INFLUENCE OF DEVOLVED SYSTEMS ON HEALTH SERVICE DELIVERY: A CASE OF KAJIADO COUNTY, KENYA

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C156/CTY/PT/28335/2019

A RESEARCH PROJECT SUBMITTED TO THE SCHOOL OF HUMANITIES AND SOCIAL SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF ARTS IN LEADERSHIP AND GOVERNANCE AT KENYATTA UNIVERSITY

MARCH, 2023

DECLARATION

This is my original work presented for the first time at Kenyatta University.

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Declaration by the supervisor

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

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ABSTRACT

Devolution was introduced by the 2010 Constitution, providing services such as Healthcare, Agriculture, Transport, and Cultural through county governments. The County governments have endeavoured to undertake these functions, albeit with a few difficulties. This study aimed at assessing devolved governance's influence on health services in Level Five hospitals in Kajiado County. The study examined the influence of the devolution of healthcare finance, healthcare management, and human healthcare resources on healthcare services in the County. The study also examined the policies that could enhance the healthcare services delivery subject if enacted. The study was underpinned by Stakeholder theory because of its assertions regarding the role of Stakeholders in promoting efficacy and organisational performance. Qualitative and quantitative research methods were used to actualise the study. The study was conducted in Kajiado Level Five Hospital Kajiado County with a target population of 500 participants from various sectors in Kajiado County. A sample of 100 participants selected from the total population representing twenty per cent was in the study. Data was collected by the use of questionnaires and scheduled interviews. Both primary and secondary data were used in the study. Inferential data was analysed through Pearson's correlation and regression analysis, powered by the Statistical Package for Social Sciences (SPSS) program. Visual tools such as figures and tabular presentations were used for the results of this study. During data collection, ethical considerations were respected and adhered to in full. The study observed that funding for healthcare services in the sub-county is mostly provided by the county administration, with a modest contribution from national and donor grants. This has resulted in inconsistent, delayed, and inadequate funding; healthcare facilities have been unable to deliver certain treatments, such as dental and optical services, and have been unable to purchase necessary equipment. The study has also observed that the County's devolution gave healthcare administrators room to make localised decisions. However, this room was not extended to all stakeholders in day-to-day operations through regular communication and participation in decision-making. Lastly, the study found that devolution facilitated the recruitment of qualified personnel by the hospital, especially from local communities. The study recommends the promotion of capacity building to enhance the overarching management of county hospitals besides developing a framework to undergird the professional development of healthcare personnel in these hospitals.

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LIST OF ABBREVIATIONS AND ACRONYMS

CIDP : County Integrated Development Plan

ICT : Information Communication Technology

SDG : Social Development Goals

SPSS : Statistical Package for Social Science

MoH : Ministry of Health

NHIF : National Health Insurance Fund

WHO : World Health Organization

OPERATIONAL DEFINITION OF TERMS

County: A political and geographic unit under the Constitution of Kenya 2010

Devolution of services: The transfer of public services and power to a county administration

Finances: The Monetary and related resources meant to fund the operations of healthcare services in Kajiado County.

Health care system: Entities and organisations providing healthcare services in a region

Health facilities: The entities designated for delivering healthcare services in Kajiado County.

Healthcare: Provision of medical services to individuals and the community

Human resource – The healthcare professionals that provide medical and care services in difference capacities.

Information communication technology: Unified communication systems that enhance healthcare services delivery in Kajiado County

Leadership: The duty assignment is to guide and direct others.

Patient/client A user who receives medical services from a healthcare facility

Provision of healthcare – The healthcare experiences, challenges, and management issues related to delivering healthcare services in Kajiado County.

CHAPTER ONE

INTRODUCTION

1.1 Background

Globally, studies on governance have evolved for many years, with specific students presenting their work (Bennett and Raab, 2017). The decentralisation of healthcare in European nations has had a variety of implications. Decentralisation in county councils has been claimed to have numerous positive outcomes, including improved service delivery, patient-centred health care, the ability to invent, and increased cost-consciousness. Another advantage of decentralisation is the expansion of local, regional, and higher government accountability (Jommi & Fattore, 2017). Decentralisation led to a shift in the groups of hospital operations comprising running times and an improvement in the need-based execution of healthcare policies (Jervis & Plowden, 2017). Regarding the decentralisation of healthcare, there have been significant issues in several European nations, particularly inequality (Jommi & Fattore, 2017).

The modern world's devolution of healthcare and the public sector can be traced towards the end of the 20th century. Nuffield Trust, interested in the devolution system of the United Kingdom's (U.K.) healthcare industry, commissioned a reporting highlighting that the four nations had followed different routes in healthcare since it became devolved (Connolly, Bevan & Mays, 2020). The devolution of healthcare in the four regions of the United Kingdom enhanced patient benefits relative to public funding and multiplied dramatically (Connolly et al., 2020). However, despite the devolution and similar resources, Northern Ireland, Wales, England, and Scotland all produced varying outcomes on the quality of service

delivered to patients. Waiting times and crude productivity in the healthcare workforce were more likely to be lower in Wales than in England, Scotland, and Northern Ireland. Despite the severe economic climate and the extent to which England's taxpayers subsidise public health services in the devolved nations, according to the report, it was unexpected that there was an inadequate inspection of healthcare products throughout the four countries (Connolly et al., 2020).

Devolution in Pakistan was introduced in 2001 to promote democracy at the local level and enhance citizen service delivery, which includes healthcare. In parallel with devolution, maximum healthcare services were delegated from provincial to county authorities (Ansari et al., 2011). A 2016 analysis concluded that devolution has no longer identified the intended changes in fitness indicators. In addition, it referred to ongoing difficulties in implementing devolution in Pakistan (Social and Development Centre, 2016). In addition, it was reported that most provincial government responsibilities were transferred to County governments.

Nevertheless, the transfer of obligations was not witnessed with the transfer of essential investments. This was in keeping with a 2016 World Health Organization (WHO)-commissioned health device evaluation project, which considered a composite image regarding decentralised health offerings. The evaluation study argued for improved planning and management abilities at the provincial and County levels of government to carry out their obligations effectively (WHO, 2016). WHO (2014) reports that Sub-Saharan Africa (SSA) suffers from various public health issues. Consequently, a robust healthcare system and workforce that can consistently and reliably provide health care services are essential to address these problematic scenarios.

Nonetheless, the region lacks well-equipped training programs to prepare healthcare workers to handle the twenty-first-century challenges (WHO, 2015). The World Health Organization (WHO) promotes a revolutionary plan for training healthcare personnel. It emphasises the significance of talent in patient-centred care (Hurley, Doumbia, Kennedy, Winch, Roter, Murray, & Harvey, 2018). Numerous African nations have already used health machine decentralisation to address managerial, operational, and political system efficiency and cost issues. Politically, decentralisation is likely to reflect the concerns of the local populace.

In contrast, decentralisation will reduce forms and red tape in managerially demanding circumstances. This is frequently associated with the protracted implementation of centralised decisions. In terms of operations, decisions must be made rapidly and much closer to the workplace, thereby increasing the leadership skills of management and boosting employee morale. South Africa and Rwanda are living evidence of this. Rwanda has shifted various functions from the provincial government to the municipal government. South Africa was approved to adopt Rwanda's devolution model.

According to Hendricks et al. (2014), South Africa's fitness machine is already characterised by decentralisation. In conjunction with the establishment of County Health Authorities, several parallel actions must be made to decentralise the United States health system. In the same vein, it is believed that failure to plan and implement decentralisation adequately will likely result in increased inequities and inefficiencies in the delivery of health care services, hence generating new problems and exacerbating old ones.

Kenya's 2010 constitution and devolved governance machine have gained international popularity. The new charter of Kenya has devolved financial and political powers from a centralised system of governance to forty-seven devolved gadgets, referred to as the counties, and has given those counties the autonomy to manage their governance affairs. The critical aim of devolution is to enhance exact governance and facilitate inclusive carrier transport to all Kenyan residents. There are indications that devolution has added offerings towards humans, and its blessings are occurring in provider transport, no matter the challenges of governance associated with creating new governance systems, negative capacities, and corruption. This study consequently intended to examine the influence of devolved administration on provider shipping in Kajiado County. This can be in particular to the health offerings devolved to the counties. The researcher slimmed right down to Kajiado County Level 5 Hospital.

1.2 Statement of the Problem

Governance is vital for the development and democracy globally in particular states and establishments. Service shipping is generally guaranteed in which there is proper governance. Different countries have followed extraordinary governance systems that affect their provider transport. Traditionally, politics have prompted those governance systems to spearhead financial increases. For example, the United States of America (USA) has a devolved system that has been a tool for its development. According to Koehler (2018), an effective devolved system of governance may be a pathway that affects carrier transport in a government due to understanding its potential. However, Kaburiet al. (2017) attest that if this device isn't always sustained in a well-mentioned

constitutional manner, several assets are embezzled, negatively affecting institutional functioning in a state.

After a few years of agitation for a looser and more inclusive governance device, Kenya, with a quickly growing economy in East Africa (E.A.), followed a devolved governance machine through modifications to its charter in 2010 (Lutta, 2015). This inspired restructuring of Kenya's governing apparatus from centralised power to a decentralised one. Different services had been devolved to counties to ease complexities on carrier delivery on account of independence. The counties are independent entities that manipulate their governance affairs at their level.

The devolution of the governance device was enthusiastically welcomed by the Kenyan citizenry, specifically those from historically marginalised regions, who felt excluded mainly in resource allocation and carrier transport under the centralised governance. Although there may be an excellent support for devolution, there are worries that counties have no longer finished as predicted. These demanding situations have been attributed to the newness of the machine, inadequate capacities and corruption, which has been a countrywide scourge because of independence. This situation has precipitated discussions about the need to evaluate the state of affairs and look for answers. Kajiado County is one of several counties with severe governance demanding conditions right at the start. The governor rooted for inclusive governance, whilst the Kajiado Assembly (MCAs) members wanted control over the executive.

