



DRIVERS INFLUENCING DELIVERY OF DECENTRALIZED HEALTH SERVICES IN KENYA: A CASE OF WAJIR COUNTY.

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ABSTRACT

In Kenya, the promulgation of the Constitution on August 27th 2010 ushered in a new era in the country's governance system: devolution. The health sector is one of the functions devolved as clearly stipulated in the fourth schedule of the Constitution. The objective of this study therefore, was to investigate the drivers influencing delivery of decentralized health services in Wajir County. The specific objectives of the study include; establishing the influence of leadership and governance, county health policy, public participation and resources distribution on delivery of decentralized health services in Kenya. The target population was 661,941 according to the 2009 National Population and Housing Census. The sample size composed of 150 stakeholders in the health sector randomly selected across the County. Both quantitative and qualitative methods of data analysis were used. The tools used for data collection include: interview schedule and the use of questionnaire .The study established that all study variables (leadership and governance, resources distribution, public participation and accountability) had a significant influence on quality of health services delivery as shown by Beta coefficients of (0.461) (0.497) (0.486) and (0.446) respectively. The study also revealed a strong positive correlation between all study variables. The study revealed that devolution led to better resource utilization and operational efficiency in delivery of health services compared with a centralized system.

Key Words: *Delivery, Decentralized , Health Services*

INTRODUCTION

1.1 Background to health sector decentralization

Decentralization is defined as a social-political process that transfers authority and responsibility in planning, management and decision making from central government (CG) to local authorities (Collins and Green, 1994). This is motivated in part by the desire to bring politicians and policymakers closer to clients (World Bank, 2004; Peckham et al., 2005), and to make health systems more equitable, inclusive and fair (WHO, 2008) as well as developing services to be more efficient and effective (World Bank, 2004). In the last two decades, health sector decentralization policies have been implemented on a broader scale throughout the developing world, usually as part of a broader process of political, economic and technical reforms (Litvack et al, 1998).

World Health Organization (WHO), proposed devolution of health services as a way to empowering communities to take ownership and control of their own health (WHO, 1978); and faced with constraints and failures of centralized service delivery, governments have introduced reforms -devolved mechanisms to improve efficiency of health care delivery (Anokbonggo W. W etl.,2004). Experiences in devolving the health function are mixed, while some countries have succeeded in leveraging devolution to improve health care; others have failed(Shaikh, 2012).

Healthy populations anchor achievements of human development by providing human resource, thus contributing to development. Promotion and protection of good health as a basic human right is essential to human welfare and development (WHO, 2013).Health

dimension, measured by a long and healthy life is a key indicator of Human Development Index, (HDI); a significant indicator of advancement in sustainable human development (UNDP, 2014). A healthy workforce is a prerequisite to sustained economic and social development; conversely high disease burden impedes socio-economic development(KHSSP, 2011).WHO (2007), defines good health services as those which deliver effective, safe, quality personal and non-personal health interventions to those that need them, when and where needed, with minimum waste of resources.

Vision 2030, the journey of transforming Kenya from third world country into an industrialized, middle income country, must be supported by equitable, affordable and quality health and related services. The health care services at all levels must commensurate with that of a middle income country, attaining the highest possible health standards in a manner responsive to the population need as well as meet specific health impact targets.(Kenya Health Policy, 2012- 2030).In August 2010, Kenya adopted a new constitution that introduced a new governance framework with a national government and 47 counties (Constitution of Kenya, 2010).Kenya in an effort to improve resource allocation and regional development has pursued devolved governance and decentralized health services subsequently followed (Wamai R.G, 2007).Under the new framework, the responsibility for health service delivery is to the counties while policy, national referral hospitals, and capacity building are the national government's responsibility (Constitution of Kenya, 2010).

1.1.1 Global perspectives of health sector decentralization.

Rural healthcare in most states in India is marked by absenteeism of health workers, low levels of skills, shortage of essential drugs, inadequate supervision/monitoring and callous attitude. There are neither rewards for service providers nor punishment to defaulters. The government's own analysis identified a failure to decentralize enough as the reason for lack of improved health service delivery (Nirvikar Singh; 2008).

One of the major outcomes in Nepal's health sector decentralisation was the restructuring of health services. In 1987, the centre (Ministry of Health (MoH) underwent change and as a result, five Regional Health Directorates in five development regions were established. Re-engineering of the district public healthcare services (preventive and curative) was considered to be vital for meeting the health needs of local populations (MoH, 2008c).

The decentralization policy in Uganda was intended to offer space for the local communities to participate in the formulation and implementation of public policies. In the health sector, decentralization has been pursued specifically to improve the performance of the sector through better matching of health services to local preferences, increased accountability with fewer levels of bureaucracy, and legitimacy owing to user oversight and participation (Kalungu Michael; 2012).

In 1991, the Philippines Government introduced a major devolution of national government services which included the first wave of health sector reforms. In 1992, the Philippines Government devolved the management of delivery of health services from the National Department of Health to locally-elected provincial, city and municipal governments. The aim of decentralization in Philippines is to

widen decision making space of middle level managers, enhance resource allocation from central to peripheral areas and to improve the efficiency and effectiveness of health services management (J Grundy, V Healy, L Gorgolan, E Sandig; 2003).

1.1.2 Local perspectives of health sector decentralization.

Since independence in 1963, centralization has been at the core of Kenyan governance, with power concentrated in the capital. As a result, Kenya has been marked by spatial inequalities during this period of time. It is against this backdrop that healthcare devolution is taking place. Article 174 of the Kenya Constitution clearly articulates the rationale behind devolution as, among other reasons, self-governance, economic development and equitable sharing of national and local resources.(KPMG; Devolution of healthcare services in Kenya).

Centralized health systems have been criticized for regional and provincial discrepancies in the health service distribution, disparities in resource allocations, and inequitable access to quality health services. Over the past decade, Kenya has committed to reforms to decentralize the country's health management system, to increase decision-making power for resource allocation and service delivery at the district and facility levels and to allow for greater community involvement in health management (Ndayi et al, 2009).

On fourth August 2010, 68 percent of Kenyan voters approved a new Constitution in a constitutional referendum, and it was signed into law on 27th August 2010. At the heart of this change is the concept of devolution of political and economic power to 47 newly created counties (KPMG, Devolution of Healthcare Services in Kenya). The purpose of

this study therefore, is to investigate drivers influencing health services delivery in Kenya: a case of Wajir County.

1.2 Statement of the problem

The health service delivery function was formally transferred to counties on August 9, 2013, and one-third of the total devolved budget of Kenya Shillings 210 Billion was earmarked for health in the 2013/2014 budget following this transfer (Kenya Health Policy, 2014.) Proposed Kenya health Bill 2014, establishes a unified health system, in order to coordinate the inter-relationship between the national government and county government health systems, to provide for regulation of health care service and health care service providers, health products and health technologies and for connected purposes. However, the devolved governance structures in the county health governments have not managed in delivery and provision of health services (GoK, 2014).

World Health Organization (WHO) proposed devolution of health services as a way to empowering communities to take ownership and control of their own health (WHO, 2008) and faced with constraints and failures of centralized service delivery, governments have introduced reforms -devolved mechanisms to improve efficiency of health care delivery which have not been successful (Anokbonggo etl.,2004), for example in Kenya the amount of allocations and prioritization of health expenditures is worrying. According to Kenya Health policy (2013), 65% of total health budget for 2013/2014 year, was allocated to Counties. Of this 69% was spent on recurrent expenditure while a patry 39% was spent on primary health care. While devolution presents opportunities

to improve health outcomes, it could also fuel inefficiencies, exacerbate existing inequities in the sector especially with competing priorities. The new devolved governance structures may also lack the necessary resources, leadership and governance, capacity skills and competencies to manage and spur efficiency in delivery of health services (World Bank, 2012). Poor performance of health service delivery poses a major challenge for improving service delivery in developing countries (Vujic,Weer, Nikolic,Atun & Kumar,2011). From ROK(2010) report, patients who used faith-based facilities registered a higher level of satisfaction at 80.84%. seven index points higher than those who used government of Kenya facilities(73.83%). Also the customer/patient satisfaction index for the currently two ISO9001:2008 certified referral hospitals in Kenya(74.60%) was found to be lower than those of health centers(80%) and dispensaries(80.47%) of which could be a further indication of customer/patient dissatisfaction with health service delivery in the referral hospitals (RoK,2010). The report further states that 38% of the public believes that government centers provide poor services and have inadequate facilities and manpower and 11% of the public believe that better health service delivery is needed.

According to Kenya Demographic Health Survey (KDHS) 2014, Wajir County had total fertility rate (TFR) of 5.1 compared to national fertility rate of 3.9 children per woman. Contraceptive prevalence rate (CPR) is 30 % compared to 81% in Kirinyaga County, one of the highest in the country. The under-five mortality rate is 58 deaths per 1,000 live births while that of Wajir is at 70 deaths per 1,000 live births. While communicable diseases remain common, there is an emergence of a “double burden of

disease” because of changing lifestyles and the aging of the population (SPA, 2011).

Despite the foregoing, there is a dearth of research on decentralization of health services in the Kenyan context. As such, it is important for national and county governments in Kenya to know why delivery of decentralized health services is not performing as expected. This study therefore, sought to establish the drivers influencing delivery of health services in Kenyan counties. However, to come up with the influence, the researcher sought to examine; the influence of leadership and governance on delivery of decentralized health services; how resources distribution contributes to delivery of decentralized health services; whether public participation assist in delivery of decentralized health services; the influence of county health policy on delivery of decentralized health services and sought suggestions on delivery of decentralized health services strategies that can help national and county governments to maintain high delivery of decentralized health services standards..

1.3 General Objective

The purpose of the study was to establish the drivers influencing delivery of decentralized health services in Kenya.

1.3.1 Specific Objectives

The study was guided by the following research objectives:

- I. To establish the influence of leadership and governance on delivery of decentralized health services in Kenya
- II. To examine the influence of resources distribution on delivery of decentralized health services in Kenya

- III. To find out the influence of public participation on delivery of decentralized health services in Kenya
- IV. To determine the influence of county health policy on delivery of decentralized health services in Kenya

1.4 Research Questions

- I. What is the influence of leadership and governance on delivery of decentralized health services in Kenya?
- II. How does resources distribution influence delivery of decentralized health services in Kenya?
- III. What is the influence of public participation on delivery of decentralized health services in Kenya?
- IV. How does county health policy influence delivery of decentralized health services in Kenya?

