. The health service delivery function was among the essential services that were devolved (Kenyan Constitution, 2010).

The 2010 constitution established four mechanisms through which counties are resourced: the equitable unconditional share from national government set at a minimum of 15% of all national government revenue; an equalisation fund allocated to marginalised counties to provide specific

social services, set at a minimum of 0.5% of national government revenue; Local revenue generated within the County through County level taxes; and Conditional grants given by national government to counties to address specific national strategic priority issues. A Public Finance Management (PFM) Act elaborates on the overall government planning and budgeting and financial management process including critical events and specific timelines at the national and county level. In this study, the researcher seeks to see the effects of funding from the central government and how the county government's financial allocation to healthcare affects service delivery.

In this study, devolved political power is constituted as legislative powers, political competition, and civil liberties. Scarcity mars the influence of devolved political power on service delivery in developing countries. Most empirical studies indicate that the influence of devolved political power on service delivery is highly contingent on local conditions such as economic, social and cultural factors. Therefore, research findings from developed countries may not be generalised in the local setting.

2.3.2 Strategies Being Used to Support and Improve Health Service Delivery

Organisations operate in an increasingly fluid environment, and managers with a positive perception of the environment are likely to adopt strategies that will enhance their performance and survival (Waddock and Isabella, 1989). Response strategies are therefore linked to how well the environmental uncertainties are perceived by the top management and the actions taken to deal with them that will ultimately determine performance. Strategies in an organisation involve corporate, competitive/business, and operational strategies (Johnson et al., 2008). Some scholars argue that the hierarchy of strategies as previously conceived may not be sustained as the line between corporate and business strategies gets obliterated (Furrer, Thomas & Goussevskaia, 2007).

Bradley and other authors developed seven strategies that health institutions can adapt to improve their organisational performance. The authors' defined strategies as “a set of activities or

interventions that together are designed to achieve a pre-specified objective." Each strategy targets a root cause of poor performance in the organisation; one strategy can be used to address several root causes. An institution can combine several strategies depending on the environmental conditions. The strategies (Appendix 8) were effective for micro-level hospitals but could also be adapted to the macro-level hospitals (Bradley, Pallas, Bashyal, Berman, & Curry, 2010).

Awino (2016) conducted a study to establish the response strategies the MOH in Kenya has adopted in dealing with challenges of devolved healthcare services. It was revealed that MOH developed strategies to deal with governance and leadership gaps; frequent industrial strikes by health care workers; inadequate infrastructure; weak inter-County collaboration; financial constraints and delays; weak referral systems; weak health information systems; challenges in inter-governmental coordination; and inadequate and inefficient health products and technologies. The ministry oH has formed strategic alliances, joint venture, outsourcing, diversification, market penetration, market development, product development and department-specific operational strategies to enhance health service delivery.

Gimoi (2017) also looked at the impact of devolution on healthcare systems. Among the key findings of the study, it was revealed that Nairobi County had invested in health infrastructures such as the number of units, bed capacity, Medical equipment such as x-ray machines, nebulisers, lab equipment, among others and the number of ambulances. However, there was no strategic approach to address inadequate/delayed funding for medicines, equipment, and maintenance of buildings.

2.3.3 Challenges Facing Healthcare Service Delivery

Health is one of the critical components in the life of all human beings, and proper health uplifts social development and also has a direct bearing on the development of critical sectors of the economy and politics. The United Nations establishment World Health Organisation (WHO) that champions the advancement of human health worldwide through policies, noted that many countries

worldwide especially developing countries such as Nigeria, India, Brazil and those in sub-Saharan Africa grapple with many problems in the health sector such as few medical staff due to poor working conditions and migration, inadequate health facilities, skewed location of health facilities and poor medical equipment supply (Aloo and Zedekiah, 2017).

According to Loo and Thorpe (2004), a large number of hospitals face the challenge of hiring skilled and experienced staff and also keeping their managers in various positions. Lack of well-defined roles makes the managers feel that they lack essential roles to play. Most of the challenges in the hospital administration originate from the conflicting policies created by the government which is majorly theoretical and is not detailed to solve problems (Savage & Scott, 2004). Savage and Scott (2004) further noted that healthcare is in a raging political and social environment where the behaviours when scrutinised become clearer. Such policies need to be changed so that a conducive environment can be created for the managers to work on.

Staffing is one of the most fundamental acumens that support health service delivery since the healthcare system cannot operate without it. Offering training to the staff members will improve on their competencies and abilities, and with this, better results can be expected from them. MOH in 2013 reported that significant issues in medical staffing revolve around qualification, hiring, and promotions in the devolved government. Cases of nepotism, favouritism, and corruption were reported during the hiring process of the health staff by County governments. The complaints of medical staff have always revolved around poor pay and long working hours due to few nurses and doctors, low pay and poor working environment (MOH, 2013).

However, the critical mandate of devolved governance of health services in developed countries is to address issues of health policies at the grass-root level, addressing staff working conditions, supervision, accountability, and deployment of staff and accessibility of health facilities by patients. A study in the Dominican Republic and Latin American countries report showed that the general management of the healthcare system should be done by doctors who have proper training

and experience to play their roles effectively. This exposed a big loophole in the move to make changes in the healthcare system (World Bank, 2004).

One study by Aiken (2007) in the USA showed that the quality of service delivery and the best outcome from the healthcare system can be achieved when the working environments are conducive which encourages nurses to work to the best of their abilities. A conference report by Health Rights Advocacy Forum, HERAF (2015) on behalf of Kenya Medical Practitioners Pharmacists and Dentist union (KMPDU) noted that Human Resources for Health (HRH) is the key ingredient to an effective health system. It came out that public health facilities served up to 96% of the Kenyan population. The HRH pre-devolution weaknesses included: difficulties in recruitment and retention of health workers; poor remuneration according to KMPDU Comparison of Doctors' Salaries 2012, limited training opportunities and career progression, poor working environment and skewed distribution of doctors. With devolution, the HRH problems compounded many times, and are characterised by tribalism and nepotism, deployment of staff with low capacity; staff harassment, threats and political interferences especially by the County Assemblies and community members rejecting members of staff; retarded career progression and; lack of horizontal and vertical transfers (HERAF, 2015). HERAF reported hostilities between County Health Managers and Health Workers, too many strikes, and the mass exodus of the Human Resource had been experienced. This had resulted in a gap of 83,442 doctors, according to the WHO recommended the doctor-patient ratio (HERAF, 2015).

The Kenya National Union of Nurses (KNUN) noted in the devolution conference that devolution had achieved the establishment of new health facilities in far-flung and marginalised areas; purchase of ambulances in some deserving facilities and recruitment of additional staff. Despite the aforementioned strides it was noted that a number of challenges existed key among them being: poor current status of health care attributed to political ego, lack of structures to address the emerging challenges in the healthcare provision; irregular promotions and re-designations which resulted in

untimely payment of salaries; irregular salary scales for same grade nurses; ethnic cleansing and cumbersome transfer processes; perennial strikes by doctors, nurses and other paramedics attributed by staff shortages, lack of pharmaceuticals and non-pharmaceutical supplies; insecurity at workplaces and; inability and unwillingness by the National and County Government to address the existing issues due to lack of political goodwill, vested political interest, impartial consideration based on political clout rather than the interest of the healthcare givers/seekers and lack of adequate resources and structures (HERAF, 2015). Among the challenges mentioned, it is not clear how they have been addressed by the respective County governments, and this study must look at how the county government since 2013 has affected service delivery especially in a sector marred by a myriad of challenges like the health sector in Kenya.

2.4 Summary of Literature Review

Different variables were discussed in this chapter, including the dependent and independent variables. This chapter brings an understanding of both dependent and independent variables by investigating the relationships that exist between them. The chapter also discusses various devolution constructs including financial devolution, political devolution, and social accountability of administrative functions. Besides, empirical review, a critique of existing studies, and research gaps are discussed.

2.5 Knowledge Gap

Most of the empirical studies cited in this paper on healthcare service delivery were carried out both in developed and developing countries in Latin America and Asia (Kyriacou & Roca-Sagale's, 2011; Wei-qing & Shi, 2010). Gasbarrini (2016) asserted that central allocation of resources on health services negatively influenced on the implementation of health care projects such as public hospitals and local community dispensaries in Italy. Dickovick and Riedl (2010) observed that though devolved governance promised better delivery of services to the citizenry in the continent, different devolved units in various countries had exhibited mixed results in terms of their performance. A study

done in India evaluated the role of participation in public service delivery on devolution (Nayak and Samanta, 2014). The public service delivery after devolution was measured using availability, accessibility and the quality of service as the measure of the services rendered to the public.

In South Africa, Bikam, Rapodile, and Chakwizira, (2015) reported that poor implementation of fiscal decentralisation of the municipal infrastructure grants by provincial governments to municipal governments did adversely influence the latter's funding of on-ground water and sanitation projects. Evidence on the impact of devolution on health service delivery in the sub-Saharan Africa is little because there are few researches done on the same thus the relationship between devolution and public health service delivery in the sub-Saharan Africa is minimally explored. Only a small number of studies have explored the effect of devolution on health service delivery in the sub-Saharan Africa (Balunywa et al, 2014; Miriti, 2016). Less research on this subject matter in the sub-Saharan Africa brings the thoughts of whether or not there is an impact of devolution on the healthcare service delivery in the African countries. Findings from studies in developed countries may not be relied on in the developing countries as the results may not be the same due to varied cultural and political practices. Moreover, an imbalance of attention has been revealed on the study subject since most of the studies focus on service accessibility without considering other factors such as service delivery to meet the citizens' satisfaction (Kosec & Mogues, 2015; Sujarwoto, 2012). There is no tangible empirical evidence on the study of the relationship between devolution and health service delivery to the members of the public.

The authenticity of the relationship between devolution and the health service delivery sparks questions. From the previous studies, it was revealed that it was not easy to tell the direction of the association. There is inconclusive evidence on the topic of the impact of devolution on health service delivery. A study carried out on devolution and public service delivery indicated there has been an improvement on the delivery of service to the public (Balunywa et al., 2014; Freinkman & Plekhanov, 2009). The findings of the study cannot be generalised to all public service. Furthermore, empirical

literature evaluated the effect of devolution on the service delivery from either fiscal or political dimensions instead of the other three dimensions of devolution. Mwamuye, Nyamu and Wangari (2014) asserted there's limited research on devolution and health services in developing countries like Kenya.

