DEVOLUTION AND HEALTH SERVICE DELIVERY: A CASE STUDY OF KIAMBU COUNTY, KENYA

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DECLARATION

Declaration by Candidate

I certify that this is my original work and that I have not presented it at any other university. I also declare that I have not plagiarized any part of this project from any other source. I have appropriately acknowledged all sources of information used in this project. No part of this project may be reproduced without prior permission from the author and/or University of Nairobi.

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Declaration by Supervisor

This project has been submitted for examination with my approval as a university supervisor.

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DEDICATION

I would like to begin by thanking the Almighty God for providing spiritual sustenance, direction, and protection throughout the proposal writing and data collection phases of this research study. My late father Michael G. Thuo, who instilled in me the discipline and motivation to excel in my studies, is also honoured in this research project. To my dear mother Nancy Wairimu for her constant guidance, invaluable support and pushing me to complete my Masters. To my siblings Margaret Wanjiku, Eunice Wambui and Michelle Wangui for their endless support, as well as my nephew Michael and nieces, Jasmine and Nicole.

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ABSTRACT

Devolution is the process by which central governments delegate power to subnational entities. It is a type of administrative decentralization whereby there is the delegation of responsibility to the sub-national level for public functions such as those in the health sector. The health services in Kenya were devolved with the promulgation of the Constitution in 2010 to expand the jurisdiction of counties in making decisions, allocation of resources and management of healthcare service delivery. The main purpose of the study was to examine the influence of devolution on health service delivery within Kiambu County in Kenya. The study objectives further examined the influence of devolved healthcare financing, devolved human resource management and devolved political leadership on health service delivery. The research hypothesis of the study was that devolved healthcare financing, devolved human resource management and devolved political leadership have no statistical significance on health service delivery. A descriptive research design was used in this study. The study's population comprised of 463 hospital staff from the eleven (11) Level 4 Hospitals within Kiambu County. Two hundred and ten hospital staff were sampled using a simple random sampling method. From each of the 11, Level 4 Hospitals nineteen hospital staff were selected. Data was collected from the hospital staff using a questionnaire. The data collected was analysed with the use of frequencies, percentages, means and standard deviation. The research hypotheses were tested at 95% confidence level using regression analysis. The regression analysis revealed that devolved healthcare financing and devolved human resource management both had a positive and significant influence on the delivery of health services. The $\beta1$ coefficients for these two factors were 0.441 and 0.525 respectively, and their corresponding p-values were 0.000, which is less than the significance level of $\alpha = 0.05$. Conversely, devolved political leadership exhibited a negative and significant impact on health service delivery, with a $\beta1$ coefficient of -0.225 and a p-value of 0.000, which is also less than the significance level of $\alpha = 0.05$. The study therefore rejected the hypothesis that devolved healthcare financing, devolved human resource management and devolved political leadership have no statistical significance on health service delivery. The study key findings indicated that the Level 4 hospitals were not adequately funded. Also, the study findings showed that the doctor and nurse patient ratio were not adequate to meet the Level 4 hospital demands therefore it was concluded that there was possibility of overworking of the available staff which may lead to low productivity and inefficiencies in the hospital therefore affecting quality of health services. Additionally, the study findings indicated that the community political leaders within the locality of the Level 4 hospitals were not involved in the management of the Level 4 hospitals implying that community political leaders lacked awareness of the importance of being involved in the management of the hospitals such as ensuring the hospital is adequately funded to enhance health service delivery. The study therefore concluded that devolution influences health service delivery. The study recommends that Kiambu County Government to develop a policy similar to the *Abuja Declaration 2001* of dedicating not less than 15% of the annual county budget towards healthcare service delivery. Additionally, Kiambu County Government should carry out a capacity needs assessment to establish the staffing levels required in health facilities in Kiambu County and thereafter to put in place a policy on health facility staffing capacity ensure efficient health service delivery. The study also suggests recommends Kiambu County Assembly to pass a legislation requiring involvement of community political leaders in the management of health facilities within their jurisdictions in order to be aware of their needs and understand the dynamics of operating a health facility.

ACRONYMS

COK	Constitution of Kenya,2010
CIDP	County Integrated Development Plan
EMMS	Essential Medicines and Medical Supplies
HRM	Human Resource Management
ICT	Information Communication Technology
KEMSA	Kenya Medical Supplies Agency
KPMG	Klynveld Peat Marwick Goerdeler
MOH	Ministry of Health
RESYST	Resilient & Responsive Health System
SPSS	Statistical Package for Social Sciences
UNDP	United Nations Development Programme
NACOSTI	National Commission for Science, Technology and Innovation

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CHAPTER ONE

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1.0 Introduction

1.1 Background of the Study

Devolution is the process by which central governments delegate power to subnational entities. It is a sort of administrative decentralization where responsibility for public functions, such those in the health sector, are delegated to the sub-national level (Williamson & Mulaki, 2015). According to UNDP (1999), devolution has the following features; First, devolved authorities are autonomous and independent of central governments who have limited control over them. Second, the devolved level of governments have geographical boundaries that are legally recognized, and they can undertake public functions within these territories. Third, devolved territories have the authority to secure resources to undertake their functions. Fourth, the local citizenry perceives the devolved authorities as institutions with the responsibility of providing public goods and services and at a sub-national level over which they influence. Finally, there is mutual understanding and cooperation between the national level of government and the devolved authorities.

The main intention of devolving the health system is to increase the efficacy of health care delivery. Globally, certain countries have managed to improve their healthcare in the post-devolution period, while others have not. For instance, in Philippines, there was a rise in the distribution of resources in the health sector following the implementation of devolution. In addition, enhanced citizen participation at the local level made it possible for the country to address specific health needs (Ansari et al., 2011). However, in Pakistan, devolution was associated with insufficient human capacity, limited medical supplies and inadequate health facilities (Shaikh et al., 2012). Nevertheless, Pakistan realized better monitoring of the healthcare services with the devolvement of the sector.

African countries have capitalized on the devolution approach to attain their health goals. Precisely, in Ethiopia, devolution was rolled out in 1996 to enhance healthcare service delivery (El-Saharty and associates, 2009). The country adopted a four-tiered system which made it possible for the districts to determine their budget allocations in line with their specific needs. The districts were in charge of managing human resource and medical supplies. Though the country experienced challenges at the onset, the health sector, later on, exhibited significant improvement in service delivery.

Additionally, despite adopting devolution in 1997, the Ugandan government has not been allocating adequate resources to the health sector. As a result, there is a shortage of health workers to provide quality

care and services. Nannyonjo and Oko (2013) confirmed that rural Uganda experienced a shortage in the human resource pool particularly nurses and doctors resulting in challenges for county governments in executing projects and providing affordable healthcare services to the citizenry. However, decentralized territories that incorporated more actors and allowed them greater scope in both access and decision making realized an improvement in access to health services (Obosi, 2019). The author noted that the authority delegated to decentralized units within Uganda, Kenya and India made it possible for them to raise resources to address the health sector needs.

In the early 1980s, Kenya's health sector underwent its first decentralization. The district level of government served as the delivery system for public services throughout this time. (Chitere & Ireri, 2004). Following the Constitution's promulgation in 2010, a new governance structure was introduced in Kenya, establishing one central government and forty-seven counties. The COK, fourth schedule mandates county governments to ensure that human and financial resources and medical supplies are available and adequate in health facilities. The health functions that have been cascaded to the local level include health centers and pharmacies at the county level, ambulance services, the promotion of basic healthcare services, oversight and licensing of public food vendors, veterinary services, managing cemeteries, funeral homes and crematoriums, as well as managing waste disposal services, dumps and ways to handle solid waste. Nevertheless, the counties have different experiences with devolution. For some of the counties, sufficient funds are allocated to the health docket while others are still struggling with financing, human resource management and leadership.

1.2 Statement of the Research Problem

Regional inequities were not eliminated by the centralization of the health system in the 1970s, but it did achieve harmonization of the system (Wamai,2009). A decentralization program was developed in 1983 to improve administration through the District Focus for Rural Development (DFRD) to address regional imbalances. The initiative promoted district-based health management while transferring decision-making to lower administrative authorities. In 1986, Kenya adopted the National Guidelines for Implementing Primary Healthcare, which emphasized the need to sustain the growth of healthcare services at the primary level and modify the structure of the health system. The guidelines specifically implemented charges for healthcare services to provide additional funding for the Ministry of Health's upkeep of medical facilities. In July 2004, a new regulation for user charges at primary healthcare facilities was introduced where the public was charged access to health care services such as laboratory tests,

medicines and diagnosis. User fees at health centres was Kshs 20 and at dispensaries Kshs 10 the second and lowest level of healthcare facility, respectively.

Kenya's health services were decentralized after the COK was adopted. The health sector was devolved to expand the jurisdiction of counties in allocation of resources and management of healthcare service delivery. It was anticipated that devolution would bring to an end inequity in resource allocation and ensure that the citizens in the different counties have access to affordable healthcare (Health Sector Report, 2012). In the post-devolution period, county governments have far much greater control over health expenditure. The total Government health budget has expanded by two-folds from Ksh94 billion in the Financial Year 2012/2013 (pre-devolution) to the tune of Ksh217 billion in the Financial 2019/2020 (Ministry of Health, 2020). To meet the target laid out in the Abuja Declaration of dedicating not less than 15% of the yearly budget to healthcare, the government division within the Kenya Health Sector Strategic Plan III (KHSSP III) has made a commitment to further boost funding for this purpose (WHO, 2011). The expansion of health budget has reflected in an increased number of healthcare facilities within the county governments. Notably, there is a tremendous increase in the bed capacity among the counties especially due to the outbreak of the coronavirus (Barasa, Ouma, Okiro, 2020). Counties such as Nyeri and Kiambu that had twenty-two hospital beds for every 10,000 individuals in 2012 (World Bank Report, 2014) have met the 300-isolation bed capacity requirement by Ministry of Health responsive measures to the COVID-19 pandemic (Maina, 2020).

Further, at the county level, there is equity in allocating health resources (Barasa, Manyara, Molyneux & Tsofa, 2017). Mainly, there is an improvement in medical supply in the post-devolution period. Health facilities are supplied with essential medicine and medical supplies regardless of their registration status (Ministry of Devolution and National Planning, 2015). Consequently, health facilities that were previously non-functional are operational and better placed to serve the marginalized in the counties leading to low mortalities (Mbogori & Iravo,2019). Undoubtedly, devolution has made access to healthcare services more affordable through the increase in health centres and medical staff (Kubai,2019). Besides, there is a fair number of healthcare personnel under the county governments as opposed to pre-devolution (Oyugi, 2015).

Despite the developments in the health sector brought about by devolution, there are still challenges predominant in the health sector in counties. In certain counties, there is political interference when it comes to the recruitment of staff. The political leaders demand that staff from only their County or tribe are employed within the County (Nyikuri et al., 2017). The situation was further worsened by

discrepancies in healthcare personnel salaries and limited capacity by the county governments to manage the staff pay-rolls and lost autonomy by hospitals in managing staff (Barasa et al., 2017). Also, the staff at the county governments were uncertain about their prospects of career progression leading to low morale (RESYST, 2018).

Kiambu is among the forty-seven counties and is located in central Kenya. As of 2019, the County had a population of 2,417,735 citizens (Kenya Population and Housing Census, 2019). There are both governmental and private health institutions in the County. Cumulatively, there are 505 health facilities. Out of these, 108 are managed by the government, 64 are operated by faith-based organizations, and 333 are privately owned healthcare facilities (Kiambu CIDP, 2018). Kiambu County is among the counties that have experienced challenges in devolving the health sector. Kiambu County was one of the counties still struggling with access to primary healthcare facilities and services, limited access to critical healthcare technology, staffing issues, and inadequate healthcare financing, according to a KPMG assessment on the devolution healthcare in the country (KPMG, 2015). The effect of devolution on the County's delivery of health services, however, is yet to be fully understood.

Additionally, with County Governments managing medical supplies, most of the counties have reported mismanagement in the procurement of medical supplies (Kimathi,2017). Also, the delays in disbursing funds to the county government are undermining the delivery of health services (Kariuki, 2014). Notably, Kaarah & Kagiri (2016) confirmed that Kiambu County experiences challenges with health sector projects because the required financial resources outweigh the allocated funds to the County. Therefore, it is challenging to offer quality health services. In light of this, the study set out to determine how devolution has affected the delivery of healthcare services in Kiambu County.

1.3 Research questions

i. How does devolved healthcare financing impact the delivery of health services in Kiambu County?
i. What effect does devolved human resource management have on health service delivery in Kiambu County?
ii. How has the political leadership influenced/affected health service delivery in Kiambu County?

1.4 Objective of the Study

The primary aim of the research was to examine devolution and health service delivery in Kiambu county, Kenya. The specific objectives are:

ii. To establish how Kiambu County's delivery of health services is influenced by devolved health financing.

iii. To find out the effect of decentralized human resource management on the provision of health services in Kiambu County.

iv. To ascertain the influence of political leadership on the provision of health services in Kiambu County.

1.5 Justification of the Study

1.5.1 Policy Justification

The aim of the research was to determine whether devolution has changed the way health services are delivered in Kiambu County and to recommend improvements for other counties to adopt. As such, the study has played a crucial role in developing strategies aimed at enhancing the provision of health services and promoting effective governance, leading to the creation of various health policies. Also, the results provided the county government with information on the impact that devolved leadership, human resource management, and healthcare financing had on the provision of health services as expected by the COK. Further, it has acquainted the county government on the areas of devolved healthcare that it has been successful and those that require improvement.

1.5.2 Academic Justification

The study has offered new insights on how devolution influences the provision of health services in local governments. The study validates the results of Njiru, Tenambergen, and Oluoch (2019), whose research indicated that the medical supply system was the most important aspect of devolved healthcare in Meru County, while leadership was the least important factor. As a result, having adequate funding to purchase medical supplies, proper remuneration of staff, and having good leadership all have the potential to improve service delivery. Besides, the results of the research align with Obosi (2019) assertion that access to healthcare services in Uganda, Kenya, and India was influenced by the type of decentralization. Out of the aforementioned countries, Kenya fully devolved its health services which enabled the counties to raise resources for the health docket and foster public private partnerships. Additionally, the study has

supported the research findings of Onyango (2016) who analyzed the strategies employed by the health ministry in addressing the challenges encountered by health industry in Kenya. The study revealed that inadequate human resources was one of the challenges facing devolved healthcare. The study has also added to the information on influence of devolved healthcare financing, devolved human resource management and devolved political leadership on health service delivery in Kenya.

1.6 Scope of the Study

The study focused on 463 hospital staff from the eleven (11) Level 4 hospitals within Kiambu County (see Appendix III), to assess how healthcare delivery in the county has been impacted by devolution policies. Specifically, the study examined the impact of devolved political leadership policy, devolved health care financing policy and devolved human resource management policy on health service delivery.

1.7 Limitations of the Study

This section indicates the challenges encountered by the researcher while undertaking the study. It revolved around issues such as the inaccessibility of data and other unforeseen occurrences (Gray, 2013). The challenges the researcher was exposed to during the study was that since the respondents were in a hospital setting and during the COVID 19 pandemic, the researcher prepared a Google Form of the questionnaire to allow for ease of filling.

