

**EFFICACY OF HEALTH-CARE UNDER DEVOLVED GOVERNANCE IN KENYA:  
THE CASE OF MAKUENI COUNTY**


**BY**  
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**DECLARATION**

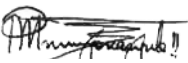
This research project is my own work and has not been submitted before to any other degree at any other institution

Signature.....

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

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## **DEDICATION**

I dedicate this project to my family and friends for their support and encouragement while conducting the study.

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## **LIST OF ABBREVIATIONS**

<b>USSR</b>	-	United Soviet Socialist Republic
<b>MDGs</b>	-	Millennium Development Goals
<b>UN</b>	-	United Nations
<b>WHO</b>	-	World Health Organization
<b>AIDS</b>	-	Acquired Immuno Deficiency Syndrome
<b>HIV</b>	-	Human Immunodeficiency Virus
<b>OAU</b>	-	Organization of African Union
<b>CEC</b>	-	County Executive Committee
<b>MCH</b>	-	Mother Child health
<b>UNICEF</b>	-	United Nations International Children’s Emergency Fund
<b>UNFPA</b>	-	United Nations Funds for Population Activities
<b>UHC</b>	-	Universal Health Care
<b>CRA</b>	-	Commission of Revenue Allocation
<b>CDoH</b>	-	County Department of Health
<b>CPSB</b>	-	County Public Service Board
<b>M.E.S.</b>	-	Managed Equipment Service

## ABSTRACT

Health is understood to be very important for human wellbeing, sustainable economy and social development. The introduction of 2010 Kenyan constitution changed the entire governance order in the country including devolution of health care. The general objective was to find out whether or not devolution of health services in Kenya is so far realizing the objects of devolution as stipulated in the Kenyan Constitution, Article 174. Specifically, the study evaluated the influence of the devolved governance on maternal healthcare, primary healthcare and universal healthcare in Makueni county. The study employed the agency theory and descriptive research design. The study targeted residents in Makueni county. The sample size was 120 registered voters from the selected wards in Makueni county. Primary data collected by a questionnaire was used in this study. Both quantitative and qualitative data was generated by the study. Descriptive analyses which include mode, median, mean and frequencies were used to analyze the qualitative data. After coding, the qualitative data was put under different themes according to the study's objectives. The study found that a unit change in devolved governance positive changes in maternal healthcare in Makueni county ( $r= 0.715$ ;  $p\text{-value}=0.000$ ). The study found that a unit change in devolved governance positive changes in primary healthcare in Makueni county ( $r= 0.997$ ;  $p\text{-value}=0.000$ ). The study found that a unit change in devolved governance positive changes in universal healthcare in Makueni county ( $r= 0.523$ ;  $p\text{-value}=0.000$ ). The study concluded that maternal healthcare primary healthcare and universal healthcare has been significantly influenced by devolved governance in Makueni county. The Makueni county government's workings have popularized pre-natal care, breast feeding, have reduced both maternal and under five years children deaths. The number of health facilities with mother child health department has also increased. It was also found that the county government of Makueni has not put effort on family planning sensitization. On primary healthcare, the county government of Makueni also has increased the number of health workers. Construction of toilets and their maintenance in public places has also being done by the county government. It was further found that hand washing with soap in schools has been enhanced by devolved government. The study also found that garbage collection in urban and in the shopping centers have not been enhanced by the county government. Inspection of food selling outlets is not properly enhanced since the introduction of devolved governance of Makueni county. On universal healthcare, the study found that Makuenicare health insurance has been a great relief to the residents of Makueni county as far as medical expenses is concerned. The insurance has also made drugs available in health facilities in Makueni. Due to the increase of health facilities in Makueni the distance to access health facility has reduced, however few people have registered with N.H.I.F. since the introduction of devolved governance. One of the recommendations of the study is that both tiers of the government should enhance the public awareness of the issues regarding the family planning. The study also recommends that the county government should continue ensuring that every health facility within the county has maternal departments equipped with necessary equipments. The study recommends that county government of Makueni should come up with strategies of improving clean water provision within all the sub counties of Makueni. The study further recommends that the county should continue persuading the Makueni residents to register with National Insurance Fund (NHIF).

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background

Health is understood to be very important for human wellbeing, sustainable economy and social development. People become vulnerable to poverty when their health is poor. One of the reasons people find themselves in poor health is lack of proper health services. They may also incur high costs on the process of seeking health services thereby exposing them to poverty. This therefore means, health, sustainable development and the growth of the economy are closely related (Obare, Brolan, Hill, 2014). Decentralization of health services has been a trend in the world in both developed and less developed countries. The purpose of this decentralization is mostly to enhance accountability to the local population, increase resource mobilization and provide efficient service (Couttolence 2012). Couttolence notes that, healthcare decentralization is complex. The country's history, geographic, administrative and health sector characteristics are reflected in this complex process. The design features and implementation plan adopted, determines whether the decentralization will be successful or not. There are some important factors to be considered for health service decentralization to succeed. They include a complete national decentralization policy whose implementation strategy is clear, creation of decentralized units which have the ability to carry on the new responsibilities, a decentralization approach design that take into consideration the country's history but which also give the decentralized unit enough and real independence, a very clear void of ambiguity definition of roles of each level of government and its institutions, an elaborate mechanism of accountability to both the local communities and higher level government. Qualified personnel are also very important and this goes together with a good policy on how they are hired at local level.

Devolution in its basic definition is delegation of administrative, fiscal and political authority from a national government of a recognized state to lower-level government. In devolution a range of responsibilities and authority which may include health care are transferred to a sub national level from the national government. (Williamson & Mulaki 2015 in Okech 2017). In Africa devolution of healthcare in many countries has experienced several challenges the most common one being the reluctance of the central governments to release the powers they previously held to the devolved units. For example, up to now central government controls

healthcare budgets of the devolved units despite the country's devolution of healthcare in Uganda. This government also gives conditions to devolved health units for them to get grants meant for promotion of primary healthcare. Despite these and many more challenges, there is still some success in devolved healthcare in Africa. Mehrotra (2006) notes success in Mali, Guinea and Benin. In these countries, there has been access and affordability of healthcare services. This has consequently decreased the infant mortality and increased immunization rates. These positive results of the devolution have been realized partly because the said countries have minimal interference with the devolved healthcare. (Mohmand and Loureiro 2017).

In Kenya the introduction of the 2010 constitution, brought about the creation of two-tier government; a national government and 47 county governments, (Okech & Lelegwe 2016). The national government has the ministry of health (M.O.H.) that provides leadership on matters that concern health, develops national policies, monitor the standards of health quality and provide guidelines on tariffs for health services. It also does the study required for management and administrative needs. It also has the responsibility of forming a national policy for health workers salaries, training and recruitment. Further the ministry gives the legal framework for enablement of comprehensive healthcare, (GOK 2010). The legislation at county level, health workers staffing, recruiting and their entire management is the role of decentralized units which are the county governments (GOK 2010, Okech & Lelegwe 2016). Both national and county governments in Kenya although autonomous, are arranged to work interdependently and with consultation.

In Makueni just like most counties in Kenya, there has been some notable improvement in some areas of health provision. At the beginning of the devolution in 2013, the county had 109 health facilities but by 2019 the facilities had increased to 237. The cancer centre and mother and child hospital, established by the county government in Makueni county referral hospital are notable health infrastructure development in the county. According to Kenya Health Information System, 60% of women delivered in health facilities against 35% in 2013, maternal mortality rate has also gone down from 488 to 362 per 100000 live births during the devolution period. MakueniCare is a medical insurance program established by the county government in 2016 and by 2019, had covered 65% of Makueni residents.

## **1.2 Statement of the Research Problem**

In August 2010, there was a promulgation of a new constitution in Kenya which changed the entire governance order in the country. Devolution is the major theme of the Kenya constitution 2010 that brought to an end the previous Lancaster constitution which was in operation since independence in 1963. The Lancaster constitution embraced more centralized governance with very weak and ineffective decentralization in areas where it occurred. The idea behind the devolution of health sector was to create and allow local governments to innovate ways and engagements of mobilizing and managing resources (Kimathi 2017). It was also to promote accountability creating room for public participation and bringing health services nearer to the people.

Makueni county is one of the 47 counties created by the 2010 Kenyan constitution and like any other county it has its share of health provision challenges mainly because there was no time given to develop organizational structures. It was initially planned that the national government would continue to run health sector to a point where the structures were established and the capacity built at county level for smooth transition of functions but this did not happen because the elected governors pressurized the national government to release all the functions that the constitution had devolved. Three months after the March 2013 elections, the national government succumbed to the pressure and in 1<sup>st</sup> June 2013, the president announced that the counties start carrying out all their constitutional functions. This became the genesis of major health problems some of which have not been solved to this day. Some counties had not established County Department of Health (CDoH), others had no effective County Public Service Boards (CPSB) and where they existed, their roles were not well defined and at times they conflicted. This mostly affected the health workers who used to work under the national government with well-established organizational structures. Some even missed in counties' payrolls and most of them were not sure of their job security in the county due to political interference, nepotism and political patronage. The officers handling workers lacked the capacity to deal with issues like the transfers, promotions, career progression, training and salaries due to lack of right policies in place. This demoralized health workers across the country. Moreover, some county governments threatened to sack workers who did not come from their counties and replace them with those born there. Many in the management and administration of health at the county level in general and health workers in particular were put in offices not on merit but on

political convenience of the appointing authorities. These problems of health workers management have brought about mass resignation of these workers and especially the experienced and specialized ones leaving most county facilities with inexperienced workers to manage them. Makueni and other counties also have experienced major and rampant industrial actions by health workers during these years of devolution more than any other time in Kenya's history. The workers issue may have affected the working of the devolution in health in Makueni county.

Priority setting is another challenge that has faced the provision of healthcare in the country since inception of the devolution. Several factors inform the misplaced priorities in the counties political advantage being the major one. Many politicians influence the decision making in the counties to have projects that are visible and appealing to voters for political gains. For example, many governors bought tens of ambulances for their counties while neglecting the provision of essential drugs. Modern states of art curative facilities have been built at the expense of developing effective disease prevention systems. Another factor that has affected the priority setting in Makueni and other counties in Kenya is corruption. The oversight authorities have in many instances pointed out embezzlement, misappropriation and other malpractices related to procurement. Some county assemblies have succeeded impeaching their governors for corruption issues while other governors have survived the impeachment by being saved by the senate where also issues of bribery and the political affiliation of the governors in question are said to play important role in determining the final verdict. Issues of corruption have also been mentioned in the national government ministries and corporations. Kenya Medical supplies Authority (KEMSA) and the ministry of health has severally been at the limelight of the oversight and anti-corruption agencies for corruption allegations. The 2015 Managed Equipment Service (M.E.S.) project which is a joint project between the national and county governments to lease specialized medical equipment for 94 county and 4 national referral hospitals is an indication of poor prioritization and poor management of public funds. Whereas the project was aimed at enhancing access and affordability of key health services by all Kenyans, this has not materialized in most counties due to lack of skilled personnel and appropriate infrastructure despite the equipment being in the counties and each county paying Ksh 200 million for the equipment every financial year.

