DETERMINANTS OF DEVOLED SERVICE DELIVERY IN THE PUBLIC HEALTH SECTOR IN MARSABIT COUNTY, KENYA.

BY

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KENYATTA UNIVERSITY
DECLARATION

This proposal is my original work and has not been presented for a degree in any other University.

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HUSSEIN ALI HUSSEIN

This proposal has been submitted for review with my approval as university supervisor.

Signature………………………..            Date……………………………..

Prof. David Minja

DEPARTMENT OF PUBLIC POLICY AND ADMINISTRATION
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<tr>
<td>GAMAP</td>
<td>Generally Accepted Municipal Accounting Practice</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GPT</td>
<td>Graduated Personal Tax</td>
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<td>IT</td>
<td>Information Technology</td>
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<tr>
<td>KMPPDU</td>
<td>Kenya Medical Practitioners, Pharmacists and Dentists Union</td>
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<td>LAO</td>
<td>Local Administrative Organizations</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>NGOs</td>
<td>Non-Governmental Organization</td>
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<td>PAYE</td>
<td>Pay As You Earn</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNICEF</td>
<td>United Nations International Children's Emergency Fund</td>
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## OPERATIONAL DEFINITION OF TERMS

<table>
<thead>
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<th>Term</th>
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<tr>
<td>Devolution</td>
<td>In the current study, devolution means the transfer or delegation of power to a lower level, especially by central government to local or regional administration.</td>
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<tr>
<td>Health policy</td>
<td>The study defines health policy as the decision, plans and actions that are embark on to achieve specific health care goals within a society.</td>
</tr>
<tr>
<td>Leadership</td>
<td>According to this study, leadership is defined as an action of leading a group of people or an organization.</td>
</tr>
<tr>
<td>Public health</td>
<td>The study defines the public health as the science and art of preventing disease, prolonging life and promoting human health through organized efforts and informed choices of society, organizations, public and private, communities and individuals.</td>
</tr>
<tr>
<td>Public participation</td>
<td>This study considers public participation as the process whereby an organization or an institution consult with the interest of affected people before making decision.</td>
</tr>
<tr>
<td>Resource distribution</td>
<td>This study defines resource distribution as sharing of resources such as mineral, water, fuel and wealth in general among corresponding geographic entities such as counties.</td>
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ABSTRACT

In 2010, a new constitution was promulgated in Kenya. This introduced the concept of devolution of resources and power from the national government to 47 counties formed after the March 2013 general elections. Health service delivery was devolved and is now a function of the county governments. Counties are responsible for hiring staff and the assignment of healthcare workers to the counties has been concluded. This study aims at investigating the determinants of devolved service delivery in the public health sector in Marsabit County, Kenya. The specific objectives are: To determine the influence of devolved leadership on devolved service delivery in the public health sector in Marsabit County, to evaluate the influence of devolved resource distribution on devolved service delivery in the public health sector in Marsabit County, to assess the influence of devolved public participation on devolved service delivery in the public health sector in Marsabit County and to examine the influence of devolved health policy on devolved service delivery in the public health sector in Marsabit County. The study will use descriptive research design. The target population will be 185 hospital staff in Marsabit County Referral Hospital and Moyale Sub County Referral hospital. The study will adopt simple stratified sampling to select 128 respondents from Marsabit County Referral Hospital and Moyale Sub County Referral hospital. This study will use both primary data and secondary data. After quantitative data is obtained through questionnaires, it will be prepared in readiness for analysis by editing, handling blank responses, coding, categorizing and keyed into statistical package for social sciences (SPSS) computer software for analysis. The choice of SPSS version 22 to other statistical software is that it is user friendly. The statistics generated will be descriptive statistics and inferential statistics. The specific descriptive statistics will include percentages and frequencies while the inferential statistics will include a multiple linear regression model. The multiple linear regression models will be used to measure the relationship between the independent variables and the dependent variable which are explained in the model. Microsoft excel will be used to complement SPSS especially in production of diagrams and tables.
CHAPTER ONE: INTRODUCTION

The areas that are presented in this chapter include a brief discussion on the background on which this study is based, a detailed discussion of the research problem, the general and specific study objectives in addition to formulation of the study questions to be addressed in order to attain the study’s objectives. This chapter also does present the rationale for conducting the study, the limitations to which the study will be confined and the chapter ends by presenting the scope of the study.

1.1 Background of the Study

Throughout the world, the issue of providing a flawless healthcare system to the citizens of a country remains grossly beleaguered in the scope of healthcare system design as well as keeping the developed system going without significant challenges. The African continent for instance, there have been numerous adjustments that have been effected in the healthcare sector including gross policy alterations, functionality of the system as well as infrastructural adjustments. Globally, existing as well as modern tactics have been merged through trialing in a quest to mitigate the adversities of the deteriorating 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 Republic of Indonesia head of state in the Indonesia Health Development Plan (1999).

