# EFFECTS OF DEVOLVED GOVERNANCE ON HEALTH SERVICE DELIVERY AT MERU TEACHING AND REFERRAL HOSPITAL IN KENYA.

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## DECLARATION AND APPROVAL

**Declaration by the student**

This study project is entirely original work on my part, and it has not been submitted for consideration at any other institution.

Signature…  … …… Date…09/07/2025……..

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MGE/2019/42098

**Approval by the supervisor**

This project has been submitted for departmental defense with my approval as the supervisor.

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## ABSTRACT

The Kenyan constitution of 2010 established a decentralized structure of government that upholds health as a fundamental right for every individual. Additionally, it specifies the national governments and county governments' responsibilities for providing health services as well as the guidelines that should guide their delivery. It became imperative to address the administration, planning, and management of health services in response to the changes after the first general elections held in accordance with the Kenyan constitution (2010) and the establishment of County Governments. Notably, numerous Counties have been plagued with colossal problems including strikes, corruption, and delayed wages that have contributed to subpar service delivery, among other things. The purpose of this study was to analyze the effects of devolved governance on health care service delivery in Meru teaching and referral hospital in Kenya. The objectives of the study were; to examine the effect of devolved financial planning on health care service delivery in Meru teaching and referral hospital, to assess the effect of devolved heath infrastructure on health care service delivery in Meru teaching and referral hospital, to explore the effect of devolved staffing on health care service delivery in Meru teaching and referral hospital and to examine the effect of Policy Framework on service delivery in Meru teaching and referral hospital. The study was based on tanahashi health model and soufflé theory of 1995, and it employed a descriptive research design with a mixed methods targeting 1996 participants comprising of health care workers, at MTReH, outpatient patients visiting the facility, and members of the Meru County Assembly. The study adopted a stratified sampling forming 10 strata of the respondents, a simple random sampling was subjected to the respondents in their respective Strata to pick the study participant. The study utilized questionnaires for various departments in the hospital and the MCA, interview guide for hospital administrator and CEO and a focus group discussion with the patients for data collection purposes. SPSS version 28 was used to analyze the coded data. The study used both descriptive and inferential statistics for data analysis. Descriptive statistics was presented inform of M, frequencies and SDs while regression and moment correlation were used for inferential statistics, data presentation was done by use of figures and tables. The findings of the descriptive statistics reveal that the participants expressed consensus about the ethical procurement and management procedures used by the county in relation to medical supplies and equipment on healthcare service delivery. The study also revealed uncertainty among respondents regarding the regular monitoring of project implementation by the County Health Management Team (CHMT) on a quarterly basis. The study findings indicated a statistically significant correlation between budgetary planning staffing levels, and the provision of healthcare services at Meru Teaching and Referral Hospital. The study recommended for consideration by policy makers to have a strong representation of the facility's committees in the county budget committee so as to give their financial plan for the facility.

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| | |
|---|---|
| CHMT | Community Health Management Team |
| KHSSP: | Kenya Health Sector Strategic and Investment Plan |
| KMPDU: | Kenya Medical Practitioners Pharmacists and Dentist Union |
| KPMG: | Klynveld Peat Marwick Goerdeler |
| MCA: | Member of the County Assembly |
| MeTRH | Meru Teaching and Referral Hospital |
| MOH: | Ministry of Health |
| NACOSTI: | National Commission for Science Technology and Innovation |
| NHIF: | National Hospital Insurance Fund |
| SD | Standard Deviation |
| SDGs | Sustainable growth Goals |
| WHO | World Health Organization |

# CHAPTER ONE

# INTRODUCTION

## 1.1 Background to the Study

Devolution of power happens when higher-ups transfer authority to lower-ups, as stated by Tallon (2020). It is seen as both a concept and a process from both the theoretical and administrative viewpoints. Devolution is theoretically seen as a kind of decolonization in the literature on political development. Education on devolution topics improves conceptualization of the overall changes in the constitution related governance problems when seen through an administrative lens. Transferring considerable authorities, duties, and tasks from the federal government to state and regional administrations, which are then paid similarly to the federal government, is another way of describing devolution (Muriisa, 2008). The significance of devolution, which is heavily reliant on political economy to enhance service delivery, has been apparent as the cornerstone of development reforms in several states, as stated by Aslam and Yilmaz (2011). Recent years have seen a trend toward devolution of governance functions in both developed and developing nations. This is driven by a desire to better serve the public, improve the management of public resources, increase accountability for disbursed funds, foster economic development, and ensure more equitable service delivery (Smoke, 2015). The importance of devolved governance in promoting good governance and boosting national economies has been acknowledged and supported by many.

The many forms of decentralized local governments that have been set up across the world have had varying degrees of success with the decentralized system of governance. Several researchers have looked at the efficiency of devolved units. According to the research of Bahl and Bird (2013), decentralized entities in Colombia did better than the central government in managing water resources and funding water projects. According to research by Hinojosa and Franscechet (2012), regional administrations in Chile were rated worse for

their effectiveness when it came to devolving political leadership to the grassroots since they were tasked with maintaining important public services like maternal health.

Cicchetti and Gasbarrini (2016) used data from Finland that showed that health care funding disparities have a detrimental impact on public hospitals and community clinics in Italy's administrative regions. Despite the promise of improved service delivery to citizens across the continent from devolved governments, Dickovick and Riedl (2010) discovered that individual devolved units in various nations have demonstrated inconsistent results when it comes to efficiency and effectiveness.

Despite the national government's belief that they were following the policy, Eboreime, Abimbola, and Obi (2017) state that sub-national governments in Nigeria used a great deal of discretion in implementing the program's core elements. More functional standards like "Finance," which were completed by just 35 percent of states and "Human Resource Management," which were met by only 30 percent were not completely complied with by any of the states studied. The pattern of implementation suggests that states may prioritize installing measures to increase performance over executing low-hanging fruit to get access to federal incentives.

Following the implementation of devolved governance in healthcare in Kenya and Indonesia, the two nations faced comparable issues in maintaining effective governance in the health sector. Power connections were modified as a result of devolved governance changes, which increased duties at subnational levels while also creating possibilities for public engagement. Nevertheless, in both cases, the effectiveness of these systems has been diminished due to issues such as unclear instructions, disregard for detrimental prevailing norms and practices, inability to set priorities, and absence of genuine community responsibility. Thus, in both cases, preventive health care is undervalued in favor of curative treatment, which is detrimental (McCollum, et al, 2018).

Vision 2030's social pillar is being met by the health policies that control the growth of Kenya's health sector in a way that is consistent with the SDGs. Health sector development in Kenya is governed by these policies. As part of its attempt to raise living standards across the board, the Kenyan government provides funding to the counties so that they may provide their residents with high-quality, cost-effective health care (GoK, 2007). Because of devolution, county governments may now make their own unique models to meet their needs in many different areas. Furthermore, they now have more leeway to make their own choices about how funds and resources are distributed, and they have a wider view of how health sector priorities are set (Kenneth, 2014). If the whole devolved government process is completely embraced and put into operation, the aforementioned prospects cannot be achieved (Muchomba and Karanja 2015). The results of the procedure will be ineffective unless this takes place.

The decentralization of the healthcare system in Kenya was expected to accomplish a few things when it was first implemented. It was believed that it would decrease bureaucracy in the administration of health services, notably in procurement, enhance access to health services throughout the country, and put a stop to discrimination in the quality of healthcare service between urban and "low potential areas." In addition, it was believed that providing healthcare on a decentralized basis would increase both the effectiveness and the quality of medical treatment.

In Kenya, the management of healthcare services is mostly handled by decentralized administrations, which play an important role. Not only do these governments have control over the money that go into providing healthcare, but they also have influence over the individuals who really perform the job"Establish and abolish offices in its public service," "appoint persons to hold and act in those offices," and "exercise disciplinary control over and remove persons holding or acting in those offices" are all powers that county governments

have according to Article 235. Tsofa et al. (2017) note that the constitution states that all aspects of healthcare delivery, including the purchase of medical supplies, are the responsibility of the county governments. As part of this, patients are provided with medical therapy. If you believe McCullum et al. (2018), the semi-autonomous healthcare institutions' governance style and administrative effectiveness are major reasons why devolved governments can't deliver outstanding healthcare service. Fryatt, Bennett, and Soucat (2017) state that good governance is essential for the long-term success of health sector objectives such as Universal Health Coverage (UHC). According to Murkomen (2012), county governments are responsible for addressing problems related to healthcare services, including capacity development and the resolution of industrial strikes.

The following public health facilities are located in Meru County: one level five hospital, twenty-three level four hospitals, thirty-three level three health centers, and four hundred thirty-five level two dispensaries (Meru County Government, 2020). These institutions provide medical care to about one.635.264 million residents. A five-year strategic plan between 2018 and 2022 was prepared by the health department under the Meru County Government in order to offer complete dedication and determination in enhancing the health services that are delivered to the people of Meru County. This was done in order to guarantee that quality service delivery remains consistent after the first five years of devolution. In the constitution of Kenya, the Kenya health policy that spans the years 2012 to 2030 provided the parameters that Meru County used in order to create the County integrated development plan in a manner that was consistent with the country's vision for the year 2030.

In 2020, the health department received 34% of the county's budget, despite the fact that the total bed capacity of the whole county was 900, according to data. The first incidence of COVID-19 in Kenya was announced, and then the health authorities reported that most

hospitals were understaffed and lacked necessary equipment. This was in reaction to such reports. The distribution of funding has increased the number of beds to 1,700, and other development projects are under underway with the goal of increasing the total number of beds to 3,000 by the end of the century. For the purpose of upgrading Meru Teaching and Referral Hospital to a level six facility and creating specialized centers for cancer, trauma, pediatrics, and rental units, the county government has allocated 1.76 billion shillings in 2021, as per the budget estimates (Meru County Integrated Development plan 2018 - 2022). Under some circumstances, it has been shown that federal executives are hesitant to release funds Mt for county development projects. This resistance undermines health sector governance and leads to subpar service delivery and development in the counties (Abdumlingo & Mugambi, 2014). Research of Kenya's County Health Form by Barker, Mulaki, Mwai, and Dutta (2014) found that under the country's devolved form of government, Meru County lacked the resources necessary to deliver the necessary health care services. As a result of the Ksh. 55 million in maternity care bills that Kisumu County received in 2020 as a result of Meru County's Ksh. 129 million in debt from the first five years of devolution, the county's capacity to acquire medical equipment was severely limited (Mohamed, 2020). Service delivery at Meru Teaching and Referral Hospital was the target of this research, which sought to analyze the impact of devolved government.

**1.2 Statement of the Problem**

Every Kenyan has the right to health and the finest medical treatment available to them, according to Article 143(1)(a) of the country's constitution. This entitlement covers medical treatment for the mind as well as the body. The job of monitoring the delivery of health care has been delegated to the various county governments, and along with this responsibility comes the need to guarantee that the services in question are of an appropriate quality. On the other hand, many different governments have run into substantial obstacles while attempting to develop regulations regarding healthcare. Because of low pay, bad working

conditions, a shortage of staff, and payment delays, health professionals in Kenya have been leaving their jobs. Since the decentralization of health care management, all of these things have worked together to make service delivery slower or nonexistent. There have been reports of counties dealing with both inadequate funding and payment delivery delays. This study set out to examine how decentralized governance has affected the delivery of medical care in the county, specifically at MTReH, as it is the only referral hospital in the region. In light of Kenya's recent shift to a decentralized government, this study set out to address several concerns, including the state of the country's healthcare system, the feasibility of implementing the goals of the Kenya Health Sector Strategic Plan (KHSSP) within the current framework, and the need for any changes to the Kenya Health Policy Framework (KHPF).

### 1.3 Purpose of the Study

The purpose of this study was to analyze the effects of devolved governance on health care service delivery in Meru teaching and referral hospital in Kenya.

### 1.4 Objectives of the Study

The following objectives guided the study;

i. To Examine the effect of devolved financial planning on health care service delivery in Meru teaching and referral hospital.
ii. To Assess the effect of devolved heath infrastructure on health care service delivery in Meru teaching and referral hospital.
iii. To Assess the effect of devolved staffing on health care service delivery in Meru teaching and referral hospital.
iv. To Examine the effect of policy framework on health care service delivery in Meru teaching and referral hospital.

### 1.5 Research Questions

The study sought answers to the following research questions;

i. What is the effect of devolved financial planning on health care service delivery in Meru teaching and referral hospital?

ii. What is the effect of devolved heath infrastructure on health care service delivery in Meru teaching and referral hospital?

iii. What is the effect of devolved staffing on health care services delivery in Meru teaching and referral hospital?

iv. What is the effect of Policy Framework on service delivery in Meru teaching and referral hospital?

### 1.6 Significance of the Study

Several stakeholders, including the Kenyan County governments, the Kenyan society, scholars, and researchers, profited from the results of this study, including the Kenyan society, scholars, and researchers. The most accurate indicator of government performance is the level of service provided to the public at large. The findings of the research will be very important in the following areas;

#### 1.6.1 National government

This study informed the federal government of Kenya about the evolution of county governments by proving the impact of devolved power on health care service delivery at the county level.

Planned interventions to further decentralized governance and citizen service delivery, especially in the healthcare sector, may be devised by the federal government using the study's findings. Additionally, the best practices that both national and local governments may use to enhance service delivery at all levels and across the nation will be disclosed.

#### 1.6.2 Policy makers

Policymakers would also profit from the study's results if they were to realign or even update the devolution rules and regulations in the health sector.

### 1.6.3 County government

In order to improve service delivery in the counties and ease the decentralization process, the county governments would benefit greatly from the study's conclusions, which would be used to implement suitable policies.

