PERCEIVED FACTORS INFLUENCING QUALITY SERVICE DELIVERY IN DECENTRALIZED HEALTHCARE SYSTEMS: A CASE OF CHUKA LEVEL 5 REFERRAL HOSPITAL IN THARAKA NITHI COUNTY, KENYA

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This Research Project Report is submitted in Partial Fulfillment of the Requirements for the Award of the Degree of Master of Arts in Project Planning and Management of the University of Nairobi

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DECLARATION

This research project paper is the result of my own independent research; I have not submitted it previously for credit at this or any other academic institution.

Signature…**R.M.R**…… Date…**22-11-2022**……..…

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This report on the research study has been submitted with my consent as the university supervisor:

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CBOs	Community Based Organizations
CPD	Continuing Professional Development
GoK	Government of Kenya
HIV	Human Immunodeficiency Virus
HRM	Human Resource Management
M&E	Monitoring and Evaluation
NACOSTI	National Commission for Science, Technology, and Innovation
SGDs	Sustainable Development Goals
SPSS	Statistical Package for Social Sciences
UNDP	United Nations' Development Programme
UNAID	United Nations Agency for International Development
USA	United States of America
WHO	World Health Organization

ABSTRACT

Quality healthcare is a human right. While concerted efforts have been put in place to provide quality in devolved healthcare systems, there are still significant obstacles to obtaining high-quality medical care in devolved settings. The purpose of this study was to establish the extent to which the selected perceived factors influence quality service delivery in Decentralized Healthcare Systems; Case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya. The study sought to establish how institutional leadership, employee capacity enhancement, institutional communication structures and monitoring and evaluation techniques influence service delivery in devolved settings. The study made use of a descriptive survey approach for its methodology. The study's target population was the hospital medical staff and management in Chuka Level 5 County Referral Hospital with a sample size of 120 across all the departments however; a response rate of 95% 114/120 was achieved. In order to assess, interpret, and present the data that was obtained, tables and frequency counts were utilized. The study established that three objectives of the study influenced the quality service delivery in devolved healthcare systems. The gender distribution was skewed towards the male with the male distribution being 76/114 (66.8%), the female gender being nearly half 37/114 (33.2%) of the male population. Besides, 49/114 (43%) agree that existing leadership structures had to a greater extent led to poor services delivery at Chuka Level 5 Hospital, followed by 40/114 respondents (35.1%) who strongly agreed that the existing leadership arrangements at the institution had led to deterioration of services at the health facility. More still, more than half 60/114 (52.6%) of the respondents agreed that the existing capacity enhancement opportunities at the institution had negatively impacted quality services delivery at Chuka Level 5 hospital with another 35/114 (30.7%) strongly agreeing to the same statement. Consequently, 43/114 (37.7%) agreed that the existing institutional communication structures at Chuka Level 5 hospital had positively influenced quality services delivery at the hospital followed by 30/114 (26.3%) who strongly agree on the same. Another 34/114 (29.8%) of the people who answered the survey disagreed that the existing M&E systems at the institution had in any way negatively influenced quality services delivery at Chuka Level 5 hospital followed by 30/114 (26.3%) who were not certain whether the existing M&E systems at the institution had in any way influenced quality services delivery at the hospital. This research provides the conclusion that the existing institutional leadership, employee capacity enhancement, communication structures as well as the monitoring and evaluation methods had either way had positively or negatively influenced the quality of services delivered at Chuka

Level 5 hospital. Precisely, the existing leadership structures and bureaucratic processes had negatively influenced the quality at which services were delivered at Chuka Level 5 Referral Hospital. Besides, lack of continuous and tailored capacity building efforts had contributed to poor service delivery at the health facility. It remained unclear whether the existing communication structures at Chuka Level 5 hospital influenced the quality of services delivered and finally, the existing M&E systems at the institution has in any way negatively influenced quality services delivery at Chuka Level 5 hospital. However, a larger sample size is necessary for more in-depth statistical analysis, and more study is needed to investigate the moderating role of the influence of a variety of factors, which include gender, competence, faith, age, demographic trends, economic background, and knowledge, amongst many others, on the link between various aspects of service supply.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Quality of service can be regarded as one of the critical success factors that influence the competitiveness of any service sector organization (Lasser et al., 2013). Shengelia (2002) also opines that to determine what provision of quality health service is all about, one must concentrate on the health system contributions, the processes and structure of the organization and finally the personnel and non-personnel quality and quantity of the health services regarding the prerequisites for the health care of a population. Therefore, the advancement in the populations' health outcome and reaction to people anticipations while decreasing the differences existing in health and responsiveness is the objective of the provision of health services (Lencioni et al., 2015).

The term quality service is used in business to denote the valuation of how sufficient a service is bestowing to the end-user anticipations (Vaz et al., 2020). Quality service is realized by equating the expected service to the service presently being offered. Service quality in healthcare can be fragmented into two quality dimensions: functional quality and technical quality(Shao & Shao, 2012). Health care sector wise, functional quality denotes to the mode of delivery of the health care service to the patients whereas technical quality relates to the conformance to professional terms or the technical accurateness of the medical diagnoses and measures (Bates, 2009). The service industry progressively plays a significant part in numerous nations economically. In the current universal competitive atmosphere, quality service delivery reflects as an important scheme towards achievement and existence (Badri & Attia, 2006).

Service quality is desired for creating end-user satisfaction and is connected to end user perceptions and expectations. Quality service is that which takes into consideration the following set of characteristics as brought out by Belz and Ken (2009): End-user satisfaction whereby sustainable services need to fulfill customers' desires or else will develop to be redundant as well as economically irrelevant. The other characteristic is double focus whereby for a service to be regarded as sustainable, it entails its ability to address and achieve both environmental and societal matters. There is also the life-cycle orientation which considers that services function as end user answers hence, it is their duty to establish all-inclusive offerings, providing not only suitable but also sustainable answers to the end user at all phases of the lifecycle. The other characteristic to sustainable services is significant improvement. According to this aspect, services must make an important lasting contribution on an extensive societal and environmental scope. Hereby, the gains generated ought to be quantifiable and positioned on a larger scale and scope. Continuous improvement is the other aspect whereby services which are sustainable are situated along the course of the standards of the institution and the society, that is, the highest level of technological advancement and the amount of information humanity possesses at a definite interval (Belz & Ken, 2009).

Delivering high-quality service has been crucial to the success of service businesses in the United States, particularly in the healthcare sector, where it has been shown to increase patient satisfaction (Dean& Lang, 2008). There are two components to service quality in the healthcare industry: technical quality and functional quality (Dean and Lang, 2008).

In Kenya, people can find access to healthcare at a variety of levels, including publicly funded facilities and those run by religious organizations and for-profit businesses. Approximately 40%-50% of all hospital beds in the United States are found in these three categories of institutions

(GoK, 2019). Many different kinds of NGOs, such as FBOs and CBOs (community and faith-based organizations), work in the healthcare field, each with its own set of advantages and specializations (Nyawira, 2010).

In August 2010, there was promulgation of a new constitution in Kenya which contained various articles which touched on performance of the public sector, reform and transformation directly with regards to devolved system governance (Hope, 2012). Devolved governance refers to the method of transmission of political, administrative, and financial managing authorities from the central government and subordinate ranks of government, mainly functioning at the town and regional ranks (Chand, 2011). With regards to a devolved health system, Nzinga (2014) asserts that healthcare is organized in a three-tiered system: Primary care services, community health services, and county referral services.

The promulgation of the 2010 Constitution resulted in the creation of 47 counties, one of which being Tharaka Nithi County.

Located in the foothills of Mount Kenya to the northeast of Nairobi is the county of Tharaka-Nithi. There are four (4) sub-counties that make up the county's administration: Meru South, Tharaka-South, Tharaka-North, and Maara. We may divide the county up into eight (8) Divisions, fifteen (15) Wards, fifty-two (52) Locations, and one hundred and thirty-two (132) Sub-Locations. There are additionally 132 smaller "Sub-Wards" within the larger "Wards." The Tharaka-North Sub-County occupies an expansive 843.9 km2, whereas the Tharaka-South Sub-County covers a little smaller 705.6 km2 (GoK, 2019). With 624.0 km2, Chuka Igambang'ombe is the third largest. Maara has a total size of 465.3 km2, making it the smallest of the Sub-Counties. Planting of tea and coffee, growing of subsistence crops, milking of a few cows or

goats and maintenance of a few sheep and goats are the main sources of income. Tharaka Nithi, along with neighboring counties, has formed the Mount Kenya Trading and Economic Bloc to manage the standardization of tariffs and taxes to increase commerce and improve the ease with which businesses operate inside and beyond the county. There is an emphasis on strengthening ties with neighboring counties, particularly those that share natural resources like Mt. Kenya, the Tana River, and Meru National Park, in order to increase the economic returns on these investments (GoK, 2019).

In some regions, Due to the challenges of getting to neighboring medical facilities, female genital mutilation has still been widely practiced and is a challenging issue to solve. In addition, it is necessary for education and awareness programs to be implemented so that males and females equally are aware of the significance of practicing family planning. The 112 health facilities are still insufficient to address the primary healthcare demands of a population that is constantly increasing in size.

1. 2 Statement of the Problem

Despite the introduction of devolution in 2010 following the promulgation of 2010 Constitution of Kenya, the positive gains of devolution are yet to be realized more so in healthcare set up not only in Tharaka Nithi County but also across many other counties across Kenya. For instance, A 2016 assessment report by the World Health Organization (WHO) in Kenya shows that inadequate health finances in counties and challenges like HIV and AIDS has steered towards a severe scarcity of workers in the health sector (WHO, 2016). Many counties face crisis such as lack of drugs and medical provisions, below par wages or lack of any salary for health employees, poor quality of care, and prejudiced healthcare services. (WHO, 2016).

Additionally, the available literature reviews limited studies that have been conducted to investigate the factors influencing provision of quality health services. Previous research conducted by Mutui (2006), Mayoli (2008), and Mwenda (2012) examined the influence of government initiatives to provision of health services. For instance, the Level 5 hospital being a service provider to patients has occasionally received complains directly from patients, their relatives and sometimes through the Public Relations Office. Among the many complaints raised are that patients take too long to heal, develop complications while receiving treatment, know very little about their ailments, misdiagnosis of illnesses, and doctors delay on right decisions. It is on this basis therefore that this research is intended to establish the extent to which the selected perceived factors influence quality service delivery in Decentralized Healthcare Systems; Case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya with a view to identifying such service-related gaps for positive health outcomes.

1.3 Purpose of the Study

The purpose of this research was to establish the extent to which the selected perceived factors influencing quality service delivery in Decentralized Healthcare Systems; Case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya.

1.4 Objectives of the Study

Here we detail the precise aims that this study aimed to verify. This included:

i. To determine the extent to which institutional leadership influence the quality-of-service delivery in Decentralized Healthcare Systems; Case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya.

ii. To examine the extent to which existence of employee capacity enhancement opportunities influence the quality of service delivery in Decentralized Healthcare Systems; Case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya.

iii. To determine the extent to which the existing institutional communication structures influence the quality of service delivery in Decentralized Healthcare Systems; Case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya.

iv. To explore the extent to which the existing monitoring and evaluation practices structures influence the quality-of-service delivery in Decentralized Healthcare Systems; Case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya.

