

**FACTORS INFLUENCING ACCESS TO HEALTHCARE
SERVICE DELIVERY IN WEST POKOT COUNTY, KENYA**

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DECLARATION

This research project report is my original work and hasn't been presented to any other university.

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DEDICATION

I dedicate this work to my family; my beloved companion- Chemoi C.Leonorah, our exquisite son and gorgeous daughters; Noel A.Rotich, Cheptoo A.Anastaciah and Cheyech A.Triniter respectively. My cherished wife persistently encouraged me during this study. My family endured my absence from home as a caring and affectionate father during this programme course and research work. My wife took both the roles and everyday duties of a caring mother and a responsible partner.

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ABBREVIATIONS AND ACRONYMS

AAR	Against All Risks
ACF	Action against Hunger
AMREF	African Medical and Research Foundation
AON	All or Nothing
ASALS	Arid and Semi-Arid Lands
CHC	Community Health Committee
CHWs	Community Health Workers
CMOH	County Ministry of Health
DNs	Developing Nations
GOK	Government of Kenya
HCSP	Health Care Service Providers
HFC	Health Facility Committee
HC	Health Care
HCP	Health Care Provider
HCSP	Health Care Service Efficiency
HFM	Health Facility Management
IOM	Institute of Medicine
KEMSA	Kenya Medical Supplies Association
KMTC	Kenya Medical Training College
KNBS	Kenya National Bureau of Statistics
MDGS	Millennium Development Goals
NHIF	National Hospital Insurance Fund

MOH	Ministry of Health
NGOs	Non-Governmental Organizations
NHIF	National Hospital Insurance Fund
PHCSs	Primary Health Care Services
HCS	Health Care Service
SIGs	Scheduled Interview Guides
SPA	Service Provision Assessment
SPSS	Statistical Package for Social Sciences
SDGs	Sustainable Development Goals
SPT	Service Providers Training
UN	United Nations
UNICEF	United Nations Children Fund
WB	World Bank
WHO	World Health Organization
WPC	West Pokot County

ABSTRACT

Healthcare access is a fundamental need in the life of an individual and a basic right to every citizen of a country. Access to health care service delivery is the ease with which a person can obtain the much needed medical attention and hence health care development; equitable health care system, healthier living and health insurance coverage for all. The purpose of this study was to assess the factors influencing access to healthcare service delivery and majorly focused on the public health sector in West Pokot County. The learning process was guided by the following objectives: To determine how expansion of health facilities influence access to healthcare service delivery, to establish how decentralization of primary healthcare services influence access to health care service delivery, to ascertain how training of healthcare service providers influence access to healthcare service delivery, and to examine how decentralization of health facilities management influence access to healthcare service delivery in West Pokot County, Kenya. The information provided in this research benefits policymakers, community members and academicians to easy accessible health care services. It adopted descriptive survey research design with a target population of 93781 persons that comprised of 4 sub county health care officers and 93777 households in the four sub-counties of West Pokot County. The sample size of 384 persons was determined using the Fishers' Formula as stated by Kothari R. (2007). The research data was collected using questionnaires and interviews schedules. The instruments were validated by the research supervisors. Reliability of the instruments was determined through a pilot study where Cronbach alpha coefficient of stability of 0.76 was yielded. This indicated that the instruments were of acceptable reliability. Quantitative data was analyzed using descriptive statistics, and presented in percentages, mean and frequency tables. The study established that expansion of health facilities increases access to quality healthcare service delivery in West Pokot County by 300(82.7%), decentralization of primary health care services delivery by 271(74.7%), training of healthcare service providers by 263(72.5%) and decentralization of health facilities management by 262 (72.6%). Decentralized management of health facilities better the understanding of local health care challenges, needs and preferences and results in better planning, coordination and control of health care services provision. At the heart of social accountability lies citizen action that needs harnessed at the local level through participatory planning and making decisions affecting them. The study recommends that for access to healthcare service delivery by all people living in West Pokot County, all the barriers to healthcare access have to be deliberately eliminated by the county government health and sanitation services ministry and all other health sector stakeholders so that persons with limited financial means can access health care services without difficulty.

CHAPTER ONE

INTRODUCTION

1.1 Back ground of the study

Globally, all health facilities aren't accessible and can't provide the healthcare services that correspond to the challenges of the changing health landscape and the huge health care expectations of the global informed community. One third of the global population lacks adequate admittance to healthcare service delivery. Attaining accessible healthcare services for all people in the globe requires that health facilities and health facilities management needs to respond to the encounters of the changing world, the ever growing population and peoples' expectations for accessible, and affordable health care service delivery (Halfdan, T and Carl, E, 1978). The cycles of poverty, illiteracy levels, ignorance levels, unemployment rates, lack of health insurance covers, few health facilities, under-staffed health facilities, untrained health workers, centralized primary healthcare services, centralized health facility management, and increased population are greatly cited worldwide as the key elements behind the lack of access to accessible healthcare services in many DNs.

Accessibility to healthcare is a fundamental human right for everyone and is enjoyed through improved access to health facilities, well-coordinated partnerships between the local community , healthcare service providing organizations and with other healthcare stakeholders departments, expanded access to primary healthcare services locally in the under-deserved areas, increased number of qualified healthcare service providers, reduced healthcare costs and enhanced effectiveness, productivity and efficiency by all healthcare institutions (WHO,2015). Health facilities must be physically available for the population to access health care within a shorter

walking distance from their homes (Noor et al., 2006; Mwabu et al., 1993). Trained healthcare workers ease to access by all citizens around the world is pivotal for the attainment of the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) on enhanced health through the delivery of accessible healthcare services. However, this hasn't been fully realized and as a result, people are vulnerable to harmful treatment from lay careers, traditional healers and delays in obtaining effective treatments hence increased morbidity and mortality rates (Hagar, C and Kartzinel, H, 2014). Accessible healthcare is based on a well-performing health workforce that has been improved through adequate training and capacity building.

In many DN of Africa, enormous numbers of citizens don't have access to health care service delivery and can't afford to pay for them (WHO, 2008). Healthcare service delivery accessibility is majorly concerned with the provision of health services at low costs, care treatment coordination, availability of enough health facilities, health facilities management decentralization, primary healthcare services decentralization and availability of adequately trained healthcare service providers to the community members (Halfdan, T and Carl, E, 1978). PHCs accessibility comprises of work done in promoting primary healthcare, secondary healthcare, tertiary healthcare and public health. It is grounded on a logically sound and publically tolerable methods and technology which makes healthcare collectively accessible to all (WHO, 2008). This is realized with physically seen, strategically located and evenly distributed health facilities that are well equipped with highly skilled and trained personnel, functioning medical kits, availability of up-to-date drugs, and reasonably sited health facilities that are within a walking distance to patients.

The management of these facilities must be decentralized to reduce external influence in informed decision making processes, proper planning and coordinated procedures, budgeting techniques and effective running (Noor et al., 2006; Mwabu et al., 1993). A centralized health system results in to a weaker, insensitive, incompetent and unbalanced distribution of healthcare services in an economy, (Ndavi et.al., 1998) therefore, transfer of health sector service delivery from the NG to the CG (COK, 2010). The Functions of health service provisions in Kenya was officially transferred to the counties on August 9, 2013 as a means and not an end to increasing access to healthcare services by citizens. Devolved healthcare management boosts access to healthcare service delivery by promoting health accessibility, social accountability, participatory planning, coordination and transparency of services (Bossert, 1998). Healthcare access requires the attainment of safety, appropriateness, effectiveness, accessibility, efficiency, affordability, and patient-centeredness service delivery. To ensure that healthcare is available to all, challenges that hinder accessibility to healthcare service delivery must be swiftly addressed by the charged department (Corrigan JM, Donaldson MS, Kohn LT, Maguire SK, Pike KC, 2001).

There is a difference between the access to healthcare that West Pokot County is delivering to her people after devolution and the access to healthcare that was delivered before devolution. This study seeks to identify the factors creating the gap in access to healthcare services. Devolved system of governance gives to citizens the power of self-governance and enhances their participation in making decisions affecting them to further their development agenda. In West Pokot County, healthcare access challenges were presumed to exist mainly because of inadequate health facilities, ineffective centralized health facilities management, inadequate trained healthcare service providers, centralized primary healthcare services, and among others (Mosadeghrab AM, 2003).

1.2 Statement of the problem

The provision of accessible healthcare services to communities in the hard-to-reach arid and semi-arid lands (ASALS) of the DNs in Africa needs skilled healthcare service providers. In 2000, the UN members' states agreed to establish MDGs now SDGs with the target of improving healthcare service delivery through access by persons living in the poorest countries by 2015. Despite these aspirations, the desired healthcare outcomes remained unattained and consequently, the healthcare in most ASALS regions has continued to decline over the years due to the limited access by many to health care service delivery.

The objective of health sector is to protect, provide and improve the provision of healthcare to the people and the population through running of reachable service delivery from healthcare service providers'. The realization of this critical intent requires that patients enjoy access to healthcare in accessible health facilities; facilities that are within a walking distance from homes. Devolution of health sector was hugely expected to positively influence access to healthcare service delivery in West Pokot County (COK, 2010). Healthcare facilities well-equipped with the necessary laboratory facilities, availability of skilled healthcare workforce and decentralization of healthcare facilities management increases access to health care services (MOH Kenya Health Policy, 2014 – 2030). Decentralized management fosters and sustains employees and health ministry performance as well as the overall program performance in delivering accessible healthcare services. Without a well-functioning healthcare management team and local preference decisions making, delivering healthcare services to its clients is difficult (FPMD, 1999).

Primary healthcare is the greatest care service to the vast poor majority and, if effectively delivered in a decentralized health system, it will substantially reduce the demand for secondary

and tertiary care. Healthcare access is firmly founded on a devolved health care system with training and strategies for career growth, individual efforts recognition, merits promotions, and efficient service provision to enables healthcare workers to meet shortfalls that compromise healthcare service delivery (Berlan D, and Shiffman J 2011).This study seek to explore the factors influencing access to healthcare service delivery in West Pokot County, Kenya in public health facilities under the devolved system of governance.

1.3 Purpose of the study

The purpose of the study was to identify the factors influencing access to healthcare service delivery in West Pokot County, Kenya.

1.4 Research Objectives

The study was guided by the following objectives:

1. To determine how expansion of health facilities influence access to healthcare service delivery in West Pokot County, Kenya.
2. To establish how decentralization of primary healthcare services influence access to healthcare service delivery in West Pokot County, Kenya.
3. To ascertain how training of health care service providers influence access to healthcare service delivery in West Pokot County, Kenya.
4. To examine how decentralization of health facilities management influence access to healthcare service delivery in West Pokot County, Kenya.

1.5 Research Questions

The study was guided by the following research questions:

1. How does expansion of health facilities influence access to health service delivery in West Pokot County?
2. How does decentralization of primary healthcare services influence access to health care service delivery in West Pokot County?
3. How does the training of healthcare service providers influence access to health care service delivery in West Pokot County?
4. How does decentralization of health facilities management influence access to health care service delivery in West Pokot County?

1.6 Significance of the study

The study findings are useful to county health and sanitation services ministries, primary healthcare service providers, public healthcare workers, health facilities managers, and health stakeholders interested in refining access to healthcare service provision, and health management systems interested in nurturing aspired changes in the process of healthcare service delivery and in the performance of all medical practitioners.

Healthcare access expressively improves productivity, increases life expectancy, and reduces both morbidity and mortality rates among citizens. Accessing healthcare services in both developed and DNs requires a sober debate on proper policy formulation and healthcare workers capacity building, and corruption eradication. Furthermore, the study recommendations will be valuable in conceptualizing how to promote accessibility to healthcare service delivery and how to overcome barriers of accessibility to healthcare service provision for a positive change and healthy living.

1.7 Delimitations of the study

The study was confined to West Pokot County in the Rift Valley Region. The study covered the factors influencing access to healthcare service delivery in WPC, Kenya. It was delimited to factors such as expansion of health facilities, decentralization of primary healthcare services, trainings of healthcare service providers and decentralization of health facilities management.