The above limited studies contributed to the areas of devolution and health services. Whether devolved governance will have an effect on health services delivery at Thika level five hospital; this is subject to further interrogation in Kenya. This study attempted to fill this identified gap.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter highlights the techniques that were employed in data collection and analysis of data. A number of sub-sections that are highlighted in this chapter include; research design, research site, the targeted population, sample size and sampling techniques, methods of data collection, development of data tools and their piloting, methods to ensure reliability and validity, statistical analysis approaches as well as legal and ethical considerations under which this study was done.

3.2 Research Design

This is a scheme that entails disposition, construction, and strategy to be utilised in investigating the research problem and to obtain answers to research questions (Creswell & Creswell, 2017). It entails the blueprint under which a study is conducted ensuring there is maximum control over factors having a potential influence on the validity of the findings (Neuman, 2013). Moreover, it articulates the decisions on the kind of data needed, data gathering techniques, sampling approaches, resource constraints to be dealt with and how these would answer the research questions. This study adopted a mixed-method approach that combines both qualitative and quantitative methods. According to Omari (2011), such a design is essential in establishing the "what is" question, enabling the researcher to employ different approaches in data collection from the study sample asking about perceptions; attitudes thus adequately describing the existing phenomena. This design is relevant to this study in obtaining information on the current status of the study phenomenon and to describe what exists regarding the variables of the study as well as the conditions of the study.

3.3 Research Site

A research site encompasses the relevant geographical context regarded suitable to understand the problem involved in the research hence responding to the research questions (Kombo & Tromp 2006). It equally implies the actual area for which data pertinent to answering the research questions

was collected. Thika Level Five Hospital is the research site that was used, its geographical location is Thika town in Thika Sub County, Kiambu County (See Appendix 9). It is one of the three-level five hospitals in the county. The County is served by a good road network hence easy access to health facilities, with the average distance to the health facilities being 7kms. The County has a total of 2,652 health workers. Further, the doctor/population ratio is 1:6667, while the nurse population ratio is at 1; 1110. (Kiambu County Integrated Development Plan 2018-2022). The County is made up of twelve constituencies, including Gatundu South, Gatundu North, Juja, Thika town, Ruiru, Kiambaa, Githunguri, Kikuyu, Limuru, Kabete, Kiambu and Lari. The total number of health facilities in the County is 108 covering only public facilities (Kiambu CIDP, 2018-2022).

3.4 Target Population

The targeted population is the entirety of homogenous individuals, objects or items pertinent to answering the research question and for which a sample can be drawn for actual measurement or data collection (Kombo and Tromp, 2006). The study drew its target population from the twelve sub-counties in Kiambu County, which are; Gatundu South, Gatundu North, Juja, Thika town, Ruiru, Kiambaa, Githunguri, Kikuyu, Limuru, Kabete, Kiambu and Lari. Stratified random sampling was used to draw samples since it minimises biasness. Kiambu County has 952,322 Citizen Adult population and 87 County Assembly members (Kiambu County Integrated Development Plan, 2018-2022). From this population, the study targeted 451 health practitioners working in Thika Level Five Hospital, community members, and members of the county assembly, as presented on Table 3.1.

Table 3.1: Target Population

Target Population	Population
Adult Population	952,322
Health administrators and Practitioners from the hospital (General manager, HR department, Procurement and operations doctors, nurses, clinical officers, pharmacists)	451
Kiambu County Assembly Members (MCA)	87
Total	**952860**

Source: Kiambu County Integrated Development Report (2018).

3.5 Determination of Study Sample

A sample refers to a subset of entities from which the target population is defined by a given sampling criterion (Resnik 2011). The representative selection of this subset of entities from the study target population, to enable the generalisation of study findings to the entire population of interest thus entails sampling. Sampling techniques are associated with reduced cost and higher accuracy of results. Based on the population size of health workers and MCA being targeted, the respondents were calculated using the Kothari 10%-30% formula. According to Kothari (2004), 10% to 30% proportions of the population are usually acceptable. Further, this study employed the formulae by Yamane (1967) to determine the sample size for the general public.

3.5.1 Study Sample Size

Yamane's (1967) formula of suitable sample size for the local population was used to find the desired sample size. The formula is as shown below;

$$n = \frac{N}{1+N(e)^2}$$

Where: -

n= expected sample size,

N= size of the target population,

"e" precision level (0.1)

Thus

$n = \frac{952{,}322}{1+952{,}322(0.1)^2} = 99.9$=100

For the local politicians (MCA's), Kothari (10%) Formula of sample size determination was used while Kothari's 20% formula was used for the health practitioners stratum, as shown in Table 3.2 below.

Table 3.2: Sample Size

Population Strata	Population	Sample Size	Formula
Local Adult Population	952,322	100	Yamane
Health administrators and Practitioners from the hospital (General manager, HR department, Procurement and operations doctors, nurses, clinical officers, pharmacists)	451	90	Kothari 20%
Members County Assembly	87	9	Kothari 10%
Total	**952860**	**199**	

Source: Author (2019)

3.5.2 Sampling Procedure

Purposive, simple and stratified random sampling techniques were used in this study in the selection of the respondents. These sampling approaches involve subdividing target population into homogenous subgroups, based on particular characteristics and from each subgroup called strata subjects are selected according to the composition of each subgroup in the overall population. The researcher used a purposive sampling technique to sample the MCAs from the wards near the Thika level five hospital. A simple random sampling technique was used to sample residents and health practitioners and administrators. This random sampling technique ensures the representativeness of

desired characteristics of the population in the study sample since giving equal chances to all the elements in the population to be selected in the sample (Kombo & Tromp, 2006).

Kombo and Tromp (2006) asserts that stratified random sampling design involves population divided into groups with identical attributes before random selection of a sample from each categorisation. Stratified random sampling was appropriate for this study since the population comprised of various features and ensures minimal biasness.

3.6 Data Collection Methods

Data collection methods involve the techniques that the researcher used when collecting the data. Given that the study dealt mainly with primary data, the researcher administered the questionnaires to the residents while the drop and pick method was used to collect data from the health practitioners and the MCAs. The researcher used face to face method to interview the County Executive Committee Member and Chief Officer in charge of Health Services in Kiambu County.

3.6.1 Development of Research Instruments

Quantitative and qualitative data collection approaches were utilised in this study. The study used questionnaires to collect data from residents, health practitioners, and MCA's (see Appendix 1), while an interview guide was used to collect data from key informants (See Appendix 2). The advantage of the questionnaire for this study is that it enabled the collection of large volumes of data from the respondents at the same time and also conceals the identity of the respondents reducing biases associated with a given respondent characteristic.

The interview schedule was used to generate qualitative data for this study. This provided flexibility that allowed the interviewer to get a comprehensive understanding of the research problem and gaps not filled by closed-ended questions. The flexibility for open-ended questions was significantly an advantage for this chosen design since the interviewer was able to fully establish the opinions and behaviour of some of the respondents (Neuman, 2013). The open-ended questions were essential in the questionnaires since they allowed the respondents to express their opinion fully

without any limitations, unlike the closed-ended questions which are restrictive to the respondents. Moreover, this enabled the researcher to fully explore the ideas in as far as the subject is concerned which was then reduced to different categories through coding and recording.

3.6.2 Pilot Testing of Research Instruments

Quantitative and qualitative data collection approaches were utilised in this study. The study used questionnaires to collect data from residents, health practitioners, and MCA's (see Appendix 1), while an interview guide was used to collect data from key informants (See Appendix 2). The advantage of the questionnaire for this study is that it enabled the collection of large volumes of data from the respondents at the same time and also conceals the identity of the respondents reducing biases associated with a given respondent characteristic.

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3.6.3 Instrument Reliability

The reliability of the instrument refers to the ability of the instrument to replicate the same results in case it is used on the same object of measurement many times, all other factors kept constant (Phelan and Wren, 2006). The pilot study was an essential measure of ascertaining the reliability of research instruments being able to detect any weaknesses in the design and instrumentation.

Reliability analysis was done using Cronbach's Alpha, which measures the internal consistency by establishing if certain items within a scale measure the same construct. The results in Table 3.3 show that the Cronbach's Alpha coefficients for all the variables were greater than 0.7 implying that the research instruments were reliable as shown in table. This is in accordance to suggestion by Sijtsma, (2009) that Cronbach alpha coefficient is an adequate measure for ascertaining reliability with a value of 0.7 or above for all the constructs regarded as sufficient for the study.

Table 3.3: Reliability Results

Objective	Cronbach's Alpha	No of Items
Devolution of the health sector	0.743	10
Strategy being used	0.712	5
Challenges	0.738	5

3.6.4 Instrument Validity

According to Joppe (2000), validity is defined as the degree to which the designed instrument scales the right elements it was aimed at measuring. This is important in ensuring the instruments' ability to produce meaningful inferences for the study. Before the process of data collection, the instrument was assessed for its accuracy. The researcher employed the content validity approach, which refers to the level of measure the collected data by a particular instrument can represent a given domain (Cohen, Manion & Morrison, 2013). Additionally, the instrument was submitted to expert scrutiny by the supervisor to identify any possible gaps. Any ambiguities and difficulties observed in the construction were addressed accordingly.

3.7 Data Processing and Analysis

Analysis of data is the synthesis process where the collected data are used, including a variety of approaches to arrive at meaningful conclusions for generalizability (Bryman & Cramer, 2009). For both qualitative and quantitative data, a different approach was employed. Quantitative data was first coded and entered into statistical software (SPSS, V22) for data cleaning procedures before the commencement of analysis work. Descriptive statistics and measures of central tendencies, frequencies, and tables were used to represent quantitative data in this study. On the other hand, qualitative data was analysed using content analysis by developing transcripts from emerging themes and presented in narrative form along with quantitative data.

3.8 Legal and Ethical Considerations

Research is always supposed to follow the set standards and norms. The norms include considering the acceptable and unacceptable behaviours in the entire research process (Bryman, 2012). Among other legal activities was ensuring that the participants voluntarily participated in the process (see Appendix 3). The purpose of the study was clearly defined to the respondents, as purely academic. All the participants who took part in the study had their identities kept confidential and concealed, and false names used as the respondents were not required to write their names on the questionnaire. Before the research, the researcher first obtained legal authority from relevant bodies, including the Africa Nazarene University, National Commission for Science Technology and Innovation (NACOSTI), (see Appendix 5&6) together with the letter from the county government (see Appendix 7). Finally, all the referenced materials have been adequately acknowledged to avoid plagiarism of any kind.

