

**INFLUENCE OF DEVOLUTION OF GOVERNMENT SERVICE DELIVERY ON  
PROVISION OF HEALTHCARE: A CASE OF LEVEL FIVE HOSPITAL IN MERU  
COUNTY, KENYA**

**AYUB KOBIA MIRITI**

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## DECLARATION

This project is my original work and has not been submitted for an award in any other University

Signed \_\_\_\_\_

Date \_\_\_\_\_

Ayub Kobia Miriti

L50/83601/2015

This project has been submitted with our approval as the University Supervisors.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Dr. Peter Keiyoro

Senior Lecturer

School of Continuing and Distance Learning

University of Nairobi

## **DEDICATION**

My dedication goes to my mother Grace Wanjiku, my lovely wife Maureen Wanjiru my son McLiam Munene for granting me ample time to do research even during late ours of nights. I also want to dedicate this project report to my employer and supervisor Dr. James Gitonga for allowing me time to meet my project supervisor sometimes even during working hours.

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

CIDP	County Integrated Development Plan
ICT	Information Communication Technology
SDG	Social Development Goals
SPSS	Statistical Package for Social Science

## ABSTRACT

In Kenya, devolution was created by the Constitution of Kenya, 2010 and it involves the transfer of power, resources and representation down to the counties. According to Kenya Constitution Schedule Four, some of the devolved functions include county health services, agriculture, county transport, county development and planning; control of air pollution, noise pollution, other public nuisances and outdoor advertising; cultural activities, public entertainment and public amenities; animal control and welfare; trade development and regulation; county public works and services among other functions. This research aimed at assessing the influence of devolution of government service delivery on provision of healthcare in Meru Level Five hospital. The specific objectives were to examine how use of information Communication and Technology influenced provision of healthcare; to determine the Influence of devolution of finance on provision of healthcare services; to find out how staffing influences provision of healthcare; to establish the extent to which leadership styles influenced provision of healthcare at Meru Level five hospital in Meru County respectively. A descriptive research design was used in this study in order to obtain information based on the four research objectives. The target population was 500 participants. A sample of 111 representative participants of the whole population was selected. Data was collected using a questionnaire consisting of both closed and open ended questions. Data analysis was done using Statistical Package for Social Science (SPSS) version 21 software. Quantitative data was analysed and presented through descriptive statistics; however for qualitative data, detailed narrative was used to summarize data. The study concluded that ICT was highly used in all departments which made service delivery faster and better. Furthermore, the researcher concluded that the major source of financing for the hospital was the national government with majority of the respondents indicating that finances were not received on time and it was not sufficient to help in delivery of quality healthcare services. The research also concluded that the Hospital was not well staffed making the doctor-patient ratio to affect to a larger extent the provision of quality healthcare services. But the study concluded that the staffs working at the hospital were well trained and still took specialized training. Furthermore, it was concluded that the ministries of health vision and plans for the future had been clearly communicated with a substantial number agreeing that individuals at all levels were appropriately involved in the development and achievement of institution's goals. In addition, devolution of government service delivery had increased access to healthcare services in terms of availability, affordability, accessibility and acceptability. The research recommends that the National Government should put in place mechanisms that will eliminate the challenges encountered during transfer of money to the counties. Also Kenyans should elect leaders that are performance oriented, corruption free and those whose main agenda is to serve the general public not their selfish interest. The leadership of the County Government and that of the Meru Level Five Hospital should show more commitment to staff issues of motivation. This will help improve staff performance so that the hospital can continue providing more quality healthcare services. In addition, the study recommended that the Hospital engage qualified institutions to carry out regular patient satisfaction survey. This would give Meru Level Five Hospital management and leadership an independent appraisal of staff performance from the end-user's perspective. To be up to date with the happenings in the medical fraternity, support for training and development programmes initiated by the hospital leadership should be provided to the medical personnel to acquire relevant modern medicine and contemporary management practices.

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## CHAPTER ONE

### INTRODUCTION

#### **1.1 Background to the Study**

Devolution is the transfer of authority from a senior level of government to a junior level, and can be viewed as both a theoretical concept and as an administrative process (Dacks, 1990). Hence, he state that when devolution is viewed theoretically, it can be seen as an instance of decolonization which can be usefully related to literature on political development while when viewed as an administrative process, the study of devolution can contribute to understandings of institutional change in general, and particularly to issues of development administration. Furthermore, according to Muriisa (2008) devolution is the substantial transfer of powers and authority and functions from higher or central government to local units, upon which the local units or governments subsequently acquire significant and autonomous financial and legal powers to function without reference to central government.

Although health-care decentralization has been accepted globally as a means to improve efficiency and responsiveness of the health system, each country adopts and implements this policy differently (Jongudomsuk & Srisasalux, 2012). However the process of devolution is not as smooth as thought. According to a study by Jongudomsuk and Srisasalux (2012) on decentralization in Thailand it was revealed that health-care decentralization could not be implemented effectively without the support of the central government. Also local government staff needed to have their capacity strengthened to handle the new responsibilities and this could be best done by the central ministry staff who were previously responsible for these.

Participation in the management of district health facilities through community management committees has been found to improve performance by strengthening the accountability of

healthcare providers to clients. The involvement of diverse groups based on kinship, ethnicity or culture facilitates the expression of grievances and collaboration in problem solving. This participation encourages a sense of ownership of, and support for, ways of solving local health problems (Smith, 1997).

According to Mohammed, North and Ashton, (2016) decentralisation is advocated as a way to improve the efficiency of delivery of health services and their responsiveness to community needs. In developing countries for example, decentralisation is seen as a means to improve access to healthcare. However, to realise these benefits, a localised decision space needs to be created in terms of finance, service organisation, human resources, access rules, and governance rules.

The sustainable development goal (SDG) number three on good health and wellbeing as contained in paragraph 54 United Nations Resolution A/RES/70/1 of 25 September 2015 (UN, 2015) was adopted to ensure health and well-being for all, at every stage of life by the year 2030. This goal addresses all major health priorities, including reproductive, maternal and child health; communicable, non-communicable and environmental diseases; universal health coverage; and access for all to safe, effective, quality and affordable medicines and vaccines. The goal also requests for more research and development, increased health financing, and strengthened capacity of all countries in health risk reduction and management.

Devolution of government service delivery has opened up more opportunities to improve health care at the local levels in other countries. For instance, in the Philippines, devolution has made local government units to become more empowered to make extensive and quicker decisions about health concerns. In addition, resources have relatively increased due to more

national transfers through the IRA while other sectors such as civil society have more institutionalized venues to participate in health service delivery (Atienza, 2004).

In Kenya, health policies which give directions to ensure considerable developments in the position of health in the country are aligned with the sustainable development goals (SDG) and Kenya Vision 2030 under social pillar. In order to improve the overall livelihoods of all Kenyans, the government of Kenya aims at providing an efficient and high quality health care system through devolution of funds and management of health care to the communities (GoK, 2007).

Devolution has empowered the county government to design innovative models that suit the terrain of their unique sector needs; sufficient scope to determine health system priorities; and allow the authority to make autonomous decisions on sub-sector resource allocation and expenditure (Kenneth, 2014 as cited by Gaogallo, 2015). This can happen if devolution process has been fully embraced by all the implementing stakeholders. If devolution has not been fully implemented, then its effect may not fully experience in sectors such as health (Muchomba & Karanja, 2015).

It has been found also that devolution provides an opportunity to rationalize the service delivery framework in Kenya for increased efficiency and accountability. This will be achieved by making counties the hub for organizing services at the local level (Khaunya, Wawire & Chepng'eno, 2015). A report by KPMG (2014) states that the success of devolution of health care services in Kenya depends to a great extent on the presence of an enabling environment, an environment that is marked by the will and commitment of all health stakeholders.

## **1.2 Brief overview of devolution in Kenya**

Kenya has been an essentially centralized state with an overbearing control over the sub – national governments and the other arms of government, namely the legislature and the judiciary since its independence from the United Kingdom in 1963. An early attempt at devolution was with quasi-federal regionalism commonly known as *majimbo* in 1963 under the Kenya independent Constitution which ended in 1964. This was followed by amendment of the constitution which scrapped the *Majimbo* system replacing them with centralized authority which lasted during the reigns of two presidents of Jomo Kenyatta (1963 – 1978) and Daniel arap Moi (1978 – 2002). During the period of KANU dominance, much of the authority at local levels and in rural areas fell to the Provincial Authority, which was a deconcentrated arm of the central government that operated more as internal security apparatus than a service provider.

Following the election of the then opposition leader, President Mwai Kibaki in 2002, much effort from civil society and opposition actors to push for a new system of government was witnessed. This followed efforts by the new president attempt to engineer a new constitution in 2005 which failed in the referendum. During the controversial elections of 2007, as a response to the unrest, President Kibaki and Mr. Odinga successfully brokered a power-sharing agreement. This opened a new chapter for drafting of a new constitution that passed with strong support in a 2009 referendum and was promulgated in 2010 with a strong reflection of strong consensus among the populace on the need for devolution.

As a result, the Constitution of Kenya established a devolved governance system in accordance with the principles and values of devolution articulated by Articles 174 and 175 of the constitution. Devolution is articulated through the Constitution of Kenya and the devolution laws which include: The Urban Areas and Cities Act, 2011 (UACA 2011); The Transition to Devolved Government Act, 2012 (TDGA 2012); The County Government Act,



2012 (CGA 2012); The Public Finance Management Act, 2012 (PFM 2012) and The Elections Act, 2011. The functions and powers of the National and County governments are as articulated in The Fourth Schedule of the Constitution.

Devolution of governance is considered as one of the most effective solutions to social challenges that countries encounter from time to time. For instance, devolution has been recommended as the major remedy for the failures in political governance, such include conflicts, inequalities, rent seeking, economic stagnation, corruption and insufficient use of public resources. Devolution is generally defined as a process of transfer of political power, administrative and fiscal management powers between central governments and lower levels of government, primarily operating at city and region levels (Potter, 2001).

A preliminary study by Lodenstein and Dao (2011) on devolution and human resources in primary healthcare in rural Mali revealed devolution offers considerable opportunities for improving the responsiveness of health services, staff recruitment and retention and downward accountability. According to a study by Thuku and Wario (2014) on the influence of devolution in strategy implementation of health care services in Kenya it was revealed that devolution of health care services plays a significant role in implementing the primary health care strategy of increased responsiveness of health systems to local needs.

Following the promulgation of the Kenya constitution in 2010, a total of 47 counties (devolved governments) as outlined in the First Schedule were created kicking off the implementation of devolution in Kenya. These counties are headed by county governors and receive funding from the National government and at the same time generate funds to sustain themselves. Implementation has been defined as the process of putting plans into action for the accomplishment of set objectives. It is through implementation of strategy that an

organization can figure out its future and benefit from the opportunities the future provides (Kotler, 1984).

According to the constitution, the objectives and principles of a devolved government are to recognize the right of communities to manage their own affairs and further their development, hence giving the people a sense of identity and self-empowerment. In addition, the devolved governments are supposed to protect and promote the interests and rights of minorities and marginalized communities. This would promote a sense of unity as they would not feel as though their needs have been ignored.

### **1.3 Statement of the problem**

Devolution of government services is one of the key principles of the 2010 Kenyan constitution in which counties have been envisaged as the primary units. These units are mandated to receive reliable sources of revenue by the constitution to enable them be self-governing and deliver services effectively. Following the devolution of health services, there have been cases of health workers downing their tools citing poor pay, poor working conditions among other problems. In fact, a study by Khaunya, Wawire and Chepng'eno (2015) on devolved governance in Kenya revealed that counties had been faced with a myriad of challenges that stand in the way of the realized achievements. These challenges include inadequate funding, corruption, nepotism, inability to absorb some devolved functions, mistrust among stakeholders, and different implementers of devolution with varied cultures and approaches, devolved bureaucracy and a bloated workforce with duplication of duties. The study also revealed that devolved functions such as health had been riddled by challenges to an extent that medical staffs had resisted their function being placed under County Government's public service. Cases have been also documented where executive arm of the national government is reluctant in devolving some funds meant for county development

programs curtailing service delivery such as the payment of salaries and other grass root developments by the county governments (Abdumlingo & Mugambi, 2014).

A report by Barker, Mulaki, Mwai and Dutta (2014) on assessing county health system readiness in Kenya revealed that Meru County was among the counties less prepared to provide healthcare services under the devolved system. It is against this background that this research sought to examine the influence of devolution of government service delivery on provision of healthcare at Meru Level 5 Hospital.

#### **1.4 Purpose of the study**

The purpose of this of this proposal is to examine the influence of devolution of government service delivery on provision of healthcare at Meru Level five Hospital in Meru County, Kenya

#### **1.5 Objectives**

This research was guided by the following research objectives.

- i. To examine how use of Information Communication and Technology (ICT) influences provision of healthcare services.
- ii. To determine the influence of devolution of finance on provision of healthcare services.
- iii. To find out how staffing influences provision of healthcare services.
- iv. To establish the extent to which leadership styles influences provision of healthcare services.

## **1.6 Research Questions**

This study focused on the following research questions.

- i. How does the use of information communication technology influence provision of healthcare services?
- ii. How does devolution of finance influence provision of healthcare services?
- iii. How does staffing influences provision of healthcare services?
- iv. How does leadership styles influences provision of healthcare services?

## **1.7 Significance of the study**

According to the Kenya Vision 2030, the vision of the government of Kenya in the health sector is to improve the life of Kenyans by the year 2030, through provision of healthcare services of the best standards possible (GoK, 2007). The study aimed at establishing the implications that the devolution of government service delivery has brought about in provision of healthcare in Kenya with emphasis on Meru County. This enabled the researcher to be able to recommend best practices for adoption by other counties in Kenya as well as other countries devolving healthcare. Research data on utilization of healthcare facilities is not widely and readily available though it is very important for health care planning. Hence, the findings of the study would help inform Kenya's health care policy makers and planners on the current utilization of health facilities in our country and especially in Meru County. In addition the study provided useful recommendations that will provide rich source of reference for the hospital to improve service delivery to the residents of Meru County. Secondly, it helped initiate concern among the administrators of the health facilities on the importance and benefits of improving service delivery and customer satisfaction. To policy makers especially the Ministry of Health, the information would be useful in identifying ways of improving the service delivery by providing enough budgetary allocations to counties as well as sensitization of beneficiaries through education. In addition, the study aimed to uncover

causes poor service delivery and provide recommendations on mitigation measures. Lastly, the study provided an opportunity to the customers (patients) to air feedback on areas they feel greater attention is needed in improvement of service delivery.

### **1.8 Delimitation of the study**

Due to limited time and finances the research was confined to Meru Level 5 Hospital based in Meru County. Since the results obtained were only valid at one point in time, that is when the study was carried out; it was not in a position to expose the pattern of service delivery in the entire Meru County over time. The researcher focused on four major variables namely; information and communication technology, devolution of finances, staffing and leadership styles.

