

Devolved Healthcare Governance and Service Delivery in County Government Hospitals in Kenya

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Abstract: *This study investigates the impact of devolved healthcare governance on service delivery in Kenya's county government hospitals. Since the adoption of devolution in the 2010 Kenyan Constitution, healthcare functions have shifted from national to county governments, creating both opportunities and challenges. This study aimed to explore the extent to which devolved healthcare governance affected service delivery in Kenya's county government hospitals. It sought to identify governance challenges, evaluate the role of intergovernmental leadership, and propose strategies to enhance efficiency and service quality. The study employed a positivist research philosophy and mixed - methods (qualitative and quantitative) research design, analyzing data from 385 respondents across 137 county hospitals using SPSS version 27. Findings indicated that devolved governance positively influences service delivery, with intergovernmental leadership acting as a moderating factor. The study recommended professionalizing governance, improving transparency, and fostering a culture of accountability to enhance healthcare outcomes.*

Keywords: Devolved Healthcare Governance, Service Delivery, County Government, Public Hospitals, Public Healthcare, Healthcare Management

1. Background of the Study

The study sought to find out the influence of devolved healthcare governance on service delivery in county government hospitals in Kenya. The healthcare function in Kenya was devolved from the national government to the county governments after the promulgation of the Constitution of Kenya in 2010. While the national government retained the healthcare functions of development of health policies, capacity building, regulation, technical assistance to counties and management of national referral health facilities, the county governments became the implementers of national government policies and mainly promote primary healthcare (Ghai & Ghai, 2021).

Devolution, a form of administrative decentralization that grants local governments decision - making authority, distinguishing it from delegation and deconcentration (Li & Peng, 2023). It is, however, critical to note that during devolution, while the central government transfers functions and authority to local governments, the devolved powers of the sub - national authority are ultimately still vested in the central government, therefore the state remains legally recognized as a unitary state. This therefore means that the legislation that created the devolved governments can be repealed or amended by the central government just in the same way as any other statute (Hofmeister & Tayao, 2016). This is unlike in the case of federalism, for example in the USA, where the powers given to the federal state as well as the state governments are embedded in the Constitution, giving the constituent units in a federal system an unalterable state (Sosa, 2017).

The best gauge of any government's good governance performance is public service delivery. However, there are

global events that can devastate even the most excellent public service delivery systems. For example, the Corona Virus Disease 2019 (COVID - 19) pandemic that disrupted the entire world's ability to deliver services to its citizens. Access to public services is a key determinant of a country's human development and productivity (Msafiri, 2018). The indices that can be used to measure service delivery include: improved and affordable health services, low rates of inflation, provision of clean water and sanitation services, improved education, high quality infrastructure and motorable roads to rural areas for purposes of transporting raw material and agricultural produce. These services are a determinant of a population's quality of life (which can be measured by the Human Development Index, HDI) and access to them is key to poverty reduction and enhanced development (Wagana, 2017).

In Africa, service delivery has faced crisis due to several challenges that include avoidable wars, military rule, kleptocracy, neo - colonialists and other disasters (Olatunji, 2017). The Mo Ibrahim Foundation convened young African professionals and emerging leaders to gather their perspectives on public service in Africa. The participants expressed their fundamental standard of public service expectation as: quality, inclusive and equitable access to health, education, decentralized services, security, jobs, and justice. These services, they said, need to be delivered in a professional, customer - focused, accountable, transparent manner while embracing technology and the national governments must take the lead in this process, as the main actors (Mo Ibrahim Foundation, 2018).

The World Health Organization defined the six key elements of a well - functioning health system as: healthcare financing, leadership and governance; Human Resources for Health, health information systems; essential medical

products, technologies and vaccines; and finally, service delivery. A well - functioning healthcare system is one that responds to its members' needs through: improved health status, protection against financial consequences of ill - health, defense against health threats, equitable access of healthcare services and member participation in decision - making concerning both their health as well as the healthcare system (Manyazewa, 2017)

The significance of healthcare worldwide can be attested to by the conception of the eight United Nations Millennium Development Goals (MDGs) in September 2000 and signed by all member countries with a focus of achievement by end of 2015. For purposes of continuity after 2015, the MDGs later gave way to the origin of the seventeen United Nations Sustainable Development Goals (SDGs), beginning 2016. Both the MDGs and the SDGs have included aspects of healthcare as part of their goals (Kumar, Kumar & Vivekadhish, 2016).

Understanding the impact of devolved healthcare governance is crucial for improving service delivery and addressing systemic inefficiencies in Kenya's public health sector. This study provides empirical evidence to inform policymakers, healthcare administrators, and stakeholders on best practices for enhancing governance and service delivery in county hospitals

2. Statement of the Problem

Healthcare in Kenya is considered fundamental for economic development. This can be attested to by its inclusion in the Kenya Vision 2030 as a key pillar of development (Kenya Vision 2030, 2020). Aligned to this, the Ministry of Health has also developed the Kenya Health Policy 2014 - 2030 and further, it has developed healthcare strategies through its periodic four - year Kenya Health Sector Strategic and Investment Plan (KHSSIP). Currently under implementation, is the 2023 - 2027 strategic plan (Ministry of Health Kenya, 2022).