1.8 Organization of the Study

The study is divided into five (5) chapters. Chapter one of the study consists of background of the study, the statement of the problem, the objective of study, the research questions, justification of the study, the scope of study, limitations of the study, and the organization of the study. Chapter two covers the literature review which analyses other similar studies, their approaches, as well gaps in relation to the area of study. It also covers the research hypothesis, the theoretical and conceptual framework. Chapter three focuses on the research methodology applied in the study while Chapter four outlines the data gathered, evaluates the data in light of the objectives of the study, and discusses the findings. Chapter five is summary of the study findings, conclusion and recommendations.

CHAPTER TWO

2.0 Literature Review

2.1 Introduction

This chapter offers an overview of existing literature on devolution of the healthcare system with the aim of identifying areas that the study can contribute. It is done thematically based on the study objectives, viz: influence of devolved healthcare financing, devolved human resource management and political leadership on health service delivery.

2.1.1 Devolved healthcare financing and health service delivery

The focus of devolved healthcare financing is on moving financial resources from the national government lower units of government (Oplotnik & Fingar, 2013). In the Canadian scene, Rubio (2011) looked at how decentralizing health services affects health care. The emphasis was on investigating if a shift towards devolved healthcare financing would bring about an improvement in the general population health. The study utilized panel data between the period of 1979 to 1995. The findings indicated that the devolution of healthcare financing positively impacted on the public policy targeted at improving the health of the general population. It appears that that devolved financing made it possible to have a more targeted approach on the specific problem areas within the health sector at a subnational level. The difference with the current study is that Canada had a more extended period of devolved healthcare financing compared to Kenya. Besides, the focus will be on primary data as opposed to panel data.

In the context of India, Mukherjee (2016) investigated the health financing reforms with a specific focus on lessons from Mexico, China and Brazil. In 2015, India underwent reforms in the devolvement of health resources, including greater flexibility for the planning and execution of health schemes, at the national level. Specific emphasis was, therefore, on how both the national and local government can alter their financial practices to improve their effects on public health. Notably, the study indicated that in the pre-reform period in Mexico, China and Brazil, there were no precise modalities in financing the healthcare resulting in inadequate funding. Nevertheless, in the post-reform period, the countries in question increased the distribution of monetary funds to the local level. The result was an expansion in primary healthcare services and the extension of financial protection through insurance mechanisms from both the government and private sector. From these experiences, the study recommended for India to increase the distribution of monetary funds to the subnational level and the integration of primary healthcare and social

insurance for the citizenry below the poverty line. Notably, countries that have increased allocation of financial resources to the subnational level have shown an improvement in their healthcare. There is therefore need to establish if the same holds for Kenya.

Specifically, in Kenya, Njiru, Tenambergen & Oluoch, (2019) examined the impact of devolved healthcare on Meru County healthcare services. The study investigated how devolving the human capital, leadership, finance, and medical supply structure affects the County's delivery of health services. The systems theory and the sequential decentralization theory guided the research. Besides, healthcare managers constituted the target population. Data was gathered through a survey and afterwards, SPSS was utilized to analyze it. Results indicated that the devolved medical supply system, devolved leadership, devolved healthcare financing and devolved human resource management were positively correlated with devolved healthcare services. Among these variables, the devolved medical supply system was the most important element of devolved healthcare among these factors, whereas leadership played a less important role. As such, the availability of financial resources to obtain medical supplies, proper remuneration of staff and good leadership have the potential to enhance service delivery. The current study intends to establish if the same holds for Kiambu County. It will have a broader scope by focusing on healthcare workers in general other than just healthcare managers. Besides, the study will be conducted during the coronavirus pandemic. Consequently, there is a possibility that the pandemic may have impacted resource distribution at the sub-county level.

Miriti (2016) examined how devolved governance affects healthcare delivery in level five hospitals in Meru County. The study focused on how devolved financing, staffing, leadership, and information communication technology (ICT) affect healthcare delivery. The study employed a descriptive approach and aimed to gather feedback from 500 individuals. Data was gathered through a questionnaire and analyzed with SPSS. The findings showed that ICT enhanced health service delivery within the level five hospitals. However, the financing received from the national government was insufficient and experienced delays. Besides, staffing was a challenge, thus impeding to a great extent provision of healthcare. Further, the leadership in place ensured that the employees were actively involved in each level of decision making. According to the study, the central government should develop strategies to overcome the difficulties brought on by the allocation of financial resources to local governments. Besides, there should be adequate staffing and regular customer satisfaction surveys within the level five hospitals. The study will adopt a different approach in that the focus will be on the political leadership other than the leadership styles at the county level.

Finally, Kithinji (2019) assessed the factors that influence health financing at healthcare facilities in Mombasa County. The study had a targeted approach of establishing how prioritizing resource allocation impacts the performance of primary healthcare facilities. The study employed a cross-sectional research approach and had 214 respondents as its target population. The results showed that how healthcare is financed and what financial resources are prioritized significantly affects how effective county healthcare institutions are. The study recommended that the County prioritizes the funds allocated from the central government to primary healthcare centers within the County. The gap that the study intends to fill is to find out more on the budget-making process within the hospitals, generation of funds and utilization that are not adequately addressed in the extant literature.

2.1.2 Devolved human resource management and health service delivery

The provision of health services at the county level requires adequately staffed personnel that are skilled in their line of work. Undoubtedly, the development of human capital is a vital component of the healthcare agenda, yet it has frequently been disregarded (Tsofa, Goodman, Gilson, & Molyneux, 2017). In Tanzania, Masenge (2017) investigated the role of decentralization reforms on the delivery of healthcare services in local governments. Specific focus was on views of community members about the implications of healthcare provision and accessibility reforms on Tanzania's Karagwe District. The research used both a questionnaire and interviews. The analysis of the data was mostly qualitative, while certain aspects of quantitative techniques were incorporated. The results indicated that the community members believe that decentralization enhances accountability and public participation together with the mobilization of resources for healthcare. As well, the reforms undertaken in the health sector were vital in enhancing the standard and availability of healthcare services. However, the District suffered challenges in limited human resources, political interference and lack of autonomy from the federal government. The research suggested for the federal government to prioritize more finances to devolved units to cater for staffing of hospitals, equipping the hospitals with medical supplies and ensuring that the decision-making process involves the citizens. Though the study has brought to fore the challenges in human resources within the District, it did not delineate if there is a correlation between the oversight of the District's personnel and delivery of healthcare services. The study was also conducted in Tanzania, whose devolved sector varies from that of Kenya. The current investigation will, therefore, offer new insights and address the mentioned gap.

In Uganda, Nannyonjo & Okot (2013) looked into how decentralization affected healthcare service provision. The research relied on both qualitative and quantitative analysis with a focus on 44 districts in Uganda. The findings indicated that 13 of the selected Districts were not adequately staffed with health personnel. There was, therefore, inefficiency in provision health services. The remaining districts were also operating below the optimal level. Further, the districts had a weak capacity in decentralization with fundamental inadequacies in staffing. The study recommended the increase in the deployment of professional staff in a bid to enhance their capacity in supporting the delivery of health services. The research also suggested the transfer of staff from districts with excess human resources to those with limited personnel. The study findings serve as a foundation for the current investigation, which will establish if indeed, Kiambu County has staffing challenges and the implications on health service delivery.

Also, Odari & Ragui (2018) investigated the devolution strategies in the provision of healthcare and its impact on how well healthcare services are delivered. The scope of the study was on Mbagathi hospital, Nairobi County. The analysis relied on the descriptive research design with a target of 139 hospital personnel. Data were collected from the hospital staff with the aid of a questionnaire. Both descriptive and inferential statistics were employed. The outcomes demonstrated that Mbagathi Hospital's medical care quality was strongly affected by the effective management of finances, human resources, leadership, and hospital infrastructure. The current study had a broader scope as opposed to focusing only on one hospital. Besides, Soufflé theory will guide the study to ascertain if there is a convergence or divergence with the study findings.

Obosi (2019) looked into how Public-Private Partnerships have contributed towards the health care systems within the decentralized governance framework. The findings indicated that the type of decentralization influenced access to healthcare services. Notably, authority delegated to decentralized units within Uganda, Kenya, and India made it possible for them to raise resources to address the health sector needs. The devolved framework in these countries facilitated public-private partnership which in turn enhanced access to healthcare services. Out of the aforementioned countries, Kenya fully devolved its health services which enabled the counties to raise resources for the health docket and foster public private partnerships. In a nutshell, devolved system of governance fosters public-private partnership which strengthens financial allocation and the deployment of human capital. The resulting outcome is improved health services.

Finally, Onyango (2016) analyzed the strategies employed by the health ministry in addressing the challenges the Kenya's health system is facing. The research incorporated information from the Ministry of Health dated between the years 2014 to 2018, which included both primary and secondary data. Furthermore, content analysis was carried out with an emphasis on the study's objectives. The results

revealed that devolved healthcare exhibited the following challenges: gaps in leadership, frequent industrial strife by health personnel, inadequate financial and human resources, weak inter-county linkages and coordination and inadequate technologies in the delivery of health services. To address these challenges, MOH has engaged in strategic alliances, outsourcing and operational strategies to improve on the gaps in the healthcare. The research concluded that delayed and inadequate financing and poor human resource management negatively impact the provision of healthcare services under a devolved government. The research recommended for the strengthening of intergovernmental relations and more financial and human resources to the subnational level. The current study will ascertain if Kiambu County experiences the same challenges as experienced in the Ministry of Health. As well, since the study was conducted in 2016, there was a possibility that the challenges might have been addressed or got worse. The study will therefore provide insights on how the deployment of human capital has influenced health service delivery in the county.

2.1.3 Political leadership and health service delivery

Political leadership is the authority used by one or more individuals to influence the citizens of a country towards a certain course of action (Blondel, 1987). With devolution, there is a delegation of power to the subnational level whereby the county leadership have the authority to formulate policies to improve on the healthcare delivery with minimal interference from the central government (Yusoff, Sarjoon, Awang, & Efendi, 2016). Among the studies that have investigated the influence of political leadership is that of Capuno & Panganiban (2012), which looked at the connection between party affiliations and healthcare delivery in the Philippines. The study relied on panel data to determine whether the chief executive's political affiliations affected health care financing. From the findings, it can be inferred that the political affiliation of mayors does not have a direct bearing on the allocation of additional finances to the local health sector. Although there is a direct correlation between increased allocation of funds to the health docket and the re-election of mayors and governors, this still holds true. The findings, therefore, suggest that allocation of resources is often based on political factors, rather than on need or merit.

In the South African scene, Gilson (2016) examined how politics in everyday life affected the implementation of health policy. Specific emphasis was on what sort of political leadership was required for the full implementation of health policies. The research relied on practical experience as well as both empirical and theoretical literature to draw insights on whether the political leadership control the execution of health policies. The study argued that both the leadership and everyday politics of the health system influences the actions taken to address the healthcare needs within a populace. Nurturing political leadership skills was recommended as a way of advancing the development of the healthcare system.

Unlike the research, the emphasis will be on establishing if there is a connection between political leadership and the provision of medical services. Besides, the research relied on primary data collected from healthcare personnel within Kiambu County.

Oleribe et al. (2019) examined the problems facing Africa's healthcare system and the solutions to those problems. The study targeted eleven (11) African countries, the United Kingdom, Portugal and Cuba. The participants brainstormed on the challenges experienced in the health sector. They came up with the following challenges: inadequate human resources, limited resource allocations, and poor leadership. The participant recommended capacity building of staff, increased allocation of financial resources to the health docket and support from the political leadership. The health care system in Africa would benefit from public-private partnerships designed to enhance the standard of healthcare services. The study, however, did not focus on healthcare under devolution; hence there is no evidence on the performance of the health sector under devolution. There was also no specific focus on political leadership. Consequently, the current study will address these gaps.

2.2 Research Hypotheses

The research hypotheses were that:

H_1: The devolution of healthcare financing in Kiambu County significantly influences health service delivery.

H_2: Devolved human resource management has a significant impact on health service delivery in Kiambu County.

H_3: Political leadership significantly influences health service delivery in Kiambu County.

Null Hypotheses

The following null hypotheses were tested:

H_{o1}: The devolution of healthcare financing has no statistically significant influence on health service delivery in Kiambu County.

H_{o2}: Devolved human resource management has no statistically significant influence on health service delivery in Kiambu County.

H_{o3}: Political leadership has no statistically significant influence on health service delivery in Kiambu County.

2.3 Theoretical Framework

2.3.1 The Souffle Theory of Decentralization

Andrew Parker proposed the Soufflé theory. A soufflé is a baked egg-based dish. Parker & Kirsten (1995) argued that just the way a soufflé needs the precise blend of eggs, milk and heat to rise, devolution requires the right combination of three vital elements which are political, fiscal and administrative dimensions to succeed. Parker & Kirsten (1995) further espoused that devolution is a multi-faceted process with both favourable outcomes and failures. Consequently, the process of devolution undergoes a continuous process of modifications within the three aforementioned elements. In the context of the study, the political, fiscal and administrative elements needed to be combined in the right way for them to elicit desired outcomes in the health docket.

The Soufflé theory proposition is that the central government has granted authority to the lower level of government to create policies and enact laws. Nevertheless, the delegation of decision making to the county government is not a guarantee that the political leadership will be accountable to the citizenry and deliver on their mandate. On the other hand, administrative decentralization focuses on the redistribution of responsibility and financial resources with a view of offering better services at the other levels of government (Godda,2014).

The responsibilities transferred comprise those in financing and management of human resources at the County government. In so doing, the counties have autonomy in dispensing their authority to meet the needs of the citizenry. The counties, therefore, have the power to enforce regulatory decisions in aspects such as human resource management, particularly in their recruitment and management. Fiscal decentralization makes it possible for the local government to have authority over the generation of revenues and their expenditure (Ghazia, 2009). Besides that, funds are transferred from the federal government to the subnational level. However, fiscal policies are required to safeguard the use of financial resources and ensure there are checks and balances. Figure 1.1 highlights Parker (1995) model:

Decentralization Choices	System Outcomes	System Results	Development Impact
Political •Civil Liberties •Political Rights •Democratic Pluralistic System	•Political Accountability •Political Transparency •Political Representation	•Soft/hard Budget Constraint •Moral Hazard •Sustainable Services •Responsive Services •Effective Services •Efficient Services •Macroeconomic Instability	•Increased Incomes •Increased Productivity •Increased Literacy •Decreased Mortality •Growth of Civil Society
Fiscal & Financial •Fiscal Resources •Fiscal Autonomy •Fiscal Decision-making •Sub national Borrowing	•Resource Mobilization •Resource Allocation •Fiscal Capacity •Subnational Indebtedness		
Administrative •Administrative Structures •Participation	•Administrative Capacity •Admin. Accountability •Admin. Transparency		

Time ⟶

Figure 1.1: Soufflé theory of decentralization

Despite Parker (1995) assertions, there are criticisms levelled against the theory because of some of its limitations. According to Saito (2001), decentralization may bring about secession, especially in countries with many ethnic groups. Also, there is no guarantee that the local government will prudently utilize the resources allocated from the central government. Besides, there are limited financial resources and human capital at the sub-national level, which might pose a challenge for the attainment of the goals of devolution. Equity may also be jeopardized among the different counties or local governments. Undoubtedly, the Soufflé theory of decentralization plays a significant role in comprehending the effects of devolution on the delivery of healthcare in Kiambu county. The adoption of the 2010 constitution led to the devolution of three key areas of power: political, fiscal, and administrative. Consequently, devolution has significant impact on how health services are provided at the county level. The study intended to establish how devolved political leadership; devolved health financing devolved human resource management influenced the delivery of healthcare services within Kiambu County.