1.5 Research Questions

The following is a set of research questions that served as the basis for this investigation:

i. To what extent would institutional leadership influence the quality of service delivery in Decentralized Healthcare Systems; Case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya?

ii. To what extent would existence of employee capacity enhancement opportunities influence the quality of service delivery in Decentralized Healthcare Systems; Case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya?

iii. To what extent would the existing institutional communication structures influence the quality of service delivery in Decentralized Healthcare Systems; Case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya?

iv. To what extent would the existing monitoring and Evaluation practices structures influence the quality of service delivery in Decentralized Healthcare Systems; Case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya?

1.6 Significance of the study

Establishing benefits and shortcomings of quality service delivery in devolved health systems is critical in streamlining the quality management and control techniques employed by leadership of such facilities and will mean setting standards high to compete on a global platform. Findings of this study, if adopted, may be useful in making the case for quality management systems by outlining how they function and what needs to be in place to implement a rigorous audit procedure that mandates appropriate measures. The findings of the study are bound to make a transformed aspect of quality service delivery by the relevant establishments to their end-users through foreseen improvement of efficiency and effectiveness.

Lastly, goals of the study included expanding existing understanding on quality service provision in the health sector by outlining the benefit of integrating quality systems as a core process. Additionally, it is desired that the findings would be used for further research and recommendations drawn will be used by other health providers when developing and designing their strategies related to quality and its dimensions.

1.7 Limitations of the Study

Some participants were hesitant to give honest answers because they would be implicated in the study's conclusions, which is to be expected given the study's structure, methodology, and demographic. To overcome such, a comprehensive informed consent was administered and respondents assured their protection, confidentiality, and emphasis that research findings was solely for academic purposes.

1.8 Delimitations of the Study

The study was delimited to critical examination of researcher perceived variables but not necessarily documented and published literature supported variables. Additionally, the focus of

this study was delimited as it narrowed down to a specific area, quality services delivery and specifically in devolved health systems of Government. The inferences may not be applicable to non-government owned health facilities across Tharaka Nithi County.

1.9 Assumptions of the Study

Two main assumptions served as the study's foundation:

1. To begin with, the researcher assumed that the instruments used in data collection were reliable and valid and therefore would enable the researcher to accomplish the required research objectives
2. The respondents were accurate and honest in their response to the questions in the data collection tools
3. Lastly, the respondents, amidst their tight work schedule were able to make up their time and fully participate in the study with utmost objectivity.

1.10 Operational Definition of Significant Terms

Here are definitions of the most important words used in the study:

Communication refers to imparting or exchanging health care service delivery information, views or thoughts using speech, lettering, or some other medium for instance signs or behavior to increase processes.

Decentralized Health Systems Describes the process by which a county's health system's political, administrative, and financial management duties are devolved to lower tiers of government, most notably the municipal and regional levels.

Employee training is any activity that is planned and organized systematically to transferring know-how to the health workers in Tharaka Nithi County so as to enhance their skills sets and knowledge for performing specific Health care jobs with expertise.

Leadership is an impact relationship among leaders and top management in Tharaka Nithi health care system and their subordinates to perform in such a way to reach high quality health care goals.

Monitoring and Evaluation the process of monitoring and evaluation is one that can aid in increasing performance and bring about desired results. Its primary goal is to optimize the current and future functioning of outputs, results, and consequences.

Quality The degree to which health care, services, systems, and programs adhere to local, regional, national, or international standards, criteria, or specifications.

Service delivery is used to describe the process of providing people with the essential services they require to maintain their standard of living.

Sustainability is growth that provides for the needs of the here and now without jeopardizing the ability of subsequent generations to do the same.

1.11 Organization of the study

The researcher organized the study in five distinct chapters with distinct sub-headings under each chapter.

Chapter one focused on the study background, statement of the problem, general purpose of the research study, objectives of the study, research questions, research hypothesis, significance of the research to study assumptions, limitations and delimitations and a summary of the key operational definition of terminologies.

Chapter Two traditionally referred to as the literature review section comes immediately after chapter One. In addition, discussions in these chapters are the literature gaps, summaries as well as the conceptual and theoretical frameworks.

In Chapter 3, the research methodology section showed the study's design, target population, sample size and estimates, sampling process, reliability and validity of research instruments, types of analysis, variable definitions, and ethical considerations.

Chapter four of this research covered detailed data analysis, presentation as well as interpretation. Chapter Five not only presented a complete summary of the findings, discussions and conclusions but also provided the recommendations and propose suggestions for further research regarding approaches for quality delivery of services.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter sought to review related literature on quality service delivery of decentralized health systems. Theories, empirical literature, and the development of a conceptual framework were all considered. The theories to be reviewed are organizational learning theory and stakeholder theory. Empirical literature looked at studies done on the subject matter in line with the influence of management leadership, employee training, communication, and monitoring and evaluation on quality service delivery. There was a need to add a conceptual framework to demonstrate the connection between the dependent and independent variables, and this need was met.

2.2 Quality Service Provision in Devolved Healthcare Systems

In terms of societal and economic growth, healthcare is crucial. Enhancing healthcare is a humanistic action of social growth that is valued for its own sake, regardless of economic or political factors (WHO, 2010). Additionally, healthcare's role in creating and maintaining human capital means that better health and economic output go hand in hand. A healthy populace is essential for preserving and boosting worker productivity, as is enabling the non-working population to make the most of the monetary investment in education chances crucial to their future success (Blas, &. Limbambala, 2011).

Healthcare organizations have inner and outer roles which are very complex with quality patient care being of primal concern. Their business function has inputs and outputs which operate in the same way as large-scale factories. In the society, healthcare is a large sector economically, ecologically, and socially. Issues on sustainability are given preference every passing year with

corporations, governments, non-profits, and venture capitalists playing a vital role in development of sustainable efforts with acknowledgment of our environmental deterioration (Hannon & Callaghan, 2011).

The term sustainable in the context of this research adapted the Brunt land report, with the definition of the "ability to make development sustainable to ensure that it meets the needs of the present without compromising the ability of future generations to meet their own needs" (Gates, 2015).

WHO defines healthcare as a system of organizations, individuals, and activities whose primary purpose is to promote, restore, or maintain health (WHO, 2016). According to the Oxford dictionary, healthcare is the provision of medical care to individuals or a community in a coordinated manner. Decentralization on the other hand describes a transfer of resources and / or political powers from higher to lower levels of government, or from national to subnational levels. Decentralization core objectives include efficiency, equity, accountability, local democracy, and innovation (Eleuch, 2011).

In relation to health systems, decentralization has the core aim to improve receptiveness and enticement structures through transmitting ownership, responsibility, and accountability to lower levels of the public sector. Health care decentralization refers to the process by which power over health care is transferred from a national or regional government and its agencies to a lower level of government, a public authority with some autonomy, or a private company (Kates, 2015).

The rationale for decentralization centers on improved governance and public service delivery. For a sustainable decentralized health system, ideal should incline towards increasing service delivery equity through allowing marginalized as well as poor groups to access health care

service providers and to have influence on judgments on service mix and expenditures. There is need to assess the prearranged schedules to guarantee equivalent access for equal need through all decentralized units and if finance mechanisms and amounts pay compensation for existing inequalities in the dissemination of health resources (World Health Organization, 2017). Allocation efficiency of a sustainable decentralized health system should be increased by enhanced customizing public services to serve local inclinations. Hereby, the level and size of the geographical units chosen should be significantly suitable for the health services to be accomplished. The measures for paying service providers ought to give the essential enticements aimed at effectual performance (Eleuch, 2011).

Efficacy improvements ought to be tried without conceding to equity of access. One opportunity for this is to increase the delivery of preventive medical services, which appear to be vital funders to general efficiency. There is also need to increase technical efficiency through fewer levels of establishment and improved familiarity of local expenses. Decentralization here should ensure the ultimate solidity of resource planning and dissemination in health care (WHO, 2016). Additionally, health care that is focus on the client and sustainable should be acceptable since it caters to the needs of individual patients while also respecting the cultural norms of the communities in which they reside. Moreover, it should also incorporate safety measures whereby health care delivered accounts for minimal risks and harm to service users (WHO, 2016).

It is becoming increasingly evident, as more governments resolve to providing universal health coverage by the year 2030, that good health care cannot be provided by merely assuring the presence of infrastructure, medical supplies, and healthcare workers. Improvements in health care delivery can only be made by prioritizing the provision of high-quality health services, which involves the delivery of care that is not just cost-effective but also productive, secure,

client-oriented, responsive, fair, and integrated. Quality of care is defined as the extent to which medical services for people and groups align with current expert knowledge and increase the likelihood that desired health outcomes will be realized. Due to its inherent complexity and diverse nature, quality assurance calls for the development and simultaneous implementation of many, independent interventions. As countries work to systematically enhance the performance of their health care systems, they are increasingly prioritizing the creation, refinement, and implementation of a national quality policy and strategy.

As clinicians, managers, and politicians work to enhance the quality of the health care system, seven distinct types of approaches stand out and are regularly taken into account for evaluation. The use of continuous improvement programs and methods, the establishment of performance-based incentives, and the enactment of legislation and regulation are all examples. Other methods include changing healthcare delivery at the front line, enforcing rules, interacting and empowering patients, families, and communities, and providing information and education for healthcare workers, managers, and policy-makers.

2.3 Influence of Leadership on Quality Service Delivery

The purpose of good leadership in healthcare is to ascertain that the services reaching out to the community use a suitable, well-organized, reasonable, and sustainable manner. Leadership can be viewed as the means to building a dream for the others and making a clarification of that vision into reality. It is about impact and inspiring others (Eleuch, 2011). Human capital, economic ability, equipment, and the operational features of healthcare provision can all come together at the time of service delivery and be carefully coordinated, allowing for successful service supply. Any site where people congregate should be organized in a way that prioritizes

evaluation, planning, care process management, human resources, community engagement, and data management (Eggli, 2003).

An important factor in how the public evaluates the efficiency of government is "the degree to which public administrators are able to incorporate a global perspective into their decision-making and operations" (Morse & Buss 2008). They championed for three leadership outcomes. Firstly, direction which stands for the widespread shared treaty on general goals, objectives, and mission. Secondly, alignment which is the co-ordination and organization of information and labor in a shared way, and lastly commitment which is the collective readiness of participants to incorporate their individual preferences and advantages within the shared interest. Attainment of these outcomes is the role of leadership. Primarily, questions of great importance lie on the attainment of the outcomes which encompass on how people create a communal sense of direction and purpose mutually, the type of alignments that would be suitable for them and how organizational strategy can be realized by creating favorable environments to oblige to. Less focus is projected towards the input outcomes like selection of good leaders, safeguarding good communications coexist amongst the followers and having clear goals (Gentile & Chiara, 2007).