The healthcare function was devolved from the national government to the counties with the promulgation of the new constitution in 2010. The primary reasoning behind the devolution of healthcare was for purposes of allowing the local governments to draft health interventions and models that best suited their distinct county needs, allowing them to make speedy and independent decisions and finally, to allow the citizens to participate in decision - making at the grassroot level (Kimathi, 2017).

According to the World Health Organization, service delivery is one of the critical components of a well - functioning healthcare system. In Kenya, however, service delivery in the healthcare sector has faced several challenges. There have been cases of serious medical malpractice, for example, where a patient mistakenly underwent surgery while the ailing patient with a brain blood clot was discharged with medication; theft of newborn babies from the hospitals as their mothers recuperated after delivery; sexual assault of new mothers (Omboki, 2018) and the death of patients due to retained surgical items inside patients' bodies who have undergone surgery (Okech, 2018).

Cases of medical workers threatening or going on strike due to poor pay and working conditions have also been on the rise. In 2017, doctors downed their tools for 100 days, as they clamored for higher salaries, increased doctor numbers in public hospitals and improvement of dilapidated public health facilities; this strike led to unprecedented loss of lives. The COVID - 19 pandemic also exposed the country's gaps in critical health services, where several counties have been found to have no intensive care unit (ICU) or medical ventilators, which are necessary for the survival of COVID - 19 patients and other patients as well (Adudans, 2020).

Corruption in the healthcare sector in Kenya has also been rampant. In 2018, The Ministry of Health was impacted by the loss of 10.9 billion Kenya shillings through: unverifiable expenditure, criminal cartels, and undelivered supplies (Gachuri, 2019). Part of Chinese billionaire Jack Ma's COVID - 19 donation of protective gear and testing kits was also stolen while in transit (Wasuna & Oketch, 2020) and there was also theft of millions of dollars of financial aid for COVID - 19 that had been received therefore leading to financial and medical material shortages in hospitals across the country (Wasike, 2020).

The healthcare sector is an extremely sensitive sector since high disease burden and unnecessary deaths have both microeconomic and macroeconomic impact. At the microeconomic level, there is reduction of organizational productivity and profits and by extension, the loss of household income due to reduced working hours or job loss, therefore increased poverty levels and loss of family breadwinners. At the macroeconomic level on the other hand, there is the loss of taxpayers due to death or job loss; aggregate disease impact on the country's Gross Domestic Product (GDP) and reduced future growth prospects (Neofytidou & Fountas, 2020).

In 2014, the WHO placed Kenya's rate of burden of disease at 24% while Frings *et al.* (2018) noted high rates of years of life lost (YLL) due to premature death in several counties in the country. It is also critical to note that the top five diseases that cause death in Kenya are all preventable and have been the same from 2007 to 2017; and include: HIV/AIDS, lower respiratory infection, diarrhoea, neonatal disorders and Tuberculosis (IHME, 2017). It is against this background that this study sought to establish the influence of devolved healthcare governance on service delivery in county government hospitals in Kenya.

Research Objectives

- 1) To examine the influence of devolved healthcare governance on service delivery in county government hospitals in Kenya
- 2) To establish the moderating influence of intergovernmental leadership on the relationship between devolved healthcare governance and service delivery in county government hospitals in Kenya

Research Hypothesis

H₀₁: Devolved healthcare governance does not significantly influence service delivery in county government hospitals in Kenya.

H₀₂: There is no significant moderating influence of intergovernmental leadership on the relationship between devolved healthcare governance and service delivery in county government hospitals in Kenya.

3. Theoretical Framework

The Social Contract Theory

John Locke believed in a State of Nature, which was God - given and perfect, whereby mankind could conduct his life as he saw best and free from others' interference; in this case there is no civil authority or governance. The State of Nature has no superior power to whom men can appeal should disputes arise; instead, the Law of Nature allows them to defend their own lives, meaning they could kill those who bring force against them. However, due to the lack of a system of appeal, should a war break out, it is likely to continue unabated. It is therefore for this reason that John Locke forwards the argument towards abandoning the State of Nature and coming together to form a government. In this case, men in the State of Nature agree to give up power to the public power of a government, and in return, they gain:

laws, judges to adjudicate the laws and the executive power to execute the law (Seabright & Van der Straeten, 2021).

Locke also stipulated that men also gained a fourth right: the right to resist the authority of this government they had formed if it acted against the interest of the people (Friend, 2024). It is therefore critical that the people who have been given power to govern over others uphold the critical pillars of governance: transparency, accountability, uphold the rule of law, stakeholder engagement and participation, efficiency and effectiveness, competence and equity (Council of Europe, 2024)

This theory supports the variable devolved healthcare governance. This is because, for effective service delivery to be achieved, institutional managers and leaders need to perform their duties as they uphold the pillars of good governance, with the knowledge that the power vested in them belongs to the citizens, and specifically, those they serve at the hospitals.