CHAPTER FOUR

RESULTS AND ANALYSIS

4.1 Introduction

This chapter encompasses the results, findings, interpretation, and presentation of results. The first objective of the study examined the influence of the devolution of the health sector on health care service delivery in Thika Level Five Hospital. The second objective assessed the various strategies that the Kiambu county government is using to support and improve health care service delivery in Thika Level Five Hospital, and lastly, the third objective explored the challenges affecting the governance of health care service delivery in Thika Level Five Hospital in Kiambu County, Kenya. Data was analysed using the aid of the SPSS analysis package. It was then presented by tables, pie charts, and bar graphs and interpreted with frequencies and percentages. Likert-type findings were further processed to yield meaningful interpretation using mean and the standard deviation. The questionnaires were personally administered.

4.2 Demographic Information

The demographic information sought from the respondents in this study included: Response rate, gender, level of education, and age of the respondents.

4.2.1 Response Rate

In this study, the researcher targeted a sample size of 199 respondents. After data cleaning, checking for completeness and consistency, a total of 160 questionnaires were found suitable for analysis indicating a response rate of 80% (Figure 4.1) which according to Mugenda and Mugenda (2003) is excellent for analysis and generalisation of results.

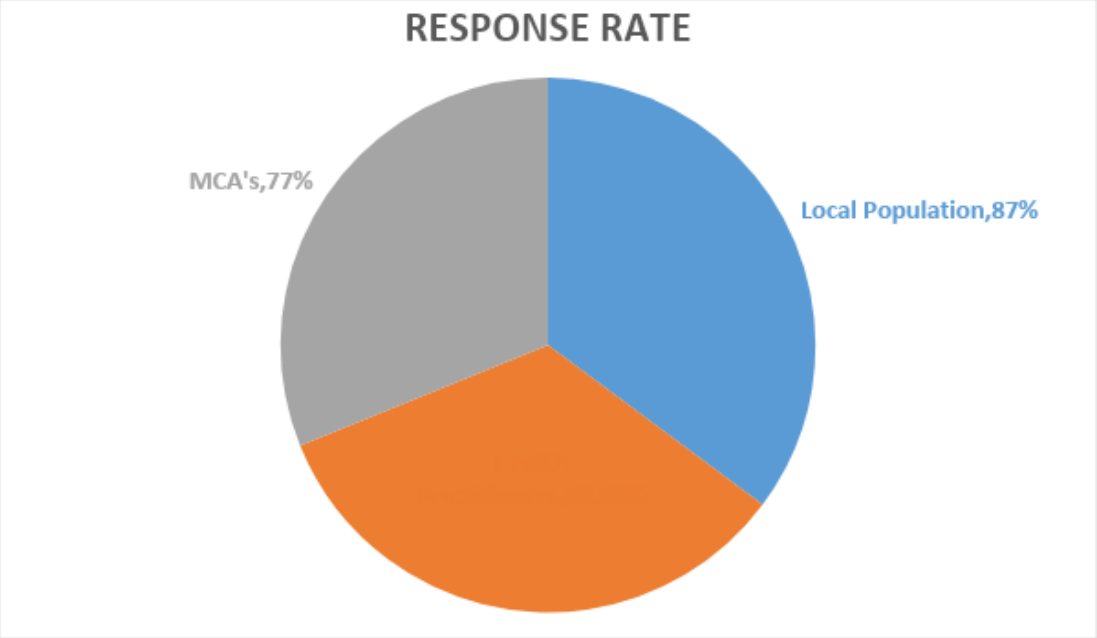


Figure 4.1: Response Rate. **Source:** Field Data (2019).

4.2.2 Gender of the Respondents

The researcher sought to find out the gender of the respondents. As indicated in Figure 4.2, majority (67%) of the respondents were female, while 33% were male. The findings of the study could indicate that the rate at which females visit the hospital for medication is high compared to that of male gender.

4.2.3 Age of the Respondents

The study sought to establish the age of the respondents. As indicated in Figure 4.3, majority (37%) of the respondents were aged above 40 years, 23% were aged between 31-35 years, 23% were aged between 26-30 years, while 17% were aged between 20-25 years.

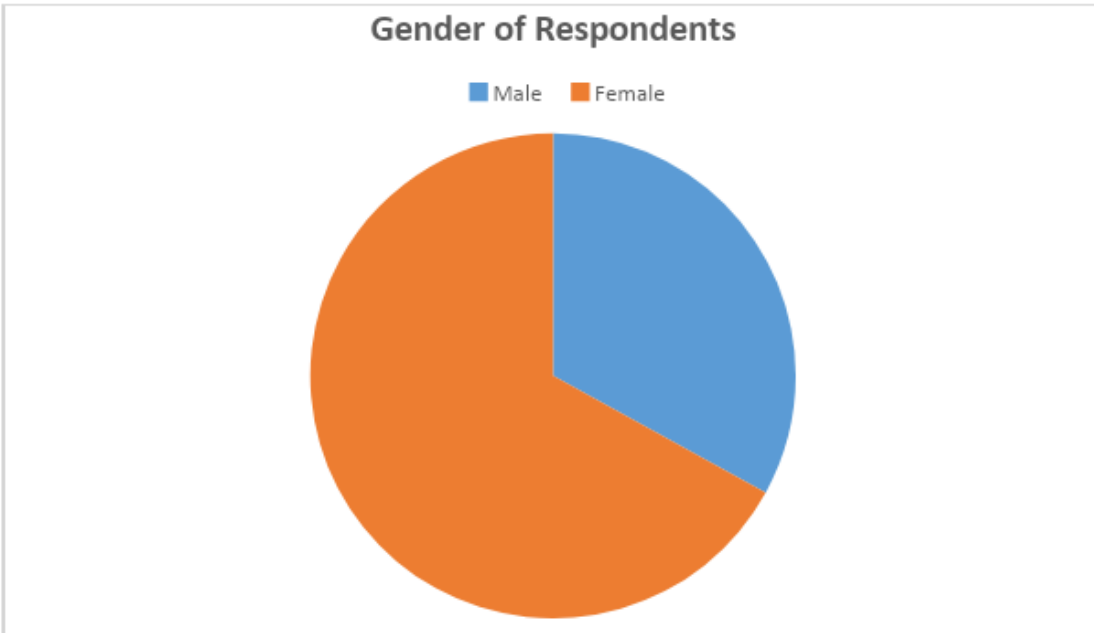


Figure 4.2: Gender of the Respondents. **Source:** Field Data (2019).

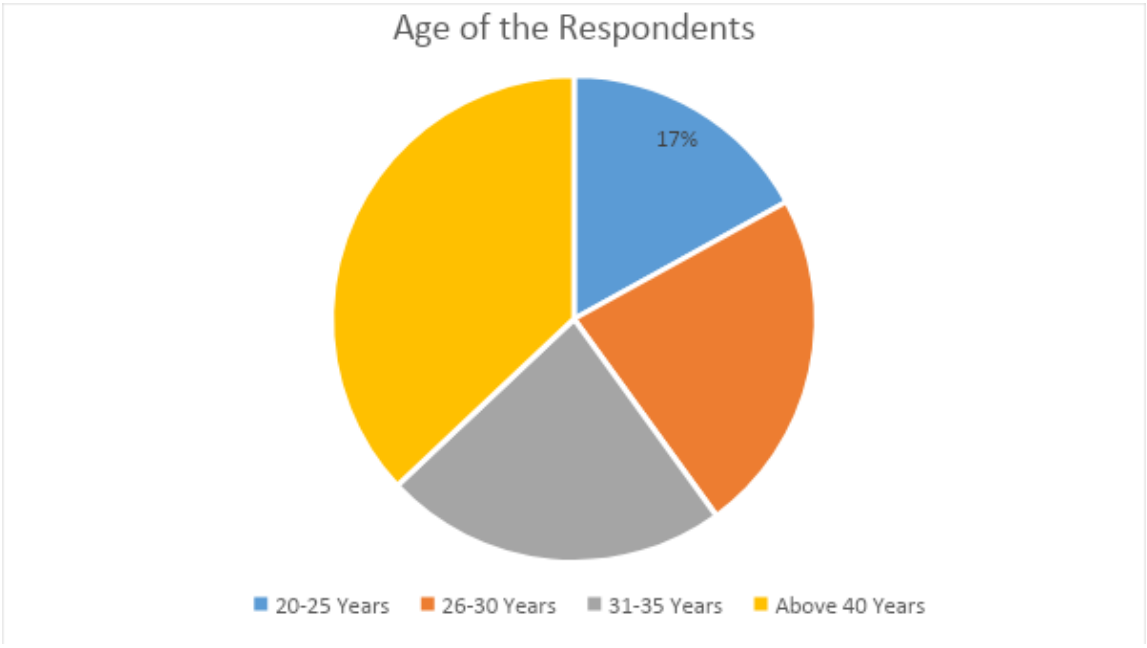


Figure 4.3: Age of the respondents. **Source:** Field Data (2019).

4.2.4 Length of Being a Resident

The study also sought to establish how long the respondents have lived in the county. The results as shown on Figure 4.4, show that majority (77%) of the respondents have been living in Kiambu County for more than six years, followed by 15% of the respondents indicating that they have lived in Kiambu between one to six years while 8% of the respondents have lived in Kiambu for less than one year. The majority of the respondents have lived in Kiambu County long enough to understand the issues and challenges facing the health system adequately.

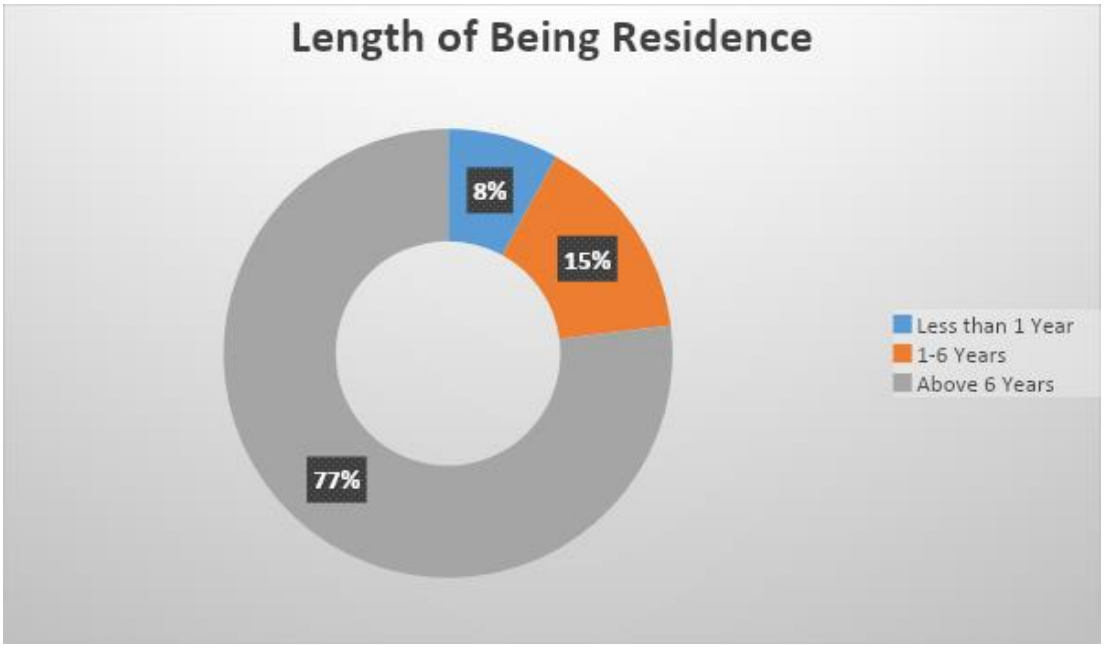


Figure 4.4: Length of being a resident. **Source:** Field Data (2019).