Ghana delegated the responsibility of healthcare provision to the independent Ghana Health Service (GHS) and to semiautonomous BMCs. The formation of GHS reduced the number of MOH principal 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).
GHS in the republic of Ghana is charged with the absolute responsibility of organization as well as effecting a significant number of the healthcare system amenities as well as offices in the country. Regional as well as district health amenities were created as a result of progression of GHS into a more decentralized structure. Despite those reported achievements, there are perils, which may impede the successful application of health care devolution across this country.

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 devolution 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). Poor collaboration between among key policy implementers in this case the central as well as local policy-makers, discouraged health service providers, with a suppressed count of regulatory visits by Expanded Programme on Immunization staff, and improper maintenance of vaccine temperature were considered to be among the reasons for this poor quality.

The 2010 constitutional promulgation witnessed the adoption of decentralized resource utilization and power to the forty seven counties from the national government. The counties resulted in the aftermath of the 2013 general elections whereby important public services such as health care were decentralized to these units of government making them no longer functions of the national government but those of the devolved units of government. This has made the units of government in authority of employing healthcare staff after the close of health workers delegation to the counties (Mwenda, 2010).

Alarming statistics in different counties across the country such as safe child birth taking place in a health facility in Wajir for every twenty newborns compounded by prolonged industrial actions by the medical personnel have further worsened provision of healthcare in the devolved units of governance. The formation and empowerment of a social platform for medical students in the
year 2009 commonly referred as the KMPPDU that originally sought to enhance the welfare of amateur doctors across the country has been elevated to a properly constituted doctors union despite there being little to report about doctors welfare augmentation (WHO, 2017).

From the very onset of independence, Kenya was declared as going through acute scarcity of healthcare workers by the Global Atlas of Health Workforce, a product of the World Health Organization. The minimum acceptable count of doctors, nurses as well as midwives per ten thousand people is set by the World Health Organization at 23. According to KPMG report, Ethiopia, Ghana as well as Thailand gained rapid profits in the aftermath of health services devolution and therefore provide a genuine case for Kenya to borrow from. For instance, the Ethiopian heath system that was decentralized in 1996 has been greatly fruitful. The last 12 years have seen a drastic fall in deaths of children below the age of 5 in this country from a high of a hundred and twenty three to 88 per 1000 live births. The report indicates that a good number of countries have already embarked on devolution of health making health devolution not an entirely new concept. However, there are certain inevitable practices that must be observed as the report from the aforementioned countries suggests. Among others, countries striving to enhance devolution and successful health services delivery should be willing to go to any length to ensure there is formation of the right governance structure, as well as accountability structure.

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).

The county has increased maternities from 2 to 18; constructed and refurbished 23 health facilities, ensured regular drug supply, purchased equipment and 10 ambulances that have been distributed to the four sub counties. 150 technical health personnel have been employed, and new staff houses constructed in Laisamis, Kalacha. Godoma and Nana Health Centres among others. Kalacha and Laisamis Hospital have been upgraded to level 4. Funds to buy another 8 ambulances and to employ specialist doctors has been set aside. The mobile clinic donated by First Lady Margaret Kenyatta is providing services to the hard to reach areas (KPMG report, 2015).
1.2 Statement of the Problem

Devolution of government services is one of the key principles of the 2010 Kenyan constitution in which counties have been envisaged as the primary units. These units are mandated to receive reliable sources of revenue by the constitution to enable them be self-governing and deliver services effectively. Public Health Service Delivery in the devolved regime is expected to be better than in the undevolved regime. Following the devolution of health services, there have been cases of health workers downing their tools citing poor pay, poor working conditions among other problems resulting to poor Health Service delivery which translates to low patient satisfaction. Problem of poor devolved Health Service has a wide range of effects on the Health of county residents. The effect of poor public health service delivery is also felt by workers such as nurses. This is because when they are on strike, they end up being unsatisfied and miss salaries for the period on strike. A study by Khaunya, Wawire and Chepng’eno (2015) on devolved governance in Kenya revealed that counties had been faced with a myriad of challenges that stand in the way of the realized achievements. Cases have been also documented where executive arm of the national government is reluctant in devolving some funds meant for county development programs curtailing service delivery such as the payment of salaries and other grass root developments by the county governments (Abdumlingo & Mugambi, 2014). Akacho (2014) on causes prompting delivery of health care service in Kenya, found that lack of facilities greatly affected the provision of quality healthcare services A report by Barker, Mulaki, Mwai and Dutta (2014) on assessing county health system readiness in Kenya revealed that Marsabit County was among the counties not as much equipped to make available healthcare services under the decentralized system. These studies have linked with health service delivery but none has focused on determinants of devolved service delivery in the public health sector in Marsabit County.

1.3 Objectives

1.3.1 General Objective

The general objective of the study is to investigate the determinants of devolved service delivery in the public health sector in Marsabit County, Kenya.
1.3.2 Specific Objectives

The specific objectives will be:

(i) To determine the influence of devolved leadership on service delivery in the public health sector in Marsabit County
(ii) To evaluate the influence of devolved resource distribution on service delivery in the public health sector in Marsabit County
(iii) To assess the influence of devolved public participation on service delivery in the public health sector in Marsabit County
(iv) To examine the influence of devolved health policy on service delivery in the public health sector in Marsabit County.

