DEVOLUTION OF HEALTH SECTOR AND SERVICE DELIVERY IN GARISA COUNTY, KENYA

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

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DECLARATION

"I declare that this project is my original work and has not been presented to any other university/institution for consideration of any certification.

Signature..... Date.....

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Supervisor Declaration

This project has been submitted with my approval as the university supervisor.

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ACRONYMS AND ABBREVIATIONS

ICT- Information Communications Technology

KPI- Key Performance Indicators

NFD - Northern Frontier District

RDT-Resource Dependency Theory

SCT- Social Capital Theory

OPERATIONAL DEFINITION OF TERMS

Devolution- The term "devolution" describes the handing off of financial, administrative, and political duties from a national government to subnational organizations like counties or regions. As required by the 2010 Kenyan Constitution, devolution in the context of this study particularly refers to the decentralized governance of the health sector.

Financial Allocation- Dispensation and assignment of funds within the health sector is referred to as financial allocation. It encompasses financial management procedures, financing choices, and budgeting that affect Garissa County's access to resources for healthcare services.

Health Sector- All institutions, groups, and parties engaged in the organization, provision, and administration of healthcare services are included in the health sector. Within the framework of this research, the term "health sector" refers to the several organizations that work together to deliver healthcare services in Kenya's Garissa County.

Information Sharing- Information sharing is the process by which administrators, other stakeholders, and healthcare practitioners exchange timely and pertinent data. To help with well- informed decision-making, this may involve exchanging patient data, policy updates, and other information.

ICT Infrastructure- The technical framework and mechanisms used for the administration and distribution of health-related information are referred to as ICT infrastructure, or information and communication technology infrastructure. This covers communication tools, electronic health records, and other technologies that help with the delivery of healthcare.

Service Delivery- Distribution and provision of healthcare services to the population is referred to as "service delivery." It covers the effectiveness, quality, and accessibility of healthcare services. The study's particular focus on service delivery is healthcare services given under Garissa County's authority.

Staff - The expertise, skills, and capabilities of healthcare workers within the health sector are referred to as staff capacity. This covers elements including education, professional growth, and the workforce's general preparedness to provide high-quality healthcare services.

ABSTRACT

The study evaluated the effect of healthcare devolution on service provision in Garissa County, Kenya. The research placed a specific emphasis on addressing the existing research gaps in healthcare and service delivery. The specific objectives of the study were: to establish the effects of information sharing; assess the effects of financial allocation; to evaluate the effects of staff capacity and; to examine the effects of ICT infrastructure on service delivery in Garissa County. The study was grounded in theoretical frameworks that included the Resource Dependency Theory and the Social Capital Theory. The conceptual framework illustrated the relationship between independent and dependent variables. The study population included 120 healthcare providers in Garissa County. The study utilized a mixed methods research design with qualitative and quantitative methods being applied. Given the small size of the study population, census method was employed where all the 120 were included as the sample of the study. This included 100 facility-based community health promoters, 7 hospital managers, 7 hospital administrators, 1 Chief Executive Officer of Health, 1 Garissa County assembly chair of health, 1 Chief Officer Public Health, 1 Chief Officer Medical Services, 1 Director Public Health and 1 Director Medical Services in Garissa County. Semi- structured questionnaires were used in the research to gather both quantitative and qualitative data. Validity and reliability assessments were done to ensure the accuracy of collected data. Descriptive statistics were employed in the analysis of the data collected. To ensure adherence to the ethical considerations, the study placed a high priority on participant anonymity and informed consent. The study established that information sharing processes are fairly established, financial allocation to the health sector is reasonably done, staff capacity is fairly established and that ICT infrastructure is reasonably established within the health sector. The study concluded that devolution of health services impacts delivery of service within the health sector in Garissa County. Robust information sharing procedures, adequate financial allocation, enhancing of staff capacity and a strong ICT infrastructure have a positive impact on service delivery. To further enhance service delivery in the health sector, the study recommends strengthening of information sharing systems, enhanced financial allocation, addressing of existing gaps in staff capacity and improving of ICT infrastructure. Further, there is need for Garissa County government put in place a comprehensive policy to guide all the healthcare processes including information sharing, staff capacity building, utilization of funds.

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

The provision of healthcare is essential to social welfare and is a key factor in the advancement of any given area. The general health and development of a community are significantly influenced by the efficacy and efficiency of health service delivery (Ali, 2018). Over the years, the health sector in Garissa County, Kenya, has experienced several revolutionary transformations (Kate, 2023). Comprehending the intricacies of this progression is crucial to recognizing and tackling obstacles that could potentially hinder the provision of ideal services. In-depth research on the many variables impacting the devolution of the health sector and service delivery in Garissa County was the goal of this extensive study, which paid special attention to staff capabilities, financial allocation, information exchange, and ICT infrastructure.

Devolution brought about a major reform of the health sector in the Kenyan context. The 2010 Kenyan Constitution's devolution of health services was a revolutionary move toward improving local responsiveness and decentralizing decision-making procedures (Gathii, 2016). The goal of this change in the governance structure is to move healthcare decision-making closer to the patients it is meant to serve. The real effects of this devolution on service delivery, however, are still a complicated and developing topic that needs further investigation. The historical background of Garissa County's health sector devolution entails analyzing the original driving forces, difficulties encountered in putting the plan into action, and changes made later to deal with new problems (Ngigi & Busolo, 2019). A detailed explanation of how the county's health system adjusted to the changes brought about by devolution is provided in this section. One essential component of efficient healthcare services is effective information sharing (Hussein & Minja, 2019). However, this literature does not indicate to what extend does information sharing trickle down to the entire population. The degree to which administrators, healthcare professionals, and other stakeholders exchange information has a direct impact on how decisions are made, how patients are treated, and how well services are provided as a whole. Finding areas of strength and weakness in Garissa County's information-sharing activities within the health sector requires an understanding of the dynamics of these practices (Buro et al. 2021). To better understand how information is shared within the health sector of Garissa County, this study examined the functions of technology,

communication routes, and collaborative frameworks. The goal of the research was to identify possible bottlenecks, information gaps, and opportunities for improvement by looking at how information sharing affects service delivery.

Unquestionably, having adequate financial resources is essential to providing high-quality healthcare services (Arale & Kiruthu, 2019). The distribution of financial resources to the health sector in Garissa County is a critical factor in defining the extent, accessibility, and caliber of services that the community may receive. The effects of budgetary allocation on the whole service delivery landscape were carefully examined in this study. The study entailed a thorough examination of the financial management procedures, spending trends, and budgetary allotments in the Garissa County health sector. The purpose of this part was to provide important insights into how financial resources might be optimized to improve healthcare service delivery by concentrating on identifying potential gaps or areas of improvement.

The ability and proficiency of healthcare personnel are essential factors in determining the caliber of services provided (Warfa et al. 2018). The evaluation of staff capacity in Garissa County was covered in detail in this phase of the study, which also looked at initiatives for skill development, training programs, and workforce distribution in the healthcare industry. Comprehending the dynamics of personnel capability is crucial to detect possible obstacles that could impede optimal service delivery. The study looked into whether the present workforce has the requisite skills to address the community's varied healthcare demands and made recommendations for increasing staff capacity.

Information and communication technology, or ICT, has become essential to effective healthcare systems in the modern day. The goal of this study is to thoroughly investigate the state and significance of ICT infrastructure in Garissa County's health sector. ICT tool availability and effectiveness have a big impact on a lot of different parts of service delivery, like patient record management and healthcare professional communication. This section examined the current ICT infrastructure and evaluated how well it supports healthcare services in terms of sufficiency, accessibility, and efficacy. The study investigated the present applications of technology in fields such as communication networks, electronic health records, and telemedicine. ICT infrastructure enhancement recommendations were given by gaps and improvement possibilities that were identified.

The devolution of the health sector in Garissa County was thoroughly examined in this study, with particular attention paid to personnel capability, financial allocation, information sharing, and ICT infrastructure. By focusing on these essential elements, the study sought to pinpoint particular areas in need of development and create doable suggestions that advance Garissa County's healthcare system. The results of this study may be useful as a practical manual for legislators, healthcare administrators, and other stakeholders involved in determining the direction of healthcare in Garissa County, in addition to adding to the body of knowledge regarding healthcare management and devolution. This research's thorough approach guarantees that, in addition to identifying obstacles, it offers practical insights for promoting constructive change in the county's health sector. This study serves as a useful tool for strategic planning and well-informed decision-making as Garissa County continues to manage the challenges of devolution in the quest for better health service delivery.

1.2 Statement of the Problem

Kenya's Garissa County's health system has seen substantial changes, especially after devolution was put into place. Devolution was intended to improve local responsiveness and decision-making, but its effects on Garissa County's provision of health services are still being investigated and concerns raised (Ngigi & Busolo, 2019). This study aimed to assess several important health sector concerns, with a particular emphasis on personnel capability, financial allocation, information sharing, and ICT infrastructure. Inadequate information-sharing methods limit the effectiveness of healthcare services in Garissa County, even with technological developments. Inefficient communication between administrators, stakeholders, and healthcare practitioners can cause delays in decision-making, compromising patient care, and overall inefficiencies in the provision of services. Enhancing communication networks in the health industry requires an understanding of the scope of information-sharing difficulties.

The distribution of financial resources is essential to the delivery of high-quality medical treatment. However, there are issues with the funding's sufficiency, transparency, and fair distribution within Garissa County's health sector. This research attempted to find possible funding shortages, investigate how service delivery is impacted by budgetary restrictions, and offer suggestions for maximizing resource use to improve the standard of care. A key factor in providing high-quality healthcare services is the skill and ability of

the medical team. The sufficiency of staffing capacity in Garissa County is a matter of concern that involves training, skill development and workforce distribution. By looking at these variables, it was possible to identify potential obstacles to the best possible service delivery and create focused plans to deal with labor capacity issues. Technology for information and communication, or ICT, is essential to contemporary healthcare systems. Concerns exist, meanwhile, regarding the state and significance of ICT infrastructure in Garissa County's health sector. Inadequate technology tools make it difficult to keep patient records effectively, inadequate staff and insufficient personal capabilities, financial allocation discrepancies, information sharing and general communication with other healthcare professionals does hamper service delivery. The goal of this study was to pinpoint service delivery shortcomings and offer suggestions for enhancements to improve service delivery.

1.3 Research Objectives

This study was guided by the following objectives:

i. To establish the effects of information sharing on service delivery in Garrisa County.

ii. To assess the effects of financial allocation on service delivery in Garissa County.

iii. To study the effects of staff capacity on service delivery in Garissa County.

iv. To examine the effects of ICT infrastructure on service delivery in Garissa County.

1.4 Research Questions

i. What is the effect of information sharing on service delivery in Garissa County?

ii. How does adequate of financial allocation impact service delivery in Garissa County?

iii. What are the effects of staff capacity on service delivery in Garissa County?

iv. What is the role of a robust ICT infrastructure on service delivery in Garissa County?

1.5 Justification and Significance of the Study

This section explores the various reasons and important discoveries that this research is anticipated to produce. Although devolution in Garissa County's health system represents a substantial policy change, there is a discernible lack of knowledge regarding its overall effects on care provision. By carefully examining the complex dynamics of information sharing, budgetary allocation, staff capabilities, and ICT infrastructure within the context of devolution, this study seeks to close these knowledge gaps. The goal of the research is to offer a comprehensive understanding of the changing healthcare environment and to make significant contributions to professional and scholarly discourse on decentralized healthcare governance.

A critical skill in the complex web of healthcare administration is making good decisions. The purpose of this study was to look into important factors such as staff capacity, money allocation, information-sharing procedures, and ICT infrastructure, all of which have a big influence on the decision-making processes in the health sector. Recommendations based on evidence that are drawn from the findings may help to improve local and national decision-making processes. Enhancing decision-making can have a favorable impact on Garissa County's healthcare services' accessibility and quality. The study's conclusions can be used by policymakers and healthcare managers to put into practice focused tactics that are in line with the particular requirements of the community, creating more adaptable and effective healthcare systems.

To create policies that effectively address the particular difficulties that the health sector in Garissa County faces, policymakers need access to thorough and contextualized data. This study is positioned to offer particular insights into particular concerns including staff capability, financial allocation, information sharing, and ICT infrastructure. These findings may be used by policymakers to create interventions and plans of action that are in line with the requirements and circumstances of the regional healthcare system. Beyond Garissa County, the study's impact on policy development may have wider national ramifications for Kenya's discussions of healthcare devolution and governance. Policy decisions in other places going through similar transformations can benefit from the lessons acquired from this context.

The study's ultimate objective was to make a real difference in Garissa County's

healthcare service delivery. The research sought to provide useful recommendations for improving the effectiveness, accessibility, and quality of healthcare services by identifying problems and suggesting solutions in crucial areas such as information exchange, budgetary allocation, staff capability, and ICT infrastructure. The population's health and well-being of Garissa County are directly impacted by these advancements. Residents should expect better access to healthcare and higher-quality care as service delivery becomes more efficient and responsive.