### **1.9 Limitations of the study**

Various factors that may hinder achievement of research objectives may be encountered and hence it is expected that this study may be limited by a number of constraints. First, unwillingness by health facilities to provide access to their database and lack of such database in most instances result in our inability to accurately provide the clear picture on the areas of study. Since medical practice is a complex practice and involve information above comprehension by most of the customers the researcher perceives that most clients may not be aware whether quality services will have been offered or not. Another factor may be the bias by respondent in that they may give responses that are likely to favour the researcher's results or the situation on the ground hence undermining the intent of the study. In addition, since there is a time limit to conduct the research by the University, it may not be feasible for the researcher to conduct in-depth on all the areas under the study.

### **1.10 Assumptions of the study**

Assumptions in this study include; that the health facilities are offering quality service delivery after devolution of the health sub sector to the county government and that support data is available; that the responses by the respondents was correct and truthful.

### **1.11 Definition of significant terms**

**County:** According to Kenya Constitution these are geographical units envisioned as the units of devolved government.

**Devolution of services:** The transfer or delegation of services to a lower level, especially by central government to local or regional administration which is the county

**Finances:** the management of large amounts of money by county governments.

**Health care system:** the health care system can be described as production entities consisting of components or subdivisions oriented towards improvement of the health status of the populace.

**Health facilities:** These are organizations or decision making units whose mission and resources are devoted to improving patients' health through health intervention measures and services such as curative, preventive, protective and health promotion activities, that is hospitals and health centres.

**Healthcare:** Is the maintenance or improvement of health through diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in human beings.

**Hospitals:** Hospitals are institutions for healthcare providing patients' treatment by specialized staff and equipment.

**Information communication technology:** Refers to convergence of several technologies and the use of common transmission lines carrying very diverse data and communication types and formats.

**Leadership:** is the ability of the County government management to set and achieve challenging goals, take swift and decisive action, outperform the competition, and inspire others to perform well.

**Level five hospitals:** These are regional hospitals which provide specialised care, including intensive care, life support and specialist consultations and acts as referral point for the county.

**Patient/client** A patient is anyone or any individual who receives a service or who is an actual, potential or future user of the health service and its various services.

**Service delivery:** Service delivery is a component of an organization that outlines the interaction between providers and clients. The provider offers a service and the client either finds value or loses value as a result.

**Waiting time:** The duration in term of time (minutes) that a patient has to wait before he/she is attended to by a medical professional

### **1.12 Organization of the study**

This study is organized into five chapters. Chapter one is the introduction of the study and it involves background information, research problem, objectives, and research questions, significance of the study, delimitations, limitations, and assumptions of the study as well as definition of significant terms. Chapter two outlines the literature review to explain the relationship between the independent variable and dependent variable at length citing examples at global, regional, national and local perspective. The chapter also provides a conceptual frame work. Chapter three dwells on the research methodology whereby the

researcher is explaining the research design, target populations, sample size and sampling procedure, data collection instruments, validity and reliability of the instruments, the methods that was used in order to obtain findings. Chapter four focuses on data analysis, presentation and interpretation based on the data collected from administered questionnaires. It provides overview on social-demographic information and influence of devolution of government service delivery on provision of healthcare at Meru Level Five Hospital in Meru County, Kenya. The sections are based on five independent variables which are information communication technology, devolution of finance, staffing and leadership styles. The information from open ended questions in the questionnaires are summarized and presented in description. Chapter five presents summary of findings, discussion of the key findings, conclusions drawn from the findings, and recommendations.



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter focused mainly on previous studies on devolution of government services and more specifically on how devolution has influenced provision of healthcare. It looked at both the theoretical and empirical evidences in devolution of government services in relation to this topic of study.

#### **2.2 Healthcare provision**

Health care has become one of the most significant concerns. In China for example, the government is aiming to establish a health care system which provides both health protection and social protection for its population, in terms of improved access to and utilization of services as well as reduced poverty caused by illness (Hu, 2004). In India health care system is unable to respond adequately to public needs mainly due to the uneven distribution and due to the unregulated nature of the private health sector. Adding to the problem is the absence of any major risk pooling mechanism to finance the health care system. This only makes inequities more adverse (Gangolli, Duggal & Shukla, 20005).

In the United Kingdom, health care system is one of the most efficient in the world, according to a study of seven industrialized countries. The Commonwealth Fund report looked at five areas of healthcare performance. These included quality, efficiency, and access to care, equity and healthy lives. The Netherlands ranked first overall, closely followed by the UK and Australia. UK performed well when it came to quality of care and access to care. The UK also ranked first in efficiency, which was measured by examining total national spending on healthcare as a percentage of GDP, as well as the amount spent on healthcare administration and insurance. In regards to access to care, the study stated that the UK had relatively short waiting times for basic medical care and non-emergency access to services

after hours, but had longer waiting times for specialist care and elective, non-emergency surgery.

A research by the Economist Intelligence Unit (2011) was undertaken to focus on how African healthcare systems might develop during the period up to 2022. Accordingly, it was found that Africa must reassess its healthcare systems to ensure that they are viable over the next decade. This is by carrying out restructuring while grappling with a uniquely broad range of healthcare, political and economic challenges. Despite these major challenges, reforms of the continent's healthcare systems are possible. Indeed, some evidence of reform is already present. A number of countries are trying to establish or widen social insurance programmes to give medical cover to more of their citizens. For instance, Ethiopia, has demonstrated the power of strong political will to create a primary-care service virtually from scratch. Yet the sheer diversity of the continent means that overall progress has been patchy at best

Atela (2013) states that health systems accountability and engagement are increasingly improving services by providing mechanisms in the design, implementation, and evaluation of service delivery, where Kenya makes use of hospital boards, health facility committees, patient and facility service charters. The results of a study by Korir (2010) suggested that the Kenya Ministry of Health should put more effort to reducing inefficiency in service provision. The result also added that in order to facilitate measurement of efficiency on an annual basis, there was need for the Ministry to maintain a database on the inputs used by each hospital and services it provides because efficiency information was key to the upgrading of service quality.

According to a report by Barker et al. (2014) counties where facilities were relatively better at planning and management could be better equipped for the devolution of healthcare than

counties with poor ratings on these indicators. This may mean that those counties whose facilities were better at planning could have higher chances of offering good health services. A report by the GoK (2016) prepared by the Ministry of Health acknowledges that delivery of services is affected by challenges which include sub-optimal functioning of the health system with uneven distribution of the health workforce as well as constraints in competency and motivation of the health care providers to provide quality care; insufficient financing and weak supply chain management resulting in missing critical inputs required for service delivery, especially essential commodities; and poor quality and utilization of routine data for evidence-based decision making. Citing (KPMG, 2014), GoK (2016) emphasizes that devolution provides a great opportunity to address geographical and socioeconomic inequities and increase coverage, improve service delivery for underserved areas and populations and invest in strengthening county health systems.

## **2.2 Information Communication and Technology and provision of healthcare services**

Health care is clearly an information intensive sector which could benefit from information and communications technology, and the potential has also been noted. In Finland, information communication technology has been estimated to contribute to the overall productivity growth by one percentage unit, implying that half of the whole labour productivity growth comes from ICT (Pohjola, 2008). However, in health care industry in general, the adaption has been relatively slow (Ranta, 2010). In Sweden, a study by Lindberg Nilsson, Zotterman, Söderberg and Skär (2013) established that the most types of ICT used in provision of healthcare were video technology followed by text messages and health monitoring.

In South Africa, the Department of Health (2012) admitted that the use of Information and communication technology for health is still facing many cavities including the lack of clearly defined eHealth standards. For instance a study by Mgozi, Weeks and Erasmus (2015)

revealed that although cloud computing is being adopted within the health sector in other countries, it was found that the South African health system was not yet ready for this emerging technology.

Information and communication technologies used in the health sector have well-known advantages such as promotion of patient-centered healthcare, improvement in quality of care, and education of health professionals and patients (Rouleau, Gagnon & Côté, 2015). Information communication technology can also increase the efficiency, speed, and transparency in delivery of services and, on the other hand, assist in the generation and dissemination of knowledge (Bhatnagar, 2014). Achampong (2012) emphasizes that information and communication technology (ICT) has become a major tool in delivery of health services and has had an innovative impact on quality of life. Citing (Musa, Meso & Mbarika, 2005) Toyo and Ejedafiru (2015) argue that developing countries still lag behind in advances in information technologies although they are increasingly being used in the availability of healthcare in remote areas. Information communication technology is affecting the way healthcare is delivered to clients.

Of late, a lot of stress is being made on the field of telemedicine (Bashshur, Puskin, & Silva, 1995) which is a merger of advanced telecommunication and computer technologies. Telemedicine is the use of information and communication technologies to provide and support healthcare services at distant locations. In addition, Crump and Pfeil (1995) posit that very advanced telemedicine technologies are on the way such as Telesurgery where robotic instruments will perform the surgery on the basis of the audio and visual data received by the surgeon. Another important technology is the use of video conferencing which help the physician to interact with different experts at the same time and make a decision.

Advancements in information and communication technologies have paved way for provision of cost-effective e-services to the people around the globe. Istepanian, Jovanov and Zhang (2004) states that the combination of such wireless technologies with e-health is known as m-health which is defined as mobile computing, medical sensor, and communications technologies for healthcare. M-health include the use of cell phones and other communication devices to gather health data, deliver healthcare information to doctors, researchers, and patients, while including real-time and direct provision of health services.

Barcode technology is another area of ICT in healthcare management that helps in improvement of the security, safety and quality of healthcare (Roger, 2001). Barcode in healthcare finds application in document management, medication administration as well as dietary management among others, (Roger, 2001). Clinical Decision Support System (CDSS) provides doctors, nurses and other paramedical staff with real-time diagnostic of the patients as well as treatment recommendations (<http://www.openclinical.org/dss.html>). A picture archiving and communication system (PACS) is an electronic and ideally filmless information system for acquiring, sorting, transporting, storing, and electronically displaying medical images (Beard, Parrish and Stevenson, 1990; Becker and Anderson, 1994).

Despite ICT improving service delivery in healthcare facilities, a study by Achampong (2012) on the state of information and communication technology and health informatics in Ghana established that there has been tendency to resist technology among employees as it was viewed it could threaten their jobs.

The extent to which the health sector of any country is computerised and the extent of use of other information communication technologies is telling of the extent to which information communication technology benefits can be enjoyed in their health sector (Litho, 2010). Investment in ICT infrastructure improves health of individuals in Africa. However, such

investment has a significant impact on health expenditure in Africa at least in short term. Internet usage has a least impact on health expenditure. On the other hand, main telephone line seems to have a highest impact on health system components examined. This is according to a study by Mimbi and Bankole (2015) on ICT and health system performance in Africa.

In Kenya, a study by Mwangi (2016) on factors influencing use of information communication technology in provision of health facilities established that perceived usefulness of ICT positively influenced its use by medical practitioners to a great extent where ICT enhanced the security of patients' health records as well as increased the effectiveness of health service delivery. According to a by Salte (2014) results on mHealth programs established that some health facilities had approval difficulties because they lacked necessary equipment such as computers or internet connection.

The findings from a study conducted by Omondi (2016) on factors that influenced service delivery in selected hospitals in Nairobi County showed that information systems had not been fully integrated in the hospitals operation as given by 57% of the respondents. This affected delivery of the much needed services in the health facilities.

Juma and Okibo (2016) state that for better service delivery implementation in health facilities and adoption of ICT strategy is a necessity, it provides efficient access and dissemination of information. The lack of adequate, organized, reliable and timely information leads to the mismanagement of the health of patients, resources and time. In addition the non-existence of an adequate system to manage and disseminate information hampers efficiency of the sector.

### **2.3 Devolution of finance and provision of healthcare services**

County governments receive much of their funding from the national government. These funds are used for recurrent and as well as development expenditure. If county government does not receive enough funds, this may hamper implementation of projects and initiatives which it wants to execute. According to a study by Grundy, Healy, Gorgolon and Sandig (2003) on devolution of health services in the Philippines, one of the first countries to embrace devolution, it was revealed that between 1992 and 1997, breakdown in management systems between the levels of government affected financing of operational costs of services. In Yukon Canada one of the territory where there is devolution system of government, a commitment to improving healthcare delivery was reflected in the 14% increase in the 2011-12 budget. In Northwest Territory, health sector was allocated 25% of the jurisdiction's \$1.339b budget (Powers, 2011).

The improvement and extension of healthcare provision in Africa is being constrained by gaps in financing. Sub-Saharan Africa for example makes up 11% of the world's population but accounts for 24% of the global disease burden, according to the International Finance Corporation. More worrisome still, the region commands less than 1% of global health expenditure. Public-sector funding for healthcare remains uneven across the continent. While 53 African countries signed the Abuja Declaration pledging to devote 15% of their national budgets to health, most remain far from that target and, according to some estimates, seven countries have actually cut their spending on health over the past decade (WHO, 2011).

More than half of healthcare costs on the continent are currently met by out-of-pocket spending, a ratio that rises to as much as 90% in some countries. With many of the poorest unable to afford treatment, costs are kept down artificially by people's ability to pay, further exacerbating the problem (The Economist Intelligence Unit, 2011). In Nigeria, primary healthcare is in charge of local government. Overall financing of Nigeria healthcare is mainly

through tax revenue, out of pocket payments, donor funding, and health insurance (Olakunde, 2012).

Health care financing in Africa depends heavily (52% in Kenya) on out-of-pocket payments for services (Kaseje, 2006). A study done in Uasin Gishu County by Akacho (2014) revealed that majority of the respondents at 51% cited lack of adequate financial services as a factor which greatly affected delivery of health services. A study by Wainaina, Ole Sophia and Cherono (2016) on factors influencing the strategic implementation of change management in the devolved public health services in Kenya revealed budgetary support as one of the most fundamental factors which affected strategic implementation of health services. This study concurs with a study done by Wanjau, Muiruri and Ayodo (2012) on factors affecting provision of service quality at Kenyatta National Hospital, which revealed that insufficient financial resources would result to decrease in provision of health service quality by factor of 0.671 with P value of 0.001. According to Otieno and Macharia (2014) government should improve budget allocation towards health care in order to cater for required health services and where there are deficits there should be plans for financial support from development partners.

Muchomba and Karanja (2015) emphasize that in order to improve service delivery in health facilities, health sector players should improve in financing of critical health investment areas, particularly those relating to improving quality of care. Okech (2014) argues that tax funded health budgets are critical in promoting an equitable geographical allocation of resources. In particular, general tax revenue and most cases combined with donor funding is the only funding source that can be actively be redistributed between geographic regions in order to promote equity in access to health care services. Increased tax funding coupled with significant reduction in out of pocket payments can significantly reduce financial access barriers and hence minimize incidences of catastrophic health expenditures. This is supported



in various studies wherein it has been documented that in a number of African countries where there is increased government resources devoted to the health sector, the burden of out-of-pocket payments is kept at minimal levels.

