

**DYNAMICS OF DEVOLUTION AND IMPLICATIONS IN THE
IMPLEMENTATION OF DEVELOPMENT PROGRAMS ON HEALTHCARE
DELIVERY SERVICES IN NAROK COUNTY, KENYA**

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DECLARATION AND APPROVAL

Declaration by the student

This thesis is my original work and has not been presented for a degree in any other University or for any other award.

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DEDICATION

I dedicate this thesis to my wife Madam Helen, for her moral support during the study. May the Almighty God bless her abundantly!

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ABSTRACT

The Constitution of Kenya (CoK), 2010 delegated the management of healthcare service delivery to the County governments. The County governments have been faced with many challenges in managing the health care activities in Kenya since 2013. There has been a lot of outcry from the members of the public about the mismanagement and corruptions in the administration of the healthcare delivery activities. The purpose of this study is to assess the healthcare delivery challenges faced at the County government healthcare department of Narok, by looking at some of the major health care activities which affects the development of the healthcare delivery at the two referral hospitals to the study. The conceptual framework objectives, on procurements practices, seek to establish if the procurements laid down regulations by (PPOA) are being administered in the purchases of goods and services, while on leadership management, it looked at efficiency, motivation and public access towards work schedules, the capital resources allocation, involves examining their availability and consistency trends, and the regulatory framework objective was based on assessing the time factor requirements to carry out medical services. The study development objectives contacted in the two referral hospitals were; to establish the effect of procurements practices, determine the effect of leadership managements, to examine the effect of resources availability to the hospitals and to assess the influence of the continued use of national regulatory frameworks in the county. The target population was 572 Narok County government health workers and in-patients, whereby the researcher used quantitative design method of research through a descriptive stratified random sampling method with a sample size of 57 participants. A questionnaire for the data collection was used as an instrument of data collection. Data was analyzed using SPSS (2013) tool and presented through tables and charts, diagrams and reports. Findings indicated a negative development for healthcare in all the procurements practices of study, in the leadership management, there was a partial positive improvement development in quick decision making and a negative enhancement in the healthcare efficiency and staff motivations, while on capital resources availability, there was an negative improvements towards the healthcare development due to inadequate funding and inconsistency, and on the national regulatory framework, there was a negative improvement towards the achievement of a quick working schedule program development of the health care delivery service. The researcher made the following recommendations; The two hospitals should strictly abide to the laid down Public procurement acts, plans and embrace the E- procurements methods, while in leadership management, involving all the employees in decision contribution in HR policies, initiating rewards and appreciations as well as improvements in channels of communications between health workers and the public should be encouraged which is currently, lacking, and in resources availability, more funds should be channeled to the two hospitals, while on the regulatory frameworks, the county should start enacting their own regulations which are in tandem with their work schedules. The study focused between 2013 when devolution was introduced in Kenya to 2017.

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LIST OF ABBREVIATIONS AND ACRONYMS

ACA	Affordable Care Act
CECM	County Executive Committee Member
CHEWs	Community Health Extension Workers
CHW	Community Health Worker
CHIP	Children Healthcare Insurance Programs
CHVs	Community health volunteers
CIDP	County Integral Development Plan
CO	Chief Officer
CPSB	County Public Service Board
COK	Constitution of Kenya
DRG	Diagnosis Related Group
EMMS	Enlisted Mobilization Management Systems
FDA	Food & Drug Administration
FGD	Focus Group Discussion
FQHCs	Federally Qualified Health Centers
HRM	Human Resource Management
KCSE	Kenya Certificate of Secondary Education
KEMSA	Kenya Medical Supplies Authority
KEPH	Kenya Essential Package of Health
MBS	Medicare Benefits Scheme
MKU	Mount Kenya University

MOH	Ministry of Health
NCD	Non-Communicable Disease
NACOSTI	National Commission for Science, Technology and Innovation
NGOs	Non – Governmental Organizations
OCED	Organization for Economic Co-operation and Development
PBS	Pharmaceuticals Benefit Scheme
PPOA	Procurement Public Oversight Authority
PSC	Public Service Commission
UHC	Universal Health Coverage
WHO	World Health Organization

CHAPTER ONE: INTRODUCTION

1.1 Background to the Study

This chapter discusses the dynamic of devolution and implications in the implementation of development programs in healthcare delivery services. The chapter also covers the statement of the problem, the objectives and research questions, the significance of the study, purpose of the study, the study assumption, the scope of the study, the study limitations and delimitation of the study. Devolution of healthcare is among several activities of decentralization, which is a characteristic of all the devolved governments; Kauzya (2010) confirms that, various decentralization forms offer different function reactions. Horizontal decentralization according to his observation is associated with a voice of the people, while vertical decentralization is associated with a vote. This study is geared towards a voice of the people.

Devolution of healthcare entails certain transfer of functions responsibilities, authority as well as the resources from a centralized government unit to legally established regional or local governments elected by the people and which has to be seen to be transparent, responsible, accountable and efficient (Mwamunye 2014). Since the promulgation of the Current constitution of Kenya in 2010 August which immediately ushered in the devolved system of governance which became the top most form of decentralization in Kenya. The healthcare service delivery is one of the biggest functions devolved from the national government to the county government of Narok and other counties. The main rationale that informed the devolvement of health care sector was to enable the units of governments that have been devolved to the county levels, notwithstanding Narok County, to innovatively come up with their own healthcare models as well as measures which suit every county healthcare sector

according to their unique healthcare delivery services requirements based on their environment needs, promote public participation that is effective and be in a situation that allows them to make independent decisions quickly on mobilization of resource capital and their utilizations, hospitals leadership management, procurement of goods and other services management and the legal framework working policy. However, the healthcare sector in a majority of the counties, including Narok County has been bedeviled with monumental healthcare service delivery challenges ranging from inadequate funding, inadequate capacity in personnel unavailability of important legal frame works, organizational infrastructure prevalent corruption and antagonistic relationship between national government. The end effects of these healthcare challenges in Narok County led to stagnation in the delivery of a quality healthcare service delivery, thus a reversal of some of the gains expected from the devolution of the healthcare service delivery to the stakeholders of the County. The study therefore sort to establish the most efficient and appropriate practices which were to be employed by the County government of Narok to overcome these challenges towards the development of a quality healthcare service delivery.

Globally, the implementation of healthcare delivery services in decentralization is a practice of all devolved governments in the transfer of several healthcare development activities such as, procurements transactions, human resource activities, resources allocation activities and the legal framework activities amongst others. The devolution of Healthcare delivery service implementation in development, entails the transfer or delegation of power from an established central government to a local or regional administration, this is a trend globally practiced in well developed countries in Europe, Smith(2007). In the United Kingdom, devolution of healthcare in the implementation of the development activities is the statutory granting of powers from the Parliament of

the United Kingdom to the Scottish Parliament, Wales and Northern Ireland, this is an important practice as it ensures all the development functions on healthcare are liable to taxations austerity, which affects the most deprived groups in healthcare delivery services (Stuckler, Basu & Mckee, 2009).

In USA, the devolution of healthcare delivery services is shared among the federal government; State devolved government and the American citizen. Healthcare development is guided by the Affordable Care Act (ACA), enacted in 2010, which is a healthcare framework geared towards the established “shared responsibility” between the government, the healthcare employees, and private healthcare organizations for ensuring that all Americans have access to affordable and good-quality healthcare insurance to cater for their healthcare delivery service’s needs. However, healthcare coverage remains fragmented and uncoordinated with numerous challenges due to poor infrastructural projects, lack of medical drugs and equipment’s as well as wide gaps in insured rates across the majority the U.S. population, especially the majority of the inhabitants of the black Americans other minorities. To try to overcome these challenges, the Centres for Medicare Services (CMS) in partnership with the state government joined the program to assist adults from the age of sixty-five and older and some people with disabilities, in providing Healthcare Insurance Program (CHIP), to the low-income populations in the United States of America (Smith & Medalia, 2014).

In Philippines, after devolving their healthcare activities to the lower governments, there was a total breakdown on how the new dispensation of their healthcare development programs were to be carried out, especially in healthcare development activities, of procurement of goods and medical equipment’s, appraising of the health personnel, utilization of their medical resources and how they were to incorporate the

legal frameworks, to be workable, all was due to the drastic enactment and un-planned transfer of their new devolved activities including healthcare delivery services from the national government to the regional government without considering the training aspects of their health workers, without considering the new budgets for the healthcare delivery development especially on medical equipment's, and not aligning on the previous regulations with the new policies on healthcare delivery services(Kary Van Arsdale, 2016).

In the African perspective, Nigeria health workers were forced to work in make-shift buildings when the healthcare major activity on resources were devolved to the regional governments without initially constructing more health facilities in line with the extra activities transferred to the counties from the national government, some of the other challenges faced by the Nigeria in healthcare were inadequate health facilities and structures, poor management of human resources, poor motivations and remuneration for healthcare employees, inequitable and unsustainable healthcare financing, skewed economic and political relationship, corruption, illiteracy and decreased community public healthcare services (Obansa & Orimisan, 2013).

The republic of Tanzania also faced the same predicaments, like the rest of the African nations. There was a massive transfer of the healthcare workers from the national government health facilities to the counties without, initially considering the construction of more housing within the local counties health centers, this un planned changes, led to a low morale among the county health workers on their duties performance as most of the health workers had to look for accommodation from other far from their working health centers thus inconveniencing their works schedule in incurring extra transport cost, notwithstanding the frequent shortages of drugs in the

healthcare facilities, low purchasing power of this medical drugs by the healthcare stakeholders, difficult drugs policies and corruptions malpractices on drugs purchases (Kwesigabo, 2012).

Delivery of a quality healthcare development in South Africa is a constitutional right for all the citizens of that country. The South African administration has brought about a number a number of developments in the health care together with other programmes aimed at improving the delivery of health care services through enhancement of efficiency in service delivery and provision of quality safe and accessible health care services to all users. In South Africa major changes in health care service delivery has seen major changes in legal health care framework and legislations to safeguard compliance in delivering quality healthcare delivery service (Basu, Mckee,& Stuckler, 2011).

Despite of a number commendable healthcare delivery goals having been set by the government for the improvement of a quality healthcare delivery service ,various communities in South Africa in 2009 reported to the media about the poor healthcare services in public healthcare institutions which were nonetheless failing to meet basic standards of quality healthcare delivery services and patient expectations due to a lack of inadequate capital resources for medical drugs and equipment's, poor healthcare employees remunerations, and weak healthcare policies to guide on the challenges arising in the healthcare programs. This has caused the public to lose trust in getting a quality healthcare delivery service (Moyakhe, 2014). Koelble & Siddle (2014) describe the healthcare system in South Africa as pathetic and in dear need of rehabilitation, for it to be able to provide to the citizen a quality healthcare delivery service.

Numerous issues in the South African medical care framework can be followed back to the politically-sanctioned racial segregation period (1948–1993) in which the medical

services conveyance administrations were profoundly divided, with oppressive impact, between four diverse racial gatherings, the dark, blended race, Indian and the white. To deteriorate the circumstance, the politically-sanctioned racial segregation government created ten Bantustans, the supposed ethnic countries, into which Africans were reluctantly isolated from the alleged white greater part, and each Bantustan had their own divisions of medical care conveyance administration with their expert bodies.

This led to deterioration in healthcare delivery service development activities because of lack of enough medical drugs and poor equipment's, due to poor purchasing methods, low Morales on healthcare employees due to poor leadership management, poor in fractural developments due to inadequate funding from the national government of South Africa and finally uncoordinated schedules of healthcare delivery services due to the wholly dependence of the legal frameworks from the national government for periodic duty schedules like vaccinations, which was causing unnecessary delays on healthcare routine functions, thus all these, positive reactions towards achieving a vibrant healthcare delivery service had a big impact to the poor majority amongst communities as these poor situation of healthcare practice affected them on their healthcare wellbeing development (Baker,2010).

In Kenya the struggle for constitutional reforms, especially, on the healthcare reforms based on bringing healthcare delivery services closer to people in the counties has its underlying foundations in the longing to address insufficiencies in the post-autonomy administration structure which was commenced upon the profoundly concentrated framework began in the pioneer days. The primary goal of this battle has been the rebuilding of capacity to individuals to deal with their own neighborhood issues including the medical services exercises which matters in the local development, thus

the creation of the 47 Counties in the new constitution of 2010 (Onyango and Wanyoike, 2014).

This was to try and correct these challenges including healthcare delivery challenge due to frequent lack of enough drugs and equipment's, poor capacity building and healthcare personnel shortages, access to medical records, healthcare financing and the deterred legal framework in a majority of healthcare institutions in Kenya. For healthcare practices to be seen to deliver a quality healthcare, it should be well equipped with the right equipment's and tools, should be accredited and should have qualified and experience personnel. In Kenya the healthcare delivery sector is facing some setbacks in supply chain, the healthcare facilities are understaffed, inefficient healthcare innovations technology and financing setbacks, however, if this challenges are looked into, the delivery of healthcare in Kenya will go a notch higher (Kimathi, 2016).

The main pillars on healthcare delivery service in the constitution 2010, were to try and correct the mainstream economy on healthcare resources allocation, inequity in health worker's employment, inequity in quality medical healthcare, uncoordinated legal health frameworks and other related activities amongst the rural majority, wasteful public investments, massive poverty and ethnic animosity amongst the Kenyans living in the rural areas of the country. Healthcare delivery services being a new dispensation to the devolved County governments, a need arise on how to explore some of the healthcare challenges which are likely to occur, in order to mitigate the desirable avenues of overcoming the huddles. Devolution of the healthcare delivery services, is the most complex and the least to be understood aspect of the CoK, 2010; it permeates all spheres of the society and organs of government, therefore, implementations of the healthcare development programs in the Kenyan context can only be understood and

appreciated by the society within the concept of an effective implementation of the devolved healthcare development activities towards bringing desired changes amongst the local societies (Patrick, 2013).

After, the devolution of the healthcare major development activities, to the county level, the county stakeholders, had some reservations on the health activities implementation developments performances within the referral healthcare facilities of Narok , this prompted the researcher to try and ascertain some of the devolved healthcare activities on resource mobilizations, procurements transactions, the general management of the hospitals and lastly the legal framework, which the researcher believed to be the main pillars of determinant on the ratings of the hospitals development performance and thereafter, find the best practices to be put in place, for the achievement of a quality health delivery in Narok county.

The study sort to establish the influence of the four measurements as per the health objectives perspective which are the major indicators on the ratings of the success of the delivery of a quality and efficient healthcare service delivery within the devolved counties, in trying to solve their complexes within the hospitals realized, performance challenges experiences after the devolution of healthcare delivery services, and to strengthened the management of the devolved funds for the general benefits of the County stakeholders.

As confirmed by Farmer & Weele (2011), Procurement practices in any organization, may it be, the healthcare institutions, is an efficient process of acquiring goods and services, through the adherence of the laid down regulation of PPOA, this activity has always been having major regulations adhering challenges in ensuring on the effective utilization of the budgeted funds in a majority of the healthcare institutions, so as to be

seen to achieve desired objectives of value for money. In a study done by Wanjau & Omwega (2015), on procurement practices in NGO's in Kenya, they noted a shortcoming in procurement policies regulations in a majority of the organization in procurement planning's.

On the leadership management perspective, according to Warigon (2012), it is usually problematic to transform the theoretical findings of a new legal requirement in human resource into practice which managers in leadership management could use to improve their employees and other stakeholder's motivations. Therefore, the study tends to concentrate on how this problem in the healthcare sector could be solved and which measures have to be taken in order to make it easier for public managers in leadership to influence the new devolved requirements changes of healthcare in order to be able to enhance the motivations of their healthcare staff and stakeholders.

Capital resources are based on their accountable utilization, and in any organization, the capital budgeting techniques always influences the fiscal performance of many healthcare institutions, this has remained a mirage issue to be solved, by a majority of the healthcare delivery organizations in the public sector of healthcare, resulting to the declining of a majority of healthcare firm's infrastructural performance developments (Njiru, 2008). The capital resource, variable study, tends to fill a gap between the positive relationship of the national government and the County governments towards the economic growth development of the County healthcare facilities, on the basis of rating the amount of the devolved funds towards the development of the two healthcare facilities.

On the legal framework, Veronesi & Kaesey (2015), confirmed that, the level of ambiguity intervention to determine the goals and means of the implementation in a

legal framework, in a given organization, will often be determined by the degree of success of implementation and how results across various sites will be achieving the desired results, thus a need arise to assess the influence of the devolved national legal framework to the county, towards the development of the healthcare delivery. The new constitution of Kenya 2010, on the devolution of the health development activities such as Procurements, capacity building, resources mobilization and the regulatory frameworks from the central government to the county governments involve a complex transactions, thus a need arise to determine their requisite activities required to be undertaken by the devolved government, in order to realize the desired healthcare development results of a bringing a vibrant and efficient healthcare delivery service to County stakeholders.

1.2 Statement of the Problem

The promulgation of the new constitution in Kenya effectively ushered the devolution of healthcare services to the 47, county governments. The rationale of devolving the healthcare sector to the county governments was to allow the counties to design their own healthcare innovative models and interventions which suited their unique healthcare requirements in their context, to encourage effective stakeholder's participations and be able to make autonomous and quick management decision making on capital resource mobilization and other healthcare management possible issues. However, the healthcare in nearly all the counties notwithstanding, Narok county healthcare sector were being faced with monumental challenges ranging from capacity gaps, human resource deficiency, inadequate capital resources, lack of critical legal framework, institutional infrastructure, rampant corruptions, and a conflictual relationship with the national government. All these challenges led to an outcry from the county stakeholders due to the stagnation of the healthcare delivery services within

the county of Narok. The study therefore, attempted to assess some of the healthcare activities challenges faced in Narok County healthcare sector and the role which ought to have been played by the devolved County government in trying to mitigate these challenges in order to create the right governance and accountability structures which are critical in enhancing and promoting the development of healthcare systems by looking at some of the major activities which affects the healthcare service delivery development at the two referral hospitals in Narok County.

1.3 Purpose of the Study

The purpose of the study was to assess the dynamics of devolution and implications in the implementations of development programs for healthcare delivery services in Narok County Government, Kenya.

The study was to identify the healthcare challenges that were being faced within the two referral hospitals which compromised quality service delivery in the healthcare sector, in order to determine the strategies which should be practiced by the two medical institutions to improve the quality of healthcare delivery services in the County government of Narok.

The study embraced the adoption of the CoK 2010 which aimed at fundamentally altering the healthcare governance framework through far reaching frameworks through the adoption of the new devolution dispensation of healthcare to the Counties and try to unravel the complexes involved towards healthcare delivery services by trying to unravel some of the devolved healthcare challenges on the healthcare delivery activities complexes in the implementation of development programs in purchasing practices, human resource capacity, fiscal-resource mobilization and regulations frameworks which have the most profound and transformative impact on

devolved healthcare governance in the management and development of the healthcare institutions. If, faithfully implemented, by the Narok County government, as per the study recommendations, on health care delivery services, these will lead to a revolutionary transformation in health performances within the county of Narok, other Counties in Kenya and beyond, towards the achievement of a quality Universal healthcare(UHC) as per the, Kenya vision 2030, on healthcare delivery services.

1.4 Objectives of the Study

The Major objective of the study was to determine the implementation of some of the devolved health activities and the roles they play in the general development for the county government of Narok, health department, within the republic of Kenya.

1.4.1 Specific Objectives

The study specifically sought;

- i. To establish the effect of devolved procurement practices on the implementation of development programs for healthcare delivery services in Narok County.
- ii. To determine the influence of devolved leadership style on the implementation of development programs for healthcare delivery services in Narok County.
- iii. To examine the effect of devolved capital resources on the implementation of development programs for healthcare delivery services in Narok County
- iv. To assess the effect of national regulatory framework on the implementation of development programs for healthcare delivery services in Narok County

1.5 Research Questions

- i. What is the effect of devolved procurement practices on the implementation of development programs for healthcare delivery services in Narok County?
- ii. In which way does devolved leadership style influence the implementation of development programs for healthcare delivery services in Narok County?

- iii. How does the devolved capital resource affect the implementation of development programs for healthcare delivery services in Narok County?
- iv. How does the national regulatory framework affect the implementation of development programs for healthcare delivery services in Narok County?

1.6 Significance of the Study

Generally, the study went for building up the healthcare challenges and benefits remarks of devolution of healthcare delivery services, in order to be able to ascertain the conveyance benefits of healthcare delivery services to the devolved County governments of Narok with an extraordinary accentuation to healthcare benefits to the management of the healthcare institution and the well-being development of the County healthcare stakeholders, and consequently have the capacity to contrast, comprehend and suggest for themselves the prescribed procedures and recommendations which suits most, to their desired development needs in healthcare delivery services in Narok referral hospitals and the other 46 devolved County governments healthcare facilities within Kenya and beyond, experiencing the same comparative challenges towards the decentralization of Health administrations working model of the study objectives.