The conceptual framework is shown below:

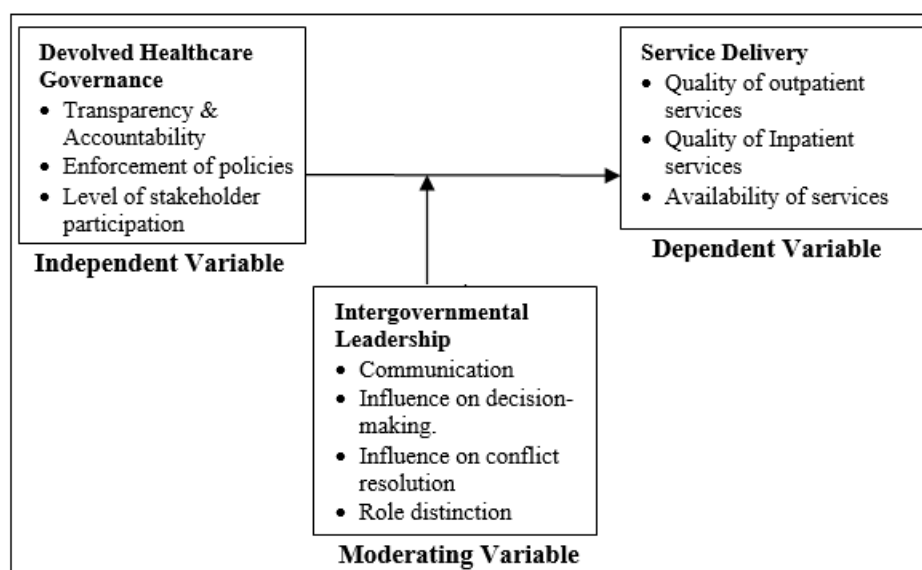


Figure 1: Conceptual Framework

Devolved Healthcare Governance

Devolved governance is a term that refers to the ceding of statutory power and control from the central to the regional or local government. Governance refers to structures and processes that are designed to ensure accountability, transparency, responsiveness, rule of law, stability, equity and inclusiveness, empowerment, and broad - based participation. (Muchomba, 2015). Governance also represents the norms, values and rules of the game through which public affairs are managed in a manner that is transparent, participatory, inclusive and responsive.

Often, there is a tendency to equate governance with management, the latter primarily referring to the planning, implementation, and monitoring functions to achieve pre - defined results. Management encompasses processes, structures and arrangements that are designed to mobilize and transform the available physical, human, and financial resources to achieve concrete outcomes. Management refers to individuals or groups of people who are given the

authority to achieve the desired results. Governance systems set the parameters under which management and administrative systems will operate. Governance is about how power is distributed and shared, how policies are formulated, priorities set, and stakeholders made accountable. Chapter Eleven of the Constitution of Kenya 2010 makes provisions for the legislation of new policies, administrative procedures and operationalization of the constitutional provisions as far as devolution is concerned (Ghai & Ghai, 2021).

The indicators of devolved healthcare governance in this study will include transparency & accountability, implementation of policies and stakeholder engagement: leadership and governance, management functions and implementation of policies and strategies. This study will establish the influence of these indicators of devolved healthcare governance on service delivery in county government public hospitals in Kenya.

4. Empirical Review

Devolved Healthcare Governance

McCollum *et al.* (2018) did a comparative study on health system governance in Kenya and Indonesia after devolution. The study found that devolution introduced citizen participation and increased responsibility at sub - national levels. However, governance at the sub - national levels was hindered by limited priority - setting capacity, poor community accountability, inadequate clear guidance, and previously existing negative contextual norms.

Nyikuri *et al.* (2017) conducted a study to survey the early experiences of devolution in the healthcare sector. The researchers found that sub - county leaders were poorly prepared for the hurried devolution of health functions to the newly created counties and that they felt a sense of loss of resources and autonomy and they were also unclear about accountability lines in the health system. Van Scholten, *et al.* (2016) carried out a research study in the Netherlands, to find out whether the European Foundation for Quality Management (EFQM) Model could be used for Total Quality Management (TQM). The results indicated that a simultaneous consideration of all the EFQM model's elements led to a great improvement in hospital performance over time. The practical implication of the study was that the findings of the study could be applied through quality healthcare governance in order to achieve higher healthcare performance.

Felekech and Guohua (2020) in their study on the relationship between service delivery and good governance in public sectors established that good governance led to increased organizational stability as well as improved service delivery. They therefore encouraged an emphasis of the rule of law and ethics principles at all levels of service provision in the public sector.