1.5 Justification of the study

This research study is important in that it would benefit the following;

Government/ Policymakers, these include both the national and county governments. The health sector, save for health policy and management of national referral hospitals, has been devolved. There has been an acrimonious debate as to whether county governments have what it takes to manage the sector and whether or not the sector should be reverted to the national government. This study, would guide the government (whether national or county) in charting the best way forward for the health sector.

Health services users. These are basically the people of Kenya as the end consumers of health services. The findings of this study can act as a catalyst for citizens to demand better healthcare services as well as accountability in services delivery. This will in turn lead to efficiency and effectiveness in health services delivery.

The University. This study would be a build up to existing knowledge and information on health sector decentralization and its effect on services delivery. The University would be able to attract funding as well as polish its long standing reputation as a leading powerhouse in research and innovation. The study would also be of significance to me as a budding scholar.

Non-Governmental Organizations. These include international development partners like the World Bank, UNICEF, WHO, UNDP, etc. Such agencies can use the findings of this study to undertake health related projects in the country. They would be able to know key areas of priority that need intervention.

1.6 Scope of the study

This study was conducted in Wajir County as a representative of the rest of the counties in Kenya. Although there are other sectors that were decentralized in the country, this study was limited to understanding the determinants influencing delivery of decentralized health services in Wajir County. The sample population for this study was drawn from selected stakeholders in the health sector in the County to ensure representation of all the units in the study- health services users, health workers and the management.

1.7 Limitation of the study

There were various limitations that the study faced. Some of these limitations included Illiteracy among the respondents. Wajir has one of the highest illiteracy rates in the country and this can adversely affect the in-depth investigation of the study. However, in dealing with the illiterate respondents, the use of face to face interview limited any misinterpretation and misunderstanding.

Wajir County is a vast area of land and this was a hindrance since covering the whole County was difficult. However, the use of the right sampling methods helped overcome the problem of covering the whole County. The sample was selected in such a way that it represented the entire population.

Hostility from the healthcare providers was another limitation. Some health workers were a bit hesitant for of fear of victimization. To address such fears, the health workers were assured of utmost confidentiality in order to protect their identity.

The political environment was another factor that had to be addressed. Politicians can sometimes perceive any investigation as a direct indictment of their leadership and integrity. They can therefore, frustrate smooth undertaking of the study. However, proper feasibility study and sensitization campaign was used to win the support of local leaders and the community in general.

LITERATURE REVIEW

2.1 Introduction

This chapter reviews relevant literature on drivers influencing delivery of health services. The chapter develops theoretical review, conceptual framework, empirical review that will be used in the study in regard to each variable in the study. The review identifies research gaps and areas that have been recommended for further research.

2.2 Theoretical Review

A Theory is a set of statements or principles devised to explain a group of facts or phenomena especially one that has been repeatedly tested or is widely accepted and can be used to make predictions about natural phenomena (Popper, 1963). Theories are analytical tools for understanding, explaining, and making predictions about a given subject matter (Hawking, 1996). A formal theory is syntactic in nature and is only meaningful when given a semantic component by applying it to some content (i.e. facts and relationships of the actual historical world as it is unfolding (Zima, 2007). A theoretical framework provides the researcher the lens to view the world. The theoretical framework relates to the philosophical basis on which the research takes place and forms the link between the theoretical aspects and practical components of the problem under investigation. In this study the theoretical framework consists of theories and models related to the present study. It is in this framework where the research problem under study evolved. The theoretical framework, thus discusses fiscal decentralization theory, Theory of citizen involvement, classical organization, Theory,

sequential theory of decentralization and governance theory and public choice theory.

2.2.1 Fiscal Decentralization Theory

Francesso Porcelli (2009) defines fiscal decentralization as a two-dimensional policy institution that involves either decentralization of a tax instrument, when local governments have the power to raise taxes, or decentralization of expenditures when local governments bear the responsibility for implementing expenditure functions.

Fiscal federalism and decentralization derive their nature and characteristics from constitutional provisions as well as the economic, social, and political environment of the nation. The level of economic development, population size and distribution, urbanization, ethnic fractionalization, geographical sectionalism, the pattern of income and resource distribution, and institutional capacity are some of the factors that shape the principal agents relationship in the system (Majeed *et al.*, 2006).

Hindriks and Lockwood [2008] addressed the question of what effect fiscal decentralization can produce on accountability, either in terms of selection effects or in terms of incentive effects, in an environment where politicians are rent-seeking and voters have only imperfect information about the fiscal policy of other regions so that yardstick competitions are partially ruled out. Their conclusion confirms the positive effect of decentralization on the quality of government since centralization give rise to a weaker selection effect, but only when costs of provisions are perfectly correlated across regions.

An important aspect of fiscal decentralization is the assignment of fiscal functions to the federal and the sub-national governments and

the appropriate means of financing these responsibilities. The theory of fiscal decentralization does not provide a clear perspective on the optimal distribution of fiscal decision making authority and how such decisions are related to economic efficiency, growth and income distribution (Oates, 2005). The above theory facilitated understanding of resource distribution variable.

2.2.2 The Theory of Citizen Involvement

Citizen participation is a process which provides private individuals an opportunity to influence public decisions and has long been a component of the democratic decision-making process. The roots of citizen participation can be traced to ancient Greece and Colonial New England. Before the 1960s, governmental processes and procedures were designed to facilitate "external" participation. Citizen participation was institutionalized in the mid-1960s with President Lyndon Johnson's Great Society programs (Cogan & Sharpe, 2006).

Democratic decision-making, in contrast to bureaucratic or technocratic decision making, is based on the assumption that all who are affected by a given decision have the right to participate in the making of that decision. Participation can be direct in the classical democratic sense, or can be through representatives for their point of view in a pluralist-republican model (Kweit and Kweit, 2009).

In a democracy, it is the public that determines where it wants to go and the role of its representatives and bureaucratic staff is to get them there. In other words, *ends* should be chosen democratically even though the *means* are chosen technocratically (Kweit and Kweit, 2009).

A successful citizen participation program must be: integral to the planning process and focused

on its unique needs; designed to function within available resources of time, personnel, and money; and responsive to the citizen participants (Cogan, *et al.*, 2009). At a practical level, public consultation programs should strive to isolate and make visible the extremes. In other words, the program should create incentives for participants to find a middle ground (Priscoli and Homenuckm, 1996). The above theory instigated the public participation as an influence of delivery of decentralized health services in Kenya.

2.2.3 Public Choice Theory

Public choice theory seeks to explain and predict the behavior of politicians and bureaucrats in the political space based on the principle of rational choice. In this theory, individuals, interest groups, bureaucrats, and politicians are assumed to seek their own self-interest. Decisions made depend on the costs and benefits of an action taken whereby each group attempts to maximize their own net benefits. Benefits can take the form of monetary or non-monetary rewards and may include ideologies, goals, and cultural values (Kickert W.J.M. , 1997)

Public choice theory is often used to explain how political decision-making results in outcomes that conflict with the preferences of the general public. Specifically in reference to this study, development partners support will hold county government accountable , enhance an effective public private partnership between health service providers and stakeholders; improving quality, affordability and accessibility of health services. The above theory instigated understanding of the leadership and governance on delivery of decentralized health services in Kenya

2.2.4 Classical Organization Theory

Bureaucratic administration means fundamentally the exercise of control on the basis of knowledge (Weber, 1947). For the sociologist, power is principally exemplified within organizations by the process of control. Max Weber distinguished between authority and power by defining the latter as any relationship within which one person could impose his will, regardless of any resistance from the other, whereas authority existed when there was a belief in the legitimacy of that power. Weber classified organizations according to the nature of that legitimacy: Charismatic authority, based on the sacred or outstanding characteristic of the individual; Traditional authority: essentially a respect for custom; Rational legal authority: This was based on a code or set of rules.

The latter is the predominant form of authority today, replacing the crude use of naked power and historical practices. According to Weber, rational legal authority is attained through the most efficient form of organization: bureaucracy. He argued that managers should not rule through arbitrary personal whim but by a formal system of rules.

Weber is usually described as having believed that bureaucracy is the most efficient form of organization. In fact, Weber believed bureaucracy to be the most formally rational form of organization. As such, Weber conceived of bureaucracy as being more effective than alternative forms. The above theory facilitated understanding of county health policy on influencing delivery of health services in Kenya.

2.2.5 Governance Theory

The World Bank (1991) defines governance as the exercise of political authority and the use of

institutional resources to manage society's problems and affairs. Governance theory is concerned with steering actions of political authorities as they deliberately attempt to shape socio-economic structures and processes (Myantz, 2003). According to Harris, J. (1990), Governance signals how the informal authority of networks supplements and supplants the formal authority of the government by exploring the changing boundary between the state and the society. The theory assumes that the government should focus on the formulation of public policy and leave the implementation to other bodies, private organizations or non-profit organizations, hence encouraging privatization, outsourcing, agentification and a stronger emphasis on market mechanism (Kickert, 1997.)

The assumption is that the more the separation of policy implementation from the policy formulation, the more the participation by different actors in the implementation process, and the more the realization of efficiency on the process outcomes. Application in the study is that, in the co-operation between development partners and county governments will result in synergies, information and knowledge sharing, leveraging on each other's strength so as to generate more innovative ways and better products in service delivery. Complementarities with between development partners and governments, clear assignment roles as well as enforcement of good management strategies is more likely to lead to improved health services delivery. The above theory facilitated understanding of leadership and governance and health policy on delivery of decentralized health services in Kenya.

2.3 Conceptual framework

According to Jabareen (2008) a conceptual framework is a network of interlinked concepts that together provide a comprehensive understanding of a phenomenon or phenomena. The concepts that constitute a conceptual framework support one another, articulate their respective phenomena, and establish a framework-specific philosophy. According to Orodho (2009) a conceptual framework describes the relationship between the research variables. Jabareen (2008) argues that a variable is a measurable characteristic that assumes different values among subjects. An independent variable is that variable which is presumed to affect or determine a dependent variable (Jabareen, 2008). A dependent variable is a variable dependent on another variable like the independent variable. A dependent variable is the variable which is measured in the research study (Everitt, 2002).

Figure 2.1 shows the conceptual framework adopted by the research study. A conceptual framework shows the relationship between the independent and dependent variables. These variables are developed based on the literature review and the purpose of this study. A conceptualization of the relationship between independent variables and the dependent variable is illustrated in Figure 2.1.

