

**ANALYSIS OF PUBLIC POLICY IMPLEMENTATION ON THE
PERFORMANCE OF HEALTHCARE DEVOLUTION IN HOMA BAY COUNTY,
KENYA**

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DECLARATION AND APPROVAL

Declaration by Student

This research proposal is my original work and has not been presented for a degree or other award in any other university.


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I confirm that the candidate carried out the tasks outlined in this proposal under my guidance.

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DEDICATION

In appreciation of my son Collins Dick Mwangi's prayers and unwavering support during my pursuit of my master's degree, this research proposal is dedicated to him. May the Lord, God Almighty, lavish him with blessings.



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I want to start by giving thanks to the Almighty God, who has given me excellent health and serves as my source of inspiration and fortitude. I would like to thank my supervisor, Dr. Isaac Abuga, for his assistance in seeing this research project through to its successful conclusion. Additionally, I would want to express my gratitude to my colleagues and Mount Kenya for their support throughout this study period.



ABSTRACT

Despite ongoing efforts by the government and non-governmental organizations, Kenya's health infrastructure remains underdeveloped, prompting economists and public policy experts to explore ways to improve service delivery and enhance the quality of life. Devolution has emerged as a key strategy for achieving these goals, directly influencing people's quality of life and extending its effects beyond mere service provision. However, county governments often prioritize economic efficiency over effective service delivery. This study focused on the state of healthcare facilities in Homa Bay County, which face significant challenges such as inadequate ward spaces, insufficient beds, and a lack of specialized units like intensive care units (ICUs). The purpose of the study is to examine the public policy implementation on the performance of healthcare devolution in Homa Bay County, Kenya with specific objectives, to assess the effect of bureaucratic practices on the performance of healthcare devolution in Homa Bay County, Kenya, to determine the effect of citizen engagement approaches on the performance of healthcare devolution in Homa Bay County, Kenya, to evaluate the effect of health care infrastructure on the performance of health care devolution in Homa Bay County, Kenya and to examine the effect of funding and expenditure on the performance of healthcare devolution in Homa Bay County, Kenya. The research targeted public health professionals, including nurses and administrators from county and sub-county hospitals across nine constituencies. The researcher Employed descriptive survey design, the study used both qualitative and quantitative methods to gather data from 162 respondents, including hospital managers, clinical officers, nurses, and health record officers. The analysis involved descriptive statistics, such as frequencies and percentages, alongside inferential statistics, including Pearson correlation and multiple regression analysis. Findings indicate relationships among healthcare devolution, citizen engagement, bureaucratic practices, funding, and infrastructure. Notably, a moderate positive correlation exists between healthcare devolution and citizen engagement ($r = .504$, $p = .000$), suggested that increased devolution fosters community involvement. Additionally, significant correlations between funding and health infrastructure ($r = .420$, $p = 0.000$) highlight the importance of adequate financial resources for quality service delivery. Recommendations included streamlining bureaucratic processes, enhancing citizen engagement, improving financial oversight, and investing in healthcare infrastructure to ensure responsive and effective service delivery in Homa Bay County.

TABLE OF CONTENTS

DECLARATION AND APPROVAL	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
ABSTRACT	v
TABLE OF CONTENTS	vi
LIST OF TABLES	ix
LIST OF FIGURES	x
LIST OF ABBREVIATIONS AND ACRONYMS	xi
CHAPTER ONE	1
INTRODUCTION	1
1.0 Introduction.....	1
1.1 Background of the Study.....	1
1.1.1 Global Perspective on the Performance of Health Care Devolution	2
1.1.2 Regional Perspective on the Performance of Health Care Devolution.....	5
1.1.3 Local Perspective on the Performance of Health Care Devolution	7
1.2 Statement of the Problem.....	11
1.3 Purpose of the Study	13
1.3.1 Specific Objectives	13
1.4 Research Questions	14
1.5 Significance of the Study	14
1.6 Scope of the Study	14
1.7 Limitations of the Study.....	15
1.8 Delimitation of the Study	16
1.9 Operational Definition of Key Terms.	16
CHAPTER TWO	18
LITERATURE REVIEW	18
2.0 Introduction.....	18
2.1 Empirical Literature Review	18
2.1.1 Bureaucratic Practices on the performance of health care devolution.	18
2.1.2 Citizen engagement Approach on the performance of health care devolution	20

2.1.3 Healthcare Infrastructure on the performance of health care devolution.....	25
2.1.4 Funding and Expenditure on the performance of health care devolution	30
2.2 Theoretical Framework	33
2.2.1 Max Weber's Bureaucracy	33
2.2.2 Participatory Democratic Theory.....	34
2.3 Conceptual Framework	35
2.4 Recap of the Literature Review.....	37
CHAPTER THREE	39
RESEARCH METHODOLOGY	39
3.0 Introduction.....	39
3.1 Research Design.....	39
3.2 Target Population	39
3.3 Sampling Procedures and Techniques	40
3.3.1 The Sampling Procedure.....	41
3.3.2 Sampling Technique	41
3.4 Sample Population	42
3.5 Construction of Research Instruments	43
3.5.1 Structured Questionnaires.....	44
3.5.2 Key inform guide	44
3.6 Testing for Validity and Reliability	44
3.6.1 Validity	44
3.6.2 Reliability.....	45
3.7 Data Collection Methods and Procedures.....	45
3.7.1 Semi-Structured Questionnaires	45
3.7.2 Key Informant Guide Interview	45
3.8 Data Analysis and Presentation.....	46
3.9 Ethical Consideration	47
CHAPTER 4: RESEARCH FINDINGS AND DISCUSSION.....	48
4.0 Introduction.....	48
4.1 Response Rate	48
4.2 Socio-Demographic information.....	48
4.3 Quantitative Data Analysis	49
4.3.1 Effect of bureaucratic practices on the performance of healthcare devolution.....	49

4.3.2 Effect of citizen engagement approaches on the performance of healthcare devolution	51
4.3.3 Effect of health care infrastructure on the performance of health care devolution	52
4.3.4 Effect of funding and expenditure on the performance of healthcare devolution	54
4.3.5 Healthcare Performance at Homabay county	55
4.4 Quantitative Data Analysis	57
4.4.1: Effect of bureaucratic practices on the performance of healthcare devolution	60
4.4.2: Effect of citizen engagement approaches on the performance of healthcare devolution	61
4.4.3: Effect of health care infrastructure on the performance of health care devolution	62
4.4.4: Effect of funding and expenditure on the performance of healthcare devolution	63
4.4.5: Healthcare Performance on devolution	64
4.5 Inferential Statistics Analysis	66
4.5.1 Correlation Analysis	66
4.5.2 Analysis of Variance (ANOVA)	66
4.5.3 Multiple regression model	69
4.6 Discussion of Findings	71
CHAPTER FIVE	73
SUMMARY, CONCLUSION AND RECOMMENDATIONS	73
5.0 Introduction	73
5.1 Summary of the results Findings	73
5.2 Conclusion	77
5.3 Recommendations	79
LIST OF REFERENCES	80
Appendix I : Letter of Introductory	85
Appendix II: Informed Consent Form	86
Appendix III: Questionnaire	87
Appendix IV: Key Interview Questionnaires	91
Appendix V: List of Public Health Care Facilities in Homa Bay County	93
Appendix VI: Research Permit from NACOSTI	94

LIST OF TABLES

Table 3. 1: Target Population Healthcare Providers at Level 4 Sub- county Hospital in Homabay county.....	Error! Bookmark not defined.
Table 3. 2: Sample size calculation.....	42



LIST OF FIGURES

Figure 2. 1 Conceptual framework	37
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LIST OF ABBREVIATIONS AND ACRONYMS

CEMONC	- Comprehensive Emergency Obstetric and New Born Care
COVID-19	- Coronavirus Disease
GDP	- Gross Domestic Product
GoK	- Government of Kenya
HCT	- Human Capital Theory
HMIS	- Health Management Information System
ICT	- Information and Communication Technology
KIPPRA	- Kenya Institute for Public Policy Research and Analysis
MOH	- Ministry of Health
NGO	- Non-Governmental Organizations
NSOAP	- National Surgical, Obstetric and Anesthesia Plans
SARA	- Scanning, Analysis, Response and Assessment
SPSS	- Statistical Package for the Social Sciences
THE	- Total Health Expenditure
UHC	- Universal Health Care
WHO	- World Health Organization

CHAPTER ONE

INTRODUCTION

1.0 Introduction

The chapter highlights background information of the study, statement of the problem, research objectives and questions, scope and significance of the study.

1.1 Background of the Study

On August 9, 2013, the health service delivery role was legally passed to counties under the new constitutional framework. The 2013/2014 budget allocated Ksh 210 billion, or one-third of the overall devolved budget, for health. The national government is in charge of policy, national referral hospitals, and capacity building; the counties are in charge of providing health services (Constitution of Kenya, 2010). Devolution aims to achieve several goals, such as advancing democracy and accountability in healthcare delivery, promoting smooth service delivery both during and after the transition period, granting people more powers of self-governance and increasing their involvement in health decision-making, acknowledging communities' right to manage their own health affairs and advance their development, safeguarding and advancing the health interests and rights of marginalized communities, including slum dwellers and underserved populations, and promoting social and economic development alongside the provision of close, easily accessible health services throughout Kenya (GoK, 2019).

The two tiers of government are tasked with the following particular functions:

The national government is in charge of developing health policy, managing national referral health facilities, developing county capacity and providing technical support, and protecting consumers, including creating norms, standards, and recommendations. County governments are

in charge of county health services, which include county pharmacies and health facilities; ambulance services; primary healthcare promotion; licensing and oversight of businesses selling food to the public; cemeteries, funeral parlors, and crematoria; and solid waste disposal, refuse removal, and refuse dumps. (GOK, 2019). The national MOH oversees the national referral hospitals, offers technical assistance and policy support to key national initiatives, and is still in charge of HR for health (university teaching hospitals, public universities, and medical schools). (MoH, 2019).

The administration committed to reforming the national health management system by decentralizing authority, thereby empowering counties and healthcare facilities to make autonomous decisions regarding resource allocation and service delivery. This approach aims to enhance local governance in health management and foster greater community engagement in health-related matters. The proposed changes are grounded in the guiding principles of two Health Sector Strategic Plans, which outline a framework for effective health service delivery. Furthermore, as part of this decentralized system, District Health Management Boards and District Health Management Teams (DHMTs) have been tasked with overseeing the implementation of various activities tailored to meet the specific health needs of their respective counties. This structural shift not only aims to improve health outcomes but also encourages a collaborative approach to healthcare, ensuring that local contexts and community needs are prioritized in health management strategies (Ong'ang'a, J. Paul Miller, 2020).

1.1.1 Global Perspective on the Performance of Health Care Devolution

On a global scale, healthcare devolution and policy implementation are recognized as central to achieving universal health coverage (UHC) and improving health outcomes. The World Health Organization (WHO), through its Universal Health Coverage (UHC) Framework, emphasizes the

importance of effective policy implementation in achieving equitable, accessible, and affordable healthcare. Globally, health systems face common challenges, including inadequate funding, poorly implemented policies, workforce shortages, and lack of governance structures to ensure effective service delivery.

In United Kingdom (UK), the National Health Service (NHS) operates within a centrally controlled framework, but debates on devolving healthcare responsibilities to regions like Scotland and Wales have shown that devolving healthcare can result in better-tailored healthcare services for local populations. However, challenges remain regarding resource distribution, policy coordination, and maintaining uniform standards of care across regions (World Bank. (2021).

In India, The Indian government introduced decentralization in health service delivery with its National Rural Health Mission (NRHM), which sought to improve healthcare access in rural areas. However, implementation challenges such as inadequate funding, political interference, and local governance issues have led to varying degrees of success across different states (Ranson, M.K., *et al.* 2020)

Brazil's Unified Health System (SUS) is a decentralized model where municipal governments are responsible for service delivery. Despite significant progress in improving health indicators, inequities persist due to varied local capacities to implement policies effectively. Issues such as corruption, underfunding, and administrative inefficiencies have impeded achieving national health objectives in some regions (Kenya National Bureau of Statistics, 2022).

In the United States, policy implementation crucial research began in the 1970s as a response to the very soaring concern over the execution and effectiveness of wide-ranging programs on reform

(Manaye A, 2022). As policies were lagging behind the policy expectations the process of translating policy into reality attracted more focus. Various studies on public policy implementation have always given much attention to describing the gaps in policy implementation. Although the issue of policy implementation gaps has been of greater concern to most social scientists, it has not been the case for decision-makers who have invariably equated proposing policy to its disposal (Ong'ang'a, J. paul miller. 2020). The idea that the process of policymaking is divided into stages was developed in 1970. Whereas there have been discussions as to the meaning and the number of phases, conclusively they comprise Setting the agenda, formulating policies, implementing them, and evaluating them. The phases allow research to give attention to specific parts of the policy process and have proved to be useful as an analytical tool in research (Laswell, *et al*, 2017).

In their 2020 study published in **Health Economics, Policy and Law**, Khan et al. qualitatively explore factors that can motivate frontline healthcare providers beyond financial incentives, drawing insights from interviews with health sector managers in Cambodia, China, and Pakistan. The managers indicated significant limitations regarding the effectiveness of financial incentives, noting that providers are not solely motivated by monetary rewards. Instead, they suggested that non-monetary incentives—such as recognition from supervisors and opportunities for career development—could be more impactful on performance. The study also identified challenges in designing and implementing performance management schemes, including a lack of necessary performance data for supervisors, an organizational culture that prioritizes social ties or tenure over merit, and the concentration of power within higher levels of the health system, which can hinder effective performance management. While managers expressed support for initiatives aimed at enhancing provider performance, the findings underscore the importance of considering

social, cultural, and systemic factors, advocating for structural changes and non-monetary rewards to foster a more transparent and merit-based working environment

When African states began sliding into economic crisis, it became apparent that the roots of these economic difficulties were often found in the realm of public policies. Merely having well-formulated policies does not guarantee their successful execution. In South Africa, since 1994, the Department of Health and the post-apartheid government have developed policies and legislative measures that directly or indirectly influence health service delivery in the country. Although a significant number of policy documents are timely received by hospitals from national offices, provincial departments, and local governments, most of these policies have not been implemented as intended. These health policies significantly affect service delivery within the health sector, impacting health personnel, financial matters, and the acquisition of supplies such as medication and foodstuffs (Nolan et al., 2020).

1.1.2 Regional Perspective on the Performance of Health Care Devolution

Sub-Saharan African countries often have limited financial resources to fund healthcare services. According to the World Bank (2021), SSA spends an average of only 5-6% of GDP on health, which is far below the recommended 15% by the Abuja Declaration (2001). The result is that countries struggle to meet the health needs of their populations, particularly in rural and underdeveloped regions.

Health System Fragmentation: Even though many African countries have decentralized their healthcare systems, regional disparities in service delivery remain a challenge. For instance, Nigeria, despite its healthcare decentralization, struggles with inconsistent healthcare standards

across its regions, and the allocation of resources is often skewed toward urban areas (Okunola *et al.*, 2020).

In Nigeria, the country is perceived to be currently deep in poverty, there is an absence of primary social amenities and underdevelopment not because of lack of suitable public policies but because implementation is the Achilles Heel in the Nigerian republic. An excursion into the history of public policy in Nigeria shows that if all the formulated policies were accordingly implemented, Nigeria would no doubt be on the fast lane of development. It is, however, a quandary that most of these policies only exist on paper and are never given life to actualize their objectives as stipulated. The policy implementation field in Nigeria is adversely ailed by lack of political goodwill, poor policy design and conception, poor leadership and management and wanton corruption (George, D.O. & Bula, H. (2021). Ggoobi (2016) while discussing the implementation of policy in Uganda, noted that policy fails in the country due to various reasons including neglecting the rural regions, policy design and planning devoid of proper leadership.