On the specific benefits from the study objectives, the healthcare procurement practices would benefit the Public Procurement Oversight Authority(PPOA),to understand the challenges being faced by the devolved healthcare facilities in implementing the laid down procurements regulations practices, while on the healthcare leadership management, the study revealed a clear working model relationship management between leadership and the organization development performance and how it could be applied by other healthcare facilities within the republic of Kenya and beyond in order to be able to achieve higher productivity development on human resource development. On the healthcare capital resources allocation, County government's healthcare departments are experiencing radical challenges in the

utilization of the devolved funds for healthcare in infrastructural projects and other services, thus the study objective, will guide the healthcare managers in capital budget techniques formulation for value of money in development. On the healthcare legal framework implementations, the study objective, attempts to address why and how set-out regulations from other sources rather than from the organization of interest, deviates the desired and expected outcomes, thus causing work performance inconveniences.

1.7 Scope of the Study

The research study was done within the two referral hospitals in Narok County. Narok County administration headquarters is situated in Narok town and the entire County is located toward the East of Bomet County, South of Nakuru County, West of Kajiado and Kiambu Counties. Narok town hospital borders, Nakuru County, Kiambu County and Kajiado County. It is located within the Narok-Nakuru road, just opposite the County Commissioners office. Narok town was the only referral hospital within the County, before the elevation of Kilgoris hospital into a referral hospital to cover the western side of Narok County. Narok town hospital covers quite a vast geographical area of three County constituencies, namely, Narok north, Narok East, Narok south and Narok west, while the Kigoris referral hospital is situated within the western side of the County, bordering Bomet County, Kisii County and Migori County. Kilgoris hospital is situated along the Kilgoris-Kisii road opposite the Kilgoris sub-County offices. The hospital serves the residents of Transmara-west and Transamara east.

The study was based on the scope of the four research objectives, hence ensuring the study findings contributed towards the realization of the study development of healthcare delivery services within Narok County. The study reviewed all the necessary and related prior literature on healthcare development. The study was further framed by

four objectives activities questions which were tasted and scientifically analyzed by the research findings. The focal point of the study was to examine the role of Devolution in the healthcare conveyance towards the implementation of the lapsed development of the healthcare programs in the County of Narok. After, the promulgation of the New 2010 Constitutions, medical health conveyance was amongst the functions which were transferred to the devolved County government of Narok, thus, a requirement emerged on how to introduce the most desired practices in achieving an efficient and vibrant health delivery service within the two referral hospitals of Narok County. The contents of the study were 200 experienced health personnel working under the two referral hospitals in Narok town and Kilgoris sub – county and 372 of the in-patients. The research data collection was started in September 2015 and was completed in January, 2016.

1.8 Study Limitation

The study was limited on the influence towards the four objectives of healthcare delivery services in Narok county sector of health. Whereas development of healthcare delivery services frameworks consists of other several objective variables, they were not considered in this particular study. During the collection of data, the researcher experienced some constraints from some of the respondents being reluctant to provide the required information to the study, suspecting that their confidentiality will be revealed and some of them assuming that, the information they provided might be used in other purposes other than academic. Some of the respondents also had some difficulties to express themselves fluently in the language used during the answering of the questionnaires. Funding on the transport logistics and other general expenses during the collection of data was another mirage to the researcher. The two referral hospitals

for the study are quite a distance to each other; thus, commuting between the two medical institutions was quite an expensive venture to the researcher.

1.9 Study Delimitations

To overcome the issues of the study of topic of research having several variables objectives with a wide coverage of so many issues, the researcher narrowed down to four basic activities only in the questionnaire dealing with developments of healthcare activities which were the main effects in the ratings of the health performance, in the two main hospitals of the County, basically choosing procurements practices just to establish if the current methods in place of purchases of goods and services were done transparently as per the law requirements, to determine if quick management practices, motivation and public participations have been achieved by the leadership management of the hospitals after devolution, to examine the availability of resources in forms of medical drugs and other facilities after devolution, and lastly to assess if the national regulatory frameworks are still valuable after devolution.

Basically the activities scope of the study was the time factor, the availability, acceptability, affordability and accessibility in quantity of the medical drugs and other equipment's. On, ethical issue, the researcher assured the respondents, that all their reactions to the questionnaires will be kept in confidentiality and only used for academic purposes; the researcher also assisted the respondents who had difficulties in understanding the fluency of the questionnaire by explaining to the informants on a simpler way. To overcome the funding difficulties, the researcher requested from the County cooperative a personal loan for the facilitation of transport logistics and settling other expenses during the research study.

1.10 Assumptions of the Study

The researcher had good assumptions that a good researchable data will be collected in the field, due to the wide experience and education levels of the health workers working in the two medical facilities in the County. There was likelihood that quite a big number of the health personnel and a few of the patients would be able to read, understand and answer the questionnaire question without any difficulties. The research is based on the influence of the objective activities towards the general implementations and development of the two medical facilities, thus the researcher, had an assumptions, that, if the county of Narok and other Counties, adopt and start utilizing the recommendations from the research study, the hospitals developments and performance will be highly rated, and be able to offer a more quality health delivery services to the County stakeholders in a more organized practice than previously.

1.11 Operation Definition of Key Terms

Operation of terms in this study provided the meaning of some of the key words used in the study for a clear understanding.

Decentralization- In this study, it refers to the redistribution of power within the state between the central government and regional or county government's authorities (Schneider, 2003)

Devolution- In this study it refers to a system of government where responsibilities and functions from the national government are assigned or transferred to local governments and are supported financially to perform the functions by the national government (Onyango and Wanyoike, 2014).

Procurement Practices- In this study, it is a process of adhering to the laid down regulations by PPOA on purchases of goods and services. Procurement is an efficient purchase of goods and services for value of money and economic development gain (Saunders, 2011).

Capacity Building-In this study, it refers to a process of enhancing, motivating the workers, involving the stakeholders in crucial decision policy making in organization work schedules based on development options (Kapucu &Demiroz,2013).

Public Participation- In this study, it is a process where individuals, organization workers, stakeholders and governments influence in decision making in service delivery, oversight and development matters (Jones & Wells, 2007).

Capital Resources- In this study, it refers to the available fiscal revenue used for projects implementations and production (purchases) of other goods and services. Capital resources are resources a company or organization uses in the production of goods and other equipments (Clark, 2007).

Legal Framework- In this study, it refers to a set of rules, procedural steps established by the national government through precedent in the common law to determine a paradigm of legal doctrine performance in the County governments (Squire. 2012)

Variable-In this study, it refers to a measurable characteristic of interest that a researcher would like to handle, observe, or manipulate in the research (Kaur, 2013)

Referral Hospital-In this study, it refers to a hospital which has sufficient resources to receive emergency or non-emergency patient's transfers from a clinic or health centre (M.O. H, 2012).

Stakeholder- In this study it refers to the County citizens whose interest or concern can be affected by the organization action, objectives and policies in healthcare delivery services within the County of Narok

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter presents other authors literature related to the study, the empirical formula, the theoretical framework the conceptual framework and the recaps of the literature review. The chapter reviewed various theoretical approaches related to the study and the empirical review to try and analyze previously conducted researches in relation to the study.

2.2 Empirical Literature

Empirical literature is a review of analyzing previously conducted researches in relationship to the study objectives.

2.2.1 Dynamic of Devolution in Healthcare Delivery Services Globally

In a study of healthcare decentralization in Thailand, Pongpisut, (2012) reported that the *de facto* decision space over decentralized healthcare management functions was always different from the *de jure* decision space; and that the difference was often due to the capacity of the individuals and institutions tasked to undertake the devolved healthcare functions. The study findings agree with those of Pongpisut, that the success of developing a vibrant healthcare in any healthcare institution will majorly depend on how the healthcare delivery service study objectives are to be managed, namely, procurement practises, leadership management, capital resource allocations and the legal frameworks. They highlight the importance of ensuring that appropriate peripheral level capacity is undertaken for the realization of a quality healthcare delivery service. Mutai (2015) did a study in Isiolo County, Kenya to try and get the solution of this question; how does devolution affect healthcare sector planning and financial management? And according to his recommendations, he noted the importance

observing the budgets regulations as per the funds allocation for the healthcare development, this was to encourage transparency and accountability in this area, he also recommended on the crucial role played by the management in bringing equity amongst the health sector employees, and also noted the importance of incorporating the stakeholders in decision making on healthcare development activities which directly affects them in their daily social health aspects and economic wellbeing's.

In addition, the study findings also highlight the need by the hospitals management to be ready to develop these measures in the future, for prosperity of the healthcare institutions, notwithstanding the central government and the development partners support economically and socially, for the healthcare success. The discoveries likewise feature on the requirement for clearness of parts of entertainers of various HR the board capacities across the various levels, inside the two medical care foundations.

The expansions over the long run of province level choice space over HR the executives capacities prompted a few constructive outcomes in Thailand medical care administrations. For HRM, the districts of Thailand acquired the capacity to decide the genuine number of staff dependent on its financial plan and choose where to convey them inside the province. For Enlisted Mobilization Management Systems (EMMS), in medical care obtainment rehearses received in Thailand, this prompted a superior fill-rate in wellbeing offices and the districts in Thailand had the option to guarantee all offices were provided with EMMS independent of enrolment status, which was a decent advance in straightforwardness and responsibility of acquisition of medical care products and enterprises. This arrangement of acquisition of merchandise and ventures through EMMS in Thailand permitted beforehand non-working offices to work, and consequently already underserved territories to approach have sufficient clinical

medications and different supplies they required. All things considered, expanded choice space at region medical services offices level upgraded neighbourhood level value in the portion of medical care clinical assets, and wellbeing administration arrangement at province level, and guaranteed administrations came to already underserved populaces.

In USA in 2014, public spending accounted for about 49 percent of the total health care spending. In USA, Healthcare delivery services is financed through a combination of payroll taxes, premiums, and federal general revenues, which is the same module used by a majority of the devolved healthcare worldwide facilities including Kenya, where the national government devolve about 22% funds to carter for medical healthcare. Healthcare delivery service in the USA is tax-funded and administered by the states, which operate the program within broad federal guidelines. States receive matching funds from the federal government for healthcare deliver services at rates that vary based on their per-capita income in every fiscal year, while in Kenya, the same practice applies, whereby there is an authority, which guides the central government on what percentage rates of healthcare funding are to be devolved to the Counties healthcare facilities depending on the taxes collected by the Kenya revenue authority in a given one financial year of operation (CRA, 2014).

In USA, the expansion of Healthcare under the Affordable Care Act (ACA) is currently fully funded by the federal government, after which the government's funding share will be phased down to 90 percent gradually, subject to change under the new administration and Congress. The Kenyan government has been also trying to formalize the universal health care (UHC), across the devolved Counties; despite of the challenges emanating on the policy guidelines on how best this program will be successful to be

able to bring tangible healthcare development improvements amongst the Kenya citizens, thus the importance of enacting relevant legal frameworks as per the needs of the County which are guided to promote responsiveness and aspirations to the County stakeholders.

There are wide aberrations in the availability and nature of medical services in the United States. Since 2003, the yearly National Healthcare Disparities Report, delivered by the Agency for Healthcare Research and Quality, has recorded differences among racial, ethnic, pay, and other segment gatherings and deficiency of clinical fundamentals compounded by human asset biasness in obligation execution, featured need zones requiring activity, Although, Federally qualified wellbeing communities (FQHCs), which are qualified for particular sorts of public repayment, give extensive essential and preventive medical services conveyance paying little mind to their patients' capacity to pay. At first made to give medical care to underserved and weak populaces, these medical services habitats generally give security net administrations to the uninsured, compared to a majority of the healthcare delivery services worldwide, by not putting the welfare of their patients first, but focus on the profits they make (Jessica & Madelia, 2014).

According to Sunil & Murali, (2016), in Australia the healthcare facilities are based on three levels. Three levels of government are on the whole liable for giving subsidized medical coverage: bureaucratic; state and domain; and nearby.

The government essentially gives financing and backhanded help to the states and wellbeing callings, sponsoring essential medical care suppliers through the Medicare Benefits Scheme (MBS) and the Pharmaceutical Benefits Scheme (PBS) and giving

assets to state administrations. It has just a restricted job in direct medical care administration conveyance.

States have most of duty regarding public emergency clinics, rescue vehicle administrations, public dental consideration, local area wellbeing administrations, and emotional wellness care. They contribute their own subsidizing notwithstanding that given by central government, thus the importance of not fully being dependant to one entity of funding, like the current

Situation of the developed health facilities in Kenya, being wholly dependence to the national government for healthcare funding. The study findings recommended, that, the County, should seek for other sources of capital funding, if at all they want to achieve a positive improvement in development, this is also confirmed by Mwamunye, (2014) on the importance of the local governments playing a role in the delivery of community health and preventive health programs, such as immunization and the regulation of food standards, through seeking for other sources for capital funding to be able to carry out these programmes.

A major weakness in a majority of the sub-Saharan African healthcare systems is inadequate human resources perpetuated by low morale's due to biased leadership management of working, and this is the same aspects findings from the study. Africa is said to have less than one health worker per 1000 population compared to 10 per 1000 in Europe (Stuckler, Basu & Mckee, 2009). Moyakhe, (2014) noted that healthcare delivery services problems in South Africa are worsened by unequal distribution of healthcare professionals between the private and public sectors, coupled with unequal distribution of public sector healthcare professionals among the provinces. In a study conducted by Tana (2013), participants affirmed the insufficiency and inadequacy of the

healthcare workers, compounded by inadequate capital resources which they described as leading to a social-economic retrogression situation to physical and mental exhaustion, and in some cases to further deterioration of their medical condition, as confirmed from the study research objective in leadership management and capital resource availability on the low motivation amongst the healthcare workers in the two healthcare facilities of the study, which led to a negative improvement in relationship of the healthcare development in the two medical facilities.

Other challenges reported in South Africa healthcare systems were a recurrent of patients developed complications, and in some cases died, because they were turned away from the public healthcare facility or denied access to healthcare service, due to a shortage of the essential medical drugs and other medical facilities. The *Sunday Tribune* (08 March 2015) reported on the family of a 35-year-old woman that blamed tertiary hospital staff in KwaZulu-Natal for her death after she was allegedly turned away from the hospital despite being gravely ill this was also supported by Kama (2015) who reported the case of a 1-year-old baby who died on his grandmother's back after they were turned away from three different healthcare facilities in one of the townships in Cape Town, due to a lack of essential medical drugs and other medical facilities. In another incident in the same township, a teenager gave birth on the pavement outside the gates of a health facility because she was not allowed to access the healthcare facility due to lack of enough hospital beds, Kama (2016), confirms the importance of the national governments and other donors in providing enough capital resources to the healthcare facilities as they determine a major extent in the development of the healthcare wellbeing of the County stakeholders.

2.2.2 Dynamic of Devolution in Healthcare Delivery Services in Kenya

The Constitution of Kenya (CoK), 2010 delegated the management of health care delivery services to the County governments. The County governments including Narok County government have been faced with many challenges in managing the healthcare service delivery activities in Kenya since 2013. There has been a lot of outcry from the members of the public about the mismanagement and corruptions in the administration of the healthcare delivery activities.

Devolution of healthcare from the national government to the county governments, invariably involved a new complex shift of power and control from the national government to the county government's healthcare facilities. Devolution of health as conceived in the constitution of Kenya prelude the sharing of various activities, such as, political, goods and services, human capacity benchmarks, financial-resources and regulatory obligations between the forty-seven counties and the national government, a complex challenge which requires the technological and fiscal knowledge for their success (Mwamunye, 2014).

Healthcare delivery service in Kenya is organized around the new Kenya Essential Package for Health (KEPH) (MoH, 2012). This is according to the four level systems of categorization of the healthcare facilities in Kenya as described in the current national Health Policy, which indicates commitment to UHC in all levels of hospitals categories within the national and county levels. Kenya's national health policy is operationalized according to the Kenya Health Sector strategic plan of 2013/2018.

The 2010, Constitution gives a lawful structure that ensures a comprehensive right based way to deal with the medical care conveyance administration to Kenyans. The Constitution gives that Kenyan residents are qualified for the most noteworthy feasible guidelines of medical care conveyance administration, which fuses the privilege to

quality clinical assistance, conceptive medical care conveyance administration according to Article 43 of our Constitution. Article 53 additionally accommodates the privilege of each kid to fundamental safe house, nourishment and quality medical care administration. In Article 56, the Constitution gives the state will set up governmental policy regarding minorities in society intended to guarantee that minorities and underestimated bunches have a sensible admittance to water, quality medical care conveyance administration and foundation.

To realize these rights, the Constitution has isolated the medical care conveyance administration obligations between the public government and area governments. The Fourth timetable of the Constitution gives explicit direction on which medical care administrations for the public government and district governments are to be completed. In the medical care conveyance administrations area, fundamental medical services conveyance administrations are allotted to the district governments while the public government holds the medical services lawful systems, specialized help to the regions and the board of the public reference clinics..

For the healthcare delivery service to be of good quality, be all inclusive and rights-based, within the counties, notwithstanding Narok County, as envisaged in our Constitution, five important inputs are required to be put in place; there has to be availability of network of the healthcare facilities, the facilities within the healthcare institutions must be functional with competent and motivated healthcare staff, adequate supplies of medical drugs and medical equipments, adequate funds and timely supplies for operations and maintenance of the healthcare facilities, lastly, and the legal framework should be in tandem with the County healthcare needs. These factors are the

primary objectives to the study and are primary to the delivery of a quality healthcare service to Kenyans healthcare stakeholders (Rotich, 2011).

Devolution of healthcare in Kenya enabled a rapid transfer of authority and responsibilities to county governments on planning, budgeting, implementation and management of health services for communities within the counties (Mwamunye, 2014).

The introduction of devolution in Kenya led to changing roles and power for actors across the healthcare facilities with reduced role for national level in coordination, recruitment and management of health workers and planning for budget allocation, but retained responsibility for policy development, quality assurance and provision of national referral hospitals services. The former district level is now largely considered similar to the sub-county level. There has been a lack of transparent and accountability in healthcare procurement practises, uncoordinated leadership management duty performance, inadequate capital funding, and inefficient legal frameworks guidance from national level to guide the process or roles and responsibilities in a majority of the county's healthcare facilities due to the drastic transfer of these services to the counties levels without proper guidance, leading to a mirage of healthcare challenges in a majority of the county's department of healthcare services.

According to the Constitution of Kenya (2010), healthcare County level actors are now responsible for budget allocation and annual planning as well as developing the 5-year county integrated development plan (CIDP) and the 5-year county strategic plan for healthcare, which guides on how goods are to be supplied, how the leadership management are to carry out reforms, how the capital resources allocated are to be utilized and how the legal regulations are to be utilized on periodic work schedules of

whereby a majority of the Counties including Narok County are yet to abide to a working concept requirement of the CIPD, which was contributing a lot in the negative healthcare development in various Counties. The CIPD was to recommend on how the healthcare managements should be carried out in the next 5 years and it was to be used as a guide in achieving the desired development activities in healthcare delivery services. These plans must be aligned with national health policy and strategic planning documents, including community health strategy guidance (Ministry of Health [Kenya] 2014).

County levels also were to hold responsibility for healthcare service delivery for level one to three services; community, primary healthcare, recruitment and management of health workers and coordination functions. At the county level, a number of actors were engaged in the priority-setting process for the annual budget and planning cycle which were guided by the 5-year CIDP and county strategic plan for healthcare, under the oversight of the county secretary. As per the guidance enshrined in the constitution ,2010, this process was to follow a series of agreed steps, with the County Executive Committee Member(CECM) member for health leading the development of an annual plan and budget for healthcare, which is then amalgamated with the respective plans and budgets for the other county departments, to create the county annual plan and budget, in accordance with the CIDP and available funds for the healthcare budget, notwithstanding allowing opportunity for community public participation for them to identify needs and priorities of the healthcare needs.

The document is initially approved by the CECM, before it is shared with the legislative arm of government; the county assembly, who should validate the community priorities, before it is approved and publicized. Unfortunately, the process for how priorities

should be weighed and compared was unclear in a majority of the county healthcare departments, allowing for greater influence of local politics that had their own personal interest instead of focusing on the development of the healthcare delivery service to the whole county.

At community level, the County stakeholders should be engaged through a combination of new and pre-existing avenues, on healthcare service delivery including public participation through new public participation forums carried out as part of the county annual planning and budgeting process and inclusion of community inputs through community in deciding for themselves their healthcare priorities, which was another challenge being faced by the county stakeholders due to a lot of interference from the politicians selfish interest. This exercise was supposed to have been done through the community level health-related discussions, using locally generated community data which was supposed to be facilitated by the Community Health Extension Workers (CHEWs) and Community Health Worker (CHVs;) together with the community representation in the community health committees and healthcare facility management committees. Barriers to the stakeholder's engagement in deciding their own healthcare development within the county were a major challenge which contributed to a low percentage rating in the County health facilities.

2.2.3 Devolved Procurement Practices

In keeping with global literature on procurement activity, procurement is a broad activity which involves purchases of goods and services which depends on an institution function of activities, thus the procurement activity in this study was based on procurements of healthcare goods and services. Procurement in healthcare is a process which requires planning and needs to be linked in building relevant capacities in the

implementations of healthcare development programs at the sub national county levels, and seen to be used as checkout system for financial resources, with relevant accountability structures and strategies put in place to ensure stakeholders engagement to enable them decide priorities in healthcare development (Wanjau & Omwega, 2015).