2.3.2 Conceptual Framework

A conceptual framework is used to identify relevant concepts for research and to explain how these concepts are related to each other (Kothari, 2017). In essence, a conceptual framework helps researchers understand the relationships between various concepts and provides a structure for guiding their research. Independent variables in the study are devolved healthcare financing, devolved human resource management, and political leadership, with health service delivery as the outcome variables, and the

former are anticipated to have an impact on the latter. Figure 1.2   below illustrates the conceptual framework.

Independent Variables   **Dependent Variable**

Devolved healthcare financing
- Allocation of resources
- Budget making

Devolved human resource mgt
- Staff management
- Adequate medical staff
- Timely payment of staff
- Training of staff

Health Service Delivery
- Provision of medical supplies.
- Patient referral system
- Provision of specialized services
- Provision of emergency and evacuation services

Political Leadership
- Involvement in decision-making
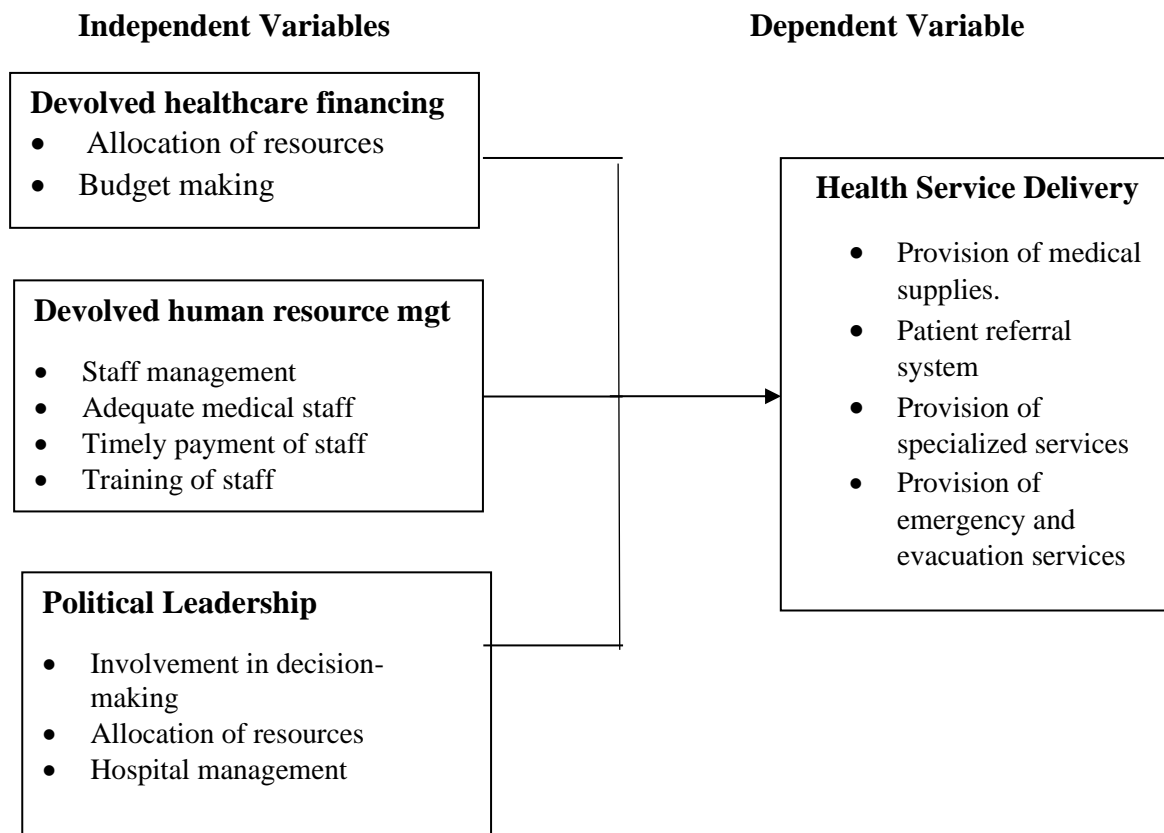- Allocation of resources
- Hospital management

Figure 1.2: Conceptual Framework Showing the Presumed effect of Devolution on Health Service Delivery

2.4 Definition and Operationalization of Concepts

Devolution: The process by which an organization or individual returns to a less complex or advanced state (Williamson & Mulaki, 2015). Devolution pertains to the delegation of responsibility and power for health-related determinations to lower tiers of government. In this research, it entails delegating control over the finance, planning, and provision of healthcare services from higher to lower levels.

Devolved healthcare financing: the distribution of financial resources for healthcare across multiple levels of government. It covers the decision-making procedure for allocating monies from the national government to lower tiers of government as well as the policies and guidelines governing their utilization (Oplotnik & Finžgar, 2013). In this study, it was used to refer to decentralization of the budget-making process, authority over the utilization of funds generated and mechanisms to audit expenditure of the health sector in a county government.

Devolved human resource management: the authority of the county government to recruit and hire health personnel and other activities related to compensation, performance appraisal and benefits (Tsofa et al, 2017). In this study, it was used to refer to the authority of the county government to recruit deploy, train, promote and discipline healthcare workers as well as ensuring adequacy of doctor-patient ratio, nurse-patient ratio and timely payment of healthcare workers.

Political leadership: Power exercised by one or more individual to direct the members of a particular country towards action (Blondel, 1987). In this study, it was used to refer to influence and involvement of community political leaders in the drafting of health policies, allocation of resources in the healthcare industry and county government control of healthcare institutions.

Health service delivery: access to health services by the citizenry for whom adequate health facilities have been made available and the ability to access the health services at an affordable rate (Merson, Black, & Mills, 2006). In this study, it was used to refer to access to high-quality healthcare by the citizenry of a local government which is measured in terms of a clear patient referral system, availability of essential drugs and medical equipment, deliver emergency and evacuation services, provision of diagnostic and specialized services and the maintenance of physical resources within the hospital to facilitate health service provision.

CHAPTER THREE

3.0 Research Methodology

3.1 Introduction

The methodology is an essential component of research which provide direction for issues of investigation. The methodology of the study was quantitative. This chapter offers a comprehensive explanation of the methodology and research strategy employed. The study offers an in-depth description of the target population, sampling methods, and research instruments used. The last section of this chapter discusses how the study was piloted, how reliable and valid the research instruments are, statistical methods for analyzing the data, and ethical principles that guided the study.

3.2 Research Design

The research design provides a detailed overview of the strategies and methods employed for data collection and analysis in the empirical study. It may also be known as the "blueprint" for empirical studies designed to address particular research issues or test particular hypotheses (Bhattacherjee,2012 p. 35). For this examination, a descriptive research design was employed to explain the features of a population. This type of research design is suitable for gathering data of a quantitative and qualitative nature. Burns and Grove (2010) argue that descriptive designs can also be used to generate hypotheses that can be tested in future studies. In further support of the design, Cooper and Schindler (2002) argued that descriptive designs are used to answer questions about what is happening, why it is happening, and how often it is happening. Additionally, descriptive research designs are often used to generate a lot of new and specific information to the area under study leading to increase in a study's ability to develop more practical insights that will contribute to actionable and sustainable recommendation (Gatara, 2010).

This study intended to establish the influence of devolved healthcare financing, devolved human resource management and political leadership on health service delivery in Kiambu County because is a metropolitan county and despite increased allocation of financial resources in the post-devolution period, Kiambu County still faces limited access to primary healthcare facilities and services together with staffing challenges (Kaarah & Kagiri, 2016). Therefore, Kiambu is ideal to ascertain how devolution has affected healthcare delivery. Consequently, the design was suitable for gathering, recording and reporting matters as they are in the study area. Hospital personnel in Kiambu County were the focus of the study, and data was gathered from July to October of 2021.

3.3 Research Method

The study adopted the survey method of collecting data. According to Bhattacherjee (2012, p. 39), field surveys use survey questionnaires or, less frequently, structured interviews to provide a look into the behaviors, viewpoints, or circumstances of a random sample of individuals in field settings. He further states that there are several advantages to using surveys for research, such as the ability to gather data in the field, the ability to control for a wide variety of factors, and the ability to explore a subject from various angles or using different theories. In this case, the goal was to get accurate data on how devolution has impacted healthcare delivery, hence the survey method was appropriate.

3.3.1 Target Population

The total count of participants that a study aims to gather data from is the target population (Queirós, Faria & Almeida, 2017). Cooper and Schindler (2008) define population as a set of individuals who possess a particular trait that makes them of interest to a researcher. According to the records obtained from Kiambu County Integrated Development Plan (KCIDP) 2018-2023 there are 505 health facilities with 108 being public health facilities. The public health facilities included: Seventy (70) Dispensaries offering Level 2 Services. There were 2,652 health workers working in the county, with each of the twelve sub-counties having a different number of workers as tabulated below:

Table 3.1 Number of health workers across sub-counties

S/no.	Sub-county	Number of health workers
1.	Gatundu South	315
2.	Gatundu North	116
3.	Juja	88
4.	Ruiru	156
5.	Githunguri	154
6.	Kiambu town	426
7	Kiambaa	194
8.	Kabete	91
9.	Kikuyu	58
10.	Limuru	261
11.	Lari	125
12.	Thika town	668
Total Number		**2652**

Source: KCIPD 2018-2023

Additionally, there were 24 Health Centers that offered Level 3 Services, along with 11 Hospitals that provided Level 4 Services, and 3 Hospitals that delivered Level 5 Services. The study focused on 463 hospital staff from the eleven (11) Level 4 hospitals within the County (see Appendix III).

3.3.2 Study Sample

A sample is an appropriate, reliable representation of the intended audience of a study (Creswell, 2017). The features of the sample can be extrapolated to encompass the complete population from which it was obtained (Best & Kahn, 2016). Mostly, studies are limited by time, expenses as well as accessibility to respondents, thus requiring the use of samples that are representative of the entire population (Cohen, Morrison, & Manion, 2017). The study obtained data from hospital staff in the eleven (11) Level 4 hospitals within Kiambu County (See Appendix III).

The sample size was determined using the formula created by Krejcie and Morgan (1970), as outlined below:

$$n = \frac{X^2 * N * P(1 - P)}{\left(ME^2 * (N - 1)\right) + (X^2 * P * (1 - P))}$$

Where

n=Sample size

X^2=Chi Square for the specified confidence level at 1 degree of freedom= (3.841) from tables

N=Population size

P=Population proportion (.50 in the table)

ME=Desired margin of error (expressed as a proportion=0.05)

The number of hospital staff sampled were as follows;

=3.841 x 463 x 0.5 (1-0.5)/ 0.05x0.05 (463-1) +3.841x0.5 (1-0.5)

=444.60/2.12

= 210 health workers

Statistics makes use of two primary sampling methods. These are probability random sampling and non-probability sampling, as noted by Creswell (2008). The former method involves the selection of sample from a population wherein every individual has an equal likelihood of being chosen for the study, while the latter method does not guarantee an equal chance for each individual's selection. Saunders, Lewis, and Thornhill (2013) further elaborate that there are four kinds of probability random sampling, namely: simple random sampling, systematic sampling, stratified sampling, and cluster sampling. The study employed simple random technique, therefore implying that 210 health workers from the eleven (11) Level 4 hospitals had an equal probability of being selected for the study. The sample size constituted 45 % of the target population. Krejcie and Morgan (1970) posited that for descriptive research, a sample size ranging from 10 to 50% is deemed acceptable. From the eleven (11) Level 4 hospitals, nineteen (19) health workers were selected from each of the Level 4 hospitals.

3.3.3 Data Collection

The research utilized the questionnaire in Appendix II to gather information from the hospital personnel. Questionnaires are often used in research because it is a relatively easy and inexpensive way of acquiring information from a significant number of individuals (Mouly,1978, p.189). Furthermore, because respondents were not required to reveal their identities, they would to provide frank answers to sensitive questions (Mulusa,1988, p.144). Section one of the questionnaire focused on background information with specific emphasis on gender, age, academic qualification, job description and experience in the hospital. The second section of the document examined how healthcare financing that is decentralized affects the provision of health services in Kiambu County. Section three focused on devolved human resource management; section four political leadership and section five rated the provision of health service delivery in Kiambu County. The participants were instructed to indicate their responses using a frequency rating scale by placing a check (√) in the corresponding box on the survey form.

3.3.4 Pilot Testing of the Research Instruments

Creswell, (2012) argues that, before collecting data, it is important to verify the practicality, reliability, and validity of the data collection instruments. As such, piloting was undertaken to ensure that the language used in the instruments was clear and understandable, the layout and length of the tool will be convenient in terms of time taken by the participants to respond to the survey questions. The pilot study was conducted in Lusigetti Level 4 Hospital in Kikuyu sub-county as the sub-county has the least number

of health workers (58 No.) among the sub-counties with Level 4 hospitals. The pilot survey respondents did not influence the actual survey responses.

3.3.5 Instrument Reliability

The reliability of research instruments refers to their ability to consistently produce the same results when replicated (Kothari, 2017). Using an appropriate rating scale, training researchers, and objectively grading outcomes are some methods to increase the trustworthiness of research findings (Dillman, Hao and Millar, 2017).The reliability of the test was assessed by using Cronbach's alpha, which measures internal consistency. Cronbach alpha coefficients from 0.7 to 0.9 were considered as suitable for the reliability test (Blumberg, Cooper and Schindler, 2008).

Table 3.1 highlights the reliability study findings. A preliminary investigation was carried out to identify any ambiguous queries pinpoint issues with the questions or find areas where the instructions needed to be more explicit and recommend any adjustments in order to assess the research instrument's internal dependability. As indicated in the table below, the variable with the highest reliability was health service delivery (α= 0.818) followed by devolved healthcare financing (α= 0.812) then political leadership (α= 0.769) and finally devolved human resource management (α= 704). As the Cronbach alpha value was greater than 0.7 for all study variables, it means that the instrument was reliable and therefore required no alterations.

Table 3.2 Reliability Test

Study Variables	Cronbach's Alpha
Health Service Delivery	0.818
Devolved HealthCare Financing	0.812
Devolved Human Resource Management	0.704
Political Leadership	0.769

Source: (Field Data, 2023)

3.3.6 Instrument Validity

Validity refers to the extent to which a questionnaire is able to measure what it is intended to measure and depict the construct with precision (Cooper & Schindler, 2014). Content validity was achieved by incorporating the opinions of content experts comprising lecturers from the Department of Political Science and Public Administration, University of Nairobi. The suggestions and advice offered served as the foundation for adjusting the items in the questionnaire and making them more adaptable to the research.

3.3.7 Data Collection Procedure

The National Commission for Science, Technology, and Innovation authorized the researcher to conduct a study on the health of Kiambu County residents. The researcher then sought permission from the Kiambu County Health Services Department (See Appendix VI) to collect data from the eleven (11) Level Four (4) hospitals. The management of the Level 4 hospitals were then issued with the research permit from NACOSTI and Authority letter from Kiambu County Health Services Department to acquaint them about the intended research before administering the questionnaires. Once the researcher familiarized the hospital management with the study area, the questionnaires were administered either electronically or physically depending on the preference of the respondents.