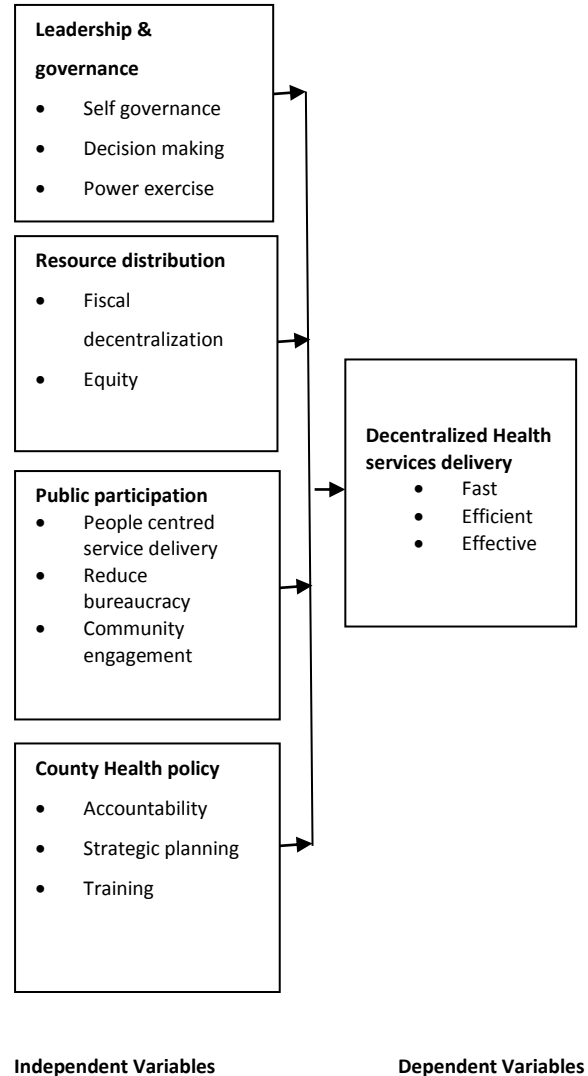


Figure 2.1: Conceptual framework

2.3.1 Leadership and Governance

Decentralization, involving a variety of mechanisms to transfer administrative, ownership and/or political authority for health service delivery from the central Ministry of Health (MOH) to alternate institutions, has been promoted as a key means of improving health sector performance (WB, 2009).

One of the objectives and principles of devolved government is to promote democratic and accountable exercise of power as well as giving

powers of self-governance to the people and enhance the participation of the people in the exercise of the powers of the State and in making decisions affecting them (Constitution of Kenya, Chapter 11, 2010). When authority and decision making is taken to the grassroots, decision making will be faster while the people will own the process. This will then lead to improved health services delivery.

When the power and authority to make decisions is devolved to the counties where the local people have a direct say on how things are done at the grassroots, health services delivery will be tremendously improved. This is because; there will be accountability and direct participation of the people in the running of the day to day activities of the local regional/county governments.

2.4.3 Resource Distribution.

A key factor in the effectiveness of local decentralized governments is the provision of an adequate level of revenue, as well as the authority to make decisions on expenditure (Collins *et al.*, 2004; Dhakal, 2007). Fiscal decentralization may also be designed to bring about cost containment and greater financial control. Here local priorities are mainly focused on streamlined and targeted programmes that should lead to greater efficiency when compared to programmes run by the centre (Mills *et al.*, 1990; Salton *et al.*, 2007).

With adequate resource allocation, the intended beneficiaries (such as services users) are able to exert more effective pressure on service providers because the decision makers are physically accessible. This makes public investment in local/county governments more progressive and responsive to the people, including the disadvantaged groups than is the

case with centralized governments (Pokharelet *al.*, 2006).

2.4.4 Public Participation

Decentralization can help to increase the effectiveness of health services delivery through community involvement in the decision making process and policy making, and for the voice of the community to influence the decision of the policymakers effectively, the community has to ensure they are heard by the public representatives (ILO, 2001).

Decentralization aims to increase public participation in decision making process by giving people greater influence over, if not control of, policy formulation, thus making them more responsible for their own decisions (Smith, 1997). With public participation in decision making, there is bound to be improved health services delivery in the county.

The essence of devolution/decentralization is to recognize the right of communities to manage their own affairs and to further their development as well as enhancing the participation of the people in the exercise of powers and in making decisions affecting them (Constitution of Kenya, Chapter 11, 2010).

2.4.5 County Health Policy

The argument that decentralization promotes efficiency assumes that devolution of functions occurs when there is an effective means of local accountability and central direction and support. Local accountability via “a voice mechanism” that enables citizens to express their views to government bodies and their representatives (hence promoting fiduciary accountability and constraining corruption), is usually thought to be an effective strategy

(Amin *et al.*, 2008; Tuladhar, 2006; Bardhan and Mookherjee, 2000). Decentralization should make the system more transparent by embedding a process in which the decision makers are accessible and accountable to the people for their actions (Pokharelet *et al.*, 2006).

Decentralization improves governance, accountability and health services delivery in four ways; by increasing allocative efficiency adhering to the local needs and interests, improving efficiency through increased accountability of local governments, having fewer bureaucratic layers and by providing equitable opportunities for people (WHO, 2005; Omar, 2003; UNDP, 1997).

Strategic planning is a process that results in decisions and actions to guide what your program is, what it does, and why it does it (Bryson, 2004). Strategic planning is a practical process to help you adapt products, services, and activities to the needs of the population your program serves. Well-defined strategic goals and strategic objectives provide a basis from which to develop suitable programmes and projects, as well as appropriate indicators. A strategic goal is a general summary of the desired state that an intervention is working to achieve (National Treasury, 2007).

The form of approach taken in decentralization of health services can either be traditional where donors decide how it was done or participatory where stakeholders are involved. The framework used can either be theory based evaluation or a logical framework which will guide on how the plan was realised. Methods of data collection can entail use of quantitative techniques such as questionnaires and registers or qualitative techniques such as use of focus group discussions.

The benefits of strategic planning include improved program performance, use of

resources, and understanding of program context, decision making, stakeholder communication, and political support for your program (Bryson,2004).

The role of government departments in promoting useful health services delivery is to provide adequate training for the custodians of the system and end-users. Training for practitioners is part of the institution's skills development strategy (The Presidency, 2007).One of the most important benefits on evaluating training is that it can serve as a diagnostic technique to permit the revision of programs to meet the large number of goals and objectives (Mann & Robertson, 1996).

Programme managers, county government implementers and partners need to know what is going well and what is going badly so they can take measures to improve it. They also need to be able to learn from the experience in order to develop their own capacity and the quality of future projects (Louisa, 2010).When carrying out health services, one should consider the value of the intervention in relation to other primary stakeholders' needs, national priorities, national and international partners' policies and global references (UNICEF, 2003).

2.4 Empirical Review of Literature

2.4 .2 Leadership and Governance

Decentralization can help to increase the effectiveness of health services delivery through community involvement in the decision making process and policy making, and for the voice of the community to influence the decision of the policymakers effectively, the community has to ensure they are heard by the public representatives (ILO, 2001). Muriu .A.R (2012), notes that "Devolved service delivery is based on the simple concept of getting resources to where they are needed." Bossert. T. J (2002)

defines devolution as a shift of responsibility and authority from the central government (Ministry of Health) to separate administrative structures still within the public administration (e.g. local governments of provinces, states, municipalities) and the range of decision-making powers involved covers fiscal allocation, public planning, service delivery and systems management. Brinkerhoff & Leighton (2010), opinions that, in devolved health systems, district health authorities are often given power to allocate non personnel, non-capital investment funds at the local level to social sector budgets. This flexibility allows for some local priority-setting according to needs within social sectors. Bossert. T J etl., (2002) also observes that in devolution, significant authority and responsibility remains at the center. Functional responsibilities are defined, so that the center retains policy making and monitoring roles, and the periphery gains operational responsibility for day to day administration.

Decentralization improves governance, accountability and health services delivery in four ways; by increasing allocative efficiency adhering to the local needs and interests, improving efficiency through increased accountability of local governments, having fewer bureaucratic layers and by providing equitable opportunities for people (WHO, 2005; Omar, 2003; UNDP, 1997).

2.4 .1 Resources Distribution

According to World Bank (2012), centralized health care system results in political and economic disempowerment and unequal distribution of resources. Ndavi, (2009) also notes that a highly centralized government system also leads to the weak, unresponsive,

inefficient, and inequitable distribution of health services in the country. Devolution of health care therefore presents opportunities and challenges to the health sector that together determine the effectiveness of service delivery and the character of the overall health system. Elsewhere, in Pakistan, District Administrators failed to prioritise health hence limiting resource allocations. Health care delivery thus stagnated despite devolution (Shaikh et al, 2012). The World Bank warns that poorly and hastily implemented devolution can adversely affect health service delivery. Decentralization must thus get the resource, policy and institutional imperatives of health service delivery right in order to succeed.

2.4 .3 Public Participation

Wamai (2007) argues that devolution of health can promote equity and efficiency and has mutual benefits both to government as service providers and populations as well as beneficiaries. Firstly, devolution can nurture dynamism in the delivery system allowing for a mix of private-public providers and services. Secondly, it promotes pluralism by allowing civil society participation in the decision-making process and hence improves governance and accountability and lastly, it can enhance localized innovations and adaptations for resource mobilization and cost-consciousness in tackling local health problems. Muriu .A.R (2012), advances that such an arrangement is based on the assumption that the local government units will 'be more responsive to the needs of the citizens and take their preferences into account in determining the type of services to be provided, the level of resources required, and the optimal means of ensuring effective delivery'. This requires local government units that have the political space and capacity to make and effect decisions. It is

for this reason that decentralization has been favoured and promoted internationally (Blunt and Turner, 2007.)

Devolved health care systems allow county governments the space to design innovative models that suit the terrain of their unique health sector needs. According to KPMG, (2013) in devolved healthcare, the county governments are responsible for the provision of primary care; bringing primary care services closer to the people allows for ownership and participation. Bossert.T. J (1998), opinions that devolved health system improves efficiency, stimulates innovation, improve access to and equity of services, and promotes accountability and transparency in service delivery. The weaknesses of the devolution approach though is that it does not provide much guidance for analyzing the functions and tasks that are transferred from one institutional entity to another and does not identify the range of choice that is available to decision-makers at each level (Bosserrret. T, 1998.) At the World Bank (2007), warns that poorly and hastily implemented devolution can adversely affect health service delivery. While devolution presents opportunities to improve health indicators in Kenya, it could also fuel inefficiencies, exacerbate existing inequities and precipitate policy and structural discord in the sector.

