Influence of devolved health function on service delivery, the case of Garissa county health services

BY

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DECLARATION

I, the undersigned, declare that this is my original work and has not been submitted for any academic award in any institution.

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ABSTRACT

Contrary to the provisions in the Constitution under the Bill of Rights that access to equitable healthcare is a right to every Kenyan health, health indicators, Garissa County are very poor, particularly for women and children, with high maternal, infant and child mortality, high levels of acute malnutrition, and low immunization coverage. The health service infrastructure is particularly poor, with few and scattered health facilities staffed by inadequate numbers of personnel. Distances to referral facilities are usually much longer, on poorer roads, than in other parts of the country. Poor facilities are also a major cause of ill-health. This study therefore aimed to assess the influence of devolved health functions on service delivery, the case of Garissa County health services. The specific objectives were; to determine the influence of financial allocations/budget on health service delivery in Garissa County, to establish whether staffs are adequate in the provision of efficient and effective health services in Garissa County and to examine the adequacy of health equipment and infrastructure to effectively provide quality health services in Garissa County. The two theories that were used are decentralization theory and transformation theory. The study adopted a descriptive research design. The study target population was medical personnel, and patients in Garissa County who are 1233 medical personnel and the patients receiving treatment were 100,651 giving a total of 101884. The sample size was 384 respondents. This was arrived at by using Fishers formula for a target population of more than 10000. The study used primary data. The data was collected through the administration of questionnaires. Preliminary analysis using the pilot test data was undertaken to ensure that the data collected enables the investigative questions to be answered. The results of the study showed that financial allocation, staff adequacy and equipment are positively and significantly related to health services delivery in Garissa County. The study recommended that the ministry of health should ensure that there is good proportion between workers and patients. The qualification and the performance of the workers should be assessed to ensure the quality of service delivery. Further, the workers should be motivated to perform their tasks by giving them incentives and paying them on time.
OPERATIONAL DEFINITION OF TERMS

Devolution in this study refers to a form of decentralization where political, administrative and fiscal authority is transferred from the national level to independent sub-national constitutional or statutory agencies.

Devolved health Function refers to transfer of health service provision responsibility such as financial allocation, recruitment and promotion of staff and procurement and maintenance of infrastructure and equipment from the central government to the county government.

Equipment and Infrastructure in this study refer to availability and adequacy of facilities and tools that help in provision of effective health services.

Financial Allocation refers to annual health budgetary allocation to cater for the provision of effective and efficient health services.

Prompt, quality, accessible and affordable health services refer to health services that the whole population can easily access and afford, that is quick and timely and that yields best results.

Service Delivery in this study refers to availability and accessibility of affordable, prompt and quality health services to the proportion of public in demand for it.

Staff in this study refers to health service providers who include doctors, laboratory technicians, dentists, pathologists, nutritionists, nurses etc.
ACRONYMS AND ABBREVIATION

EACC- Ethics and Anti-Corruption Commission

HCWs- healthcare workers

HSSF- Health Sector Services Fund

KEMSA- Kenya Medical Students Association

NEPAD- New Partnership for Africa's Development

RHF- Rural Health Facilities

SOPs- Standard Operation Procedures

SPSS- Statistical Packages for Social Sciences

SSA- Sub-Saharan Africa
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CHAPTER ONE

INTRODUCTION

1.1 Background of the study

The March 2013 general elections brought into place the first devolved system of government as envisaged by the 2010 Constitution of Kenya, a popular move, for which Kenyans had voted, in the hope that it would correct regional marginalization as far as public health service delivery is concerned.

1.1.1 Devolved Health Service Delivery

It can be asserted that there is no excellent system of healthcare. Globally, the health sector is experiencing problems to do with development and maintenance. In African continent, the public health sector is in the phase of major infrastructural, policy and system changes. Systems across the globe have and are experimenting with old as well as new approaches to “fix” their health systems (Okech, 2016).

In attempt to provide better healthcare services, Indonesia has introduced some reforms into its health system. One of these reforms is decentralization, which takes several forms: devolution, fiscal decentralization and hospital autonomy. Decentralization was intended to improve healthcare services as stated by the President of the Republic of Indonesia in the Indonesia Health Development Plan (1999).

Ghana delegated the responsibility of healthcare provision to the autonomous Ghana Health Service and to semiautonomous Budget Management Centres. The establishment of the Ghana Health Service reduced the number of Ministry of Health (MOH) central office staff by two-third. This reduction, combined with the public health funding raised after delegation, suggested greater efficiency in the provision of healthcare (MOH, 2013).

Ghana has the Ghana Health Service, in charge of overseeing and working the vast majority of the nation's offices and workplaces. The GHS in this manner advanced into a more deconcentrated structure with local and region wellbeing workplaces. Regardless of those
revealed accomplishments, there are risks, which may obstruct the effective usage of decentralization in the health sector.

Opponents of decentralization argue that evidence-supporting decentralization in healthcare is fragmentary and inconsistent. For example, despite the increase in antenatal visits in Papua New Guinea, other objective indicators of public health performance, i.e. child immunization, supervised deliveries and family planning coverage, declined two years after decentralization (Campos-Outcalt et al., 1995).

Similarly, in an evaluation of decentralization in Tanzania, citizens were found to have suffered from poor quality with respect to the services provided by the Expanded Programme on Immunization (Semali et al., 2005). Inadequate cooperation between central and local policy-makers, demoralized health service providers, a reduced number of supervisory visits by Expanded Programme on Immunization staff, and improper maintenance of vaccine temperature were considered to be among the reasons for this poor quality.

In 2010, another constitution was proclaimed in Kenya. This presented the idea of devolution of assets and power from the national government to 47 districts shaped after the March 2013 general races. Wellbeing administration conveyance was reverted and is presently a component of the province governments Counties are in charge of enlisting staff and the task of social insurance specialists to the districts has been finished up (Mwenda, 2010).

In Garissa, just a single baby in 20 is brought forth in a facility of health. Present boycotts are additionally non new. They finally became a yearly thing from when medical understudies in 2009 shaped an online aggregate called the Kenya Medical Practitioners, Pharmacists and Dentists Union. At first if fomented for the youthful specialists welfare enhancement. It has since advanced into a legitimate association yet their welfare has not improved (WHO, 2017).

In the devolved government, poor financial allocation is one of the hindrances to effective health service delivery in the health sector which translates to inadequacy of other resources such as health personnel and health infrastructure. The WHO Global Atlas of Health Workforce distinguishes Kenya as having a "basic lack" of human health specialists’ way back from independence. The WHO has set a base limit of 23 specialists, attendants and birthing assistants per populace of 10,000. Kenya's present proportion remains at 13 for every 10,000. KPMG says Kenya has a long way to go from Ethiopia, Ghana and Thailand, who received benefits in the
wake of decentralizing health administrations. Ethiopia decentralized wellbeing in 1996. Its framework is colossally fruitful. Since 2006, the offer of passing on of youngsters under age five in Ethiopia has tumbled from 123 for every 1,000 live births to 88 out of 2011 (WHO, 2016).

KPMG report of 2015 says devolution of health services is not new and most countries are already there or are headed there. "What is seen in all three countries is that creating the right governance and accountability structure is critical in making devolution and, in the end, service delivery to the patient, successful," says the report. Health services have greatly improved in Marsabit. Marsabit county health sector developed a health care strategic plan that was launched in November 2014. The County inherited a health sector that was grossly under resourced in many spheres. To counter the challenges that prevailed, the county government is embarking on serious rehabilitation to enhance public confidence in health care delivery (KPMG report, 2015).

1.1.2 Devolution in Kenya

Devolution was a key part of the political settlement that emerged after the post-election violence in 2007-08. It was seen as a solution to the underlying pathologies of Kenyan politics. The over-centralization of the state had allowed certain ethnic groups to dominate. It led to inequitable resource distribution. It resulted in politicizing ethnicity in ways that fuelled violence and a political culture of “our turn to eat. Devolution therefore was expected to bring about equitable resource distribution thereby leading to improved growth and development in the counties and the country at large (D’Arcy, 2016).

Some of the challenges being currently experienced in the new system include weak linkages between the county and national levels, slow and weak communication due to increased bureaucracy, poor coordination between the two levels of government and among county governments, lack of synergies between counties, slow legislation of county laws, human resource issues such as human resource development, shortages, welfare, and conflicting schemes of service between the county and national government.