Consequently, Galer, Vriesendorp & Ellis (2015) suggest that concentration on health outcomes can aid managers to advance their leadership ability. Other skills entailed are leadership performance at all stages, gaining knowledge and adopting to lead, accepting that leadership is established over time and the use of systems to sustain leadership. This calls for managers to have leadership results which are good and quantifiable progresses in service delivery and outcomes. For public healthcare, Vriesendorp & Ellis (2015) propose a combination of leadership and management practices ranging from leadership through; scanning, focusing, aligning/mobilizing, and inspiring. Management on the other hand should incorporate planning,

organizing, implementing, and monitoring and evaluating. The authors emphasize that the aforementioned leadership and management mix would work well in public healthcare (Gentile & Chiara, 2007). This study shall adopt the same.

Every type of organization relies heavily on strong leadership to thrive and survive. According to Hughes & Curphey (2008), leaders are responsible for instituting order and structure inside an organization. Those in positions of leadership in organizations are tasked with guiding their subordinates in their job and fostering positive working relationships. It is essential to exert influence by giving the impression that you care about the outcomes for your followers. Leaders who can see the big picture can take their teams to new heights. Quality outputs, including products and services, are indicators of successful leadership. Achieving goals and objectives requires well-coordinated human effort. A good leader is someone who can inspire their followers to action and who can bring together disparate individuals to accomplish a common objective. Leaders need specific abilities and an appropriate management style to get things done.

Leadership, in addition to possessing the aforementioned attributes, will need to be ethical and accountable to various stakeholders in the service delivery chain to be effective. Barrington (1984) put out a similar perspective when he wrote that leaders must have "intellectual and moral content" to determine what must be done and then take the necessary steps to make it happen. Because of this, the topic of who should be in charge becomes more pressing, as leaders will need to address the issues and foresee how to proceed. The importance of working together is emphasized, since it is shown that a leader is not effective without a team. According to Raga and Taylor (2006), a public servant's ethical compass should be as vital to his or her functioning as a person's blood circulation system. Leadership that prioritizes ethics has a significant impact

on those they lead. Workers are less likely to follow a leader who they believe does not uphold ethical standards. A company's ability to succeed is correlated with the quality of its leadership. One of the hallmarks of responsible leadership is the ability and willingness to explain one's beliefs, feelings, and conduct to other people in a way that satisfies their demands. Acknowledgement of responsibility, voluntary transparency, and answerability on the part of the leader are all aspects of accountability that contribute to productive settings. Byrkjeflot (2011) argues that new ideas about responsibility, particularly in the public sector, have been followed by changes in organizational structure. This, according to Nyamori (2017), has been accompanied by a movement toward responsibility for inputs, outputs, and outcomes as well as accountability for processes.

2.4 Influence of Capacity Enhancement Opportunities and Quality Service Delivery

Gaining education, experience, and insight is crucial for success in any organization. According to the WHO (2015) training is an important learning process in a workplace. It entails learning opportunities that are decisively organized by the management and training staff working in partnership. The goal of the practice is improvement in the organization's employees' knowledge, skills and attitudes which have been well-defined as essential to inspire them to successfully accomplish their duties leading to accomplishment of the structural aims and objectives. A company's success depends on the efforts of its workers, who must perform at a high level in order for the business to achieve its goals (WHO, 2015).

Employee training will greatly contribute towards an organization attaining its mission and vision. Employees whose performance is boosted with regular update incentives will spearhead attainment of an organizations goal and objectives faster than their counterparts (Yazdi & Meheralian 2014). Employees need continuous updating of formal and informal knowledge

along with constructive attitudes that have been well-defined as essential in inspiring geared towards effectiveness in performance, therefore, organizational training is tied to attaining workplace aims and objectives (Tyson, 2016).

Besides the training delivery methodology, definite access of training amongst health workers differs. It has been perceived that the health workers in Kenya in the public sector lack access to training and additional credentials is inadequate or established in line with reasons that are not justifiably accessible, or merit based. This can similarly have disadvantageous consequences for the incentive influence of training as a tool of human resource management (HRM) (Onyango & Wanyoike, 2014). Hindrances to good health care can be because of lack of enough knowledge, skills, and attitudes. Consequently, progresses in awareness into treatment and diagnosis, as well as alterations in roles and responsibilities, need constant professional development as a motivation incentive amongst the health workers (Sullivan, 2008).

With regards to health care provision, training in service delivery enhancement is accessible for health, treatment and paraprofessionals globally. Short workshops, on-the-job training, and continuous professional development (CPD) courses can also be obtainable through online learning, distance learning, printed materials, practical projects, development professional workshops, roles play, university courses through a broad and dynamic curriculum, and on-job trainings. (Harrington, 2009).

The quality of healthcare service delivery will significantly be improved with employee training. Improvement of the employees' morale, better customer service, job satisfaction and security, triggering past acquired knowledge and practice, timely provision of services, lower mortality rates amongst others. The aim of capacity building is to motivate the employees towards

promotion of a participatory and successful attainment of the organization's desirable objectives (Harrington, 2009).

Hospital expansion is driven by the demand for more beds, which in turn necessitates the hiring of highly trained doctors, nurses, administrators, and support staff (Argote, 2000). The ability of public sector hospitals to recruit and retain a sufficient number of qualified nurses is critical to enhancing the effectiveness of service delivery. According to Argote, the companies that succeed in the long run are not always those who win the race for market share today but rather are the ones who are most able to adjust to rapidly shifting conditions in order to continue providing their customers with satisfactory service. Because service provision in hospitals involves specific skill levels and expertise, which in turn necessitates constant learning, quality of service is sometimes compromised by a confluence of seemingly insignificant events coming from staff' lack of ability (Cohen & Levinthal, 2008).

2.5 Influence of Communication on Quality Service Delivery

Patients' discernments on the healthcare quality rate they get is extremely reliant on the quality of their dealings with their healthcare clinician and team. There exists a wealth of research facts and figures supporting the importance of effective communication and health outcomes for patients and healthcare teams (Harrington, 2008). For quality care to exist, communication across all health sectors is vital. When communication between healthcare providers and patients improves, patient outcomes also rise. Communication existing between the healthcare provider and consumers affects every side of the health aspects - from health promotion and disease prevention to assessment, diagnosis, and treatment. An overriding concern in the field of communicating with patients and their kin is the extent to which these communications influence

the quality care outcomes. The notion that communication decreases misconduct risk is the view that it essentially has something to do with quality care (Harrington, 2008).

These needs are however being addressed by various hospitals (Sullivan, 2008). Patient safety issues are less common at hospitals with higher patient rankings for medical and hospital communications, according to a new health grades study covering patient satisfaction levels and hospital safety across the country. The study's authors determined that improved communication was responsible for a reduction in complications such as surgical site infections, pressure ulcers, post-operative respiratory failure, and sepsis, among other problems leading to patient fatalities.

2.6 Influence of Monitoring and Evaluation Practices on Quality of Service Delivery

Monitoring is the ongoing process through which involved parties gain regular input on the advancement being made to attaining their mission and targets, while evaluation is the thorough and unbiased review of accomplished or continuing operations to establish the level to which they are fulfilling intended goals and assisting with decision making (UNDP, 2009). There are many reasons to conduct monitoring and evaluation, including: learning what works and what doesn't; maintaining effective and efficient utilization of resources; keeping tabs on how far a program has come; determining whether or not the program is having the desired effect; fostering public trust and understanding; satisfying the needs of funders; and building institutional memory.

According to UNDP (2009), monitoring concentrates on the manner of execution whereas evaluation examines the implementation process and poses the important question of how successfully the plan is being executed. The evaluation records the impact the program has had on the participants and the community at large, and describes the program's quality and

effectiveness. It also quantifies the extent to which the program's activities have achieved its goals. Reports are generated at regular intervals throughout a program's lifecycle, with an emphasis on the results of individual projects so that course corrections can be made, problem areas may be brought to the attention of employees, and spending can be measured against an established budget (UNDP, 2009).

The primary aim of an M&E on devolved health system is to have a strong system in place for the strategic plan containing of all main programs and health systems. The County M&E plan ideally ought to address the framework mechanisms and foster national plan implementation by laying the basis for reviews often. Monitoring allows continuous feedback, ensures interventions are rolled out as planned, and pinpoints particular problems as they arise (Mills, 2001). Primary healthcare monitoring interventions means using participatory approaches to systematically guarantee that activities go on accordingly to attain the aims of the intervention. Efficiency and effectiveness are attained by the implementers by making changes where need be.

Monitoring healthcare begins with establishing monitoring teams which are selected carefully on the measures which has been agreed upon. This ensures competency. Clearly defined objectives and indicators are then identified. Teams responsible for implementation and monitoring ought to comprehend aims, indicators, outcomes, expected outputs and their relations. The monitoring process then incorporates a process for selecting tools which are well-structured, consistent and friendly to the user. This is vital in order to collect data, which is dependable, relevant, correct and timely. The team then monitors the agreement with terms, and reports submitted at arranged time. The consultants, health officers, and monitoring team come to an agreement on the format for reporting during planning (Mills, 2001).

With regards to the health evaluation process, the current health certainties, urgencies, intentions, and indicators are determined. It assesses whether the project aims are realized by use of the indicators settled upon, the degree to which results fulfill investment of resources, intervention quality, weighing what was wrong and right, steps towards avoiding reoccurrence, and actions to bring intervention advancement (Chan, 2017). Core to the devolved healthcare evaluation process is to gauge the service importance at the planning stage thus understanding the health situation presently, rationale determination, and suitability for each intervention in fulfilling the health necessities of the public that have been identified. The evaluation process also evaluates primary health intervention progress during implementation to occasionally measure real attainment in contrast to the planned actions, pinpoint the gaps, and their causes. It further assesses efficiency of healthcare provision to define the relationship existing between the results and the used resources (Turnock, 2014). The evaluation process also assesses efficiency to decide the primary health care intervention instantaneous outputs and outcomes, and extent to which determined objectives and targets are attained. Additionally, the process assesses impact after implementation to comprehend general health care intervention outcome on the health and communal welfare of the public. The evaluation process finally assesses sustainability to decide continuousness of the intervention after external stakeholders' withdrawal which is a litmus test for the attainment of health care interventions (Baker, 2010).

Kamunga (2000) argues that state institutions have failed to accomplish their goals as a result of mismanagement, bureaucracy, waste, pilferage, ineptitude, and irresponsibility on the part of their directors and employees. When the government stepped in to save state institutions, it reevaluated their goals and aims, provided training for employees, and increased salary and benefits. However, the performance of state businesses did not improve (Kamunga, 2000).

Wholey (2010) argues that governments use evaluation to reduce vagueness, reinforce responsibility, and enhance performance, while performance measures set result-oriented objectives and targets, review progress, enhance growth advancements, and communicate the results to greater governance levels and the community (Wholey & Newcomer, 2010).

Performance indicators, fast reviews, impact evaluations, and performance audits are some of the tools and procedures used in the monitoring and evaluation process in industrialized countries like Australia, the United States, and the United Kingdom (Lahey, 2005). Any country that wants to better its monitoring and evaluation processes should take note of this emphasis. In countries like these, where there is already a severe shortage of resources, it is feasible that this kind of system may not last. As a result, it is vital to tailor any monitoring and evaluation system to the resources at hand.