Additionally skilled in the demanding situations experienced by the alternative counties – starting a new system of governance from scratch and terrible capacities. For example, lately, the Members of the Kajiado County Assembly (MCAs) ganged

against impeaching their governor, alluding that he changed barring them from getting the right of entry to price range on county projects (Gathii & Otieno, 2018). A record from the senate indicated that the governor is seeking to diminish the recurrent corruption inside the County, tainting the County's image. There has been an opening inside the research highlighting the impact of the devolved healthcare service shipping in Kajiado County. This gap consists of; the effect of devolution in healthcare machines, the governance of healthcare price range, the useful human resource in the health centre in Kajiado county, and lastly, the ratio between the group of workers and the sufferers. All these gaps have not been empirically examined. This study evaluated the effect of the devolved gadget of governance on carrier transport in Kajiado Level Five Hospital.

1.3 Research Objective of the study

These specific research objectives were used in this study:

a) To investigate the influence of healthcare finance devolution on the delivery of healthcare services in Kajiado County
b) To explore the influence of healthcare management devolution on the delivery of healthcare services in Kajiado County
c) To examine the influence of healthcare human resources devolution on the delivery of healthcare services in Kajiado County

1.4 Research questions

a) How does healthcare finance devolution affect the delivery of healthcare services in Kajiado County?
b) How does healthcare management devolution affect the delivery of healthcare services in Kajiado County?
c) How does human resources devolution affect the delivery of healthcare services in Kajiado County?

1.5 Justification and Significance of the study

The justification for this study is that the electorate in Kajiado county has been grappling with poor healthcare service delivery characterised by occasional go slow among service providers (Van-Oirschot et al., 2021). There also have been cases of lack of certain services due to inadequate capacity in public hospitals in the counties, even though the region has enjoyed devolution for up to a decade (Van-Oirschot et al., 2021). The study aimed at establishing the implications that the devolution of government service delivery has brought about in providing healthcare in Kajiado County. This study is based on assessing the effectiveness of the devolution in delivering services as per Vision 2030. The study might enable the policy makers to assess the policies adopted in delivering services in healthcare institutions by looking at Kajiado Level Five hospitals. The study could develop policy recommendations that might assist decision-makers in implementing policies that improve health care delivery in Kajiado County. The study might also add intellectual and academic information about service delivery amid devolution in Kajiado County and Kenya.

1.6 Scope of the study and limitations

1.6.1 Scope of the study

The study assessed the influence of devolution on service delivery at the Level Five hospital in Kajiado County. It examined how service delivery is provided and whether it has helped the Kajiado level 5 five hospitals provide efficient services to the people of Kajiado County. The study was conducted in Kajiado County Level Five Hospital. The study covered the period between 2013 and 2022. It also focused on the effects of Covid -19 which has shaped the use and change of handling healthcare services.

1.6.2 Limitations of the Study

The study faced minor limitations, such as a lack of willingness to respond to the questionnaires in time. Hospital administrators and county government officials were also unwilling to respond to certain questions, making obtaining certain information difficult. These limitations were overcome by identifying participants willing to participate and ready to respond promptly.

CHAPTER TWO

LITERATURE REVIEW & THEORETICAL FRAMEWORK

2.1 Introduction

This chapter used previous studies on the devolution of government services and, more specifically, on how devolution has influenced healthcare provision. It looked at the theoretical and empirical evidence in the devolution of government services about this topic of study.

2.2 Healthcare services delivery

According to Atela (2013), health facilities and engagement progressively enhance services by offering design, implementation, and evaluation mechanisms. For instance, hospital boards, committees, and patient and facility service charters are commonplace in Kenya's public affairs. According to Korir (2010), the Kenyan Ministry of Health must make more efforts to decrease inefficiencies in service delivery. Furthermore, the findings showed that the Ministry must keep a database of the inputs utilised by each hospital and the services it offers to ease yearly performance evaluation since performance information is critical to improving service quality.

According to Barker et al. (2014), counties where centres have excelled at preparation and control, perform better in devolved healthcare than counties with negative scores

on those metrics. This may imply that the counties with higher facilities at planning may want higher probabilities of providing suitable fitness offerings. Ministry of Health (2016) recognises that the transport of offerings is affected by challenges such as poor functioning of health staff and inadequate competency. Other obstacles to delivering healthcare services include inadequate financing and poor supply chain management resulting in the missing vital inputs required for care delivery. This echoed (KPMG, 2014), which indicated that devolution presents an outstanding possibility to cope with geographical and socioeconomic inequities and boom coverage, improve provider delivery for underserved areas and populations and invest in strengthening county fitness structures.

2.3 Healthcare centres and provision of healthcare offerings

In South Africa, the Department of Health (2012) admitted that information and communication generation for health still deals with many cavities, such as the absence of described eHealth requirements. For example, an observation via Mgozi, Weeks, and Erasmus (2015) discovered that even though cloud computing is being adopted within the fitness area in other nations, it became observed that the South African fitness machine was no longer yet prepared for this emerging technology.

Juma and Okibo (2016) believe that for improved service delivery, the deployment of ICT in healthcare institutions and the adoption an ICT strategy is required since it enables adequate data access and distribution. Patients' health, money, and time are mismanaged when there is a lack of adequate, structured, trustworthy, and timely information. As a result, the sector's output is hindered by a lack of an adequate system for organising and transmitting data.

2.4 Finance and provision of healthcare services

County governments receive a great deal in their funding from the country's broad authorities. These price ranges were used for recurrent and improvement expenditures. If county authorities do not acquire enough budget, this can impede the implementation of tasks and projects it desires to execute. In Yukon, Canada, one of the territories where there's a devolution gadget of the presidency, a commitment to improving healthcare delivery was reflected in the 14% boom in the 2011- 12 price range. In Northwest Territories, the fitness area was allocated 25% of the jurisdiction's $1.339b finances (Powers, 2011).

Inadequate finance has been impeding the advancement of healthcare delivery in Africa. Although Sub-Saharan Africa has just 11% of the global population, it accounts for 24% of the world's sickness burden, according to the International Finance Corporation. Worse, the area is only responsible for less than 1% of the world's health spending. Public-sector funding for healthcare across the continent is uneven. 53 African countries agreed to spend 15% of their national budgets on health in the Abuja Declaration, but most have not kept their word. In some estimates, seven countries have reduced their health spending in the recent decade (WHO, 2011).

Health care financing in Africa relies heavily (fifty-two% in Kenya) on out-of-pocket service payments (Kaseje, 2006). Akacho (2014) discovered that most respondents, at fifty-one%, mentioned a lack of adequate monetary offerings as a component that substantially affected the shipping of health offerings. Wainaina et al. (2016) studied the elements impacting the strategic implementation of alternative healthcare management among decentralised public health in Kenya. The authors found that budgetary support was one of the most fundamental elements that affected strategic health service implementation. This was consistent with Wanjau et al. (2012), who

noted that budgetary provision was one of the elements affecting healthcare service delivery at Kenyatta National Hospital. The study revealed that inadequate economic assets could significantly decrease the requirement for fitness provider quality. Otieno and Macharia (2014) also underscore the need for the government to improve healthcare budget allocation to cater to quality services.

2.5 Human resource and provision of healthcare services

Various studies have generally discovered that lower staffing tiers in fitness facilities are related to heightened risks of terrible patient outcomes. Staffing degrees, particularly those associated with nurse workload, seem related to occupational health troubles and mental states. Experiences like burnout may constitute precursors for nurse turnover from unique jobs and careers (Clarke & Donaldson, 2008). Thus, a team of workers' fitness problems and personnel turnover may affect the delivery of offerings in health centres. Lenka and George (2013) emphasise that educating the health team of workers on their superior job duties and task sharing is an essential determinant of the fulfilment of health services. Looking at the aid of Wakaba et al. (2014) public zone nursing workforce installed, there has been an average scarcity of nurses in Kenya, affecting service transport in health establishments.

According to Akacho (2014), seventy-four per cent of respondents stated that understaffing became the most critical problem affecting the delivery of healthcare offerings in Uasin Gishu County. The results indicated that the hospital's staff was overworked, making it harder to provide pleasant care. The findings were consistent with Wavomba and Sikolia (2015), who showed insufficient medical staff to treat malaria patients in the inpatient wards.

The patient-to-physician ratio grew exorbitant, negatively impacting the delivery of services to the clients of health care facilities. Barker et al. (2014) determined that the percentage of physicians per 10,000 humans in 47 counties ranged from Mandera) to Nairobi. Citing (MOH, 2013), Barker et al. (2014) indicate that these costs were lower than the national average of 3 scientific officers per 10,000 people. According to a study by Lang'at and Mwangi (2015), fitness services in health centres in the Malindi sub-county were impacted by a lack of employees.

Quality healthcare in health facilities make a patron satisfied. Nyongesa et al. (2014) revealed that the medical institution became understaffed in the labour ward, where customers were many, and nurses and docs were few. The study found out that moms would struggle alone, making some turn into useless toddlers.

2.6 Leadership in healthcare services

The challenge of healthcare leadership is ensuring team and organisational direction, alignment, and commitment (Drath et al., 2008). Influential healthcare executives continuously emphasise the need to provide safe, high-quality, and compassionate treatment. This ensures that patients' experiences, worries, wants, and opinions (both positive and negative) are considered frequently at all levels. As a result, their leadership is empathetic and approachable; they are also polite, courteous, sympathetic, and self-empowered. Participation and involvement are encouraged as a technique of centre administration. When workers have a voice, their ideas must be taken into consideration. They help groups of employees innovate within specific restrictions by providing support and guidance.