Together with all these challenges that are experienced by almost all counties in Kenya, Makueni suffered a unique challenge between 2013 and 2017, where the conflict between the county executive and county assembly was so intense to a point where the county government operations almost came to a standstill with the governor and some Makueni residents petitioning the President to dissolve the government of Makueni in 2015. Although the President did not dissolve the county government, that stalemate affected the service delivery health services being the most hit.

Despite some visible development in health infrastructure and human resource for health (HRH) in Makueni county, available literature has not articulated to which extent the objects of devolution have been or have not been realized as far as health care provision is concerned. This study therefore attempted to answer the efficacy of devolution question considering three most important and vital sectors in health, mother-child healthcare, public healthcare and universal healthcare.

### **1.3 Research Questions**

1. How has the devolved governance influenced the maternal healthcare in Makueni county?
2. How has the devolved governance influenced the primary healthcare in Makueni county.
3. How has the devolved governance influenced the universal healthcare in Makueni county.

### **1.4 Objective of the Study**

The general objective was to find out whether or not devolving the health services in Kenya is so far realizing the objects of devolution as stipulated in the Kenyan Constitution, Article 174.

#### **1.4.1 Specific Objectives**

1. To evaluate how the devolved governance has influenced the maternal healthcare in Makueni county.
2. To evaluate how the devolved governance has influenced primary healthcare in Makueni county.
3. To evaluate how the devolved governance has influenced the universal healthcare in Makueni county.



## **1.5 The Justification of the Study**

### **1.5.1 Academic Justification**

Devolution in Kenya is a new phenomenon. For researchers and scholars to understand its progress, there is a need to research different components of devolution separately rather than studying all the components together. This can only be done if the researchers unpack the whole package of devolution and study it bit by bit. Much has been studied in other areas including the impact of devolution on agriculture, infrastructure, resource management and in many more areas. However, the research on the efficacy of devolution on provision of health services generally in this country and Makueni county in particular has not been exhaustively done. Issues of health are very dynamic. This research therefore may be beneficial to the scholars and researchers who may want to know the nature of health provision in this devolved government as per now and those who later would continue to research on health in this or any other developing country.

### **1.5.2 Policy Justification**

The study may also be very crucial to policy makers both in county and national governments. It may shed light on whether these governments are in the right track as far as the provision of affordable healthcare is concerned. One objective of current “Big Four Agenda” is provision of affordable universal health care. The study may enable the key stakeholders to measure up themselves towards this, and then do what is necessary to improve the score. It may expose the gaps for the stakeholders to fill. To the general public the research may give a parameter by which they may evaluate the working of their governments. This may inform them as they carry out their civic responsibilities for example in public participation and voting in elections.

### **1.6 Scope of the Study**

The study was done in Makueni county where primary data was collected through a questionnaire in four administrative wards namely Mbooni, Wote, Mtito Andei and Makindu. The four wards were randomly selected each representing a sub county. The four out of six sub counties of Makueni county were purposively selected due to their location in Makueni county geographical area. Makueni county was selected among other counties in Kenya because it has an advanced information centre which is regularly updated and records are easily available. It is

also an average county in terms of population, poverty level of its residents and also the land mass. Makueni also had had interesting political controversies one time the governor and some residents seeking the dissolution of the county in 2015 and in 2016 became the first and the only county in Kenya to come up with medical insurance cover for its residents, the Makuenicare.

The study was only concerned with the failure and the success of healthcare provision in Makueni considering three basic areas of health, maternal health, public health and universal health care, to come up with the data that measured the progress of devolved healthcare as per objects of devolution in Kenyan constitution Article 174. Although there are different health providers including the faith-based, N.G.Os and the private providers, the study only focused on the healthcare provided by the government.

## **1.7 Literature Review**

### **1.7.1 Introduction**

Much about devolution and its achievement and failures in healthcare has been researched by scholars and practitioners in the field. In this section some literature is reviewed where the study limits itself to only its objectives. It is organized thematically as per the research questions.

### **1.7.2 Maternal Health Care**

According to W.H.O., maternal death is the death that occurs to a woman during her time of pregnancy caused by issues related to pregnancy. It also means the death of a woman occurring within forty two days from the time the pregnancy was terminated and that death be caused by that pregnancy. Despite the effort put by the government to reduce Maternal Mortality Ratio (MMR), it still remains high in Kenya (Gacheri 2016). Kenya has signed many international and regional agreements which are concerned with improving access to maternal healthcare. It has also come up with many health initiatives but did not achieve millennium development goal number 5, which was to bring down maternal deaths by seventy five percent between 1990 and 2015. HIV/AIDS related issues, pregnancy and child birth complications are some of the challenges that face Kenyan mothers (Maoulidi 2011). Bourbonnais (2013) cited by Gacheri (2016), notes that in some counties in Kenya the problem of maternal healthcare is very serious. For example, in Mandera County according to Kenya Demographic and Health Survey 2008-2009, three thousand seven hundred and ninety-five deaths per one hundred thousand live births

occurred. The ratio exceeded that of war time Sierra Leone which was 2000 per 100,000 live births and far much higher than Kenya national average which stood at 448 deaths per 100000 live births that year.

Wamalwa (2015) agrees that the maternal health care in Kenya is wanting. He notes that seventy three percent of maternal deaths that occurred in 2003 to 2009 were caused by obstetric issues which could be prevented. In Kenya, more than fifty percent of maternal deaths are caused by hypertensive disorders, hemorrhage and sepsis. 13% of deaths are caused by obstructed labor while 8% of deaths are caused by complications from unsafe abortion. Thaddeus and Maine (1994) observes that these life threatening pregnancy related outcomes can be prevented by accessing proven lifesaving reproductive health services to all women which include contraceptives for preventing unintended pregnancies and unsafe abortions. They should also access pre-natal, delivery and post-natal care for early detection and prompt management of complications related to pregnancy and child birth. There are however important factors that determine the implementation of the policies aimed to improve the maternal-child health care in Kenya's devolved health care according to Wanjiru (2015). Wanjiru's study of Mombasa County revealed that availability of financial resource, hospital infrastructure; technology and social-cultural issues determine the success or failure of implementation of policies concerning maternal-child health care. The county governments directly responsible for funding this department have not been allocating sufficient funds. Although maternal child health care services are being offered in many primary health facilities than it was before the devolution, Wanjiru notes that introduction of these services in these many facilities has not matched the installation of technology and qualified staff. Social-cultural factor is another determinant where some communities discourage facility delivery of their women.

Wamalwa et al (2015) asserts that Kenya is one of those countries known to have high rate of women dying during child delivery and other pregnancy complications. The KDHS (Kenya Demographic and Health Survey) report year 2008/2009 revealed that the mortality ratio in the country was four hundred and eighty-eight deaths per one hundred thousand live births. To a great extent this was due to difficulties in accessing the maternal health services. This was because of the user charges and out of pocket charges which many and especially the poorest could not afford. The introduction of free maternity program by the president on 1<sup>st</sup> June 2013 was meant to solve payment problems encouraging pregnant women deliver in health institutions

with qualified health practitioners (Wamalwa et al 2015). The study showed that a lot still need to be done to realize the desired results. The program face challenges especially in funding where the Kenya shillings 2500 given to health centers for every delivery and Kenya shillings 5000 for every delivery in hospital is not enough especially if birth complication is encountered. Furthermore, the national government delayed disbursement of these funds complicates the implementation of this well intended program.

Wamalwa further notes the lack of motivation of the health workers in government facilities due to poor remuneration and poor working conditions including big work load due to high number of patients attending these facilities and lack of necessary maternity equipment. Keats et al (2018) found that though there was improvement nationally on the maternal-child health, with maternal and child mortality going down, there was a great discrepancy within the counties. As national figures improved greatly, some counties remained at disadvantaged position or even deteriorated.

Keats et al (2017), on their “Progress and Priorities for Reproductive, Maternal, Newborn and Child Health in Kenya: A count down to 2015, Country Case Study,” outlined progress on the mother/child and reproductive health in Kenya. In this study, it was found that the improvement of health in these groups of people was not consistent in that between 1990 and 2015, the trend was going up and down. It was not consistent. The study recommended government intervention because even though there was some improvement, it was very minimal and far much below the millennium development goals (MDGs), target 4 and 5.

### **1.7.3 Primary Health Care**

W.H.O define primary health-care as healthcare that is based on scientifically and socially acceptable ways and technology that can be accessed by everyone in the community through their complete participation, and which can be got at an affordable cost and is aimed towards individual self-reliance and independence. McCollum et al (2018) emphasizes the necessity of proper prioritization of issues at county government’s level for Kenya to realize the goals of devolution. Prioritization comes due to the demands and the needs of healthcare surpassing the resources available therefore calling for well thought choices to determine which of the demands should be addressed first, Mitton (2002). The study conducted in ten counties and applied key informants and in-depth interviews found that devolution reforms in Kenya was driven by the

need to have counties respond to the needs of county residents especially in “neglected” counties. However due to lack of necessary technical capacity, prioritization and decision making has been distorted and taken over by power politics. Health services that pertain to promoting community health, prevention of diseases and referral are ignored during prioritization process because they have little visibility and instead more emphasis is put on more visible curative health services for political purposes.

World Health Organization (WHO), in 2017 conducted a comprehensive study known as “Primary Health Care Systems (PRIMASYS) case study from Kenya” which showed that there still remains a lot to be done in Kenya’s primary health care department. Although many good policies have been formulated, the study revealed that the implementation process has been very slow. This has resulted to overworking of Kenya’s curative and referral facilities which also do not have the required capacity to deal with many cases presented to them. Kimathi (2017) notes that, for devolution to be successful and make service delivery to citizens efficient and of good quality there is a need to create effective governance with accountability structure. Kimathi argues that devolution should not be viewed as an event but a process which should aim at making many citizens access quality healthcare. For this reason, then, healthcare needs to be delivered close to the people and the county governments need to extensively use both professional and lay healthcare givers to educate community on identification and prevention of illnesses, address the existing health challenges, good nutrition which include also food supply, safe water and basic sanitation, mother and childcare, control and prevention of diseases, family planning, mental health, immunization and essential drugs provision.