### 1.6.4 Researchers and scholars

Since it will aid in the creation of a thorough model for devolved duties in Kenya and elsewhere, this research will contribute to the body of information already in existence. In this instance, academics will also benefit from the study as they continue their research aimed at enhancing the governance of devolution systems on a local and international level. The academic scholars will use this study as a reference to assist them create scholarly articles that provide accurate information on devolution-related topics.

## 1.7 Scope of the Study

In the research scope, the specific domains of investigation are detailed. Since analyzing the whole nation of Kenya would be too time-consuming and laborious, this research will instead concentrate on how devolved governance has affected healthcare service delivery in Meru Teaching and Referral Hospital of Meru County. The budget, health infrastructure, staff, and policy framework were the independent variables, while service performance was the dependent variable. The study used a descriptive research strategy, using 1996 people as the sample size. From November 2022 through March 2023, researchers gathered data to ensure a smooth transition to a new county administration.

## 1.8 Limitations of the Study

Due to the sensitive nature of the subject being studied, some respondents were unwilling to answer the questionnaires, which was one of the constraints the researcher anticipated this study would have. Healthcare professionals employed by the hospital may exhibit reluctance in providing responses to the research inquiries due to concerns that divulging the requested

information may potentially compromise their employment status. However, the concerns were allayed when it was promised that the data would be kept private and used only for academic research. Because some Kenyans may not be familiar with the concept of decentralized governance, they could have trouble comprehending it and answering the poll questions. The researcher strived for maximum clarity in expressing the research questions.

### 1.9 Assumptions of the Study

The study's underlying premise was that the participants would be completely forthright and truthful in their responses. Additionally, the study made the assumption that the necessary research data would be accessible.

### 1.10 Operational definition of key terms

**Devolution:** Devolution is defined as a transfer of authority from the national to the regional or municipal level.

**Health Infrastructure:** in this context M the accessibility and sufficiency of infrastructure for delivering high-quality healthcare.

**Health policy framework:** Health policy is defined by the research as "the decisions, plans, and activities taken by a society to attain defined health care objectives."

**Service Delivery:** Provisioning refers to the act of a government giving a commodity or service to its population.

**Staffing:** Those involved in the delivery of health care, such as physicians, dentists, pathologists, dietitians, nurses, etc., are referred to as "health care providers" in this research.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.0 Introduction

Essential and relevant to the topic of this study, this chapter offers a thorough assessment of the relevant literature. It finds research gaps in the current literature and examines pertinent empirical investigations, theoretical viewpoints, and the conceptual framework.

## 2.1 Empirical Literature

The study's empirical literature review followed a topic organization based on the aims of the investigation. Because of this, the research deficit could be more precisely pinpointed.

### 2.1.1 Effect of Devolved financial planning on Service Delivery

When deciding which of the several public hospitals to go to for treatment, patients should give the highest priority to the quality of care that will be provided to them. The governments of rich countries such as the United States are confronted with considerable issues, some of which include an increase in the expenditures of healthcare, a lack of advances in preventative services (Covid 19), and widespread underinsurance. There are a number of issues with the European health care system that need to be addressed. These issues include the high rate of health system fragmentation, the high cost of premiums paid even when there are no claims made for a lengthy period, the gap between medical care needs and available resources that varies by income level, the delays and inefficiencies in the delivery of health services, and the low allocation of health care funds in the region's projected budgets (Che). These issues all need to be addressed.

Uncertain terms on compensations to subscribers, risk pulling, excessive claims in one move, and national budgets in countries like Nepal in Asia are examples of deficiencies in legal assurance (Deloitte, 2019; Ranabhat et al., 2019). According to the WHO (2019), in countries like Indonesia, the cost of medical care programs has been increasing at a rate that

is higher than the country's overall income, which has led to budget deficits and lower profit margins for hospitals.

Pooyan et al. (2018) looked at healthcare system efficiency and equality in eleven nations and how various financial planning choices affected those metrics. American, Egyptian, Greek, Chinese, Australian, Taiwanese, and South African representatives were among those present in the session. From most popular to least, the following is a list of common budgeting methodologies: linear programming, the Markov model, cost-effectiveness analysis, modeling the allocation, and per capita allocation. However, that prior study only looked at how various asset strategies affected service supply in a few nations. Financial planning at Kenya's Meru Teaching and Referral Hospital, located in Meru County, is the focus of the current research. Keep in mind that this research site is separate from the ones listed above.

Gok and Altnda (2014) suggest that a comprehensive investigation and repair of the health care system in Turkey is required, and that it is within reach via an evaluation of policies, enhanced efficiency, lowered needless expenses, and sensitivity to social expectations. Their conclusions are based on the results that they presented. It is considered very important to allot healthcare resources thoughtfully and to make the most of the facilities that are already available. The primary objective of this study is to examine the impact of health resource allocation on service provision, aiming to address a research gap identified in a prior investigation.

Gregory(2009) conducted research to identify the many factors impacting the Malawian Health Department's financial performance. The study's technique was descriptive in nature. According to the findings, making sure resources are distributed optimally is crucial for reaching maximum productivity. There found a robust positive relationship between the two metrics. Using the Musanze District as a case study, Mpakaniye (2017) examined how

financial allocation affected the budget process and the implementation of Rwanda's local government. Both the planning and carrying out of the local government's budget were improved by the implementation of strategic resource allocation, management control, and workforce management. The impact of allocation on the provision of healthcare services was not shown by the research.

Mpakaniye (2017) looked at how the distribution of funds affected the creation and execution of Rwandan local budgets in the Musanze District. In the context of local government, it was found that the budgeting process and its implementation might benefit from the use of workforce management, management control, and resource allocation. There was no evidence from the study that the allocation affected the quality of the healthcare that was provided.

In his 2017 research, Ngetich looked at how devolution affected the success of road building projects in Kenya's Kericho County. Using Kericho County as an example, this study set out to determine how decentralized financial planning affected road construction projects. Using theoretical frameworks from institutional theory and systems theory, this study sought to identify the factors that influence county-wide project success. The results indicate that the increased financial devolution has led to a heightened interest among local contractors in road building and maintenance contracts. The prior study concentrated on a singular 'road' that exhibited a somewhat decentralized governance structure. In contrast, the next research will investigate a healthcare sector that has undergone complete decentralization.

Gimoi (2017) evaluated Nairobi County Health Facilities as a case study for the effects of devolution on healthcare systems. The evaluation's goal included determining how devolution will affect the health system's infrastructure. The goal here was to find out if the infrastructure had benefitted from devolution. It was clear from the findings that both the state of the medical equipment and the acquisition of new equipment had significantly

improved. Streamlined waste management, covered pits for placing the placenta, and piped water were all available. The health infrastructure is crucial for recreating the public's perception of top-notch treatment and accomplishing devolution goals on the improvement of basic healthcare facilities. While this research was carried out in Nairobi County, the current one will be carried out in Meru County, a different locale.

Very much like Tsofa (2017), who aimed to evaluate the impact of health workers and supply management in Kilifi County government. From 2012 to 2014, researchers examined the documents, interviewed experts, and used participatory and non-participatory interpretation to compile their findings. This research found that the administrative duties for health workforce (HRH) and essential medical supplies and medications (EMMS) were progressively being delegated before the counties had the appropriate structures in place and the necessary capacity to carry out these activities. This led to more frequent disruptions in paying employees, disruption caused by politics and HRH administration tasks, and confusion over HRH administrative roles. No clear standards were found at the national or county levels of government about functions, tasks, labor strikes, mass acquiescence, or essential stakeholders. Both the methodology and the context of the previous research were lacking in the present investigation.

### 2.1.2 Effect of Devolution of Health Infrastructure on Service Delivery

Universal health coverage calls for a healthcare system that is robust, effective, and well-managed (WHO, 2010). The healthcare infrastructure of a nation is one way to evaluate the state of healthcare provision in that nation. Because of this, advancements need to be made in a variety of fields, including transportation, information and communication technology, and medical technology, in order to build a robust health infrastructure. Level 4 county hospitals, level 3 health centers, level 2 health dispensaries, and level 1 community

institutions make up Kenya's advanced healthcare system. Hospitals at the county level also play an important role.

There are certain hospitals in Kenya that do not have the needed facilities, such as maternity wards, labs, or operating theaters, to carry out vital medical operations and offer essential treatment to patients. It is not going to be used by those working in the area of public health who have experience in making things better. As a result of the limited financial allocations that were made to the health sector, the little resources that were available were converted into pharmaceutical and non-pharmaceutical goods in an equal manner. Because the equipment hasn't been updated in quite some time, the quality of care that may be given to patients is suffering as a result.

According to Awino (2016), insufficient and ineffective health goods and technology, as well as poor referral systems, were the key infrastructure obstacles confronting devolution in Kenya's Ministry of Health as it dealt with the challenges of devolved healthcare services. Additionally, deficient health information systems also contributed to the difficulties. The study's results indicate that the healthcare system's infrastructure saw a remarkable development at the same time as service provision did. Gimoi (2017) investigated the effects of decentralization on the healthcare systems of his nation. According to the study's major conclusions, Nairobi County invested in health infrastructures, including the number of units, bed capacity, and medical equipment like as x-ray machines, nebulizers, and lab equipment, among other things, in order to enhance service delivery..

### 2.1.3 Effect of Devolved Staffing on Service Delivery

Because the healthcare system would collapse without adequate staffing, it is one of the most essential competencies underlying service provision in the health sector. Providing training to employees will enhance their skills and competencies, improving service delivery. Addressing health policy issues at the local level, such as employee working conditions,

supervision, accountability, and staff deployment, as well as patient accessibility to medical facilities, is a crucial responsibility of devolved administration of health services in industrialized countries. According to research conducted in the Dominican Republic and other Latin American nations, medical professionals with the appropriate education and expertise should be in charge of running the healthcare system as a whole. Because of this, a major flaw in the effort to reform the healthcare system was uncovered (Caplan et al, 2018).

It seems that psychological and occupational health issues are linked to staffing levels, particularly those that affect the workload of nurses. Experiencing burnout may be a precursor to quitting one's nursing post or the field altogether (De los Santos et al, 2020). As a result, healthcare service delivery may be influenced by the health issues and turnover of healthcare workers. Ahakwa et al. (2021) state that teaching health professionals on their extended job tasks and task sharing greatly influences the efficacy of health services.

It was predicted that South Africa will have a vacancy rate of 56% for physicians and a vacancy rate of 46% for nurses in 2015. Despite the fact that half of all Americans live in rural regions, just 3% of newly certified physicians opt to work in these locations. Seventy percent of doctors practice privately, yet they all had their public-sector training. While there was a 34% increase in medical school enrollment between 2012 and 2017, just 10% of foreign medical workers were expected to be competent in 2018 (WHO, 2018).

Manyisa and van Aswegen (2017), who studied factors influencing working conditions in Kenya's public hospitals, found that a lack of nurses was a significant factor. This research aims to rectify a previous one by showing that personnel levels do, in fact, impact service performance.

The region of Sub-Saharan Africa has persistent staffing shortages, as seen by the limited number of healthcare professionals available. In Kenya, for instance, there are only 40 licensed nurses and 81 enrolled nurses per 100,000 people (Gatumo et al., 2018). A study

conducted by Rosser et al. (2015) examined healthcare professionals and support workers working in rural, government-operated healthcare institutions in western Kenya. The findings of the survey revealed many significant obstacles to the implementation of cervical cancer screening. A majority of service delivery issues, namely 62%, were identified as being caused by an insufficiency in the number of staff members available. Consequently, there was a delay in the provision of medical services to patients at the clinic, exceeding the anticipated waiting time. According to a study conducted by Essendi (2015) in the sub-locations of Kitonyoni and Mwania within Makueni County, it was revealed that both health institutions in the area had challenges in delivering round-the-clock healthcare services due to inadequate staffing.

### 2.1.4 The Concept of Policy Framework

The establishment of a robust policy framework is crucial in ensuring the provision of healthcare services. The policy framework is designed to preserve the principles of protecting the constitutionally protected rights and freedoms of certain groups, including but not limited to children, those with disabilities, youth, and minority populations. This includes ensuring access to healthcare services for these groups. As per the outlined strategy, the provision of healthcare services in Kenya should align with Vision 2030, the 2010 Kenyan Constitution, and international commitments established via various agreements. The statement highlights the healthcare sector's commitment to achieving optimal health standards for the country, while also being responsive to the needs of the population, under the guidance of the government. The policy aims to ensure social responsibility, fairness, a patient-centered and participative approach to healthcare provision, efficiency, a multi-sectoral approach, and effectiveness. Furthermore, in 2017, a sessional paper, specifically Sessional Paper No. 2, was formulated to address the subject of global initiatives and commitments pertaining to aid effectiveness. These initiatives and commitments were

established in various international conferences held in Rome (2003), Paris (2005), Accra (2008), and Busan (2011). The primary focus of these conferences was to emphasize the significance of harmonizing donor funding with national policies, strategies, and priorities. Additionally, they highlighted the importance of utilizing national systems for the implementation of aid programs, with the ultimate goal of fostering a sense of ownership.

The County Health Management Teams were granted the responsibility of overseeing the administration of health care services, to different extents, starting from August 9, 2013As a direct result of this judgment, the legal Gazette Notice No. 137 (special issue 1795 of the Kenya Gazette Supplement No. 116 Legislative Supplement No. 51) was followed. (Kenya, 2013).. Resolving the issues with institutional structures and the allocation and usage of resources that have arisen due to the devolution of the health function is crucial for ensuring the efficacy and sustainability of health care services at the county level. Assigning sufficient emphasis to the idea of accountability is crucial for reducing instances of resource misuse. According to a 2016 study by the Council of Governance, there is a lack of political backing for health care service supply. The participants made an observation on the Constitution of Kenya enacted in 2010, noting that it lacked specific provisions outlining the mechanisms via which the counties would get drugs.