2.7 Theoretical Framework

Various models and theories have been used to explain the study subject. Robson (2011) defined a theory as a set of constructs which are interconnected, propositions and definitions that are a presentation of a systematic interpretation of a phenomenon by laying down the relationships amongst the variables, with the objective of explaining and forecasting the phenomena. The theories to be utilized in this study are organizational learning theory and stakeholder theory.

2.7.1. The Organizational Learning Theory

When multiple teams and individuals within those teams work together to translate information into action and then evaluate the results of that action to create a body of common knowledge inside an institution or organization, this is known as organizational learning (Senge, 1990). Individual and team learning supplement organizational learning but do not produce

organizational learning on their own because learning often occurs in specialized or team silos without exchanging ideas with other groups within an organization. Both the change and systems theories, as well as the knowledge management literature, explain organizational learning as a consequence of, or a prelude to, organizational change (Aramburu et al, 2016). Peter Senge used the term "learning organization" to describe a workplace where employees are actively engaged in shared education to maximize the organization's effectiveness (Senge, 1990).

According to Senge's theory of systems, in order for a learning organization to be effective, it must be able to adapt to and steer change. Participants develop their own sense of competence, collaborate on mental models, embrace system thinking, create a shared vision, and acquire knowledge through teamwork (Krejcie, 1997). Knowledge management, as proposed by Nonaka and Takeuchi, revolves around the "knowledge spiral," in which tacit knowledge held by an individual is transformed into explicit knowledge through a series of interactions with others and dissemination across the business (Mwenda, 2012).

When it comes to patient care, organizational learning is all about providing a framework for complex, dynamic, and linked systems in which functional entities must learn and carry out their assigned tasks in order to collectively improve patient care safety. Inaccuracy reduction and improvement in patient safety in healthcare organizations is achieved by development of policies and procedures. Controlled health professionals should further their education and upgrade their knowledge, skills, and attitudes to foster safe patient healthcare. There exists a direct relationship between continuing education and improved patient outcomes amongst health care professionals (Mazmanian, Davis and Galbraith, 2009)

Contrariwise, there exists no clear decree to involve in continuing education for the backing or organizational staff in healthcare establishments even though numerous organizations offer and presume continuing professional development to advance in efficacy at a local or personal level. Organizational learning is the framework to weaving a variety of groups and directs into an organized platform to improve patient care (Nonaka & Konno, 2000).

2.7.2. The Stakeholder Theory

Author R. Edward Freeman defines a stakeholder as "any group or individual that can affect or is affected by the achievement of the organization's objectives" in his seminal work, Strategic Management: A Stakeholder Approach (1967). Stakeholders are "those groups without whose support the organization would cease to exist," and although Freeman is widely recognized as the "founder of stakeholder theory," the author notes that the phrase originally appeared in a memo at the Stanford Research Institute in 1963. Although applicable to most large organizations, health care facilities and hospitals particularly benefit from stakeholder theory (Brown & Diguid, 2008).

Hereby, there are many different types of stakeholders, each with their own perspectives, goals, and priorities, making it difficult for leaders to find common ground. The management aspect of the stakeholder theory is depicted by its ability to reflect and direct management operationalization instead of mainly addressing management economists and theoreticians. Stakeholder theory concentration is expressed in two crucial queries (Brown & Diguid, 2008). To begin with, it inquires the purpose of the firm. This inspires top management in the articulation of the shared sense of their value creation, and harmonization of their key stakeholders. Generation of an exceptional performance and forward propulsion are the results achieved by a firm with marketplace financial metrics and purpose as the key consideration

points. The second query lies on the responsibility the management has in the stakeholders. Managers here are compelled in their articulation on how they would like to conduct their business laying emphasis on the type of stakeholder relationships they would like to exist to attain their objectives (Davis & Audet 2007).

The applications of the perceptions of the stakeholder theory in the public sector conditions, mostly as decentralized governance necessitates a change towards network-type organizations from the hierarchical one. Managers in the public sector perceive themselves not as public facilitators unlike their public administrators' notion, whose requirement for stakeholder management foundation is of great essence.

Davis and Audet (2007) propose there are need to transform public systems in order to improve on adaptability, efficiency, effectiveness and capacity to innovate "by changing their purpose, incentives, accountability, power structure, and culture". Reinvention of organizations in the public domain is, fundamentally, shifting "bureaucratic" systems and organizations into "entrepreneurial" ones. The increasing charges in the health care sector which has been attributed by demographical and technical alterations has been challenging to numerous citizens.

Stakeholder collaboration measures have been advocated for in the health system as a means to advance in health care outcomes or to cover health care charges. There lies an obligation for stakeholders to improve value equations which are significant to others and that heads towards the opportunities for value increasing partnership (Young, 2011).

2.8 The Conceptual framework

The conceptual framework, represented in Figure 1 below, displays the connection between the independent and dependent variables. The research problem is also displayed through the

provision of the independent and dependent variables relationship. This conceptual framework gave a systematic overview of the study issue by representing a system of interrelated variables.

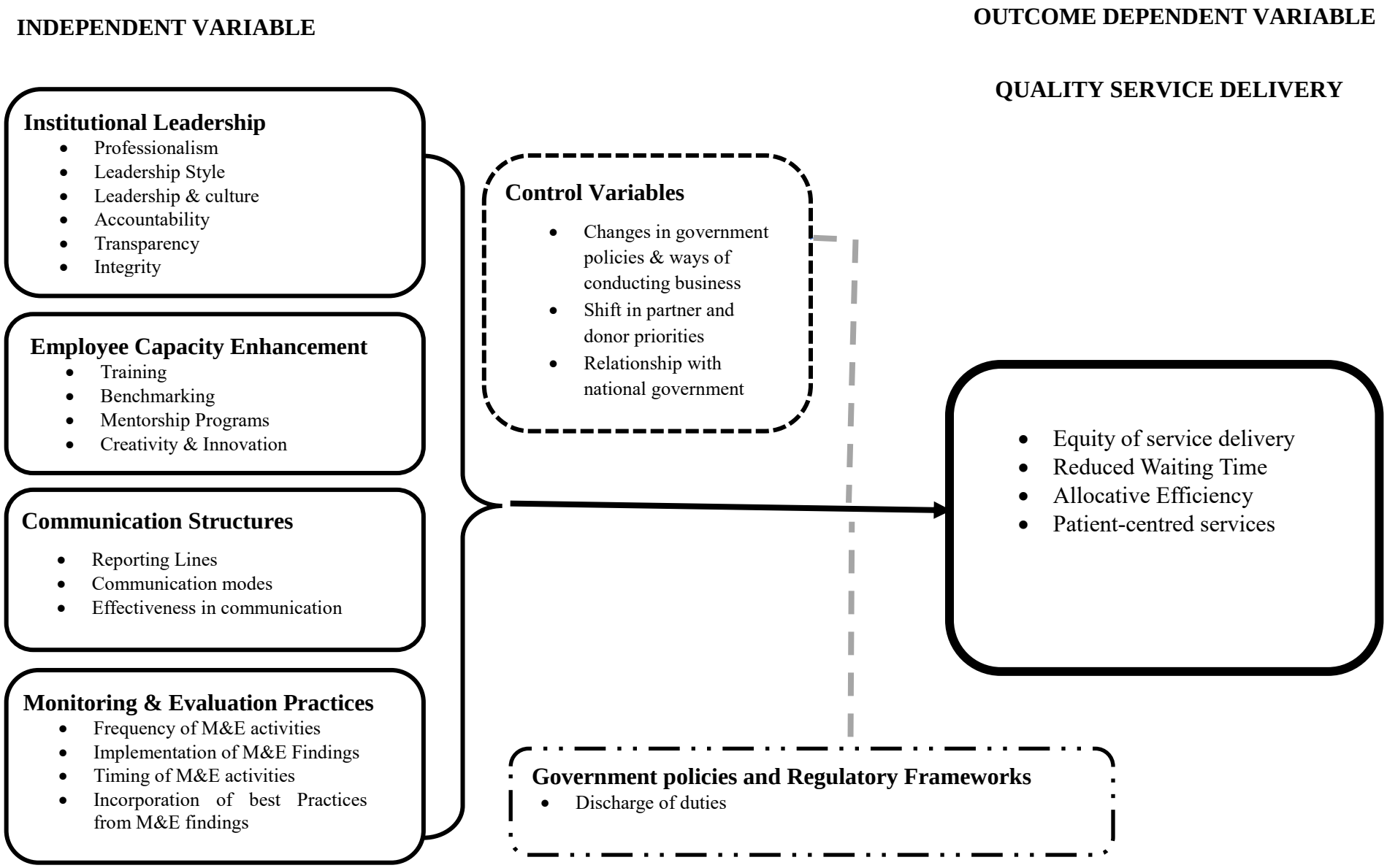

Figure 1: The Conceptual Framework

Leadership with a long-term vision is crucial for every organization to provide valuable services. According to Edwards and Hulme (1995), accountability and leadership are two crucial aspects of institutional management that contribute to the institution's legitimacy. Institutional longevity has always been debated with regards to the question of whether or not they can maintain their original purpose (Irvine, 2005). The United Way of America president's embezzlement (Murawski, 1995) and the Foundation for the New Era Philanthropy's investment fraud are only two examples of the major financial scandals that have rocked the United States in recent years (Stecklow, 1997).

Accountability has the potential to prevent fraud and abuse of power (Graycar & Malaguena, 2010), but in order for it to do so, it requires the dedication of the government to establish accountability mechanisms that promote ethical practices and guarantee the implementation of correct procedures, such as thorough documentation and openness to scrutiny (Velayutham & Perera, 2004).

While the concept of good governance is crucial, it is not sufficient on its own to bring about the economic and social development of any institution. Good governance can be strengthened through the use of instruments like efficient institutional service delivery (Hassan, 2015). Based on his research in Bangladesh, Hassan concluded that public institutions there do not always deliver the services that their constituents demand. The residents of that area were unhappy with the way in which government amenities were delivered to them. In the community area, quality service management on its own is insufficient without also focusing on managing personnel performance. There are major

drawbacks to using performance management, despite the fact that it has been effectively adopted in the vast majority of public institutions, including hospitals, around the world (Arnaboldi et al., 2015). Staff morale is low, and there is a need for public service managers but no easy solutions to the problem of performance management.

According to Teicher, Hughes, & Dow (2009), devolved governments face difficulties in providing high-quality services because of factors including: a slow quality tradition; difficulties in measuring outcomes; increased scrutiny from the public and media; restricted discretion to act subjectively; and the need for decision making to be centered on a restrictive policy or legal framework.

2.9 Knowledge Gaps

This section summarizes the findings of several authors and concludes with a discussion of where more research is needed.