Leadership is one of the planning skills that involves motivating employees to achieve corporate objectives. Alloubani et al. (2014) studied the effects of management

patterns on service quality in healthcare and determined that transformational management characteristics were significantly associated with organisational results. The involvement of important stakeholders, including staff, is essential since it can aid in the experience and personalisation of the control's initiative and decisions. Effective management is one of the most crucial components that steer an organisation toward success. The current organisation's primary objective is to comprehend effective management's effects on nursing performance and organisational success. Lower patient court cases are connected with leadership effectiveness (Shipton et al., 2008). This indicates that the customer receives superior services.

According to a study by Omondi (2016), control of chosen hospitals in Nairobi had a more significant impact on how services were provided and the selection process, as reported by 38% of respondents. Additionally, the study discovered fewer responsibilities were outsourced and that there would be a positive development if the management changed, as indicated by forty-two per cent of respondents. However, a study by Ojakaa, Olango, and Jarvis (2013) showed management issues stemming from lousy communication between superiors and younger clinical staff. A well-coordinated leadership is a critical tool that will influence the healthcare system's goals if it is crystallised with correct supervision and appropriate power play (Oyugi, 2015). The county government must implement accountability procedures, a clearly defined degree of authority, and an investing system so that citizens no longer have to beg or bribe someone to obtain funds for a project (Mwamuye & Nyamu, 2014).

2.7 Theoretical Framework

Stakeholder theory's hypotheses guided this research. In 1984, R. Edward Freeman delineated the Stakeholder Theory of organisational governance and business ethics, which covers morality and values in business relationships. His perspective on Strategic Management: A Stakeholder Approach identifies and models the organisation's stakeholders and describes and offers techniques through which management might properly consider these organisations' interests. The theory has become a central focus in the study of institutional ethics. Several students have used it as a basis for further study and development, including the current analysis. Since the 1980s, the theory's prominence has increased significantly, with experts worldwide questioning the viability of focusing on shareholders' money as the essential purpose of a business.

The administration of Kenyan institutions has changed as a result of devolution. Despite the teething challenges associated with devolution, national and county administrations in Kenya have different duties and responsibilities. All devolved services, including healthcare providers, would benefit from Kenya's endorsement of devolution, which decentralises power and resources to the county level.

2.8 Conceptual Framework

A conceptual framework entails formulating thoughts about observed links between variables and diagramming such interactions (Mugenda and Mugenda, 2003). Bogdan and Biklen (2003) define a conceptual framework as a fundamental shape composed of positive abstract blocks that embody a proposed method or machine's observational, experiential, and analytical/synthetic components. The primary objective of this study is to establish the availability of healthcare services in Kenya. As such, healthcare service provision is the structural variable. The factors that shape

the study's independent variables are statistics, communication technologies, devolution of finances, staffing trends, and management styles. During the examination, the significance of their level of influence on the availability of healthcare was measured. Figure 1 depicts the relationship and path between independent and established variables.

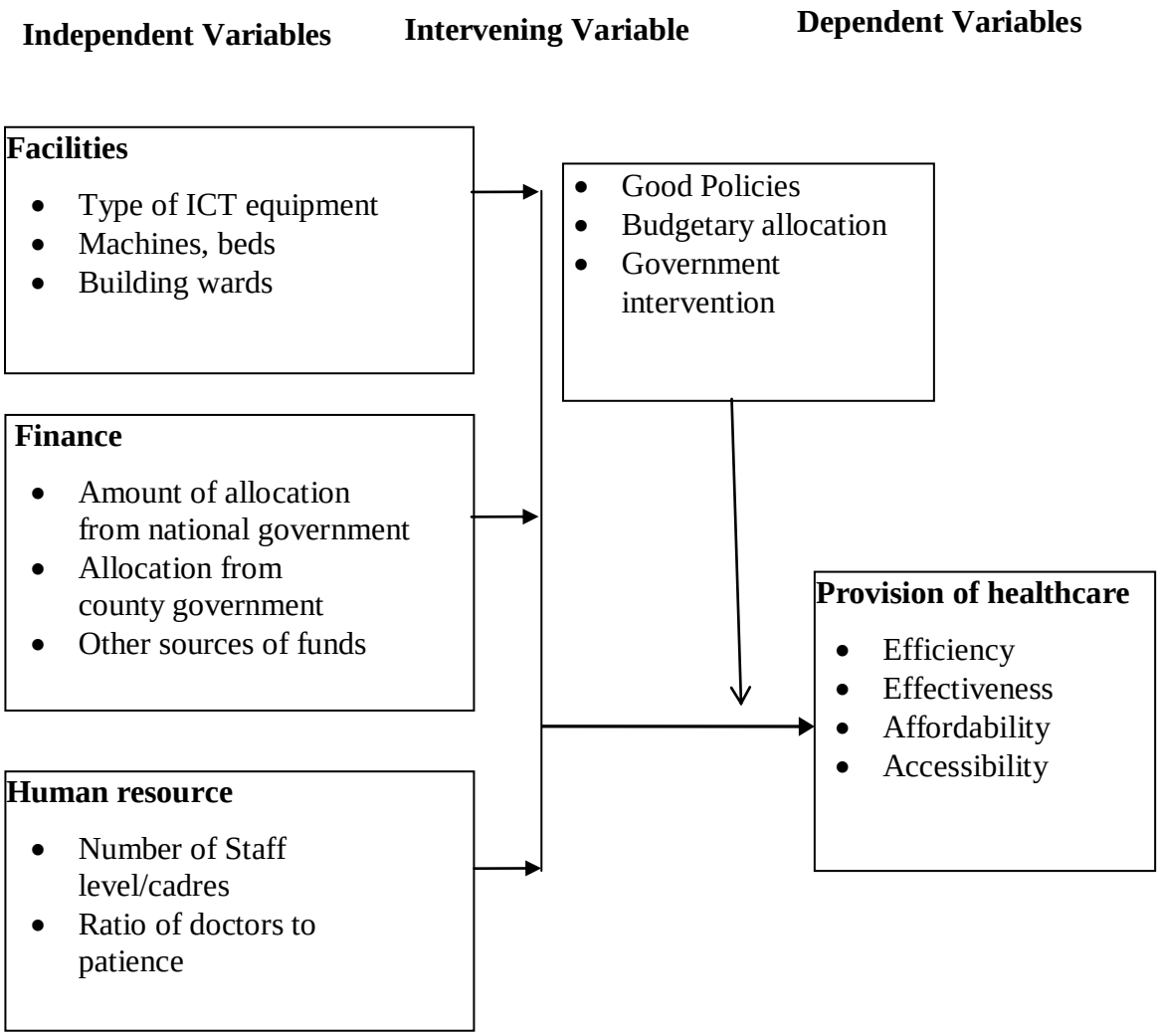

Figure 2.1: Conceptual Framework
Source: Author (2022)

The conceptual framework illustrated above shows the correlation of various variables and how they depend on each other. Every variable has been presented separately and correlated to each other.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter covers the research techniques employed in this study. The chapter has numerous sub-sections detailing the accepted research design, sample size and sampling methodologies, data collection methods, pilot study, and ethical and logistical issues.

3.2 Research design

Saunders et al. (2011) the researcher must define the research process steps to anticipate and prevent potential errors, biases, and distortions during the study design phase. Descriptions of phenomena or qualities connected with a population, estimations of the population's percentage possessing these traits, and identification of correlations between variables are all possible outcomes of descriptive study design (Ngechu, 2004). Utilising a descriptive research approach, the researcher evaluated the impact of the devolution of the health sector on service delivery at Kajiado hospital. Using a descriptive research methodology, the researcher collected qualitative and quantitative data on how the devolution of the health sector has affected county-level service delivery. The researcher was able to link the devolution of the health sector to service delivery using this methodology.

3.3 Location of the study

Kajiado County is one of Kenya's 47 counties included in the first schedule of the Kenyan Constitution. The County is west of Mount Kilimanjaro, whose peak forms its southern boundary. There are four neighbouring counties in Kajiado County: Nairobi, Narok and Makueni, and Machakos to the North-East. The research was conducted at Kajiado Level Five Hospital, a public hospital in Kajiado County Township. Kajiado

county hospital is a Level Five government hospital, meaning it is one of the more advanced hospitals. Patients from all over the County are referred here from many health centres. As a result, hospitals treat many of the more severe cases of health challenges at the county level (Muga et al., 2005). Kajiado hospital provides various services, including Family Planning, orthopaedic, paediatric, and medical diagnostics.

3.3 Target population

According to publicly available information, the Kajiado Level Five hospital has 505 medical personnel (Kajiado County, 2017). This figure was used to determine how many respondents there were.

Table 3.1: Personnel in Kajiado Level 4 Hospital

Categories	Personnel
Medical Doctors	56
Nurses	326
Clinical Officers	78
Laboratory Technologists	29
Health Administrators	2
Pharmaceutical Technicians	9
Board of management	5
Total	505

Source: Kajiado County (2017)

3.4 Sampling and Sampling Procedure

A sample of the target population is necessary since involving the entire target population is logistically challenging. A random sampling technique was used to sign up participants in the study to afford target subjects an equal opportunity to participate. The following derivation was used to determine the sample used in this investigation.

$$n = \frac{Z^2 pqN}{e^2(N-1) + Z^2 pq}$$

$$n = \frac{1.96 * 0.5 * 0.5 * 505}{0.05^2(505-1) + 1.96^2 * 0.5 * 0.5} = 110.96517 \cong 111$$

P = 0.5	q = 0.5	$Z_{0.025} = 1.96$	e = 0.05

Where,

e = Expected errorn = sample size

N= entire Population

Z= level of significance

p = Probability that individual has the characteristic or outcome beingstudied

q = Probability that individual does not have the characteristic oroutcome being studied.

This study involved 111 research participants obtained as shown in the above derivation. This number has been distributed proportionately across all the target population's job categories except pharmaceutical technicians, healthcare administrators, and the management board.