The investigation comes to the conclusion that the National Government mandates that the Kenya Medical Supplies Agency be used for all medicine purchases (KEMSA). As a result, debate about the National Government's responsibility for providing health care as a devolved function is still going on.

### 2.2 Theoretical literature review

New public management theory, the sequential theory of devolution, and Tanahashi Theory were the pillars upon which the research rested.

### 2.2.1 Tanahashi Theory

The theory of Tanahashi (1978), which outlines a set of prerequisites for the provision of high-quality healthcare services, served as the basis for the research. The theory aimed to connect devolution of governance with the provision of healthcare, which was primarily concerned with resource allocation, the infrastructure of healthcare, and the sufficiency of healthcare personnel. The healthcare policy framework offers direction that is used to determine how devolved governance affects service delivery.

The administration of any business must utilize resources wisely and effectively if it is to provide services to any institution (Buse et al, 2012). This theory was pertinent to the research since it was centered on how Meru Teaching and Referral Hospital delivers healthcare services with decentralized resource allocation and health infrastructure. The theory's primary focus is on ensuring that all healthcare stakeholders' needs are met in an equitable manner, as well as how healthcare facilities operate to improve service delivery.

The Tanahashi theory looked at the value of making medical supplies and equipment accessible to the appropriate healthcare stakeholders while also taking their wellbeing into account. The theory went further to examine how the economic situation of these stakeholders affected their ability to pay for these products and their accessibility to the end user, as well as how it affected the provision of healthcare services. The theory also looked at how well the healthcare stakeholders were being treated and generally identified possible bottlenecks that may hinder the efficiency of various operations in the healthcare industry.

The theory was based on the Tanahashi theory, which outlined the importance of building a stable medical infrastructure within the Meru teaching and referral hospital, making sure that resources are easily accessible to most healthcare stakeholders, and prioritizing their allocation in order to improve the governance of patient care. While the theory has the

potential to enhance care delivery, it faces obstacles including insufficient personnel and a lack of commitment to the health policy framework, both of which must be addressed.

### 2.2.2 Souffle Theory

In his Soufflé Theory, Parker (1995) brought together the three pillars of devolution: administrative, fiscal, and political. According to Parker (1995), devolution involves a myriad of circumstances that might have positive and negative effects. Just as a Souffle requires the perfect proportions of milk, eggs, and heat to attain its desired level of puffiness, the effective improvement of theory in the context of service provision via a devolution program likewise depends on the careful balance of political, budgetary, and institutional factors (Wagana & Iravo, 2017).

As devolution is an ongoing process, it is important to consider all aspects of decentralization, including political, budgetary, and administrative. In order to achieve the intended results, Parker proposes a conceptual model called the soufflé theory, which includes the basic aspects of political, budgetary, and administrative devolution.

Administrative devolution, as defined by Godda (2014), aims to reallocate power, accountability, and funding for service delivery across multiple tiers of government. Some of the federal government's planning, finance, and administrative functions are devolved to state and municipal governments. Thus, the federal government grants the states and municipalities the administrative freedom necessary to adequately address regional concerns (Elcock, 2013). For this reason, the procurement system and human resources management (including recruiting and performance management) are only two examples of the local office systems that may be altered and regulated by the local authorities (Godda, 2014).

Ghazia (2009) adds that fiscal decentralization grants discretionary flexibility to state and municipal governments in terms of taxation and spending. To help local governments provide decentralized services, it also reallocates certain federal money to them. Costs may

be recovered by user fees, and municipal revenues can be increased through new taxes as a sales devolution or a property tax, or even through indirect fees.

However, county officials' actions should be regulated by clear budgetary rules and processes, with appropriate safeguards built in (Godda, 2014). Political devolution is the delegation of national government's policy and legislative authority to locally elected county leaders. Devolution will not be effective if county governments are not held responsible to the people they serve (Ngigi & Busolo, 2019).

Devolution revolves on the Soufflé theory. Since the theory sheds light on the numerous elements of devolution implemented by county governments in Kenya, it is applicable to our investigation. With the passage of the constitution in 2010, Kenya became the first country in which all three forms of devolution were accomplished simultaneously. This contrasts with the experience of other nations, where the devolution process of the three powers has been reached sequentially (Rotich & Mulongo, 2014). Therefore, the theory gives an in-depth explanation of several types of devolution constructs, such as the devolution of resources, the devolution of health infrastructure, and the devolution of staffing factors.

**2.3 Conceptual Framework**

The interplay between the study's independent and dependent variables is shown by this graphical representation of their interactions (Mugenda & Mugenda, 2013).



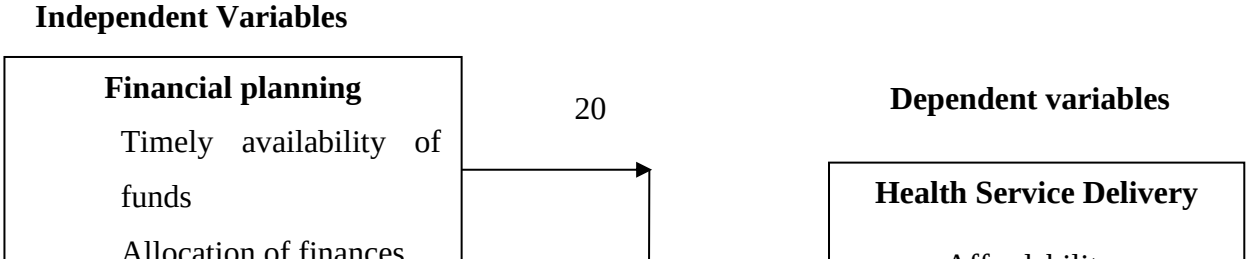

**Figure 1: Conceptual Framework Showing Relationship between Devolved Governance and Service Delivery**

Source: Researcher (2025)

### 2.4 Research Gap

The majority of the empirical research on healthcare service delivery that is referenced in this work was conducted in both industrialized and developing nations in Asia and Latin America (Kyriacou & RocaSagale, 2011). According to Gasbarrini (2016), the concentration of health service resources has made it difficult for Italy to implement health care initiatives like community clinics and public hospitals. Even though devolved administration promised greater service delivery to citizens throughout the continent, Dickovick and Riedl (2010) found that different devolved units in various nations have showed inconsistent outcomes.

The effect of public service participation on decentralization was examined in Indian study (Nayak and Samanta, 2014). Following devolution, public service delivery was assessed using accessibility, availability, and service quality as indicators of the services provided to the general population.

Fiscal decentralization of municipal infrastructure funds from provincial governments to municipal governments in South Africa has a negative impact on local governments' ability to finance on-the-ground water and sanitation projects, according to Bikam, Rapodile and Chakwizira (2015). Given the paucity of research on the topic, our understanding of the relationship between devolution and the provision of public health services in Sub-Saharan Africa is limited. The effects of decentralization on health care delivery in sub-Saharan Africa have been the subject of few study.

The African continent has been the subject of substantial research by Miriti (2016) and Balunywa et al. (2014). Given the paucity of research on the subject in sub-Saharan African countries, one may wonder whether devolution has any noticeable impact on healthcare service delivery throughout the continent. The applicability of research findings from affluent nations to developing countries may be limited owing to potential disparities in cultural and political contexts. Furthermore, it has been brought to light that there exists a disparity in the amount of attention given to the research topic, as the majority of studies concentrate just on service accessibility, neglecting other crucial elements such service delivery and its impact on citizen satisfaction (Kosec & Mogues, 2015; Sujarwoto, 2012). The current body of research lacks concrete empirical data about the examination of the correlation between devolution and the provision of health services to the general population.

The correlation between decentralization and the delivery of health services raises issues about its legitimacy. Previous research findings have shown that determining the direction of

the connection was a challenging task. We don't have enough data from the current literature to draw any firm conclusions on how devolution has affected the provision of health care. According to studies done by Balunywa et al. (2014) and Freinkman & Plekhanov (2009), devolution has improved the delivery of public services. The conclusions of the research cannot be applied to the whole public service sector. Furthermore, empirical studies have looked at how devolution affects service delivery, but they have usually ignored the other three dimensions in favor of the monetary and political ones. Research on the relationship between devolution and health care in underdeveloped countries like Kenya is scarce, say Mwamuye, Nyamu, and Wangari (2014). Healthcare and decentralization have both benefited greatly from the aforementioned research. Additional research is needed to determine how devolved governance may affect health care delivery at MeTRH in Kenya. To fill the aforementioned knowledge vacuum, the current study set out to.

# CHAPTER THREE

# RESEARCH METHODOLOGY

## 3.0 Introduction

The procedures for gathering and analyzing the study's data are detailed in this section. This chapter primarily covers the research design, study location, intended participants, sample size, and sampling procedures. In addition, the study's ethical standards, data gathering methodologies, data collection tool creation and piloting, reliability and validity assurance procedures, statistical analysis tools, and more are detailed.

## 3.1 Research Methodology

The current study used a mixed methods design, using both quantitative and qualitative data collection techniques. Mixed approaches enable researchers to effectively combine quantitative and qualitative research techniques. A mixed methods study necessitates a purposeful integration of processes with the aim of obtaining information, performing analysis, and interpreting the data. The incorporation of many sources of information enables researchers to get a more comprehensive understanding of the study field, facilitating the examination of occurrences from various perspectives and via multiple analytical frameworks (Johnson et al., 2007).

The rationale for choosing this particular methodology was based on its ability to address the limitation of insufficient evidence, which could not be adequately addressed by either quantitative or qualitative techniques in isolation. By combining both approaches, the methodology sought to leverage their complementary strengths and reinforce the validity of the findings. Furthermore, it is important to note that the credibility of research results is enhanced when there is a greater amount of evidence available. As Kothari (2014) suggests, using a mix of quantitative and qualitative approaches may result in conclusions that are both credible and valuable.

### 3.2 Research Design

The researchers in this study used a mixed-method strategy that used qualitative and quantitative techniques to create a descriptive research design. According to Omari (2011), this approach enables the researcher to collect data from the study sample about attitudes and perceptions, effectively answering the "what is" question and offering a thorough description of the current phenomena. Because it allowed for a thorough explanation of the study's variables and circumstances and made it easier to gather information regarding the research phenomenon's present state, this method was appropriate for the study.

### 3.3 Location of the study

To better understand the issue and answer the study questions, it is crucial to choose a suitable geographical location (Kombo & Tromp, 2006). The precise site from which the study's relevant data was obtained is identified in this context. The study took place at the MeTHR, which is situated in the Miriga Mieru East Ward of the North Imenti Sub County of Meru County, which is part of the Township Sub-location, Municipality location (see Appendix VII). The rationale for choosing the study region is based on the fact that the institution in question is the only referral health care facility within the county. As a result, it is considered to possess the capacity to provide an accurate representation of the health care service delivery throughout the county. The hospital provides a wide range of medical services, including general healthcare, neonatal care, x-rays, HIV counseling and testing, family planning, growth monitoring, immunizations, cancer screenings, and antiretroviral medication. Keep in mind that hospitals need efficient infrastructure and equipment, thus these services are given with varied degrees of capability.

### 3.4 Target Population

The target population comprises individuals, objects, or entities sharing common characteristics relevant to answering the research question. In order to gather data or quantify anything, a subset of this population is chosen (Kombo and Tromp, 2006). According to

Table 1, 1,996 people were included for this research. This included both patients and healthcare providers at MTREH as well as members of the county assembly.

**Table 1: Target Population**

| Categories | Target population |
|---|---|
| Chief executive officer | 1 |
| Hospital administrator | 3 |
| Human resource department | 35 |
| Procurement | 20 |
| Consultants | 56 |
| Clinical officers | 115 |
| Pharmacist | 12 |
| Nurses | 221 |
| Meru County Assembly Members (MCA) | 45 |
| Patients visiting the outpatients | 1500 |
| Total | 1996 |

**Source: Meru County Integrated Development Report 2018 - 2022.**

### 3.5 Sampling procedures and techniques

According to Resnik (2011), a sample is a selection of units or persons drawn from a larger population using predetermined sampling criteria. Sampling is the process of choosing a subset of a population to represent the whole, with the goal of extrapolating research results to the population of interest. Costs may be reduced and outcomes can be improved by using sampling methods.

Researchers used stratified sampling in their investigation. The population of interest was stratified into 10 distinct groups for the purposes of this sampling process. Participants were divided into three groups based on their shared characteristics; these groups were health administrators and practitioners, MCAs, and patients. In order to create a random sample, each stratum had its size measured against the population. These subcategories are then merged to provide a random sample, as stated by Singh and Masuku (2014). The researcher used a purposive sample technique to choose MCAs and hospital executives from wards close to MeTRH. A basic random sample method was used to choose nurses, clinical officers, and patients who visited the institution. With this stratified sampling method, every

part of the population had an equal opportunity of being selected, guaranteeing that important demographic features were reflected in the sample. Possible biases in sample selection were reduced using this strategy.

### 3.6 Sample Size

A total of 320 participants were surveyed for the research, using the same methodology as Sekaran and Bougie (2016), which was based on Krejcie and Morgan (1970) (Appendix VII). The proportional formula was used in the research to determine the appropriate cluster sample size, which was;

$$\text{Sample size } (n) = \frac{Population\ Size\ in\ the\ Respective\ Stratum}{Total\ Population}\ x\ expected\ sample\ size$$

**Table 2: sample size**

| Categories | Target population | Sample size |
|---|---|---|
| Chief executive officer | 1 | 1 |
| Hospital administrator | 3 | 1 |
| Human resource department | 35 | 5 |
| Procurement | 20 | 3 |
| Consultants | 56 | 8 |
| Clinical officers | 115 | 18 |
| Pharmacist | 12 | 2 |
| Nurses | 221 | 35 |
| Meru County Assembly Members (MCA) | 45 | 7 |
| Patients visiting the outpatients | 1500 | 240 |
| Total | 1996 | 320 |

**Source: Researcher (2025)**

### 3.7 Construction of Research Instruments

This research included both quantitative and qualitative methods to gather data. Data was collected from health practitioners and MCAs using questionnaires (refer to Appendix 1I). Using a questionnaire for this research had the dual benefit of simultaneously collecting vast amounts of data from respondents while also hiding their identities, which helped to reduce biases related to specific respondent characteristics. The data collection process included a focus group with patients (Appendix IV) and an interview guide with senior hospital officials (Appendix III).