3.3.8 Data Analysis

The data underwent a process of examination, revision, and conversion into a systemized format. The next step involved an analysis through SPSS version 23, followed by the presentation of the data in the form of pictorial and tabular illustrations. Lastly, the data was summarized in accordance with the aims of the research. Summary statistics were utilized for the purpose of describing and outlining the data, while inferential statistics were applied to deduce predictions or make connections between variables. The regression model was chosen and expressed as the X and Y regression equations, as shown below:

$$\gamma = \beta_0 + \beta_1 x_1 + \beta_2 x_2 + \beta_3 x_3 + \beta_4 x_4 + \epsilon$$

Where:

Y = Health Service Delivery

X_1 = Devolved healthcare financing

X_2 = Devolved human resource management

X_3 = Political Leadership

β_0, = constant term or y intercept

$\beta_1, \beta_2, \beta_3, \beta_4$ = Coefficients of the regression model

ϵ = the error term

3.3.9 Ethical Consideration

The study ensured that the information obtained from the respondents was protected from unauthorized access. Informed consent was collected from respondents in accordance with the terms of Appendix I, and the study's participants were given the option to participate or not, with the guarantee that their responses would remain confidential and solely used for academic purposes. Throughout the data gathering procedure, the researcher-maintained objectivity and valued the respondents' divergent views.

CHAPTER FOUR

4.0 Data Presentations, Findings and Discussions

4.1 Introduction

This chapter summarizes the data gathered, evaluates the data in light of the objectives of the study, and discusses the findings. The focus was on ascertaining how devolved political leadership, devolved human resource management, and devolved healthcare finance affected the provision of healthcare services in Kiambu County. Data from hospital personnel in the eleven level four hospitals in Kiambu County was gathered through the utilization of a survey. Descriptive statistics were employed to determine the mean and standard deviation. Inferential statistics, notably Pearson correlation, were employed to analyze the correlation between devolution and the delivery of healthcare in Kiambu County. Devolution's impact on how health care is delivered was then assessed using regression analysis. The research findings have been displayed in graphical and tabular form. The study findings have been interpreted to provide an understanding of the data collected and to draw conclusions on the research objectives.

4.2 Response Rate

The findings regarding the response rate are summarized in Table 4. The research distributed 210 questionnaires among hospital in all the Level Four Hospitals in Kiambu County. However, out of the 210 questionnaires a total of 143 were completed representing 68.1% which is satisfactory for the purpose of analysis and achieving the study's objective.

Table 4.1: Response Rate of Questionnaires

Responses	Sample Size	Percentages
Returned questionnaires	143	68.1%
Unreturned questionnaires	67	31.9%
Total	**210**	**100%**

Source: (Field Data, 2023)

4.3 Background Information

The demographic information offers background information on the respondents' gender, age, academic qualification, and occupation in the hospital. The information is key to understanding the characteristics of the respondents in the sample. The analyzed background information was captured in the sections that follow.

4.3.1 Gender

The study found that it was necessary to establish the gender of the hospital personnel in the level 4 hospitals in Kiambu County to understand how it affects the quality-of-care patients receive. Figure 4.1 displays the data.

Figure 4.1: Gender
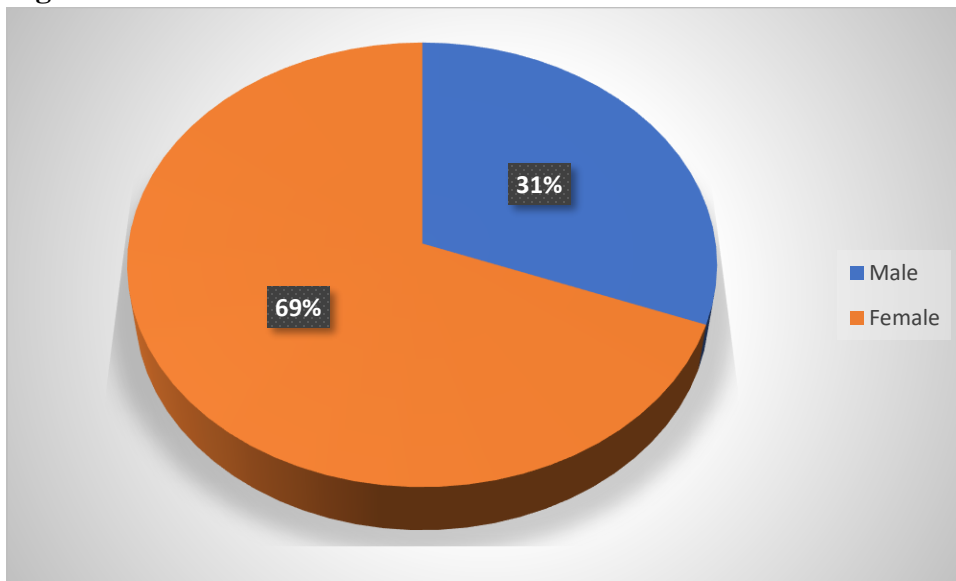
Source: (Author, 2023)

The study investigated the genders of staff in Level Four Hospitals. Figure 4.1's findings demonstrate that 69% of respondents were female and 31% were male. This demonstrates that most health workers at Level Four Hospitals in Kiambu County are female. This is likely because women are typically drawn to careers in health care and nursing. The study also found that male health workers are more likely to be found in higher-level positions, such as doctors and surgeons. This suggests that while the health care industry is largely female-dominated, men still hold a considerable amount of power within the field.

4.3.2 Age

The study found that it was necessary to establish the age of the hospital personnel in the level 4 hospitals in Kiambu County to understand how it affects the quality-of-care patients receive. Figure 4.2 displays the data.

Figure 4.2: Age
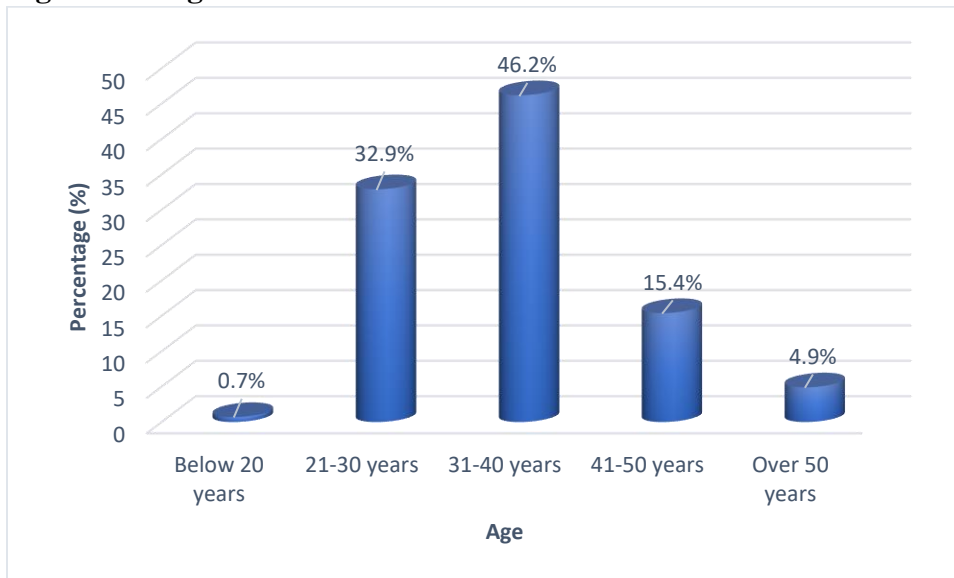
Source: (Author, 2023)

Figure 4.2 illustrates the findings on the age of the hospital staff. From the results, 46.2% of the health workers are between 31 to 40 years. 32.9 % are between 21 to 30years, 15.4. % are between 41-50 years, 4.9% are over 50 years and 0.7 % are below 20 years. Notably, the Level Four hospitals have a diverse workforce in terms of age though the majority are youthful. Therefore, the study benefited from the perspectives of hospital staff from different age ranges.

4.3.3 Highest Academic Qualification

The study deemed it was necessary to establish the gender of the hospital personnel in the level 4 hospitals in Kiambu County to understand how it affects the quality-of-care patients receive. Figure 4.3 displays the data.
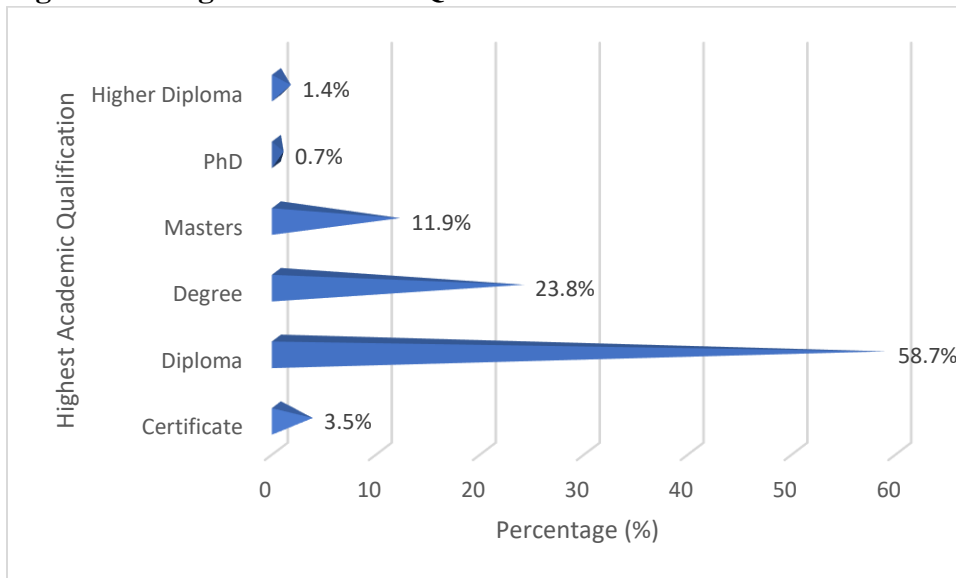
Figure 4.3: Highest Academic Qualification

Source: (Author, 2023)

The findings in Figure 4.3 show that most hospital staff in Level Four Hospitals possess academic qualifications, with 58.7% holding a Diploma, 23.8% holding a bachelor's degree, 11.9% holding a Masters, and 3.5% holding a Certificate. There is a strong possibility that many of the staff members who hold a Diploma or Certificate acquired their qualifications from the Kenya Medical Training College, which is the leading institution for health professional training in the country. This indicates that the staff at Level Four Hospitals tend to be well-educated and highly skilled, meaning that patients are likely to receive high-quality care at these facilities.

4.3.4 Job Description

Table 4.3 illustrates the findings on the job description of the hospital staff. From the results 32.2% of the health workers are Nurses, 16.1% are Clinical Officers, 9.1% are Medical Technologists/Technicians, 8.4 % are Pharmacists/ Pharmaceutical Technologists, 7.7 % are Nutritionists, 6.3 % are Medical Doctors, 4.9 % are Health Record Officers, 4.2 % are Public Health Officers,2.8 % are Hospital Administrators, 2.1% are Medical Social Workers, 1.4 % are either Oral Health Officers, Mentor Mothers and Finance Officers while 0.7 % are either a Dentist, Procurement Officer or Ortho Trauma.

The results indicate that nurses form a high number of the hospital staff in the Level Four Hospitals. This is likely because nurses are typically responsible for providing direct patient care, as well as performing other tasks such as administering medication and monitoring patient vital signs. In addition, nurses are often responsible for coordinating care among different members of the health care team, which can

include doctors, pharmacists, and other health care professionals. As such, nurses play a critical role in the overall operation of a hospital and are typically one of the largest groups of hospital staff.

Table 4.2: Job Description

	Frequency	Percent (%)
Hospital Management (Administrator)	4	2.8
Medical Doctor	9	6.3
Dentist	1	0.7
Nurse	46	32.2
Pharmacist/ Pharmaceutical Technologists	12	8.4
Clinical Officer	23	16.1
Medical Technologist /Technician	13	9.1
Nutritionist	11	7.7
Medical Social Worker	3	2.1
Public Health Officer	6	4.2
Finance	2	1.4
Health Record & Information Technology	7	4.9
Mentor mother	2	1.4
Procurement officer	1	0.7
Oral health officer	2	1.4
Ortho Trauma	1	0.7
Total	**143**	**100**

Source: (Author, 2023)

4.3.5 Work Experience in the Hospital

Figure 4.4 illustrates the work experience of the hospital staff in their respective hospital. According to the results, 42.7 % of the hospital staff have worked in their respective hospital between 5 and 10 years, 41.3 % below 5 years, 9.8 % between 11 and 15 years, 5.6 % over 20 years and 0.7 % have work ed between 16 and 20 years in their respective hospital.

Figure 4.4: Work Experience in the Hospital
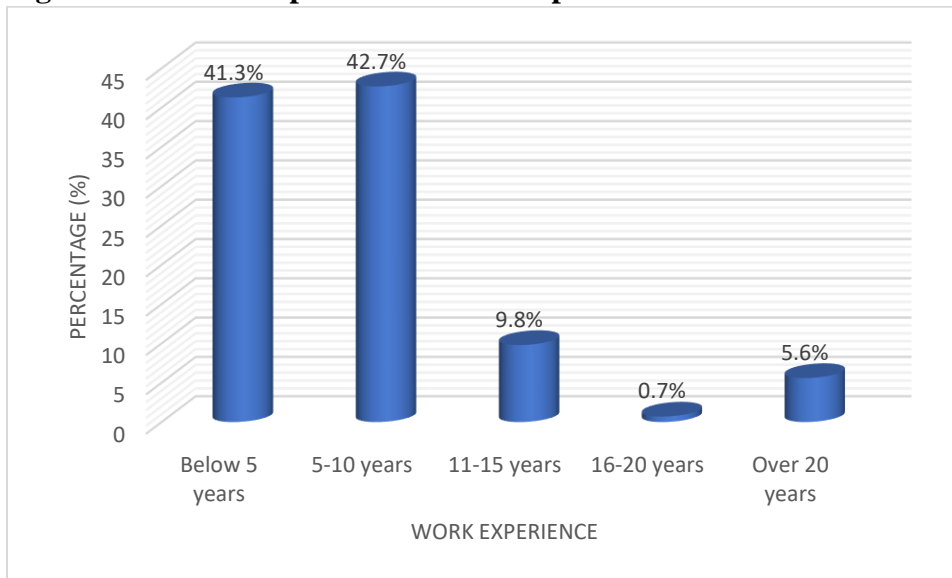
Source: (Author, 2023)

4.4 Data Presentation

This section presents the findings that establish the influence of devolved healthcare financing, devolved management of human resources and political leadership on health service delivery in Kiambu County. The following sub-sections present the results using descriptive statistics.

4.4.1 Devolved Healthcare Financing Policy

The first study objective was to establish how devolved health care financing affected the provision of health services. in Kiambu County. The research objective hypothesis was that devolved healthcare financing has no statistical significance on health service delivery in Kiambu County.The questions posed to the research respondents to address the hypothesis of the objective included whether hospital management was involved in the budget-making process for the overall county health budget and whether the hospitals were allocated adequate resources by the County Government to determine whether health service delivery budget was factored in the county budget. Respondents were also questioned whether hospitals charge fees for healthcare services and also if thehospital management had authority over the utilization of funds generated at the hospital to run their daily activities. Hospital staff were also questioned on whether the hospital had mechanisms in place to audit expenditure, whether health budget was implemented in a timely manner and whether a representative from the community was involved in the budget-making process for the hospital to establish whether there was increase transparency and accountability with devolution of healthcare financing.