1.8 Assumptions of the study

The researcher assumed that all respondents gave truthful and accurate information as required of them and the sample size chosen to represent the target population was enough to enable the researcher draw valid conclusions about the population under the study and properly recommend the findings. Assumptions, moreover, were drawn to the fact that a proper, thorough and relevant literature review was done and that the methods of data collection, analysis and interpretation were carefully selected. As well, it was assumed that the questionnaire return rate was sufficient to obtain relevant information for data analysis. Finally, the analysis of the collected data was assumed to lack misconception and subjectivity.

1.9 Limitations of the study

The limitations that this study experienced includes, some of the respondents were not willing to openly disclose vital information on the factors influencing access to health care service delivery while answering questions. However, this was addressed by clarifying on the confidentiality of the results and the significance of the study. The timelines within which this study was expected to be accomplished was short for this type of research but the researcher worked within a very tight working schedule to enable him collect as much as possible data within the given timeframe.

1.10 Definition of significant terms

Access: In this study, access is the closeness to a health facilities and health care service delivery by the residents of West Pokot County. It is the ease with which an individual can obtain the needed medical attention whenever one gets sick or ill. Access to healthcare is measured in terms of affordability, approachability and suitability of services delivered and not just the mere adequacy in supply of health facilities (Gulliford M, et.al, 2002).

Health: Is a state of comprehensive bodily, psychological and social well-being and not just the lack of ailment or infirmity' (WHO, 1946). Health status is measured by how well the person functions mentally, physically, emotionally, socially, and lives (Fos and Fine 2005). In this study, it is an individual being well without a disease or a health problem.

Healthcare: This is offering accessible and innocuous healthcare services so that people obtain a gamut of health promotion, ailment avoidance, diagnosis, health education, guiding and counseling, screening, cure, disease-management, rehabilitation and palliative care services (WHO, 2006). It is the service that is provided by the healthcare service providers in any health facility that people go whenever they discover health problems. For this study, health care is the execution of satisfactory healthcare services by skilled healthcare workers to patients.

Health care service delivery: Is the provision of preventive health services, diagnostic health services, treatment health services and rehabilitative health services. All these services must be well delivered and properly coordinated to work together for people to be healthy (Barton, 2010).In the study, it is the service that is delivered by the healthcare service providers in any health facility that people go whenever they discovers health problems.

Health facilities: These are the structural resources of health facilities and organizations that are the foundation upon which healthcare service delivery are provided (Avedis Donabedian, 1966). In this study, health facilities broadly includes the health structures (hospitals, health centers, health dispensaries and mobile clinics), personnel (doctors, nurses, pharmacists, clinical officers, nutritionists, laboratory technologists, public health officers, social workers, health records officers and physicians among others), and technological advancement (modern healthcare knowledge and skills) which creates the capacity to provide needed healthcare services.

Primary healthcare service providers: These are the people one sees first for checkups and health problems at the first point of contact when seeking treatment or consultation section in a health facility. They are the persons who documents patients concerns after a very brief careful interrogations before an individual progress to drugs or injections as treatments for the self-reported health complications. They are the medical professionals a patient interact with when visiting a health facility for health care services. In this research, service providers are all the medical professionals whose duty and responsibility is to provide health care services at any unit of care.

Primary health care services: In this study, these are the basic care services provided at the lowest care unit such as the mobile clinics, maternal health care, vaccination, and diagnosis of common diseases-Malaria, typhoid, and brucellosis.

Decentralization: Decentralization is a bottom-up participatory approach to accessible health care service provision. Decentralization promotes a sense of ownership, sustainability, living standards and favorable healthcare outcomes by reducing external autonomy in the entire

service delivery process through quick responses to service requirement and informed decision making processes (Weber, 1947).

Management: Management is forecast planning, organizing, coordinating and commanding services (SS.Gulshan, 1948). It is the transformation of planned resources into utility, efficiency and productivity and supervising implementations of set objectives for timely realization. In this study, management is the day to day running of a health facility.

Stakeholders: Stakeholder is anybody who has a direct or indirect influence in the provision of healthcare or the benefits of healthcare accessibility. Community is a stakeholder in health care service delivery. Community is people living within a specific area, having shared common ties, and interacts with one another and refers to anyone who is a resident of West Pokot County.

Poverty: Poverty is the inability of people to access to and pay for health care service delivery (Hussein, 1990).

1.11 Organization of the study

This research project report was organized as follows;

Chapter one covers: the background of the study, the statement of the problem, the purpose of the study, the research objectives, the research questions, the significances of the study, the delimitations of the study, the assumption of the study, the limitations of the study, and the definition of significant terms used in the study. Chapter two encompasses the literature review section and addresses what other scholars have written in relation to the research topic. It further explored the research objectives and finally identified the theoretical and conceptual framework and the existing knowledge gap. Chapter three discourses the research methodology which entails: research design, target population, sampling procedures and sample size, research instruments, pilot testing of instruments, data collection procedures, data analysis techniques and ethical consideration. Chapter four presents, analyses, interprets and concludes the study findings. It presents the results of the analysis and interpretation. Chapter five presents outline the findings summary, conclusions and recommendations of the study. Suggestions in favor of further studies are given in this chapter. The chapter also summarizes the studies contribution to the existing body of knowledge.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter discussed the existing literature on the factors influencing access to health care service delivery. It focused on expansion of health facilities, decentralization of primary healthcare services, and training of healthcare service providers and decentralization of health facilities management. It started review by discussing the concept of access to healthcare service delivery and proceeded to examine in detail the factors that influence access to health care service delivery in West Pokot County.

2.2 The concept of access to healthcare service delivery

Healthcare service delivery are the services that promote health status, prevent health conditions, diagnose diseases and treat health related problems to cure them (Slee, Slee, and Schmidt, 2008). Easing healthcare access is making people to command, advance their health status and improve their quality of life. Access to healthcare is measured in terms of affordability, approachability and suitability of services and not just mere adequacy in supply of health facilities (Gulliford M, et.al, 2002). Accessibility is the ability for everyone, regardless of disability, social status, economic income or special needs among other classification, to admittance, use and benefit from everything within their health environment. It is the degree to which healthcare services are available to as many people as possible. (Henry, Shawn Lawton; Abou-Zahra, Shadi; Brewer, Judy (2014).

In this study, access to health care is the availability of all agreeable healthcare services to all people in West Pokot County and includes the admission of both preventive and curative health

service delivery as well as access to clean water, hygienic conditions, sanitary environment and a opportune usage of individual healthcare services to realize the desired healthcare products (IOM, 1993). It is the ease with which individuals can find the much needed medical attention from sufficient skilled health personnel and the necessary healthcare services. This is the ability of a person to receive healthcare services, medical supplies and be able to pay for those services when offered (McGraw-Hill, 2002).

2.3 Expansion of health facilities and access to healthcare service delivery

In any society, people require access to health facilities, diagnosis and treatment whenever they become either sick or ill. Depending on their health problem, health outcomes largely rely on an individual ability to access healthcare services. Strategic expansion of health facilities increases any population access to healthcare service delivery. A greater distance to a health facility reduces access to healthcare services and opens a window for lower inaccessible healthcare services delivery.

Health facilities must be strategically available for the population to access healthcare services and the patients shouldn't travel longer distances from their homes to reach a health facility (Noor et al., 2006).Health facilities expansion to the lowest level influences access to healthcare service delivery to community members (Mosadeghrab AM, 2003).These facilities must be physically accessible, strategically located, offers uniquely affordable services, universally acceptable, adequately available, and evenly distributed to easily access healthcare services (Noor et al., 2006).

Access to healthcare amenities is dire particularly for rural and hard to reach areas residents. This is achieved through health facilities expansion and establishment of new ones where they don't exist to enable them conveniently access primary healthcare services, dental services, behavioral

health, emergency attention, and public health services. Access to healthcare is important for total bodily, social, and psychological health status, deterrence of disease, discovery and cure of ailments, quality of life, avertible death, and life prospects (Healthy People, 2000).

2.4 Decentralization of primary healthcare services and access to healthcare service delivery

In Kenya, the health sector was decentralized to the County Government (COK, 2010). However, this reform is yet to translate to improvement in healthcare services access. Decentralization of primary healthcare services reduces exclusion and social disparities in healthcare provision. It involves organizing healthcare services that meets individual needs and expectations, incorporating health into all areas, shadowing collective models of strategy discourse and increasing stakeholders' involvement (WHO, 2008). Decentralized primary healthcare is better in providing affordable, accessible and comprehensive healthcare that is central to improving healthcare services to all citizens.

Decentralization is an effective way of managing delivery of any service, and in this case health care. Healthcare service in rural areas needs full decentralization and not centralization of the healthcare sector (Wakida Kamiza, Patrick, 2005). In this study, decentralization is taking healthcare services closer to the people especially in the hard to reach areas to increase their proximity to the service.

Primary healthcare services assures continuousness for the patient atwart levels of care, exhaustiveness of services based to the level of health problem or ailments, and improved harmonization of these services in longevity. Decentralization enhances the access to healthcare service delivery because it comes with an improved sense of local favorites, more accountability

in resource allocation, informed decision making and opens up feedback from the users of the services (Azfar et al. 2004). Decentralization improves public health service delivery by better matching finances with local needs and aspirations. Pre-natal, post-natal, and maternal healthcare services for pregnant women, immunization coverage for children and drugs availability for all common diseases among adults depends on the sufficiency of health care workers who provide these and other similar basic healthcare services to improve public service delivery in the health sector as a whole (World Development Report, 2004).

Increased decentralization of primary healthcare services has led to advancement of primary healthcare services by various intercontinental donor societies like the World Health Organization (WHO) and UNICEF (Akin et al, 2001).It increases immunization coverage rates for children (Khaleghian, 2003).People tend to choose residence in reference to its closeness to healthcare services (Levaggi and Smith, 2005).

Native supports are more effective in being available to citizens, predominantly for the inferior brackets of population segments and hence responsive to improve their access to healthcare service delivery (Kaufmann et al, 2002). Decentralization of primary healthcare services boosts local participation in health policy, project identification and social accountability which leads to improved health care coverage and quality of service (Litvack and Seddon 1999). Primary healthcare recognizes that healthcare is not a short-lived intervention, but an ongoing process of improving people's lives and alleviating the underlying socio-economic conditions that contribute to poor health (WHO, 2008).

Decentralizing primary healthcare services increases the efficacy of devolving healthcare specialists at the communal level with local community ties, a massive expansion of rural

medical services and extension of the service into a secluded rural areas through building of health posts and centers that offer basic maternal-child health, immunization, vaccination, nutrition, first aids, and referral services (Marcos, Cueto, 2004).

2.5 Training of healthcare service providers and access to healthcare service delivery

Healthcare arrangements around the globe face the same vital encounters of how to distribute broad access to health services while refining access to healthcare by controlling cost (Penelope Dash, MD, and David Meredith, 2010).

A service provider must deliver services that meet the needs of a patient. Skilled providers offer accessible and satisfactory services to the users. The provider and the user must be satisfied with services offered and the service outcomes respectively.

The WHO and the GOK both cite a well-performing professional health workforce as key to achieving healthier health (WHO, 2010 and (COK, 2010).However, inadequate training for healthcare services providers persists as a huge challenge to their service delivery. Trainings necessary for healthcare workers (HCWs) provides significant opportunities for career growth, quality service, job satisfaction, promotion, retention and motivation. Inadequate trainings abilities among health workers, therefore, not only affect quality of services they provide, but also have a direct implication on the inspiration and preservation of health care workers.

A widespread and impartial continuous exercise programme for HCWs is important to healthcare attainment in any health facility. (Rowe AK, de Savigny D, Lanata CF, Victora CG, 2005). Health service providers should be trained to enable them provide the much needed quality in primary healthcare facilities located in the smaller settlements of the population. Trainings influence on healthcare provision by health service providers is evaluated for access

of healthcare using the Service Provision Assessment (SPA) which in addition to access, measures the overall working of a system of public and private facilities, and delivers a catalogue of the available tackle and supplies and evaluates strengths and flaws in the service delivery setting.

2.6 Decentralization of health facilities management and access to healthcare service delivery

With large populations, effective management is enormously a complex exercise to the administration team. It requires a high level of controlling capacity to ensure effective planning, budgeting, implementation, monitoring and evaluation. All of these have a very critical bearing on the access to service (Dyer and Rose 2005).Decentralization of management of healthcare facilities influences the behavior of service beneficiaries for service delivery and creates conducive environment for community participation and involvement in healthcare service delivery. Decentralization of health facility management improves both the access and speed of service provision (Schroeder (2003).

