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ASSESSMENT OF DEVOLVED GOVERNMENT FUNCTIONS ON PROVISION OF HEALTH CARE SYSTEMS IN KENYA

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Abstract: **The general objective of the study is assessment of devolved government functions on provision of health care systems in Kenya. The study specifically aims at examining the effect of Health Financing by devolved government on provision of health care systems in Kenya. a case study of Garissa county, examining the effect of Human Resources for Health by devolved government on provision of health care systems in Kenya. a case study of Garissa county, examining the effect of Health Infrastructure on provision of health care systems in Kenya. a case study of Garissa county, and finally finding out the effect of leadership styles on provision of health care systems in Kenya. a case study of Garissa county The study adopted a descriptive research design and the target population will be a total of 310 staff working in the Garissa County head offices in the Town. The study applied a stratified random sampling technique to select 65 respondents as the sample size for the study. Questionnaires was used as the main data collection instruments and a pilot study was conducted to pertest questionnaires for reliability. Descriptive statistics and multiple regression analysis was used to analyze the gathered data and the results was presented on tables, figures and graphs. This contributed towards making the summary of findings, conclusion and recommendation of the study.. From the findings, results indicated that all predictor variables; Health Financing as devolved government, Human Resources for Health, devolved government Health Infrastructure and devolved government leadership styles, were important determinants on provision of health care systems in Kenya. Furthermore, the findings showed that Health Financing as devolved government, Human Resources for Health, devolved government Health Infrastructure and devolved government leadership styles positively associated with provision of health care systems in Kenya. Regression findings indicated that all independent variables; Health Financing as devolved government, Human Resources for Health, devolved government Health Infrastructure and devolved government leadership styles were statistically significant predictors on provision of health care systems in Kenya. It can be concluded that Health Financing as devolved government, Human Resources for Health, devolved government Health Infrastructure and devolved government leadership styles did have an adverse effect on provision of health care systems in Kenya and that all independent variables; Health Financing as devolved government, Human Resources for Health, devolved government Health Infrastructure and devolved government leadership styles were important determinants on provision of health care systems in Kenya. Furthermore, all independent variables; Health Financing as devolved government, Human Resources for Health, devolved government Health Infrastructure and devolved government leadership styles were positively linked on provision of health care systems in Kenya.**

Keywords: **Health Financing, Human Resources for Health, Health Infrastructure and leadership styles.**

I. INTRODUCTION

According to Mills, Vaughan, Smith, Tabibzadeh, and World Health Organization (1990), decentralization is argued to promote community participation and accountability, and enhance technical efficiency and equity in the management of public resources. Within the health sector, decentralization has been a recurring theme in health system reforms for several decades. The implementation of decentralization polices within the health sector has adopted a wide range of modes and forms, determined by the nature and structure of the sub-national level entity to which responsibility is

transferred. However, irrespective of the form, the final effects of decentralization reforms have been influenced by many internal and external factors including the reasons or drivers for decentralization, and the country's political context. In practice decentralization involves shifting power and authority over the management of public resources from national to sub-national levels of government. This makes it a highly political reform, though its political nature and context are rarely analyzed in empirical studies.

Devolution is the transfer of powers and resources from the national government to local units. Devolution of governance is considered as one of the most effective solutions to social challenges that countries encounter from time to time. Issues such as inequitable development in various regions, poverty and corruption can be best addressed by putting in place effective and efficient devolved governments capable of implementing the devolution strategy. When well implemented, devolved government structures plays a major role in efficient and effective delivery of public services (White, 2011). Furthermore, according to Muriisa (2008) devolution is the substantial transfer of powers and authority and functions from higher or central government to local units, upon which the local units or governments subsequently acquire significant and autonomous financial and legal powers to function without reference to central government.

Although health-care decentralization has been accepted globally as a means to improve efficiency and responsiveness of the health system, each country adopts and implements this policy differently (Jongudomsuk & Srisasalux, 2012). However the process of devolution is not as smooth as thought. According to a study by Jongudomsuk and Srisasalux (2012) on decentralization in Thailand it was revealed that health-care decentralization could not be implemented effectively without the support of the central government. Also local government staff needed to have their capacity strengthened to handle the new responsibilities and this could be best done by the central ministry staff who were previously responsible for these.

1.1.1 Global Perspective of devolved government on provision of health care systems in Kenya.

Worldwide, in many developed nations such as UK and USA, decentralized direction of governance organizations which enhanced a major role in simplifying effective and effectual delivery public services as it deemed necessary. In UKA, USA, North Dakota can be good case in points and can represent superior means of flagging a period of local government reform, signposting present day practical lessons to county management that has been initiated here in Kenya. For over a decade, a combination of citizen and interest groups, representing both the rural and urban approach, had been agitating for local government change ((Morelli and Seaman, 2007). Recent study deliveries signposted that it was not that gush for the local government form as developed in Middle Western states was less strong than elsewhere, but the very pressure of economic circumstances, coupled with the expansion of local government services, made change inevitable (Amisi and Rotich, 2015).

Studies on the pattern of expansion of decentralized and zonal government within the United Kingdom for example since 1999 can only be described as irregular and vacillating. (Kenneth, 2012). The unevenness of decentralization bounces from a parliament in Scotland with tax-varying powers to an assembly in Wales without such powers of taxation and an Assembly for Greater London which is still more limited in its functions. Hesitating of this development can be seen in the decision of the Westminster Parliament in 2002 to overhang the Northern Ireland Assembly (a delay that only came to an end in 2007) and the rejection in a referendum in the North East of England for the establishment of a decentralized association and society for that region. As a result of such assorted know-hows the extension of decentralization beyond those assemblies and parliaments currently in operation appears to have stalled (Morelli and Seaman, 2007).

1.1.2 Regional Perspective of devolved government on provision of health care systems in Kenya.

In African Countries devolved government structures plays a major role in enhancing effective and efficient service delivery to general citizens. Efficient delivery of public services in Africa and other developing regions has for a long time been hindered by highly centralized and government bureaucracies (Nyanjom, 2011). A study of decentralization in 30 African countries concluded that: It is significant to note that in no country was the claim to centralization as a preferred organizational model made or implied, nor was decentralization considered undesirable, only difficult to effect and sustain. The theoretical premise of devolution posits that building on the multi-dimensional approach the organization and management of state power, a devolved system involves the creation of two or more levels of government that are co-ordinate, but not subordinate to each other (Ngui, 2014).