Further, the government also imposes policies without putting consideration whether it meets the need of the citizenry or not. However, the current fashion in Africa is the adoption of foreign remedies to its issues and the execution of such policies more often than not end up undermining the local intellectual resource capacity to intervene on local problems. If all the socio-economic public policies established in Kenya after independence were to be completely enforced, there is no doubt that the economy of the nation would be among the newly individualized economies not only on the continent but worldwide. The enforcement of those policies would have resulted in a thriving manufacturing sector, an increase in the number of job opportunities and an enhanced health care system, a well-developed transport system, access to clean water and sanitation, low

levels of poverty in the country and other positive changes in the evolving economy (Kimani, J. M., Moi, E. 2022).

1.1.3 Local Perspective on the Performance of Health Care Devolution

There is an excellent consistent feature in the analysis and evaluation of a number of these past and present policies that clearly distinguish the policy-making process in Kenya. This is an aspect of the problem of strategy. The policy cycle includes a variety of steps, with formulation and execution being the most pronounced. The state of formulation simply requires stakeholder contributions and the implementation cycle depends on the productivity rate of states, agencies, ministries and state departments (Wasilwa, 2017). Session paper No. 10 of 1965: Kenya's first all-encompassing development blueprint: African socialism and its application to planning in Kenya narrowly highlighted the courses of action to be taken to direct the developing economy of the country, with the public sector and private sectors playing an integral role in the implementation phase. This policy was to solve three major challenges namely; poverty, ignorance and disease this implied on a large scale that every Kenyan was to access education, better living standards and affordable healthcare. Many gains were made from this initiative however, its implementation was sabotaged by both internal and external forces along the way (George, D.O. & Bula, H. 2021). Fast forward to 2003, Narc's administration, great heed was paid in resuscitating the country's economy. To realize this a policy document was created 'The Economic recovery strategy (ERS) for wealth creation for the period between 2003 and 2007. The policy paper projected an economic growth rate of 7% upon the completion of the administration's first term in which it was implemented. In the year 2007, the country's economy soared by 7%, this was a clear token that the policy framework was implemented effectively (UNDP, 2012). As the period time, ERS implementation was elapsing, the sessional paper No.10 of 2012 on Kenya's vision 2030 was composed. Its main

objective was to catapult the county into a middle-income economy by mainly investing in key infrastructural projects and the manufacturing sector. The implementation of vision 2030 was planned to occur in three phases christened as Medium-Term Plans, MTPS. Earliest MTP was for the period between the years 2008 and 2012, the subsequent MTP was between 2013 and 2017. (GoK, 2019).

Homa Bay County has faced challenges in translating national health policies into actionable local programs due to insufficient funds. According to the Ministry of Health (2023), while Homa Bay receives KES 1.5 billion annually for healthcare, this funding is often inadequate to meet the needs of a population of over 1 million people. In comparison, wealthier counties like Nairobi and Kiambu receive significantly higher allocations.

Despite devolution, key health indicators such as maternal mortality, child mortality, and access to essential services remain suboptimal in Homa Bay. The maternal mortality rate in Homa Bay is 453 deaths per 100,000 live births, well above the national target of 342 deaths (KNBS, 2022). Limited healthcare infrastructure and staffing shortages contribute to these challenges. The county's public health facilities often lack necessary medical equipment and medicines, making it difficult to implement national policies like Universal Health Coverage (UHC) effectively.

The political dynamics in Homa Bay have contributed to delays in policy implementation and resource allocation. Political leaders sometimes prioritize immediate, visible health interventions to gain political support, at the expense of long-term systemic improvements (Omondi, 2022). Additionally, there have been issues with mismanagement and corruption, where allocated funds for health services have not been used efficiently.

To this extent, some major progress is taking place particularly in the construction of infrastructural projects certain ground playing has been overlooked for example the government has not been committed to heavily investing in the manufacturing sector to achieve the objectives of vision 2030 remains an illusion. Considering how the process of implementation is being executed. With proper policy implementation, it is without a doubt that most of the recurrent issues in the county will fully be solved (Ong'ang'a, J. paul miller. 2020).

1.1.3 Healthcare Devolution in Homa Bay County

Homa Bay County faces several unique healthcare challenges due to its socio-economic, geographical, and demographic conditions. The county has a population of approximately 1 million people, many of whom live in rural and underserved areas. This context significantly impacts the performance of healthcare services in the county (Homa Bay County Government, 2020). Homa Bay has made strides in improving healthcare infrastructure by constructing new health facilities and upgrading existing ones. However, rural areas still face limited access to healthcare facilities, with some residents having to travel long distances to reach the nearest hospital. This issue is not unique to Homa Bay, as many rural counties in Kenya experience challenges in healthcare access due to poor road networks and limited infrastructure (Kenya National Commission on Human Rights, 2017). The county has experienced shortages of healthcare professionals, particularly doctors, specialists, and nurses. While the devolved system has allowed for more localized hiring, attracting and retaining qualified health professionals to rural areas remains a challenge (IEA, 2020).

Homa Bay, like many other counties, faces challenges with financial management in the healthcare sector. Inadequate county budget allocations, delayed disbursement of funds from the national government, and reliance on donor funding have hindered the full realization of healthcare goals. The county government has struggled to fully finance its health programs, with funding often insufficient to meet all needs (World Bank, 2021). To bridge the financial gaps, the county has explored partnerships with the private sector and non-governmental organizations to improve healthcare service delivery. Collaborations with local NGOs have helped in disease prevention and health education programs (Kenya National Commission on Human Rights, 2017). Homa Bay has focused on tackling public health challenges such as malaria, HIV/AIDS, and maternal health. The county has seen some improvement in maternal and child health indicators due to community health initiatives, outreach programs, and the strengthening of primary healthcare systems (Republic of Kenya, Ministry of Health, 2018). A key feature of healthcare devolution in Homa Bay has been the involvement of community health workers (CHWs). These workers play an essential role in delivering healthcare at the grassroots level, improving outreach, health education, and monitoring (Homa Bay County Government, 2020).

Healthcare devolution in Homa Bay has also contributed to improvements in data collection and health statistics. Localized data collection systems have been set up to monitor health indicators like maternal mortality rates, child immunization rates, and the prevalence of diseases such as HIV and malaria (Republic of Kenya, Ministry of Health, 2018). Some positive health outcomes have been reported, particularly in maternal health and immunization coverage. However, challenges remain, such as the high burden of communicable diseases and the ongoing fight against non-communicable diseases (NCDs) like diabetes and hypertension (World Bank, 2021).

Despite the devolution of healthcare, Homa Bay continues to face resource constraints. This includes inadequate financial resources, limited human resources, and the high cost of medical supplies and equipment. The county's ability to finance the healthcare system from its own revenue is limited, and reliance on external funding is a significant challenge (IEA, 2020).

There is a disparity in healthcare resource allocation across different parts of the county. While urban centers like Homa Bay Town have relatively better healthcare facilities, rural areas suffer from inadequate infrastructure, fewer healthcare workers, and limited access to essential services. The challenge of achieving equitable distribution of resources remains a key issue for county governments, including Homa Bay (Kenya National Commission on Human Rights, 2017).

1.2 Statement of the Problem

The devolution of healthcare in Kenya, following the 2010 Constitution, was meant to improve the accessibility, quality, and efficiency of healthcare services at the county level. However, despite these reforms, Homa Bay County, like many other counties in Kenya, has faced significant challenges in translating healthcare policies into tangible improvements in health service delivery. While the decentralization of healthcare management aimed at better addressing local health needs, the county continues to experience suboptimal health outcomes and persistent system inefficiencies.

In Homa Bay County, the performance of the healthcare system has not significantly improved post-devolution. According to the Kenya Health Sector Review (2021), Homa Bay has some of the highest maternal and child mortality rates in the country. Maternal mortality stands at 453 deaths per 100,000 live births, which is well above the national average of 342 deaths per 100,000 (Kenya National Bureau of Statistics [KNBS], 2022). Similarly, the under-5 mortality rate in

Homa Bay County remains alarmingly high at 90 deaths per 1,000 live births compared to the national average of 49 deaths per 1,000 live births (KNBS, 2022). These figures are a stark reflection of the county's continued struggle with effective healthcare service delivery.

Additionally, healthcare infrastructure remains underdeveloped. A recent survey by the Ministry of Health (2023) showed that only 40% of health facilities in Homa Bay County are fully equipped with essential medical supplies, which is far below the national average of 60%. Similarly, the county's hospitals are operating at just 50% of the recommended bed capacity, leading to overcrowding and long waiting times (Homa Bay County Health Department, 2023).

One of the key factors contributing to poor healthcare outcomes in Homa Bay is inadequate healthcare staffing. A 2022 report by the Public Service Commission indicated that the county faces a severe shortage of medical personnel, with only 60% of the recommended staffing levels in place (Public Service Commission, 2022). The shortage includes critical positions such as doctors, nurses, and clinical officers, which hampers the ability of health facilities to provide timely and quality care.

Moreover, healthcare funding in Homa Bay has consistently fallen short. The county receives an average of KES 1.5 billion annually for healthcare services, which is insufficient to meet its health service delivery needs, especially given the rising demand due to the county's high population growth. In contrast, the national government allocates an average of KES 5 billion per year to more affluent counties (Ministry of Health, 2023). As a result, Homa Bay has been unable to fully implement national health programs such as Universal Health Coverage (UHC), leading to inequities in healthcare access and outcomes.

Despite the existence of policy frameworks intended to address these disparities, the performance of the healthcare sector in Homa Bay remains dismal. The barriers to effective implementation include political interference, bureaucratic inefficiencies, and inadequate local governance capacity, which have all contributed to stalled or poorly executed health interventions (Omondi, 2022).

Delays in translating policy goals into actionable plans and on-the-ground improvements can stymie progress and fail to address urgent healthcare infrastructure needs. Weak monitoring and evaluation frameworks can result in insufficient tracking of policy impact and effectiveness, making it challenging to identify and address issues in real-time and therefore this study seeks to establish the public policy implementation on performance of public health care system in Homa Bay County, Kenya.

1.3 Purpose of the Study

The purpose of the study is to examine the public policy implementation on the performance of healthcare devolution in Homa Bay County, Kenya.

1.3.1 Specific Objectives

1. To assess the effect of bureaucratic practices on the performance of healthcare devolution in Homa Bay County, Kenya.
2. To determine the effect of citizen engagement approaches on the performance of healthcare devolution in Homa Bay County, Kenya.
3. To evaluate the effect of health care infrastructure on the performance of health care devolution in Homa Bay County, Kenya.
4. To examine the effect of funding and expenditure on the performance of healthcare devolution in Homa Bay County, Kenya.

1.4 Research Questions

1. What is the effect of bureaucratic practices on the performance of healthcare sector in Homa Bay County, Kenya?
2. What is the effect of the citizen engagement approaches on the performance of healthcare sector in Homa Bay County, Kenya?
3. What is the effect of healthcare infrastructure on the performance of healthcare sector in Homa Bay County, Kenya?
4. What is the effect of funding and expenditure on the performance of healthcare sector in Homa Bay County, Kenya?

1.5 Significance of the Study

The subject of how to enhance service delivery to raise standards of living and quality of life is one that economists and public policy experts try to address. One of the main strategies for achieving this kind of service delivery is devolution. Devolution affects people's quality of life and level of living directly and has far-reaching effects beyond the provision of services. The purpose of the study was to evaluate how Homa Bay County; Kenya's health care devolution performs in relation to policy implementation. The results may be used by the federal government as well as local governments to develop smart interventions to improve citizen service delivery. Players in the health sector also found this research to be important since it outlined the current state of devolution in the industry and explain how it affects both internal and external clients as well as sector strategy development. The work will be helpful to future researchers since it will serve as a reference.

1.6 Scope of the Study

The research was limited to the four goals. The study was confined to Homa Bay County, located in the Nyanza region of western Kenya. This area served as the primary focus, examining how

healthcare devolution policies have been implemented and their impacts on healthcare service delivery within the county. Public health professionals, nurses at county and sub-county hospitals, and ward administrators from Homa Bay County's nine constituencies will all be the subjects of the research. The study drew on theories related to public policy, devolution, and healthcare delivery. Potential theoretical frameworks include, Max Weber's Bureaucracy and Participatory Democratic Theory. The study focused on a defined period after the implementation of healthcare devolution in Kenya, likely between the years 2013 (when devolution began) and the current year (2024). It emphasizes on Post-devolution period (2013–2024) Focusing on the healthcare policies, their implementation, and the performance outcomes after devolution.

1.7 Limitations of the Study

The study can have a number of issues. Because of the scope of the investigation, the researcher may run across challenges. The study's findings might not fairly represent the situation of every individual in every county experiencing problem with the and service delivery facilities due to the region's high population. Stricter definition of the limits will encourage research participants to give better answers. There will be a significant volume of data that has to be processed. Due to the volume of data to be processed, this will create a delay in the study's completion. Processing survey data from the great majority of respondents can take considerably longer than anticipated. The need to pursue data analysis objectives may also arise from the need to swiftly create data using the SPSS software version 27. Information confidentiality concerns will also be brought up. Some of those respondents may have first shown reluctance to offer the information out of fear that it would be too sensitive a subject to discuss in the context of providing services. The researcher will reassure the participants that the study would only look at matters pertaining to academic responsibility in order to calm their concerns. As a result, the researcher will maintain the strictest confidentiality for all of the information gathered.

1.8 Delimitation of the Study

In the event that the respondents are not reachable, the researcher used the research license (NACOSTI) and an introduction letter from the school stating the purpose of the investigation. This assisted the researcher in obtaining the crucial backing from project managers for research initiatives. To enable data analysis within the given time range, it could be required to focus more on obtaining primary data directly from respondents.

1.9 Operational Definition of Key Terms.

Policy Implementation

- Policy implementation refers to the process of putting government policies and programs into action. It involves translating policy goals and objectives into concrete actions and outcomes.

Health Care

- Health care, or healthcare, is the improvement of health via the prevention, diagnosis, treatment, amelioration or cure of disease, illness, injury, and other physical and mental impairments in people.

Devolution

- Devolution is a political and administrative concept that refers to the transfer of certain powers and responsibilities from a central or federal government to subnational or regional governments.

Bureaucratic Practices

- Refer to the methods, procedures, and systems that are characteristic of large organizations, especially government or corporate entities.

Healthcare Infrastructure

- Refers to the foundational framework and resources that support the delivery of healthcare services within a region or country.

Citizen Engagement Approaches

- Refers to the process of involving and empowering individuals in the decision-making and problem-solving processes of their communities.

Funding

- Refers to the provision or allocation of financial resources for a specific purpose, such as supporting projects, programs, or services.

Expenditure

-Refers to the actual spending or disbursement of financial resources on specific items or activities. It is the process of utilizing the funds that have been allocated for a particular purpose.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The chapter entails literary works done by different scholars. It highlights literature that corresponds with study's general and specific objectives. Fundamental theories correlated to the research, critique of the research, summary and research gaps.

2.1 Empirical Literature Review

2.1.1 Bureaucratic Practices on the performance of health care devolution.

(Arale, H., & Kiruthu, F. 2019) conducted a study on Effect of Devolution on the Performance of Human Resource Function in Health Sector in Kenya: The research on the Garissa County case finds that devolution significantly improved the performance of human resources in the county's healthcare system. The study's findings demonstrated that devolution was responsible for 55.7% of variances in human resource performance. The study comes to the conclusion that the County government should make a greater effort to hire people in the health sector by making sure that prospective hires meet the established pay scales, have the necessary technical knowledge, and have access to enough resources. The study's conclusion on health care staff training is that hospitals should hold onto competent and experienced employees to guarantee improved talent and knowledge retention, which is essential to increased competency.