The Kenya new constitution necessitated a paradigm shift in health by providing for a new form of government that has two levels of governances as an indication of understanding the importance of decentralization of health care services (COK, 2010).A decentralized health system was expected to improve access to healthcare and promote both social accountability and transparency in health care service delivery (Bossert, 1998).The Transition Authority (TA) was charged with the unique role of midwifing the process of health service decentralization by setting timelines and criteria.

According to Tiebout 1956 and Musgrave 1959, indigenous decision makers have better access to evidence on the local circumstances than the central consultants. They can use this knowledge to prioritize local needs and preference so as to improve efficiency and access to health care service delivery for local the people. (Tiebout, 1956 and Musgrave, 1959). Economists like Oates argues that, there is a better match between decentralized management outputs and local preference since it makes the rate of local provision of services more efficient and access founded (Oates (1972).

2.7 Theoretical frame work

This study is based on equity of access to health care services theory by Maria Goddard (2001) which states that the quest of impartiality of admission to health care is a vital impartial of many health care arrangements and provides a theoretical frame work upon which equity of access can be examined by other scholars.

2.8 Conceptual frame work

Conceptual frame work helps to better understand the aforementioned factors and their influence on access to healthcare service delivery in WPC, Kenya. Its development gives rise to the variables of this study and their role in the entire research process (Huberman and Miles, 2001). A conceptual frame work gives a narrative form detailing the main dimensions of the study key approaches, variables and the presumed relationship flank by them. The independent variables herein are the factors influencing access to healthcare service delivery. These are aspects that have a huge sway on healthcare service delivery in West Pokot County: expansion of health facilities, decentralization of primary health care services, training of health care service providers and decentralization of health facilities management.

The intervening variables are: National government health policy, increased health resource allocation and national referrals. Moderating variables is behavior change, private health care facilities and NGOs and social accountability. The dependent variable is access to health care service delivery; health development. The factors involved includes: improved life expectancy, reduced referrals services costs, declined morbidity and mortality rates, reachable and inexpensive health care services, improved health care partnerships and relationships, improved health care productivity and delivery of patient-centered service by providers.

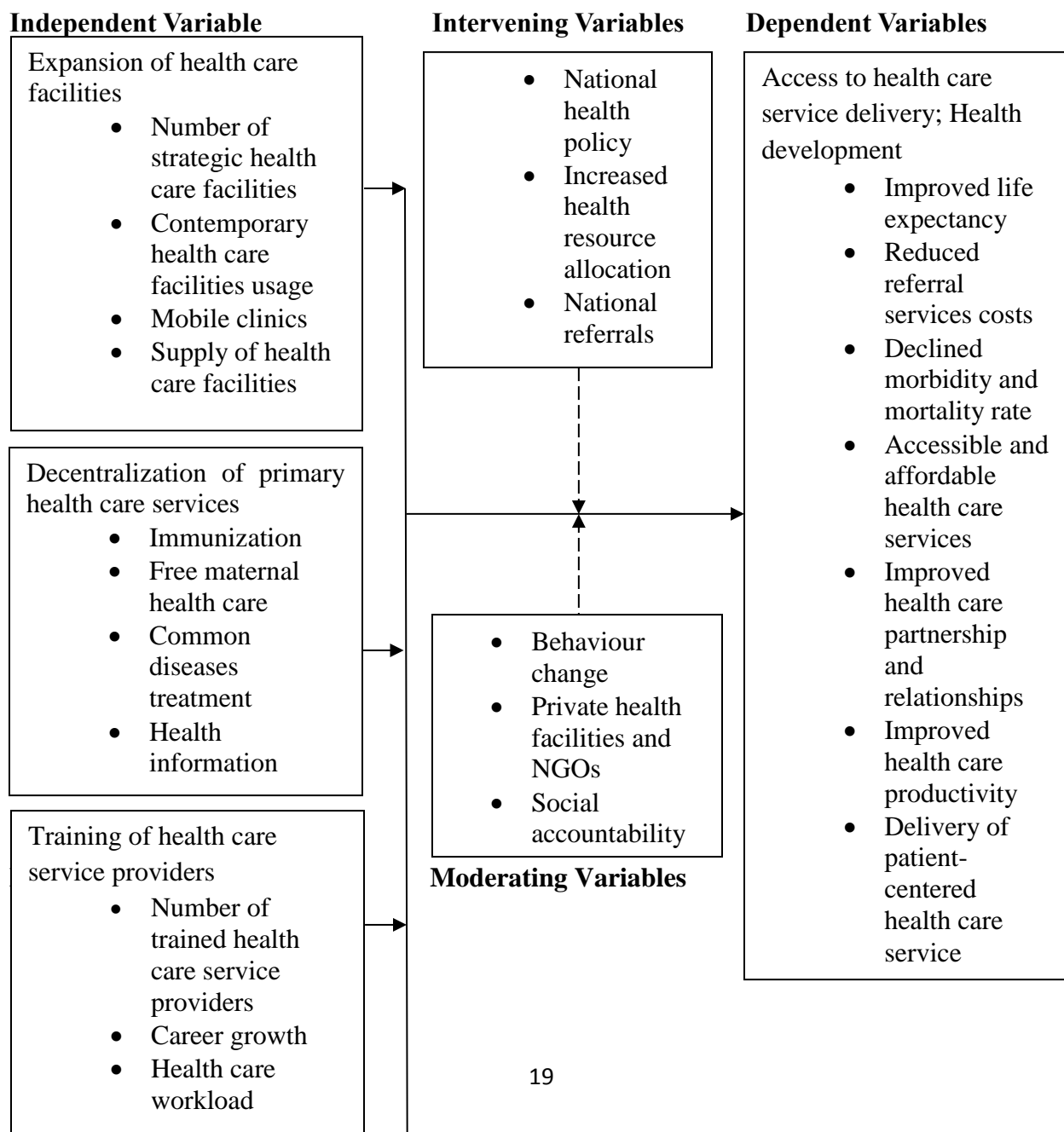




Figure 2.1: Conceptual Framework

2.9 Knowledge gap

An accessible health care service is an integral driver of economic growth and health development; enhanced life expectancy of an individual. It is deeply anchored on citizens' access to healthcare services whenever one gets sick and re-partakes in economic growth when effectively and timely treated by trained health care service providers. An absence of access to healthcare curtails economic growth, traps the poorest people in the cycle of poverty, reduces productivity and hinders health development.

On this background, the relevant question in Kenya now is not whether devolution of healthcare is working or not, but rather if the transfer of the health sector services to the CG has improved people's health through access to health care service delivery. This mostly applies to people living in the hard-to –reach areas of the country. Beside that fact, there has been limited research conducted in West Pokot County regarding the factors influencing access to health care service delivery. Therefore, there was need for this study to help bring out these factors by assessing residents access to healthcare services delivery.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methodologies used. The chapter entails the research design, the research target population, sample size and sampling techniques and the research instruments. The data collection procedures, data analysis techniques and ethical considerations including validity and reliability of the instruments are as well investigated in detail.

3.2 Research design

The study used descriptive survey research design since it focused on a large population and limited geographic scope. This design was selected for it provide an accurate portrayal of the subject characteristics, meets the objectives of the study and allows generalization of results of the research sample (Burns & Grove, 1993). The researcher self-administered questionnaires to the respondents of the study and interviewed some of them to gather information (Kothari, 2004).

3.3 Target population

The study was conducted in West Pokot County, Kenya. The County lies within Longitudes $34^{\circ} 47'$ and $35^{\circ} 49'$ East and Latitude 10° and 20° North. It covers an area of approximately 9,169.4 km² stretching a distance of 132 km from North to South (figure 3.2) (KPC, 2009). The county is located in the Rift Valley Region and it borders Turkana to the North, Baringo to the East, Elgeyo-Marakwet and Trans Nzoia to the South and the Republic of Uganda to the West. It is divided into four sub-counties namely; Pokot North, Pokot South, Pokot central and West Pokot.

The County infant mortality rate is 108/1000 and under five mortality rate is 206/1000. Prevalent diseases are malaria, typhoid, brucellosis, respiratory tract infections, diarrhea and skin infections (COK 2010).

Population is all subjects (individuals, objects and events) that meet the sample conditions for inclusion in a study (Montette et al., 2002). This is the sum total of all the entities of the same cluster which live in a particular geographical area, and have the capability of inter-breeding. It is the totality of cases of people, organization, or institutions which possess a certain common characteristics that are relevant to the study (Borg, Gall J. & Gall M., 2007). In this study, the target population was 93781 persons comprised of 4 Sub County Health Officers and 93777 households in the four sub-counties of West Pokot County. This is shown in Table 3.1.

Table 3.1: Target Population of West Pokot Residents

Sub-County	Population of the Households
North Pokot	28536
South Pokot	24163
West Pokot	25516
Central Pokot	15562
Total	93777

3.4 Sampling procedures and Sample size

Sampling procedure is the systematic process of choosing cases for inclusion in a research report findings (Neuman, 1977). A sample is a trivial quantity of targeted population selected using an orderly format (Mugenda, 2008).

3.4.1 Sample size.

This research study adopted Fishers Formula, as stated in Kothari R. (2007), to determine the respondents sample size of the population at 95% confidence level of significance and confidence margin error of 5% as per the sub-counties households.

$$N = \frac{z^2 pq}{d^2}$$

Where n=the desired sample size

$Z_{\alpha/2}$ =the standard normal deviate at the confidence level of 95%=1.96

p=the proportion in the population estimated to have characteristics being measured is 50%

$$q=1-p$$

d=Level of statistical significance set at 0.05

$$n = (1.96)^2 \times .5 (.5) / (.05)^2$$

$$= 3.8416 \times .25 / 0.0025$$

$$= .9604 / 0.0025$$

$$= 384.16 \text{ (rounded off to a whole number)}$$

N =384 persons

3.4.2 Sampling procedure

This is the procedure by which a comparatively small number of persons, object or event is designated and scrutinized in order to find out something about the entire population from which it was selected (Mugenda, 2008). This study used stratified random and purposive sampling techniques.

Stratified random sampling technique identifies sub-groups in the population and their proportion and select from each sub-group to form sample (Onen D. & Oso W. Y., 2009). The sub-counties were divided into groups called strata; North Pokot, West Pokot, West Pokot and Central Pokot. The key informants (sub-county Health Officers) were purposively selected.

Table 3.2: Sampling Frame

Sampling	Category	Population of the Households	Proportional allocation	Sample Size
Stratified	North Pokot	28536	$(28536 \times 380) / 93777$	116
	South Pokot	24163	$(24163 \times 380) / 93777$	98
	West Pokot	25516	$(25516 \times 380) / 93777$	103
	Central Pokot	15562	$(15562 \times 380) / 93777$	63
Purposive	Key Informants	6		4
Total		93781	93781	384

3.5 Research instruments

The study utilized both primary and secondary data. The research was based on both written and oral sources of information. The primary data was collected by the researcher using questionnaires and the interview schedules. On the other hand, the secondary data was obtained from article reviews and analysis of textbooks, journals, biographies, periodicals, dissertations, reports and newspaper. These relevant literatures were reviewed for the purpose of collaborating information from other sources of data to ensure consistency of information.

3.5.1 Interview schedules

Interview schedules were organized with four sub county health officers. It comprised of a written list of both open -ended questions designed by the researcher according to the research objectives to get a complete and detailed understanding of the research problem according to the respondents' viewpoints.

3.5.2 Questionnaires

This is a printed self-report form intended to occasion information that can be gotten through the inscribed responses of the subjects of a research. It is a convenient tool that facilitates easy and quick derivation of information within a short time especially where there are large numbers of respondents to be handled (Onen, 2009). The questionnaire included controlled questions, closed-ended questions and a few open ended questions. These types of queries were conveyed by a list of possible alternatives from which respondents were required to hand-pick the answers that best defines their condition. Questionnaires were used to collect data from the selected households of West Pokot County. Data collection bias was minimized with the researcher being the only administrator of the questionnaires.