Lysons and Farrington, (2010), Confirms, that procurement Strategic planning is usually abandoned due to the absence and lack of key actors needed for the procurement work plan, budgeting process, and budget development for implementations. There is need for a more considered approach to the priority-setting process within the devolved healthcare procurement practices, which take into account the five principles for priority-setting: stakeholder involvement, stakeholder empowerment, transparency and accountability, enforcement and incorporation of stakeholder values in development (Kariuki, 2014).

Healthcare procurement planning plays a major role in the successful purchase of goods and services. Procurement practices involve a strict adherence of the laid down regulations on public procurement Acts. Devolved healthcare procurements involve several laid down regulations; tender advertisements, opening of tender, evaluation of the tender, and finally award. This process should always encompass public participation where possible, and the procurements regulations are subject to review from time to time as the needs arise. Gadde, (2009), also note that, healthcare procurement practices also involve the aspect of forecasting on the regulations, techniques of procurements regulations in order to assist in the determinations of the expected cost of the goods and budgeting requirements. The laid down regulations of public procurement practices are based on the section 26(3), of the public procurement Acts and disposal of 2006, which provides for the healthcare public procurement

regulations in purchases of goods and services for the implementations of the healthcare development programmes, which is basically a blue print of what a successful procurement of the purchase of goods and services entails. (Rotich,2011). Healthcare procurement practices requirements, involves a detailed breakdown of how goods and services are purchased for healthcare development programmes. It also involves the period of supply and delivery, period of implementations in form of projects, as to be able to realise value for money in development, as well as cushioning in control of corruption malpractices (Malala, 2011).

The method of procurement practices in any organization, may it be on the healthcare sector, tend to influence any project implementation, as the procurement methods in use plays a major role in determining the quality of development of an organization. Procurement practices, can involve several methods depending on the need of product, service or project of choice to be implemented, whereby, procurement practices can be categorized as restricted tender-- goods and services are procured from one speciality entity for those particular goods, or use of quotation and proposal, or direct procurement of goods and services , whereby goods and services are purchased directly from a supplier of those items without necessarily undergoing the processes of tendering. The desirable procurement method on the purchase of any product or healthcare products is based on their requirements at a particular period of need (Saunders, 2011).

Lysons and Farrington (2010), noted, that, Efficient procurement practices and interpretation of the procurement laid down policies in procurements in any organization, may it be in the healthcare sector, are critical for good public financial management, as these is likely to discourage issues of corruptions, leading to value of money, higher productions of goods and services, greater social-economic inclusion,

support for innovation, better risk management, lower life coating and improvement of supplier buyer relationship. Poor planning in procurement activities in most of the public organization, have been a major constraint in the successful implementations of quite a number of development projects and other services, leading a majority of the projects to be uneconomical as a result of their overall costing and time factor, thus denying the citizens the much needed developments (Chandra,2008).

2.2.4 Devolved Leadership Management Style

In Kenya, there is a great discrepancy between the numbers of healthcare personnel per county offering services in these facilities, the overall ration of healthcare workers to the population falls below the WHO recommended requirement of 230 healthcare workers per 100,000 people, and this was the same trend facing the County of Narok healthcare sector, thus denying the County stakeholders the quality healthcare delivery service the deserve. Some of the main reasons in causing the degraded healthcare delivery service in Narok are, lack of motivational rewards to the healthcare employees, high rates of dissertations of the healthcare personnel, lack of proper structures to determine the healthcare personnel requirements and place them accordingly, high corruptions rates, lack of consultations amongst the leadership management hierarchy and junior cadre staff, poor public participations amongst the stakeholders, and lack of adequate funds to employ more healthcare personnel, amongst other reasons.

Leadership management in healthcare development sector or in any other institution is to ensure excellent organizational performance in order to be able to provide a suitable working environment for all cadre of workers, may it be healthcare employees or any other employees in different organizations, and other customers. These can only be achieved by providing adequate motivations to the employees, providing efficient

communication channels to the healthcare employees and other stakeholders thus, leading to the development and the wellbeing of the employees and the stakeholders getting quality healthcare delivery services (Taffinder, 2006). Limited decision making freedom in capacity building of the healthcare workers at devolved sub- national government in leadership management was recognized to be a hindrance in development of the devolved County government healthcare delivery services in a majority of the countries worldwide, and this challenge has hindered the ability of several healthcare organizations in these countries to carry out effective human resources capacity building reforms towards the effective development of healthcare management delivery in Tanzania, Nigeria and South Africa (Stuckler, Basu,& Mkee, 2011), and this, was also supported, Dubrin (2007), noting , that as a consequence of the rapid transition of the devolved functions to the counties including healthcare activities without initially putting in place, training aspects to the devolved healthcare employees , clarity or guidance on the devolved leadership management and other important capacity building functions led to a mistrust between actors of both levels, thus hindering the much required development of the devolved sub-national government healthcare sector.

Neither has the devolved healthcare leadership management adequately informed citizens about their rights, or provided them with needed information for making decisions or explaining to them their role within priority-setting. This has contributed the stakeholders getting confusion about participation roles in making priority decision which they think will benefits them and to be seen to bring development within the sub-national counties

Kama (2015) points out that, due to a lack of training of the healthcare employees in efficiency towards capacity building, there was a uncoordinated management and confusion on work schedules among the leadership management and all other healthcare employees leading to poor record-keeping causing unnecessary delays for patients due to patients' treatment files missing or lost, and instead of healthcare workers explaining this to the patient, they simply let the patient wait in vain. As reported by the *Mercury* (09 April 2015), the Pietermaritzburg High Court ordered a district hospital in KwaZulu-Natal to hand over medical records to the patient's attorney in a case where the patient had in July 2006 delivered twins in the hospital, allegedly losing one of the twins while the surviving twin suffered from cerebral palsy because of hospital neglect and this was basically, due to the deterioration conditions of the healthcare employees motivations from the leadership management (Regchand ,2015)

Public participation, Capacity building of the healthcare employees and accountability are vital for the success of healthcare decentralization development. This practice enables all the parties to play their role in making decision relating to their healthcare development priorities which contribute to attaining the desired universal healthcare goals. Where these are not sufficiently established prior to decentralization of functions, there is the risk that decision-making actors do not have sufficient capacity to take advantage of the new decision. Before the devolution healthcare delivery services to the counties, the national Public Services Commission (PSC) served as the overall employer of all government workers in the country, including health workers. Its role was to provide the overall guidelines and an oversight for strategic human resource development and management in the public Sector, while the routine operational human resource management functions including recruitment, appraisal, promotions,

discipline, in-service training and payment of salaries were delegated to the respective government ministries, including the national MoH for all health workers.

Under the devolved government system, the PSC is mandated to provide employment for national government employees, including the healthcare employees and oversight of the entire public service both at national and county level. At the county level, the constitution provided for the establishment of County Public Service Boards (CPSBs) in each county that would serve as the overall employer of all public servants in that county, including the healthcare employees, of which most of the national healthcare employees devolved from the national government to come and work at the county levels were reluctant to accept the new terms of the County Public Service Boards, and also contributed to the deterioration of the healthcare delivery services development within the devolved County governments health sector due to their stagnation in getting employed on permanent basis.

Past generally duty regarding the administration of county government medical care workers, it was indistinct what explicit operational human asset the executives duties the CPSB would have for the separate specialized medical services divisions, prompting an absence of clearness over the medical services initiative administration obligation between the CPSB and the County Department of Health. There was likewise absence of clearness over which constructions and establishments at public government and region level were to be liable for explicit government assistance parts of wellbeing labourer's, remembering for administration preparing and profession movement; and how between district moves for wellbeing labourer's would be overseen.

Given the surged move of decayed capacities, and the difficulties this brought for the medical services initiative administration in districts at that point, a few medical care

area partners at public government level met up to exchange on these HR the board difficulties. To turn away an emergency of districts neglecting to pay rates for wellbeing labourer's countrywide because of absence of ability to embrace finance the board, the public wellbeing area Intergovernmental Relations Forum that unites the public Ministry of wellbeing (MoH) with the 47 County overseers of Health(CDoHs), was gathered to build up an interval arrangement. It was concurred that for a break time of a half year the public Ministry of Healthcare would keep preparing and paying compensations for all wellbeing labourer's for the areas, at that point receipt the district governments for repayments. It was normal that provinces would require the a half year's between time period to set up their frameworks, so they can be capable take up the job of medical services specialist pay instalments.

County governments not withstanding Narok county went ahead to prepare their payroll management systems in readiness for taking the role of paying salaries for their healthcare employees by January 2014. However, when they eventually took up this role the initial months were characterized by several challenges including general delays in salary payments, payroll discrepancies and missing allowances; and some staff missing from the payroll altogether (Kimanthi, 2016).

Apart, the healthcare staff motivational and work schedule issues, there were also some political interference with healthcare employees which were reported at healthcare medical facilities. During one intelligent practice meeting with medical services authority the board in Kilifi, it was accounted for that one dispensary inside a Kilifi sub-district had been shut in light of the fact that local area individuals drove by their Area Member of County Assembly had requested to have the solitary attendant at the dispensary moved on the grounds that she didn't come from the neighborhood clan.

Sub-district level interviewees revealed that this developing degree of political obstruction and exploitation raised huge worries among wellbeing laborers, which additionally a typical pattern in Narok region. The dread for political impedance and exploitation, combined with vulnerability over between province moves, prompted numerous wellbeing laborers needing to be moved back to their 'home-regions (Patrick, 2013).

The different difficulties and vulnerabilities over medical services labour force the executives prompted wide-spread dread and nervousness among numerous medical care labourer's at that point. The worries incorporated the vulnerability about profession movement, vulnerability about between province moves, the expanding political obstruction over wellbeing labourer the executives, and the proceeded with disturbances in compensation instalments. Attributable to every one of these difficulties, the public media kept on covering instances of mass abdications of wellbeing labourers countrywide. In late 2013 the three significant wellbeing specialist associations in the nation required a cross country strike because of these difficulties and squeezing for re-centralization of the wellbeing administration conveyance work back to public government. During this strike, which went on for half a month, medical care labourer's countrywide, despite the Narok medical services area representatives depended on a few dissent systems including road exhibitions and web-based media fights, as confirmed by Nail and Selesho (2014), that the corporate image of an institution shows or depicts the attributes of the corporation leadership organization and the employees of an organization.

2.2.5 Devolved Capital Resource Allocation

One major capital resources administrative problem that many counties notwithstanding Narok county face is their inability to realize fully the revenue that shall be due to them, from the national government for their healthcare delivery services. In any organization including healthcare organizations, the capital budgeting influences the fiscal performance of many institutions, this has remained a major challenge to be solved by a majority of the county governments resulting to declining of firms performance due to inadequate strong financial support from the relevant financial authorities (Njiru, 2008).

The National healthcare sector in Kenya as per the Nigeria Africa meeting endorsement on healthcare delivery is require to provide 14 per cent of all the total revenue collected by the government to the healthcare services improvements; paradoxically the government of Kenya over the past four years has drastically and even dangerously reduced the financing of the healthcare sector (Kimanthi, 2016). This practice has trickled down to the County of Narok, due to inadequate funding of the County healthcare sector for the purchases of medical drugs and other essential healthcare equipment's leading to poor healthcare provision services within the County.

Adequate medical equipment's and enough medical drugs are the pillar-stone of a vibrant healthcare performance indicator and it entirely depends with the exchequer financing ability and the trends of supplies of this medical items. Availability of essential drugs and medical equipment's is a key component of a healthcare system, and is closely related to healthcare financing. In Kenya, the national government

brought on board the "pull system" in 2010, to enable the delivery of the required medical drugs and other important medical equipment's to the healthcare medical hospitals within the Counties of Kenya. The "pull system" depended entirely on the

trends of demands and supplies in ensuring the reliable availability of healthcare drugs and other medical equipment's at all healthcare service delivery facilities within Kenya.

While, this system was in place in most of the healthcare delivery services sectors by 2013, the introduction of devolution of healthcare service delivery greatly disrupted it. This was because, where, it was previously carried out by healthcare facilities around the country, drawing medicine from the Kenya Medical Supplies Authority (KEMSA), Counties are no longer obliged to purchase their essential drugs and medical equipment's entirely from KEMSA, but were allowed to source from other medical firms, they deem better to give them value for their money of allocation to the county's healthcare sectors. This practice opened an avenue of corruption, mismanagements of essential drugs stocks and perennial scarcity of the essential medical drugs and other medical equipment's in the County of Narok healthcare sector. This was because procurement practises in this sector are still largely young and sub-optimal, unscrupulous healthcare personnel within the health sector of Narok County were procuring their essential drugs and other medical equipment's from unknown sources at great expenses compared to the retailing medical drugs prices in KEMSA. This Practice not just compromised the requirement list of the essential medical drugs and other medical equipment's, as provided by the Ministry of health, but also the quality of the medication and equipment's procured, leading to a low social development of healthcare service to the county stakeholders of Narok.

Effective, monitoring of healthcare system performance are urgently required within the county of Narok in order to address the question of medical drugs and other medical equipment's shortages and at the same time to redress mechanism put in place by the Procurement Authority to curb the rampant corruption within the healthcare delivery

sector of the county in relationship to the procurement of the essential medical drugs and medical equipment's.

Healthcare medical centres must be able to be accessed by the people seeking medical healthcare help within a short distance. Sixty three per cent of the Kenyan citizens are able to get medical assistance within a short duration of time which is a great milestone in the development of the healthcare performance in Kenya.

According to Kemp, (2005), he argues that adequate capital funds for purchases of goods and services, together with a well maintained infrastructural in any organization are an essential tool for economic gains, and also supported by the World Bank Economic Forum (2010), which confirmed that, a combination of the physical action of implementing the resources available in a transparent practical, combined with the technology know how, are the major necessity conditional requirements for social-economic growth and industrial development advancement in any nation.

As, confirmed by Ismail and Meutia (2012), the establishment of a good capital resource stock for equipment's, in various institutions, including the healthcare institutions, would always increase the development of an organization, as indicated by Daffin and Hobb (2011), who noted the importance of organizations in always maintaining enough working stock, for development as they play a critical role in initiating quality productivity and promoting competitiveness among different companies of production of goods, thus raising the percentages of satisfaction to their customers development, which is also inconstant with Smith,(2007), on good governance towards the social-economic growth of a country due to the production of new products and services in a given market, which was not in practice in the healthcare sector of Narok.

As provided for in Chapter 12 of the Constitution on Public Finance, Article 201(b) provides that the public finance system is to be put in place, to promote an equitable society, and that the burden of taxation shall be shared fairly. Thus, the ratio between what will be shared among the various sub-national governments and the projected revenues from the central government shall potentially and significantly differ both between counties and sectors within the counties, thus, it will entirely depend on a particular county on how they will utilize their capital resources prudently and in a transparent way in order for them to realize their desired development within their counties, thus, the support from the OCED (2003), forum come in handy, by noting the importance of implementing the available resources in a transparent and accountable manner in order for organization to achieve the desired developments in infrastructural sector, towards the raising of the county per capital income.

The perspective growth of an organization including the healthcare delivery institutions will entirely depend on the availability of stock equipment's for production, as indicated by Bigman (2002), on globalization emerging strategies in development, a situation, which was supported by Times live broadcast on the (14 June 2017) which reported a healthcare delivery issue, raised by some members of the public regarding the shortage of equipment in hospitals that leads to fatal delays in urgent surgery. Work backlog causes extended delay for some patients waiting for the much needed treatment, such as cancer patients and other urgent surgery cases who are affected by the lack of essential equipment's such as x-rays machines and laboratory reagents. According to the report, the long waiting periods before one could get the healthcare attention, required, led to the loss of quite a number of the patients, a situation which indicated the importance of always having enough healthcare medical equipment. According to Mokoena (2017), he revealed about the lack of material resources, equipment and uncoordinated supplies

which were a major necessity requirement for healthcare Doctors, resulting in prolonged unnecessary stay by patient in the hospital, thus incurring extra expenses, which could have not been a problem if the healthcare equipment's were readily available. Participants also mentioned that the x-ray machine was not in proper condition, and that patients were therefore referred to other hospitals for investigations or they had to wait until the machine was fixed, resulting in delayed diagnosis, extra uncalled for expenses in their treatment, thus a confirmation by Kimathi, (2016) conquering, on healthcare challenges, that the lack of administrative equipment and skilled professionals adversely affects the quality of healthcare delivery service offered in healthcare delivery institutions

As indicated by Mutai,(2015), who noted the importance of the timely transfer of the devolved funds to the devolved counties healthcare medical facilities as gap measure of bringing quick healthcare wellbeing development to the healthcare stakeholders and also providing the scope to address community healthcare delivery services issues under the guidance of the hospitals healthcare management committees which had the mandate of providing the autonomy for the community-based primary health care delivery services, mediated through the CHWs, to address the needs of their healthcare delivery services on what human capacity building are required and accountability mechanisms for the smooth running of medical health facilities towards achieving the desired healthcare developments in the devolved counties, notwithstanding Narok county.

Mwamunye,(2014), noted, that, since reducing inequities is a central objective for devolution according to the Constitution 2010, it is crucial to assess their development implications issues towards these reforms for equity of healthcare delivery services

among all the Counties, in order to be able to ascertain whether there are systematic disparities in access and use of healthcare delivery services, and also access the financial equity aspects in healthcare financing, where equity is the devolved amount transferred from the national government and the daily service charged from the patients based on their ability in relationship to their healthcare development needs. For instance, the allocations across sub-counties or health services should be based on healthcare needs of the population and development rating of a county. In order to address some of the inequities between geographic regions, Kenya had introduced changes to capital resource allocation to the healthcare facilities, through transfer of the equitable share funding from central government to county governments, determined by the commission for revenue allocation formula (Commission on revenue allocation 2016), which takes into account each county's poverty level, along with an equalization fund for formerly marginalized counties (National Council for Law Reporting with the Authority of the Attorney-General 2010).

Formerly marginalized counties especially from the north eastern frontier now are able to benefit from higher levels of funding, along with the decision space to invest in healthcare delivery service. There are few published studies of county level priority-setting processes following devolution in Kenya. However, a recent study conducted in Mombasa County, found that in the year following the introduction of devolution, there was limited public participation of stakeholder involvement in the process of them making decision on their priorities areas of development in healthcare delivery services, yet public participation allows public values to be identified and incorporated into decisions that ultimately affects their wellbeing developments (Mwamunye, 2014). In addition, the inadequate delayed release of the capital resources from the national treasury resulted in challenges with financial management at counties healthcare

facilities not withstanding Narok County which prompted some healthcare facilities management to re-introduce user fees in order to continue providing services, with implications to the poorest service users (Mutai, 2015).

Priority-setting of devolved capital resources arises as a consequence of the needs and demands for healthcare resources, such as budget, healthcare employees time, healthcare equipment and facilities, exceeding the devolved capital resources available, requiring some means of choosing between competing demands, from other sources in order to be able to fill the gap (Oladipo, 2008). Policymakers need to balance both the financial needs of the healthcare stakeholders for guiding them to set priorities in healthcare implementations of development programmes fairly and efficiently in with safeguarding citizens' right to health (Smith, 2007).

2.2.6 Regulatory Framework

The choice and route of legal framework implementation matters immensely towards the success of the legal framework, in any institution, including in healthcare performance, this is consistent with Dupe (2008), who conducted a meta-analysis of different policies implementations in different sectors and found several significant results where each study policy framework implementation had a different effect from each other, and further supported by Ferlie, E (2011), that, the legal frameworks implementations, attempts to address why and how policies frameworks deviate from the desired outcomes and the need to enact legal frameworks which tend to apply in the context of a particular area and place of interest, so as to bring quick actions for performance in development in any organization of interest. In the devolved system, healthcare service delivery governance occurs at two levels; national and county governments.

At the national level, the ministry of health (MoH) is responsible for providing stewardship and legal policy guidance, while at the county level, county department of healthcare delivery services are responsible for coordinating and managing the delivery of healthcare service delivery. The roles of the MoH and those of the county healthcare departments are outlined in the Fourth schedule of the constitution of Kenya, 2010.

The two levels of the healthcare services are required to cooperate to achieve the governance and management objectives as outlined in Kenya Health Policy 2012-2030.

The national health policy identifies seven legal policy frameworks objectives which include; healthcare financing, healthcare leadership management, healthcare products and technologies, healthcare information, healthcare workforce, healthcare service delivery systems, healthcare infrastructure and the policies guiding on formats of

stakeholder's involvement. (M.o.H, 2014). While the new healthcare legal framework has been defined and the process of implementing them have been put in place. there still challenges being faced by the counties, notwithstanding Narok County thus getting them right will be imperative. This is because the national working model is quite different with the counties schedules of healthcare programs. It is important that roles, responsibilities, accountability and the chain of command for all structures and players in the healthcare sector are clearly defined and understood by all the healthcare stakeholders, both at the national level and at the county's healthcare sector in Narok County. This is currently lacking among actors of healthcare delivery services in Kenya healthcare sector, notwithstanding Narok County, healthcare delivery sector too.