In Rwanda devolution was aimed to provide operational planning for both and government and the people of Rwanda with aim of fighting economic deficiency at close range and variety of ways and further heighten their resolution through capacity injection and empowerment of local populaces to facilitate effectual and actual delivery of public services. In South Africa devolution revolves around central government along with nine regional provinces and around 278 municipalities (Mwenda, 2010). Inters of economy, South Africa is much more developed to rest of the African countries and its geolocation as well as demographics are different with a much greater built-up population.

1.1.3 Local Perspective of devolved government on provision of health care systems in Kenya.

Garissa County is one of the 47 Counties in the new devolved governance structure in Kenya and formerly known as administrative center for North Eastern Province of Kenya. In its geographical capacity it covers Garissa Township Constituency;Fafi Constituency;Dadaab Constituency;Lagdera Constituency;Balambala Constituency and Ijara Constituency Town serves as the capital as well as administrative center for the county administrative set-up, hosting most of the national and county Government officials at this point in time. Garissa holds largest number of refugees in east Africa and serves as homestead about 260,000 refugees from Somalia which exacts pressures on local security and megger resources available in the district. Indigenous Kenyan population in the town is estimated to be 923,060, and a land area of about 45,720.2 km². Most inhabitants in the county are Somali by ethnicity with closer historical background.

1.2. Statement of the Problem.

Provision of health sector in devolution of government services is one of the key principles of the 2010 Kenyan constitution in which counties have been envisaged as the primary units. A number of challenges continue to be experienced within the health sector at county level, threatening quality service delivery and gains made in the sector over the past years. These challenges are wide and far reaching spanning capacity issues, human resources, infrastructure, legal framework, resources and the relationships between county and national government (Mwangi 2013; Kibui et al. 2015:133; Ministry of Health 2014). Following the devolution of health services, there have been cases of health workers downing their tools citing poor pay, poor working conditions among other problems. The study also revealed that devolved functions such as health had been riddled by challenges to an extent that medical staffs had resisted their function being placed under County Government's public service. Cases have been also documented where executive arm of the national government is reluctant in devolving some funds meant for county development programs curtailing service delivery such as the payment of salaries and other grass root developments by the county governments (Abdumlingo & Mugambi, 2014).On several occasions county health staff went for strike as result of nonpayment of their monthly due salaries, thus caused poor service delivery as staff were demotivated .Okoth, 2016).

Previous studies related to devolved government structures have not associated the effect of public health services transfer in Garissa County. Apparently little attention has been diverted to the effect of devolved government structures on public health services delivery in Kenya in general and Garissa in particular; hence leaving a major knowledge gap.A report by Barker, Mulaki, Mwai and Dutta (2014) on assessing county health system readiness in Kenya revealed that Meru County was among the counties less prepared to provide healthcare services under the devolved system. It is against this background that this research sought to examine the effect of devolved government on provision of health care systems in Kenya. a case study of Garissa county.This study therefore seeks out to address this knowledge gap by determining the effect of devolved government on provision of health care systems in Kenya.

1.3 Objectives of the Study

The study was guided by both the general and specific objectives

1.3.1 General Objective of the study

The general objective of the study was to do assessment of devolved government functions on provision of health care systems in Kenya. A case study of Garissa County.

1.3.2 Specific Objectives

The specific objectives of the research project were:

1. To assess the effect of Health Financing as devolved government function on provision of health care systems in Kenya. a case study of Garissa county. .

2. To examine the effect of Human Resources for Health as devolved government function on provision of health care systems in Kenya. a case study of Garissa county

3. To examine the effect of devolved government Health Infrastructure on provision of health care systems in Kenya. a case study of Garissa county

4. To find out the effect of devolved government leadership styles on provision of health care systems in Kenya. a case study of Garissa county

1.4 Research Questions

The study aimed answering to the following research questions:

1. What is the effect of Health Financing by devolved government on provision of health care systems in Kenya. a case study of Garissa county?

2. What is the effect of Human Resources for Health by devolved government on provision of health care systems in Kenya. a case study of Garissa county?

3. What is the effect of Health Infrastructure on provision of health care systems in Kenya. a case study of Garissa county ?

4. What is the effect of leadership styles on provision of health care systems in Kenya. a case study of Garissa county?

2. LITERATURE REVIEW

2.1 Introduction:

The underpinning theories of this study included; Big Push Theory, Dependency Theory, Transformational Leadership Theory and Stakeholder Theory. To illustrate the fundamental concepts of devolved government functions and devolved government functions a conceptual framework that integrates the independent and dependent variables was developed as shown in figure

2.2.1 Big Push Theory

The big push model is a concept in development economics or welfare economics that emphasizes that a firm's decision whether to industrialize or not depends on its expectation of what other firms will do. It assumes economies of scale and oligopolistic market structure and explains when industrialization would happen (Rosenstein-Rodan, 1943). The theory emphasizes that underdeveloped countries require large amounts of investments to embark on the path of economic development from their present state of backwardness. This theory proposes that a bit by bit investment programme will not impact the process of growth as much as is required for developing countries. Injections of small quantities of investments will merely lead to wastage of resources (Abuzeid, 2009).