According to Ethics and Anti-Corruption Commission (EACC) county governments in Kenya are grappling with challenges of embezzlement of public funds, loss of revenue collected and payments to ghost worker. The commission also found out that the counties were facing challenges of fraudulent acquisition of public property, payments to ghost projects and bribery.
Other malpractices include nepotism, failure to comply with laws and regulations related to procurement, financial management, recruitment and project management. The EACC research also revealed that the county governments were grappling with issues of infighting, name calling, conflict of interest, blackmail and compromised public interest (Daily Nation, 2016).

1.1.3 Garissa County

Garissa County is an administrative county in the former North Eastern Province of Kenya. Garissa County has a total population of 623,060, a male population of 334,939 and a female population of 288,121 (census 2009). Garissa has six constituencies namely: Garissa Township, Ijara, Dadaab, Lagdera, Fafi and Balambala. The county is low lying, with altitudes ranging between 70m and 400m above sea level. Livestock production is a significant part of the county’s economy. Between 2005 and 2007, Garissa cattle producers earned over 1.8 billion shillings in sales in domestic and overseas markets. In terms of livestock imports, most of Garissa's cattle come from cross-border trade between Somali livestock merchants (County Government of Garissa, 2017).

1.2 Problem Statement

Contrary to the provisions in the Constitution under the Bill of Rights that access to equitable healthcare is a right to every Kenyan health, health indicators. Garissa County are very poor, particularly for women and children, with high maternal, infant and child mortality, high levels of acute malnutrition, and low immunization coverage. The health service infrastructure is particularly poor, with few and scattered health facilities staffed by inadequate numbers of personnel. Distances to referral facilities are usually much longer, on poorer roads, than in other parts of the country. Poor facilities are also a major cause of ill-health (Garissa County Report, 2017).

Studies have been conducted to assess effectiveness of devolution in Kenya. Such studies include; Omondi (2016) who investigated factors influencing service delivery in public hospitals: a case of Nairobi County, Kenya. Maina (2017) assessed the influence of devolution on motivation of human resources: a case of nurses and public officers in Laikipia North Sub county. Further, Tsofa, Goodman, Gilson and Molyneux, (2017) evaluated devolution and its effects on health workforce and commodities management–Early implementation experiences in
Kilifi County, Kenya. Diana, Hollingworth and Marks (2015) investigated the effects of decentralization and health system reform on health workforce and quality of care in Indonesia. Gimoi (2017) also sought to determine the impact of devolution on health care systems: A case study of Nairobi County Health Facilities. From the above cited studies, it is evident that none of the studies have researched on the influence of devolved functions on service delivery, the case of Garissa County health services.

1.3 Objectives of the Study

The main objective of the study was to determine the impact of resource allocation on health services in Garissa County.

The specific objectives of the study were;

1. To determine the influence of financial allocations on health service delivery in Garissa county.
2. To establish the influence of staff adequacy on health service delivery in Garissa County.
3. To examine the influence of health equipment and infrastructure adequacy on health service delivery in Garissa County.

1.4 Research Questions

1. What is the influence of financial allocations/budget on health service delivery in Garissa County?
2. What is the influence of staff adequacy on health service delivery in Garissa County?
3. What is the influence of health equipment and infrastructure adequacy on health service delivery in Garissa County?

1.5 Assumptions of the Study

This study made the following assumptions;

1. There is significance influence of financial allocations/annual budgetary provisions on delivery of health services.
2. Availability of adequate staff significantly contributes to efficient and effective delivery of services.

3. Equipment and infrastructure directly influence prompt and quality delivery of services.

1.7 Justification and Significance of the Study

This study focused on the effect of devolved health functions on service delivery the case of health services in Garissa County. The researcher chose to study health services since the delivery of health services to far places by the central government before devolution was poor. The study also chose Garissa County because it being in the Northern region of the country which is farther away from the country’s headquarter, it could be highly affected by the government’s inability to reach the far away regions.

This study would be significant to a the central government as it will use the results to analyze and measure the effectiveness of devolution of health functions and in doing so will come up with policies and regulations to ensure more a highly effective devolution. Further, the County Government of Garissa will benefit from the study as it will get information on how effective the health services they offer to its residents are. In doing so, it will also come up with policy to ensure better delivery of health services. Finally, scholars and academicians could use the results in this study to further improve on the existing literature on devolution of health services and service delivery.

1.8 Scope of the Study

The study studied the influence of county government devolved health functions on health services delivery in Garissa County. It focused on effect of financial allocation, staff adequacy and equipment and infrastructure on health service delivery. It was based on Garissa County and will be carried out in 2018.

1.9 Limitation of the Study

Limitations are potential weaknesses in a study and are out of researcher’s control (Simon, 2011). This study was limited by various factors. Unwillingness of some of the respondents to provide information was anticipated. This was curbed by explaining that the information
gathered would only be used for academic purposes and not any other purpose. The researcher was also limited by time which was not be enough to reach all respondents. This was addressed by using a number of research assistants who accessed different organizations at the same time. This study was also limited to Garissa County only. The tight schedule of respondents was also anticipated to limit the study as they would not be available to fill in questionnaire. Finally, language barrier was also be a barrier and this was curbed by use of an interpreter who took the respondents through the questions.
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter addressed the theories relevant to the study title which include decentralization theory and principal agent theory. Empirical literature review was also done and the conceptual framework provided. The study finally gave the summary of the literature review and gaps that the study sought to fill.

2.2 Concept of Devolution

The concept of devolution involves the transference of authority and power over public service delivery from central government to a semi-autonomous sub-national structure, which aids in the management, decision-making, and public planning (Diana, Hollingworth, & Marks, 2015). Kenya’s healthcare devolution was one of the most ambitious implemented globally which resulted from the new constitution promulgated in 2010. It saw the creation of 47 new county administration systems that encapsulated in totality the previous regime’s arrangements (Kramon& Posner, 2011).

The health agenda of the country is headed by the national government where as counties are the main healthcare pillars (Ndung’u, Thugge& Otieno, 2011). The national government provides guidance on the needed competencies and skills, and facility norms in addition to monitoring the distribution and attrition of healthcare workers (HCWs). Moreover, it develops the policies and the Standard Operation Procedures (SOPs) that assess and guide the training of HCWs. On the other hand, the counties are the main executioner of the healthcare services and ensures the users get equitable treatment, and that HCWs perform their functions satisfactorily (KHSSP, 2012).

Centralized health systems have been criticized for regional and provincial discrepancies in the health service distribution, disparities in resource allocations, and inequitable access to quality health services. Over the past decade, Kenya has committed to reforms to decentralize the country’s health management system, to increase decision-making power for resource allocation and service delivery at the district and facility levels and to allow for greater community involvement in health management (Ndayi et al., 2009).
Nzinga et al., (2009) accord that in the devolved system; healthcare is organized in a four-tiered system: Community health services. This level is comprised of all community-based demand creation activities, that is, the identification of cases that need to be managed at higher levels of care, as defined by the health sector; Primary care services: This level is comprised of all dispensaries, health centres and maternity homes for both public and private providers; County referral services- These are hospitals operating in, and managed by a given county and are comprised of the former level four and district hospitals in the county and include public and private facilities; National referral services- This level is comprised of facilities that provide highly specialized services and includes all tertiary referral facilities. The counties are responsible for three levels of care: community health services, primary care services and county referral services. The national government has responsibility for national referral services.

2.3 Empirical Review

This section reviewed previous studies that have been done on the topic of decentralization of various activities as per the objectives.

2.3.1 Health Services Devolution

Muchomba (2015) tried to build up the impact of developed governance on the performance of the health sectors in Kenya. The directing targets included: To set up the impact of devolved procurement on the performance of the health sector; to decide the impact of devolved leadership on the performance of the health sector; to assess the impact of devolved resources on the performance of the health sector; and to build up the impact of devolved policy and regulatory structure on the performance of the health sectors in Kenya. The study adopted the descriptive survey research design. The objective populace was 572 patients and health care suppliers from Nairobi and Mombasa County. Stratified sampling technique was embraced at the rate of 10% to me of an example size of 57 respondents. Essential information was collected using questionnaires from every one of the respondents. Secondary data was sourced from health sector reports in Kenya from the year 2010 to 2014. The gathered information was then analyzed through frequencies and percentages to empower the research come up with conclusions and recommendations for the investigation. The researcher employed the assistance of some
computer tools, including the Statistical Programs for Social Sciences (SPSS) and excel version form 16 to analyze the information quantitatively.