The Kenya Healthcare legal framework 2012-2030 provides an institutional framework policy that specifies the healthcare sector institutional and management of healthcare legal framework required under the devolved healthcare system both in the national

level and the county levels. The healthcare service delivery legal framework, set out the objective requirements of the new governance structure which included the delivery of efficient, cost effective and equitable healthcare service delivery, devolution of healthcare service delivery, administration and management to the community level, stakeholder participation and accountability in healthcare service delivery, operational autonomy, efficient and cost effective monitoring, healthcare systems evaluation, healthcare reviewing and reporting system, smooth transition from old to new devolved healthcare service delivery systems and complementary efforts interventions.

This were major challenges facing the County of Narok healthcare service delivery sector in achieving the requirements healthcare objectives due to inconsistency, poor understanding of the devolved legal framework systems, management issues and lack of clarity between the two levels of government in legal framework working schedules.

Following the promulgation of the new constitution, 2010, Kenya government has made a lot of efforts putting in place the policy frameworks at the devolved County perform their duties legally as required of them through the channels of public participation. Public participation encompasses an open, accountable process through which individuals and groups within selected communities exchange views on development and operation of services that affect their lives, thus, Ferlie, (2011), confirms the importance of incorporating the stakeholders in any legal framework formulation, so that they can accept the changes required of them as this is the only period they are to feel that they own part of the legal framework changes. The public can be incorporated in the legal public participations forums for identification of community needs, healthcare development planning for the county; county budget preparation and validation; implementation of development projects at the local level and in the actual

monitoring and evaluation of projects or programs being implemented through public funds in the county healthcare facilities as supported by (Busu, Mkee, & Stuckler 2011), which was not into practice in Narok county healthcare sector.

Health service delivery level is organized around a four level system, (1) community/stakeholder services, (2) primary health services, (3) county referral services and (4) national referral services. County healthcare authorities are responsible for providing services in levels one to three and the national level is responsible for providing national referral services. Community health services for the first level in the health system and underpin Kenya's plan for attaining UHC. (M.O.H, 2014)

The legal framework of the devolved health care system in Kenya is based on the 2010 Constitution. Since 2013 Kenya operates with a devolved system of governance, with 47 sub-national authorities known as counties and a wide range of governance roles and different healthcare responsibilities devolved to county level, thus this has been a major challenge, for the devolved county governments, to suit the devolved national legal frameworks to their local needs

At the county level in the County of Narok healthcare sector there are two arms of government—the CECM in-charge of the healthcare sector, (who have the responsibility to implement health legislation, manage functions of the county health administration and sections any other functions mandated by the Constitution) and the county assembly (who have powers of enacting legislation at county, provide oversight to the executive and approve plans and policies for resource management), though there are still challenges faced by the two arm of government, due to a lack of clarity in the implementation of national policies in tandem with the county requirements.

Following devolution of the healthcare delivery services functions to the County governments in 2014, the lack of clarity surrounding how counties should follow the new national frameworks on healthcare guidance has contributed to challenges and differences between the content working modules, quality and functionality adequacy towards the achievement of the quality healthcare services delivery to the stakeholders within the devolved county governments of Narok.

2.3. Theoretical Framework

The section examines the various theories models used towards the study on the implementations of the development programs in healthcare delivery services after devolution of the healthcare services to county governments in Kenya.

2.3. 1. Tanahashi Theory

The research adopted the theory of Tanahashi (1978), which provides an outline requirement towards quality healthcare service delivery requirements goals. The theory seeks to link governance reform principles supportive of healthcare delivery service whose main focus is the supply and demand emphasis on investments towards the healthcare delivery services. Healthcare policy analysis is the guidance in use to ascertain, the influence of the healthcare delivery service development on the availability, affordability, accessibility, acceptability, and quality of services provided within the healthcare facilities to the study. Prudent and efficiently, utilization of resources in any organization by the management is crucial in the improvement and development of any institution, as confirmed by Buse, Mays, & Walt, (2012). This theory was relevant to the study as the study was based on development of healthcare delivery programs in Narok County.

The theory main responsibility is geared towards the achievement of an equity satisfaction to all the healthcare stakeholders' requirements and how the healthcare facilities carry out their activities towards achieving a universal health care (UHC) for all the stakeholders within a country. Tanahashi model analyzed on the importance of the availability of medical drugs and the healthcare equipment, inconsideration with their wellbeing development to the relevant healthcare stakeholders, the theory also went further ahead to assess the economic status of the healthcare stakeholders in affording these medical products, it further assessed the accessibility of this healthcare products trends after reaching to the end user, and how it influences the healthcare stakeholders wellbeing health wise development, the theory also examined the positive and negative reactions towards the healthcare stakeholders acceptance to these products, and examined the quality of healthcare being accorded to the healthcare stakeholders, and generally identified potential bottleneck areas which were likely to impede the effectiveness of these activities within the healthcare sector.

The theory is relevant to the study, because Tanahashi theory tend to examine how the devolution of healthcare focused on the improvements of the supply side of the medical healthcare services deliveries by explaining the resources importance interns of their availability and accessibility to a majority of the healthcare stakeholders within the county of Narok, however, there are still challenges to be dealt with for the theory to be seen to add value to the improvement of achieving adequate stocks of medical drugs and other equipment's as per the study findings, as emphasized by Ferlie E,(2001), towards the improvement requirements of a quality of healthcare, which highlighted the interaction between supply and demand at various levels and the need for concern for healthcare stakeholders with greater healthcare needs. This framework theory is also important to the study, as it highlights how healthcare and social-economic policy, can

influence development characteristics of the healthcare systems of the county as it attempts to determine the degree of vulnerability, livelihoods, empowerment and recognition of need for healthcare services, within the County of Narok.

2.3.2 Ecological Theory

The study also used Ecological theory which was modernized as a guideline in community health promotion (Stokols, 1996). Healthcare promotion programs often lack a clear specified theoretical foundation on healthcare activities, thus the study adopted the social ecological model as it is usually used in research to drive practical guidelines for designing and evaluating community healthcare promotion which tend to fit naturally with the study objective towards the promotion of healthcare inherent to the study on the implementations of healthcare development programs in Narok County , by examining the influences of procurement activities, by determining the effects of the leadership management, by examining the influences of the devolved resources, and by assessing the influence of the national framework. The ecological theory, attempts to address the broader influences of healthcare approach, through the social, cultural, environmental and economic factors approach practices, thus the main focus of the theory is on policies of community healthcare promotion.

The model tends to highlight on the desired practices in community healthcare promotion in different healthcare institutions and other organization, outlining rules, regulations, policies, and informal structures that constrain or promote healthcare development. The model also promotes community health factors, which are based on cultural and environmental factors, such as formal or informal social norms that exist among individuals, groups, or organizations, which can limit or enhance healthcare behaviours and Public policy factors, which regulate or support healthcare actions and

practices for disease prevention including early detection, control, and management. Rural healthcare leadership management practices and other healthcare stakeholders often acknowledge multiple challenging factors of influence in their daily healthcare work schedules, and this challenge can be overcome by using theoretical components of ecological models as a solution in solving their healthcare problems. The ecological theory perspective is a useful framework for understanding the range of factors that influence healthcare and wellbeing of the County healthcare stakeholders. It is a model that can assist in providing a complete perspective of the factors that affect specific healthcare behavioural practices, including the social determinants of healthcare. The ecological model frameworks can be used to integrate components of other theories and models, which are designed to promote healthcare development which is basically geared in ensuring a comprehensive community healthcare promotion in disease prevention program and policy approach implementations.

The ecological model is therefore important to the study as it recognises the objective of the study activities towards promoting community healthcare delivery services.

2.4 Conceptual Framework

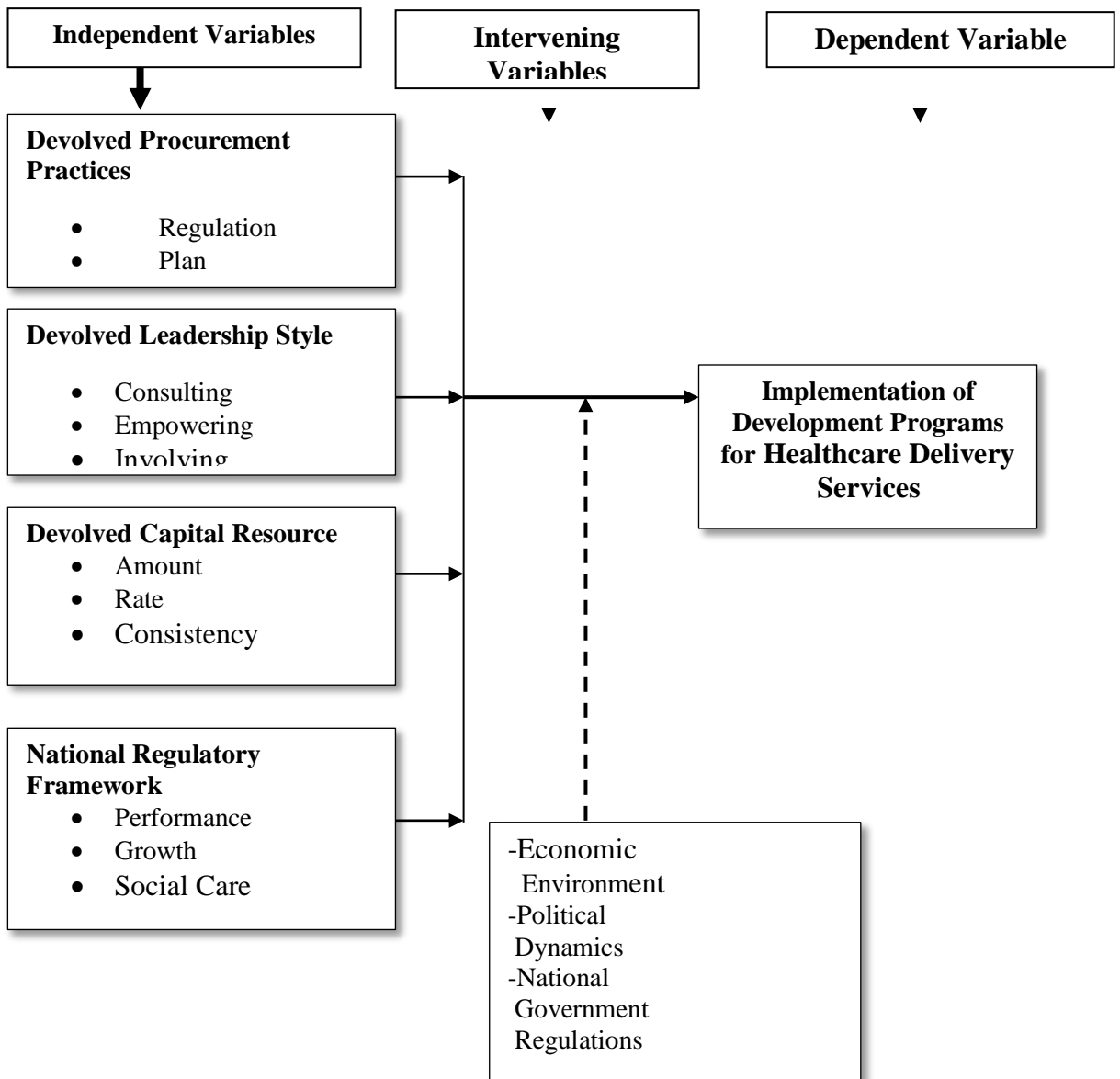


Figure 1: Conceptual Framework Model

Source: Researcher (2015)

A conceptual framework is a graphical or visual description which provides the relationship between the independent variables and the dependent variables of the study (Cooper & Schindler, 2008). Establishing the performance influence of the healthcare development sector in Narok County is the primary goal of this study, as such it is the dependent variable. The influencing factors include devolved procurement, devolved leadership management, devolved capital resources as well as devolved national

regulatory framework. This forms the independent variables of the study. The significance of their level of influence to the healthcare sectors performance was accessed through the study.

2.5 Recap of the Literature Review

The literature review examined the study objectives which are likely to influence the development of the two healthcare facilities to the study. The new constitution of Kenya 2010, on the devolution of the healthcare development activities in Procurements, capacity building, resources mobilization and the regulatory frameworks from the central government to the county governments involve a complex transactions, thus a need arise to determine their requisite activities required to be undertaken by the devolved government, in order to realize the desired healthcare development results of a bringing a vibrant and efficient healthcare delivery service to County stakeholders of Narok County.

On the healthcare procurement regulations, Rotich, (2012), did a study on the influence of planning on procurement performance in public institutions and asserts, that, without putting the required mechanism on procurement planning, the likely hood of getting value for money in the purchases of goods and infrastructural projects are limited, this was also confirmed by, Chandra (2008), that efficient procurement planning provides the basis for organizing infrastructural projects to their desired completion, as also supported by Malala (2011), who noted that procurement planning in a majority of the public organizations notwithstanding the healthcare sector in Narok county, plays a major role in the successful completion of infrastructural project, in good time and bringing value for money, especially if the five principles of procurement practices in transparency and accountability, stakeholder involvement, stakeholder empowerment,

enforcement and decision making by the stakeholder considerations are utilized as per their requirements.

On the leadership management, Taffinder (2006), noted that, leadership management integrity, in any organization, may it be on healthcare cannot be underrated, as it is the main focus which determine the performance development in a majority of organizations. Efficient leadership management in healthcare facilities are the driving force in the motivation of the healthcare employees, provides channels of information and communications amongst the healthcare employees and the healthcare stakeholders, it also provides avenues for public participations and oversee the general improvement of human resources capacity of the healthcare institutions.

It is therefore clear that leadership managerial capacity is a prerequisite for the devolution of healthcare to achieve its goals and be seen to initiate a development impact for both the healthcare employees and the healthcare stakeholders (Oyugi, 2015). Organizations, notwithstanding the healthcare facilities in Narok County are likely to perform much better, if they have enough capital resources for their healthcare infrastructural projects development and other services. Kemp (2005) noted the importance of the utilization of capital resources prudently for development purposes. The combination of physical actions, technology, and adequate capital funds, are the major necessity conditional requirements for the social-economic development growth per capital of a Country.

Although adequate capital funding is crucial for any healthcare system to be effective, it is not only funding that impact on healthcare outcomes and service delivery. Having the right governance and accountability structures as well as managerial capacity, plays a major role and believed to have a stronger impact on performance and outcomes rather

than funding does (Smith, 2007). Dupe (2008), noted, that a choice and route of a legal framework implementation matters towards the success utilization of the legal framework in any organization. Landry, (2016), emphasis, that, the legal framework regulations attempts to address a need of a particular work schedule within an area of interest, so as to be seen to initiate any tangible development in any organization including the healthcare institutions of study in Narok county thus, the imposition of unwarranted policies and regulatory frameworks, which do not comprehend with the work schedules of the healthcare programs of the Narok county healthcare sector County, should be discouraged, according to the study review.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

The chapter covers the sample selection, target population, sampling design and procedures, research instruments for data collection, validity and reliability of the research instruments as well as data collection procedures, and finally taking into considerations of ethics requirements.

3.2 Research Methodology

The study adopted a descriptive study in order to be able to ascertain and describe the characteristics of the study variables. Descriptive study design is used to gather, summarize, present and interpret information for the purpose of clarification. Orodho (2002) describes the research design as the scheme, outline or plan that is used to generate answers to the research problem, it is appropriate where the study seeks to describe characteristics of certain groups, estimate the proportion of the people who have certain characteristics before making predictions. Descriptive study design is used to gather, summarize, present and interpret information for the purpose of clarification (Sekaram, 2003). In the descriptive methodology, the researcher dealt on a distinct data collection format of different categories of individuals in the study group basing on each specialty characteristics of an individual within the study groups attributes. A descriptive method enables the researcher to classify the informants according to their level of education background, gender attributes, geographical location and their religion preferences (Tashkhori & Teddlie, 2010). The researcher further divided the data collected into another category in form of discrete of continuous format, in order to be able to collect a quantifiable data from a lager gathering with a high indication of accuracy (Creswell, 2003).

3.3 Research Design

A design in research is the preparation undertaken with the study variables in order to be able to get a solution of a problem (Orodho, 2002). The researcher selected the objectives of the study variables, by initially listing the target group, and further Craswell (2008), also confirmed with the importance of illustrating the research approach as an effective strategy in increasing the validity of a research study in a social research study.

He further went ahead to clarify, that a research design is a plan or structure of investigation which is used to answer the research questions. The researcher selected the following objectives; procurement planning, leadership management, capital resources allocation and the legal framework, in order to be able to ascertain their influence in the development programs of the two healthcare medical facilities. Procurements practice is an activity which involves the purchases of goods and services (Gadde, 2009). Procurements regulations are complex, and have been a constraint in the successful implementations of public projects, thus, the researcher, sort to establish, if the two medical facilities are adhering to the laid down procurement regulations by PPOA, for their purchases of goods and services and their influence in the development of the two referral hospitals.

Leadership management roles in a healthcare organization is a requirement in ensuring an excellent management performance (Taffinder,2006), thus, the study variable, sort to determine whether the devolved leadership management has brought any development effects in enabling quick decision making towards the healthcare delivery service, motivations levels of the healthcare staff and the success of public participation development. Adequate capital funding in healthcare institutions, tend to influence the

development performance of many public institution, including healthcare organizations (Njru, 2008), thus the researcher sort to examine the level of resources availability in the two hospitals after devolution of the health delivery services and their development influence. Legal framework is a set of rules and regulations, established through precedent in the common law to determine a paradigm of a legal doctrine (Landry, 2016), thus, the researcher wanted to assess the influence of the devolved national regulatory legal framework, if at all they are still necessary in the development of the healthcare delivery services within the two health facilities after devolution.

The researcher selected a descriptive study design which represented the data for satisfying the objective and answering the research questions (Mugenda & Mugenda, 2008). The researcher selected a descriptive design of data collection as it tends to list all the population elements of interests on which the sample will be drawn, and also minimizes biasness amongst the informants, maximizes reliability of the collected data and it also answered the research objectives questions with a minimal least of errors during the investigation (Mugenda & Mugenda, 2003). The researcher selected the descriptive model of research design using a likert questionnaire model in order to be able to ascertain and describe all the characteristics of the research findings, and be able to get a reliable data of the Healthcare personnel involved in Healthcare delivery services (Sekaram, 2003).

3.4 Location of the Study

The study was carried out in Narok town and Kilgoris level four hospitals as they were the only two referral hospitals in the County with a concentration of all the cadre of the healthcare officers, and with a bigger number of in-patients compared to the rest of the sub-county healthcare facilities within the county of Narok, thus, it enabled the

researcher to get easily all the healthcare target population, as defined by Agarwal (2009), that a population is a collection of individuals or objects of a scientific study. According to Creswell (2008), a population is defined as all elements, may it be individuals, objects, households and events that meet the criteria inclusion in the study, thus the two main hospitals to the study, met the researcher's criteria as they are the headquarters of Narok town and Kilgoris town where all the transaction of the study objectives transactions are carried out, before they trickle down to the other dispensaries within the County. The Narok level four hospital is to the right of Narok Nakuru road, about two kilometers from the town centre, while Kilgoris level four hospital is situated within the Kilgoris-Nyamira road with a distance of three kilometers from Kilgoris town. Narok town is situated to the southern part of the great rift valley of Kenya

3.5 Target Population

Population sample consists of individuals, objects or events that are being investigated in the study. According to Ngehu (2004), a population is a well-defined or set of people, services, elements and events, groups or households that are being investigated. Due to the high costing involved in collecting data from a large population the researcher concentrated on a particular group of interest to the study within the two healthcare centers as it was not possible to consider the entire target population for the statistical study. Population tends clarify a set of happenings or targets of research objectives to be researched for, and on which a researcher wishes to find out findings after analyzing the research objectives. (Cooper & Schindler, 2008). The study was done at the two level four referral hospitals in Narok County situated in Narok town and Kilgoris sub County of Narok. The target population for the study was all the 200 healthcare employees working within the two healthcare centers deployed at the procurement healthcare section, the management team and the accounts section as per the human

resource records obtained from the human resource departments of the two medical facilities and 372 in-patients from the two health centers as per the in-patients medical records obtained from the medical records section(HR-Dept) of the two medical centers during the study duration.

Table 1: Target Population

County	Population	
	<u>Patients</u>	<u>Staff</u>
Kilgoris town	84	87
Narok Town	288	113
Total	372	200

Source: Hospitals HR Dept. (2015)

The healthcare workers under procurement section respondent towards the procurement questions,, the leadership management workers respondent towards the human capacity questions, and the legal regulations frameworks questions and the account section healthcare workers respondents towards the capital resources availability questions due to their wide experiences in their respective sections of attachment, while the in-patients to the study respondent towards issues on public participation, as the study targeted the as the major healthcare stakeholders within the county who have an interest in the development of the healthcare services for their benefits.