Table 2.1: Knowledge Gaps

Author (s)	Research Focus	Major Findings	Research Gap
Brown (2008)	• Three Signals of Quality	• Quality is paramount in any setting; profit or non-profit making	• Generalized Quality

Davis & Collins (2007)	• Quality improvement	• Rooms for improvement often exists provided there is willing to implement	• Study limited to healthcare provision within Clinical Settings
Harrington (2009)	• Conceptual Model of Service Quality and its Implications For Future Research	• Effective Quality implementation models must be founded on robust models	• Quality Findings Limited to Research Settings
Mills (2001)	• Approaches to Overcoming Health System Constraints at the Peripheral Level	• Emphasis on Multi-sectorial and Integrated approaches to overcoming quality health challenges	• Examined data exclusively from the field of macroeconomics and health

Mwenda (2012)	• Quality Health service Provision and of Hygiene Practices	• Need for Relevant Stakeholders involvement in design, implementation and evaluation of quality programs	• Focus on quality within the Slum settings

2.10 Summary of Literature Review

The studies that came before this one focused on the factors that were found to have an effect on the quality of healthcare delivery. It demonstrates that a health system incorporates all entities and actions whose primary focus is on fostering health in one way or another, be it through prevention, rehabilitation, or upkeep. But decentralization typically refers to the movement of resources and/or political power from the central to the local or regional administration. Further integration of the two concepts demonstrates that decentralization of health-care services entails the transfer of responsibility for financing, planning, and health care service management from regional or central government and her agencies to local government, corporations, or semi-autonomous public authorities. It has been demonstrated that there is a correlation between the quality of healthcare delivery and other factors, and that these factors include management leadership, employee training, communication, and monitoring and evaluation.

Organizational learning theory and stakeholder theory are two of the theories discussed in this chapter that provide a foundation for the research. It culminates by engaging a conceptual framework linking the variables followed by the research gaps the researcher perceives to be in the reviewed literature. The next chapter discussed the research methodology.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This section details the procedures and approaches taken by the author in order to address the research questions posed in the introduction. It begins with an overview of the research design, the population of interest, the sampling strategy and sample size determination, the data collection instruments and procedures, the validity and reliability of the instruments, pilot testing of the instruments, data analysis, and ethical considerations, and ends with operational definitions of the primary study variables.

3.2 Research Design

Research design has many definitions. Cooper and Schindler (2006) highlight that research design defines how data is collected, measured, and analyzed. This study employed a cross sectional case study design in establishing the factors that influence quality of health services delivery in decentralized healthcare systems; a case of Chuka Referral Hospital in Tharaka Nithi County, Kenya. According to Zinkmund (2000), descriptive research shows how certain characteristics contribute to determining where the population under investigation currently stands. The descriptive approach enables the gathering of information regarding the qualities that the respondents have occupation, age, gender and education. The descriptive approach was applied to define the associations between the selected independent variables and the dependent variable. Cross sectional surveys by nature employ the collection of qualitative or quantitative data or both in either mixed or sequential approaches (Wiens, 1996). Triangulation is the process

of using multiple sources of information to improve the accuracy of a prediction made from just one or two data points (Grimes & Schulz, 2002).

3.3 Target Population

The term "target population" is used to describe the variables, individuals, or organizations that will be the focus of a data collection effort (Roncalli, & Weisang, 2013). According to Trochim (2006), a population is a group of people who share the same characters and similar characteristics. The target population for this study involved the employees at Chuka Level 5 Referral Hospital in Tharaka Nithi County. Management at the hospital's upper, middle, and bottom tiers were the focus of this research.

Table 3.1: Target Population

Employee cadres	Population
Auxiliary staff (Grade 1- iv)	426
Middle Level Staff (Grade A-F)	415
Lower-level staff (Grade 11-15)	374
Total	1215

Source: HR Statistics Chuka Referral Hospital, (2018)

3.4 Sample size and Sampling Procedure

Determining sample size entails deciding how many observations or how many different tests should be performed. If the point of an empirical study is to draw conclusions about the whole population based on a small subset of that population, then the sample size is a crucial component (Kothari, 2004).

3.4.1 Sample size

According to Kothari's (2004) suggestion that studies should select samples that represent between 10 and 30 percent of their intended population, this one did just that. These percentages are appropriate for a target population less than 500. The criterion used for the stratified random sampling was by selecting one respondent in every 10 targeted respondents. The sample size target 120 however a sample size of 114 was obtained in this study. The sample size is shown in Table 3.2.

Table 3.2: Sample Size

Employee cadres	Sample Size
Auxiliary staff (Grade 1- iv)	42
Middle Level Staff (Grade A-F)	41
Lower-level staff (Grade 11-15)	37
Total	120

3.4.2 Sampling procedure

Kothari (2005) defines a sampling procedure as a series of steps for selecting a subset of a larger whole from which an inference can be drawn about the whole. The sample size is sufficient to draw this conclusion. Due to the logistical challenges of collecting data from an entire population, this section describes the procedure followed to get information on the complete population through an investigation of a representative sample of the population. From there, generalizations about the population at large can be made.

The researcher with stratified sampling partitioned the target population into strata namely auxiliary staff, middle level management and lower-level management and collecting data on

each sampled unit after obtaining a basic random sample from each stratum. Care is going to be taken to ensure the heterogeneous population is divided into homogenous groups.

3.5 Research Instruments

Additional information was gathered with the help of a questionnaire, interviews, and focus group discussions (FGDs). There were both open-ended and closed-ended questions, as well as a combination of the two, throughout the various sections of the questionnaire. The following examples illustrate the five-point Likert scale used to understand the intent of closed-ended questions:(1) Strongly Agree (SA), (2) Agree (A), (3) Uncertain (U) (4) Disagree (DA) and (5) Strongly Disagree (SD).

3.5.1 Pilot testing

The purpose of a pilot study is to gauge the interest, clarity, and usefulness of the questions in the main survey by observing how respondents react to them in a practice setting (MacDonald & Headlam, 1999).

Prior to collecting data for the main study, we conducted a pre-test (test run) of the data collection tool to identify any issues and make any necessary improvements. This happened two weeks before the actual data gathering began. This entailed picking 10 respondents from a nearby health facility by simple random and purposeful sampling and administering the data collection tool to them to help point out any problems with instructions, wording, questionnaire length, instance, sensitive topics, to assist with the formatting of the questionnaire and to correct any typographical errors that were found (Mugenda & Mugenda, 2003). Before the data collection instrument could be used, it underwent a series of corrections and adjustments in

order to address the irregularities that had been spotted on it. This was done from the nearby Magutuni and Marimanti level 4 hospitals.

3.5.2 Validity of Instruments

A data collection tool's credibility depends on how well it measures the variables of interest. It can also be understood as the accuracy with which the results represent the phenomenon being studied (MacDonald & Headlam, 1999). Preliminary testing with colleagues, a pilot test, and close supervision from my supervisor all contributed to this.

3.5.3 Reliability of Instruments

The reliability of a data gathering method is measured by its ability to produce similar results when used repeatedly (Kimberlin & Winterstein, 2008). The validity and reliability of the questionnaire were evaluated by pilot testing with a subset of the target population. This was done in advance of the main study to identify any content problems and plan for their correction. To determine how well the data collected addresses the research questions, a pilot study was analyzed.

3.6 Data Collection Procedure

After the project was successfully defended, clearance to undertake the research was requested from the University of Nairobi in the form of a Research Clearance authorization letter. That was the first step in obtaining a research license from the National Commission of Science, Technology, and Innovation (NACOSTI). Additionally, informed consent was obtained from study participants prior to the administration of the research questionnaires. A self-administered survey was used to compile the data.

3.7 Data Analysis Techniques

The information was cleaned, entered, coded, and corrected. The questionnaires were developed and issued in advance of any actual data collection. Descriptive statistics were utilized to examine the data, which was entered and processed using Statistical Packages for the Social Scientists (SPSS) Version 20. The information was being provided in narrative form once the quantitative data has been evaluated using tables and figures. We used in-depth interviews and focus groups to collect qualitative data, which we subsequently analyzed thematically and content-wise. When analyzing the provided information, we used a triangulation strategy that included quantitative data to ensure the validity of our findings.

3.8 Ethical consideration

Before beginning, the researcher made sure to get approval from The University of Nairobi. In addition, approval to conduct the study was obtained by the National Commission for Science, Technology, and Innovation before any data collection began. Instruments of data collection were administered with care to protect the rights and privacy of respondents. Before giving out questionnaires, researchers sent out an introductory letter explaining the study's goals and methods. There was no identifying information given in the survey, such as names. Every single person who took part in the survey did so of their own free will. The study's results, obtained by the researcher independently of bias or manipulation, were subsequently presented.

3.9 Operationalization of variables

Table 3.3: Operationalization of Variables

Research Question	**Independent Variable**	**Measurement scale**	**Data collection methods**	**Type of data Analysis**
To what extent does institutional leadership influence the quality of service delivery in Decentralized Healthcare Systems; Case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya.	**Leadership**	Ordinal	Questionnaires	Frequency Percentage Mean Standard deviation
To examine the extent to which existence of employee capacity enhancement opportunities influence the quality-of-service delivery in Decentralized Healthcare Systems; Case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya	**Capacity Enhancement**	Ordinal	Questionnaires	Frequency Percentage Mean Standard deviation
To what extent does the existing institutional communication structures influence the quality of service delivery in Decentralized Healthcare Systems; Case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya	**Communication**	Ordinal	Questionnaires	Frequency Percentage Mean Standard deviation

To what extent does the existing monitoring and Evaluation Practices structures influence the quality-of-service delivery Decentralized Healthcare Systems; Case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya	**Monitoring & Evaluation**	Ordinal Nominal	Questionnaires	Frequency Percentage Mean Standard deviation

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, AND INTERPRETATION

4.1 Introduction

This chapter summarizes the findings of the study, including the data analysis, presentation, and interpretation of those findings. The chapter presents findings on influences of institutional leadership, employee capacity enhancement opportunities, institutional communication structures and existing monitoring and evaluation structures and their influence in quality service delivery management in decentralized healthcare systems: a case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya.

4.2 Response Rate

The targeted study sample for the employees at Chuka Level 5 Referral Hospital was 120 but only 114 respondents managed to participate in the study translating to an overall respondent rate of 95% (114/120).

4.3 Respondents' Socio-demographics and Preferences

Table 4.1: Participants' Ages in Various Groups

	Frequency	Percent	Valid Percent	Cumulative Percent
30 & below	24	20.9	21.1	21.1
30-39	47	40.9	41.2	62.3
40-49	31	27.0	27.2	89.5
50 & above	12	10.4	10.5	100.0
Total	114	99.1	100.0	

Table 4.1 above shows that Most of the participants are adults in the 30-39 age range. Followed by the age group of 40-49, followed by those that fall in between the age of 30and below with those in the age groups of 50 and above being the least. This indicates that majority of the workforce at Chuka Level 5 Hospital were young and mid age, and they were the most energetic hence transformation in the health facility was expected.

Table 2.2: Gender Distribution of Respondents

Gender of Respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	76	66.8	66.8	66.8
Female	37	33.2	33.2	33.2
Total	114		100.0	

From table 4.2 above, it is evident that gender distribution was skewed towards the male with the male distribution being 76/114 (66.8%) with the female gender being nearly half 37/114 (33.2%) of the male population. This implied lack of gender sensitivity in the staff recruitment at Chuka Level 5 Hospital. Lack of gender sensitivity does not promote or enhance cohesiveness in the institution.