The analyzed information was displayed in graph tables and charts. The Study set up that devolution procedure has not been completely executed and its impact has not been completely experienced in the health sector. The sector performance was averagely evaluated in the study and its contribution to GDP lessened by 0.5 percent by the end of year 2013. The devolved procurement process, organizational leadership, resources allocation and availability as well as policy and regulatory framework had a significant influence on the performance of the level four hospitals and the general health sector. It was prescribed that the health sectors players ought to enhance in financing of critical health investment regions, especially those identifying with enhancing nature of care

Tsota Molyneux Gilson and Goodman (2017) completed an investigation on how decentralization affects health sectors planning and financial arrangement: A contextual investigation of early impacts of devolution in Kilifi County, Kenya. This investigation broke down the effects of this major political decentralization on health sector arranging, budgeting and general financial management at county level. The investigation utilized a subjective, contextual investigation configuration concentrating on Kilifi County. Subjective information were collected through record surveys, key witness meetings, and member and non-member perceptions led over an eighteen months' time span. The study found that the implementation of devolution made an open door for local level prioritization and community inclusion in health sector arranging and budgeting consequently expanding open doors for value in local level resource distribution. However, this opportunity was not harnessed because of quickened exchange of capacities to counties before county level limit had been set up to undertake the decentralized functions. The study likewise observed some sign of re-centralization of financial management from health facility to county level.

Further, Mabonga (2017) tried to discover the impacts of devolution on childbirth services in level four public hospitals in Nairobi County. The study adopted discriptive research plan and blended techniques research. Information gathering included organization of polls and conducting Key Informant Interviews. The objective populace was 134 staff working at Mama Lucy Kibaki District Hospital, Mbagathi District Hospital and Mutuini Hospital from whom an
sample of 67 respondents was acquired utilizing a stratified random sampling. The key informants were 6 practising medicinal specialists, the 3 Hospital Administrators, one agent from the County Directorate of Health Services and the National Government Directorate of Medical Services. Data analysis for quantitative information was completed using descriptive statistics with the assistance of SPSS adaptation 22. Topical investigation was utilized to break down subjective information.

The discoveries by Mabonga (2017) uncovered that childbirth benefits in level four public hospitals in Nairobi County were incredibly underfunded. Respondents noticed that deficient financial resources negatively influenced conveyance in the maternity sections and the hospitals are not able to finance of gear and supplies required for childbirth services. The investigation likewise found that childbirth services were understaffed. Staff deficiency prompted over-burdening of a portion of the staff particularly in the maternity segments that keeps running for 24 hours per day. The investigation likewise settled that maternity facilities were lacking, which contrarily influences services delivery. The investigation additionally uncovered that the hospitals had markers of value affirmation. The study presumed that however there has been some change in childbirth benefits in level four public hospitals since devolution, however, challenges still flourish that need tending to.

Onyancha (2015) additionally analyzed the impacts of regressed arrangement of administration on KEMSA”s on-time conveyance and appropriation costs. Inferential insights and stratified irregular examining was utilized. The investigation secured one budgetary year before devolution and one monetary year after devolution was actualized. The examination utilized both optional and essential information. Essential information was gotten through organization of an examination poll to a concentration gathering of eight workers out of a populace of 60 representatives inside the administration and supervisory classes. The auxiliary information was separated from organization information on-time and circulation costs for the money related year 2012/2013 and budgetary year 2013/2014. Matched t-test was utilized as a part of examination of the pre and post devolution on-time and dissemination costs. The examination utilized measurable instruments, both Excel worksheets and Statistical Program for Social Scientists (SPSS).
With respect to first research question on the impact of devolution on KEMSA’s on-time conveyance, the examination by Onyancha (2015) built up that on-time conveyance had enhanced in post devolution for the two Hospitals and Rural Health Facilities (RHF). On the second research question with respect to impacts of devolution on KEMSA’s dissemination costs, the examination found that conveyance costs for healing centers went up after execution of devolution contrasted with the circulation costs before devolution. At long last, with respect to the third research question on the store network methodologies expected to enhance time and circulation costs, the examination built up that because of the control by the Ministry of Health before devolution, there were no think techniques to oversee on-time conveyance and dispersion costs.

2.3.2 Financial Allocation

Otieno and Muriithi (2016) contended that keeping in mind the end goal to diminish imbalance in wellbeing division, there is have to guarantee an enhanced access to medicinal services administrations for the "burdened" gatherings. One method for endeavoring to accomplish this is by distributing assets in a more fair way and such that every individual approaches fundamental wellbeing administrations paying little heed to his/her financial status, having the capacity to pay for the wellbeing administration or place of habitation.

District wellbeing administrations are supported specifically from the national government and the givers. This is mostly a result of the mutual wellbeing capacities between the national and the region governments. There is additionally Health Sector Services Fund (HSSF) which was proposed in 2010 as a type of human services financing in Kenya. This was a plan set up by the national government to dispense finances specifically (right now through the district) to general wellbeing offices i.e. wellbeing focuses and dispensaries to enhance wellbeing administration conveyance to the neighborhood networks. The plan was to give nearby offices self-sufficiency to deal with their assets and engaging the networks to take an interest in human services conveyance (Goodman et al., 2013; Waweru et al., 2013).

Omondi (2013) studied the relationship between financial allocation and financial performance of pension funds and concluded that financial allocation explains 28% of the variability of fund returns. The study also established that of all the asset classes permitted by the Retirement
Benefits Authority investments in equities was relatively more important than investments in fixed deposits in determining the overall performance of the pension fund.

Blake, Lehmann and Timmermann (2009) analyzed a data set on UK pension funds. Their main finding was that strategic asset allocation accounts for most of the ex post variation of UK pension funds’ returns. Moreover, the vast majority of funds had negative market-timing estimates. Kibunja, (2017) conducted a study on budgetary process and financial performance of Murang’a county government, Kenya. One of the aims of the study was to establish the influence of financial allocation on financial performance of Murang’a county government. From the findings, it was established that financial allocation has a positive and significant influence on financial performance.

Gregory (2009) studied the determiners of financial performance of the Health Department in Malawi. A descriptive research design was utilized in the study. The study established that effective financial allocation was a prerequisite for improved performance. The two variables were positively and significantly related.

Mpakaniye (2017) investigated the effect of financial allocation on budget process and execution of local government of Rwanda taking Musanze District as case study. It was found that financial allocation, management control and staffing management are well used to enhance good budgeting process and execution in local government. In his study, Njonde (2014) established that financial and human resource allocation were positively and significantly related with financial performance of Nairobi County Government.

2.3.3 Staff Adequacy

Oyugi, (2015) inquired about on the potential effect of devolution on inspiration and employment fulfillment of social insurance specialists in Kenya and in the end compelling administration conveyance. The investigation utilized media gives an account of Kenyan HCWs post-devolution and distributed scholastic research on Sub-Saharan Africa (SSA) nation’s decentralization encounters to help in surmising the forthcoming results to the Kenyan setting. Investigation of the writing amassed a few parts of Franco et al's. System with Principal-Agent (P-A) hypothesis to help in illuminating the black box of inspiration and fulfillment post-devolution in four expansive channels: vital specialist relationship, association structure, and
power and culture. The investigation presumed that an all-around composed authority is an essential apparatus that if crystalized together with great supervision and legitimate strategic maneuver, will impact the accomplishment the objectives of the human services framework. The administration needs to enhance the “inspiration factors” such acknowledgment and development other than advancing proficient character and status of HCWs. Kenyan HCWs require esteem included culture of observing, straightforward preparing and instructive openings, and equivalent interest openings into another province wellbeing organization to have the capacity to accomplish social insurance devolution destinations.

Altinoz (2008), in his study, found that organizational goals are easily and effectively achieved if employees are aware of what they should do, how they should do what ought to be done, and the rationale behind why they should do the things. Altinoz further found that that employees would find carrying out organizational activities almost impossible without some executive officer elucidating organizational goals and policies to employees. In their study, Luck and Buchanan (2008) found that communication constituted a key component of planning, disseminating and implementing organizational goals; a process that involves frequent and timely dissemination of information about goals to addressees to enhance employee adequacy thus boosting organizational performance. Wayne (2008) additionally found that to be able to operate and ultimately function effectively as a system, leaders have to communicate goals and common aims of the organization to employees plainly to enhance their adequacy in skills and thus improve on organizational performance.