Njoroge and Moi (2020) examine the impact of devolution on healthcare administration in Murang'a County, Kenya, focusing on Gatanga Sub- County. The study highlights that healthcare

administrators play a significant role in decision-making but are influenced by local politics. Devolution aims to empower healthcare management, yet challenges persist in financial planning, facility management, and human resources. Findings show that the county government is the main healthcare funder, though financial shortages, delayed funding, and equipment inadequacies hinder progress. Despite improvements in management and service delivery due to devolution, issues like limited stakeholder engagement and staff demotivation remain. The study recommends enhancing capacity building and raising awareness of healthcare administrators' roles to improve healthcare services.

George and Bula (2021) assess the impact of policy implementation on healthcare service delivery in Homa Bay County, Kenya, highlighting the country's shortfall in meeting health funding targets like the 2001 Abuja Declaration. Kenya allocated only 8% of its budget to public healthcare in 2001/02, dropping to 5-7% from 2013-2016, far below the WHO's benchmark of \$64 per person annually. This study explores how bureaucratic practices and citizen engagement influence healthcare service delivery, utilizing Weber's Bureaucracy Theory and Pateman's Participatory Democratic Theory. Data from 110 respondents, including healthcare staff and patients, was analyzed using multivariate regression. Results indicate that both bureaucracy and citizen involvement significantly impact service quality. Recommendations include timely salary payments to boost healthcare workers' morale and the adoption of technology for better records management and revenue collection.

(Storey J, Holti R, Hartley J, Marshall M, & Matharu T. 2018) conducted a study on the effectiveness of delegating the redesign of healthcare services to local clinical leaders. Has the bold experiment of putting general practitioners (GPs) in control of local healthcare leadership succeeded? Our findings suggest that the general response is both partially yes and partially no.

Overall, the major policy move that replaced the previous regional and local health authorities in England with new local commissioning groups headed by general practitioners (GPs) did not result in the types of large-scale service redesigns that were expected. GPs who "stepped up" to take on leadership roles discovered they had several obstacles to overcome. Strong forces inside the current sub-systems were found to impede change, even in cases when broader system improvements could be shown. This is because budgets and financing mechanisms have a tendency to ossify institutional arrangements. As a result, a large number of the most intriguing institutional reforms were frequently fragmented projects that relied on unique, short-term financing and were susceptible to shifting objectives.

(Njoroge, G. & Moi, E. 2020) conducted research on the impact of devolution on the management of healthcare in Murang'a County, Kenya, and discovered that the county government provides the majority of the funding for healthcare services in the sub-county, with a little amount coming from donations and grants from the federal government. Healthcare institutions have been facing financial difficulties due to inconsistent, delayed, and insufficient funding. This has led to issues like inadequate equipment and the incapacity of the facilities to offer certain services, such dental and optical care. Corruption is another issue that the questioned administrators mention as a barrier to the target case study's healthcare service delivery. In addition to enhancing communication between administrators and other healthcare executives at the county level, devolution has given healthcare administrators more leeway to make decisions that are specific to their community.

2.1.2 Citizen engagement Approach on the performance of health care devolution

Salim A., (2021) studied devolution and service delivery in Kenyan public service, using the county government of Marsabit as a case study. The study's findings support the approval of

funding allocation and decision-making. The results showed that the majority of respondents thought that requests for funding allocation and decision approval received approvals quickly. The difficulties with funding allocation are also covered; the results indicate that insufficient funding is provided for development initiatives, which has an impact on project completion. The survey also finds that workers in the county think the Marsabit County administration is very responsible. Service delivery in Marsabit County is impacted by accountability and openness. The majority of employees, according to the researcher, have community blessings and belong to project management groups established in the community. Since the majority of inhabitants are involved in community organizations, it is easy for them to be considered before anything is implemented or for them to contribute to county development. According to the study's findings, the majority of workers participate in community-based project management groups. Because the employees are members of a community organization, it is easy for them to be involved in county development or to be consulted before anything is implemented.

Watetu (2021) explores citizen participation in managing devolved healthcare funds in Embu County, Kenya, as part of the country's initiative to enhance local involvement and improve healthcare services. Using a cross-sectional and mixed research design, the study surveyed 20 County Assembly Members, 39 chiefs, 109 sub-chiefs, and 1,537 citizens. Findings showed low citizen participation at 27.2%, with voting being the most common form (44.7%). Factors positively impacting participation included constituency of residence, occupation, and education level, with budgeting and planning as the main areas of engagement. Awareness of legal frameworks was low, but notable were significant influences from the Constitution of Kenya and the Public Procurement Act. Access to information and process legitimacy significantly influenced perceptions.

The perception of influence in decision-making plays a crucial role in shaping citizen engagement in governance processes. When individuals feel their impact on decisions is minimal, their motivation to participate often diminishes significantly. Mohamud (2020) observed that citizens are more inclined to engage in governance activities when they believe their contributions will genuinely shape outcomes. This sentiment aligns with findings that indicate individuals are unlikely to attend public forums if their perspectives are overlooked or unvalued. The current study investigates the role and effectiveness of citizen participation in advancing healthcare service delivery in Sirisia Subcounty, Kenya, highlighting the importance of inclusive decision-making for improved governance outcomes.

The study by Macaulay et al. (2022) explores integrating citizen engagement into evidence-informed health policy-making in low- and middle-income countries (LMICs) and newly democratic states (NDSs), focusing on eastern Europe and central Asia. Recognizing citizen perspectives as vital yet underused in health policy, the authors aim to identify factors influencing the integration of citizen engagement in these regions, including whether distinct approaches may be needed compared to high-income western democracies. Through a scoping review of 479 sources, of which 28 were relevant, the study finds that effective engagement depends largely on the willingness and capacity of both citizens and policymakers, hindered in the focus region by mutual distrust and limited incentives for engagement. While the study suggests that citizen engagement frameworks used in high-income countries could be feasible in LMICs and NDSs, it emphasizes the need for further research to address practical challenges and recommends localized pilot programs as a potential strategy.

Efriandi et al. (2017) conducted a descriptive survey across local governments in Kenya and Uganda to evaluate the relationship between local decision-making, citizen participation, and

accountability. Their findings revealed that, historically, local governments in Kenya had excluded citizens from decision-making processes. However, this trend began shifting due to civil society advocacy and the establishment of the Local Authorities Transfer Fund, which emphasized more inclusive governance. Despite these improvements, issues around accountability remained unresolved. Unlike Efriandi's study, which focused on local government as the unit of analysis and included both Kenya and Uganda, the present study narrows its focus to Kenyan households, using heads of households as the sample to provide a more grassroots perspective on citizen participation and its impact on local governance.

(Nonhlanhla N., Lucy G., Jane G., Benjamin T., Susan Cleary, *et al*, 2017) Examining the micro practices of accountability operating at the sub county or sub district level across three learning sites reveals the various directions and forms of accountability operating at these levels, as well as the dominance and unintended consequences of bureaucratic forms of accountability. Did Accountability Mechanisms and the Value of Relationships: Experiences of Front-Line Managers at Subnational Level in Kenya and South Africa? We have demonstrated how one set of accountability standards can be imaginatively relied upon to challenge another, and we have emphasized the significance of relational factors in allowing good aims of bureaucratic accountability. They illustrated the significance of these interpersonal coproduction processes between professionals and other professionals (researchers, community members). Our research indicates that for target-based and/or audit-style processes to have the beneficial impacts that are intended, coproduction-building policies and interventions that foster pleasant interpersonal connections are crucial. Promoting programs that acknowledge the importance of leaders in the health system and give them agency in ways that increase daily resilience and reduce the possibility of maladaptation is one method to do this.

Kioko and Moi (2024) examine the impact of citizen engagement on budget planning within Mombasa County's devolved governance, aligned with Kenya's 2010 Constitution, which mandates public participation in county governance. This participation is intended to foster citizen involvement, knowledge sharing, collaboration, and empowerment through mechanisms like elections and civil society initiatives, ensuring citizens are active partners rather than passive recipients. However, the study highlights that traditional bureaucratic processes in Kenya often hinder effective engagement, favoring one-sided public hearings over genuine dialogue. Using a descriptive research design, the study sampled 400 households in Mombasa, employing self-administered questionnaires for data collection and analyzing responses through SPSS. Findings indicate that citizen engagement enhances the effectiveness of devolved governance systems. The study recommends Mombasa County leaders establish structured forums, public meetings, and town halls to facilitate citizen input on budget proposals, thereby strengthening participatory governance.

Ogosi J., (2020) We out a study on how devolution affected Kenya's public health service accessibility, using Kisumu County as a case study, between 2013 and 2018. The study's principal contention is that, despite regular budget increases to the county's health department, the little amounts paid directly to healthcare institutions continue to impede the full realization of the benefits of public health care service delivery. Hospital revenue is also siphoned by county government and redirected to other departments, even though ongoing costs account for a larger share of the health budget. The study also demonstrates that, although being in existence and functioning, the public engagement framework is nonetheless hindered by indifference and the limited information that the county government provides to the public. This report also

demonstrates the difficulties that the healthcare industry, which is managed by county governments, still faces.

Juma C., and Kilei P., (2022) shows that the study's conclusion—that public participation has a favorable influence on Kenya's devolved government system's success—was reached. The administration of the County of Kwale has effectively included the people in the budget planning process, and public works and initiatives are well-liked. This involvement has also helped to strengthen financial control.

2.1.3 Healthcare Infrastructure on the performance of health care devolution

Timothy C. Okech (2017) In addition to a sufficient number of highly qualified and motivated healthcare workers, the realization of UHC necessitates a robust, effective, and well-managed health system. As a result, the Kenyan government has over the years launched several programs and initiatives targeted at achieving this, demonstrating its political will and commitment to achieving health equity. However, health equity necessitates highly qualified, driven healthcare professionals with the required resources and infrastructure. The analysis highlights serious deficiencies in the nation's health infrastructure, including the lack of specialized medical equipment, deteriorating facilities, and disheartened health personnel in both local and federal government agencies. A number of important health professionals have chosen to join private practices or change careers entirely, leaving large voids in their ranks. The provision of a comprehensive package of primary care services may not be provided by many primary care facilities, and the fact that facility investments are not matched by other investments—particularly in human resources for health, medications, and other pharmaceutical supplies—has skewed the distribution of health resources and continued to have a detrimental effect on health equity. In the process, these have undermined the advances in health outcomes that were previously attained.

Issues with drug shortages, deteriorating healthcare facilities, large shortages of personnel, supplies, and equipment, and non-prioritized health expenditures like the recent acquisition of health containers intended for the underprivileged and other vulnerable populations are of special concern. Therefore, while there have been improvements in health indicators, Kenya's path toward universal coverage still has issues that need to be addressed, much as in other developing nations.

In their 2020 paper, "Kenya's Healthcare System's Devolution: Advancements and Obstacles," Masaba et al. examine the effects of healthcare devolution in Kenya, highlighting both significant improvements and persistent challenges. They note that devolution has facilitated structural advancements in the health system, leading to better access to healthcare services, improved quality of care, and increased accountability among local health authorities. However, the authors also identify critical issues that have emerged since the devolution, including the understaffing of medical facilities and inadequate funding from the federal government. These challenges hinder healthcare delivery, as a lack of trained professionals and financial resources limits the capacity of county governments to effectively manage health services. To address these obstacles, the paper advocates for an equitable allocation of funds to counties based on their specific responsibilities in healthcare delivery. This financial alignment would empower local governments to enhance their healthcare facilities and better meet the needs of their communities, ensuring a more effective and sustainable health system across Kenya.

In their 2024 study, Bouraima et al. explore the challenges of implementing the social pillar strategy of Kenya Vision 2030 within the devolved healthcare sector of Kisumu County, utilizing the Alternative Ranking Order Method Accounting for Two-Step Normalization (AROMAN) approach. With healthcare now a devolved function under county governments, the authors identify critical issues such as insufficient human resources, deteriorating health infrastructure,

and shortages of pharmaceuticals and non-pharmaceuticals. To address these challenges, the study suggests strategies like increasing investments in information communication technology (ICT), fostering leadership through continuous learning, and enhancing resources dedicated to human capital and health infrastructure. Data for the study are collected through expert consultations using a one-to-seven-point scale for weighting criteria. A sensitivity analysis is conducted to test the stability of the AROMAN method. By outlining and prioritizing these strategies, the research significantly contributes to the understanding of sustainable healthcare devolution in Kisumu County, highlighting the need for focused interventions to improve the health system's effectiveness. In their 2020 study, Kapologwe et al. examine the development and upgrading of public primary healthcare facilities in Tanzania, emphasizing the critical role of infrastructure in achieving Universal Health Coverage (UHC). The authors highlight that improving access to safe surgical services within primary health facilities is vital for quality health service provision and equitable geographic access. The study assesses the public sector's efforts from 2005 to 2019, focusing on construction rates, geographic coverage, and the physical condition of healthcare facilities. Data was collected from various sources, including policy reports and the Services Availability and Readiness Assessment (SARA) tool, to analyze the distribution and status of the 5,072 public primary healthcare facilities across the country. Findings reveal that 46% of these facilities were in good condition, while 33% required minor renovations. Between 2015 and August 2019, 419 facilities were renovated or constructed to provide safe surgical services, yet only 22.2% of health centers offered Comprehensive Emergency Obstetric and Newborn Care (CEMONC) services, with very few capable of providing all necessary signal functions, including safe blood transfusion. The study concludes that while there have been improvements in the physical status of primary healthcare facilities due to construction and upgrades, significant gaps

remain in the infrastructure necessary to deliver essential and safe surgical services, underscoring the need for continued investment in healthcare facilities to align with the National Surgical, Obstetrics and Anesthesia Plan (NSOAP) and further advance UHC in Tanzania.

Omondi and Kiruthu (2023) explore the impact of devolution on the expansion of medical infrastructure in Nakuru County, Kenya, emphasizing its importance in healthcare delivery, including medical facilities, equipment, transportation, and ICT. Their study addresses a gap in existing literature that primarily focuses on administration and funding rather than medical infrastructure expansion. Using a descriptive research design, the authors collected data from 126 health workers across selected public hospitals, revealing that devolved medical laboratories and surgical theatres had insignificant negative effects on infrastructure expansion, while devolved maternity wards significantly contributed to positive growth. The study highlights challenges such as inadequate maintenance of laboratory equipment and limited power sources affecting surgical theatres, while recognizing the successful establishment of maternity wards through devolution. The authors recommend enhancing the procurement and maintenance of surgical equipment, utilizing idle public land for infrastructure development, and increasing funding for research and training in surgical operations, alongside efforts to recruit more midwives and nurses to improve healthcare services in Nakuru County and beyond.

Bett (2022) investigated the impact of devolution on healthcare infrastructure in Bomet County, focusing on several key objectives: assessing the effect of devolution on the availability of medical equipment, the capacity of healthcare facilities (including public hospitals, laboratories, and ward capacity), and the number of ambulances. Using a descriptive survey research design, the study

targeted 143 public health facilities, comprising 5 hospitals, 1 medical center, 110 dispensaries, and 27 health centers, and ultimately sampled 103 facilities. Primary data were collected through questionnaires, while both primary and secondary data were analyzed using the Statistical Package for Social Sciences (SPSS). The analysis included descriptive statistics and inferential statistics, specifically regression analysis.