4.2.5 Level of Education

The researcher also sought to establish the educational level of the respondents. The findings in Figure 4.5 indicate that the majority (43%) had a certificate (or below) level of education who might happen to be members of the public who visited the hospital for medical attention, followed by diploma level at 31%. Those with higher education levels at the first degree level, masters, and Ph.D. levels were the minority at 16%, 7%, and 3%, respectively. Based on the findings, most of the

respondents had at least a school certificate and therefore understood the questions and were able to respond to them adequately.

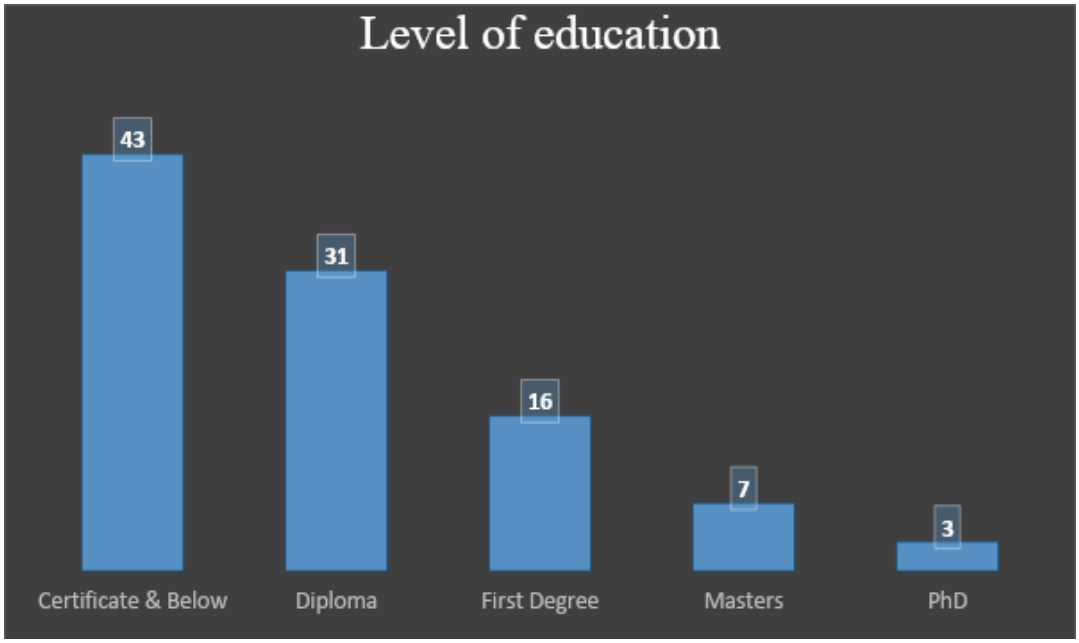


Figure 4.5: Highest Level of Education. **Source:** Field Data (2019).

4.3 Findings by Objectives

This section presents both descriptive results and quantitative results on the effects of devolved governance on healthcare service delivery in Thika Level Five Hospital in Kiambu County, Kenya.

4.3.1 The Influence of Devolution of the Health Sector on Health Service Delivery in Thika Level Five Hospital

The first specific objective of this study was to examine the influence of devolved governance on health service delivery in Thika Level Five Hospital in Kiambu County, Kenya. The research set out to evaluate the influence devolution has had on healthcare service delivery in Thika Level Five Hospital. The research was interested in finding out if the county government always allocates resources to the Kiambu level five hospital on time. The research developed a questionnaire with a

Likert scale of 1 to 5 testing on different issues related to resources allocation to the Thika level five hospital. The results in Table 4.1 indicate that the county government has full autonomy to formulate local policies on health matters with the highest mean grade of 4.871. The result indicates that the respondents understood that the county government has full authority to formulate policies at the county level relating to health issues. The respondents noted that devolved legislative powers had spared the County of the negative consequences of political competition at the national level with a mean of 4.825. The result is a clear indication that devolution has shielded the counties from negative powers due to competition at the national level.

The respondents indicated that the County Assembly has the powers to pass laws relating to health care services with a mean of 4.825. The respondents were also in agreement that devolved governance has enhanced civil liberties through public participation, as shown by a mean score of 4.009. They observed that the devolution of health services has resulted into effectiveness of public participation in making decisions concerning health matters, as indicated by a mean score of 3.758. The respondents had a moderate view on whether devolved legislative powers has resulted into improved legislation creating a timely policy intervention in the health sector by allocating an average mean of 3.107. The respondents observed on two questions with a mean of below average. The question of whether funds are allocated to the Thika level five hospitals on time scored a mean of 2.342. It is clear from the study that the county does not allocate funds to the hospital on time. Lastly, on the question of whether the hospital practitioners are paid on time it was rated as 2.125. This shows that the respondents disagreed with the proposition that health practitioners are always paid on time by the county government.

Table 4.1: Devolved Governance on the Health Service Delivery in Thika Level Five Hospital

Statements	Mean	Std. dev
The county government has full autonomy to formulate local policies	4.871	1.632
Devolved legislative powers has spared the County of the negative consequences of political competition in the national government	4.825	1.592
The County Assembly has power to pass laws relating to health care services	4.825	2.689
Devolved governance has enhanced Civil liberties enhanced through public participation	4.009	1.205
Devolution of health has resulted in effective public participation in decision making	3.758	1.968
Devolved legislative powers has resulted in improved Legislation hence timely policy intervention in the health sector	3.107	2.397
The money allocated to the health sector are always delivered on time by the county government	2.342	1.654
The health practitioners are always paid on time	2.125	0.751

Source: Field Data (2019).

The study further sought the opinion of health practitioners on the effect of political devolution on the quality of health service delivery. One health practitioner indicated that; the hospital services has improved as a result of customisation and community interests. They further said that there is interference in health care provision especially when it comes to employment process. Another practitioner had different views of no improvement of Thika level five hospital services since devolution was implemented. They further said that the situation has changed from bad to worse with frequent threats from the County executive on the looming strikes.

One male participant expressed his frustrations and discontent that there is a lot of nepotism especially from the politicians who always favour their relatives when it comes to job Vacancies and even in the delivery of services they want their patients to be given priority. Other issues that the

internal respondents heightened are; lack of promotions, and lack of adequate funds allocated to the hospital from the county. The findings show that the devolved governance of healthcare has had both positive and negative effects on the sector. Legislation of healthcare-related bills can now be done at the grass-root level with legislators who are informed of the challenges that the general public goes through to access healthcare. Cases of nepotism/favouritism were also cited as a factor that is common during the recruitment of health practitioners. This can have severe consequences to healthcare service delivery primarily when the county recruits under-qualified personnel.

4.3.1.1 Positive Impact of devolved healthcare

The respondents indicated that the devolution of healthcare services has the following positive impact on the residents of Kiambu county.

The respondents gave the following suggestions on how the county could improve the health services at Thika level five hospital. The County should devolve more funds to Thika Level Five Hospital. The government should as well allow at least 50% of money generated by the hospital to remain in the hospital (health practitioner). The government should plan ahead to avoid stock out and also employ qualified and specialised personnel and not to depend on students (health practitioner). The government should provide more equipment. Besides equipment, the government should come up with proper human resource management strategies such as motivation packages to staff career development opportunities and ensure that there are enough staffs in all departments (health practitioner). The government should improve on procurement of goods and drugs, have adequate and timely supply of medical equipment, reduce transfer of staff members and above all pay the medical practitioner early and on time to avoid strike.

Table 4.2: Positive Impacts of Devolution

1	Increased customer services that come through the establishment of customer care unit (health practitioner)
2	Special services such as ICU, CT SCAN and MRI have been brought closer to the people as a result of devolution (Public citizen)
3	Devolution have resulted to improved infrastructure and employment of human resource (local citizen)

Source: Field Data (2019).

4.3.1.1 Effects of devolved governance on improving health service delivery in Thika Level Five Hospital in Kiambu County

The researcher opted to investigate whether devolved governance has been used to improve the healthcare service delivery in Thika Level Five Hospital in Kiambu County. The level of agreement of the respondents was measured in a scale of 1-5 and the means were recorded as on the Table 4.3 below.

Table 4.3: Effects of Devolved Governance on the Provision of healthcare service delivery in Thika Level Five Hospital

Statements	**Mean**	**Std. Dev**
The number of health practitioners have increased in the hospital	4.279	1.587
The county government have been able to increase bed capacity in the hospital	4.127	0.063
The County governments have been able to increase the number of health departments through infrastructural development and employment	3.915	1.324
There are new health units built using County Government funds	3.817	1.361
Drugs are available to patients visiting the health facilities for treatment	2.301	1.895

Source: Field Data (2019).

In response to the above series of questions on the level of agreement of the respondents, the respondents were in agreement that the number of health practitioners in the hospital have increased since devolution in governance of healthcare services as shown by a mean score of 4.279. The increase in the number of health practitioners' shows that the number of services being offered and service delivery has greatly improved in the hospital. The respondents indicated that the county government has been able to increase the number of bed capacity in the hospitals as marked by a mean of 4.127.The respondents also observed that Kiambu county government has been able to increase the number of health departments through development of infrastructure and employment as represented by a mean of 3.915.

Furthermore, the respondents were in agreement that the new health units in the Thika Level Five Hospital had been built using the county government funds as shown by a mean of 3.817. Lastly, the respondents disagreed with the statement that drugs were available to patients visiting the health facility for treatment as indicated by the mean of 2.301.The study then sought to establish whether Kiambu county government had entered into any form of collaborative arrangements with either other County governments or any other organisation with the aim of improving healthcare service delivery. In response to that, one of the health practitioners informed the researcher that the County had collaborated with Mt. Kenya University. The University sends its student for teaching to Thika level five hospital mortuary. Furthermore, the county had also partnered with Japan International cooperation (JICA) which provided a grant to the hospital to facilitate provision of preventive and curative health services in the county.