3.6 Pilot testing of instruments

To establish the reliability and validity of the research instruments, a pre-testing piloting was done. This was a micro trial run of all planned processes for routine in the main study (Montette et al., 2009). It was carried out within the study area but the subjects were not part of the research. This was to determine the appropriate data analysis techniques, familiarize with the research area, improve on the measurement scales, determine the time taken by the respondent on each research instrument and plan well. This was done to reduce costs incurred by means of inaccurate instruments (Isaac and Michael, (1995).

3.6.1 Validity of the research instruments

This is the degree to which a tool measures what it is envisioned to measure (Polit & Hungler, 1993). It is the accuracy, soundness or effectiveness with which an instrument measures what it is purported to measure (Fraenkel, J.R and Wallen, F.N, 2000). Validity refers to the degree to which results obtained from analysis of the data actually represent the phenomenon under study (Mugenda, 2008). On the other hand, content validity refers to the extent to which an instrument represents the factors under study. To achieve content validity, questionnaires included a variety of questions on the respondent knowledge on the study problem (Polit & Hungler 1993). Questions were based on information gathered during the literature review to ensure that they were representative of what the target population knew about healthcare and its service delivery accessibility. Research instrument validity is established by professional judgment and checks (Leedy and Ormrod, 2005). This study instruments were validated by my supervisors at the department of Extra-Mural Studies at the University of Nairobi.

3.6.2 Reliability of the research instruments

Polit and Hungler (1993) refer reliability as the degree of consistency with which an instrument measures the attribute it is designed to measure. According to Mugenda (2008), reliability is the degree to which a test consistently measures whatever it measures. The ability of research instruments to give the same results when repeated measurements are taken under the same conditions. The questionnaires which were used in piloting were the same used in the actual study to ensure consistency in responses. It is the extent to which findings can be replicated by another researcher (Silverman, 2005).

The reliability of the instrument was established through a test-retest method yielding a coefficient of correlation of 0.76. According to Kerlinger (1986), a correlation coefficient of at

least 0.76 and above is considered high enough for the instrument to be used for a scientific study. Given the high correlation value, the instrument was adopted and used in study data collection.

3.7 Data collection procedures

Data collection followed the approval of the research proposal by the department of Extra – Mural Studies defense panelist. The approval came with the department research recommendation letter that was used to acquire both the research permit and authorization letter from the National Commission for Science, Technology and Innovation (NACOSTI). These documents granted the researcher field entry permission to collect data.

The questionnaires were self-administered by the researcher to the respondents and gave them a day to respond to the questions. Scheduled interviews with purposively selected respondents were also conducted by the researcher. Before the interview, an introductory letter written by the researcher was sent to the respondents identified for interview to prepare them psychologically and inform them the purpose of the study. The interviews were brief to avoid the interviewee boredom. Focus group discussions were organized with different groups to answer questions about the study captured in the focus group discussions interview schedules.

3.8 Data analysis techniques

The study data from questionnaires were analyzed using the descriptive statistics with the help of Statistical Package for Social Sciences (SPSS) data analysis software which offers extensive data handling capabilities and numerous statistical analysis routines that can analyze small to very large data statistics (Muijis, 2004).

Data presentation was in the form of frequency tables in American Psychological Association (APA, 2003) format. Qualitative thematic strategy of data analysis technique was employed for qualitative data analysis.

Table 3.3: Operationalization of Variables

Objectives	Independent variable	Indicators	Measurement	Statistical measurement Scales	Data collection instruments	Data analysis techniques
To determine how expansion of health facilities influence access to health care service delivery in West Pokot County, Kenya.	Expansion of health facilities	<ul style="list-style-type: none"> • Number of strategic health facilities • Contemporary health facilities usage • Mobile clinics • Supply of health facilities 	Strategic health facilities Contemporary health facilities usage	Nominal	Questionnaires Interviews schedules	Descriptive statistics
To establish how decentralization of primary healthcare services influence access to health care service delivery in West Pokot County, Kenya.	Decentralization of primary healthcare services	<ul style="list-style-type: none"> • Free maternal health care • Immunization • Common diseases treatment 	Reduced Referrals costs Mortality rate Morbidity rates	Ordinal	Questionnaires Interviews schedules	Descriptive statistics
To establish how training of healthcare service providers influence access to health care service delivery in West Pokot County, Kenya.	Training of healthcare service providers	<ul style="list-style-type: none"> • Number of trained health care service providers • Career growth • Health care workload 	Accessible healthcare services Reduce services workload Patients service satisfaction	Ordinal	Questionnaires Interviews schedules	Descriptive statistics
To examine how decentralization of health facilities management influence access to health care service delivery in West Pokot County, Kenya.	Decentralization of health facilities management	<ul style="list-style-type: none"> • Planning process • Care Coordination • Control strategies 	Improved planning Effective coordination Efficient control	Ordinal	Questionnaires Interviews schedules	Descriptive statistics

3.9 Ethical considerations

In this research study, the researcher sought through a written permission from the National Council of Science, Technology and Innovation (NACOSTI), and Ministry of education science and technology in West Pokot County to do the research. The research progression obtained informed consent from all respondents and the concerned authority before collecting data (Bogdan and Bilklen, 1988). More so, the research study at all cost kept all the information confidential and private to restrain inflicting psychological harm to the respondents. Transmittal letter was used to seek consent of respondents. This was done by visiting the respondents and making appointments especially with the institutions like dispensary, health center, hospitals and the population.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, INTERPRETATION AND DISCUSSIONS

4.1 Introduction

This chapter presents the data presentation, analysis, interpretation and discussions of the research findings. The study assessed the factors influencing access to healthcare service delivery in west Pokot County, Kenya. The chapter is divided into various sections namely; response rate, the demographic information of the participants and the study objectives specifically are; determine how expansion of health facilities influence access to healthcare service delivery, establish how decentralization of primary healthcare services influence access to healthcare service delivery, ascertain how training of health care service providers influence access to healthcare service delivery and examine how decentralization of health facilities management influence access to healthcare service delivery in West Pokot County, Kenya.

4.2 Questionnaire response rate

384(100%) questionnaires were sent out to the respondents to fill. Of these questionnaires, 363 (94.53%) were returned on times for analysis. The rest 21 (5.47%) were not returned because of respondents misplacing them. A response rate of above 70% is considered adequate (Mugenda and Mugenda, 1999) and thus a response rate of 95.5% is acceptable for data analysis. This response rate was good enough to make comprehensive and in-depth analysis of the research objectives. Table 4.1 shows the response rate.

Table 4.1: Questionnaire response rate

Questionnaire	Frequency	Percentage
Administered	380	100.0
Returned	363	95.5

a. Demographic characteristics of the respondents

The demographic attributes of the respondents such as gender, marital status, age and level of education were considered by the study. These variables were considered to have an effect on the relationship of expansion of health facilities, decentralization of primary healthcare services, training of health care service providers and decentralization of health facilities management and access to healthcare service delivery in West Pokot County, Kenya. These findings are as presented.

Table 4.2: Distribution of the respondents by gender

Variable	Category	Pokot North		Pokot South		West Pokot		Central Pokot		TOTAL	
		F	%	F	%	F	%	F	%	F	%
		Gender	Male	49	13.5	40	11	53	14.6	42	11.6
	Female	40	11	53	14.6	38	10.5	48	13.2	179	49.3

Table 4.2 shows that majority 184(50.7%) were males while minority 179(49.3%) were females. This implies that both men and women contributed to the research and their views were considered vital in the study because they are differently exposed to and affected by health care service delivery inaccessibility at either the community level or at their family level

Table 4.3: Distribution of the respondents by age

Variable	Category	Pokot North		Pokot South		West Pokot		Central Pokot		TOTAL	
		F	%	F	%	F	%	F	%	F	%
		Age	18-27	23	6.3	21	5.8	19	5.2	21	5.8
	28-37	30	8.3	29	8	44	12.1	33	9.1	136	37.5
	38-47	19	5.2	20	5.5	17	4.7	13	3.6	69	19.0
	Above 47	17	4.7	21	5.8	15	4.1	21	5.8	74	20.4

Table 4.3 on the ages of the respondents shows that most 136(37.5%) of the respondents were of the ages 28-37 years followed by 18-27, above 47 and 38-47 at 84(23.1%), 74(20.4%) and 69(19.0%) respectively. This implies that the respondents were able to distinguish health care accessibility challenges before and after devolution of health sector to the CG. Besides, the study found out that this age group was relevant as it could give independent and personal experiences on health care service delivery accessibility in the study target area.

Table 4.4: Distribution of the respondents by marital status

Variable	Category	Pokot North		Pokot South		West Pokot		Central Pokot		TOTAL	
		F	%	F	%	F	%	F	%	F	%
		Marital Status	Married	60	16.5	70	19.3	67	18.5	45	12.4
	Single parent	5	1.4	11	3	8	2.2	23	6.3	47	12.9
	Single	15	4.1	8	2.2	12	3.3	14	3.9	49	13.5
	Widow	9	2.5	3	0.8	4	1.1	9	2.5	25	6.9

Table 4.4 on the marital status, majority 242(66.7%) of the respondents were married, 49(13.5%) were single, 47(12.9) were single parents and 25(6.9%) were widow. Marital status of the respondents was significance because it communicates the difficulty in access to health care service delivery if a respondent is either married and both are unemployed, singled parent and unemployed, single and unemployed and widowed and unemployed. This implies that they won't be able to pay for health care bills hence inaccessibility to health care service delivery.

Table 4.5: Distribution of the respondents by academic qualifications

Variable	Category	Pokot North		Pokot South		West Pokot		Central Pokot		TOTAL	
		F	%	F	%	F	%	F	%	F	%
		Academic qualification	No formal education	20	5.5	29	8	21	5.8	19	5.2
	KCPE	19	5.2	18	5	19	5.2	18	5	74	20.4
	KCSE	12	3.3	14	3.9	20	5.5	19	5.2	65	17.9
	Certificate	10	2.8	12	3.3	9	2.5	24	6.6	55	15.2
	Diploma	13	3.6	12	3.3	12	3.3	7	1.9	44	12.1
	Bachelor	14	3.6	7	1.9	9	2.5	2	0.6	32	8.8
	Post Grad	0	0.0	1	0.3	2	0.6	0	0.0	3	0.8

Table 4.5 most 89(24.5%) of the respondents had no formal education, 74(20.4%) had KCPE qualification, 65(17.9%) had KCSE qualification, 55(15.2%) had Certificate qualification, 44(12.1%) had diploma qualification, 32(8.8%) had bachelor qualification and only 3(0.8%) had post graduate qualification. This implies that those with either little or even no education entirely

depend on near healthcare services that are within their reach and free, thus, can easily be victims of lack of access to healthcare service delivery. Moreover, education level shapes an individual opinions and perceptions around healthcare to accessibility. It too influences individual economic capacity and potential sources of livelihoods as most people with education may easily access healthcare anywhere at any cost.

4.4 Influence of expansion of health facilities on access to healthcare service delivery

Frequencies and percentages were the preferred statistic for analysis of objective one. These statistics helped to determine how expansions of health facilities influence access to healthcare service delivery in West Pokot County, Kenya. The analysis therefore opens with the descriptive statistics (frequency, percentage and mean) for the level of agreement on a five point Likert scale of the variable expansion of health facilities (Table 4.6).

4.4.1. Descriptive statistics for influence of expansion of health facilities on access to healthcare service delivery

For analysis, frequency, percentages and mean ratings of response for each item were determined and summarized in Table 4.6.