Table 3.2: Sample size determination

Categories	Personnel	Sample size
Laboratory Technologists	56	12
Nurses	326	67
Clinical Officers	78	16
Doctors	29	6
Pharmaceutical Technicians	2	2
Health Administrators	9	5
Board of management	5	3
Total	505	111

Source: Author (2022)

3.5 Research instrument

The study used structured questionnaires as the anchor tool for collecting data from the target respondents. Cooper and Schindler (2013) argue that statistics collection entails contacting the pattern's respondents to collect the needed information about the study. According to Owens (2002), questionnaires are simple and time-efficient for both the researcher and the participants. Also, according to Satyanarayana (2013), a questionnaire helps gather goal statistics. Bell (2005), cited in Gabula (2012), notes that when asking questions, researchers can choose between closed and open-ended inquiries. An evaluation of open-ended questions is more valuable because responders are permitted to demonstrate their expertise. In contrast, Welman et al. (2011) show that closed-ended questions are often used because replies are more uniform and can be handled quickly.

3.6 Validity

Questionnaires was checked with the assistance of supervisors to determine their appropriateness to the subject under inquiry to ensure the validity of the research instrument. According to Kothari (2006), truth is important because it indicates how well a tool measures what it is supposed to assess. As a result, the author put in place the essential safeguards to guarantee that the authenticity of the data-collecting device is not jeopardised.

3.7 Reliability of the instrument

Research reliability aims to reduce inaccuracy and bias in research (Yin, 2014). The capacity to repeat the study approach and anticipate the same outcomes increases the dependability of this strategy. The researcher divided dimensions into halves and compared the scores on these halves to evaluate the device's internal consistency, thereby enhancing the instrument's trustworthiness. According to Hayes (2008), a significant correlation shows that the two units produce consistent data.

3.8 Data collection procedure

The data for this study was gathered through self-administered questionnaires delivered to respondents and collected once they had completed them. To begin collecting data, the researcher must first obtain permission from the university through a letter. This was supplemented by an official letter from the hospital's administration at Kajiado Level Five. This was a step toward requesting authorisation to conduct research in advance from the Ministry of Health, along with an explanation of the reason and objective of the examination. The researcher sought authorisation from NACOSTI to gather data from respondents.

3.9 Data Analysis

Data analysis is carefully examining and organising completed research devices following fieldwork to enhance knowledge and allow one to share them with others (Franklin, 2012). Sorting, categorising, and analysing the acquired data might help researchers better understand their study questions and objectives. It is possible to study quantitative statistics using the SPSS software. Quantitative data for each query was tallied to provide a comprehensive picture of the general appearance of the statistics that assisted the researcher in recognising trends. In quantitative analysis, descriptive information can be used to analyse statistics to derive statistical measures that help the researcher make appropriate inferences about the examined topic. This information may be presented using Charts, Graphs, Chances, and Tables. While qualitative information was presented as announcements, the outcome may be described in paragraph form.

CHAPTER FOUR: FINDINGS AND DISCUSSION

4.1 Introduction

This chapter has the findings and the observations made concerning this study. The research herein aims to examine the devolution effect on healthcare administration using the case study of Kajiado Level Five hospital. The chapter begins with a review of the response rate and reliability analysis of the research tools used for data collection. An overview of the demographic profiles of the respondents follows this. The chapter is further structured in three sections consistent with the underlying research objectives.

4.2 Rate of response

The questionnaires were distributed to the target respondents per the approach highlighted in chapter three. The researcher targeted 111 respondents, consistent with the sampling technique outlined in chapter three. The rate of return is a vital tool whose assessment guides a study's reliability and internal validity. The assessment of the response rate for this study is presented in Table 4.1 below.

Table 4.1. Rate of response from the study

Occupation	Issued	Returned	Response Rate
Laboratory Technician	6	5	83.33%
Human Resource Office	5	4	80.00%
Clinical Officer	16	14	87.50%
Medical Officer	12	11	91.67%
Nurse	62	61	98.39%
Pharmacist/Pharmaceutical technician	5	4	80.00%
Administrative	2	2	100.00%
Board of Management	3	0	0.00%
Total	111	101	90.99%

Source: Research Data (2022)

One hundred and eleven individuals successfully responded and returned the questionnaire. This represents a 90.99% response rate, which is sufficient based on van Berkel et al. (2019) and Blumenberg and Barros (2018). The high response rate could be attributed to the nature of this research, where respondents were positioned in the same location, facilitating the author's access to the respondents.

4.3 Reliability Analysis

The author performed a reliability analysis to assess the internal consistency of the measurement items used during data collection. This analysis was necessary to understand where the questionnaires satisfied the study's objectives. This analysis was performed after the pilot study as recommended by Li et al. (2020) and Günal et al. (2020) as a safeguard for the actual data collection. As Chapter Three highlighted, Cronbach's alpha was used for this analysis because of its simplicity. The questionnaire consisted of five scales measuring different aspects of healthcare delivery, ranging from managing finances, human resources, leadership, and service delivery. The reliability analysis for the demographic profiles tool was not assessed because the researcher did not deem its intrinsic value to threaten the study's credibility. The outcomes of the analysis are presented in Table 4.2 below.

Table 4.2. Reliability test for the questionnaire

Scale	Cronbach's alpha (α)	Questions
Devolution of Finance Management	0.717	7
Staffing and Human Resource Management	0.767	7
Leadership and Administration	0.718	6
Service Delivery	0.835	11
Challenges and Recommendations	0.799	2
Overall	0.737	33

Source: Research Data (2022)

The rule of thumb for interpreting Cronbach's alpha is such that a coefficient below 0.9 is unacceptable, 0.5 to 0.6 is poor, 0.6-0.7 is questionable, 0.7-08 is acceptable, 0.8-0.9 is good, and above 0.9 is considered excellent (Dursun et al., 2020). According to Youde (2019)**,** a coefficient of 0.7 and above is considered sufficient for social sciences. Based on that decision criteria, the observed coefficients for all the measurement scales were considered acceptable.

4.4 Demographic Characteristics of the Respondents

An array of demographic characteristics of the respondents were examined. The parameters include gender, relationship status, work experience, age, and department affiliation.

4.4.1 Gender of Respondents

The gender of the respondents was examined along three parameters: male, female, and non-binary. Notably, the non-binary option was provided in consideration of individuals who skipped the inquiry or did not identify with the two primary genders. The outcome of this assessment is presented in Table 4.3 below.

Table 4.3. Gender profile of respondents

Parameter	Frequency	Proportion
Male	36	35.64%
Female	63	62.38%
Non-Binary	2	1.98%
Total	101	100.00%

Source: Research Data (2022)

The gender composition of the respondents was such that 62.38% identified as females while 35.64% identified as male. Two per cent of the respondents selected the non-binary. This proportionality was consistent with related studies, which found the proportion of female practitioners ranging from 58% at the national level (Okoroafor et al., 2022) to 76% at the county level (Wakaba et al., 2014).

4.4.2 Age Cohort

The age of the respondents was also examined. Cohorts were used as opposed to exact age values to protect the confidentiality and anonymity of the respondents. To that effect, the respondent's age was examined in the under 25 years, 25-34 years, 35-44 years, 45-54 years, and over 54 years cohorts. The observations concerning this examination are presented in Table 4.4 below.

Table 4.4. Age profile of respondents

Parameter	Frequency	Proportion
Below 25 Years	15	14.85%
25-34 Years	47	46.53%
35-44 Years	27	26.73%
45-54 Years	12	11.88%
55 Years and Above	0	0.00%
Total	101	100.00%

Source: Research Data (2022)

The average age of the healthcare personnel at the hospital is 25-34 years, based on the responses obtained. A little over twenty-six per cent of the respondents were 35-44. Concerning the other age cohorts, almost 15% of the respondents were below 25, while about 12% were 45-54. None of the respondents was aged fifty-five years and above.

4.4.3 Work Experience

The magnitude of the work experience of the respondents was also assessed. This information was anticipated to influence the overall perception of a respondent towards the impact of devolution in healthcare delivery. This variable was also assessed in blanket cohorts as opposed to the specific years of experience concerning the confidentiality of the information. The outcome of the information is presented in Table 4.5 below.

Table 4.5.Work experience profile of respondents

Parameter	Frequency	Proportion
Less than three years	18	17.82%
3 to 6 Years	31	30.69%
7 to 10 Years	34	33.66%
11 to 14 Years	16	15.84%
15 Years and Above	2	1.98%
Total	101	100.00%

Source: Research Data (2022)

The observation for this variable was notably consistent with that made about the respondents' ages. Most respondents (33.66%) indicated 7-10 years of experience, closely followed by 30.69% who had 3-6 years of experience. Only two respondents indicated at least 15 years of experience, presumably senior officers at the hospital. This observation could imply that the hospital retained most of its workforce for some period, albeit with high attrition, as professionals gained more work experience.

4.4.4 Department or role

The study also examined the departments or roles to which the respondents were assigned. This assessment was restricted to the essential departmental structures or roles of a standard hospital of the magnitude of Kajiado Level 4 hospital. These parameters include laboratory, human resource office, clinical office, medical office, nursing, pharmacy, administration, and the board of directors. The outcome of this assessment is presented in Table 4.6 below.

Table 4.6.Department profile of respondents

Parameter	Frequency	Proportion
Laboratory Technician	5	4.95%
Human Resource Office	4	3.96%
Clinical Officer	14	13.86%
Medical Officer	11	10.89%
Nurse	61	60.40%
Pharmacist/Pharmaceutical technician	4	3.96%
Administrative	2	1.98%
Board of Management	0	0.00%
Total	**101**	**100.00%**

Source: Research Data (2022)

Most of the respondents were from the nursing department (60.40%), followed by clinical officers (13.86%), medical officers (10.89%), laboratory technicians (4.95%), and pharmacists (3.96%). Slightly below 2% of the respondents were in the administration department. The study did not manage to involve any of the institution's board of directors due to their engagement with other affairs. This information was important to aid in assessing whether a respondent's role influenced their overarching experience about the influence of devolution in their line of work.