Onokerhoraye (2016) relates the primary healthcare with the sustainable development goals (SDGs) number three, which is to ensure healthy lives and promote well-being of all ages. He notes that many African countries are not on the right track towards universal health coverage because one of the main factors towards this goal (Primary Healthcare) is still not well established. One reason for the failure of primary healthcare is the failure of the governments to put in place strategies that are effective in implementation and also lack of proper mechanisms for monitoring and assessing the implementation. He suggests that African governments and stakeholders be measuring progress towards the delivery of PHC, using indicators that consider

issues of community participation, equity, appropriate technology and cooperation of different sectors.

Odallo, Opondo and Onyango (2018) concentrates on legal perspective according to the Kenyan Constitution and other laws in place, which addresses the provision of dignified medical attention especially in emergency and in reproductive health. The authors cite the case of one Josephine Majani who was neglected at Bungoma referral hospital during her time to deliver a baby. Josephine sought legal redress where she accused the national government, Bungoma county health CEC, the hospital and health cabinet secretary. The court ruled in her favor in 2018. According to the authors, most of the maternal deaths that occur in Kenya are as a result of causes that are preventable. The right to quality care and dignified treatment is enshrined in the constitution and both national and the county governments failing to accord patients such services is violation of the constitution and other laws.

#### **1.7.4 Universal Health Coverage**

U.H.C. is where health services including those that are disease preventive and curative, palliative and promotive are accessed by all people and all communities. These services should be effective, of the good standard and at the same time not causing financial hardship to users, WHO (2019). Universal health coverage is inseparable to politics and one cannot think of it without recognizing its reliance to politics. This has been proven by international literature review on the genesis of U.H.C. (Greer & Mendez 2015).

McCullum et al (2018), asserts that it is necessary to look in a bigger picture the outcomes of the devolution reforms resulting from political influence so as to have equity in healthcare. This is to check if there is systemic inconsistency in using healthcare services and financing. Equity here is when the ability of a person determines what he contributes and on the other hand his need determines the kind of health service he receives.

#### **1.7.5 Conclusion**

While there is much literature on health care and devolved governance, a lot of concentration has been placed on the roles that are played by both central and decentralized authorities as stipulated by the constitution or other regulations that govern the running of the decentralized healthcare. There are very few studies aimed at assessing whether the devolution of the

healthcare in less developed countries is achieving the intended objectives. This is the gap that this study aims to close by studying the efficacy of devolved healthcare in Kenya with Makueni County as the case study.

## **1.8 Theoretical Framework**

### **1.8.1 Introduction**

Over the time, scholars have come up with many theories that explain the relationship between the elected governments and the masses that they represent as far as provision of public good is concerned. More so is in the decentralization particularly in devolution where the political, administrative and fiscal issues are left in the hands of as sub-national entity. This study employed the Agency theory. The theory was selected because it best explains the relationship between the voters who are the beneficiaries of the devolved services, healthcare included and the policy makers, in this case the elected leaders who are also concerned with the oversight in policy implementation.

### **1.8.2 Agency Theory**

Alchian and Demsetz (1972) coined the Agency Theory which was later expounded by Jensen and Meckling (1976). Agency theory explains relationship that exist between the principals and the agents where the principals are the shareholders (owners) while the agents are the executives and the management of a company. For the interest of this study “Efficacy of the healthcare under devolved governance in Kenya” the principals are the citizens. Kenya being a democratic state, the citizens own the government. Constitution of Kenya 2010, which brought forth the devolution of healthcare provision, was a product of longtime political processes. The constitution placed healthcare under the forty-seven county governments though the national government has a stake particularly in manning the national referral hospitals, funding and making policies at national level. Kenyan voters who are the principals have put in place these governments (agents).

The agency theory delegates day to day operations to managers and directors who are themselves agents to shareholders (Clark 2004). The politically elected governors and Members of County Assemblies (M.C.As) are the agents in this setting. The M.C.As are to make county laws which ought to be followed in providing health care while the governor being the head of the executive

in the county ought to implement the policies. On the same arrangement the parliament have the responsibility of legislating at national level while the executive implement.

The agency theory main assumption is that managers or employees of the organization are individualistic and self-interest bounded, where reward and punishment are prioritized (Jensen & Meckling 1976). The agents for this case, national and county governments are supposed to make decisions and act on behalf of principal's "citizens", (Padilla 2002), but this is not the case most of the times. They may be overcome by self-interest and become opportunists thereby failing to achieve the expectation of principals (Baluma & Obande 2015). The theory was relevant in this study in that the provision of health care services just like any other service offered by the government depends much on the attitude of those in charge especially the political leaders. The principals here are the rewarders as well as the ones to punish. Citizens can reward the performers by re-electing them or punish them by voting them out according to their evaluation of the provided health care.

## **1.9 Definition and Operationalization of Key Terms**

### **Efficacy**

Efficacy is to have things done. It is the ability to give the expected results or succeeding in the achievement of a certain goal. (Burches & Burches 2020).

### **Devolution**

Devolution is the transfer of administrative, fiscal and political powers and authority from a national government to a sub national government. (World Bank 2001).

### **Governance**

It is the working together of the governments, private sector and nonprofit organizations where policy decisions and implementation are carried out. (Tamkyo, Albareda & Forberger, 2014).

## **1.10 Research Hypothesis**

Bailey K (1978) defines hypothesis as a statement stated in an empirical form that can be tested and predict how variables are related in a particular way. This study therefore was testing the following hypotheses:

1. Devolved governance has positively influenced the maternal healthcare in Makueni county.



2. Devolved governance has positively influenced the primary healthcare in Makueni county.
3. Devolved governance has positively influenced the universal healthcare in Makueni county.

## **1.11 Methodology**

### **1.11.1 Introduction**

This section is about the method that was used to collect data which is relevant in answering the research questions. The sub sections covered here were research design, target population, sample size and sampling procedure, research instruments, data collection procedures and data analysis.

### **1.11.2 Research Design**

The study employed descriptive research design. Bickman and Rog (1998) notes that the ultimate aim of descriptive research is to give information of a situation as it ordinarily occurs which is different from studying the effect of a situation or intervention. Gay (1981) asserts that descriptive research concerns collecting of data for hypotheses testing or for the purpose of answering questions on the current status of the population in a study.

This research design was chosen due to the type of study itself. The research studies the efficacy of devolved governance on health care provision and therefore tries to answer a “what” question, making this design most appropriate. Descriptive design is again low cost and produce results in a fairly short period. This therefore makes it the design of choice because the researcher is a student funding his own research and at the same time having a time frame by which he should complete the research.

### **1.11.3 Target Population**

The study location was Makueni county which according to 2019 population and household census had a population of nine hundred and eighty-seven thousand, six hundred and fifty-three (987653) people. The male comprises 49.58% while the female comprises 50.42%. The county has an area of 8034 square kilometers and 244669 households, with the population density of 121 people per square kilometer. The county had six constituencies namely Makueni, Mbooni,

Kaiti, Kilome, Kibwezi East and Kibwezi west. It has 423310 voters according to IEBC (Independent Electoral and Boundaries Commission) register of 2017.

Makueni county was purposively selected among the forty seven counties in Kenya because it has a very active information centre. Much of the county’s information is readily available in its website compared to other counties. Makueni county was also the first county to start a county health insurance fund, MakueniCare.

**Table 1. 1: Number of voters in the four Makueni constituencies**

S/NO.	Constituency	Voters
1	Mbooni	85876
2	Kilome	50232
3	Kaiti	57952
4	Makueni	90817
5	Kibwezi East	57628
6	Kibwezi West	80805
	TOTAL	423310

**Source: Independent Electoral and Boundaries Commission, 2017 voters register.**

#### **1.11.4 Sample Size and Sampling Procedure**

Saris and Galhofer (2014) note that, sampling is a series of actions for selecting small portion of units within a population in order to describe that population. Four out of the six constituencies of Makueni county were purposely selected. The main consideration during the constituency selection was the location of these constituencies in the map of Makueni county. This was to enhance the population validity which Mugenda (2003) notes that it’s a way of establishing that the population which is accessible is truly representative of target population. The four sub counties represent different geographical areas with relatively different economic and social activities. From each of these constituencies simple random sampling was conducted to choose a ward by which the research was conducted. Simple random sampling in selection of representing ward was reached owing to the fact that each Constituency is relatively uniform within its borders in terms of population distribution, government facilities’ distribution and economic activities carried out in these constituencies. The table below shows the wards selected and the number of voters.

**Table 1. 2: Number of voters in Makueni four county wards**

<b>Constituency (Purposely Sampled)</b>	<b>County ward (Randomly Sampled)</b>	<b>IEBC Registered Ward Voters</b>
Mbooni	Mbooni	14825
Makueni	Wote	16690
Kibwezi East	Mtito Andei	15512
Kibwezi West	Makindu	20432

**Source: Independent Electoral and Boundaries Commission**

The study intended to issue thirty respondents from each of the selected wards with a questionnaire. This being an academic research, time and financial resources available were the main consideration when settling on the number of respondents. The respondents were registered voters in these wards and were randomly selected. Hence, the sample size was 120 registered voters from the selected wards in Makueni county. The researcher made use of National government administrative offices particularly the sub location offices to randomly distribute the questionnaires to the respondents.

**1.11.5 Data Collection**

In this study a questionnaire was used to collect the primary data. In the questionnaire, open ended and also closed ended questions were used, in which open ended ones helped in keeping the respondents on the course so that the required information for answering the research questions was obtained. The reason for using the closed ended questions on the other hand was to get the in-depth information which would summarize whatever that would have been responded in open ended questions.

**1.11.6 Reliability**

This is the degree of freedom from variable error an instrument has. It is gotten when a limited variation is shown by the instrument when the measurements of the same variables are repeatedly taken. (Kombo and Tromp, 2006). Mugenda and Mugenda (2003) in defining reliability write that it is the measure of degree whereby if the random error increases the reliability of an instrument falls. Random error is deviation from the right measurement caused by factors not properly dealt with. There are many reasons why error may occur. They include ambiguous instructions to the respondents and inaccurate coding among others.

To avoid the ambiguity and inaccurate coding, the researcher liaised with the supervisor to check if the questionnaire is clear of any ambiguity. The questionnaire was also sent to colleagues to comment on it and rectify where necessary to enhance reliability.

#### **1.11.7 Validity**

Although provision of healthcare is a broad abstract concept, mother-child healthcare, primary healthcare and the universal healthcare are important aspects in which if excluded the concept of “provision of healthcare” would not exist at all. Mugenda (2003) write of content validity as the measure of the degree to which data collected using a particular instrument represent a particular domain of indicators or content of a particular concept. In this study the content validity has been taken care of by choice of the indicators which were used to measure the concept and the questionnaire questions posed to the respondents. The indicators were arrived at through sampling validity. Sampling validity is selecting representative sample of indicators from domain of indicators of the sample.