Table 4.6: Descriptive statistics for influence of expansion of health facilities on access to healthcare service delivery

Statement on expansions of health facilities		SD	D	U	A	SA	Mean
Increased number of strategic health facilities improves the access to healthcare services	F %	19 5.2	18 5.0	26 7.2	148 40.8	152 41.9	72.6
Having contemporary health facilities usage improves the access to	F %	15 4.1	59 16.3	18 5.0	155 42.7	116 32.0	72.6

healthcare services

Having more mobile clinics improves the access to healthcare services	F	6	6	67	90	194	72.6
	%	1.7	1.7	18.5	24.8	53.4	
Increased supply of health facilities improves the access to healthcare services	F	5	39	10	103	206	72.6
	%	1.4	10.7	2.8	28.4	56.7	

Table 4.6 shows that 152(41.9%) the sampled residents strongly agreed that increased number of strategic health facilities improved the access to health care service delivery, 148(40.8%) respondents agreed, 26(7.2%) being neutral, 19(5.2%) strongly disagreed and 18(5.0%) respondents were in a disagreement with the statement. The study findings suggested that the most 300(82.7%) of them opined that increased number of strategic health facilities improved the accessibility to healthcare service delivery. This finding was sustained by one of the interviewee who aptly said:

...As county health officers, we're putting all that is required to easy accessibility to healthcare service delivery by our people. We have done something in the sector by increasing the number of strategic health facilities to broaden healthcare accessibility, however, despite this improvement, it is not yet enough to ensure healthcare access to all residents. This is because in West Pokot County, healthcare provision had been one of critical field that had been neglected for a very long time by the previous government regimes so much so that there are no enough strategic health facilities to date in our public health sector. Nevertheless, through devolution the ministry is doing whatever it takes to increase the supply of health facilities in the county...Male Participant, 32 years, Pokot Central Sub County.

This implies that when the number of strategic health facilities is expanded, access to healthcare services is enhanced. This supports the finding of Noor et al., (2006) that increased number of strategic health facilities improves the accessibility to healthcare services.

In addition, 155(42.7%) respondents agreed with the statement that having contemporary health facilities usage improved the access to healthcare service delivery, 116(32.0%) of the sample strongly agreed, 59(16.3%) respondents disagreed, 18(5.0%) respondents were undecided and 15(4.1%) respondents strongly disagreed with the statement. It emerged from the study that most 271 (74.7%) of the respondents believed that having contemporary health facilities usage improved the accessibility to healthcare services.

This implies that when the number of usage of contemporary health facilities is increased, accessibility to healthcare services is enhanced. This is in line with Mosadeghrab AM, (2003) who said that having contemporary health facilities usage improves accessibility to health care service delivery.

Similarly, 194(53.4%) respondents strongly agreed with the statement that having mobile more clinics improved the accessibility to health care service delivery, 90(24.8%) respondents agreed, 67(18.5%) respondents were undecided, 6(1.7%) respondents disagreed and another 6(1.7%) in a strong disagreement with the statement. The study findings suggested that majority 284(78.2%) respondents believed that having more mobile clinics improved the accessibility to healthcare services. This finding was supported by one of the interviewee who said:

...West Pokot County has a fully kitted Beyond Zero Campaign mobile clinic that was handed over recently by H.E the first lady Margaret Kenyatta. This has ensured access to healthcare services for most people especially women and new born babies...Female Participant, 42 years, West Pokot Sub County.

This implies that when the number of mobile clinics is increased, the residents who walk along distance to access health will benefit, thus, enhanced accessibility to healthcare services.

Lastly, 206(56.7%) respondents strongly agreed with the statement that increased supply of health facilities improved the accessibility to healthcare services, 103(28.4%) respondents agreed, 39(10.7%) respondents disagreed, 10(2.8%) respondents were undecided and 5(1.4%) respondents had a strong disagreement with the statement. The study findings suggested that most 309(85.1%) respondents opined that increased supply of health facilities improved the access to health care service delivery.

This implies that if more healthcare facilities such as solar powered fridges and ambulances supplied are well distributed, then access to healthcare services is enhanced. This finding was supported by one of the interviewee who said:

...Increased supply of health facilities enhances accessibility to healthcare service. However, in this the county, more fridges and more ambulances are still needed for better access to healthcare service delivery. This is because this county has only 30 solar powered fridges and 6 ambulances thus, hinders accessibility to healthcare services delivery...Female Participant, 48 years, West Pokot Sub County.

4.5 Influence of decentralization of primary healthcare services on access to healthcare service delivery

Frequencies, percentages and mean were the preferred statistic for analysis of objective two. These statistics helped to establish how decentralization of primary healthcare services influence access to healthcare service delivery in West Pokot County, Kenya. The analysis therefore opens with the descriptive statistics (frequency, percentage and mean) for the level of agreement on a five point Likert scale of the variable primary health care decentralization (Table 4.7).

4.5.1. Descriptive statistics for influence of decentralization of primary healthcare services on access to health care service delivery

For analysis, frequency, percentages and mean ratings of response for each item were established and summarized in Table 4.7.

Table 4.7: Descriptive statistics for influence of decentralization of primary healthcare services on access to healthcare service delivery

Statement on primary healthcare service decentralization		SD	D	U	A	SA	Mean
Organizing healthcare services around people's needs and expectations improves the access to health care service delivery	F %	52 14.3	23 6.3	17 4.7	115 31.7	156 43.0	72.6
Integrating health care into all sectors ensures social accountability, thus, improves the access to health care service delivery	F %	23 6.3	44 12.1	20 5.5	108 29.8	168 46.3	72.6
Pursuing collaborative models of policy dialogue improves the access to healthcare services	F %	13 3.6	8 2.2	41 11.3	101 27.8	200 55.1	72.6
Increasing stakeholder bottom up participation approach promotes sense of ownership, hence, improves the access to health care service delivery	F %	9 2.5	37 10.2	12 3.3	144 39.7	161 44.4	72.6

Table 4.7 shows that 156(43.0%) respondents strongly agreed with the statement that organizing health services around people's needs and expectations improved the access to health care service delivery, 115(31.7%) respondents agreed, 52(14.3%) strongly disagreed, 23(6.3%) disagreed and 17(4.7%) respondents were undecided on the statement.

The study findings suggested that the most 271(74.7%) of the respondents opined that organizing health services around people's needs and expectations improved the access to health care service delivery. This finding was supported by one of the interviewee who said:

...Despite challenges to healthcare accessibility, devolution of health sector is the best idea as nurses and clinical officers go for mobile clinics within wards on agreed days, trained health service providers number has increased, community health workers trainings by medical professionals has been enhanced, health services has become closer to the people making them to avoid traditional medicine for modern one, purchase of medical equipment, employment of medical personnel and reduced deaths of preventable diseases...Male Participant, 38 years, Pokot North Sub County.

This implies that when health services are established around the needs and expectation of the people, the access to the healthcare services is enhanced. This supports the finding of Mehrotra (2006),organizing health services around people's needs and expectations improved the access to healthcare services.

Similarly, 168(46.3%) respondents strongly agreed with the statement that integrating health care into all sectors ensured accountability, thus, improved the access to health care service delivery, 108(29.8%) respondents agreed, 44(12.1%) respondents disagreed, 23(6.3%) respondents strongly disagreed and 20(5.5%) respondents were undecided on the statement. It emerged from the study that most 276 (76.1%) of the respondents believed that integrating health care into all sectors ensured accountability, thus, improved the access to healthcare services. This implies that for enhanced access to healthcare services, health care should be integrated to all sectors. This is in line with WHO(2008) that integrating health care into all sectors ensures social accountability, thus, improved the access to healthcare services.

In addition, 200(55.1%) respondents strongly agreed with the statement that pursuing collaborative models of policy dialogue improved the access to healthcare services, 101(27.8%) respondents agreed, 41(11.3%) respondents were undecided, 13(3.6%) respondents strongly disagreed and 8(2.2%) were in a disagreement with the statement. The study findings suggested that majority 301(82.9%) of the respondents believed that pursuing collaborative models of policy dialogue improved the accessibility to healthcare services. This implies that when collaborative models of policy dialogue are pursued, the access to healthcare service is enhanced. This is in line with the findings of Schroeder (2003) that pursuing collaborative models of policy dialogue improved the access to healthcare services.

Lastly, 161(44.4%) respondents strongly agreed with the statement that increasing stakeholder bottom up participation approach promoted sense of ownership, hence, improved the accessibility to healthcare services, 144(39.7%) respondents agreed, 37(10.2%) respondents disagreed, 12(3.3%) respondents were undecided and 9(2.5%) respondents had a strong disagreement with the statement. The study findings suggested that most 309(85.1%) of the respondents opined that increasing stakeholder bottom up participation approach promoted sense of ownership, hence, improved the access to healthcare services. This finding was supported by one of the interviewee who said:

...Here, the county ministry of health and sanitation services needs to increase community participation interventions which in turn increase community awareness levels in the significance of modern healthcare services among the many illiterate residents. Accessible healthcare service delivery enjoyed in modern health facilities and not traditional healthcare services...Female Participant, 38 years, Pokot South Sub County.

This implies that if bottom up participation approach is applied, the residents will feel sense of ownership, thus, facilitates that accessibility to healthcare services. This supports the findings of Olowu and Wunsch (2004) that increasing stakeholder bottom up participation approach promotes sense of ownership, hence, improved their access to healthcare services.

4.6 Influence of training of healthcare service providers on access to healthcare service delivery

Frequencies, percentages and mean were the preferred statistic for analysis of objective three. These statistics helped to ascertain how trainings of health care service providers influence access to healthcare services in West Pokot County, Kenya. The analysis therefore opens with the descriptive statistics (frequency, percentage and mean) for the level of agreement on a five point Likert scale of the variable healthcare service providers training (Table 4.8).

4.6.1. Descriptive statistics for influence of training of healthcare service providers on access to health care service delivery

For analysis, frequency and percentages ratings of response for each item were ascertained and summarized in Table 4.8.

Table 4.8: Descriptive statistics for influence of training of primary healthcare service providers on access to healthcare service delivery

Statement on training of healthcare service providers		SD	D	U	A	SA	Mean
Having more health care service providers who are trained that offer accessible and satisfactory services to the users, enhances access to healthcare service delivery	F	31	22	47	135	128	72.6
	%	8.5	6.1	12.9	37.2	35.3	
A comprehensive and equitable continuous training programme for CHWs ensures access to health care service delivery	F	22	60	31	118	132	72.6
	%	6.1	16.5	8.5	32.5	36.4	
Health care service providers training enhances access to healthcare service delivery	F	4	10	68	109	172	72.6
	%	1.1	2.8	18.7	30.0	47.4	
Training workshops to community members provides significant opportunities for awareness creation, thus, improves the access to health care service delivery	F	6	33	9	181	134	72.6
	%	1.7	9.1	2.5	49.9	36.9	

Table 4.5 shows that 135(37.2%) respondents agreed with the statement that having more health care providers who are trained that offer accessible and satisfactory services to the users, enhanced access to healthcare services, 128(35.3%) respondents strongly agreed, 47(12.9%) respondents were undecided, 31(8.5%) strongly disagreed and 22(6.1%) respondents disagreed with the statement. The study findings suggested that the most 263(72.5%) of the respondents

opined that having more health care service providers who are trained that offer accessible and satisfactory services to the users, enhanced access to healthcare services. This finding was supported by one of the interviewee who said:

...Most West Pokot County health workers are adequately trained to provide accessible services to the community members they serve. Few referrals cases and better understanding of new ways of administering services using computers software has made easier the subscription of drugs and improved safety of the facility staffs and patients...Male Participant, 48 years, West Pokot Sub County.

This implies that when healthcare service providers are adequately trained to provide accessible services, there will be few cases of referrals, thus, enhanced access to healthcare services. This supports the finding of WHO (2010) that having more health care providers who are skilled that offer accessible and satisfactory services to the users, enhances access to healthcare services.

In addition, 132(36.4%) respondents strongly agreed with the statement that a comprehensive and equitable continuous training programme for CHWs ensured access to healthcare services, 118(32.5%) respondents agreed, 60(16.5%) respondents disagreed, 31(8.5%) respondents were undecided and 22(6.1%) respondents strongly disagreed with the statement. This implies that for enhanced access to healthcare services, there should be a comprehensive and equitable continuous training programme for CHWs. This supports the findings of WHO (2010) and COK (2010) that comprehensive and equitable continuous training programme for HCWs ensures access to healthcare services delivery.

Similarly, 172(47.4%) respondents strongly agreed with the statement that health care service providers training enhanced access to healthcare service delivery, 109(30.0%) respondents

agreed, 68(18.7%) respondents were undecided, 10(2.8%) respondents disagreed and 4(1.1%) were in a strong disagreement with the statement. The study findings suggested that majority 281(77.4%) of the respondents believed that health care service providers training enhanced access to healthcare service delivery. This implies that when health care service providers training are provided to service providers, then accessibility to healthcare services is enhanced. This is in line with Penelope Dash, MD, and David Meredith (2010) that service providers training enhances accessibility to access healthcare services.