The Pearson correlation coefficient was used to evaluate the possible two-way linear link between decentralized healthcare financing and health care delivery. The data acquired from hospital personnel was utilized to test the hypothesis of the research using regression analysis to see how much the independent variable, devolved healthcare financing, might explain changes in the response variable, namely health care delivery. To determine how much of the variation in the response variable is explained by the explanatory variable and how much is attributable to error or other factors, the researcher employed an analysis of variance (ANOVA). The results are examined in the correlation analysis and regression coefficients sections. Table 4.3 below illustrates the results of the questionnaire responses.

Table 4.3: Devolved Healthcare Financing Questionnaire Response Analysis

		SD	D	N	A	SA	Mean	SD
The hospital management is involved in the budget-making process for the overall county health budget?	Freq	16	30	50	30	17	3.01	1.16
	%	11.2	21	35	21	11.9		
The county government allocates adequate financial resources to the hospital	Freq	47	55	23	16	2	2.1	1.03
	%	32.9	38.5	16.1	11.2	1.4		
The hospital charges fee for healthcare services e.g. (laboratory tests, consultation)	Freq	6	13	4	52	68	4.14	1.11
	%	4.2	9.1	2.8	36.4	47.6		
The hospital management has authority over the utilization of funds generated at the hospital to run their daily activities	Freq	28	23	41	32	19	2.94	1.31
	%	19.6	16.1	28.7	22.4	13.3		
The hospital has mechanisms in place to audit expenditure	Freq	8	17	52	51	15	3.34	1.01
	%	5.6	11.9	36.4	35.7	10.5		
The hospital budget is implemented in a timely manner	Freq	37	44	31	25	6	2.43	1.17
	%	25.9	30.8	21.7	17.5	4.2		
There is a representative from the community involved in the budget-making process for the hospital	Freq	17	27	56	31	12	2.96	1.11
	%	11.9	18.9	39.2	21.7	8.4		

Source: (Author, 2023)

According to the findings, 35% of respondents were not sure if the hospital management is involved in the budget-making process for the overall county health budget,21% disagreed, 21 % agreed, 11.9 % strongly agreed and 11.2 % strongly disagreed. The mean value of 3.01 indicates that most of the hospital staff at the Level 4 Hospitals were not aware if the hospital management was involved in the budget-making process for the overall county health budget. The inadequate transmission of information from hospital administration to employees may be a plausible explanation for this unawareness. It is possible that hospital management is indeed involved in the budget-making process, but staff members are not privy to this information. This could lead to feelings of being left out or not valued by management, which could in turn lead to lower morale and decreased productivity among hospital staff.

Further, the results revealed that 38.5% disagreed, 32.9% strongly disagreed, 16.1 % were not sure, 11.2% agreed, 1.4 % strongly agreed that the county government allocates adequate financial resources to the hospital. The mean of 2.1 indicates that most of the hospital staff disagreed with the statement that the county government allocates adequate financial resources to the Level 4 Hospitals. The staff believes that the county government could allocate more resources to these hospitals in order to improve the standards of healthcare services they provide.

Additionally, 47.6% of the health personnel strongly agreed that the hospital charges a fee for healthcare services, 36.4 % agreed, 9.1 % disagreed,4.2 strongly disagreed and 2.8 % were not sure that the hospital charges a fee for healthcare services. The mean of 4.14 indicates that most of the hospital staff strongly agreed with the statement that the Level 4 Hospitals charge a fee for healthcare services. This suggests that the fees charged by these hospitals are seen as reasonable by those who work there. It also indicates that the staff believe that these fees are necessary to sustain the high level of care provided by these hospitals.

Also, the results revealed that 28.7% were not sure, 22.4% agreed, 19.6% strongly disagreed,16.1% strongly disagreed,13.3 % strongly agreed that the hospital management had authority over the utilization of funds generated at the hospital to run their daily activities. The average result was 2.94, with a standard deviation of 1.31. indicating that most of the hospital staff were uncertain if the hospital management had authority over the utilization of funds generated at the Level 4 hospitals to run their daily activities. There seems to be some confusion among the hospital staff over who has authority over the utilization of funds generated at the Level 4 hospitals in Kiambu County. Most of them are uncertain if the hospital management has the authority to use these funds to run the daily operations of the hospital. It's possible that this confusion arises from a lack of communication between the hospital staff and management. It's also possible that the staff is not aware of the hospital's financial situation and is unsure of where the funding for daily operations is coming from.

Moreover, 36.4 % of the hospital staff were not sure if the hospital had mechanisms in place to audit expenditure, 35.7 % agreed, 11.9 % disagreed,10.5 % strongly agreed and 5.6 % strongly disagreed. The mean of 3.34 indicates that the majority of the hospital staff were not sure on whether the Level 4 hospitals had mechanisms in place to audit expenditure. From the results 30.8 % of the hospital staff disagreed, 25.9 % strongly disagreed, 21.7 % were not sure,17.5 % agreed and 4.2 % strongly agreed hospital budget was implemented in a timely manner. The mean of 2.43 indicates that a high number of the hospital staff disagreed that the budget of the Level 4 Hospitals was implemented in a timely manner. Many of the

hospital staff disagreed that the budget for the Level 4 Hospitals was implemented in a timely manner. This suggests that there may have been some issues with the way that the budget was rolled out, or that it was not well-received by those who were supposed to be benefitting from it. Either way, it seems that there are some serious problems with the way that the budget was handled, and more information is needed to understand what went wrong.

Finally, the findings indicated that 39.2 % of the hospital staff were not sure, 21.7 % agreed, 18.9 % disagreed and 11.9 % strongly disagreed, 8.4% strongly agreed with the statement that there is a representative from the community involved in the budget-making process for the hospital. The mean of 2.96 indicates that a high number of the hospital staff were not sure that a representative from the community was involved in the budget-making process for the Level 4 Hospitals. This may be because the community does not have a strong voice in the budget-making process, or because the hospital staff are not aware of who the representative is. Either way, this lack of communication can lead to mistrust and frustration from both the hospital staff and the community.

The key finding from the questionnaire response analysis is that Level 4 hospitals in Kiambu County charge a fee for healthcare services. This in line with Section 42, subsection (3) and (4) of the Kiambu County Health Services Bill, 2014. Another key finding is that the Kiambu County Government does not allocate adequate financial resources to the Level 4 hospitals. This implies that Level 4 hospitals may not adequately offer health services due to limited funding. The findings support the hypothesis that devolved healthcare financing influences health service delivery. The study findings for the research objective have been discussed in Section 4.7.1.

4.4.2 Devolved Human Resource Management Policy

The study's second objective was to determine the influence of decentralized human resource management on health care delivery in Kiambu County. The corresponding research hypothesis was that devolved human resource management has no statistical significance on health care delivery in Kiambu County. Questions posed to hospital staff to test the hypothesis included whether hospital management had a mechanism in place to motivate and retain the hospital staff and whether the hospital management was actively involved in managing the staff (deployment, promotion and discipline). Hospital staff were also questioned on the whether there was adequate doctor-patient ration and nurse patient ratio to meet the demands of the hospital. In addition, respondents were questioned on whether there was timely remuneration of hospital staff and if they were sponsored for trainings to advance their knowledge in their area of specialization. The probable two-way linear relationship between decentralized human resource

management and healthcare delivery was investigated using the Pearson correlation coefficient. Regression analysis was used to test the study objective's hypothesis and assess the degree to which changes in the explanatory variables, devolved human resource management, could be accounted for by changes in the response variable, health service delivery. The researcher used ANOVA to assess how much of the variation in the response variable is explained by the explanatory variable, and how much is due to error or other factors. The correlation analysis and regression coefficients sections examine the findings. Table 4.4 below illustrates the results of the questionnaire responses.

Table 4.4: Devolved Human Resource Management Questionnaire Response Analysis

		SD	D	N	A	SA	Mean	SD
Hospital management has a mechanism in place to motivate and retain the hospital staff e.g., reward mechanisms for meeting performance target	Freq	54	41	24	21	3	2.15	1.14
	%	37.8	28.7	16.8	14.7	2.1		
The hospital management is actively involved in managing the staff (deployment, promotion and discipline)	Freq	29	48	17	43	6	2.64	1.22
	%	20.3	33.6	11.9	30.1	4.2		
There is an adequate doctor-patient ratio, to meet the demands of the hospital	Freq	66	58	8	9	2	1.76	0.92
	%	46.2	40.6	5.6	6.3	1.4		
There is an adequate nurse-patient ratio to meet the demands of the hospital	Freq	55	62	12	10	4	1.92	1
	%	38.5	43.4	8.4	7	2.8		
There is timely remuneration of hospital staff	Freq	49	59	21	12	2	2.01	0.98
	%	34.3	41.3	14.7	8.4	1.4		
Hospital staff are sponsored for training programmes to advance their knowledge in their area of specialization?	Freq	28	57	28	25	5	2.45	1.1
	%	19.6	39.9	19.6	17.5	3.5		

Source: (Author, 2023)

From the results, 37.8 % strongly disagreed, 28.7 % disagreed, 16.8 % were not sure, 14.7 % agreed and 2.1 % strongly agreed that the hospital management at the Level 4 Hospitals had a mechanism in place to motivate and retain the staff for meeting performance targets The mean value of 2.15 indicates that the most of the hospital staff disagreed with the statement that the hospital management at the Level 4 Hospitals had a mechanism in place to motivate and retain the staff for meeting performance targets. There are a few potential reasons for why most of the hospital staff disagreed with the statement that the hospital management at the Level 4 Hospitals had a mechanism in place to motivate and retain the staff for meeting performance targets. One reason could be that the staff members feel like they are not being properly compensated for meeting these performance targets. Another reason could be that the staff members do not feel like their efforts are being appreciated by the hospital management. Besides, the staff members may not feel like they have the necessary resources and support from the hospital management to meet these performance targets.

Additionally, 33.6 % disagreed, 30.1 % agreed, 20.3 % strongly disagreed, 11.9 % were not sure and 4.2 % strongly agreed that the hospital management at the Level 4 Hospitals were actively involved in managing the staff. The mean value of 2.64 indicates that majority of the hospital were not sure whether hospital management at the Level 4 Hospitals were actively involved in managing the staff. This could be due to several factors, including the hospital management's lack of transparency in their communication with the staff, or the staff's lack of understanding of the hospital's management structure. Additionally, it is possible that the staff is not comfortable voicing their concerns to the management, or that the management is not accessible to the staff.

Further, 66% of the hospital strongly disagreed with the statement there is an adequate doctor-patient ratio to meet the demands of the hospital, 58 % disagreed, 9 % agreed, 8% were not sure and 2 % strongly agreed. The mean of 1.76 indicates that a high number of the hospital staff strongly disagreed that the doctor-patient ratio was adequate to meet the demands of the Level 4 Hospitals. Based on the information given, it seems that the hospital staff does not feel that the doctor-patient ratio is adequate. This could be due to a variety of reasons, such as not enough doctors being available to see patients or the doctors not having enough time to spend with each patient. Whatever the reason, it appears that the hospital staff does not feel that the current doctor-patient ratio is adequate to meet the demands of the hospital.

Also, 62 % of the hospital staff disagreed with the statement that there is an adequate nurse-patient ratio to meet the demands of the hospital, 55 % strongly disagreed, 12 % were not sure,10 % agreed and 4 % strongly agreed. The mean of 1.92 indicates that most of the hospital staff disagreed that the nurse-patient ratio was adequate to meet the demands of the Level 4 Hospitals. The main concern amongst the hospital staff was that the nurse-patient ratios were not adequate to meet the demands of the Level 4 Hospitals. This was especially apparent during busier times when patients needed more attention and care. The staff felt that the current ratios were not enough to provide the level of care that was necessary.

Besides, 41.3% of the hospital staff disagreed, 34.3 % strongly disagreed, 14.7 % were not sure,8.4 % disagreed and 1.4 % strongly agreed that there was timely remuneration of hospital staff. The mean of 2.01 indicates that a high number of the hospital staff disagreed that there was timely remuneration of hospital staff at the Level 4 Hospitals. This could be due to a number of factors, such as the hospital not having enough money to pay its staff on time, or the hospital staff not being properly trained on how to handle financial compensation. This is a problem because it can lead to lower morale and motivation among the staff, which can in turn lead to poorer patient care.

Finally, the findings indicate that 39.9% of the hospital staff disagreed, 19.6 % strongly disagreed, 19.6 % were not sure,17.5 % agreed and 3.5 % strongly agreed with the statement that hospital staff are sponsored for training programmes to advance their knowledge in their area of specialization. The mean of 2.45 indicates that most of the hospital staff disagreed that sponsorship for training programmes to advance their knowledge in their area of specialization for hospital staff at the Level 4 Hospitals was adequate. This is likely due to a lack of funds or resources. The staff may feel that they are not able to get the training they need to advance their careers. This could lead to low morale and a high turnover rate.

4.4.3 Devolved Political Leadership Policy

The third research goal was to determine the influence of devolved political leadership on the delivery of health services. The research hypothesis was that in Kiambu County, devolved human political leadership has no statistical relevance on health care delivery.In order to address this hypothesis, the following questions were posed to respondents: whether community political leaders are involved in the hospital management (decision making) , whether community political leaders influence the allocation of resources to the hospital and whether community political leaders consider the views and recommendations submitted by hospital management during drafting of county health policies. Pearson correlation co-efficient was used to analyse the probable two-way linear relationship between devolved political leadership and health service delivery. Regression analysis was used to test the study objective's hypothesis and assess the degree to which changes in the explanatory variable, devolved political leadership, could be accounted for by changes in the response variable, health service delivery. The researcher used ANOVA to assess how much of the variation in the response variable is explained by the explanatory variable, and how much is due to error or other factors. The findings are highlighted under the correlation analysis and regression coefficients sections. Table 4.5 below illustrates the results of the questionnaire responses.

Table 4.5: Devolved Political Leadership Questionnaire Response Analysis

		SD	D	N	A	SA	Mean	SD
The community political leaders are involved in the hospital management (decision making)	Freq	15	35	61	31	1	2.78	0.93
	%	10.5	24.5	42.7	21.7	0.7		
Community political leaders influence the allocation of resources to the hospital	Freq	15	41	57	27	3	2.73	0.96
	%	10.5	28.7	39.9	18.9	2.1		
Community political leaders consider the views and recommendations submitted by hospital management during drafting of county health policies	Freq	17	29	70	23	4	2.78	0.95
	%	11.9	20.3	49	16.1	2.8		

Source: (Author, 2023)

From the results, 42.7 % were not sure, 24.5 % disagreed, 21.7 % agreed, 10.5 % strongly disagreed and 0.7% agreed if the community political leaders were involved in the hospital management (decision making). The mean value of 2.78 indicates that a high number of the hospital staff were not sure on whether community political leaders within the locality of the Level 4 Hospitals were involved in the hospital management (decision making). This could be due to a lack of communication between the hospital staff and the community leaders. It is important for the hospital staff to be aware of who the community leaders are and how they can be involved in the hospital's decision-making process.