2.2.2 Dependency Theory

Dependency theory originates with two papers published by Hans Singer, and Raul Prebisch (1949) in which they observed that the terms of trade for underdeveloped countries relative to the developed countries had deteriorated over time, the underdeveloped countries were able to purchase fewer and fewer manufactured goods from the developed countries in exchange for a given quantity of their raw materials exports (Jeffrey,2012)

In dependency theory, the developed nations actively keep developing nations in a subservient position, often through economic force by instituting sanctions, or by proscribing free trade policies attached to loans granted by the World Bank or International Monetary Fund (Sunkel, 1966). Hence this theory is linked with variable two that is effect of Human Resources for Health by devolved government on provision of health care systems in Kenya

2.2.3 Transformational Leadership Theory

According to Reichelt & Lyneis (2009) transformational leadership has been defined as a leadership methodology that has potential causes of change in individuals and public systems. In its superlative form, it generates valuable and constructive change in the supporters with the end goal of developing followers into leaders. Indorsed in its reliable form. Transformational leadership promotes, motivates and builds morale, thus enhancing performance of followers through a

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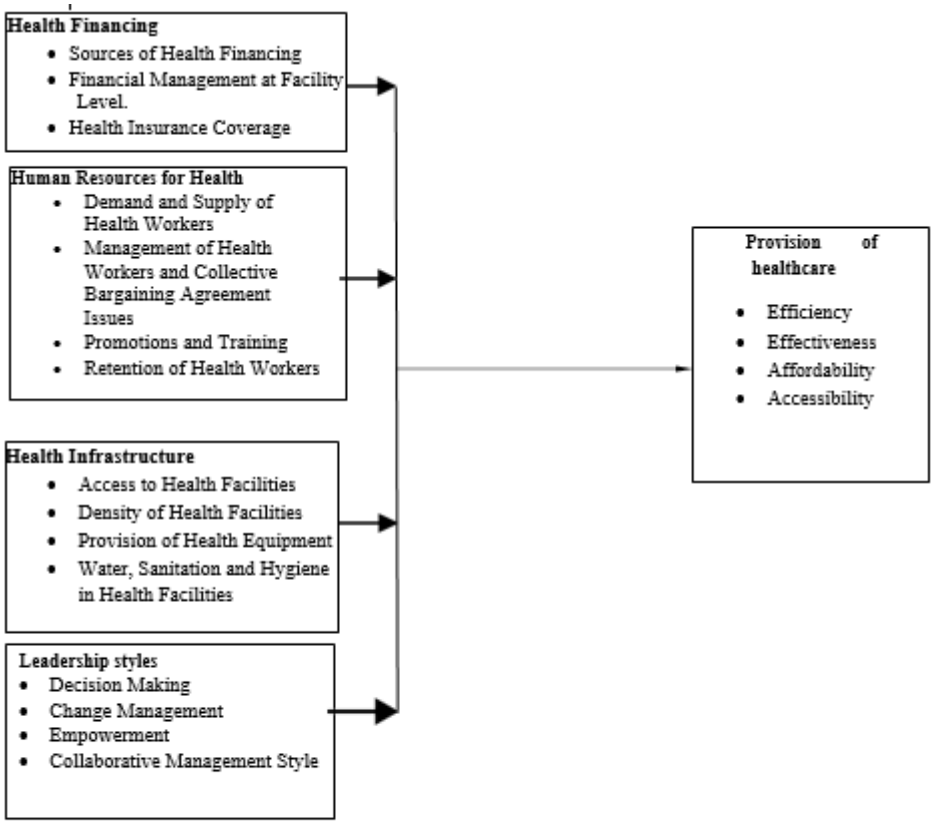
variety of approaches. Transformational leaders help followers grow and develop into leaders by responding to individual followers' needs by empowering them and by aligning the objectives and goals of the individual followers, the leader, the group, and the larger organization." capacity (Bass and Riggio, 2006Some of the Governors have the desire to take risks and be dependable. In any situation, they show high standards of conduct. This theory is pertinent in amplifying the effect of leadership style on public health services delivery in Garissa County.

2.2.4 Stakeholder Theory

Stakeholder – This specific theory was formerly established by a doctor Edward Freeman. (Freeman, 2015). Theory is defined as a theoretical framework of business ethics and institutional controlling which lectures and address about moral and ethical values in the management of a business or other organization appliance. This was formerly sketched in the book of Strategic Management: A Stakeholder Approach. The theory incorporates both a resource-based stand points as well as market base view and adds more value on the socio-political level, the latest form of the theory as recognized by freeman pursues to define the specific participants of an organization and further scrutinizes the conditions in which managers treat these parties as stakeholders. The theory has pertinent in amplifying the effect of health project implementation on public health services delivery in Garisa County.

2.3 Conceptual Framework



2.1. Conceptual Framework

2.3.1. Review of the Variables

2.3.1.1 Healthcare financing

Healthcare financing strategies play a key role in determining the adequacy of health services provided, accessibility by the households, and ultimately the health outcomes. With the devolved system of government, the proportion of budgetary allocations to the health sector at both National and County government level matters in attaining universal healthcare. Currently, although budgetary allocations have increased, they are below the 15 per cent recommended by the

African Union (AU), and there are significant disparities across counties. A quick win to improve health outcomes would be to reduce wastage and enhance efficiency in utilization of the current funds by strengthening public finance management at county level. Moreover, prompt disbursement of funds both by the government and development partners is important in supporting implementation of the annual work plans.

With a significant share of health financing in form of out-of-pocket spending, expanded coverage of the National Health Insurance Fund will serve to reduce the financing burden of households. However, more innovative methods of health financing are required to achieve universal healthcare, and therefore the need to reorient legislation on health financing. In addition, investment in related sectors such as sanitation will complement in improving the health outcomes.

Healthcare in Kenya is financed from three main sources: government expenditure, household expenditure, and donor funding. Household expenditure includes both out-of-pocket and formal and non-formal insurance spending by households. With respect to government spending, the main expenditure flow is from the National government to the County governments. An important additional form of finance to counties is the conditional grants that are targeted at Level 5 hospitals, free maternal healthcare, compensation for user fees foregone, and leasing of medical equipment.

2.3.1.2 Human Resources for Health

The Kenyan government has identified the achievement of universal healthcare (UHC) as essential in the realization of the Sustainable Development Goals and Kenya Vision 2030. Nevertheless, delivery of better health services and outcomes requires not only quality but also adequate and equitably distributed human resources for health (HRH). This demonstrates that the challenges the 2014-2018 strategy set to overcome persist. These challenges included: inadequate and inequitably distributed workforce; as well as a non-conducive environment that attracts and retains health workers. The HRH is still inadequate, poorly distributed, experiences high turnover rates, and are under-supplied. Since the HRH challenges are interrelated and multi-sectoral, key interventions going forward would be to implement more holistic or comprehensive approaches encompassing policy, education/training, leadership, finance, partnership and better human resources management.

