KENYATTA UNIVERSITY

POLICY IMPLEMENTATION AND SERVICE DELIVERY IN HOMA BAY COUNTY HEALTH SECTOR, KENYA

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C153/CTY/PT/25962/2018

A RESEARCH PROJECT SUBMITTED TO THE SCHOOL OF HUMANITIES AND SOCIAL SCIENCES IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF PUBLIC POLICY AND ADMINISTRATION, KENYATTA UNIVERSITY

SEPTEMBER, 2021
DECLARATION AND RECOMMENDATION PAGE

Declaration by candidate

This research project is my original work and has not been presented for a degree in any other university.

Signature _____________________ Date __________________

David Ochieng’ George

C153/CTY/PT/25962/2018

This research Project has been submitted for examination with my approval as the University Supervisor.

Signature _____________________ Date __________________

Dr. Hannah Bula
Department of Business administration
DEDICATION

This research is dedicated to my family; Mr. and Mrs. Otieno, Edgar, Steve, Grace, Shalom and Moses.
AKNOWLEDGEMENT

This research is a product of concerted efforts by individuals, institutions and organizations in varied proportions. It may be impossible to thank here all parties who contributed to this maiden body of work with invaluable inputs, but I do take this earliest opportunity to convey my sincere gratitude to all those who participated and saw me through this journey. However, there are a few who played special roles which I wish to singly acknowledge.

The first acknowledgment is to my family; Dad and mum for the financial and divine cover at every stage of this study, my siblings for providing great moral support and their fervent prayers. To my supervisor Dr. Hannah Bula who I believe was God-sent, she took me through this journey from the start when I was a novice up until now. This work could not have taken shape and content were it not for your due diligence and dedicated guidance.
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## ABBREVIATIONS AND ACRONYMS

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<tr>
<td>AU</td>
<td>African Union</td>
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<tr>
<td>CDF</td>
<td>Constituency Development Fund</td>
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<td>CIDP</td>
<td>County integrated Development Plan</td>
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<td>CPSI</td>
<td>Center for Public Sector Innovation</td>
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<td>CSO</td>
<td>Client Service officers</td>
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<td>DOL</td>
<td>Department of labor</td>
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<td>ERS</td>
<td>Economic Recovery Strategy</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>ICU</td>
<td>Intensive care unit</td>
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<td>IEA</td>
<td>Institute of Economic Affairs</td>
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<td>KMA</td>
<td>Kumasi Metropolitan Assembly</td>
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<td>MES</td>
<td>Managed equipment services</td>
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<td>MTP</td>
<td>Medium Term Plan</td>
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<td>MTAPS</td>
<td>Medium Term Plans</td>
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<tr>
<td>NACOSTI</td>
<td>National Commission for Science, Technology and Innovation</td>
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<td>NARC</td>
<td>National Rainbow Coalition</td>
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<tr>
<td>OECD</td>
<td>Organization for Economic Co-operation and Development</td>
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<td>PPP</td>
<td>Public Private Partnership</td>
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<td>PSDIS</td>
<td>Public Service Delivery Innovation Strategy</td>
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<td>RBM</td>
<td>Result based management</td>
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<td>SME</td>
<td>Subject Mater Expert</td>
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<td>UHC</td>
<td>Universal Healthcare</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>WSP</td>
<td>Water service provider</td>
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DEFINITION OF TERMS

Citizen engagement approaches: These are forms of interactions between citizens and their authorities. It happens across the phases of the development or government policy implementation and public service delivery.

Health services: An array of medical services that influence health, they comprise mental and physical illnesses.

Policy implementation: Executing laws or decisions in which various stakeholders and organizations work collaboratively to ensure policies are put into effect with the main aim of attaining policy goals.

Public policy: Refers to the guide action to remedy certain social problems.

Quality of service: This is the degree by which health services provided to the citizenry are aligning to the of projected health outcomes.

Resource mobilization: This refers to the how the government organizations obtain and mobilize or allocate and raise revenue to the benefit of the

Service delivery: Set institutional frameworks that are adopted by administration to provide public goods and services to its countrymen.
ABSTRACT

Kenya lags in various global health sector targets one of them being the implementation of 2001 Abuja declaration pledge that sought to ringfence 15 percent of government budgets on public healthcare. For the year 2001/02, it only managed a high of 8 percent share, after which the share was at about 5 to 7 percent range from 2013/2014 to 2015/2016. Kenya also performed way below the World Health Organization (WHO) benchmark for annual expenditure on basic healthcare of $64 per person. Kenya's annual per capita health expenditure in 2015/16 was estimated at US$25.1 per person. In the Homa Bay health sector, there are a range of problems ranging from underfunding of the sector to 24 percent and 27 percent in the 2016/17 and 2017/18 financial years, respectively, scarcity of workers in health facilities, deficits of drugs. This study sought to interrogate the influence of policy implementation on service delivery of the healthcare sector in Homa Bay County. Particularly, the study sought to establish the effect of bureaucratic practices, citizen engagement approaches and resource mobilization on service delivery in health sector in Homa Bay County. The research was based on the 1921 Bureaucracy Theory of Max Weber, Carole Pateman's Participatory Democratic Theory and Buechler's Resource Mobilization Theory (1995). A descriptive research design was adopted by the research. Hospital staff, medical record officers and patients were the target population. It will target a total of 1100 respondents. A 110-sample size was used. Collected data was then analyzed using inferential and descriptive methods and illustrated in figures and tables, a structured questionnaire and interview schedule was used. For this research, a multivariate regression analysis was then adopted. The results revealed that bureaucratic practices, citizen engagement approaches and resource mobilization are key determinants of service delivery in the healthcare sector in Homa bay county. The study recommends that the county government should prioritize timely payment of salaries to healthcare workers so as to enhance the morale to provide quality services to the people. Further, the county should enhance technology in the healthcare facilities to assist both in records management and revenue collection.
CHAPTER ONE
INTRODUCTION

1.1 Background of the study

This study’s background is founded in terms of global, regional, local and Homa Bay County perspectives of policy implementation and service delivery. The needs and wants that informed this study is outlined in the problem statement. The following also forms part of this chapter: Specific objectives which will guide the study, research questions which will be answered in the study justification of the study where the target beneficiaries are outlined and the scope of the study.

1.1.1 Policy Implementation

In the United States, policy implementation crucial research began in the 1970’s as a response to the very soaring concern over the execution and effectiveness of wide-ranging programs on reform (Futzl and Oliver, 2007). As policies were lagging behind the policy expectations the process of translating policy into reality attracted more focus (Barrett, 2004). Various studies on public policy implementation have always given much attention to describe the gaps in policy implementation. Although the issue of policy implementation gaps has been of greater concern to most social scientists, it has not been the case for decision makers who have invariably equated proposing policy to its disposal (Dunsire, 1978). The idea that the process of policy making is divided into stages was developed in 1970. Whereas there have been discussions as to the meaning and the number of phases, conclusively they comprise agenda setting, policy formulation, implementation and evaluation. The phases allow research to give attention to specific
parts of the policy process and have proved to be useful as an analytical took in research (Laswell, 1970).

Studies in implementation thrived after the pathbreaking seminal publications in early 1970’s and 1980’s by resource scholars such as (Pressman and Wildavsky, 1973). This aided in understanding various approaches in policy implementation including top down and bottom-up approaches which was of importance prior to trying to analyze and understand the process of policy implementation. Top-down approach in the understanding of public policy implementation started off with Pressman and Wildavsky (1973 and 1984) who came up with policy as goal setting and policy implementation study as exploring what makes the goals difficult to attain. Their proposed remedy involved the concept of ‘implementation charm’ positing that the more fragmented the cooperation among organizations required to function collaboratively to execute policy the more probably there would be issues arising in the implementation phase.

Van Meter and Van Horn (1975) advanced higher by proposing a model approach that was grounded on the assumption that policy implementation is expected to be realized when there is a high goal consensus and only marginal shift is needed. In this approach there was alignment between goals (objectives and standards) that leads to the considerable variables influencing implementation outcomes. Studies on implementation approaches continued to be undertaken by various scholars such as Sabatier and Mazmanian (1980) who took a prescriptive approach in which emphasis was made on the important aspect of feedback process (Sabatier, 1986). It also included a clear deviation between formulation of policy and its implementation. Hjern and Porter (1981) gave focus on structures of implementation. They focused on street level actors who make
decisions autonomously on implementation, while policy networks address general ideas of formulation. The concern here was on how accountability might be improved.

When African states began sliding into economic crisis it became commonplace that the causes of the economic doldrums lie in the life public policies. Just the mere existence of well formulated policies does not necessarily result in the successful execution. In South Africa, since 1994, the department of health and the post-apartheid government administration have formulated policies and legislative pieces that directly or indirectly impact on the delivery of health service in the country. A considerable number of policy documents are received timeously by hospitals from the national offices, the provincial departments and local government, however, most of these policies have not been implemented as required. These health policies have a direct bearing on delivery of services in the health sector health personnel financial matters, acquisitions of medium and food stuffs (Couper, 2000).

In Nigeria, the country is perceived to be currently deep in poverty, there is absence of primary social amenities and underdevelopment not because of lack of suitable public policies but because implementation is the Achilles Heel in the Nigerian republic. An excursion into the history of public policy in Nigeria shows that if all the formulated policies were accordingly implemented, Nigeria would no doubt be on the fast lane of development. It is however, a quandary that most of these policies only exist on paper and are never given life to actualize their objectives as stipulated. Policy implementation field in Nigeria is adversely overlooked by lack of political goodwill, poor policy design and conception, poor leadership and management, corruption, lack of adequate resources,
culture and religion and misplaced priorities. This is the puzzle of public policy that has ailed Nigerian state in the past and the present (Paki and Ebiefna, 2011).

Ggoobi (2016) while discussing implementation of policy in Uganda, noted that policy fail in the country due to various reasons including neglecting the rural regions, policy design and planning devoid of proper leadership. Further, the government also imposes policies without putting consideration whether it meets the need of the citizenry or not. However, the current fashion in Africa is adoption of foreign remedies to its issues and the execution of such policies more often than not end up undermining the local intellectual resource capacity to intervene on local problems. This has deepened further the deprivation of local skills and denied them of the opportunity to solve issues arising on their own terms. This also includes failure of decision makers to consider political, social, administrative and economic environment hence leading to policy dilemma.