4.3.2 Strategies to Support and Improve Healthcare Service Delivery at Thika Level Five Hospital

Plans and strategies to support or improve healthcare service delivery was the second objective of discussion in this study. Under this objective, the study assessed the strategies put in place to support and improve healthcare service delivery. The study first sought to establish whether the

county has a strategic health plan. All the health practitioners and members of the county assembly indicated that the County has a strategic health plan. On the frequency by which the strategy is being reviewed to reflect changes in the healthcare service delivery, a member of County Assembly noted that this was being done yearly. The following five strategies were observed to be the ones used in Kiambu county to support and improve health care service delivery at Thika level five hospital.

Provision of new medical equipment as well as upgrading of the current facilities. With new and advanced medical technologies, it is vital for hospitals to have the best equipment so as to improve service delivery. This is why the county has acquired new medical equipment for ICU, MRI, and CT scan.

Secondly, there was need to have skilled health practioners who would be able to handle the newly acquired equipment. The county therefore, employed highly skilled workforce.

Thirdly, there was need to have proper and more stringent standards and guidelines to help guide the employees within the hospital. This was done in full participation of the county medical staff who gave their opinions and suggestions.

Fourthly, without proper education and training then all would be in vain. The county partnered with relevant medical bodies to train hospital employees on emerging areas in medicine. Employees and medical staff were also urged to pursue more education in their relevant fields.

Lastly, the respondents indicated that the county government outsourced some services with the aim of improving healthcare services. This was the case where extra services were required and the service could not be provided by the available manpower. Services that were being outsourced include cleaning which was contracted to NERU, laundry services outsourced to SPEKESS and ambulance services. Hiring of Security guards to ensure safety of patients and workers at the hospital was also outsourced. Renal services had been outsourced as the hospital staff were away on training. The study further sought to know whether Kiambu county government had increased its services offering to Thika level five hospital. The respondents stated;

> There have been increased customer services that come through the establishment of customer care unit (health practitioner)
>
> Special services such as ICU, CT SCAN and MRI have been brought closer to the people as a result of devolution (Public citizen)
>
> Devolution have resulted to improved infrastructure and employment of human resource (local citizen)

4.3.3 Challenges Facing the Governance of Health Care Service Delivery at Thika Level Five Hospital

This was the last objective of this study. This objective was investigated the challenges that had been affecting the healthcare deliver in the County hospital as a result of devolved governance. A series of five questions were poised to the respondents to give their level of agreement/disagreement. The questions were responded to as indicated in the Table 4.7 below.

The researcher established that since the inception of devolved governance of health service delivery, cases of strike by health practitioners have increased at Thika level five hospital as indicated by a mean score of 4.367 as indicated on the table above. The respondents also agreed that there are reports of mismanagement of funds/corruption in the hospital and that nepotism especially in the recruitment of health personnel has increased at the hospital as shown by mean scores of 4.191 and 4.235 respectively. The respondents were in agreement that though the funding has increased, it is still inadequate for the hospital to deliver essential services as illustrated by a mean of 4.201. Despite the growth of the hospital in terms of infrastructure and increase in services being delivered, funding has been mentioned as one of the main challenges as it is normally delayed and inadequate. This has resulted to cases of lack of drugs in the hospital.

Table 4.7: Governance challenges affecting health service delivery in Thika Level Five Hospital

Statements	Mean	Std. dev
The number of strikes by health practitioners have increased since devolved governance of health service delivery	4.367	1.411
Cases of nepotism in recruitment of health practitioners have been reported in the hospital	4.235	0.985
Inadequate funding has been a major challenge to the implementation and delivery of essential services in the hospital	4.201	1.425
Cases of mismanagement of funds/corruption have been reported in the hospital	4.191	1.256
Cases of employees leaving the hospital have increased since devolved governance of health service delivery	3.688	1.852

Source: Field Data (2019).

The respondents were in agreement that there are increased cases of exodus of health practitioners from the hospital since devolved governance of health service as indicated by mean score of 3.688. Since devolution of health sector to the county government, the health sector has been affected in different ways. In that regards therefore, the study interrogated the respondents to state their opinions about how they think devolution has affected healthcare service delivery in Thika Level Five Hospital, Kiambu County.

4.3.3.1 Setbacks as a result of devolution

The researcher found out that devolution of health sector to the county government had received several setbacks including strikes by the health practitioners due poor pay and sometimes accrued salary. The respondents indicated that the devolved health facilities have been operated by the county government but the private institutions have only been stepping up to take charge of operations only during strikes.

CHAPTER FIVE

DISCUSSION, SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This study sought to assess the effects of devolved governance on health service delivery at Thika Level Five Hospital in Kiambu County, Kenya. This chapter presents the discussion and summary of the findings gathered from the analysis of data as well as the conclusions reached and makes recommendations based on the findings. Findings of the study have also been summarised alongside the objectives of the study and each section is organised based on the specific objectives of the study.

5.2 Discussion

This section presents the discussion of the findings based on the specific objectives of the study which includes examining the influence of the devolution of the health sector on health service delivery at Thika level five hospital, assess the various strategies that the Kiambu county is using to support and improve health care service at Thika level five hospital and lastly explore the challenges facing the governance of health care service delivery at Thika level five hospital. The data was gathered from practitioners working at the hospital, community members seeks medical services and members of the county assembly. The study covered demographic information of the respondents including gender, age and level of education. As observed by Connelly (2013) demographic information offers description of the respondents thus help in understanding respondents characteristics such as their level of understanding of the subject matter under investigation and their level of maturity considering their levels of education and age respectively. Demographic data is important on any study because different respondents in a research setting are affected differently by various socio-economic issues. This study therefore identified the following demographic characteristics as the most appropriate.

5.2.1 Influence of devolved governance of health sector on health services delivery in Thika Level Five Hospital

This study sought to examine the influence of devolved governance on healthcare service delivery in the Thika Level Five Hospital in Kiambu County. The study found out that the people of Kiambu county recognises that the county government has a full mandate to formulate local policies on health matters with a mean of 4.871. In line with article 174 of devolution which recognised the right of communities to manage their own affairs and development. The decision making especially from the finance and management has also been brought to the local authorities (World Bank, 2014). This was found to be in line with the health sector leadership as provided for by the MOH at the national level where the county government is mandated to develop local policies on health matters, technical support at all levels and to monitor quality and standards of services. The study established that the devolved governance has improved health care delivery services through enhanced policies and oversight. This is in line with the fact that the ministry has a role of providing legal framework that ensures comprehensive and people driven healthcare delivery (GoK, 2010; Okech, 2016; Okech, 2017).

The county government has not been affected by political competition from the national government with a mean of 4.825. This is in line with the objective of devolution to decentralise the state organs, their functions and services from the Central Government. The County Assembly has the power to pass laws relating to health care services with a mean of 4.825 which supports article 174 of the constitution where by the power of self-governance is given to the people which in turn enhances decision making by the people. This is further supported by Okech (2017) who noted that decentralized territories have the power of making legislation relevant to the area showing that the County Assembly has full force of law behind them over which they practice authority and within which they perform their functions in their respective jurisdictions. From the findings, it is evident

that the devolved legislative powers are saving the counties from political competitions and that the governance has been enhanced through public participation.

The study also observed that the public participates in county affairs with a mean of 4.009. The public has a say as their voices can be heard on health matters. This is in line with article 174 of the 2010 constitution, in which powers of self-governance is given to the people in order to enhance their participation in the exercise of powers of the state and making decisions affecting them as observed by Murkomen (2012). Devolution which is seen as a form of decentralisation of powers to the lower levels has seen people being included in the decision making in the matters of health in the counties resulting to the improvement of service delivery as revealed from the results in this study. As Blaise and Kegels (2004) observed, this has been seen as a transformation from what had been there for decades of centralised decision making from the MOH down to specific regions.

The study found out that due to devolution the number of health practitioners has increased by a mean of 4.279, numbers of beds increasing by a mean of 4.127 and health department and infrastructure development and employment increasing by a mean of 3.915. This has led to the patients of Thika level five hospital receiving better services unlike before devolution.

The study revealed that adequate resources are not being allocated to the health sector on time by the National government. The funding of the health chain was not timely which led to delay of services due to lack of drugs and resources. The study found out that drug supply at the hospital stood at a mean of 2.301. This is as a result of delay in funds allocation by the national government to the county government. Furthermore, the health practitioners are not receiving their monthly pay on time. This is a clear indication that the public could dictate the actual expectations and what not to expect to happen in the health sector at the County level since they are also represented and have a role to play when it comes to decision making. Though the entire health system has not been operating smoothly as there are cases of interference in the employment process in the health sector, the positive changes outweighs the negatives and are fully embraced. This is further asserted by Abdumlingo and

Mugambi (2014) who noted that the counties will be unwilling to release funds that are meant for the development programmes of the counties, thus affecting the governance of the health sector hence poor service delivery and development in the counties. However, the results showed that there had been much change in the health service delivery since the situation for a moment there had been a revolution from a state where technical services like MRI, ICU could only be accessed at Kenyatta National Hospital in Nairobi.

5.2.2 Strategies to support and improve healthcare service delivery

Strategies are plans laid down to take care of the future activities, Kiambu County came up with several strategies such as; construction of health infrastructure (Physical infrastructure, equipment, transport, ICT) providing essential health services, improving access to service and reversing the rising burden of non-communicable conditions with the aim of improving health services for the people. Health sector and effective health service delivery in any County succeed from well-orchestrated healthcare plans. In that regard, the findings showed that Kiambu County has a strategic plan which is always reviewed annually. In addition, the study revealed that the County has laid down actions which are being followed by the County in response to the challenges that arise from devolved health service some of which include employing more workers and forming emergency response department. According to Johnson et al., (2008), strategies in an organisation involve corporate, competitive/business and operational strategies with some scholars still arguing that hierarchy of strategies may not be sustained as the line between corporate and business strategies gets obliterated.

As a result of the strategic plans laid down by the County, the ICU has been built to help in responding to emergency services in the hospital. The County has boosted the ICU department by increasing the bed capacity to take care of emergency cases and thus giving the health workers easy time at such times when need arise. In addition, Kiambu county government bought CT scan machines and also commissioned an ambulance emergency quick response service at the hospital.

CT scan project was seen as advancement by the County in their preparation and readiness to help the community and the surrounding counties. CT scan has many uses among them examining internal injuries resulting from either car accidents or other types of accidents. The scan has the power of examining almost all parts of the body and can be used to diagnose diseases or injury as well as offering plan for surgical or radiation treatment. Referring to that effort of Kiambu County to its Thika Level Five Hospital was a well laid down plan to take care of the future and readiness to tackle emergency cases in the County and its surrounding environs.