2.4 .4 Health policy

Vision 2030 the journey of transforming Kenya from third world country into an industrialized, middle income country, must be supported by equitable, affordable and quality health and related services. The health care services at all levels must commensurate with that of a middle income country, attaining the highest possible health standards in a manner

responsive to the population need as well as meet specific health impact targets.(Kenya Health Policy, 2012- 2030).In August 2010, Kenya adopted a new constitution that introduced a new governance framework with a national government and 47 counties (Constitution of Kenya, 2010).Kenya in an effort to improve resource allocation and regional development has pursued devolved governance and decentralized health services subsequently followed (Wamai R.G, 2007).Under the new framework, the responsibility for health service delivery is to the counties while policy, national referral hospitals, and capacity building are the national government's responsibility (Constitution of Kenya, 2010).

2.4 .5 Delivery of Decentralized Health Services

According to World Bank (2012), centralized health care system results in political and economic disempowerment and unequal distribution of resources. Ndavi, (2009) also notes that a highly centralized government system also leads to the weak, unresponsive, inefficient, and inequitable distribution of health services in the country. Devolution of health care therefore presents opportunities and challenges to the health sector that together determine the effectiveness of service delivery and the character of the overall health system.

According to WHO (2006) health Service delivery must be supported by six pillars of health care system which include:-Health workforce, health management and Information; medical products, vaccines & technologies (drug supplies), health care financing and most importantly sound leadership and governance of health facilities.

All these elements must all function together for effective health delivery and better health outcomes.

2.5 Chapter summary

The study is pegged on 5 theories; Fiscal Decentralization Theory, Public Choice Theory, The Theory of Citizen Involvement, Classical Organization Theory and theory and Governance Theory. Health is a critical function to the welfare and prosperity of any nation. Health services delivery requires sequential harmony of elements to be attained by good leadership and governance, county health policy, public participation and resources distribution for utilization of health services. These factors in health are indispensable and devolution of health care presents opportunities of engaging development partners to directly fill in gaps and support specific challenges in services delivery in a particular county.

2.6 Critique of the Review

In discussing the influence of non-state actors' roles on devolved governance in Kenya, Robinson (2007) observes that a major problem with available empirical literature is that 'there is no systematic or comparative evidence on whether increased citizen participation in devolved governance generates better outputs in provision of education, health, drinking water and sanitation services'. Where data is available it is 'from single countries and sector or is anecdotal and temporarily specific and highly localized thus rendering generalization problematic'. That said, a couple of relevant studies are highlighted here. One study was on demand-responsiveness of decentralized water service delivery in Central Java, Indonesia (Isham and Kähkönen, 1999). It found that only

if users were directly involved in service design and selection, services were likely to match users' preferences. Informed participation saw households willing to pay for more expensive technologies than the leaders would have chosen for them.

Another study in Colombia by Fiszbein (1997) found that community participation increased demands for effective local governments and also opened the window for building the capacity of the citizens. A third study of Italian regional governments (Putnam, 1993 cited in Azfar, *et al.*, 1999) found that 'governments that were more open to constituent pressure managed and delivered services more efficiently'. This study sought to determine effect of citizen participation on the budget preparation process in Mombasa County.

Devolution which is a category of decentralization suggests that these roles and resources be transferred from the central MOH to independent local county governments which in some measure are now in charge of service delivery, administration and finances, (WHO, 2013). The decentralization of health services is confronted with deficiency of resources, both human and material, particularly due to financial restrictions. This has compromised the quality of healthcare devolved system, (Government of Kenya, 2014). Late last year, the health workers went on strike with the view that the county governments were not yet ready to handle this change and first needed to put up proper and clear structures to deal with.

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regional governments (Putnam, 1993 cited in Azfar, *et al.*, 1999) found that 'governments that were more open to constituent pressure managed and delivered services more efficiently'.

2.5 Research Gaps

The studies reviewed have not acknowledged the fact that there can only be accountability from the citizens if they are literate. In many developing countries, there is the problem of illiteracy. This means that the citizens will not be able to know their rights and obligations. Healthcare providers can take advantage of that loophole and engage in corruption and other administrative malpractices. Secondly, the studies reviewed seem to ignore the fact that there is the problem of inadequate skilled health workers. This can adversely affect health service delivery, with or without decentralization. That is in many developing countries, the doctor to patient ratio is not proportionate. In some hospitals, there are not enough medical equipment and facilities. The articles while appreciating the importance of health decentralization, call for additional resource transfers conditional on actual improvements in service delivery. However, what they seem to ignore is the fact that there are other sectors that have been decentralized, and they too require adequate funds.

Another weakness of the studies reviewed with regard to decentralized health services is that they have no room for public private partnership. With public private partnership, there will be speedy, efficient and cost effective delivery of projects, value for money for the taxpayer through optimal risk transfer and risk management, innovation and diversity in the provision of public service and most importantly accountability for the provision and delivery of

quality public services through performance incentive management/regulatory regime.

RESEARCH METHODOLOGY

3.1 Introduction

This chapter covers the following sections: research design, population, sample and sampling procedure, methods of data collection, pilot study, and data analysis and presentation. Methodology facilitates the efficiency of research operation. Data was obtained from both primary and secondary sources. Primary data was acquired from the field while secondary data was sourced from previous research works, journals and other existing literature related to this study.

3.2 Research design

Creswell (2003) defines a research design as the scheme, outline or plan that is used to generate answers to research problems. Dooley (2007) notes that a research design is the structure of the research, that holds all the elements in a research project together. Survey was used to gather data because the target population is large and the findings from the sample was used to generalize the whole population from which the sample was picked from. Data was collected from different categories of people at the same time. According to the 2009 National housing and population census, Wajir County has a population of 661, 941. A sample of 150 stakeholders in the health sector was selected for the study. This research study is descriptive research and it has been able to depict the participants in an accurate way.

Descriptive research is all about describing people who take part in the study. There are three ways a researcher can go about doing a

descriptive research project. This is by Observational which is defined as a method of viewing and recording the participants, case study which is an in-depth study of an individual or group of individuals and Survey which is a brief interview or discussion with an individual about a specific topic. As Zikmund (2003) indicates, descriptive study has a view to accurately describe the different variable that are being explored.

3.3 Target Population

According to Ngechu (2004) a study population is a well-defined or specified set of people, group of things, households, firms, services, elements or events which are being investigated. Target population should suit a certain specification, which the research is studying and the population should be homogenous.. The population can be divided into sets, population or strata and which are mutually exclusive. Mugenda and Mugenda, (2003), explain that the target population should have some observable characteristics, to which the research intends to generalize the results of the study. Wajir County which forms the target population, has a population of six hundred and sixty one thousand, nine hundred and forty one (661, 941) according to the 2009 National Housing and Population Census. The study population comprised of 150 stakeholders in the health sector chosen randomly across the County.

3.4 Sample and sampling technique

Bryman & Bell (2003), define a sample size as a representation of a total population enumerated for analysis. Gall & Borg (2008) defines a sample as a carefully selected subgroup that represents the whole population in terms of characteristics. The sample size

depends on what one wants to know, the purpose of the inquiry, what is at stake, what will be useful, what will have credibility and what can be done with available time and resources (Sekaran,2003). Owing to practical difficulties with responses from large survey groups, a meaningful survey sample size had to be determined. An appropriate sample size was calculated. A representative sample size with known confidence and risk levels was selected, based on the work of Yamane (1967) formula. An appropriate response rate (sample size) was determined. The formula used by Yamane (1967) is illustrated as shown below;

$$n = \frac{N}{1 + N(e)^2}$$

Where n= sample size

N=Target population

e= Proportion of the study

According to Sekaran, (2003) a sample size of 10% of the target population is large enough so long as it allows for reliable data analysis and allows testing for significance of differences between estimates. Wajir County which forms the target population, has a population of six hundred and sixty one thousand, nine hundred and forty one (661, 941) according to the 2009 National Housing and Population Census. A 95% confidence level is deemed acceptable and thus statistically z = 2. Placing information in the above formula at a 95% confidence level and an error limit of 10% results in:

$$n = \frac{661941}{1 + 661941 (0.10)^2}$$

= 150 responses

One hundred responses would therefore be the lowest acceptable number of responses from health users to maintain a 95% confidence level and a 10% error level. Therefore, a proportionate sample size of approximate hundred respondents which is 10% precision of the population will be selected using a stratified random sampling technique from the identified study population. Cooper & Schindler (2011), states that stratified random sampling is appropriate when obtaining a sample from a heterogeneous population. The study adopted use of stratified random sampling technique due to the target population's heterogeneous nature. Stratified random sampling technique is used since the population of interest is not homogeneous and will be subdivided into groups or strata to obtain a representative sample. The researcher used stratified random sampling since there are various sub-groups in the population under study such as the health workers, health services users and the management.

Group	Sample size	Percentage
Health users (clients)	100	50%
Health workers	30	30%
Health management staff	10	10%
Advocacy groups(NGOs, CBOs, CSOs)	10	10%
Total	150	100%

3.5 Data collection

The choice of a tool and instrument depends mainly on the attributes of the subjects, research topic, problem question, objectives, design, expected data and results (Ngechu, 2004). This is because each tool and instrument collects specific data. Donald (2006) notes that there are two major sources of data used by respondents; primary and secondary data. Primary data is information gathered directly from respondents. The research used questionnaires. The questionnaire was used to collect mainly quantitative data. However some qualitative data was collected from the open ended questions. Secondary data involved the collection and analysis of published material and information from other sources such as annual reports, published data.

3.6 Data Collection Instrument

The researcher administered a questionnaire to each member of the target population. The questionnaire was designed and tested with a few members of the population for further improvements. This was done in order to enhance the validity and accuracy of data to be collected.

Secondary data was collected to generate additional information for the study from the documented data or available reports. Secondary data is for evaluating historical or contemporary confidential or public records, reports, government documents and opinions (Cooper and Schindler, 2003). Mugenda and Mugenda (2003) add that, numerical records can also be considered as a sub category of documents and those records include figures, reports and budgets. This basically implied the

incorporation of valuable statistical data in the study.

3.7 Data Collection Procedure

The research administered the questionnaire individually to selected members of the target population who were included in the actual study. The research exercised care and control to ensure all questionnaires issued to the respondents were received. To achieve this, the research maintained a register of questionnaires, that were sent, and those that were received.

3.8 Pilot Test

According to Bordens & Abbott (2008), pilot study is a small-scale version of the study used to establish procedures, materials and parameters to be used in the full study. According to (Cooper and Schindler, 2010), pilot test is conducted to detect weaknesses in design and instrumentation and to provide proxy data for selection of a probability sample. Pilot study is an activity that assists the researcher in determining if there are flaws, limitations, or other weaknesses within the interview design and allows him or her to make the necessary revisions prior to the implementation of the study (Bridget & Lewan, 2005).