In order to gather qualitative data for this research, an interview schedule was used. The interviewer was able to learn more about the study issue and touch on topics that closed-ended questions couldn't touch because of the method's adaptability. The interviewer gained valuable insights into the attitudes and behaviors of the respondents by using open-ended questions (Neuman, 2013). Instead of being limited in their expression by closed-ended questions, respondents were allowed to express themselves fully using open-ended questions in the surveys. Researchers were able to fully investigate pertinent ideas using this method, which was later sorted by recording and coding.

### 3.8 Testing for Reliability and Validity

#### 3.8.1 Reliability

The consistency of outcomes or data obtained via repeated trials is referred to as reliability (Drost, 2011). Cronbach alpha was used in this study to assess the instrument's reliability by determining the average correlation of its items' internal consistency. By using SPSS's reliability command, we can perform the Cronbach's alpha test on all of the survey questions.

This coefficient of internal consistency was computed as follows:

$$Alpha = \frac{N_r}{1 + r(N - 1)}$$

Where r = the mean inter-item correlation

N = number of items in the scale

According to Mugenda (2013), increasing the number of items on a scale may enhance its reliability, provided that the inclusion of additional items does not decrease the average inter-item dependability, which is the situation in this particular technique. An important statistic for gauging a system's dependability is the alpha dependability coefficient, which is formally known as Cronbach's alpha. This metric measures the reliability of the system under review and may take on values between 0 and 1. There is more internal consistency

among the scale items when the Cronbach's alpha value is greater than 1.0. Factors that affect the size of alpha include the number of items on the scale and the average inter-item correlations among these items. In their 2003 work, George and Mallery lay out some general rules. "Alpha" is a prefix Ming "positioned" or "ranked higher" with respect to other concepts or entities. An alpha value of 8 is likewise regarded as exceptional, while an alpha value above 9 is much better. With an alpha greater than 1, a value of 7 is deemed acceptable. However, a value of 6, where alpha >, is seen as problematic. A numerical value of 5 is often seen as indicative of a low quality or unsatisfactory performance, while an alpha value below 0.5 is commonly deemed as unsuitable or inadequate.

### 3.8.2 Validity

Pilot testing and consistent communication between the researcher and the supervisors from the university, as stated by the researchers, will be the Ms by which the validity of the research instruments used in this investigation will be ensured. The questionnaire was sent to a number of researchers so that we could acquire their opinions on the appropriateness and representativeness of the instrument. This ensures the material and face validity of the instrument by making sure it considers all of the study's topic elements. Through a thorough literature survey and the collection of research variables from preexisting theoretical frameworks, this study successfully established the research variables' constructive validity.

## 3.9 Data Collection Methods and Procedures

Researchers utilize different approaches at different phases of the data collecting process, which is part of the data gathering procedures. Using a drop-and-choose method to administer questionnaires to study participants, the researcher mostly relied on primary data for the study. The Directorate of Postgraduate Studies at Mount Kenya University sent an introduction letter to the researcher before survey distribution began. The letter was then used to apply for research approval to NACOSTI, the NACOSTI, and Innovation. The researcher first officially obtained authorization from the county hospital administration to

begin the study after doing a comprehensive evaluation of the available documents. After that, plans were made to meet with the appropriate hospital officials to distribute surveys to staff members and arrange for an interview with the company's upper management. The researcher further scheduled a meeting with the members of the county legislature to administer the questionnaire. During the interview process, the researcher obtained authorization from the hospital administration to conduct a focus group discussion with individuals visiting the hospital. Additionally, the researcher administered a questionnaire and collected it from the participants.

### 3.10 Data analysis techniques and procedures

Data analysis is defined by Mugenda and Mugenda (2013) as the act of classifying, organizing, and providing value to large datasets. Descriptive statistics such as percentages, weighted averages, and frequency counts were used to examine the numerical data. We grouped the most prevalent themes and phrases from the qualitative responses according to the study's aims, and then we summarized them. During the discussions, the personal outcomes were combined with the numerical data and shown in tables for comparison. To determine the relationship between the study's independent and dependent variables, researchers used a regression model.

The following Bivariate model was adopted;

$$Y= \mu0 + \mu1\ X1 + \mu2X2 + \mu3\ X3 + \mu4\ X4 + \varepsilon$$

Where: Y= health service delivery

$\mu0$ = constant or the intercept of the regression line

$\mu i$ = Coefficients of regression for the independent variables Xi (for i = 1, 2, 3)

X1= financial planning

X2 = health infrastructure

X3 = staffing

X4 = policy framework

ε = the error term.

### 3.11 Ethical Considerations

Mount Kenya University's letter of introduction, NACOSTI's letter of approval for employment, and the county government's letter all constitute the necessary paperwork for us to begin data collection. It is important to consistently adhere to the established standards and criteria in the realm of research. The standards of the research process include both acceptable and unacceptable behavior (Bryman, 2012). The researcher ensured that participation in the study was not compulsory, emphasizing that all individuals included did so on a voluntary basis and had the right to withdraw from the study at any point. The use of informed consent effectively communicated to participants that the study conducted had little practical relevance. The confidentiality of the identities of all individuals involved in the study would be safeguarded to prevent public disclosure. Ultimately, meticulous citation of all used sources was undertaken in order to preempt any allegations of academic dishonesty.

# CHAPTER FOUR

# RESEARCH FINDINGS AND PRESENTATION

## 4.1 Introduction

This chapter provides an explanation of the findings derived from the study's specific objectives. It commences by detailing the response rate obtained from the field survey, followed by respondent's demographic characteristics and an examination of the study's variables using descriptive analysis. Lastly, the chapter concludes by presenting the inferential statistics.

## 4.2 Response Rate

The researchers at Meru Teaching and Referral Hospital sent out 78 surveys to their randomly selected staff members. Nonetheless, 75 surveys were completed in accordance with the guidelines. According to Nulty's (2008) postulation, descriptive surveys may be considered appropriate with a response rate of 96.2%. The study also sampled the hospital chief executive officer (CEO) and the county health administrator for an interview which was successful. Further, the researcher managed a focus group discussion with the targeted 240 out patients who had visited the health facility during the research time.

## 4.3 Reliability Test Results

Using Cronbach's alpha coefficient (α) and a predetermined reliability criteria of 0.7, $\alpha > 0.7$, the research evaluated the questionnaires' reliability. The inclusion of Likert scale questions in the questionnaire led to the selection of Cronbach's alpha as the reliability coefficient.

**Table 3: Results of Reliability Testing**

| Study variables | Test Items | Cronbach's Alpha Coefficient |
|---|---|---|
| Devolved financing planning | 5 | 0.822 |
| Devolved health infrastructure | 6 | 0.804 |
| Devolved healthcare staffing | 4 | 0.830 |

| | | |
|---|---|---|
| Devolved medical policy framework | 5 | 0.783 |
| Delivery of health services | 8 | 0.842 |

Source: Researcher (2025)

Based on the results shown in Table 3, it can be concluded that the study questionnaire was quite reliable, since all of its variables had alpha coefficients higher than 0.7. Therefore, the device was approved for use in the comprehensive study's data collection.

### 4.4 Demographic Information of Respondents

The study considered respondents social demographic characteristics on gender, age, length of service and educational background.

#### 4.4.1 Gender of the Respondents

We asked them to specify what gender they were. The findings are shown in Figure 2.

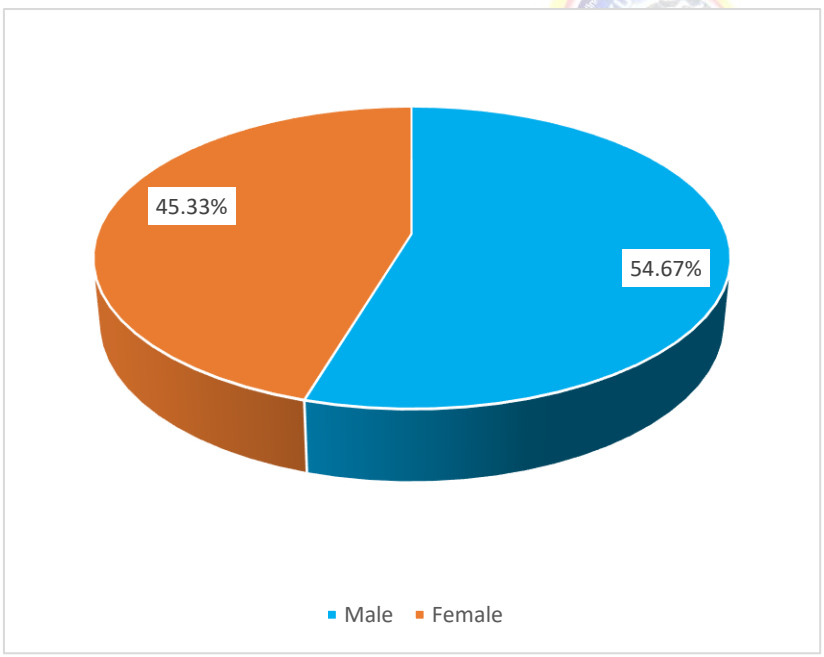


**Figure 2: Gender of the Respondents**

Source: Researcher (2025)

The distribution of responders was rather balanced, with 54.67% being male and 45.33% being female. The findings indicated that there was gender balance among the respondents and the study findings is not biased, further it can be interpreted that employees in in the

county were gender balanced. According to Burns and Veeck (2020), there was a clear bias towards men in both official and informal research sectors. Ragab and Arisha (2018) underscored the importance of women's involvement in the informal sector, despite the prevailing male dominance seen in the official sector. This highlights the significance of include both genders in research investigations.

### 4.4.2 Age of the Respondents

The respondents were asked to indicate their age. The results were presented in Figure 3.

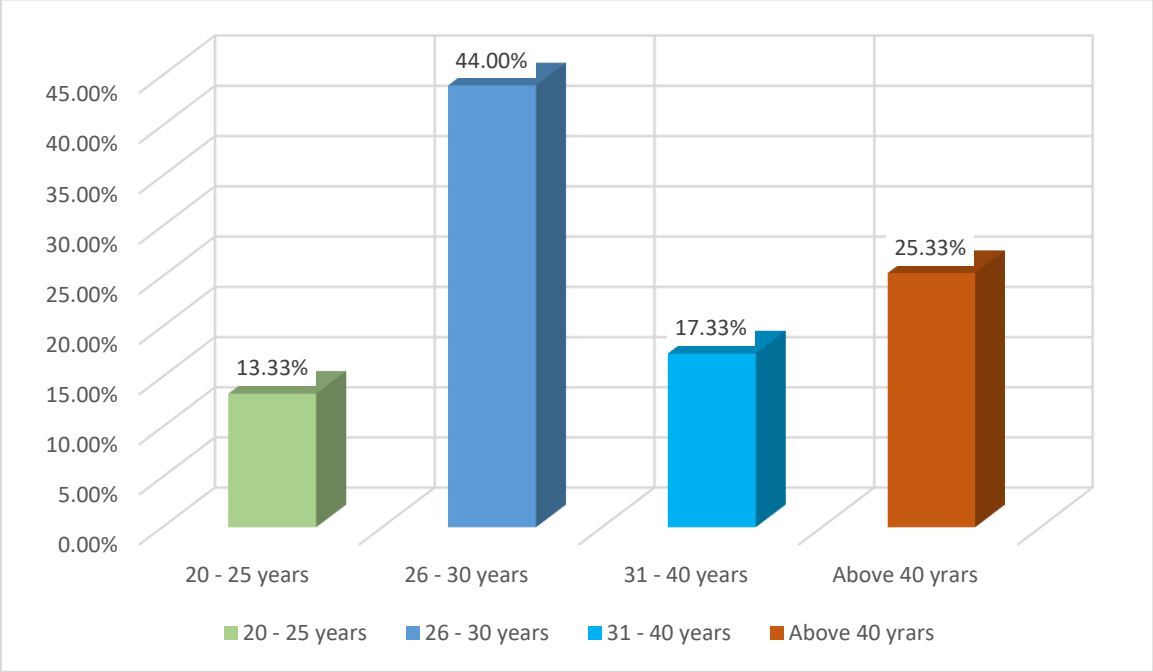


**Figure 3: Age Respondents.**

Source: Researcher (2025)

According to the findings, those aged 26–30 made up the biggest age group of respondents (44.0%). The age distribution of the respondents was as follows: 25.33 percent were over 40 and 17.33 percent were between the ages of 31 and 35. Finally, of those who participated, 13.33% were between the ages of 20 and 25. This suggests that the participants in the research were of adult age, indicating their capacity to comprehend the subject matter being investigated and provide dependable replies. The diverse distribution of age groups provides

distinct perspectives on the research issue, since various age cohorts will assess the services provided at Meru Teaching and Referral Hospital in varying ways.

### 4.4.3 Employees experience in the health sector

Respondent's length of service in healthcare sector in Meru County was assessed by the researcher through a questionnaire and the responses were as in table 4.