In the financial year 2014/15, 81% of all the counties in Kenya allocated at least 15% of their budget to health (Health Policy Project, 2016). In the same financial year the national government allocated 4% of the national budget to health. Healthcare financing in Kenya is mixed and receives funds from taxation, the National Health Insurance Fund (NHIF), private health insurances, employer schemes, Community Based Health Financing, user fees which is commonly referred to as out of pocket expenses, development partners and Non-Governmental Organisations (NGOs). The amount of out of pocket spending remains high, leading a lot of people into poverty and posing a barrier to access healthcare (Netherlands Enterprise Agency, 2016)

#### **2.4 Staffing and provision of healthcare services**

Various studies conducted have generally found that lower staffing levels in health facilities are associated with heightened risks of poor patient outcomes. Staffing levels, particularly those related to nurse workload, also appear related to occupational health issues and psychological states. Experiences like burnout that may represent precursors for nurse turnover from specific jobs as well as the profession (Clarke & Donaldson, 2008). Thus staff health issues and staff turnover may affect the delivery of services in health facilities. Lenka and George (2013) emphasize that training of the health staff on their enhanced job responsibilities and task sharing is an important determinant of the success of health services. A study by Wakaba et al. (2014) on public sector nursing workforce established there was an overall shortage of nurses in Kenya and this affected service delivery in health institutions.

In South Africa, in 2013 it was estimated that vacancy rates for doctors were 56% and for nurses 46%. While half of the population lives in rural areas, only 3% of newly qualified

doctors take jobs there. All medical training takes place in the public sector but 70% of doctors go into the private sector. It was estimated that 10% of medical staff is qualified in other countries while the numbers of medical student increased by 34% between 2000 and 2012 (Britnell,(2015). Despite this, since coming to power in 1994, the African National Congress (ANC) has implemented a number of measures to combat health inequalities in South Africa. These have included the introduction of free health care in 1994 for all children under the age of six together with pregnant and breastfeeding women making use of public sector health facilities (extended to all those using primary level public sector health care services in 1996) and the extension of free hospital care (in 2003) to children older than six with moderate and severe disabilities (South African Child Gauge, 2006).

According to a study by Akacho (2014) on factors that influenced the provision of health care services in public hospitals in Uasin Gishu District hospital, it was revealed that most of respondents at 74% reported that the main problem affecting service delivery in health care services was understaffing. The findings showed the staffs in the health facility were overburdened and this made it difficult for them to deliver quality healthcare service. These findings are in agreement with another study by Wavomba and Sikolia (2015) on quality of service delivery in Kenyan public hospitals which revealed that the number of medical staff serving in wards for malaria patients failed to meet patient demand. The patient-medic ratio was high and this affected service delivery to the consumers of services of health care facilities. A report by Barker et al. (2014) established that the proportion of doctors per 10,000 people in the 47 counties ranged from 0 (Mandera) to 2 (Nairobi). Citing (MOH, 2013), Barker et al (2014) states that these rates were below the national benchmark of 3 medical officers per 10,000 people. A study by Lang'at and Mwangi (2015) revealed that staff shortage affected provision of health services in health facilities in Malindi subcounty.

Quality health services in the health facilities makes a customer satisfied. A study conducted at the largest maternity hospital in Kenya on determinants of clients' satisfaction with health care services by Nyongesa, Onyango and Kakai (2014) revealed that the health facility was understaffed especially in the labour ward where clients were many and nurses and doctors were few. The study revealed that mothers would struggle alone, thus making some end up delivering dead babies. Staffing problem was established in wards where clients were forced to seek for help from the nurses' offices, since the same nurse was in charge of both the office and the ward.

Citing (Liese, 2004, National Coordinating Agency for Population and Development, 2011) , Rosser, Hamisi, Njoroge and Huchko (2015) stated that in Sub-Saharan Africa, staffing shortages pose a chronic problem, and in Kenya there are only 40 registered nurses and 81 enrolled nurses per 100,000 people. A study of health care providers and support staff in rural, government-run health care facilities in western Kenya by Rosser et al (2015) identified several major barriers to cervical cancer screening. The main barrier to service provision was staffing shortages at 62%. This resulted to long clinic waits thus affecting service delivery. In Makueni County for instance, a study in Kitonyoni and Mwanja sub-locations by Essendi et al. (2015) revealed that service providers in those areas as well as users reported the lack of capacity by the two health facilities to provide round the clock services due to inadequate staffing.

## **2.5 Leadership styles and provision of healthcare services**

The leadership task in healthcare provision is to ensure direction, alignment and commitment within teams and organisations (Drath, McCauley, Palus, Van Velsor, O'Connor, McGuire, 2008). Effective leaders in healthcare services emphasise continually that safe, high quality, compassionate care is the top priority. This is by ensuring that the voice of patients is consistently heard at every level; patient experience, concerns, needs and feedback (positive

and negative) are consistently attended to. They offer supportive, available, empathic, fair, respectful, compassionate and empowering leadership. They promote participation and involvement as their core leadership strategy. They ensure the staff 'voice' is encouraged, heard and acted on across the organisation and provide practical support for staff to innovate within safe boundaries.

From broader leadership research evidence several core personality traits associated with leadership effectiveness can be identified, including Yukl (2013): high energy level and stress tolerance, self-confidence, internal locus of control, emotional maturity, personal integrity, socialized power motivation, achievement orientation and low needs for affiliation. (Boyatzis, 1982) focused on the competencies related to managerial effectiveness, including motives, skills, knowledge, self-image and some specific behaviour. The research suggested the following competencies are important for leaders: Technical competence, Conceptual skills, and Interpersonal skills. In addition, Yukl (2013) argues that for an integrative hierarchical framework of leader behaviours sub sums four broad categories of behaviours that leaders should exhibit; they should be task oriented, relations oriented, change oriented and have external networking.

Leadership is one of the planning functions which involve motivation of employees in order to achieve organization objectives. A review by Alloubani, Almatari and Almkhtar (2014) on effects of leadership styles on quality of services in health care established that transformational leadership attributes and behaviours were positively related to organizational outcomes. Involvement of key stakeholders such as the employees is important as this will help feel and own the initiative and decisions made by the management. Effective leadership is one of the most crucial factors that lead an organization towards success. The key challenge for modern organization is to recognize the effects of strong leadership upon the nursing performance and success in the organization. Leadership effectiveness is

associated with lower patient complaints (Shipton, Armstrong, West & Dawson, 2008). This is an indication that a customer gets better quality services.

Healthcare service delivery can be influenced by the type of leadership in an organization. For example a study by Wavomba and Sikolia (2015) determined that there was absence of participative management and this contributed to low motivation among medical staff and consequently lack of job satisfaction in their work. This may affect the delivery of services in the health sector. Poor leadership in organizations has been identified as one of the major factor perpetuating strikes and lack of commitment of health workers. This has resulted in loss of lives in the hospitals and poor health services (Kuria, Namusonge & Iravo, 2016). A study by Akacho (2014) established that 41% of the respondents cited lack of proper management of the available resources in the health facility as one factor which affected service delivery. A study by Kuria, Namusonge and Iravo (2016) on effect of leadership on organizational performance in the health sector in Kenya revealed that leadership influenced the relationship between leaders and the employees. The study revealed that there existed poor relationship between leaders and the employees.

Citing Mosadeghrad (2014) Omondi (2016) argues that most managers are not qualified professional managers, rather are hospital physicians, nurses, doctors or are healthcare professionals. This is the same results whereby a study by Mwamuye and Nyamu (2014) on devolution of health care system in Kenya revealed that the management of hospitals in Mombasa included remained in the hands of medical doctors, who, despite having a lot of technical and professional expertise, lacked adequate strategic management skills to access and make proper use of the resources and mitigate against the new devolution challenges. Marangu, Odindo and Egessa (2015) emphasize that it is important for public health service providers to employ good leadership styles in their operations. This is because according to their study on effect of leadership style on the performance of public health service providers,

it was revealed that leadership style had a positive and significant effect on organizational performance of public health service providers in Kenya. Effective management level may create an enabling working environment modifying the impact of resource shortfalls in health institutions. Supportive leadership may foster good working relationships between different cadres, improve motivation through provision of local incentives and appropriately handle workers' expectations in terms of promotions, performance appraisal processes, and good communication (Mbindyo, Gilson, Blaauw & English, 2009).

According to a study by Omondi (2016) it was found out that management of selected hospitals in Nairobi had a greater influence on how services were delivered and decision making process, a view given by 38% of the respondents. The study also revealed that less assignment was delegated and there could be a positive improvement if the management was changed as given by 42% of the respondents. However, a study by Ojaka, Olango and Jarvis (2013) revealed there was leadership problems emanating from poor communication from superiors to junior medical staff. A well-coordinated leadership is an indispensable tool that if crystalized together with good supervision and proper power play, will influence the achievement the goals of the healthcare system (Oyugi, 2015). The county government should ensure, accountability mechanisms, clearly defined degree of authority and method of funding, where people will not beg or patronize someone in order to receive funding for the project (Mwamuye & Nyamu, 2014).

## **2.7 Theoretical Framework**

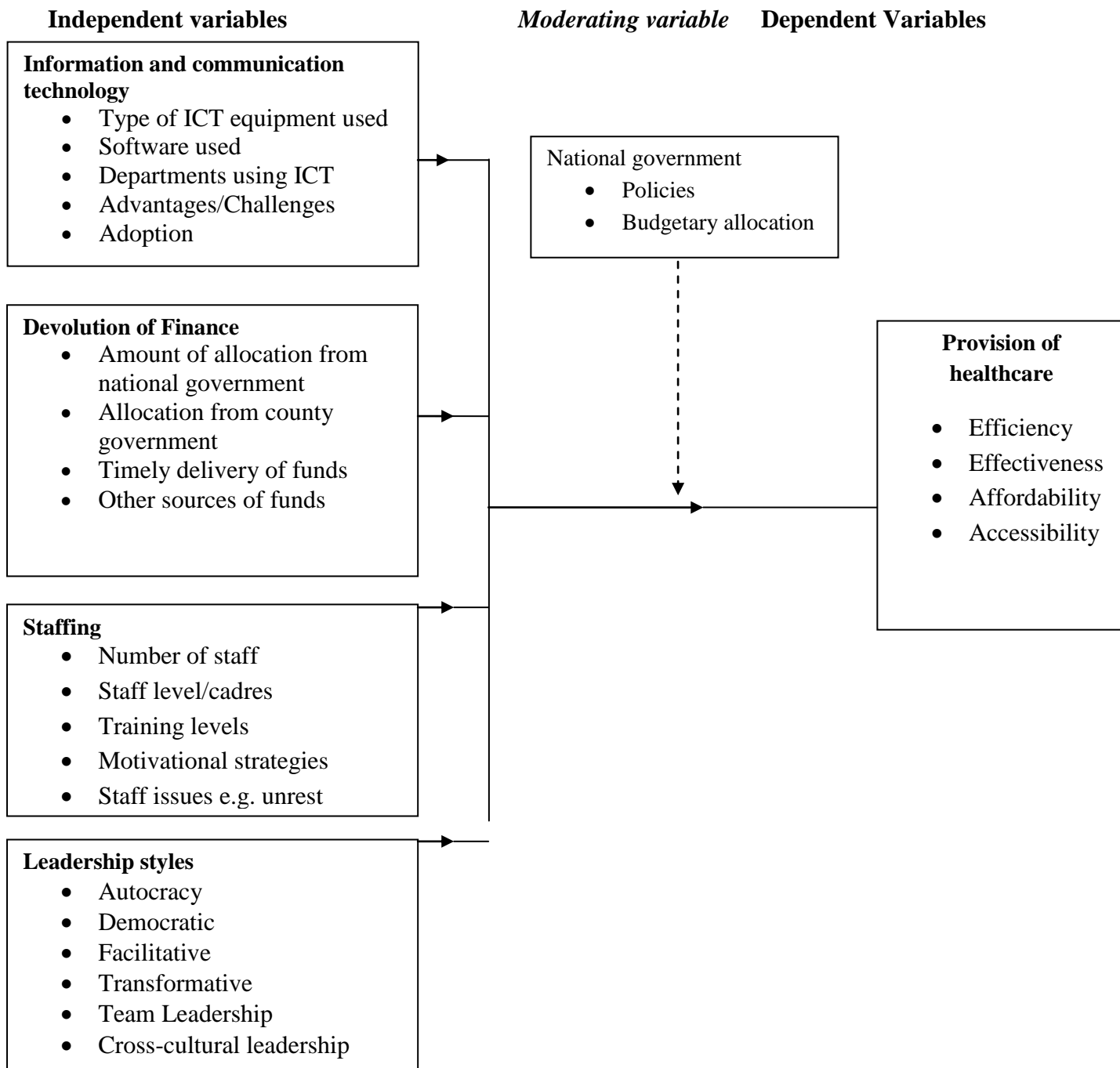
This study was guided by the organizational learning theory. According to this theory developed by Argyris and Schon (1978) institutions must change their goals and actions to reach those goals. Some of the main independent constructs of this model are: structure of the organization, that is, whether an organization is centralized or decentralized; social cultural environment of the institution which include endogenous factors such as technology and

administrative process; and strategic design of the organization. The main dependent construct is effectiveness. Devolution brought changes in the way institutions are run. National and county governments have clear roles and responsibilities though teething problems associated with devolution have been witnessed in Kenya. Kenya having embraced devolution (decentralization of power and resources to the county level) it is expected that it will lead to effectiveness in terms of service delivery in all the devolved function where provision of healthcare is one of them.

## **2.8 Conceptual Framework**

A conceptual framework entails forming ideas on relationships between variables in the study and showing these relationships diagrammatically (Mugenda and Mugenda, 2003). Bogdan and Biklen (2003) defines a conceptual framework is a basic structure that consists of certain abstract blocks which represent the observational, the experiential and the analytical/synthetical aspects of a process or system being conceived. Establishing the provision of healthcare services in Kenya is the primary goal of this study. As such provision of healthcare services it is the dependent variable. The influencing factors which form the independent variables of the study include information communication technology, devolution of finance, staffing, and leadership styles. The significance of their level of influence to the provision of healthcare was measured during the study. Figure 1 illustrates the relationship and direction between independent and dependent variables.

## Conceptual Framework



**Figure 1: Conceptual Framework**

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



## **2.9 Summary**

Chapter two covers the variables of study at length including comparing different studies, their findings and conclusions. The chapter has also explained the theoretical framework under which the study is based on. Finally a relationship between the independent variable (devolution of government services) and dependent variable (provision of healthcare services) has been shown through the conceptual framework.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter contains the research methodology used in the study and describes the methods used in data collection. In addition, the chapter contains several sub sections such as research design adopted, sample size and sampling techniques, data collection techniques, pilot study, ethical and logistical considerations.

#### **3.2 Research design**

According to Saunders et al. (2011), research design is a way the researcher intends to conduct the study. During the research design, the researcher must clarify the steps in the research process, which enables the researcher to foresee and prevent eventual errors, bias or distortions. Ngechu (2004) states that descriptive research design serves a variety of research objectives such as descriptions of phenomenon or characteristics associated with a subject population, estimates of proportions of a population that have these characteristics and discovery of associations among different variables. The researcher used descriptive research design to assess the influence of devolution of health sector on service delivery at Meru Level Five hospital. Descriptive research design helped the researcher to gather both qualitative and quantitative data on how devolution of health sector has influenced delivery of services at the county. Through this design the researcher was able to link devolution of health sector to service delivery.

#### **3.3 Target population**

The target population refers to population to which the researcher makes inference to and should theoretically be countable, observable, and exist within a specific time frame. According to Mugenda and Mugenda (1999), target population is a population which a researcher would want to generalize the results of the study. According to data available at

the county Ministry of health, Meru Level 5 hospital has a total number of five hundred (500) medical staff. This number was used in identifying the number of respondents.