5. Research Methodology

Research Philosophy

This study predominantly employed the positivism philosophy which adheres to the view that the social world must be observed and understood from an objective perspective and therefore, the researcher must be independent of the study they are carrying out and only what is observable and measurable can be trusted as factual. The researcher's role in this study was therefore limited to data collection and interpretation and was dissociated from the matter under study (Dudovskiy, 2018). The positivist research philosophy was selected since this study has used existing theories for purposes of developing hypotheses which were tested.

Research Design

This study applied the mixed - methods (both quantitative and qualitative) research design, even as it sought to gain understanding of the relationship between healthcare devolution and service delivery in county government hospitals in Kenya, by making deductions from the perspectives of the data collected.

Target Population

The target population of this study included hospital employees at the level of Medical Officers (MO), Nursing Officer in - charge (nurses) and the Health Administrative Officer and nursing mothers due for discharge. These were selected from the 137 public referral hospitals in Kenya. This study adopted an approach where both the service providers and the service recipients were included to find out what they thought about service delivery in county government public hospitals in Kenya. The population was over 10, 000.

Sample Size and Sampling Technique

The multistage sampling technique was used for this study. It divided its target population into counties, under several regions, which was used as the strata in the study. Stratified random sampling was then used to create different strata of employees involved in operations. By simple random sampling MOs, Nursing in charge (NiC), Health Administrative Officer (HAO) and Nursing Mothers (NM) were selected from each of the 137 hospitals. For the nursing mothers, these were selected through purposive random sampling since this was on a voluntary basis. Data was collected from a sample size of 385 respondents. The sample size was calculated using the following formula given by Mugenda & Mugenda (2003).

$$n = \frac{Z^2pq}{d^2}$$

Where:

n = the desired sample size (If the target population is greater than 10, 000)

z = the standard normal deviate at the required confidence level (Z= 1.96 for 95% confidence level)

P= the proportion in the target population estimated to have characteristics being measured (0.5).

q = 1 - p (1 - 0.5=0.5)

d = the level of statistical significance (confidence interval, expressed as decimal (0.05 = ±5)

If there is no estimate available of the proportion in the target population assumed to have the characteristics of interest 50% should be used (Mugenda & Mugenda, 2003). The Z statistics is taken as 1.96 and desired accuracy at the 0.5 level. The study was done at 95% confidence level and 5 % level of significance. The population is greater than 10, 000. The sample size therefore was:

$n = (1.96)^2 (.50) (.50) = 384.16$ Respondents
(.050)²

This figure was adjusted to 385 based on the proportionate calculation given above. To get the study sample, the study was utilized a two - stage cluster sampling technique. Cluster sampling is an equal probability sampling method. This method was considered the most suitable technique for this study because there is no complete sampling frame of all the nursing mothers in the country. It was not practical to compile an exhaustive list of nursing mothers given the unpredictable nature of when they would be admitted, deliver, and feel comfortable to participate in the research.

The total population of the 4 selected clusters was over 10,000. The needed sample of individuals was 384, (adjusted to 385). To achieve this, the study determined the number of MOs, Nursing in charge (NiC), Health Administrative Officers (HAO) and nursing mothers (NM) that were selected from each of the selected clusters. This was done by using proportion or sample weight of the population within

the clusters (percentage cluster population from the total (4) clusters). The percentage of each cluster was used to determine the sample size for each cluster thus a total of 384, (adjusted to 385) respondents. Finally, all selected clusters were subjected to simple random sampling technique to get the required sample of 384, adjusted to 385.

Table 1: Sample Size

S/N	Administrative Regions	Cluster Population	Proportion sample weight %	MOs (n/4 Clusters)	NiC (n/4)	HAO (n/4)	NM (n/4)	Sample Size (n)
1	Nairobi	3	2	2	2	2	2	8
2	Coast	17	13	12	12	12	14	50
3	Nyanza	14	10	9	9	9	12	39
4	Western	12	9	8	8	8	10	34
5	Central	21	15	14	14	14	16	58
6	Rift Valley	37	27	26	26	26	26	104
7	Eastern	28	20	19	19	19	20	77
8	North Eastern	5	4	3	3	3	6	15
9	Total	137	100%	93	93	93	106	385

Data Collection Instruments

The researcher developed a questionnaire and an interview schedule for purposes of data collection. The questionnaire contained both closed and open - ended questions, with a Likert scale. The questionnaire was used to gather data from the hospital staff, while the interview guide was used to collect data from the nursing mothers (hospital clients).

Pilot Test

A pilot test was conducted on a small group of respondents from the target population to gauge whether the instrument had any design or structural weaknesses. Its purpose was to determine the validity and reliability of the research instruments. The pilot test constituted 10% of the target population (39 respondents). Once it was established that the research instruments were both valid and reliable, the researcher proceeded to collect data from the target population.

6. Data Analysis and Presentation

Once the primary data collection process from the target population was completed, the raw data was cleaned, captured into the SPSS version 27, and then coded. The data was then subjected to various tests of assumption to check on the quality of the data. The data was then analyzed using both descriptive statistics as well as statistical modeling.