Lastly, 181(49.9%) respondents agreed with the statement that training workshops to community member provided significant opportunities for awareness creation, thus, improved the accessibility to healthcare services, 134(36.9%) respondents strongly agreed, 33(9.1%) respondents disagreed, 9(2.5%) respondents were undecided and 6(1.7%) respondents had a strong disagreement with the statement. The study findings suggested that most 315(86.8%) of the respondents opined that workshops to community members provided significant opportunities for awareness creation, thus, improved the access to healthcare services. This implies that if training workshops are provided to the community members, their awareness level is enhanced, thus, improved access to healthcare services.

This supports the findings of Rowe AK, Savigny, Lanata, Victora, (2005) that workshops to community members provided significant opportunities for awareness creation, thus, improves the accessibility to healthcare services.

4.7 Influence of decentralization of health facilities management on access to healthcare service delivery

Frequencies, percentages and mean were the preferred statistics for analysis of objective four. These statistics helped to examine how decentralization of health facilities management influences access to healthcare services in West Pokot County, Kenya. The analysis therefore opens with the descriptive statistics (frequency, mean and percentage) for the level of agreement on a five point Likert scale of the variable health facilities management (Table 4.9).

4.7.1. Descriptive statistics for influence of decentralization of health facilities management on access to health care service delivery

For analysis, frequency, mean and percentages ratings of response for each item were examined and summarized in Table 4.9.

Table 4.9: Descriptive statistics for influence of decentralization of health facilities management on access to healthcare service delivery

Statement on decentralization of health facilities management		SD	D	U	A	SA	Mean
Effective planning of healthcare services leads to reduced referral services costs hence, thus, access to healthcare service delivery	F %	64 17.7	21 5.8	21 5.8	146 40.4	109 30.2	72.2
Effective coordination of healthcare services leads to reduced morbidity rates, hence, access to healthcare service delivery	F %	24 6.6	53 14.7	22 6.1	156 43.2	106 29.4	72.4
Efficient control of health care services leads to improved rural residents, hence, access to healthcare services	F %	5 1.4	9 2.5	71 19.7	93 25.8	183 50.7	56.2
Appropriate commanding of health care services improves life expectancy thus, enhances, access to healthcare service delivery	F %	8 2.2	38 10.5	6 1.7	181 50.1	128 35.5	72.2

Table 4.9 shows that 146(40.4%) respondents agreed with the statement that an effective planning of health services led to reduced referral services costs hence, thus, enhanced access to healthcare service, 109(30.2%) respondents strongly agreed, 64(17.7%) respondents strongly disagreed, 21(5.8%) strongly disagreed and another 21(5.8%) respondents were undecided on the statement. The study findings suggested that the most 255(70.6%) of the respondents opined that an effective planning of health services led to reduced referral services costs hence, enhanced access to healthcare services. This implies that when health services are effectively planned the

referral cost reduces, thus, enhanced access to health care services. This supports the finding of Dyer and Rose (2005) that an effective planning of health care services led to reduced referral services costs hence, enhanced access to healthcare services.

Similarly, 156(43.2%) respondents agreed with the statement that an effective coordination of health care services led to reduced morbidity rates, hence, improved access to healthcare services, 106(29.4%) respondents strongly agreed, 53(14.7%) respondents disagreed, 24(6.6%) respondents strongly disagreed and 22(6.1%) respondents were undecided on the statement. It emerged from the study that most 262 (72.6%) of the respondents believed that an effective coordination of healthcare services led to reduced morbidity rates, hence, improved access to healthcare services. This implies that for enhanced access to healthcare services, there should be an effective coordination of healthcare services. This is in line with the findings of Berlan D, Shiffman J (2011) that an effective coordination of healthcare services leads to reduced morbidity rates, thus, improves access to healthcare services.

In addition, 183(50.7%) respondents strongly agreed with the statement that an efficient control of healthcare services led to improved rural residents access to healthcare service, 93(25.8%) respondents agreed, 71(19.7%) respondents were undecided, 9(2.5%) respondents disagreed and 5(1.4%) were in a strong disagreement with the statement.

The study findings suggested that majority 276(76.5%) of the respondents believed that an efficient control of healthcare services led to improved rural residents access to healthcare service. This implies that for enhanced access to healthcare, there should be efficient control of healthcare services. This supports the findings of World Bank (2012) that an efficient control of healthcare services led to improved rural residents access to healthcare service.

Lastly, 181(50.1%) respondents agreed with the statement that an appropriate commanding of healthcare services improved life expectancy, thus, enhanced access to healthcare services, 128(35.5%) respondents strongly agreed, 38(10.5%) respondents disagreed, 8(2.2%) respondents strongly disagreed and 6(1.7%) respondents had a strong disagreement with the statement. The study findings suggested that most 309(85.6%) of the respondents opined that an appropriate commanding of healthcare services improved life expectancy, thus, enhanced access to healthcare service. This implies that if there is an appropriate command of healthcare services access to healthcare service delivery improves. This is in line with the findings of WHO (2006) that an appropriate command of healthcare services improves life expectancy, therefore, enhances access to healthcare services.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the key findings summary, conclusions and recommendations of the study. Suggestions in favor of areas for further research in the specific study objectives are given. Furthermore; the chapter summarizes the study contribution to the existing body of knowledge. From the analysis of the data collected, the following are summary of findings, conclusions and recommendations made in this research.

5.2 Summary of the research findings

The research findings are summarized and presented according to the four independent variables of study namely; expansion of health facilities, decentralization of primary healthcare services, training of healthcare service providers and decentralization of health facilities management. Data obtained from the relevant literature, households questionnaires, key informers interviews and scheduled interviews were analyzed to answer the research questions.

5.2.1 Expansion of health facilities and access to healthcare service delivery

The study determined that 152(41.9%) respondents strongly agreed with the statement that increased number of strategic health facilities improved the access to healthcare services, 148(40.8%) respondents agreed, 26(7.2%) respondents were undecided, 19(5.2%) strongly disagreed and 18(5.0%) respondents were in a disagreement with the statement. The study findings suggested that the most 300(82.7%) of the respondents opined that increased number of strategic health facilities improved the access of healthcare services. 155 (42.7%) respondents agreed with the statement that having contemporary health facilities usage improved the

accessibility of healthcare services, 116(32.0%) respondents strongly agreed, 59(16.3%) respondents disagreed, 18(5.0%) respondents were undecided and 15(4.1%) respondents strongly disagreed with the statement. It emerged from the study that most 271 (74.7%) the respondents believed that having contemporary health facilities usage improved the access to healthcare services. This implies that when the number of contemporary health facilities usage is increased, then access to healthcare services is enhanced.

Similarly, 194(53.4%) respondents strongly agreed with the statement that having more mobile clinics improved the access to healthcare services, 90(24.8%) respondents agreed, 67(18.5%) respondents were undecided, 6(1.7%) respondents disagreed and another 6(1.7%) in a strong disagreement with the statement. The study findings suggested that majority 284(78.2%) respondents believed that having more mobile clinics improved the access to healthcare services. Lastly, 206(56.7%) respondents strongly agreed with the statement that increased supply of health facilities improved the access to healthcare services, 103(28.4%) respondents agreed, 39(10.7%) respondents disagreed, 10(2.8%) respondents were undecided and 5(1.4%) respondents had a strong disagreement with the statement. The study findings suggested that most 309(85.1%) respondents opined that increased supply of health facilities improved the access to healthcare services.

5.2.2 Decentralization of primary healthcare services and access to healthcare service delivery

The study established that 156(43.0%) respondents strongly agreed with the statement that organizing healthcare services around people's needs and expectations improved the access to healthcare services, 115(31.7%) respondents agreed, 52(14.3%) strongly disagreed, 23(6.3%) disagreed and 17(4.7%) respondents were undecided on the statement. 168(46.3%) respondents

strongly agreed with the statement that integrating health care into all sectors ensured accountability, thus, improved the accessibility to healthcare services, 108(29.8%) respondents agreed, 44(12.1%) respondents disagreed, 23(6.3%) respondents strongly disagreed and 20(5.5%) respondents were undecided on the statement. It emerged from the study that most 276 (76.1%) of the respondents believed that integrating health care into all sectors ensured accountability, thus, improved the access to healthcare services.

Similarly, 200(55.1%) respondents strongly agreed with the statement that pursuing collaborative models of policy dialogue improved the accessibility to healthcare services, 101(27.8%) respondents agreed, 41(11.3%) respondents were undecided, 13(3.6%) respondents strongly disagreed and 8(2.2%) were in a disagreement with the statement. The study findings suggested that majority 301(82.9%) of the respondents believed that pursuing collaborative models of policy dialogue improved the accessibility of healthcare services.

Lastly, 161(44.4%) respondents strongly agreed with the statement that increasing stakeholder bottom up participation approach promoted sense of ownership, hence, improved the accessibility to healthcare services, 144(39.7%) respondents agreed, 37(10.2%) respondents disagreed, 12(3.3%) respondents were undecided and 9(2.5%) respondents had a strong disagreement with the statement. The study findings suggested that most 309(85.1%) of the respondents opined that increasing stakeholder bottom up participation approach promoted sense of ownership, hence, improved the accessibility to healthcare services.

5.2.3 Training of healthcare service providers and access to healthcare service delivery

The study ascertained that 135(37.2%) respondents agreed with the statement that having more health care service providers who are trained that offer accessible and satisfactory services to the

users, enhanced accessibility of healthcare services, 128(35.3%) respondents strongly agreed, 47(12.9%) respondents were undecided, 31(8.5%) strongly disagreed and 22(6.1%) respondents disagreed with the statement. The study findings suggested that the most 263(72.5%) of the respondents opined that having more health care services providers who are trained that offer accessible and satisfactory services to the users, enhanced accessibility to healthcare services.

Similarly, 132(36.4%) respondents strongly agreed with the statement that a complete and unbiased continuous training programme for Community Health Workers ensured accessibility to healthcare services, 118(32.5%) respondents agreed, 60(16.5%) respondents disagreed, 31(8.5%) respondents were undecided and 22(6.1%) respondents strongly disagreed with the statement. It emerged from the study that most 250 (68.9%) of the respondents believed that a comprehensive and equitable continuous training programme for Community Health Workers ensured accessibility to healthcare services. This implies that for enhanced accessibility to healthcare services, there should be a comprehensive and equitable continuous training programme for Community Health Workers.

Lastly, 181(49.9%) respondents agreed with the statement that training workshops to community members provided significant opportunities for awareness creation, thus, improved the accessibility to healthcare services, 134(36.9%) respondents strongly agreed, 33(9.1%) respondents disagreed, 9(2.5%) respondents were undecided and 6(1.7%) respondents had a strong disagreement with the statement.

5.2.4 Decentralization of health facilities management and access to healthcare service delivery

The study examined that 146(40.4%) respondents agreed with the statement that an effective planning of health services led to reduced referral services costs hence, thus, enhanced accessibility to access healthcare services, 109(30.2%) respondents strongly agreed, 64(17.7%) respondents strongly disagreed, 21(5.8%) strongly disagreed and another 21(5.8%) respondents were undecided on the statement. The study examined that the most 255(70.6%) of the respondents opined that an effective planning of health services led to reduced referral services costs hence, enhanced accessibility to accessible healthcare services. This implies that when health services are effectively planned the referral cost reduces, thus, enhanced accessibility to access health services.

Similarly, 156(43.2%) respondents agreed with the statement that an effective coordination of health care services led to reduced morbidity rates, hence, improved accessibility to access healthcare services, 106 (29.4%) respondents strongly agreed, 53(14.7%) respondents disagreed, 24(6.6%) respondents strongly disagreed and 22(6.1%) respondents were undecided. It emerged from the study that most 262 (72.6%) of the respondents believed that an effective coordination of health care services led to reduced morbidity rates, hence, improved accessibility to access healthcare services. This implies that for enhanced accessibility to healthcare services, there should be an effective coordination of health care service delivery.

In addition, 183 (50.7%) respondents strongly agreed that an efficient control of healthcare services led to improved rural residents access to access healthcare service delivery, 93(25.8%) respondents agreed, 71(19.7%) respondents were undecided, 9(2.5%) respondents disagreed and 5(1.4%) were in a strong disagreement with the statement.