Devolution was intended to promote local governance and responsiveness by bringing decision- making closer to the people. The degree to which this goal has been accomplished within the Garissa County health sector was critically evaluated in this study. Comprehending the obstacles and achievements of decentralized healthcare governance will enhance continuous endeavors to fortify regional governance frameworks. The study's conclusions may help programs meant to increase community ownership and participation in health care. To strengthen local governance, it is important to foster a sense of community agency and involvement in healthcare decision-making in addition to administrative institutions.

Analyzing the capacity of employees and the distribution of funds in the health sector can yield important information about the areas that will be the focus of initiatives aimed at developing the skills of healthcare personnel. Furthermore, suggestions for maximizing financial resources can support the health sector's resource allocation more efficiently and fairly. Initiatives to increase capacity can result in a workforce of healthcare workers who are more qualified and driven, better prepared to meet the variety of healthcare requirements of the community. On the other side, efficient resource allocation makes sure that money is spent where it will have the biggest influence on providing services.

The study provides insight into the state of technology adoption and use in the health sector concerning ICT infrastructure. To boost patient care, management of data, and professional communication amongst healthcare practitioners, proposals for improving ICT infrastructure will promote the integration of state-of-the-art technologies. The study's conclusions may open the door for creative solutions that improve the efficacy and efficiency of healthcare services since technology will always play a crucial part in the healthcare industry. This in turn helps Garissa County's healthcare system become more contemporary.

The results of the study may enable the community to illuminate the shortcomings and advantages of their regional healthcare system. Communities with greater knowledge are better able to advocate for their own healthcare needs, actively participate in decision-making processes, and work together with healthcare practitioners to co-create solutions. A healthcare system that is more responsive and patient-centered benefits from empowered communities. There is a greater chance of successful treatments and improved patient satisfaction with healthcare services when residents take an active role in their healthcare.

1.6 The Scope and Limitations of the Study

1.6.1 Scope of the Study

The study focused specifically on the devolution of the health sector and service delivery within Garissa County, Kenya. In recognition of the distinctiveness of every local context, it did not extend to neighboring counties or regions. The study examined the time after devolution was implemented in Kenya, concentrating on modifications and advancements in the Garissa County health system from the start of devolution to the present. To set the scene, a brief discussion of historical perspectives before devolution was provided. The study is organized around four primary themes: ICT infrastructure, staff capacity, financial allocation, and information sharing. The goal of the study was to thoroughly examine how these themes affect the provision of healthcare services in Garissa County. The study incorporates viewpoints from a range of health sector stakeholders, including administrators, policymakers, healthcare practitioners, and members of the community. The objective was to record a wide range of perspectives that advance a comprehensive knowledge of the topic. The study employed a mixed-methodologies approach, incorporating qualitative as well as quantitative methods. Data was gathered through surveys, interviews and document analysis.

1.6.2 Limitations of the Study

Although the study's conclusions offer insightful information on the unique circumstances of Garissa County, care should be used when extrapolating the findings to other areas with dissimilar sociocultural, political, and economic dynamics. The utilization of interviews, surveys, and document analysis may be susceptible to many problems, including insufficient documentation, respondent bias, and recall bias. The study tried to lessen these restrictions by carefully verifying and confirming the facts. The time frame of the study was restricted to the time after devolution was put into effect. This made it possible to concentrate on recent advancements though there was the risk of missing longer-term patterns or modifications that took place before the devolution period. The investigation was carried out within the limitations of the money, time, and staff that are available. The scope and depth of the data collection and analysis was impacted by these constraints. The study's conclusions were not impacted by outside variables including unanticipated occurrences, political shifts, or changes in the economy. Although the researcher did not influence these circumstances, they were recognized and taken into account when interpreting the findings. The availability and dependability of technology within the study area are examples of technological constraints that affected how well the study examined the effects of ICT infrastructure.

CHAPTER TWO: REVIEW OF RELATED LITERATURE AND THEORETICAL FRAMEWORK

2.1 Introduction

A review of relevant material on the devolution of the health sector and service delivery in Garissa County is presented in this section. Every study that was reviewed had gaps found in it, and the studies were presented in chronological order. The study took into account the current study's handling of the gaps. The empirical review provided a thorough analysis of prior research on the devolution of the health sector and its impact on Garissa County's service delivery. The theories supporting this investigation are documented in the theoretical framework. The connection between the independent and dependent variables was defined by the conceptual framework. It focused on information sharing on service delivery, financial allocation on service delivery, staff capacity on service delivery, ICT infrastructure on service delivery, theoretical framework, and conceptual framework.

2.2 Empirical Review

This subsection reviewed previous literature related to this study. The findings are as presented in the following subsections.

2.2.2 Information Sharing on Service Selivery

A vital component of contemporary healthcare systems, information sharing has a significant impact on patient outcomes, service delivery, and overall healthcare quality (Bontis et al., 2019; Heegaard et al., 2016; Yusof & Ismail, 2017). Knowing the dynamics of information exchange is essential in countries where the devolution of services has significantly altered the health sector (Bontis et al., 2019; Heegaard et al., 2016). It is acknowledged that the exchange of information is essential to providing effective healthcare (Yusof & Ismail, 2017). To guarantee coordinated and patient-centric treatment, a study by Friedman et al. (2013) highlights the significance of rapid and accurate information transmission among healthcare professionals, administrators, and stakeholders. The study emphasizes how better patient outcomes and clinical decision-making are facilitated by efficient communication and information sharing. Bates et al. (2017) have made another noteworthy contribution that emphasizes the importance of information sharing in lowering medical errors and

improving patient safety. The study highlighted how important it is for healthcare providers to have complete and quickly accessible patient data to make well-informed decisions, avert unfavorable outcomes, and deliver the best possible treatment (Bates et al., 2017). A 2019 study by O'Dowd et al. examines how information is currently shared in healthcare settings. The study emphasizes how widely used electronic health records (EHRs) are as a tool to promote information sharing. It also points up issues with inconsistent data entry procedures and interoperability, which could obstruct smooth information sharing (O'Dowd et al., 2019). Furthermore, an investigation by Alexiev et al. (2018) examines the function of interdepartmental communication in the exchange of information. The results imply that a comprehensive approach to patient care and service delivery depends on efficient communication across various divisions within a healthcare system (Alexiev et al., 2018).

Even while the value of sharing information is acknowledged, there are still several obstacles (Karakaya et al., 2021, Zhong et al. 2020; Wright & Taylor (2018). Recognizing language and cultural hurdles as major challenges to successful information sharing in the context of communication (Karakaya et al., 2021, Zhong et al. 2020). To overcome these obstacles, the research highlights the necessity for healthcare staff to get cultural competency training (Zhong et al. 2020; Wright & Taylor, 2018). Technological constraints present further difficulties (Karakaya et al., 2021). Inadequate technological infrastructure, system interoperability issues, and data security concerns are some of the issues covered in the study that could prevent people from adopting electronic methods of information sharing (Karakaya et al., 2021, Zhong et al. 2020; Wright & Taylor (2018). According to the study by Bontiset et al. (2019) on "improving service delivery: Investigating the role of information sharing, job characteristics, and employee satisfaction" postulates that prompt access to thorough patient data empowers medical professionals to make better decisions, which enhances patient outcomes and service delivery. Moreover, the connection between patient satisfaction and efficient information exchange (Bontiset et al., 2019). The results point to a clear relationship between information practices and overall service quality, with patients reporting higher levels of satisfaction when they believe their healthcare practitioners exchange information effectively.

Numerous research point to ways to enhance healthcare information exchange

procedures (Orlando et al., 2019; Chen et al., 2021 & Friedman et al., 2013). The introduction of training courses to improve healthcare workers' ability to communicate while addressing issues with linguistic and cultural disparities. The development of technology is often viewed as a significant potential (Chen et al., 2021). The potential advantages of using cutting-edge technologies, such as artificial intelligence, to improve communication throughout healthcare settings, automate data processing, and expedite information exchange procedures (Orlando et al., 2019; Chen et al., 2021). One important component of patient-centered care is the community's participation in information-sharing procedures. A study by Friedman et al., (2013) on community awareness's effect on information exchange results implies that communities that are well-informed and involved are more likely to actively engage in healthcare decisions, which promotes a cooperative relationship between patients and healthcare professionals. The significance of setting up patient feedback systems (Friedman et al., 2013). Heegaard et al. (2016) on "sharing is power: Incentives for information exchange in multi-operator service delivery" highlights that getting patient input on information-sharing procedures can yield insightful information that can be used to enhance communication and modify healthcare offerings to better suit the requirements of the community.

Researchers talk about new developments and trends in healthcare information sharing in the future (Jouppi, 2017; O'Dowd & O'Rourke, 2019 & Alexiev, 2018). The implementation of wearable technologies, patient portals, and telemedicine is recognized as a revolutionary factor with the capacity to reconfigure the exchange of information between patients and healthcare practitioners (Jouppi, 2017; O'Dowd & O'Rourke, 2019 & Alexiev, 2018). In addition, the incorporation of artificial intelligence (AI) is thought to be revolutionary (O'Dowd & O'Rourke, 2019). Predictive analytics, natural language processing, and picture recognition are just a few of the uses of AI in healthcare that demonstrate how revolutionary these technologies have the potential to be in terms of information exchange and decision-making (Orlando, 2019). Even with these obstacles, there are still ways to improve information-sharing procedures (O'Dowd & O'Rourke, 2019). These include community involvement, technical development, and training in cultural competency (Chen et al., 2021). Tahleho & Ngulube's (2022) study on "knowledge sharing and the improvement of service delivery in an academic library" opines that the healthcare

system can be optimized for information sharing and decision-making with the incorporation of cutting- edge technology like artificial intelligence (AI).

2.2.2 Financial Allocation on Service Delivery

Within healthcare systems, how money is allocated has a significant impact on the efficiency and caliber of service delivery (Berman & Prasojo 2018; Alam, 2018 & Schmidt, 2016). It is widely acknowledged that how money is distributed within healthcare systems has a significant impact on the equity, quality, and accessibility of healthcare services. To achieve universal health care and make sure that services are available to all facets of the population, Berman & Prasojo (2018) conducted a groundbreaking study that emphasizes the significance of fair and sufficient financial resources. The research highlights the need for equitable allocation of financial resources in meeting the various healthcare requirements of various populations, which in turn leads to better service delivery results (Berman & Prasojo 2018). Studies looking into how money is currently allocated within healthcare systems investigate financial management, resource allocation, and budgeting techniques (Berman & Prasojo 2018; Alam, 2018 & Schmidt, 2016). It draws attention to the necessity of accountable and transparent financial procedures to guarantee that resources are distributed fairly and effectively among various healthcare providers (Berman & Prasojo 2018; Alam, 2018 & Schmidt, 2016). Examining the function of strategic purchasing in the distribution of funds is also essential to the provision of services (Schmidt, 2016). The results imply that performance-based funding and other strategic purchasing methods can help improve health outcomes by better matching financial resources with service delivery objectives.

A study by Kigume et al (2018) on "decentralization and health services delivery in Tanzania: analysis of decision space in planning, allocation, and use of financial resources" argues that financial allocation is acknowledged to be important, but some obstacles could prevent it from being used to its full potential (Kigume et al., 2018). Healthcare systems frequently deal with problems like poor financial management systems, erratic budget cycles, and inadequate funding levels (Kigume et al., 2018). These difficulties can make it more difficult for healthcare facilities to properly provide basic services. Furthermore, several academics have raised concerns regarding corruption and mismanagement in financial operations, arguing that these practices compromise the provision of services (Berman & Prasojo 2018; Alam, 2018). To solve these issues and guarantee that financial resources are allocated effectively for the provision of services, the study highlights the necessity of strong governance

frameworks and accountability systems. Adelabu & Khalil's (2017) study on "exploring innovative resource allocation and service delivery performance in developing countries" emphasizes how decisions made by administrators, lawmakers, and healthcare professionals can be greatly impacted by financial restrictions. Inadequate funding can force hard choices to be made about infrastructure development, staffing levels, and service priorities (Adelabu & Khalil, 2017). Researchers also look into the connection between healthcare outcomes and budgetary allocation results indicating a significant correlation between sufficient financial resources and better health service delivery, which includes increased immunization rates, easier access to necessary medications, and better overall performance of the health system (Berman & Prasojo 2018; Alam, 2018).

According to the study by Mutambuki & Kabui (2022) on "the effect of resource allocation on service delivery by Water Works Development Agencies in Kenya", results talk about how using result-based finance methods and performance-based budgeting could be advantageous. These strategies encourage a more outcome-oriented and effective use of resources by linking financial incentives to the accomplishment of particular service delivery goals (Mutambuki & Kabui, 2022). Community finance models' function. The results imply that community financial contributions to healthcare services can supplement government funding, enhancing the sustainability and financial resilience of healthcare facilities (Mutambuki & Kabui, 2022). It is widely acknowledged that community involvement in cash distribution procedures is essential to maintaining accountability and openness (Mutambuki & Kabui, 2022). According to the findings by (Kigume et al., 2018; Adelabu & Khalil, 2017), there is more trust in the distribution of resources when communities actively participate in these procedures, which improves the outcomes of service delivery. Additionally, research by Mutambuki & and Kabui (2022) emphasizes the significance of feedback mechanisms. According to the study, creating avenues for community input on how funds are being used can improve accountability and assist politicians and healthcare professionals in making decisions that are in line with community needs and preferences.