Table 4.3: Institutional leadership and Quality of Service Delivery

	Frequency	Valid Percent	Cumulative Percent
Strongly Disagree	4	3.5	3.5
Disagree	7	6.1	9.6
Uncertain	14	12.3	21.9
Agree	49	43.0	64.9
Strongly Agree	40	35.1	100.0
Total	114	100.0	

The study sought to establish how leadership influences quality services delivery at Chuka Level 5 hospital as shown in table 4.3 above.

A greater majority of the respondents 49/114 (43%) agreed that existing leadership structures had to a greater extent led to poor services delivery at Chuka Level 5 Hospital, followed by 40/114 (35.1%) of the participants who strongly agreed that the existing leadership arrangements at the institution had led to deterioration of services at the health facility. Another 14/114 (12.3%) of the respondents were uncertain whether the existing leadership arrangements could be linked to poor services delivery at Chuka Level 5 hospital with 7/114 (6.1%) and 4/114 (3.5%) of the respondents disagreeing and strongly disagreeing respectively.

Table 4.4: Employee Capacity and Quality of Service Delivery

	Frequency	Valid Percent	Cumulative Percent
Strongly Disagree	2	1.8	1.8
Disagree	7	6.1	7.9
Uncertain	10	8.8	16.7
Agree	60	52.6	69.3
Strongly Agree	35	30.7	100.0
Total	114	100.0	

From table 4.4 above, it is evident that more than half 60/114 (52.6%) of the respondents agreed that the existing capacity enhancement opportunities at the institution had negatively impacted quality services delivery at Chuka Level 5 hospital with another 35/114 (30.7%) strongly agreeing to the statement. 10/114 (8.8%) remained uncertain on whether the existing capacity enhancement opportunities was in any way related to quality services delivery at Chuka Level 5 hospital. Only 7/114(6.1%) and 2/114 (1.8%) of the beneficiaries disagree and strongly disagreed

respectively that the existing capacity enhancement opportunities had negatively influenced services delivery at the institution.

Table 4.5: Existing Institutional Communication Structures and Quality of Services Delivery

	Frequency	Valid Percent	Cumulative Percent
Strongly Disagree	11	9.6	9.6
Disagree	11	9.6	19.3
Uncertain	19	16.7	36.0
Agree	43	37.7	73.7
Strongly Agree	30	26.3	100.0
Total	114	100.0	

As indicated in table 4.5 above, 43/114 (37.7%) agree that agreed that the existing institutional communication structures at Chuka Level 5 hospital had positively influenced quality services delivery at the hospital followed by 30/114 (26.3%) who strongly agreed on the same. Both 11/114 (9.6%) of the respondents disagreed and strongly disagreed that the existing institutional communication structures had influenced quality services delivery at the institution with 19/114 (16.7%) being uncertain whether the existing institutional communication structures at Chuka Level 5 hospital has influenced quality services delivery at the hospital.

Table 4.6: Existing M&E Systems and Quality of Services Delivery

	Frequency	Valid Percent	Cumulative Percent
Strongly Disagree	10	8.8	8.8
Disagree	34	29.8	38.6
Uncertain	30	26.3	64.9
Agree	31	27.2	92.1
Strongly Agree	9	7.9	100.0
Total	114	100.0	

From table 4.6 above, it is evident that 34/114 (29.8%) of the respondents disagreed that the existing M&E systems at the institution had in any way negatively influenced quality services delivery at Chuka Level 5 hospital followed by 30/114 (26.3%) who were not certain whether the existing M&E systems at the institution had in any way influenced quality services delivery at the hospital. Another 31/114(27.2%) agreed that the existing M&E systems at the institution had in any way influenced quality services delivery at Chuka Level 5 hospital and finally, only 10/114 (8.8%) of the respondents strongly disagreed that the existing M&E systems at the institution had in any way influenced quality services delivery at Chuka Level 5 hospital.

Table4.7: Existing Benchmarking activities on Quality Service Delivery

	Frequency	Valid Percent	Cumulative Percent
Strongly Disagree	10	8.8	8.8
Disagree	45	39.5	48.2
Uncertain	38	33.3	81.6
Agree	15	13.2	94.7
Strongly Agree	6	5.3	100.0
Total	114	100.0	

Table 4.7 above indicates that 45/114 (39.5%) of the respondents disagreed that the existing bench marking activities had influenced service delivery at Chuka Level 5 hospital in any way followed by 38/114 (33.3%) who remained uncertain. On the other hand, 15/114 (13.2%) of the respondents agreed that the existing bench marking activities had influenced service delivery at Chuka Level 5 hospital with 10/114 (8.8%) and only 6/114(5.3%) of the respondents strongly disagreeing and strongly agreeing respectively.

Table 4.8: Gender on Leadership Style Influence of Service Delivery

		Leadership Style Influenced Service Delivery					
		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Total
Gender of Respondent	Male	3	4	10	37	22	76
	Female	1	3	4	12	18	38
Total		4	7	14	49	40	114

From table 4.8 above, more males 37/76(48.7%) than females12/38(31.5%) believed that the existing leadership style had influenced quality services delivery at Chuka Level 5 hospital. On the other hand, more females 18/38(47.3%) than males 22/76(28.9%) strongly disagreed that the existing leadership style had influenced quality services delivery at Chuka Level 5 hospital.

Table 4.9: Age on Leadership Style Influence on Service Delivery

Age of Respondent * Leadership Style Influenced Service Delivery Cross tabulation

		Leadership Style Influenced Service Delivery					
		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Total
Age of Respondent	30 & Below	0	2	3	12	7	24
	30-39	2	2	4	20	19	47
	40-49	2	2	4	12	11	31
	50 & above	0	1	3	5	3	12
Total		4	7	14	49	40	114

Table 4.9 indicates that majority 20/47(42.5%) of the respondents aged 30-39 and half 12/24(50%) of the respondents aged 30 years and below believed that leadership style at Chuka Level 5 hospital had greatly influenced services delivery. Another 19/47 (40.4%) of the respondents aged 30-39 strongly disagreed that the existing leadership arrangements at Chuka Level 5 hospital had greatly influenced services delivery.

Table 4.10: Highest Level of Education attained on Capacity building Influence on Service Delivery

Highest Level of Education Attained * Continuous Capacity Building Influenced Service Delivery Cross tabulation

		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	
Highest Level of Education Attained	College Certificate	0	0	1	15	4	20
	College Diploma	1	5	6	17	16	45
	Higher Diploma	0	1	1	17	6	25
	Bachelor's Degree	1	1	2	11	9	24
Total		2	7	10	60	35	114

Table 4.10 shows that 75 percent of those who answered the survey have at least a college certificate, followed by Higher Diploma Graduates 17/25 (68%) agreed that continuous or lack of continuous capacity building efforts had negatively influenced service delivery at Chuka Level 5 hospital.

Table 4.11: Length of Stay at Institution on Leadership Style influence on Service delivery

How long have you worked here * Leadership Style Influenced Service Delivery Cross tabulation

		Leadership Style Influenced Service Delivery					
		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Total
How long have you worked here	Less than 1 Year	1	1	3	14	7	26
	Between 1 & 3 years	1	0	4	10	11	26
	3 to 5 years	1	2	1	11	8	23
	5 Years & Above	1	4	6	14	14	39
Total		4	7	14	49	40	114

From table 4.11 above, more than half 14/26 (53.8%) of the respondents who had worked in Chuka Level 5 Hospital for less than one (1) year agree that leadership style at the institution had an influence on service delivery.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS, RECOMMENDATIONS AND SUGGESTIONS FOR FURTHER STUDY

5.1 Introduction

This chapter provides a summary of the findings of the study, as well as the discussions, conclusions, and suggestions that were arrived at after the research implementation. The study investigated "*Perceived Factors Influencing Quality Service Delivery in Decentralized HealthCare Systems: A case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya*. These factors are related to institutional leadership, employee capacity enhancement, existing communication structures, as well as the established monitoring and evaluation practices at Chuka Level 5 Referral hospital.

5.2 Summary of Findings

This section provides a summary of the finding of the research. This would help readers understand the results in better, in a simpler and summarized way. The findings indicate that a greater majority 47/114 (40.9%) of the workforce at Chuka Level 5 Hospital are young and mid age, and they are the most energetic hence transformation in the health facility is expected. This population, if properly nurtured in both leadership and technical aspects of institutional transportation can be a great asset in championing quality service delivery at Chuka Level 5 referral hospital. The findings also reveal a skewed gender distribution towards the male with the male distribution being 76/114 (66.8%) with the female gender being nearly half 37/114 (33.2%) of the male population. This implies lack of gender sensitivity in the staff recruitment at Chuka Level 5 Hospital. This does not promote or enhance cohesiveness in the institution. The 2010

constitution in Kenya affirms among others the affirmative actions related to the two thirds gender rule. More still a greater majority of the respondents 49/114 (43%) further agreed that the existing leadership structures and bureaucratic processes had negatively influenced the quality at which services were delivered at Chuka Level 5 Referral Hospital. This is one of the areas the top leadership can streamline. This is typical of any government owned institutions over the years over the years. There is therefore an urgent need for the leadership of this institution right from the top to devise practical and feasible ways to abolish many processes that could be made simpler and easier to ease the daily activities and achieve quality and timely service delivery to all stakeholders and especially the main stakeholders who the staff and the patients being served. One of the possible ways is to incorporate ICT which will save the burdensome movement of files across the different departments.

Results show, however, that the vast majority of respondents were college certificate 15/20 (75%) graduates, followed by Higher Diploma Graduates 17/25 (68%) agreed that lack of continuous and tailored capacity building efforts had contributed to poor service delivery at Chuka Level 5 hospital. Providing citizens with basic necessities in a secure and healthy setting is the main objective of government service provision, and capacity building is a crucial tactic for achieving this goal through the transformation of a nation's infrastructure and the introduction of new policies and programs. Workforce development has been adopted by a growing number of government agencies as a strategy for boosting service delivery's timeliness, effectiveness, and quality. There is therefore urgent need for the top leadership to conduct a participatory capacity gaps analysis that will ultimately inform the development of the capacity building Policy at Chuka Level 5 referral hospital.

Regarding the existing communication structures within the institution, 43/114 (37.7%) agreed that the existing institutional communication structures and policies at Chuka Level 5 hospital had positively influenced quality services delivery at the hospital followed by 30/114 (26.3%) who strongly agreed on the same. It is commonly established that an organization's communication strategies have a direct bearing on the caliber of the services they provide. Informal and formal channels of communication both help employees feel more connected to one another and more motivated to contribute their skills and efforts to the success of the company. Only when workers see value in cooperating can organizations fulfill their mission. Both formal and informal modes of communication have been identified as key factors in building connections that are important for gaining extra effort from employees. This additional work is essential in encouraging the provision of optimal public value. Communication, achieved through both formal and informal channels, enables customers to make demands of their respective governments and to have a hand in shaping decisions that are crucial to the production of high-quality public services.

It is evident, from the findings that 34/114 (29.8%) of the respondents disagreed that the existing M&E systems at the institution has in any way negatively influenced quality services delivery at Chuka Level 5 hospital followed by 30/114 (26.3%) who were not certain whether the existing M&E systems at the institution had in any way influenced quality services delivery at the health facility. In order to evaluate the efficacy of a policy framework for the delivery of quality services, it is necessary to develop a complete monitoring and evaluation system to track its implementation. Understanding what to monitor, who to monitor, and how much monitoring and evaluation will cost is crucial for ensuring the long-term success of the activities being watched

and evaluated. Any monitoring and evaluation system worth its salt will be housed in a competent government department.