External validity (generalizability) was ensured by the sampling technique that has been used, that is multi-stage random sampling where the respondents were drawn from four out of six constituencies of Makeni County.

#### **1.11.8 Data Analysis**

The study generated both qualitative and quantitative data. Descriptive analyses which include mode, median, mean and frequencies were employed to analyze the qualitative data. After coding, the qualitative data was put under different themes according to the objectives of the study.

#### **1.11.9 Ethical Considerations**

From the very beginning, the respondents were assured of their own safety and confidentiality. They were made to fully understand that whatever information they give was strictly used for academic reasons only. They were also informed that they can opt out of the research any time they feel like and no one compelled them to respond to questionnaire questions.

The approval to carry out the research was sought from the university since it is an academic research. The researcher also sought the permission to collect data from the National Commission for Science, Technology and Information (NACOSTI).

### **1.12 Proposed Chapter Outline**

Chapter one introduces background to the study, statement of the problem, research questions, objectives of the study, study justifications, scope and limitations of the study, literature review, theoretical framework, operationalization of key concepts, research hypotheses and research methodology; Chapter two discusses the historical/background of the problem under investigation, Chapter three discusses data analysis, presentation and discussion; chapter four entails discussing the summary of findings conclusions and recommendations.

## **CHAPTER TWO**

### **HISTORICAL BACK GROUND**

#### **2.1 Introduction**

Chapter two discusses the background/ historical aspect of the problem under investigation. It presents the historical background of health-care under devolved governance.

#### **2.2 History of Health-Care under Devolved Governance**

All over the world, scholars and governments are in agreement that health related problems are some of the main causes of poverty (Mango et al 2009, Otieno Ajwang 2013). Health problems may cause temporary or permanent loss of livelihood. Health problems may drive families and individuals to sell their assets or get into huge debts diminishing the capacity to sustain themselves. Free basic healthcare provision and the health insurances are the main methods by which governments shield their citizens against the economic consequences of health-related problems (Mbugua et al, 1995).

Kenya has designed and implemented policies to promote modern healthcare access which aims to cover a large section of the population since independence. The purpose of these policies is to

attain long term universal health objectives (Kimalu et al, 2004). The sessional paper number 10 of 1965 stated that it was the intention of then independence government to provide medical and hospital related services, disability and old age benefits among other social goodies to its citizens (Republic of Kenya 1965) as some of the objectives of African socialism philosophy. In the same year the five-shilling user fee was done away with and free medical services for children and out-patients were introduced (Gsanger 1994). The policy introduced a rapid expansion of health care infrastructure especially in 1970s and 80s (Wamai 2009). There was also increment of the number of health workers who were being trained. However, this healthcare development was poorly distributed and most facilities were in urban areas leaving back the rural areas where most people live (Kimalu et al, 2004). The rapid population growth mounted a lot of pressure on healthcare system. Wamai 2009 notes that the H.I.V. pandemic effects and the financial constraints the government was going through in 1970s and 1980s, forced the government to introduce user charges for health services in its Fourth Development Plan(1979-1983). After the introduction of the user charges, there arose a public outcry and the government changed the term “user charge” into “cost sharing” which seemed to be friendlier in 1989. That became the end of the free healthcare in Kenya (Mwambu 1995). Cost sharing program lasted for only nine months, for the media houses ganged against it revealing the agony of the poor and the vulnerable citizens who were seeking the medical services due to their inability to raise their share of “cost sharing” (Gsanger, 1994). Facility-dependant fee was introduced in April 1992 and in this the patient was to be charged after the treatment (Van Lente 2004). In 1994 the government introduced the Kenya Health Policy Framework in which its main objective was to provide accessible, affordable and acceptable healthcare to all (Gimoi 2017). The frame work was divided into two five-year strategic plan. The National Health Sector Strategic Plan1 (NHSSP 1) which would run from 1999 to 2004 and NHSSP2 which would run from 2005 to 2010(MOH 2005). NHSSP1 objectives were to strengthen governance in healthcare, improving resource allocation, decentralize health services and management, and redirect more financial allocation from curative to primary and preventive health services. Giving autonomy to national and provincial hospitals was also an objective of NHSSP1 (KHSa 2010). The ministry of health responsibility was to supervise, formulate policies, establishing and enforcing standards and resource mobilization while health service delivery and implementation of health programs was the responsibility of the districts.

Districts formed the pillars in which decentralization was to be based but they differed in size geographically, population size and socio-economic indicators (Wamai 2009). NHSSP2 (2005-2010) came as a review of NHSSP1 of 1999-2004. The objectives of NHSSP2 included minimizing health inequalities, increase accessibility to healthcare services, improve the quality and response of healthcare services offered and enhance regulatory capacity of the ministry of health (MOH). Other objectives included enhancing efficiency and effectiveness of the service delivery, establish partnership and improve financing of health sector. NHSSP2 came up with another organization known as Kenya Essential Package for Health (KEPH). It also emphasized the inclusion of the level of the community as a unit in service delivery (GOK 2010).

The vision 2030 was developed by the government of Kenya as a long-term development plan in which the country would be turned into an industrialized middle-income country with a high quality of life by the year 2030. Among other achievements that Kenya aimed at and was to work for was the provision of integrated, accessible, affordable, efficient and high-quality healthcare (GOK 2007). Improving the provision of healthcare will make Kenya have healthy population who will in turn increase the productivity which is the base of the country's development envisioned in vision 2030 (GOK 2008). The fourth schedule of the 2010 Kenyan constitution placing the provision of healthcare under the county governments can be said to be in line with the spirit of the vision 2030 agenda.

According to statistics in Makueni county website in 2013 only 45% of pregnant women accessed ante-natal care against 70% in the year 2020. Before devolution and immediately after devolution in 2013, 34% of women delivered under a skilled death attendant while in 2020, 89% of women delivered under skilled birth attendants. On family planning 54% of women at reproductive age received family planning commodities against 55% in 2020. In 2013, the number of children who got full immunization was 79% while in 2020 it was 100%. There were 109 health facilities in 2013 in Makueni county but this number rose to 237 in 2020. The community health units were 90 before devolution in 2013 and by 2020 they were 219

### **2.3 Conclusion**

Healthcare provision has been a challenge to the respective regimes that has governed this country since independence. Policies, schemes and programs have been put into place and abolished all trying to address the healthcare challenges. From the sessional paper number ten of

1965 to creation of National Hospital Insurance Fund (NHIF) to District Focus for Rural Development (DFRD) to NHSSP1 and 2 to KEPH and all other interventions have not borne the desired results. The former Makueni district now Makueni County like any other district in Kenya struggled over the time to provide healthcare to its residents. The Kenyan devolution which the world Bank described as an ambitious move from a governance of high centralization which existed since independence(World Bank,2012) was seen as a panacea of healthcare problems in every county(former districts) in general and Makueni county in particular.



## CHAPTER THREE

### DATA ANALYSIS, PRESENTATION AND DISCUSSIONS

#### 3.1 Introduction

The chapter looks into data analysis with the aim to find out whether or not devolution of health services in Kenya is so far realizing the objects of devolution as stipulated in the Kenyan Constitution, Article 174. To achieve this, the study sought to evaluate the influence of the devolved governance on maternal healthcare, primary healthcare and universal healthcare in Makueni county. The chapter looks at response rate, respondent's background information and descriptive statistics such as frequencies, mode, median and mean.

#### 3.2 Response Rate

One hundred and twenty (120) questionnaires were administered and out of them 89 were filled and returned for analysis. That was 74.2% rate of response. 74.2% response rate is within Saris and Galhofer (2014) recommendations that a response rate of 50% and above is okay for analyzing statistics. Table 3.1 show the findings.

**Table 3. 1: Response Rate**

	<b>Number of informants</b>	<b>Percent</b>
Response	89	74.2
Non- Response	31	25.8
<b>Total</b>	<b>120</b>	<b>100</b>

#### 3.3 Background Information

The respondents background information that includes age, gender, level of education, subcounty of residence, employment, marital status and the number of children that one has, are presented in this section.

##### 3.3.1 Gender of the Respondents

Table 3.2 illustrates the gender of the respondents. The researcher had requested them to indicate.

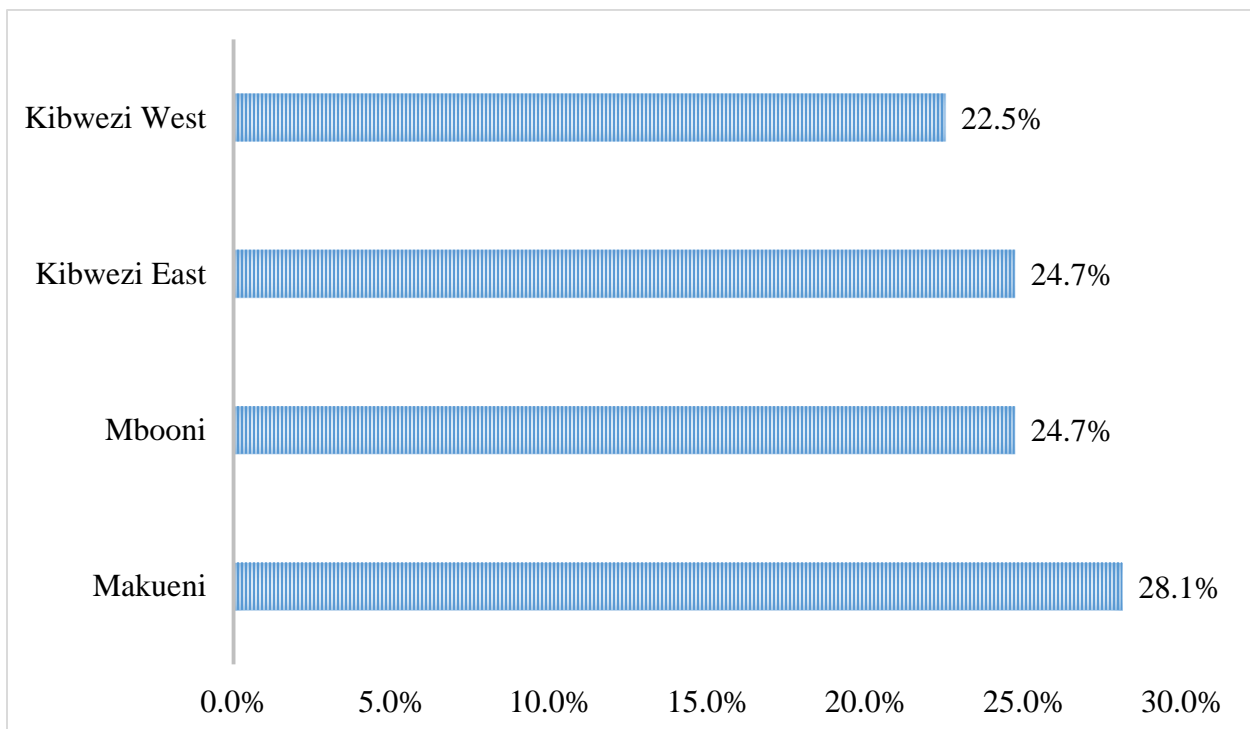
**Table 3. 2: Gender of the Respondents**

	Frequency	Percent
Male	40	44.9
Female	49	55.1
<b>Total</b>	<b>89</b>	<b>100</b>

Table 3.2 shows that the number of female respondents exceeded that of male respondents. Female respondents were 55.1% while male respondents were 44.9% of the total number of those who responded. This means therefore that both male and female genders were involved in the research study.