Sapkota et al. (2023) explore the fragmented evidence surrounding the impact of decentralization as a mechanism for health system reform. Despite numerous studies highlighting various effects, a comprehensive understanding is lacking. This review systematically examined the effects of decentralization on the six WHO health system building blocks by analyzing reviews published between January 1990 and February 2022 across five electronic databases. Nine reviews were included, revealing a mix of positive and negative impacts, with a predominance of negative outcomes overall. Notably, the evidence indicated that the components of leadership, governance, and financing significantly influence the overall health system's performance. The review underscores that while decentralization may be well-intentioned, it can lead to unintended consequences, complicating the assessment of its broader implications for health systems. Consequently, the authors emphasize the importance of considering potential issues before implementing decentralization efforts.

The findings indicated a positive relationship between devolution and improvements in healthcare infrastructure: an increase in medical equipment ($r=0.411$, $p=0.001$), enhanced physical infrastructure ($r=0.638$, $p=0.00$), and a rise in the number of ambulances ($r=0.525$, $p=0.00$). The study concluded by recommending that the Bomet County government collaborate with aid organizations to improve infrastructure, expand healthcare financing, ensure operational Intensive

Care Units in sub-county hospitals, and work with the national government to enhance ambulance services.

Chepkemoi (2022) studied the impact of devolution on healthcare infrastructure in Bomet County, focusing on access to health services, healthcare facilities, and the workforce. The research found significant improvements following devolution, particularly in the installation of medical equipment in hospitals across Kenya. This enhancement is crucial for providing quality care, enabling healthcare professionals to perform a wider range of diagnostic and treatment services effectively. The increased availability of modern medical technology has improved access to health services, leading to shorter waiting times for patients. Additionally, the study highlights that better-equipped facilities can attract and retain healthcare professionals, ultimately contributing to better health outcomes in the region. Overall, the findings demonstrate how devolution has positively transformed the healthcare landscape in Bomet County.

2.1.4 Funding and Expenditure on the performance of health care devolution

Musiega A., sofa B., *et al* (2022) investigated the connection between Kenya's county health systems' effectiveness and the method of executing the budget. We discovered that the efficiency of the health system might be impacted by every aspect of the budget execution process. The budget execution procedure outlined how Kenya's county health departments were to carry out their work plans and nearly all of their service delivery initiatives. Their goal was to investigate the connection between efficiency and budget execution procedures in two counties that were very efficient and two that were not. The PFM system had a variety of cross-cutting issues, making it difficult to identify whether counties were efficient or inefficient. One county stuck out, though.

As an efficient county, County A possessed more reliable budgets, streamlined cash distribution procedures, some degree of provider autonomy, and improved procurement systems.

Moses *W et al* (2023) overall, the examination showed that Kenya's healthcare systems fared rather well, although there was still need for improvement in a few specific regions. Efficient public health systems are essential for advancing universal health coverage and combating the COVID-19 pandemic. The implementation of a robust financial management system that can disburse money in a timely and comprehensive manner is necessary for the Kenyan healthcare system, as well as healthcare systems globally, to make progress towards accomplishing universal health coverage (UHC). Healthcare systems' capacity to safeguard people's health can be seriously harmed by neglecting or undervaluing the financial management system.

Nyawira *et al.* (2022) The research has discovered county-level human resource management methods in Kenya that have an impact on the efficiency, effectiveness, and functioning of the health system. The effects on the best inputs and outputs for the health system, the cost of healthcare, and the motivation of health workers mitigate these affects. The report highlights several policy levers that Kenyan county health systems might use to enhance the effectiveness of their health systems and human resource management. Despite being based on data from Kenya, these conclusions and findings could nevertheless be applicable in other LMIC settings with comparable circumstances. The best contractual, compensation, and incentive arrangements in Kenya and other comparable LMIC environments require more investigation.

Kairu *et al.* (2021) investigate the financing of health facilities in Kenya within the context of a devolved health system, emphasizing its impact on facility performance and overall health system goals. Through a cross-sectional study in five counties, the researchers utilized a mixed methods

approach, including document reviews and interviews with health department and facility managers. The study reveals inconsistencies in planning and budgeting processes, with budgets often perceived as "wish lists" lacking credibility. Public hospitals primarily rely on user fees, while health centers depend on donor funding, leading to financial autonomy discrepancies. Both facility types face unpredictable funding flows, and over 80% of expenditure is devoted to staff salaries, limiting resources for essential health commodities. To enhance financing, the authors recommend standardizing budgeting processes, reducing reliance on user fees and donor funds, reforming public finance management laws, and assessing health facilities' resource needs to guide appropriate allocations. Overall, the study highlights the urgent need for reforms to improve the sustainability and effectiveness of Kenya's health system.

Wei et al. (2023) investigate the impact of devolution on health and well-being in Greater Manchester, England, following a coordinated devolution initiative in 2016. This policy aimed to enhance population health by better addressing local needs. The study analyzes data from 13,938 adult respondents in the UK Household Longitudinal Survey from 2012 to 2020, utilizing difference-in-differences and lagged-dependent variable regressions to compare changes in experienced health and well-being between Greater Manchester and the rest of England. The results reveal no statistically significant improvements in health and well-being in the four years post-devolution. The findings suggest that merely devolving population health management, without accompanying budgetary authority and local accountability mechanisms, may be insufficient for achieving meaningful enhancements in health outcomes in the short term.

Barasa et al. (2021) emphasize the critical need for county health departments to enhance the effectiveness of county health systems. Their research highlights several strategic recommendations to address prevalent challenges. First, there is a pressing need to prioritize

resources for interventions aimed at reducing the high burden of chronic diseases, which are increasingly straining healthcare systems. Second, addressing structural quality gaps in healthcare delivery is vital to ensure that services meet the required standards. Additionally, implementing interventions to improve the quality of processes within health facilities is essential for enhancing overall patient care. The study also identifies the necessity of understanding and mitigating obstacles that hinder the absorption of health resources, as inefficient resource allocation can undermine system effectiveness. Finally, reorganizing public finance management systems is crucial to streamline funding and enhance the overall efficiency of health service delivery. Collectively, these strategies aim to create a more resilient and effective healthcare system at the county level, ultimately improving health outcomes for the population.

2.2 Theoretical Framework

2.2.1 Max Weber's Bureaucracy

In his groundbreaking work on economics and society in 1921, Max Weber promoted the concept of the ideal form of bureaucracy. Sager and Rosser (2009), propounded that the most logical way of organizing a state together with its institutions was bureaucracy. "The "dominant institutions of industrial society" are seen to be bureaucratic organizations. Weber argued that a bureaucracy includes management, communication and control problems in a diverse collection of tasks (Evans and Rauch, 1999). The theory defined the features of a bureaucracy as, inter alia, "a hierarchy and authority of paid, full-time employees forming a chain of command." Hierarchical systems and chains of command are key features of bureaucracy dispensation. Adherence to rules and regulations, impersonality, separation of labor, and office continuity are other functions. In addition, the functionaries of the bureaucracy are selected and assigned on a merit-based basis, ensuring they have the requisite credentials to perform their duties. The Bureaucratic theory of Weber has various consequences for this review. The hierarchy's availability helps the bureaucrats

to decide whom to report to and who reports to them. There is a good definition of contact networks in this situation, which in turn eliminates cases of conflicts of roles. In other words, because of the presence of a hierarchy and authority, health officers know their positions, the individual to report to and how to air their concerns. In addition, since health officers have the skills needed to provide care, they will provide patients with the right quality services. In describing the link between bureaucracy and service delivery that is based on in this report, this theory goes a long way.

2.2.2 Participatory Democratic Theory

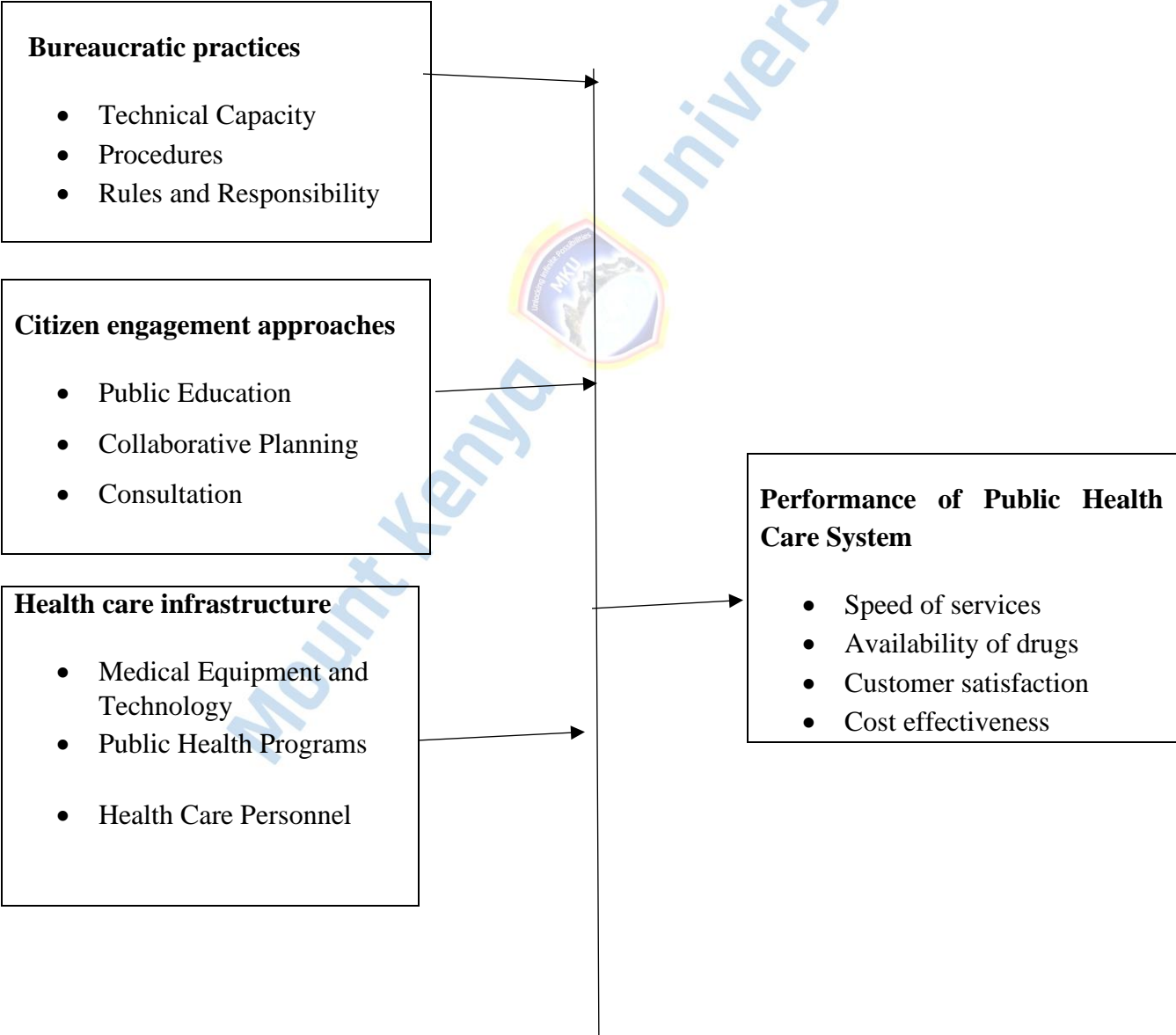
The theory's proponent was Carole Pateman. The principle states that the presence of citizens inside a country is a theoretical statement. Participatory Democracy evolved gradually but became most explicitly articulated in the **1970s**, it reveals the obsession of opinionated sociology with the functionalist theory reminiscent of steady political organization. The theory presents the boundaries of interaction within a social culture between the individual and the nation. It introduces the Participatory Democratic Theory's four basic doctrines. The theory points out, first of all, that the capacity, knowledge and individuality of individuals are associated with forms of administrative arrangements such as participation. In other languages, individuals recognize that they contribute by executing their role within the autonomous systems. Additionally, the participatory democratic case is an instance of sovereignty over certain reforms that will ensure individual collective and political existence autonomous in an equivalent manner as individuals in their personal lives or as individuals in the general public. Furthermore, if there is a need for creating a contributory society, a consequential participatory democratic theory exists. Finally, the variations needed are typically structural. They need to restructure autocratic socio-political systems that slow down participatory activities. In describing the impact of public engagement on the outcome of service delivery, the theory applies to the analysis. The theory states that when the

public is engaged in the provision of services, there is a nexus between public support and the delivery of services.

2.3 Conceptual Framework

This is a method of introduction where researchers understand the relationships between variables and the interrelationships in the research that are represented visually or diagrammatically (Orodho, 2008). According to Kothari (2009) a variable is defined as an idea capable of taking distinctive quantitative qualities. Mugenda (2008), then again, characterizes a variable as a quantifiable trademark that expects various qualities among units of a particular population.

The basic factors in this examination are ordered as the autonomous variable and ward variable. Mugenda (2008) clarifies that the free factors are called indicator factors since they foresee variety in another variable. The needy variable, additionally called the model variable is a variable that is affected by another variable. The reliant variable is the one that the researcher requires to clarify. Subsequently, this examination will try to explore the effect of Policy implementation on the performance of health care devolution in Homa Bay county, Kenya.



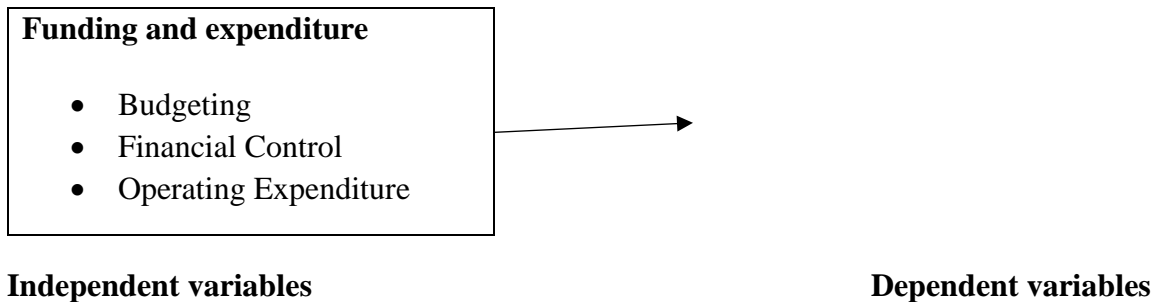


Figure 2. 1 Conceptual framework

Source: Researcher, 2024

2.4 Recap of the Literature Review

(Njoroge, G. & Moi, E. 2020) did a study on effect of devolution on healthcare administration in Murang'a County, Kenya and found that The county administration is primarily responsible for paying for healthcare services in the sub-county; donations and grants from the federal government provide supplementary funding. Healthcare institutions have been facing financial difficulties due to inconsistent, delayed, and insufficient funding. This has led to issues like inadequate equipment and the incapacity of the facilities to offer certain services, such dental and optical care. Corruption is another issue that the questioned administrators mention as a barrier to the target case study's healthcare service delivery. In addition to enhancing communication between administrators and other healthcare executives at the county level, devolution has given healthcare administrators more leeway to make decisions that are specific to their community. The focus of the research was mostly on financial resource administration. Nevertheless, the researcher did not investigate public engagement or bureaucratic methods in healthcare administration.

Salim A., (2021) studied devolution and service delivery in Kenyan public service, using the county government of Marsabit as a case study. The study's findings support the approval of

funding allocation and decision-making. The results showed that the majority of respondents thought that requests for funding allocation and decision approval received approvals quickly. The difficulties with funding allocation are also covered; the results indicate that insufficient funding is provided for development initiatives, which has an impact on project completion. The survey also finds that workers in the county think the Marsabit County administration is very responsible. Service delivery in Marsabit County is impacted by accountability and openness. The majority of employees, according to the researcher, have community blessings and belong to project management groups established in the community. Since the majority of inhabitants are involved in community organizations, it is easy for them to offer input on county development projects or to be consulted before any changes are made. According to the study's findings, the majority of workers participate in community-based project management groups. Because the employees are members of a community organization, it is easy for them to be involved in county development or to be consulted before anything is implemented. The research was more of administration of financial and human resources. However, the researcher did not study on bureaucracy practices in healthcare administration and citizen participation and healthcare infrastructure.