Further, 39.9 % were not sure, 28.7 % disagreed, 18.9 % agreed, 10.5 % strongly disagreed and 2.1 % strongly agreed with the statement that community political leaders influence the allocation of resources to the hospital. The mean value of 2.73 indicates that majority of respondents were not sure on whether community political leaders influenced the allocation of resources at the Level 4 Hospitals. This could be due to a variety of factors, such as the political leaders not being transparent about their decision-making process, or the staff not being privy to information about how the resources are allocated. Regardless, it appears that there is a lack of clarity about the role of community political leaders in relation to the Level 4 Hospitals.

Finally, 49% of the hospital staff were not sure, 20.3% disagreed, 19.6 % were not sure, 16.1 % agreed and 11.9 % strongly disagreed, while 2.8 % strongly agreed with the statement that community political leaders consider the views and recommendations submitted by hospital management during drafting of county health policies. The mean of 2.78 indicates that most of the hospital staff were not sure on whether community political leaders within the locality of the Level 4 Hospitals considered the views and recommendations submitted by hospital management of the Level 4 Hospitals during drafting of county

health policies. One of the main concerns of the hospital staff was that the community political leaders within the locality of the Level 4 Hospitals didn't seem to be considering the views and recommendations submitted by hospital management when drafting county health policies. This lack of communication and collaboration could potentially lead to critical decisions being made without input from those who are on the frontlines of patient care. Hospital staff members felt that it was important for their voices to be heard to ensure that the best possible decisions were being made for the health of the community.

The key finding from the questionnaire response analysis is that there is low participation by community political leaders in the management of the Level 4 hospitals. The finding implies that there lacks awareness among community political leaders of the importance of being involved in the management of the hospitals such as ensuring the hospital is adequately funded to enhance health service delivery. The findings support the hypothesis that devolved political leadership influences health service delivery. The study findings for the research objective have been discussed in Section 4.7.3.

4.4.4 Health Service Delivery in Kiambu County

The purpose of the study was to ascertain how political leadership, devolved human resource management, and devolved healthcare financing impacted the provision of healthcare services in Kiambu County.

The questions posed to the research respondents to rate the quality of health service delivery in Level 4 hospitals Kiambu County included the following: whether there was an efficient patient referral system at the Level 4 hospitals, whether the hospital provided essential drugs and medicine in the hospital pharmacy whether the hospital provided diagnostics and laboratory testing services e.g. x-rays, biopsy, CT scans, pre-natal tests, whether the hospital provided provision of specialized medical care e.g dialysis, cancer treatment, surgeries, whether the hospital provided medical emergency and evacuation services (ambulance service), and whether the hospitals maintained its physical assets e.g medical equipment, ambulances, buildings to facilitate the provision of health services. Table 4.6 below illustrates the results of the questionnaire responses.

Table 4.6: Health Service Delivery Questionnaire Response Analysis

		Very Poor	Poor	Fair	Good	Very Good	Mean	SD
Efficient patient referral system at the hospital?	Freq	4	23	53	51	12	3.31	0.94
	%	2.8	16.1	37.1	35.7	8.4		
Provision of essential drugs and medicine in the hospital pharmacy?	Freq	6	31	65	33	8	3.04	0.92
	%	4.2	21.7	45.5	23.1	5.6		
Provision of diagnostics and laboratory testing services e.g. X-rays, Biopsy, CT scans, pre-natal tests?	Freq	37	29	47	16	14	2.59	1.26
	%	25.9	20.3	32.9	11.2	9.8		
Provision of specialized medical care e.g dialysis, cancer treatment, surgeries?	Freq	60	32	29	11	11	2.17	1.27
	%	42	22.4	20.3	7.7	7.7		
Medical emergency and evacuation services are available at the hospital (ambulances)?	Freq	13	32	40	46	12	3.08	1.12
	%	9.1	22.4	28	32.2	8.4		
Hospital maintains its physical assets e.g medical equipment, Ambulances, buildings to facilitate the provision of health services?	Freq	21	28	59	28	7	2.8	1.07
	%	14.7	19.6	41.3	19.6	4.9		

Source: (Author, 2023)

Based on the results in Table 4.6, 35.7% of the hospital staff rated the efficient patient referral system at the hospital as good, 37.1 % as fair, 16.1 % as poor,8.4 % as very good and 2.8 % as very poor. The item had a mean of 3.31 implying that a significant portion of the hospital staff were of the view that the efficiency of the patient referral system was fair at the Level 4 Hospitals. There are a number of reasons for this, including the fact that patients may have to wait a long time to see a specialist, and that there may be a lack of communication between different departments.

Further 45.5 % of the hospital staff rated the provision of essential drugs and medicine in the hospital pharmacy as fair, 23.1 % as good, 21.7 % as poor, 5.6 % as very good and 4.2 % as very poor. The item had a mean of 3.04 implying that the staff felt that the provision of essential drugs and medicines was fair, on average, at Level 4 Hospitals. They noted that some hospitals had better provision than others, but overall felt that the availability was sufficient. There were some concerns raised about the cost of some drugs, but overall, the staff felt that the provision of essential drugs and medicines was fair at Level 4 Hospitals.

Also, 32.9 % of the hospital staff rated the provision of diagnostics and laboratory testing services e.g. X-rays, Biopsy, CT scans, pre-natal tests as fair, 25.9 % as very poor, 20.3 % as poor, 11.2 % as good and 9.8 % as very good. The item had a mean of 2.59 implying that a high number of the hospital staff were of the view that provision of diagnostics and laboratory testing services was poor at the Level 4 Hospitals. This could be due to a number of factors, such as a lack of skilled staff, insufficient equipment, or a lack of funding. This could lead to a number of problems, such as delays in diagnosis and treatment, or even misdiagnosis.

Additionally, 42% of the hospital staff rated the provision of specialized medical care e.g dialysis, cancer treatment, surgeries as very poor, 22.4 % as poor, 20.3 % as fair, 7.7% as good and 7.7 % as very good. The item had a mean of 2.17 implying that most of the hospital staff were of the view that the provision of specialized medical care at the Level 4 Hospitals was poor. This could be due to a number of factors, such as a lack of experienced staff, outdated equipment, or a lack of resources. Whatever the cause, it is clear that the staff are not satisfied with the level of care that these hospitals are able to provide.

Further, 32.2% of the hospital staff rated the availability of medical emergency and evacuation services at the hospital as good, 28 % as fair, 22.4 % as poor, 9.1. % as very poor and 8.4 % as very good. The item had a mean of 3.08 implying that most hospital staff were of the view that availability of medical emergency and evacuation services at the Level 4 hospitals was fair. This is likely because these services are necessary for the hospital to function, and therefore they are typically available.

Finally, 41.3 % of the hospital staff rated the maintenance of physical assets at the Level 4 hospitals e.g medical equipment, ambulances, buildings to facilitate the provision of health services as fair, 19.6% as poor, 19.6 % as good, 14.7 % as very poor and 4.9 % as very good. The item had a mean of 2.8 implying that most hospital staff were of the view that maintenance of physical assets at the Level 4 hospitals was fair. This means that most staff felt that the upkeep of the hospital buildings and grounds was adequate. There were some staff who felt that the maintenance was not up to par, but they were in the minority. The key finding from the questionnaire response analysis is that the quality of health services in Level 4 hospitals in Kiambu County is fair.

4.5 Data Analysis

4.5.1 Correlation Results

Correlation is a method of determining if two measured variables have a likely two-way linear relationship. The correlation coefficient, shows how the variables in question co-vary and the strength of the linear association between two chosen variables. Based on the descriptive analysis average values for all items (individual questions) in each variable, the researcher calculated the means for each independent variable of the study which were then correlated against average means for all items in the dependent variable, that is, health service delivery. The table below provides summary of the correlation values:

Table 4.7: Correlation Values

Item	Independent variable Means			Dependent Variable Means
	Devolved healthcare financing	**Devolved Human Resource Management**	**Devolved Political Leadership**	**Health Service Delivery**
1	3.01	2.15	2.78	3.31
2.	2.1	2.64	2.73	3.04
3.	4.14	1.76	2.78	2.59
4.	2.94	1.92	N/A	2.17
5.	3.34	2.01	N/A	3.08
6.	2.43	N/A	N/A	2.8
7.	2.96	N/A	N/A	N/A

Key: N/A- Not Applicable

Table 4.8: Correlation Results

		Health Service Delivery	Devolved Healthcare Financing	Devolved HRM	Devolved Political Leadership
Health Service Delivery	Pearson Correlation	1			
Devolved Healthcare Financing	Pearson Correlation	.618**	1		
	Sig. (2-tailed)	0			
Devolved HRM	Pearson Correlation	.643**	.524**	1	
	Sig. (2-tailed)	0	0		
Political Leadership	Pearson Correlation	.235**	.440**	.506**	1
	Sig. (2-tailed)	0.005	0	0	

** Correlation is significant at the 0.01 level (2-tailed).

The results from table 4.9 above indicated that devolved healthcare financing had a positive (r = 0.618) correlation with health service delivery, the relationship was significant, p < 0.01. This is likely because when healthcare financing is devolved, decision-making about how to spend money is also devolved, meaning that local communities are better able to make decisions about their healthcare needs.

This is significant because it shows that devolving healthcare financing can positively health outcomes. Furthermore, the correlation between devolved human resource management and health service delivery was positive (r = 0.643) and significant at p < 0.01. The positive correlation means that as devolved human resource management increases, health service delivery also increases. This relationship is significant at a p-value of less than 0.01, indicating that the likelihood of it happening by chance is extremely low. This is likely due to increased accountability and transparency when human resource management is devolved to local level, as well as improved communication and coordination between different health service delivery actors.

Additionally, there was correlation between devolved political leadership and health service delivery (r = 0.235, p < 0.005). The study found that there was a small but significant correlation between devolved political leadership and health service delivery. This means that devolved political leadership does have some impact on health service delivery, but it is not a strong or clear relationship. It is probable that there are other factors that have a more significant influence on the provision of health services than

decentralized political leadership. Overall, devolved healthcare financing, human resource management and political leadership are positively correlated with health service delivery.

4.5.2 Regression Analysis

The model summary of the regression model is presented in table 4.98 below. The R^2 number reflects how much variation in the result variable can be attributed to the model's predictor variables. Based on the descriptive analysis average values for all items (individual questions) in each variable, the researcher determined the means for each independent variable in the study, which were then regressed against the average means for all items in the dependent variable. The following table summarizes the regressed values:

Table 4.9: Regressed Values

Item	Independent Variable Means			Dependent Variable Means
	Devolved healthcare financing	Devolved Human Resource Management	Devolved Political Leadership	Health Service Delivery
1	3.01	2.15	2.78	3.31
2.	2.1	2.64	2.73	3.04
3.	4.14	1.76	2.78	2.59
4.	2.94	1.92	N/A	2.17
5.	3.34	2.01	N/A	3.08
6.	2.43	N/A	N/A	2.8
7.	2.96	N/A	N/A	N/A

Key: N/A- Not Applicable

4.5.3 Model Summary

Table 4.10: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.746a	0.557	0.548	0.46116	1.737

a Predictors: (Constant), Devolved Political Leadership, HealthCare Financing, Devolved HRM
b Dependent Variable: Health Service Delivery

The research indicated that devolved healthcare financing, human resource management, and political leadership combination explained 55.7% of the variation in the delivery of health services. It implies that these three factors significantly influence the delivery of healthcare services. The research also found that there was no serial correlation as shown by the Durbin Watson value of 1.737 which is within the 1.5 and 2.5 threshold, which means that the results are not affected by any autocorrelation.

4.5.4 ANOVA Model

The analysis of variance in the regression model is a statistical technique utilized to assess how well the model is fitting the data. This statistical approach relies on the concept of least squares, which asserts that the optimal fitting line is one that reduces the overall sum of the squared deviations between the actual and anticipated values. The measure of the data's deviation from the mean is calculated using the sum of squares. This calculation helps determine the number of independent variables that can be estimated from the data, known as the degrees of freedom. The F-statistics is calculated using the degree of freedom. The F-statistics is used to compare the goodness of fit of two or more models. The model with the higher F-statistics is considered to be the better fit. The researcher calculated the means for each independent variable in the study based on the descriptive analysis average values for all items (individual questions) in each variable, which were then regressed against the average means for all items in the outcome variable. The regressed values are illustrated in the table below:

Table 4.11: ANOVA Regressed Values

Item	Independent Variable Means			Dependent Variable Means
	Devolved healthcare financing	**Devolved Human Resource Management**	**Devolved Political Leadership**	**Health Service Delivery**
1	3.01	2.15	2.78	3.31
2.	2.1	2.64	2.73	3.04
3.	4.14	1.76	2.78	2.59
4.	2.94	1.92	N/A	2.17
5.	3.34	2.01	N/A	3.08
6.	2.43	N/A	N/A	2.8
7.	2.96	N/A	N/A	N/A

Key: N/A- Not Applicable

Table 4.12: ANOVA Model Analysis

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	37.192	3	12.397	58.294	.000b
	Residual	29.56	139	0.213		
	Total	66.752	142			

a Dependent Variable: Health Service Delivery
a Predictors: (Constant), Political Leadership, HealthCare Financing, Devolved HRM

The model fit was good, according to the overall test of significance, which had a F (3, 142) value of 58.294 and a p-value of 0.000. This means that the model was able to adequately explain the variation in the data. Thus, the model was fit to predict influence of devolved healthcare financing, human resource management, political leadership on health service delivery as illustrated above.

4.5.5 Regression Coefficient

The regression findings are highlighted in table 4.12. The explanatory variables that the research focused on were devolved healthcare financing, human resource management, political leadership. The outcome variable of the research was health service delivery.

Table 4.13: Coefficient of estimates

	Unstandardized Coefficients		Standardized Coefficients	T	Sig. (p value)
	B	Std. Error	Beta		
(Constant)	0.997	0.209		4.766	0.000
HealthCare Financing	0.479	0.074	0.441	6.467	0.000
Devolved HRM	0.456	0.062	0.525	7.389	0.000
Political Leadership	-0.223	0.067	-0.225	-3.338	0.001

a Dependent Variable: Health Service Delivery

Table 4.13 above displays the relative contribution of the independent variables (devolved healthcare financing, human resource management, political leadership) on the dependent variable (health service delivery). The estimated multiple regression equation can be obtained by assuming that the error term ε is zero and replacing the β values with their unstandardized coefficients:

$\gamma = 0.997 + 0.441x_1 + 0.525x_2 - 0.225_{x3} + \epsilon$

Where:

Y = Health Service Delivery

X_1 = Devolved healthcare financing

X_2 = Devolved human resource management

X_3 = Political Leadership

The β measure shows the specific input of each independent factor to the model when all other variables remain unchanged. Therefore, for each unit increase devolved healthcare financing there is 0.441-unit increase in quality of health service delivery while holding other factors constant. Similarly, for each unit increase in devolved human resource management, there is 0.525-unit increase in quality of health service delivery holding other factors constant. In the case of devolved political leadership, a -0.225-unit decrease will decrease the quality of health service delivery holding other factors constant.

Each of the independent variables has a p value that is below 0.05. This means that relationship between devolved healthcare financing, devolved human resource management and devolved political leadership and health service delivery is statistically significant. The study therefore rejects the hypothesis that devolved healthcare financing, devolved human resource management and devolved political leadership did not significantly influence health service delivery in Kiambu County.