If all the socio-economic public policies established in Kenya after independence were to be completely enforced, there is no doubt that the economy of the nation would be among the newly individualized economies not only on the continent but worldwide. The enforcement of those policies would have resulted in a thriving manufacturing sector, an increase in the number of job opportunities and an enhanced health care system, a well-developed transport system, access to clean water and sanitation, low levels of poverty in the country and other positive changes in the evolving economy. There is an excellent consistent feature in the analysis and evaluation of a number of these past and present policies that clearly distinguishes the policy making process in Kenya. This is an aspect of the problem of strategy. The policy cycle includes a variety of steps, with formulation and execution being the most pronounced. The state of formulation simply requires
stakeholder contributions and the implementation cycle depends on the productivity rate of states, agencies, ministries and state departments (Wasilwa, 2017).

Session paper No. 10 of 1965: Kenya's first all-encompassing development blueprint: *African socialism and its application to planning in Kenya* narrowly highlighted the courses of action to be taken to direct the developing economy of the country, with the public sector and private sectors playing an integral role in the implementation phase. This policy was to solve three major challenges namely; poverty, ignorance and disease this implied on a large scale that every Kenyan was to access education, better living standards and affordable healthcare. Many gains were made from this initiative however, its implementation was sabotaged by both internal and external forces along the way (Zeleza, 1991).

Fast forward to 2003, Narc’s administration, great heed was paid in resuscitating the country’s economy. To realize this a policy document was created ‘*The Economic recovery strategy (ERS) for wealth creation*’ for the period between 2003 and 2007. The policy paper projected an economic growth rate of 7% upon the completion of the administration first term in which it was implemented. In the year 2007 the country’s economy soared by 7%, this was a clear token that the policy framework was implemented effectively (UNDP, 2012).

As the period of time ERS implementation was elapsing, the sessional paper No.10 of 2012 on Kenya’s vision 2030 was composed. Its main objective was to catapult the county into a middle-income economy by mainly investing in key infrastructural projects and the manufacturing sector. The implementation of vision 2030 was planned to occur in
three phases christened as Medium-Term Plans, MTPS. Earliest MTP was for the period between the years 2008 and 2012, the subsequent MTP was between 2013 and 2017. To this extent some major progress is taking place particularly the construction of infrastructural projects certain ground playing has been overlooked for example the government has not been committed in heavily investing in the manufacturing sector to achieve the objectives of vision 2030 remains an illusion. Considering how the process of implementation is being executed. With proper policy implementation it is without a doubt that most of the recurrent issues in the county will fully be solved (RoK, 2012).

1.1.2 Service delivery

The society is facing challenges both social and economic which are complex and are majorly, characterized by disease pandemics, conflict, poverty, food insecurity, and unemployment and environment degradation. Whereas governments over the years have formulated policies and programs to alleviate these ever increasing, challenges, their complexity need more innovative models in order to assuage human suffering and achieve social and economic advancement. Until now, governments globally embarked on a journey to transform public service, to ensure its responsive and effective in realizing social and economic growth. Many countries globally have formulated policies and strategies to promote service delivery innovation and improve the capability of the civil service as a government institution. These countries have made impressive milestones. Singapore has emphasized on improvement and innovation through continuous empowerment, engagement and personal responsibility. South Africa established the center for public sector innovation (CPSI) which was mandated to identify
measure and support innovation in the civil service to improve on the country’s public service delivery (RoK, 2017).

In administrative studies, the concept of service delivery has occupied a very important space. Providing services to people, optimizing social benefits and improving social interests are the objectives of a public institution which derives its authority from the law. A government's primary responsibility is to deliver goods and services to citizenry, such as education, security, health and social protection (Ruchelman, 1989). In Democracies world over, governments are obligated, by central bodies and legal governments, to ensure the delivery of these services. Public services are described as those services that are primarily and entirely financed by taxation. These services vary in different ways and forms from the commercially focused private sector. Public services are generally based on services rendered by the government through its agencies without being profit-oriented (Humperes, 1998).

UNDP (1990) propounds service delivery is defined as a set of structures deployed by governments to provide its people with public goods and services. Seidle (1995) notes that, the requirements of efficiency, accessibility and responsiveness provide reliable delivery of public services to residents. If the above requirements are missing in service delivery systems, it cannot be regarded as a quality public service delivery. There are various general models of service delivery arrangements used by states everywhere and have been implemented worldwide. They consist of direct service delivery, privatized service delivery, decentralized, and alternative service delivery model (Pradeep, 2011).
According to Convention 21 (2) of the UN Declaration of Human Rights, all persons have express rights to enjoy fair public services. The provision of public services is also seen as a basic way of fulfilling their rights and freedoms (Waldt, 2004). The OECD (1990) has also defined the rights of citizens who pay government taxes. Citizens have the right to be adequately informed, supported and listened of their problems, the right to privacy, right to appeal, right to protection, confidentiality and privacy. In every situation, service providers misuse these rights or there is a crisis in the receipt and enjoyment of public services.

In Sri Lanka, for example, the country like many other states both developed and developing over the last century, occupies a crucial position. The number of institutions at the national level in the provision of public services can be immense, influencing the daily citizen actions at the grassroots. Many civil service bodies are set up to manage the vast majority of citizenship obligations. They either directly/indirectly have a duty to the government and people. In Sri Lanka, under the central government, government agencies and departments work to provide public services. They include ministries, authorities, parastatals, administrative offices and others. However, each public office offers services to the public in accordance with government policy, they face a multitude of disadvantages in order to efficiently carry out their mandate (Abdul and Fathima, 2014).

In a policy sense, during the period between 1995 and 1996, South Africa underwent a major review of its policies. This is regarded as the age of white paper. The era was succeeded by a time of an emphasis on the provision of services between 1997 and 2003, with a focus renewed towards implementation by the then head of state, Thambo Mbeki,
much emphasis has recently been allocated to public service delivery, especially in local
government. (Brynard, 2005).

In Tanzania, access to fundamental public services is regarded as a major factor of human
development and productivity. It is a prerequisite for ensuring the wellbeing of the
country’s citizens. However, access to basic services by the public servants is an anguis
herba in many developing economies. Regardless of the steady economic growth
averaging 7% the past decade, Tanzania has continued to encounter substantial
development drawbacks. The government has instituted a variety of measures consistent
with its undying commitment to the National development Vision, 2025. Among other
models the government has sought to enhance significantly the delivery of public services
through legal, administrative, labor and financial amendments whose focus is on
performance of civil servants, transparency and accountability (Lufunya, 2013).

In Kenya, local authorities were mandated with the responsibility of service delivery that
cut across infrastructural development, garbage collection, maintenance of roads, and
development of markets with limited responsibility in education and health. The new
devolved units which were introduced in 2013 after March general elections assumed
most of these functions and some more. The desire to enhance service delivery in Kenya
originated from the economic recovery strategy 2003 – 2007. The economic strategy was
taken up by the NARC Government which had taken over the reins on the platform of
reforms this was due to a decline in economic performance and public service delivery in
the previous regime and the quality of life (GoK, 2003).
Hasnain (2010), states that since there was a continued outcry in the delivery of public services the current government introduced Huduma Centre Kenya which was its flagship initiative that sought to address the Kenyan constitution need which is based on admission and quality to government services. According to Oyugi (2015), Huduma services were introduced by the government so as to improve the accessibility of public services by all and sundry. Therefore, this is attained by creating a link between digital devices like mobile phones, computers, tablets among others state departments.

1.1.3 Health sector in Homabay County

According to PIMA (2017) study report in 2015 almost 59% of the population had malaria. 40% of children were not delivered from health facilities making it even more difficult follow up maternal and child health needs in the county. Almost half of the children between the ages of 12-23 months were not immunized fully hence complicating the health needs of the communities and families. The county also bears burden of the HIV scourge (second highest in the nation) with adult prevalence of 26% in 2013 relative to countrywide 6% average and this figure is 4.6 times higher. New infections were 15003 which constitute the national figure and the mother-to-child HIV transmission rate was 9 percent. Out of the 1.6million people living with the virus in Kenya 10% are from Homa Bay.

1.2 Statement of the problem

Kenya lags in various global health sector targets one of them being the implementation of 2001 Abuja declaration pledge that sought to ringfence 15 percent of government budgets on public healthcare. For the year 2001/02, it only managed a high of 8 percent share, after which the share was at about 5 to 7 percent range from 2013/2014 to
2015/2016 (AU, 2001). Kenya also performed way below the World Health Organization (WHO) benchmark for annual expenditure on basic healthcare of $64 per person. Kenya's annual per capita health expenditure in 2015/16 was estimated at US$25.1 per person (KIPPRA, 2018).

According to the Homa Bay County CIDP (2018) Homa Bay health sector is faced with a variety of problems ranging from underfunding of the sector at 24% and 27% in the 2016/2017 and 2017/2018 financial years, respectively. There was inadequate workforce in health facilities, shortage of drugs allowing the healthcare facilities to issue only prescriptions, inadequate water and power supply, most of health facilities lack maternity wards, inadequate referral and ambulance services, perennial health workers unrest, poor referral system and inaccessible health facilities are some of the issues that face the healthcare sector in the county. This has consequently undermined effective delivery of health services, hence the rationale of this study was premised on the above-mentioned adverse features of the service delivery state in Homa Bay County health sector.

A research on devolved governance in Kenya by Khaunya, Wawire and Chepng'eno (2015) revealed that counties have experienced a multitude of obstacles that erect in the way of policy implementation. Certain instances have also been reported where the national government's executive arm is perceived to be reluctant to devolve certain funds intended for county development initiatives that curtail delivery of services, for instance the county governments' payment of salaries and a host ground level innovation.

Akacho (2014) contends that lack of facilities had an influence on quality health care service provision. A study by Barker et.al (2014) on the evaluation of the readiness of the
county healthcare system in Kenya noted that Marsabit County was one of the devolved units that are ill prepared to enhance accessibility of healthcare services under devolution. The above-mentioned studies have created links between devolved governance, presence of health facilities and readiness of counties’ healthcare systems and health service delivery but none has interrogated the link between policy implementation and service delivery with particular focus on health sector in Homa Bay County, Kenya which this study seeks to undertake hence filling the arising gaps.

1.3 Objectives of the study

The study was premised on specific objectives as listed below:

i) To assess the effect of bureaucratic practices on healthcare sector service delivery in Homa Bay County.

ii) To determine the effect of citizen engagement approaches on healthcare sector service delivery in Homa Bay County.

iii) To assess the effects of resource mobilization on healthcare sector service in Homa Bay County.