**Table 3.1 Target population**

<b>Categories</b>	<b>Population</b>
Doctors	56
Nurses	326
Clinical Officers	78
Laboratory Technologists	29
Health Administrators	02
Pharmaceutical Technicians	09
Total	500

**Source: Meru Level Five Hospital, Meru County (2017)**

### **3.4 Location of the study**

Meru County is one of the 47 counties outlined in the first schedule of the Constitution of Kenya. The county lies to the east of Mt. Kenya whose peak cuts through the southern boundary of the county. It shares borders with several counties which include Laikipia to the west, Nyeri to the south west, Tharaka/Nithi to the east and Isiolo to the North. It straddles the equator lying within 0<sup>0</sup> 6' North and about 0<sup>0</sup> 1' South, and latitudes 37<sup>0</sup> West and 38<sup>0</sup> East. The county has a total area of 6,936.2 km<sup>2</sup> out of which 1,776.1 Km<sup>2</sup> is gazette forest (CIDP, 2013). The research will be carried out in Meru Level Five hospital which is a public hospital located in Township Sub-location, Municipality location, Miriga Mieru East Ward, North Imenti Sub County in Meru County. The study area was selected because of convenience to the researcher since he has no external funding to select a distant facility.

Meru District Hospital is a Level 5 government hospital, meaning it is one of the more advanced hospitals, and patients from all over the district are referred here from health

centres. As a result, level five hospitals treat many of the more severe cases of health challenges at the county level, (Muga, Kizito, Mbayah, & Gakuruh, 2005). Services at the Meru Level Five Hospital include but are not limited to; Antenatal, Antiretroviral Therapy, Basic Emergency Obstetric Care, Caesarean Section, Comprehensive Emergency Obstetric Care, Curative In-patient Services, Curative Outpatient Services, Family Planning, Growth Monitoring and Promotion, HIV Counselling and Testing, Home Based Care, Immunization, Integrated Management of Childhood Illnesses, Prevention of Mother to Child transmission of HIV, Radiology Services (e.g X-ray, Ultra Scan, MRI, etc), Rural Health Training Centre / Rural Health Demonstration Centre, Tuberculosis Diagnosis, Tuberculosis Labs, Tuberculosis Treatments and Youth Friendly Services

### **3.5 Sampling and Sampling Procedure**

Simple random sampling was used since each of the medical staff had an equal and independent chance of being selected. Citing (Groves, 2010), Githui and Wario (2013), states that sampling is concerned with the selection of a subset of individuals from within a statistical population to estimate characteristics of the whole population. Hence, according Cooper and Schindler (2004) sampling is appropriate when it is not feasible to involve the entire population under study. This study used a sample of 111 staff members as calculated below. The following formula was used to determine the sample size since the study involved statistical assumptions that the selection of individuals is random and unbiased. Citing (Pagano & Gauvreau, 2000), Githui and Wario (2013), states that the decision to include an individual in the study cannot depend on whether or not that individual has the characteristic or outcome being studied.

## Sample Size Determination

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

$$n = \frac{1.96 * 0.5 * 0.5 * 500}{0.05^2(500 - 1) + 1.96^2 * 0.5 * 0.5} = 110.96517 \cong 111$$

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

Where,

e = Expected error

n = sample size

N= entire Population

Z= level of significance

p = Probability that individual has the characteristic or outcome being studied

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

**Table 3.2 Sampling frame**

Categories	Population	Sample size
Doctors	56	12
Nurses	326	72
Clinical Officers	78	17
Laboratory Technologists	29	06
Health Administrators	02	02
Pharmaceutical Technicians	09	02
Total	500	111

### **3.6 Research instrument**

A questionnaire was used as a research instrument to ensure that the data is well interpreted to reflect the views of respondents regarding the topic of study. Cooper & Schindler (2003), states that data collection involves contacting the respondents in the sample in order to collect the required information about the study. The questionnaires was used because according to Owens (2002) they are held to be straight forward and less time consuming for both the researcher and the participants. Satyanarayana (1983) also stated that a questionnaire is useful in obtaining objective data. Bell (2005 as quoted by Gabula, 2012) states that in asking questions researchers have two options that of closed or open ended questions respectively. An analysis of open-ended questions is more valuable because respondents are given a chance to explore their knowledge. Conversely, Welman et al (2011) establishes that closed-ended questions are very popular because responses provide a greater uniformity and are more easily processed. The questionnaires will be divided into 5 sections. Section one required the respondent to fill in their demographic information while the remaining four sections consisted of variables which the researcher intends to research on.

### **3.7 Validity of the instrument**

Validity is the ability of an instrument to measure what it is designed to measure. Kothari, (2006) states validity is the most critical criterion which indicates the degree to which an instrument measures what is supposed to measure. To ensure validity of the research instrument, the questionnaires were reviewed with the help of the supervisors to determine its relevance to the topic under study.

### **3.8 Reliability of the instrument**

Reliability according to Muijs (2011) is the measure used to see if the study repeats the same results if the same experiment is performed again. The objective of reliability is to minimize inaccuracy and biases in the research (Yin, 1994). This means that reliability is increased with the possibility to follow research process and to repeat the study anticipating the same

results. The researcher used the split-half technique to enhance the reliability of the research instrument by dividing the scale into halves, and then correlating the scores on these two halves to estimate the internal consistency of the instrument. Hayes (2008), state that a high correlation indicates that the two sets yield consistent information.

### **3.9 Method of data collection**

Data for this study was collected through the use of personally administered questionnaires delivered to the respondents and picked later after the respondent had responded. The researcher obtained an authorization letter to carry out research from the University which will be presented to the management of Meru Level Five hospital. This was in order to seek prior permission to conduct research from the Ministry of Health explaining the reason and purpose of carrying out the study. In addition, the researcher sought permits from the relevant authorities such as the National Council for Science, Technology and Information (NACOSTI) to allow collection of information from respondents.

### **3.10 Data Analysis**

Data analysis is the process of systematically searching and arranging completed research instruments after field work, with the aim of increasing understanding and hence enabling one to present them to others (Franklin, 2012). The collected data was organised through sorting, editing, coding and analysing to attach applicable meaning to the research questions and research objectives. Quantitative data for each question was tabulated to provide an all-inclusive picture of the general outlook of the data that helped the researcher in identifying patterns. In quantitative analysis, data was analysed using descriptive statistics to get statistical measures with the aim of helping the researcher make valid inferences about the topic under study.

### 3.11 Operational Definition of Variables

**Table 3.3: Operationalization table**

<b>Objective</b>	<b>Type of variable</b>	<b>Indicators</b>	<b>Measurement scale</b>	<b>Research instrument</b>	<b>Methods of data analysis</b>
To determine influence of information and communication technology on provision of healthcare at Meru Level 5 Hospital	<b><u>Independent variable</u></b> Information communication technology	Type of ICT equipment used Software used Departments using ICT Advantages/Challenges Adoption	Ordinal	Questionnaires	Descriptive
To determine influence of financing on provision of healthcare at Meru Level 5 Hospital.	Financing	Amount of allocation from national government Allocation from county government Other sources of funds	Ordinal	Questionnaires	Descriptive
To find out how staffing influences provision of healthcare at Meru Level 5 Hospital.	Staffing	Number of staff Staff level/cadres Staff issues e.g. unrest	Ordinal	Questionnaire	Descriptive
To determine influence of leadership strategies on provision of healthcare at Meru Level 5 Hospital.	Leadership styles	Leadership styles Personality and effectiveness Involvement in decision making Leadership competencies/skills behaviours	Ordinal	Questionnaire	Descriptive
	<b><u>Dependent Variable</u></b> Provision of healthcare Service Delivery			Questionnaire	Descriptive



### **3.12 Ethical Considerations**

Due to the sensitivity of the information on health matters the respondent gave concerning service delivery, the researcher ensured that the information is handled carefully and treated with utmost confidentiality. Accordingly, in this current research, the respondents were assured of their privacy and anonymity would be upheld where required. The researcher also explained to the respondents about purpose of the research which was basically for academic purposes only. The researcher also made it clear that participation of the respondents was voluntary and that they were free to provide or decline to provide information requested. The researcher also assured the respondents of sharing the research outcome and its significance to them. Due to the sensitivity of the information to be collected, the researcher sought permits from the relevant authorities such as the National Council for Science, Technology and Information (NACOSTI) to allow collection of information from respondents.

### **3.13 Summary**

This chapter has discussed the design of the study which was descriptive design. Target population, sample size determination and the sampling procedure are also described in detail. The researcher has also explained the type of research instrument he is going to use and the method of data collection, validity and reliability of instruments and how data was analysed as per the research objectives by descriptive analysis using Statistical Package for Social Science (SPSS). The operational definition of variables and the ethical considerations have also been discussed in depth.

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION AND INTERPRETATION

#### 4.1 Introduction

This chapter focuses on data analysis, presentation and interpretation based on the data collected from administered questionnaires. It provides overview on social-demographic information and influence of devolution of government service delivery on provision of healthcare at Meru Level Five Hospital in Meru County, Kenya. The sections are based on four independent variables which are information communication technology, devolution of finance, staffing and leadership styles. The information from open ended questions in the questionnaires were summarized and presented in description.

#### 4.2 Response rate

The researcher administered 111 questionnaires which were personally delivered to the respondents and later picked after they had responded. After checking the questionnaires for quality checks, a total of 86 responses were obtained which translated to a response rate of 77.5%. This was a good response rate and conformed to Mugenda and Mugenda (1999) which stipulate that a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 70% and over is excellent.

#### 4.3 Socio-demographic information

In this section, the respondents were requested to provide background information on age, duration worked at Meru Level Five Hospital, gender and marital status.

##### 4.3.1 Age of Respondents

The study also found out that most of the respondents were aged between 35 – 44 years which was represented by 29.1% of the respondents. This age group was closely followed by 24.4% of the respondents who indicated that their age ranged between 25 – 34 years. From Table 4.2, 14% of the respondents indicated that their age was 55 and above years. It can be

established that most of the medical staff employed at the Meru Level Five Hospital were experienced and were aged between 31-40 years of age.

**Table 4.1: Age of Respondents**

	Frequency	Percent
< 25 Years	11	12.8
25 - 34 Years	21	24.4
35 - 44 Years	25	29.1
45 - 54 Years	17	19.8
55 and above Years	12	14.0
Total	86	100.0

#### **4.3.2 Duration Respondent Has Worked at the Hospital**

The researcher established that, in relation to the time duration that the respondent had worked at the Hospital, most of the respondents had worked with organization for a period between 3 – 6 years representing 29.1% of the respondents. As shown in Table 4.2 only 4.7% had worked for 15 and above years. From the responses, it could be established that most of the staff are young or recently employed by the County Government.

**Table 4.2: Duration Respondent Has Worked at the Hospital**

	Frequency	Percent
< 2 Years	15	17.4
3 - 6 Years	25	29.1
7 - 10 Years	27	31.4
11 - 14 Years	15	17.4
15 and Above Years	4	4.7
Total	86	100.0

### 4.3.3 Gender of the Respondents

The study established that majority of the respondents were female as shown in Table 4.1. 48.8% of the respondents were male and 51.2% of the respondents were female. This could be attributed to the fact that majority of the staff could have been female nurses who contributes that majority in any medical establishment.

**Table 4.3: Gender of the Respondents**

	Frequency	Percent	Cumulative Percent
Male	42	48.8	48.8
Female	44	51.2	100.0
Total	86	100.0	

### 4.3.4 Marital Status of the respondents

In relation to the marital statuses, the study established that most of the respondents were married. Table 4.4 indicates that 65.1% of the respondents indicated that they were married and only 2.3% indicated that they were separated from their spouses.

**Table 4.4: Marital Status of the respondents**

	Frequency	Percent
Single	28	32.6
Married	56	65.1
Separated	2	2.3
Total	86	100.0

### 4.3.5 Cross tabulation between Gender and Marital Status of the respondents

The study found out that 69% of the male respondents was married with 61% of female also being married as show in Table 4.5. 61.4 of the respondents who were married were female.

**Table 4.5: Cross Tabulation between Gender and Marital Status**

	Marital Status			Total
	Single	Married	Separated	
Male	28.6%	69.0%	2.4%	100.0%
Female	36.4%	61.4%	2.3%	100.0%
Total	32.6%	65.1%	2.3%	100.0%

**4.4 Information Communication Technology and Provision of Healthcare**

The researcher sought to determine the influence of information communication technology on provision of healthcare services at Meru Level Five Hospital.

**4.4.1 Use ICT in service delivery at the Meru Level Five Hospital**

On whether the respondent used ICT in provision of healthcare services in their department, 100% of the respondents agreed that ICT was used in their departments as indicated in Table 4.6. This could be an indication that ICT very paramount in service delivery at the Hospital.

**Table 4.6: Whether the staff uses ICT in service delivery at the Meru Level Five Hospital**

	Frequency	Percent
Yes	86	100.0

**4.4.2 Better and faster service delivery**

The study established that ICT use made provision of services better and faster. Table 4.7 shows that 100% of all the respondents agreed that use of ICT made service delivery faster and better. This could be attributed to the availability of affordable ICT such as phones and therefore the respondents and Hospital could easily have one.

**Table 4.7: If use of ICT makes service delivery better and faster**

	Frequency	Percent
Yes	86	100.0

**4.4.3 Rating the influence of ICT on provision of health services**

The study also established that most of the respondents rated the influence of ICT on provision of healthcare services as high at 48.8% of the respondents. As shown in Table 4.8 only four respondents indicated that ICT influenced provision of healthcare very lowly. This was represented by 4.7% of the respondents.

**Table 4.8: Rating influence of ICT on provision of health services**

	Frequency	Percent	Cumulative Percent
Very High	11	12.8	12.8
High	42	48.8	61.6
Average	24	27.9	89.5
Low	5	5.8	95.3
Very Low	4	4.7	100.0
Total	86	100.0	

**4.4.4 The type of ICT used in your department**

When the researcher requested to know the type of ICT used in the department represented by the respondents, the study established that phones were the most commonly used. Table 4.9 indicates that phones were presented by 172.1% of all the ICT used in the departments. This could be because of the availability of affordable phones and therefore organizations and respondents could easily have one. A significant high number of department also used Computer/Laptops/Tablets at 131.4% of all ICT in the departments.

**Table 4.9: Type of ICT used at the departments**

	Responses		Percent of Cases
	N	Percent	
Computer/Laptops/Tablets	113	32.8%	131.4%
Phones	148	43.0%	172.1%
Printers	46	13.4%	53.5%
Scanners	36	10.5%	41.9%
Others (Specify)	1	.3%	1.2%
Total	344	100.0%	400.0%

#### **4.4.5 Satisfaction With Regard To Information Technology in the Organization**

The researcher also sought to establish the level of satisfaction of the respondents with regard to information technology in the hospital. From Table 4.10, 5.8% of the respondents indicated that they were very satisfied with the computing environment in the hospital. 31.4% of the respondents were dissatisfied with the computing environment in the hospital. Only 10.5% of the respondents indicated that they were dissatisfied with the variety of services provided by the information technology in the hospital. But 70.9% of the respondents indicated that they were satisfied with the variety of services provided by the information technology in hospital. 40.7% of the respondents indicated that they were satisfied with the quality and reliability of services provided by the information technology in the hospital against 36.1% respondents who indicated that they were dissatisfied.