The study findings suggested that majority 276(76.5%) of the respondents believed that an efficient control of healthcare services led to improved rural residents access to access healthcare services. This implies that for enhanced accessibility to healthcare, there should be efficient control of health care service delivery.

Lastly, 181(50.1%) respondents agreed with the statement that an appropriate commanding of healthcare services improved life expectance, thus, enhanced accessibility to healthcare service delivery, 128(35.5%) respondents strongly agreed, 38(10.5%) respondents disagreed, 8(2.2%) respondents strongly disagreed and 6(1.7%) respondents had a strong disagreement with the statement. The study findings pointed out that most 309 (85.6%) of the sampled respondents opined that an appropriate commanding of healthcare services improved life expectance, thus, enhanced accessibility to healthcare service delivery. This implies that if there is an appropriate command of health care services accessibility to healthcare services improves.

5.3 Conclusion

In view of the research findings, the study concludes that expansion of health facilities, decentralization of primary healthcare services, training of healthcare service providers and decentralization of health facilities management were the outstanding factors influencing access to healthcare service delivery in West Pokot County, Kenya.

Expansion of health facilities influences access to healthcare service delivery. The study concludes that there are few numbers of strategic government owned health facilities in West Pokot County. These health facilities are not enough for the county population of 512,690 people, thus, low access to health care services. Therefore, increasing number of strategic health facilities, having contemporary health facilities usage, having more mobile clinics and increasing supply of health facilities ensures access to health care service delivery to the county residents.

Moreover, decentralization of primary healthcare services influences access to health care service delivery. Organizing healthcare services around people's wants and prospects, assimilating health care into all sectors, pursuing collective models of policy discourse and collective health stakeholder bottom up participation approach promotes a sense of ownership that enhances access to health care service delivery. The study concludes that decentralization of primary health care services in West Pokot County is not fully implemented most especially in the ASALs of the county. As a result, there is need to decentralize primary health care services in WPC.

Similarly, training of healthcare service providers influences accessing health care service delivery. Having more health care service providers who are trained that offer accessible and satisfactory services to the users, a complete and justifiable endless exercise programme for

Community Health Workers, and provision of training workshops to community members ensure access to healthcare service delivery. The study concludes that West Pokot County has few trained health care service providers to handle specialized and general health care needs in the county. It has constructed a medical training college that has employed health care workers and is still in the process of employing more trained health care service providers to increase the population access to health care service delivery level. Some students have been deliberately sponsored by the CG and sent to study specialized medical courses to cap the gap of few trained health care service providers.

Lastly, decentralization of health facilities management influences access to health care service delivery. Effective planning of healthcare services, effective coordination of healthcare services, efficient control of healthcare services, and appropriate commanding of healthcare services ensures enhanced appropriate commanding of healthcare services. Not all health facilities in West Pokot County have a decentralized management style. Decentralized management is only up to the sub-county level. To increase access to health care service delivery, decentralization of health facilities management has to be up to the ward level.

5.4 Recommendation of the study for policy and practice

For policy and practices, the study made the following recommendations;

On the basis of access to healthcare service delivery and issues arising from the research findings, the study recommends that:

1. The National Government, county government and health stakeholders should take responsibility in investing more financial and human resources towards increasing the number of strategic health facilities, encouraging contemporary health facilities usage by all citizens and having many more mobile clinics and more health facilities supply to accommodate the ever growing population.
2. The County Government should organize healthcare services around people's wants and prospects, assimilate health care into all sectors, pursue collective models of policy dialogue and increase shareholders bottom up engagement approach to promote a sense of ownership and boost access to healthcare service delivery. Household's distance to the nearest health facility must be made very short to promote the usage of modern services, primary healthcare services and health development.
3. The county ministry of health and sanitation services should employed more health care service providers who are trained to offer accessible and satisfactory services to the users and sponsor students for specialized health courses to solve the barrier of few specialized service providers and regularly trained health human resource to enable them provide the much needed service in the health facilities they are attached to by improving the care that they daily deliver.

4. The County Ministry of Health and Sanitation service to ensure that the management of all health facilities must have effective planning, effective coordination, efficient control and appropriate commanding of healthcare services to increases access to affordable healthcare services and in turn improves immunization coverage rates and subsequently reduces infant mortality rates.

5.5 Contribution to body of knowledge

The research made the following aids to the current body of knowledge.

Table 5.1: Contribution to body of knowledge

Objectives	Contribution to the body of knowledge
To determine how expansion of health facilities influence access to healthcare service delivery in West Pokot County, Kenya.	Increased number of strategic health facilities, having contemporary health facilities usage, having more mobile clinics and increased supply of health facilities improves the access to healthcare service delivery.
To establish how decentralization of primary healthcare services influence access to healthcare service delivery in West Pokot County, Kenya.	Organizing healthcare services around people's wants and prospects, assimilating health care into all divisions, trailing collective models of strategy dialogue and increasing stakeholder bottom up participation approach for sense of ownership boosts access to healthcare service delivery.
To ascertain how training of healthcare service providers influence access to healthcare service delivery in West Pokot County, Kenya.	Having more providers who are trained that offer accessible and satisfactory services to the users, a comprehensive and equitable continuous training programme for Community Health Workers, training of service providers and training workshops to community members provides significant opportunities for awareness creation and improves access to healthcare service delivery.
To examine how decentralization of health facilities management influence access to healthcare service delivery in West Pokot County, Kenya.	Effective planning of healthcare services leads to reduced referral services costs, effective coordination, efficient control and appropriate commanding improves life expectancy and speeds up access to healthcare service delivery

5.6 Suggestions for further research

This research covered the factors influencing access to healthcare service delivery in West Pokot County, Kenya. In consideration of the findings of this study, expansion of health facilities is core of all the other access factors and if achieved, access to healthcare service delivery in West Pokot County shall be sustainable. In this regard, the following are recommended for further study;

1. A similar research need to be devoiced in a different location to determine the influence of the expansion of health facilities, decentralization of primary healthcare services, training of healthcare service providers, and decentralization of health facilities management on access to healthcare service delivery.
2. A research should be carried on the influence of other factors other than expansion of health facilities, decentralization of primary healthcare services, training of healthcare service providers, and decentralization of health facilities management on the access to health care service delivery.
3. Further, are search should be done on the intervening effects on the relationship between expansion of health facilities, primary healthcare decentralization, training of healthcare providers, and decentralization of health facilities management and access to healthcare service delivery.

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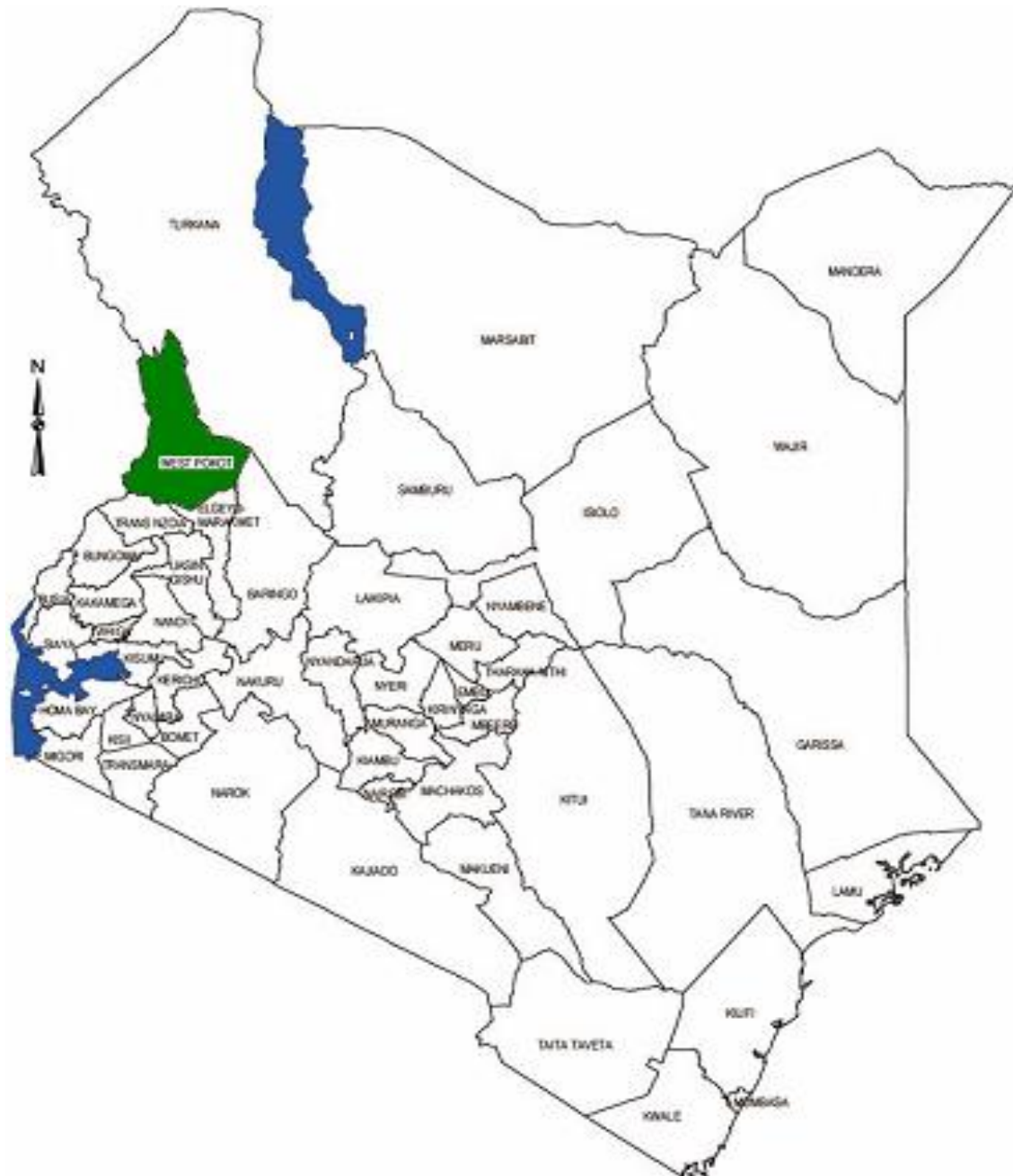
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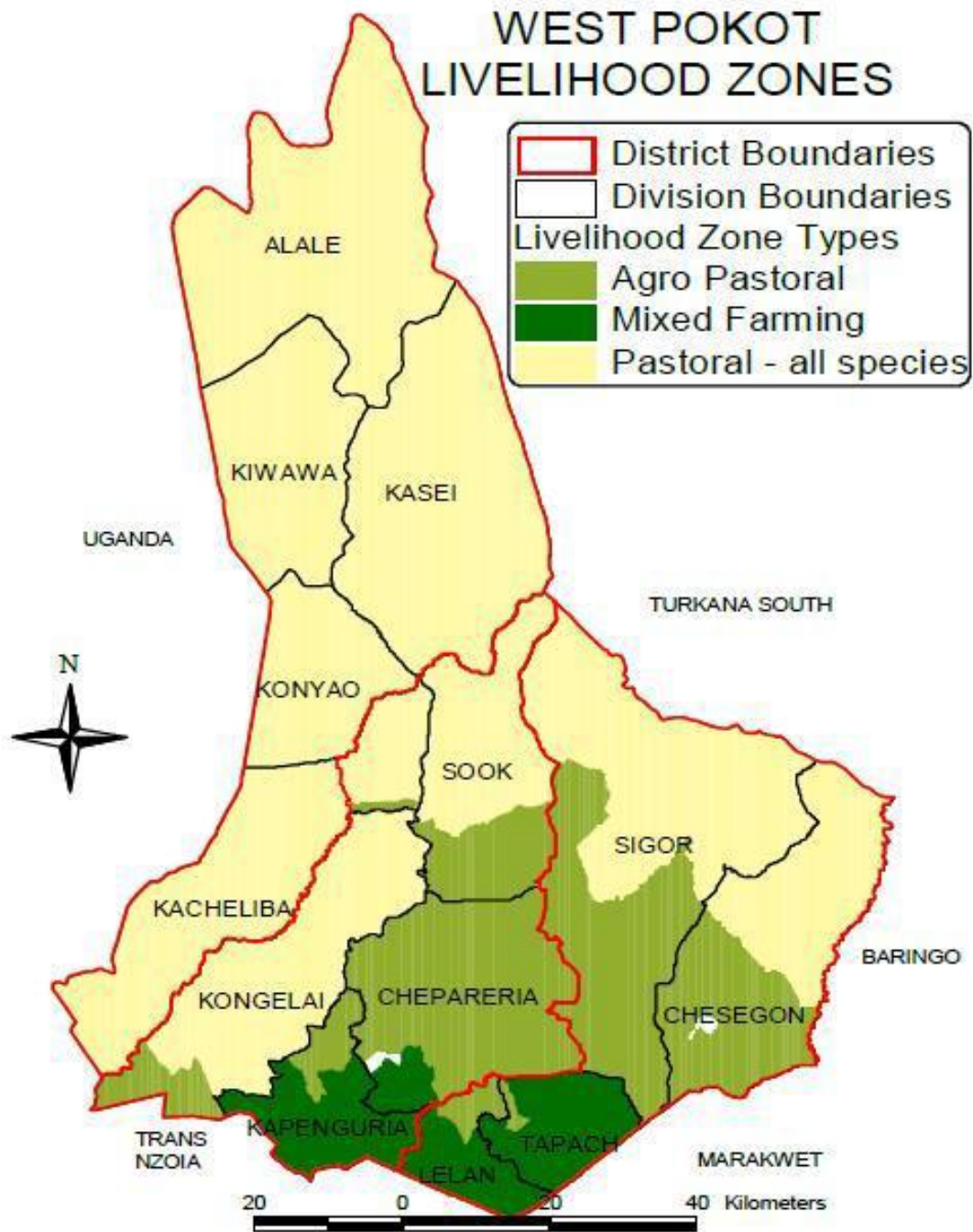
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APPENDICES