The pilot study involved pre-testing the questionnaires on 15 respondents of the sample population. It is supported by (Neumann, 2006) who recommends that a pilot test of 10% of the sample size can be used. The respondents were conveniently selected since statistical conditions are not necessary in the pilot study (Cooper & Schindler, 2008). The Purpose was to refine the questionnaires so that respondents in major study have no problem in answering the questions. The results

of pilot test was not included in the actual study.

3.8.1 Validity of Instruments

This is the degree to which an instrument measures what it is supposed to measure (Kothari, 2004). A content validity test will be used to measure instrument validity. This type of validity measured the degree to which data collected using a particular instrument represented a specific domain of indicators or content of a particular concept (Mugenda and Mugenda, 1999). Validity is the degree to which the sample of the test item represent the content that is designed to measure, that is, the instrument measures the characteristics or trait that is intended to measure (Mugenda and & Mugenda, 2003). Data need not only to be reliable but also true and accurate. If a measurement is valid, it is also reliable (Joppe, 2000).

The research ensured validity of research instruments by using simple language free from jargon that made it easy to be understood by the respondents. The researcher also sought the opinion of individuals who could render intelligent judgment about their adequacy. The researcher also engaged his supervisor and other experts to ensure that the questions tested or measured what they were supposed to measure. The research adopted content validity which refers to the extent to which a measuring instrument provides adequate coverage of the topic under study. The content validity formula by Amin (2005) was used in line with other previous studies (Lefort & Urzua, 2008) ; The formula is; Content Validity Index = (No. of judges declaring item valid) / (Total no. of items). It is recommended that instruments used in research should have CVI of about 0.78 or higher and three or more experts could be

considered evidence of good content validity (Amin, 2005). This study adopted a threshold of 0.78 as recommended by Amin (2005).

3.8.2 Reliability of Instruments

Reliability is the extents to which a research instrument yields findings that are consistent each time it is administered to same subjects (Mugenda and Mugenda, 2003). The measurement of reliability provides consistency in the measurement variables (Kumar, 2000). Internal consistency reliability is the most commonly used psychometric measure assessing survey instruments and scales (Zhang, 2000). Cronbach alpha is the basic formula for determining the reliability based on internal consistency (Kim & Cha, 2002).

Reliability is increased by including many similar items on a measure, by testing a diverse sample of individuals and by using uniform testing procedures. In order to test the reliability of the instruments, internal consistency techniques was applied using Cronbach's Alpha. The alpha value ranges between 0 and 1 with reliability increasing with the increase in value. Coefficient of 0.6-0.7 indicates acceptable reliability and 0.8 or higher indicate good reliability (Mugenda, 2008). This study adopted a reliability threshold of 0.7 as recommended by Gupta (2010).

3.9 Data analysis and Presentations

Kothari (2004) defines data analysis as a mechanism for reducing and organizing data to produce findings that require interpretation by the researcher. The data to be collected will be quantitative and qualitative. Data analysis entails editing, coding and tabulation of data collected into manageable summaries (Kumar, 2000). To ensure easy analysis, the questionnaire was coded according to each

variable of the study to ensure accuracy during analysis.

Quantitative data was analyzed by employing descriptive statistics and inferential analysis using statistical package for social science (SPSS) version 21 and excel. This technique gives simple summaries about the sample data and present quantitative descriptions in a manageable form, (Orodho, 2003). Together with simple graphics analysis, descriptive statistics form the basis of virtually every quantitative analysis to data, (Kothari, 2005). The findings was also presented using tables, charts and graphs for further analysis and to facilitate comparison. This generated quantitative reports through tabulations, percentages, and measure of central tendency. Descriptive statistics such as measures of central tendency and dispersion along with percentages was used to organize and summarize numerical data whose results were presented in tables, pie charts, column and bar graphs for easy interpretation of the findings.

The study adopted the inferential statistical analysis. The tests of significance used were multiple regression analysis expected to yield the coefficient of determination (R^2), t – tests, z – tests and p – values. The choice of this techniques was guided by the variables, sample size and the research design and multiple regression model and chi- square at 5% level of significance and 95% level of confidence to establish the strength and direction of the relationship between the independent variables. Advantages associated with multiple regression analysis are that this process offers a more accurate explanation of the dependent variable in that more variables are included in the analysis, and that the effect of a particular independent variable is made more certain,

since the possibility of distorting influences from other independent variables is removed (Kothari,2004).

According to Baulcomb, (2003), content analysis uses a set of categorization for making valid and replicable inferences from data to their context. A multivariate regression model was applied to determine the relative importance of each of the four variables with respect to the influence of health sector decentralization on services delivery. This was in an effort to establish the extent to which each independent variable affects the dependent variable as shown by the size of the beta coefficients. The regression model was as follows:

$$Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \epsilon$$

Where:

Y = Heath Service Delivery

B₀ = Constant Term

B₁= Beta Coefficients

X₁= Leadership and Governance

X₂= Resource Distribution

X₃= Public Participation

X₄= County health policy and ϵ = Error Term

DATA ANALYSIS AND INTERPRETATIONS

4.1 Introduction

This chapter discusses the interpretation and presentation of the findings obtained from the field. The chapter presents the background information of the respondents, findings of the analysis based on the objectives of the study. Descriptive and inferential statistics have been used to discuss the findings of the study.

4.1.1 Response Rate

The study targeted a sample size of 150 respondents from which 126 filled in and returned the questionnaires making a response rate of 84%. This response rate was satisfactory to make conclusions for the study. The response rate was representative. According to Mugenda and Mugenda (1999), a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 70% and over is excellent. Based on the assertion, the response rate was considered to be excellent.

Table 4.1: Response rate

	Questionnaires	Questionnaires	Percentage
	Administered	filled & Returned	
Respondents	150	126	84

4.1.2 Reliability Analysis

A pilot study was carried out to determine reliability of the questionnaires. The pilot study involved the sample respondents. Reliability analysis was subsequently done using Cronbach's Alpha which measured the internal consistency by establishing if certain item within a scale measures the same construct. Gliem and Gliem (2003) established the Alpha value threshold at 0.6, thus forming the study's benchmark. Cronbach Alpha was established for every objective which formed a scale. The table shows that County Health Policy had the highest reliability ($\alpha= 0.915$), followed by Public Participation ($\alpha=0. 820$), Resources Distribution ($\alpha=0. 815$) and Transfer of Functions ($\alpha=0. 796$). This illustrates that all the four variables were reliable as their reliability values exceeded the prescribed threshold of 0.6.

Table 4.2: Reliability Analysis

Scale	Cronbach's Alpha	Number of Items	Comments
Transfer of Functions	0.796	5	Reliable
Resources Distribution	0.815	6	Reliable
Public Participation	0.820	7	Reliable
County Health Policy	0.915	11	Reliable

4.2 Demographic information

The study sought to establish the background information of the respondents including respondents' gender, age and duration of work in the organization and level of education.

4.2.1 Gender Distribution

The study sought to determine the gender of the respondent and therefore requested the respondent to indicate their gender. The study found that majority of the respondent as shown by 71% were males whereas 29% of the respondent were females, this is an indication that both genders were involved in this study and thus the finding of the study did not suffer from gender bias.

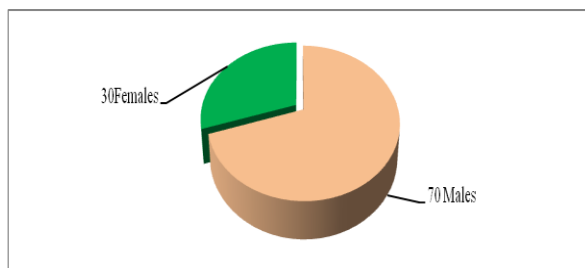


Figure 4.2: Gender Distribution

4.2.2 Age Distribution

The study requested the respondent to indicate their age category, from the findings, it was found that most of the respondents as shown by 40% of the respondents were aged between 35 to 40 years, 20.8% of the of the respondent were aged between 30 to 39 years , 29% were aged between 40 – 49 years, 22% of the respondent were aged between 21 to 29 years

whereas 9% of the respondents were aged over 50 years, This is an indication that respondents were well distributed in terms of their age.

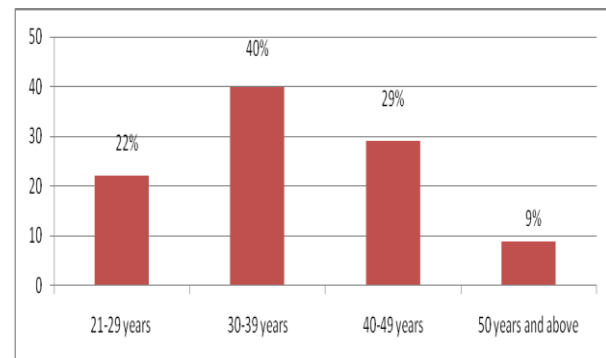


Figure 4.3: Age Category

4.2.3 Period Which the Respondents Had Stayed In the Area

The study sought to establish the period which the respondent had stayed or worked in the county, from the research findings, the study revealed that majority of the respondents as shown by 29% had been in Wajir County for a period of 11 - 15 years, 25% of the respondents indicated that they had stayed in Wajir County for a period of for 16 - 20 years. 19% of the respondents indicated that they had stayed in Wajir County for a period of 6 to 10 years, whereas 12% of the respondent indicated that they had served stayed in the County for less than 5 years. This is implies that majority of the respondents had stayed in Wajir county for a considerable period of time, thus they were in a position to give credible information relating to this study

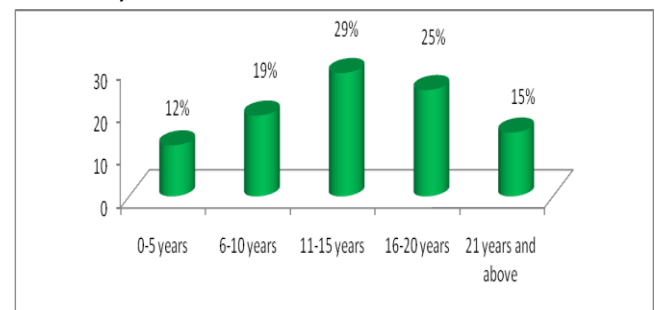


Figure 4.4: period which the respondent had stayed or worked in the county

5.2.4 Level of education

The study requested the respondent to indicate their highest level of education. It was established that 27% of the respondent indicated their highest level as college diploma, 25% of the respondent indicated their highest education level as primary school certificate, 24% of the respondents indicated their highest level as Kenya secondary school certificate 13% of the respondents indicated their highest level as bachelors degree whereas 11% of the respondents indicated were noted to have no basic education. This is an indication that most of the employees in the study had bachelor’s education.