**Table 4: Employee Experience**

| | | Frequency | Percent |
|---|---|---|---|
| **Valid** | Less than 1 year | 27 | 36.0 |
| | 1 - 6 years | 27 | 36.0 |
| | Above 6 years | 21 | 28.0 |
| | Total | 75 | 100.0 |

**Source: Researcher (2025)**

The plurality of respondents (36.0%) had worked for a period of 1 to 6 years, according to the data. However, the same number had worked for less than one year at their individual institutions. Out of the total responders, 21.0% had been in the workforce for over 6 years. A change in leadership at the county level may have brought in new hires, explaining their sudden appearance. Because of this, the majority of respondents had no trouble filling out the survey.

## 4.5 The Effect of Devolved Financial Planning in Health Care Service Delivery

Examining how Meru Teaching and Referral Hospital's service delivery has been affected by decentralized financial planning was the primary goal of the research. Feedback on topics related to financial planning was sought from the participants. The results are shown in Table 5 for the participants' descriptive answers.

**Table 5: Effect of financial planning on Healthcare Service Delivery**

| Statements | N | Min | Max | M | Std. Deviation |
|---|---|---|---|---|---|
| Timely funding provision for healthcare. | 75 | 1 | 5 | 4.20 | 1.078 |

| | | | | | |
|---|---|---|---|---|---|
| Importance of including facilities committees in planning | 75 | 1 | 5 | 3.88 | 1.294 |
| Adequate funding for the county Healthcare | 75 | 1 | 5 | 4.09 | 1.210 |
| Prudent use of allocated healthcare funds. | 75 | 1 | 5 | 4.27 | 1.004 |
| Equitable healthcare budgetary allocation for the County's healthcare. | 75 | 1 | 5 | 4.07 | 1.131 |
| Valid N (Listwise) | 75 | | | | |

**Source: Researcher (2025)**

The findings revealed that the participants expressed agreement on the supply of timely financing for healthcare in the County since the implementation of devolution. A M score of 4.20 with a SD of 1.078 supported this agreement. Munywoki et al. (2020) found that financial resources were transferred to county administrations more quickly after devolution was implemented compared to the time before devolution. This conclusion supports their results.

With an average score of 4.27 and a SD of 1.004, the respondents agreed that the money provided for healthcare services are used wisely in terms of cash allocation. The low SD indicates that there was little variety in the replies from the respondents. Ngigi and Busolo (2019) found that devolution has made budget distribution more equitable across counties, and this finding is in line with their findings.

This was also reported in an FGD where one discussant indicates that "*devolution brought cancer centre in Meru County, the x-rays which used to be taken at Kenyatta but today we have them at Meru hospital*" (FGD held on 04/9/2023).

The findings also indicated that the participants were in agreement on the allocation of financing for healthcare in the County, as seen by a M score of 4.09. In addition, with a SD of 1.210, the replies showed some degree of unpredictability. The findings of this study are in line with those of Odera (2014), who also found that healthcare provision in Kisumu County, Kenya was significantly affected by the availability of appropriate financial

resources. Furthermore, 100% of the study's participants agreed that the County's healthcare budget is fairly distributed. They stressed that facilities committees should be included in cost estimating and budgeting. The average scores for these factors were 4.07 and 3.88, respectively, with SDs of 1.131 and 1.294. The respondent's findings were also supported by a key informant in an interview who indicated that "*Devolution has made it easier for the healthcare facilities to access funds and make good accountability for the process of requisition and accountability has been brought nearer*." (Key informant interview held on Monday 04/09/2023)

"*Devolution gave the hospital a bit of autonomy to raise some funds to take care of some day today running of the facility without necessarily going to the allocated county revenue, this has reality improved the financial position of the facility and has a positive effect on the healthcare service delivery*".

### 4.5.1 Inferential Statistics

The correlation between healthcare service delivery and budgetary planning was examined using a basic linear regression analysis.

**Table 6: Model Summary**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .633[a] | .400 | .397 | .20776 |

a. Predictors: (Constant), Financial planning

**Source: Researcher (2025)**

Findings in Table 6 indicates the model summary for the regression between financial planning and healthcare service delivery. An R-squared of 0.400 indicates that 40.0% of healthcare service delivery at Meru Teaching and referral hospital is explained by changes in financial planning.

**Table 7: Analysis of variance**

| Model | | Sum of Squares | df | M Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 4.924 | 3 | 4.924 | 114.074 | .000[b] |
| | Residual | 7.381 | 71 | .043 | | |
| | Total | 12.304 | 74 | | | |

a. Dependent Variable: Financial Planning

b. Predictors: (Constant), Healthcare Service Delivery

**Source: Researcher (2025)**

The regression model that looked at the connection between healthcare service delivery and financial planning was statistically significant, according to the ANOVA findings in Table 7. This Ms that the dependent and independent variables were well-fitted. A probability value of 0.000, which is less than the threshold of 0.05 ($p=0.000 < 0.05$), and an F-statistic of 114.074 validated the significance of the whole model.

**Table 8: Correlation Coefficient**

| **Model** | | **Unstandardized Coefficients** | | **Standardized Coefficients** | **t** | **Sig.** |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | |
| **1** | (Constant) | 3.741 | .054 | | 69.44 | .000 |
| | Financial Planning | .184 | .017 | .633 | 10.68 | .000 |

a. Dependent Variable: Healthcare Service Delivery

**Source: Researcher (2025)**

Table 8 displays the regression coefficients, which provide the model for the link between healthcare service delivery and financial planning, as $Y = 3.741 + 0.184X1$. There is a strong and favorable correlation between healthcare service delivery and financial planning.

Healthcare service delivery increases by 0.184 for every unit increase in financial planning, according to a regression coefficient of 0.184.

### 4.6 The Effect of Devolved Heath Infrastructure on Health Care Service Delivery

The second goal of this study was to analyze how Meru Teaching and Referral Hospital's healthcare delivery was affected by the implementation of decentralized health infrastructure. The participants were asked to provide their thoughts on assertions related to healthcare infrastructure. As can be seen in Table 9, a five-point Likert scale was used to assess the participants' responses.

**Table 9: Effect of devolved health infrastructure on Healthcare Service Delivery**

| Statements | N | Min | Max | M | Std. Deviation |
|---|---|---|---|---|---|
| building of new medical facilities | 75 | 1 | 5 | 4.12 | 1.196 |
| purchase of ambulances | 75 | 1 | 5 | 4.04 | 1.156 |
| provision of maternity wards. | 75 | 1 | 5 | 4.11 | 1.134 |
| use of ethical purchasing and management procedures | 75 | 1 | 5 | 4.20 | 1.000 |
| Building of health facilities | 75 | 1 | 5 | 4.16 | 1.053 |
| equipment and resources in the healthcare institutions are adequate. | 75 | 1 | 5 | 4.05 | 1.161 |
| Valid N (Listwise) | 75 | | | | |

**Source: Researcher (2025)**

A large majority of respondents agree that the county uses moral procedures for acquiring and overseeing medical equipment and supplies, according to Table 9. The rating had a M of 4.20 and a SD of 1.000. Tsofa et al. (2017) looked at how devolution affected healthcare workers and hospital management, and their findings are in line with ours. Decentralization of healthcare duties improved order fill rates in counties with strong procurement capabilities, according to the research.

However, this study's findings ran counter to those of Mohamed et al. (2016), who studied Sudan and found that pharmaceutical availability in public hospitals decreased after devolution. Our research contradicts a 2011 report from the WHO. The report emphasized the considerable obstacle of pharmaceutical unavailability, particularly in public health facilities, as a substantial hindrance to the accessibility of medications. The study conducted in Africa revealed that the accessibility of generic medications at healthcare facilities was shown to be less than 60%, with a more significant disparity observed in the public sector. The resolution of this impediment is of utmost importance in ensuring efficient administration of patient care within hospital settings.

The research participant expressed agreement with the assertions that the county had successfully constructed sufficient health facilities, acquired more ambulances, and established maternity wards. This agreement was reflected in M scores of 4.16, 4.04, and 4.11, respectively, with corresponding SDs of 1.053, 1.156, and 1.334. These results presented a contrasting perspective to the findings of Okech (2016), who highlighted the presence of deteriorating health infrastructure and an unequal allocation of health resources as additional equity problems. These factors were shown to lead to an uneven supply of healthcare services between rural and urban counties.

The respondent's findings were also supported by a key informant in an interview who indicated that "…*with the help of the county government the hospital has put up a modern maternity ward, Children Theater and a well-equipped intensive care unit (ICU)" (*Key informant interview held on Monday 04/09/2023).

The survey also found that, on average (with a SD of 1.16), respondents believed that county healthcare facilities had appropriate equipment and resources following devolution. Focus group answers corroborated these results; participants overwhelmingly believed that the county government should be responsible for funding the construction of hospitals and the

distribution of essential medications and other essentials to its residents.Group3…*serikali inafaa itujengee hosipitali na iweke dawa na vifaa vyote"* (the government need to construct for us hospital and equip it with necessary equipment) (FGD held on 04/9/2023).

The study findings are supported by research by Awino (2016) which poised that the primary infrastructural impediments facing devolution in Kenya's Ministry of Health as it faced with the issues of devolved healthcare services were limited and ineffective health items and technology, as well as weak referral mechanisms. Moreover, inadequate health information systems were another factor that contributed to the challenges. According to the results of the research, a considerable improvement in the infrastructure of the healthcare system occurred at the same time as an improvement in the supply of services in the system.

Gimoi (2017) carried a study in order to explore the influence that decentralization has on the healthcare systems in his country. Nairobi County has invested in health infrastructures to enhance service delivery, according to the study. This is one of the most noteworthy findings. Medical equipment including x-ray machines, nebulizers, and lab equipment were all part of these infrastructures, along with the number of units and bed capacity.

### 4.6.1 Inferential Statistics

An R-squared value of.290 was found, suggesting that infrastructure accounts for 29.0% of the variation in healthcare service delivery.

**Table 10: Model summary**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .539[a] | .290 | .286 | .22598 |

a. Predictors: (Constant), Infrastructure

**Source: Researcher (2025)**

An R-squared value of.290 was found, suggesting that infrastructure accounts for 29.0% of the variation in healthcare service delivery.

**Table 11: Analysis of variance**

| Model | | Sum of Squares | df | M Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 3.572 | 3 | 3.572 | 69.947 | .000[b] |
| | Residual | 8.732 | 71 | .052 | | |
| | Total | 12.304 | 74 | | | |

a. Dependent Variable: Healthcare service delivery

b. Predictors: (Constant), infrastructure

**Source: Researcher (2025)**

With an F-value of 69.947, the independent variable infrastructure served as a solid joint explanatory variable for healthcare service delivery, as seen in the overall significant model in Table 11.

**Table 12: Correlation Coefficient**

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 1.678 | .313 | | 5.361 | .000 |
| | Infrastructure | .751 | .090 | .539 | 8.363 | .000 |

a. Dependent Variable: healthcare service delivery

**Source: Researcher (2025)**

There was a strong and positive correlation between healthcare infrastructure and service delivery, as shown in Table 12 of the regression coefficients. Y=1.678+0.751X is the model that has been provided. Healthcare service delivery increases by 0.751 units for every 1 unit increase in infrastructure, according to the regression coefficient of 0.751.

### 4.7 The Effect of Devolved Staffing on Health Care Service Delivery

Examining how Meru Teaching and Referral Hospital's healthcare delivery changed after implementing decentralized staffing was the third goal of this study. In this survey, we

asked participants to rate our remarks on the topic of staffing responsibility delegation. As may be seen in Table 13, the participants' responses were assessed using a five-point Likert scale.

**Table 13: Effect of Devolved Staffing on Health Care Service Delivery**

| Statements | N | Min | Max | M | Std. Deviation |
|---|---|---|---|---|---|
| Medical staff are adequate. | 75 | 1 | 5 | 4.12 | 1.102 |
| Hiring of health professionals. | 75 | 1 | 5 | 4.04 | 1.179 |
| Health professionals to patient's ratio | 75 | 1 | 5 | 3.95 | 1.229 |
| Maintenance of minimal employee complement | 75 | 1 | 5 | 4.05 | 1.138 |
| **Aggregate** | | | | **4.04** | **1.162** |
| Valid n (listwise) | 75 | | | | |

**Source: Researcher (2025)**

Statistical analysis revealed that a sizeable percentage of respondents (M=4.12, SD=1.102) agreed that healthcare staffing levels at County healthcare facilities had been adequately sufficient ever since devolution took effect. Mulee (2015) also discovered that devolution improved resource provision within the decentralized county administrations, thus our findings are consistent with that. Additionally, respondents agreed (M=4.04, SD=1.179) that healthcare institutions had hired health personnel after the devolution process. This observation supports the findings of Muthinga and Hillow (2016), who noted that devolution had generated a demand for increased workforce within county governments.

The study also showed that most people thought the staff-to-patient ratio was reasonable (M=3.95, SD=1.229). The focus group participants' comments corroborated the findings, suggesting that the devolution has resulted in an increase in healthcare personnel. The results were in line with those of Hana (2016), who had previously shown that an optimal healthcare worker-to-patient ratio is associated with better outcomes for patients. In

addition, with a M score of 4.05 and a SD of 1.138, the respondents agreed that the county had achieved the minimal staffing levels that were suggested. The average M score was 4.04 when the replies were evaluated on a five-point scale. This indicates that most claims were believed to be true by the majority of responders. It should be mentioned that there was considerable variety in the responses, as shown by a SD of 1.162.

It is one of the most crucial talents underpinning service provision in the health industry since, without sufficient workforce, the healthcare system would collapse. By providing training opportunities for the personnel, their skills and capabilities will improve, which will result in an increase in the quality of the services provided. In industrialized nations, the responsibility of tackling health policy issues at the community level falls on the devolved control of health care. Staff working conditions, supervision, accountability, personnel deployment, and patient access to healthcare facilities are all matters of concern. Experts in medicine with the proper training and expertise should be in charge of the healthcare system as a whole, according to research done in the Dominican Republic and other Latin American nations. It was because of this that a major flaw in the healthcare system improvement efforts became apparent (Caplan et al, 2018).