### 3.3.2 Sub County of Makueni Respondents Comes From

The respondents had been requested through the questionnaire to indicate the sub counties of Makueni county from which they came from. Figure 3.1 show the findings.



**Figure 3. 1: Sub County of Makueni Respondents Comes From**

As in the Figure 3.1, it shows that the respondents were drawn from four subcounties of Makueni county 28.1% from Mbooni, 24.7% from Kibwezi East, 24.7% and from Kibwezi West. This

implies that data was collected from various sub counties for better generalization of results for efficacy of health-care under devolved governance in Makueni County.

### 3.3.3 Age Bracket of the Respondents

Respondents were requested to indicate their age bracket and the findings are as shown in table 3.3 below.

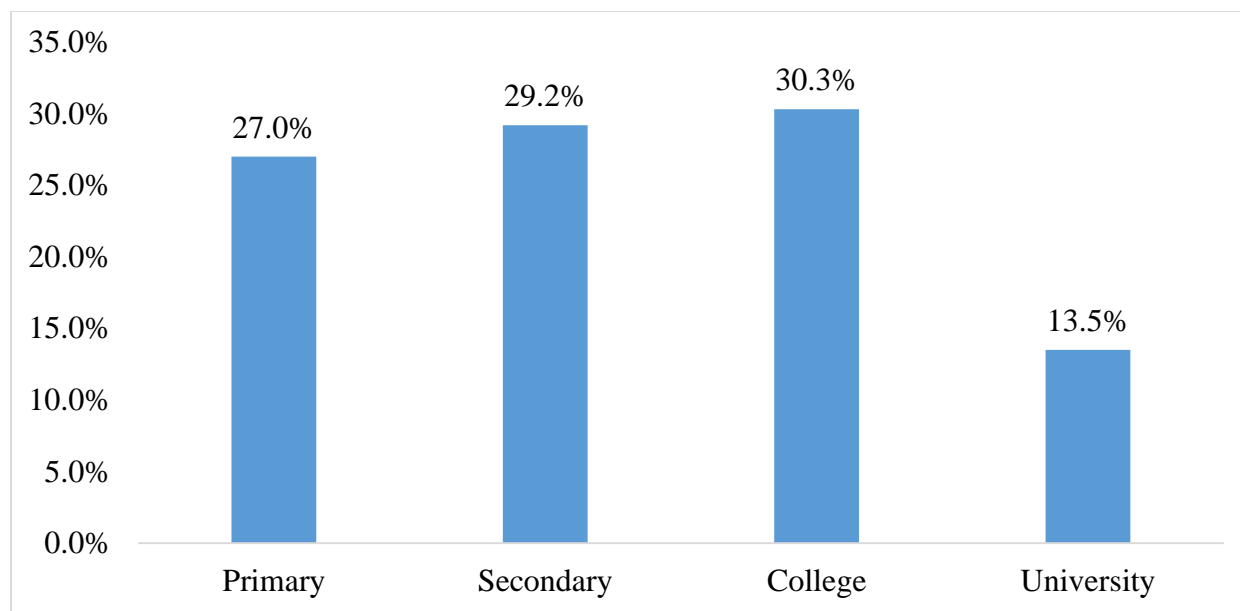
**Table 3. 3: Age Bracket of the Respondents**

	Frequency	Percent
18-21 years	1	1.1
22-25 years	6	6.7
26-30 years	9	10.1
31-35 years	18	20.2
35-40 years	15	16.9
41-45 years	12	13.5
46-50 years	10	11.2
51-55 years	12	13.5
Above 55 years	6	6.7
<b>Total</b>	<b>89</b>	<b>100</b>

Table 3.3 gives the ages of those who responded as follows, 18 to 21 years, 1.1%, 22 to 25 years 6.7%, 26 to 30 years 10.1%, 31to 35 years 20.2%, 35 to 40 years 16.9%, 41to45years 13.5%, 46 to 50 years 11.2%, 51 to 55 years 13.5%, above years 6.7%. This shows that data collection on efficacy of health-care under devolved governance in Makueni County cut across all the relevant age groups.

### 3.3.4 Education Level of the Respondents

Further, the study requested to know the education level of those who responded. Figure 3.2 illustrates this.



**Figure 3. 2: Education Level of the Respondents**

From the findings in Figure 3.2, most of the respondents had gone through college education whose percentage was 30.3 of all the respondents engaged, those with secondary education were 29.2%, those with primary education were 27.0% while those gone to university were the minority and represented 13.5% of all the respondents. This shows that most residents were learned enough and were in a position to comprehend and respond comprehensively on questions regarding the efficacy of health-care under devolved governance in Makueni County.

### 3.3.5 Employment Status of the Respondents

The respondents were asked of their employment status and table 3.4 illustrates their responses..

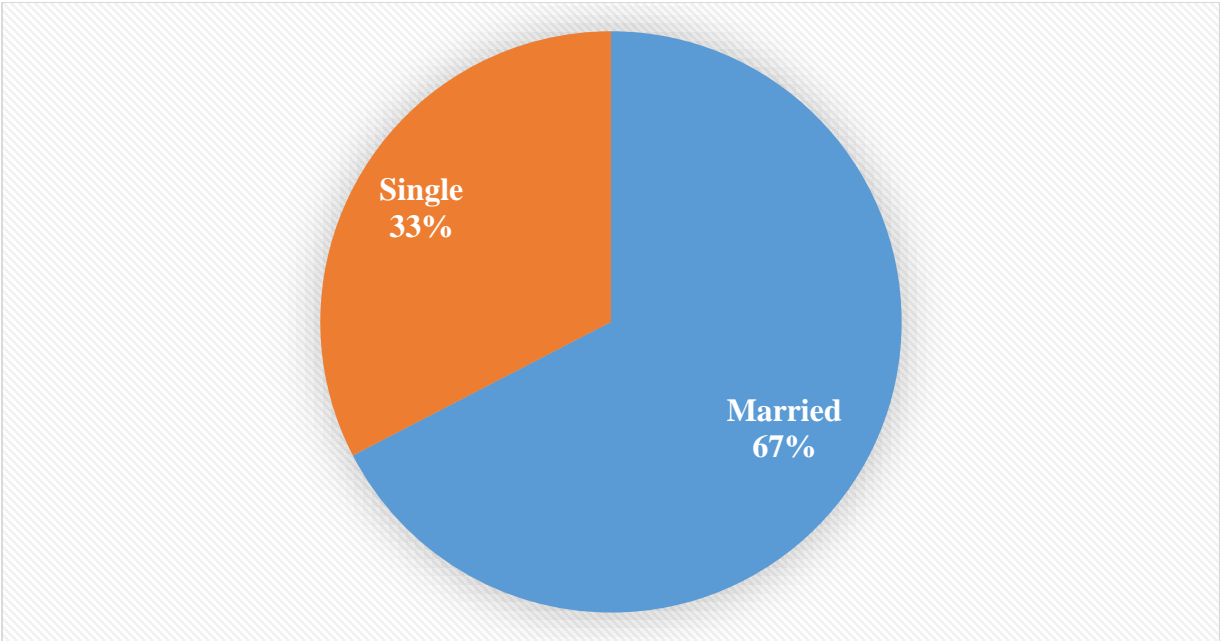
**Table 3. 4: Employment Status of the Respondents**

	Frequency	Percent
Civil servant	28	31.5
Employed by a company	15	16.9
Self employed	29	32.6
Unemployed	17	19.1
<b>Total</b>	<b>89</b>	<b>100</b>

According to the responses shown in the table 3.4 above, most of them were self employed taking 32.6% of all respondents. Those employed by the government were 31.5%, the unemployed were 19.1% while those employed by companies were 16.9 of the total respondents. The respondents' employment status cut across the residents of Makueni county and this shows that they could give credible information on the efficacy of healthcare under devolved governance in Makueni county.

**3.3.6 Marital Status of the Respondents**

When asked to indicate their marital status, the respondents responded as shown in the figure 3.3.



**Figure 3. 3: Marital Status of the Respondents**

The respondents indicated that 67% of them were married while 33% were single. This shows that the data collection on efficacy of health-care under devolved governance in Makueni County cut across all the respondents irrespective of their marital status.

**3.3.7 Respondents' Number of Children**

The study further asked the number of children each respondent had and they responded as shown in table 3.5 below.

**Table 3. 5: Respondents' Number of Children**

	<b>Frequency</b>	<b>Percent</b>
0-3 Children	55	61.8
4-6 Children	27	30.3
Above 6 children	7	7.9
<b>Total</b>	<b>89</b>	<b>100</b>

The table shows that those without children to those with three children were 61.8%, those with four to six children were 30.3% while those with over six children were 7.9%. This shows that the data collection on efficacy of health-care under devolved governance in Makueni County cut across all the respondents irrespective of the number of children they have.

### **3.3.8 Period of Residence in Makueni County**

Another question asked to respondents is the time they have lived in Makueni county and their response to this is as indicated in table 3.6.

**Table 3. 6: Period of Residence in Makueni County**

	<b>Frequency</b>	<b>Percent</b>
3-4 years	1	1.1
5-10 years	12	13.5
11-20 years	27	30.3
Above 20 years	49	55.1
<b>Total</b>	<b>89</b>	<b>100</b>

More than a half of those who responded indicated that they had stayed in Makueni county more than 20 years, their percentage being 55.1%. Those who lived in the county 11 to 20 years were 30.3%, 5 to 10 years 13.5% and only one respondent who had lived in the county less than five years representing 1.1%. This implies that the respondents were residents of Makueni county for long enough to give credible information on efficacy of health-care under devolved governance.