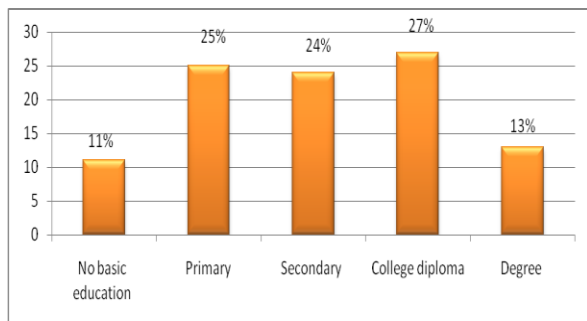


Figure 4.5: level of education

4.3 Leadership and Governance

4.3.1 Effects of leadership and governance

The study sought to determine whether leadership and governance affects delivery of decentralized health services in Wajir County. From the research findings, majority of the respondents as shown by 59.52% were of the opinion that leadership and governance affects delivery of decentralized health services in Wajir County whereas 40.48% of the respondents were of the contrary opinion. This implies that leadership and governance affects delivery of decentralized health services in

Wajir County.

Table 4.3 Effects of Transfer of Functions to County Government’s

Opinion	Frequency	Percent
Yes	75	59.52
No	51	40.48
Total	126	100

4.3.2. Extent to Which leadership and governance influences delivery of decentralized health services

The study sought to determine the extent to which leadership and governance delivery of decentralized health services in Wajir County, from the research findings, most of the respondents as shown by 44% were of the opinion that leadership and governance influences delivery of decentralized health services to a great extent, 40.5% of the respondents indicated to a very great extent, 10.7% of the respondents indicated to a moderate extent whereas 4.8% of the respondents indicated to a little extent. This implies that leadership and governance influenced delivery of decentralized health services to a great extent. The findings are in agreement with the findings of World Bank(2009) which states that decentralization, involving a variety of mechanisms to leadership and governance which provides ownership and/or political authority for health service delivery from the central national government to alternate institutions, should be promoted as a key means of improving health sector performance

Table 4.4 Extent of influence of Leadership and Governance on delivery of decentralized health services

Extent	Frequency	Percent
Very great extent	51	40.5
Great extent	55	44.0
Moderate extent	14	10.7
Little extent	6	4.8
Total	126	100

The study sought to establish the extent to which respondents agreed with the statements relating to leadership and governance on delivery of decentralized health services in Wajir county. A scale of 1-5 was used. The scores “Strongly disagree” and “Disagree” were represented by mean score, equivalent to 1 to 2.5 on the continuous Likert scale ($1 \leq \text{Disagree} \leq 2.5$). The scores of ‘Neutral’ were represented by a score equivalent to 2.6 to 3.5 on the Likert scale ($2.6 \leq \text{Neutral} \leq 3.5$). The score of “Agree” and “Strongly agree” were represented by a mean score equivalent to 3.6 to 5.0 on the Likert Scale ($3.6 \leq \text{Agree} \leq 5.0$). The results were presented in mean and standard deviation. The mean was generated from SPSS version 21 and is as illustrated in Table 4.5. The results were presented in mean and standard deviation. The mean was generated from SPSS version 21 and is as illustrated in Table 4.5.

From the research findings, majority of the respondents agreed that leadership and

governance can increase quality in service delivery by ensuring priority in resource allocations as shown by a mean of 4.01; leadership and governance can help increase the effectiveness of health services delivery through community involvement in the decision making process as shown by a mean of 3.95, leadership and governance can help increase the effectiveness of health services delivery through community involvement in policy making, and for the voice of the community to influence the decision of the policymakers effectively as shown by a mean of 4.10. The change process must involve a team of leaders and individual managers to help inspire change within each portfolio, department, and unit. The findings of the study corroborates with literature review by (WHO, 2005; Omar, 2003; UNDP, 1997) who observed that leadership and governance improves delivery of decentralized health services. When the power and authority to make decisions is devolved to the counties where the local people have a direct say on how things are done at the grassroots, health services delivery will be tremendously improved. This is because; there will be accountability and direct participation of the people in the running of the day to day activities of the local regional/county governments(World Bank,2009).

Table 4.5: Elements relating to leadership and governance on delivery of health services in Wajir County

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std deviation
Leadership and governance can increase quality in service delivery by ensuring priority in resource allocations.	13%	20%	23%	42%	2%	4.01	0.44
Leadership and governance to can help increase the effectiveness of health services delivery through community involvement in the decision making process.	10%	13%	30%	35%	12%	3.99	0.65
Leadership and governance can help increase the effectiveness of health services delivery through community involvement in policy making, and for the voice of the community to influence the decision of the policymakers effectively.	13%	13%	13%	42%	20%	4.01	0.44
The change process must	12%	12%	18%	53%	15%	4.10	0.32

involve a team of leaders and individual managers to help inspire change within each portfolio, department, and unit.

4.4 Resources Distribution

4.4.1 Effects of Resources Distribution on Delivery of Decentralized Health Services

The study sought to determine whether resources distribution influences delivery of decentralized health services in Wajir County. From the research findings, majority of the respondents as shown by 71.4% were of the opinion that resources distribution influences health services delivery in the County whereas 28.6% of the respondents were of the contrary opinion. This implies that resources distribution influences delivery of decentralized health services in Wajir County.

Table 4.6 Effects of Resources Distribution on Health Services Delivery

Opinion	Frequency	Percent
Yes	90	71.4
No	36	28.6
Total	126	100

4.4.2 Extent to Which Resources Distribution Affects Health Services Delivery

The study sought to determine the extent to which resources distribution affects health services delivery in Wajir County. From the research findings, majority of the respondents as shown by 52.4% were of the opinion that resources distribution affects health services delivery to a great extent, 28.6% of the

respondents indicated to a very great extent, 14.3% of the respondents indicated to a moderate extent whereas 4.8% of the respondents indicated to a little extent. This implies that resources distribution affects health services delivery to a great extent.

Table 4.7 Extent to Which Resources Distribution Affects Health Services Delivery

Extent	Frequency	Percent
Very great extent	36	28.6
Great extent	66	52.4
Moderate extent	18	14.3
Little extent	6	4.8
Total	126	100

The study sought to establish the extent to which respondents agreed with the statements relating to resources distribution on delivery of decentralized health services in Wajir County. A scale of 1-5 was used. The scores “Strongly disagree” and “Disagree” were represented by mean score, equivalent to 1 to 2.5 on the continuous Likert scale ($1 \leq \text{Disagree} \leq 2.5$). The scores of ‘Neutral’ were represented by a score equivalent to 2.6 to 3.5 on the Likert scale ($2.6 \leq \text{Neutral} \leq 3.5$). The score of “Agree” and “Strongly agree” were represented by a mean score equivalent to 3.6 to 5.0 on the Likert Scale ($3.6 \leq \text{Agree} \leq 5.0$). The results were presented in mean and standard deviation. The mean was generated from SPSS version 21 and is as illustrated in Table 4.5. The results were presented in mean and standard deviation. The

mean was generated from SPSS version 21 and is as illustrated in Table 4.8.

From the research findings, majority of the respondents agreed that Health infrastructure is a fundamental resource needed to deliver quality public health services as shown by a mean of 4.01; Reliable sources of finance have a positive influence on health services delivery in Wajir county as shown by a mean of 3.95, A good health financing system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe as shown by a mean of 4.10. Sufficient resources should be devoted to developing needed data on clinical and cost-effectiveness of medical interventions for comparative, evidence-based evaluations as shown by a mean of 3.95. The study results concurs with literature review by Pokharelet *al.*, (2006) who stated that adequate resource allocation, the intended beneficiaries (such as services users) are able to exert more effective pressure on service providers because the decision makers are physically accessible. This makes public investment in local/county governments more progressive and responsive to the people, including the disadvantaged groups than is the case with centralized governments thus enhancing delivery of decentralized health services.

Table 4.8: Elements relating to resources distribution on delivery of health services in Wajir County

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std deviation
Health infrastructure is a fundamental resource needed to deliver quality public health services.	3%	12%	13%	52%	20%	4.01	0.44
Reliable sources of finance have a positive influence on health services delivery in Wajir county	10%	20%	3%	55%	12%	3.99	0.65
A good health financing system raises adequate funds for health, in ways that ensure people can use	13%	30%	11%	44%	2%	4.01	0.44

needed services, and are protected from financial catastrophe.

Sufficient resources should be devoted to developing needed data on clinical and cost-effectiveness of medical interventions for comparative, evidence-based evaluations.

12%	12%	18%	53%	5%	4.10	0.32
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4.5 Public Participation

4.5.1 Effects of Public Participation on Health Services Delivery

The study sought to investigate whether public participation influences health services delivery in Wajir County. From the research findings, majority of the respondents as shown by 87.30% agreed that public participation influences health services delivery in Wajir County whereas 12.70% of the respondents were of the contrary opinion. This implies that public participation influences health services delivery in Wajir County.

Table 4.9 Effects of Public Participation on Health Services Delivery

Opinion	Frequency	Percent
Yes	110	87.30
No	16	12.70
Total	126	100

4.5.2 Extent to Which Public Participation Influences Health Services Delivery

The study sought to determine the extent to which public participation influences health services delivery in Wajir County, from the research findings, most of the respondents as shown by 47.6% were of the opinion that public participation influences health services delivery in Wajir County to a great extent, 34.5% of the respondents indicated to a very great extent 14.3% of the respondents indicated to a moderate extent whereas 3.6% of the respondents indicated to a little extent. This implies that public participation influences health services delivery in Wajir County to a great extent. The findings of the study are in agreement with findings of(ILO, 2001) which indicated that decentralization can help to

increase the effectiveness of health services delivery through community involvement in the decision making process and policy making, and for the voice of the community to influence the decision of the policymakers effectively, the community has to ensure they are heard by the public representatives .

Table 4.10 Extent to Which Public Participation Influences Health Services Delivery

Extent	Frequency	Percent
Very great extent	44	34.5
Great extent	60	47.6
Moderate extent	18	14.3
Little extent	4	3.6
Total	126	100

The study sought to establish the extent to which respondents agreed with the statements relating to public participation on delivery of decentralized health services in Wajir County. A scale of 1-5 was used. The scores “Strongly disagree” and “Disagree” were represented by mean score, equivalent to 1 to 2.5 on the continuous Likert scale ($1 \leq \text{Disagree} \leq 2.5$). The scores of ‘Neutral’ were represented by a score equivalent to 2.6 to 3.5 on the Likert scale ($2.6 \leq \text{Neutral} \leq 3.5$). The score of “Agree” and “Strongly agree” were represented by a mean score equivalent to 3.6 to 5.0 on the Likert Scale ($3.6 \leq \text{Agree} \leq 5.0$). The results were presented in mean and standard deviation. The mean was generated from SPSS version 21 and is as illustrated in Table 4.5. The results were presented in mean and standard deviation. The

mean was generated from SPSS version 21 and is as illustrated in Table 4.11.