1.4 Research Questions.

(i) What is the influence of devolved leadership on service delivery in the public health sector in Marsabit County?
(ii) How does devolved resource distribution affect service delivery in the public health sector in Marsabit County?
(iii) What is the influence of devolved public participation on service delivery in the public health sector in Marsabit County?
(iv) Does devolved county health policy affect the service delivery in the public health sector in Marsabit County?

1.5 Study Hypothesis

The current study will be guided by the following hypotheses;

\( H_{01} \): There is no significant relationship between devolved leadership and service delivery in the public health sector in Marsabit County.

\( H_{02} \): There is no significant relationship between devolved resource distribution and service delivery in the public health sector in Marsabit County.
H₀₃: There is no significant relationship between devolved public participation and service delivery in the public health sector in Marsabit County.

H₀₄: There is no significant relationship between devolved county health policies and service delivery in the public health sector in Marsabit County.

1.6 Scope of Study

The research will be limited to determinants of service delivery in the public health sector in Marsabit County, Kenya. The main focus of the study is grounded on the influence of devolved leadership, devolved resource distribution, devolved public participation and devolved county health policy on service delivery in the public health sector. The study will focus on Marsabit County and will be conducted in 2018.

1.7 Justification of the Study

In Kenya, devolution policies were put in place in the year 2010. Methodological justifications were offered, which included competence in the manner in which the health services are rendered as well as better citizen representation when coming up with crucial decisions. The county governments were consequently allocated with necessary health service delivery as the national government maintained its hold on implementation of the health policy, technical support to the devolved units as well as organization and administration of the Nationwide Referral Health Facilities (Health Policy Project, 2012). According to the report, the national government maintained its hold on developing and implementing the health policy as well as providing technical support in addition to managing national referral health facilities to the devolved units of government in the health sector as crucial health services were allocated to the devolved units of governance. Marsabit County still remains a vulnerable county when it comes to health service delivery. This study will determine the various devolution factors and their effect on service delivery. The information for the current study will be beneficial to the following:
1.7.1 Government / Policymakers

These include both the national and county governments. The health sector, save for health policy and management of national referral hospitals, has been devolved. There has been an acrimonious debate as to whether county governments have what it takes to manage the sector and whether or not the sector should be reverted to the national government. The study will guide the government (whether national or county) in charting the best way forward for the health sector. Health services users. These are the people of Kenya as the end consumers of health services. The results and recommendations of this study can spur citizens to agitate for improved provision of health care services and transparency in service provision consequently elevating efficiency and effectiveness in health services delivery.

1.7.2 Scholars

The study will serve as a reference material for literature.

1.8 Limitation of the Study

Marsabit County is a vast area of land and this may be a hindrance since covering the whole County will be difficult. Therefore, the study will consider the two main hospitals in Marsabit County; these are Marsabit County Referral Hospital and Moyale Sub County Referral hospital. The researcher is likely to face hostility from the healthcare providers. Some health workers may be a bit hesitant for of fear of victimization. To address such fears, the health workers will be assured of utmost confidentiality in order to protect their identity. Politicians may perceive any investigation as a direct indictment of their leadership and integrity. They can therefore, frustrate smooth undertaking of the study. However, proper feasibility study and sensitization campaign will be used to win the support of local leaders and the community in general.
CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This part presents a review of literature related to the effects of devolution on the service delivery in the public health sector. The chapter has sub-topics handling on the theoretical framework review, empirical framework review, research objectives identified in chapter one and then it winds up with the conceptual framework concerning effects of devolution on the service delivery in the public health sector in Marsabit County

2.2 Empirical Review

2.2.1 Devolved Leadership and Service Delivery

Muchomba (2015) sought to ascertain the effect of devolved governance and performance of the health sector in Kenya. The aim of the study was to examine the effect of devolved organizational leadership on Kenyan health sector performance. The findings indicated that devolved leadership positively and significantly affects the development planning of hospitals. Moreover, the study indicated that the accessibility of hospitals by the public had been improved significantly to the status of the leading four public hospitals in Kenya. This led to an efficiently communication and service delivery for quality performance.