2.3.1.3 Health Infrastructure

Health infrastructure is fundamental to the provision and execution of health services. Health infrastructure allows for and supports the key goals of health, including creation of environments that promote quality health service delivery. There are requirements for physical facilities in establishing equitable capacity to deliver defined health services based on population and the level of care. Further, various healthcare norms relating to critical physical infrastructure inputs have been identified by WHO aimed to efficiently, effectively and sustainably offer the healthcare service delivery package. Physical infrastructure norms outline the number of physical facilities required for equitable capacity to deliver the defined health services. As an example, the WHO recommends 15 health centres per 30,000 people and 45 dispensaries per 10,000 people. In addition, the national norms require each person to live within 5 km radius of a health facility to ensure access to basic health services. Further, utilization of health services is influenced by various factors, namely: absolute access to services which is determined by the distance travelled or cost incurred to reach the service facility; relative access to services determined by the crowding and waiting time at the service delivery point; and availability of specialist medical inputs.

The country experienced an expansion and improvement in health infrastructure across counties during the period under review, which saw the average density of facilities improve considerably. However, significant infrastructure gaps exist in some counties.

2.3.1.4 Leadership styles and provision of healthcare system

The leadership task in healthcare provision is to ensure direction, alignment and commitment within teams and organisations (Drath, McCauley, Palus, Van Velsor, O'Connor, McGuire, 2008). Effective leaders in healthcare services emphasise continually that safe, high quality, compassionate care is the top priority. This is by ensuring that the voice of patients is consistently heard at every level; patient experience, concerns, needs and feedback (positive and negative) are consistently attended to. They offer supportive, available, empathic, fair, respectful, compassionate and empowering leadership. They promote participation and involvement as their core leadership strategy. They ensure the staff 'voice' is encouraged, heard and acted on across the organisation and provide practical support for staff to innovate within safe boundaries.

Leadership is one of the planning functions which involve motivation of employees in order to achieve organization objectives. A review by Alloubani, Almatari and Almukhtar (2014) on effects of leadership styles on quality of services in health care established that transformational leadership attributes and behaviours were positively related to organizational outcomes. Involvement of key stakeholders such as the employees is important as this will help feel and own the initiative and decisions made by the management. Effective leadership is one of the most crucial factors that lead an organization towards success. The key challenge for modern organization is to recognize the effects of strong leadership upon the nursing performance and success in the organization. Leadership effectiveness is associated with lower patient complaints (Shipton, Armstrong, West & Dawson, 2008). This is an indication that a customer gets better quality services.

2.5 Critique of Existing Literature Relevant to the Study

The reviewed literature shows that empirical findings with regard to the effect of devolved government structures on public health service distribution in Kenya is imperfect. Based on the reviewed literature it is evident that most previous studies on devolved government structures are not linked with on provision of health care systems in Kenya. and hence are short in explaining the the effect of devolved government on provision of health care systems in Kenya. a case study of Garissa county. For instance In all health systems, users are usually the weakest pillar in the governance structure. Individually, they are powerless not only relative to governments but also providers. Collectively, they have some potential to affect the behaviour of both the government and providers, but find it hard to mobilize due to practical limitations of organizing. On the face of it, the government is in an exceptionally strong position to steer the sector because it owns and operates over 90% of hospitals, and hence has the legal authority to demand total compliance with its directives. Yet, the government finds it difficult to affect their behaviour due to the organizational limitations. The health bureaucracy's capacity to demand information and enforce accountability is as weak as the providers' capacity to resist such demands is strong. Health sector governance and participation at local level are important elements for devolution because the influence held by various stakeholders over decision making process could express priorities as a mean of holding higher quality care. Ethiopia had a rather impressive structure of citizen participation from the facility to the district level; however their viability was not clear. Also from the case of Uganda devolution can only succeed only if it allows local people to hold public servants accountable and ensures their participation in the development process. What is seen in other countries is that devolution creates opportunities to generate additional income, usually by charging co-payments from patients using facilities. As such, devolution is also used to limit the burden on government's budget spent on healthcare. The downside of this is that it might further constrain access to healthcare for the poorer groups of the population. .

2.6 Research Gaps

The empirical literature shows that previous studies which exist on devolved government structures are inadequate in determining the effect of devolved government structures on public health services delivery in Kenya. Almost all of the reviewed studies were performed and others local studies focused on other effects of devolved government structures. Although adequate funding is crucial for any health system to be effective, it is not only funding that impact on health outcomes and service delivery. In all of the examples above, having the right governance and accountability structures as well as managerial capacity are believed to have a stronger impact on performance and outcomes than funding does. Further study is crucial to enlighten on the significant factors influencing the performance of the health sector under devolved governance system. It is clear that managerial capacity is a prerequisite for devolution to achieve its goals. It is often assumed that local capacity required managing a local health system and/or health facility is available, but in practice this turns out differently. It is clear that Kenyan referral hospitals fall under the responsibility of the Ministry of Health. Yet, it is less clear how patient referral mechanisms will impact on this and what (financial) incentives enforce these mechanisms. For example is it profitable for hospitals, falling under the counties' responsibility, to treat as many patients as possible or will their budgets put pressure on them to refer patients to national referral hospitals in order to save costs and prevent losses? What mechanisms are put in place to prevent fraud and corruption? Will county offices be subject to annual national audits? Will the national department offer support in terms of setting up professional procurement departments at the county level? Have decisions been made in terms of the above on what thresholds approval from national departments is required? These aspects, if not addressed, pose potential risks to the success of devolution. This study sought to establish the reality of this phenomenon under the devolved system of government.

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3. RESEARCH METHODOLOGY

3.1 Introduction

This chapter presented the method to be used in this study. The chapter described the research design, study population, sampling frame, sample size and sampling techniques, data collection methods and techniques of data analysis. The statistical models that was used in the analysis and the tests for the research questions was provided.

3.2 Research design

The study adopted mixed mode research design that is descriptive and inferential survey design .the survey may be qualitative or quantitative. According to Mugenda and Mugenda (2010), The design ensured that data obtained by the researcher was answering the research questions and assessing the effect of devolved government on provision of health care systems in Kenya. a case study of Garissa county.

3.3 Target Population

According to data available at the county Ministry of health, Garissa Level 5 hospital has a total number of 310 medical staff. This number was used in identifying the number of respondents.