In the future, scholars like WHO (2020) talk about new developments and patterns in how money is allocated within healthcare systems. Potential breakthroughs that have

the potential to transform the way financial resources are allocated and handled in the healthcare industry include the implementation of digital health technologies, blockchain technology for financial transparency, and outcome-based funding models (WHO, 2020). Furthermore, a study by Mubyazi & Hutton, (2018); Lesiyampe et al. (2021); and Okubena & Imuezerua (2016) looks into the advantages of using predictive analytics in financial allocation. Healthcare systems can improve overall financial efficiency, optimize resource allocation, and predict service delivery needs by utilizing data analytics. Achieving universal health coverage, minimizing inequities, and enhancing health outcomes depend on the fair and adequate distribution of financial resources (Lesiyampe et al., 2021; Okubena & Imuezerua, 2016). The healthcare system has issues, but there is also potential for reform, community involvement, and developing innovations that present promising pathways for improving money allocation procedures (Mubyazi & Hutton, 2018 & Lesiyampe et al., 2021). The results of this assessment of the literature lay the groundwork for future studies and the creation of policies targeted at improving financial allocation to the health sectors.

2.2.3 Staff Capacity on Service Delivery

The number of employees in healthcare systems is a crucial factor in determining the efficacy, efficiency, and quality of the services provided (Chukwudi, 2015; Sill, 2021; Watson & Khan, 2019). High-quality healthcare delivery is acknowledged to be based on staff capacity, which includes the talents, knowledge, and skills of healthcare workers (Watson & Khan, 2019). A study by Sill (2021) on "capacity management: Making Your Service Delivery More Productive" emphasizes the significance of a knowledgeable and driven healthcare workforce in accomplishing the objectives of the health system, such as better patient outcomes and more accessibility to necessary services. The study highlights how staff capacity contributes to improving hospital resilience (Sill, 2021). According to Sill (2021), a workforce that is both trained and flexible in the healthcare industry is more suited to address new health issues and maintain continuous service delivery.

Research conducted by Watson & Khan (2019) on "capacity development for education service delivery in Pakistan: Top-down devolution" looks into how healthcare systems now develop staff capacity. This study investigates skill-building initiatives, continuing education programs, and training programs designed to

improve the competency of healthcare professionals. To meet the changing demands of healthcare delivery, it highlights the necessity of systematic methods for capacity building (Watson & Khan, 2019). Furthermore, a study by (Chukwudi, 2015; Sill, 2021; Watson & Khan, 2019) looks at how foreign partnerships affect staff capacity building. The results indicate that collaborations between healthcare organizations and institutions can promote knowledge and skill sharing, which in turn can improve staff capacity globally. Although the value of worker capacity is acknowledged, some obstacles could prevent successful capacity-building initiatives (Chukwudi, 2015; Sill, 2021; Watson & Khan, 2019). Research conducted by Muriisa (2018) on "decentralization in Uganda: prospects for improved service delivery" reveals that obstacles to effective capacity development include low funding, inadequate training facilities, and trouble keeping qualified employees. These difficulties could affect how well-equipped healthcare personnel are to handle the duties of providing care (Muriisa, 2018). Academics believe that migration and workforce distribution provide several difficulties (Chukwudi, 2015; Sill, 2021; Watson & Khan, 2019). The study by Muriisa (2018) draws attention to the unequal distribution of healthcare workers both domestically and internationally, which causes variations in staffing levels among various geographic areas.

Research on staff capability and decision-making in healthcare settings was conducted by (Nannyonjo & Okot, 2018; Doh, 2017; Jolaade & Kehinde, 2023). The studies contend that making educated judgments about patient care, resource allocation, and general healthcare administration requires a workforce that is both sufficiently qualified and well-trained (Nannyonjo & Okot, 2018; Doh, 2017; Jolaade & Kehinde, 2023). Additionally, an investigation on the relationship between staff capacity and healthcare coverage was conducted by Jolaade & Kehinde, (2023). The results imply that increased service coverage and accessibility are linked to enhanced healthcare staff capacity, especially in terms of training and skill development, which improves health outcomes (Jolaade & Kehinde, 2023). Identifying and investigating staff capacity improvement opportunities in healthcare systems, the paper talks about the possible advantages of mentorship models, collaborative learning projects, and multidisciplinary training programs. By addressing the intricate and changing demands of contemporary healthcare delivery, these strategies seek to develop a more adaptable and cooperative healthcare workforce (Jolaade & Kehinde, 2023). Task

shifting and delegation contribute to staff capacity optimization (Nannyonjo & Okot, 2018; Doh, 2017). According to the results, assigning responsibilities to healthcare professionals by their qualifications and experience can boost productivity and increase the capacity for providing services, especially in environments with limited resources (Nannyonjo & Okot, 2018; Doh, 2017).

Building staff capacity through community involvement is acknowledged as a critical component of patient-centered care (Moise et al. 2022 & Bryan, 2017). Community involvement in the education and training of healthcare professionals is examined in a study by Moise et al. (2022) results imply that community involvement in capacity-building initiatives can improve the fit between healthcare professionals and the unique requirements of the populace. The role that feedbacks mechanisms play (Moise et al., 2022). According to the research, creating feedback loops between healthcare providers and the communities they serve can improve communication between the parties involved, better the quality of services provided, and support staff capacity building (Nannyonjo & Okot, 2018; Doh, 2017). Researchers talk about new developments and trends in staff capacity building in healthcare systems as they look forward. Healthcare personnel may stay up to date with the newest advancements in their professions by utilizing digital learning platforms (Doh, 2017; Jolaade & Kehinde, 2023). Virtual reality simulations, and artificial intelligence for ongoing training and skill development.

Additionally, an investigation by Doh, 2017; Jolaade & Kehinde, (2023) examines the possible advantages of community health worker initiatives. The results imply that, especially in underprivileged and isolated locations, enabling community members to assume certain healthcare duties can enhance the ability of official healthcare professionals (Doh, 2017; Jolaade & Kehinde, 2023). There are obstacles to overcome in the process of increasing staff capacity in the healthcare industry, but there are also chances for growth, community involvement, and emerging innovations that present promising paths forward to building (Nannyonjo & Okot, 2018).

2.3 ICT Infrastructure on Service Delivery

Infrastructure for information and communication technology (ICT) is revolutionizing healthcare systems by having a big impact on accessibility, efficiency, and service delivery (NG'ANG'A, 2019; Huggins & Izushi, 2017). It is well-acknowledged that

having better ICT infrastructure can improve healthcare outcomes and delivery (Huggins & Izushi, 2017). The potential of ICT to improve communication, streamline data administration, and aid in decision-making within healthcare systems is highlighted in thorough research conducted by the World Health Organization in 2012. The study emphasizes the significance of a strong ICT infrastructure to provide efficient, patient-centered healthcare (WHO, 2012). The complex effects of ICT on the effectiveness, accessibility, and quality of healthcare (Sarangi & Pradhan, (2020); Huggins & Izushi (2017) & Pardhasaradhi et al., 2018). The results imply that ICT infrastructure enhances the overall landscape of service delivery by facilitating better diagnosis, treatment, and care coordination.

Research by Wairiuko et al. (2018) looks into how healthcare systems are currently developing their ICT infrastructure. The use of telemedicine, electronic health records (EHRs), and other digital health solutions is examined in this study. To guarantee smooth communication and information exchange across diverse healthcare settings, it highlights the necessity of integrated and interoperable ICT systems (Wairiuko et al., 2018). Furthermore, a study by Akuegwu et al. (2019) evaluates the contribution of mobile health (mHealth) applications to improving healthcare delivery. The results indicate that mHealth interventions may improve monitoring, communication, and adherence to medical guidelines when supported by a strong ICT infrastructure. Alahakoonn & Jehan's (2020) study on “the efficiency of public service delivery a post-ICT deployment analysis” opines that notwithstanding the acknowledged advantages, there are obstacles in the way of integrating ICT infrastructure in healthcare systems. Effective ICT integration is hampered by problems including data security worries, interoperability difficulties, and reluctance to adopt new technologies (NG'ANG'A, 2019; Huggins & Izushi, 2017). These difficulties could affect how well ICT solutions are implemented and how that affects service delivery in turn. The term "digital divide" refers to differences in the availability of ICT infrastructure (Akuegwu et al., 2019). The study emphasizes how discrepancies in technological literacy and access might impact specific population groups and may result in differences in the provision of healthcare services.

The effect of ICT infrastructure on decision-making procedures in healthcare settings is investigated in research by (Ominde et al. 2021). According to the study, the

availability of real-time data by ICT systems enables healthcare providers to make well-informed decisions, increasing the efficiency and personalization of their provision of services (Ominde et al. 2021). The relationship between the use of ICT and medical results. According to the research, healthcare institutions with cutting-edge ICT infrastructure typically exhibit improved patient outcomes, a decline in medical errors, and an improvement in overall service quality (Ominde et al. 2021). Sarangi & Pradhan's (2020) study on "ICT infrastructure and economic growth: A critical assessment and some policy Implications" look for ways to enhance the ICT infrastructure in healthcare systems. The study addresses the possible advantages of putting Health Information Exchange (HIE) systems into place, which facilitate the easy exchange of patient data across various healthcare providers (Sarangi & Pradhan, 2020). A more coordinated and patient-centered approach to service delivery may result from the integration of HIE systems (Sarangi & Pradhan, 2020). Utilizing ICT infrastructure for community health programs can increase health literacy, empower people, and involve the community in healthcare decision-making.

In a study by Huggins & Izushi (2017) on "the digital divide and ICT learning in rural communities: examples of good practice service delivery" one important way to promote patient-centered care is through community involvement in ICT infrastructure efforts. The results indicate that user acceptance, adherence, and overall effectiveness of health interventions can be improved by including communities in the design and implementation of ICT solutions (Huggins & Izushi, 2017). Additionally, a study by Pardhasaradhi et al. (2018) on the role of ICT Infrastructure in Public Service Delivery. A Report on ICT and Infrastructure, emphasizes how crucial feedback loops are. According to the research, creating avenues for community input on ICT infrastructure deployments can help with the continuous improvement of digital health solutions by making sure they suit the requirements and preferences of the local populace (Pardhasaradhi et al., 2018). Researchers talk about new developments and trends in ICT infrastructure for healthcare systems in the future (Sarangi & Pradhan, (2020); Huggins & Izushi (2017) & Pardhasaradhi et al., 2018). The future of healthcare service delivery may be shaped by the use of disruptive technologies like blockchain for secure health data management, Internet of Things (IoT) for remote patient monitoring, and artificial intelligence (AI) for data analytics (Sarangi & Pradhan, (2020); Huggins & Izushi (2017) & Pardhasaradhi et al., 2018).

The potential advantages of tailored medicine are made possible by cutting-edge ICT infrastructure (Huggins & Izushi (2017) & Pardhasaradhi et al., 2018). The results imply that more tailored and efficient healthcare interventions may result from the use of genomic data, wearable technology, and predictive analytics.

2.4 Theoretical Framework

This subsection presents the theoretical framework employed by the study. Two theories in particular are discussed. These include Resource Dependency theory and Institutional theory.

2.3.1 Resource Dependency Theory

Pfeffer and Salancik's Resource Dependency Theory highlights the connection between organizations and their external environment. It implies that businesses rely on outside resources to function, which motivates the need for strategic dependency management (Celtekligil, 2020). Within the larger framework of the research on the devolution of the health sector and service delivery, the Resource Dependency Theory provides a useful lens through which to explore the complex dynamics of the healthcare system in Garissa County, Kenya. According to Biermann & Harsch (2017) the theory, organizations including healthcare systems are shaped by their reliance on outside resources, and knowing these rely on them can help with strategic decision-making and organizational behavior analysis.

Within the particular framework of Garissa County's healthcare system, the county depends on a variety of resources, each of which is essential in determining the nature of service provision Anderson et al. (2021). Information is an essential tool that affects patient care, decision-making procedures, and overall healthcare administration. Allocations of funds, another vital resource, dictate how much the health industry can invest in infrastructure and offer basic services. Competent personnel is a human resource that enhances the efficacy and competency of healthcare service. ICT infrastructure also serves as a technology resource, promoting data management, communication, and creative approaches to healthcare.

Through an exploration of the interdependencies among these diverse resources, the research can deconstruct the complex network of connections between the healthcare system of Garissa County and outside parties. Examining the county's negotiation and

management of these dependencies becomes essential to understanding how the healthcare industry handles interactions with donor organizations, governmental entities, national health authorities, and other stakeholders. Comprehending these interdependencies is vital to grasp the variables that impact decision-making in the healthcare system (Ozturk, 2021). For example, budgetary limitations can make it more difficult for the county to fund staff development initiatives or sophisticated ICT equipment. To guarantee a viable and efficient healthcare system, the county must strategically negotiate these dependencies.