**Table 4.10: Level of Satisfaction With Regard To Information Technology**

	Very satisfied	Somewhat satisfied	Neutral	Dissatisfied	Very dissatisfied
Overall, I am satisfied with the computing environment	5.8	34.9	27.9	24.4	7.0
Overall, I am satisfied with the variety of services provided by the information technology	24.4	46.5	18.6	7.0	3.5
Overall, I am satisfied with the quality and reliability of services provided by the information technology	5.8	34.9	23.3	29.1	7.0

**4.4.6 Adverse effects on use of ICT in provision of healthcare services.**

The researcher also requested the respondents to indicate any adverse effect that was eminent due to the use of ICT in provision of healthcare services. From Table 4.11, 41.9% of the respondents indicated that use of IC in provision of healthcare service was a little affected by insufficient number of computers and other ICT equipment in the department. 39.5% of the respondents were of the opinion that use of IC in provision of healthcare service was a little affected by insufficient number of internet connected computers in the department. In addition, 37.2% of the respondents showed that insufficient internet bandwidth or speed partially affected the provision of healthcare service.

**Table 4.11: Whether use of ICT in provision of healthcare services adversely affected by the following**

	Not at all	A little	Partially	A lot
Insufficient number of computers and other ICT equipment in the	5.8%	41.9%	37.2%	15.1%
Insufficient number of internet connected computers in the	7.0%	39.5%	38.4%	15.1%
Insufficient Internet bandwidth or speed	9.3%	29.1%	37.2%	24.4%



#### 4.4.7 Attitude towards use of ICT in provision of healthcare

The study also established that most the respondents at 37% had a good attitude towards use of ICT in provision of healthcare at the hospital. Only 5% of the respondents indicated that they had very bad attitude towards use of ICT in provision of healthcare as shown in Table 4.12.

**Table 4.12: Respondents attitude towards use of ICT in provision of healthcare**

	Frequency	Percent
Very good	15	17.4
Good	37	43.0
Neither good nor bad	19	22.1
Bad	10	11.6
Very bad	5	5.8
Total	86	100.0

#### 4.5 Devolution of finance

The researcher sought to examine the influence of devolution of finance on provision of healthcare at Meru Level Five Hospital in Meru County.

##### 4.5.1 Major source of finance

The researcher established that the major source of financing for the hospital was the national government as indicated by 100% of the respondents. This is shown in Table 4.12. This was an indicator that only an insignificant amount of finances were coming directly to the hospital from either the donors and the county government

**Table 4.13: Major source of finance**

	Frequency	Percent
National Government	86	100.0

#### 4.5.2 Timeliness of receipt of finances for deliver quality services effectively

The researcher also asked the respondents to indicate whether the hospital received finances on time to enable it to deliver quality services effectively. From Table 4.13, 69.8% of the respondents indicated that finances are not received on time. This could show that from time to time, services were affected by late receipt of finances.

**Table 4.14: Receipt of finances for delivery of quality services effectively**

	Frequency	Percent
Yes	26	30.2
No	60	69.8
Total	86	100.0

#### 4.5.3 Aspects of devolution of finances

The researcher also sought to establish the extent to which the respondents agreed with various aspects of devolution of finances from access to drugs, equipment and facilities, delivery of qualified health services to operational budget. As indicated in Table 4.14, the study found that 36.0% of the respondents neither agreed nor disagreed that devolution of finances has enhanced access to drugs, equipment and facilities. 33.7% strongly disagreed that the level of financing received is sufficient to help in delivery of qualified healthcare services at the level five hospitals. 59.3% of the respondents disagreed the level of financing received is sufficient to help in delivery of qualified healthcare services at the level five hospitals. Only 22.1% agreed. 31.4% moderately disagreed that the hospital operated on a budget that offered incentives that maximized the effectiveness, quality, or quantity of care offered by hospital. Only 5.8% of the respondents strongly agreed that the hospital operates on a budget that offers incentives that maximize the effectiveness, quality, or quantity of care offered by hospitals.

**Table 4.15: Aspects of devolution of finances**

	Strongly agree	Moderately agree	Neither agree nor disagree	Moderately disagree	Strongly disagree	Total
Devolution of finances has enhanced access to drugs, equipment and facilities at the level Five hospital	10.5%	24.4%	36.0%	18.6%	10.5%	100.0%
The level of financing received is sufficient to help in delivery of qualified healthcare services at the level five hospitals.	3.5%	18.6%	18.6%	25.6%	33.7%	100.0%
The hospital operates on a budget that offers incentives that maximize the effectiveness, quality, or quantity of care offered by hospitals	5.8%	19.8%	17.4%	31.4%	25.6%	100.0%

#### **4.5.4 Correlation between devolution of finances on access to drugs, equipment and facilities and sufficiency of level of financing on delivery of qualified healthcare services**

The relationship between whether the devolution enhanced access to drugs, equipment and facilities, and whether the level of financing received was sufficient to help in delivery of qualified healthcare services were presented in Table 4.15. Spearman's correlation coefficient was 0.156 which showed there was a positive but albeit weak relationship between the two.

**Table 4.16: Correlation between devolution of finances on access to drugs, equipment and facilities and sufficiency of level of financing on delivery of qualified healthcare services**

	Devolution of finances has enhanced access to drugs, equipment and facilities at the level Five hospital	The level of financing received is sufficient to help in delivery of qualified healthcare services at the level five hospitals.
Devolution of finances has enhanced access to drugs, equipment and facilities at the level Five hospital	Correlation 1 Sig. (2-tailed) N 86	.156 .150 86
The level of financing received is sufficient to help in delivery of qualified healthcare services at the level five hospitals.	Correlation .156 Sig. (2-tailed) N 86	1 86

#### **4.5.5 Rating influence of devolved finances on rehabilitation and improvement of the Meru Level Five Hospital**

The researcher sought to establish whether devolution of finances influenced rehabilitation and improvement of Meru Level Five Hospital. 39.5% of the respondents indicated that it highly influenced rehabilitation and improvement of Meru Level Five Hospital. 15.1% indicated that devolution of finances had very low influence on rehabilitation and improvement of Meru Level Five Hospital.

**Table 4.17: Rating influence of devolved finances on rehabilitation and improvement of the Meru Level Five Hospital**

	Frequency	Percent
Very high	2	2.3
High	34	39.5
Average	22	25.6
Low	15	17.4
Very low	13	15.1
Total	86	100.0

#### **4.6 Staffing**

The researcher sought to establish influence of staffing on provision of healthcare at Meru Level Five Hospital in Meru County.

##### **4.6.1 Whether Meru Level Five Hospital is well staffed**

From the study it was established that Meru Level Five Hospital was not well staffed. This was represented by 90.7% of the respondents as in Table 4.17. This is an indicator that the leadership of the hospital should plan on recruiting more medical staff for the institution for quality healthcare provision.

**Table 4.18: Whether Meru Level Five Hospital is well staffed**

	Frequency	Percent
Yes	8	9.3
No	78	90.7
Total	86	100.0

##### **4.6.2 Effect of doctor patient ratio on provision of healthcare services**

The researcher also asked the respondents to indicate if the doctor patient ratio at Meru Level Five Hospital adversely affected the provision of quality healthcare services. From Table 4.18 most of the respondents at 43% indicated that doctor patients levels affected a lot the provision of quality healthcare services. This could be an indicator that there was no enough medical staff to cater for large population of patients seeking treatment.

**Table 4.19: Whether doctor patient ratio adversely affect provision of healthcare services**

	Frequency	Percent
Not at all	9	10.5
A little	21	24.4
Partially	19	22.1
A lot	37	43.0
Total	86	100.0

#### 4.6.3 Aspects on staffing at Meru Level Five Hospital

The study established that 43.0% of the respondents moderately agreed that staff working at the hospital are well trained and still take specialized training. 75.6% agreed that the staff working at the hospital are well trained and still take specialized training. 36% neither agreed nor disagreed that staff were well remunerated and motivated to deliver quality healthcare services with 38.4% disagreeing that staff were well remunerated and motivated to deliver quality healthcare services. 40.7% of the respondents also moderately agreed that leadership of the hospital ensured that staff issues that could disrupt healthcare service provision were well addressed as shown in Table 4.19.

**Table 4.20: Aspects on staffing at Meru Level Five Hospital**

	Strongly agree	Moderately agree	Neither agree nor disagree	Moderately disagree	Strongly disagree	Total
Staff working at the hospital are well trained and still take specialized training	32.6%	43.0%	20.9%	3.5%		100.0%
Staff are well remunerated and motivated to deliver quality healthcare services	3.5 %	22.1%	36.0%	23.3%	15.1%	100.0%
Due to the leadership of the hospital, staff issues are well address to minimize instances that can disrupt healthcare service delivery	8.1%	40.7%	31.4%	12.8%	7.0%	100.0%

#### 4.6.4 Rating the influence of staffing on provision of healthcare services

On how the respondents would rate the influence of staffing and provision of quality healthcare, the study found out that 45.3% of the respondents indicated that staffing influenced provision of healthcare services highly as shown in Table 4.20. Only 1.2% of the respondents indicated that influence of staffing on provision of healthcare services was very low.

**Table 4.21: Rating the influence of staffing on provision of healthcare services**

	Frequency	Percent
Very High	18	20.9
High	39	45.3
Average	20	23.3
Low	8	9.3
Very Low	1	1.2
Total	86	100.0

#### 4.7 Leadership styles

The researcher sought to establish the extent to which leadership strategies influences provision of healthcare at Meru Level Five Hospital in Meru County.

##### 4.7.1 Type of leadership

The study established that majority of the respondents at 59.3% indicated that they the leadership of the Hospital provided participatory or democratic leadership style. Only 4.7% of the participants indicated that the type of leadership was Laissez-faire or the hands free kind of leadership as shown in Table 4.21. This could be an indicator that the leadership allowed participatory approach on decision making at the hospital.

**Table 4.22: Type of leadership style**

	Frequency	Percent
Participatory/Democratic	51	59.3
Autocratic/Dictatorial	16	18.6
Transformational	15	17.4
Laissez-faire	4	4.7
Total	86	100.0

#### **4.7.2 Aspects of leadership styles**

From Table 4.22 the study established that the majority of the respondents at 39.5% moderately agreed that the leadership at the Hospital was up to the task. 10.5% of the respondents strongly agreed and 12.8% of the respondents moderately disagreed. 31.4% of the respondents neither agreed nor disagreed. Only 5.8% of the respondents strongly disagreed that the leadership at the Hospital was up to the task. 43.0% of the respondents moderately agreed that the ministries of health vision and plans for the future have been clearly communicated. 30.2% of the respondents neither agreed nor disagreed with 14.0% of the respondents moderately disagreeing. Only 7.0% of the respondents and 5.8% of the respondents strongly agreed and strongly disagreed respectively. 36.0% of the respondents moderately agreed that individuals at all levels of the hospital were appropriately involved in the development and achievement of institution's goals. 12.8% strongly agreed with 5.8% strongly disagreeing. 40.7% of the respondents and 38.4% of the respondents moderately agreed and strongly agreed respectively that the county government encourages employee's growth through systematic training and development programs. Only 3.5% of the respondents strongly disagreed that the county government encourages employee's growth through systematic training and development programs. 43.0% and 34.9% of the respondents



respectively agreed moderately and strongly that Meru Level 5 Hospital promotes team morale and builds organizational commitment. Only 3.5% of the respondents strongly disagreed that Meru Level 5 Hospital promotes team morale and builds organizational commitment.

**Table 4.23: Aspects of leadership styles**

	Strongly agree	Moderately agree	Neither agree nor disagree	Moderately disagree	Strongly disagree	Total
The leadership at Hospital is up to the task.	10.5%	39.5%	31.4%	12.8%	5.8%	100%
The ministries of health vision and plans for the future have been clearly communicated.	7.0%	43.0%	30.2%	14.0%	5.8%	100%
Individuals at all levels of the hospital are appropriately involved in the development and achievement of institution's goals.	12.8%	36.0%	34.9%	10.5%	5.8%	100%
The county government encourages employee's growth through systematic training and development programs.	38.4%	40.7%	10.5%	7.0%	3.5%	100%
The Meru Level 5 Hospital promotes team morale and builds organizational commitment.	34.9%	43.0%	11.6%	7.0%	3.5%	100%

#### **4.7.3 Rating the influence of leadership on provision of health care services**

From Table 4.23, the study revealed that majority of respondents rated very highly that influence of leadership on provision of healthcare service at 40.7% followed by 37.2% of the respondents who rate influence of leadership on provision of healthcare service as high. Thus it can be concluded that leadership can be a high contributor to the quality of services that a Hospital can provide. Only 2.3% of the respondents rate the influence of leadership on provision of healthcare service as very low.

**Table 4.24: Rating of the influence of leadership on provision of health care services**

	Frequency	Percent
Very High	35	40.7
High	32	37.2
Average	9	10.5
Low	8	9.3
Very Low	2	2.3
Total	86	100.0

#### **4.8 Provision of health care**

In this section the researcher focused to establish the overall performance of the Meru Level Five Hospital since the devolution of government service delivery.

##### **4.8.1 Rating Performance of the level five hospitals on provision of healthcare services**

The study found out that the majority at 37.2% of the respondents rated the performance as average with 33.7% rating it as high. This is an indicator that the Hospital was above average as shown in Table 4.24.

**Table 4.25: Rating on performance of the level five hospitals on provision of healthcare services.**

	Frequency	Percent
Very High	4	4.7
High	29	33.7
Average	32	37.2
Low	20	23.3
Very Low	1	1.2
Total	86	100.0

#### **4.8.2 Aspects on provision of healthcare services at Meru Level Five Hospital**

The researcher asked the respondents to indicate their responses on various aspects on provision of healthcare services at the hospital. The study revealed that 48.8% of the respondents moderately agreed that healthcare services have improved since the implementation of devolved governance. 25.6% neither agreed nor disagreed with 12.8% moderately disagreeing. 8.1% and 4.7% of the respondents strongly agreed and disagreed respectively. 44.2% of the respondents also moderately agreed that waiting time required to serve client has reduced at level five hospital since devolution of government service delivery. In addition, 32.6% of the respondents strongly agreed that waiting time required to serve client has reduced at hospital since devolution of government service delivery. 29.1% of the respondents strongly agreed that devolution of government service delivery has increased access to healthcare services in terms of availability, affordability, accessibility and acceptability. Also 37.2% of the respondents moderately agreed that devolution of government service delivery has increased access to healthcare services in terms of availability, affordability, accessibility and acceptability. However, 8.1% of the respondents strongly disagreed as shown in Table 4.24.