Table 3.1: Target population

Categories	Population
Doctors	28
Nurses	163
Clinical Officers	38
Laboratory Technologists	14
Health Administrators	11
Pharmaceutical Technicians	56
Total	310

Source: Garissa County Head Offices (2018).

3.4. Sampling Frame

The sample frame for the study was the list of 310 staff working in Garissa County head offices situated in Garissa Town.

3.4.1 Sampling size and Sampling Techniques

The study adopted a probability sampling design by applying a stratified random sampling method to choose the sample size for the study. Stratified random sampling technique involves dividing the population into strata/categories and then randomly selecting respondents in proportion to their original numbers in the population (Cooper & Schindler, 2012). Stratified sampling will be used to group respondents into three categories according to their position levels notably; Doctors, Nurses, Clinical Officers, Laboratory Technologists, Health Administrators and Pharmaceutical Technicians. The Israel 1992 formula sample size states that: Israel Applied formula which was used to calculate the main sample size aiming to determine entire sample size of the study based on the chosen population size. According to Jonker and Pennink (2013) a sample size of between of 10% to 40% percent of the target populace supports collection of balanced data from the target population and assists in generalization of the research findings. The Israel (1992) formula will be as follows;

Calculation of Sample Size

$n = N / (1 + Ne^2)$

Where,

n - Sample size,

N - Population size

e - Margin of error (MoE),

$n=310/(1+1500\times0.05\times0.05)$ 0.037525

n= 65

Thus the sample size of the population will be 65 respondents. To get the sample percentage, the researcher will apply disproportionate sampling technique where the percentage for each category is the weight of the category in the population as shown in table 3.2.

Table 3.2: Sample Size

Category	Population	Sample Population
Doctors	28	**13**
Nurses	163	**17**
Clinical Officers	38	**5**
Laboratory Technologists	14	5
Health Administrators	11	5
Pharmaceutical Technicians	56	20
Total	**310**	**65**

Source: Author (2018).

3.5 Data Collection Instruments

The study used questionnaire containing both open-ended and closed-ended items. Multiple choices was provided where the respondents was asked to tick appropriate choices. The instrument was developed so as to contain all the items that aid in achieving the objectives of the research study. Questionnaires was preferred because according to Corbin (2012) they are effective data collection instruments that allow respondents to give much of their opinions pertaining to the research problem.

3.6 Data Collection Procedures

The researcher obtained an introductory letter from the Garissa County Government Administration and Approval Letter and Research Document from National Commission for Science, Technology and Innovation (NACOSTI). These documents enabled the researcher to secure appointments with the respondents to issue questionnaires which was picked at a later data to commence data analysis. The study collected primary using questionnaires. Answered instruments was collected after two weeks and data analysis commence.

3.7 Pilot Study

The aim of pilot study is to test the validity and reliability of the questionnairesThe researcher selected a pilot group of (12) respondents, i.e (10%) of the model populace to assess the legitimacy and further consistency/reliability of the research instruments. .

3.8 Data Analysis and Presentation

The Data collected, analysed using both the descriptive and the inferential statistics. Quantitative methods of data analysis will be employed with both descriptive and inferential statistics being applied to explain the results of the study.

4. RESEARCH FINDINGS AND DISCUSSION

4.1 Introduction

This chapter is on data analysis, presentation, interpretation and discussion. The first section in this chapter is on the response rate of the respondents. The second section of this chapter presents the profiles of respondents. The third section presents test of statistical assumptions and usage of the Likert-type scales in data analysis. The fourth section in this chapter is on the analysis, presentation, interpretation and discussion of the relationships under investigation.

4.2 Response Rate

The total number of questionnaires distributed were 65. These questionnaires were self-administered to employees of the County Ministry of health, Garissa Level 5 hospital. A total of 65 questionnaires were returned properly completed (Table 4.1). This represented an overall response rate of 100%

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4.3 Pilot Test Result

Pilot test was done using Validity and Reliability

4.3.1 Reliability Results

Cronbach's Alpha was used to test the reliability of the questionnaire. Since the research instrument yielded reliability coefficient of more than 0.7 on Health Financing practices, Human Resources for Health, Health Infrastructure and leadership styles. a case study of Garissa county

Table 4.1: Reliability Results

Variables	Cronbach Alpha	Remarks
Health financing practices	0.789	Accepted
Human resources for health	0.756	Accepted
Health infrastructure	0.823	Accepted
Leadership styles	**0.711**	**Accepted**

4.3.2 Validity

This was done using Kaiser-Mayor-Oklin measures of sampling adequacy (KMO) and Bartlett's test of sphericity. Kaiser-Mayor-Oklin measures of sampling adequacy (KMO) and Bartlett's test of sphericity were applied to test whether the correlation between the study variables exist as shown in Table 4.2.

Table 4.2: Validity Results

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.888
Bartlett's Test of Sphericity	Approx. Chi-Square	623.121
	Df	10
	Sig.	.000

4.4 Demographic Information

This highlights the demographic information of the respondents that includes gender, age education level and job tenure. The findings are presented in Table 4.3. The study sought to assess the demographic information of the respondents. Demographic information aides in the laying of social, economic foundations that might influence the direction of the investigation.

Table 4.3: Demographic Information

		Frequency	*Percent*
Gender	Male	48	74
	Female	17	26
	Total	65	100
Age	18-30	21	32
	31-40	22	34
	41-50	12	19
	50 and above	10	15
	Total	65	100
Level of education	Certificate Level	14	22
	Diploma	26	40
	Bachelors	16	25
	Post Graduate	9	14
	Total	65	100
Working Experience	Below 3 years	19	29

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	4-8 Years	29	45
	9-12years	8	12
	13-18 year	6	9
	19 years and above	3	5
	Total	65	100
Category	Doctors	4	7
	Nurses	26	40
	Clinical Officers	12	18
	Laboratory Technologists	8	12
	Health Administrators	8	12
	Pharmaceutical Technicians	7	11
	Total	*65*	*100*

4.5 Descriptive Analysis of the Study Variables

4.5.1 Health financing as devolved government function

The study sought to assess the effect of Health Financing as devolved government function on provision of health care systems in Kenya. a case study of Garissa county. This objective was measured using the following indicators: Sources of Health Financing, Financial Management at Facility Level, Health Insurance Coverage in the opinion statements given. Respondents were asked to indicate the extent to which they agreed with the effect of Health Financing as devolved government function on provision of health care systems in Kenya. This was on a likert scale of not at all, small extent, moderate, large extent and very large extent. Thus, in this study the scale of not all and small extent meant disagree while large and very large extent meant agreed.