Adding on the list of equipment that has been purchased by the County in readiness to respond to adverse cases in the hospital is the deployment of MRI scan machine which is one of the digital equipment that is even safer to use than CT scan. MRI machine is used to diagnose disease or injury and also offers monitoring of the patients' response to treatment. These equipment additions were accompanied with corresponding hiring of skilled health workers to operate.

Healthcare service encompasses of variety of elements among which are adequate equipment that can be used by medical practitioners to perform their duties by attending to the patients as their jobs demand, enough health workers, clean and safe hospital environment among others. In this regard, the hospital cleaners are important as they play the role of ensuring that the hospital environment is clean and that the high level of hygiene is maintained within the hospitals. The findings revealed that Kiambu county government has put in place the need to keep the hospital vicinity clean and maintain the hygiene by having additional cleaners within the hospital. This in line with Van-Beek, Taris & Schaufeli (2011) who observed that increased number of employees in a working environment provide enough recreation time for the workers and thus improving their efficiency and effectiveness at work. Low number of workers with the corresponding increased services provided and the length of time worked in a day by workers results in tiresomeness and decreased efficiency.

5.2.3 Challenges affecting healthcare service delivery in Thika Level Five Hospital, Kiambu County

Devolution of government organs to the local government has several challenges as indicated by Awino (2016). He observed that the MOH developed strategies that were meant to deal with governance and leadership gaps, frequent industrial strikes by healthcare workers and financial constraints. The MOH came up with strategic alliances, diversification, product development and operational strategies to enhance health service delivery and overcome the existing challenges. All these are efforts input into the health system to support health services delivery in Kiambu County Thika Level Five Hospital.

Most hospitals face different challenges from hiring skilled staffs and financing the healthcare services. Service delivery on the healthcare sector faces challenges such as limited access to health care facilities, lack of adequate personnel and skilled expertise to address medical needs and proper infrastructure. Governance from the County has direct effect to the health care service delivery since the health organ had been devolved. The national government on the other hand retained health policy, management of national referral health facilities and offering technical assistance to the counties.

From the results, Thika level five hospital is faced with challenges of inadequate and delayed funding which incapacitates the hospital operations like timely budgeting for medical supplies as evidenced by a mean of 4.2. Persistent strikes by health practitioners have also affected service delivery with the hospital losing majority of its clients and the revenues that would have been used in the improvement of delivery of health services. Cases of employee turnover were also reported in the hospital with majority of the staff leaving without acquisition of any specific skills and experiences. This has great impact on service delivery as the hospital has to spend more resources in recruitment, and training of new workforce. In similar manner a study conducted by Khaunywa, Wawire and Chepgnéno (2015) found out counties experience challenges in achieving devolution of health

services. The loss of revenue in hospitals can lead to bankruptcy and eventual closure as noted by a report by Bloomberg (2017) which observed that healthcare bankruptcies had tripled in 2017 and comprised 7.25% of all the bankruptcy filings as compared to 5.25% in 1997. The report further stated that eighteen hospitals/hospital systems filed for bankruptcy protection in 2017.

From the results, Thika level five hospital has been seen to greatly improve the quality of health service over the years. Despite the improvement, majority of the members of the public are still not fully satisfied with health service delivery at the hospital. Devolution of governance of health sector has led to the spread and revival of other health facilities that were long ignored to ensure that health care centers is accessible to all the citizens in their localities without travelling to urban areas to look for such treatment. The spread and increased number of health facilities in the County calls for additional qualified and skilled health practitioners to attend to the patients in the health care centers. This has been a challenge that the counties across the country are struggling to solve and find a long term solution for the betterment of health care service delivery. Moreover, a study by Loo and Thorpe (2004) found out that large number of hospitals face the challenges of hiring skilled and experienced staffs and also keeping their managers in various positions.

Despite governance of health sector being devolved, the health policy-making still remained with the national government making the counties and even the health managers lack well defined roles they could play. Likewise, Savage and Scott (2004) stated that most of the challenges in the hospital administration originate from the conflicting policies created by the government which are majorly theoretical and are not detailed to solve problems at hand. The policy makers then need to come up with practical policies as opposed to mere theories for conducive working environment in health care sector. In 2013, the report from MOH outlined that challenges in medical staffing included qualification of the health workers, hiring and promoting workers in the devolved government.

Kiambu county government has increased services offered at Thika Level Five hospital through establishment of customer care unit, increased number of bed capacity in the ICU,

introduction of CT and MRI scan projects thus bringing the services closer to the members of the public. The County governments in conjunction with the national government has also ensured that there are good road network and improved infrastructure to ensure that people easily access the health centers which has been a challenge to the County governments due to insufficient funds. To curb the governance challenges on delivery of quality health services to the citizens, the study reveals that the hospital need funds and in that regard, Kiambu County needs to devolve more funds to Thika Level Five Hospital and also allow a good percentage of the money generated by the hospital to be retained in the hospital to help in running and facilitating some activities such as restocking supplies. The counties are also faced with the challenge of employing qualified and specialised personnel and in that case Thika Level Five Hospital has to rely on cheap or free labour by having trainees attending to the patients.

In addition, health services face governance challenges from the County governments when it come to the purchase of necessary equipment in which they still need approval from the County for the equipment to be bought which can take up some time to be affected. This requires Kiambu county government to come up with proper human resource management strategies and to constitute health procurement committee to write proposals and facilitate the procurement process so that Thika Level Five Hospital does not lack equipment. One of the strategies put in place by the National Government is to deal with the cases of strikes. Nurses and other health practitioners have been on record across the country calling for strikes due to their discontents from the County governments. At the times of strikes, healthcare service delivery is always paralysed leaving the patients stranded with some losing their lives or having their conditions worsening. As a result of that, Kiambu County being one of the counties in the country, the results show that private institutions take over the operations of health sector in the County when the health worker are on strike. As observed by Helao (2015), public service agencies are presumed to lack good governance practices which adversely affect service delivery.

5.3 Summary of the Main Findings

Health service delivery is very sensitive in supporting the lives of the citizens within a country and the world at large. Devolved governance has affected the health service delivery at all levels of hospitals including Level Five Hospitals. Devolution of the health sector was affected in line with the Kenyan constitution that was promulgated in the year 2010 which outlined the decentralisation process. The counties took charge of all the devolved functions including provision of health services.

Influence of devolution of health sector on health service delivery at Thika Level Five Hospital in Kiambu County is assessed in the study. The results revealed that the hospital was not receiving enough allocation of funds from the county government with a mean of 4.201. The health workers were not well paid and this affected the service delivery in the health sector. Devolution as well gave the powers to the public where they could have their voices heard in decision making process with a mean of 4.009. Furthermore, the counties were safe and operating independently as they were not receiving negative consequences from the national government with a mean of 4.825. Service delivery in Kiambu county government was seen to have improved since devolution took full charge of the health sector. The County health practitioners increased by a mean of 4.279, infrastructural development and employment increased by a mean of 3.915 while increase in bed capacity at the hospital increased by 4.127. Dormant health services and units have been revived by the county government thus reaching out to large number of the locals.

Some of the strategies laid down by Kiambu County from the results included employing more health workers and formation of emergency response department in order to support and improve health care service delivery. The County's strategic plans were shown to be reviewed annually as from the results. The County as well had vision for the health sector aimed at offering equitable and affordable healthcare to all the citizens. Kiambu county government on that effect was shown to be guiding the health service department, expressing commitments and determination aimed at improving health service delivery in the County. Among other things that had been listed in the

study to have been planned by the county government was building of the ICU unit and emergency response services. Some of the plans have been implemented by bringing the CT scan project and the MRI scan in the County used in the diagnosis of different types of diseases.

The study revealed a number of challenges of governance that affected healthcare services delivery in Thika Level Five Hospital. The governance of the County had faced challenges such as hiring of skilled staffs and financing the health sector, lack of adequate and skilled expertise to address medical needs and poor infrastructure in some parts of the County delayed and inadequate funding, persistent strikes which stalled health service delivery at the hospital and turnover of skilled and experienced employees. Among other challenges was lack of enough drugs in the county government hospitals and slower pace or poor methods of promoting health workers with a mean of 2.301.

5.4 Conclusions

Based on the study findings, the following conclusions were drawn: Devolved governance of health sector has brought positive effects on healthcare service delivery at Thika Level Five Hospital in Kiambu County. Devolution had given the members of the public powers to give out their voices through their representatives in making decisions that improve the quality of service delivery in the hospital.

Kiambu county government has put strategies that support the service delivery at Thika Level Five Hospital. These included employing more workers, forming emergency response department that is responsible for responding to emergency cases, offering guidance to the hospital and expressing their commitments and determination to support it. This study showed that the County Government had introduced new services like CT scan and MRI scan that were being used to diagnose various diseases and internal injuries. The residents were still feeling that much need to be done in the health service delivery to better the quality of services in the sector. The study further concluded that there were challenges of governance that were affecting health service delivery at Thika Level

Five Hospital. Among those challenges were insufficient qualified and skilled health workers and payment of the health workers on timely basis and sufficiently.

5.5 Recommendations

The first objective of the study was to examine the influence of the devolution of the health sector on health care services delivery at Thika level five hospital. The study recommends that Kiambu County should allocated funds to Thika level five hospital on time so that employees and necessary and required equipment and other hospital facilities can be purchased on time and help in improving the health service delivery in the counties.

The second objective was assessing the various strategies that the Kiambu county government is using to support and improve health care services delivery at Thika level five hospital. The study recommends that Kiambu county government should benchmark with top notch health centers to develop excellent strategies to support and improve health services at Thika level five hospital.

The third objective on exploring challenges affecting the governance of health care service delivery at Thika level five hospital. The study recommends that the hospital employees should be appreciated and rewarded for their performance, creation of a good work environment to avoid of workers leaving the hospital frequently.

5.6 Suggestion for Further Study

Considering that there are several challenges emerging from devolved governance on healthcare service in the Thika Level Five Hospital, any future research should be based on the methods that should be employed by the County governments to effectively improve health service delivery in Thika Level Five Hospital. The researcher also recommends a study to be carried on understanding the customer perspective on the devolution of Health Services in Kiambu County.

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APPENDICES

Appendix 1: QUESTIONNAIRE

SECTION A: DEMOGRAPHIC INFORMATION

1) What is your gender?

   Male [ ] Female [ ]

2) What is your age?

   20-25 Years [ ] 26-30 Years [ ] 31-35 Years [ ] Above 40 Years [ ]

3) How long have you been a resident in Kiambu County?

   Less than 1 Year [ ] 1-6 Years [ ] Above 6 Years [ ]

4) What is your highest level of education?