Moses *W et al* (2023) overall, the examination showed that Kenya's healthcare systems fared rather well, although there was still need for improvement in a few specific regions. Efficient public health systems are essential for advancing universal health coverage and combating the COVID-19 pandemic. The implementation of a robust financial management system that can disburse money in a timely and comprehensive manner is necessary for the Kenyan healthcare system, as well as healthcare systems globally, to make progress towards accomplishing universal health coverage (UHC). Healthcare systems' capacity to safeguard people's health can be seriously

harmed by neglecting or undervaluing the financial management system. However, the researcher did not study on bureaucracy practices in healthcare administration and citizen participation.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter outlines the methodologies and processes employed by the researcher for data collection and analysis. It also covers the research design, target population, sample size, sampling methods, data collection procedures, data analysis, and presentation strategies.

3.1 Research Design

A research design serves as a structured blueprint for systematically collecting and analyzing data in academic research. According to Dubey and Kothari (2022), it ensures an objective approach by outlining key steps such as defining research questions, formulating hypotheses, selecting methodologies, determining sampling techniques, establishing data collection procedures, specifying data analysis methods, and adhering to ethical standards. This study adopted descriptive survey design. The researcher used both qualitative and quantitative approaches to gather primary data.

3.2 Target Population

The study was conducted across Level 4 hospitals in Homa Bay County, covering the eight sub-counties: Rachuonyo South, Rachuonyo North, Rachuonyo East, Homa Bay, Ndhiwa, Suba North,

Suba South, and Rangwe. The study population included 146 nurses, 33 clinical officers, and 34 health record officers.

Table 3. 1: Target Population Healthcare Providers at Level 4 Sub- County Hospital in Homa Bay County

Level 4 Sub- County Hospital	Nurses	Clinical officers	Health record officers	Total
Asumbi mission hospital	15	2	2	
Kendu Adventist hospital	12	4	3	
Matata Nursing Centre	10	2	4	
Port Florence community hospital	12	3	5	
Hawi family hospital	18	2	8	
Masiwi memorial hospital	19	5	4	
Sori lakeside hospital	21	2	5	
St. Lawrence Hospital	25	6	2	
St. Lawrence Hospital	14	7	1	
Total	146	33	34	213

Source: Homa Bay County Health Records Databases, 2022

3.3 Sampling Procedures and Techniques

3.3.1 The Sampling Procedure

The healthcare providers working at Level 4 Sub- County Hospitals in Homabay County were divided into cadres or subgroups using proportional stratification. From each identified stratum (cadre), a simple random sampling method was used to select the “weighted” stratum-specific sample size. The formula for calculating sample sizes for subgroups, $\text{Sample Size for Subgroup} = (\text{Subgroup Count} / \text{Total Population}) \times \text{Total Sample Size}$, was applied to determine the appropriate sample sizes, taking into account the number of each cadre and the overall target population size. This approach ensured that the study was accurate and reliable by minimizing random errors and reflecting the diverse range of healthcare workers across different social classes. The sample size and stratified random sampling also guaranteed that the study was sufficiently representative to allow for generalization.

3.3.2 Sampling Technique

After proportional stratification used to determine the study population, a random sampling technique was employed to select healthcare providers for quantitative data collection. For the qualitative phase, which required a small sample size and in-depth analysis, a purposeful sampling method was utilized to choose 9 key informants for interviews. The key informants included the County Executive Secretary for Health, the Chief Officer of Health, and the County Director of Health. Additionally, interviews will be conducted with the Chief Executive Officer of Homa Bay County Referral Hospital and the Medical Superintendent in charge of Rangwe Sub-County Hospital, Kendu Bay Sub-County Hospital, Sindo Sub-County Hospital, Mbita Sub-County Hospital, and Ndhiwa Sub-County Hospital.

3.4 Sample Population

The sample size for this study was determined using the Yamane Taro (1967) formula (Adam, 2020), which is commonly applied for finite and known target populations (in this instance, 258).

The formula is as follows:

$$n = N/(1+N(e))$$

where;

n = The study's sample size

N = The total target population size

E = The level of precision required or the acceptable margin of error

1 = A constant.

The sample size was calculated by substituting the target population size (258) and an acceptable margin of error of 5% (0.05) into the formula:

$$n = 213 / (1 + 213 * (0.05^2))$$

$$n = 213 / (1 + 213 * 0.0025)$$

$$n = 213 / (1 + 0.5325)$$

$$n = 213 / (1.5325)$$

$$n = 140$$

Table 3. 1: Sample size calculation

	Sample Size for Subgroup = (Subgroup Count / Total Population) x Total Sample Size)			Total
Level 4 Sub-County Hospital	Nurses	Clinical officers	Health record officers	
Asumbi mission hospital	10	1	1	
Kendu Adventist hospital	8	3	2	
Matata Nursing Centre	7	1	3	
Port Florence community hospital	8	2	3	
Hawi family hospital	12	1	5	
Masiwi memorial hospital	12	3	3	
Sori lakeside hospital	14	1	3	
St. Lawrence Hospital Homabay town	10	4	1	
St. Lawrence Hospital Rangwe	16	5	1	
Total	97	21	22	140

Source; Research 2023

3.5 Construction of Research Instruments

This study used a range of instruments to collect both quantitative and qualitative data.

Quantitative data was systematically gathered through a structured questionnaire, while qualitative data was collected using a key informant interview guide

3.5.1 Structured Questionnaires

The structured questionnaires were used to collect quantitative data for the study, aimed at examining the impact of public policy implementation on the performance of the public healthcare system in Homabay County, Kenya. This method involved designing a set of uniform, closed-ended questions to capture detailed information on socio-demographic characteristics, bureaucratic practices, citizen engagement approaches, healthcare infrastructure, funding, expenditure, and healthcare performance. The standardized format ensured consistent and comparable data, facilitating statistical analysis to identify trends and correlations. This approach allows for efficient data collection from a large sample, providing a broad and quantifiable overview of the study's focus areas.

3.5.2 Key inform guide

The key informant interview guide was employed to gather qualitative data, offering in-depth insights into the public policy implementation and its effects on the healthcare system. This method involved conducting interviews with experts and individuals with significant experience in healthcare administration, public policy, and community health. The guide included open-ended questions designed to elicit detailed responses and nuanced perspectives on issues such as socio-demographic characteristics, bureaucratic practices, citizen engagement, healthcare infrastructure, funding, and healthcare performance. This qualitative approach complemented the quantitative data by providing rich, contextual information and expert insights that enhance the overall understanding of the study's subject matter.

3.6 Testing for Validity and Reliability

3.6.1 Validity

To evaluate the influence of public policy implementation on the performance of the public healthcare system in Homabay County, Kenya, the expert reviewed the questionnaire items. They

assessed whether the items are clearly articulated, presented in understandable language, logically organized, and appropriately formatted. The feedback from the expert was used by the researcher to revise and update the questionnaire items as necessary. The finalized questionnaire consisted of a five-point scale, ranging from 1 (strongly disagree) to 5 (strongly agree).

3.6.2 Reliability

The pre-testing of the study took place at Kisumu County Referral Hospital, a facility comparable to a Level 4 public health institution. During this phase, the instruments distributed to 14 selected healthcare workers at a level four hospital in Kisumu. The feedback and responses from these participants guided revisions and updates to the instruments. It was important to note that data from the pre-test was not included in the final analysis. Additionally, the reliability of the key informant questions was evaluated through repeated readings and reviews.

3.7 Data Collection Methods and Procedures

3.7.1 Semi-Structured Questionnaires

Semi-structured questionnaires used to collect data from healthcare workers, with trained research assistants administering them. The study targeted 140 healthcare providers working at Level 4 Sub-county Hospitals in Homabay County to gather quantitative data. The questionnaires were designed to capture detailed information on socio-demographic characteristics, bureaucratic practices, citizen engagement approaches, healthcare infrastructure, funding, expenditure, and healthcare performance. These semi-structured questionnaires assisted in obtaining the necessary quantitative data for the study.

3.7.2 Key Informant Guide Interview

The data collection procedure involved using a key informant interview guide with pre-specified and previewed questions to gather qualitative information from nine key informants. The key informants included the County Executive Secretary for Health, the Chief Officer of Health, and the County Director of Health. Additionally, interviews were conducted with the Chief Executive

Officer of Homa Bay County Referral Hospital, as well as the Medical Superintendents of Rangwe Sub-County Hospital, Kendu Bay Sub-County Hospital, Sindo Sub-County Hospital, Mbita Sub-County Hospital, and Ndhiwa Sub-County Hospital. These interviews will provide in-depth qualitative insights essential for understanding the dynamics and impacts of public health policies in the region.

3.8 Data Analysis and Presentation

The quantitative data was extracted from the returned questionnaires, organized into a grid format with rows and columns, and analyzed using IBM SPSS Statistics software, version 27. Descriptive statistics, such as percentages, means, and frequencies, was employed to describe the sample characteristics, with the results summarized and presented in tables and figures. The Pearson Correlation coefficient was used to evaluate the correlation between the variables. The researcher was also performing a multiple regression analysis to gauge the strength of the correlation between the variables.

The models of multiple regression.

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$$

Where,

Y= Dependent variable; Performance of health devolution.

β_0 = a constant that, in the absence of independent factors, represents the performance level.

β_1 , β_2 , β_3 and β_4 are the coefficients of the regression.

X_1 = Bureaucratic practices

X_2 = Citizen engagement

X_3 = Healthcare infrastructure

X_4 = funding and expenses

ϵ = Error term of the regression

Qualitative data was transcribed from the researcher's notes and organized into a tabular format with rows and columns. Thematic analysis was applied to the data, involving the labeling and coding of responses, and categorizing direct quotes into themes and subthemes. This approach enabled the identification of patterns and relationships within the data, and facilitate a deeper interpretation of the findings in conjunction with the quantitative data. Narrative techniques was used to present the results, incorporating the most representative direct quotations from key informants to enrich the overall interpretation and understanding of the study's outcomes.

3.9 Ethical Consideration

The scholar got a letter from Mount Kenya University encouraging him to continue his studies. Furthermore, the research would need clearance from NACOSTI. When conducting this study, the researcher adhered to human rights, scientific integrity, refrain from misrepresenting information, protect respondent confidentiality, and work with all parties she encounters. Informed consent was sought from participants prior to participation in the study. Participation was entirely voluntary, with participants being free to terminate their participation at any point in the study.

CHAPTER FOUR: RESEARCH FINDINGS AND DISCUSSION

4.0 Introduction

This chapter presents the results of both quantitative and qualitative data analyses, highlighting their interrelation and discussing the study's findings. The primary objective of the study is to examine the influence of public policy implementation on the performance of the public healthcare system in Homa Bay County, Kenya.

4.1 Response Rate

The results in Table 4.1 show the study's response rate. Out of 140 distributed questionnaires, 104 were returned, yielding a response rate of 74.29%, while 36 questionnaires, or 25.71%, were not returned. This high response rate reflects substantial participant engagement, enhancing the reliability and validity of the study's findings.

Table 4.1 Response Rate

Response	Frequency	Percentage
Returned	104	74.29%
Not returned	36	25.71%
Total	140	100%

4.2 Socio-Demographic information

The socio-demographic results in Table 4.2 reveals that the majority of participants are female (57.7%) and predominantly within the 20-39 age group (77.9%), indicating a youthful and primarily female workforce. Nurses represent the largest group (93.3%), suggesting they are the key healthcare providers in this setting. Additionally, most participants have 10-20 years of service

(62.5%), highlighting a workforce with moderate experience. This demographic results reveals the critical role of nurses in healthcare delivery, supported by a relatively young and experienced team.

Table 4. 2: Socio-Demographic information

Characteristic	Frequency	Percentage
Gender		
	Female	60
	Male	44
Total	104	100.0
Age		
	Below 20 years	13
	20-39years	81
	above 40 years	10
Total	104	100.0
Designation		
	Nurses	97
	Clinical officers	21
	Health record officers	22
Total	104	100.0
Length of service		
	Below 10 years	12
	10-20 years	65
	20-30 years	17
	above 30 years	10
Total	104	100.0

4.3 Quantitative Data Analysis

4.3.1 Effect of bureaucratic practices on the performance of healthcare devolution

The study aimed to assess the impact of bureaucratic practices on the performance of healthcare devolution in Homa Bay County, Kenya, with findings presented in Table 4.3 below. The findings reveals a significant majority of respondents, specifically 96.15% (Mean: 4.85, Standard Deviation: 0.90), strongly agreed that healthcare devolution in Homa Bay County demonstrates sufficient technical capacity. This finding suggests a high level of confidence among stakeholders

regarding the technical competencies available to effectively manage healthcare services. Additionally, 85.58% of respondents (Mean: 4.03, Standard Deviation: 0.45) agreed that the procedures followed in healthcare devolution are clear and efficient. While this reflects a generally positive perception, the standard deviation indicates some variability in opinions, suggesting opportunities for further enhancement of procedural clarity. Furthermore, an impressive 95.19% of participants (Mean: 4.95, Standard Deviation: 0.68) agreed that roles and responsibilities within the healthcare devolution framework are well-defined and adhered to.. Overall, these results highlight the critical role of bureaucratic practices in supporting effective healthcare devolution in Homa Bay County.

Table 4. 3: Bureaucratic Practices

Statement	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Mean	Standard Deviation
The healthcare devolution in Homa Bay County demonstrates sufficient technical capacity	1(0.96.%)	1(0.96.%)	0(0.00%)	9(8.65.%)	93 (9.6%)	4.85	0.90
The procedures followed in healthcare devolution in Homa Bay County are clear and efficient.	0(0.00%)	2(1.92.%)	3(1.88%)	89(85.58.%)	10(9.61%)	4.03	0.45
Roles and responsibilities in healthcare devolution are well-defined	0(0.00%)	0(0.00%)	0(0.00%)	5(4.81%)	99(95.19.%)	4.95	0.68

and adhered
to.

4.3.2 Effect of citizen engagement approaches on the performance of healthcare devolution

The study aimed to assess the effect of citizen engagement approaches on the performance of healthcare devolution, with the findings summarized in Table 4.2. Regarding public education efforts, only 69(66.35%) of respondents (Mean: 3.12, Standard Deviation: 0.88) strongly agreed that these efforts effectively inform citizens about healthcare services. This finding suggests a notable level of dissatisfaction or uncertainty among respondents, indicating a potential need for improved public education strategies to ensure that citizens are well-informed about available healthcare services.

In contrast, the statement regarding collaborative planning between stakeholders received a more favorable response, with 60(57.69%)of respondents (Mean: 4.05, Standard Deviation: 0.90) agreeing that such collaboration enhances healthcare service delivery. This indicates a strong consensus on the positive impact of stakeholder engagement in improving healthcare outcomes.

However, the integration of citizen consultation into healthcare devolution processes garnered mixed feedback, with a mean score of 3.54 and a higher standard deviation of 1.40. This variation suggests that while some respondents recognize the importance of citizen involvement, there may be significant differences in how effectively this consultation is perceived across different stakeholders. Overall, these results underscore the importance of enhancing public education and citizen consultation to optimize healthcare delivery in Homa Bay County.