Thulth, (2015) conducted a study on selected organizational factors affecting performance of professional nurses in North West bank governmental hospitals. One of the study aims was to identify whether staff adequacy in terms of number has any influence on performance of professional nurses in North West bank governmental hospitals. A quantitative descriptive study utilized stratified random sampling of 185 nurses. It was found that staff adequacy has a significant influence on performance of professional nurses in North West bank governmental hospitals. The study recommended that managers should ensure adequate number of staff and qualification according to work condition and sufficient number of professional nurse's in the hospital at all times and shifts.
As indicated by Kenya Health Sector Strategic and Investment Plan (2012-2018), the present wellbeing staff in Kenya meets just 17% of least number required for compelling activity of the wellbeing framework. It additionally noticed that Kenya has just 7 medical caretakers for every 4,000 occupants. This is simply a large portion of the number (14 for every 4,000) prescribed by the World Bank. In this manner, these wellbeing laborers are unevenly disseminated the nation over, with specific holes in the North Eastern and Northern Rift areas. This implies circulation of workforce tends to support locales saw to have high financial advancement, leaving minimized and difficult to achieve zones off guard (Goodman et al., 2013).

2.3.4 Equipment and Infrastructure

Human services framework constitutes a noteworthy part of the auxiliary nature of a wellbeing framework. Infrastructural inadequacies of wellbeing administrations are accounted for in writing and research (Scholz, Ngoli and Flessa, 2015). According to Graneheim and Lundman (2004) there is a noteworthy effect which is played by drugs, restorative supplies and hardware on the nature of patient care which additionally represent a significantly high extent of medicinal services costs.

Seven noteworthy parts of the framework of a human services office incorporate; the office and its administration, the physical foundation, the supply office framework, the transfer framework, specialized medicinal gear, data and correspondence innovation, and the effort administrations. Proficient administration is required to protect the usefulness all things considered. For example, support of foundation as often as possible constitutes an issue in asset poor nations (Gorgen, Kirsch-Woik and Schmidt-Ehry, 2004). It is regularly dismissed because of absence of assets, accessibility of extra parts, poor preparing or little accessibility of upkeep work force and a culture neglecting support. Subsequently, the state of advantages is regularly rather poor and adds to the low basic nature of medicinal services administrations (Flessa, 2012).

Ogundele and Olafimihan (2009) tried to look at the effect of offices and hardware as foreseeing successful human services conveyance in chose state government doctor's facilities in Oyo State. Four speculations were planned and tried at 0.05 alpha levels. An aggregate of 1,220 respondents were haphazardly chosen for the examination. The instruments for the investigation were an organized poll on offices and hardware as indicators of powerful social insurance conveyance.
administration and agenda of things on Infrastructure and gear. The outcomes from the investigation showed that offices, Equipment and Adequacy of offices and Equipment were measurably huge and anticipate successful social insurance conveyance benefit while Availability of offices and gear was observed not to be critical and couldn't foresee viable human services conveyance administrations. The suggestion from this discovering demonstrates that offices, gear and amplesness of offices and hardware really anticipated viable social insurance conveyance benefit while accessibility of offices and gear did not foresee viable human services conveyance administrations.

Scholz, Ngoli and Flessa (2015) takes note of that applying the WHO criteria on the gathering and examination of information on office framework by utilizing the fast evaluation apparatus will empower wellbeing experts to enhance the execution of a human services framework by recognizing and killing infrastructural lacks; this prompts better administrations, for instance by guaranteeing the accessibility and working of the required specialized therapeutic hardware; to react to dangers by enhancing the giving an account of office foundation and related issues and to enhance strength of the populace which demonstrates the result of enhancing openness, accessibility and nature of wellbeing administrations by giving great office framework.

Gimoi (2017) considered the effect of devolution on human services frameworks utilizing the instance of Nairobi County Health Facilities. One of the inquiries that guided the examination was what is the impact of devolution on wellbeing foundation? The examination uncovered that devolution had a change on wellbeing foundation. Medicinal gear was in great condition in many offices and new hardware had been obtained under the restorative gear plan, for example, X-beam machines, nebulizers, lab hardware among others. Likewise, of significance to note, was that the vast majority of the wellbeing offices had ambulances for use amid crisis administrations, albeit lacking subsidizing for medications, hardware and upkeep of structures was watched.

2.4 Theoretical Review

The theories in this study were decentralization theory and transformation theory.
2.4.1 Decentralization Theory

Decentralization theory includes the appointment of forces to bring down levels in regional pecking order whether the chain of command is one of the legislatures with a state or workplaces with a vast scale association (Smith 1985). Decentralization thusly includes production of littler domains foundation of political and regulatory establishments. Devolution as a type of decentralization infers that the focal government surrenders certain capacities and makes new units of government outside control (Rondinelli and Cheema, 1983). Heywood and Choi (2010) additionally declare that devolution sets up the best measure of decentralization inside the unitary arrangement of government.

As far as financial, devolution structure enhances productivity (Shepherd, 1975), where partners have the chance to straightforwardly add to the strategy making process. The capacity to upgrade comprehensive open investment in the administration procedure exist when devolution framework adds to economical improvement as far as advancing participatory arrangement plan process, and the detailing of approaches which are adjusted to nearby needs (Sharma, 2006). A compelling decayed framework is relied upon to build the motivating forces and the limit of the poor to effectively take an interest in the basic leadership, to choose and campaign for their interests (Manor, 1999), realizing their 'strengthening' and in addition adding to expert poor arrangements (Christensen and Laegreid, 2001).

2.4.2 Transformation Theory

As per Daszko, Macur and Sheinberg (2005), change hypothesis, change is the creation and change of a radical new shape, capacity or structure. To change is to make something new that has never existed and couldn't be anticipated from the past. Change is an adjustment in outlook. It depends on taking in an arrangement of significant information and taking activities in view of driving with learning and strength. They additionally watch that, change happens when pioneers make a dream for change and a framework to ceaselessly question and test convictions, presumptions, examples, propensities and standards with a point of consistently creating and applying administration hypothesis, through the perspective of the arrangement of significant learning. Change happens when individuals dealing with a framework center around making another future that has never existed, and in view of ceaseless learning and another mentality,
take unexpected activities in comparison to they would have taken previously. The significance of this hypothesis in this investigation is to help in understanding the procedure of progress from old arrangement of tasks execution in benefit conveyance to the new lapsed framework.

The wellbeing part in Kenya has experienced a noteworthy change due to among different elements, changing examples of administration conveyance, County government directions, mechanical developments, benefit quality developments, and weights to enhance human services and wellbeing compensation. Kenya's new constitution, propose a proceeded with devolution of forces to senior administrators in new County organizations and their doctor's facilities. Close by this move there has been an expanding talk in strategy on the requirement for administration abilities, notwithstanding proficient administration by wellbeing boards of trustees.

2.5 Summary and Gaps to be filled by the Study

The past studies on devolution have presented gaps that ought to be tended to. The study by Omondi (2016) who examined factors influencing organization movement with no attempt at being subtle recuperating offices using an example of Nairobi County, Kenya presented a geographical gap and furthermore a theoretical gap. The study used contingency theory while the current study was informed by decentralization theory and transformation theory. Maina's (2017) study that focused on effect of devolution on motivation of HR: a case of medicinal overseers and open officers in Laikipia North Sub County moreover exhibited a scope gap since it focused on motivation of HR; the current study considered health service delivery. Further, Tsota, Goodman, Gilson and Molyneux's (2017) study which evaluated devolution and its outcomes for prosperity workforce and items management– Early utilization experiences in Kilifi County, Kenya showed a methodological gap; the current study utilized a descriptive research design. Diana, Hollingworth and Marks (2015) examined the effects of decentralization and prosperity system change on prosperity workforce and quality-of-care in Indonesia. This examination showed a geographical gap as it was conducted in Indonesia, the current study was conducted in Kenya. Gimoï's (2017) study which aimed at establishing the impact of devolution on social protection structures: A case study of Nairobi County Health Facilities and showed a contextual gap.
2.6. Conceptual Framework

According to Kombo & Tromp (2009), a concept is an abstract or general idea inferred or derived from specific instances. A conceptual framework is a set of broad ideas and principles taken from relevant fields of enquiry and used to structure a subsequent presentation. Kothari (2010) defines an independent variable also known as the explanatory variable is the presumed cause of the changes of the dependent variable, while a dependent variable refers to the variable which the researcher wishes to explain. The goal of a conceptual framework is to categorize and describe concepts relevant to the study and map relationships among them. Such a framework would help researchers define the concept, map the research terrain or conceptual scope, systematize relations among concepts, and identify gaps in literature (Creswell, 2003). Below is a figurative representation of the variables to be explored by this study.