According to Ahakwa et al. (2021), education health professionals on their expanded work duties and task sharing significantly improves the effectiveness of health services.

In 2015, it is anticipated that South Africa would have a vacancy rate of 56% for doctors and a vacancy rate of 46% for nurses. Both of these projections are in reference to the healthcare industry. Only 3% of newly licensed doctors choose to practice in rural areas, despite the fact that rural areas are home to more than half of the population in the United States. Although seventy percent of physicians work in private practice, they all received their education in the public sector. Even though there was a 34% rise in the number of students

enrolling in medical schools between 2012 and 2017, just 10% of those working in healthcare in other countries were anticipated to be competent in 2018 (WHO, 2018).

According to the findings of Manyisa and van Aswegen (2017), who conducted research on the variables that influence working conditions in Kenya's public hospitals, a key impact was the shortage of nurses. This study intends to correct a previous one by demonstrating that the number of staff does, in fact, have an influence on the performance of the service.

### 4.7.1 Inferential Statistics on Staffing

The staffing levels and healthcare service offering at Meru teaching and referral hospital were investigated using a simple regression analysis.

**Table 14: Model Summary**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .802[a] | .643 | .641 | .16028 |

a. Predictors: (Constant), Staffing

Source: Research (2025)

Staffing levels account for 64.3% of the variance in healthcare service delivery at Meru Teaching and Referral Hospital, according to an R-squared value of 0.643.

**Table 15: Analysis of Variance**

| **Model** | | **Sum of Squares** | **df** | **M Square** | **F** | **Sig.** |
|---|---|---|---|---|---|---|
| **1** | Regression | 7.911 | 3 | 7.911 | 307.951 | .000[b] |
| | Residual | 4.393 | 71 | .026 | | |
| | Total | 12.304 | 74 | | | |

a. Dependent Variable: Healthcare services delivery

b. Predictors: (Constant), Staffing

**Source: Researcher (2025)**

Model 2's p-value was less than 0.05 and Model 1's F-statistic was less than 0.05, as shown in table 15. This supports the results of the studies by Pradhan et al. (2013), Banerjee et al. (2010), and Duflo et al. (2013).

**Table 16: Correlation of Coefficient**

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 1.684 | .149 | | 11.299 | .000 |
| | Staffing | .699 | .040 | .802 | 17.549 | .000 |

a. Dependent Variable: HealthCare service delivery

**Source: Researcher (2025)**

Table 16 suggest that there was a positive and significant relationship between staffing and healthcare service delivery. The model is given as $Y=1.684+0.699X$. From the regression model every unit change in staffing, healthcare service delivery changes by 0.699.

### 4.8 The Effect of Policy Framework on Service Delivery

Our fourth goal was to analyze how the policy framework impacted the provision of medical services at the Meru Teaching and Referral Hospital. Statements on the policy framework were given to the respondents. Table 17 displays the results of the replies that were evaluated using a five-point Likert scale.

**Table 17: Effect of Policy Framework on Health Care Service Delivery**

| Statements | N | Min | Max | M | Std. Deviation |
|---|---|---|---|---|---|
| The board prioritizes important long-term policy problems over urgent short-term administrative difficulties. | 75 | 1 | 5 | 3.97 | 1.162 |
| CHMT representation in intergovernmental meetings | 75 | 1 | 5 | 4.04 | 1.191 |
| Policies implementation by the CHMT to oversee the county's delivery of healthcare | 75 | 1 | 5 | 3.97 | 1.241 |

services.

| | | | | | |
|---|---|---|---|---|---|
| CHMT monitors project implementation | 75 | 2 | 5 | 2.89 | 0.954 |
| implementation of policies and regulations to operationalize the provision of healthcare services | 75 | 1 | 5 | 4.00 | 1.294 |
| Valid N (LISTWISE) | 75 | | | | |

**Source: Researcher (2025)**

The data that are shown in Table 17 suggest that the respondents, on average, showed agreement with the focus that the CHMT places on policy issues. This is evidenced by a M score of 3.97, which can be observed. A SD of 1.162 is also shown by the data, which suggests that the respondents' answers do vary to some extent. Conclusions drawn from this study indicate that county health management team members are highly attuned to policy issues, as reported by the study's participants. With a M score of 4.04 and a SD of 1.191, participants stated that they were in agreement with the county health management team's involvement at intergovernmental meetings. Here are the scores of the participants: average: 4.04; dispersion: 1.191 inches. The evidence suggests that the county health management team is involved in discussions between different levels of government on occasion.

In addition, the execution of management policies for the management of healthcare service delivery by the County Health Management Team (CHMT) was questioned of the participants. The participants' average score was 3.97 on a scale from 1 to 5, with a SD of 1.241. The parties seem to be in accord based on this. In light of these findings, it seems that the majority of participants agreed that the county health management team had effectively put policies in place to oversee the provision of healthcare.

The outcomes of the survey suggest that the respondents indicated a neutral viewpoint, with an average score of 2.89 out of 5. This was done so that the degree to which the CHMT

participates in frequent monitoring of project execution on a quarterly basis could be investigated. In addition, the data showed that there was a SD of 0.954. The findings of this research reveal that the participants reported a lack of understanding on the degree to which the county health management team controls the execution of projects on a quarterly basis. This lack of clarity was cited as the reason for their lack of confidence in the study's findings. The study also showed that most people think laws and regulations were put in place to make sure healthcare services were delivered correctly. The average score was 4.00, with a SD of 1.294, which showed this.

### 4.8.1 Inferential Statistics

To determine the connection between the policy framework and healthcare service delivery at Meru Teaching and Referral Hospital, a simple regression analysis was performed.

**Table 18: Model Summary**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .492[a] | .242 | .237 | .23360 |

a. Predictors: (Constant), policy framework

**Source: Researcher (2025)**

The R-squared value was 0.242, as shown in Table 18. A quarter of the variance in healthcare service delivery might be accounted for by the policy framework.

**Table 19: Analysis of Variance**

| Model | | Sum of Squares | df | M Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 2.973 | 3 | 2.973 | 54.487 | .000[b] |
| | Residual | 9.331 | 71 | .055 | | |
| | Total | 12.304 | 74 | | | |

a. Dependent Variable: Healthcare service delivery

b. Predictors: (Constant), policy framework

**Source: Researcher (2025)**

The models were significant, according to the F-statistic in Table 19, as the p-value was less than 0.05.

**Table 20: Coefficient of Correlation**

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 3.217 | .146 | | 21.962 | .000 |
| | Equity | .312 | .042 | .492 | 7.382 | .000 |

a. Dependent Variable: Healthcare service delivery

**Source: Researcher (2025)**

Table 20 shows that there is a positive and statistically significant association between healthcare service delivery and policy framework based on regression findings. The model predicts that healthcare service delivery will rise by 0.312 units for every unit increase in the policy framework. One way to represent the model is as Y=3.217+0.312X.

### 4.9 Overall Inferential Statistics.

#### 4.9.1 Correlation Analysis

Table 21 below shows the results of the correlation analysis.

**Table 21: Correlational Analysis**

| | | Service Delivery | Financial Planning | Health Infrastructure | Staffing | Policy Framework |
|---|---|---|---|---|---|---|
| Service Delivery | Pearson Correlation | 1 | | | | |
| | Sig. (2-tailed) | | | | | |
| | N | 75 | | | | |
| Financial Planning | Pearson Correlation | .912** | 1 | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Sig. (2-tailed) | 0.000 | | | | |
| | N | 75 | 75 | | | |
| Health Infrastructure | Pearson Correlation | .870** | 0.944** | 1 | | |
| | Sig. (2-tailed) | 0.001 | 0.000 | | | |
| | N | 75 | 75 | 75 | | |
| Staffing | Pearson Correlation | .910** | .846** | 0.861 | 1 | |
| | Sig. (2-tailed) | 0.001 | 0.002 | 0.000 | | |
| | N | 75 | 75 | 75 | 75 | |
| Policy Framework | Pearson Correlation | .904** | .889** | .915** | .911 | 1 |
| | Sig. (2-tailed) | 0.000 | 0.002 | 0.000 | 0.003 | |
| | N | 75 | 75 | 75 | 75 | 75 |

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

Source: Researcher (2025)

The data that are shown in Table 21 illustrate a statistically significant and favorably correlated positive link between healthcare services and financial planning (r = 0.912, p = 0.000). It would seem that there is a favorable association between increasing financial resources and improved health care delivery based on this evidence. The results were consistent with those of research carried out by Adebisi et al. (2020), which revealed that the effective distribution of monetary resources plays an essential part in supporting the achievement of sustainable health care delivery. The findings of this study were in agreement with those of the study. The results of the study provide more evidence in favor of the positive and significant connection that exists between health infrastructure and the provision of healthcare services (r=0.870, p=0.001). This suggests that there is a link, and that correlation is a positive one, between the degree of infrastructure and the efficacy of the delivery of healthcare services. The results of this research are in agreement with those obtained by Mabonga (2017), whose investigation shown a positive association between the

availability of medical equipment and the provision of medical services. According to the findings of the research, there is a very substantial and positive correlation between staffing levels and the delivery of healthcare services (r = 0.910, p = 0.001). This shows that there was a favorable association between the improvement in the overall delivery of healthcare services and the increase of staff adequacy. The results of this research are consistent with those obtained by Mabonga (2017), whose investigation revealed a positive association between enough people and the successful delivery of health care services. Okoroafor and colleagues (2021) emphasized the need to improve health workforce planning in order to efficiently deliver vital primary healthcare services, particularly in rural and remote regions that are more prone to disease outbreaks. This is especially important to keep in mind given the prevalence of disease outbreaks in these types of settings.

Findings indicate a strong positive relationship (r = 0.904, p = 0.000) between healthcare service provision and policy framework. It seems that the implementation of a policy framework has resulted in a rise in both the availability and quality of healthcare services. Consistent with these results, Cinaroglu (2019) found that health study outcomes are positively correlated with redistributive policies. Furthermore, according to Grorud et al. (2021), having a policy framework in place is crucial since it guides the achievement of goals. In addition, the authors indicated that the development of a policy framework is very necessary in order to guarantee the successful functioning of a decentralized system.

### 4.9.2 Regression Analysis

Table 22 shows the findings of the study's statistical analysis of the regression model's ability to explain the observed events.

**Table 22: Model summary**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .966[a] | 0.933 | 0.929 | 0.0306 |

a. Predictors: (Constant), financial planning, staffing, health infrastructure, policy framework

**Source: Researcher (2025)**

The Meru teaching and referral hospital's healthcare services might be appropriately described by considering the following factors: policy framework, personnel, financial planning, and health infrastructure. You may see this in Table 22. The computed value of the coefficient of determination, often known as R-squared, was 93.3%, lending credence to this finding. In this instance, the dependent variable is the supply of healthcare services; this indicates that the predictor factors account for 93.3% of the observed variance in the dependent variable. In addition, the data provided evidence that the model used to establish the connection between the variables was deemed satisfactory. The fact that it was determined the model was sufficient proved this.

**Table 23: Analysis of Variance**

| Model | | Sum of Squares | df | M Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 4.583 | 5 | 1.146 | 232.32 | .000[b] |
| | Residual | 119.417 | 70 | 1.706 | | |
| | Total | 124.000 | 75 | | | |

a. Dependent Variable: healthcare service delivery

b. Predictors: (Constant), financial planning, staffing, health infrastructure, policy framework

**Source: Researcher (2025)**

The statistical significance of the whole model was shown in Table 23. Moreover, the findings suggested that the independent variables have strong predictive capabilities in relation to the delivery of healthcare services. The results were supported by a p-value of 0.000, which is lower than the conventional significance level of 0.05, and an F-statistic of 232.32.

Table 24: Regression of Coefficients

**Table 24: Regression of Coefficients**

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 3.246 | 1.077 | | 3.014 | 0.000 |
| | Financial planning | 0.336 | 0.124 | 0.002 | 0.019 | 0.001 |
| | Health infrastructure | 0.188 | 0.147 | 0.153 | 1.286 | 0.002 |
| | Staffing | 0.182 | 0.132 | 0.077 | 0.645 | 0.040 |
| | Policy framework | 0.263 | 0.124 | 0.087 | -0.727 | 0.000 |

a. Dependent Variable: healthcare service delivery

**Source: Researcher (2025)**

The results shown in Table 24 demonstrate a positive and statistically significant relationship between several criteria and the delivery of healthcare services. A coefficient of 0.336 (p=0.001) indicates that there is a favorable link between county government's financial planning strategies and the improvement of healthcare service delivery. Healthcare service delivery changes by 0.336 units for every one unit increase in financial planning, according to this result. The study also found a notable and statistically significant correlation (r=0.188, p=0.002) between healthcare service supply and the existence of health infrastructure. According to the results, healthcare service delivery changes by 0.188 units for every one unit increase in health infrastructure. In addition, there is a positive correlation between healthcare service delivery and staffing levels (r=0.132, p=0.040) that is statistically significant. If staffing levels are increased by one unit, healthcare service delivery will vary by 0.132 units, according to this result. The policy framework and healthcare service delivery are positively correlated (r=0.263, p=0.000), which is a statistically significant finding. With a ratio of 0.263, this result indicates that better policy frameworks positively affect healthcare service delivery.

The results presented in this study are consistent with prior investigations conducted by Gimoi (2011), Mabonga (2017), and Odhiambo (2015), all of whom similarly emphasized the significance of these elements in the provision of healthcare services.