4.5.1.1 Sources of Health Financing

The research sought to find out the Sources of Health Financing in Garissa County as follows. Majority of Hospitals Healthcare in Garissa County is financed from three main sources: government expenditure 43%, household expenditure 21%, and donor funding 36%. This concurred with the finding of Kenya Institute for Public Policy Research and Analysis in 2018 survey on an assessment of healthcare delivery in Kenya under the devolved system which states that government funded majority of the hospitals in Kenya.

Table 4.4: Health financing as devolved government function

Statement	S.D	D	N	A	S.A	Mean	Std. Dev
Facility experience delays in disbursement from National government in 2018/19	4.0%	4.3%	12.2%	70.6%	8.9%	3.76	.8277
Facility experience delays in disbursement from County government in 2015/19	4.0%	10.%	35.3%	37.3%	12.9%	3.46	.9780
Facility implement the 10/20 user fee policy	4.3%	15.%	38.3%	32.0%	9.9%	3.28	.9845
Facility use any financial management System	5.3%	19.%	39.9%	28.4%	7.3%	3.13	.9816
Health facility/ Hospital Management Committee in place for the facility	4.0%	12.%	32.7%	39.3%	11.2%	3.41	.9820
We prepare annual budgets for the facility	4.3%	26.%	34.7%	26.4%	7.9%	3.07	1.009
we submit quarterly financial reports to national government	5.3%	28.%	29.4%	31.7%	5.0%	3.02	1.008
The facility have qualified staff in finance/ Accounts	8.3%	9.2%	32.7%	37.6%	12.2%	3.36	1.077
The NHIF cover was offered to the beneficiaries through the premier Super-Cover initiative, fully subsidized by the government	4.0%	12.%	32.7%	39.3%	11.2%	3.41	.9820
The private health insurance companies are envisaged to continue playing an important	5.3%	28.%	29.4%	31.7%	5.0%	3.02	1.008
Total						**3.311**	**0.981**

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4.5.2 Human Resources for Health as devolved government function

The study sought to assess the effect of Human Resources for Health as devolved government function on provision of health care systems in Kenya. A case study of Garissa county. This objective was measured using the following indicators: Demand and Supply of Health Workers, Management of Health Workers and Collective Bargaining Agreement Issues, Promotions and Training and Retention of Health Workers in the opinion statements given. Respondents were asked to indicate the extent to which they agreed with the effect of Human Resources for Health as devolved government function on provision of health care systems in Kenya. This was on a likert scale of not at all, small extent, moderate, large extent and very large extent. Thus, in this study the scale of not all and small extent meant disagree while large and very large extent meant agreed

Table 4.5: Human Resources for Health as devolved government function descriptive Statistics

Statement	S.D	D	N	A	SA	Mean	Std. Dev
The ability to attract health workers is important for service delivery and is partly dependent on career progression/promotion prospects	2.6%	16.5%	28.4%	42.2%	10.2%	3.2781	1.0916
County improves incentives for rural service practitioners – including arid and semi-arid areas	2.6%	26.1%	28.1%	27.7%	15.5%	3.7517	1.2068
County improves the work environment and employment conditions through initiatives such as: provision of adequate housing, transport, continuing education, regular communication with higher level facilities, an education allowance for children, and increased vacation leave	3.3%	15.8%	20.5%	23.1%	37.3%	3.7715	1.0802
Mandatory rural internship as a prerequisite to full licensure	3.3%	11.2%	19.5%	37.6%	28.4%	3.6788	0.9433
Preferential recruitment of applicants with rural backgrounds	3.3%	8.6%	19.9%	53.3%	14.9%	3.1192	1.0338
Lifelong training for medical staff is important in ensuring that the workforce remains competitive and conversant with new developments and trends	5.0%	24.1%	34.7%	27.1%	9.2%	3.8146	1.0465
Even though short training courses mainly in the form of in-service training, is commonly implemented within county	3.3%	7.9%	21.8%	38.0%	29.0%	3.5728	0.9363
Nurses in particular are not only difficult to retain but also complex to replace upon their exit	2.6%	6.9%	37.3%	36.6%	16.5%	3.4139	0.9666
Total						**3.5501**	**1.0382**

4.5.3 Devolved government Health Infrastructure as devolved government function

The study sought to assess the effect of devolved government Health Infrastructure on provision of health care systems in Kenya. A case study of Garissa county. This objective was measured using the following indicators: Access to Health Facilities, Density of Health Facilities, Provision of Health Equipment and Water, Sanitation and Hygiene in Health Facilities in the opinion statements given. Respondents were asked to indicate the extent to which they agreed with the effect of devolved government Health Infrastructure on provision of health care systems in Kenya. This was on a likert scale of not at all, small extent, moderate, large extent and very large extent. Thus, in this study the scale of not all and small extent meant disagree while large and very large extent meant agreed.

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Table 4.6: Devolved government Health Infrastructure as devolved government function descriptive Statistics

Statement	S.D	D	N	A	S. A	Mean	*Std. Dev*
There is a direct influence of distance to health facilities and utilization of healthcare.	2.6%	29.1%	18.9%	33.1%	16.2%	3.32	*1.143*
The sub-county and county referral hospitals require constant power supply to maintain refrigeration and storage of health vaccines and medicines, but also in supporting lives in the ICUs and HDUs.	2.0%	23.3%	36.9%	30.6%	7.3%	3.20	*.933*
County need to develop regulations related to waste incineration from health facilities to reduce risks that health workers and patients are exposed to.	3.0%	25.7%	21.5%	44.9%	5.0%	3.25	*.984*
County Improves safe water and sanitation provision in the entire health system is essential for provision of quality service delivery in the health system.	2.3%	26.2%	28.8%	37.7%	5.0%	3.16	*.9424*
Do all health facilities had toilets?	6.4%	31.4%	28.0%	27.4%	6.8%	2.92	*1.046*
Health facility waste varied from site to site and the biggest challenge was how to dispose off this wide range of waste streams using one solution	3.3%	12.0%	33.8%	35.5%	15.4%	3.62	*2.679*
Infrastructure adequacy in the health system is manageable, though there were shortages	3.3%	18.5%	27.1%	42.9%	8.3%	3.33	*.9912*
The investments have enabled counties to upgrade their facilities while improving access to specialized services such as renal, ICU and ENT, among other services at sub-national level.	2.0%	22.5%	28.8%	39.1%	7.6%	3.27	*.961*
The healthcare infrastructure has seen expansion and improvement with an increase in the number of health facilities.	1.0%	9.1%	16.9%	51.0%	22.0%	3.83	*.9166*
Total						***3.26***	***1.210***