Independent Variables (Devolved Functions) Dependent Variable (Health Service Delivery)

- **Financial Allocation**
  - Timely allocation
  - Adequacy of finances
  - Responsible use of finances
  - Even distribution of finances

- **Staff adequacy**
  - Proportion of staff to patients
  - Even distribution
  - Recruitment of staff
  - Minimum staff complement

- **Equipment and Infrastructure**
  - Number of facilities
  - Number of equipment and tools

- **Health service Delivery**
  - Affordability
  - Accessibility
  - Promptness
  - Quality
Figure 2.1: Conceptual Framework

This study conceptualizes the following; financial allocation, staff adequacy and equipment and infrastructure have a direct influence on health service delivery which is measured in form of affordability, accessibility, promptness and quality. Financial allocation will be measured by timely allocation of funds, adequacy of finances, and responsibility in use of finances and even distribution of finances to all health facilities. Staff adequacy will be measured by the proportion of staff to patients, even distribution in all health facilities, recruitment of staff and the minimum staff complement. Further, equipment and infrastructure will be measured by the number of facilities, number of equipment and tools and procurement and management.
CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter addressed the methodology that was used in conducting the study. The research design, target population, sampling techniques, data collection instruments that were used in the study are highlighted here. Further, data collection procedure and data analysis methods were highlighted.

3.2 Research Design

The study adopted a descriptive research design. According to Cooper and Emory (1995), the objective of the descriptive study is to describe phenomena as it exists at present. A descriptive design was appropriate for this study as it enabled the researcher to investigate the target population and establish the factors under investigation. Mugenda and Mugenda (2003) on the other hand give the purpose of descriptive research as determining and reporting the way things are. The study adopted quantitative research approach.

3.3 Target Population

As indicated by Mugenda and Mugenda (2003), populace is every one of the components that meet the criteria for incorporation in an examination. Populace is along these lines the whole gathering of people, occasions or protests having a typical perceptible trademark. The target population in this study included the medical personnel and the general public who were represented by patients. As indicated by the Human Resources Strategy 2014-2018 (2014), there are 1233 medicinal faculty and the patients receiving treatment are 100,651 giving an aggregate of 101884.

Table 3.1 Target Population

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical personnel</td>
<td>1233</td>
</tr>
<tr>
<td>Patients</td>
<td>100,651</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>101884</strong></td>
</tr>
</tbody>
</table>
3.4 Sample Size

As per Kothari (2004), a sample is a subset of a population. To get the sample, Fishers formula was used. The Fisher formula is as follows:

\[ n = \frac{z^2 p(1 - p)}{d^2} \]

Where;

- \( n \): sample size
- \( z \): the standard normal deviate value for the level of confidence, for instance, 95% level of confidence = 1.96.
- \( d \): margin of error or level of precision at 0.05 for CI at 95%
- \( p \): proportion to be estimated, if one doesn’t know the value of \( p \) then one should assume \( p = 0.5 \)

Therefore, sample size is arrived at as follows:

\[ n = \frac{(1.96^2)(0.5)(1 - 0.5)}{(0.05)^2} \]
\[ n = 384 \]

Therefore, the sample size was 384 respondents.

3.5 Sampling Technique

Both stratified random sampling and simple random sampling were used to select the respondents. Stratified random sampling ensured that both the medical personnel and patients were represented while simple random sampling was used to select individual respondents. The number of medical personnel respondents were:

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Population</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical personnel</td>
<td>1233</td>
<td>5</td>
</tr>
<tr>
<td>Patients</td>
<td>100,651</td>
<td>379</td>
</tr>
</tbody>
</table>
3.6 Data Collection Instruments

The study used primary data. The data was collected through the administration of questionnaires. A questionnaire is a pre-formulated written set of questions to which the respondents record the answers usually within rather closely delineated alternatives. A Likert scale of five responses was used.

3.5.1 Pilot Testing

Preceding utilizing a questionnaire to gather information it ought to be pilot tried. Pilot testing alludes to the little trial intended to test and approve the survey. The motivation behind the pilot test is to refine the questionnaire with the goal that respondents will have no issues in noting the inquiries and there will be no issues in recording the information. Moreover, it will empower one to get some evaluation of the inquiry's legitimacy and the reasonable unwavering quality of the information that will be gathered. Fundamental examination utilizing the pilot test information will be attempted to guarantee that the information gathered empowers the investigative inquiries to be replied (Saunders and Lewis, 2012).

3.5.2 Instrument Reliability

Reliability alludes to the repeatability, solidness or inner consistency of a questionnaire (Golafshani, 2003). Cronbach’s alpha will be utilized to test the unwavering quality of the measures in the questionnaire. In this examination, information accumulation instrument which is a questionnaire will be tried on 10% of the sample of the questionnaires to guarantee that it is important and successful. Reliability will be tested using questionnaire duly completed by 10% of the sample (38) randomly selected respondents. These respondents will not be included in the final study sample in order to control for response bias. The questionnaire responses will be put into statistical package for social sciences (SPSS) and Cronbach’s alpha coefficient generated to assess reliability. The closer Cronbach’s alpha coefficient is to 1, the higher the internal consistency reliability (Sekaran, 2006). A coefficient of 0.7 is recommended for a newly developed questionnaire.
3.5.3 Instrument Validity

Validity refers to whether a questionnaire is measuring what it is supposed to measure (Zohrabi, 2013). It describes validity as the degree of congruence between the explanations of the phenomena and the realities of the world. While absolute validity is difficult to establish, demonstrating the validity of a developing measure is very important in research. This study used both construct validity and content validity. For construct validity, the questionnaire was divided into several sections to ensure that each section assess information for a specific objective, and also ensure that the same closely ties to the conceptual framework for this study. To ensure content validity, the questionnaire was subjected to thorough examination by randomly selected research experts. They were asked to evaluate the statements in the questionnaire for relevance and whether they are meaningful, clear and loaded of offense. On the basis of the evaluation, the instruments were adjusted appropriately before subjecting it to the final data collection exercise. Their review comments were used to ensure that content validity is enhanced.

3.7 Data Collection Procedure

The questionnaires were issued to the respondents through informal self-introduction and through email. The questionnaires were sent to the respondents under a questionnaire forwarding letter. Follow ups were made and the fully completed questionnaires picked from the respondents later by use of a research assistant or through email.

3.8 Data Analysis

After quantitative information was acquired through questionnaire, it was set up in status for examination by altering, dealing with clear reactions, coding, ordering and entering into statistical package for social sciences (SPSS) PC programming for investigation. The measurements created incorporated descriptive statistics and inferential statistics. Microsoft excel expectations were utilized to supplement SPSS particularly underway of graphs and tables. A multiple linear regression model was used to test the significance of the influence of the independent variables on the dependent variable. The choice and justification of using multiple linear regression model was that it is useful in testing the causal/effect relationship between the
independent variables and dependent variable. The equation below shows the multiple linear regression model of the independent variables against the dependent variable.

\[ Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + e \]

Where:

- \( Y \) = Health Service Delivery
- \( \beta_1, \beta_2, \beta_3 \) and \( \beta_4 \) = Beta coefficients
- \( \beta_0 \) = Constant Term
- \( X_1 \) = Financial Allocation
- \( X_2 \) = Staff Adequacy
- \( X_3 \) = Equipment and Infrastructure
- \( e \) = Error term

In order to test for causal relationship between the dependent and independent variables, \( R^2 \) statistic, t statistic, regression/beta coefficients was evaluated for significance using p values. The critical p value will be set at less than or equal to 0.05. Results were presented in form of tables and charts.

**3.9 Ethical Considerations**

The researcher upheld ethical issues in the process of the study and gave respondents assurance that confidentiality would be observed and data collected will only be used for research purposes only. The researcher obtained an informed consent from every respondent and all the relevant authorities were consulted. The researcher also sought permission to collect all the necessary data required. The researcher obtained an introductory letter from the university and research permit from National Commission for Science, Technology and Innovation (NACOSTI). Data collected was treated with utmost confidentiality by ensuring that names of the respondents did not appear on the questionnaires. The filled questionnaires were stored in a closed locker to enhance safety before the data was keyed into SPSS.
CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.0 Introduction

This chapter comprised of data analysis, findings and interpretation. Results were presented in tables and diagrams. The analyzed data was arranged under themes that reflected the research objectives.