From the research findings, majority of the respondents agreed that The county government of Wajir needs to fully engage the citizens so as to ensure quality health services delivery as shown by a mean of 4.01; Citizen participation facilitates information dissemination and public awareness on the quality of health services delivery as shown by a mean of 3.95, Inclusion of the marginalized and the poor in decision making would lead to pro-poor policies, hence assuring equitable health service provision as shown by a mean of 4.10. Community participation can increase demands for effective local governments and also open the window for building the capacity of the citizens as shown by a mean of 3.95. Citizen participation can increase the availability of information to members of the public as shown by a mean of 4.01.

The findings of the study are in tandem with the findings of smith(1997) who stated that decentralization aims to increase public participation in decision making process by giving people greater influence over, if not control of, policy formulation, thus making them more responsible for their own decisions (Smith, 1997). With public participation in decision making, there is bound to be improved health services delivery in the county(UNDP, 2009).

Table 4.11: Elements relating to public participation on delivery of health services in Wajir County

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std deviation
The county government of Wajir needs to fully engage the citizens so as	13%	9%	13%	63%	2%	4.01	0.44

to ensure quality health services delivery.

Citizen participation facilitates information dissemination and public awareness on the quality of health services delivery. 10% 20% 13% 45% 12% 3.99 0.65

Inclusion of the marginalized and the poor in decision making would lead to pro-poor policies, hence assuring equitable health service provision. 13% 13% 3% 63% 8% 4.01 0.44

Community participation can increase demands for effective local governments and also open the window for building the capacity of the citizens. 10% 20% 3% 55% 12% 3.99 0.65

Citizen participation can increase the availability of information to members of the public. 14% 13% 6% 62% 5% 4.01 0.44

Community participation program enables those who are interested in, or affected by a decision, have an opportunity to influence the decision making process. 12% 12% 18% 43% 15% 4.10 0.32

4.6 County Health Policy

4.6.1 Effects of county health policy on delivery of decentralized health services in Wajir County

The study sought to determine whether public county health policy influences delivery of decentralized health services in Wajir County. From the research findings, majority of the

respondents as shown by 78.6% agreed that county health policy influences delivery of decentralized health services in Wajir County whereas 21.4% of the respondents were of the contrary opinion. This implies that county health policy influences delivery of decentralized health services in Wajir County

Table 4.12 Effects of county health policy on Health Services Delivery in Wajir County

Opinion	Frequency	Percent
Yes	99	78.6
No	27	21.4
Total	126	100

4.6.2 Extent to which county health policy influences on delivery of decentralized health services

The study sought to determine the extent to which county health policy influences delivery of decentralized health services in Wajir County, from the research findings, most of the respondents as shown by 46.4% were of the opinion that county health policy influences delivery of decentralized health services in Wajir County to a great extent, 39.3% of the respondents indicated to a very great extent 9.5% of the respondents indicated to a moderate extent whereas 4.8% of the respondents indicated to a little extent. This implies that county health policy influences delivery of decentralized health services in Wajir County to a great extent.

The findings of the study are in agreement with literature review by Omar (2003) who indicated that decentralization improves governance, accountability and health services delivery in four ways; by increasing allocative efficiency

adhering to the local needs and interests, improving efficiency through increased accountability of local governments, having fewer bureaucratic layers and by providing equitable opportunities for people enhance delivery of health services.

Table 4.13 Extent to which county health policy Influence Health Services Delivery

Extent	Frequency	Percent
Very great extent	50	39.3
Great extent	59	46.4
Moderate extent	12	9.5
Little extent	6	4.8
Total	126	100

The study sought to establish the extent to which respondents agreed with the statements relating to county health policy on delivery of decentralized health services in Wajir County. A scale of 1-5 was used. The scores “Strongly disagree” and “Disagree” were represented by mean score, equivalent to 1 to 2.5 on the continuous Likert scale (1 ≤ Disagree ≤ 2.5). The scores of ‘Neutral’ were represented by a score equivalent to 2.6 to 3.5 on the Likert scale (2.6 ≤ Neutral ≤ 3.5). The score of “Agree” and “Strongly agree” were represented by a mean score equivalent to 3.6 to 5.0 on the Likert Scale (3.6 ≤ Agree ≤ 5.0). The results were presented in mean and standard deviation. The mean was generated from SPSS version 21 and is as illustrated in Table 4.5. The results were presented in mean and standard deviation. The

mean was generated from SPSS version 21 and is as illustrated in Table 4.14.

From the research findings, majority of the respondents agreed that health policy is one of the cornerstones of ensuring provision of health services delivery as shown by a mean of 4.01; County health policy improves the quality of patient care by increasing the use of evidence-based medicine and performance measurement with the aim of reducing inappropriate care as shown by a mean of 3.95, Creating and maintaining a culture of accountability through a health policy in county government is important in achieving delivery of quality health services delivery as shown by a mean of 4.10. Improved supervision is core element in improving health system performance as shown by a mean of 3.95. To ensure delivery of quality health services at county level, the county government must create a sense of accountability within it employees as shown by a mean of 4.01 and Increasing the supervision of employees will reduce overuse, misuse, and underuse of resources while possibly reducing costs for tax payers as shown by a mean of 4.65 and Accountability encourages the assessment of evidence from process and outcome measures by using feedback from performance measurements to improve outcomes of health care activities as shown by a mean of 4.34. The findings of the study are in tandem with literature review by Pokharelet al., (2006) who observed that decentralization should make the system more transparent by embedding a process in which the decision makers are accessible and accountable to the people for their actions for the delivery of decentralized health services.

Table 4.14: Elements relating to county health policy on delivery of health services in Wajir County

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std deviation
Health policy is one of the cornerstones of ensuring provision of health services delivery.	12%	9%	3%	54%	22%	4.01	0.44
Accountability as a result of proper county health policy improves the quality of patient care by increasing the use of evidence-based medicine and performance measurement with the aim of reducing inappropriate care.	10%	12%	13%	55%	12%	3.99	0.65
Creating and maintaining a culture of accountability in county government is important in achieving delivery of quality health services delivery.	13%	10%	9%	56%	12%	4.01	0.44
Improved strategic planning is core element in improving health system performance.	10%	12%	13%	55%	12%	3.99	0.65
To ensure delivery of quality health services at county level, the county government must create a sense of accountability within it employees.	10%	2%	13%	65%	10%	3.99	0.65
Increasing the implementation strategy will reduce overuse, misuse, and underuse of resources while possibly reducing costs for tax	12%	9%	3%	54%	22%	4.08	0.44

payers.								
Strategic planning encourages the assessment of evidence from process and outcome measures by using feedback from performance measurements to improve outcomes of health care activities.	12%	8%	13%	44%	22%	3.84	0.44	

4.7 Delivery of Decentralized Health Services

The study sought to establish the level at which respondents agreed with the below statements relating to delivery of decentralized health services in Wajir County. From the research findings, majority of the respondents agreed that; The benefits of emphasizing quality and providing good health service to patients include improvements in patient outcomes, as well as higher employee morale and satisfaction as shown by a mean of 4.44, public participation can help to enhance policies governing healthcare provision thus improving on quality of health services as shown by a mean of 4.38, a culture of accountability can help to reduce the overuse, misuse, and underuse of county resources thus ensuring provision of quality healthcare as shown by a mean of 4.37, provision of quality and efficient healthcare relies on continuous exploration of ways to improving the quality of service and ability to meet the demands of the public and close the quality gaps in health care systems as shown by a mean of 4.23.

To enhance efficiency, county governments should seek reforms to strengthen the role of health service users and patients in accountability, particularly for purposes of assurance (e.g, meeting standards) and of improving performance as shown by a mean of 4.10. The study also revealed that there is need to put up specific investments that will help to

in strengthen health systems and may improve the capacity of the system to plan in order to deliver quality services.

Table 4.15: Statements Relating to delivery of decentralized health services in Wajir County

Statements	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean	Std deviation
Provision of quality and efficient healthcare relies on continuous exploration of ways to improving the quality of service and ability to meet the demands of the public and close the quality gaps in health care systems.	15%	10%	14%	46%	31%	4.23	0.24
A culture of accountability can help to reduce the overuse, misuse, and underuse of county resources thus ensuring Provision of quality healthcare.	5%	12%	10%	55%	18%	4.37	0.25

The benefits of emphasizing quality and providing good health service to patients include improvements in patient outcomes, as well as higher employee morale and satisfaction. Public participation can help to enhance policies governing healthcare provision thus improving on quality of health services. To enhance efficiency, county governments should seek reforms to strengthen the role of health service users and patients in accountability, particularly for purposes of assurance (e.g., meeting standards) and of improving performance.

11%	10%	2%	59%	18%	4.44	0.26
10%	2%	10%	64%	10%	4.38	0.26
11%	3%	14%	55%	17%	4.10	0.27

4.8 Correlation Analysis

On the correlation of the study variable, the researcher conducted a Pearson moment correlation. From the finding in the table below, the study found that there was strong positive correlation coefficient between delivery of decentralized health services and leadership and governance, as shown by correlation factor of 0.653, this strong relationship was found to be statistically significant as the significant value was 0.001 which is less than 0.05. t

The study found strong positive correlation between delivery of decentralized health services and resources distribution as shown by correlation coefficient of 0.721, the significant value was 0.000 which is less than 0.05. The study also found strong positive correlation between delivery of decentralized health services and public participation as shown by correlation coefficient of 0.644, this too was also found to be significant at 0.003, and finally the study found strong positive correlation between delivery of decentralized health services and county health policy as shown by correlation coefficient of 0.642 at 0.005 levels of confidence.

The findings concur with Franks and Cursworth, (2003) who found out that strong positive correlation between public participation and quality of health services delivery. The findings further agree with Ayodele (2011) who found out that strong positive correlation between resources distribution and quality of health services delivery.