### 3.4 Influence of the Devolved Governance on Maternal Healthcare

The study sought to evaluate the influence of the devolved governance on maternal healthcare in Makueni county. The respondents were asked by the researcher to indicate their level of agreement with statements regarding the influence of the devolved governance on maternal healthcare in using 1-5 Likert scale where 1 is strongly disagree, 2 is disagree, 3 is agree and 4 is strongly agree. The findings are shown in Table 3.7.

**Table 3. 7: Agreement with Statements on Devolved Maternal Healthcare**

	<b>Median</b>	<b>Mode</b>	<b>Mean</b>
The county government of Makueni initiative has made the public embrace pre-natal services	3	3	2.955
The number of women delivering in health facilities has increased due to the effort by Makueni county government	4	4	3.427
Makueni county government has created more public awareness on breast feeding	3	3	2.562
The Makueni county government efforts have reduced the number of women dying at child birth	4	4	3.596
The number of health facilities with mother/child health departments has increased since the devolution of health services in Makueni county	4	4	3.562
The number of less than five years old children dying due to preventable deceases has decreased due to initiatives put in place by the county government of Makueni	4	4	3.562
More people are aware of family planning methods since the devolution of health services as a result of initiatives by the county government of Makueni	2	2	2.483

The study found that most of those who responded strongly agreed that Makueni county government efforts have reduced the number of women dying at child birth as shown by a median of 4, mode of 4 and a mean of 3.596. This implies that the efforts by Makueni county in maternal health have led to reduction to child mortality rates. Additionally, most of those who responded agreed strongly that the number of health facilities with mother/child health departments has increased since the devolution of health services in Makueni county as shown by a median of 4, mode of 4 and a mean of 3.562. This is an indication that devolution of health services in Makueni county have resulted to increased number of health facilities with a maternal department. Keats et al (2017) found that the improvement of health in these groups of people was not consistent in that between 1990 and 2015, the trend was going up and down. It was not consistent.

More to that most of those who responded were in strong agreement that the number of less than five years old children dying due to preventable deceases has decreased due to initiatives put in place by the county government of Makueni as shown by a median of 4, mode of 4 and a mean of 3.562. This shows that initiatives put in place by the county government of Makueni have reduced the death resulting from preventable deceases among under 5-year-olds. In addition to that most of those who responded agreed that the number of women delivering in health facilities has increased due to the effort by Makueni county government as shown by a median of 4, mode of 4 and a mean of 3.427. This is an indication that county government through devolved health care have increased the number of women delivering in hospitals. Keats et al (2018) found that though there was improvement nationally on the maternal-child health, with maternal and child mortality going down, there was a great discrepancy within the counties.

Still in the question on maternal healthcare most of those who responded agreed that the county government of Makueni initiative has made the public embrace pre-natal services as shown by a median of 3, mode of 3 and a mean of 2.955 and that Makueni county government has created more public awareness on breast feeding as shown by a median of 3, mode of 3 and a mean of 2.562. However, the respondents disagreed that more people are aware of family planning methods since the health services were devolved as a result of initiatives by the county government of Makueni as shown by a median of 2, mode of 2 and a mean of 2.483. The findings correlate with Thaddeus and Maine (1994) who observes that these life-threatening pregnancy related outcomes can be prevented by accessing proven lifesaving reproductive health services to all women. The services largely include the medical ways and abortions that are not safe.

Further, a question was paused to the respondents on how they would compare the mother-child healthcare before and after the devolution. Table 3.8. Shows the response

**Table 3. 8: Comparing Maternal Health Care Before and After the Devolution**

	<b>Frequency</b>	<b>Percent</b>
Has improved	85	95.5
Has not changed	4	4.5
<b>Total</b>	<b>89</b>	<b>100</b>



The finding shows most of the participants indicated that mother/ child health care had improved after maternal health care was devolved to county government as shown by 95.5% while 4.5% of the respondents indicated that mother/ child health care had not changed after maternal health care was devolved to county government. This is an indication that devolution have led to improved maternal health care in Makueni county. This is contrary to Wamalwa (2015) who agrees that the maternal health care in Kenya is wanting. He notes that seventy three percent of maternal deaths that occurred in 2003 to 2009 were caused by obstetric issues which could be prevented. In Kenya, more than fifty percent of maternal deaths are caused by hypertensive disorders, hemorrhage and sepsis.

### 3.5 Influence of the Devolved Governance on Primary Healthcare

The study sought to evaluate the influence of the devolved governance on primary healthcare in Makueni county. The respondents were asked by the researcher to indicate their level of agreement with statements regarding the influence of the devolved governance on public healthcare in using 1-5 Likert scale where 1 is strongly disagree, 2 is disagree, 3 is agree and 4 is strongly agree. The findings are shown in Table 3.9.

**Table 3. 9: Agreement with Statements on Devolved Public Healthcare**

	<b>Median</b>	<b>Mode</b>	<b>Mean</b>
The county government of Makueni has improved the availability of clean water in the county	2	2	2.472
The county government of Makueni has enhanced the collection and disposal of garbage in urban areas and shopping centers	2	1	2.011
There has been a thorough inspection of food selling outlets for compliance of health standards regulations by the county government of Makueni since the devolution	2	3	2.169
There has been an increase of the number of the health workers in Makueni county since the devolution	4	4	3.517
Community health workers are now more active since devolution than before	3	3	2.416
Many toilets have been built and maintained in public places since the devolution of health services in Makueni county	3	3	3.281
Hand washing with soap has been enhanced in all primary schools since the devolution in Makueni county	3	3	2.832

From Table 3.9, most of those who responded strongly agreed that there had been an increase of the number of the health workers in Makueni county since the devolution as shown by a median of 4, mode of 4 and a mean of 3.517. This shows that devolution in Makueni county have led to increase in number of health workers. Moreover, most of the respondents agreed that many toilets have been built and maintained in public places since the devolution of health services in Makueni county as shown by a median of 3, mode of 3 and a mean of 3.281. This shows that through devolution in Makueni County, sanitation have been improved. McCollum et al (2018) emphasizes the necessity of proper prioritization of issues at county government's level for Kenya to realize the goals of devolution. Prioritization comes due to the demands and the needs of healthcare surpassing the resources available therefore calling for well thought choice to determine which of the demands should be addressed first.

The respondents also agreed that hand washing with soap has been enhanced in all primary schools since the devolution in Makueni county as shown by a median of 3, mode of 3 and a mean of 2.832. However, the respondents disagreed that the county government of Makueni has improved the availability of clean water in the county as shown by a median of 2, mode of 2 and a mean of 2.472 and that community health workers are now more active since devolution than before as shown by a median of 3, mode of 3 and a mean of 2.416. This shows that the county government of Makueni is yet to improve availability of clean water and have no active community health workers. World Health Organization (WHO), in 2017 conducted a comprehensive study known as "Primary Health Care Systems (PRIMASYS) case study from Kenya" which showed that there still remains a lot to be done in Kenya's primary health care department.

Further, most of the respondents disagreed that there has been a thorough inspection of food selling outlets for compliance of health standards regulations by the county government of Makueni since the devolution as shown by a median of 2, mode of 3 and a mean of 2.169 and that the government of Makueni county has enhanced the collection and disposal of garbage in urban areas and shopping centers as shown by a median of 2, mode of 1 and a mean of 2.011. This is an indication that county government have not improved the inspection of food selling outlets for compliance of health standards regulations and collection and disposal of garbage in urban areas and shopping centers. Kimathi (2017) notes that, for devolution to be successful and

make service delivery to citizens efficient and of good quality there is a need to create effective governance with accountability structure. Kimathi argues that devolution should not be viewed as an event but a process which should aim at making many citizens access quality healthcare.

Further, those who responded were asked on how they would compare the disease prevention efforts by the county government of Makueni since devolution, with before devolution. Table 3.10. indicate the findings.

**Table 3. 10: Comparing the Disease in Prevention Efforts Before and After Devolution**

	<b>Frequency</b>	<b>Percent</b>
Has improved	71	79.8
Has not changed	10	11.2
Has worsened	8	9.0
<b>Total</b>	<b>89</b>	<b>100</b>

According to the outcome illustrated in the table 3.10 most of those who responded indicated that disease prevention efforts by the county government of Makueni since devolution have improved as shown by 79.8%. However, other respondents indicated that disease in prevention efforts by the county government of Makueni since devolution has not changed as shown by 11.2% and has worsened as shown by 9%. This shows that disease prevention efforts by the county government of Makueni since devolution have improved. Onokerhoraye (2016) relates the primary healthcare with the sustainable development goals (SDGs) number three, which is to ensure healthy lives and promote well-being of all ages. He notes that many African countries are not on the right track towards universal health coverage because one of the main factors towards this goal.

### **3.6 Influence of the Devolved Governance on Universal Healthcare**

The study further sought to evaluate the influence of the devolved governance on universal healthcare in Makueni county. The respondents were asked by the researcher to indicate their level of agreement with statements regarding the influence of the devolved governance on universal healthcare in using 1-5 Likert scale where 1 is strongly disagree, 2 is disagree, 3 is agree and 4 is strongly agree. The findings are shown in Table 3.11.

**Table 3. 11: Agreement with Statements on Devolved Universal Healthcare**

	<b>Median</b>	<b>Mode</b>	<b>Mean</b>
The county government of Makueni has created great public awareness of how health insurance works since the devolution of health services	3	4	2.854
More residents of Makueni County have registered with National Insurance Fund (N.H.I.F.) since the devolution of healthcare	2	2	2.449
More medical services are offered free of charge in Makueni health facilities since the devolution of health services	3	3	3.011
MakueniCare health insurance has been a great relief to many Makueni people as far as medical costs are concerned	3	3	3.225
Makueni Care has improved the availability of drugs in government health facilities in Makueni County	3	3	2.742
Makueni Care has reduced poverty in Makueni County	3	3	3.236
Distance and time to access health facilities have been reduced in Makueni County	4	4	3.506

Table 3.11, shows that most of those who responded were in strong agreement that the distance and time to access health facilities have been reduced in Makueni County as shown by a median of 4, mode of 4 and a mean of 3.506. This shows that devolution have improved accessibility of health facilities. Moreover, the respondents agreed that Makueni Care has reduced poverty in Makueni County as shown by a median of 3, mode of 3 and a mean of 3.236. This is indication that Makueni Care have improved livelihood of common Wananchi by making access to health care affordable to everyone. McCollum et al (2018), asserts that it is necessary to look in a bigger picture the outcomes of the devolution reforms resulting from political influence so as to have equity in healthcare. This is to check if there is systemic inconsistency in using healthcare services and financing.