Nzinga (2009) sought to find out the challenges affecting health personnel anticipated to apply procedures in a study on Kenyan hospitals. The study used detailed interview and casual discussions as a data collection method in infant care and pediatric units. The study found an assortment of themes that hinders to uptake procedure such as insufficiency in leadership and the confined typical surroundings. This setback can be attributed to lack of good leadership. The same trend was observed across the sectoral leadership in hospitals with quite a number of them indicating good governance in the discharge of the new strategies in their specific units when entrusted with the responsibility. The study further established that the top hospital leadership seldom participated in a direct control or aiding in the strategy execution restricting themselves to a pit part allocation of the essential supplies, drugs and tools to some extent.
Miriti(2017) explored the influence of devolution of government service delivery on provision of healthcare: A case of level five hospitals in Meru County, Kenya. The study sought to ascertain how leadership styles influenced provision of healthcare at Meru Level five hospitals in Meru County. A descriptive research design was adopted in this study in so as to obtain data based on the objectives of the study. The target population was 500 participants. A sample of 111 representative participants of the whole population was selected. From the study, devolution of government service delivery had increased access to healthcare services in terms of availability, affordability, accessibility and acceptability. It also established that ministries of health vision and plans for the future had been clearly communicated thus creating an environment in which leaders can foster clear expectations for their employees in service delivery.

2.2.2 Devolved Resources Distribution and Service Delivery

World Bank (2012) points outs out that a centralized system of healthcare results in a lack of capacity building, political and uneven resource allocation. In support, Ndavi, (2009) argue that the presence of a very centralized system of governance results in fragile, insensitive, unproductive, and unequal sharing of health related services across the country.

Ngetich (2017) conducted a study on influence of implementation of devolution on performance of road construction projects in Kericho County, Kenya. The study intended to evaluate the influence of devolved resources on the effectiveness of road construction projects in Kericho County. The study utilized institutional theory and systems theory to explain behaviors in project success in the county. The study established that devolution of finances has enhanced allocation of adequate resources towards road construction projects and local contractors are now more interested in the road construction and maintenance tenders than before.

Gimo (2017) assessed the impact of devolution on health care systems, case study of Nairobi County Health Facilities. One of the assessment objectives was to establish the effect of devolution on health infrastructure. This sought to establish whether the infrastructure had improved following devolution. The findings revealed that that the state of the medical equipment had improved and new equipment being bought. There was access to piped water and proper waste disposal as well as protected placenta disposal pits. Health infrastructure is key in restoring
public perception of good quality care and achieving devolution goals on improvement of primary health care facilities.

Similarly, Tsofa (2017) sought to evaluate the impact of health personnel and the management of supplies in County government of Kilifi. The study obtained data through by reviewing the documents through informed interviews and also through participatory and non-participatory interpretation over a span of 4 years running from the years 2012-2014. This study revealed that just like other functions at the county level, the essential medical supplies and medicines (EMMS) and health workforce (HRH) administrative roles were increasingly being devolved before suitable structures are put in place at the counties and sufficient capability to carry out these tasks were set up. This resulted to greater interruptions in remunerating the personnel, the disturbance emanating from the politics together with HRH administrative roles and uncertainty with regard to administrative roles of HRH. Lack of specifications at the national and county governments’ on the functions, tasks, workforce strikes and mass acquiescence and key stakeholders was observed.

### 2.2.3 Devolved Public Participation and Service Delivery

Kugonza (2016) analyzed Public participation in services delivery in Buikwe District local government in Uganda. The study specifically, sought to ascertain the impact of public awareness on their tasks and duties and the contribution of the public in their local authority and information access. The results of the study indicated that these aspects had positive impact largely on the contribution of service discharge in local authority projects. The study revealed that involvement in terms of service discharge at the local administration broadly acknowledged as a means of elevating equality, establishing more trust, boosting openness and answerability, and advancing equality and integrity in leadership at all degrees. This analysis though presents a contextual gap as it addresses public participation and overall service delivery while the current study incorporates other factors which are leadership, resource distribution and health policies and their influence on service delivery in public health sector.
Another study by Opiyo (2017) looked at the impact of Feedback Mechanism as a pillar of community involvement in improving the performance of decentralized leadership systems in Kenya. The study employed a survey research design. The target population consisted of counties in Kenya. The sample size for the study was 400 respondents. The findings of the study showed that feedback mechanisms had a positive linear association with the performance of the decentralized leadership systems in Kenya. The study highlighted the significance of creating successful execution of decisions agreed through public contribution for better performance in all growth and the programmes for carrying out services in counties through proper supervision and assessment. To facilitate effectual response for improving the performance of the county; there should be a seamless flow of communication from the county level to the sub-counties for apprehension and distribution the public using an efficient mode of communication comprehensible to the public as well as those with no basic education. This investigation presents a scope gap as it focuses on the effectiveness of decentralized administrative systems in Kenya; the current study will focus on service delivery in public health sector.

Wacera (2014) studied the impact of public involvement in implementing the budget at Nyandarua County government in Kenyan counties. The study intended to look at the effect of citizen participation on budget making process and implementation in the Kenyan county governments. Citizen participation empowers communities to participate in the county development process and aids. Citizen participation on budget implementation helps in improving resource allocation and also helps citizens to monitor impacts of projects and programs.