Table 4. 4: Citizen engagement approaches

Statement	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Mean	Standard Deviation
Public education efforts in Homa Bay County effectively inform citizens about healthcare services.	6(5.77%)	7(6.71%)	12(11.54%)	69(66.35%)	10(9.62%)	3.12	0.88
Collaborative planning between stakeholders enhances healthcare service delivery	4(3.85%)	3(2.88%)	7(6.73%)	60(57.69%)	30(28.85%)	4.05	0.90
Consultation with citizens is effectively integrated into healthcare devolution processes.	7(6.73%)	10(9.62%)	2(1.92%)	20(19.23%)	17(16.35%)	3.54	1.40

4.3.3 Effect of health care infrastructure on the performance of health care devolution

The study aimed to evaluate the effect of healthcare infrastructure on the performance of healthcare devolution in Homa Bay County as illustrated in Table 4.5 below. The study reveals that Notably, a majority respondents of respondents 95.19% (Mean: 4.84, Standard Deviation: 0.49) strongly agreed that the availability and quality of medical equipment and technology have improved with devolution. This overwhelming consensus indicates a high level of satisfaction with the

advancements in medical resources, suggesting that devolution has positively influenced the healthcare infrastructure in the region.

In contrast, public healthcare programs received a more mixed response, with 50% of respondents (Mean: 4.29, Standard Deviation: 0.95) agreeing that these programs have become more effective under healthcare devolution. While there is a majority agreement, the presence of respondents who disagreed points to potential areas for further enhancement and effectiveness of these programs.

Lastly, the perception regarding the number and competence of healthcare personnel showed a significant divergence, with only 8.65% of participants (Mean: 2.33, Standard Deviation: 1.14) agreeing that there has been an increase due to healthcare devolution. Overall, these findings highlight the successes and challenges of healthcare devolution in enhancing medical resources and public healthcare effectiveness, while underscoring the need for focused efforts to improve personnel capacity.

Table: 4.5: Healthcare Infrastructure

Statement	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Mean	Standard Deviation
The availability and quality of medical equipment and technology have improved with devolution.	0(0.00%)	0(0.00%)	6(0.00%)	5(4.81%)	99(95.19%)	4.84	0.49

Public healthcare programs have become more effective under healthcare devolution.	4(3.85.00%)	2(1.93%)	6(5.77%)	40(38.46%)	52(50.00%)	4.29	0.95
The number and competence of healthcare personnel have increased due to healthcare devolution.	23(22.12%)	48(46.15%)	18(17.31%)	6(5.77%)	9(8.65%)	2.33	1.14

4.3.4 Effect of funding and expenditure on the performance of healthcare devolution

The results presented in Table 4.6 provide valuable insights into perceptions of financial management within healthcare devolution in Homa Bay County. The results revealed that when asked if the budgeting process for healthcare services has improved, 33.65% of respondents agreed (Mean: 3.35, Standard Deviation: 1.15). This indicates that while some people see improvements, many are unsure about how effective the budgeting process is.

On the other hand, when respondents were asked if financial controls in healthcare spending are working well under devolution, a large 71.15% strongly disagreed (Mean: 1.80, Standard Deviation: 1.38). This shows a serious concern that financial management is not effective, with many believing there are not enough controls to manage healthcare spending properly

Additionally, when asked about the management of operating costs, 92.31% disagreed that these costs are being managed efficiently in the devolved healthcare system (Mean: 2.27, Standard Deviation: 0.92). This further highlights the belief that there are significant inefficiencies in how finances are managed.

Table 4.6: Funding and Expenditure

Statement	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Mean	Standard Deviation
The budgeting process for healthcare services has improved with devolution.	7(6.73%)	19(18.27%)	26(25.00%)	35(33.65%)	17(16.35%)	3.35	1.15
Financial controls in healthcare spending are effectively implemented under devolution.	74(71.15%)	6(5.77%)	4(3.85%)	11(10.57%)	9(8.65%)	1.80	1.38
Operating expenditures are efficiently managed under the healthcare devolution system.	4(3.85%)	96(92.31%)	1(0.96%)	2(1.92%)	10(9.6%)	2.27	0.92

4.3.5 Healthcare Performance at Homabay county

The study aimed to assess perceptions of healthcare improvements following devolution in Homa Bay County, Kenya, with results displayed in Table 4.7. The findings reveal that, the speed of

healthcare services has improved since devolution, 39.42% of respondents agreed, and 28.85% strongly agreed, leading to a mean score of 3.91 (Standard Deviation: 0.90). This indicates that many people believe the speed of services has improved, but there is also a notable percentage (27.88%) who are neutral about this, suggesting some uncertainty.

Furthermore, regarding the availability of essential drugs, a large majority of respondents (68.27%) agreed, and 21.15% strongly agreed that access to these drugs has increased since devolution. The mean score for this statement is 4.10 (Standard Deviation: 0.57), showing a strong consensus that devolution has positively affected drug availability, which is crucial for effective healthcare.

In contrast, when respondents were asked if healthcare services have become more cost-effective, an overwhelming 92.31% disagreed, resulting in a mean score of 1.92 (Standard Deviation: 0.27). This strong disagreement indicates that many people feel healthcare has not become more affordable since devolution, highlighting concerns about the cost management of healthcare services.

4.7 Healthcare Performance

Statement	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Mean	Standard Deviation
The speed of healthcare services has improved since the devolution of healthcare.	2(1.92%)	2(1.92%)	29(27.88%)	41(39.42%)	30(28.85%)	3.91	0.90
The availability of essential drugs has	0(0.00%)	1(0.96%)	10(9.62%)	71(68.27%)	22(21.15%)	4.10	0.57

increased with healthcare devolution. Healthcare services have become more cost-effective with devolution.	8(7.69%)	96(92.31%)	0(0.00%)	0(0.00%)	0(0.00%)	1.92	0.27
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4.4 Quantitative Data Analysis

In analyzing the interview questionnaires for this study, data were systematically extracted from the researcher’s notebook and organized into a tabular format to enhance clarity. This structured approach facilitated a thorough thematic analysis, where responses were coded to identify key themes and subthemes aligned with the study objectives. Direct quotes from respondents were then categorized within these themes, revealing patterns and relationships that provided insights beyond the quantitative data. This thematic organization allowed for a complementary narrative analysis, authentically capturing participants' perspectives and enhancing the depth of the findings. By integrating qualitative themes with quantitative results, the analysis provided a comprehensive, multidimensional understanding of the research topic.

Table 4. 8: The Key Informants Characteristics

Key Informant Role	Number of Key informants
County Executive Secretary for Health	1
Chief Officer of Health	1
County Director of Health	1
Chief Executive Officer of Homa Bay County Referral Hospital	1
Medical Superintendent of Rangwe Sub-County Hospital	1

Medical Superintendent of Kendu Bay Sub-County Hospital	1
Medical Superintendent of Sindo Sub-County Hospital	1
Medical Superintendent of Mbita Sub-County Hospital	1
Total	10

The key informants listed in Table 4.8 above were interviewed for data collection. The data was extracted from the researcher’s notebook and systematically organized into a tabular format, with rows and columns for clarity. This structured approach allowed for a thorough thematic analysis, where responses were coded to identify key themes and subthemes. Direct quotes from respondents were categorized within these themes, revealing patterns and relationships that aligned with the study objectives. This thematic organization complemented the quantitative findings, with a narrative approach employed to authentically capture respondents' perspectives. Representative quotes were selected to add depth to the analysis, as shown in Table 4.9, which presents themes, subthemes, and direct quotes. These quotes provide a comprehensive understanding of the study results by giving voice to participants’ insights and enriching the interpretation of the data.

Table 4. 9 Themes and subthemes and direct quotes

Theme	Sub-Theme	Direct Quotes
Effect of Bureaucratic Practices	Technical Capacity	“I believe the healthcare devolution in Homa Bay County has demonstrated sufficient technical capacity, particularly in the training programs established for staff. For example, the recent workshops on patient management have improved overall service delivery.” – County Executive Secretary for Health
	Procedural Clarity	“From my perspective, the procedures are convoluted. Patients often get lost in the system, leading to delays in receiving care.” – Chief Officer of Health
	Role Definitions	“Roles and responsibilities are well-defined, and most staff adhere to them effectively, which has improved coordination in our healthcare teams.” – County Director of Health
Effect of Citizen Engagement	Public Education Initiatives	“Public education efforts have been quite effective; I’ve seen many community members educated about available health services,

		especially during health fairs.” – Chief Executive Officer of Homa Bay County Referral Hospital
Effect of Healthcare Infrastructure	Collaborative Planning	“Collaboration has been minimal at best. I’ve witnessed projects that lack stakeholder input, leading to ineffective programs that do not meet community needs.” – Medical Superintendent of Kendu Bay
	Citizen Consultation	“Citizen consultation feels superficial. I’ve attended meetings where our feedback was gathered but never acted upon, leading to frustration.” – Medical Superintendent of Ndhiwa
	Medical Equipment Quality Consistency Across Facilities	“The quality of medical equipment has improved significantly since devolution; the new diagnostic machines have made a big difference in patient care.” – Chief Executive Officer of Homa Bay County Referral Hospital
	Human Resource Capacity	“Sadly, the quality of medical equipment remains inconsistent. Some facilities still rely on outdated machines that can’t perform basic functions.” – County Director of Health
Effect of Funding and Expenditure	Human Resource Capacity	“There has been a noticeable increase in the number and competence of healthcare personnel. Many new hires bring fresh ideas and skills to the team.” – Medical Superintendent of Sindo
	Budgeting Transparency	“The budgeting process has evolved positively, with more transparency and community involvement in how funds are allocated.” – County Executive Secretary for Health
	Financial Controls	“There’s still a lot of work to do regarding financial controls; I’ve seen instances of overspending without proper justification.” – Chief Officer of Health
Healthcare Performance on Devolution	Operating Expenses	“Operating expenditure management is still an area that needs improvement. Too often, we run out of essential supplies due to poor planning.” – Medical Superintendent of Mbita
	Service Speed	“The speed of healthcare services has improved remarkably; patients are now seen much quicker than before, which reduces wait times significantly.” – County Director of Health
	Service Speed (Challenges)	“Unfortunately, the speed of services has not improved. Long wait times are still common, and patients often leave without receiving care.” – Medical Superintendent of Ndhiwa
	Customer Satisfaction	“Customer satisfaction has greatly increased under the devolution system; patients feel their needs are being prioritized.” – Chief Executive Officer of Homa Bay County Referral Hospital
	Customer Satisfaction (Challenges)	“Customer satisfaction is low; many patients express frustration over the quality of care they receive.” – Medical Superintendent
	Cost-Effectiveness	“In my opinion, services have not become more cost-effective; hidden fees and charges still burden patients financially.” – Chief Officer of Health

4.4.1: Effect of bureaucratic practices on the performance of healthcare devolution

Table 4.9 presents the themes, subthemes, and direct quotes regarding the impact of bureaucratic practices on healthcare devolution in Homa Bay County. The findings show a mixed view, with key themes including the Effect of Bureaucratic Practices, and subthemes such as Technical Capacity, Procedural Clarity, and Role Definitions. These insights offer a deeper understanding of the diverse perspectives on how bureaucratic practices influence the effectiveness of healthcare devolution in the region. . The County Executive Secretary for Health, with expertise in healthcare administration and policy, emphasized the positive aspects of technical capacity within the devolution framework. He noted, *“I believe the healthcare devolution in Homa Bay County has demonstrated sufficient technical capacity, particularly in the training programs established for staff. For example, the recent workshops on patient management have improved overall service delivery.”* This statement underscores the effectiveness of targeted training initiatives in enhancing healthcare service quality, indicating that when staff are well-trained, it can lead to improved performance in service delivery.

However, contrasting views emerged from the Chief Officer of Health, who raised concerns about procedural clarity within the system. He remarked, *“From my perspective, the procedures are convoluted. Patients often get lost in the system, leading to delays in receiving care.”* This highlights a significant barrier to effective service delivery, as convoluted procedures can hinder access to healthcare services. The difficulty patients experience navigating the system suggests that, despite improvements in some areas, there are still substantial inefficiencies that need addressing to enhance overall performance.

Additionally, the County Director of Health reinforced the importance of clear role definitions within the healthcare system, stating, “*Roles and responsibilities are well-defined, and most staff adhere to them effectively, which has improved coordination in our healthcare teams.*” This observation indicates that a structured understanding of roles contributes positively to teamwork and coordination among healthcare providers, ultimately leading to better patient outcomes.

4.4.2: Effect of citizen engagement approaches on the performance of healthcare devolution

Table 4.9 highlights the theme of citizen engagement, with subthemes such as Public Education Initiatives, Collaborative Planning, and Citizen Consultation. These subthemes reflect the importance of involving citizens in healthcare decision-making and ensuring they are informed about healthcare services. The results revealed that The Chief Executive Officer of Homa Bay County Referral Hospital emphasized the positive effects of public education initiatives, remarking, “*Public education efforts have been quite effective; I’ve seen many community members educated about available health services, especially during health fairs.*” This observation highlights how informed communities are better positioned to utilize healthcare services, reinforcing the value of robust public education efforts in empowering citizens to make informed health decisions and enhancing service uptake.

In contrast, feedback from other officials reveals significant challenges in the collaborative planning process. The Medical Superintendent of Kendu Bay expressed concerns, noting, “*Collaboration has been minimal at best. I’ve witnessed projects that lack stakeholder input, leading to ineffective programs that do not meet community needs.*” This lack of engagement in program development can result in healthcare initiatives that fail to align with actual community needs, diminishing their effectiveness.

Further, the Medical Superintendent of Ndhiwa criticized the superficial nature of citizen consultation: *“Citizen consultation feels superficial. I’ve attended meetings where our feedback was gathered but never acted upon, leading to frustration.”* This indicates a gap between consultation and implementation, where feedback mechanisms exist but often lack follow-through. Such disconnects can breed frustration, undermining trust and diminishing community participation in healthcare initiatives. Together, these insights reflect the complex dynamics of citizen engagement, where effective strategies can drive service improvement, while inadequate collaboration and superficial consultation hinder progress.

4.4.3: Effect of health care infrastructure on the performance of health care devolution

As shown in table 4.9 revealed another significant theme, Effect of Healthcare Infrastructure, focuses on the quality and consistency of healthcare facilities. The subthemes of Medical Equipment Quality, Consistency Across Facilities, and Human Resource Capacity explore the challenges and improvements needed in healthcare infrastructure.. The Chief Executive Officer of Homa Bay County Referral Hospital conveyed a positive outlook, emphasizing the substantial upgrade in medical equipment: *“The quality of medical equipment has improved significantly since devolution; the new diagnostic machines have made a big difference in patient care.”* This statement underscores the transformative impact of new diagnostic tools on service delivery, allowing for more accurate and timely diagnoses that ultimately enhance patient outcomes.

On the other hand, the County Director of Health highlighted persistent challenges, cautioning that the improvements are not consistent across all facilities. He noted, *“Sadly, the quality of medical equipment remains inconsistent. Some facilities still rely on outdated machines that can’t perform basic functions.”* This disparity suggests that while some healthcare facilities have benefited from devolution with upgraded technology, others continue to struggle with inadequate resources, which

limits their capacity to provide comprehensive care. Such inconsistencies in equipment quality can create inequities in healthcare access and outcomes across different areas.

Further contributing to the conversation, the Medical Superintendent of Sindo acknowledged progress in human resource capacity, observing a rise in both the quantity and quality of healthcare personnel: *“There has been a noticeable increase in the number and competence of healthcare personnel. Many new hires bring fresh ideas and skills to the team.”* This improvement in staffing is crucial for expanding healthcare services and introducing innovative approaches to patient care. Increased competence among personnel not only enhances service delivery but also supports the overall goals of healthcare devolution by empowering local facilities with skilled professionals who can meet diverse patient needs.