1.4 Research questions

The study was premised on the following research questions:

i) What is the effect of bureaucratic practices on service delivery in health sector in Homa Bay County?

ii) How does citizen engagement approaches influence service delivery in healthcare sector in Homa Bay County?
iii) How does resource mobilization affect service delivery in health sector in Homa Bay county?

1.5 Justification and significance of the study

Provision and access to quality and affordable primary healthcare is a fundamental human right as provided for in the Kenyan constitution. In the Kenyan blueprint christened vision 2030, the government projects having the whole population have access to effective, responsive and quality health services. Equally, the current administration has emphasized on Universal Health Care (UHC) coverage as a top priority in its ‘Big Four’ Agenda spearheaded by the president. Devolving the health function has donated to the county administrations the responsibility of management and coordination of county health service delivery including public health, sanitation, primary healthcare, ambulance services, and disease surveillance (KIPPRA, 2018). Homa Bay County still remains a vulnerable county in health service delivery. This therefore study explored the effect of policy implementation on healthcare service delivery.

This study is significant to decisionmakers and the academia.

1.5.1 Government/Policymakers

This study will assist both the national government and the devolved unit of Homa Bay in drawing new policies that will ensure delivery of proper and quality services in the health sector. The revelations from this research will aid senior leaders tasked with planning and managing the health sector to improve on their service delivery by giving heed on distinctive fields that provide value and high quality to monitor the delivery process.
To policy makers, this study will enable them to make informed decisions when formulating policies to enhance effective delivery of public services. This research will again heighten policy changes in the health sector in particular health policy both nationally and at the county level in realignment with vision 2030.

1.5.2 Scholars
This study will also be of great benefit to other scholars and researchers who may consider the study with summing to their present body of understanding deeply policy implementation and service delivery. Academicians and researchers who will endeavor to conduct further research in this area may review the literature of this study and point out gaps for extensive studies.

1.5.3 The community
The community will also benefit from this study by approaching their day-to-day activities this is in regards to access to public services in its entirety. This will enable amenity of information sharing amongst people who will create better matches among diverse sectors of the society and hence improve social productivity.

1.6 Scope and Limitations of the study
Focus was directed on influence of policy implementation on service delivery in 10 health facilities in Homa Bay County. The respondents included the very recipients of health services, hospital administrators and health record officers. Precisely, it focused on bureaucratic practices, citizen engagement approaches and resource mobilization.
CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

Available literature review related to policy implementation and service delivery in the healthcare sector. The reviewed articles include published theses and dissertations, online journals, and literature reviews on relevant studies by other researchers and academic scholars. This chapter is divided into two subsections namely, empirical review, theoretical review and conceptual framework.

2.2 Bureaucratic Practices and Service Delivery

Kwame (2011) investigated the influence of bureaucracy on service delivery in Kumasi Metropolitan Assembly (KMA), Ghana. The study pointed out the bureaucratic difficulties faced by the Assembly in delivery of services to what degree the established challenges impact on the services provided the established challenges impact on the services provided to the Metropolis Citizens and also formulate, raft of measures to pacify excessive bureaucracy in the course of the officials work in the assembly. The study revealed among other things that albeit there is clear practicing of division of labor, departments lack medical equipment that assist in coordinating their activities effectively hence resulting in delays when meeting the expectation of the clients in need of service. Moreover, there was an agreement that the assembly lost its productivity that arises from extreme bureaucracy and could adversely have an influence on the performance of the National government. The study investigated how public service delivery are influenced by bureaucracy in Kumasi Metropolitan Assembly, Ghana whereas this current study
aimed to fill the arising contextual and conceptual gap by investigating effect of policy implementation on service delivery in Kenya.

Ziad (2014) investigated the effect of bureaucracy on service delivery from the cost servants’ perspective in Gaza Strip, Palestine. The study’s aim was to assess the bureaucratic barriers to service delivery in public institutions. Objectives were to identify bureaucratic bottlenecks that block service delivery, determine the impact of excessive bureaucracy on the public and to find ways by which bureaucracy can be improved to enhance public service delivery to people. Descriptive analytical approach was adopted which tried to described and evaluate the role played by bureaucracy on service delivery in Gaza. A comprehensive survey method was adopted on the authority of the territories in Gaza, whereby the population comprised (68) employees and (66) employees were sampled since they had a direct deal with the people. The findings showed that the Palestinian government is advised to formulate a written service delivery policy, enhance departments that have direct contact with citizen’s conduct periodic reviews on desires and needs of citizens, ensure all employees of the organization should be trained appropriately on effective service delivery. This study adopted a descriptive analytical approach while the current study will employ descriptive research design, this methodological gap will be filled by the study.

Adziambei (2014) explored how bureaucracy affects the service delivery in Johannesburg City, South Africa. The study determined the influence of internal bureaucratic practices on provision of services and further interrogate how it adversely impacts on the city’s drive to provide quality services to its people. The study found out that service delivery still remains to be on herculean challenge in most municipalities, major issues of
corruption, lack of transparency, dysfunctional ward committees, institutional capacity constraints which most times relate to availability of required competencies and staff. Further, that study revealed that state officials are very arrogant; the councilors are not well capacitated and equipped enough to address their concerns, view bureaucratic structures as the main challenge that needs be reforms; and the IDP process is seen as only benefitting those from the ruling party since its only their opinion that is valued. The survey paid attention to the impact of internal bureaucracy on delivery of services in South Africa conversely the current study will be on policy implementation and service delivery in the health sector by this the study will fill the conceptual gap.

Ajibade and Ibietan (2016) undertook study that interogated the influence of state bureaucracy on service delivery in Nigeria by using a neo-Weberian explanation. On secondary data, the paper observed that service delivery rests on public bureaucracy and the organizations of allied mandates as the pivots. The neo-Weberian model proved to be useful in highlighting inefficiencies in public service delivery in Nigeria. This means that for the mandate of quality service delivery to be achieved by Nigerian Public bureaucracy the national government should harness professionals in providing public services as the neo-Weberian model reinforced. The study recommended that the government should embark on initiatives that enhance working conditions of bureaucrats since this would build their dedication, commitment and morale to provide service effectively. This study used secondary data while the current study will employ primary data.

Musonda (2016) study focused on bureaucracy and the coordination challenges in service delivery this was by having a comparative approach that was done on Kabulonga and Kamanga Primary Schools in Lusaka City, Zambia. In the period between 2010 and 2014
with the major aim of investigating the challenges faced in coordinating primary education in Lusaka. It also all attempted to draw lessons and get to understand why is it that schools in the save district and having the same level (primary) were recoding different performances. Study adopted a comparative approach. Among the major main findings was the location of the schools had a big impact on how they operate one school had the ability to plan for a long term something the other did not. Furthermore, the available platforms used in communication within the district had poor feedback mechanisms on information. While this study adopted a comparative approach in carrying out the study the current study will employ a descriptive research design, this study therefore will fill this methodological gap.

2.3 Citizen engagement approaches and service delivery

Ngondo (2014) undertook a study to explore the influence of social project running activities on participation, which is a catalyst for the CDF projects completions in, Kirinyaga Central and Kanyekimi ward within the projected period. The findings revealed that the project beneficiaries were not involved directly in the CDF project activities; throughout the project planning and implementation. Nevertheless, wherever participation was undertaken, their input was factored in and completion timelines were attained per the set calendar. Whereas the study investigated the influence of participation on the community in project running activities, the current study will investigate effects of policy implementation on service delivery on health sector by this the current study will fill both contextual and conceptual gap.

Papa (2016) conducted a study which focused on problems affecting community participation in project design and execution in Busia County. He investigated effects of
training and governance, on the beneficiary involvement in project development. The findings revealed that leadership in the County administration demonstrates poor decision which includes citizen participation. Further, the respondents stated that there were poor democratic social links and gender inclusivity when formulating citizen participation program (s). The income levels also had a major power influence on the process. While this study focused on problems affecting community involvement in project management in Busia County, the current study will investigate effects of policy implementation on service delivery on healthcare sector in Homa bay. By this the current study will fill both a conceptual and contextual gap.

A study by Kugonza and Mukobi (2016) sought to determine the impact of community engagement in project delivery in the Buikwe district municipal government, Uganda. The research pointed out three issues affecting public participation in local leadership, including the ability to effectively incorporate knowledge, awareness of the roles of the public and accountability. The revelations were that these challenges had a positive effect on the residents’ involvement in local programs. In addition, the findings revealed that information is not a fact available to individuals and that it is not used entirely for the preparation and evaluation of local initiatives. This study focused on the effect of community involvement in the project service delivery in the municipal government in Buikwe District in Uganda while the current study will investigate effects of policy implementation on service delivery on health sector in Homa Bay Kenya.

Fortuin (2018) undertook a study on how citizen participation impact service delivery at the grass root level in Elsies River, Cape Town. The study was an investigation into the barriers to meaningful citizen participation. It explored the community and public
servants’ perception on public participation and development planning practices and service delivery, assessed existing models and framework for public participation and such as IDP and Cape Town’s citizen participation policy so as to assess the effectiveness of the available frameworks. The study used qualitative research techniques. The results revealed that there was a host of challenges and major barriers to public participation which include lack of engagement of the community on the IDP process, political conflict, and lack of resources for citizen mechanism to assess how public participation is effective in the city of Cape Town. The focus of the study was on the effectiveness of public participation on service delivery in Elsies River, Cape Town while this current study will deal with effects of policy implementation on service delivery on health sector in Homa Bay, Kenya.

Yussuf (2018) conducted a study to interrogate the effects of citizen involvement delivery of healthcare service delivery in Garissa County. Precisely, he aimed at establishing how public education, collaborative stakeholder planning, public private partnerships (PPPs) and consultation on Kenyan healthcare service provision. Findings showed that citizen participation in form of public education, consultation, collaborative stakeholders planning and PPPs in the County is moderate. Further, the study recommended that Garissa County Citizens should enhance information exchange with the county administration through access of the county website and involving themselves more in workshops and mutual partaking in order to enhance the quality of services they deliver in the healthcare sector.
2.4 Resource mobilization and service delivery

Adesuwa (2017) conducted a study on resource mobilization and health outcomes in Nigeria. The study sought to establish whether domestic resource mobilization is important in health outcome, determine extent to with agricultural activities assist in the resource mobilization and to investigate the nexus between domestic resource mobilization and health are outcomes. The results showed that there is a link between tax revenue and under five mortality, agricultural activities have inverse relationship with under five mortality and there is a positive link between gross capital formation and under five mortality rates.