3.6 Sampling Procedures and Techniques

The study used a stratified random sampling method which is a probability method as it helped in identifying the respondents for data collection and provided adequate data for analyzing the various sub-division of the study. A sampling procedure and technique are the actual list of sampling units from which the elements of sampling are selected and drawn (Kothari, 2004). The first step undertaken by the researcher was to select a

population of interest in the study, which included the explicit definition of the elements of concerns within the research. According to Mugenda & Mugenda (2008), a sample is a small collection of a population which is studied to enable the researcher gets more accurate findings about the larger group. The researcher then went ahead to select a sample frame, which presented a complete listing of elements of the target population. (Kothari 2004), confirms that, in order to overcome biasness in a study research, a population sample should be selected randomly within the target population, thus the researcher, selected a random procedure of sampling which gave each element within the target population an equal and non-zero probability of being selected. Probability sampling gave the researcher the advantage of being able to calculate the sampling error of measure and be able to get an accurate data of the target population. Any statement made about the sample should also be the true position of the entire population of the study (Mugenda & Mugenda, 2008).

The study formula was to determine the sample size of the study (Mugenda & Mugenda, 2003), where

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

Where: -

n- Is the sample size of the study

N- Is the study population

e- Is the level of precision

$$n = 572$$

$$e = 10\%$$

$$\text{Therefore, } n = 572/10$$

N= 57 sample size of the study.

3.7 Sampling Population

A sample population is a process of selecting a population from a complete unit of the target population with which to conduct a study. A sample population is a small group of a population from the larger population which is of interest to the researcher (Mugenda & Mugenda, 2003). The sample population of the study was comprised of 20 healthcare employees from the procurement section, human resource section and the accounts department within the two medical institutions and 37 in-patients from the two referral healthcare centers of the County.

Table 2: Sampling Population

County	Population		Sample size	
	<u>Patients</u>	<u>Staff</u>	<u>Patient</u>	<u>Staff</u>
Kilgoris town	84	87	8	9
Narok town	288	113	29	11
Total	372	200	37	20

Source: Hospitals HR Dept. (2015)

The study used a 10 percent sampling frame from each stratum in the population. Hence, from a total of 572 Target populations, a sample of 57 participants in the population was taken, comprising of 37 patients within the two level four referral hospitals and 20 hospital employees from the departments of interest to the study. This is as per the suggestions of Mugenada & Mugenda (2003), who stated that, a sample population between 10% and 30% is adequate to give out reliable results when the target population of the study is large enough.

3.8 Construction of Research Instrument

The study used the Likert format type of questionnaire as the main source of data collection. The questionnaire instrument used in data collection was preferred as it

enabled the respondents to be objective, precise and articulate in answering the questionnaire questions. A questionnaire is a method of data collection in which respondents provide written answers for written questions and most ideal method to answer the objective questions in a research study. According to Kothari (2004), a questionnaire is the most suitable and appropriate instrument of data collection due the ability to be able to collect quite a large data within a short duration of time. A questionnaire guarantees confidentiality of the information from the respondents and gives out a clear investigation perspective (Creswell, 2003).

The researcher initially pre-tested the questioner on a pilot target group. The pilot running of the questioner was to provide the researcher to be able to ascertain on the feasibility of the proposed procedure for coding while showing up flows of ambiguities amongst the selected number of staff and patients in Narok county health facilities. The purpose of pre-testing the research instrument was to verify whether the questionnaire were clear to the local participants, establish whether the questionnaire would effectively address the data needed for the study and assess and identify any problems from the participants who are likely to experience some challenges in filling the questionnaire (Cooper & Schindler, 2006).

3.9 Testing for validity and reliability of research instruments

Validity and the reliability of the research instruments are important in a research study because they give a guide on the extent of validations of the data collections and their measure of reliability.

3.9.1 Validity

In a research study, a researcher tries to make sure that, all the information a researcher collects are accurate. This, implies, that what the researcher method used as an

instrument of obtaining information must be accurate (Creswell, 2008). In this research study, most of the information the researcher obtained, were from the researcher area of interest within the two level four referral hospitals in Narok, thus the validity was accurate. According to Creswell (2007), he describes validity in quantitative research as a “Construct validity” to the extent to which a test or instrument is measured on what the researcher actually need to measure.

The validity in research undertaking will entirely depend on the accuracy of the research tools, the validity of the research techniques and the validity of the research findings report (Ngechu, 2004). To establish the validity of the instruments, the research instrument was presented to the research supervisors and defended in the department during the disseminations forums where the research proposal was presented and approved. Thereafter, the research questionnaires were administered with the approval of the supervisors. The researcher, used the content related validity format, as it tends to give a clear highlight on the degree to which the instrument of measure in a representation domain selected contain adequate trains expected to be measured.

3.9.2 Reliability

A measuring instrument is said to be reliable if it provides a consistent measurement consequently (Cooper & Schindler, 2006). Reliability is also considered as a level of internal consistency or stability of a measuring instrument (Mugeand & Mugenda, 2008).

The instrument is considered too, to be reliable to the extent that, there measurements are free from nonrandom error. In order to get reliable results, the researcher collected the data personally and later used the Test-retest technique method of reliability testing whereby; the pilot questionnaires were administered twice to the study respondents on a

seven-day interval to allow for enough duration periods for reliability test. The study reliability test-retest technique was carried out whereby; one procurement healthcare employee, one HR healthcare employee and one healthcare accountant were used on the pilot study to taste the study instrument reliability. The researcher used the internal consistency format of reliability measurement method known as the Cronbach's Alpha (a), which tend to show the extent to which a set measurements in a study could be used in the measuring of the variable objective reliability (Ngechu, 2004), Thus Test-retest method can be summarized as the coefficient of stability which can also be computed by administering an instrument to the same target group of people on two different occasions and then correlating the rating of the scores from one duration of time to the next for testing reliability(Mugenda & Mugenda, 2008).

3.10 Data Collection Methods and Procedures

A request letter for data collection from the two healthcare facilities was written to the County secretary by the researcher after the approval from the School of post graduate (MKU), and NACOSTI, to go and collect data from the field of study. Likert format types of questionnaires were designed for the collection of the research data on the roles of devolution in the implementation of development programs in the healthcare delivery services objectives in procurement practices, leadership management, capital resources and the legal framework. The Likert questionnaire instrument data of collection was preferred by the researcher as it enables the respondents to be more precise and objective in answering the research questions.

A questionnaire is a format of data collection in which the sample size population group provides written answers for the questions required for the research study objectives. According to Creswell, (2003), a pilot test should include at least ten percent of the

sample population of study. The pilot test is conducted to detect weakness and shortcomings in the design and the instruments of the study research as well as to provide proxy data for selection of the probability sample (Cooper & Schindler, 2010).

Data collection in a research is a process used in a research study for collection of data in a particular subject of investigation (Creswell 2003). The researcher formatted the questioner with the introduction part, highlighting the topic of the research with the levels of education for the informants. The section B, of the questioner contained Likert type of questions with each question having a character of strongly agreed, agreed, neutral, disagree and finally agree, which was a quite simple design of a questionnaire to be understood easily by the majority of the informants.

3.11 Proposed Data Analysis Techniques and Procedures

An analysis of data is the evaluation of the collected research data in a particular scale of measurement with some degree of positivity and negativity, in order to be able to present the respondents analysis, through the use of a scaling technique (Saunders, Lewis & Thornbill, 2009).

In this study, the primary data (Likert questions), obtained from the questionnaires were counter-checked for consistency, legibility and any omission whatsoever, before being coded for analysis. The quantitative data generated from the study were analyzed using the descriptive statistics method with the help of a Statistical Package for Social Sciences (SPSS), 2013. According to Cooper & Schindler (2006), SPSS (2013) main advantages are it gives several alternatives formats of data manipulations which suits most of the statistical measures of a research study. The researcher in this research study used a Likert scale technique questioner which contained a series of opinion statement about the topics of the devolved roles in the implementations of the

development programs in Healthcare, in consideration of the respondents, levels of understanding the questionnaire.

The researcher organized the data which was already interpreted as per the objectives of the research study using the assistance of computer package with software containing the statistical package for social scientists (SPSS), 2013 to communicate the research findings. After the tabulation of figures percentages, charts and tables were used for data presentation. In the study, the researcher also used the regression analysis to determine the relationship degree of measurements of the study variables.

A regression analysis is a set of statistical processes for estimating the relationship between a dependent variable and one or more independent variable (Ngechu, 2004). The analysis is usually utilized when a researcher wants to predict and describe the relationship between different impact variables results percentages and their reactions to the study, either having a more or less negative or positive reaction to the study with the use of the linear regression formula of a single “Y” for the dependent variable and “X” for the independent variables in a simple regression analysis, of $(y=mx+b)$, where “m” is the slope of the line and “b” is the “y” intercept.

3.12 Ethical Considerations

According to Sekaran, (2003), in a research study, professional competence, integrity, objectivity, professional behavior and confidentiality should be the outmost important ethical aspect during a research study and these were the main code of ethics which guided the researcher during the research study. According to Creswell, (2003), Ethical consideration in a research investigation and writing represent a moral requirement that involve the process of conducting a research study in order to be able to achieve the highest standards of technical undertaking, respect and the protection of the people

responding to the study. During the study, the researcher strived to abide to all the relevant ethical requirements in a research study which included;

3.12.1 Consent

Before, the initial collection of data, the researcher sorts the consent from the school of post graduate studies (MKU), and also acquired a permit from the National Commission for Science, Technology and Innovation (NACOSTE). Consent to undertake the study at the County government of Narok, referral hospitals was also requested from the County secretary (Appendix I).

3.12.2 Confidentiality

During the collection of data, the respondents were also briefed, by the researcher to explain to them, on the purpose of the research study, before they attempted to answer any question. The researcher also assured the informants, that, all their answers will be retained in confidentiality and only used for education purposes, as indicated in the questionnaire part of confidentiality, (Appendix II).

3.12.3 Plagiarism

The researcher avoided any form of plagiarism and ensured that, all sources used were cited, acknowledged and referenced. The researcher avoided all data fabrications and copy pasting other authors already published researches, and relied on the study findings for the final writing of the research on the Roles of devolution in the implementations of development programs in healthcare delivery services.

CHAPTER FOUR:RESEARCH FINDINGS, ANALYSIS AND PRESENTATION

4.1 Introduction

This chapter presents analyzed data of the research findings. The data obtained is presented in the form of graphs, tables and pie charts. The study main objectives are to assess the role of devolution in the implementations of development programs in procurements practices, leadership managements, resource mobilizations and the legal frameworks. The chapter is further divided into several sections that are pertinent to the subject under study..

4.2 Research Presentation, Interpretation and Discussion

The study presented the collected analyzed data during the study in graphs, pie charts and tables, and there after discussed each objective individually.

4.2.1 Response Rate from the Respondents

The reply rating was quite encouraging, since ninety-six percent of the target group responded to the questions listed in the questionnaire. Fifty five out of the fifty seven questionnaires supplied to the informants were completed by the respondents and submitted back the researcher which was a good presentation from the informants, as per Mugenda and Mugenda (2003), confirmation that, a response rate of above 50% is adequate to present a good data analysis, which was also supported by Kothari(2004), on the percentage requirements for the response rates of the respondents. Cooper and Schindler further argued that, a percentage rate exceeding 30% was still adequate to give a total sample size and be able to provide enough data for a descriptive study, thus the response rate to the study was adequate to give good analysis results findings to the study as indicated in the Table 3.

Table 3: Response Rate

County	Population	
	<u>Frequency</u>	<u>Percentage</u>
Response	55	96
Non-response	2	4
Total	57	100

Source: Researcher (2016)

4.2.2 Gender Distribution of Informants

The distribution of females and males as per the gender indicators was; 51% females and 49% males which was quite an encouraging response, as the distribution was almost equal for both sexes as indicated in Figure 2. According to Cooper & Schindler (2006), he identified males to be the most preferred domination in formal and informal research studies sectors, but, Ngechu, (2004), also confirmed the important of women also playing a major role in the informal sector, despite the domination of men in the formal sector, which summarizes the important of both the genders in a research study.

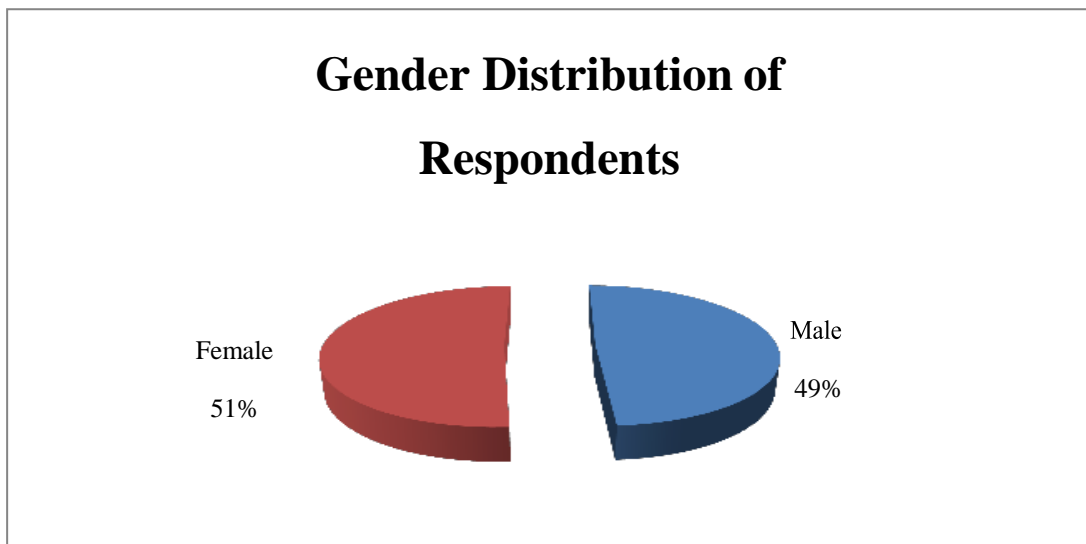


Figure 2: Gender distribution of informant

4.2.3 Age Distribution of Informants

The age of the informants, was also encouraging as, it shows that the majority of the target group are above 41-50 years (36.3) % and 31-40 years (32.7) % who are the majority respondents with a lot of experiences in Healthcare delivery services and were able to understand and answer the questions correctly while, the minority who comprises the age groups between 18-30 years (20) % and 51-60 years (9) % and above 60 years (2) %. Were the minority, this was a good indicator, as the majorities mid age level of informants were the main target to provide satisfactory answers due to their levels of experience in their daily healthcare work schedules as indicated by the frequency Table; 4 and Figure 3. The researcher also selected the same age group bracket of the patients for the questionnaires interview within the two medical health facilities.

Therefore, the study was likely to give good results in the data presentations, as the majority of respondents were between the years of 31-50 years, which conquers with the current trends growth in Kenya as per the Population Analysis report (2014), which anticipated the population of Kenya growth to increase by 12%, within the age bracket of 21-50 years and 15% increase in 2009. Therefore, the finding of this study reflects the current trend of the Kenya population indices.

Table 4: Age Distribution

Age	Frequency	Percent
41-50	20	36.3
31-40	18	32.7
18-30	11	20.0
51-60	5	9.0
Over 60	1	2.0
Total	55	100.0

Source: Hospital Human Resource Department (2015)

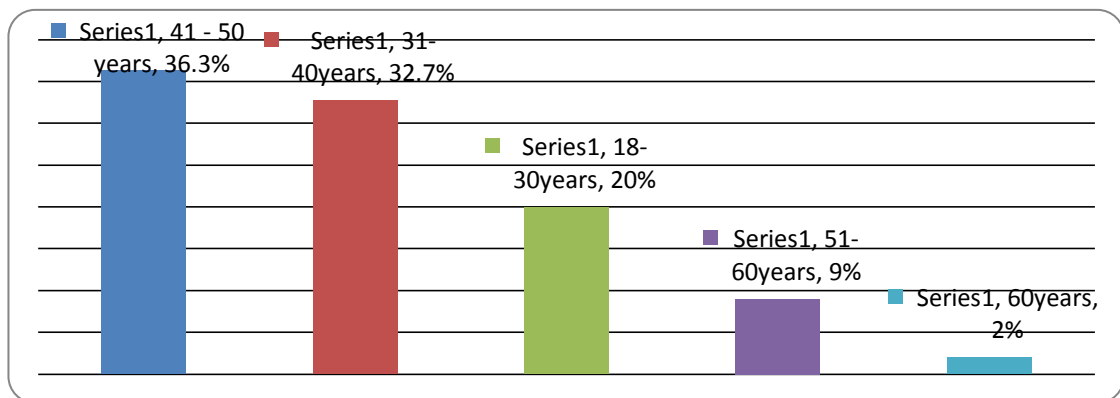


Figure 3: Age distribution of the informants

4.2.4 Informants' level of Education

Knowledge of understanding on how to read the questionnaire and be able to answer the questionnaire correctly cannot be under rated, thus the education levels of the informants were taken into considerations whereby; 43.6% of the informants were in tertiary levels of education, university and KCSE were 25.5 % respectively and post graduate were 5.4% of the informants. This was an encouraging level of percentages ratings in education levels of the informants who were able to understand what the researcher required of them in the collection of data in healthcare delivery services, thus

this provided adequate results findings for the research study as indicated by the frequency Table: 5 and Figure: 4.

Table 5: Level of Education

Education level	Frequency	Percent
Tertiary	24	43.6
University	14	25.5
KSCE	14	25.5
Post Graduate	3	5.4
Total	55	100.0

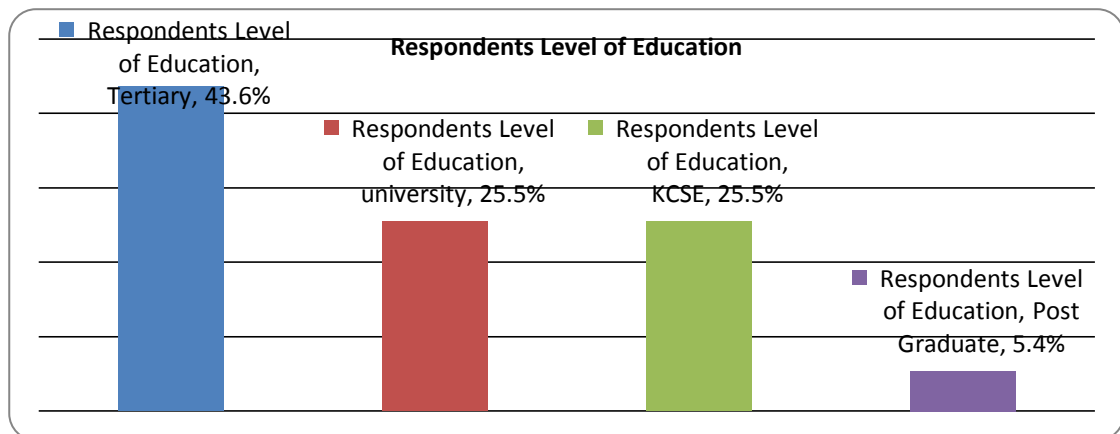


Figure 4: Respondents level of education

4.2.5 Employees experience in the health sector

The practical experiences of the healthcare personnel within the two level four referral hospitals were accessed by the senior management within the human resource department through the researcher request, in order to be able to get respondents who are able to respond diligently towards the questions in questionnaire on healthcare delivery services. Accordingly, 50% had 10-15 years' experience, 25% had 5-10 years' experience, 10% had below 5 years' experience, 10% had 15-20 years'

experience, and 5% had over 20 years' experience, thus this was also quite an encouraging situation, as most of the informants were able to answer the questionnaire with ease as indicated in the frequency Table:6 and Figure: 5.

Table 6: Employee Experience

Experiences Years	Frequency	Percent
Over 20	3	5
10-15	28	50
5-10	14	25
>5	5	10
15-20	5	10
Total	55	100.0

Source: Researcher (2016)

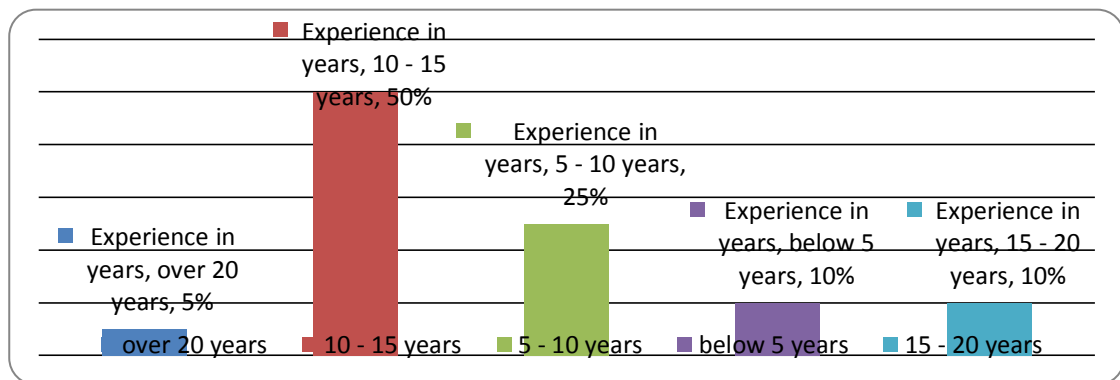


Figure 5: Employment Experience

4.3 Devolved Healthcare Procurement effect in Health Sector

The study sort to establish whether procurements regulations and procurements plans were being adhered to in the purchases of drugs, medical equipment's and infrastructure projects within the tow medical healthcare facilities as per the PPOA requirements of

purchases of goods and service. Public exposure on procurement practices in the two healthcare facilities by the stakeholders was also accessed during the study.