4.4.4: Effect of funding and expenditure on the performance of healthcare devolution

The theme of Effect of Funding and Expenditure is explored in Table 4.9, with subthemes such as Budgeting Transparency, Financial Controls, and Operating Expenses. These factors play a crucial role in managing public resources effectively. On where Transparency in budgeting facilitates better accountability, while robust financial controls ensure the efficient use of healthcare funds. Additionally, managing operating expenses is essential for maintaining the financial stability of the healthcare system. The County Executive Secretary for Health highlighted a positive shift in the budgeting process, noting, *“The budgeting process has evolved positively, with more transparency and community involvement in how funds are allocated.”* This evolution reflects an increased commitment to accountability and inclusiveness, ensuring that funding priorities better align with community health needs and that resource allocation is guided by a clearer understanding of local priorities.

However, the Chief Officer of Health pointed to ongoing issues with financial controls, emphasizing that lapses in accountability remain a concern: *“There’s still a lot of work to do regarding financial controls; I’ve seen instances of overspending without proper justification.”*

This indicates that while budgeting transparency has improved, enforcement of spending guidelines and financial oversight are areas requiring further refinement. Ineffective financial controls not only risk misallocation of resources but can also undermine the overall objectives of healthcare devolution by diverting funds from critical services.

Additionally, the Medical Superintendent of Mbita drew attention to the challenges in managing operating expenses, particularly around supply chain planning: *“Operating expenditure management is still an area that needs improvement. Too often, we run out of essential supplies due to poor planning.”* This issue points to weaknesses in operational forecasting and inventory management, where the lack of adequate planning results in shortages of necessary supplies, disrupting service delivery and impacting patient care.

Together, these insights highlight a complex funding landscape in Homa Bay County’s healthcare sector. While there has been progress in transparency and community-driven budgeting, persistent challenges in financial controls and operational expenditure management underscore the need for strengthened oversight mechanisms and improved planning processes to ensure sustainable and efficient healthcare financing.

4.4.5: Healthcare Performance on devolution

The final theme, Healthcare Performance on Devolution, is detailed in Table 4.9 and focuses on the outcomes of devolution on healthcare service delivery. Subthemes such as Service Speed, Service Speed (Challenges), Customer Satisfaction, Customer Satisfaction (Challenges), and Cost-Effectiveness provide valuable insights into the effectiveness of healthcare devolution. These

subthemes highlight both the positive impacts and challenges associated with healthcare services post-devolution, emphasizing areas for potential improvement.

The County Director of Health noted a positive development in the speed of healthcare services, observing, *“The speed of healthcare services has improved remarkably; patients are now seen much quicker than before, which reduces wait times significantly.”* This improvement suggests that streamlined processes or increased resources have enhanced efficiency, benefiting patients by minimizing delays and enabling quicker access to care. However, contrasting this perspective, the Medical Superintendent of Ndhiwa pointed out that service speed remains problematic in some facilities: *“Unfortunately, the speed of services has not improved. Long wait times are still common, and patients often leave without receiving care.”* This disparity highlights the uneven distribution of improvements within the healthcare system, where gains in some facilities have not yet extended to others, underscoring the need for a more equitable distribution of resources and service optimization across the county

Similarly, feedback on customer satisfaction was mixed. The Chief Executive Officer of Homa Bay County Referral Hospital reported enhanced satisfaction levels, stating, *“Customer satisfaction has greatly increased under the devolution system; patients feel their needs are being prioritized.”* This suggests that, in some facilities, devolution has fostered a more patient-centered approach, improving service quality and responsiveness to patient needs. Yet, a contrasting view from another Medical Superintendent revealed lingering dissatisfaction: *“Customer satisfaction is low; many patients express frustration over the quality of care they receive.”* This discrepancy indicates that while some patients experience improved care, others continue to feel neglected or

underserved, reflecting inconsistencies in service quality that may affect overall patient trust and engagement.

Cost-effectiveness also emerged as an area of concern, with the Chief Officer of Health expressing disappointment over financial accessibility: *“In my opinion, services have not become more cost-effective; hidden fees and charges still burden patients financially.”* This observation points to financial barriers that continue to hinder access to care, suggesting that while devolution may have improved other aspects of healthcare, cost-related issues remain a significant hurdle for many patients, limiting the affordability and accessibility of essential services.

4.5 Inferential Statistics Analysis

This section centers on the statistical inference of the study, highlighting the utilization of Pearson Correlation and multiple regression analysis as inferential statistical techniques.

4.5.1 Correlation Analysis

The Pearson Correlation coefficient will be utilized to ascertain the relationship between variables, while the multiple regression model will be employed to assess the impact of independent factors on the dependent variable independent factors on the dependent variable

4.5.2 Analysis of Variance (ANOVA)

Table 4. 10: Analysis of Variance (ANOVA)

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	21.91	4	0.503	2.06	0.035
Residual	4.977	16	0.286		
Total	5.838	20			

The ANOVA results in Table 4.10 show that the regression model, which includes Healthcare Devolution, Bureaucratic Practices, Citizen Engagement, Health Infrastructure, and Funding and Expenditure, significantly predicts Healthcare Devolution as the dependent variable. With a p-value of 0.0350, below the 0.05 threshold, the model is statistically significant. The F-value of 2.060 further supports the conclusion that the independent variables collectively explain a meaningful portion of the variation in Healthcare Devolution, highlighting their significant influence on the dependent variable.

Table 4.11: Correlation Matrix

Variable		Healthcare devolution	Bureaucratic practices	Citizen engagement	Health Infrastructure	Funding and expenditure
Healthcare Devolution	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	104				
Bureaucratic Practices	Pearson Correlation	0.276**	1			
	Sig. (2-tailed)	0.035				
	N	104	104			
Citizen engagement	Pearson Correlation	0.604**	0.078	1		
	Sig. (2-tailed)	0.020	0.272			
	N	104	104	104		
Health Infrastructure	Pearson Correlation	0.504**	0.058	0.252	1	
	Sig. (2-tailed)	0.030	.212	0.229		
	N	104	104	104	104	
Funding And Expenditure	Pearson Correlation	0.412**	.0157*	0.412**	.412**	1
	Sig. (2-tailed)	0.044	0.012	.0076	0.265	
	N	104	104	104	104	104

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

***.** Correlation is significant at the 0.05 level (2-tailed).

The analysis of the results **Correlation** Matrix on table 4.11 above reveals important insights into the relationships between various independent variables Bureaucratic Practices, Citizen Engagement, Health Infrastructure, and Funding and Expenditure and the dependent variable, Healthcare Devolution, in Homa Bay County.

The relationship between Bureaucratic Practices and Healthcare Devolution is moderately positive ($r = 0.276$, $p = 0.035$). This indicates that as bureaucratic practices increase, healthcare devolution tends to increase as well. The statistically significant p-value ($p = 0.035$) suggests that this is a meaningful relationship, where greater bureaucratic structures within the healthcare system are linked to stronger healthcare devolution.

There is a strong positive correlation between Citizen Engagement and Healthcare Devolution ($r = 0.604$, $p = 0.020$). This suggests that higher levels of citizen engagement are strongly associated with greater healthcare devolution. As citizens become more involved in healthcare governance, the degree of healthcare devolution increases, with the statistically significant p-value indicating that this relationship is noteworthy.

The correlation between Health Infrastructure and Healthcare Devolution is moderate and positive ($r = 0.504$, $p = 0.030$). This implies that as healthcare devolution advances, improvements in health infrastructure are likely to occur as well. The statistically significant p-value ($p = 0.030$) indicates a meaningful association between the development of health infrastructure and the decentralization of healthcare.

There is a moderate positive correlation between Funding and Expenditure and Healthcare Devolution ($r = 0.412$, $p = 0.044$). This suggests that as funding and expenditure in the healthcare sector increase, healthcare devolution also tends to increase. The p-value of 0.044 shows that this relationship is statistically significant, highlighting that financial resources play an important role in supporting the decentralization of healthcare systems.

In conclusion, all the variables Bureaucratic Practices ($r = 0.276$, $p = 0.035$), Citizen Engagement ($r = 0.604$, $p = 0.020$), Health Infrastructure ($r = 0.504$, $p = 0.030$), and Funding and Expenditure ($r = 0.412$, $p = 0.044$)—demonstrate significant positive correlations with Healthcare Devolution, emphasizing that these factors contribute significantly to the process of decentralizing healthcare systems

4.5.3 Multiple regression model

The influence of the independent factors Bureaucratic Practices, Citizen engagement Infrastructure on the performance and Funding and Expenditure on the dependent variable, Performance of Health devolution, was determined using a multiple regression model.

Table 4.2 *Coefficients*

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.50	0.551		2.476	0.006
Bureaucratic Practices	0.042	0.122	0.049	4.2	0.035
Citizen engagement	0.015	0.228	0.021	1.88	0.022

Infrastructure	0.035	0.195	0.012	3.68	0.028
on the performance					
Funding And Expenditure	0.029	0.159	0.521	3.22	0.012

a. Dependent Variable: Healthcare Devolution

The multiple regression analysis results as shown in table 4.11 conducted to examine the influence of independent factors—Bureaucratic Practices, Citizen Engagement, Infrastructure, and Funding and Expenditure—on the dependent variable, Healthcare Devolution, yielded significant findings. The analysis revealed a positive association between Bureaucratic Practices and Healthcare Devolution, with an unstandardized coefficient of (Coeff/Beta = 0.042, P-value = 0.035). This suggests that as bureaucratic efficiency increases, Healthcare Devolution also improves, indicating that reducing administrative barriers enhances healthcare delivery.

Citizen Engagement also showed a positive correlation with Healthcare Devolution, with an unstandardized coefficient of (Coeff/Beta = 0.015, P-value = 0.022). This relationship is statistically significant, indicating that increased citizen involvement in healthcare decision-making positively impacts the devolution process, highlighting the importance of community participation in healthcare reforms.

Infrastructure demonstrated a significant positive association with Healthcare Devolution, with an unstandardized coefficient of (Coeff/Beta = 0.035, P-value = 0.028). This result suggests that improvements in healthcare infrastructure are crucial for successful healthcare devolution, supporting the idea that better infrastructure leads to more effective healthcare delivery at decentralized levels.

Finally, Funding and Expenditure had a significant impact on Healthcare Devolution, with an unstandardized coefficient of (Coeff/Beta = 0.029, P-value = 0.012). This indicates that as funding and expenditure increase, Healthcare Devolution improves. The relationship highlights the critical role of financial investment in supporting the implementation of healthcare devolution, ensuring that necessary resources are available for effective service delivery. This equation below illustrates the relationship between the independent variables and the Performance of Healthcare Services

$$Y=1.5+0.42X_1+0.15X_2+0.35X_3+0.29X_4$$

The equation indicates that a one-unit increase in Bureaucratic Practices (X_1) results in a 0.42 increase in healthcare service performance. Similarly, an increase in Citizen Engagement (X_2) is associated with a 0.15 increase in performance, while enhancing Infrastructure (X_3) contributes to a 0.35 increase in performance. Furthermore, a unit increase in Funding and Expenditure (X_4) leads to a 0.29 increase in the Performance of Healthcare Services.

Overall, these findings underscore the significant impact of these factors on healthcare service delivery, emphasizing the importance of effective management practices, community involvement, adequate infrastructure, and financial support in optimizing healthcare outcomes.

4.6 Discussion of Findings

The findings presented reveal Bureaucratic Practices demonstrated a statistically significant positive correlation with Healthcare Devolution ($r = 0.276$, $p = 0.005$),. A notable result is the moderate positive correlation between healthcare devolution and citizen engagement ($r = .504$, $p = .000$), indicating that as healthcare devolution efforts advance, there is a corresponding increase in community involvement. This finding supports the notion that devolved systems can foster

participatory decision-making, which is essential for tailoring healthcare services to local populations (George & Bula, 2021).

In contrast, the correlations between healthcare devolution and bureaucratic practices ($r = .211$, $p = .004$) and funding and expenditure ($r = .221$, $p = .008$) suggest a structured administrative environment emerging from devolution, which may enhance resource management. This structured approach can lead to improved financial management, aligning with the observation that organized practices are critical in decentralized healthcare systems (Kimani & Moi, 2022).

Moreover, the significant correlation between citizen engagement and funding and expenditure ($r = .412$, $p = .000$) implies that increased community involvement is likely associated with better financial oversight and allocation. Heightened transparency and accountability in financial management stem from active citizen engagement, reinforcing the interconnectedness of these variables (Manaye, 2022).

The findings also emphasize the vital role of funding in enhancing health infrastructure, as evidenced by the correlation ($r = 0.420$, $p = 0.000$). Adequate financial resources are crucial for maintaining and improving healthcare facilities, thereby ensuring quality service delivery (Njoroge & Moi, 2020). Additionally, the relationship between bureaucratic practices and funding and expenditure ($r = .157$, $p = .012$) indicates that while structured administrative processes modestly influence financial management, they remain an essential aspect of effective resource allocation (Moses et al., 2023).

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

In accordance with the study's goals, this chapter aims to thoroughly analyze the summary data. Following this, it draws conclusions and offers recommendations based on the results and a synthesis of the findings. Finally, it explores potential avenues for future research endeavors.

5.1 Summary of the results Findings

Effect of bureaucratic practices on the performance of healthcare devolution in Homa Bay County, Kenya.

The study aimed to assess the effect of bureaucratic practices on the performance of healthcare devolution in Homa Bay County, Kenya. The findings reveal a statistically significant positive correlation between healthcare devolution and bureaucratic practices ($r = 0.276$, $p = 0.005$), particularly concerning technical capacity, established procedures, and clearly defined roles and responsibilities. This alignment suggests a more organized approach to managing resources and healthcare operations within a devolved system. While the majority of respondents acknowledged that the procedures in place are generally clear and efficient, some variability in perceptions points to opportunities for enhancing procedural clarity. Furthermore, most participants affirmed that roles and responsibilities are well-defined, which is crucial for improving coordination among healthcare providers. Qualitative insights from health officials further support the effectiveness of training initiatives aimed at enhancing service delivery. However, concerns regarding the complexity of procedures emerged, highlighting potential barriers to patient access and timely care. Overall, these findings underscore the critical role of bureaucratic practices in facilitating healthcare devolution and suggest that simplifying procedural complexities could significantly enhance service delivery and patient outcomes.

Effect of citizen engagement approaches on the performance of healthcare devolution in Homa Bay County, Kenya.

The study aimed to determine the effect of citizen engagement approaches on the performance of healthcare devolution in Homa Bay County, Kenya. The findings reveal a statistically significant moderate positive correlation between healthcare devolution and citizen engagement ($r = 0.021$, $p = 0.022$), emphasizing the roles of consultation, public education, and collaborative planning. While public education initiatives received mixed responses, indicating a need for improvement, collaborative planning was viewed favorably, with a strong consensus on its positive impact on

service delivery. However, the integration of citizen consultation into healthcare processes revealed variability in perceptions, suggesting that stakeholder involvement might not be uniformly effective. Qualitative feedback from healthcare officials underscored the importance of robust public education efforts in empowering communities to utilize healthcare services effectively. At the same time, concerns about superficial consultation and minimal collaboration pointed to barriers in aligning healthcare initiatives with community needs. Overall, these findings highlight the necessity of enhancing public education and genuine citizen engagement strategies to optimize healthcare delivery in Homa Bay County

Effect of health care infrastructure on the performance of health care devolution in Homa Bay County, Kenya.