4.1 Response Rate

The number of questionnaires that were administered was 90. A total of 72 questionnaires were properly filled and returned. This represented an overall successful response rate of 80% as shown on Table 4.1.

Table 4.1: Response Rate

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Returned</td>
<td>290</td>
<td>76%</td>
</tr>
<tr>
<td>Unreturned</td>
<td>94</td>
<td>24%</td>
</tr>
<tr>
<td>Total</td>
<td>384</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Survey Data (2016)

According to Sanchez (2006) and also Golafshani (2004) a response rate of above 50% is adequate for a descriptive study. Golafshani, (2004) asserted that return rates of above 50% are sufficient to analyze and publish, 60% is good, 70% is great while above 80% is excellent. Based on these assertions from renowned scholars, 75% response rate is great for the study.

4.2 Bio Data Analysis

This section constitutes of information which describes the attributes of the study population such as the gender of the respondent, age and the education level.
4.2.1 Gender of the Respondents

The respondents were asked to indicate their gender. The results were presented in figure 4.1 below.

![Gender of the Respondents](image)

**Figure 4.1: Gender of the Respondents**

**Source: Survey Data (2018)**

The respondents were fairly even whereby 53% were male and 47% were females. This means that the questionnaires were evenly distributed and there was no gender bias present in the study.

4.2.2 Age of the Respondents

The respondents were further asked to indicate their age. The results were presented in figure 4.2 below.
Figure 4.2: Age Respondents

Source: Survey Data (2018)

Majority of the respondents who were 35% as indicated in the figure above were aged between 20-30 years, 25% indicated that they were aged between 31-40 years, 20% showed respondents aged above 40 years and the other 20% were respondents aged below 20 years. This implies that the respondents were adults and therefore in a position to effectively understand the subject matter under study and gave reliable responses.

4.2.3 Level of education

The respondents were asked to indicate their level of education. The results were presented in figure 4.3 below.
Majority of the respondents who were 55% indicated their highest level of education was college, 34% indicated that their level of education was university, 11% while zero respondents indicated primary. This showed that the majority of the respondents had attained tertiary level of education and were knowledgeable in matters regarding the study thus providing reliable information.

4.3 Descriptive Statistics

4.3.1 Influence of Financial Allocation on Health Services

The first objective of the study was to determine the influence of financial allocation on health services. The respondents were asked to respond to statements on financial allocation. The responses were rated on a five likert scale as presented in table 4.2
Table 4.2: Influence of Financial Allocation on Health Service Delivery

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Strongly Agree</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timely allocation of finances to healthcare centres in the County has been experienced since devolution</td>
<td>0.34%</td>
<td>4.83%</td>
<td>29.66%</td>
<td>47.24%</td>
<td>17.93%</td>
<td>3.78</td>
</tr>
<tr>
<td>Adequate finances are allocated to healthcare centres in the County</td>
<td>0.34%</td>
<td>1.03%</td>
<td>21.72%</td>
<td>58.28%</td>
<td>18.62%</td>
<td>3.94</td>
</tr>
<tr>
<td>Finances allocated for health services delivery are used responsibly</td>
<td>0.69%</td>
<td>2.76%</td>
<td>17.59%</td>
<td>55.52%</td>
<td>23.45%</td>
<td>3.98</td>
</tr>
<tr>
<td>Budgetary allocations of funds is evenly done to all health centres in the County</td>
<td>1.03%</td>
<td>1.03%</td>
<td>9.66%</td>
<td>39.66%</td>
<td>48.62%</td>
<td>4.34</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>1.03%</strong></td>
<td><strong>1.03%</strong></td>
<td><strong>9.66%</strong></td>
<td><strong>39.66%</strong></td>
<td><strong>48.62%</strong></td>
<td><strong>4.34</strong></td>
</tr>
</tbody>
</table>

Source: Survey Data (2016)

The results revealed that majority of the respondents who were 65.17% (47.24% +17.93%) agreed with the statement that timely allocation of finances to healthcare centres in the county has been experienced since devolution. This finding supports that of Kiambi (2016) who found that since devolution, the allocation of financial resources to county governments has been fast as compared to pre-devolution era. The results also showed that 76.9% of the respondents agreed that adequate finances are allocated to healthcare centres in the County. This finding agrees with that of Odera (2014) who found that adequate finances had significant influence on health service delivery in Kisumu County, Kenya. The results also showed that 78.97% of the respondents agreed that finances allocated for health services delivery are used responsibly. The results showed that majority of the respondents 88.28% agreed that budgetary allocation of funds is evenly done to all health centres in the County. This finding tallies with that of Maingi and Mbithi (2016) who found that devolution has enhanced equality in distribution of funds across counties.

On a five point scale, the average mean of the responses was 4.01 which implies that majority of the respondents agreed on most of the financial allocation statements; however, the answers were varied as shown by the standard deviation of 0.76.
4.3.2 Influence of Staff Adequacy on Health Service Delivery

The second objective of the study was to determine the effect of staff adequacy on health services in the County. The respondents were asked to respond to statements on staff adequacy. The responses were rated on a five likert scale as shown in the table 4.3.

**Table 4.3: Staff Adequacy Segmentation**

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health personnel in County health care centres are fairly adequate since devolution</td>
<td>1.03%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>3.73</td>
<td>0.91</td>
</tr>
<tr>
<td>More health workers have been recruited in the health facilities after devolution</td>
<td>0.00%</td>
<td>8.28%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>3.86</td>
<td>0.88</td>
</tr>
<tr>
<td>The ratio of health workers to patients is proportional</td>
<td>0.34%</td>
<td>2.07%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>4.05</td>
<td>0.73</td>
</tr>
<tr>
<td>Health personnel are unevenly distributed in all County health facilities</td>
<td>35.86</td>
<td>44.14%</td>
<td>10.69%</td>
<td></td>
<td>%</td>
<td>4.06</td>
<td>0.94</td>
</tr>
<tr>
<td>The County has been able to meet the minimum staff complement recommendation</td>
<td>0.00%</td>
<td>9.31%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>3.74</td>
<td>0.81</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>3.88</strong></td>
<td><strong>8.5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Source: Survey Data (2016)**

The results revealed that the majority of the respondents who were 72.07% (56.21% +15.86%) agreed with the statement that health personnel in County health care centres are fairly adequate since devolution. The results agreed with that of Mulee (2015) that devolution has significantly led to adequate provision of resources in the devolved county governments. The results also showed that 69.66% of the respondents agreed that health workers have been recruited in health facilities after devolution. This finding supports that of Muthinga and Hillow( 2016) that devolution created need for more workers to be recruited in the county governments. The results revealed that 81.73% of the respondents agreed that ratio of health workers to patient is proportional. Hana(2016) found that a proportional health worker to patient ratio leads to
effective health service delivery. Additionally, the research showed that 80% of the respondent disagreed that health personnel are unevenly distributed in all County health facilities. Further, the results showed that 69.66% of the respondents agreed that the County has been able to meet the minimum staff complement recommended.

On a five point scale, the average mean of the responses was 3.88 which implies that majority of the respondents indicated that most statements were true; however, the answers were varied as showed by a standard deviation of 0.85

4.3.3 Influence of Health Equipment on health Service Delivery

The third objective of the study was to examine the effect of health equipment on health services in the County. The respondents were asked to respond to statements on health equipment. The responses were rated on a five likert scale as presented in Table 4.4

**Table 4.4: Health Equipment**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The county has set up new dispensaries</td>
<td>2.41%</td>
<td>1.03%</td>
<td>%</td>
<td>11.38</td>
<td>39.31</td>
<td>45.86</td>
<td>4.2</td>
</tr>
<tr>
<td>More ambulances have been bought in the county</td>
<td>3.79%</td>
<td>1.38%</td>
<td>6.90%</td>
<td>31.03</td>
<td>56.90</td>
<td>6</td>
<td>0.95</td>
</tr>
<tr>
<td>More maternity wards have been constructed</td>
<td>0.00%</td>
<td>2.76%</td>
<td>9.66%</td>
<td>21.72</td>
<td>65.86</td>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td>The county practices responsible procurement and management of medical supplies and equipment</td>
<td>3.79%</td>
<td>2.41%</td>
<td>7.59%</td>
<td>11.72</td>
<td>30.00</td>
<td>53.45</td>
<td>4.3</td>
</tr>
<tr>
<td>County health facility buildings are sufficient</td>
<td>1.03%</td>
<td>3.79%</td>
<td>%</td>
<td>22.41</td>
<td>63.79</td>
<td>4.4</td>
<td>0.91</td>
</tr>
<tr>
<td>Equipment and supplies are fairly adequate in County health centres since devolution</td>
<td>1.03%</td>
<td>0.69%</td>
<td>4.48%</td>
<td>30.00</td>
<td>63.79</td>
<td>4.5</td>
<td></td>
</tr>
</tbody>
</table>