4.3.1 To Establish the effect of Procurement Practices in healthcare

Healthcare procurements is an activity which involves a process of selecting vendors, establishing payments terms, strategic vetting, selection, the negotiation of contracts and the actual purchase of goods and services. The study variable tends to establish whether the required practices regulations of procurements of medical drugs and other medical facilities purchases were being adhered by the two medical institutions in the County as per the public procurement acts of (PPOA), after the transfer of this activity from the national government to the county government, and be able to establish the influence of their development trends towards the satisfaction of the stakeholders of the County in getting a quick service interns, of the availability of these healthcare products.

Reactions from the informants on the procurement transaction within the County, was negative. According to the percentages indicators from the study findings, there were no tangible improvement realized, on the delivery of medical drugs, equipments and other facilities as indicated by the percentages ratings; 36.4 % strongly disagree, that, there was a improvement of purchases of medical drugs and other facilities after the devolved activity to the County, while 27.3 % were also not satisfied with the delivery of these products. 20% of the informants were neutral, while 10, 9% of the respondents agreed that, the procurements and availability of these products enabled a lot of improvement in the general healthcare wellbeing of the stakeholder of the County, while 5.5% strongly agreed on an improvement of this product after the devolved procurement functions to the County. In summary, the study established that, the delivery of drugs

and other medical facilities had not improved after implementation of devolved procurement to the expected levels of the end user's satisfaction as indicated in the frequency Table 7, on the influence of devolved healthcare procurements practices from the National government to the county level.

Table 7: Effect on Procurement regulations after devolution

Response	Frequency	Percent
Strongly Disagree	20	36.4
Disagree	15	27.3
Neutral	11	20.0
Agree	6	10.9
Strongly Agree	3	5.5
Total	55	100.0

Source: Researcher (2016)

4.3.2 To establish the effect of procurement corruption occurrences

Procurement activity, involves, five planning pillars namely, value of money, open and effective competition, ethics and fair dealing, accountability, reporting and equity, for it to be able to give quality results and value for money. The study also went further ahead to establish whether the five planning pillars of procurement were being practiced within the County after the devolution of this activity, as per the procurements laws requirements, in order to be able to determine if there were any malpractices and their levels towards the development of the two medical facilities.

Replies from the informants, on a finding whether the transfer of the devolved County government procurements cycles, have reduced the trends of corruption purchase process within the two County hospitals in Narok county, indicated a partial improvement in the reduction of corruptions practices, the percentages denotation from

the respondents were; 29.1 % strongly agree among the informants, that procurements malpractices in the healthcare sector have reduced since the devolution of the health services to the County Governments, 22.7 % were in agreement too, that, corruption incidences after the transfer of procurement has partially reduced, while,15.5 % of the informants were neutral , and 32.7 % of the informants strongly disagreed that, there were was a reduction of corruptions in procurements practices after the decentralization of the procurement activities of healthcare services to the counties while there were no any reactions on the disagreed respondents as illustrated in the frequency Table: 8 on the rates of corruption practices in the county of Narok after the devolution of procurement practices.

Table 8: Planning effect on Procurement corruption occurrences

Response	Frequency	Percent
Strongly agree	5	29.1
Agree	18	22.7
Neutral	3	15.5
Strongly disagree	29	32.7
Total	55	100.0

Source: Researcher (2016)

4.3.3 To establish the effect of public participation in procurement

The study, also sort to establish the effects of public exposure by the County stakeholders in the procurements transactions at the two medical institutions, in order to be able ascertain the levels of public participation in monitoring and evaluating of procurements cycles in tender advertisement, opening of the tender, evaluation and award by the County stakeholders.

Replies to establish the influence of public exposure of procurements practices within the two devolved referral hospitals within Narok on the procurement transactions, accordingly, 21.8 % partially agreed that, the County stakeholder were involved in scrutinizing some of the procurements transaction which were carried out after devolution within the County of Narok, while 34.5% of the informants strongly agreed, that the County health sector involved them, during all the cycles of procurements which were carried out after devolution of health services. 7.3 % of the respondents disagreed partially in denial that they were not involved, while 36.4 % of the informants strongly disagreed that they were not at all involved in any kind of public scrutiny of all the procurement transactions which were done after devolution of health services in the County. This shows that devolution of the healthcare services delivery has partially enabled the stakeholders to monitor the procurement transactions at the two hospitals facilities after devolution, a parameter promoting the medical services within the two referral hospitals in Narok County, though, more efforts are still required in this area.

Table 9: Effect on Public participation exposure of Procurement cycles

Response	Frequency	Percent
Agree	12	21.8
Strongly agree	30	34.5
Disagree	4	7.3
Strongly disagree	9	36.4
Total	55	100.0

Source: Researcher (2016)

4.4. Devolved leadership management effect and performance

The study therefore sort to determine the effect of consultation amongst the entire cadre of the healthcare employees in order to establish the levels of quick decision

achievement after devolution of the healthcare delivery services to the County level. Employee's empowerment for the healthcare workers in the two medical institutions to the study was also analyzed, notwithstanding the levels of stakeholder's involvement in making developments decision within the two medical institutions to the study.

4.4.1 To determine the effect of quick decision making

The efficiency of any organization is determined on how consultations for quick decisions are made through enhanced consultations by the top management and cascaded down to the rest of the healthcare workers for actions to be taken upon, the quicker the decision, the better for goods results. The researcher, sort to compare this input indicator action before the transfer of the devolved human resource activity work schedule performances effects towards development in healthcare and after devolution in order to determine the development effects for devolution of the healthcare human capacity service delivery in enabling quicker decisions to be taken by the management staff within the two medical facilities in the County government of Narok.

To determine the consultations development effects on which the higher medical hierarchy staff under devolution have enabled quicker decision making within the two referral hospitals, in-comparison before the transfer of medical services to the devolved counties, accordingly, 49.1% of the informants strongly agreed that the decentralization of medical services human capacity has enabled quick decisions making on the performance the two referral hospitals, while 23.6 % of the respondents partially agreed that, there were tangible effects realized on quick decision making, and 12.7% could not compare both the two transitions dispensation, thus remained neutral, while 3.6% of the respondents were strongly in disagreement that quick decision making effects within the two medical facilities of study were not achieved after the

decentralization of clinical human resource services to the counties and 10.9% of the respondents were partially in disagreement, that, quick decision making within the leadership management were not achieved as shown in frequency Table: 10. Therefore, in summary, quick decision making through prompt consultations within the two medical health facilities were achieved through decentralization, as per the satisfaction requirements of the stakeholders of the county on a quality medical service, on decisions undertaking, although more efforts are still required to be taken by the management staff, through capacity building and frequent consultation amongst all the medical cadre of staff in the County department of health in this particular area of activity.

Table 10: Determining the effect of quick decision making

Response	Frequency	Percent
Strongly Agree	27	49.1
Agree	13	23.6
Neutral	7	12.7
Disagree	6	10.9
Strongly Disagree	2	3.6
Total	55	100.0

4.4.2 To determine the staff empowerment motivation effect in development

Decentralization of Healthcare delivery service to the Narok County has enhanced quite a very minimal change within the two medical health facilities in Narok County in terms, of a general empowerment on employees work schedules activities, as indicated by the following input indicator towards the study finding whereby, 45.5%,

of the respondents were strongly in disagreement, that, since the transfer of healthcare service to the County, human capacity development on welfare empowerment improvements for the healthcare staff were achieved, due to a lapse improvement of the human resource managements activities of rewards such as trainings, promotions, information and communication to the healthcare employees motivation in the two health facilities, after devolution, while 27.3%, of the respondents were in partial agreement, that, the leadership management initiated some development on the staff welfare motivation activities, while, 20.0%, of the informants did not realize any of the human capacity developments motivation improvement or any drawbacks, thus they were rated as neutral, and another 3.6% of the informants strongly agreed that the transfer of human resource initiated motivation amongst the healthcare employees, while 3.6% too of the informants disagreed, that, the transfer of human resource capacities has initiated tangible motivational empowerment developments improvements on the two medical faculties for the study as shown in the frequency.

Table: 11, which confirms the effects of the devolved human capacity from the national government to the County government of Narok. In summary, the majority of the informants did not realize any tangible employees' empowerment motivation development improvements at the two medical facilities from the leadership management after the transfer of the Human resource capacities to be under the County of Narok.

Table 11: Determining effect of empowerment for the employees motivation

Response	Frequency	Percent
Strongly disagree	25	45.5
Agree	15	27.3

Neutral	11	20.0
Disagree	2	3.6
Strongly agree	2	3.6
Total	55	100.0

4.3.3 Stakeholders involvement effect in development

The government desire is to encourage the stakeholders to be involved and acquainted in all the development functions of the public offices, so that they can be able to audit public services being offered in these healthcare institutions. The researcher in the study, sort to determine the effects of the stakeholder’s free involvement access, to the two medical facilities while seeking for medical services or any other service, in regards of the rating of consultations between the medical staff and the stakeholders. Public accessibility and involvement to the two medical facilities management by the County stakeholders under decentralized County government was ranked by the informants in the study findings as 46.4% of the respondents were strongly in agreement that all the doors for involvement accessibility, communication and consultation were fully opened for all the county stakeholders, on accessibility and decision making involvement to management without any hindrance at all, while 20.9% were partially in agreement, that, the stakeholders had unlimited access and involment to the hospital leadership management and other medical facilities, while 19.1 % partially disagree and 13.6% of the respondents strongly disagree that,

the medical management leadership was very difficult to access them in their places of work as shown in the frequency Table: 12. In summary, devolution had made an impact within the County stakeholder’s accessibility and involvement to the two referral

hospitals leadership management, which is a good indicator in the promotion of a good working relationship amongst the stakeholders and a general improvement of service delivery in terms of work schedules performance, thus the importance of public participation involvement to the County stakeholders in public institutions should be encouraged and be identified in the decision making as it played a role in the influence the development of the two health facilities.

Table 12: The effect of stakeholder’s involvement in public participation.

Response	Frequency	Percent
Strongly Agree	31	46.4
Agree	17	20.9
Disagree	5	19.1
Strongly Disagree	2	13.6
Total	55	100.0

Source: Researcher (2016)

4.5 The devolved resources availability in the performance of the healthcare

The variable sort to establish the effect of the amount of capital resources devolved to the County after the devolution of the healthcare delivery service to the County for development so as to be able to ascertain the rates of development of the two medical facilities to the study. The study also sort to establish the adequacy consistency flow of the capital funds for purposes of infrastructural development and medical drugs purchases from the national government to the County government in order to determine their development effect in healthcare delivery services development.

4.5.1 The effect of available amount for purchases for medical drugs

Resources are different kinds of stock, supply of money, materials, which determines development progress in a given institution. Resources for development are rated as per

the supply rates of capital funding of an institution, may it be from, the national government, County government or donor funding. Development of healthcare institutions depends on the amount of capital funding supply and how an institution utilizes their resource budgets of allocation. The researcher main objective towards this variable was to examine the effect of the available amount of capital resources devolved to the County government of Narok, for the purchases of medical drugs, and determine their adequacy effects in the development of the two medical facilities to the study in trying to access some of the tangible benefits to the stakeholders of the county interns of their health wise wellbeing development.

During the study, a majority of the informants, indicated a poor performance in the provision of enough medical drugs to the stakeholders of the County, due to inadequate capital funding from the national government as clarified by the informants findings whereby, 52.2 % of the informants strongly disagree that availability and access of medical drugs to the stakeholders were sufficiently available within the two medical institutions of the County while 10.9%, partially disagree on the availability of the drugs and other equipment's, 23.6% of the respondents strongly agree, that, medical drugs and other medical facilities were adequately available in the two medical centers of study due to the national government providing enough capital resources and 9.1% agree also partially and concur with availability of the medical drugs , while 3.6% of the informants were neutral on both scenarios, as indicated in the frequency Table:13. In summary devolved capital resources to the two medical centers were not enough to have enabled the two healthcare facilities to purchase enough medical drugs as required of them, to be able to bring the expected desirable healthcare delivery service development benefits to the County of Narok stakeholders after the transfer of resources from the national government to the County government.

The variable on the capital resources available showed a poor indicator of the development of the social well-being of the stakeholders because of the inadequate access to medical drugs within the two referral County hospitals in Narok County, due to the limited availability of enough supplies of capital funding and not consistent in supplies for the purchases of the medical drugs and other equipment's from the national government in the two medical institutions to the study

Table 13: The effect of the availability of resources for drugs

Response	Frequency	Percent
Strongly Disagree	29	52.2
Disagree	13	10.9
Neutral	6	3.6
Agree	5	9.1
Strongly Agree	2	23.6
Total	55	100.0

Source: Researcher (2016)

4.5.2 To examine the rates of funding for the hospitals infrastructural

Development in any organization depends on the trends and rates of supplies in capital resources and how they are being utilized for the general growth of a given institution of healthcare for value of money for development and intern to be seen in the improvements of the living standards of the citizen of a country. Development standards of any given healthcare facility is determined by the physical development of an entity, the economic standard of an entity and finally the social wellbeing's of a particular entity of interest. Towards, this variable input the researcher wanted to examine the influence effects of the devolved resources availability towards the infrastructural

development of the two medical facilities to the study in trying to explore the cycles of their development rating trends.

The effects of the Decentralized County government of Narok ranking towards the available capital resource funding and utilization of the devolved health development resources from the national government to the County government of Narok for in-fractural developments and upgrading of the two decentralized hospitals was rated by the respondent's whereby; 45.5 % of the informants were in total disagreement that, the devolved medical health funds to the County of Narok were adequately enough and they were utilized as per their requirements to the benefits of the county residence, while 40.0% partially conquer in disagreeing too as the first respondents reactions, on the negative impact of the devolved funds to the County, and 1.8% of the informants, had no response, on the transfer of the medical funds to the county. 7.3 % of the informants agreed, that the devolved funds from national government were enough and were being utilized as per their requirements, while 5.5 % of the informants strongly agree that the funds transferred from the national government to the Narok County government were adequate and utilized as per their requirements and indeed led to a tangible development of the two medical facilities of the County. As such, the devolved county funding from the national government towards the in-fractural development ratings of the two medical facilities within the County of Narok had a minimal effect in the social and economic gains to the stakeholders of Narok County as they were not adequate and consistent in in supply rates as shown on the frequency Table: 14, indicating the in-fractural ratings amongst the informants to the study.

Table 14: Examining the effect of the infrastructural funding

Response	Frequency	Percent
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Strongly Disagree	25	45.5
Disagree	22	40.0
Neutral	1	1.8
Agree	4	7.3
Strongly Agree	3	5.5
Total	55	100.0

Source: Researcher (2016)

4.5. Decentralization policy and regulatory frameworks in healthcare

A good legal framework regulation requirement is to aid in providing a good rating in the general performance, growth and social care development enhancement in any organization. The study variable inputs sort to determine the effect of the continued utilization of the national devolved healthcare legal framework regulations within the two healthcare facilities for development, in order to be able to ascertain their relevancy for development.

4.5.1 To assess the effect of the national health framework after devolution

Policies reflect a wide range of contexts, in their increasing complexity from their utilizations due to a continued evolution of new policy process performance and growth requirements to be in tandem with the new emerging evolution changes of work schedules in many different organizations, notwithstanding the medical healthcare facilities. Policies are construed as both actions or decisions and inactions or indecisions of an established healthcare government institution which affect the performance and growth of these institutions.

Policies are guiding instruments and regulate how activities are to be carried out as planning tools in work performance and the general growth towards the achievements

of set goals for health delivery and other development services. The researcher role of interest was to assess the influence effects of the transferred National health legal frameworks to the County government of Narok in order to be able ascertain, whether; it is still useful within the devolved County and to be able to give out a quality health performance development within the county of Narok. The informants finding were 46.4% of the informants, strongly agree that depending entirely on the regulations from the National government for an exercise like periodical vaccinations to be undertaken, or before any clinical activity is done within the county government of Narok, tends to course delays in medical health development performances, while 29.1% were partially in agreement, that, utilizing the National regulations for any activity, to be done, was not giving out a quick health service delivery to the stakeholders of the County as expected and 5.5% of the informants remained neutral without any comments in the devolved County regulations frameworks. 10.0 % of the informants disagreed that, the continued use of the National regulations frameworks was causing unnecessary delays in work planning of health activities within the County of Narok, while 9.1% of the informants also conquer by strongly disagreeing, that the National health regulatory frameworks were disadvantaging the work schedules of the County.

In summary, a majority of the respondents were not in support of the continued use of the transferred National regulatory frameworks' healthcare services to the County of Narok as indicated in the frequency Table: 15, on the assess of the National health policies to the County after devolution of the health services delivery, as it tends to delay the County work schedules performances, thus retarding the much required healthcare development to the County stakeholders.

Table 15: Assessment of the national health policies for development

Response	Frequency	Percent
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Strongly Agree	20	46.4
Agree	16	29.1
Neutral	3	5.5
Disagree	11	10.0
Strongly Disagree	5	9.1
Total	55	100.0

Source: Researcher (2016)

5.1. Discussions of individual objectives results

Discussion of the study individual objective guides in elaborating each individual variable development rating towards the development of the two healthcare institutions.

5.1.1 Establishing procurement practices effects in healthcare

Healthcare procurements is an activity which involves a process of selecting vendors, establishing payments terms, strategic vetting, selection, the negotiation of contracts and the actual purchase of goods and services (Gadde,2009). The study variable tends to establish whether the required planning of procurements activities of medical drugs and other medical facilities purchases were being adhered to by the two medical institutions in the County after the transfer of this activity from the national government to the county government as per the PPAO, to an extend of influencing the general development of these two medical facilities towards the satisfaction of the stakeholders of the County in getting a quick service development interns, of the availability of these products. A study by Chandra (2008), noted that, poor planning in procurement have been a major constraint in the successful implementations of public projects in India, causing projects to be uneconomical in terms of the costing and time factor, thus denying the stakeholders the much needed development,

Reactions from the informants on the healthcare procurement transaction effects towards the healthcare developments within the County, was discouraging. According to the informants reactions to the study, there were very minimal tangible improvement realized in the development of this area towards the delivery of medical drugs, equipment's and other facilities as indicated by the informants reactions whereby, 36.4 % strongly disagree, that, there was a improvement of purchases of medical drugs and other facilities after the devolved activity to the County, while 27.3 % were also not satisfied with the delivery of these products, and 20% of the informants were satisfied that, the procurements and availability of these products brought a lot of improvement in the general healthcare advancement to the stakeholder of the County, while neutral, 10.9 % agreed, 5.5% strongly agreed on an improvement effects of this variable after the devolved functions to the County.

In summary, the study established that the delivery of drugs and other medical facilities had not improved after implementation of devolved procurement to the expected levels of the end users satisfaction, thus the study concurs with Oladipo (2008), that poor procurements practices, poor planning of procurement and inadequate funding are the major causative agents of projects and other services being beneficial to the stakeholder, This was also confirmed by Malala,(2011) on the importance of following all the guidelines of procurements practices requirements for the public procurements of goods and services, and supported by Ismail and Meutia, (2012), that some public organizations do not have personnel with the requisite knowledge in procurement practices as required of them, leading to uncoordinated purchases of goods and services and the outcomes are a slow trend in healthcare developments. Two economic scholars, Lyson and Farrington (2010), confirmed that, some of the benefits of transparency and accountability in Procurement activities involves, some objectives namely, value of

money, protection and enhancement of the environment, more efficient use of resources, support for innovation, better risk management, open and effective competition, transparency and fair dealing, accountability and reporting and equity, which gives quality results and intern initiate tangible development of different institutions. The study therefore wanted to establish whether the objectives of procurement in transparency and accountability were being practiced within the County after the devolution of this activity, in order to be able to determine the level on corruption occurrences instances and their effects towards the development of these two medical facilities to the study.

Replies from the informants, on a check whether the transfer of the devolved County government procurements cycles, have reduced the trends of corruption in purchase of goods process within the two County hospitals in Narok , as per the study findings in this area, there was a partial improvement in the reduction of corruptions practices, the informants reactions were; 32.7 % strongly disagree among the informants, that procurements malpractices have not reduced since the devolution of the health services to the County Government of Narok, 22.7 % were in agreement too, that, corruption incidences after the transfer of procurement has partially reduced, while,15.5 % neutral , and 29.1 % strongly agreed that, there was a great reduction in corruptions of medical facilities after the decentralization of the procurement activities of health services to the county, a reaction supported by Meredith and Mantel(2012) on the importance of efficient procurement policies and practices in the purchases of goods and service which are critical in any organization for good public financial management and effective budget implementations.

Effective implementation of healthcare procurement practices are determined by the levels of compliance with the budget adherence expenditures, strict adherence of procurements regulations, transparency and accountability and finally the public participation(Gadde, 2009).The study, also sort to establish the influence of public participation of the procurements transactions at the two medical institutions, in Order to be able ascertain the levels of public openness in any project of choice, during the cycles of procurements, namely, tender advertisement, opening of the tender, evaluation and award to the County stakeholders.