Further, most of the respondents agreed that MakueniCare health insurance has been a great relief to many Makueni people as far as medical costs are concerned as shown by a median of 3, mode of 3 and a mean of 3.225 and that more medical services are offered free in Makueni health facilities since the devolution of health services as shown by a median of 3, mode of 3 and a mean of 3.011. This shows that Makueni care as a result of devolution has been a great relief to many Makueni people as far as medical costs are concerned since medical services are offered free of charge.

In addition, most of respondents agreed that the county government of Makueni has created great public awareness of how health insurance works since the devolution of health services as shown by a median of 3, mode of 4 and a mean of 2.854 and that Makueni Care has improved the availability of drugs in government health facilities in Makueni County as shown by a median of 3, mode of 3 and a mean of 2.742. However, the respondents disagreed that more residents of Makueni County have registered with National Insurance Fund (N.H.I.F.) since the devolution of healthcare as shown by a median of 2, mode of 2 and a mean of 2.449. Greer and Mendez (2015) argue that Universal health coverage is inseparable to politics and one cannot think of it without recognizing its reliance to politics. This has been proven by international literature review on the genesis of U.H.C.

Those who responded were also asked whether they think it is possible for Makueni Care program to be sustained with its Kshs. 500 annual household contribution. They responded as in table 3.12 below.

**Table 3. 12: Whether it is Possible to Sustain Makueni Care Program**

	<b>Frequency</b>	<b>Percent</b>
Yes	78	87.6
No	10	11.2
Not sure	1	1.1
<b>Total</b>	<b>89</b>	<b>100</b>

Majority of the respondents indicated that they think it is possible for Makueni Care program to be sustained with its Kshs.500 annual household contribution as shown by 87.6%. Other respondents indicated that they don't think it is possible for Makueni Care program to be sustained with its Kshs.500 annual household contribution as shown by 11.2% and 1.1% were not sure. This implies that there is a consensus among Makueni people that it is possible for Makueni Care program to be sustained with its Kshs.500 annual household contribution.

### **3.8 Hypothesis Testing**

The study did step wise regression analysis to test for the hypothesis that sought to establish whether maternal healthcare, primary healthcare and universal healthcare has been positively influenced by devolved governance in Makueni county.

### 3.8.1 Test of Hypothesis One

The study conducted stepwise regression analysis to test hypothesis one that, “Maternal healthcare has been positively influenced by devolved governance in Makueni county”. The results are illustrated in Table 3.13, 3.14 and 3.15.

**Table 3. 13: Model Summary for Hypothesis One**

Model	R	R Square	Adjusted R Square	Std. Error
1	.496 <sup>a</sup>	.246	.237	.395

a. Predictors: (Constant), Devolved Governance

As per the results, the R-square from the model summary was 0.246. This implies that 24.6% changes in maternal healthcare are explained by devolved governance in Makueni county. This shows that the remaining 75.4% of the changes in maternal healthcare are attributed to other factors like national government and donor funding.

**Table 3. 14: ANOVA<sup>a</sup> for Hypothesis One**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.436	1	4.436	28.409	.000 <sup>b</sup>
	Residual	13.585	87	.156		
	<b>Total</b>	<b>18.021</b>	<b>88</b>			

a. Dependent Variable: Maternal Health Care

b. Predictors: (Constant), Devolved Governance

From the ANOVA Table, p-value was 0.000 and F-calculated was 28.409. Since p-value was less than 0.05 and the F-calculated was greater than F-critical (3.9506), then the regression model was significant in determining how devolved governance influences the maternal healthcare in Makueni county.

**Table 3. 15: Regression Coefficients<sup>a</sup> for Hypothesis One**

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.336	.161		14.536	.000
	Devolved Governance	.715	.134	.496	5.330	.000

a. Dependent Variable: Maternal Health Care

From the regression coefficients, the regression model was

$$Y_1 = 2.336 + 0.715X_1$$

Where:  $Y_1$  = Maternal healthcare

$X_1$  = Devolved Governance

The findings showed that a unit change in devolved governance would lead to 0.715 positive unit changes in maternal healthcare in Makueni county. The p-value for the variable was 0.000. Since p-value (0.001) was less than 0.05, the hypothesis one that, “Maternal healthcare has been positively influenced by devolved governance in Makueni county” was accepted and study established that maternal healthcare has been positively influenced by devolved governance in Makueni county.

### 3.8.2 Test of Hypothesis Two

The study conducted stepwise regression analysis to test hypothesis two that, “Primary healthcare has been positively influenced by devolved governance in Makueni county”. The results are illustrated in Table 3.16, 3.17 and 3.18.

**Table 3. 16: Model Summary for Hypothesis Two**

Model	R	R Square	Adjusted R Square	Std. Error
1	.507 <sup>a</sup>	.257	.248	.536

a. Predictors: (Constant), Devolved Governance

As per the results, the R-square from the model summary was 0.257. This implies that 25.7% changes in primary healthcare are explained by devolved governance in Makueni county. This shows that the remaining 74.3% of the changes in primary healthcare are attributed to other factors.

**Table 3. 17: ANOVA<sup>a</sup> for Hypothesis Two**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	8.640	1	8.640	30.071	.000 <sup>b</sup>
	Residual	24.997	87	.287		
<b>Total</b>		<b>33.637</b>	<b>88</b>			

a. Dependent Variable: Public Health Care

b. Predictors: (Constant), Devolved Governance

From the ANOVA Table, p-value was 0.000 and F-calculated was 30.071. Since p-value was less than 0.05 and the F-calculated was greater than F-critical (3.9506), then the regression

model was significant in determining how devolved governance influences the primary healthcare in Makueni county.

**Table 3. 18: Regression Coefficients<sup>a</sup> for Hypothesis Two**

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.517	.218		6.957	.000
	Devolved Governance	.997	.182	.507	5.484	.000

a. Dependent Variable: Public HealthCare

From the regression coefficients, the regression model was

$$Y_2 = 1.517 + 0.997X_1$$

Where:  $Y_2$  = Primary healthcare

$X_1$  = Devolved Governance

The findings showed that a unit change in devolved governance would lead to 0.997 positive unit changes in primary healthcare in Makueni county. The p-value for the variable was 0.000. Since p-value (0.001) was less than 0.05, the hypothesis two that, “Primary healthcare has been positively influenced by devolved governance in Makueni county” was accepted and study established that primary healthcare has been positively influenced by devolved governance in Makueni county.

### 3.8.3 Test of Hypothesis Three

The study conducted stepwise regression analysis to test hypothesis three that, “Universal healthcare has been positively influenced by devolved governance in Makueni county”. The results are illustrated in Table 3.19, 3.20 and 3.21.

**Table 3. 19: Model Summary for Hypothesis Three**

Model	R	R Square	Adjusted R Square	Std. Error
1	.331 <sup>a</sup>	.110	.099	.471

a. Predictors: (Constant), Devolved Governance

As per the results, the R-square from the model summary was 0.110. This implies that 11% changes in universal healthcare are explained by devolved governance in Makueni county. This



shows that the remaining 89% of the changes in universal healthcare are attributed to other factors.

**Table 3. 20: ANOVA<sup>a</sup> for Hypothesis Three**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.377	1	2.377	10.709	.002 <sup>b</sup>
	Residual	19.307	87	.222		
	<b>Total</b>	<b>21.684</b>	<b>88</b>			

a. Dependent Variable: Universal HealthCare

b. Predictors: (Constant), Devolved Governance

From the ANOVA Table, p-value was 0.000 and F-calculated was 10.709. Since p-value was less than 0.05 and the F-calculated was greater than F-critical (3.9506), then the regression model was significant in determining how devolved governance influences the universal healthcare in Makueni county.

**Table 3. 21: Regression Coefficients<sup>a</sup> for Hypothesis Three**

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.400	.192		12.526	.000
	Devolved Governance	.523	.160	.331	3.272	.002

a. Dependent Variable: Universal HealthCare

From the regression coefficients, the regression model was

$$Y_3 = 2.400 + 0.523 X_1$$

Where:  $Y_3$  = Primary healthcare

$X_1$  = Devolved Governance

The findings showed that a unit change in devolved governance would lead to 0.523 positive unit changes in universal healthcare in Makueni county. The p-value for the variable was 0.000. Since p-value (0.001) was less than 0.05, the hypothesis three that, “Universal healthcare has been positively influenced by devolved governance in Makueni county” was accepted and study established that universal healthcare has been positively influenced by devolved governance in Makueni county.

## CHAPTER FOUR

### SUMMARY OF FINDINGS CONCLUSIONS AND RECOMMENDATIONS

#### 4.1 Introduction

The study looked at the efficacy of health-care under devolved governance in Makueni County, Kenya. The questionnaires were used for collecting data from residents in selected sub counties. Therefore, this chapter presents summary of findings, deduced conclusions, recommendations and recommendations for further research.

#### 4.2 Summary of Findings

##### 4.2.1 Devolved Governance and Maternal Healthcare

The study sought to evaluate the influence of the devolved governance on maternal healthcare in Makueni county. The study established that devolution have led to improved maternal health care in Makueni county. It found that a unit change in devolved governance positive changes in maternal healthcare in Makueni county ( $r= 0.715$ ;  $p\text{-value}=0.000$ ). The study found that the Makueni county government efforts have reduced the number of women dying at child birth and that the number of health facilities with mother/child health departments has increased since the devolution of health services in Makueni county.

The study also found that the number of less than five years old children dying due to preventable deceases has decreased due to initiatives put in place by the county government of Makueni and that the number of women delivering in health facilities has increased due to the effort by Makueni county government. It was also deduced from the study that Makueni county government initiative has made the public embrace pre-natal services and that Makueni county government has created more public awareness on breast feeding. The study also established that more people are not aware of family planning methods since the county government took over.

##### 4.2.2 Devolved Governance and Primary Healthcare

The study sought to evaluate the influence of the devolved governance on primary healthcare in Makueni county. The study found that disease prevention efforts by the county government of Makueni since devolution have improved. The study found that a unit change in devolved

governance positive changes in primary healthcare in Makueni county ( $r= 0.997$ ;  $p\text{-value}=0.000$ ).According to the study the number of health workers has increased, many toilets built and maintained in public places in Makueni county since devolution. The study found that there has been an increase of the number of the health workers in Makueni county since the devolution and that many toilets have been built and maintained in public places in Makueni county.

It was also found that hand washing with soap has been enhanced in all primary schools since the devolution in Makueni county and that the county government of Makueni has not improved the availability of clean water in the county. In addition, the study revealed that community health workers are now not more active since devolution than before, that there has not been a thorough inspection of food selling outlets for compliance of health standards regulations by the county government of Makueni since the devolution and that the county government of Makueni has not enhanced the collection and disposal of garbage in urban areas and shopping centers.