4.7. Discussion of the Findings

4.7.1 Devolved healthcare financing policy has a statistically significant influence on health service delivery in Kiambu County

The research aimed to establish how devolved health care financing on health service delivery in Kiambu County while the hypothesis of the research objective was that devolved healthcare financing has no statistical significance on health service delivery in Kiambu County. Devolved healthcare financing, as shown in Table 4.12, transferring healthcare financing to local authorities significantly influenced the provision of healthcare services, with a positive impact indicated by a beta coefficient of 0.441 and a p-value of 0.000 (less than 0.05).

Additionally, the calculated t (6.467) exceeds the critical t. (1.96), which implies that the results are statistically significant. Thus, the study accepted the hypothesis that devolved healthcare financing influences the quality of health service delivery. This suggests that if healthcare funding is devolved and increased by one unit, there will be a corresponding 0.441 improvement in the standard of healthcare provided by Level 4 medical institutions in Kiambu County. In addition, the regression findings suggest that devolved healthcare financing is a determinant of the level of quality of health service delivery.

Kiambu County in the Financial Year 2019/2020 was one of the bottom five (5) counties with lowest per capita allocation to their health budget (Ministry of Health, 2020). This was supported by one of the study findings where majority of the hospital staff were of the view that county government did not allocate adequate financial resources to the Level 4 Hospitals. This may have an implication on the quality of health service delivery offered to citizenry in Kiambu County as evidenced by the rating results of the provision of health services that was mostly fair or poor. The research results also confirm the findings of Njiru, Tenambergen and Oluoch, (2019) whose study results indicated that in Meru County the devolved medical supply system was the most important element of devolved healthcare, while leadership was the least instrumental therefore the availability of financial resources to obtain medical supplies, proper remuneration of staff and good leadership had the potential to enhance service delivery.

The study results are consistent with Rubio (2011) established devolved healthcare financing in Canada positively impacted on the public policy targeted at improving the health of the general population. The author further stated devolved financing made it possible to have a more targeted approach on the specific problem areas within the health sector at a subnational level. The study results indicate a high number of the Level 4 hospitals budgets were not implemented in a timely manner. Inadequate allocation of financial resources will affect the timely implementation of a health facility budget. This suggests that it is difficult to completely address a particular identified problem in a health facility that may improve the quality of health services. For example, purchasing specialized medical equipment for provision of specialized medical care was rated as poor by the research respondents. Further, Kithinji (2019) confirmed from his study that assessed the factors that influence health financing at healthcare facilities in Mombasa County that the source of healthcare financing and the prioritization of financial resources significantly influenced the performance of the medical facilities in the County. The research recommended that the County should give priority to primary healthcare facilities within its jurisdiction when allocating the funds received from the national government.

Additionally, Mukherjee (2016) in India investigated the health financing reforms with a specific focus on lessons from Mexico, China and Brazil. His study confirmed that in the pre-reform period in Mexico, China and Brazil, there were no precise modalities in financing the healthcare resulting in inadequate funding, while in the post-reform period, the countries in question increased the allocation of financial resources at the subnational level. This resulted in an expansion in primary healthcare services and the extension of financial protection through insurance mechanisms from both the private and public sector. The study findings also indicate that Level 4 hospitals charge a fee for access to some healthcare services which is in line with Section 42, subsection (3) and (4) of the Kiambu County Health Services Bill, 2014. However, a high number of hospital staff were not sure if the hospital management had authority over the use of funds collected. Section 42 subsection (2) of the Health Services Bill, 2014 also allows individual health facilities to utilize the funds collected solely for provision of health services and development in the health facility and within the annual and approved budget estimates of the health facility. This implies that County Governments have autonomy to develop legislature to govern the different aspects of devolved health function. Also, the findings align with that of Obosi (2019) where it was found that the type of decentralization influenced access to healthcare services in Uganda, Kenya, and India. Out of the aforementioned countries, Kenya fully devolved its health services which enabled the counties to raise resources for the health docket and foster public private partnerships.

The study results indicate that hospital staff were not sure that a representative from the community was involved in the budget-making process for the Level 4 Hospitals. The findings of this study corroborate those of Masenge (2017), whose research focused on community members' perspectives on the impact of devolution changes on healthcare access and delivery in Tanzania's Karagwe District. According to the findings, community people believe that decentralization improves accountability and public participation, as well as the mobilization of healthcare resources. This suggests that community representatives within the locality of the Level 4 hospitals may not be actively involved in the mobilization of healthcare resources for the hospitals.

In terms of theoretical contributions, the study provides evidence that devolved healthcare financing can contribute to better health service delivery. This is important because the Soufflé theory posits that devolution of healthcare financing can lead to better health outcomes. Also, it is useful in demonstrating that devolved healthcare financing can be an effective means of delivering healthcare services in developing countries.

4.7.2 Devolved human resource management policy has a statistically significant influence on health service delivery in Kiambu County

The purpose of the research was to determine the influence of devolved human resource management on health service delivery in Kiambu County, with the hypothesis that devolved human resource management has no statistical relevance on health service delivery in Kiambu County. Devolved human resource management, as shown in Table 4.12, devolving human resource management significantly influenced the provision of healthcare services, with a positive impact indicated by a beta coefficient of 0.525 and a p-value of 0.000 (less than 0.05).

Additionally, the calculated t (7.389) exceeds the critical t. (1.96), implying that the results are statistically significant. This means that devolving human resources to lower levels of government, it results in improved health service delivery. This is likely due to the fact that devolved human resource management allows for more tailored and responsive management of health workers, which allows for optimized resource utilization and improved health outcomes.

The study results suggest that there is inadequate doctor- patient and nurse-patient ratio in the Level Four Hospitals. The results support the research findings of Onyango (2016) who analyzed the strategies employed by the health ministry in addressing the issues affecting the delivery of healthcare services in Kenya. The research indicated that inadequate human resources was one of the challenges facing devolved healthcare. Additionally, Nannyonjo and Okot (2013) study findings on the influence of decentralization

on the delivery of healthcare services in 44 districts in Uganda indicated that 13 of the selected Districts were not adequately staffed with health personnel leading to inefficiency in delivering healthcare services. According to the Kenya Health Sector Strategic Plan III 20218-2023 (KHSSP III), the key human resource challenge faced by counties since devolution of governance has been the management of the health workforce, with insufficient numbers and inequitable distribution of health workers being one of the contributing factors. As a result, most counties have an insufficient number of health personnel for their population density. The study results also support the study by Masenge (2017) who investigated the role of decentralization reforms on the delivery of health services in local governments in Tanzania's Karagwe District. The study findings indicated that the district suffered challenges in limited human resources, political interference and lack of autonomy from the central government. The research further suggested for the central government to prioritize more finances to devolved units to cater for staffing of hospitals, equipping the hospitals with medical supplies and ensuring that the decision-making process involves the citizens. The study results therefore imply that critical staff in Kiambu County may be overworked to meet hospital demands leading to instances of low productivity and efficiency in the hospitals.

These results indicate that hospital management at the Level 4 Hospitals did not have a mechanism in place to motivate and retain the hospital staff. In addition, the results also indicate that hospital staff in the Level 4 hospitals were not remunerated in a timely manner. Further the hospital staff were not sure if the hospital management in the Level 4 hospitals were actively involved in the management of their staff. This concurs with the study findings of Odari and Ragui (2018) who investigated the devolution strategies in the provision of healthcare and its impact on how well healthcare services are delivered. Their study results showed that Mbagathi Hospital's medical care quality was strongly affected by human resource management. In the same breadth the KHSSP III mentions that inadequate management and leadership capacity with regards to healthcare personnel at the county level have contributed to human resource challenges faced by counties. This suggests that Kiambu County may lose valuable human resources, and the remaining workforce is likely to be demotivated, thus negatively impacting their commitment to their work place and quality of healthcare service delivery.

Further the study indicated that the hospital staff were of the view that sponsorship for training programmes to advance their knowledge in their area of specialization was inadequate. This supports the findings of Tsofa et al., (2017), that the development of human capital has been neglected on most cases in as much as being an important component of the health sector. Further Oleribe et al. (2019) while examining the problems facing Africa's healthcare system and the solutions to those problems identified inadequate human resources as one of the challenges and recommended capacity building of staff. The

study results therefore suggest that training of hospital staff Kiambu County is not satisfactory therefore limiting the knowledge and skills in their area of specialty required to enhance their performance.

The study supports the Soufflé theory by affirming that efficient management of human resources is crucial to provide high-quality healthcare services, thereby making a meaningful theoretical contribution. Essentially, the theory posits that the caliber of the workforce dictates the caliber of health services. For the workforce to be of high quality, they must be properly managed. This includes ensuring that they are properly trained, motivated, and supported. When the workforce is properly managed, they can deliver high-quality health services. This, in turn, leads to better health outcomes for patients.

4.7.3 Devolved political leadership has a statistically significant influence on health service delivery in Kiambu County

The goal of the research was to examine how devolved political leadership affects health care delivery in Kiambu County, with the hypothesis that devolved political leadership has no statistical significance. Devolved political leadership, as shown in Table 4.12, significantly influenced the provision of healthcare services, with a negative impact indicated by a beta coefficient of -0.225 and a p-value of 0.001 (less than 0.05). Additionally, the calculated t (-3.338) exceeds the critical t. (1.96), implying that the results are statistically significant. This means that devolved political leadership is a significant predictor of health outcomes, and that counties with devolved political leadership are more likely to have worse health outcomes than those without devolved political leadership. There are a number of reasons why devolved political leadership might have a detrimental effect on the provision of health services. One possibility is that devolved political leaders are not as committed to delivering health services as they are to other priorities. Another possibility is that devolved political leaders lack the knowledge and expertise needed to effectively manage health services. Additionally, devolved political leaders may face significant constraints in terms of funding and personnel, which make it difficult to deliver high-quality health services.

The study results indicated that the hospital staff were not sure if community political leaders within the locality of the Level 4 Hospitals were actively involved in the hospital management (decision making) the Level 4 hospitals. These results support the study findings of Gilson (2016) who argued that both the leadership and everyday politics influences the actions taken to address the healthcare needs within a populace and recommended the nurturing of political leadership skills as a means of accelerating healthcare system development. Similarly, the study showed that the hospital management were not sure if the community political leaders influenced the allocation of resources to the Level 4 hospitals. In both instances it implies that the community political leaders within the locality of the Level 4 hospitals may

generally lack awareness of the importance of being involved in the management of the hospitals such as ensuring the hospital is adequately funded to enhance health service delivery.

Further, the results revealed that the hospital staff were not sure if community political leaders considered the views and recommendations submitted by hospital management during drafting of county health policies. This suggests the hospital staff were not aware of the importance of community political leaders in the formulation of Kiambu County health policies which may address any problems or challenges in the county's healthcare system. The findings are concurrent with those of Oleribe et al. (2019) who examined the problems facing (11) African countries, the United Kingdom, Portugal and Cuba and the solutions to those problems. The participants of the study brainstormed on the challenges experienced in the health sector and identified poor leadership as one of the challenges   and recommended support from the political leadership among the solutions.

Finally, the soufflé theory has important implications for understanding how and why political leaders make decisions that can have negative implication for the health of the populace. The theory posits that when political leaders are more concerned with their own power and prestige than with the welfare of the people they are supposed to serve, they are likely to make decisions that adversely affect health service delivery. In Kiambu county, this has manifested in a lack of investment in level 4 hospitals, which has contributed to a decline in the quality of care they are able to provide. This in turn has had a negative impact on the health of the population.

5.0 Summary of Findings, Conclusion and Recommendations

5.1 Introduction

This chapter provides a synopsis of the study's results, conclusions, and recommendations, along with recommendations for further research that could broaden the research.

5.2 Summary of Findings

The aim of this research was to assess how healthcare delivery in Kiambu County, Kenya has been impacted by devolution policies. The study's objectives were to assess the impact of political leadership on healthcare delivery, identify the impact of devolved health care financing policy on healthcare delivery, and investigate the impact of devolved human resource management policy on healthcare delivery.

The findings suggest that devolution has an influence on how health services are delivered in Kiambu County. Devolution in the study was exemplified by decentralized political leadership, decentralized human resource management, and decentralized healthcare finance. The study's findings suggest that decentralized healthcare finance has a positive impact on the provision of health services in Level 4 hospitals in Kiambu County. This is because, according to the research, underfunding of hospitals will affect the budget's timely implementation, which will have an impact on the delivery of medical services. The findings suggest that devolved human resource management positively influences health services delivery in Level 4 hospitals in Kiambu County. This is supported by the findings of the research which show that adequate levels of staffing and training of staff in the hospitals will contribute towards the quality of medical services provided in the Level 4 hospitals.

Finally, the study concluded that a devolved political leadership positively influences health services delivery in Level 4 hospitals in Kiambu County. The research findings indicate that the lack of involvement by community political leaders in the management of the hospitals, such as ensuring that the hospitals are adequately funded, also affects health service delivery in the County.

5.2.1 Devolved health financing and health service delivery

The study hypothesized that devolved healthcare financing has no statistical significance on health service delivery. The study therefore had the following findings: The hospital staff were not sure if the hospital management was involved budget-making process for the overall county health budget. The study results also indicated that adequate resources were not allocated to Level 4 hospitals. Also the hospital staff were

not sure on how the fees charged by the hospital was utilized. There is a possibility that the hospital staff are not aware of the importance of financial management which includes budget preparation where funds are allocated to planned activities which may determine the amount of monies to be allocated to the hospital. Additionally, the study results indicate that hospital staff were not sure that a representative from the community was involved in the budget-making process for the Level 4 Hospitals. This may imply that community representatives within the locality of the Level 4 hospitals may not be actively involved in the mobilization of healthcare resources for the hospitals.

5.2.2 Devolved human resource management and health service delivery

Devolved human resource management is not statistically significant in the provision of healthcare services, according to the study's hypothesis. Consequently, the following results emerged from the study: Most of the hospital staff indicated that there was no adequate doctor-patient ration and nurse patient ratio. There is a possibility of overworking of the available staff which may lead to low productivity and inefficiencies in the hospital therefore affecting quality of health services. Also, a high number hospital staff were of the view that the hospital did not have a mechanism to motivate and retain staff. This could contribute   Kiambu County losing valuable human resources and remaining workforce is likely to be demotivated, thus negatively impacting their commitment to their workplace and ultimately the quality of health services. Additionally, the study's findings revealed that most hospital personnel believed that the funding provided for educational programs to enhance their expertise in their respective fields was insufficient. The study results therefore suggest that training of hospital staff Kiambu County is not satisfactory therefore limiting the knowledge and skills in their area of specialty required to enhance their performance and increase their dedication to their work. In addition, hospital staff will feel more appreciated when they are offered learning and development opportunities.

5.2.3: Devolved political leadership and health service delivery

The study hypothesised that the provision of healthcare services is unaffected statistically by devolved political leadership. The investigation produced the following findings: The study results showed that the hospital staff were not sure if community political leaders considered the views and recommendations submitted by hospital management during drafting of county health policies. This suggests the hospital staff were not aware of the importance of community political leaders in the formulation of Kiambu County health policies which may address any problems or challenges in the county's healthcare system. The study results also indicated that the hospital staff were not sure if community political leaders within

the locality of the Level 4 Hospitals were actively involved in the hospital management (decision making). Also, the study findings indicate that the hospital management were not sure if the community political leaders influenced the allocation of resources to the Level 4 hospitals. In both instances it implies that the community political leaders within the locality of the Level 4 hospitals may generally lack awareness of the importance of being involved in the management of the hospitals such as ensuring the hospital is adequately funded to enhance health service delivery.