Replies to establish the influence effects of public participation within the two devolved referral hospitals within Narok on the procurement transactions, accordingly, 21.8 % partially noted, that, the County stakeholder were involved in scrutinizing some of the healthcare procurements transaction which were carried out after devolution within the County of Narok, while 34.5% of the respondents were strongly in agreement, that the County health sector involved them, during all the cycles of procurements which were carried out after devolution of health services. 7.3 % disagree of the respondents were partially in denial that they were not involved in public participation, while 36.4 % strongly disagree that they were not at all involved in any kind of public scrutiny of all the procurement transactions which were carried out after devolution of health services in the County. This is an indication that devolution of the Health services delivery has partially enabled the stakeholders to monitor the procurement transactions at the two hospitals facilities after devolution, a parameter promoting the medical services development within the two referral hospitals in Narok County, though, more efforts are still required in this area, and this is confirmed by Malala (2011), that, all goods and services should be guided by the public procurement acts requirements, and also supported by Public Procurement Oversight Authority(PPOA), in order to encourage

the procurements departments to adhere to all public procurements regulations, including Public participation.

5.1.2 Determining the leadership management effect in healthcare development

Leadership roles in any organization is to ensure excellent organizational performance in order to be able to provide a suitable working environment, to the workers and other stakeholders, provide adequate motivation to the employees and provide efficient communication channels amongst the employees and other stakeholders (Taffinder, P, 2006). This was also confirmed, by London M., (2001), that, leadership development, involves the efficiency of any organization in determining on how quick decisions are made by the top management for actions to be taken upon, the quicker the decision, the better for goods results. The researcher, compared this variable action before the transfer of the devolved of health human resource activity work schedule and after the devolution to determine the effects of devolution of the health human capacity in enabling quicker decisions performances to be taken by the management staff within the two medical facilities in the County government of Narok.

To determine the effects towards what level the higher medical hierarchy staff under devolution have enabled quicker decision making within the two referral hospitals, in-comparison before the transfer of medical services to the devolved counties, accordingly, 49.1 % of the informants strongly disagree that, the decentralization of medical services human capacity has enabled quick decisions making in the performance the two referral hospitals, while 23.6 % partially disagree, that, there were no major tangible effects realized, and 12.7% could not compare both the two transitions dispensation, thus remained neutral, while 3.6% were strongly in agreement that quick decision making effects within the two medical facilities of study were

achieved after the decentralization of clinical human resource services to the counties and 10.9% of the respondents were partially in agreement, that, quick decision making within the leadership management were achieved. Therefore in summary, quick decision making within the two medical health facilities were achieved through decentralization, though partially as per the satisfaction requirements of the stakeholders of the county on a quality development effects on medical service, on decisions undertaking, thus more efforts are still required to be taken by the management staff, through capacity building and frequent consultation amongst all the medical cadre of staff in the County department of health in this particular area of activity, as supported by Stankard, (2002), that, management system and organizational performances will solely depend on the quality leadership of the manager of an organization.

Accordingly, Andrew, (2007), also confirms that, the planning working concept of an organization entirely depends on the leadership top management in the acts of controlling and directing employees of an organization to work in team work, so as to be able to coordinate and harmonize the organization work development programs, this is confirmed with a slow achievement of a good change within the two medical health facilities in Narok County in terms, of a general development in planning towards the welfare schedules of the healthcare workers as indicated by the respondents reactions, whereby, 45.5%, of the respondents were strongly in agreement, that, since the transfer of health service to the County, quite a very minimal development improvements were achieved in human capacities welfare activities work schedules, while 27.3%, were in partial agreement, that, the leadership management only initiated minimal human capacity welfare rewards developments in the two health facilities, after devolution. 20.0%, of the informants did realize some of the human capacity welfare developments

improvement , others, were rated as neutral, while, 3.6% of the informants strongly agree and another 3.6% of the informants agreed, that, the transfer of human resource capacities has initiated tangible human resource welfare developments improvements on the two medical faculties for the study , after devolution of the health services, on the effects of the devolved human capacity from the national government to the County government of Narok. In summary, the majority of the informants did not realize any tangible development improvements on the welfare of the healthcare workers, in terms of rewards such as promotion, training, access to information and performance rewards at the two medical facilities by the management after the transfer of the Human resource capacities to be under the County of Narok, and this was confirmed by, London (2001), that, a corporate image should depicts the attributes of the corporation leadership and that of employees, when they perform their duties on team work basis.

On public participation, workers and other stakeholder's participation in decision making process in a given healthcare company as confirmed by (Nail & Selesho, 2014), make them feel they co-own the company and these are the requirements of well-established governments in encouraging the stakeholders and junior workers to be acquainted in all the functions of the senior public offices functions, so that they can audit their services by rating their public offices performances. The researcher in the study, sort to determine the effects of the stakeholder's free access, to the two medical facilities while seeking for medical services or any other service, in essence of the rating of consultations between the medical staff and the stakeholders.

Public participation to the two medical human resource facilities management by the County stakeholders under the decentralized County government was ranked by the informants by 46.4% of the respondents being strongly in agreement that all the doors

for accessibility, communication and consultation were fully opened for all the county stakeholders, on accessibility to management without any hindrance at all, while 20.9% were partially in agreement, that, the stakeholders had unlimited access to the hospital leadership and other medical, while 19.1 % partially disagree and 13.6% of the respondents strongly disagree that, the medical management leadership was very limited to access them in their places of work. In summary, devolution has made a good impact within the County stakeholder's accessibility to the two referral hospitals leadership management, a parameter which tends to promote a good working relationship amongst the stakeholders and a general improvement development effect of service delivery in terms of work schedules performance, though, more efforts are still required to be put in place, as confirmed by Gadde (2007), that, public scrutiny determines the level of effectiveness in an organization, which tends to promote transparency and accountability in many firms including in the two healthcare facilities.

5.1.3 Effect of capital resources availability in healthcare development.

The constant availability of medical drugs and medical equipment's plays a major role in determining the rate of development and the quality of the medical service delivery being offered to the citizens of a country, a notion supported by OECD, (2003), concerning the economic growth of a country due to the development of new products and services and in consistence with Bigman (2002), noting that, the perspective growth of a country will depend on the availability of stock and various equipment's for the production of various goods , thus the researcher intention on this variable was to ascertain whether the decentralization of the medical funds from the national government to the county governments for the supply of medical drugs were adequate enough for buying the medical drugs to enable the two medical facilities in the County

to be able to give their clients a quality healthcare delivery services development in comparison, before the transfer of this activity to the County government Narok.

As indicated by the respondent's effects towards the medical drugs developments findings in the frequencies, 52.2 % of the informants were strongly in agreement, that funds transferred from the national government to the Narok county government were not adequately enough for the intended purpose of buying the required medical drugs for the two referral hospitals, implying the devolution of the capital resources did not enable effective allocation of adequate capital funding for medical drugs purposes at the hospitals, while 10.9% were partially in agreement on the negative funds adequacy for their intended purpose and 3.6% of the respondents were neutral while 20.9% of the informants were in a partial disagreement, that the transfer of funds from the national government to the county after devolution was enough as per their required purpose of purchases of medical drugs and effected tangible developments, while 3.6% of the respondents strongly conquer that, the transfer of the healthcare funds, were adequate, and indeed achieved a quality healthcare delivery service by enabling the county stakeholders to receive enough different kinds of medical drugs adequately.

Therefore, the decentralization of the County healthcare delivery services in terms of medical drugs funds allocation to the two referral Hospital of the County of Narok, did not improve the healthcare delivery services after the devolution of funds from the national government to the county government of Narok as this was due to inadequacy of funds, as supported by Daffin and Hobes (2011), on the importance of maintaining enough working stock and a consistence rate of supplies in an organization as they play a critical role in the productivity and economic growth development of a country.

As, confirmed by Kemp (2002), adequate and well maintained infrastructure in any organization may it be a healthcare organization is an essential tool for economic gains and development. Capital resources are any kind of stock, supply of money, materials, and they are main determinants of any kind of development in a given institution as confirmed by the World Economic Forum, (2010), that, the physical, technological and social infrastructure resources are the necessary requirements for economic growth and industrial advancements developments. Healthcare development depends on the how the medical institution resources available trends and utilization of their capital resource budgets of allocation are planned for projects, thus the researcher, main objective in this variable was to examine the influence effects of devolved capital resources adequacy, their consistency in supply and their form of utilization towards the development of the County government of Narok healthcare department.

Healthcare development standards are determined by the physical development of an entity, the economic standard of an entity and finally the social wellbeing's of a particular entity and the consistency of service provider, as supported by Clark, 2007 towards the exploration of the different cycles of economic development in growth. The effects of development for the Devolved County government of Narok healthcare department ranking towards the availability of the healthcare development resources from the national government to the County government of Narok for infrastructural developments and upgrading of the two decentralized hospitals was evaluated by 45.5 % of the informants in agreement that, the devolved medical health funds to the County of Narok were not adequately enough as per their requirements to the benefits of the county residence in healthcare development, while 40.0% strongly agree and conquer to the first reactions of the frequency, that funds devolved were not enough leading to a negative impact on the d to the County healthcare development, and 1.8% of the

informants, had no response, on the transfer of the medical funds to the county while 7.3 % of the informants agreed, that the devolved funds from national government were adequate and being utilized as per their requirements, while 5.5 % of the informants strongly concur that the funds transferred from the national government to the Narok County government were very much adequate for the development of the two medical facilities, as per their requirements and indeed led to a tangible development of the two medical facilities of the County. As such, the devolved county funding from the national government towards the in-fractural development of the two medical facilities within the County of Narok had a negative effect in the healthcare social and economic gains to the stakeholders as supported by OCED,(2003), on the importance of budgeting enough resources for any project development prudently towards the positive effects of raising the per capital input of institutions.

5.1.4. Assess legal frameworks effect in healthcare development

According to Landry S. (2016), policy implementations attempts to address why and how policies deviates from their desired and expected outcomes by providing frameworks for considerations that apply in a variety of context, and basically this is what the researcher in the study of healthcare regulation framework is trying to comprehend on the concepts of a working modality on the national government health policies to the counties, and the variable objective findings, were, 46.4% of the informants, were strongly in agreement, that depending entirely on the regulations from the National government for an exercise like periodical vaccinations to be undertaken, or before any legal clinical activity is done within the county government of Narok, tends to course unnecessary delays, while 29.1% were partially in agreement, that, utilizing the National regulations for any activity, to be done, was not giving out a quick health service delivery to the stakeholders of the County as expected and 5.5% of the

informants remained neutral towards the devolved County regulations frameworks. 10.0 % of the informants disagreed that, the continued use of the National regulations frameworks was causing unnecessary delays in work planning of health activities within the County of Narok, while 9.1% of the informants also conquer by strongly disagreeing, that the National health regulatory frameworks were disadvantaging the work schedules of the County. In summary, a majority of the respondents were not in support of the continued use of transferred devolved National regulatory frameworks' healthcare services in the County, and this, notes the importance of individual Counties enacting their own healthcare regulations frameworks in tandem with their healthcare delivery service programs, as supported by DuPe (2008), in his study of meta-analysis of different policies implementations were he found several significant results, in each study of policy implementation which brought different effect from each other, thus concluded, that, a choice and route of a policy implementation matters immensely in the success of a policy activity, as also confirmed by Ferlie, (2011), describing a legal framework change as an incremental shifts in existing structures or new and innovative legal framework.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the findings from the data collected during the study. Further, it entails the discussions on the findings, conclusions and implications for policy and recommendations for further research.

5.2 Summary of result findings

The section presents the key findings as considered under each objective in the study. The study findings were to establish the influences effect of the dynamics of devolution

and implications in the implementation of the healthcare development programs. The respondents to the study greatly enhanced the reliability of each objective due to their encouraging levels of education and experience at work. The experiences within the healthcare workers in the two referral hospitals to the study ranges between ten to twenty years, which was quite a good indicator and encouragement of obtaining reliable results.

5.2.1 Devolved procurement influence effect in healthcare development

The study objective attempts to establish the procurement practices which influence the development of healthcare delivery service in Narok County.

Procurement practice is a core activity in any organization and it has always been having challenges of operations in many organizations. Transaction theory of procurements, tend to explain the procurement procedures and regulations which ought to be taken in order to be able to get value for money. In the procurement practices, adherence as per the requirements of PPOA to establish the availability of medical drugs and other hospital equipment's towards the influence of the referral hospitals development, a majority of the respondents, reactions, noted a strong positive reaction, of 36.4%, noting that the influence of the availability of drugs and other equipment's within the two medical facilities had a big impact in their development compared to the minority of the respondents who noted a 10.9% rating that, the findings did not have a major influence towards the development of the two medical facilities, this denotes the importance of planning of any procurement activity in any organization with taking into considerations all the regulations requirements as per the procurement acts of PPOA.

Further, the study respondents were tested also to ascertain on the level of public participation of procurement cycles of activities in order to establish the level of corruptions during the procurements of goods and services, and how corruptions practices influence the level of development of the two referral hospitals, the respondents noted a positive influence rating of 32.7%, in support of the lapse hospital development due to rampant corruptions during procurement purchases of goods and services. The enhance rampant corruption was due to a lack of adhering to the laid down procurement regulations of PPOA, thus stagnating the two medical facilities in developments, while 29.1% of the respondents noted a negative reaction, to support a lack of corruptions practices to influence the development of the two medical facilities, thus corruptions malpractices had a major influence to determine the relationship of corruption and the two medical facilities of Narok in development.

The study findings on public participation by the County stakeholders in decision making and allowed to ascertain all the procurements activities carried out at the two medical facilities; a majority of the respondents had a positive reaction of 36.4%, indicating a negative involvement in the development trends of the two medical facilities by the hospital managements towards the scrutiny of the projects and other facilities purchased, which had an positive influence in the development of the hospitals as the management, took upon their own ideas without any public participations to start projects or purchase equipment's which had less value addition to the stakeholders, while 34.5%, of the respondents were in agreement, that, public scrutiny, was done favorably to be able to bring desired goals in the two medical facilities. In general perspective the procurement practices brought a lot positive influence in the determination of the development of the two referral hospitals of the county as the importance of strict adherence to the procurement laid down regulations by PPAO for

value of money and the general development were not adhered by the hospital management and public participation also not opened to the public.

5.2.2 Devolved leadership management effect in development

The study objective sort to determine the effects of leadership management in the healthcare development to ascertain the level of efficiency of the management in decision making, Human resource management towards the staff motivations and public participation after the devolution of the healthcare delivery service to the County of Narok. The two hospitals impacts development on quick decision making had negative influence of 49.1% reactions from the respondents towards the development of the two medical facilities compared to 3.6% of the assurances from the informants, while on the motivation of the county healthcare employees working in these two medical healthcare centres, the study realized a negative influence in the development due to degraded welfare of the healthcare workers with a rating of 45.5% reactions from the informants in agreement, that the transfer of the devolved human resource capacity from the national government to the County government has not enabled tangible development of the two medical institutions in efficiency towards the workers schedules of work morale towards motivations.

The study public participation notion sort to determine the effects towards the involvement of the healthcare employees and the County stakeholders by the leadership hospitals managements in decision contributions for the general development of the two medical institutions. The respondents reactions towards this objective in public participations had a positive reaction influence 46.4% in the development indicator of the two healthcare hospitals with 13.6%, of the informants having a negative perceptions on the influence brought about by the public participation notion. The

study, came up with quite a significant positive influence towards the leadership management of the two healthcare medical centres ratings in bringing the desired development, thus the quick decision had a positive effect in the development of the two healthcare facilities while motivation of the healthcare employees and public participation had a negative influence effects in the determination of the healthcare development.

5.2.3 Devolved capital resources influence effect in development

The study objective was to examine the availability of the capital resource transferred from the national government to the County government and ascertain if at all it is enough as per the healthcare department expectations to be able to influence the development of the two medical institutions towards the availability of the medical drugs to the stakeholders of the county as per their needs and also to determine the infrastructural development of the two medical facilities in the County of Narok.

The objective therefore sort to examine the availability of the medical drugs in the two medical facilities in order to determine their influence effects towards the development of the health wise wellbeing of the stakeholders of the County. The study realized a negative influence from the majority of the informants noting, that, the devolved medical funds for this purpose were inadequate, with a 44.5%, of the respondents not in support of the development already achieved after the transfer of the capital resources from the national government to the County, while, a minority of 3.6% of the informants were positively in agreement, that, there was an influence effect towards the development of the two medical facilities in the availability of enough medical drugs for the stakeholders.

The study, objective also sort to examine the influence the adequacy of the devolved capital resources for infrastructural development from the national government to the County government after devolution of healthcare delivery services to the Counties in order to able to ascertain whether the devolved capital resources are adequately enough to impacts on the development healthcare service in the health department of the county of Narok. The study sort to find out the levels of infrastructural development carried out in the two medical healthcare facilities after the transfer of the capital resources to the county. On the infrastructural sector, the study findings noted a negative influence of 45.5% of the respondents tested, not in agreement of the development improvements of the two healthcare centers of the County, against a minority of 5.5% of the informants who positively concurred with the development improvement.

The study objective concludes, that, the devolved capital resources for the purchases of the medical drugs and health infrastructural projects implementations from the national government to the County, were not adequate to have been able to bring the desired goals in development, thus, the objective had a positive significant influence in the development of the two medical healthcare centers, which clarified the importance of having enough capital resources in the budget in order to realize the expected hospitals development. The study also had a relationship with the wellbeing of the stakeholders as the expectation of the stakeholders to get a quality healthcare delivery service in forms of medical drugs availability as per their requirements was a mirage, not mentioning the drawbacks of the inadequacy of other medical facilities of health in the two medical facilities of the study. This was due to lack of involvement of the stakeholders to access their priorities in development and their immediate healthcare delivery needs.

5.2.4 Devolved legal frameworks regulations influences effect in development

The study objective therefore sort to assess the performance of the transferred national regulatory frameworks to the county healthcare department and attempt to ascertain how they influence the development of the healthcare delivery services after devolution within the two medical health facilities. The study findings realized a positive influence, of 46.4% of the respondents concurring that, the transfer of the national legal framework to county contributed a significant influence effect in the lapse development of the delivery of healthcare performance, while a minority of 10.0%, of the informants had a positive realization, on the influence of the national legal healthcare regulations framework, bringing the desired developments to the two healthcare centers of the County. In summary, the study objective attempts to address why and how policies deviate from their desired and expected outcomes, if they are not in tandem with the requirements and interest of a given healthcare institution on the work schedules. This was confirmed by the study objective findings that, the effects of the devolved national regulatory frameworks to the County, brought a lot of challenges in healthcare delivery services, indeed led to a negative performance in the healthcare delivery services contributing to a general slow progressive development of the two medical institutions of the county as per the reactions from the informants, which denotes the importance of the county department of healthcare delivery services to enact their own regulations policies which are in tandem with their daily plans of work schedules.

5.3 Conclusions

The study has provided a detailed review of the role of devolution in the implementation of the healthcare delivery service programs in development, in Narok county government within the two medical hospitals for the study. Healthcare service delivery in Narok will remain a devolved function despite of the many challenges in

procurement practices, leadership management, inadequate resources and the unworkable national legal framework in the County. These challenges are the main study objectives, thus these challenges, require to be institutionalized within the County of Narok healthcare service delivery sector and implemented as per the study findings if at all the County needs to achieve tangible development in healthcare service delivery to the County stakeholders, notwithstanding learning from other areas where healthcare service delivery has successfully worked and indeed with desirable healthcare development results.

On procurement practices objective; the study realized a strong positive relationship between healthcare procurement practices towards the development of the two medical healthcare facilities of study. The study, notes that efficient procurement practices and adherence to the procurement acts regulations as per the PPAO requirements are critical determinants for any organization to be able to maintain a good financial management and effective budget implementation. It also confirms that, poor planning and assuming the regulations laid down by PPAO for procurements practices have been a major constraints in the successful implementations of public projects in a majority of organizations notwithstanding the two medical facilities to the study thus proper procurements laid down regulations should always be incorporated in any procurement transactions, in order to avoid goods and services becoming uneconomical as a result of the overall costing and time factor. Finally, the study, concludes that, procurement practices is not only used to acquire goods and services, but it is also used for the implementation of the national policies, achieve economic and social benefits, giving value for money through transparency and accountability to avoid corruption malpractices and encouraging public participation as per the public procurements

requirements if at all health institutions in the county and other organizations are to realize tangible developments.

On, the leadership management, the study realized a significant relationship between leadership management and effects in development of the two healthcare facilities towards the human resource management capacity. It attempted to reveal the relationship between the leadership management and the two health organizations work performance schedules towards the healthcare delivery service, by attempting to ascertain the drawbacks of human capacity within the two healthcare facilities, and how it can be applied to motivate the healthcare workers to achieve higher productivity and be able to improve the development of the two health facilities of the County and other Counties. The study, noted, that the leadership management should always ensure an excellent organizational performance in order to be able to provide a suitable working environment for the healthcare workers and other stakeholders, to provide adequate motivations to the workers and provide efficient communications avenues for the healthcare workers and other customers.