#### **4.2.3 Devolved Governance and Universal Healthcare**

The study further sought to evaluate the influence of the devolved governance on universal healthcare in Makueni county. The study found that a unit change in devolved governance positive changes in universal healthcare in Makueni county ( $r= 0.523$ ;  $p\text{-value}=0.000$ ). The study found that it is possible for Makueni Care program to be sustained with its Kshs. 500 annual household contribution. The study established that the distance and time to access health facilities have been reduced in Makueni County and that Makueni Care has reduced poverty in Makueni County. The study also found that MakueniCare health insurance has been a great relief to many Makueni people as far as medical costs are concerned.

The study established that more medical services are offered free of charge in Makueni since health services were devolved. In addition, according to the study great public awareness on how health insurance works has been created in the county since health services were devolved and that Makueni Care has improved the availability of drugs in government health facilities in Makueni County. However, the study found that that more residents of Makueni County have not registered with National Insurance Fund (N.H.I.F.) since the devolution of healthcare.

### **4.3 Conclusions**

The study concluded that maternal healthcare has been significantly influenced by devolved governance in Makueni county. This could be attributed to improved maternal health care in terms of reduced the number of women dying at child birth and increased number of health facilities with mother/child health departments. Moreover, devolved governance in Makueni county have led to reduced mortality rates among less than five years old children dying due to preventable deceases as women delivering in health facilities has increased. The county government of Makueni initiative has made the public embrace pre-natal services and created more public awareness on breast feeding. However, initiatives by the county government of Makueni are yet to raise awareness on family planning methods.

The study concluded that primary healthcare has been significantly influenced by devolved governance in Makueni county. Devolved governance in Makueni county have improved disease prevention efforts by increasing of the number of the health workers. Sanitation have also been improved by building and maintaining toilets in public places and enhancing hand washing with soap has been in all primary schools. However, the county government of Makueni has not improved the availability of clean water and there has not been a thorough inspection of food selling outlets for compliance of health standards regulations. The county government of Makueni has not enhanced the collection and disposal of garbage in urban areas and shopping centers.

The study further concluded that universal healthcare has been significantly influenced by devolved governance in Makueni county. Devolved governance in Makueni county have improved livelihood of common Wananchi by making access to health care affordable to everyone. Makueni care as a result of devolution has been a great relief to many Makueni people as far as medical costs are concerned since medical services are offered free of charge. the county government of Makueni has also created great public awareness of how health insurance

works although most residents of Makueni County have not registered with National Insurance Fund (N.H.I.F.).

Burches and Burches(2020) defines efficacy as having things done and the ability to give the expected result or simply succeeding in the achievement of a certain goal. The objective of this study was to find out whether the devolution of healthcare is benefiting the residents of Makueni county or not. The improved maternal healthcare, primary healthcare and universal healthcare therefore shows that the devolved healthcare is achieving its goal.

#### **4.4 Recommendations**

The study recommends that both national and county government should come up with strategies for raising public awareness regarding the family planning. This can be done through social media, print media, mass media, barazas and even through health education programs in health facilities. The study also recommends that both the county and national government should work together and combine their efforts to enhance the devolved systems of healthcare so that they can enhance maternal healthcare.

The study also recommends that the county government should continue ensuring that every health facility within the county have maternal departments equipped with necessary equipments. This will ensure that number of women delivering in health facilities continue to increase and in turn reduce the children mortality rates.

The study recommends that the county government of Makueni county put in its list of priorities hiring of more health service providers to improve patients- health worker ratio. The study further recommends that both national and Makueni county government increase the funding of respective health ministries so as to address the issue of health staff and medical equipment in health facilities.

The study recommends that county government of Makueni should initiate more water projects in every sub county within Makueni county. This will ensure that clean water is accessible and available to all Makueni residents. There is also need for county government to continue improving the sanitation within the county by initiating various sanitation programs.

The study recommends that the county government should enforce thorough inspection strategies for every food selling outlets for compliance of health standards regulations. This will ensure that the cases of food poisoning and food related diseases are reduced drastically within the county.

The study recommends that the county government of Makueni should enhance the collection and disposal of garbage in urban areas and shopping centers. This can be done by ensuring every sub county have staff responsible for collecting garbage and a vehicle for transportation of garbage to disposal pits.

The study further recommends that the county should continue persuading the Makueni residents to register with National Insurance Fund (N.H.I.F.). This will ensure that every Makueni resident is insured and can access affordable health care services in every hospital. There is also need for both national and county government to continue raising public awareness regarding the benefits of health insurance.

#### **4.5 Recommendations for Further Research**

The study only focused on Makueni county only. This study therefore recommends that future studies should seek to examine the efficacy of health-care under devolved governance in other counties in Kenya. The study also recommends further studies to look at challenges facing devolution of health care in Kenya.



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## APPENDICES

### Appendix I: Questionnaire

Dear Sir/ Madam,

#### RE: INTRODUCTION

My name is Christopher Muthui Njogo, a University of Nairobi (UoN) student pursuing a degree in political science and public administration, Masters level.

For the award of this degree, there is a requirement to undertake a research project. I have chosen to do a research on health-care provision after the Kenyan devolution. The title of my research project is *“Efficacy of Healthcare under Devolved Governance in Kenya: Case of Makueni County.”*

This is my polite request to you, to respond to questions in the questionnaire. The instructions on how to respond have been given. Any information you give will be kept highly confidential and ONLY for academic reasons will it be used. Kindly do not write your name in the document.

#### SECTION A. BACK-GROUND INFORMATION

Please give the relevant information by ticking (✓) the appropriate box.

1. Gender:  
Male   
Female
2. Which sub county of Makueni do you come from?  
Makueni   
Mbooni   
Kibwezi East   
Kibwezi West
3. Age bracket  
18-21 years

- 22-25 years
- 26-30 years
- 31-35 years
- 35-40 years
- 41-45 years
- 46-50 years
- 51-55 years
- Above 55 years
4. Education level
- Primary
- Secondary
- College
- University
5. Employment
- Civil servant
- Employed by a company
- Self employed
- Unemployed
6. Marital status:
- Married
- Single
7. Number of children
- 0-3
- 4-6
- Above 6
8. How long have you been a resident of Makueni County?
- 0-2 years
- 3-4 years
- 5-10 years
- 11-20 years
- Above 20 years

## MATERNAL/ CHILD HEALTH

Please put a tick (✓) into the box next to the right response.

9. There county government of Makueni initiative has made the public embrace pre-natal services.
- 1. Strongly disagree
  - 2. Disagree
  - 3. Agree
  - 4. Strongly Agree
10. The number of women delivering in health facilities has increased due to the effort by Makueni county government.
- 1. Strongly disagree
  - 2. Disagree
  - 3. Agree
  - 4. Strongly Agree
11. Makueni county government has created more public awareness on breast feeding.
- 1. Strongly Disagree
  - 2. Disagree
  - 4. Agree
  - 5. Strongly Agree
12. The Makueni county government efforts have reduced the number of women dying at child birth.
- 1. Strongly disagree
  - 2. Disagree
  - 3. Agree
  - 4. Strongly Agree
13. The number of health facilities with mother/child health departments has increased since the devolution of health services in Makueni county.

- 1. Strongly disagree
- 2. Disagree
- 3. Agree
- 4. Strongly Agree

14. The number of less than five years old children dying due to preventable deceases has decreased due to initiatives put in place by the county government of Makueni.

- 1. Strongly disagree
- 2. Disagree
- 3. Agree
- 4. Strongly Agree

15. More people are aware of family planning methods since the devolution of health services as a result of initiatives by the county government of Makueni.

- 1. Strongly disagree
- 2. Disagree
- 3. Agree
- 4. Strongly Agree

15b. How would you compare the mother/ child health care before and after the devolution (please write your opinion on the space provided).....

**PRIMARY HEALTHCARE**

16. The county government of Makueni has improved the availability of clean water in the county.

- 1. Strongly disagree
- 2. Agree
- 3. Agree
- 4. Strongly Agree

17. The county government of Makueni has enhanced the collection and disposal of garbage in urban areas and shopping centers.
- 1. Strongly disagree
  - 2. Disagree
  - 3. Agree
  - 4. Strongly Agree
18. There has been a thorough inspection of food selling outlets for compliance of health standards regulations by the county government of Makueni since the devolution.
- 1. Strongly disagree
  - 2. Disagree
  - 3. Agree
  - 4. Strongly Agree
19. There has been an increase of the number of the health workers in Makueni county since the devolution.
- 1. Strongly disagree
  - 2. Disagree
  - 3. Agree
  - 4. Strongly Agree
20. Community health workers are now more active since devolution than before.
- 1. Strongly disagree
  - 2. Disagree
  - 3. Agree
  - 4. Strongly Agree
21. Many toilets have been built and maintained in public places since the devolution of health services in Makueni county.
- 1. Strongly disagree
  - 2. Disagree
  - 3. Agree
  - 4. Strongly Agree



22. Hand washing with soap has been enhanced in all primary schools since the devolution in Makueni county.

- 1. Strongly disagree
- 2. Disagree
- 3. Agree
- 4. Strongly Agree

23. How would you compare the disease prevention efforts by the county government of Makueni since devolution, with before devolution (Please write your response in the space provided).....

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.....

**EFFORTS TOWARDS THE PROVISION OF UNIVERSAL HEALTH-CARE**

24. The county government of Makueni has created great public awareness of how health insurance works since the devolution of health services.

- 1. Strongly disagree
- 2. Disagree
- 3. Agree
- 4. Strongly Agree

25. More residents of Makueni County have registered with National Insurance Fund (N.H.I.F.) since the devolution of healthcare.

- 1. Strongly disagree
- 2. Disagree
- 3. Agree
- 4. Strongly Agree

26. More medical services are offered free of charge in Makueni health facilities since the devolution of health services.

- 1. Strongly disagree
- 2. Disagree
- 3. Agree
- 4. Strongly Agree

27. MakueniCare health insurance has been a great relief to many Makueni people as far as medical costs are concerned.

- 1. Strongly disagree
- 2. Disagree
- 3. Agree
- 4. Strongly Agree

28. Makueni Care has improved the availability of drugs in government health facilities in Makueni County.

- 1. Strongly disagree
- 2. Disagree
- 3. Agree
- 4. Strongly Agree

29. Makueni Care has reduced poverty in Makueni County.

- 1. Strongly disagree
- 2. Disagree
- 3. Agree
- 4. Strongly Agree

30. Distance and time to access health facilities have been reduced in Makueni County.

- 1. Strongly disagree
- 2. Disagree
- 3. Agree
- 4. Strongly Agree

31. Do you think it is possible for Makueni Care program to be sustained with its Kshs. 500 annual household contribution? (Please write your response in the space provided)

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**Thank you.**