The factors examined in this study are financial planning, policy framework, health infrastructure, and staffing. The results indicate that financial planning has the most impact (β= 0.336) on healthcare service delivery, followed by policy framework (β= 0.263), health infrastructure (β= 0.188), and staffing (β= 0.182). In conclusion, the most suitable model for this research, aimed at predicting healthcare service delivery, may be outlined as follows:

The equation for healthcare services delivery may be represented as follows:

Healthcare Services Delivery = 3.246 + 0.336 Financial planning + 0.188 Health infrastructure + 0.182 Staffing + 0.263 Policy framework.

The chapter has a deficiency in terms of a cohesive and coherent progression. The study should be organized according to its aims, with each set of data pertaining to a specific purpose being presented simultaneously. The research conducted in the social sciences domain does not use the categorization of descriptive and inferential statistics.

# CHAPTER FIVE

# SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

## 5.1 Introduction

An extensive examination of the outcomes derived from the study data is followed by a summary of those results in this chapter. Furthermore, it discusses the findings, their policy consequences, and potential future study directions.

## 5.2 Summary of the result findings

Each study aim of the inquiry is outlined in this part along with the key results. Health care service delivery at Meru teaching and referral hospital was the intended focus of the research, which sought to assess the consequences of devolved government. The participants in the research significantly bolstered the credibility of each objective, owing to their Age, commendable educational backgrounds and substantial work experience. The participants had accumulated one year of experience, which serves as a positive indicator and source of confidence in obtaining trustworthy outcomes.

### 5.2.1 Devolved Financial Planning and Healthcare Service Delivery

The fundamental objective of this study was to examine how Meru Teaching and Referral Hospital's service delivery was affected by decentralized financial planning. The research found that healthcare services provided at Meru Teaching and Referral Hospital were significantly correlated with financial planning. Since the majority of respondents agreed with the assertions, the findings corroborated the questionnaire data. Additional evidence that adequate financial planning has a positive and statistically significant impact on healthcare service delivery was also presented by the regression study.

### 5.2.2 Devolved Health Infrastructure and Healthcare Services Delivery

An additional objective of the research is to assess how the devolved health infrastructure has affected the delivery of healthcare at the Meru Teaching and Referral Hospital. Descriptive data show that all respondents agreed that the county's processes for acquiring and overseeing medical supplies and equipment adhere to ethical standards. It was also noted that the county had spent a lot of money throughout the devolution period on building enough hospitals, buying more ambulances, and establishing maternity facilities. The study's findings point to a strong relationship between healthcare service supply and the availability of health infrastructure. The findings were further supported by the regression results, which showed that health infrastructure had a positive and statistically significant effect on the delivery of healthcare services at Meru teaching and referral hospital.

### 5.2.3 Devolved Staffing and Healthcare Service

The study's overarching objective is to ascertain how Meru Teaching and Referral Hospital's healthcare delivery has been affected by decentralized staffing. According to the study's findings, there is a strong relationship between healthcare service delivery and staffing numbers. The survey results were consistent with the findings, as most respondents agreed with the assertions. The results of the regression analysis also strongly and consistently backed up the idea that staffing levels at Meru teaching and referral hospital had a positive and statistically significant effect on healthcare service delivery.

### 5.2.4 Policy Framework and Health Care Service Delivery

Finding out how the policy framework affects the provision of healthcare services at Meru Teaching and Referral Hospital was the study's fourth goal. The results indicated that the participants acknowledged the County Health Management Team's (CHMT) dedication to policy issues, active involvement in policy discussions, and effective representation in intergovernmental meetings. While the CHMT has implemented policies for healthcare

service management in the county, there was uncertainty among respondents regarding the regular monitoring of project implementation by the CHMT on a quarterly basis. This ambiguity was in line with the regression findings, which showed that the policy framework had a favorable and substantial effect on healthcare service delivery at Meru Teaching and Referral Hospital.

### 5.3 Conclusions

The study findings indicate that the timely allocation of financial resources, appropriate financial allocation, responsible utilization of allocated funds, and the allocation of budgets for finances all exert a positive and significant influence on the provision of healthcare services in Meru teaching and referral hospital.

The study furthermore determined that the presence of healthcare infrastructure, encompassing dispensaries, ambulances, maternity wards, well-equipped medical facilities, appropriate medical equipment and supplies, facility structures, and effective procurement and administration of medical supplies and equipment, is of utmost importance. It is emphasized that the availability and equitable distribution of these equipment and resources across the health facilities in the County are crucial in order to facilitate the effective provision of healthcare services.

In addition, studies have shown that having a sufficient staff is crucial for ensuring timely, effective, and long-lasting healthcare services. The study's conclusions highlight the following as critical: meeting the minimum staffing requirements; ensuring that County health centers have an adequate number of healthcare personnel on staff; recruiting more healthcare workers; keeping the ratio of healthcare workers to patients at a reasonable level; and distributing healthcare personnel fairly within County health centers. In order to ensure that the health services provided by the Meru teaching and referral hospital are both sustainable and effective, several aspects are crucial.

The research further determined that the county health management team has a high level of attentiveness towards policy problems and is likely to have representation in intergovernmental discussions. The research further determined that the Community Health Management Team (CHMT) has effectively implemented policies pertaining to the management of healthcare service delivery. Furthermore, rules and regulations have been put into practice to facilitate the operationalization of healthcare service providing.

### 5.4 Recommendations

The suggestions presented in this research are based on the findings and may be categorized into two distinct sections. The first portion delineates the recommendations that should be considered by policy makers, while the subsequent section offers proposals for further study.

The study found that funds facilities committees were weakly represented in the county budgeting committee, the study recommend to have a strong representation of the facility's committees, who are in charge of budgeting monies and estimating costs in the county budget committee so as to give their financial plan for the facility. The research further discovered that the infrastructure had weak reactions, displaying a broad spectrum of responses. The report suggests that the county government should invest more money towards enhancing the infrastructure.

The study also found that the health professionals to patients are not proportionately divided, thus the study suggest that the county government to set aside some funds to employ more healthcare professionals.

### 5.5 Recommendation for further studies

The Meru Teaching and Referral Hospital was the principal research focus of this study, which was restricted to the Meru County region. Because of this, it is not appropriate to extrapolate the results of this study to accurately portray the situation in other counties. It is necessary to do more research to investigate the influence that devolution has had on the

health care systems in Kenya's other counties. In addition to this, it advises doing more research on the challenges that have been faced by the health sector in Kenya as a direct result of the implementation of devolution.

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## APPENDICES

### Appendix I: Informed Consent

Title: Analysis of the Effects of Devolved Governance on Health Service Delivery at Meru Teaching and Referral Hospital in Kenya.

A Master of Science in Governance and Ethics program at Mount Kenya University is currently underway for me. The aforementioned master's degree program at my institution requires me to complete a research project. The research that is being suggested is "An Analysis of the Impacts of Devolved Governance on the Delivery of Health Services at Meru Teaching and Referral Hospital in Kenya." In order to do this, I have created a survey that is designed to gather useful information. Would you be so kind as to take a few moments out of your busy schedule to fill out this survey? I would really appreciate it. How much you choose to participate in this activity is entirely up to you; it is not mandatory in any way. People may elect not to answer any questions at all if they so want, leaving certain questions unanswered. Aside from the usual risks that everyone faces, there are no known dangers to this practice at the moment. We shall handle the user's responses with the highest level of secrecy and care. The study's findings will only be shared in a complete, unified, and private form. No participant is required to present a reason for their decision to stop participating in the activity at any time. Feel free to reach out to my supervisor, Dr. Judy Mwangi (Ph.D.), or the investigator, Paul Mutwiri Muthomi, from Mount Kenya University, if you have any concerns about this research. Post Office Box 342 - 01000, Thika is the address to which you should send any questions or complaints about your rights as a research participant to the chairman of the Mount Kenya University Ethical Review Committee.

CONSENT

I was able to ask questions and had no problems following up with the content. If it does, I am willing to take one. As long as I don't get any kind of compensation for my participation in this research, I'm good to go.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

THE CHAIRMAN

MKU ETHICAL REVIEW COMMITTEE

P.O. BOX 342 – 01000

THIKA

**Appendix 1I: Questionnaire for Human Resource Department, Procurement, Consultants, Clinical Officers, Pharmacist, Nurses and MCA**

SECTION A: DEMOGRAPHIC INFORMATION

1. Gender?

   Male [ ]

   Female [ ]

2. Age?

   20-25 Years [ ]

   26-30 Years [ ]

   31-35 Years [ ]

   Above 40 Years [ ]

3. Duration you have resident in Meru County?

   Less than 1 Year [ ]

   1-6 Years [ ]

   Above 6 Years [ ]

4. Highest academic level?

   Certificate [ ]

   Diploma [ ]

   First degree [ ]

   Masters [ ]

   PhD [ ]

   Other [ ]

   Please specify _____

**SECTION B: RESOURCE ALLOCATION**

Kindly tick on the appropriate opinion to show your level of agreement on the statements

| **Statements** | **5** | **4** | **3** | **2** | **1** |
|---|---|---|---|---|---|
| Since devolution, the County has seen timely funding provision for healthcare. | | | | | |
| It is crucial to include facilities committees, who are in charge of budgeting monies and estimating costs. | | | | | |
| Healthcare in the County is given enough funding. | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| The funds allotted for the provision of healthcare services are used sensibly. | | | | | |
| The County's healthcare sector receives equitable budgetary funding allocations. | | | | | |

**SECTION C: HEALTH INFRASTRUCTURE**

| Statements | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|
| The county built new medical facilities. | | | | | |
| In the county, more ambulances have been purchased. | | | | | |
| There are now more maternity wards. | | | | | |
| The county uses ethical purchasing and management procedures for medical supplies and equipment. | | | | | |
| Buildings for county health facilities are adequate | | | | | |
| Since devolution, the equipment and resources in County healthcare institutions are largely adequate. | | | | | |

**SECTION D: STAFFING**

| **STATEMENTS** | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|
| Since devolution, county health care facilities' medical staff is largely adequate. | | | | | |
| More medical experts have been employed by healthcare facilities after devolution. | | | | | |
| The ratio of medical experts to patients is proportional. | | | | | |
| The minimum number of employees required by law has been maintained by the County. | | | | | |

**SECTION E: POLICY FRAMEWORK**

| **STATEMENTS** | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| The board places a higher priority on significant policy issues with a longer-term horizon than on urgent issues with a shorter-term horizon. | | | | | |
| When necessary, the County Health Management Team has amended national and international laws. | | | | | |
| In response to requests from the appropriate regulatory bodies, the County Health Management Team has produced standards that meet their criteria. | | | | | |
| In order to keep an eye on the county's healthcare system, the County Health Management Team put up several rules. | | | | | |
| It is the responsibility of the County Health Management Team to implement all of the initiatives included in the County Integrated Development Plan. | | | | | |
| A tight working relationship exists between the County Health Management Team and the Ministry of Health. | | | | | |
| The delivery of medical services has been operationalized with the help of policies and regulations that have been put into place, and | | | | | |

**Appendix III: Interview Guide for Hospital Administrator and CEO**

What effects has healthcare devolution had on the delivery of medical services at Meru Teaching and Referral Hospital?

. . . . . .

. . . . . .

. . . . . .

If Yes/No, please explain . . . . . .

. . . . . .

. . . . . .

. . . . . .

How do you gauge resources provision from national government to county government in its ability to provide quality healthcare at MeTRH? . . . . . .

. . . . . .

. . . . . .

In order to better and assist the delivery of health services in MTRH, what methods is the government of Meru County utilizing?

. . . . . .

. . . . . .

In MTRH, what are the obstacles to good governance that affect the provision of medical treatment?

. . . . . .

. . . . . .

. . . . . .

THANK YOU

**Appendix IV: Focus Group Discussion Guide for patients**

Introduction

I appreciate everyone's time and participation in this focus group. Master's student here at Mount Kenya University; my name is Paul Mutwiri Muthomi. I will serve as the session's facilitator.

One of my collaegue here, who we'll refer to as....., will be happy to take notes for you.

So that we don't forget any of the details, we'd also want to record the session over the phone. This governance is being held to evaluate how decentralized decision-making has affected patient care at MTRH. In this debate, there are no right or incorrect points of view. Assuredly, no one will ever make use of your name, email address, or anything else that may be used to identify you. As a result, everything you say will be kept secret and you may remain anonymous.

RESOURCE ALLOCATION

In your own opinion, do you think, the devolved resources allocation is still necessary towards enhancing service delivery at MTReH? Yes/No.

Explain . . . . . .

. . . . . .

What is the role of resources provision towards healthcare service delivery at MTReH? . . . .

. . . . . .

. . . . . .

. . . . . .

What are the roles of county government in Health care delivery at MTReH? ----------

--. . . . . .

. . . . . .

How do you compare the infrastructures in MTReH now and before devolution? . . . . . .

. . . . . .

. . . . . .

What is your opinion on the adequacy of the medical staff at MTReH? . . . . . .