4.5 Devolution influence on healthcare finance management

The first objective of this study was to examine the influence of the devolution of healthcare finance on healthcare service delivery. The financing method of the referral hospital was collated against the respondents' attitudes towards finances and financial management at the hospital as part of addressing the objective. The author examined the sources of finances for the facility by popularity based on the respondents' understanding. The outcome of this survey is shown in Table 4.7 below.

Table 4.7.Sources of financing for the hospital

Parameter	No	Yes	Mean	S. D
National Government Grants	63.4%	36.6%	0.37	0.48
County Government	0.0%	100.0%	1.00	0.00
NHIF Reimbursements	61.4%	38.6%	0.39	0.49

Source: Research Data (2022)

The hospital received most of its funding from the county government allocations. This observation was consistent with the general knowledge about the role of county governments. County governments are the main source of financing for public hospitals within the County in line with the Public Finance Management Act 2012 and the County Governments Act 2012. Notwithstanding, Level 5 hospitals receive conditional grants from the National Government through the Ministry of Health to pursue specified health programs such as Universal Health Care (Kahutu, 2019; Prince, 2022). This was evident in the responses provided, where 36.6% of the respondents suggested that part of the facility's funding came from the national government's grants. Slightly above 38 per cent of the respondents also cited reimbursements from the national health insurance fund (NHIF). This observation implies that the facility significantly relies on the county government for funding, exposing the facility to potential inefficiency by the county government.

The author further assessed the respondent's perspectives towards healthcare financing. This inquiry aimed to determine the personnel's attitude towards the existing primary funding mechanism at the hospital and whether they had alternative preferences. The outcome of this assessment is presented in Table 4.8 below.

Table 4.8.Respondent's preferred financing model

Preferred Model	Frequency	Proportion (%)
National Government	16	15.84
County Government	85	84.16
Mean	0.1584	-
Standard Deviation	0.3669	-

Source: Research Data (2022)

Most respondents (84.16%) indicated satisfaction with the current mechanism where the county government provides most of the financing. This observation was interpreted to imply confidence in the hospital government in financing the facility. However, slightly below 16 per cent of the respondents preferred an MoH-led mechanism of financing the hospital, which was the pre-devolution approach to public health financing.

The gist of this assessment was the examination of the efficiency of financial management at the hospital. While the availability of finances is important, how it is managed determines whether the intended outcomes and health goals are achieved (Kirui et al., 2021). To that effect, the respondents were provided with an array of predetermined attributes of financial management in healthcare. The respondents were required to indicate how much they agreed or disagreed with these sentiments. Their responses were then measured through a Likert scale and aggregated through frequency, percentages, mean, and standard deviation, as shown in Table 4.9.

Table 4.9.: Efficiency in financial management at the hospital

Parameter for Efficiency in Finance Management	Strongly Agree	Moderately Agree	Undecided	Disagree	Disagree Strongly	Mean	Standard Deviation
There is enhanced access to drugs, medical equipment, and other facilities at the hospital	13.9	34.8	22.7	28.7	0.0	1.46	1.06
Critical services at the hospital are well-financed	15.7	19.8	36.6	27.8	0.0	1.47	1.06
There is timely financing of all hospital needs	25.7	18.8	38.6	15.8	1.0	1.48	1.07
Most of the essential resources for providing healthcare and running the hospital and always available	5.0	18.8	28.7	44.6	3.0	2.22	0.96
Sometimes we refer patients to other hospitals when the hospital runs out of resources	24.8	29.7	23.8	21.8	0.0	1.43	1.09

Source: Research Data (2022)

On average, the respondents agreed they experienced enhanced access to medical supplies, such as drugs and equipment, at the facility. They further agreed with the sentiment that there was timely financing for hospital needs. However, the respondents disagreed on average with the sentiment that critical services at the hospital were well financed. There was also a positive response towards the sentiment that the facility received timely financing for its needs. This observation was inconsistent with the prevailing sentiment about financing for county hospitals.

4.6 Devolution's influence on healthcare human resource management

The second objective of this study sought to examine the effect of the devolution of healthcare on the management of human healthcare resources. The researcher inquired from the respondents about various aspects of human healthcare resources. First, the

author examined the attitude of the respondents concerning the size of human resources at the facility. The respondents were required to indicate whether they believed the facility had enough labour. The outcome of this assessment as presented in Figure 4.1.

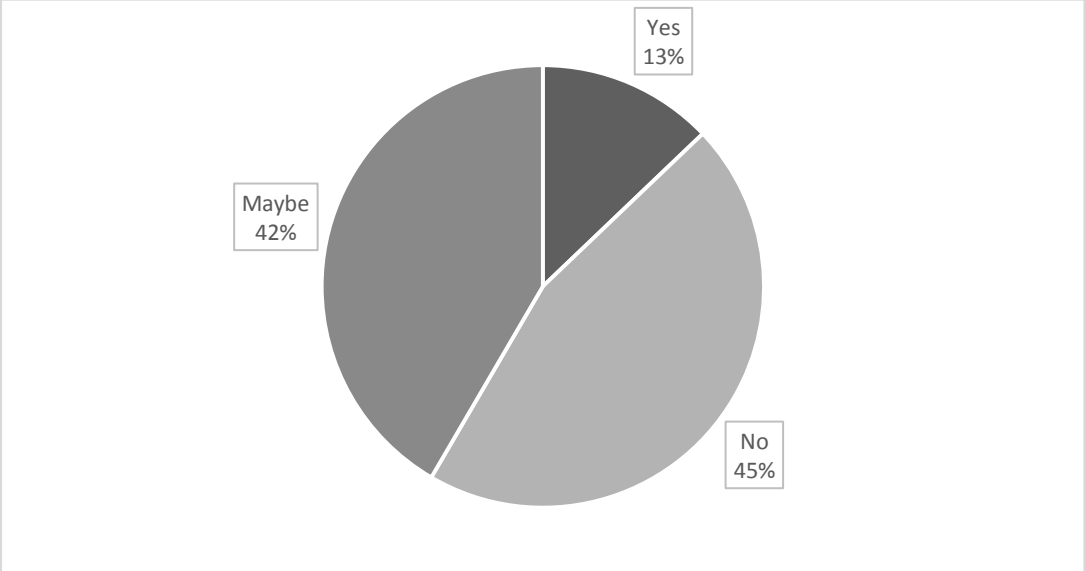

Figure 4.2: Labor sufficiency at the hospital
Source: Research Data (2022)

Forty-five per cent of the respondents believed the facility did not have enough workforce. Only 13% of the respondents believed the facility had enough workforce, with the remaining proportion indicating indecision. The researcher further examined the sufficiency of the current doctor-patient ratio and the influence of the ration on the quality of services delivered to users, as shown in Figure 4.2.

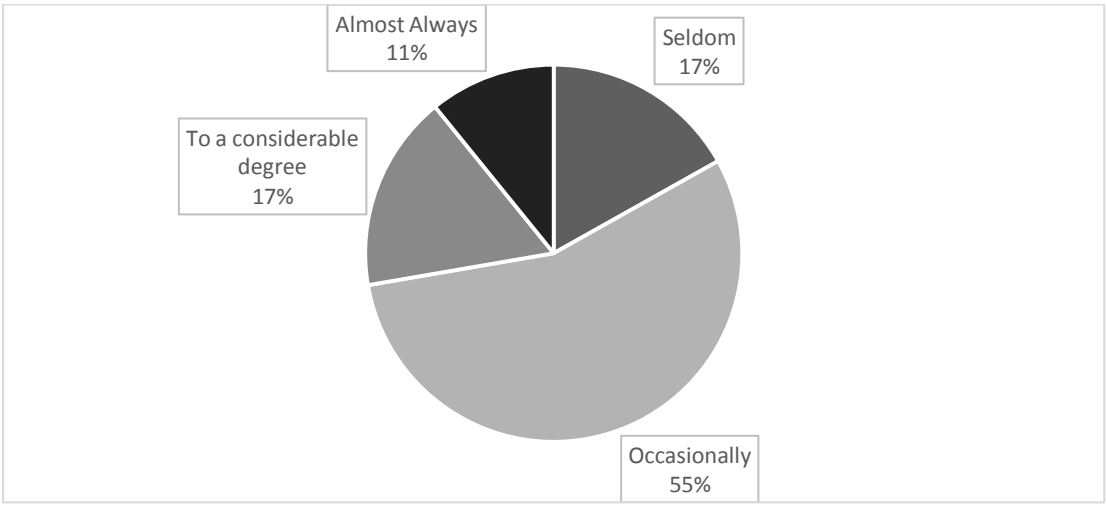

Figure 4.3: Doctor-patient ratio and service delivery
Source: Research Data (2022)

Eleven per cent of the respondents believed the ratio affected service quality almost always. Fifty-five per cent of the respondents believed that the prevailing doctor-patient ratio had been influencing the quality of services *occasionally*. The other respondents either believed that the ratio affected service quality *to a considerable degree* (17%) or *rarely* (17%).

In healthcare studies, the role and obligation of healthcare professionals take the spotlight in most cases. However, the plight and welfare of the professionals are side lined often. This study examined the respondents' experiences concerning the skill capacity enhancement of the human resources and other forms of welfare at the facility, as shown in Table 4.10.