A study by Kimutai (2017) on various mobilization approaches and their impact on country socio-economic advancement in Kenyan north rift region. It interrogated the impact of county collections, training on revenue mobilization, stakeholder collaboration and revenue mobilization technology on socio-economic advancement. The study also investigated the challenges faced by county governments in implementing revenue mobilization approaches. The findings revealed that most of the financial mobilization approaches in devolved governments are business finances, natural resources, rents, market dues and fees. The study propounded that counties need to ensure effective automation mechanisms of business, financing. It further suggested that increased sensitization, mobilization and publicity to the community about the importance of revenue collection.

Kyunyu (2014) conducted a study on how resource mobilization approaches impact performance of Community based organizations (CBOs) in Tseikuru, Kitui County. The study sought to investigate how effective communication, contribution of local
communities and sources of resources influence the performance of community-based organizations in Tseikuru sub-county. Descriptive survey designed was employed. The findings indicated that CBO’s utilize the available avenues to solicit resources adequately.

A study by Okuto (2018) in Kiambu County on decentralized governance systems and financial resource mobilization. The study sought of investigate how institutional capacity, stakeholder engagement and fiscal policy implementation affect revenue mobilization in Kiambu County. The study used resource mobilization theory and political process theory. It also employed descriptive research design. The results revealed that the county government training and empowerment programs that promote participation of employees on county financial resource mobilization.

A research conducted by Scott (2018) explored the effectiveness of revenue mobilization practices on public service delivery assemblies in Ghanaian district. The study found that revenue mobilization activities had a significant and optimistic impact on service delivery at the district assemblies. The study recommends that DA authorities carry out audits and review automated revenue collection tools to ensure maximum gains in parliament from these automations, and DAS is also urged to review and consider the current legal structure for financial management to ensure a quicker transfer of funds to Das and to define penalties for national government officials who misappropriate or delay funds.

2.5 Theoretical Framework

This subsection examines relevant theories to the variables of the study. Theoretical framework is a group of interlinked ideas that are grounded on a theory (Komb and
A theoretical review therefore is a set of propositions that are reasoned out and they attempt to provide clarity to why phenomena are the way they appear to be basing on the underlying theories. A theory is a statement underpinned by evidence that tries to explain a specific phenomenon. A theory is a clear explanation that systematically explains the link between phenomena.

2.5.1 Max Weber’s Bureaucracy

In his groundbreaking work on economics and society in 1921, Max Weber promoted the concept of the ideal form of bureaucracy. Sager and Rosser (2009), propounded that the most logical way of organizing a state together with its institutions was bureaucracy. "The "dominant institutions of industrial society" are seen to be bureaucratic organizations. Weber argued that a bureaucracy includes management, communication and control problems in a diverse collection of tasks (Evans and Rauch, 1999). The theory defined the features of a bureaucracy as, inter alia, "a hierarchy and authority of paid, full-time employees forming a chain of command."

Hierarchical systems and chains of command is a key feature of bureaucracy dispensation. Adherence to rules and regulations, impersonality, separation of labor, and office continuity are other functions. In addition, the functionaries of the bureaucracy are selected and assigned on a merit-based basis, ensuring they have the requisite credentials to perform their duties.

The Bureaucratic theory of Weber has various consequences for this review. The hierarchy's availability helps the bureaucrats to decide who to report to and who reports to them. There is a good definition of contact networks in this situation, which in turn
eliminates cases of conflicts of roles. In other words, because of the presence of a hierarchy and authority, health officers know their positions, the individual to report to and how to air their concerns. In addition, since health officers have the skills needed to provide care, they will provide patients with the right quality services. In describing the link between bureaucracy and service delivery that is based on in this report, this theory goes a long way.

2.5.2 Participatory Democratic Theory

The theory's proponent was Carole Pateman. The principle states that the presence of citizens inside a country is a theoretical statement. It reveals the obsession of an opinionated sociology with the functionalist theory reminiscent of steady political organization. The theory presents the boundaries of interaction within a social culture between the individual and the nation. It introduces the Participatory Democratic Theory's four basic doctrines. The theory points out, first of all, that the capacity, knowledge and individuality of individuals are associated with forms of administrative arrangements such as participation. In other languages, individuals recognize that they contribute by executing their role within the autonomous systems.

Additionally, the participatory democratic case is an instance of sovereignty over certain reforms that will ensure individual collective and political existence autonomous in an equivalent manner as individuals in their personal lives or as individuals in the general public. Furthermore, if there is a need for creating a contributory society, a consequential participatory democratic theory exists. Finally, the variations needed are typically structural. They need to restructure autocratic socio-political systems that slow down participatory activities. In describing the impact of public engagement on the outcome of
service delivery, the theory is applicable to the analysis. The theory states that when the public is engaged in the provision of services, there is a nexus between public support and delivery of services.

2.5.3 Resource Mobilization Theory

Buechler (1995) advanced this theory and explained that an integral professional community in a social movement institution works to bring capital, followers, media and donor coverage, alliances with those who are highly placed in society and to refine the organizational structure. This is so because, in order to be successful, social movements need support because opposition and complaints alone do not produce social change. The theory emphasizes the capacity of the participants of the movement to accumulate capital and organize people to achieve the aims of the movement. This theory suggests that people are rational and hence measure the costs and benefits of participating in movements and can only act if the benefits outweigh the costs.

It assumes social organizations as result-oriented, but since a resource is simply a means to the end, organization is more important than resources. The theory relates to this study because the connections and relationships between county government and other organizations, corporations, governments, private sector, local communities, well-wishers and religious institutions are required by the county government; and for the effectiveness of healthcare service delivery. Different kinds of services are needed, successful strategies for resource mobilization and the participation of contributions from local communities are key issues that can impact the community's proper service delivery.
2.6 Conceptual Framework

According to Frinchman (2008), a conceptual framework is model that contains assumptions classifying independent and dependent variables. The dramatic representation of the predictor and outcome variables that is to be illustrated further in the figure below. The predictor variable here is policy implementation whereas the outcome variable is healthcare service delivery in Homa Bay County.

Healthcare service delivery is operationalized as the speed of service, availability of drugs, customer satisfaction and responsiveness to patient concerns. Provision of enhanced public healthcare services which are characterized by sufficient medical supplies, a decrease in waiting time as defined by (Alford, 2009). The study measured Policy implementation using bureaucratic practices, citizen engagement approaches and resource mobilization.

The figure below shows a representation of these variables.
Independent Variables

- Bureaucratic practices
  - Technical capacity
  - Rules and regulations
  - Procedures

- Citizen engagement approaches
  - Consultation
  - Public education
  - Collaborative planning

- Resource mobilization
  - Revenue collection
  - Allocations
  - Timely transfer
  - Human resource

Dependent variables

- Healthcare Service Delivery
  - Speed of services
  - Availability of drugs
  - Customer satisfaction
  - Responsiveness to patient concerns

Figure 2.1 Conceptual Framework
CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Ways and means by which the research will be carried out to get the necessary information will be discussed in this section. The study’s design, study population, the sample size selected and sampling techniques used in calculating sample size of the study will be presented. Further, data collection method, data analysis and presentation will also be discussed. A systematic discussion is undertaken to explain what the research strategies adopted are to address the study's goals (Laurakas, 2014).

3.2 Research Design

The research deployed a descriptive study design. It is deemed appropriate for use in circumstances where an obvious problem needs to be clarified. As it helps the researcher to collect both quantitative and qualitative data, this study design will also be important, because a lot of data will be collected. In addition, the design allows the results to be applied to a wider population (Orodho, 2013).

3.3 Variables/Categories of Analysis

The study aimed at establishing the effect of policy implementation on service delivery in Kenya with healthcare sector of Homa Bay County being the case study. The independent variable in this study are bureaucratic practices, citizen engagement approaches and resource mobilization. The dependent variable is service delivery.
3.4 Site of the Study

Ellis (2008) put forward that study site is a particular area that the study is undertaken and hence impacts the usefulness of the gathered information. The county of Homa Bay is among the 47 devolved units in the Kenya. It covers a total area of 4,760Km$^2$ which is inclusive of the water surface area that covers 2064Km$^2$. It consists of eight constituencies/ Sub Counties namely, Homa Bay Township, Kasipul, Suba, Ndhiwa, Mbita, Rangwe, Karachuonyo and Kabondo Kasipul. According to KNBS (2019), the county’s total population is 1,131,950 in 2019. The County is located South West of Kenya along Lake Victoria where it borders Siaya and Kisumu to the North, Nyamira and Kisii to the East and Migori County to the South. The county headquarters is located approximately 420 km from Nairobi city county (Homa Bay County Integrated Development Plan, 2018).

![Figure 3.1: Map of the study area](image-url)
3.5 Target Population

Politic and Beck (2003) puts forward that a population is the aggregate of people who subscribe to a set of specifications. This study targeted hospital administrators, health record officers and patients. Mugenda and Mugenda (2013) argue that a study population should have certain features in which the researcher is interested.

<table>
<thead>
<tr>
<th>Stratum</th>
<th>Target Population</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital administrator</td>
<td>50</td>
<td>4.54%</td>
</tr>
<tr>
<td>Health records officer</td>
<td>50</td>
<td>4.54%</td>
</tr>
<tr>
<td>Patients</td>
<td>1000</td>
<td>90.91%</td>
</tr>
<tr>
<td>Total</td>
<td>1100</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Researcher 2021

3.6 Sampling Techniques and Sample Size

For determining representative respondents for the study, a simple random sampling technique was used. It ensures that population members have a fair opportunity to be picked (Jilcha, 2019). To classify reasonable and most desirable results, a sample size determination technique will be used. A sample size of 10 to 30 percent is sufficient enough if well-chosen and the components in the sample are more than 30 (Mugenda and Mugenda, 2003). A 110 sample size was derived from the target population to represent 10% of the total population (see table 3.2). The researcher was confident that the population would be well served by a total of 110 components.
Table 3.2: Sample size

<table>
<thead>
<tr>
<th>Stratum</th>
<th>Target Population</th>
<th>Sample</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital administrator</td>
<td>50</td>
<td>5</td>
<td>4.54%</td>
</tr>
<tr>
<td>Health records officer</td>
<td>50</td>
<td>5</td>
<td>4.54%</td>
</tr>
<tr>
<td>Patients</td>
<td>1000</td>
<td>100</td>
<td>90.91%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1100</strong></td>
<td><strong>110</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Source: Researcher 2021

3.7 Sampling frame

The sampling frame of this study comprises diverse respondents derived from Homa Bay County constituting hospital administrators, health records officers and patients. The listed respondents are involved directly in the policy implementation and service delivery in Homa Bay County and are deemed to own information that leads to the importance of this very study. Orodho (2009) defines sampling frame as a set of targeted respondents from which a sample will be drawn and it constitutes all the constituents of the target population.