   Certificate [ ] Diploma [ ] First degree [ ] Masters [ ] PhD[ ] Other [ ]

   Please specify _____

SECTION B: Members of the County Assembly

5) Below are several statements on the influence of devolution of health sector on the provision of health care service delivery in Thika Level Five Hospital, Kiambu County. Please indicate the extent to which you agree with each of the statement. Use a scale of 1-5 where; 1= Strongly disagree, 2 Disagree Extent, 3=Neutral, 4= Agree, 5= Strongly agree.

Statements	**1**	**2**	**3**	**4**	**5**
The money allocated to the health sector are always delivered on time by the county government					
The health practitioners are always paid on time					
Devolution of health has resulted in effective public participation in decision making					
Devolved legislative powers has resulted in improved Legislation hence timely policy intervention in the health sector					

Devolved legislative powers has spared the County of the negative consequences of political competition in the national government					
Devolved governance has enhanced Civil liberties enhanced through public participation					
The County Assembly has power to pass laws relating to health care services					
The county government has full autonomy to formulate local policies					

6) In your opinion, how does political devolution affect quality health care service delivery in Thika Level Five Hospital, Kiambu County?

……

……

SECTION C: Health Practitioners and Administrators

7) Does Kiambu county have a health strategic plan? If yes, how often is the strategy reviewed to reflect changes in the healthcare service delivery

……

……

8) Are there any action strategies being pursued by the Kiambu County to respond to challenges of devolved health services? Please describe

……

……

Governance challenges affecting health care service delivery in Thika Level Five Hospital, Kiambu County	1	2	3	4	5
Cases of employees leaving the hospital have increased since devolved governance of health service delivery					
Cases of mismanagement of funds/corruption have been reported in the hospital					

Cases of nepotism in recruitment of health practitioners have been reported in the hospital					
The number of strike by health practitioners have increased since devolved governance of health service delivery					
Inadequate funding has been a major challenge to the implementation and delivery of essential services in the hospital					

9) What are some of the strategies that the Kiambu county government is pursuing in response to challenges of devolution?

……

SECTION D: Community Members (Outpatients)

10) Below are several statements on how devolution of health Sector has affected the provision of health care service delivery in Thika Level Five Hospital, Kiambu County. Please indicate the extent to which you agree with each of the statement. Use a scale of 1-5 where; 1= Strongly disagree, 2 Disagree Extent, 3=Neutral, 4= Agree, 5= Strongly agree.

Statements	**1**	**2**	**3**	**4**	**5**
The number of health practitioners have increased in the hospital					
The County governments have been able to increase the number of health departments through infrastructural development and employment					
The county government have been able to increase bed capacity in the hospital has been able to increase the bed capacity					
There are new health units built using Conty government funds					
Drugs are available to patients visiting the health facilities for treatment					

11) Are there any ways in which the Kiambu county government has entered into collaborative arrangements with the other County governments or any other organisation for the purpose of improving health care service delivery? Please describe

……

……

12) Has Kiambu county government increased its services and products to the existing customers/target market in response to devolved health services issues? Please expound

……

……

13) Has the Kiambu county government developed and initiated any new services, products, activities and functions to the County health services in a bid to improve health care service delivery? Please describe

……

…….

Appendix 2: Interview Guide for Key Informant

1. How has devolution of health sector influence the provision of health care service delivery in Thika Level Five Hospital in Kiambu County, Kenya?

   ……

   ……

2. What strategies is the Kiambu county government using to improve and support health service delivery in Thika Level Five Hospital in Kiambu County, Kenya?

   ……

   ……

3. What are the challenges affecting governance of health care service delivery in Thika Level Five Hospital in Kiambu County, Kenya?

   ……

   ……

THANK YOU

Appendix 3: Introduction Letter to Participants

Africa Nazarene University

PO BOX 53067-00200

Nairobi

Dear Respondent,

RE: RESEARCH PROJECT

My name is Joseph Mwangi Thuku and I am a Master of Science student at Africa Nazarene University. I am kindly requesting for your participation in a research study that I am conducting entitled: Effects of devolved governance on health service delivery at Thika Level Five Hospital, Kiambu County, Kenya. The intention is to assess the effects of devolved governance on service delivery at Thika Level five Hospital in Kiambu County, Kenya. The study involves completing basic demographic information and a questionnaire. Participation is completely voluntary and you may withdraw from the study at any time. The study is also completely anonymous, therefore, it does not require you to provide your name or any other identifying information. Your participation in the research will be of great importance to assist in social change in ensuring that devolution achieves its intended purpose by assessing the effects it has had at the hospital and making necessary recommendations.

Thank you for your time and participation

Yours Sincerely,

Joseph Mwangi Thuku

Appendix 4: Authorization Letter form University

AFRICA NAZARENE
UNIVERSITY

21st March 2019,

RE: TO WHOM IT MAY CONCERN

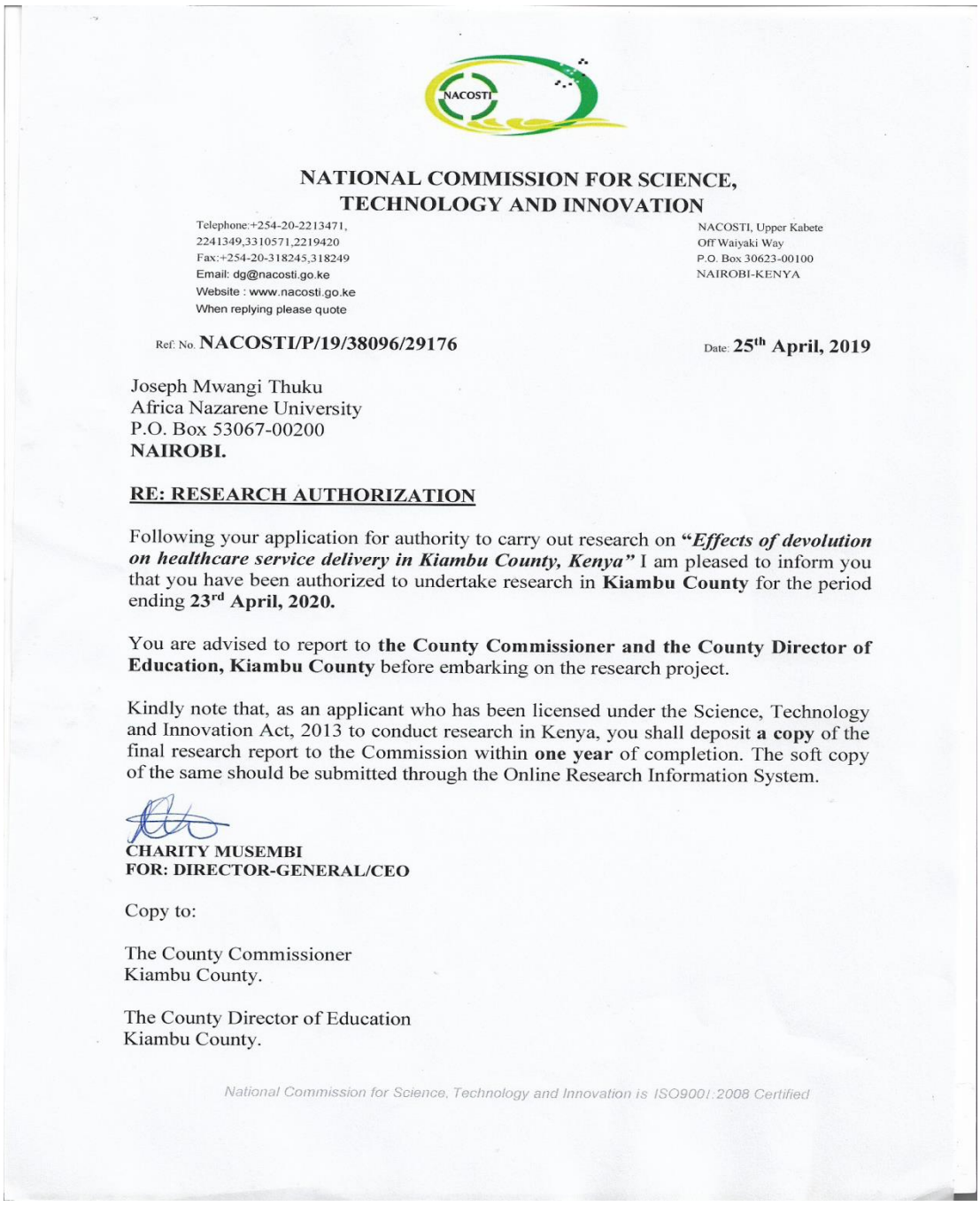
Thuku, Joseph Mwangi(15M03DMGP037) is a bona fide student at Africa Nazarene University. He has finished his coursework and has defended his proposal entitled ***"Effects of devolution on service delivery in the health sector in Kiambu County, Kenya."***

Any assistance accorded to him to facilitate data collection and finish his thesis is highly welcomed.

Dr. Emily Okuto[PhD]
Chairperson,
Department of Governance, Peace & Security studies
Africa Nazarene University.

P.O Box 53067 - 00200 Nairobi, Kenya • Tel: 020 252 7170/1 - 5 • Fax: 020 201 2233 • Cell: 0733 874 111 • Email: registrar@anu.ac.ke • www.anu.ac.ke

Appendix 5: Authorization Letter from NACOSTI



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone:+254-20-2213471,
2241349,3310571,2219420
Fax:+254-20-318245,318249
Email: dg@nacosti.go.ke
Website : www.nacosti.go.ke
When replying please quote

NACOSTI, Upper Kabete
Off Waiyaki Way
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No. **NACOSTI/P/19/38096/29176**

Date: **25th April, 2019**

Joseph Mwangi Thuku
Africa Nazarene University
P.O. Box 53067-00200
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"Effects of devolution on healthcare service delivery in Kiambu County, Kenya"*** I am pleased to inform you that you have been authorized to undertake research in **Kiambu County** for the period ending **23rd April, 2020.**

You are advised to report to **the County Commissioner and the County Director of Education, Kiambu County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit **a copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.