**Table 4.26: Aspects on provision of healthcare services at Meru Level Five Hospital**

	Strongly agree	Moderately agree	Neither agree nor disagree	Moderately disagree	Strongly disagree	Total
Healthcare services have improved since the implementation of devolved governance	8.1%	48.8%	25.6%	12.8%	4.7%	100%
Waiting time required to serve client has reduced at level five hospital since devolution of government service delivery	32.6%	44.2%	15.1%	3.5%	4.7%	100%
Devolution of government service delivery has increased access to healthcare services in terms of availability, affordability, accessibility and acceptability	29.1%	37.2%	16.3%	9.3%	8.1%	100%

#### 4.9 Summary

The study revealed that all the respondents agreed that ICT was used in their departments as represented by 100% of the respondents. The study also established that 100% of the respondents indicated that ICT use made provision of services better and faster with 48.8% of the respondents rating the influence of ICT on provision of healthcare services as high. In addition, the study established that the major source of financing for the hospital was the national government as indicated by 100% of the respondents. Though it was also found out that 69.8% of the respondents indicated that finances were not received on time. The study also established that the hospital was not well staffed as represented by 90.7% of the respondents. However, 43% of the respondents indicated that doctor patients' ration affected a lot the provision of quality healthcare services. It was also established that the leadership of the Hospital provided participatory or democratic leadership style represented by 59.3% of the respondents. Majority of the respondents at 59.3% indicated that they the leadership of

the Hospital provided participatory or democratic leadership style. Also, the study established that the majority of the respondents at 39.5% moderately agreed that the leadership at the Hospital was up to the task. Furthermore, the study revealed that majority of respondents rated very highly that influence of leadership on provision of healthcare service at 40.7%. The study also found out that the majority at 37.2% of the respondents rated the performance as average. The study revealed that 48.8% of the respondents moderately agreed that healthcare services have improved since the implementation of devolved governance. In addition, 44.2% of the respondents also moderately agreed that waiting time required to serve client had reduced at hospital since devolution of government service delivery. Also 37.2% of the respondents moderately agreed that devolution of government service delivery has increased access to healthcare services in terms of availability, affordability, accessibility and acceptability.

**CHAPTER FIVE**  
**SUMMARY OF FINDINGS, DISCUSSION, CONCLUSIONS AND**  
**RECOMMENDATIONS**

**5.1 Introduction**

This chapter presents summary of findings, discussion of the key findings, conclusions drawn from the findings, and recommendations.

**5.2 Summary of the Findings**

This section presents the key findings of the study.

**5.2.1 Information communication technology**

The study revealed that all the departments used ICT in provision of healthcare services. This was represented by 100% of the respondents who agreed that ICT was used in their departments. In addition, 100% of all the respondents agreed that use of ICT made service delivery faster and better. The study also established that most of the respondents rated the influence of ICT on provision of healthcare services as high at 48.8% of the respondents. When the researcher requested to know the type of ICT used in the department represented by the respondents, the study established that phones were the most commonly used. Table 4.9 indicates that phones were presented by 172.1% of all the ICT used in the departments. A significant high number of department also used Computer/Laptops/Tablets at 131.4% of all ICT in the departments. 31.4% of the respondents were dissatisfied with the computing environment in the hospital. Only 10.5% of the respondents indicated that they were dissatisfied with the variety of services provided by the information technology in the hospital. But 70.9% of the respondents indicated that they were satisfied with the variety of services provided by the information technology in hospital. 40.7% of the respondents indicated that they were satisfied with the quality and reliability of services provided by the information technology in the hospital. On if there was any adverse effect that was eminent

due to the use of ICT in provision of healthcare services, 41.9% of the respondents indicated that use of ICT in provision of healthcare service was a little affected by insufficient number of computers and other ICT equipment in the department. 39.5% of the respondents indicated that use of ICT in provision of healthcare service was a little affected by insufficient number of internet connected computers in the department. In addition, 37.2% of the respondents showed that insufficient internet bandwidth or speed partially affected the provision of healthcare service. The study also established that most the respondents at 37% had a good attitude towards use of ICT in provision of healthcare at the hospital.

### **5.2.2 Devolution of finance**

The researcher established that the major source of financing for the hospital was the national government as indicated by 100% of the respondents. However, 69.8% of the respondents indicated that finances were not received on time. The study found that 36.0% of the respondents neither agreed nor disagreed that devolution of finances had enhanced access to drugs, equipment and facilities. Furthermore, 33.7% strongly disagreed that the level of financing received is sufficient to help in delivery of quality healthcare services at the level five hospitals. 59.3% of the respondents disagreed the level of financing received was sufficient to help in delivery of qualified healthcare services at the level five hospitals. 31.4% of the respondents moderately disagreed that the hospital operated on a budget that offered incentives that maximized the effectiveness, quality, or quantity of care offered by hospital. The study also revealed that 39.5% of the respondents indicated that devolution of finances influenced rehabilitation and improvement of Meru Level Five Hospital.

### **5.2.3 Staffing**

The study established that Meru Level Five Hospital was not well staffed. This was represented by 90.7% of the respondents. As a result, 43% indicated that doctor-patient ratio affected a lot the provision of quality healthcare services. The study also established that

43.0% of the respondents moderately agreed that staff working at the hospital are well trained and still take specialized training. Overall, 75.6% agreed that the staff working at the hospital are well trained and still take specialized training. 36% neither agreed nor disagreed that staff were well remunerated and motivated to deliver quality healthcare services. However, overall 38.4% disagreed that staff were well remunerated and motivated to deliver quality healthcare services. The study also revealed that 40.7% of the respondents moderately agreed that leadership of the hospital ensured that staff issues that could disrupt healthcare service provision were well addressed. The study also found out that 45.3% of the respondents indicated that staffing influenced provision of healthcare services highly.

#### **5.2.4 Leadership styles**

The study established 59.3% of the respondents indicated that the leadership of the Hospital provided participatory or democratic leadership style. The study also revealed 39.5% of the respondents moderately agreed that the leadership at the Hospital was up to the task. In addition, 43.0% of the respondents moderately agreed that the department of health vision and plans for the future have been clearly communicated. Also, 36.0% of the respondents moderately agreed that individuals at all levels of the hospital were appropriately involved in the development and achievement of institution's goals. 40.7% of the respondents moderately agreed that the county government encouraged employee's growth through systematic training and development programs. 43.0% of the respondents agreed moderately that Meru Level Five Hospital promoted team morale and built organizational commitment. The study also revealed that 40.7% of respondents rated very highly the influence of leadership on provision of healthcare service.

#### **5.2.5 Provision of healthcare services**

The study found out that 37.2% of the respondents rated the performance as average with 33.7% rating it as high. The study revealed that 48.8% of the respondents moderately agreed



that healthcare services have improved since the implementation of devolved governance. As a consequence, 44.2% of the respondents moderately agreed that waiting time required to serve client has reduced at level five hospital since devolution of government service delivery with 32.6% of the respondents strongly agreed that waiting time required to serve client has reduced at hospital since devolution of government service delivery. However, 29.1% of the respondents strongly agreed that devolution of government service delivery had increased access to healthcare services in terms of availability, affordability, accessibility and acceptability. Also 37.2% of the respondents moderately agreed that devolution of government service delivery has increased access to healthcare services in terms of availability, affordability, accessibility and acceptability.

### **5.3 Discussion of the Findings**

This section focuses on detailed discussion of the findings of the study.

#### **5.3.1 Information communication technology**

The study revealed that all the departments used ICT in provision of healthcare services. In addition, 100% of all the respondents agreed that use of ICT made service delivery faster and better. This agrees with a research by Adonis, (2012) that information technology has made communication cheaper and much faster at any time within a 24 hours cycle. The study also established that most of the respondents rated the influence of ICT on provision of healthcare services as high at 48.8% of the respondents. According to a study by Tsai, (2003), information technology has inherent power and capability to enable any organization to carry out things in ways that were never imaginable. Hence, when organizations adopt information communication technology they can save on time and resources which they can channel to other areas of development. The study established that phones were the most commonly used represented by 172.1% of cases of all the ICT used in the departments. A significant high number of department also used Computer/Laptops/Tablets at 131.4% cases of all ICT in the

departments. 31.4% of the respondents were dissatisfied with the computing environment in the hospital. Computers are an integral part of socio-economic development and an essential tool to our very survival. They serve as efficient data storage systems and excellent information processors (Adonis, 2012). From the study results, 70.9% of the respondents indicated that they were satisfied with the variety of services provided by the information technology in hospital. 40.7% of the respondents indicated that they were satisfied with the quality and reliability of services provided by the information technology in the hospital. The study also established that 41.9% of the respondents indicated that use of IC in provision of healthcare service was a little affected by insufficient number of computers and other ICT equipment in the department. 39.5% of the respondents indicated that use of IC in provision of healthcare service was a little affected by insufficient number of internet connected computers in the department. In addition, 37.2% of the respondents showed that insufficient internet bandwidth or speed partially affected the provision of healthcare service. This is in agreement with Chege and Wanjiku (2010) who found that whereas organizations had ICT infrastructure and access to computers, there was not a great deal of internet access and where it was available, it was hampered by slow speeds and unreliable access.

Very few government-run health services have properly functioning ICTs within them and there is there is no infrastructure to enable inter-organizational transfers of information (Chetley, 2006 as quoted by Odhiambo, 2015). Insufficient and limited resources coupled by the high cost of procuring ICT equipment like computers, scanners may be one of the reasons making organization not to fully adopt use of technology. Burney, Mahmood and Abbas (2010) states that, as compared to the developed nations specifically North America and Europe, the developing countries are handicapped. This is because they have significant shortage of resources both financial as well as trained human resource for adapting such

systems. Apart from these the developing countries are also suffering from political, social, cultural and other types of constraints that have to be taken care of.

### **5.3.2 Devolution of finance**

The researcher established that the major source of financing for the hospital was the national government as indicated by 100% of the respondents. However, 69.8% of the respondents indicated that finances were not received on time. The commitment of the Government in financing of the health sector is demonstrated by increasing the financial allocations to the health sector and timely release of the funds. 59.3% of the respondents disagreed the level of financing received was sufficient to help in delivery of qualified healthcare services at the level five hospitals. Available reports show that financial access to health care services is still a serious problem in Kenya. For instance in P4H report of 2014, it was noted that, while average total health expenditure per Kenyan was estimated at USD 42.2 in 2009/10 considered sufficient to buy a basic package of essential health services, there is strong variation (P4H, 2014). The study also revealed that 39.5% of the respondents indicated that devolution of finances influenced rehabilitation and improvement of Meru Level Five Hospital. On this issue, concerns had been raised that many primary care facilities are not offering comprehensive package of primary care services and that facility investments is not matched with other investments (HRH, commodities, etc.), hence affecting functionality after completion of investments (GoK, 2015). There is limited investment in maintenance of physical infrastructure although investments in medical equipment are ongoing in selected hospitals.

### **5.3.3 Staffing**

The study established that Meru Level Five Hospital was not well staffed. This was represented by 90.7% of the respondents. This leads to overworking and result to inefficiency and poor services. This is in agreement with Report by The Sectoral Committee on County

Health Services of Meru County (2014) that established that there was inadequate staffing such that the hospital had only one surgeon and very few medical doctors. In particular the Committee observed that deployment issues relating to healthcare workers remain contentious post devolution particularly on hiring, training and capacity building. This study agrees with WHO findings that the shortage of healthcare workers is not unique to Kenya. Indeed, Kenya is one of the countries identified by the WHO as having a “critical shortage” of healthcare workers. The minimum threshold set by WHO of 23 doctors, nurses and midwives per population of 10 000 is necessary for the delivery of essential child and maternal health services. Kenya’s most recent ratio stands at 13 per 10 000, (WHO, 2010). As a result, 43% indicated that doctor-patient ratio affected a lot the provision of quality healthcare services. The MoH (2015) concludes that Kenya’s health sector still faces significant human resource shortages, in spite of the investments the government has made over the years since independent and following the devolution of health services. The situation was attributed to the increase in population growth rate which has continued to put pressure on demand for health care augmented by the freeze in recruitment of health personnel over time. Lack of adequate medical staff may lead to provision of quality healthcare service. This concurs with a study by WHO (2010) that the availability and comprehensiveness of health services offered at a health facility is critical in realizing universal health coverage and this depends partially on the number and quality of health workers at facilities.

The study also established that 43.0% and 32.6% of the respondents moderately agreed and strongly agreed that staff working at the hospital are well trained and still take specialized training. Improved training techniques and continuous self-development through training has an effect on employee motivation which increases employee satisfaction. The results agree with WHO, (2006) that suggested that inadequate knowledge, skills and inappropriate

attitudes can all form obstacles to good health care. Advances in insights into treatment and diagnosis, as well as changes in roles and responsibilities, require continuous professional development among health workers. In fact, WHO (2006) recommended that a lifelong learning process must be developed at the start of a professional career in the health sector. The study established that 36% neither agreed nor disagreed that staff were well remunerated and motivated to deliver quality healthcare services. However, overall 38.4% disagreed that staff were well remunerated and motivated to deliver quality healthcare services. The *World health report 2006* shows that in many countries the salaries of health workers are below the minimum living wage and that the pay levels of public sector workers are often unfair compared to others in similar jobs (WHO, 2006). Where remuneration is low there is a tendency for healthcare worker to seek for other alternatives to supplement their low income. These alternatives may lead to provision of biased and poor healthcare services. Mount & Johnson, (2006) recommended that employers should be sure to offer salaries that are comparable to other positions in their industry including other benefits that should be offered such as insurance, retirement contributions, and attractive time-off packages. The study also found out that 45.3% of the respondents indicated that staffing influenced provision of healthcare services highly. This has a direct impact on the quality of healthcare services provided to the customers and agrees with Metha (2011) who posit that service quality influences patient satisfaction. Rigoli & Dussault (2003) posit that, in the health care field, attaining health objectives in a population depends to a large extent on the provision of effective, efficient, accessible, viable and high-quality services. The health workforce, present in sufficient numbers and appropriately allocated across different occupations and geographical regions is arguably the most important input in a unique production process and has a strong impact on overall health system performance.

#### **5.3.4 Leadership styles**

The study established 59.3% of the respondents indicated that the leadership of the Hospital provided participatory or democratic leadership style. Participatory leadership allows everyone to contribute according to their own potential, and allowing people to act accordingly without any fixed mindset. This therefore calls for a strong leadership attributes that creates an atmosphere of trust. According to Shuck, Rocco & Albornoz, (2011), an atmosphere of trust created positive employee engagement, which all minimized a negative personality influence. Effective leadership creates positive team environments (Guay, 2013). A leader with a strong moral center can enhance employee engagement and job performance (Kottke & Pelletier, 2013). The study also revealed 39.5% of the respondents moderately agreed that the leadership at the Hospital was up to the task. This agrees with O'Neil (2008) who posited that within the hospital setting, the senior management is made up of a hospital management team that holds administrative power. This comprises persons in charge of administration, nursing, pharmacy and allied health services and is typically led by the medical superintendent. Those in charge of different clinical service units or departments are invariably clinicians and nurses who operate without any specific departmental administrators. And according to Bennett, Corluka, Doherty & Tangcharoensathien (2012b) leaders are expected to plan and advocate for resources, although they are unlikely to have direct control over a specific departmental budget. Such individuals also supervise teams of front-line workers, either medical or nursing, and contribute directly to service delivery.

In addition, the study established that 43.0% of the respondents moderately agreed that the ministries of health vision and plans for the future have been clearly communicated. This is in agreement with Faleye & Trahan (2011) who recommended that organizations have a duty to create a culture that provides an environment in which leaders can foster clear expectations for their employees. According to AKDN (2004) agreeing on a vision binds the members of the organization together, clarifies its ideals, invites commitment and provides momentum.