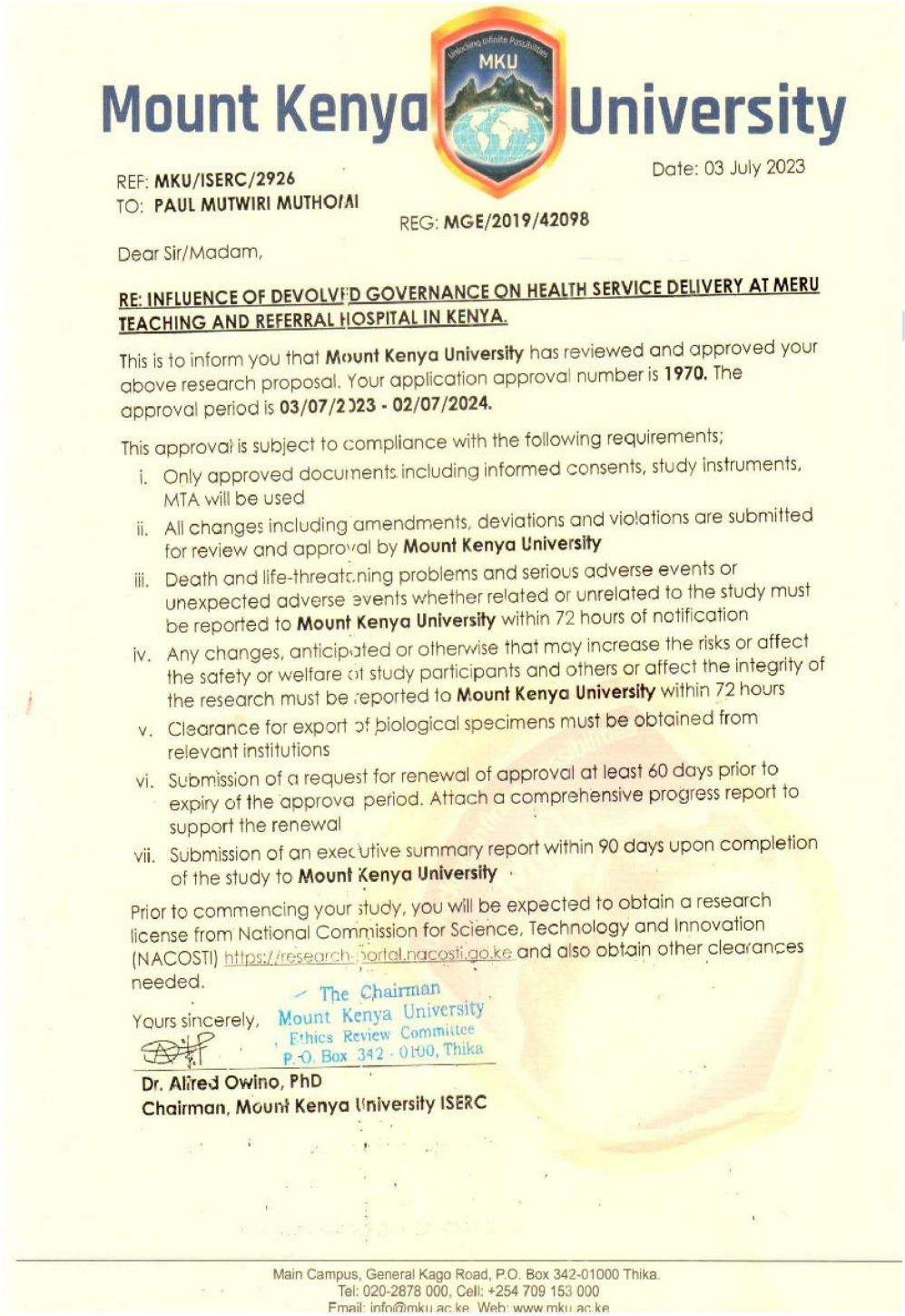
. . . . . .

. . . . . .

AT THE END

We would like to thank you for sharing your thoughts and opinions; the information you have provided will be used for academic purpose only.

## Appendix V: ERC certificate



Mount Kenya University

REF: MKU/ISERC/2926
TO: PAUL MUTWIRI MUTHOMI

Date: 03 July 2023

REG: MGE/2019/42098

Dear Sir/Madam,

**RE: INFLUENCE OF DEVOLVED GOVERNANCE ON HEALTH SERVICE DELIVERY AT MERU TEACHING AND REFERRAL HOSPITAL IN KENYA.**

This is to inform you that **Mount Kenya University** has reviewed and approved your above research proposal. Your application approval number is **1970.** The approval period is **03/07/2023 - 02/07/2024.**

This approval is subject to compliance with the following requirements;

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

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) https://research-portal.nacosti.go.ke and also obtain other clearances needed.

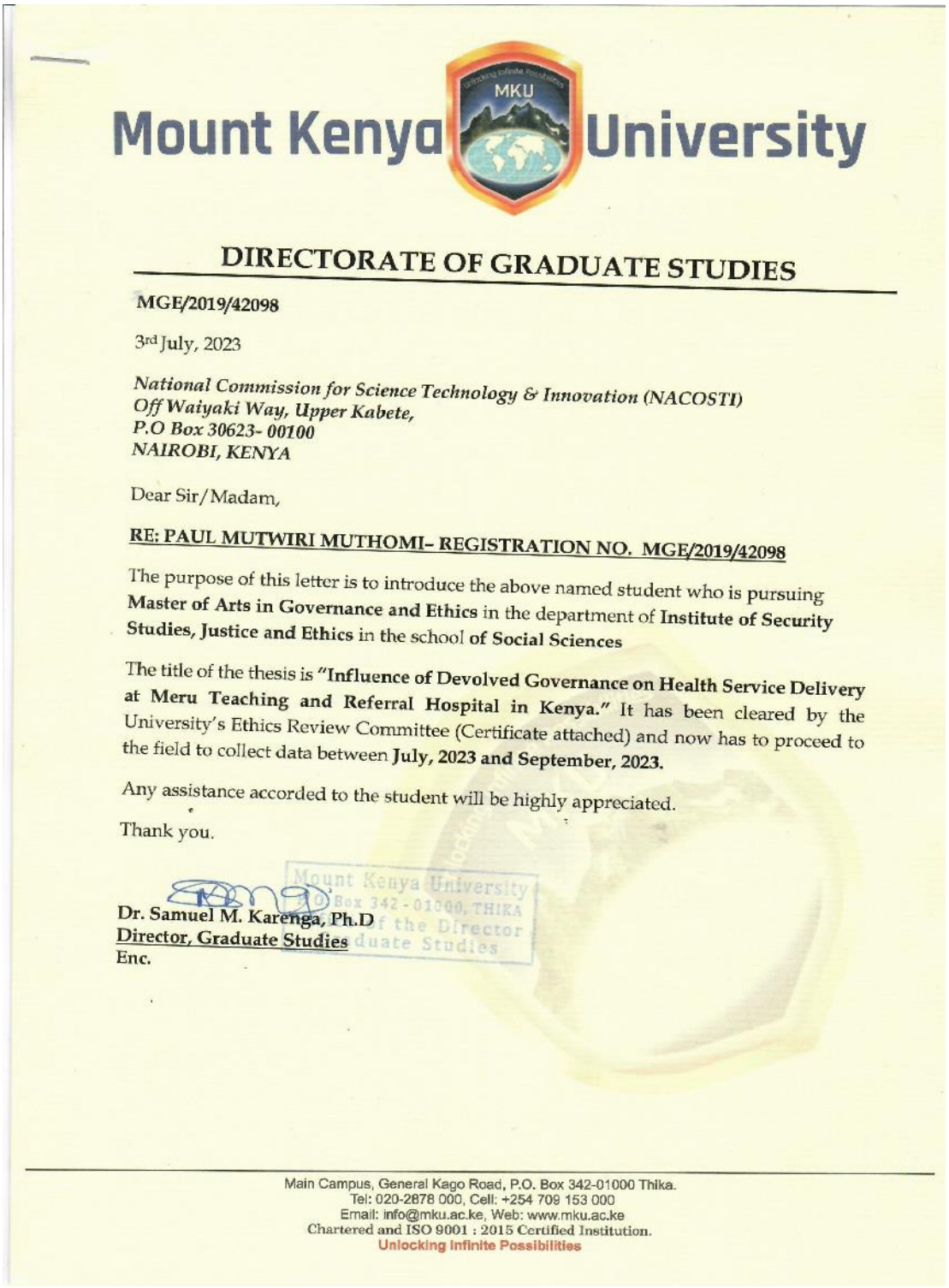
Yours sincerely,

The Chairman
Mount Kenya University
Ethics Review Committee
P.O. Box 342 - 01000, Thika

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

Main Campus, General Kago Road, P.O. Box 342-01000 Thika.
Tel: 020-2878 000, Cell: +254 709 153 000
Email: info@mku.ac.ke Web: www.mku.ac.ke

**Appendix VI: Introduction Letter**



Mount Kenya University

## DIRECTORATE OF GRADUATE STUDIES

**MGE/2019/42098**

3rd July, 2023

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

Dear Sir/Madam,

**RE: PAUL MUTWIRI MUTHOMI- REGISTRATION NO. MGE/2019/42098**

The purpose of this letter is to introduce the above named student who is pursuing **Master of Arts in Governance and Ethics** in the department of **Institute of Security Studies, Justice and Ethics** in the school **of Social Sciences**

The title of the thesis is **"Influence of Devolved Governance on Health Service Delivery at Meru Teaching and Referral Hospital in Kenya."** It has been cleared by the University's Ethics Review Committee (Certificate attached) and now has to proceed to the field to collect data between **July, 2023 and September, 2023.**

Any assistance accorded to the student will be highly appreciated.

Thank you.

Mount Kenya University
P.O Box 342-01000, THIKA
Office of the Director
Graduate Studies

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

Main Campus, General Kago Road, P.O. Box 342-01000 Thika.
Tel: 020-2878 000, Cell: +254 709 153 000
Email: info@mku.ac.ke, Web: www.mku.ac.ke
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## Appendix VII: Research Permit

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: 798691

Date of Issue: 25/July/2023

RESEARCH LICENSE

This is to Certify that Mr.. PAUL MUTWIRI MUTHOMI of Mount Kenya University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Meru on the topic: ANALYSIS OF THE EFFECTS OF DEVOLVED GOVERNANCE ON HEALTH SERVICE DELIVERY AT MERU TEACHING AND REFERRAL HOSPITAL IN KENYA. for the period ending : 25/July/2024.

License No: NACOSTI/P/23/27908

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## Appendix VIII: Similarity Index

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**PAUL MUTWIRI MUTHOMI MUTHOMI**

**EFFECTS OF DEVOLVED GOVERNANCE ON HEALTH SERVICE DELIVERY AT MERU TEACHING AND REFERRAL HOSPITAL IN...**

MBA 2025
MASTERS
Mount Kenya University

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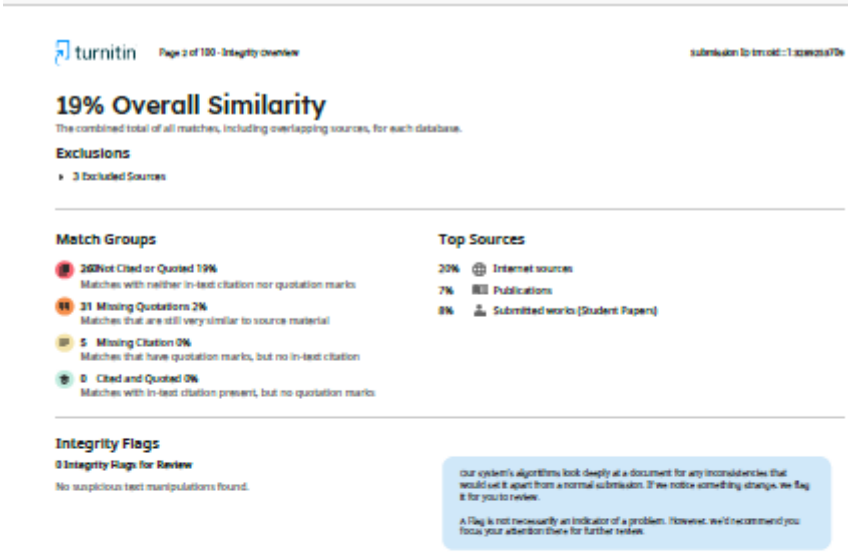

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**Appendix IX: Table for Determining the Sample Size of a Population**

| N | S | N | S | N | S | N | S | N | S |
|---|---|---|---|---|---|---|---|---|---|
| 10 | 10 | 100 | 80 | 280 | 162 | 800 | 260 | 2800 | 338 |
| 15 | 14 | 110 | 86 | 290 | 165 | 850 | 265 | 3000 | 341 |
| 20 | 19 | 120 | 92 | 300 | 169 | 900 | 269 | 3500 | 246 |
| 25 | 24 | 130 | 97 | 320 | 175 | 950 | 274 | 4000 | 351 |
| 35 | 32 | 150 | 108 | 360 | 186 | 1100 | 285 | 5000 | 357 |
| 40 | 36 | 160 | 113 | 380 | 181 | 1200 | 291 | 6000 | 361 |
| 45 | 40 | 180 | 118 | 400 | 196 | 1300 | 297 | 7000 | 364 |
| 50 | 44 | 190 | 123 | 420 | 201 | 1400 | 302 | 8000 | 367 |
| 55 | 48 | 200 | 127 | 440 | 205 | 1500 | 306 | 9000 | 368 |
| 60 | 52 | 210 | 132 | 460 | 210 | 1600 | 310 | 10000 | 373 |
| 65 | 56 | 220 | 136 | 480 | 214 | 1700 | 313 | 15000 | 375 |
| 70 | 59 | 230 | 140 | 500 | 217 | 1800 | 317 | 20000 | 377 |
| 75 | 63 | 240 | 144 | 550 | 225 | 1900 | 320 | 30000 | 379 |
| 80 | 66 | 250 | 148 | 600 | 234 | 2000 | 322 | 40000 | 380 |
| 85 | 70 | 260 | 152 | 650 | 242 | 2200 | 327 | 50000 | 381 |
| 90 | 73 | 270 | 155 | 700 | 248 | 2400 | 331 | 75000 | 382 |
| 95 | 76 | 270 | 159 | 750 | 256 | 2600 | 335 | >100000 | 384 |

## Appendix X: Map of Imenti North Showing Municipality Ward