Mean, modes, frequency, and standard deviation tests were used to describe the data. Inferential statistical measures, on the other hand, apply inductive reasoning to allow the researcher to arrive at conclusions on the population under study, based on evidence found in the sample. The statistical modeling aimed to show the type and magnitude of relationships that exist between the variables.

7. Research Findings, Analysis and Discussion

Descriptive Statistics

The respondents were asked to give the level to which they agreed or disagreed with statements on each variable; the study used a 5 - point Likert scale, where 1 = Strongly

Disagree, 2= Disagree, 3= Neutral, 4=Agree and 5= strongly agree. The results provided were analyzed and the findings interpreted using frequencies, means (M) and standard deviation (SD) values.

The means show where the responses are concentrated while standard deviation indicates the variation of the response from the mean score. The values of standard deviations were used to determine convergence and divergence of views expressed by respondents on the statements. Low values of standard deviations show that respondents shared common views on the statements and large standard deviations indicate that respondents' views differed.

The respondents were asked to indicate their level of agreement with the statements given. The findings are indicated below. The findings indicate that 47.1% of the respondents disagreed with the statement - our governance is founded on transparency (at M=2.734, SD=1.262). Another 44.6% of the respondents disagreed with the statement that - our leaders are accountable at (M=2.988 SD=1.312). There were mixed opinions on the statement policies and the rule of law are properly enforced - with 40.6 % agreeing with the statement while 41.8% disagreed with the statement at (M=3.402, SD=1.235). A total of 59.4% of the respondents agreed with the statement - the national government formulates policies which are then cascaded to the county governments timely manner (at M=3.846, SD=1.314). The findings indicate that there were mixed opinions on the statement - there is participation in the decision - making process with 43.3% agreeing with the statement and 40.6% disagreeing with the statement (at M=3.050, SD=1.512).

A total of 44.5% of the respondents agreed with the statement - the leadership team fosters a culture of continuous improvement at (M=3.846, SD=1.314). There were mixed opinions on the variable - there is participation in the decision - making process with 43.3% of the respondents agreeing with the statement while 40.6% of the respondents disagreed with the statement (at M=3.050, SD=1.512). A total of 47.3% of the respondents disagreed with the statement that the leadership team fosters a culture of continuous improvement (at M=3.032, SD=1.331). A

majority of 52.6% of the respondents agreed with the statement that the leadership receives regular refresher training (at $M=3.87$, $SD=1.013$). A majority, 50.6%, of the respondents agreed that devolved governance influences service delivery in their facility (at $M=3.75$, $SD=1.281$).

On the statement - briefly explain how the governance at your facility can be improved to enhance service delivery, the respondents suggested there was need for improved governance, guided by a participatory approach, transparency and accountability that allowed for staff views to be considered in the processes and activities of the healthcare facility. The respondents suggested that there was need for a solid framework on monitoring, evaluation, research and learning as well as more objectivity being applied in the performance appraisal suite.

On the statement: What do you think about the hospital leadership? Majority of the respondents opined that there was poor leadership at most healthcare facilities. Majority at 57.83% mentioned that devolution seems to have created more avenues for unethical conduct in the healthcare facilities., hence defeating the very essence of devolution of healthcare from the national to the county level. Leadership

did not seem accountable to key stakeholders who included patients. However, there seemed to be great reports to donors and the government about how healthcare devolution was doing well.

On the question: Has devolution improved healthcare? Explain. Respondents suggested that while devolution meant to enhance healthcare, the opposite was in fact true. Devolution seems to exist on paper but not in practical terms, given that healthcare facilities do not have adequate resources, just as in the past. There is not much change in terms of leadership, culture, operations, and overall service delivery. Findings agree with those by Nyikuri *et al.* (2017) who opined that devolution was hurried and therefore the leadership in counties and sub - counties was not ready.

The overall mean is 3.33, meaning that most respondents agreed with the statements on healthcare governance. The highest mean is 3.87, meaning that most respondents agreed with the statement: the leadership receives regular refresher training. The lowest mean was 2.734, meaning that most respondents disagreed with the statement: our governance is founded on transparency.

Table 2: Devolved Healthcare Governance

Statements on Devolved Healthcare Governance	1 (SD)	2 (D)	3 (N)	4 (A)	5 (SA)	Mean	Std. Dev.
Our governance is founded on transparency	26.2%	20.9%	9.1%	25.4%	11.4%	2.734	1.262
Our leaders are accountable	34.4%	10.2%	10.4%	24.8%	12.5%	2.988	1.312
Policies and the rule of law are properly enforced	22.9%	18.9%	10.2%	28.3%	12.3%	3.402	1.235
The national government formulates policies that are cascaded to the county government timely.	12.9%	12.9%	7.3%	52.1%	7.3%	3.846	1.314
There is participation in the decision - making process	34.4%	6.2%	9.1%	37.7%	5.6%	3.050	1.512
The leadership team fosters a culture of continuous improvement	22.9%	24.4%	18.2%	13.9%	20.6%	3.032	1.331
The leadership receives regular refresher training	10.5%	15.9%	23.7%	25.9%	26.7%	3.87	1.013
Devolved governance influences service delivery in our facility	20.5%	10.9%	20.7%	23.9%	26.7%	3.75	1.281