In a report by Wamai (2007), devolution of health can promote equity and efficiency and has mutual benefits both to government as service providers and populations as well as beneficiaries. Decentralization can lead to vigour in the service delivery structures leading to a combination of both the public and individual service providers. Moreover, it encourages inclusivity through public involvement in making judgments thereby bettering the control and answerability. Finally, it can improve local advancements and adjustments for mobilizing supply and cost-awareness in handling local health issues.
2.3.4 Devolved Policy and Service Delivery

Mbua and Ole Sarisar (2013) assert that delegating tasks not only have an effect on those societies or areas where tasks are decentralized to, it also affect the institution in this case the Ministry of Health that is delegating its roles authority. Excellent leadership should plainly elucidate what strategies the Health Ministry would still be accountable for in a decentralized health structure such as guidelines on quality, awareness and preparation of doctors.

Mutiso (2016) explored at the influence of delegated administration on the success of Machakos County health sector. The study specifically sought to determine the impact of decentralized strategies and regulatory structures on the effectiveness of health quarter in Machakos County. The results of the study showed that decentralized strategies had a positive and significant impact on regulatory structures associated with the contentment of the patients which was due to enhanced delivery of services. The study recommends the county to take actions so as to successfully realize the policies in the health segment. The policy makers and regulators in the health sector should ensure that they have adequate county reach as the more devolved they are the better the health sector performance is going to become. This study presents a geographical gap; the current study will be conducted in Marsabit County.

Mbugua (2016) looked at the influence of policies of Kiambu County on the success of SMEs Kenya. The findings of the study indicated that licensing and taxation inversely and significantly affects the success of SMEs in Kenya. Additionally, results indicated that funding and training have a positive and significant impact on the effectiveness of SMEs in Kenya. The study further concluded that greater rates of taxation, tax compliance and connivance as well as complex measures for paying tax affect the success of SMEs ventures. It was also recognized that the demands, process for licensing and registration of businesses influences the success of SMEs in Kiambu County. This study however presents a scope gap as it focused on SMEs while this research will concentrate on public health sector.
2.3 Theoretical Review

2.2.1 The Theory of Citizen Involvement

Public involvement is a practice which allows individuals to sway public decisions and has over time been a constituent of method for making judgments. The foundation of public involvement can be linked to an early Greek and Colonial New England. Prior to the 1960s, legislative activities and processes were set up to allow for the "external" contribution. Public contribution was incorporated in the middle of 1960s with the community programs of President Lyndon Johnson's Great (Cogan & Sharpe, 2006).

Independent assessment of judgments is quite the opposite of technocratic and complex making of judgments according to the hypothesis that all that are influenced by a certain judgment have the entitlement to participate in the making of judgments. Involvement can be straightforward in the traditional logic of democracy, or can be in the course of legislature for their opinion in an inclusive form of republicans (Kweit & Kweit, 2009).

In a democratic system, it is the community that dictates its course and its legislative function and therefore the technical staff can obtain it there. In essence, means should be identified justly although the ends are technocratic ally identified (Kweit & Kweit, 2009). A victorious public involvement activity must be: essential to the method of planning and concentrate on its special demands; crafted to work inside the existing resources of moment, human resource, and funds (Cogan, et al., 2009).

Realistically, public session’s activities should aim to identify and set aside clear boundaries. That is to say, the processes should develop inducements for members to find a neutral ground (Priscoli and Homenuckm, 1996). The above theory links the variable of public participation as a factor of delivery of devolved health services in Kenya.
2.2.2 Governance Theory

According to the WB (1991), governance refers to an activity of opinionated authority and the utilization of organizations’ funds to execute the society's troubles and activities. The theory is elucidates the controlling activities of political governments as they on purpose try to transform socio-economic formations and activities (Myantz, 2003).

Governance provides guidance for casual authority of complex enhancements and displacement of the proper power of the administration by investigating the dynamic frontiers linking the community and the government, (Harris, 1990). The theory hypothesizes that the state can concentrate on the design of public strategy and delegate the execution to other entities, private institutions or NGOs and in return spurring a stronger importance on market apparatus (Kickert, 1997).

The hypothesis is that the greater the isolation of strategy application from the policy design, the more the contribution by diverse participants in the execution procedure, and the higher the actualization of the success on the process effect. The relevance in the study comes in play in that the association between the diverse governments tasked with the delivery of services in the health sector will lead to synergy, information distribution, relying on each ones’ vigor to create more inventive traditions and improve the facilities for delivering the services in public health.

2.4 Conceptual Framework

The conceptual framework shows the relationship between the independent and the dependent variables of the study.
Figure 2.1 Conceptual Framework

**Independent Variables**

- Devolved leadership
  - Implementation of managerial roles
  - Nature of decisions made
  - Levels of responsibility

- Devolved Resource distribution
  - Equal distribution
  - Timely disbursements

- Devolved Public participation
  - Community engagement
  - Consulted in Budget Allocation
  - Monitoring

- Devolved County Health policy
  - Accountability
  - Guiding policy document
  - Training

**Intervening Variable Dependent variable**

- Public Health Sector Service delivery
  - Patient satisfaction
  - Proper utilization of collected funds
  - Quick response to patients

- Government policies
CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

The particular sub-sections presented in this chapter include the methods of conducting this research, through a brief discussion of the study’s research design, the study’s target population, sampling frame, and sample as well as sampling techniques for calculating the sample size of the study. It also presents data collection method, data analysis and presentation. A detailed discussion of what constitutes the research and methods adopted to address the study objectives is done. Finally, the study presents some of the ethical concerns to be considered while carrying out this study.