Table 4.7: Aspects of leadership styles

Statement	S.D	D	N	A	S. A	Mean	*Std. Dev*
The leadership at Hospital is up to the task.	10.5%	39.5%	31.4%	12.8%	5.8%	3.2781	*1.0916*
The ministries of health vision and plans for the future have been clearly communicated.	7.0%	43.0%	30.2%	14.0%	5.8%	3.7517	*1.2068*
Individuals at all levels of the hospital are appropriately involved in the development and achievement of institution's goals.	12.8%	36.0%	34.9%	10.5%	5.8%	3.7715	*1.0802*
The county government encourages employee's growth through systematic training and development programs.	38.4%	40.7%	10.5%	7.0%	3.5%	3.6788	*0.9433*
The Garissa County Hospital promotes team morale and builds organizational commitment.	*34.9%*	*43.0%*	*11.6%*	*7.0%*	*3.5%*	*3.1192*	*1.0338*

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4.6 Inferential Statistics

According to Mugenda & Mugenda, (2003) Inferential statistics deal with inferences about the population based on the results obtained from the sample. The more representative the sample is, the more generalizable the results will be to the population. This section presents the inferential findings for the study. Pearson's moment of correlation is presented first then regression analysis follows.

Table 4.7.1 Correlation Analysis of Independent and Dependent Variables

		HF	HRH	HI	LS	HCS
HF	Pearson Correlation	1	.583**	.472**	.542**	.565**
	Sig. (2-tailed)		.000	.000	.000	.000
	N	65	65	65	65	65
HRH	Pearson Correlation	.583**	1	.651**	.664**	.597**
	Sig. (2-tailed)	.000		.000	.000	.000
	N	65	65	65	65	65
HI	Pearson Correlation	.472**	.651**	1	.683**	.596**
	Sig. (2-tailed)	.000	.000		.000	.000
	N	65	65	65	65	65
LS	Pearson Correlation	.542**	.664**	.683**	1	.625**
	Sig. (2-tailed)	.000	.000	.000		.000
	N	65	65	65	65	65
HCS	Pearson Correlation	.565**	.597**	.596**	.625**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	65	65	65	65	65
**. Correlation is significant at the 0.01 level (2-tailed).						

4.6.1.1Multicollinearity test for independent variables

In the study, multicollinearity test was tested using Variance Inflation Factor (VIF). A VIF of more than 10 (VIF ≥ 10) indicates a problem of multicollinearity. According to Montgomery (2001), the cut-off threshold of 10 and above indicates the existence of multicollinearity while tolerance statistic values below 0.1 indicate a serious problem while that below 0.2 indicates a potential problem. The results in table below indicates that the VIF value for Health Financing by devolved government was established to be 1.742 while its tolerance statistic was reported to be 0.574, Human Resources for Health by devolved government was established to be 2.342 while its tolerance statistic was reported to be 0.427, the VIF value for Health Infrastructure was established to be 2.254 while its tolerance statistic was reported to be .444, the VIF value for leadership styles was established to be 2.449 while its tolerance statistic was reported to be .408 and lastly, VIF value for provision of health care systems was established to be 2.039 while its tolerance statistic was reported to be .490. Based on these the assumption of no multicollinearity between predictor variables was thus not rejected as the reported VIF and tolerance statistics were within the accepted range.

Table 4.7.2: Multicollinearity test for independent variables

Model 1	Strategies	Collinearity Statistics	
		Tolerance	VIF
	(Constant)		
	Health Financing by devolved government	.574	1.742
	Human Resources for Health	.427	2.342
	Health Infrastructure	.444	2.254
	Devolved leadership styles	.408	2.449
	Provision Of Health Care Systems	.490	2.039

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4.6.1.2Test for Autocorrelation

The assumption is that for any observations the residual terms should be uncorrelated (independent). This assumption was tested using the Durbin- Watson test which tests for serial correlations between errors. It tests whether the adjacent residuals are correlated. A value of 2 means the residuals are uncorrelated, a value greater than 2 indicates a negative correlation between adjacent residuals, whereas a value below two indicates a positive correlation (Field, 2009). However, Durbin-Watson statistical values less than one or greater than three are cause for concern. In this study, the Durbin-Watson statistical values were 1.801 as shown in overall summary in table 4.7.3 . The findings suggested that the residual terms were independent.

Table 4.7.3: Overall Model summary

Model	R	R Square	Adjusted Square	RStd. Error of theDurbin-Watson Estimate	
1	.942[a]	.888	.886	.12227	1.801

a. Predictors: (Constant), X_4X_3, X_1, X_2 model 1

b. Dependent Variable: provision of health care systems (Y)

4.7 Multivariate Regression Analysis

This section presents the results on the combined effects of all the independent variables which are Health Financing as devolved government, Human Resources for Health, devolved government Health Infrastructure and devolved government leadership styles on the dependent variable that is, on provision of health care systems in Kenya. a case study of Garissa county. A multiple linear regression models was used to test the significance of the influence of the independent variables on the dependent variable.

Table 4.7.4 shows the analysis of the fitness of the model used in the study. The results indicate that the overall model was satisfactory as it is supported by the coefficient of determination also known as the R-square of 0.888. This means that all the independent variables explain 88.8% of the variations in the dependent variable.