Overall mean 3.334

1) Intergovernmental Leadership

The second objective of the study was to determine the moderating effect of intergovernmental leadership on the relationship between devolved healthcare financing and service delivery. The respondents were asked to give their opinions on statements on intergovernmental leadership. The findings are presented below. Findings indicate that 49.7% of the respondents disagreed with the statement that there are clear and open channels of communication between the national & county governments at ($M=3.215$, $SD=1.213$). A total of 53.7% of the respondents disagreed with the statement that there is top leadership support to hospital initiatives at ($M=2.524$, $SD=1.091$). A total of 53.7% disagreed with the statement that the decision - making process is fast and participatory at ($M=2.791$, $SD=1.676$).

Findings indicate that a majority at 63.4% of the respondents disagreed with the statement that conflict resolution is fast & proficient at ($M=3.119$, $SD=1.016$). There were mixed opinions on the statement - the working relations between the two governments is professional - with 43.5% of the respondents agreeing with the statement and 45.8% of the respondents disagreeing with the statement at ($M=3.498$, $SD=1.832$). A total of 49.9% of the respondents agreed with

the statement - there are clear roles for the leadership of the national & county governments at ($M= 3.698$, $SD =1.173$). A majority at 56.5% of the respondents agreed with the statement that sometimes matters are politicized at ($M=3.871$, $SD=1.238$).

On the statement briefly explain how the intergovernmental leadership can be improved, the respondents suggested that there was need to ensure compliance with the legal framework, there was need to review and develop clear job descriptions and the scope to be clearly demarcated to prevent role overlap. Several respondents, at about 52%, felt there was need to design a framework for devolution and practically devolve healthcare without any influence, or interference from the national and county governments and other interested stakeholders. Respondents suggested that politicization was entrenched in the system and there was need for leadership review and professionalization of the system. These findings are consistent with those by McCollum *et al.* (2018) who in their comparative study found out that, governance at the sub - national levels was hindered by limited priority - setting capacity, poor community accountability, inadequate clear guidance, and previously existing negative contextual norms.

The overall mean is 3.25, meaning that most respondents agreed with the statements on intergovernmental leadership. The highest mean is 3.871, meaning that most respondents

agreed with the statement: sometimes matters are politicized. The lowest mean is 2.524, meaning that most respondents disagreed with the statement: there is top leadership support to hospital initiatives.

Table 3: Intergovernmental Leadership

Statements	1	2	3	4	5	Mean	Std. Dev.
There are clear and open channels of communication between the national & county governments	33.7%	16%	10.9%	22.8%	14.7%	3.215	1.213
There is top leadership support to hospital initiatives	40.4%	13.3%	10.4%	25.6%	10.3%	2.524	1.091
The decision - making process is fast and participatory	35.4%	21.9%	18%	10.9%	12.9%	2.791	1.676
Conflict resolution is fast and proficient	34.7%	28.7%	4.7%	20.8%	13%	3.119	1.016
The working relations between the two governments is professional	23.3%	22.5%	10.3%	30.5%	13%	3.498	1.832
There are clear roles for the leadership of the national & county governments	26%	10.8%	13.3%	30.2%	19.7%	3.698	1.173
Sometimes matters are politicized	13.7%	16.5%	13.3%	43.5%	13%	3.871	1.238

Overall mean 3.25

2) Service Delivery

The respondents were asked to indicate their level of agreement with the statements on service delivery. Secondary data from records was also reviewed. The findings are indicated in table 4.17 below. The findings indicate that 41.7% of the respondents disagreed with the statement that devolution has unlocked potential in healthcare and the citizens are beneficiaries of the same at (M= 2.790, SD=1.215). A total majority at 54.4% of the respondents agreed with the statement that devolution has brought healthcare services closer to the citizens at (M= 3.968, SD=1.465).

On the question: Do the services offered at your hospital provide what you would consider as quality healthcare? A total of 68.29% answered no. Majority explained that there

were long lead times whenever patients went for services, pharmacies were slow and sometimes lacked the prescribed medication, facilities like admission beds were not adequate, the admission process was overly long and the overall level of professionalism was low. Findings agree with those by (Agarwal, & Ganesh 2017). They opine that service delivery can be enhanced if quality healthcare strategies are put in place using the measures of process, structure and outcome.

The overall mean was 3.38. The highest mean was 3.968, meaning that most respondents agreed with the statement: devolution has brought services closer to the citizens. The lowest mean was 2.790, meaning that most respondents disagreed with the statement: devolution has unlocked potential in healthcare and the citizens are beneficiaries of the same.