3.8 Research Instruments

Primary data was used because the main purpose of the researcher is to obtain data that is raw. Therefore, it is upon this necessity that the researcher adopted primary data that represents the perceptions as well as the views of specified respondents. A questionnaire was used to obtain data. According to Ngumi (2013), questionnaire is a tool that requires a responder to provide answers to a host of queries or to respond to a set of statements. This study used both open and closed ended questions to collect both qualitative and quantitative data respectively. Further, key informant interviews were conducted for hospital administrators and health record officers in Homa Bay. Secondary data was
adopted in this research. Secondary sources included data from county integrated
development plan reports, journals, books, policy documents and newspaper articles.

3.9 Validity

Validity refers to the measure to which evidence and subject matter experts (SME’s)
underpin the interpretations of test scores. This study adopted the validity of content. In
order to ensure the content validity, health providers, professionals in the sector of
service delivery and the university supervisor were used to aid in assessing concepts in
the questionnaire and establish whether they do measure what they purport to. The advice
encompassed propositions, clarifications and other inputs. Mugenda (2008) notes that
validity reveals the accuracy and truthfulness of data and inferences from the information
obtained. Bryman and Bell (2013) posit that instruments authenticity is raising the
appropriate questions that are framed from the ways that are less ambiguous and based on
the research objectives.

3.10 Reliability

According to Cronbach (1951), reliability measures the consistency of instruments, as to
whether they can yield same outcomes when they are subjected to comparable conditions.
Mugenda and Mugenda (2013) notes that a reliable decision-making data is that which
has been collected by a researcher and have yielded same results when they are applied
repeatedly over a certain period of time. This study applied reliability analysis so as to
assess the internal consistency of variables in the study. Cronbach’s Alpha coefficient of
0.7 and over was calculated and accepted on all elements of the questionnaire. The
determinant used was Alpha O.T. as the acceptable reliability.
Table 3.3 Reliability Test Results

<table>
<thead>
<tr>
<th>Variable</th>
<th>Items</th>
<th>N</th>
<th>Cronbach Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureaucratic practices</td>
<td>5</td>
<td>10</td>
<td>.771</td>
</tr>
<tr>
<td>Citizen engagement approaches</td>
<td>5</td>
<td>10</td>
<td>.782</td>
</tr>
<tr>
<td>Resource mobilization</td>
<td>5</td>
<td>10</td>
<td>.825</td>
</tr>
<tr>
<td>Service Delivery</td>
<td>5</td>
<td>10</td>
<td>.755</td>
</tr>
</tbody>
</table>

Source: Researcher (2019)

From the finding in the above table the study variables had Cronbach Alpha of;

Bureaucratic practices $\alpha = .771$; Citizen engagement approaches $\alpha = .782$; Resource mobilization $\alpha = .825$; and Service Delivery $\alpha = .755$. This indicates that all the variables had alpha scores over 0.7 thereby considered for the research.

3.11 Data Collection Techniques

Data collection was undertaken after a permit was granted from the university graduate school, the National Commission of Science Technology and Innovation (NACOSTI), county director of education and Homa bay county Ministry of health. An appointment was also sought so as to administer questionnaires to the respondents of the study. In collecting data, both closed and open-ended questions were used and chronologically arranged in order to match the code and variable. In regards to the accuracy of the duly filled questionnaire and for purposes of ascertaining comprehensiveness the collected data was cleaned since it was susceptible to errors.
### 3.12 Data Analysis Procedures

Data analysis according to Kothari, (2004) is the process that comes immediately after the execution of data collection and it lasts to a point whereby data interpretation is done. The study used descriptive statistics to analyze data. From Mugenda and Mugenda (2010), they stated that descriptive statistics is that which entails the process of computing a massive raw data from the field into charts, tables, with percentage and frequency distribution.

The study findings were presented using pie charts, graphs and tables so as to depict the findings of the study when looked at. The questionnaire was thoroughly scrutinized to ensure completeness and if they have been dully filled as expected. Information gathered by questionnaire will be analyzed organized and then coded by a computer. The edited information was then be organized by statistical package for social science program (SPSS) V22. The program also refined the data retrieved from the field by use of multiple regression analysis demonstrating the relationship present between dependent and independent variables. Saunders (2009) contends that regression analysis is adopted when a researcher is seeking to establish whether a dependent variable is predicted by an independent variable.

The proposed multivariate regression model will assume the format as illustrated hereunder:

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

Where:

- \( Y = \) Service delivery
- \( \beta_0 = \) Constant
\[ \beta_1 \text{ to } \beta_3 = \text{Regression co-efficient} \]

\[ X_1 = \text{Bureaucratic practices} \]

\[ X_2 = \text{Citizen engagement approaches} \]

\[ X_3 = \text{Resource mobilization} \]

\[ \beta = \text{Parameters to be estimated} \]

\[ \hat{\epsilon} = \text{Error Term} \]

### 3.13 Logistical and Ethical Consideration

The researcher sought permission from key authorities before heading to the field to obtain data. The respondents were given a guarantee that the study is implied only for academic purposes as it is. Respondents were treated with utmost privacy; they were additionally be met on their willingness. The researchers obtained a letter from the NACOSTI, The County Director of Education and Homa bay county Ministry of health. hitherto commencing the data collection initiative.
CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.1 Introduction
This penultimate chapter details the presentation of the research revelations and discussion with regard to previous empirical literature. The chapter particularly presents the background information, the descriptive then the inferential analysis. Quantitative data was coded, computed, and analyzed descriptively using frequency tables, percentages, mean, standard deviation and graphs. Content analysis was deployed to analyze descriptive data and then presented thematically in prose.

4.2 Response Rate
The research sought to collect data from 110 respondents drawn from the healthcare centers within Homabay County. The research obtained a 73% response rate (N=110) which was deemed correct for statistical analysis. The researcher targeted 110 respondents; however, 80 out of the 110 respondents filled and returned the questionnaires. The response rate is consistent with Mugenda and Mugenda (2003) who provided the following classification of response rate: over 85% denotes excellent, 70% - 85% denotes very good, 60% -70% denotes acceptable while below 50% implies not acceptable. Equally, 10 hospital administrators and 10 hospital record officers who were purposively sampled were interviewed. This reveals a response rate of 100% from the interview. Therefore, the response rate was a good reflection of the entire population.
4.3 Background Information

Here, the gender, age distribution, gender, education level of the respondents and the length of service within the health facilities is presented.

4.3.1 Gender

The respondents were asked to indicate their gender. Gender of respondents results indicate that 58% of the respondents were male while 42% were female. This shows that both genders were well represented in this study.

4.3.2 Age of respondents

The study further sought to determine the age distribution among the respondents of the research. The findings are shown on Figure 4.2 below;

<table>
<thead>
<tr>
<th>Age of respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 21 years</td>
<td>10.9%</td>
</tr>
<tr>
<td>21–30 years</td>
<td>65.5%</td>
</tr>
<tr>
<td>31–40 years</td>
<td>12.3%</td>
</tr>
<tr>
<td>41–50 years</td>
<td>9.1%</td>
</tr>
<tr>
<td>Over 50 years</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Figure 4.1: Age of the respondents

The findings indicate that majority of the respondents 66% were between 21-30 years, 12% were between 31-40 years, 9% were aged between 41-50 years, 11% were below 21 years while only 2% were below 25 years. This implies that the respondents are knowledgeable on the constructs of the research. The findings buttress KNBS (2019)
survey which revealed that Kenya has a youthful population. The survey revealed that 35.7 million Kenyans which is 75.1% are below the age 35 years.

4.3.3 Level of education

The study also examined the education attainment of the respondents and the results are presented on figure 4.3 below;

![Figure 4.2: Level of education of respondents](image)

The findings analysis show that most of the respondents 66% had attained tertiary level education, 24% had secondary level education, 9% had primary level education while 2% had no academic qualification. This indicates that the health workers in the health facilities have attained formal education hence implying a well skilled workforce and knowledgeable patients. These findings align to Jatto, (2012) who averred that there is need to engage with respondents who hold high education level that emboldens the aptitude in decision making and consequently spurring growth and development.
4.3.4 Work experience

The study further established the period the respondents have worked. The results are shown on table 4.4 below;

![Work Experience Bar Chart]

**Figure 4.3: Work experience**

The findings indicate that most of the respondents 46% had worked over 3 years, 27% had below one year, 11% had worked for three years another 11% had worked for one year while only 5.5% of the respondents had only worked for 2 years. This implies that the respondents had enough experience in the county healthcare facilities which is fundamental in to offering meaningful responses for answering the study problem.

4.4 Descriptive Analysis of study variables

The study sought to examine the effect of the policy implementation on healthcare service delivery within Homabay County, Kenya. The study depended on tables, pie charts and bar graphs in presenting the research results.

4.4.1 Bureaucratic practices

The study sought to determine to what degree the respondents agree about the Bureaucratic practices affecting healthcare service delivery in Homabay County. The
findings are as indicated in Table 4.4. Findings indicate that there is an agreement procedure are duly followed by health officials this as indicated by 60% while 55% agreed that rule and regulations eliminate favoritisms. Results also indicate that 56% agreed that there are procedures in the facility delay processes while 80% agreed that the available procedures guide every department works. Further in regard to health officers providing services in a specified time there was an agreement among respondents indicated by 55% response. Concerning health officers having sufficient information to answer questions and inquiries 62% were in agreement to that assertion.

The findings also reveal that 68% of the respondents were in agreement that healthcare workers carry themselves with high codes of conduct while 70% agreed that health workers are professional in carrying out their duties. Finally, concerning the attitudes of the healthcare workers make me recommend the facility to others there was an agreement among respondents with a response of 59%. These results are consistent with Ajibade and Ibietan (2016) that contend that the government should embark on initiatives that enhance working conditions of bureaucrats since this would build their dedication, commitment and morale to provide service effectively.