As Gerstein, (2006) recommends, the most important thing any organization can do to ensure success is to have a vision or plan. Also, the study established that 36.0% of the respondents moderately agreed that individuals at all levels of the hospital were appropriately involved in the development and achievement of institution's goals. This concurs with Dikkers, Jansen, De Lange, Vinkenburg, & Kooji, (2010) who stated that employees who were positively engaged in their jobs are more likely to excel in their work. This is because these satisfied employees perform and work well with patients, which can improve consumer satisfaction and loyalty. Low employee engagement may negatively affect the sustainability of health care organizations, which may decrease service offerings, limit access, and lower the quality of services (Lowe, 2012). As a result, the decreases in access and quality of care may have a negative influence on medical outcomes, which would impact society as a whole. The study result also revealed that 40.7% of the respondents moderately agreed that the county government encouraged employee's growth through systematic training and development programs. This is because improving employee skills through training and development reinforce employee commitment and work execution. Also, employees who enroll in training program have been found to experience improved engagement levels. This agrees with Hynes (2012) that leaders must identify skills that influence employee performance and engagement, such as interpersonal communication, flexibility, corporate culture, team skills, and proactive problem solving. As a result, the organization should develop training programs focused on improving these elements. In addition the study established that 43.0% of the respondents agreed moderately that Meru Level Five Hospital promoted team morale and built organizational commitment. This agrees with Lunenburg (2011) who states that meeting employee expectations positively affects employee motivation which in turns increases employee engagement and job effort. The study also revealed that 40.7% of respondents rated very highly the influence of leadership on provision of healthcare service. The results

corresponds with Dixon-Woods, et al, (2014) who suggested that leaders in the best performing health care organisations prioritized a vision and developed a strategic narrative focused on high quality, compassionate care. In these organisations, all leaders (from the top to the front line) made it clear that high quality compassionate care was the core purpose and priority of the organisation.

### **5.3.5 Provision of healthcare services**

The study found out that 37.2% of the respondents rated the performance of Meru Level Five Hospital as average with 33.7% rating it as high. In fact, Atieno, Nancy and Spitzer (2014) inform that the health sector has achieved considerable outcomes as per its mandate: reduction of Under Five Mortality from 115 per 1,000 live births in 2003 to 74 per 1,000 live births in 2008/9 and Infant Mortality from 77 per 1000 live births to 52 per 1000 live births in the same period. The study revealed that 48.8% of the respondents moderately agreed that healthcare services had improved since the implementation of devolved governance. As a consequence, 44.2% of the respondents moderately agreed that waiting time required to serve client has reduced at level five hospital since devolution of government service delivery with 32.6% of the respondents strongly agreed that waiting time required to serve client has reduced at hospital since devolution of government service delivery. The Millennium Development Goals (MDGs) 2013 report shows considerable improvement over the past decade in terms of improving quality of health care due to the result of international aid. This is in congruence with the findings that availability and comprehensiveness of health services offered at a health facility is critical in realizing universal health coverage (WHO, 2010). Leicht, Honekamp, & Ostermann, (2013) argued that improved service quality created opportunities to influence consumer behavior. Also 37.2% of the respondents moderately agreed that devolution of government service delivery has increased access to healthcare services in terms of availability, affordability, accessibility and acceptability. World Bank,



(2012) posit that devolution entails transfer of responsibilities for services to lower tiers that elect their own political leaders, raise their own revenues, and have independent authority to make investment decisions. In a devolved system, local governments have clear and legally recognized geographical boundaries over which they exercise authority and within which they perform public functions. Ensuring availability and access to health services is one of the main functions of a health system. Such services should meet a minimum quality standard (WHO, 2010). Hence, in any health system, good health services are those which deliver effective, safe, good quality, personal and non-personal care to those that need it, when needed, and with minimal waste. The finding of this study is in agreement with Okech & Lelegwe, (2016) that the government has taken important steps towards this goal over the years, emphasizing that the provision of health services should meet the basic needs of the population and be geared towards providing health services within easy reach of Kenyans, an initiative that has contributed towards improvements in the health.

#### **5.4 Conclusions**

The study concludes that ICT is highly used in all departments which made service delivery faster and better. Hence it is true that ICT has a lot of potential since modern communication technologies enables real-time communication and remote monitoring and thus faster reaction when needed. The most used type ICT was found to be the phones though Computer/Laptops/ Tablets received a considerable number of response. The study concludes that computers are an integral part of socio-economic development and an essential tool to our very survival since they serve as efficient data storage systems and excellent information processors. It can also be concluded that majority were satisfied with the variety of services, quality and reliability provided by the information technology in hospital. The study also established that there was insufficient internet bandwidth or speed which partially affected the provision of healthcare service. Furthermore, the researcher concluded that the major

source of financing for the hospital was the national government with majority of the respondents indicating that finances were not received on time. It was also concluded that the level of financing received was not sufficient to help in delivery of qualified healthcare services at the Level Five Hospital. In addition, devolution of finances influenced rehabilitation and improvement of Meru Level Five Hospital.

Further concerning the staffing aspect at the Level Five Hospital, the study concludes that Meru Level Five Hospital was not well staffed making the doctor-patient ratio to affect to a larger extent the provision of quality healthcare services. But the study concludes that the staffs working at the hospital are well trained and still take specialized training. The study established that staffs were not well remunerated and motivated to deliver quality healthcare services. However, in addition, the study also revealed leadership of the hospital ensured that staff issues that could disrupt healthcare service provision were well addressed. The study also found out that the level of staffing influenced provision of healthcare services highly. The researcher concludes that participatory leadership that is up to the task was in place at the Hospital. Furthermore, it can be concluded that the ministries of health vision and plans for the future have been clearly communicated as established by majority of the respondents with a substantial number agreeing that individuals at all levels of the hospital were appropriately involved in the development and achievement of institution's goals. It was also established that the county government encouraged employee's growth through systematic training and development programs. Also, Meru Level Five Hospital promoted team morale and built organizational commitment. The study further concludes that on average the Hospital performance had increased which led to improved healthcare services since the implementation of devolved governance. As a result, waiting time required to serve client had reduced at Meru Level Five Hospital since devolution of government service. In addition,

devolution of government service delivery had increased access to healthcare services in terms of availability, affordability, accessibility and acceptability.

### **5.5 Recommendations**

- i. It was also established that funds allocated to the institution was received late hence affecting the quality of services provided. The study recommends that the National Government should put in place mechanisms that will eliminate the challenges encountered during transfer of money to the counties. The legislature should also be efficient in deliberation of the County Revenue Bills on time to avoid delays.
- ii. Since the study established that leadership highly influenced the quality of healthcare services provided, the study recommend that Kenyans should elect leaders that are performance oriented, corruption free and those whose main agenda is to serve the general public not their selfish interest.
- iii. The leadership of the County Government and that of the Meru Level Five Hospital should show more commitment to staff issues of motivation. This will help improve staff performance so that the hospital can continue providing more quality healthcare services.
- iv. Since the study established that service provision had marginally improved, the study recommends that the Hospital engage qualified institutions to carry out regular patient satisfaction survey. This would give Meru Level Five Hospital management and leadership an independent appraisal of staff performance from the end-user's perspective.
- v. The medical field is one that is constantly evolving with new discoveries being made all the time. To be up to date with the happenings in the medical fraternity, support for training and development programmes initiated by the hospital leadership be provided

to the medical personnel to acquire relevant modern medicine and contemporary management practices.

### **5.6 Recommendations for Further Research**

- i. The study recommends further research studies on monitoring and evaluation of how devolution of the government service delivery has affected implementation and provision of healthcare services.
- ii. For generalization, the study recommends further studies on influence of devolution of government service delivery on provision of healthcare in other health facilities of the same magnitude in other Counties.
- iii. Given the fact that devolution is a new concept in Kenya, more study research should be carried out to evaluate the effect of devolution of government service delivery on healthcare staff motivation in provision of healthcare services.
- iv. Under Schedule Four of the constitution of Kenya (2010), promotion of primary health care is a prerogative of the county government. The study recommends that more research should be carried out to establish the overall implementation of devolution of health care by County Government.

## REFERENCES

- Achampong, E. K. (2012). The State of Information and Communication Technology and Health Informatics in Ghana. *Online Journal of Public Health Informatics*, 4(2), ojphi.v4i2.4191. <http://doi.org/10.5210/ojphi.v4i2.4191>
- Adonis, D.E (2012). Mastering Information Technology for CXC CSEC CAPE. Learning Tree Publishers, West Sussex.
- Akacho, E. N. (2014). *Factors Influencing Provision of Health Care Service Delivery in Kenya. A Case of Uasin Gishu District Hospital in Eldoret* (Unpublished project report) University of Nairobi, Nairobi.
- AKDN (2004). Problems in managing organizations. Guidelines for Aga Khan Development Network's work with CSOs.
- Alloubani, A. M, Almatari, M. & Almkhtar, M.M. (2014). Review: Effects of leadership styles on quality of services in health care. *European Scientific Journal vol.10* (18).
- Atela, M. H. (2013). Health system accountability and primary health care delivery in rural Kenya. An analysis of the structures, process, and outcomes (Unpublished doctoral thesis). University of Cambridge, Cambridgeshire.
- Atienza, M. E. (2004). The politics of devolution in the Philippines: Experiences of municipalities in a devolved set-up. *Philippine Political Science Journal* 25 (48).
- Barker, C., Mulaki, A., Mwai, D. & Dutta, A. (2014). *Assessing county health system readiness in Kenya: A review of selected health inputs*. Retrieved from [www.healthpolicyproject.com](http://www.healthpolicyproject.com) 26/11/2016.
- Bennett S, Corluka A, Doherty J, Tangcharoensathien V., (2012b) *Approaches to developing the capacity of health policy analysis institutes: a comparative case study*. Health Res Policy Syst 2012, 10:7
- Bhatnagar, S. (2014). *Public service delivery: Role of information and communication technology in improving governance and development impact*. Manila: Asian Development Bank.
- Boyatzis, R. (1982). *The competent manager: A model for effective performance*. New York: Wiley.
- Britnell, M. (2015). *In Search of the Perfect Health System*. London: Palgrave. p. 75. ISBN 978-1-137-49661-4.
- Burney, S, M; Mahmood, N and Abbas, Z. (2010). Information and Communication Technology in Healthcare Management Systems: Prospects for Developing Countries, *International Journal of Computer Applications*, 4 (2)
- Chege, S. and Wanjiku, R. (2010). Strengthening the Capacity of African Civil Society Organisations Through Distance-Learning Training. Nairobi.

- Clarke, S. P. & Donaldson, N. E. (2008). Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK2676/> 30/11/2016
- Dikkers, S. E., Jansen, G. W., De Lange, A. H., Vinkenburg, C., & Kooij, D. (2010). Proactivity job characteristics and engagement: A longitudinal study. *Career Development International*, 15(1), 59-77. doi:10.1108/13620431011020899
- Dixon-Woods, M., Baker, R., Charles, K., Dawson, J., Jerzembek, G., Martin, G., McCarthy, I., McKee, L., Minion, J., Ozieranski, P., Willars, J., Wilkie, P., and West, M. (2014). Culture and behaviour in the English National Health Service: overview of lessons from a large multimethod study. *BMJ Quality and Safety*, 23 (2), 106-115.
- Drath, W. H., McCauley, C. D., Palus, C. J., Van Velsor, E., O'Connor, P. M. G., and McGuire, J. B. (2008). Direction, alignment, commitment: Toward a more integrative ontology of leadership. *The Leadership Quarterly*, 19 (6), 635–653.
- Economist Intelligence Unit (2011). The future of healthcare in Africa. Retrieved from <http://www.janssenemea.com/sites/default/files/The%20Future%20of%20Healthcare%20in%20Africa.pdf>
- Essendi, H., Johnson, F. A., Madise, N., Matthews, Z., Falkingham, J., Bahaj, A. S.,..., Blunden, L. (2015). Infrastructural challenges to better health in maternity facilities in rural Kenya: Community and health-worker perceptions. *Essendi et al. Reproductive Health* (2015) 12:103 DOI 10.1186/s12978-015-0078-8
- European Observatory on Health Systems and Policies Series. (2007). *Decentralization in healthcare*. Berkshire: McGraw-Hill Companies.
- Faleye, O., & Trahan, E. A. (2011). Labor friendly corporate practices: Is what is good for employees good for shareholders? *Journal of Business Ethics*, 101(1), 1-27. doi:10.1007/s10551-010-0705-9
- Gerstein, D. M. (2006). *Leading At the Speed of Light*. Potomac books Inc, Virginia.
- GoK, (2007). *Kenya Vision 2030: The popular version*. Nairobi: Government Printer.
- GoK, (2015), Kenya Health Bill 2015, Government Printers, Nairobi
- GoK, (2016). Kenya reproductive, maternal, newborn, child and adolescent health (RMNCAH) investment framework. Nairobi: Government Printer.
- Grundy, J., Healy, V., Gorgolon L. & Sandig, E. (2003). *Overview of devolution of health services in the Philippines*. Retrieved from [rrh.deakin.edu.au](http://rrh.deakin.edu.au)
- Guay, R. (2013). The relationship between leader fit and transformational leadership. *Journal of Managerial Psychology*, 28(1), 55-73. doi:10.1108/02683941311298869
- Hynes, G. E. (2012). Improving employees' interpersonal communication competencies: A qualitative study. *Business Communication Quarterly*, 75, 466-475. doi:10.1177/1080569912458965

- Jongudomsuk, P. & Srisasalux, J. (2012). A decade of health-care decentralization in Thailand: what lessons can be drawn? *WHO South-East Asia Journal of Public Health* 2012;1(3):347-356.
- Juma, E. N. & Okibo, W. B. (2016). Effects of strategic management practices on the performance of public health institutions in Kisii County, Kenya. *International Journal of Economics, Commerce and Management* 4(4).
- Kaseje, D. (2006). Health Care in Africa: Challenges, Opportunities and An Emerging Model For Improvement. Presentation at the Woodrow Wilson International Center for Scholars
- Khaunya, M. F., Wawire, B. P. & Chepng'eno, V. (2015). Devolved governance in Kenya: Is it a false start in democratic decentralization for development? *International Journal of Economics, Finance and Management* 4 (1).
- Korir, J. K. (2010). *The data envelopment analysis and stochastic frontier approaches to the measurement of hospital efficiency in Kenya* (Unpublished thesis). Kenyatta University, Nairobi.
- Kottke, J. L., & Pelletier, K. L. (2013). Measuring and differentiating perceptions of supervisor and top leader ethics. *Journal of Business Ethics*, 113, 415-428. doi:10.1007/s10551-012-1312-8
- KPMG (2014). *Devolution of healthcare services in Kenya*. Retrieved from kpmgafrika.com 27/11/2016.
- Kuria, L. K., Namusonge, G.S. & Iravo, M. (2016). Effect of leadership on organizational performance in the health sector in Kenya. *International Journal of Scientific and Research Publications*, vol. 6 (7).
- Lang'at, E. & Mwangi, L. (2015). Healthcare service providers' and facility administrators' perspectives of the free maternal healthcare services policy in Malindi District, Kenya: a qualitative study. *Reproductive Health* 201512:59. DOI: 10.1186/s12978-015-0048-1
- Leicht, K., Honekamp, W., & Ostermann, H. (2013). Quality management in professional medical practices: Are there effects on patient satisfaction? *Journal of Public Health*, 21, 465-471. doi:10.1007/s10389-013-0575-6
- Lenka, S. R. & George, B. (2013). Integrated health service delivery: Why and how? *National Journal of Medical Research*, 3(3).
- Litho, P. (2010). ICTs and Health in Uganda: Benefits, Challenges and Contradictions. Retrieved from, <http://www.genderit.org/es/node/2201> 30/11/2016.
- Lodenstein, E. & Dao, D. (2011). Devolution and human resources in primary healthcare in rural Mali[Abstract]. *Human Resources for Health* 9 (15). Doi: 10.1186/1478-4491-9-15
- Lowe, G. (2012). How employee engagement matters for hospital performance. *Healthcare Quarterly*, 15(2), 29-40. doi:10.12927/hcq.2012.22915