The study also, notes the importance of the leadership management, planning concept, in order to be able to control, coordinate, direct the healthcare workers and harmonize the organizational goals within and beyond the capacity of people being directed to, so, as to depict an overall image of the organization welfare well-being. Towards, the public participation, the study noted, that public participation promotes, sustainable decisions by recognizing and communicating the needs and interest of all participants, including decision making by the leadership management of the two medical healthcare facilities. On capacity building, also the study realized the importance of training

amongst the health workers, unlimited access to line data, documentations, information so as to facilitate democratic governance.

Finally, the study concludes, by attempting to clarify that, capacity building is associated with activities designed to increase the competence and effectiveness of the health individuals and other stakeholders within the two healthcare facilities, in the County of Narok. On, the available capital resources allocation objective, the study realized quite a significant relationships towards the resources allocation availability and the consistency flow from the national government to the county in determining the levels of development of healthcare in the two medical facilities through the utilization of the devolved healthcare capital resource, and their adequacy levels to be able bring tangible developments effects. Further, the study noted a challenge in this area, especially on the management and sustainability part of the public infrastructure resources by the County healthcare department due to the limited transfer of these funds from the national government to the County. According to the study findings, the funds devolved from the national treasury to the county medical department were not adequate for the desired developments expected to be carried out within the two medical facilities notwithstanding the strict regulations of the utilization of these funds. The study also notes the importance of having enough capital funding as per the healthcare budget in order to be able to carry out all the projected functions to their logical conclusion. As per the study findings, there seems to be inadequate transfer of the capital resources from the national government to the County government for the purchase of drugs and healthcare project implementation, a situation which has really influence the expected development of the two medical healthcare facilities which has remained a major issue to be resolved by the two levels of government, resulting to the declining levels of infrastructural development within the two medical healthcare

institutions as per the study findings and a recurrent shortages of the essential medical drugs in these two medical institution to the study.

On the regulations framework, there was also quite a significant relationship between the devolved regulatory framework performances influence effects in development as per the study findings. The study realized that, the devolved national regulations to the county department of health are not compatible with the current work schedule of the health department within the two medical healthcare facilities. The study, sort to demonstrate the performance of the devolved national regulatory framework, towards the performance of the two medical facilities in their daily work schedules programs and the trends of the development ratings of an enhanced service delivery to the stakeholders. The study variable was to access the relevancy of the continued utilization of the national devolved regulations frameworks towards the development effects of the two medical facilities in the county. What counts as a policy problem and what counts as a solution are heavily shaped by the particular institution of needs and the stakeholder perspective, thus according to the study findings, the national devolved regulatory frameworks to the County health has not been in tandem with the daily activities programs requirements by the two medical healthcare institutions due to the time factor of waiting to undertake any programs before getting the authority from the national ministry of health, thus delaying the county healthcare development programs.

5.4 Recommendations for Practice

The study established both the positive and negative relationships of the objectives towards the devolved government development effects in healthcare delivery services within the two medical institutions to the study: -

5.4.1. Procurement practices recommendations

The methods of the purchases of goods and other service in a healthcare institution are the main determinants of the development ratings in any given healthcare facility. The study analyzed the procurements practices used in the two healthcare institutions of the County and came up with the following recommendations,

Authorities for implementation

The study recommends that the County government of Narok should put more emphasis in supervising the management of the two medical facilities of healthcare delivery services to make sure that all the laid down regulations of procurement practices are followed as per the requirements of the Public Procurement and Oversight Authority (PPOA), if at all they want to achieve an enhance desired model of purchasing of the required medical drugs and other equipment's. The study established a big challenged in this area of operation, whereby the procurement regulation of purchases of goods and services were not being adhered as per the requirements of PPOA, thus influencing the availability of these essential commodities towards the stakeholder's health wise wellbeing development.

Service user's benefits

The Devolved management of the two healthcare medical institutions should embrace the use of e- procurement policies during the purchases of medical drugs and other equipment's, which is not currently in use, as per the study findings, as this will enhance value for money in a quicker transparent and accountable acquisition of these medical items required at the two referral hospitals, thus avoiding corruptions malpractices which was quite a major challenge within the two referral hospitals as per the study findings.

Other stakeholder's benefits

The study established the importance of public participation during any procurement practices within the two medical healthcare delivery service facilities as this tend to act as a watchdog, in making sure that, what the management are planning to procure are the priorities of the stakeholder benefits. The County healthcare department should always encourage public participation. The study realized, that, if an open public participation was encouraged, it enables a good accountable process, and also enables the healthcare management team and the community to exchange views on health development and operation of health services that affected their health wise wellbeing's towards their healthcare development. The study also noted a challenge in this area from the hospitals management by not always willing to involve the stakeholders in this crucial healthcare exercise, which had a positive relationship towards the County healthcare development.

5.4.2. Leadership management's recommendations

Leadership management performances analysis was to determine the rates of growth and quality service provision in any healthcare facility, thus the study analyzed the performances of the leadership management relationship with lower cadre employees and the County stakeholders, and came up with the following recommendations.

Authorities for implementation

The study recommends, that, in order for the management of the two referral hospitals to the study, to be able to achieve a quality and a quick enhanced performance actions in dealing with the medical urgent situations, the hospital leadership management should strive to build a strong human resource management working system inclusive of all the healthcare activities designed to increase the competence and effectiveness of all the cadre of the healthcare medical staff within the two medical facilities. The two healthcare facilities employees should also be incorporated in the formulation of the new human resource policies, so that they also feel to be playing a role in the hospital management, which was not the trend within the two hospitals during the study.

Service user's benefits

The study also noted that, there is a need by the County department of health, to periodically review the healthcare employees of the two medical facilities programs in development on rewards and appreciations that are conducive and relevant to the emerging county health needs like continuous refresher trainings health courses, salary rewards, promotions and good performance rewards, so that they feel motivated , thus boosting their morale of working and performing to their best levels which was a major challenge within the human resource management in the two referral hospitals. By doing this, it will enhance the positive development of the two medical facilities interns of achieving a quality healthcare service delivery

Other stakeholder's benefits.

The study also recommends that, all the channel of information and communication amongst the healthcare leadership management, all other staff of the healthcare delivery facilities and the general public should be uplifted and encouraged in accessing to line

data, documentations and other specific healthcare human resource information in order to encourage democracy .Effective public participations amongst all the County medical fraternity and the stakeholder relationship, tends to promotes sustainable decisions by recognizing and communicating the needs and interest of all participants, which was lacking within, the two referral hospitals and if, put into practice, tangible development in this area will realized.

5.4.3 Resources allocation recommendations

Capital resources allocations rate, their consistency and their utilization managements are the major determinants in rating of the development of healthcare institutions.

Authorities for implementation

The study, suggest, that, the County governments should also avail development resources, from there other revenue resources for the two referral hospitals within the County, in order to offset the healthcare department shortcoming budget funding from the national treasury to be able to achieve a vibrant quality medical healthcare for its stakeholders, in providing adequate medical drugs and healthcare infrastructural projects unlike depending entire on the devolved healthcare funds from the National government, which are not usually adequate enough as per their requirements in the purchases of medical drugs and infrastructural development and not usually received concurrently to cover all the requirements of the two level four hospitals of the County. A positive influence towards the development of the County health development effects will only be visible if they allocate enough capital funds as per their budget requirements for development of the two health delivery facilities, which was quite a challenge during the study at the two healthcare medical centers.

Service user's benefits

The study suggests, that, the two hospitals referral managers should always put in place proper healthcare reforms in budgeting modalities on healthcare delivery services to be in tandem with their expected funds allocation from the national government, in order to avoid a situation of over budgeting for medical products and infrastructural projects which end up being white elephants. They should prioritize their healthcare delivery services as per the availability of the capital resources funds from the national treasury, if the County government cannot be able to raise funds from their other sources of revenue collections to offset the health budget shortcomings. The hospitals management should abide to the study findings on availability of capital resources, if they expect to enhance a positive development influence in this area of operation, which proved to be a challenge during the study findings.

Other stakeholder's benefits

The study recommends that, adequate measures should be put in place by the healthcare management of the two referral hospitals making sure they incorporate the County stakeholders and work on team work to ascertain the stakeholder's priorities before they start the budget preparation, thus enabling the County stakeholders to get a quality service of value of their money as the tax payers.

5.4.4. Framework regulations recommendations

Legal framework working policies are important in scheduling of work performance in a majority of the healthcare institutions; the study analyzed the devolved healthcare policies in relation to the work schedules of the two healthcare sectors in Narok County.

The study framework regulations recommendations cut across the three benefits requirements, as the objective basically dealt on the time factor for action on this

variable towards enabling a quick action on healthcare service delivery amongst the three users. The study objective, attempts to demonstrate the implementation of the devolved health policies from the national government to the County to ascertain their influence in the development of the healthcare delivery. The objective recommends that, what counts as a solution are heavily shaped by the institutional needs in bringing desirable benefits to the implementing authority, the service user and the stakeholder. The study, findings realized that, the continued usage of the national devolved health policies for healthcare delivery services actions within the two healthcare facilities have been having challenges in delaying crucial healthcare delivery services, thus the relationship between the devolved national health policies guidelines has a major positive impact in determining the development effects of healthcare time schedules and actions in development within the two County medical healthcare facilities, and it cannot be underestimated, towards the challenges of their implementations, as per the study findings.

The study, therefore recommends, that, the Devolved County government of Narok should allow level four hospitals to formulate their own healthcare internal regulatory frameworks and plans in tandem with the economic, social and cultural background of the county healthcare status of scheduling their healthcare delivery services programs of development, instead of entirely relying on the devolved National government health policies, if at all they want to achieve maximum and quick healthcare service delivery on the periodical healthcare functions within their health programs and to the County stakeholders.

5.5 Recommendations for Further Research

The current study under review tends to be focused on the general healthcare delivery service performance of the two public referral hospitals within the County of Narok, to establish whether, some of the healthcare devolved activities to the study from the national government to the County government have brought desirable developments to the County stakeholders, therefore, future scholars and academicians in this area of study should consider undertaking further studies on the following study objective areas:-

Poor planning of procurement activities have been a major challenge and constraints in the implementations of public healthcare projects in several healthcare facilities, making projects and other procured services to be uneconomical as a result of the overall costing, thus denying the stakeholders the much needed development, thus a further study can be done to establish the influence of procurement practices in the implementation of development programs in Private healthcare hospitals in order to comprehend and contrast their working procurements planning compared to the public hospitals working model in Kenya and beyond, so that the weak areas from both the research findings on procurement practices can be further improved through policies formulation by the relevant procurement bodies like the Kenya Public Procurement and Oversight Authority (PPOA) for the general development of all the medical healthcare facilities.

The study can also be done on the effect of continuous trainings on leadership management and other healthcare employees in other Private healthcare organizations in order to be able to assess the influence of training towards the increasing the competency and effectiveness development, compared to the training in public

healthcare facilities. This will enable the researchers to further enhance inputs required to be formulated in the training aspects for better performances in the field of healthcare delivery services.

The capital resources allocation objective, examined whether the available capital funds devolved to the County for healthcare delivery services are enough to be able to initiate desirable developments to the healthcare department and at the same time accessing their influences on the social and economic development towards the healthcare delivery service to the stakeholders of the County of Narok, thus a further studies can also be done within a group of the devolved counties to examine the management efficiency in the utilization of the devolved funds from the national government to the county government in order to determine their influences in the development of the healthcare delivery services.

On the national regulatory frameworks, the study sort to assess the transfer of the national regulatory framework influence in the development of healthcare delivery service programs in Narok County. Basically the study, findings was to ascertain whether the continued utilization of the national healthcare regulatory frameworks is still relevant to the devolved County or are they becoming an impediment in giving the stakeholders a quick and desired healthcare delivery services, thus further studies can be done at our private healthcare medical facilities to ascertain their legal frameworks regulations if at all, they are promoting the responsiveness and aspirations required for their stakeholders in healthcare delivery services, so that, other researchers can be able to rate the advantages of the two studies, for adoption towards a further development of the healthcare delivery policies formulations.

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APPENDICES

Appendix I: Questionnaire

DYNAMICS OF DEVOLUTION AND IMPLICATION IN THE IMPLEMENTATION OF DEVELOPMENT PROGRAMMES FOR HEALTHCARE DELIVERY SERVICES IN NAROK COUNTY

Target Respondents: To be completed by the healthcare employees from the two referral hospitals of the Narok County and a few selected in-patients from the two healthcare facilities.

Purpose of the Study: The information gathered through this questionnaire will be used as a part of empirical research into the role of devolution in the implementation of development programs in Narok County on healthcare delivery services in areas of procurement practices, leadership management, capital resources allocation and the regulatory frameworks. The research is conducted for the completion of a Master of Arts Degree in Governance and Ethics of Mount Kenya University.

Confidentiality: Please note that, the responses you provide are completely anonymous and confidential. The research outcome and report will not include reference to any individuals. The compiler of the questionnaire has sole ownership of the completed questionnaire and the questionnaire will be destroyed after the completion of the research.

Type of hospitals: Public hospitals in Narok County, (Narok town & Kilgoris Hospitals)

Section A: Demographic profile

1. Gender: male (), female ()
2. Age: 18-30yrs (), 31-40yrs (), 40-50 () 51-60 () >60 ()
3. Highest Education Level:
Diploma and below (),

Bachelor's degree (),

Master's Degree and above ()

Section B: Study Objectives Questions

Please indicate your opinion as per the level of disagreement or agreement with the statements using 1 to 5 scales. 1= Strongly Disagree, 2= Disagree, 3= Neutral, 4=Agree, 5= Strongly Agree

I	DEVOLVED PROCUREMENT PRACTICES	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	Procurements Practices Healthcare Effects					
A	Do you think; the healthcare managements of the two referral hospitals have been adhering to the laid down procurements regulations by (PPOA) on the purchases of medical drugs after devolution?					
B	Do you think instances of procurement malpractices plans for the healthcare procurement activities are active in the two medical facilities of the County after devolution?					
C	Do you think the County stakeholders were given an easy access exposure to participate in the healthcare procurement activities after the devolution of the healthcare delivery services to the County of Narok?					
1	Regulation					
	The healthcare facility strictly adheres to procurement regulation					
2	Plan					
	The healthcare facility is guided by a well thought out procurement plan					
3	Exposure					
	Procurement processes are sufficiently exposed to all participants in the process					

II	DEVOLVED LEADERSHIP STYLE	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	Leadership Management Healthcare Effects					
A	Has devolution of healthcare enabled consultations on quicker decision making by the leadership management in the delivery of healthcare services in the two referral hospitals in Narok?					
B	Has the Leadership management within the two healthcare facilities of the County put in place new staff welfare empowerments in order to boost their production morale and effectiveness after the devolution of the healthcare delivery service?					
C	Has the hospitals leadership management enabled an open access and public participation to the stakeholders of the County at the two medical facilities, through involvement in decision making after the devolution of the healthcare to the County of Narok?					
1	Consulting					
	There is adequate consultation before development decisions are made					
2	Empowering					
	The healthcare facility employees are empowered to take corrective measures whenever possible					
3	Involving					
	There is adequate involvement of stakeholders during healthcare program development					

III	DEVOLVED CAPITAL RESOURCES	Strongly Disagree	Disagree	Neutral	Strongly Agree	Agree
	Devolved Capital Resources Allocations healthcare effects					
A	Has the national government been providing enough capital resources to the County government of Narok for the purchase of medical drugs stocks after the devolution of the healthcare delivery service?					
B	Do you think devolution of the healthcare capital resources rates is adequate and consistence to have enabled the infrastructural development of the two medical facilities of the County?					
1	Amount					
	The disbursed amount is effectively utilized for development programs					
2	Rate					
	The rate at which healthcare facilities receive capitation is remarkable					
3	Consistency					
	There is consistency in the allocation of capital resources for development programs					

IV	Devolved National Regulatory Framework	Strongly Disagree	Disagree	Neutral	Strongly Agree	Agree
	Policy and Regulatory framework healthcare effects					
A	In your own opinion, do you think, the devolved National Health Policy performance is still necessary towards the influence growth of the two County healthcare facilities social welfare or the County needs to formulate their own regulatory frameworks in order to be able to achieve a quick delivery schedule of activities at the two referral hospitals?					
1	Performance					
	The performance of healthcare development programs aligns well with national regulatory framework					
2	Growth					
	The growth prospects for healthcare facilities is guided by the national regulatory framework					
3	Social Care					
	There is adequacy in the social care aspect of healthcare development program as stipulated under the national regulatory framework					

Thank you for your Cooperation

Appendix II: Letter of Introduction

THE COUNTY SECRETARY

NAROK COUNTY GOVERNMENT

P.O. BOX 898-20500

NAROK

Dear Sir/Madam,

RE: REQUEST TO UNDERTAKE AN ACADEMIC RESEARCH IN NAROK COUNTY

I am a postgraduate student of the Mount Kenya University and i intend to carry out a research investigation on the Role of devolution in the implementation of development programs in Narok County Government in Healthcare delivery services.

I am planning to carry out my research at the two referral hospitals within the County, namely, Narok County referral hospitals and the Kilgoris sub-county referral hospitals and my target respondents will be 57 healthcare employees working in the department of procurements, human resource, finance and the legal section and some of the in-patients admitted at the two referral hospitals.

There has been a lot of outcry from the members of the public about the mismanagement and corruptions in the administration of the healthcare delivery activities, thus, the study attempts to assess the role played and the challenges faced by the devolved County government of Narok in implementing and promoting the development of healthcare systems within the two medical healthcare facilities by looking at some of the major activities such as procurement practices to establish the regulations of purchases of goods and services, to determine the leadership managements towards the wellbeing of the healthcare employees and the stakeholders, to examine the availability flow of capital resources for development from the national government, and lastly to assess if the devolved national regulatory frameworks from the national government if they are still relevant to the current working schedules, in order to determine their healthcare contribution development of the two medical facilities.

On ethical consideration, i want to assure you, that the responses your employees will provide are completely anonymous and confidential. The research outcome and report will also not include reference to any individuals and being the sole owner of the completed questionnaires, i wish to assure you, that, all the questionnaires will be destroyed after the completion of the research. If, interested, a copy of the research report will be provided to you, for your own authenticity towards the utilization of the research findings.

I am also pleased to inform you that I am in a possession of a valid research permit from the National Commission for Science, Technology and Innovation (NACOSTI), allowing me to carry out the research in Narok County from the 16th, September 2015 to the 16th, September 2016.

Kindly allow me to undertake my research in the two mentioned healthcare facilities in the County.

Yours faithfully.

David Naisho-MGE/2014/60206

Mob. No. 0722844866

Cc

County Commissioner

CECM-Health and Sanitation (NCG)

Appendix III: Mku Introduction Letter



SCHOOL OF POSTGRADUATE STUDIES

REF: MGE/2014/60206

13th August, 2015

To whom it may Concern

Dear Sir/Madam,

RE: DAVID NAISHO - REGISTRATION NO. MGE/2014/60206

The purpose of this letter is to introduce the above named student who is pursuing a MGE in the Department of Institute of Security Studies, Justice and Ethics in the School of Social Sciences.

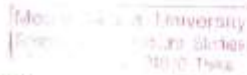
The title of his research project is "*Analysis of Public Policy on Development Programmes in the County Government: A Case of Narok*".

He now has to proceed to the field to collect data for his research project in the course of this semester (August, 2015 - November, 2015).

Any assistance accorded to him will be highly appreciated.

Thank you.

Cecilia Kimani



**Dr. Cecilia Kimani,
Dean, School of Postgraduate Studies**

Appendix IV: Research Authorization



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,
2241349, 310571, 2219420
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Email: secretary@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

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

Ref. No.

Date:

22nd September, 2015

NACOSTI/P/15/1802/7713

David Ole Naisho
Mount Kenya University
P.O. Box 342-01000
THIKA.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*Analysis of public policy on development programmes in the County Government: A case of Narok,*" I am pleased to inform you that you have been authorized to undertake research in **Narok County** for a period ending **18th September, 2016**.

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

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


SAID HUSSEIN
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Narok County.

The County Director of Education
Narok County.

Appendix V: Nacosti Permit Letter

CONDITIONS

1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit
2. Government Officers will not be interviewed without prior appointment.
3. No questionnaire will be used unless it has been approved.
4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two(2) hard copies and one(1) soft copy of your final report.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice.



REPUBLIC OF KENYA



National Commission for Science,
Technology and Innovation

RESEARCH CLEARANCE
PERMIT

Serial No. A **6662**

CONDITIONS: see back page

THIS IS TO CERTIFY THAT:
MR. DAVID OLE NAISHO
of MT. KENYA UNIVERSITY, 1038-20500
narok, has been permitted to conduct
research in Narok County

on the topic: **ANALYSIS OF PUBLIC
POLICY ON DEVELOPMENT
PROGRAMMES IN THE COUNTY
GOVERNMENT: A CASE OF NAROK**

for the period ending:
18th September, 2016

Permit No : NACOSTI/P/15/1802/7713
Date Of Issue : 22nd September, 2015
Fee Received :Ksh 1,000




Applicant's
Signature


Director General
National Commission for Science,
Technology & Innovation

Appendix VI: Similarly

DYNAMICS OF DEVOLUTION AND IMPLICATIONS IN THE IMPLEMENTATION OF DEVELOPMENT PROGRAMS ON HEALTHCARE DELIVERY SERVICES IN NAROK COUNTY, KENYA

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