The study aimed to evaluate the effect of healthcare infrastructure on the performance of healthcare devolution in Homa Bay County, Kenya. The findings reveal a statistically significant positive correlation between healthcare infrastructure and healthcare devolution ($r = 0.035$, $p = 0.028$), emphasizing the importance of medical equipment and technology, public health programs, and healthcare personnel. A significant majority of respondents strongly agreed that the availability and quality of medical equipment have improved, indicating high satisfaction with advancements in medical resources. However, responses regarding public health programs were more mixed, suggesting there is room for improvement in their effectiveness under healthcare devolution. Notably, perceptions about the number and competence of healthcare personnel raised concerns, as a low percentage of participants agreed that there has been an increase in workforce capacity due to healthcare devolution. Qualitative insights from healthcare officials echoed these findings, with the Chief Executive Officer praising significant upgrades in medical equipment, while the County Director highlighted inconsistencies in resource availability across facilities. The Medical

Superintendent acknowledged improvements in staffing but noted that challenges remain in developing a competent workforce. Overall, these findings underscore both the successes and challenges of healthcare devolution in enhancing medical resources and public health effectiveness while emphasizing the need for targeted efforts to improve personnel capacity in Homa Bay County.

Effect of funding and expenditure on the performance of healthcare devolution in Homa Bay County, Kenya.

The study aimed to assess the effect of funding and expenditure on the performance of healthcare devolution in Homa Bay County, Kenya. The findings reveal a positive correlation between funding and expenditure and healthcare devolution ($r = 0.521$, $p = 0.012$), indicating that adequate financial resources are crucial for implementing effective healthcare strategies. Despite this correlation, perceptions regarding financial management practices are concerning. Only a small percentage of respondents felt that the budgeting process had improved under devolution, suggesting a lack of confidence in its transparency and effectiveness. A significant majority expressed dissatisfaction with financial controls, raising serious concerns about accountability in healthcare spending. Qualitative insights from health officials highlighted the positive shift in budgeting transparency and community involvement, reflecting a commitment to align funding priorities with local health needs. However, ongoing issues with financial controls were noted, with officials mentioning instances of overspending without justification. Additionally, challenges in managing operating expenditures were evident, with many respondents indicating shortages of essential supplies due to poor planning. While some progress has been made in promoting transparency and community involvement in budgeting, these findings underscore the urgent need

for enhanced financial oversight and improved operational planning to optimize healthcare delivery in Homa Bay County.

5.2 Conclusion

Effect of bureaucratic practices on the performance of healthcare devolution in Homa Bay County, Kenya.

The study highlights the significant impact of bureaucratic practices on the performance of healthcare devolution in Homa Bay County, Kenya. The positive correlation between healthcare devolution and key bureaucratic elements, such as technical capacity, established procedures, and well-defined roles, underscores the importance of organized administrative frameworks in enhancing healthcare service delivery. While there is general confidence in the clarity and efficiency of procedures, the identified complexities present barriers to patient access and timely care, suggesting that further improvements are necessary. Overall, the findings emphasize the need for continuous evaluation and refinement of bureaucratic practices to optimize healthcare outcomes in devolved systems.

Effect of citizen engagement approaches on the performance of healthcare devolution in Homa Bay County, Kenya.

The study concludes that citizen engagement approaches significantly impact the performance of healthcare devolution in Homa Bay County, Kenya. While there is a positive correlation between healthcare devolution and citizen engagement, challenges such as insufficient public education

efforts and limited stakeholder collaboration hinder effective implementation. The variability in perceptions regarding citizen consultation indicates that while some stakeholders value participation, others feel their input is often overlooked. This disconnect can lead to frustration and diminished trust in healthcare initiatives. Therefore, addressing these challenges is crucial for enhancing the overall effectiveness of healthcare service delivery.

Effect of health care infrastructure on the performance of health care devolution in Homa Bay County, Kenya.

The study concluded that healthcare infrastructure plays a pivotal role in the performance of healthcare devolution in Homa Bay County, Kenya. The positive correlation between healthcare infrastructure components—such as medical equipment, public health programs, and healthcare personnel—and healthcare devolution indicates that investments in these areas significantly enhance healthcare delivery. While respondents expressed high satisfaction regarding the improvements in medical equipment and technology, there were mixed perceptions about the effectiveness of public health programs and concerns regarding the workforce capacity. These findings highlight the need for continued efforts to address disparities in infrastructure and personnel training to fully realize the benefits of healthcare devolution.

Effect of funding and expenditure on the performance of healthcare devolution in Homa Bay County, Kenya.

The study concludes that funding and expenditure significantly influence the performance of healthcare devolution in Homa Bay County, Kenya. While a positive correlation exists between adequate financial resources and effective healthcare strategies, substantial concerns were raised regarding the budgeting process, financial controls, and management of operating expenditures.

Stakeholders indicated that improvements in budgeting transparency and community involvement have been made, but the effectiveness of these processes remains uncertain. Moreover, persistent issues with financial oversight and operational planning pose challenges to achieving optimal healthcare service delivery.

5.3 Recommendations

To enhance healthcare devolution in Homa Bay County, it is recommended to streamline bureaucratic processes, provide ongoing training for healthcare providers, and foster open communication among stakeholders to improve collaboration and understanding of roles. Additionally, public education campaigns should be strengthened to inform citizens about available services, while genuine citizen consultation mechanisms can promote transparency and encourage community participation. Training healthcare staff in effective engagement strategies and establishing robust monitoring and evaluation frameworks will further improve service delivery. Finally, enhancing financial controls, optimizing operational planning, and ensuring adequate supplies in healthcare facilities are crucial for achieving better health outcomes and overall system performance.



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Appendix I: Letter of Introduction



REF: MKU/ISERC/4431
TO: MARY MWANGI

Date: 23 September 2024

REG: MPAM/2021/82257

Dear Sir/Madam,

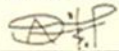
RE: ANALYSIS OF PUBLIC POLICY IMPLEMENTATION ON THE PERFORMANCE OF PUBLIC HEALTH CARE SYSTEMS IN HOMABAY COUNTY, KENYA

This is to inform you that **Mount Kenya University** has reviewed and approved your above research proposal. Your application approval number is **3151**. The approval period is **23/09/2024 - 22/09/2025**.

This approval is subject to compliance with the following requirements;

- i. Only approved documents including informed consents, study instruments, MTA will be used
- ii. All changes including amendments, deviations and violations are submitted for review and approval by **Mount Kenya University**
- iii. Death and life threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to **Mount Kenya University** within 72 hours of notification
- iv. Any changes, anticipated or otherwise that may increase the risks or affect the safety or welfare of study participants and others or affect the integrity of the research must be reported to **Mount Kenya University** within 72 hours
- v. Clearance for export of biological specimens must be obtained from relevant institutions
- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal
- vii. Submission of an executive summary report within 90 days upon completion of the study to **Mount Kenya University**

Yours sincerely,



Dr. Alfred Owino, PhD
Chairman, Mount Kenya University ISERC





DIRECTORATE OF GRADUATE STUDIES

MPAM/2021/82257

24th September, 2024

National Commission for Science Technology & Innovation (NACOSTI)
Off Waiyaki Way, Upper Kabete,
P.O Box 30623- 00100
NAIROBI, KENYA

Dear Sir/Madam,


RE: MARY MWANGI - REGISTRATION NO. MPAM/2021/82257

The purpose of this letter is to introduce the above named student who is pursuing **Master of Arts in Public Administration and Management** in the department of Management in the school of Business and Economics

The title of the research is "Analysis of Public Policy Implementation on the Performance of Public Health Care Systems in Homabay County, Kenya." It has been cleared by the University's Ethics Review Committee (Certificate attached) and now has to proceed to the field to collect data between October, 2024 and December, 2024.

Any assistance accorded to the student will be highly appreciated.

Thank you.


Dr. Samuel M. Karenga, Ph.D
Director, Graduate Studies
Enc.

Appendix II: Informed Consent Form

ANALYSIS OF PUBLIC POLICY IMPLEMENTATION ON THE PERFORMANCE OF PUBLIC HEALTH CARE SYSTEMS IN HOMABAY COUNTY, KENYA

My name is Mary Mwangi, a student at Mount Kenya University, pursuing Master of Arts in Public Administration and Management.

Purpose of the study is to examine the influence of public policy implementation and the performance of public health care system in Homabay County, Kenya.

Mode of participation: you are requested to spare a few minutes of your time and fill in the questionnaire administered to you. The questionnaire items are for study purposes only. No one will hold you accountable for the responses you give. Your participation is entirely voluntary.

Risks: There are no risks associated with the participation. It is also not anticipated that you will suffer any discomforts as a result of participating in the study.

Confidentiality: Your responses will be totally anonymized and will not be traced to you. Please do not write your name on either this consent form or the questionnaire. The data generated will be used for purposes of my these only.

You may contact **Ms. Mary Mwangi (0722318247)** at any time if you have any concerns regarding your participation in the research. You may also contact the Chairman, Mount Kenya University Institutional Scientific Research & Ethics Committee (ISREC), P.O Box 342 – 01000, Thika, if you have questions about your rights as a research participant or what to do if you are injured.

You may choose not to be in this study or you may quit being in the study at any time and there will be no penalty and no loss of any benefits you are entitled to. You can revoke your authorization at any time before, during, or after your participation in this study. If you revoke it, no new information will be collected about you, but information that was already collected may still be used and shared with others if the researchers have relied on it to complete the research. You can revoke your authorization by giving a written request with your signature on it to the Principal Investigator.

Signing this document means that the research study, including the above information, has been described to you orally and/or that you have read this document, and you voluntarily agree to take part.

Consent and Authorization of Participant

Date: _____

Signature of Person Obtaining Consent

Date _____

Appendix III: Questionnaire

SECTION: A Socio-Demographic Characteristic's

Please tick the correct answer and/or enter the response in the space provided

1. Gender:

Male Female

2. Age:

Below 20 years 20-39 above 40 years

3. What is your academic qualification?

Certificate Bachelor degree Post graduate

4. What is your work experience?

Below 10 years 10-20 years 20-30 years above 30 years

Section B: Bureaucratic practices

Please indicate your level of agreement with the following statements by selecting the number that best represents your feelings. Use the scale below, where “1” indicates strong disagreement, “2” Disagree, “3” represents neutrality, “4” Agree and “5” signifies strong agreement

	Questionnaire	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	The healthcare devolution in Homa Bay County demonstrates sufficient technical capacity						
2	The procedures followed in healthcare devolution in Homa Bay						

	County are clear and efficient.						
3	Roles and responsibilities in healthcare devolution are well-defined and adhered to.						

Section C: Citizen Engagement Approaches

Please indicate your level of agreement with the following statements by selecting the number that best represents your feelings. Use the scale below, where “1” indicates strong disagreement, “2” Disagree, “3” represents neutrality, “4” Agree and “5” signifies strong agreement

	Statement	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	Public education efforts in Homa Bay County effectively inform citizens about healthcare services.						
2	Collaborative planning between stakeholders enhances healthcare service delivery						
3	Consultation with citizens is effectively integrated into healthcare devolution processes.						

Section D: Healthcare Infrastructure

Please indicate your level of agreement with the following statements by selecting the number that best represents your feelings. Use the scale below, where “1” indicates strong disagreement, “2” Disagree, “3” represents neutrality, “4” Agree and “5” signifies strong agreement

	Statement	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	The availability and quality of medical equipment and technology have improved with devolution.						
2	Public healthcare programs have become more effective under healthcare devolution.						
3	The number and competence of healthcare personnel have increased due to healthcare devolution.						

Section E: Funding and Expenditure

	Statement	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	The budgeting process for healthcare services has improved with devolution.						
2	Financial controls in healthcare spending are effectively implemented under devolution.						

3	Operating expenditures are efficiently managed under the healthcare devolution system.						
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Please indicate your level of agreement with the following statements by selecting the number that best represents your feelings. Use the scale below, where “1” indicates strong disagreement, “2” Disagree, “3” represents neutrality, “4” Agree and “5” signifies strong agreement

Section F: Healthcare Performance

	Statement	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	The speed of healthcare services has improved since the devolution of healthcare.						
2	The availability of essential drugs has increased with healthcare devolution.						
3	Customer satisfaction with healthcare services has improved under the devolution system.						
4	Healthcare services have become more cost-effective with devolution.						

Appendix IV: Key Interview Questionnaires

SECTION A: Bureaucratic Practices

1. In your opinion, does the healthcare devolution in Homa Bay County demonstrate sufficient technical capacity? Could you provide examples to support your view?
2. How would you describe the procedures followed in healthcare devolution in Homa Bay County? Are they clear and efficient from your perspective?
3. Can you discuss how well-defined the roles and responsibilities are in healthcare devolution, and whether these are adhered to effectively?

SECTION B: Citizen Engagement Approaches

1. How effective do you think public education efforts are informing citizens about healthcare services in Homa Bay County? Can you share specific experiences or observations?
2. In what ways do you believe collaborative planning between stakeholders has impacted healthcare service delivery? Can you provide examples?
3. How would you assess the integration of citizen consultation into the healthcare devolution processes? Could you describe any particular instances where this has been effective or ineffective?

SECTION C: Healthcare Infrastructure

1. How has the availability and quality of medical equipment and technology changed since the devolution of healthcare? Can you provide specific examples?

2. What impact do you believe healthcare devolution has had on public health programs? Can you share any observations or data that illustrate these changes?
3. Have you noticed any changes in the number and competence of healthcare personnel as a result of healthcare devolution? Please explain your experiences or observations.

SECTION D: Funding and Expenditure

1. In your view, how has the budgeting process for healthcare services evolved with devolution? Can you describe any improvements or challenges you've observed?
2. How effectively are financial controls in healthcare spending being implemented under devolution, in your opinion? Could you share any relevant examples?
3. Can you discuss how efficiently operating expenditures are managed within the healthcare devolution system? Are there areas that need improvement?

SECTION E: Healthcare Performance

1. How has the speed of healthcare services changed since the devolution of healthcare, in your experience? Can you provide examples or stories that illustrate this?
2. In what ways has the availability of essential drugs been affected by healthcare devolution? Could you describe any specific experiences?
3. How would you rate customer satisfaction with healthcare services under the devolution system? Can you share any feedback you've received or observed?
4. Do you believe that healthcare services have become more cost-effective with devolution? Could you explain your reasoning with specific examples?

Appendix V: List of Public Health Care Facilities in Homa Bay County

1. Awendo Sub-District Hospital
2. Homa Bay District Hospital
3. Kendu Adventist Hospital
4. Kendu Mission Hospital
5. Kisegi Sub-District Hospital
6. Mbita Sub-County Hospital
7. Rongo District Hospital
8. Suba District Hospital (Sindo Rhdc)
9. Mugunga Level IV Hospital
10. Kandiege Sub District Hospital
11. Ogongo Sub District Hospital
12. Okiki Amayo Health Centre
13. Oнено Nam Dispensary
14. Ongako Dispensary
15. Opemle Dispensary
16. Oredho Dispensary
17. Oridi Dispensary
18. Oriwo Dispensary
19. Pala Dispensary
20. Rachuonyo County Hospital
21. Radhore Dispensary
22. Ramba Health Centre
23. Rayudhi Dispensary
24. Remba Dispensary
25. Ringiti Dispensary
26. St Francis of Assis Dispensary
27. Wikomimo Dispensary
28. Mbita Sub-District Hospital
29. Suba District Hospital
30. Tom Mboya Health Centre
31. Gk Prison Dispensary (Homa Bay)
32. Homabay District Hospital
33. Kabondo Sub-County Hospital
34. Ndhiwa Sub District Hospital

Appendix VI: Research Permit from NACOSTI


REPUBLIC OF KENYA


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

Ref No: 357536 **Date of Issue: 04/October/2024**

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