3.2 Research Design

According to Mugenda, and Mugenda (2003), a research design can be construed as the detailed outline of the specific methods and tools used to collect information, assess it, in an attempt to find answers to the research questions. It therefore presents an informed guide on how to go about collecting data and assessing if in order to address the research questions. In order to formulate a good research design, there is need for presentation of vividly explained purpose with a satisfactory degree of reliability in the formulation of the study questions as well as the projected research method (Mugenda & Mugenda, 2009). A research design can equally be construed as an outline for the gathering as well as scrutiny of data deemed appropriate in addressing the research questions (Orodho, 2002). What the author implies here is that a research design is a detailed organization, summary or strategy applied to the attainment of the study objectives through addressing the study questions thereby answering the research problem.

A descriptive research design will be adopted by this particular study to gather data in addition to drawing useful inferences about the study’s target population within a specified time frame. This type of research design is preferred as it fundamentally presents solutions to the question of who, the what, the where in addition to the how aspect of the phenomenon under scrutiny. Descriptive research design ensures that there is minimum bias and maximized reliability when collecting data by determining and reporting the way things are (Kothari, 2008; Mugenda & Mugenda,
Further, descriptive research design enables the study to portray accurately the profile of a person, situations or events which describes the existing conditions and attitudes to finally generalize the findings to a larger population (Chandran, 2004; Cooper & Schindler, 2008).

### 3.3 Target Population

According to Mugenda, and Mugenda (2003), the study target population can be defined as an entirety of items in a specified area of inquiry that have mutually noticeable features otherwise construed as the universe. As for this study, the target population will comprise of all staff of Marsabit County Referral Hospital and Moyale Sub County Referral hospital working under various categories these includes doctors, nurses, pharmacists, clinical officers, data analysts, laboratory assistants, dieticians and physiotherapists. The target population will be 185 hospital staff and is distributed as shown below.

**Table 3.1: Target Population**

<table>
<thead>
<tr>
<th>Staff category</th>
<th>Marsabit County Referral Hospital</th>
<th>Moyale Sub County Referral hospital</th>
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</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Nurses</td>
<td>52</td>
<td>44</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Clinical officers</td>
<td>14</td>
<td>21</td>
</tr>
<tr>
<td>Data analysts</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Laboratory assistants</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Dieticians</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>95</td>
</tr>
</tbody>
</table>
3.4 Sampling Technique and Sample size

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, Israel (2009) recommends that if one don’t know the value of \( p \) then you should assume \( p = 0.5 \)

Therefore, sample size is arrived at as follows:

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

\[ n = 384 \]

Since the population is less 10,000, the sample size is further adjusted as follows:

\[ n_0 = \frac{n}{1 + ((n - 1)/ N)} \]

\[ n_0 = 384/ (1 + ((384 - 1)/90)) \]

\[ n_0 = 77 \]

\[ n_0 = 384/ (1 + ((384 - 1)/185)) \]

\[ n_0 = 128 \]
Therefore the sample size will be 128 respondents from Marsabit County Referral Hospital and Moyale Sub County Referral hospital.

**Table 3.2: Sampling frame**

<table>
<thead>
<tr>
<th>Staff category</th>
<th>Marsabit County Referral Hospital</th>
<th>Moyale Sub County Referral hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Population</td>
<td>Sample</td>
</tr>
<tr>
<td>Doctors</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Nurses</td>
<td>52</td>
<td>33</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Clinical officers</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>Data analysts</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Laboratory assistants</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Dieticians</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>90</strong></td>
<td><strong>62</strong></td>
</tr>
</tbody>
</table>

The study will adopt simple stratified sampling. The target population is usually subdivided into reduced groups otherwise referred to as strata under stratification. Under this method of random sampling, the common features of the participants forms a basis for formulating the strata. Accordingly, a figure comparative to the stratum's size against the population is obtained from each strata to form a random sample. According to Silverman (2011), these subsections are consequently combined resulting to a random sample.
3.5 Description of Data Collection Instruments

Data collection can be construed as the exact, methodical collection of information pertinent to the specific sub-problems of the study, by applying such methods as interviews, member observations, focus group discussion, narratives in addition to case accounts (Burns & Grove, 2003). On the same note, primary data can be construed as the information obtained first hand from the field of enquiry. On the other hand, secondary data can be defined as the information obtained from such sources as existing literature as well as a presentation of recordings of past statements from varying institutions (Kothari, 2008).