5.3 Conclusion

In conclusion, the healthcare service provision in Kiambu County has improved due to the decentralized healthcare funding system. This is because the county government can now plan and execute health initiatives in a more productive and efficient way. Besides, the county government has put in place mechanisms for auditing healthcare expenditure, which has helped to ensure that resources are being used efficiently and effectively.

While the devolution of human resource management may have had some positive effects on health service delivery in Kiambu County, there remain a number of obstacles that require attention. One of the biggest obstacles is motivating and retaining hospital staff. Also, the hospital is faced with the difficulty of insufficient numbers of doctors and nurses to attend to patients, as well as insufficient training opportunities for staff to enhance their expertise in their respective fields. Despite the challenges, the positive impact of decentralized human resource management on health care delivery outweighed the negatives.

Finally, devolved political leadership has had negative results on health service delivery in Kiambu County. This is largely because political leaders have been relatively inactive in hospital management and have not given due consideration to the views and recommendations of hospital staff during the drafting of county health policies. As a result, there has been a lack of coordination between the political leaders and the hospital management, which has led to the decline in the quality of health care services.

While it is certainly true that devolved political leadership has had a negative impact on health service delivery in Kiambu County, it is important to note that other factors have also played a role in causing the decline in service quality. In particular, the limited funding available for health care has contributed to the decline in service quality. This is because the limited funding has contributed to a decline in the number of hospital staff, as well as a decline in the quality of hospital equipment and facilities. Consequently, the quality of health care services has inevitably suffered. In conclusion, while devolved political leadership has had a negative impact on health service delivery in Kiambu County, it is important

to consider the role of other factors, such as the limited funding available for health care, in causing the decline in service quality.

5.4 Recommendations

5.4.1 Recommendations for Public Policy

i. The study findings indicate that devolved healthcare financing influences the quality of health service delivery in Kiambu County. The study results also indicated that adequate resources were not allocated to Level 4 hospitals. The study recommends that Kiambu County Government to develop a policy similar to the *Abuja Declaration 2001* of dedicating not less than 15% of the annual county budget towards healthcare service delivery.

ii. The study results indicate that community representatives were not involved in the budget-making process for the Level 4 Hospitals. The research recommends for Kiambu County to put in place a policy requiring the hospital management to involve community representatives within the locality of the Level 4 hospitals in the budget making process to ensure community concerns are captured.

iii. The study findings confirm that devolved human resource management influences the quality of health service delivery in Kiambu County. The study results indicated that there was no adequate doctor-patient ration and nurse patient ratio. This shows there is a high likelihood of overworking of the available staff which may lead to low productivity and inefficiencies in the hospital therefore affecting quality of health services. The study recommends that the Kiambu County Government should carry out a capacity needs assessment to establish the staffing levels required in health facilities in Kiambu County and thereafter to put in place a policy on health facility staffing capacity ensure efficient health service delivery.

iv. The study findings show that the Level 4 hospital did not have a mechanism to motivate and retain staff. This could contribute to Kiambu County losing valuable human resources and the remaining workforce is likely to be demotivated, thus negatively impacting their commitment to their workplace and the quality health service delivery. The study recommends that the Kiambu County Government to enhance performance management in the health facilities to ensure individual hospital staff performance goals are aligned to the overall strategic goals of the County by instituting performance contracts for each health facility. This will be in line with Section 47 of the County Governments Act,2012 that requires the County Executive Committee to design a performance management plan to evaluate performance of the county workforce and the implementation of county policies.

v.   The research results showed that hospital personnel were not frequently for trained to advance their knowledge in their area of specialization. This therefore suggest that training of hospital staff Kiambu County is not satisfactory therefore limiting the knowledge and skills in their area of specialty required to enhance their performance and increase their dedication to their work. The research suggests that the Kiambu County Government to have in place capacity building strategies and training policies for health facilities to ensure all health workers staff in the county are adequately skilled to execute their duties.

vi.   The study results indicate that community political leaders within the locality of the Level 4 hospitals may generally lack awareness of the importance of being involved in the management of the hospitals such as ensuring the hospital is adequately funded to enhance health service delivery. The study recommends Kiambu County Assembly to pass a legislation requiring involvement of community political leaders in the management of health facilities within their jurisdictions in order to be aware of their needs and understand the dynamics of operating a health facility.

vii. Despite the myriad of challenges faced by County Governments in the health function, such as periodic strikes by health workers in various counties such as Kiambu as well as disease outbreaks, the researcher advocates that the devolution of the health function remain with the County Governments. The National Government should instead continuously support the County Governments in developing health policies that will address the various challenges faced by County Governments in the health docket that will in the long run help the country meet its overall health system indicators.

5.4.2 Recommendations of Areas for further Research

The Level 2, 3 and 5 healthcare institutions were not covered by the study, which solely examined Level 4 hospitals. Therefore, the study suggests that a follow-up study be conducted to include health facilities at Levels 2, 3, and 5, in order to enable generalization of the devolution and health care delivery results. The study only collected information and views from hospital staff and did not take into account interested stakeholders such as community leaders and political leaders. It is advised that future research consider the views of the stakeholders since they are crucial to the delivery of high-quality healthcare services. In order to determine whether the results of this study would hold true, it is also recommended to do a similar inquiry in other Kenyan counties.

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APPENDICES

APPENDIX 1: LETTER OF INFORMED CONSENT

Dear respondent,

My name is Yvonne Gikuni, a graduate student at the University of Nairobi. I am undertaking a research on Devolution and Health Service Delivery: A Case Study of Kiambu County, in partial fulfillment of the requirements of a graduate student at the University of Nairobi.

To take part in this project, you will need to complete a questionnaire provided to you. Additionally, information about your age, education level, and occupation will be collected for research purposes. Rest assured that I will keep all participants' identities anonymous in my report, without any identifying information. Taking part is entirely optional, and you can withdraw at any time without any repercussions.

This project has been approved by the Government of Kenya as well as the University of Nairobi. If you would like to know more about this research project, feel free to contact my supervisor Dr. Joseph Obosi on 254-20-318262 Extension 28099 or email: jobosi@uonbi.ac.ke

If you wish to participate, please sign this letter to confirm your comprehension of the research terms, confidentiality guarantee, and voluntary participation. Thank you for your time and effort. Should you need any clarification, do not hesitate to reach out to me via yvonneshiro@gmail.com.

Date_____ Signature_____

Yours sincerely,

Yvonne Gikuni,

APPENDIX II: QUESTIONNAIRE

Dear Respondent,

Instructions

This questionnaire is intended to gather insights on Devolution and Health Service Delivery: A Case Study of Kiambu County, Kenya. Please fill in for your response in the space provided with a tick (√).

Section one: Demographic information

1. Kindly indicate your gender?

Male   [   ]

Female   [   ]

2. Kindly indicate your age?

Below 20 years   [   ]

21-30 years   [   ]

31-40 years   [   ]

41-50 years   [   ]

Over 50 years   [   ]

3. Kindly indicate your highest academic qualification?

Certificate   [   ]

Diploma   [   ]

Degree   [   ]

Masters   [   ]

PhD   [   ]

Other   [   ]

4. Kindly indicate your job description?

Hospital Management (Administrator) [ ]

Medical Doctor [ ]

Dentist [ ]

Nurse [ ]

Pharmacist/ Pharmaceutical Technologists [ ]

Clinical Officer [ ]

Radiographer / Radiologist [ ]

Medical Technologist /Technician [ ]

Nutrionist [ ]

Other (Specify)……………………… [ ]

5. How long have you worked in the hospital?

Below 5 years [ ]

5-10 years [ ]

11-15 years [ ]

16-20 years [ ]

Over 20 years [ ]

Section Two: Influence of Devolved Healthcare Financing on Health Service Delivery in Kiambu County

The statements in the table below are related to devolved healthcare financing in Kiambu County. Please indicate your level of agreement to the statement listed below using a 5-point Likert scale. In this rating, **SA**=Strongly Agree, **A**= Agree, **NS** = Not sure, **D**= Disagree, **SD** = Strongly Disagree

Statement	SA	A	NS	D	SD
The hospital management is involved in the budget-making process for the overall county health budget					
The county government allocates adequate financial resources to the hospital					
Does the hospital charge any fee for healthcare services e.g. (laboratory tests, consultation)					

	SA	A	NS	D	SD
The hospital management has authority over the utilization of funds generated at the hospital to run their daily activities					
The hospital has mechanisms in place to audit expenditure					
The health budget is implemented in a timely manner					
Is a representative from the community involved in the budget-making process for the hospital					

Section three: Influence of Devolved Human Resource Management on Health Service Delivery in Kiambu County

The following statements relate to devolved human resource management. Please indicate your level of agreement to the statement listed below using a 5-point Likert scale. In this rating, **SA**=Strongly Agree, **A**= Agree, **NS** = Not sure, **D**= Disagree, **SD** = Strongly Disagree

Statement	SA	A	NS	D	SD
Hospital management has a mechanism in place to motivate and retain the hospital staff e.g. reward mechanisms for good performance					
The hospital management is actively involved in managing the staff (deployment, promotion and discipline)					
There is an adequate doctor-patient ratio to meet the demands of the hospital					
There is an adequate nurse-patient ratio to meet the demands of the hospital					
There is timely remuneration of hospital staff					
Hospital staff are sponsored for trainings to advance their knowledge in their area of specialization					

Section four: Influence of Devolved Political Leadership on Health Service Delivery in Kiambu County

The statements in the table below are related to devolved political leadership. Please indicate your level of agreement to the statement listed below using a 5-point Likert scale. In this rating, **SA**=Strongly Agree, **A**= Agree, **NS** = Not sure, **D**= Disagree, **SD** = Strongly Disagree

Statement	SA	A	NS	D	SD
The community political leaders are involved in the hospital management (decision making)					
Community political leaders influence the allocation of resources to the hospital					
Community political leaders consider the views and recommendations submitted by hospital management during drafting of county health policies					

Section five: Health Service Delivery in Kiambu County

In this section of the study, please rate health service delivery in Kiambu County. In this rating,

1 =Very poor 2=Poor 3=Fair 4=Good 5=Very good

Statement	1	2	3	4	5
Efficient patient referral system at the hospital					
Provision of essential drugs and medicine in the hospital pharmacy					
Provision of diagnostics and laboratory testing services e.g. X-rays, Biopsy, CT scans, pre-natal tests					
Provision of specialized medical care e.g dialysis, cancer treatment, surgeries					
Medical emergency and evacuation services at the hospital (ambulances)					

Maintenance of physical assets e.g medical equipment, Ambulances, buildings to facilitate the provision of health services					

Thank you for your participation!

APPENDIX III: SELECTED LEVEL 4 FACILITIES IN KIAMBU COUNTY

S/no.	NAME	SUB-COUNTY
1.	LARI LEVEL 4 HOSPITAL	LARI
2.	TIGONI LEVEL 4 HOSPITAL	LIMURU
3.	WANGIGE LEVEL 4 HOSPITAL	KABETE
4.	NYATHUNA LEVEL 4 HOSPITAL	KABETE
5.	KARATU LEVEL 4 HOSPITAL	GATUNDU SOUTH
6.	RUIRU LEVEL 4 HOSPITAL	RUIRU
7.	KARURI LEVEL 4 HOSPITAL	KIAMBAA
8.	KIGUMO LEVEL 4 HOSPITAL	GITHUNGURI
9.	KIHARA LEVEL 4 HOSPITAL	KIAMBAA
10.	IGEGANIA LEVEL 4 HOSPITAL	GATUNDU NORTH
11.	LUSIGETTI LEVEL 4 HOSPITAL	KIKUYU

University of Nairobi
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES
Department of Political Science & Public Administration

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Telex: 22095 Varsity		
Email: dept-psps@uonbi.ac.ke		22/ 6/ 2021

TO WHOM IT MAY CONCERN

AUTHORIZATION TO CONDUCT FIELD RESEARCH

This is to confirm that Gikuni Yvonne Wanjiru of Registration Number (C52/8366/2017) is a bonafide student at the Department of Political Science and Public Administration, University of Nairobi.

Yvonne is pursuing a Degree in Master of Research and Public Policy. She is researching on, **"Devolution and Health Service Delivery: A Case Study of Kiambu County, Kenya."**

She has successfully completed the first part of her studies (Coursework) and is hereby authorized to proceed to the second part (Field Research). This shall enable the student to collect relevant data for her academic work.

It is against this background that the Department of Political Science and Public Administration, University of Nairobi requests your assistance in enabling the student in collecting relevant academic data. The information obtained shall be used specifically for academic purpose.
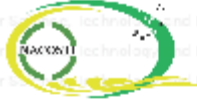
The student is expected to abide by your regulations and the ethics that this exercise demands. In case of any clarification please feel free to contact the undersigned.

Thanking you for continued support.

Yours Sincerely,

Professor Fred Jonyo (PhD, Makerere)
Chairman,
Department of Political Science and Public Administration

APPENDIX V: NACOSTI RESEARCH PERMIT

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY & INNOVATION

Ref No: 174619

Date of Issue: 02/July/2021

RESEARCH LICENSE

This is to Certify that Ms.. Yvonne Wanjiru Gikuni of University of Nairobi, has been licensed to conduct research in Kiambu on the topic: DEVOLUTION AND HEALTH SERVICE DELIVERY: A CASE STUDY OF KIAMBU COUNTY, KENYA for the period ending : 02/July/2022.

License No: NACOSTI/P/21/11571

174619

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY &
INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document,
Scan the QR Code using QR scanner application.

COUNTY GOVERNMENT OF KIAMBU
DEPARTMENT OF HEALTH SERVICES

All correspondence should be addressed to HEAD
HRDU – HEALTH DEPARTMENT
Email address: mndiritu@gmail.com
            mkwasa@live.com
Tel. Nos: 0721641516
         0721974633

HEALTH RESEARCH AND DEVELOPMENT
UNIT
P. O. BOX 2344 – 00900
KIAMBU

Ref. No.: KIAMBU/HRDU/21/07/22/RA_GIKUNI   Date: 22nd Jul 2021

TO WHOM IT MAY CONCERN

RE: CLEARANCE TO CONDUCT RESEARCH IN KIAMBU COUNTY

Kindly note that we have received a request by Ms. Yvonne Wanjiru Gikuni of University of Nairobi to carry out research in Kiambu County, the research topic being on "Devolution And Health Service Delivery: A Case Study Of Kiambu County, Kenya"

We have duly inspected her documents and found that she has been cleared by NACOSTI to carry out the research for a period ending 2nd July 2022. She thus does not need any further clearance with another regulatory body in order to conduct research within the county of Kiambu.

However, it is incumbent upon the institution where she is carrying out research to ensure that she receives adequate supervision during the process of conducting the research. This note also accords her the duty to provide a feedback on her research to the county at the conclusion of her research.

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DR. MWANCHA KWASA
COUNTY CLINICAL RESEARCH OFFICER
KIAMBU COUNTY