2.3.2 Institutional Theory

The main topic of institutional theory is how institutions influence behavior inside organizations (Lin, 2017). It highlights how organizational activities are influenced by both official and informal norms, rules, and practices. A central idea in this theory is an institutional isomorphism, which describes how organizations give in to institutional constraints (Sandefur & Laumann, 2019). Institutional Theory serves as a crucial framework in the study of the devolution of the health sector in Garissa County, Kenya, helping to understand the intricate interactions between institutional forces influencing decisions and actions in the sector. This theory, which holds that organizations follow formal or informal institutional norms, regulations, and expectations, is especially relevant when attempting to comprehend how local governance structures and national healthcare policies impact the healthcare system.

Institutional pressures originate at the national level from governmental directives, legal frameworks, and comprehensive healthcare plans (Lin, 2017). The boundaries that the health sector in Garissa County functions inside are set by these official regulations. The research can explore how national policies shape information-sharing behaviors, outline approaches to financial distribution, establish standards for staff training, and affect the use of ICT infrastructure. Comprehending these official regulations is essential to placing the county's decision-making procedures in the larger framework of the United States healthcare system. Local government frameworks also bring in new institutional demands at the same time. The informal conventions that direct the daily operations of the health sector in Garissa County, as well as community expectations and municipal legislation, maybe some of these pressures. Examining these unwritten guidelines offers an understanding of the sociocultural

environment in which the healthcare system functions (McElroy et al. 2016). For example, the degree to which the community participates in decision-making or the degree to which specific ICT projects are accepted may depend on expectations and cultural norms.

It is crucial to investigate how these institutional influences interact and might lead to conflicts or opportunities for cooperation within the health system. The study might examine how the healthcare system tries to harmonize its practices with the existing institutional context, maneuvers through formal and informal rules and adjusts to institutional expectations. Guillen et al. (2017) argue that knowing the institutional environment helps explain how choices are made, how resources are distributed, and why certain practices like adopting ICT or adhering to information-sharing protocols are supported or opposed.

2.5 Conceptual Framework

The below conceptual framework demonstrates the relationship between independent and dependent study variables:

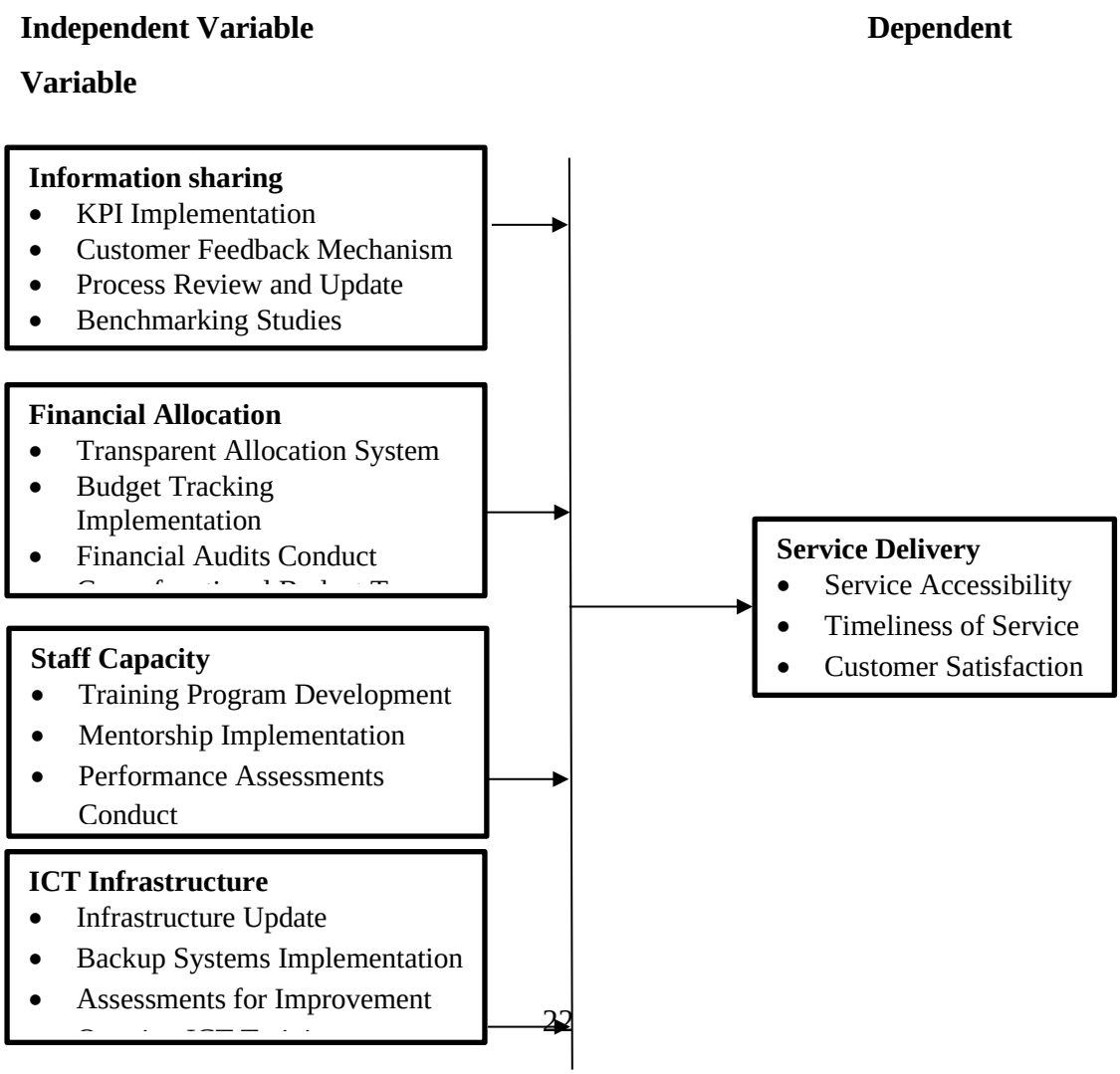

Figure 2.1: Conceptual Framework

According to the conceptual framework, modifications or variations in the health sector's ICT infrastructure, human capacity, financial allocation techniques, and information-sharing procedures should have an impact on Garissa County's total service delivery. A particular feature that may affect the dependent variable, service delivery, is represented by each independent variable. Better information exchange, for instance, could have a favorable impact on decision- making procedures and improve service delivery. In a similar vein, adequate funding and knowledgeable personnel can enhance the quality of services, while sophisticated ICT infrastructure can optimize workflows for more effective service delivery.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter covers the methods used to sample the respondents, the location of the study, techniques for collecting data, the research instruments that were employed, the steps involved in data processing, and the ethical considerations that were made throughout the research process. The target demography for the sample, the research design used, the study location, the validity and reliability tests, and other variables are all addressed.

3.2 Research Design

The research used a mixed-methods technique. This methodology allowed for a fuller understanding of the topic under investigation by combining qualitative and quantitative methodologies. The intricacy of the study on the devolution of the health sector and service delivery in Kenya's Garissa County made this research design the preferable choice.

3.3 Site of the Study

The study was done in Garissa County, Kenya. Kenya's Garissa County serves as an administrative county. It is situated in Eastern Kenya, with borders to the east with Somalia, the north with Wajir and Isiolo counties, the west with Tana River County, and the south with Lamu County. Garissa is its capital and major city. The Kenyan Constitution of 2010 established the county as the new devolved government entity. Garissa County was formerly a part of Kenya's North Eastern Province, which existed until the 2010 constitution. Before gaining independence, the Northern Frontier District (NFD) was divided into the North Eastern Province. According to the 2019 Census, Garissa County has a total population of 841,353 people, of which 458,975 are men, 382,344 are women, and 34 are intersex. The county also has a land area of roughly 44,753 km2 (17,279 sq mi). The main clans that live in the district are the Absame, Marehan, and Facaye Sade clans (Balaton-Chrimes, 2021). There are 141,394 households overall, with an average of 5.9 people living in each.

19 people are living there per square kilometer.

3.4 Target population

The study's target population included hospital managers, hospital administrators from each sub county, CEC health, community health promoters, director health services, director public health, County assembly chair health, Chief officer medical services, and chief officer public health (Garissa County Government, report 2023). Therefore, the population was as follows:

Table 3.1: Target population from Garissa County

Target Group	**Target Population**	**Percentage%**
Hospital Managers	7	5.8%
Hospital Administrators s	7	5.8%
Community Health Promoters (facility based)	100	83%
CEC Health	1	1%
County assembly chair health	1	1%
Chief Officer Public Health	1	1%
Chief Officer Medical Services	1	1%
Director Public Health	1	1%
Director Medical Services	1	1%
Total	**120**	**100%**

3.5 Sample size and techniques

Given the small size of the study population, the entire population was included in the study. Thus, all the 120 staff working in the health sector in Garissa County were included in the study.

3.5.1 Research Instruments

Both qualitative and quantitative research techniques were employed in this research. Semi- structured questionnaires were used in the quantitative research to gather quantitative data on important variables such as staff capabilities, financial allocations, information exchange procedures, and the condition of ICT infrastructure. Use open-ended and closed-ended questions with Likert scales to quantify answers. Aim to include a cross-section of Garissa County stakeholders, officials, and healthcare professionals. Secondly, collect quantitative data on budget allocations and infrastructure development by analyzing current papers and reports about financial statements, policies, and plans for the health sector. To measure indices of service delivery, population health outcomes, and healthcare utilization, use statistical data from county and national health records.

In-depth interviews with key informants, including hospital mangers, hospital administrators from each sub county, CEC health, community health promoters, director health services, director public health, County assembly chair health, Chief officer medical services, and chief officer public health were done as part of the study's qualitative research methodology to acquire insights regarding staff capacity, ICT infrastructure, financial decision-making, information sharing, and the devolution process. Ask open-ended questions to encourage extensive responses from responders. Focus groups were arranged with various stakeholders, such as community health volunteers, and healthcare professionals to obtain a variety of viewpoints regarding the provision of services and the effects of devolution. Conversations on topics like technology advancements, employment difficulties, financial priorities, and information accessibility were held.

To learn more about healthcare professionals' and administrators' perspectives on staff

capacity, training initiatives, and the difficulties in providing healthcare services, the study also conducted semi-structured interviews with these participants. Make in-person observations of healthcare facilities and their operations to collect qualitative information about the devolution process as it is being implemented, how ICT infrastructure is being used, and the general atmosphere in which services are provided.

3.5.2 Validity and Reliability

The quality, depth, and precision of the data are necessary for validity (Kruger and Westermann, 2003). Construct and content validity tests were used in the study to guarantee the precision and consistency of the results. An expert in the field validated the instrument against the study's objectives to make sure its content is valid. The survey's statements were given to the professionals to evaluate for appropriateness, as well as for understandability, clarity, bias, and offensiveness. Before implementing the survey for the final data collection, changes were made based on the evaluation. The review's comments were used to improve the content validity. The survey was divided into many sections to assess distinct aims and make sure they are related to the theoretical framework of the study to guarantee construct validity.

This study evaluated internal consistency of the five-point Likert scale items using Cronbach's Alpha to guarantee reliability. 0.7 as the evaluation criterion, as recommended by Oncu and Cakir (2011). Sekaran (2006) pointed out that more internal consistency and reliability are indicated by a higher Cronbach alpha coefficient.

3.6 Data Collection Procedures

Both primary and secondary data were collected and utilized in the study. Data collection included the use of research assistants to increase efficiency. The research assistants received prior training on using the questionnaire to conduct field research. The research assistants were acquainted with the persons chosen for the study as well as the culture of the research setting. The assistants were given a thorough rundown of the instruments so they can grasp the entire field study procedure. They were also informed about the goals and anticipated outcomes of the current study. The researcher administered the questionnaires by means of hand delivery and picked them at a later date.

3.7 Data Analysis

Data analysis is a method of making decisions based on collected data (Saunders, Lewis & Thornhill, 2019). This gives the result demonstrating the discoveries a clear meaning and explanation. The objectives of the study directed the cleaning, coding, and thematic collation of the acquired data. Descriptive statistics were used to investigate the distinct themes that emerged from the analysis of the data acquired using SPSS. Where appropriate, the distribution of the results was tested using the mean, median, and standard deviations. The study objectives served as a guide for content analysis, which was used to present the qualitative data. After organizing similar themes into groups, content analysis was used to assess the qualitative data. Descriptive statistics were be applied.