5.3 Discussion of Results

This section presents a discussion of the results findings of this study presented with a view of helping readers and future researchers in a simpler way.

5.3.1 Institutional Leadership & Quality Service Delivery

The study's findings showed that leadership at Chuka Level 5 Referral Hospital significantly affected service quality. There is no agreed-upon definition of leadership, but generally speaking it refers to a position of authority in which one individual has the power to direct the activities of subordinates (Odhiambo & Iravo, 2018). Managers should do what they can to foster a workplace culture that workers like working in. Keeping these workers loyal and employed, despite the availability of alternative employment options, is also part of the job (Eglene et al., 2007).

Effective leadership is essential for the growth and survival of any group. According to Hughes et al. (2012), leaders are responsible for establishing order inside their organizations. Organizational leaders are responsible for guiding employees, coordinating efforts, and fostering positive connections. It is essential to have influence if you want to get things done with other people. Leaders with a clear sense of the future can take their teams or companies to new heights. A leader's worth is measured by the outcomes he or she produces (Backman et al., 2015). In order to accomplish anything, the human element must be well-coordinated. The hallmark of an effective leader is the capacity to mobilize others to achieve shared goals and to form cohesive teams. Management's main focus is on getting things done according to

predetermined protocols. It is concerned with the efficacy and effectiveness of the services offered to both internal and external stakeholders and the responses to questions about how the rules are enforced (Sifuna, 2012). Leadership, according to Brown (2001), helps people and businesses develop and change for the better. Furthermore, he argues that many public institutions fail to fully capitalize on their leaders because their employees believe they are unable to make a positive impact on society by enhancing its human resources. Ordinarily, this would cause dissatisfaction among workers, which would in turn reduce productivity. Having the will to create a positive impact on the lives of others and on one's constituents is a key quality of a leader. It's also about getting things done, dreaming big, forming connections, and improvising in your life. One may say that management is concerned with maintaining the status quo, while leadership is more concerned with envisioning and pursuing alternative, more expansive futures.

Leadership and management, as Beardwell (2007) points out, play a major influence in keeping people around, with the author arguing that workers quit their managers rather than their employers. If workers feel appreciated and valued by their superiors, have clear goals and objectives, are assigned tasks that align with their skillsets, and receive consistent praise and acknowledgment, they are more likely to continue with the company. Employees tend to remain with a company longer if they have positive relationships with their immediate supervisors (Ferreira, 2007 cited in Michael, 2008). USA Center for the Promotion of Ideas www.ijhssnet.com 208 studying the current situation of the South African training industry revealed that management style was the most important retention factor in the country (Netswera, 2005).

5.3.2 Staff Capacity Enhancement & Quality Service Delivery

The findings revealed that lack of continuous and tailored capacity building efforts had contributed to poor service delivery at Chuka Level 5 hospital. One of the most crucial parts of any business is its capacity-building efforts, since these are responsible for fostering an atmosphere that encourages and enables workers to give their best performances (Sheikh & Hassan, 2020). Having a dedicated and devoted workforce is crucial in today's public sector since success necessitates constant reinvention (Sheikh & Hassan, 2020). One of the most crucial variables influencing a company's performance is the quality of its training programs for its staff. Training people to work toward the organization's goals makes it much easier for that organization to attain those goals. Local government agencies can better articulate their service delivery to the public if they have access to a capacity-building seminar as soon as possible.

There is abundant proof linking improved service delivery with increased capacity. The public sector, the major employer of labor and the sole institution for national growth and development in any country is better positioned to attract and retain vibrant and skillful labor force that would facilitate the transformation of government policies and actions into concrete reality (Aborisade & Aransi, 2006). Capacity building in a country like Kenya has consistently posed serious challenges over the decades. The civil service of any nation remains critical to national development, integration, and continuous growth, especially developing countries like Kenya where the counties are still struggling with providing quality services in devolved health care systems. The service is crucial in rallying the country's resources for development (Sheikh & Hassan, 2020). Human resources are recognized as an important part of the public sector's growth. This is due to the fact that the prosperity of nations ultimately rests on their people, rather than on passive factors of production like capital income or material resources. Capital is

accumulated by humans, resources are exploited by humans, and political and economic structures are built by humans to benefit the citizens (Ihemeje, 2020).

5.3.3 Existing Institutional Communication Structures & Quality Service Delivery

According to the study findings, the existing communication structures had a positive influence on quality services delivery at Chuka Level 5 Referral Hospital. The role of communication in any organization cannot be overemphasized.

Bolorinwa and Olorunfemi (2009) found that efficient communication is key to improving workplace productivity. In order to have a productive workplace, there needs to be a steady flow of communication that fosters trust and openness among workers (Sayki-Baidoo, 2003). Organizational success is directly tied to the quality of internal and external communications (Emojorho, 2010). Human relations procedures must be kept up in order to provide services in an organized manner. Having open lines of communication improves the quality of service provided to customers. To effectively communicate, team members must be fluent in both verbal and nonverbal modes of expression, and these modes of expression must be custom-made to the specific needs of each individual, the group, and the context (Owoeye & Dahunsi, 2014). This includes not just sharing our thoughts and aspirations, but also our wants, worries, and requests for support (Kathy Walker eta l, 2000). For information to be received, processed, and acted upon in a way that promotes trust, respect, learning, and goal attainment among group members, it must be succinct in nature, concrete in nature, clear in presentation, complete in presentation (Owoeye & Dahunsi, 2014). Effective communication is the key to understanding the challenges and making decisions among a group of people who share ideas, feelings, and convictions but may see things from different perspectives, which is necessary for the efficient delivery of services and the growth of the company (William king 2002).

Instituting communication organizational goals, creating plans, organizing in the most effective and efficient way, selecting, developing, and appraising employees, leading, directing, motivating, and controlling performance; these are all managerial functions that are integrated through effective communication within an organization (Komunda,2006).

A company is an open system interacting with its surroundings when its managers learn about the community's wants and concerns through the dissemination of information. Both verbal and nonverbal forms of communication exist, with the former involving the use of spoken words and the latter involving no spoken exchange at all. It occurs in two distinct modes: formal discourse and informal interaction. This type of interaction is the organization's approved method of spreading news and occurs along predetermined paths delineated by established channels of command. There is, however, a separate, informal network of communication operating within the larger formal one. There are two main categories of informal networks, according to Jablin (1982): the gossip chain, in which a message is relayed from one person to as many others as possible, and the cluster chain, in which a message is relayed from one person to a small group of people.

5.3.4 Existing Monitoring & Evaluation Systems & Quality Service Delivery

As can be seen from the results, the vast majority of respondents disagree that the existing M&E systems at the institution had in any way negatively influenced quality services delivery at Chuka Level 5 hospital. This implies that the existing M&E systems and frameworks may have a positive relationship with the improved quality of services delivered at Chuka Level 5 referral hospital.

It is widely accepted that the monitoring and evaluation system should follow a number of industry-accepted best practices in order to be effective (Muthoni et al., 2021). Decisions and new knowledge can be projected with the use of practices like planning and coordination, capacity building, surveillance, and data demand (Muthoni et al., 2021). The effects of this on the long-term viability of the project are discussed by Scheirer (2017). Monitoring and evaluation (M&E) techniques guarantee that project outcomes may be assessed in a number of ways (impact, outcome, output, process, and input) to promote transparency and help guide educated decision-making at the program and policy levels. According to Ober (2017), monitoring and evaluation practices should be incorporated into design programs in order to guarantee logical reporting, which is the process that links result and demonstration accountability, as well as to quantify efficiency and effectiveness, guarantee effective resource distribution, stimulate continuous learning, and enhance decision making (Kinyanjui, Gakuu & Kidombo, 2015).

There needs to be input from the project itself into the M&E approach in order to increase accountability tracking. This line of thinking is consistent with that of Santosh (2017), who proposes incorporating monitoring data into the project evaluation and monitoring process to build a knowledge base that can be used to enhance the project as well as the selection and design of future endeavors.

In light of this realization, the research set out to determine if the M&E process was being fed with information from the M&E process in order to monitor the project's development.

The M&E process is crucial in all phases of a project's lifecycle, from planning and management through long-term success. This is in agreement with the claims made by Khan (2016), who argues that M&E practices must be at the core of project implementation in order to improve

performance. The focus of evaluation, in light of M&E methods, has evolved from the investigation of input and output to the evaluation of impact and/or lasting results. To guarantee better performance and longevity, it is crucial that practitioners in the field of development incorporate M&E techniques into each stage of the project life cycle (Ocharo, Rambo & Ojwang, 2020).

5.4 Conclusions

This research provides the conclusion that the existing institutional leadership, employee capacity enhancement, communication structures as well as the monitoring and evaluation practices had either negative or positive influence on the quality of services delivered at Chuka Level 5 hospital. Precisely, the existing leadership structures and bureaucratic processes had negatively influenced the quality at which services were delivered at Chuka Level 5 Referral Hospital. Besides lack of continuous and tailored capacity building efforts had contributed to poor service delivery at the health facility. It remained unclear whether the existing communication structures at Chuka Level 5 hospital influenced the quality of services delivered and finally, the existing M&E systems at the institution has in any way negatively influenced quality services delivery at Chuka Level 5 hospital.

5.5 Recommendations

Based on the results of the study on "*Perceived Factors Influencing Quality Service Delivery in Decentralized HealthCare Systems: A case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya",* the recommendations can be made as follows:

The leadership of Chuka Level 5 hospital should develop and adopt policies that further improve their institutional governance structures to increase the quality of service delivery. Their

governance structures should enhance transparency, have flexible bureaucracy, and embrace change.

The leadership should ensure that there is a continuous and tailored capacity building initiatives built on the premise of identified capacity gaps and all anchored on staff capacity enhancement policy or plan.

5.6 Suggestion for Further Study

While this study was able to accomplish what it set out to do, it did so with several limitations that may need to be addressed in further studies. Understanding of "Perceived Factors Influencing Quality Service Delivery in Decentralized HealthCare Systems: A case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya" has been expanded thanks to this study's findings. However, more research is needed, particularly with regards to examining the moderating role of variables like gender, competence, faith, age, demographic trends, economic background, and knowledge, amongst many others on the relationship between different factors influencing service delivery, and with a larger sample size that can allow for more sophisticated statistical analysis.

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APPENDICES

APPENDIX I: Letter Of Transmittal

Roywin Mwenda,
P.O Box ……..,
Date…….

Dear Respondent,

RE: PERCEIVED FACTORS INFLUENCING QUALITY SERVICE DELIVERY IN DECENTRALIZED HEALTHCARE SYSTEMS: A CASE OF CHUKA LEVEL 5 REFERRAL HOSPITAL IN THARAKA NITHI COUNTY, KENYA

I am a student at the University of Nairobi, where I am working on a Master of Arts in Project Planning and Management. I am currently investigating the "*Perceived Factors Influencing Quality Service Delivery in Decentralized HealthCare Systems: A case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya* toward the fulfillment of the aforesaid master's degree requirement.