Table 4: Quality of Healthcare Services

Statements	1 (SD)	2 (D)	3 (N)	4 (A)	5 (SA)	Mean	Std. Dev.
Devolution has unlocked potential in healthcare and the citizens are beneficiaries of the same	15.7%	26%	25.9%	20.8%	10.7%	2.790	1.215
Devolution has brought healthcare services closer to the citizens	21.4%	13.3%	11.4%	45.6%	8.8%	3.968	1.465

Overall mean 3.38

Healthcare Affordability

The respondents were asked to indicate their level of agreement with the statements on healthcare affordability. The findings are indicated in table 4.18 below. The findings indicate that 51.8% of the respondents agreed with the statement that devolution has made healthcare services more affordable at (M=2.777, SD=1.040). Another 46.5% agreed with the statement the number of babies delivered in the hospital has increased after devolution at (M=2.869, SD=1.018). A total of 39.95% agreed with the statement that since devolution, the hospital has increased the number of

outreach services in order to promote preventive healthcare at (M=3.698, SD=1.173).

The overall mean was 3.11. The highest mean was 3.698, meaning that most respondents agreed with the statement: since devolution, the hospital has increased the number of outreach services in order to promote preventive healthcare. The lowest mean was 2.777, meaning that most respondents disagreed with the statement: devolution has made healthcare services more affordable.

Table 5: Healthcare Affordability

Statements	1	2	3	4	5	Mean	Std. Dev.
Devolution has made healthcare services more affordable	24.7%	10.7%	14.7%	28.8%	23%	2.777	1.040
The number of babies delivered in the hospital has increased after devolution	13.3%	26.5%	13.3%	33.5%	13%	2.869	1.018
Since devolution, the hospital has increased the number of outreach services in order to promote preventive healthcare.	16%	10.8%	23.3%	20.2%	19.7%	3.698	1.173

Overall mean 3.11

Availability of Drugs

The respondents were asked to indicate their level of agreement with the statements on the availability of drugs. The findings are indicated in table 4.19 below. A total of 49.8% of the respondents disagreed with the statement - the doctor is at will to prescribe the best drugs since the pharmacy is well - stocked at (M=2.781, SD=1.012). Another 51.3% of the respondents disagreed with the statement the patients do not have to purchase drugs outside

the hospital since healthcare was devolved at (M=2.312, SD=1.351).

The overall mean was 2.55. The highest mean was 2.781, meaning that most respondents agreed with the statement: the doctor is at will to prescribe the best drugs since the pharmacy is well - stocked. The lowest mean was 2.312, meaning that most respondents disagree with the statement: the patients do not have to purchase drugs outside the hospital since healthcare was devolved

Table 6: Availability of Drugs

Statements	1 (SD)	2 (D)	3 (N)	4 (A)	5 (SA)	Mean	Std. Dev.
The doctor is at will to prescribe the best drugs since the pharmacy is well - stocked	23.3%	26.5%	13.3%	23.5%	13%	2.781	1.012
The patients do not have to purchase drugs outside the hospital since healthcare was devolved.	23.3%	28.0%	13.3%	26.7%	7.9%	2.312	1.351

Overall mean 2.55

Test for Hypothesis**1) Test for Hypothesis One****Linear Regression**

The first hypothesis of the study was H_{01} Devolved Healthcare Governance has no significant influence on service delivery in the county government hospitals in Kenya. This hypothesis was tested by regressing devolved healthcare governance with service delivery. From the findings presented in Table 4.35, the value of adjusted R^2 was 0.616 which implies that 61.6% of variations in service delivery in the county governments in Kenya can be attributed to changes in devolved healthcare governance. The remaining 38.4% variations in service delivery can be attributed to other aspects other than devolved healthcare governance. The study finding concurs with Felekech and Guohua (2020) who observed that good governance in an organization leads to organizational stability and improved service delivery.

Table 3: Model Summary for Devolved Healthcare Governance on Service Delivery

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.868 ^a	.753	.616	.08836

a. Predictors: (Constant), Devolved Healthcare Governance

Analysis of Variance

From the ANOVA findings, the p - value obtained was 0.000 which is less than 0.05, an indication that the model was significant. The findings also show that the f - statistic

value (16.494) is greater than the F - critical value ($F_{1,213}=3.885$). Since the f - statistic value is greater than the f - critical value it shows that the model is reliable and shows goodness of fit. It can be concluded that devolved healthcare governance can be used to predict service delivery in the county government hospitals in Kenya.

Table 4: ANOVA for Devolved Healthcare Governance on Service Delivery

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	0.132	1	0.132	16.494	.000 ^b
Residual	1.704	333	0.008		
Total	1.836	334			

a. Dependent Variable: Service Delivery

b. Predictors: (Constant), Devolved Healthcare Governance

Beta Coefficients

From the equation below, when devolved healthcare governance is held to a constant zero, service delivery in the county governments in Kenya will be at a constant value of 1.256. The findings also show that a unit improvement in devolved healthcare governance will lead to a 0.517 unit increase in service delivery in the county government public hospitals in Kenya. The findings also show that the t - statistic (4.930) has a p - value (0.00) which is less than the selected level of significance (0.05). Therefore, we reject the null hypothesis (H_{01}) and accept the alternative hypothesis (H_{A1}) and conclude that devolved healthcare governance has a positive significant effect on service delivery in the county government hospitals in Kenya.