The results also buttress Kwame (2011) study which revealed that among other things that albeit there is clear practicing of division of labor, departments lack medical equipment that assist in coordinating their activities effectively hence resulting in delays when meeting the expectation of the clients in need of service.
Table 4.1: Bureaucratic Practices

<table>
<thead>
<tr>
<th>Bureaucratic practices</th>
<th>SD (%)</th>
<th>D (%)</th>
<th>N (%)</th>
<th>A (%)</th>
<th>SA (%)</th>
<th>Mean</th>
<th>Std. Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures are duly followed by health officials</td>
<td>2</td>
<td>27</td>
<td>11</td>
<td>44</td>
<td>16</td>
<td>3.45</td>
<td>1.119</td>
</tr>
<tr>
<td>Rule and regulations eliminate favoritisms</td>
<td>9</td>
<td>15</td>
<td>22</td>
<td>40</td>
<td>15</td>
<td>3.36</td>
<td>1.176</td>
</tr>
<tr>
<td>Procedures in the facility delay processes</td>
<td>13</td>
<td>16</td>
<td>15</td>
<td>40</td>
<td>16</td>
<td>3.31</td>
<td>1.289</td>
</tr>
<tr>
<td>Available procedures guide every department works</td>
<td>2</td>
<td>7</td>
<td>11</td>
<td>49</td>
<td>31</td>
<td>4.00</td>
<td>.943</td>
</tr>
<tr>
<td>Health officers provide services in a specified time</td>
<td>4</td>
<td>24</td>
<td>18</td>
<td>35</td>
<td>20</td>
<td>3.44</td>
<td>1.167</td>
</tr>
<tr>
<td>Health officers have sufficient information to answer questions and inquiries</td>
<td>10</td>
<td>15</td>
<td>15</td>
<td>47</td>
<td>15</td>
<td>3.44</td>
<td>1.183</td>
</tr>
<tr>
<td>Healthcare workers carry themselves with high codes of conduct</td>
<td>6</td>
<td>13</td>
<td>15</td>
<td>53</td>
<td>15</td>
<td>3.58</td>
<td>1.066</td>
</tr>
<tr>
<td>Health workers are professional in carrying out their duties</td>
<td>10</td>
<td>7</td>
<td>13</td>
<td>39</td>
<td>31</td>
<td>4.04</td>
<td>.860</td>
</tr>
<tr>
<td>The attitudes of the healthcare workers make me recommend the facility to others</td>
<td>11</td>
<td>16</td>
<td>15</td>
<td>33</td>
<td>26</td>
<td>3.45</td>
<td>1.331</td>
</tr>
</tbody>
</table>

4.4.2 Citizen engagement approaches

The study sought to establish to what degree the respondents are in agreement about citizen engagement approaches affecting healthcare service delivery in Homabay County.

The results are as shown in Table 4.6. Firstly, 53% of the respondents disagreed that there is high participation in public forums while 49% disagreed that there is participation in project implementation. Further, 47% agreed that there are civil group visits while 40% agreed that there is county communication exchange. while 53% agreed that there is presence of collaborative resource management. Further, 59% disagreed that citizens participate in attitude surveys. Again, 49% disagreed that citizens are well represented in
the public forums. Finally, 44% disagreed that local community participate in initiation and implementation of public projects whereas 49% also disagreed that minorities and marginalized are involved in project implementation. This is in line with Yussuf (2018) study who averred that citizen participation that takes the form of public education, consultation, collaborative stakeholders planning affect healthcare service delivery.

Table 4.2: Citizen engagement approaches

<table>
<thead>
<tr>
<th>Citizen engagement approaches</th>
<th>SD (%)</th>
<th>D (%)</th>
<th>N (%)</th>
<th>A (%)</th>
<th>SA (%)</th>
<th>Mean</th>
<th>Std. Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is high participation in public forums</td>
<td>20</td>
<td>33</td>
<td>9</td>
<td>26</td>
<td>13</td>
<td>2.78</td>
<td>1.370</td>
</tr>
<tr>
<td>There is participation in project implementation</td>
<td>9</td>
<td>40</td>
<td>22</td>
<td>27</td>
<td>2</td>
<td>2.73</td>
<td>1.027</td>
</tr>
<tr>
<td>There are civil group visits</td>
<td>9</td>
<td>16</td>
<td>27</td>
<td>36</td>
<td>11</td>
<td>3.24</td>
<td>1.138</td>
</tr>
<tr>
<td>There is county communication exchange</td>
<td>9</td>
<td>16</td>
<td>35</td>
<td>29</td>
<td>11</td>
<td>3.16</td>
<td>1.118</td>
</tr>
<tr>
<td>There is collaborative resource management</td>
<td>7</td>
<td>24</td>
<td>16</td>
<td>38</td>
<td>15</td>
<td>3.29</td>
<td>1.197</td>
</tr>
<tr>
<td>Citizens participate in attitude surveys</td>
<td>24</td>
<td>35</td>
<td>15</td>
<td>24</td>
<td>4</td>
<td>2.49</td>
<td>1.200</td>
</tr>
<tr>
<td>Citizens are well represented in public forums</td>
<td>16</td>
<td>33</td>
<td>20</td>
<td>20</td>
<td>11</td>
<td>3.02</td>
<td>1.284</td>
</tr>
<tr>
<td>Local community participate in initiation and implementation of public projects</td>
<td>22</td>
<td>22</td>
<td>20</td>
<td>29</td>
<td>7</td>
<td>2.78</td>
<td>1.287</td>
</tr>
<tr>
<td>Minorities and marginalized are involved in project implementation</td>
<td>29</td>
<td>20</td>
<td>16</td>
<td>24</td>
<td>11</td>
<td>2.67</td>
<td>1.402</td>
</tr>
</tbody>
</table>

4.4.3 Resource mobilization

The study sought to examine to what degree the respondents agree about resource mobilization affecting healthcare service delivery in Homabay County. The results are as presented in Table 4.6. To start with, 46% of the respondents disagreed that financial
resources are equitably allocated to healthcare sector while 51% disagreed that there is enough collection of county revenue. With regards to technology assists in revenue collection 51% disagreed with the assertion. Further, 56% of the respondents were in disagreement that there is timely transfer of funds from government to healthcare facilities whereas 67% disagreed that allocated funds match the healthcare needs.

Again, 65% also disagreed that there are enough personnel in the facility while 80% agreed that the health personnel are well trained. Finally, 41% agreed that the medical staff have their welfare taken care of. The results are consistent with a study by Scott (2018) which found that revenue mobilization activities had a significant and optimistic impact on service delivery at the district assemblies. The findings are also in line with Okuto (2018) who contended that the county government training and empowerment programs that promote participation of employees on county financial resource mobilization.

Table 4.3: Resource mobilization

<table>
<thead>
<tr>
<th>Resource mobilization</th>
<th>SD (%)</th>
<th>D (%)</th>
<th>N (%)</th>
<th>A (%)</th>
<th>SA (%)</th>
<th>Mean</th>
<th>Std. Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial resources are equitably allocated to healthcare sector</td>
<td>15</td>
<td>31</td>
<td>20</td>
<td>25</td>
<td>9</td>
<td>2.84</td>
<td>1.229</td>
</tr>
<tr>
<td>There is enough collection of county revenue</td>
<td>40</td>
<td>11</td>
<td>20</td>
<td>9</td>
<td>20</td>
<td>1.24</td>
<td>1.170</td>
</tr>
<tr>
<td>Technology assists in revenue collection</td>
<td>11</td>
<td>40</td>
<td>13</td>
<td>22</td>
<td>15</td>
<td>3.35</td>
<td>1.205</td>
</tr>
<tr>
<td>There is timely transfer of funds from government to healthcare facilities</td>
<td>27</td>
<td>29</td>
<td>24</td>
<td>15</td>
<td>5</td>
<td>2.42</td>
<td>1.197</td>
</tr>
<tr>
<td>Allocated funds match the healthcare needs</td>
<td>36</td>
<td>31</td>
<td>18</td>
<td>11</td>
<td>4</td>
<td>2.15</td>
<td>1.145</td>
</tr>
<tr>
<td>There are enough personnel in the facility</td>
<td>29</td>
<td>36</td>
<td>13</td>
<td>16</td>
<td>6</td>
<td>2.33</td>
<td>1.218</td>
</tr>
<tr>
<td>The health personnel are well trained</td>
<td>2</td>
<td>9</td>
<td>9</td>
<td>51</td>
<td>29</td>
<td>3.96</td>
<td>.962</td>
</tr>
<tr>
<td>The medical staff have their welfare taken care of</td>
<td>18</td>
<td>7</td>
<td>35</td>
<td>15</td>
<td>26</td>
<td>3.48</td>
<td>1.134</td>
</tr>
</tbody>
</table>
4.4.4 Service delivery

The study also aimed at examining to what degree the respondents agree with the effectiveness of service delivery in Homabay County. Findings indicate that with regards to speed of services the 46% of the respondents noted that the speed is fair while 76% responded that the availability of drugs was least effective. Again, 57% mentioned that they were least satisfied with the service delivery whereas 40% asserted that the responsiveness to patient concerns was fair. Lufunyo, (2013) propounds that among other models the government should enhance significantly the delivery of public services through legal, administrative, labor and financial amendments whose focus is on performance of civil servants, transparency and accountability.

Table 4.4: Service delivery

<table>
<thead>
<tr>
<th>Service delivery</th>
<th>NE (%)</th>
<th>LE (%)</th>
<th>F (%)</th>
<th>ME (%)</th>
<th>ME (%)</th>
<th>Mean</th>
<th>Std. Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speed of services</td>
<td>18</td>
<td>22</td>
<td>46</td>
<td>9</td>
<td>6</td>
<td>2.62</td>
<td>1.063</td>
</tr>
<tr>
<td>Availability of drugs</td>
<td>40</td>
<td>36</td>
<td>13</td>
<td>9</td>
<td>2</td>
<td>1.96</td>
<td>1.036</td>
</tr>
<tr>
<td>Customer satisfaction</td>
<td>31</td>
<td>26</td>
<td>31</td>
<td>7</td>
<td>6</td>
<td>2.31</td>
<td>1.153</td>
</tr>
<tr>
<td>Responsiveness to patient concerns</td>
<td>7</td>
<td>16</td>
<td>40</td>
<td>18</td>
<td>18</td>
<td>3.24</td>
<td>1.154</td>
</tr>
</tbody>
</table>

4.5 Inferential Statistics

Inferential statistics was conducted in this subsection. It entailed the regression analysis.