3.8 Data Management and Ethical Consideration

The project created uniform data-gathering standards that outline how surveys, interviews, and observations should be conducted. To ensure uniformity throughout data gathering techniques, the researcher made sure instructions were clear. To keep digital material with restricted access, the study made use of secure servers and databases. Establish safe filing systems and access controls for physical documents. To find and fix problems during data entry, the study carried out extensive validation checks. Create a methodical procedure for validating and cleansing data before analysis. Create data-sharing agreements with usage guidelines if data sharing is to occur. When sharing data outside, give ethical considerations including participant confidentiality top priority. All volunteers were provided with informed consent after being fully told about the study's goals, methods, and possible dangers. The researcher ensured participants were aware of their ability to withdraw at any time from the study and the voluntary nature of their participation. To preserve participant privacy, participant information was made anonymous and pseudonyms used. Participant data was kept safe and access was restricted to just the project staff that were allowed. Participant viewpoints were appreciated. Participants were provided with a chance to voice their opinions and concerns. Lastly, the study was transparent about its goals, methodology, and possible ramifications with all participants, stakeholders, and the community.

CHAPTER FOUR: FINDINGS AND DISCUSSIONS

4.1 Introduction

This chapter includes the study findings and discussions based on data collected in the field. The study assessed how healthcare devolution affected service delivery in Garissa County. Data from the field were collected in accordance with the study's four objectives, which were to establish the effects of information sharing, assess the effects of information sharing, determine the effects of staff capacity, and investigate the effect of ICT infrastructure on service delivery in Garissa County. The data was analyzed, and the results were presented as frequency tables, figures, and percentages, along with interpretations and debates.

4.2 Response Rate

A total of 100 questionnaires were given out. Of these, 94 were accurately completed and returned. Table 4.1 summarizes the findings.

Table 4.1: Response rate

Category	**Questionnaires distributed**	**Returned questionnaires**	**Response rate**
Community health promoters	100	94	94%

Source: Field data (2025)

Based on the findings in Table 4.1, the response rate was 94% where 94 out of 100 community health promoters correctly filled and returned the questionnaires. Mugenda and Mugenda (2013) assert that a response rate of 70% is excellent for reporting. Based on this assertion, the response rate was considered excellent for reporting.

4.3 Demographic Information of Respondents

The demographic information requested from respondents included gender, age, level of education, years of health-care experience, geographic location, training and development, position, ICT literacy, and language ability.

4.3.1Age of the Respondents

Respondents were requested information regarding their age. It was important to establish age of respondents as different age groups have different perspectives regarding devolution of health and service delivery. The findings are as shown in Table 4.2.

Table 4.2: Age of the respondents

Age distribution	**Frequency**	**Percentage**
25 and below	6	5.6
26 - 35	24	26.2
36 - 45	36	36.5
46 - 55	21	25.2
56 and above	6	6.5
Total	94	100

Source: Field data (2025)

Results in Table 4.2 show that majority of the respondents being 36 or 38.3% were in the age bracket of 36 – 45. This was followed by those in the age bracket of 26 – 35 being 24 respondents corresponding to 25.5%, those in the age bracket of 46 – 55 being 21 or 22.3% with those aged 56 and above being 6 or 6.3%. Finally, another 6 or 6.3% of the respondents were aged 25 and below. The findings indicated that the study took into consideration the views of respondents from different age groups.

4.3.2 Gender of the Respondents

Respondents were requested to indicate their gender in the questionnaire. This was relevant to the study so as to enhance the validity, accuracy and relevance of the findings by including diverse perspectives of different groups. The findings are shown in Table

Table 4.3: Gender of the respondents

Gender	Frequency	Percentage
Male	53	56.4
Female	41	43.6
Total	94	100

Source: Field data (2025)

The findings in Table 4.3 show that majority of the respondents being 53 corresponding to 56.4% were male while 41 respondents similar to 43.6% were female. The findings indicate a fair representation of both male and female respondents in the study.

4.4 Education Level of the Respondents

Respondents were further implored to indicate their highest level of education. This was important to the study as it gauged respondents' reading, comprehension and interpretation of the items in the questionnaires. Table 4.4 shows the findings.

Table 4.4: Education level of respondents

Education Level	**Frequency**	**Percentage**
Primary	5	5.3
Secondary	13	13.8
Certificate	34	36.2
Diploma	31	33.0
Bachelor's degree	8	8.5
Postgraduate	3	3.2
Total	**107**	**100**

Source: Field data (2025)

Results in Table 4.4 demonstrate that all the respondents had attained varied levels of education. Majority of the respondents being 34 corresponding to 36.2% indicated certificate as their highest educational attainment, 31 or 33.0% had attained diploma, 8 corresponding to 8.5% had Bachelor's, 13 corresponding to 13.8 had secondary level education while the minority of the respondents being 5 or 5.3% had attained primary level education. The findings are an indication that respondents had attained different forms of education and were

therefore literate enough to read and comprehend and respond to the items on the questionnaires.

4.4.1 Years of Experience in the Health Sector

The study further sought to establish the number of years the respondents had served in the health sector. This was significant to the study as the study focused on the professional knowledge of the respondents that required respondents to have experience. The findings are as shown in table 4.5.

Table 4.5: Years of experience in the health sector

Number of years	Frequency	Percentage
Less than 1 year	9	9.6
1 - 5	23	24.5
6 - 10	29	30.9
11 - 15	26	27.6
Above 15 years	7	7.4
Total	**94**	**100**

Source: Field data (2025)

Based on the findings in Table 4.5, respondents had varied levels of experiences in the health sector. Majority of the respondents being 29 corresponding to 30.9% had served for a period of 6 – 10 years, 26 or 27.6% had served for 11 -15 years, 23 equivalent to 24.5% had served for 1 – 5 years, 7 or 7.4% had experience of 15 years and above while 9 or 9.6% had served for less than 1 year in the health sector. The findings imply that majority of the respondents had amassed experience serving in the health sector.

4.4.2 Level of Literacy in ICT

The study sought to determine whether the respondents had ICT literacy. This aspect was important to the study as ICT is a key component in all the processes of service delivery in the health sector in Garissa County. The findings are as shown in Figure 4.1.

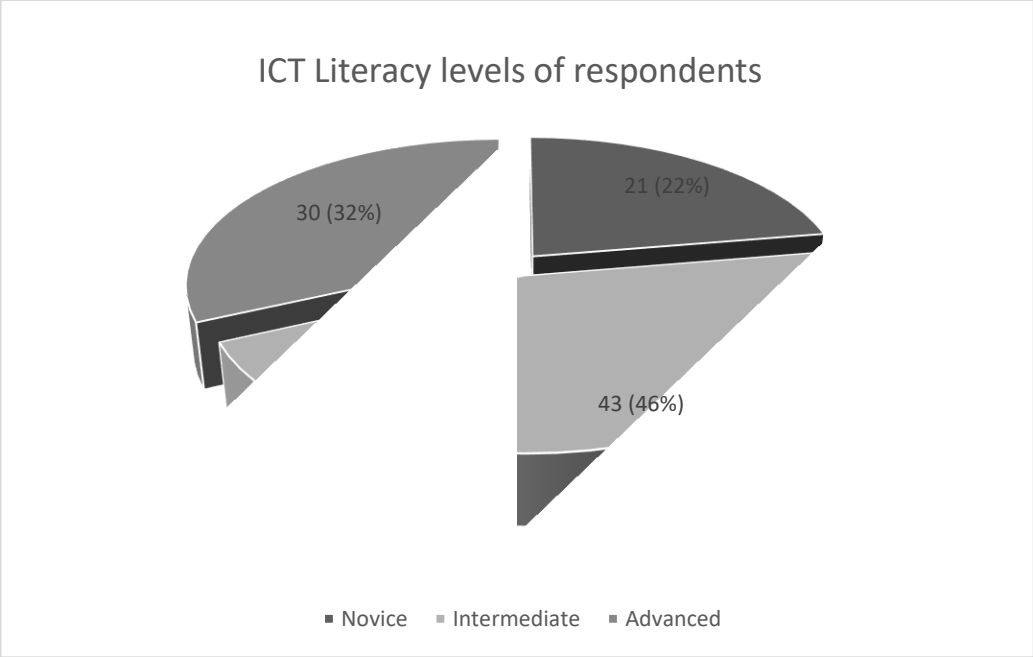

Figure 4.1: ICT literacy of the respondents

Figure 4.1 shows that all the respondents had varied levels of ICT literacy. Majority of the respondents being 43 corresponding to 46% had intermediate ICT skills, 30 or 32% had advanced while 21 or 22% being the minority were novices with regards to ICT skills. These findings show that all respondents had gained some degree of ICT literacy and would thus respond properly to the application of ICT in the healthcare system. The findings agree with earlier research which has shown that ICT is a significant aspect in the healthcare systems and therefore technological literacy for service providers should be emphasized (Akuegwu et al., 2019).

4.5 Devolution of Health and Service Delivery

This subsection presents findings on the role of devolution of health sector on service delivery in Garissa County. The results are founded on the study's four objectives. The indicators of devolution of health services include information sharing, financial allocation, staff capacity and ICT infrastructure. Respondents were presented with varied statements on each variable and were requested to indicate their level of agreement or disagreement with the statements. The mean was used to represent the extent to which respondents agreed with the questionnaire's assertions, whilst the standard deviation (SD) indicated the degree of

difference among respondents. A mean of 4 or more meant that respondents strongly agreed with the assertions; a mean of more than 3 suggested that respondents were in agreement with the statements; and a mean of less than 3 indicated that respondents disagreed with the statements. A standard deviation of more than 1.0 indicated a high degree of dispersion between agreement or disagreement between respondents whereas an SD of less than 1.0 indicates even distribution of agreements or disagreements.

4.5 1 Information Sharing and Service Delivery

Objective one of the studies sought to establish the effect of information sharing on service delivery in the health sector in Garissa County. Respondents were presented with parameters in form of statements regarding information sharing in which they were requested to indicate their level of agreement or disagreement. Information sharing was assessed in the study because it facilitates coordination among different departments and stakeholders in the health sector thus impacting service delivery. Table 4.6 demonstrates the findings. Likert Scale was used in the measurement (Key: "Strongly Agree = 5, agree = 4, neutral = 3, disagree = 2, strongly disagree = 1").

Table 4.6: Information sharing and service delivery

Statement	**Strongly disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly agree**	**Mean**	**SD**
There are in place information sharing procedures within the health sector	7	11	13	42	21	3.63	1.17
Improved information sharing can lead to better service delivery in the health sector	4	6	5	38	41	4.13	1.05
There are no serious obstacles preventing effective information exchange among stakeholders in Garissa County's health sector	10	9	12	32	31	3.69	1.30

I have observed positive effects on health sector service delivery as a result of improved information sharing	4	12	7	42	29	3.85	1.12
Addressing the obstacles to information sharing could positively impact health sector service delivery in Garissa County	2	5	3	46	38	4.20	0.99
The current level of collaboration and information sharing among health sector stakeholders in Garissa County is satisfactory	10	13	8	36	27	3.61	1.31
The existing communication infrastructure supports effective information sharing in the health sector in Garissa County	8	16	11	35	24	3.54	1.21

Source: Survey data (2025) Key: N = 94

A mean of 3.63 as shown in Table 4.6 indicates that respondents moderately agreed to the assertion that information sharing procedures within the health sector are in place. A standard deviation of 1.17 indicates a high-level dispersion of respondent views. Respondents also agreed with the statement that improved information sharing can lead to better service delivery in the health sector (mean = 4.13, SD = 1.05). Further, respondents were in agreement with the assertion that there are no serious obstacles preventing effective information exchange among stakeholders in Garissa County's health sector as indicated by a mean of 3.69 and an SD of 1.30. On the statement that I have observed positive effects on health sector service delivery as a result of improved information sharing, a mean of 3.85 with an SD of 1.12 indicates that majority of the respondents agreed with the assertion. Further, respondents agreed that addressing the obstacles to information sharing could positively impact health sector service delivery; the current level of collaboration and information sharing among health sector stakeholders in Garissa County is satisfactory and that; the existing communication infrastructure supports effective information sharing in the health

sector in Garissa County as shown by the means of 4.20, 3.61 and 3.54 with SDs of 0.99, 1.31 and 1.21 respectively. The findings imply that information sharing has an impact on service delivery in the healthcare sector in Garissa County. A well-designed information system can enhance service delivery in the healthcare system

During interviews with key informants, it emerged that effective information sharing in Garissa County can enhance service delivery by improving decision-making, enhanced coordination between healthcare providers, improved decision making, streamlined processes, transparency, and access to essential services. A key informant stated that:

> "*When government agencies, NGOs, and local leaders share information effectively, they can make data-driven decisions to allocate resources efficiently. Real-time access to information helps identify priority areas that need urgent intervention. Also, transparent information sharing ensures that citizens are aware of available services in the healthcare sector."* KI2

The views by the key informant indicate that information sharing is a key aspect in improving service provision. Overall, the findings indicate that information sharing processes are fairly established in the health sector in Garissa County and that there are no major obstacles to information sharing. The findings agree with Bontis et al. (2019) and Heegaard et al. (2016) who noted that countries that have decentralized health services have witnessed significant improvement in key areas in the health sector such as information sharing which has consequently improved service delivery in the healthcare sector.