Table 4.10.: Human resource experiences at the hospital

	Strongly Agree	Moderately Agree	Undecided	Disagree	Disagree Strongly	Mean	Standard Deviation
All service providers at the hospital are well-trained to do their work	7.9%	10.9%	24.8%	44.6%	11.9%	2.42	1.09
Critical human resources receive regular retooling training as recommended in the medical profession	26.7%	12.9%	40.6%	17.8%	2.0%	1.55	1.13
The staff at the hospital is well paid/reimbursed for the services they provide	26.7%	16.8%	35.6%	19.8%	1.0%	1.51	1.12
The staff is always motivated and encouraged to offer the best services	8.9%	12.9%	23.8%	44.6%	9.9%	2.34	1.11
All issues about hospital staff are prioritised and addressed in a timely or efficient manner	15.8%	16.8%	24.8%	32.7%	9.9%	2.04	1.24

Source: Research Data (2022)

On average, the respondents disagreed with the sentiment that all service providers at the facility are properly trained for their work. This observation was contrary to the study's expectation that devolved healthcare provides a better opportunity to retool healthcare providers. This sentiment was also reflected in the respondents' experiences concerning retooling for special and critical human resource providers at the facility as recommended in the healthcare profession. Lack of regular retooling for healthcare providers raises the challenge of healthcare preparedness for county governments especially considering the bad experiences of the coronavirus (COVID-19). The respondents had a relatively positive response towards the sentiment concerning the remuneration of the staff at the hospital. They either *agreed (16.8%)*

or *strongly agreed (26.7%)* that the facility provided fair compensation to their staff. However, the respondents did not agree with the sentiment that the hospital stuff is always encouraged and motivated to provide the best healthcare services. Moreover, the did not agree about the prioritisation of stuff at the facility.

4.7 Devolution's influence on healthcare management and administration

The third objective of this study sought to examine the influence of healthcare devolution on the leadership and administration of healthcare facilities. This objective was motivated by the assumption that the decentralisation of economic and political resources enhanced the management of public services. To that effect, the author examined the respondent's experience with leadership at the study facility. This inquiry consisted of a selection of leadership style characteristics informed by Voon et al. (2011) and Zeb et al. (2015), as shown in Table 4.11.

Table 4.11.: Leadership styles at the hospital

Leadership Attribute	Frequency	Proportion
Leadership at the hospital is collaborative, visionary, encouraging, and inspiring change	7	6.9%
Leadership at the hospital involves all people in generating ideas for running the facility	9	8.9%
The hospital runs almost hands-off because the managing administrator leaves decisions to others	73	72.3%
All decisions at the hospital come from the managing administrator	12	11.9%

Source: Research Data (2022)

Slightly above 72% of the respondents alluded to a laissez-faire style of leadership at the hospital. They agreed with the sentiment that their facility was mostly on a hands-off approach where the administrator allowed subordinates to execute the day-to-day

affairs of the facility. However, this sentiment was countered by about 12% of the respondents, who believed that the administrator was making most of the managerial decisions at the facility. The research further inquired about the respondents' opinion concerning local politics' influence on the facility's leadership, as shown in Figure 3. Most of the respondents (61%) indicated that county and local politics did influence the leadership and management of the facility as showed in Figure 4.3.

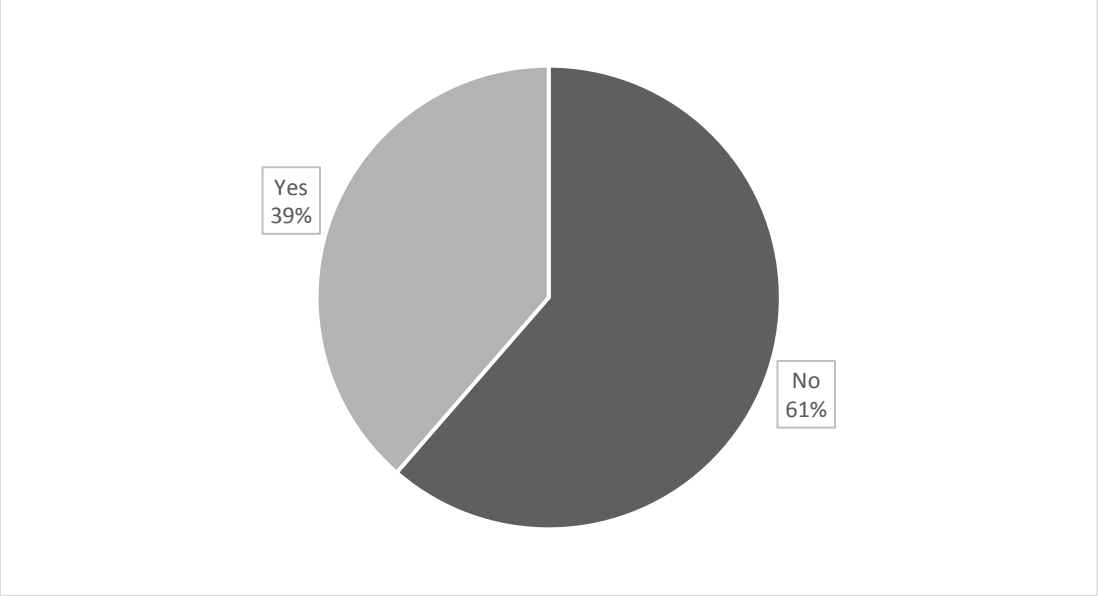

Figure 4.4: Politics influence on hospital management

Source: Research Data (2022)

The ultimate test of leadership concerns the delivery of services to consumers (Voon et al., 2011). In that spirit, the author examined how leadership at the study facility handled service delivery. This assessment was primarily based on equipment management as a reliable metric. This study did not involve consumers of healthcare services, which limited its capacity to generate this information in any other reliable manner. One of the inquiries was about how the facility referred the patient to other

facilities for complex medical support. The observations for this inquiry are presented in Table 4.12 below.

Table 4.12.: Propensity to refer patients based on complexity of the medical situation.

Parameter	Frequency	Proportion
Always	30	29.7%
Very Often	17	16.8%
Sometimes	39	38.6%
Rarely	15	14.9%
Never	0	0.0%
Mean	2.85	
Standard Deviation	1.09	

Source: Research Data (2022)

The author examined the perception and knowledge of the hospital's existing imaging and diagnosing equipment. While the presence or existence of equipment at the hospital is a simple tossing fact, evidence suggests that healthcare personnel are sometimes misinformed about the capacity at their workplaces, which contributes to poor service delivery (Mwanza & Mbohwa, 2015).

Table 4.13.: Referrals because of failed or malfunctioning equipment

Equipment-induced referrals		
Parameter	**Frequency**	**Proportion**
Always	15	14.9%
Usually,	48	47.5%
About Half the Time	18	17.8%
Seldom	16	15.8%
Never	4	4.0%
Mean	2.53	
Standard Deviation	1.05	

Source: Research Data (2022)

Slightly below 30% of the respondents indicated that the facility had transferred patients to other facilities for major and complex medical attention. Other respondents indicated that the facility referred patients very often (16.8%) and sometimes (38.6%). While the author expected the facility to be making referrals for some medical cases, the expectation was not that it was a rampant occurrence at the hospital. The research facility is rated Level 5 and is the County's main hospital, which means it ought to be better equipped. Nonetheless, this observation was consistent with Lelei (2021), who noted that county hospitals were gross without sufficient capacity to operate at their optimal.

The research suggests that the facility has made a tremendous effort towards ensuring the reliability and usability of its equipment. The author asked the respondents to express their experience concerning the hospital equipment's reliability, as shown in Table 13. Sixty-eight per cent of the respondents noted that the hospital equipment at the facility was reliable to *a considerable degree*. About 13% of the respondents noted that hospital equipment was almost always reliable as shown in Table 4.14 and Table 4.15.

Table 4.14.: The reliability of hospital equipment

Reliability of Equipment		
Parameter	**Frequency**	**Proportion**
Almost always	13	12.9%
To a considerable degree	69	68.3%
Occasionally	12	11.9%
Seldom	7	6.9%
Mean	2.26	
Standard Deviation	0.72	

Source: Research Data (2022)

Table 4.15.: Equipment maintenance and repairs

Parameter	**Frequency**	**Proportion**
On a need basis	24	23.8%
In under a month	11	10.9%
Quarterly	34	33.7%
Semi-annually	26	25.7%
Annually	6	5.9%
Mean	1.79	
Standard Deviation	1.24	

Source: Research Data (2022)

Moreover, the hospital maintained a descent maintenance schedule for hospital equipment, characterised by quarterly maintenance of critical equipment based on the obtained responses. This finding was commendable, considering that public hospitals have in the past been in the scenario where equipment fails because of poor or lack of maintenance (Mutia et al., 2022).

This study's results are partially consistent with other published studies within the same research domain. For instance, Tsofa et al. attributed healthcare devolution to

salary disruptions, political influence in human resource management, low staff morale, resignations, and a lack of essential medications (2017). Despite devolved healthcare, Miriti (2016) found that inadequate and delayed funding by the country's government caused hospitals in Meru to rely on funding from the national government. In addition to improved service delivery to the target population, the author found an improvement in staff training at the hospital under study. In contrast to this study, Miriti observed that devolution substantially affected the doctor-patient ratio. Other case studies have also found that staffing affects the delivery of healthcare services (Mehta, 2011; Gupta, Rodeghier, & Lis, 2014).

The overarching effect of devolution appears to be expanding healthcare administrators' decision-making authority. According to Tsofa et al. (2017), decision-making is a crucial area for healthcare administrators' area for the promotion of the management of essential medical supplies and services. This important advantage of healthcare devolution has been observed repeatedly in related studies by Mitchell and Bossert (2010) and Mohammed, North, and Ashton (2016). Even though decision-making autonomy among healthcare administrators was a challenge in the early stages of devolution, it has gradually improved due to the emergence of country-specific management structures (Tsofa et al., 2017). To take full advantage of this space among administrators, however, individuals must be capable of performing their assigned duties. In Pakistan, for instance, Bossert and Mitchell (2011) observed that the management of the health sector was affected by the lack of individual and institutional capacity to perform decentralised functions. Healthcare administrators must have the ability and skill to involve all stakeholders in decision-making. Most of

the time, the decision-making space resulting from devolution should enable all stakeholders to influence the direction of their institutions.