Table 5: Coefficients for Devolved Healthcare Governance and Service Delivery

Model	Unstandardized Coefficients		Standardized Coefficients		T	Sig.
	B	Std. Error	Beta			
1 (Constant)	1.256	0.149			8.430	.000
Devolved Healthcare Governance	0.517	0.115	0.868		4.930	.000

a. Dependent Variable: Service delivery

From the coefficients table, the following model was fitted;

$$Y = 1.256 + 0.517 X_4 + e$$

2) Test for Hypothesis Two

The second hypothesis stated that: **H₀₂**: There is no significant moderating influence of intergovernmental leadership on the relationship between devolved healthcare governance and service delivery in county government hospitals in Kenya. On the variable devolved healthcare governance, the findings show that when the variable is moderated (devolved healthcare governance* intergovernmental leadership) it has a positive influence on service delivery in county government public hospitals in Kenya ($\beta = 0.401$). The influence was significant since the p - value obtained ($p = 0.00$) was less than the selected level of significance (0.05). Therefore, introduction of

intergovernmental leadership as moderating variable on devolved healthcare governance explains 0.401 units of service delivery compared to 0.328 explained when the variable is not moderated (model 1).

This implies that, intergovernmental leadership has a positive influence on the relationship between devolved healthcare governance and service delivery in county government hospitals in Kenya. Thus, we accept the alternative hypothesis: Intergovernmental leadership has positive significant effect on the relationship between devolved healthcare governance and service delivery in county government hospitals in Kenya.

Table 6: Moderated Coefficients for Overall Regression Model

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.484	0.153		9.699	0
	Devolved HC Governance	0.328	0.105	0.296	3.118	0.002
2	(Constant)	0.854	0.189		4.519	0.004
	Devolved HCG*Inter. LS	0.401	0.074	0.947	5.419	0

a. Dependent Variable: Service Delivery

Key: HC - Healthcare; HCG - Healthcare Governance; Inter LS - Intergovernmental Leadership

8. Conclusion and Recommendations

8.1 Conclusion

The study found that devolved healthcare governance had a strong positive significant relationship with service delivery with $r = 0.868$. The study further found that the influence was significant since $p = 0.000$ which was less than the conventional 0.05 level of significance for this study, and that the variable could significantly predict service delivery ($R^2 = 61.6\%$). From the regression findings, the study established that a unit increase in devolved healthcare governance resulted to a 0.517 increase in service delivery. Also, when the variable was moderated with intergovernmental leadership, the model was still significant and it explained more variation in service delivery, suggesting that it was positively moderated.

The study also found out that healthcare governance at the county government hospitals was not founded on transparency and the leadership was not accountable. The study also found out that there were mixed opinions on the enforcement of policies and the rule of law. The research established that the national government formulated policies that were cascaded to the county governments in a timely - but there were mixed opinions on participation in the decision - making process. Also the study found out that the leadership team does not foster a culture of continuous improvement, even though they receive regular refresher training.

In conclusion, this study confirmed that devolved healthcare governance significantly affected service delivery in Kenya's county government hospitals. While devolution has improved access to healthcare, governance challenges such as lack of transparency, inadequate leadership support, and resource allocation inefficiencies persist. Strengthening accountability frameworks, improving intergovernmental

coordination, and fostering a culture of continuous improvement are essential for sustainable healthcare reforms

8.2 Recommendations

Effective governance is a key determinant of good service delivery. The study therefore recommends that governance in health facilities in counties needs to be founded on principles of transparency, accountability and the rule of law. The leadership needs to be more accountable for service delivery to improve. The study further recommends that there is need for policies to be cascaded from national to counties soon after formulation and there must be enforcement of the same. The leadership needs to ensure participation in the decision - making process, needs to foster a culture of continuous improvement and work to ensure that devolution of healthcare governance contributes to service delivery. The study recommends that there is need for good monitoring, evaluation, learning, and research framework to support operations, resource mobilization and the entire governance suite if service delivery is to improve.

9. Areas for Further Research

This study was limited to the devolved healthcare in referral hospitals in county governments in Kenya. The study recommends replication of the research study in other healthcare facilities of county governments to facilitate generalization of the research findings. The study also recommends similar study to be conducted in other ministries in the country to facilitate comparison of the research findings. The study focused on five factors (devolved healthcare infrastructure, devolved HR or health, devolved healthcare financing, devolved intergovernmental leadership) which accounted for $R^2=71.9\%$ affecting service delivery; there is need for other studies to be conducted on other factors that affect service delivery, such as:

organizational culture, monitoring, evaluation, learning and research, as well as environmental factors.

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