4.5.2 Financial Allocation and Service Delivery

Objective two of the study assessed the effect of financial allocation on service delivery in the health sector in Garissa County. This was important to the study as financial allocation plays a critical role in service delivery in the healthcare sector. Respondents were requested to respondent to demonstrate their degree of agreements based on the statements on the questionnaire measuring impact of financial allocation on service delivery. The findings are as shown in Table 4.7. A Likert Scale was used in the measurement (Key: “Strongly Agree = 5, agree = 4, neutral = 3, disagree = 2, strongly disagree = 1”).

Table 4.7: Financial allocation and service delivery

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean	SD
I am satisfied with Garissa County's current budgetary distribution to the health sector	17	25	12	22	18	2.99	1.42
The county's budget allocation has a positive impact on the quality and availability of healthcare services	11	14	7	34	28	3.57	1.31
There are specific areas within the health sector that require increased funding for better service delivery	6	10	8	41	29	3.82	1.16
I have frequently encountered difficulties in utilizing the allocated funds for the provision of services in the health sector	16	18	11	26	23	3.23	1.49
Addressing challenges in the utilization of allocated funds could positively impact health sector service delivery in Garissa County	4	7	9	54	20	3.84	0.97
I am confident about the transparency of financial processes related to the health sector in Garissa County	19	21	13	21	20	3.02	1.45
The current financial management system is effective in ensuring accountability and proper utilization of funds in the health sector	17	22	11	25	20	3.09	1.43

Source: Survey data (2025) Key: N = 94

Results in Table 4.7 show that respondents are not satisfied with current budgetary

distribution to the health sector in Garissa County as shown by a mean of 2.99 and SD of 1.42. Majority of the respondents agreed to the assertion that the county's budget allocation has a positive impact on the quality and availability of healthcare services (mean = 3.57, SD = 1.31). Also, respondents agreed to the assertion that there are specific areas within the health sector that require increased funding for better service delivery (mean = 3.82, SD = 1.16). Further, respondents agreed to the assertions that they have frequently encountered difficulties in utilizing the allocated funds for the provision of services in the health sector (mean = 3.23, SD = 0.40), addressing challenges in the utilization of allocated funds could positively impact health sector service delivery in Garissa County (mean = 3.84, SD = 0.97), I am confident about the transparency of financial processes related to the health sector in Garissa County (mean = 3.02, SD = 1.45) and that the current financial management system is effective in ensuring accountability and proper utilization of funds in the health sector (mean = 3.09, SD 1.43). The findings indicate that adequate financial allocation to the health sector can positively affect service delivery.

It emerged during interviews with key informants that financial allocation to the health sector has a significant impact on service delivery. For example, it was noted that adequate funding can enhance access to health services, employee capacity and resource availability. A key informant from the Department of Health Garissa County stated:

> "*Increased funding can expand healthcare coverage, especially in underserved areas within Garissa County. Garissa County is large in size with sparse population which means that we need more financial resources to enable people in far flung areas have access to health services. New facilities can be built in those areas as well as improve transportation and outreach programs, making healthcare more accessible*." KI4

Based on the findings, it is evident that there is reasonable financial allocation to the health sector in Garissa County. However, the high degree of dispersion between responses indicates that there are financial challenges that need to be addressed to further enhance service delivery. The findings in the study agree with earlier research which has shown that adequate financial allocation to the health sector has a positive impact on service delivery. Kigume et al. (2018) noted that equitable allocation and prudent utilization of financial resources in the healthcare sector can lead to improved service delivery to the public. Further studies have

shown that inadequate funding and poor financial management strategies can negatively impact service delivery in the health sector as priorities might shift away from important aspects that enhance service delivery such having inadequate or an incompetent workforce as a result of financial constraints (Adelabu & Khalil, 2017).

4.5.3 Staff Capacity and Service Delivery

The third objective of the study sought to evaluate the effects of staff capacity on service delivery in Garissa County. Respondents were requested to respond to various items on a questionnaire regarding staff capacity and service delivery. Staff capacity is a critical aspect regarding service delivery. Table 4.8 presents the results. A Likert Scale was used to measure the parameters (Key: "Strongly Agree = 5, agree = 4, neutral = 3, disagree = 2, strongly disagree = 1").

Table 4.8: Staff capacity and service delivery

Statement	**Strongly disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly agree**	**Mean**	**SD**
Staff capacity significantly affects service delivery in Garissa County's health sector	3	5	2	33	51	4.32	1.02
The current staffing capacity in Garissa County's health sector meets the staffing needs	21	27	12	18	16	2.80	1.41
Personnel capacity plays an important role in ensuring that services are delivered effectively and efficiently	13	19	10	26	24	3.32	1.42
There are ongoing projects or educational programs aimed at improving the skills and abilities of health sector employees in Garissa County	16	22	9	33	14	3.07	1.36

workers in the health sector in Garissa County often encounter obstacles in developing their skills and capacity	11	14	8	39	22	3.50	1.39
Addressing challenges in staff capacity development could positively impact health sector service delivery in Garissa County	4	3	6	29	52	4.30	1.02
I am satisfied with the current training and development opportunities provided to health sector employees in Garissa County	23	28	12	17	14	2.69	1.40

Source: Survey data (2025) Key: N = 94

The findings shown in Table 4.7 indicate that majority of the respondents agreed with the assertion that staff capacity significantly affects service delivery in Garissa County's health sector (mean = 4.32, SD = 1.02). Respondents also agreed that personnel capacity plays an important role in ensuring that services are delivered effectively and efficiently (mean = 3.32, SD = 1.42). Further, respondents agreed that there are ongoing projects or educational programs aimed at improving the skills and abilities of health sector employees in Garissa County (mean = 3.07, SD = 1.36), workers in the health sector in Garissa County often encounter obstacles in developing their skills and capacity (mean = 3.50, SD = 1.39) and that addressing challenges in staff capacity development could positively impact health sector service delivery in Garissa County (mean = 4.30, SD = 1.02). The findings imply that staff capacity plays a role in enhancing service delivery in the health sector. However, majority of the respondents disagreed that the current staffing capacity in Garissa County's health sector meets the staffing needs (mean = 2.80, SD = 1.41) and that they are satisfied with the current training and development opportunities provided to health sector employees in Garissa County (mean = 2.69, SD = 1.40). This implies that staffing needs in the health sector in Garissa County are not met. The findings also indicate inadequacies in meeting staff training needs.

Interviews with key informants revealed that training and development of staff members can positively influence their ability to effectively deliver services. It was revealed that training has equipped staff with updated techniques, best practices, and knowledge, enabling them to deliver higher-quality services to the public. Further, the key informants noted that investing in staff capacity-building initiatives such as workshops, seminars, and skills development programs have been found to positively contribute to improved service delivery outcomes in Garissa County. These initiatives have enabled staff to develop new skills, sharing of ideas and encouraged strong collaborations between workers all of which have played a role in enhanced service delivery.

Overall, the findings reveal that staff capacity in the health sector in Garissa County is fairly established. The findings in this study agree with earlier studies indicating that continuing education programs, skill building and training programs designed to improve healthcare delivery are necessary for enhanced service delivery in the healthcare sector (Watson & Khan, 2019).

4.5.4 ICT Infrastructure and Service Delivery

The fourth objective of the study sought to examine the effects of ICT infrastructure on service delivery in Garissa County. To determine the effect of ICT infrastructure on service delivery in the health sector, respondents were requested to provide their opinion based on the statements in the questionnaire. ICT infrastructure is a key component in the healthcare sector. The findings are as shown in Table 4.9. A Likert Scale was used in the measurement of the parameters (Key: “Strongly Agree = 5, agree = 4, neutral = 3, disagree = 2, strongly disagree = 1”).

Table 4.9: Statements on ICT Infrastructure and service delivery

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean	SD
I am satisfied with the current ICT infrastructure in Garissa County's health sector	18	26	14	21	15	2.88	1.37
I believe that the presence of ICT infrastructure improves the efficacy and efficiency of healthcare service provision in Garissa County	8	13	9	34	30	3.69	1.27
I have frequently encountered difficulties in using or maintaining ICT infrastructure in the healthcare industry in Garissa County	19	23	11	24	21	3.05	1.45
I can provide examples of successful implementations of ICT in the health sector in Garissa County and how these have positively impacted service delivery	5	9	10	31	39	3.95	1.17
I believe that addressing challenges related to the use and maintenance of ICT infrastructure could positively impact health sector service delivery in Garissa County	7	11	6	37	33	3.83	1.24
I am confident in the security and privacy measures associated with the use of ICT in the health sector in Garissa County	9	15	14	30	26	3.52	1.31
The current ICT infrastructure supports the overall goals of the health sector in Garissa County	19	27	13	22	13	2.82	1.36

Source: Survey data (2025) Key: N = 94

Findings in Table 4.9 show that respondents believe that the presence of ICT infrastructure improves the efficacy and efficiency of healthcare service provision in Garissa County (mean = 3.69, SD = 1.27). The findings also show that respondents have frequently encountered

difficulties in using or maintaining ICT infrastructure in the healthcare industry in Garissa County (mean = 3.05, SD = 1.45). Further, respondents agreed that they can provide examples of successful implementations of ICT in the health sector and how these have positively impacted service delivery (mean = 3.95, SD = 1.17), addressing challenges related to the use and maintenance of ICT infrastructure could positively impact health sector service delivery in Garissa County (mean = 3.83, SD = 1.24) and that they are confident in the security and privacy measures associated with the use of ICT in the health sector in Garissa County (mean = 3.52, SD = 1.31). This implies that ICT infrastructure is in place in the health sector and that it is being used to improve service delivery. Respondents indicating that they have frequently encountered difficulties in using or maintaining ICT infrastructure in the healthcare industry implies that there are issues in the ICT infrastructure that need to be addressed to make the system smooth. When implored further on what they think would be done to improve service delivery in the health sector, some respondents indicated that they needed more training while others needed retooling on the use of new technologies in ICT.

However, respondents disagreed to the assertions that they are satisfied with the current ICT infrastructure in Garissa County's health sector (mean = 1.88, SD = 1.37) and that the current ICT infrastructure supports the overall goals of the health sector in Garissa County (mean = 2.82, SD = 1.36). This implies that the ICT infrastructure in place is not adequately established to enhance service delivery in the health sector.

The key informants also revealed that a robust ICT infrastructure can positively impact service delivery in the health sector. Such an infrastructure can improve data management thus enabling efficient storage, retrieval, and sharing of patient information, reducing paperwork and improving accuracy. Further, robust ICT infrastructure can enhance communication by facilitating seamless communication between healthcare providers, patients, and other stakeholders through telemedicine, email, and instant messaging platforms. However, the key informants noted that the ICT infrastructure in the health sector cannot be termed as being robust at the moment. A key informant stated:

> "*The ICT infrastructure in place is however enhancing service delivery in some key aspects including patient records management. We have not fully transformed to using*

ICT in all the process as we are much relying on paperwork. But we are in the process of incorporating ICT in every process to enable us improve our service delivery." KI1

It can be deduced from the findings that ICT infrastructure is fairly established and able to enhance service delivery. The findings in this study augur with those of Ominde et al. (2021) who established that a strong ICT infrastructure aids healthcare providers in making well-informed decisions that improve the efficiency service delivery. The findings also agree with a study by Huggins and Izushi (2017) which indicated that services such as telehealth allow patients in remote or underserved areas like Garissa County to access medical consultations and follow-ups without traveling long distances.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the study's primary findings, draws conclusions, makes policy recommendations, and suggests areas for future research.

5.2 Summary of the Study Findings

The study sought to determine the effect of devolution of health on service delivery in Garissa County. Subsequently, the study was guided by four objectives. The first objective sought to establish the effect of information sharing on service delivery in the health sector in Garissa County. The findings revealed that majority of the respondents agreed with the parameters measuring information sharing indicating that information sharing procedures were fairly established within the health sector in Garissa County and played a significant role in service delivery. It emerged that information sharing procedures within the health sector are in place, improved information sharing can lead to better service delivery, there are no obstacles preventing effective information exchange among stakeholders, there are positive effects on health sector service delivery as a result of improved information sharing and that addressing the obstacles to information sharing could positively impact health sector service delivery. Further, current level of collaboration and information sharing among health sector stakeholders is satisfactory and that existing communication infrastructure supports effective information sharing in the health sector in Garissa County.

The second objective assessed the effects of financial allocation on service delivery in Garissa County. A semi-structured questionnaire and a key informant interview guide were utilized to collect data from respondents The study established that financial allocation to the health sector in Garissa County was fairly done as indicated by majority of the respondents based on the assessed parameters on financial allocation. Financial allocation played a key role in service delivery in the health sector. It was found that budget allocation has a positive impact on the quality and availability of healthcare services, addressing challenges in the utilization of allocated funds could positively impact health sector service delivery, there is transparency of financial processes related to the health sector and that the current financial management system is effective in ensuring accountability and proper utilization of funds. However, it was

realized that current budgetary distribution to the health sector is not adequate, there are specific areas within the health sector that require increased funding and that there are difficulties in utilizing the allocated funds for the provision of services.