In addition to being consistent with the published literature, the identified challenges of healthcare decentralisation are consistent with the identified obstacles. For example, the World Health Organization (2010) asserts that the majority of healthcare workers around the world are not adequately compensated, which may help explain the dissatisfaction among the practitioners surveyed regarding their compensation. Staffing and morale issues among employees may account for the gaps in healthcare delivery in the case study. For instance, Mehta (2011) found that staffing challenges in human healthcare resources contributed to subpar healthcare service delivery and led to low levels of patient satisfaction. Tsofa, Molyneux, Gilson, and Goodman (2017) observed that the re-centralisation of financial planning from the health-facility level to the county level complicated healthcare administration at the lowest levels in some counties.

Some of the operational challenges in the healthcare sector, such as inadequate equipment, insufficient continuing professional development (CPD) programs, and inadequate remunerations, may be attributable to consistent budget cuts, in which the sector receives significantly less funding than is required to ensure quality delivery. Since the beginning of devolution, Kenyan county governments have allocated a meagre 5% of their total budgets to healthcare, which is expected to cover all needs, including staff compensation, equipment purchases, medical supplies, healthcare infrastructure, and miscellaneous expenses. This practice contradicts Kenya's commitment to the Abuja Declaration, in which the nation (along with its counterparts) pledged to allocate at least 14% of the national budget to healthcare.

Although Kenya signed this declaration before devolution, the mandate is anticipated to be transferred to the county government. Inadequate allocation to the healthcare sector results in a lack of essential equipment, poor service delivery, and poor remuneration practices among staff, among other difficulties evident in this study (Kimathi, 2017).

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter contains the conclusion concerning the objectives of the study. The chapter begins with a highlight of the study summary, followed by the research's conclusion. The chapter also has policy recommendations, contributions to the body of knowledge, and directions for further research.

5.2 Conclusion

Several observations and conclusions were made subject to the study's objectives.

5.2.1 Healthcare devolution and healthcare financial management

Funding for healthcare services in the sub-county is mostly provided by the county administration, with a modest contribution from national and donor grants. As a result of inconsistent, delayed, and inadequate funding, healthcare facilities have been unable to deliver certain treatments, such as dental and optical services. They have been unable to purchase the necessary equipment. The administrators mentioned corruption as one of the obstacles to delivering healthcare services in the case study. Devolution has also improved communication between administrators and other healthcare executives at the county level.

5.2.2 Healthcare devolution and healthcare administration

Secondly, devolution has given healthcare administrators a larger latitude for making localised decisions. However, operational management difficulties include insufficient involvement of stakeholders in day-to-day operations through regular communication and participation in decision-making. According to healthcare recipients, there have been advances in the overall delivery of healthcare services.

5.2.3 Healthcare devolution and human healthcare resources

Devolution has allowed healthcare facilities to recruit qualified personnel, perhaps from local societies. Respondents to the study believed that the available human resources were competent and sufficiently skilled to address the most pressing healthcare concerns. Regarding the effect devolution has had on the doctor-patient ratio, opinions are divided. Other implications of devolution on human healthcare resources include worker demotivation due to management deficiencies, inadequate training and development opportunities for staff, and compensation complaints.

5.3 Policy recommendations

Several proposals can be made based on this study's findings. First, there is a need to promote the development of local healthcare facilities' capacities and healthcare administrators' skills to enhance these institutions' overall management. The published literature lacks evidence of County and national government efforts to promote capacity building. This may be one of the reasons for the management flaws discovered in this study, such as the lack of stakeholder participation in the management of healthcare centres and inadequate communication. Second, a framework must be developed to encourage the continuing professional development of healthcare practitioners. Devolution of healthcare typically implies not just the delivery of services to patients and the general public but also the care of healthcare practitioners. Promoting healthcare professionals' professional growth may improve their morale and prospects for providing great treatment. This may necessitate that county healthcare administrators comprehend the evolving healthcare wants of our society and accordingly prepare the necessary human resources to suit these needs.

Thirdly, administrators and important healthcare executives must acknowledge the vital signs of human healthcare resources in healthcare delivery. As previously mentioned, one of the human resource difficulties faced by healthcare administration in the analysed case was low motivation and partial discontent among healthcare workers. This trend may be detrimental to the provision of healthcare services eventually. Therefore, it is important to combat it immediately. Finally, healthcare administrators must develop frameworks to identify impending doctor-patient ratio crises. Practitioners and administrators expressed concerns regarding the adequacy of the doctor-to-patient ratio in the present study. The practitioners viewed the ratio as adequate. However, the administrators viewed it as one of the obstacles to their service delivery.

This study contributes to the current body of knowledge by illustrating how healthcare devolution has impacted the three pillars of healthcare devolution: financial planning, human resource management, and leadership. The published literature was predominately concerned with service delivery, a broad conception of healthcare. In addition, insufficient attention has been paid to the expertise of healthcare administrators at the facility level, despite their crucial role in promoting quality healthcare. This study contributes to the body of knowledge by emphasising the need for continuous evaluation of the outcomes of healthcare devolution.

As noted, some of the findings presented here are congruent with research completed several years prior. This is essential for determining whether or not the national healthcare industry is advancing. The County Government of Kajiado may get information from this study regarding the advancement in healthcare administration and service delivery in the concerned sub-county. Some of these insights may include

the beneficiary's perspectives on healthcare services in the County, the issues facing human healthcare resources, and the administrator's perspectives on healthcare delivery in general.

5.4 Directions for Further research

Healthcare decentralisation and the provision of quality healthcare are crucial topics for Kenyan society, particularly in light of the possibility of reaching universal healthcare coverage. Consequently, a future study in this field is anticipated to increase. As a result, based on the findings of this study, the researcher identifies several functional areas for future evaluation. First, studies may wish to investigate the role of public participation in the planning and accountability of healthcare. Although healthcare recipients participated in this study, the scope of the investigation did not permit an analysis of their participation in healthcare delivery in local facilities. Public engagement is an essential component of solutions-oriented government, which is the incentive for examining public participation in changing healthcare.

Second, researchers may choose to investigate the local characteristics impacting the motivation of healthcare personnel. Despite the plausibility of attributing the low levels of worker motivation revealed in this study to management flaws, it is essential to comprehend the natural elements that could drive healthcare professionals to improve healthcare service delivery. Researchers may wish to investigate the role of healthcare devolution in implementing NHIF. According to this study, some people paid for their healthcare expenses with cash and other methods, indicating that national healthcare insurance had not been widely adopted. One weakness of this research is that it has focused on the responses of users based on the hospital. While

this is a recognised scientific method, it could be riddled with biases from the responses obtained. To that effect, future research might want to compare and contrast the management and administration of hospitals under the national government and those under county governments for a clear outlook.

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APPENDICES

APPENDIX I: QUESTIONNAIRE

Date: …… ….. Code: ……..……

The questionnaire has two components: a socio-demographic portion and a piece devoted to gathering data on information and communication technologies, finance, staffing and leadership strategies and the provision of healthcare services.

NB: (Tick and write where appropriate)

SECTION 1: A. SOCIO-DEMOGRAPHIC INFORMATION.

1. Indicate your age group.

Less than 25 years	25-34 years	35-44 years	45-54 years	55 years and above
[ ]	[ ]	[ ]	[ ]	[ ]

2. For how long have you worked at Kajiado Level 5 Hospital?

Less than 2years	3-6 years	7-10 years	11-14years	15 Years and Above
[ ]	**[ ]**	**[ ]**	**[ ]**	**[ ]**

3. Gender
   - ❖ Male
   - ❖ Female

4. Indicate your marital status

Single	Married	Separated	Divorced	Widowed
[ ]	**[ ]**	**[ ]**	**[ ]**	**[ ]**

SECTION B: INFORMATION AND COMMUNICATION TECHNOLOGY

5. Do you use ICT in service delivery at the Kajiado Level Five Hospital?
   [ ] Yes [ ] No
6. In your opinion, does the use of ICT make service delivery better and faster?
   [ ] Yes [ ] No
7. How do you rate the influence of information communication technology on provision of health services at Kajiado Level 5 hospital?
   [ ] Very high
   [ ] High
   [ ] average
   [ ] Low
   [ ] Very low
8. Please indicate the type of ICT used in your Department

   (*you may tick more than one*).

   [ ] Computers/laptops/tablets
   [ ] Phones [ ] Printers
   [ ] Scanners
   [ ] Others (specify)
9. In regards to information communication technology at Kajiado Level 5 Hospital please state the extent to which you are satisfied with the following statements?

Statement	Very satisfied	Somewhat satisfied	Neutral	Dissatisfied	Very dissatisfied
Overall, I am satisfied with the computing environment at Kajiado Level 5 Hospital	[ ]	[ ]	[ ]	[ ]	[ ]
Overall, I am satisfied with the variety of services provided by the information technology at Kajiado Level 5 Hospital	[ ]	[ ]	[ ]	[ ]	[ ]
Overall, I am satisfied with the quality and reliability of services provided by the information technology at Kajiado Level 5 Hospital	[ ]	[ ]	[ ]	[ ]	[ ]

10. What is your attitude towards use of ICT in provision of healthcare? [ ] Very good

[ ] Good
[ ] Neither good nor bad [ ] Bad
[ ] Very bad

SECTION C: DEVOLUTION OF FINANCE

11. Who is your major source of finance [ ] National Government [ ] County Government [ ] Donors
12. Do you receive finances on time to enable you deliver quality services effectively? [ ] Yes
    [ ] No
13. To what extent do you agree with the following statements on devolution of finances to Kajiado Level 5 Hospital?