- Lunenburg, F. C. (2011). Expectancy theory of motivation: Motivating by altering expectations. *International Journal of Management, Business, and Administration*, 15(1), 1-6. Retrieved from <http://www.nationalforum.com>
- Marangu, W.N., Odindo, R. & Egessa, R. (2015). An assessment of the effect of leadership style on the performance of public health service providers: A case of Western Kenya. *European Journal of Business and Management*, 7 (19).
- Mbindyo, P., Gilson, L., Blaauw, D. & English, M. (2009). Contextual influences on health worker motivation in district hospitals in Kenya. *Implementation Science* 2009 4:43  
**DOI:** 10.1186/1748-5908-4-43
- Metha, S. (2011). Service quality as a predictor of patient satisfaction: A study of the health care sector. *Journal of Health Management*, 13(211), 1-20.  
 doi:10.1177/097206341101300206
- Miller, K. L. (2002). *Advantages and disadvantages of local government decentralization*. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.134.5990&rep=rep1&type=pdf> 27/11/2016.
- Mimbi, L. & Bankole, F. O. (2015). ICT and health system performance in Africa: A multi method approach.
- Ministry of Health (2010), Draft Health Financing Strategy of 2010
- MoH (2015) Kenya Demographic and Health Survey (KDHS), Key Health Indicators
- Mohammed, J., North, N. & Ashton, T. (2016) Decentralisation of health services in Fiji: A decision space analysis. *International Journal of Health Policy Management* 5(3):173–181. doi:10.15171/ijhpm.2015.199
- Mount, M., Ilies, R., & Johnson, E. (2006). Relationship of personality traits and counterproductive work behaviors: The mediating effects of job satisfaction. *Personnel Psychology*, 59: 591-622.
- Muchomba, F. & Karanja, N. (2015). Influence of devolved governance and performance of the health sector in Kenya. *The Strategic Journal of Business & Change Management* Vol. 2 (51) 67-105.
- Mwamuye, M. K. & Nyamu, H. M. (2014). Devolution of health care system in Kenya: A strategic approach and its implementation in Mombasa County, Kenya. *International Journal of Advanced Research*, 2(4), 263-268.
- Mwangi, J. G. (2016). Factors influencing medical practitioners' use of information communication technology in provision of health services in Kenya. *Strategic Journal of Business & Change Management*,3(1).
- Nyongesa, M. W., Onyango, R. & Kakai, R. (2014). Determinants of clients' satisfaction with healthcare services at Pumwani Maternity Hospital in Nairobi-Kenya. *International Journal of Social and Behavioural Sciences*, 2(1), 011-017.



- O'Neil M (2008) Human resource leadership: the key to improved results in health. *Hum Resour Health*, 6(1):10.
- Odhiambo, M.E. (2015). *A framework for implementation of e-health in Kenya public hospitals* (Thesis). Strathmore University. Retrieved from <http://splus.strathmore.edu/handle/11071/4875>.
- Ojakaa, D., Olango, S. & Jarvis, J. (2013). Factors affecting motivation and retention of primary health care workers in three disparate regions in Kenya. Retrieved from <http://www.human-resources-health.com/content/12/1/33> 30/11/2016.
- Okech C. T., & Lelegwe L.S., (2016), Analysis of Universal Health Coverage and Equity on Health Care in Kenya, *Global Journal of Health Science*; Vol. 8, No. 7
- Okech, T. C. (2014). Systematic review of Kenya's programmatic progress towards universal coverage and its effect on health equity. *International Journal of Business and Social Science*, 5(7).
- Omondi, K. B. (2016). *Factors influencing service delivery in public hospitals: A case of Nairobi County, Kenya* (Unpublished project report). University of Nairobi, Nairobi.
- Otieno, S. O. & Macharia, D. (2014). Factors influencing utilization of health services in Kenya: The case of Homa Bay County. *International Journal of Public Health Science*, 3(4).
- Oyugi, B.O. (2014). Potential Impact of Devolution on Motivation and Job Satisfaction of Healthcare Workers in Kenya: Lessons from early implementation in Kenya and experiences of other Sub-Saharan African Countries. *The Journal of Global Healthcare Systems*, 5(1).
- P4H (2014), Options for Kenya's health financing system A P4H Policy Brief
- Report by the Sectoral Committee on County Health Services of Meru County (2014). Report on the status of Health Facilities in Meru County, Meru.
- Rigoli F, Dussault G (2003): The interface between health sector reform and human resources in health. *Hum Resour Health* 2003, 1:9.
- Rosser, J. I., Hamisi, S., Njoroge, B. & Huchko, M. J. (2015). Barriers to Cervical Cancer Screening in Rural Kenya: Perspectives from a Provider Survey. *J Community Health* (2015) 40:756–761 DOI 10.1007/s10900-015-9996-1
- Rouleau, G., Gagnon, M.-P., & Côté, J. (2015). Impacts of information and communication technologies on nursing care: an overview of systematic reviews (protocol). *Systematic Reviews*, 4, 75. <http://doi.org/10.1186/s13643-015-0062-y>
- Salte, T. (2014). ICTs and access to health care in Kenya (Unpublished thesis). University of Oslo, Norway.
- Shuck, M. B., Rocco, T. S., & Albornoz, C. A. (2011). Exploring employee engagement from the employee perspective: Implications for HRD. *Journal of European Industrial Training*, 35, 300-325. doi:10.1108/03090591111128306

- Smith, B. C. (1997). The decentralization of health care in developing countries organizational options. *Public Admin. Dev. Vol. 17*, 399-412
- South African Child Gauge (2006). *Healing inequalities: The free health care policy*. Retrieved from <http://www.ci.org.za/depts/ci/pubs/pdf/general/gauge2006/gauge2006healing.pdf> on 01 April 2017
- Sumah, A. M., Baatiema, L. & Abimbola, S. (2016). The impacts of decentralisation on health-related equity: A systematic review of the evidence (Abstract). *Health Policy 2016 Oct;120(10):1183-1192*. DOI: 10.1016/j.healthpol.2016.09.003
- The Business of Health in Africa; Partnering with the Private Sector to Improve People's Lives, International Finance Corporation,
- Thuku, J. W. & Wario, G. (2014). The influence of devolution in strategy implementation of health care services in Kenya: A case study of Embu County. *Strategic Journal of Business & Change Management, 1(37)*, 728-742.
- Toyo, O. D. & Ejedafiru, E. F. (2015). The need for computerization in healthcare delivery. *Journal of Information and Communication Technology, 2(1)*, 01-07.
- Tsai, H. L. (2003). *Information Technology and Business Process Reengineering*. Praeger Publishers, West Port.
- Wainaina, Ole Sophia and Cheronno (2016). Factors influencing the strategic implementation of change management in the devolved public health services in Kenya: A case of Nakuru Provincial General Hospital. *International Journal of Science and Research, Vol. 5 (4)*.
- Waithitu, T. J. & Wario, G. (2014). The influence of devolution in strategy implementation of health services in Kenya: A case of Embu County. *The Strategic Journal of Business & Change Management Vol. 2 (37)*.
- Wakaba, M., Mbindyo, P., Ochieng, J., Kiriinya, R., Todd, J., Waudo, A., ... English, M. (2014). The public sector nursing workforce in Kenya: a county-level analysis. *Human Resources for Health, 12*, 6. <http://doi.org/10.1186/1478-4491-12-6>
- Wanjau, K. N., Muiruri, B. W. & Ayodo, E. (2012). Factors affecting provision of service quality in the public health sector: A case of Kenyatta National Hospital. *International Journal of Humanities and Social Science Vol. 2 (13)*.
- Wavomba, P. & Sikolia, S.F. (2015). Research in the quality of service delivery in public hospitals, Kenya. *Journal of Pharmacy and Biological Sciences, Vol. 10 (6)*.
- WHO (2006). *World health report 2006. Working together for health*. Geneva, World Health Organization (<http://www.who.int/whr/2006/en/>, accessed 15 May 2017).
- World Health Organization (2010) Health Service Delivery [www.who.int/healthinfo/.../WHO\\_MBHSS\\_2010\\_section1](http://www.who.int/healthinfo/.../WHO_MBHSS_2010_section1) (accessed on 19/02/2012)
- World Health Organization (2011). Health Situation Analysis in the African Region, Fig. 38, p 34. There is some discrepancy between reports on which countries are meeting the

target. The latest figures on public healthcare spending are due to be released by the World Health Organization in February 2011

World Health Organization. (2010). *Health Systems Financing: The Path to Universal Coverage*. Geneva: World Health Organization; 2010.

Yukl, S. (2013). *Leadership in Organizations (8th ed.)*. England: Pearson Education Limited.

## APPENDICES

### APPENDIX I: Letter of Transmittal

Ayub Miriti Kobia,  
P.O. Box 120 - 60200  
Cellphone: 0711385048

Dear Respondent,

#### **RE: LETTER OF TRANSMITTAL**

I am a student at the University of Nairobi pursuing a Master of Arts degree in Project Planning and Management. As part of my final year I am required to carry out academic work in the form of a research study. My aim is to conduct a study on influence of Devolution of Government Service Delivery on Provision of Healthcare at Meru Level Five Hospital in Meru County. The study is divided into 5 guiding sections which include; Socio-Demographic Information, Information And Communication Technology, Devolution Of Finance, Staffing, Leadership Styles, Provision Of Health Care. The researcher seeks to assure you that the information given will be treated with utmost confidentiality and will not be used for other purposes except the study. The findings of this study may be used by Meru Level Five Hospital, The Legislature, Ministry of Health, Ministry of Devolution and Planning which are key players in development projects, and other development partners to formulate policies and decision making in the region. This will lead to successful implementation of devolution of healthcare which will not only help the beneficiaries but also the larger community. Attached please find a questionnaire that requires you to provide information by answering questions honestly and accurately. You may not record your name anywhere in the questionnaire. Your assistance will be highly appreciated.

Thank you.

Ayub Miriti Kobia  
University of Nairobi  
Reg. No: L50/83601/2015



7. How do you rate the influence of information communication technology on provision of health services at Meru Level 5 hospital?

- Very high
- High
- Average
- Low
- Very low

8. Please indicate the type of ICT used in your department (*you may tick more than one*).

- Computers/laptops/tablets
- Phones
- Printers
- Scanners
- Others (*specify*)

9. In regards to information communication technology at Meru Level 5 Hospital please state the extent to which you are satisfied with the following statements?

<b>Statement</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Neutral</b>	<b>Dissatisfied</b>	<b>Very dissatisfied</b>
Overall, I am satisfied with the computing environment at Meru Level 5 Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am satisfied with the variety of services provided by the information technology at Meru Level 5 Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am satisfied with the quality and reliability of services provided by the information technology at Meru Level 5 Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Is the use of ICT in provision of healthcare services adversely affected by the following?

<b>Statement</b>	<b>Not at all</b>	<b>A little</b>	<b>Partially</b>	<b>A lot</b>
Insufficient number of computers and other ICT equipment in the department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient number of internet connected computers in the department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient Internet bandwidth or speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. What is your attitude towards use of ICT in provision of healthcare?

- Very good
- Good
- Neither good nor bad
- Bad
- Very bad

### **SECTION C: DEVOLUTION OF FINANCE**

12. Who is your major source of finance

- National Government
- County Government
- Donors

13. Do you receive finances on time to enable you deliver quality services effectively?

- Yes
- No

14. To what extent do you agree with the following statements on devolution of finances to Meru Level 5 Hospital?

<b>Statement</b>	<b>Strongly agree</b>	<b>Moderately agree</b>	<b>Neither agree nor disagree</b>	<b>Moderately disagree</b>	<b>Strongly disagree</b>
Devolution of finances has enhanced access to drugs, equipment and facilities at the level Five hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The level of financing received is sufficient to help in delivery of qualified healthcare services at the level five hospitals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The hospital operates on a budget that offers incentives that maximize the effectiveness, quality, or quantity of care offered by hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How do you rate the influence of devolved finances on rehabilitation and improvement of the Meru Level Five Hospital?

- Very high
- High
- Average
- Low
- Very low

**SECTION D: STAFFING**

16. Do you think that the Meru Level 5 hospital is well staffed?

- Yes
- No

17. Does the doctor to patient ratio affect provision of healthcare at Meru Level 5 Hospital

- Not at all
- A little
- Partially
- A lot

18. To what extent do you agree with the following statements on staffing at Meru Level 5 Hospital?

<b>Statement</b>	<b>Strongly agree</b>	<b>Moderately agree</b>	<b>Neither agree nor disagree</b>	<b>Moderately disagree</b>	<b>Strongly disagree</b>
Staff working at the hospital are well trained and still take specialised training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff are well remunerated and motivated to deliver quality healthcare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Due to the leadership of the hospital, staff issues are well address to minimize instances that can disrupt healthcare service delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Very high
- High
- Average
- Low
- Very low



## SECTION E: LEADERSHIP STYLES

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

Participatory/democratic

Autocratic/dictatorial

Transformational

Transactional

Laissez-faire

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

Statement	Strongly agree	Moderately agree	Neither agree nor disagree	Moderately disagree	Strongly disagree
The leadership at Meru Level 5 is up to the task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ministry of health vision and plans for the future have been clearly communicated through all levels of the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals at all levels of the hospital are appropriately involved in the development and achievement of institution's goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The county government encourages employee's growth through systematic training and development programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Meru Level 5 Hospital promotes team morale and builds organizational commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. How do you rate the influence of leadership on provision of health care services at Meru level 5 Hospital?

Very high

High

Average

Low

Very low

## SECTION F: PROVISION OF HEALTH CARE

23. Rate the performance of the Meru Level Five Hospital on provision of healthcare services since the devolution of government service delivery.

- Very high
- High
- Average
- Low
- Very low

24. To what extent do you agree with the following statements on provision of healthcare services at Meru Level Five Hospital since devolution?

<b>Statement</b>	<b>Strongly agree</b>	<b>Moderately agree</b>	<b>Neither agree nor disagree</b>	<b>Moderately disagree</b>	<b>Strongly disagree</b>
Healthcare services have improved since the implementation of devolved governance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting time required to serve client has reduced at level five hospital since devolution of government service delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devolution of government service delivery has increased access to healthcare services in terms of availability, affordability, accessibility and acceptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**THANK FOR YOUR TIME AND COOPERATION**