The third objective evaluated the effect of staff capacity on service delivery in Garissa County. Data for this variable was collected using semi-structured questionnaires and interview guide. The study determined that staff capacity was reasonably established and played a significant role in service delivery as evidenced by majority of the respondents based on the assessed parameters on the study questionnaire. The study found that personnel capacity plays an important role in ensuring that services are delivered effectively and efficiently, there are ongoing projects or educational programs aimed at improving the skills and abilities of health sector employees and addressing challenges in staff capacity development could positively impact health sector service delivery. However, the current staffing capacity in Garissa County's health sector does not meet the staffing needs, workers in the health sector in Garissa County often encounter obstacles in developing their skills and capacity and that the current training and development opportunities provided to health sector employees are not adequate.

The fourth and final objective examined the effect of ICT infrastructure on service delivery in Garissa County. The study found that ICT infrastructure was reasonably established within the health sector in Garissa County and played a key role in the service delivery in the County as demonstrated by majority of the respondents. It was established that the presence of ICT infrastructure improves the efficacy and efficiency of healthcare service provision, examples of successful implementations of ICT in the health sector, addressing challenges related to the use and maintenance of ICT infrastructure could positively impact health sector service delivery and that the security and privacy measures associated with the use of ICT in the health sector in Garissa County are adequate. However, it was established that the current ICT infrastructure in Garissa County's health sector is not satisfactory, employees frequently encounter difficulties in using or maintaining ICT infrastructure in the healthcare industry and that the current ICT infrastructure does not adequately support the overall goals of the health sector.

5.3 Conclusion

Generally, the study concludes that devolution of health services in Garissa County has impacted service delivery. Regarding information sharing, the study concludes that information sharing affects service delivery in the health sector in Garissa County. Putting in place robust information sharing procedures, addressing challenges to information sharing and reviewing existing information procedures regularly enhances service delivery in the health sector. On the aspect of financial allocation, the study concludes that financial allocation has an effect on service delivery within the health sector in Garissa County. Adequate budgetary allocation to all the areas within the health sector, ensuring prudent utilization of the funds allocated, establishing procedures to ensure transparency in the utilization of allocated funds and having in place an efficient financial management system enhances service delivery. Regarding staff capacity, the study concludes that staff capacity in the health sector affects service delivery in Garissa County. Putting in place educational programs aimed at improving the skills and abilities of health sector employees, addressing employee challenges in skill and capacity development and providing training and development opportunities for employees in the health sector enhances service delivery. Finally, the study concludes that ICT infrastructure affects service delivery within the health sector in Garissa County. Establishing a robust ICT infrastructure, addressing challenges in training and retooling staff on the use of emerging technologies in ICT and enhancing the security and privacy of ICT infrastructure enhances service delivery in the health sector.

5.4 Recommendations

Devolution of health services to counties was meant to bring services closer to the people and enhance overall service delivery to the public. This subsection offers key policy recommendations highlighting measures to enhance service delivery.

Strengthening of the information sharing system

The County government of Garissa should strengthen the existing system and make the process of information sharing between the healthcare staff and service recipients more enhanced. The County government can consider implementing secure and intuitive platforms like patient portals, electronic health records or mobile apps that allow patients to access their

health information and communicate with providers conveniently.

Enhancing financial allocation

Financial allocation to the health sector was found to be fair. The County government of Garissa should increase financial allocation to the healthcare sector to enhance key aspects such as investment in enhanced healthcare infrastructure and training of staff all of which translate to improved service delivery.

Addressing existing gaps in Staff capacity

The study noted that staff capacity is fairly established. First, the County government through the department of health should carry out a comprehensive review of its workforce to map out staff capacity gaps. Thereafter, the county government in collaboration with other stakeholders including the national government through its state departments should allocate enough funds to meet staff training and development needs through seminars, workshops and other skill development programs. Staff training should focus on key areas such as training on the emerging technologies in the health sector.

Improving ICT infrastructure

ICT infrastructure in Garissa County was found to be fairly established. The county government should enhance the ICT infrastructure by digitizing all the key areas of service provision such as patient recording management and information retrieval. Digital services will ensure easier accessibility by patients even in the remote areas.

Policy Framework

There is need to for the county government to put in place comprehensive policies to guide all the healthcare process such as information sharing between healthcare providers and patients and staff capacity building. To ensure prudent utilization of funds allocated to the healthcare sector, the existing policies should be strengthened so as to prevent channeling of funds to areas within the healthcare sector that are of less priority.

5.5 Suggestions for Further Research

There is need for further research to assess the areas of collaboration between the county and national governments in the health sector with a view of strengthening those areas. Further research should also evaluate the policy framework guiding healthcare processes in Garissa County. Finally, given that Garissa County is classified as arid and semi-arid area (ASAL) with sparse population and therefore, results of the research might not be applicable to other counties. There is therefore a need for other studies to be carried to focus on other counties that are non-ASAL and densely populated.

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APPENDICESS

Appendix I

RE: REQUEST FOR PARTICIPATION IN A RESEARCH STUDY

I am a Master's student at Kenyatta University pursuing a master's degree in Public Policy and Management. I am carrying out academic research titled: "**Devolution of health sector and**

service delivery in Garisa County, Kenya". I respectfully ask that you take part and respond to the questions. The conversations won't go longer than an hour at most. You don't have to reveal who you are, and I promise that you will stay anonymous. Please grant me permission to participate so that I can successfully finish this research project. Participation is voluntary, though, and I'll be happy to address any queries you might have.

The County Government will find the study's conclusions useful in improving the county's health service delivery. Please omit your name if you wish to be anonymous.

Thank you very much for agreeing to take part. Thank you.

Yours sincerely,

ABDULLAHI SHIEKH MOHAMMED **C153/OL/GAR/27167/2015**

Appendix II: QUESTIONNAIRE

"Questionnaire for Community health Promoters CONSENT FORM

I have read and understood the intent of this study and I agree to participate Yes [ ] No [ ]

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

Section 1: Background information Bio data

1. Professional Role:
    - Job Title: _____
    - Department/Unit: _____
2. Years of Experience in the Health Sector:
    - Less than 1 year ☐
    - 1-5 years ☐
    - 6-10 years ☐
    - More than 10 years ☐
3. Educational Background:
    - High School ☐
    - Diploma" ☐
    - Bachelor's Degree ☐
    - Master's Degree ☐
    - Doctorate ☐

4. Age:
    - Under 25 ☐
    - 25-34 ☐
    - 35-44 ☐
    - 45-54 ☐
    - 55 and above ☐
5. Gender:
    - Male ☐
    - Female ☐
    - Other (please specify): _____
6. Ethnicity:
    - _____
7. Geographic Location within Garrisa County:
    - Urban ☐
    - Rural ☐
8. Training and Development:
    - Have you participated in any training or professional development programs in the last 12 months?
    - Yes ☐
        - No ☐

9. Position within the Hierarchy:

- Managerial ☐
    - Frontline Worker ☐
    - Support Staff ☐

10. ICT Literacy:

    - Novice ☐
    - Intermediate ☐
    - Advanced ☐

11. Language Proficiency:

    - List the languages you are proficient in and indicate your proficiency level. i._____

    ___

    ii._____ iii._____

    iv. _____

Section 2: Information Sharing and Service Delivery

Objective i: To establish the effects of information sharing on service delivery in Garrisa County.

Statement	**Strongly disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly agree**
There are in place information sharing procedures within the health sector					
Improved information sharing can lead to better service delivery in the health sector					
There are no serious obstacles preventing					

effective information exchange among stakeholders in Garissa County's health sector					
I have observed positive effects on health sector service delivery as a result of improved information sharing					
Addressing the obstacles to information sharing could positively impact health sector service delivery in Garissa County					
The current level of collaboration and information sharing among health sector stakeholders in Garissa County is satisfactory					
The existing communication infrastructure supports effective information sharing in the health sector in Garissa County					

Section 3: Financial Allocation and Service Delivery

Objective ii: To assess the effects of financial allocation on service delivery in Garissa County.

Statement	**Strongly**	**Disagree**	**Neutral**	**Agree**	**Strongly agree**
I am satisfied with Garissa County's current budgetary distribution to the health sector					
The county's budget allocation has a positive impact on the quality and availability of healthcare services					
There are specific areas within the health sector that require increased funding for better service delivery					
I have frequently encountered difficulties in utilizing the allocated funds for the provision of					

services in the health sector					
Addressing challenges in the utilization of allocated funds could positively impact health sector service delivery in Garissa County					
I am confident about the transparency of financial processes related to the health sector in Garissa County					
The current financial management system is effective in ensuring accountability and proper utilization of funds in the health sector					

Section 4: Staff Capacity and Service Delivery

Objective iii: To study the effects of staff capacity on service delivery in Garissa County. Staff Capacity and Service Delivery

Statement	**Strongly disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly agree**
Staff capacity significantly affects service delivery in Garissa County's health sector					
The current staffing capacity in Garissa County's health sector meets the staffing needs					
“Personnel capacity plays an important role in ensuring that services are delivered effectively and efficiently”					
“There are ongoing projects or educational programs aimed at improving the skills and abilities of health sector employees in Garissa County”					
“Workers in the health sector in Garissa County often encounter obstacles in developing their skills and capacity”					
Addressing challenges in staff capacity development could positively impact health sector					

service delivery in Garissa County					
I am satisfied with the current training and development opportunities provided to health sector employees in Garissa County					

Section 5: ICT Infrastructure and Service Delivery

Objective iv: To examine the effects of ICT infrastructure on service delivery in Garissa County.

ICT Infrastructure and Service Delivery

Statement	**Strongly disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly agree**
"I am satisfied with the current ICT infrastructure in Garissa County's health sector"					
I believe that the presence of ICT infrastructure improves the efficacy and efficiency of healthcare service provision in Garissa County					
I have frequently encountered difficulties in using or maintaining ICT infrastructure in the healthcare industry in Garissa County					
"I can provide examples of successful implementations of ICT in the health sector in Garissa County and how these have positively impacted service delivery"					
I believe that addressing challenges related to the use and maintenance of ICT infrastructure could positively impact health sector service delivery in Garissa County					
"I am confident in the security and privacy measures associated with the use of ICT in the health sector in Garissa County"					
The current ICT infrastructure supports the overall goals of the health sector in Garissa County					

Section 6: Overall Assessment

1. What would you say is the general level of service delivery in Garissa County's health sector?

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2. What, in your opinion, are the main variables affecting the provision of healthcare services, and how may they be resolved?

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3. Do you have any more thoughts or information to give about the devolution of Garissa County's health sector?

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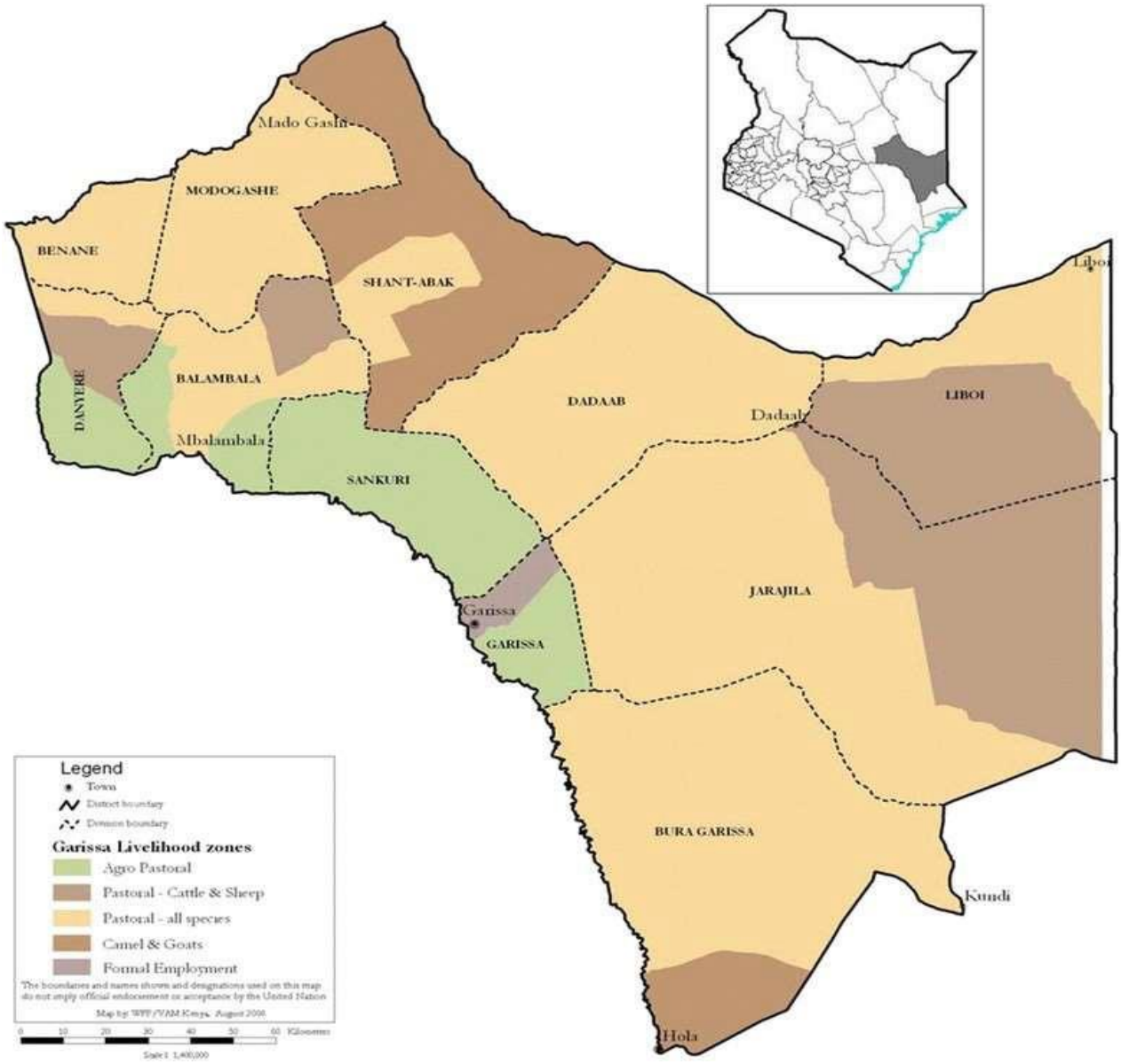
Appendix III: Interview Schedule for CEC, Chief Officers, Directors, Hospital Managers/Administrators, County assembly chair