For the purpose of obtaining primary data for this study, structured questionnaires will be adopted with both close-ended as well as open ended questions. According to Mugenda, and Mugenda (2013), a structured questionnaire can be construed as a collection of questions presented alongside a detailed list of the entirety of feasible options form which the study respondents are expected to draw the answers that provide the best conceivable account of their position. According to Orodho (2004), these items are therefore much easier to examine because they are often presented in directly functional form.

For the purpose of obtaining secondary data for the study in order to provide supplementary information, some of the documented information will be captured in addition to examination of the available reports. According to Cooper and Schindler (2003), the main reason for using secondary data is often to assess past or current private or unrestricted records, reports, records of the government as well as individual opinions. On the same note, another sub group of the existing documents can be in the form of statistical records through numbers, accounts as well as budgets (Mugenda & Mugenda, 2003).

3.6 Validity and Reliability of Research Instruments

3.6.1 Validity

According to Mugenda and Mugenda (2003), instrument validity can be defined as the extent they measure constructs under examination. On the same note, it can also be construed as the extent a construct denotes what it is intended to measure. During the pilot study, questionnaires will be handed out to the respondents after which their contributions will be drafted into the final questionnaire. The analysis findings of the study essentially characterize the variables of the
study to the degree. In order to establish the validity of the study instruments, both content as well as face validity analysis will be conducted. The techniques attributed to the former method of establishing instrument validity will capture the extent to which the questionnaire items replicate the precise parts covered in the study.

### 3.6.2 Reliability

According to Mugenda and Mugenda (1999), instrument reliability can be construed as the regularity of a particular score when used repeatedly. Put differently, it denotes the degree which a research instrument is consistent. In this particular study, reliability will be enhanced by checking the internal consistency of the research instrument.

According to Nachmias and Nachmias (1996), the major areas of concern in ensuring instrument reliability is by establishing test constancy, dependability or solidity. The constancy of the items of the questionnaire in terms of establishing whether they capture what they are supposed to measure will be determined in an attempt to attain instrument reliability. Handing out the questionnaire twice to the same respondents after a given duration is called test-retest procedure which will be adopted by the current study.

### 3.7 Data Collection Process

Kombo and Tromp (2009) states that data collection is important in research because it allows for dissemination of accurate information and development of meaningful programmes. The questionnaires will be self-administered. The researcher will inform the respondents that the instruments being administered will be for research purpose only and the response from the respondents will be kept confidential. The researcher will obtain an introductory letter from the University in order to collect data from the field and then personally deliver the questionnaires to the respondents so that they can be filled in and then collect the questionnaires later. The drop and pick later method will be used in the study.
3.8 Data Analysis and Presentation

Data analysis can be construed as the adoption of a thorough cognitive process to comprehend the contents of the data collected in an attempt to establish constant patterns as well as creating a brief account of the pertinent particulars unearthed during examination (Zikmund et al., 2010). On the same note, converting questionnaire responses into a form capable of being exploited to yield statistical information is the whole process that defines data processing (Hyndman, 2008). The specific areas of concern during data processing include coding, excision, entering the data, as well as checking the entire data processing process. This process will be confined to the specific aims as well as objectives of the study as originally stated in an attempt to extract patterns as divulged during the process of obtaining data on the different variables of interest in this study.

Preliminary data handling procedures of editing, filling in any blank responses presented, coding, sorting will succeed data collection process after which the data is then fed into the SPSS computer software in readiness for statistical analysis. The study will make use of both descriptive as well as inferential statistics produced by the SPSS for the purpose of carrying out analysis. The former statistics technique will involve the use of such computations as percentages and frequencies while the latter will involve the use of a multiple linear regression model for statistical analysis. As a supplementary tool for computation, Microsoft excel will be used alongside SPSS to generate diagrams as well as tables.

In presenting the association between the dependent as well as independent variables of the study, a multiple linear regression model will be adopted. A brief account of the existence and nature of association between the study variables will be done setting the significance level for the study at 5%. A discussion of the size and direction of association between the dependent variables and independent variable of the study will be drawn from the regression model specified by the use of such coefficients as correlation, \( R^2 \) and the level of significance.
The regression model will be as follows: 

\[ Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + e \]

Where,

\( Y \) = Heath Sector Service Delivery (the study dependent variable),

\( \alpha \) = is the regression constant,

\( \beta_1, \beta_2, \beta_3 \) and \( \beta_4 \) are the unknown parameters/coefficients of various dependent variables,

\( X_1 = \) Devolved Leadership and Governance

\( X_2 = \) Devolved Resource Distribution

\( X_3 = \) Devolved Public Participation

\( X_4 = \) Devolved County Health Policy

\( e \) = Error Term

**Hypothesis Testing**

<table>
<thead>
<tr>
<th>Hypotheses</th>
<th>Tests</th>
</tr>
</thead>
</table>
| There is no significant relationship between devolved leadership and service delivery in the public health sector in Marsabit County. | Linear regression  
Accept if \( p > 0.05 \) or otherwise reject |
| There is no significant relationship between devolved resource distribution and service delivery in the public health sector in Marsabit County. | Linear regression  
Accept if \( p > 0.05 \) or otherwise reject |
| There is no significant relationship between devolved public participation and service delivery in the public health sector in Marsabit County. | Linear regression  
Accept if \( p > 0.05 \) or otherwise reject |
| There is no significant relationship between | Linear regression |
devolved county health policies and service delivery in the public health sector in Marsabit County