APPENDIX I: Location of West Pokot County in Kenya



APPENDIX II: Map of West Pokot County



APPENDIX III: University of Nairobi Research Permit Certification



UNIVERSITY OF NAIROBI
DEPARTMENT OF EXTRA MURAL STUDIES
P.O BOX 4380-30200
KITALE

The Executive Secretary,
National Council of Science and Technology,
Nairobi.

REF: RESEARCH PERMIT

This is to certify that the bearer **Atupamoi L. Moses**, Registration Number, **L50/76391/2014** has completed Master of Arts in Project Planning and Management coursework and he is applying to your office for a research permit.

We look forward to your assistance.



Resident Lecturer

Kitale -Eldoret Region

APPENDIX IV: NACOSTI Research Authorization



**NATIONAL COMMISSION FOR SCIENCE,
TECHNOLOGY AND INNOVATION**

Telephone: +254-20-2213471,
2241349, 3310571, 2219420
Fax: +254-20-318245, 318249
Email: dg@nacosti.go.ke
Website: www.nacosti.go.ke
when replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No.

Date:

NACOSTI/P/16/54919/14114

26th October, 2016

Moses Atupamoi Lokwachira
University of Nairobi
P.O. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on “*Factors influencing accessibility of quality healthcare service delivery in West Pokot County; Kenya,*” I am pleased to inform you that you have been authorized to undertake research in **West Pokot County** for the period ending **24th October, 2017.**

You are advised to report to **the County Commissioner and the County Director of Education, West Pokot County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.


**BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO**

Copy to:

The County Commissioner
West Pokot County.

The County Director of Education
West Pokot County.

National Commission for Science, Technology and Innovation is ISO 9001:2008 Certified

APPENDIX VI: West Pokot County Commissioner Research Authorization



THE PRESIDENCY
MINISTRY OF INTERIOR AND CO-ORDINATION
OF NATIONAL GOVERNMENT

Telegrams: DISTRICTER' Kapenguria
Telephone: kapenguria 054-62291
Radio call: kape 5ZR0

Office of the County Commissioner,
West Pokot County,
P.O. BOX 1,
KAPENGURIA.

Email: ccwestpokot@gmail.com

REF: OOP.CC.ADM.15/14 VOL.I/74

3RD NOVEMBER, 2016

TO WHOM IT MAY CONCERN

RE: RESEARCH AUTHORIZATION
MOSES ATUPAMOI LOKWACHIRA

Reference is made to the Director/CEO, National Commission for Science, Technology and Innovation, Ref. NO. NACOSTI/P/16/54919/14114 dated 26th October, 2016 on the above subject.

The above mentioned, a student at University of Nairobi, has been authorized to carry out a Research Study on "*Factors influencing accessibility of quality healthcare service delivery in West Pokot County; Kenya*" for a period ending 24th October, 2017.

The purpose of this letter is therefore to request you to accord him your cooperation and the necessary assistance he may require during his tour of Research study within this County.

(APOLLO OKELLO)
COUNTY COMMISSIONER
WEST POKOT COUNTY

cc. The County Director of Education,
WEST POKOT COUNTY

APPENDIX VII: County Director of Education Authorization

REPUBLIC OF KENYA



MINISTRY OF EDUCATION, SCIENCE & TECHNOLOGY
STATE DEPARTMENT OF BASIC EDUCATION

-Email: *elimu|cdwestpokot@education.go.ke*
Web: *www.education.go.ke*
-*cdwestpokot@yahoo.com*.
When replying please quote date & Ref.

COUNTY EDUCATION OFFICE
WEST POKOT COUNTY
P.O. BOX 17
KAPENGURIA.

3rd November, 2016

REF: WPC/EDUC/ADM/15/20/VOL.1/34

Mr. Moses Atupamoi Lokwachira
University of Nairobi.
P.o. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your authorization from the National Council for Science, Technology and innovation you are hereby permitted to carry out research on “ **Factors influencing accessibility of quality of quality healthcare service delivery in West Pokot County: Kenya**” for a period ending 24th October, 2017.

Through this letter, all public administration officers are kindly requested to accord you the support required.


(N.O. AYAH)

**FOR: COUNTY DIRECTOR OF EDUCATION
WEST POKOT COUNTY.**



Atupamoi L. Moses
P.O Box 88-30601,
Kosamuk Village,
West Pokot; Kenya.

Dear Respondents,

REF: REQUEST FOR YOUR PARTICIPATION IN A RESEARCH STUDY

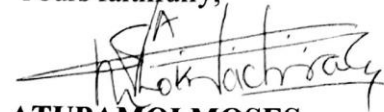
I am a post graduate student at the University of Nairobi pursuing a Degree in Master of Arts in Project Planning and Management.

I am currently carrying out a research project on the “**Factors influencing accessibility of quality healthcare service delivery in West Pokot County, Kenya**” .The findings of the research will contribute to increase accessibility of quality healthcare by boosting interventions, strategies, policies and practice in the West Pokot County health sector. I kindly request you to participate in completing the questionnaire below and other tools of data collection herein.

I will appreciate if you could kindly take part in the research study. Your identity will be treated with the outmost confidentiality and anonymity. Your precise and honest responses will be highly appreciated.

Thank you in advance.

Yours faithfully,

 04/11/16
ATUPAMOI MOSES
L50/76391/2014.

Appendix IX: Research Questionnaire

Dear Sir/Madam,

I am a student in the University of Nairobi, conducting a research titled: **“factors influencing access to healthcare service delivery in west Pokot county, Kenya”** to support me fulfill part of the requirement for my Master of Arts degree in project planning and management. I would kindly like to get your viewpoints on this. Confidentiality in all your responses will be greatly considered. I hope that you will be able to respond to all of my questions. The information you provide will be used for academic research purposes only and will be treated with the privacy and discretion it deserves. None of this information will be disclosed to any authority nor the identity of respondent revealed to anyone. If you would like to have any question clarified, feel free to ask please. Your responses will be highly appreciated. Thank you.

SECTION A: DEMOGRAPHIC INFORMATION

(Please tick your answers in the boxes provided)

1. Indicate your gender;

Male

Female

2. What is your age

18-27

28-37

38-47

Above 47

3. Indicate your marital status?

Married

Single parent

Single

Widow

4. Indicate your academic qualification?

No formal education

KCPE

KCSE

Certificate

Diploma

Bachelor

Post Graduate

SECTION B: QUESTIONS ON OBJECTIVES

CATEGORY I: INFLUENCE OF EXPANSION OF HEALTH FACILITIES ON ACCESS TO HEALTH CARE SERVICE DELIVERY

Please circle the number that represents your level of agreements with each of the following statements using the scale provided: **1=Strongly Disagree, 2= Disagree, 3= Undecided, 4=Agree and 5= Strongly Agree**

Statements	SD	D	U	A	SA
Increased number of strategic health facilities improves the access to health care service delivery	1	2	3	4	5
Having more contemporary health facilities usage improves the access to health care service delivery	1	2	3	4	5
Having mobile clinics improves the access to health care service delivery	1	2	3	4	5
Increased number of modern health facilities improves the access to health care service delivery	1	2	3	4	5

CATEGORY II: INFLUENCE OF DECENTRALIZATION OF PRIMARY HEALTHCARE SERVICES ON ACCESS TO HEALTH CARE SERVICE DELIVERY

Please circle the number that represents your level of agreements with each of the following statements using the scale provided: **1=Strongly Disagree, 2= Disagree, 3= Undecided, 4=Agree and 5= Strongly Agree**

Statements	SD	D	U	A	SA
Organizing health services around people’s needs and expectations improves the access to health care service delivery	1	2	3	4	5
Integrating health care into all sectors ensures social accountability, thus, improves the access to health care service delivery	1	2	3	4	5
Pursuing collaborative models of policy dialogue improves the accessto health care service delivery	1	2	3	4	5
Increasing stakeholder bottom up participation approach promotes sense of ownership, hence, improves the access to health care service delivery	1	2	3	4	5

CATEGORY III: INFLUENCE OF TRAINING OF HEALTHCARE SERVICE PROVIDERS ON ACCESIBILITY TO QUALITY HEALTHCARE SERVICES

Please circle the number that represents your level of agreements with each of the following statements using the scale provided: **1=Strongly Disagree, 2= Disagree, 3= Undecided, 4=Agree and 5= Strongly Agree**

Statements	SD	D	U	A	SA
Having service more providers who are trained that offer accessible and satisfactory services to the users enhances access to health care service delivery	1	2	3	4	5
A comprehensive and equitable continuous training programme for Community Health Workers ensures access to health care service delivery	1	2	3	4	5
Service providers trainings enhances access to healthcare service delivery	1	2	3	4	5
Training workshops to community members provides significant opportunities for awareness creation, thus, improves access to health care service delivery	1	2	3	4	5

**CATEGORY IV: INFLUENCE OF DECENTRALIZATION OF HEALTH FACILITIES
MANAGEMENT ON ACCESIBILITY TO QUALITY HEALTHCARE SERVICES**

Please circle the number that represents your level of agreements with each of the following statements using the scale provided: **1=Strongly Disagree, 2= Disagree, 3= Undecided, 4=Agree and 5= Strongly Agree**

Statements	SD	D	U	A	SA
Effective planning of healthcare services leads to reduced referral services costs hence, thus, access to healthcare service delivery	1	2	3	4	5
Effective coordination of healthcare services leads to reduced morbidity rates, hence, access to healthcare service delivery	1	2	3	4	5
Efficient control of healthcare services leads to improved rural residents health, hence, access to healthcare service delivery	1	2	3	4	5
Appropriate commanding of healthcare services improves life expectancy thus, enhances, access to healthcare service delivery	1	2	3	4	5

Thanks for dedicating your time to attend to this questionnaire.

Appendix X: Interview Schedule

1. What efforts have been put in place in terms of strategic health facilities, contemporary health facilities usage, more mobile clinics and increase supply of health facilities to ensure expansion of health facilities? If any, has it influenced access to health care service delivery in West Pokot County?

.....
.....

2. How does decentralization of primary healthcare services in terms of organization of health services around people’s needs and expectation, integrating health care in all sectors, dialogue and stakeholder bottom up participation approach? How has it influenced access to healthcare service delivery?

.....
.....

3. What can you say about training of healthcare service providers in West Pokot County? Has it influenced access to health care service delivery?

.....
.....

4. What can you say about decentralization of health facilities management in terms of planning process, care coordination, control strategies and command direction of healthcare services? How has it influenced the access to healthcare service delivery?

.....
.....

Thanks for dedicating your time to attend to this interview.