With this letter, I hope to respectfully bring to your attention the fact that you have been chosen to provide information for the purposes of this study. Please take a few minutes out of your day to answer the questions in the attached survey. All data entered will be treated confidentially and used only for research.

Please DO NOT WRITE YOUR NAME anywhere on the questionnaire.

I hereby request you to respond to the questions with utmost honesty.

Yours Sincerely,
Roywin Mwenda
Student, Department-Extra Mural Studies
University of Nairobi

APPENDIX II: Research Questionnaire

The purpose of this questionnaire is to collect data for a study on the subject matter presented in the title. "*Perceived Factors Influencing Quality Service Delivery in Decentralized HealthCare Systems: A case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya.* It is divided into various sections.

For each question, please respond by marking [X] or filling the blanks where appropriate. Your honest and timely response will be highly appreciated.

SECTION A: DEMOGRAPHIC INFORMATION

1. Gender of the respondent

   a. Male [ ]
   b. Female [ ]

2. Age of the respondent

   a. Below 30 years [ ]
   b. 30-39 years [ ]
   c. 40-49 years [ ]
   d. 50 years and above [ ]

3. State the highest level of education you have attained

   a. College Certificate [ ]
   b. College Diploma [ ]
   c. Higher Diploma [ ]
   d. Bachelor's Degree [ ]
   e. Post Graduate Degree

4. State your designation/ department?

   Designation……Department……..……

5. How Long in Years/ Months have you served in this facility?

   Duration (Years) ……Duration (Months)……

SECTION B: Institutional Leadership and its Influence Quality Service Delivery in Decentralized Healthcare Systems; Case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya

6. Rate the extent to which each of the following statements about leadership at this health facility and its influence on quality service delivery?

Please tick or put "X" against the selected category.

Definition/statement	**Level of Agreement/Disagreement**	***Mark***
The level of professionalism has influenced quality of service delivery at this health facility	1. Strongly disagree	
	2. Disagree	
	3. Uncertain	
	4. Agree	
	5. Strongly agree	
Leadership style has influenced quality of service delivery at this health facility	1. Strongly disagree	
	2. Disagree	
	3. Uncertain	
	4. Agree	
	5. Strongly agree	
Existing accountability practices has influenced quality of service delivery at this health facility	1. Strongly disagree	
	2. Disagree	
	3. Uncertain	
	4. Agree	
	5. Strongly agree	
Integrity in leadership has influenced quality of service delivery at this health facility	1. Strongly disagree	
	2. Disagree	
	3. Uncertain	
	4. Agree	
	5. Strongly agree	

SECTION C: Communication structures and its Influence Quality Service Delivery in Decentralized Healthcare Systems; Case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya

7. Rate the extent to which each of the following statements about communication at this health facility and its influence on quality service delivery?

Please tick or put "X" against the selected category

Definition/statement	**Level of agreement/ Disagreement**	***Mark Here***
Existing Lines of Reporting have influenced quality of service delivery at this health facility	1. Strongly disagree	
	2. Disagree	
	3. Neutral	
	4. Agree	
	5. Strongly agree	
Existing methods of communication have influenced quality of service delivery at this health Public Health facility	1. Strongly disagree	
	2. Disagree	
	3.Neutral	
	4. Agree	
	5. Strongly agree	
Effectiveness in communication has influenced quality of service delivery at this health Public Health facility	1. Strongly disagree	
	2. Disagree	
	3.Neutral	
	4. Agree	
	5. Strongly agree	

SECTION D: Capacity Enhancement and its Influence Quality Service Delivery in Decentralized Healthcare Systems; Case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya

8. Rate the extent to which each of the following statements about capacity enhancement at this health facility and its influence on quality service delivery

Please tick or put "X" against the selected category.

Definition/Statement	**Level of Agreement/ Disagreement**	***Mark Here***
Existence of Training opportunities have influenced quality of service delivery at this health Public Health facility	1. Strongly disagree	
	2. Disagree	
	3. Neutral	
	4. Agree	
	5. Strongly agree	
Existence of benchmarking initiatives and activities have influenced quality of service delivery at this health Public Health facility	1. Strongly disagree	
	2. Disagree	
	3. Neutral	
	4. Agree	
	5. Strongly agree	
Staff mentorship initiatives and activities have influenced quality of service delivery at this health Public Health facility	1. Strongly disagree	
	2. Disagree	
	3. Neutral	
	4. Agree	
	5. Strongly agree	

SECTION D: Monitoring and Evaluation Practices and its Influence Quality Service Delivery in Decentralized Healthcare Systems; Case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya

9. Rate the extent to which each of the following statements about monitoring and evaluation at this health facility and its influence on quality service delivery

Please tick or put "X" against the selected category.

Definition/Statement	**Level of Agreement/ Disagreement**	***Mark Here***
Frequency of Monitoring activities has influenced quality of service delivery at this health Public Health facility	1. Strongly disagree	
	2. Disagree	
	3. Neutral	
	4. Agree	
	5. Strongly agree	
Implementation of monitoring findings has influenced quality of service delivery at this health Public Health facility	1. Strongly disagree	
	2. Disagree	
	3. Neutral	
	4. Agree	
	5. Strongly agree	
Timing of monitoring and evaluation activities has influenced quality of service delivery at this health Public Health facility	1. Strongly disagree	
	2. Disagree	
	3. Neutral	
	4. Agree	
	5. Strongly agree	

END

APPENDIX III: In-depth Interview Guide

Date of interview:
Place of interview:
Interviewee Code:
Position/title/Designation:
Research Topic: RE: PERCEIVED FACTORS INFLUENCING QUALITY SERVICE DELIVERY IN DECENTRALIZED HEALTHCARE SYSTEMS: A CASE OF CHUKA LEVEL 5 REFERRAL HOSPITAL IN THARAKA NITHI COUNTY, KENYA

The purpose of this research is to assess "*Perceived Factors Influencing Quality Service Delivery in Decentralized HealthCare Systems: A case of Chuka Level 5 Referral Hospital in Tharaka Nithi County, Kenya* as a partial requirement for the award of the above master's degree. In order to gather data for this study, we've prepared this interview guide. The data collected will be used exclusively for the study. All the information you supply will be treated with the utmost discretion, privacy, and anonymity.

a. What do you understand by quality service delivery?

b. What in your opinion on influences the quality of services delivered at Chuka Level 5 Referral Hospital?

c. How in your opinion do the following factors influence quality service delivery at Chuka Level 5 Referral Hospital?
    - Institutional Leadership
    - Communication Structures
    - Capacity Enhancement
    - Monitoring & Evaluation practices

APPENDIX IV: Research Plan

Research Activity	2022								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Research Proposal Development-**Chapter One**									
Research Proposal Development-**Chapter Chapter Two** (Literature Review, Conceptual & Theoretical Frameworks)									
Research Proposal Development- **Chapter Three** (Development of full research Methodology section)									
Research Proposal Defense									
Obtaining NACOSTI Approval									
Field Data Collection									
Data Coding, Entry, Cleaning and Analysis									
Development of **Chapter Four- Results**									
Discussion of Chapter Four and Compilation of Final Write up									
Final Thesis Defense									
Write up submission and preparation for Graduation									
Graduation									

APPENDIX V: Research Budget

Research Activity	Item Description	Unit Cost	Duration (Days)	Quantity	Amount (KES)
Preparation cost					
Human resources					
Research Assistants	Persons	**500.00**	**40.00**	**3**	**60,000.00**
Data Clerk	Persons	**1,000.00**	**10.00**	**1**	**10,000.00**
Data analyst	Persons	**15,000.00**	**1.00**	**1**	**15,000.00**
Sub-total human resources					**85,000.00**
Stationery & Equipment					
Printing papers	Reams	**500.00**	**1.00**	**5**	**2,500.00**
Toner Cartridge	pcs	**4,500.00**	**1.00**	**1**	**4,500.00**
Ink pens	dozen	**150.00**	**1.00**	**2**	**300.00**
Zip lock bags	pack of 100	**350.00**	**1.00**	**2**	**700.00**
Stapler	pcs	**600.00**	**1.00**	**3**	**1,800.00**
Staple pins	pack of 100	**100.00**	**1.00**	**5**	**500.00**
Paper Punch	pcs	**550.00**	**1.00**	**2**	**1,100.00**
Box Files	pcs	**220.00**	**1.00**	**5**	**1,100.00**
Back pack	pcs	**450.00**	**1.00**	**3**	**1,350.00**
sub-total Stationery					**13,850.00**
Meetings, trainings in preparation phase					
Lunch and Transport: Kick-off meeting and training for data collectors, entrants and Analyst	pax	**1,000.00**	**1.00**	**5**	**5,000.00**
Pre-survey visit to each data collection site	Pax	**1,500.00**	**1.00**	**5**	**7,500.00**
Pilot Testing and Debrief Meeting	Pax	**500.00**	**1.00**	**5**	**2,500.00**
Mobile Airtime for interviewers	Pax	**500.00**	**3.00**	**3**	**4,500.00**
Sub-total Preparation for Data Collection					**19,500.00**
Grand Total					**118,350.00**

APPENDIX VI: University Introduction Letter

UNIVERSITY OF NAIROBI
FACULTY OF BUSINESS AND MANAGEMENT SCIENCES
OFFICE OF THE DEAN

Telegrams: "Varsity",
Telephone: 020 491 0000
VOIP: 9007/9008
Mobile: 254-724-200311

P.O. Box 30197-00100, G.P.O.
Nairobi, Kenya
Email: *fob-graduatestudents@uonbi.ac.ke*
Website: ***business.uonbi.ac.ke***

Our Ref: **L50/84827/2016**

April 26, 2022

TO WHOM IT MAY CONCERN

RE: INTRODUCTION LETTER: ROYWIN MWENDA

The above named is a registered Master of Project Planning and Management Student at the Faculty of Business and Management Sciences, University of Nairobi. He is conducting research on ***"Perceived Factor influencing Quality Service Delivery in Decentralized Healthcare Systems, A case of Chuka Level 5 Referral Hospital in Tharaka Nithi County."***

The purpose of this letter is to kindly request you to assist and facilitate the student with necessary data which forms an integral part of the Project.

The information and data required is needed for academic purposes only and will be treated in **Strict-Confidence**.

Your co-operation will be highly appreciated.

PHILIP MUKOLA (MR.)
FOR: ASSOCIATE DEAN,
FACULTY OF BUSINESS AND MANAGEMENT SCIENCES

PM/fmi

APPENDIX VII: NACOSTI Research License

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **744625**

Date of Issue: **18/July/2022**

RESEARCH LICENSE

This is to Certify that Mr.. ROYWIN MWENDA RWANDA of University of Nairobi, has been licensed to conduct research in Meru, Tharaka-Nithi on the topic: PERCEIVED FACTORS INFLUENCING QUALITY SERVICE DELIVERY IN DECENTRALIZED HEALTHCARE SYSTEMS for the period ending : 18/July/2023.

License No: **NACOSTI/P/22/18780**

744625

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

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