**Average** 4.4

Source: Survey Data (2018)
The results revealed that majority of the respondents who were 85.17% (39.31% + 45.86%) agreed that the county has set up new dispensaries. This finding is supported by that of Ahmed (2012) who found that setting up of modern health facilities is a prerequisite for effective health service delivery. The results also showed that majority of the respondents 87.93% of the respondents agreed with the statement that more ambulances have been bought in the county. This finding was also supported by that of Ahmed (2012). The results revealed that majority of the respondents 87.58% agreed that the county practices responsible procurement and management of medical supplies and equipment. Mutwol (2015) found that transparency in procurement of supplies leads to effective service delivery in county governments. Further, the results showed that the 86.19% of the respondents agreed that county health facility buildings are sufficient. This findings agrees with that of Ahmed(2012) who found that setting up of modern health facilities is a prerequisite for effective health service delivery The results indicated that 93.79% of the respondents agreed that equipment and supplies are fairly adequate in County health centres since devolution. Ruku and Mutoli (2015) who found that devolution enhances fair distribution of resources across all counties.

On a five point scale, the average mean of the responses was 4.40 which implies that majority of the respondents indicated that most statements were true; however, the answers were varied as showed by a standard deviation of 0.87

4.3.4 Health Service Delivery

Health services delivery was the dependent variable of the study. The respondents were asked to respond to statements on health services delivery. The responses were rated in a five likert scale as presented in Table 4.5
Table 4.5: Health Services

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health services in the county are accessible to the general public</td>
<td>3.45%</td>
<td>4.48%</td>
<td>%</td>
<td>35.52%</td>
<td>47.59%</td>
<td>4.19</td>
</tr>
<tr>
<td>Health services offered in the county are affordable to all</td>
<td>2.41%</td>
<td>4.83%</td>
<td>%</td>
<td>20.69%</td>
<td>65.52%</td>
<td>4.42</td>
</tr>
<tr>
<td>Prompt services are offered to patients especially those in emergency cases</td>
<td>2.76%</td>
<td>4.14%</td>
<td>%</td>
<td>23.45%</td>
<td>65.86%</td>
<td>4.46</td>
</tr>
<tr>
<td>Average</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.36</td>
<td>0.98</td>
</tr>
</tbody>
</table>

**Source: Survey Data (2018)**

The results showed that majority of the respondents who were 83.11% (35.52% +47.59%) showed that it is true that the health services in the County are accessible to the general public. The results also revealed that the majority of the respondents who were 86.21% agreed that health services offered in the county are affordable to all. Further, the results revealed that 89.31% of the respondents indicated that prompt services are offered to patients especially those in emergency cases.

On five point scale, the average mean of the responses was 4.36 which implies that the majority of the respondents agreed that the statements were true; however answers were varies as shown by a standard deviation of 0.98.

**4.4 Inferential Statistics**

Inferential analysis was conducted to generate correlation results, model of fitness and analysis of the variance and regression coefficients.

**4.4.1 Correlation Analysis**

Table 4.6 below shows the results of the correlation analysis. The results revealed that that financial allocation and health services are positively and significant related ($r=0.912$, $p=0.000$). this implies that the more finances allocated the more the health service delivery improved.
Table 4.6: Correlational Analysis

<table>
<thead>
<tr>
<th>Statement</th>
<th>Health Services delivery</th>
<th>Financial Allocation</th>
<th>Staff Adequacy</th>
<th>Health Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Services delivery</td>
<td>Pearson Correlation</td>
<td>1.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Allocation</td>
<td>Pearson Correlation</td>
<td></td>
<td>1.000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>0.912**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Adequacy</td>
<td>Pearson Correlation</td>
<td></td>
<td>0.944**</td>
<td>1.000</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>0.870**</td>
<td>0.000</td>
<td></td>
</tr>
<tr>
<td>Health Equipment</td>
<td>Pearson Correlation</td>
<td></td>
<td>0.861</td>
<td>1.000</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>0.910**</td>
<td>.846**</td>
<td>0.000</td>
</tr>
</tbody>
</table>

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

Source: Survey Data (2018)

The results were also consistent with that of Gimoi, (2011) whose results indicated that effective financial allocation is a very important factor to the process of achieving sustainable health services delivery. Blake, Lehmann and Timmermann (2009) established that financial allocation has a positive and significant influence on financial performance. The table further indicated that resource staff adequacy and health service delivery are positively and significantly related (r=0.870, p=0.000). This means that the more the staff were adequate, the more more effective the health service delivery was. These results were consistent with that of Mabonga (2017) whose results indicated that staff adequacy has a positive relationship with health services delivery. Wayne (2008) additionally found that to be able to operate and ultimately function effectively as a system, leaders have to communicate goals and common aims of the organization to employees plainly to enhance their adequacy in skills and thus improve on organizational performance. It was further established that health equipment and health services delivery were positively and significantly related (r=0.910, p=0.000). This implies that an increase in health
equipment led to an improvement in health service delivery. These results were consistent with that of Mabonga (2017) whose results indicated that health equipment accessibility has a positive relationship with health services delivery.

4.4.2 Regression Analysis

The results in table 4.8 presented the fitness of model of regression model used in explaining the study phenomena.

Table 4.7: Model Fitness

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>0.966</td>
</tr>
<tr>
<td>R Square</td>
<td>0.933</td>
</tr>
<tr>
<td>Adjusted R Square</td>
<td>0.929</td>
</tr>
<tr>
<td>Std. Error of the Estimate</td>
<td>0.08986</td>
</tr>
</tbody>
</table>

Source: Survey Data (2018)

Financial allocation, staff adequacy, and health equipment were found to be satisfactory variables in explaining health service delivery. This was supported by coefficient of determination also known as the R square of 93.3%. This meant that financial allocation, staff adequacy and health equipment explain 93.3% of the variations in the dependent variable which was health services delivery. The results further meant that the model applied to link the relationship of the variables was satisfactory.

In statistics significance testing the p-value indicates the level of relation of the independent variable to the dependent variable. If the significance number found is less than the critical value also known as the probability value (p) which is statistically set at 0.05, then the conclusion would be that the model is significant in explaining the relationship; else the model would be regarded as non-significant. Table 4.9 provided the results on the analysis of the variance (ANOVA).

Table 4.8: Analysis of Variance

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>7.503</td>
<td>3</td>
<td>1.876</td>
<td>232.32</td>
<td>0.000</td>
</tr>
</tbody>
</table>
The results indicated that the overall model was statistically significant. Further, the results implied that the independent variables are good predictors of health services. This was supported by an F statistic of 232.32 and the reported p value (0.000) which was less than the conventional probability of 0.05 significance level.

**Table 4.9: Regression of Coefficients**

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>Std. Error</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>0.828</td>
<td>0.119</td>
<td>6.976</td>
<td>0.000</td>
</tr>
<tr>
<td>Financial Allocation</td>
<td>0.336</td>
<td>0.093</td>
<td>3.599</td>
<td>0.001</td>
</tr>
<tr>
<td>Staff Adequacy</td>
<td>0.182</td>
<td>0.087</td>
<td>2.089</td>
<td>0.040</td>
</tr>
<tr>
<td>Health Equipment</td>
<td>0.263</td>
<td>0.055</td>
<td>4.782</td>
<td>0.000</td>
</tr>
</tbody>
</table>

Source: Survey Data (2018)

Regression of coefficients results in table 4.9 revealed that financial allocation and health services are positively and significant related (r=0.336, p=0.001). The results imply that a unit increase in financial allocation in the county government would lead to improved health service delivery by 0.336 units. This shows that the more funds are allocated towards health service delivery, the more effective the health service delivery. The results were also consistent with that of Gimoi, (2011) whose results indicated that financial allocation is a very important factor to the process of achieving sustainable health services. The table further indicates that staff adequacy and health services delivery are positively and significant related (r=0.182, p=0.040). The results imply that a unit increase in staff in the county government would lead to improved health service delivery by 0.182 units. This shows that the more staff are employed in the health sector, the more effective the health service delivery. These results were consistent with that of Mabonga (2017) whose results indicated that staff adequacy has a positive relationship with health services delivery. It was further established that health equipment and infrastructure adequacy and health services delivery were positively and significantly related (r=0.263, p=0.000). This implies that a unit increase in health equipment and infrastructure leads to an
increase in health service delivery by 0.263 units. These results were consistent with that of Odhiambo (2015) whose results indicated that health equipment has a positive relationship with health services delivery. Among the variables studied, it was found that financial allocation had the greatest influence ($\beta = 0.336$) on the health service delivery, followed by Health Equipment and infrastructure adequacy ($\beta = 0.263$) and staff adequacy ($\beta = 0.182$).