4.5.1 Regression analysis

The study further aimed at establishing the degree of the relationship between the predictor and outcome variables. The study adopted regression analysis and the findings are shown below;
Table 4.5: Model Summary

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
<th>Change Statistics</th>
<th>Change of R Square</th>
<th>F Change</th>
<th>df1</th>
<th>df2</th>
<th>Sig. F Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.887a</td>
<td>.750</td>
<td>.733</td>
<td>0.123</td>
<td></td>
<td>.750</td>
<td>2.999</td>
<td>3</td>
<td>51</td>
<td>.039</td>
</tr>
</tbody>
</table>

- **Predictors:** (Constant), Resource mobilization, Bureaucratic practices, Citizen engagement approaches
- **Dependent Variable:** Service delivery

**Source: Researcher (2021)**

The findings of the study indicate that bureaucratic practices, citizen engagement approaches and resource mobilization, accounts for 75.0% ($R^2 = .750$) variations in the healthcare service delivery in Homa bay County. As such, there are factors that are not considered in this study that contribute to the other 25% of healthcare service delivery.

This is in line with Okuto (2018) who revealed that the county resource mobilization programs and bureaucratic practices contribute to proper service delivery.

### 4.5.2 Analysis of Variance (ANOVA)

The Anova table in table 4.9 shows that the overall model having a good fit since ($F$-value=2.999 and $p$-value=0.039<0.05).

**Table 4.6: ANOVAa**

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Regression</td>
<td>5.512</td>
<td>3</td>
<td>1.837</td>
<td>2.999</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>61.245</td>
<td>51</td>
<td>.613</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>66.757</td>
<td>54</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Dependent Variable:** Service delivery
c. Predictors: (Constant), Resource mobilization, Bureaucratic practices, Citizen engagement approaches

The research examined the statistical significance of the study model. The study used the F-statistic findings as the grounds of testing the significance of the regression model. The results of the model show F-statistic of \(2.999 > 2.36\) (\(F_{\text{Critical}}\)) and a \(\text{Sig} = .039 < .05\) as presented in the above table.

### 4.5.3 Coefficients Analysis

The study further examined the significance of the nexus between the research variables, the regression coefficients (\(\beta\)), the model intercept (\(\alpha\)) and the significance of all the coefficients.

#### Table 4.7: Coefficients

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>(Constant)</td>
<td>.863</td>
<td>.673</td>
<td></td>
<td>1.281</td>
</tr>
<tr>
<td>Bureaucratic practices</td>
<td>.079</td>
<td>.203</td>
<td>.059</td>
<td>.390</td>
</tr>
<tr>
<td>Citizen engagement approaches</td>
<td>.180</td>
<td>.177</td>
<td>.168</td>
<td>1.014</td>
</tr>
<tr>
<td>Resource mobilization</td>
<td>.303</td>
<td>.221</td>
<td>.227</td>
<td>1.368</td>
</tr>
</tbody>
</table>
Dependent Variable: Service delivery

**Source:** Researcher (2019)

From the results from the table above the equation \( Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon \) therefore becomes:

\[
Y = 0.863 + 0.079X_1 + 0.180X_2 + 0.303X_3
\]

Where \( Y = \) Service delivery

\( X_1 = \) Bureaucratic practices

\( X_2 = \) Citizen engagement approaches

\( X_3 = \) Resource mobilization

The results above present a constant \( \alpha = .863 \) which is significantly different from 0 since the \( p \)-value \( .006 < .05 \). The beta value is \( \beta = .079 \) and is significantly different from 0 since the \( p \)-value \( .018 < .05 \). This implies that there is a statistically significant positive effect of Bureaucratic practices on service delivery. A unit change in bureaucratic practices will prompt a .079-unit change in service delivery

The beta value is \( \beta = .180 \) and is significantly varied from 0 since the \( p \)-value \( .035 < .05 \). This therefore shows that there is a statistically significant positive effect of Citizen engagement approaches on service delivery. A unit change in Citizen engagement approaches will prompt a .180-unit change in service delivery.

The beta value is \( \beta = .303 \) and is significantly varied from 0 because the \( p \)-value \( .027 < .05 \). This means that there exists a statistically significant positive effect of resource mobilization on service delivery. A unit change in resource mobilization will prompt a .303-unit change in service delivery.
4.6 Qualitative analysis

When asked to comment on the general remark on the quality of healthcare services as issued by this health facility. Majority of the key informants asserted that the quality of services delivery in their facilities was fair. They also mentioned that with the limited resources they still manage to serve the citizenry however they noted that there is still much to be done to enhance the quality of services rendered. Some also pointed out that the devolved system of governance has set out structures that have improved healthcare provision in the county.

On bureaucratic practices, majority of the respondents mentioned that all attributes of bureaucracy were present in their facilities and that has ensured smooth operation and efficient service delivery to the patients. They also noted that the service delivery charter is a good guideline to follow across all departments. However, some propounded that some procedures and processes delay crucial services to be rendered to patients that need them most.

When asked whether they thought citizen engagement approaches in Homa Bay County healthcare sector is sufficient enough in providing services effectively. The key informants responded that there is little citizen engagement on matters healthcare service delivery. They mentioned that the only time the citizens are approached on matters healthcare service delivery is when there are certain projects that need corporation of the masses such as vaccination and distribution of malaria nets.

On whether resource mobilization is sufficient enough to ensure provision of services effectively, the respondents put forward that as much as the county government with help
of some donors are trying to ensure resources are availed in the health facilities. They however decried the fact that their facilities lack enough human resource, drugs forcing them to give prescription. Lack of functional technology such as Xray machines and lack of eye services infrastructure among other crucial resources that facilitate proper service delivery were also missing in most facilities especially the subcounty hospitals.

On measures that the County can institute in ensuring effective service delivery to her citizens, the respondents mentioned that the following would aid proper service delivery; they include timely remuneration of healthcare service providers, hiring of more staff, hiring of specialists especially in the sub county hospitals, infrastructural enhancement and availing funds to the facilities bot in time and in sync with the demands of the facilities. Allocation of funds and timely renumeration of healthcare workers was fronted as the top measures that would facilitate effective and efficient service delivery.
CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This final chapter focuses on the summary of findings, conclusion, recommendations and suggestions for further research are also fronted. This was done consistent with the three study objectives.

5.2 Summary of findings

The main focus of the research was to examine the effect of policy implementation on service delivery in Homa Bay county health sector, Kenya. The study deployed a descriptive research methodology by use of structured research questionnaire and interview schedules for key informants. The findings indicate that there was 73% response rate with 66% of the respondents being between 21-30 years of age while 66% had attained tertiary level education. The results further show that the majority of the respondents 58% were male.

5.2.1 Bureaucratic practices

Concerning the bureaucratic practices variable in the research the results indicate agreement among respondents that procedures are duly followed by health officials, rule and regulations eliminate favoritisms and procedures in the facility delay processes. The results also indicate that health officers providing services in a specified time. Results show that there is a significant and positive effect of bureaucratic practices on service delivery ($P=.079$, $Sig = .018<.05$).
5.2.2 Citizen engagement approaches

Concerning the second variable on citizen engagement in the research, the results indicate disagreement among respondents that there is high participation in public forums, there is participation in project implementation and there is presence of county website materials that are easily accessible. Results also indicate respondents disagreed that local community participate in initiation and implementation of public projects and minorities and marginalized are involved in project implementation. Results reveal that there is a significant and positive effect of Citizen engagement approaches on service delivery ($P=.180$, $Sig = .035 < .05$).

5.2.3 Resource mobilization

Concerning the resource mobilization variable in the study, the results indicate disagreement among respondents that there exists enough collection of county revenue, technology assists in revenue collection, there is timely transfer of funds from government to healthcare facilities, and allocated funds match the healthcare needs. The results also show that the personnel in the facilities are not enough and medical staff welfare are not taken care of. Findings show that there is a significant and positive effect of resource mobilization on service delivery ($P=.303$, $Sig = .027 < .05$).

5.3 Conclusions

From the study findings, it can be concluded that bureaucratic practices, citizen engagement approaches and resource mobilization are key predictors of service delivery in the healthcare sector in Homa bay county.

Resource mobilization was the best predictor of service delivery ($\beta=0.303$).
Resource mobilization had a statistically significant positive effect on service delivery ($\beta=0.303$, $p=0.027<0.05$). This meant that one unit change in resource mobilization explained 30.3% unit increase in service delivery.

Citizen engagement approaches was the second-best predictor of service delivery ($\beta=0.180$). Citizen engagement approaches were established to have a statistically significant positive effect on service delivery ($\beta=0.180$, $p=0.035<0.05$). Here, one unit change in citizen engagement approaches results in 20.1% unit increase in service delivery. This meant that a unit change in citizen engagement approaches accounted for 18% unit increase in service delivery.

Bureaucratic practices was the least predictor of service delivery ($\beta=0.079$). Bureaucratic practices also had a positive linearly significant influence on service delivery ($\beta=0.079$, $p=0.018<0.05$). This implied that a unit change in bureaucratic practices will account for a 7.9% unit change in service delivery.

5.4 Recommendations

Firstly, the study recommends that there should be a policy framework that provides for the participation and engagement of citizens on matters of healthcare service delivery. Secondly, there should be timely transfer of funds that meet the demands of the facilities from the county government. Equally, the county government should prioritize timely payment of salaries to healthcare workers so as to enhance the morale to provide quality services to the people. Further, the county should enhance technology in the healthcare facilities to assist both in records management and revenue collection. Lastly, the implementation of effective service delivery should be reviewed independently regularly in order to grant assurance that organizational practices properly reflect the policy plans.
and programs, and that it is feasible and effective.