CHARITY MUSEMBI
FOR: DIRECTOR-GENERAL/CEO

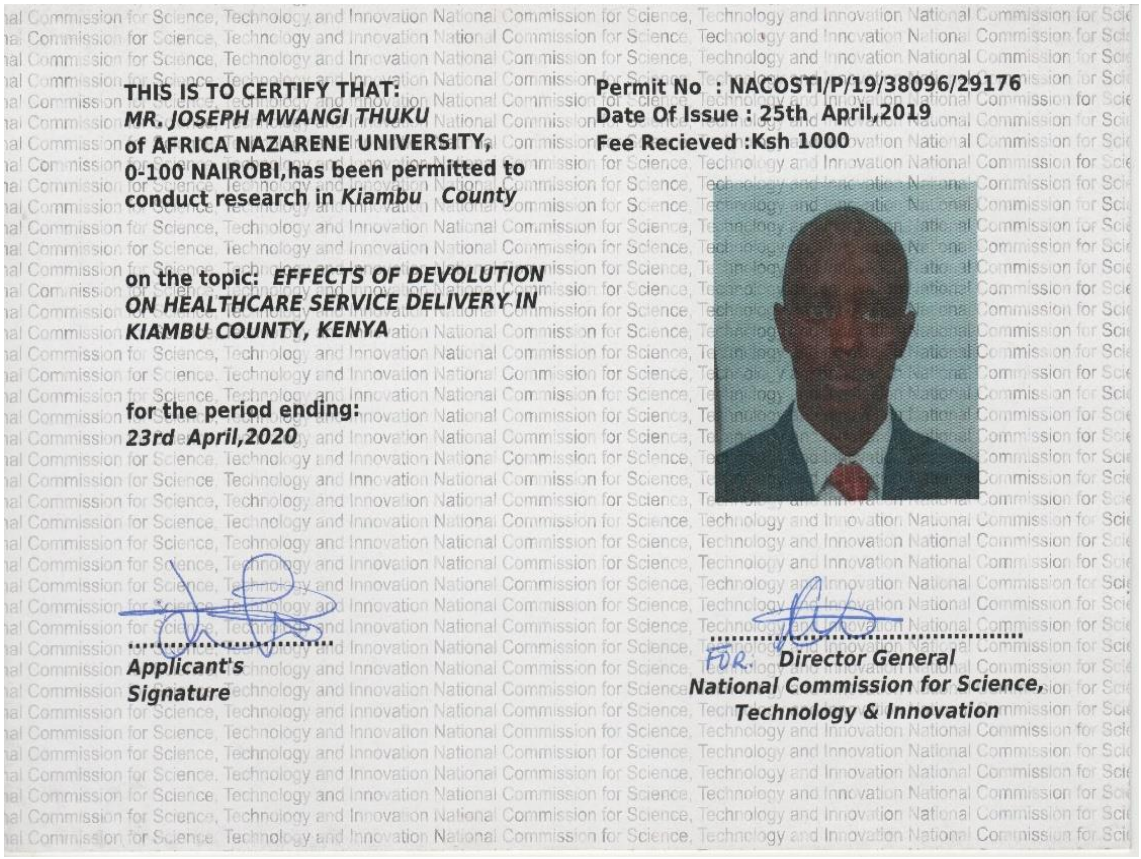
Copy to:

The County Commissioner
Kiambu County.

The County Director of Education
Kiambu County.

National Commission for Science, Technology and Innovation is ISO9001:2008 Certified

Appendix 6: Research Permit from NACOSTI



THIS IS TO CERTIFY THAT:
MR. JOSEPH MWANGI THUKU
of AFRICA NAZARENE UNIVERSITY,
0-100 NAIROBI,has been permitted to
conduct research in *Kiambu County*

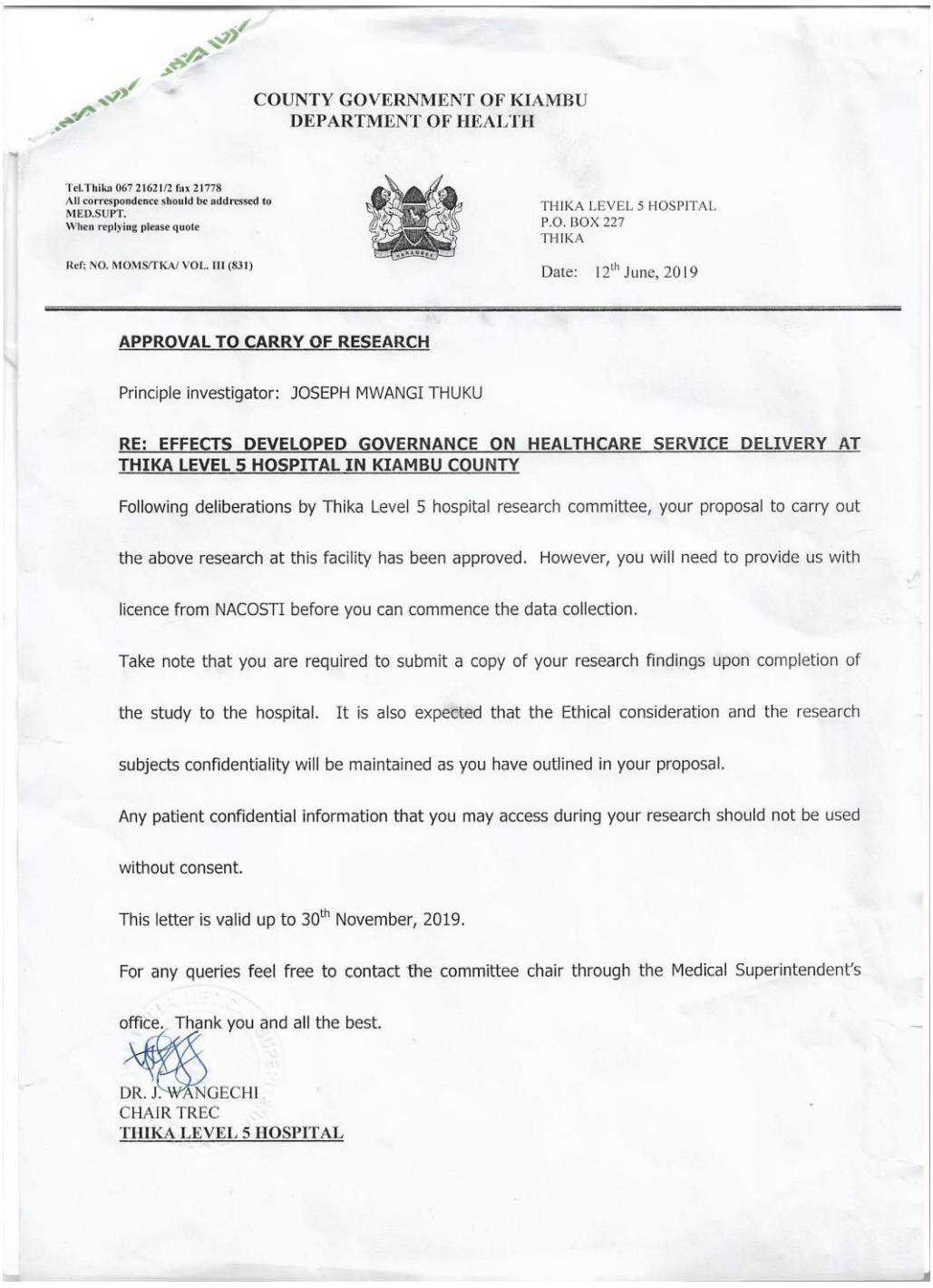
on the topic: *EFFECTS OF DEVOLUTION ON HEALTHCARE SERVICE DELIVERY IN KIAMBU COUNTY, KENYA*

for the period ending:
23rd April,2020

.....
Applicant's Signature

Permit No : NACOSTI/P/19/38096/29176
Date Of Issue : 25th April,2019
Fee Recieved :Ksh 1000

Appendix 7: Authorization letter from County Government of Kiambu



COUNTY GOVERNMENT OF KIAMBU
DEPARTMENT OF HEALTH

Tel.Thika 067 21621/2 fax 21778
All correspondence should be addressed to MED.SUPT.
When replying please quote

Ref; NO. MOMS/TKA/ VOL. III (831)

THIKA LEVEL 5 HOSPITAL
P.O. BOX 227
THIKA

Date: 12th June, 2019

APPROVAL TO CARRY OF RESEARCH

Principle investigator: JOSEPH MWANGI THUKU

RE: EFFECTS DEVELOPED GOVERNANCE ON HEALTHCARE SERVICE DELIVERY AT THIKA LEVEL 5 HOSPITAL IN KIAMBU COUNTY

Following deliberations by Thika Level 5 hospital research committee, your proposal to carry out the above research at this facility has been approved. However, you will need to provide us with licence from NACOSTI before you can commence the data collection.

Take note that you are required to submit a copy of your research findings upon completion of the study to the hospital. It is also expected that the Ethical consideration and the research subjects confidentiality will be maintained as you have outlined in your proposal.

Any patient confidential information that you may access during your research should not be used without consent.

This letter is valid up to 30th November, 2019.

For any queries feel free to contact the committee chair through the Medical Superintendent's office. Thank you and all the best.

DR. J. WANGECHI
CHAIR TREC
THIKA LEVEL 5 HOSPITAL

Appendix 8: Strategies for Improving Health Services

Strategies	Elements	Examples of interventions
Standards and guidelines	select processes to be standardised come up with operating procedures Educate staffs on standards and guidelines Incorporate guidelines into staff and organisation performance criteria	Clinical pathways Standard operating procedures like admission, waste disposals, and patient records.
Organisational design	Identify functional areas Determine lines of reporting Align responsibility and authority in each role	integrated care teams within hospitals for specific diseases, with dedicated management and administrative support
Education and training	Provide pre-service training Develop knowledge management systems Identify skills gaps and how to fill the gaps Provide information resource and learning events	In-service training for doctors, nurses, midwives Provision of learning materials/access to new technical knowledge resources for clinical staff In-country training programmes
Process improvement, technology and tool development	Identify areas for process improvement Obtain tools, equipment, and materials Develop and test new processes	Data capture and feedback mechanisms Cell phone/PDA disease surveillance Reminder systems Plan-Do-Study-Act (PDSA) cycles
Incentives (Monetary and non-monetary)	Develop incentives based on input from staffs Implement the incentives	Private wings in public hospitals to keep physicians from leaving hospitals for private practice Creation of reliable monitoring systems for organisational outputs Reward exemplary employees
Organisational culture	Survey staff and management attitudes towards and beliefs about the organisation and its work Identify formal and informal structures, processes, group dynamics, and communication patterns that contribute to staff attitudes and beliefs	Strengthen teamwork Embed quality improvement principles and practices
Leadership and management	Establish leadership/management roles in health facilities including revised lines of responsibility and authority Equip leaders and managers with the necessary autonomy and authority to develop and achieve the organisational mission Develop problem-solving skills at facility levels	Develop and support executive role at facilities (e.g., hospital CEOs) Create community management committees for local health facilities Training, mentoring, and coaching programmes

Appendix 9: Map of the Study Area



Source: Google Maps