Accept if p>0.05 or otherwise reject

3.9 Ethical Considerations

There will be earnest attempts by the researcher to sustain requisite ethical practices during the study by providing a brief explanation of the purpose of the research as well as assuring the respondents that the study will only be confined to the academic scope and therefore won’t be used for other reasons beyond the stated. There will be a statement of the respondents’ discretionary power in the questionnaire besides providing an allowance for respondent to decline or withdraw from the study without giving any reasons for doing so at any time in the progression of the research. An informed consent of the respondents to participate in the study will be sought and their decision to participate or otherwise will be welcome. The study will ensure that the respondents strictly remain anonymous to guarantee their privacy and protection from undue victimization.
REFERENCES

ASARC Working Papers 2010-14, Australian National University, Australia South Asia Research Centre.


Mwenda A.K., (2010). ‘Economic and administrative implications of the devolution framework established by the constitution of Kenya’, Institute of economic affairs


Appendix I: Questionnaire

This questionnaire is meant to gather information regarding the determinants of devolved service delivery in the public health sector in Marsabit County, Kenya.

CONFIDENTIALITY CLAUSE:

The responses you provide will be used for academic purposes and will be strictly confidential.

Section A: Demographics

1. Name of hospital. .............................................
2. What is your gender?
   Male (  ) female (  )
3. What is your age?
   Below 20 years (  ) 21-30 years (  ) 31-40 years (  ) 41-50 years (  ) over 50 years (  )
4. What is your highest level of education?
   Certificate ( ) Diploma ( ) Degree ( ) Master ( ) PhD ( )
5. What is your job description?
   Doctor (  ) Nurse (  ) Clinical officer (  ) Lab technician (  ) Data analyst (  )
   Pharmacist (  ) Dietician (  ) Physiotherapist (  )
6. How long have you worked in the hospital?
   Below 5 years (  ) 5-10 years (  ) 10-15 years (  ) 15-20 years (  ) 20-25 years (  )
   Over 25 years (  )
Section B: Devolved Leadership and Service Delivery

7. Please tick the answer that reflects your opinion in the following statements

<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>Devolved leadership enhances easy and timely communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devolved leadership enhances direct supervision which enhances implementation of service delivery objectives in the hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devolved leadership has allowed for close monitoring of service activities in the hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devolved leadership has led to short periods of decision making by the top management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devolved leadership has reduced bureaucracies in decision making in the hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. In your opinion, does devolved leadership influence service delivery in public health sector?
   Yes (  ) No (  )

Section C: Devolved Resources Distribution and Service Delivery
9. Does devolved resources distribution influence service delivery in public health sector?
   Yes ( ) No ( )

10. Please tick the answer that reflects your opinion in the following statements

<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>Devolved resource distribution allows for adequate allocation of resources in the hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devolution has allowed for timely provision of medical supplies for better service delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devolved resource distribution has allowed for accountability in the utilization of resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devolved resource distribution has prevented long stock-outs of essential drugs in health facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devolved resource distribution has enabled strong, responsive, efficient, and equitable distribution of health facilities in the hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section D: Devolved Public Participation and Service Delivery**

11. In your opinion, does devolved Public Participation influence service delivery in public health sector?
12. Please tick the answer that reflects your opinion in the following statements.

<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>Public participation leads to accessibility of information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public participation fosters ability to use information effectively</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public participation provides awareness of citizens’ rights, roles and responsibilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public participation enhances effective implementation of decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citizen participation empowers communities to participate in the county development process and aid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section E : Devolved Policy and Service Delivery

13. In your opinion, does devolved policy influence service delivery in public health sector?  
Yes ( ) No ( )
14. Please tick the answer that reflects your opinion in the following statements.
<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>There are policies that enable for quality regulations for improved performance in the hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devolved policies helps us performing towards the minimum standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policies helps in defining the rules and procedures to be followed in the working environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devolved policies have set rules and guidelines for decision-making in routine situations so that medical staff do not need to continually ask senior managers what to do in the hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are policies in the hospital that helps in adoption of a consistent and clear response across the hospital to continually refer to situations involving staff interaction.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section F: Service delivery**

15. Please tick the answer that reflects your opinion in the following statements.

<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>Patient satisfaction has been</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>experienced in the hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is good workplace layout in the hospital.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Necessary instruments for treatment and diagnosis of diseases are available in the hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Materials and drug supplies in the hospital are available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antiseptic hand solution for protection of staff and patients are available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. How would you rate the overall service delivery in the hospital?
   - Excellent ( )
   - Good ( )
   - Fair ( )
   - Poor ( )
   - Very poor ( )

THANK YOU