5.5 Suggestions for further Study

The study suggests that further inquiry should be carried out to examine how coordination between national county governments affects delivery of healthcare in the wake of COVID-19 pandemic. Further, there is need to cascade similar survey in other devolved units especially in one of the Arid and semi-arid lands (ASALs) counties which are deemed to be marginalized for comparative analysis.
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APPENDICES

Appendix I: Letter of Introduction

DAVID OCHIENG’ GEORGE
KENYATTA UNIVERSITY
CITY CAMPUS
POSTAL ADDRESS, 43844-00100
NAIROBI, KENYA

Dear Respondent,

RE: POLICY IMPLEMENTATION AND SERVICE DELIVERY IN HOMA BAY COUNTY HEALTH SECTOR, KENYA

I am a postgraduate student in Kenyatta University pursuing Masters of Public Policy and administration and currently conducting a study titled, Policy Implementation and Service Delivery In Homa Bay County Health Sector, Kenya. Kindly assist in this endeavor by duly filling the attached questionnaire/interview schedule -as will be directed.

The gathered information will be strictly for purposes of academia and whose revelations will greatly aid Homa bay County in improving their management of their Healthcare development and services. Also, be sure to note that your feedback will certainly be regarded with utmost confidentiality and can be divulged only after your approval.

Yours Sincerely,

David Ochieng’ George.
Appendix II: Questionnaire for patients

QUESTIONNAIRE

Kindly fill your responses in the space given and tick appropriately.

SECTION 1: Background information

Bio data

1. Age
   - Below 21 years [ ]
   - 21 – 30 years [ ]
   - 31 – 40 years [ ]
   - 41 – 50 years [ ]
   - Over 50 years [ ]

2. Sex
   - Male [ ]
   - Female [ ]

SECTION 2: LEVEL OF FORMAL EDUCATION

- None [ ]
- Primary [ ]
- Secondary [ ]
- Tertiary [ ]

SECTION 3: WORK EXPERIENCE

- Below one year [ ]
- One year [ ]
- Two years [ ]
- Three years [ ]
- Over three years [ ]
**Section Two: Bureaucratic practices**

Indicate your degree of concurrence with the remarks hereunder relating to bureaucracy and the quality of public healthcare services delivered in healthcare facilities managed by the Homa Bay County administration. Do place a tick [√] to the degree you prefer. Using a scale of 1 to 5 whereby; 1 denotes Strongly Disagree (SD), 2 denotes Disagree (D), 3 denotes Undecided (U), 4 denotes Agree (A), and 5 denotes Strongly Agree (SA).

<table>
<thead>
<tr>
<th>No</th>
<th>Bureaucratic practices</th>
<th>Degree of concurrence with remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SD</td>
</tr>
<tr>
<td>1.</td>
<td>Procedures are duly followed by health officials</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Rules and regulations eliminate favoritisms</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Procedures in the facility delay processes</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Available procedures guide how every department works</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Health officers provide services in a specified time</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Health officers have sufficient information to answer questions and inquiries</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Health officers carry themselves with high codes of conduct</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Health officers are professional in carrying out their duties</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>The attitudes of the health officers make me recommend facility to others</td>
<td></td>
</tr>
</tbody>
</table>
10. What other ways can bureaucratic practices influence health care service delivery in Homa Bay County?
Section Three: Citizen Engagement approaches

Indicate your degree of concurrence with the remarks hereunder relating to citizen engagement approaches and the quality of public healthcare services delivered in healthcare facilities managed by the Homa Bay County administration. Do place a tick [✓] to the degree you prefer. Using a scale of 1 to 5 whereby; 1 denotes Strongly Disagree (SD), 2 denotes Disagree (D), 3 denotes Undecided (U), 4 denotes Agree (A), and 5 denotes Strongly Agree (SA).

<table>
<thead>
<tr>
<th>No</th>
<th>Citizen Participation</th>
<th>Degree of concurrence with remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SD</td>
</tr>
<tr>
<td>1</td>
<td>There is high participation in public forums</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>There is participation in project implementation</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>There are visit of civil groups</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>County communication exchange</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>There is collaborative resource management</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Presence of county website materials that are easily accessible</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Citizens participate in attitude surveys</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Citizens are well represented in public forums</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Local community participate in initiation and implementation of public projects</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Minorities and marginalized groups are involved in project implementation</td>
<td></td>
</tr>
</tbody>
</table>
11. What other ways can citizen engagement approaches influence health care service delivery in Homa Bay County?
**Section Four: Resources Mobilization**

Indicate your degree of concurrence with the remarks hereunder relating to resource mobilization and the quality of public healthcare services delivered in healthcare facilities managed by the Homa Bay County administration. Do place a tick [√] to the degree you prefer. Using a scale of 1 to 5 whereby; 1 denotes Strongly Disagree (SD), 2 denotes Disagree (D), 3 denotes Undecided (U), 4 denotes Agree (A), and 5 denotes Strongly Agree (SA).

<table>
<thead>
<tr>
<th>No</th>
<th>Resources Mobilization</th>
<th>Degree of concurrence with remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SD  D  U  A  SA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1    2  3  4  5</td>
</tr>
<tr>
<td>1.</td>
<td>Financial resources are equitably allocated to healthcare sector</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Contracts fairly allocated through procurement methods</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>There is enough collection of county revenue</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Technology assists in revenue collection</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>There is timely transfer of funds from government to healthcare facilities</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Allocated funds match the healthcare needs</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>There are enough personnel in the facility</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>The health personnel are well trained</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>The medical staff have their welfare taken care of</td>
<td></td>
</tr>
</tbody>
</table>
10. What other ways can resource mobilization influence health care service delivery in Homa Bay County?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Section Five: Service delivery

Kindly give a rating of the efficacy of Homa Bay County administration in the provision of public healthcare services with aid of the following parameters. Using of a scale of 1 to 5 whereby: 1 denotes Not Effective; 2 denotes Least Effective; 3 denotes Fair; 4 denotes More Effective; and 5 denotes Most Effective

<table>
<thead>
<tr>
<th>NO.</th>
<th>Service Delivery</th>
<th>Degree of concurrence with remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>Speed of services</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Availability of drugs</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Customer satisfaction</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Responsiveness to patient concerns</td>
<td></td>
</tr>
</tbody>
</table>

Thank you for taking time to answer this questionnaire
Appendix III: Interview Schedule for Hospital Health Records officers and Hospital administrators

1. What is your general remark on the quality of healthcare services as issued by this health facility?

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…………………………………………………………………………………………

2. Comment on the bureaucratic practices in this healthcare facility?

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…………………………………………………………………………………………
…………………………………………………………………………………………

3. Do you think citizen engagement approaches in Homa Bay County healthcare sector is sufficient enough in providing services effectively?

…………………………………………………………………………………………
…………………………………………………………………………………………
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4. Do you think resource mobilization in Homa Bay County healthcare sector is sufficient enough to ensure provision of services effectively?

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5. What are some of the measures that the County can institute in ensuring effective service delivery to her citizens?

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6. In the measures above which one would you regard as the most appropriate and why?

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7. Suggest recommendations on how Homa Bay County government can improve healthcare service provision in its facilities.

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...................................................................................................................................................................
...................................................................................................................................................................
Appendix IV: Approval of Research Project Proposal from Kenyatta University Graduate School

KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail:  dean-graduate@kun.ac.ke
Website:  www.kun.ac.ke
P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 81001 Ext. 4150

Internal Memo

FROM: Dean, Graduate School

DATE: 1st April, 2021

TO: David Ochieng George
C/o Public Policy & Administration Dept.

REF: C153/CTY/FT/25962/2018

SUBJECT: APPROVAL OF RESEARCH PROJECT PROPOSAL

This is to inform you that Graduate School Board at its meeting of 31st March, 2021 approved your Research Project Proposal for the MIFA Degree Entitled, “Policy Implementation and Service Delivery in Kenya, A case of Health Sector in Homa Bay County, Kenya”.

You may now proceed with your Data Collection, Subject to Clearance with Director General, National Commission for Science, Technology and Innovation.

As you embark on your data collection, please note that you will be required to submit to Graduate School completed Supervision Tracking Forms per semester. The form has been developed to replace the Progress Report Forms. The Supervision Tracking Forms are available at the University’s Website under Graduate School webpage downloads.

Thank you.

EJAH MUTUA
FOR DEAN, GRADUATE SCHOOL

cc. Chairman, Public Policy and Administration Department.
Supervisors:

1. Dr. Hannah Bula
C/o Department of Business Administration
Kenyatta University

DA/mn
Appendix V: Research Authorization from Kenyatta University Graduate School

KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke
Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 8710901 Ext. 57530

Our Ref: C153/CTY/PT/25962/2018
DATE: 1st April, 2021

Director General,
National Commission for Science, Technology
and Innovation
P.O. Box 50623-00100
NAIROBI

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION FOR DAVID OCHIENG GEORGE – REG. NO. C153/CTY/PT/25962/2018

I write to introduce Mr. David Ochieng George who is a Postgraduate Student of this University. He is registered for MPPA degree programme in the Department of Public Policy and Administration.

Mr. Ochieng intends to conduct research for a MPPA Project Proposal entitled, “Policy Implementation and Service Delivery in Kenya: A case of Health Sector in Homa Bay County, Kenya”.

Any assistance given will be highly appreciated.

Yours faithfully,

PROF. ELISHIBA KIMANI
DEAN, GRADUATE SCHOOL
Appendix VI: Research Authorization Letter from Ministry of Education

MINISTRY OF EDUCATION
STATE DEPARTMENT FOR EARLY LEARNING & BASIC EDUCATION

REF: MOEST/CDE/HBC/ADM/11/VOL. II/128

Mr. David Ochieng' George
Kenyatta University

RE: RESEARCH AUTHORIZATION.

Following your application for authority to carry out research on “POLICY IMPLEMENTATION AND SERVICE DELIVERY IN KENYA; A CASE OF HEALTH SECTOR IN HOMA BAY COUNTY, KENYA.” I am pleased to inform you that you have been authorized to undertake research in Homa Bay County for the period ending 14th April, 2022.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit a copy of the final research report to the County Director of Education Office after completion both the soft copy and hard copy.

Thank you in advance.

MR. SHEM OMBONYO
FOR: COUNTY DIRECTOR OF EDUCATION

Cc.
1. County Commissioner
   Homa Bay County.
Appendix VII: Research Permit from NACOSTI

This is to certify that Mr. DAVID OCHIENG' GEORGE of Kenyatta University, has been licensed to conduct research in Homa Bay on the topic: POLICY IMPLEMENTATION AND SERVICE DELIVERY IN KENYA; A CASE OF HEALTH SECTOR IN HOMA BAY COUNTY, KENYA for the period ending: 14/April/2022.

License No: NACOSTI/P/21/9906

Verification QR Code

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