Table 4.16: Correlation Analysis

		Delivery of health Leadership & Governance	Resources distribution	Public participation	County Health policy	
Delivery of Health Services	Correlation Coefficient	1.000				
	Sig. (1-tailed)	.				
	N	126				
Leadership & Governance	Correlation Coefficient	.653	1.000			
	Sig. (1-tailed)	.001	.			
	N	126	126			
Resources distribution	Correlation Coefficient	.721	.142	1.000		
	Sig. (1-tailed)	.000	.001	.		
	N	126	126	126		
Public participation	Correlation Coefficient	.644	.037	.046	1.000	
	Sig. (1-tailed)	.003	.000	.001	.	
	N	126	126	126	126	
County Health policy	Correlation Coefficient	.642	.001	.008	.124	1.000
	Sig. (1-tailed)	.005	.001	.003	.000	.005
	N	126	126	126	126	126

4.9 Regression analysis

4.9.1 Model summary

Adjusted R squared is coefficient of determination which tells us the variation in the dependent variable due to changes in the independent variable. From the findings in the table below, the value of adjusted R squared was 0.782, an indication that there was variation of 78.2 percent on delivery of

decentralized health services due to leadership and governance, resources distribution, public participation and county health policy at 95 percent confidence interval.

This shows that 78.2 percent changes in delivery of decentralized health services in Wajir county could be accounted to leadership and governance, resources distribution, county health policy and public participation. R is the correlation coefficient which shows the relationship between the study variables. From the findings shown in the table below, there exists strong positive relationship between the study variables as shown by 0.910.

Table 4.17: Model summary

Model	R	R Square	Adjusted Square	RStd. Error of the Estimate
1	.910	.828	0.782	.32561

4.9.2 ANOVA

From the ANOVA statics, the study established the regression model had a significance level of 0.1% which is an indication that the data was ideal for making a conclusion on the population parameters as the value of significance (p-value) was less than 5%. The calculated value was greater than the critical value (9.284>2.48) an indication that leadership and governance, resources distribution, public participation and county health policy all have a significant influence on delivery of decentralized health services in Wajir county. The significance value was less than 0.05 indicating that the model was significant.

Table 4.18: Analysis of Variance

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	3.788	4	.947	9.284	.001 ^b
1 Residual	8.058	79	.102		
Total	11.846	83			

Critical value =2.48

4.9.3 Regression Coefficients

From the regression equation, it was revealed that holding leadership and governance, resources distribution, public participation and county health policy, to a constant zero, the delivery of decentralized health services in Wajir county in Kenya would be at 1.443. A unit increase in leadership and governance would lead to an increase in the delivery of decentralized health services in Wajir county in Kenya by a factors of 0.461, a unit increase in resources distribution would lead to an increase in delivery of decentralized health services in Wajir county in Kenya by factors of 0.497, a unit increase in public participation would lead to an increase in delivery of decentralized health services in Wajir county by a factor of 0.486, and a unit increase in county health policy would lead to an increase in delivery of decentralized health services in Wajir county in Kenya a by a factor of 0.446. All the variables were significant as their significant value was less than ($p < 0.05$).

From the data in the below table, the established regression equation was

$$Y = 1.443 + 0.461X_1 + 0.497 X_2 + 0.486 X_3 + 0.446 X_4$$

Table 4.19: Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients		t	Sig.
	B	Std. Error	Beta			
(Constant)	1.443	.428			3.371	.001
Leadership & governance	.461	.112	.303		4.116	.002
1 Resources distribution	.497	.113	.337		4.398	.000
Public participation	.486	.112	.346		4.339	.001
County Health policy	.446	.089	.325		5.011	.004

SUMMARY, CONCLUSIONS AND

RECOMMENDATIONS

5.1 Introduction

This chapter presented the discussion of key data findings, conclusion drawn from the findings highlighted and recommendation made there-to. The conclusions and recommendations drawn were focused on addressing the objective of the study. The researcher had intended to determine the effect of leadership and governance on health services delivery in Wajir County, to examine the relationship between resources distribution and health services delivery in Wajir County, to assess the role of public participation in health services delivery in Wajir County and to examine the extent to which accountability affects health services delivery in Wajir County.

5.2 Summary of Findings

5.2.1 Leadership and Governance

According to literature reviewed (UNICEF, 2010; Agnes, 2014), leadership and governance can help promote development and make it attractive to the public or it can lead to improvement in health services delivery. This underscores the fact that leadership and governance is critically important in delivery of health services. Therefore, the study sought to find out if the leadership and governance influences delivery of decentralized health services in Kenya.

Descriptive analysis showed that leadership and governance influences delivery of decentralized health services in Wajir county to a great extent. Transfer of functions of governance to county level can help increase the effectiveness of health services delivery through community involvement in policy making and for the voice of the community to influence the decision of the policymakers effectively. The study also established that change process must involve a team of leaders and individual managers to help inspire change within each portfolio, department and unit.

The County Government of Wajir should on its part, ensure that the devolved functions are in tandem with the needs and aspirations of the people, so as to ensure quicker and more efficient health service delivery. Additionally, it was established that the variable statistically and significantly influenced delivery of decentralized health services in Wajir county at 0.05 level of significance.

Therefore, from the qualitative analysis, these findings show that the research which sought to establish the influence of leadership and governance on delivery of decentralized health services was achieved because it established that it influences delivery of decentralized

health services in Wajir county. It was also established through qualitative data that self governance at the county through decision making and power to exercise affects performance of health services.. The findings of the study corroborate with literature review by (WHO, 2005; Omar, 2003; UNDP, 1997) who observed that leadership and governance improves delivery of decentralized health services.

5.2.2 Resources Distribution

According to literature reviewed (UNICEF, 2010; Agnes, 2014), resources distribution can lead to improvement in health services delivery. This underscores the fact that resources distribution is critically important in delivery of health services. Therefore, the study sought to find out if the resources distribution influences delivery of decentralized health services in Wajir County.

The qualitative and descriptive analysis revealed that resources distribution affects health services delivery in Counties to a great extent, the study also established that health infrastructure is a fundamental resource needed to deliver quality public health services. County governments need to have an effective plan to manage their financial resources and implement various health programs based on priority. This will eliminate waste of resources, hence efficient and cost-effective health service delivery.

Further, the study showed that the variable statistically and significantly influenced delivery of decentralized health services in Wajir county at 0.05 level of significance. The findings of the study are in agreement with literature review by (Omar, 2003) who stated that decentralization improves resources distribution by ensuring there is equity and health services delivery in four ways; by

increasing allocative efficiency adhering to the local needs and interests, providing equitable opportunities for people thus enhancing delivery of decentralized health services (WHO, 2012).

5.2.3 Public Participation

From the descriptive statistics, the study established that public participation influences delivery of decentralized health services in Wajir county to a great extent. The study also established that community participation programs enable those who are interested in, or affected by a decision, have an opportunity to influence the outcome, thus ensuring quality in health services delivery.

The county government of Wajir needs to fully engage the citizens so as to ensure quality health services delivery. Community participation increases demand for effective local governments and also opens the window for building the capacity of the citizens. Public participation facilitates information dissemination and increase public awareness on the quality of health services delivery as well as ensuring the inclusion of the marginalized and the poor in decision making. The quantitative analysis showed that the variable statistically and significantly influenced delivery of decentralized health services in Wajir county at 0.05 level of significance.

Therefore, from the qualitative analysis, these findings show that the research which sought to establish the influence of public participation on delivery of decentralized health services was achieved because it established that public participation indeed influences delivery of decentralized health services in Wajir county. The findings of the study are in tandem with literature review by (WHO, 2005; Omar, 2003; who stated that decentralization can help to increase the effectiveness of health services

delivery through community involvement in the decision making process and policy making, and for the voice of the community to influence the decision of the policymakers effectively, the community has to ensure they are heard by the public representatives (ILO, 2001).

5.2.4 County Health Policy

The study revealed that county health policy influences delivery of decentralized health services in Wajir county to a great extent since county health policy ensures the permanence of performance management and continuous improvement. Health policy can lead to improved quality of patient care and value for money spent on health care services. County health policy is one of the cornerstones in ensuring provision of health services.

The quantitative analysis showed that the variable statistically and significantly influenced delivery of decentralized health services in Wajir county at 0.05 level of significance. Therefore, from the qualitative analysis, these findings show that the research which sought to establish the influence of county health policy on delivery of decentralized health services was achieved because it established that county health policy influences delivery of decentralized health services in Wajir County.

5.2.5 Delivery of Decentralized Health Services

The study established that, the benefits of emphasizing quality and providing good health service to patients include improvements in patient outcomes as well as higher employee morale and satisfaction. Public participation can enhance policies governing healthcare provision, thus improving on quality of health services, while a culture of accountability can help reduce the overuse, misuse, and underuse of county resources.

Provision of quality and efficient healthcare relies on continuous exploration of ways to improve the quality of service, and the ability to meet the demands of the public and close the quality gaps in health care systems. To enhance efficiency, county governments should seek reforms to strengthen the role of health service users and patients in accountability.

5.3 Conclusions

The study established that devolution led to better resource utilization, hence operational efficiency in delivery of health services compared with a centralized system, thus the study concludes that leadership and governance to county governments had positive effect on health services delivery in Wajir County.

Additionally, study established that County governments need to have an effective plan and manage its financial resources and implement various health programs based on priority. The study revealed that citizen participation facilitates information dissemination and increased public awareness on the quality of health services delivery, thus the study concludes that public participation had a positive influence in enhancing health services delivery in Wajir County. Finally, the study established that county health policy can lead to improved quality of patient care and value for money spent on health care services, and thus the study concludes that county health policy had a positive effect on health services delivery in Wajir County.

5.4 Recommendations

In order to enhance the quality of health services at county level, the study recommends that there is need to delegate more powers from the national government to county governments, giving the county government

autonomy to make decisions related to health which can highly influence the quality of health services since all decisions will be made based on priority.

The national government needs to increase health budget allocation to all counties; this will ensure that resources are readily available and can be utilized whenever required. The county governments need to encourage public participation in running of healthy sector; this will avail critical information that may help in formulation of better healthy management policies for quality service delivery. The county governments also need to institute strict countercheck within their health ministries, this will reduce corruption and misuse of funds and resources, thereby ensuring that all resources are utilized as required.

5.5 Recommendations for Further Studies

Since this study sought to establish the drivers influencing delivery of decentralized health services in Kenya, it was established that from literature review most studies were conducted in USA, Canada, South Africa, Norway, Germany among others European countries and scanty studies are available in Africa and specifically in Kenyan organization and county government set up. Additionally, very little has been undertaken to explore decentralization of decentralized health services in Kenya thus the researcher calls for further studies to be undertaken in other counties in Kenya for generalization of the findings of this study.

This study used qualitative and quantitative techniques. It was also a cross sectional study and hence other studies using longitudinal design could be carried out to establish whether delivery of decentralized health services is actualized. Also, an exploratory study would

enrich findings because such a study would have a wide range of factors that influence

delivery of decentralized health services other than the ones identified in this study.

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