Thus, the optimal model for the study is:

\[ \text{Health Services Delivery} = 0.828 + 0.336 \text{ Financial Allocation} + 0.182 \text{ Staff adequacy} + 0.263 \text{ Health Equipment and infrastructure adequacy} \]
CHAPTER FIVE
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

This chapter addressed the summary of the finding, the conclusions and the recommendations. This was done in line with the objectives of the study.

5.2 Summary

This section provided a summary of the findings from the analysis. This was done in line with the objectives of the study. The first objective of the study was to establish the influence of financial allocation on health services in Garissa County. The findings showed that there was a significant association between the financial allocation and health services in the County. The findings were also consistent with the statements in the questionnaire which majority of the respondents agreed. This was also supported by the regression results which revealed the even and adequate financial allocation had a positive and significant impact on the health services delivery.

The second objective of the study was to establish if staff adequacy had any influence on the quality of health services in Garissa County. The findings showed that there is significant relationship between the staff adequacy and health services. The findings were supported by the statements in the questionnaire whereby majority of the respondents agreed they are true. This was also consistent and supported by the regression results which revealed that the staff adequacy had a positive and significant effect on the health services delivery in Garissa County.

The third objective of the study was to determine the effect of the accessibility and availability of health equipment on health services in Garissa County. The findings showed that there is significant relationship between health equipment and health services. The findings were also supported by the statements in the questionnaire which majority of the respondents agreed. This was also supported by the regression results which revealed that health equipment had a positive and significant effect on the health services delivery in Garissa County.
5.3 Conclusions

Based on the findings above the study concluded that timely allocation of finances, adequate allocation of finances, responsible use of allocated finances, and even budgetary allocations of finances has positive and significant effect on the health services delivery in Garissa county.

The study also concluded that staff adequacy is crucial for effective, sustainable and timely health services. According to the study, fairly adequate health personnel in County health centres, recruitment of more health workers, and proportional ratio of health workers to patients, even distribution of health personnel in County health centres and meeting of the minimum health personnel requirement are all crucial for sustainable and effective health services in the County. The study concluded that staff adequacy involves the way the staffs are distributed among the health centres in the County touting that uneven distribution would negatively impact the health services. The study suggested that minimum personnel requirement is critical for health services in the County in the sense that County government should strive to meet those standards to ensure that the health service delivery is effective.

The study also concluded that health equipment comprises of dispensaries, ambulances, maternity wards, adequate equipment and supplies, facility buildings, responsible procurement and management of medical supplies and equipment. All these equipment should be adequate and distributed fairly among the health centres in the County to ensure that health services are delivered efficiently.

5.4 Recommendations for Policy Implications

5.4.1 Financial Allocation and Health Service Delivery

Based on the research findings, the study recommends that County government should have a clear and transparent financial allocation policy and practice. The county government executives should also allocate sufficient funds to enhance effective health service delivery. This will enhance the performance of the health centers in the County.
5.4.2 Staff Adequacy and Health Service Delivery

Further, the study recommended that the ministry of health should ensure that there is good proportion between workers and patients. The qualification and the performance of the workers should be assessed to ensure the quality of service delivery. Further, the workers should be motivated to perform their tasks by giving them incentives and paying them on time.

5.4.3 Health equipment and infrastructure and Health Service Delivery

Based on the research findings, the study recommends proper and responsible management of the health services equipment by the health service providers. That means effective procurement of the relevant health equipment in conjunction to standard check of that equipment. The county should set aside adequate funds for health facilities and have clear contingency plans in case some of the equipment malfunctions. The ministry of county government should set strict policies on the usage and management of the equipment which should be signed and strictly adhered by health personnel in order to minimize the cost of repair and replacing. This will ensure the health service delivery is effective.

5.5 Areas for Further Studies

The study sought to establish the effect of devolution government on the health service delivery in Garissa County. This study, therefore, focused in health service delivery in Garissa County only, thus area for further studies could consider the devolution government and health services in other Counties for the purpose of making a comparison of the study findings with those other counties.

In addition, the study only focused in three factors affecting health service delivery in Garissa County. Further studies should expand the scope and consider the effect of other factors on health services delivery.
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APPENDICES

Appendix I: Letter of Introduction

ABDULLAHI OSMAN

KENYATTA UNIVERSITY

SCHOOL OF HUMANITIES AND SOCIAL SCIENCES

Nov 2017

RE: A study on influence of devolved functions on service delivery, the case of Garissa County Health Services.

I am master’s student at Kenyatta University, school of Humanities and Social Sciences currently developing research project on “influence of devolved functions on service delivery, the case of Garissa County Health Services”.

Kindly fill up this information and return. Any information obtained for this purpose will be kept strictly confidential and will only be used for academic purpose.

Thank you in advance.

Yours faithfully,

Abdullah Osman
Appendix II: Research Questionnaires

SECTION A: DEMOGRAPHIC INFORMATION

1. Gender of respondents
   Male  
   Female  

2. How old are you? (Years)
   Less than 20:  
   21-30:  
   31-40:  
   Above 40:  

3. What is your level of education?
   Primary  
   Secondary  
   College  
   University  

SECTION B: Financial Allocation

This section seeks to get information on financial allocation. Kindly tick on the appropriate opinion to show your level of agreement on the statements. The scale is as follows: 1=Strongly disagree, 2=Disagree, 3= Neutral, 4= Agree, 5= strongly agree.
<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timely allocation of finances to healthcare centres in the County has been experienced since devolution</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate finances are allocated to healthcare centres in the County</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finances allocated for health services delivery are used responsibly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Budgetary allocations of funds is evenly done to all health centres in the County</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**SECTION C: Staff Adequacy**

This section seeks to get information on staff adequacy. Kindly tick on the appropriate opinion to show your level of agreement on the statements. The scale is as follows: 1=Strongly disagree, 2=Disagree, 3= Neutral, 4= Agree, 5= Strongly agree

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health personnel in County health care centres are fairly adequate since</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statement</td>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------</td>
<td>---------</td>
<td>-------</td>
<td>----------------</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>devolution</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More health workers have been recruited in the health facilities after devolution</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The ratio of health workers to patients is proportional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health personnel are unevenly distributed in all County health facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The County has been able to meet the minimum staff complement recommended</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION D: Equipment and Infrastructure**

This section seeks to get information on equipment and infrastructure. Kindly tick on the appropriate opinion to show your level of agreement on the statements. The scale is as follows:
1=Strongly disagree, 2=Disagree, 3= Neutral, 4= Agree, 5= Strongly agree

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The county has set up new</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statement</td>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------</td>
<td>---------</td>
<td>-------</td>
<td>----------------</td>
</tr>
<tr>
<td>more dispensaries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>more ambulances have been bought in the county</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>more maternity wards have been constructed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the county practices responsible procurement and management of medical supplies and equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>county health facility buildings are sufficient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>equipment and supplies are fairly adequate in county health centres since devolution</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION E: Devolved Health Services Delivery**

This section seeks to get information on devolved health services delivery. Kindly tick on the appropriate opinion to show your level of agreement on the statements. The scale is as follows: 1=Strongly disagree, 2=Disagree, 3= Neutral, 4= Agree, 5= Strongly agree

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>more dispensaries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>more ambulances have been bought in the county</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>more maternity wards have been constructed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the county practices responsible procurement and management of medical supplies and equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>county health facility buildings are sufficient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>equipment and supplies are fairly adequate in county health centres since devolution</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statement</td>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------</td>
<td>---------</td>
<td>-------</td>
<td>----------------</td>
</tr>
<tr>
<td>Health services in the county are accessible to the general public</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health services offered in the county are affordable to all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prompt services are offered to patients especially those in emergency cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality health services are offered to all patients in the health centres</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>