CONSENT FORM

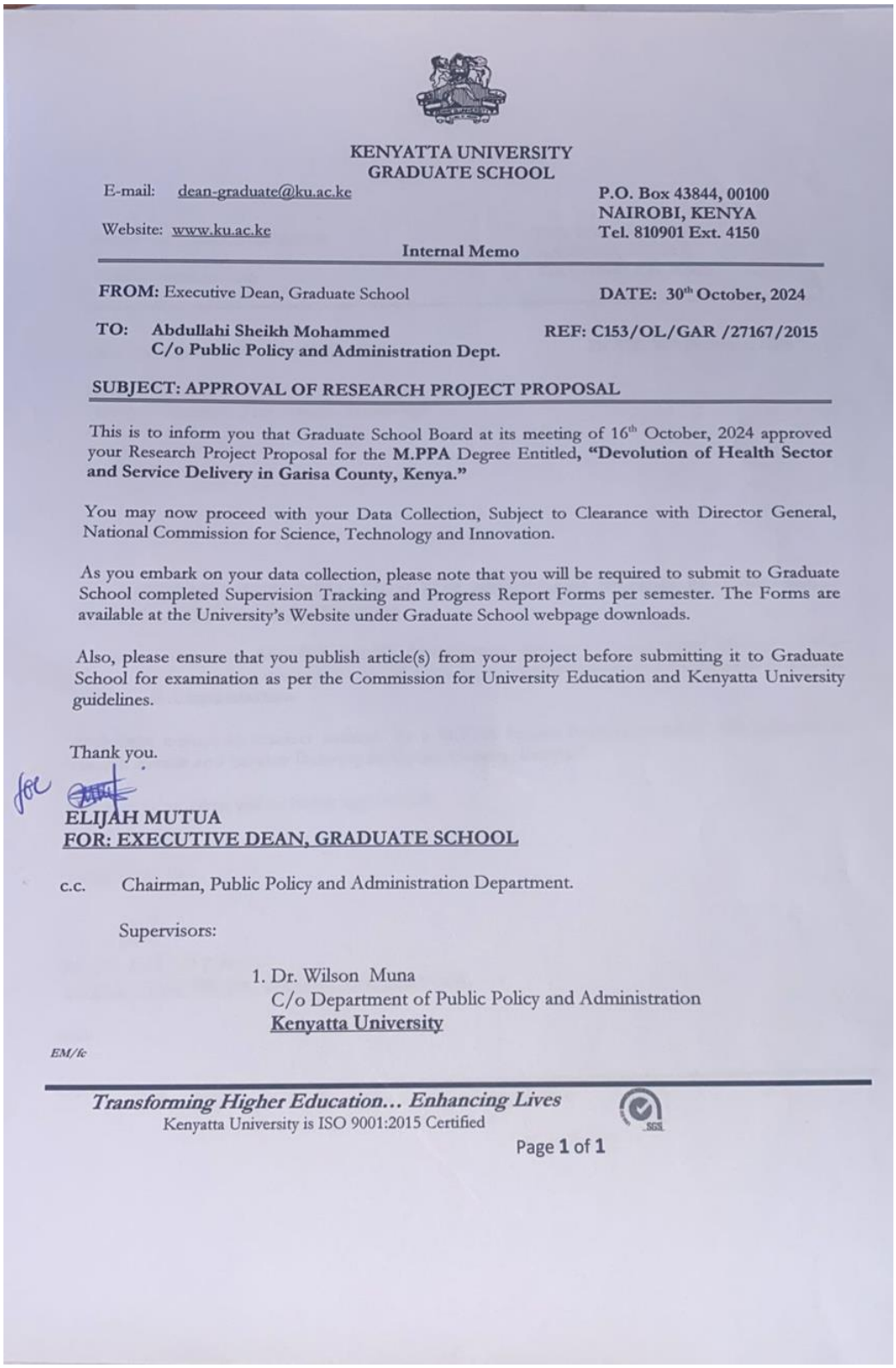
I have read and understood the intent of this study and I agree to participate Yes [ ] No [ ]

1. What is the effect of information sharing on service delivery in Garissa County?
2. How does the dissemination of accurate and timely information among government agencies and service provider's impact service delivery efficiency in Garissa County?
3. In what ways does transparent information sharing contribute to increased accountability and responsiveness to citizens' needs in Garissa County?
4. How does adequate financial allocation impact service delivery in Garissa County?
5. How does a sufficient budget allocation enable the implementation of necessary infrastructure and programs to enhance service delivery in Garissa County?
6. How does the training and development of staff members influence their ability to effectively deliver services to the residents of Garissa County?
7. How does investing in staff capacity-building initiatives such as workshops, seminars, and skills development programs contribute to improved service delivery outcomes in Garissa County?
8. How can a robust ICT infrastructure affect service delivery in Garissa County?
9. What role does a reliable ICT infrastructure play in streamlining administrative processes and reducing bureaucratic delays in service delivery within Garissa County?

Appendix IV: Map of Garissa



Appendix V: Research Approval



KENYATTA UNIVERSITY
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P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 810901 Ext. 4150

Internal Memo

FROM: Executive Dean, Graduate School

DATE: 30th October, 2024

TO: Abdullahi Sheikh Mohammed
C/o Public Policy and Administration Dept.

REF: C153/OL/GAR /27167/2015

SUBJECT: APPROVAL OF RESEARCH PROJECT PROPOSAL

This is to inform you that Graduate School Board at its meeting of 16th October, 2024 approved your Research Project Proposal for the **M.PPA** Degree Entitled, **"Devolution of Health Sector and Service Delivery in Garisa 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 and Progress Report Forms per semester. The Forms are available at the University's Website under Graduate School webpage downloads.

Also, please ensure that you publish article(s) from your project before submitting it to Graduate School for examination as per the Commission for University Education and Kenyatta University guidelines.

Thank you.

ELIJAH MUTUA
FOR: EXECUTIVE DEAN, GRADUATE SCHOOL

c.c. Chairman, Public Policy and Administration Department.

Supervisors:

1. Dr. Wilson Muna
   C/o Department of Public Policy and Administration
   Kenyatta University

EM/fc

Transforming Higher Education... Enhancing Lives
Kenyatta University is ISO 9001:2015 Certified

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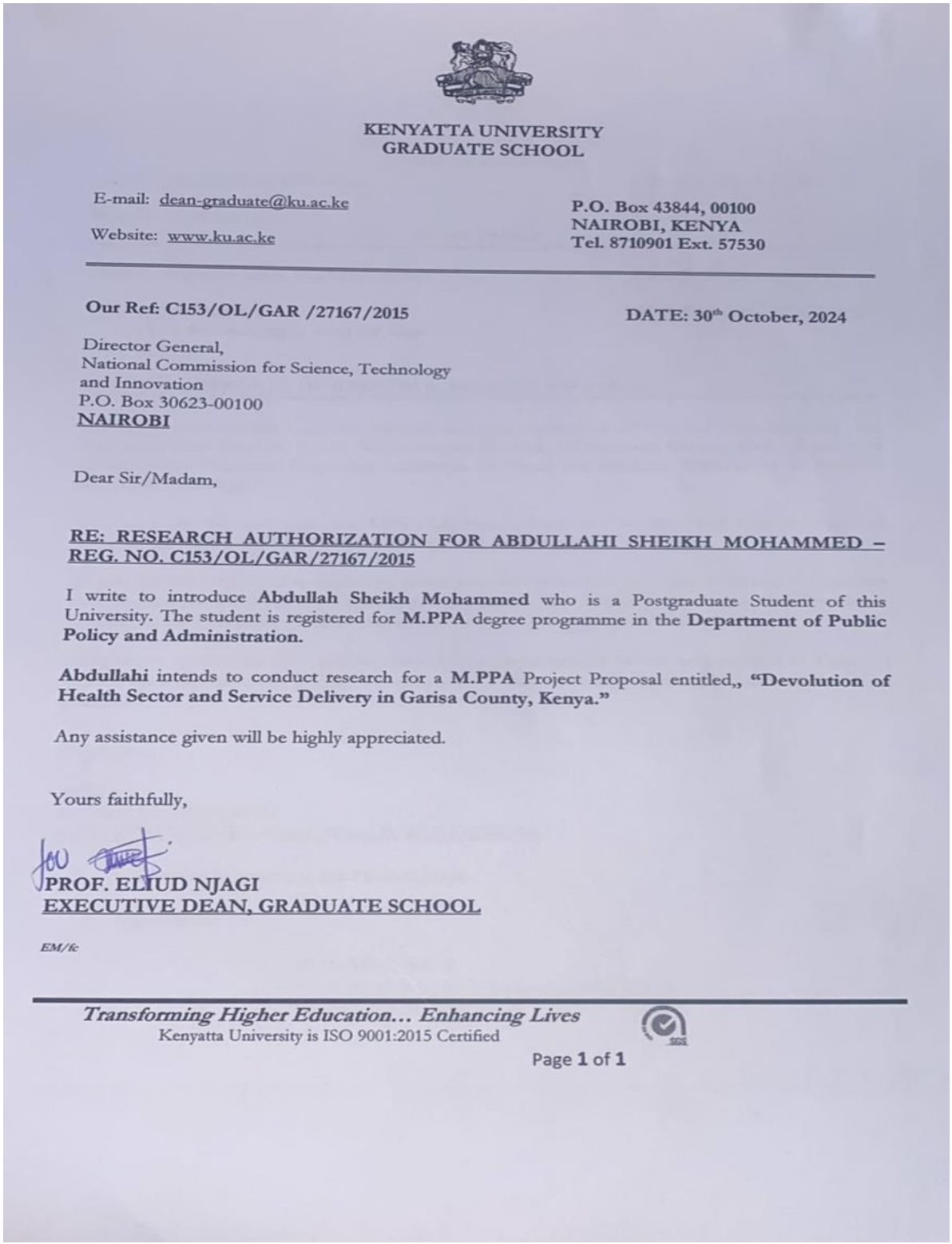
Appendix VI: Research Authorization



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NAIROBI, KENYA
Tel. 8710901 Ext. 57530

Our Ref: C153/OL/GAR /27167/2015

DATE: 30th October, 2024

Director General,
National Commission for Science, Technology
and Innovation
P.O. Box 30623-00100
NAIROBI

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION FOR ABDULLAHI SHEIKH MOHAMMED – REG. NO. C153/OL/GAR/27167/2015

I write to introduce **Abdullah Sheikh Mohammed** who is a Postgraduate Student of this University. The student is registered for **M.PPA** degree programme in the **Department of Public Policy and Administration.**

Abdullahi intends to conduct research for a **M.PPA** Project Proposal entitled,, **"Devolution of Health Sector and Service Delivery in Garisa County, Kenya."**

Any assistance given will be highly appreciated.

Yours faithfully,

PROF. ELIUD NJAGI
EXECUTIVE DEAN, GRADUATE SCHOOL

EM/fc

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Appendix: NACOSTI

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **941164**

Date of Issue: **13/November/2024**

RESEARCH LICENSE

This is to Certify that Mr.. ABDULLAHI MOHAMED SHEIKH of Kenyatta University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Garissa on the topic: DEVOLUTION OF HEALTH SECTOR AND SERVICE DELIVERY IN GARISSA COUNTY for the period ending : 13/November/2025.

License No: **NACOSTI/P/24/42144**

941164

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

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See overleaf for conditions