Statement	Strongly agree	Moderately agree	Neither agree nor disagree	Moderately disagree	Strongly disagree
Devolution of finances has enhanced access to drugs, equipment and facilities at the level Four hospital	[ ]	[ ]	[ ]	[ ]	[ ]
The level of financing received is sufficient to help in delivery of qualified healthcare services at the level four hospitals.	[ ]	[ ]	[ ]	[ ]	[ ]
The hospital operates on a budget that offers incentives that maximize the effectiveness, quality, or quantity of care offered by hospitals	[ ]	[ ]	[ ]	[ ]	[ ]

14. How do you rate the influence of devolved finances on rehabilitation and improvement of the Kajiado Level Five Hospital?
    [ ] Very high
    [ ] High
    [ ] average
    [ ] Low
    [ ] Very low

SECTION D: STAFFING

15. Do you think that the Kajiado Level 5 hospital is well staffed? [ ] Yes

[ ] No

16. Does the doctor to patient ratio affect provision of healthcare at Kajiado Level 5 Hospital
    [ ] Not at all
    [ ] A little
    [ ] Partially
    [ ] A lot
17. To what extent do you agree with the following statements on staffing at Kajiado Level 5 Hospital?

18. How do you rate the influence of staffing on of provision quality healthcare services at Kajiado level 5 Hospital?

[ ] Very high
[ ] High
[ ] Average
[ ] Low
[ ] Very low

SECTION E: LEADERSHIP STYLES

19. What type of leadership do you think clearly describes the leadership at Kajiado Level 5 Hospital?

[ ] Participatory/democratic

[ ] Autocratic/dictatorial

[ ] Transformational

[ ] Transactional

[ ] Laissez-faire

20. To what extent do you agree with the following statements on leaderships styles at Kajiado Level 5 Hospital?

Statement	Strongly agree	Moderately agree	Neither agree nor disagree	Moderately disagree	Strongly disagree
The leadership at Kajiado Level 5 is up to the task	[ ]	[ ]	[ ]	[ ]	[ ]
The ministry of health vision and plans for the future have been clearly communicated through all levels of the organisation.	[ ]	[ ]	[ ]	[ ]	[ ]
Individuals at all levels of the hospital are appropriately involved in the development and achievement of institution's goals	[ ]	[ ]	[ ]	[ ]	[ ]
The county government encourages employee's growth through systematic training and development programs.	[ ]	[ ]	[ ]	[ ]	[ ]
The Kajiado Level 5 Hospital promotes team morale and builds organisational commitment	[ ]	[ ]	[ ]	[ ]	[ ]

21. How do you rate the influence of leadership on provision of health care services at Kajiado level 5 Hospital?
    [ ] Very high
    [ ] High
    [ ] average
    [ ] Low
    [ ] Very low

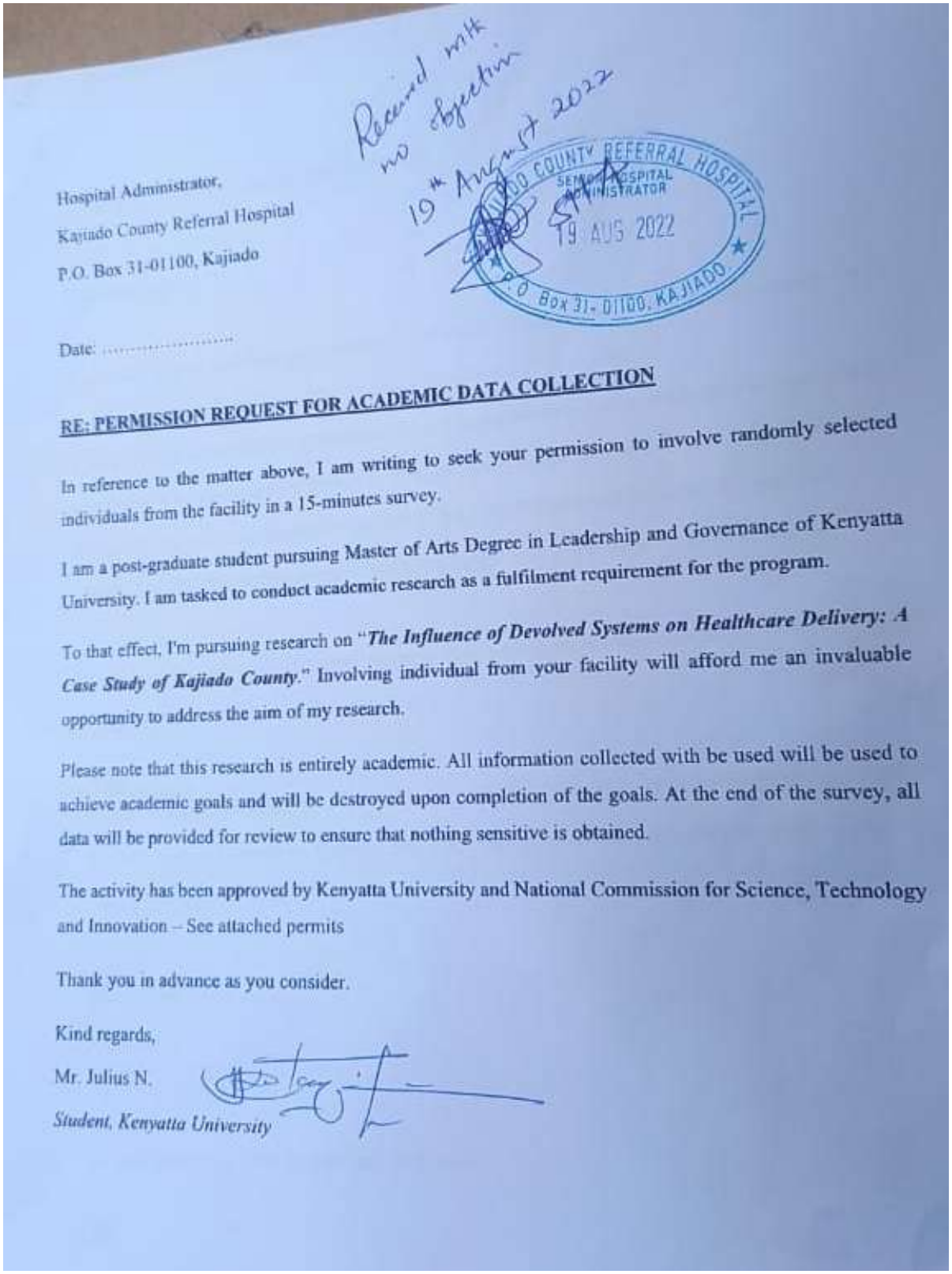
SECTION F: PROVISION OF HEALTH CARE

22. Rate the performance of the Kajiado Level Five Hospital on provision of healthcare services since the devolution of government service delivery.
    - ❖ Very high
    - ❖ High
    - ❖ Average
    - ❖ Low
    - ❖ Very low
23. To what extent do you agree with the following statements on provision of healthcare services at Kajiado Level Five Hospital since devolution?

Statement	Strongly agree	Moderately agree	Undecided	Moderately disagree	Strongly disagree
Healthcare services have improved since the implementation of devolved governance	[ ]	[ ]	[ ]	[ ]	[ ]
Waiting time required to serve client has reduced at level four hospital since devolution of government service delivery	[ ]	[ ]	[ ]	[ ]	[ ]
Devolution of government service delivery has increased access to healthcare services in terms of availability, affordability, accessibility and acceptability	[ ]	[ ]	[ ]	[ ]	[ ]

THANK FOR YOUR TIME AND COOPERATION

APPENDIX II: AUTHORISATION LETTER (KLFH)



Received with no objection
19th August 2022

KAJIADO COUNTY REFERRAL HOSPITAL
SENIOR HOSPITAL ADMINISTRATOR
19 AUG 2022
P.O Box 31-01100, KAJIADO

Hospital Administrator,
Kajiado County Referral Hospital
P.O. Box 31-01100, Kajiado

Date: .....

RE: PERMISSION REQUEST FOR ACADEMIC DATA COLLECTION

In reference to the matter above, I am writing to seek your permission to involve randomly selected individuals from the facility in a 15-minutes survey.

I am a post-graduate student pursuing Master of Arts Degree in Leadership and Governance of Kenyatta University. I am tasked to conduct academic research as a fulfilment requirement for the program.

To that effect, I'm pursuing research on "***The Influence of Devolved Systems on Healthcare Delivery: A Case Study of Kajiado County.***" Involving individual from your facility will afford me an invaluable opportunity to address the aim of my research.

Please note that this research is entirely academic. All information collected with be used will be used to achieve academic goals and will be destroyed upon completion of the goals. At the end of the survey, all data will be provided for review to ensure that nothing sensitive is obtained.

The activity has been approved by Kenyatta University and National Commission for Science, Technology and Innovation – See attached permits

Thank you in advance as you consider.

Kind regards,

Mr. Julius N.

Student, Kenyatta University

APPENDIX III: NACOSTI LETTER

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Date of Issue: 08/September/2022

Ref No: 753161

RESEARCH LICENSE

This is to Certify that Mr., JULIUS LENIN K. NTAYIA of Kenyatta University, has been licensed to conduct research in Kajiado on the topic: INFLUENCE OF DEVOLVED SYSTEMS ON HEALTH SERVICE DELIVERY: A case of Kajiado County, Kenya for the period ending : 08/September/2023.

License No: NACOSTI/P/22/20188

753161

Applicant Identification Number

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NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

Received with no objection 19 August 2022

KAJIADO COUNTY REFERRAL HOSPITAL
SENIOR HOSPITAL ADMINISTRATOR
19 AUG 2022
P.O Box 31-01100, KAJIADO.

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APPENDIX IV: AREA OF STUDY