Table 4.7.4: Overall summary model

Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of theDurbin-Watson Estimate**	
1	.942[a]	.888	.886	.12227	1.801

a. Predictors: (Constant), Health Financing as devolved government, Human Resources for Health, devolved government Health Infrastructure and devolved government leadership styles

4.8.1 ANOVA overall model fitness

Table 4. provides the results on the analysis of the variance (ANOVA). The results indicated that the overall model was statistically significant. This was supported by an F statistic of 507.724and the reported p-value (0.000) which was less than the conventional probability of 0.05 significance level. These results suggest that the independent variables are good predictors of dependent variable (provision of health care systems).

Table 4.8: Analysis of variance (ANOVA)

Model		**Sum of Squares**	**Df**	**Mean Square**	**F**	**Sig.**
	Regression	35.033	1	35.033	507.724	.000[b]
1	Residual	4.440	64	0.069		
	Total	39.473	65			

a. Dependent Variable: provision of health care systems

b. Predictors: (constant), Health Financing as devolved government, Human Resources for Health, devolved government Health Infrastructure and devolved government leadership styles

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4.9 Overall regression coefficients

Regression of coefficients results in Table 4.9 shows that there was a positive and significant effect on provision of health care systems in Kenya(dependent variable) and Health Financing as devolved government, Human Resources for Health, devolved government Health Infrastructure and devolved government leadership styles (independent variables). From the finding, the overall model obtained was expressed as follows:-

$Y= 1.698 + 0.192X_1+ 0.082X_2+ 0.071X_3+0.078X_4+ e$

These were supported by beta coefficients of 0.192, 0.082, 0.071 and 0.078 respectively. These results showed that a change in either of the variables would definitely lead to a positive change in provision of health care systems in Kenya.

Table 4.9: Overall regression coefficients

Model	Unstandardized Coeff		Std Coeff	T	Sig.	Collinearity Statistics	
	B	Std. Er	Beta			Tolerance	VIF
(Constant)	1.698	.046		36.863	.000		
Health Financing as devolved government	.192	.016	.310	12.068	.000	.574	1.742
Human Resources for Health,	.082	.014	.170	5.705	.000	.427	2.342
Devolved government Health Infrastructure	.071	.015	.142	4.872	.000	.444	2.254
Devolved government leadership styles	.078	.014	.164	5.387	.000	.408	2.449

a. Dependent Variable: provision of health care systems in Kenya (Y)

5. SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter presents summary of findings, conclusions and recommendations. In the summary of findings, the results and remarks for each of the hypothesis in the study were presented for the four research objectives. The conclusions presented in this section were guided by the research objectives and informed by the findings, analysis, interpretation and discussions in the study.

5.2 Summary of Major Findings

The current study stemmed from the realization of the statement of research problem in literature on the effect of devolved government functions on provision of health care systems in Kenya. Empirically most of the studies on the effect of devolved government have been skewed towards use of primary data and only specific effects of devolved government had been evaluated. Among the several studies which had been done in the Kenyan perspective majority have not examined the causal joint devolved government functions on provision of health care systems in Kenya.

Consequently, the researcher's primary purpose was to examine the effect of devolved government functions on provision of health care systems in Kenya. A case study of Garissa County. Further, the study sought to answer four research questions; what is the effect of Health Financing by devolved government on provision of health care systems in Kenya. a case study of Garissa county? What is the effect of Human Resources for Health by devolved government on provision of health care systems in Kenya. a case study of Garissa county? What is the effect of Health Infrastructure on provision of health care systems in Kenya. a case study of Garissa county ? What is the effect of leadership styles on provision of health care systems in Kenya. a case study of Garissa county?

In order to meet the overall objective and answering the research questions the study adopted mixed mode research design that descriptive and inferential research design. Stratified sampling technique was used to select a sample of 65 respondents in health sectors from Garissa County that is Doctors, Nurses, Clinical Officers, Laboratory Technologists, Health Administrators and Pharmaceutical Technicians. Primary data was collected from health which was 100% and out of 65 questionnaires which were issued The independent variables attributed examined in the study were Health Financing as devolved government, Human Resources for Health, devolved government Health Infrastructure and devolved government leadership styles . Descriptive analysis such as frequency, percentage, mean and standard deviation were used to analyze the data which was summarized using figures and tables.

Inferential statistics was covering correlation and regression analysis. Correlation analysis was used to examine the strength of the effect between provision of health care systems in Kenya and devolved government functions and regression analysis was used to examine the nature of the between provision of health care systems in Kenya and devolved government functions. Prior to regression analysis tests for various assumptions were carried out, for example, normality test was tested using skewness and kurtosis, Multicollinearity was tested using Variance Inflation Factors (VIF) and tolerance values. On overall 88.8% of the variation in provision of health care systems in Kenya can be explained by Health Financing as devolved government, Human Resources for Health, devolved government Health Infrastructure and devolved government leadership styles while the remaining percentage can be explained by other factors excluded in the model. The findings of the study demonstrated that devolved government functions have effect on provision of health care systems in Kenya.

5.2.1 To assess the effect of Health Financing as devolved government function on provision of health care systems in Kenya. a case study of Garissa county

The research questions was what is the effect of Health Financing by devolved government on provision of health care systems in Kenya. a case study of Garissa county?. The study showed that there was a positive and significant effect between Health Financing as devolved government function and provision of health care systems in Kenya. This result shows that Health Financing as devolved government function is crucial in attainment of proper provision of health care systems in Kenya. This implies that there was Sources of Health Financing, Financial Management at Facility Level, Health Insurance Coverage is more important in County Government in Kenya . Results in Table 4.19 shows that there was a positive and significant effect between Health Financing as devolved government function and provision of health care systems in Kenya. This implied that 58.6% of provision of health care systems in Kenya was explained by health Financing by devolved government. Using correlation analysis, the study findings indicated that there was a significant positive effect between health Financing by devolved government and provision of health care systems.

5.2.2 To assess the effect of Human Resources for Health as devolved government function on provision of health care systems in Kenya. a case study of Garissa county

The research questions was what is the effect of Human Resources for Health as devolved government function on provision of health care systems in Kenya. a case study of Garissa county?. The study showed that there was a positive and significant effect between Human Resources for Health as devolved government function and provision of health care systems in Kenya. This result shows that Human Resources for Health as devolved government function is crucial in attainment of proper provision of health care systems in Kenya. This implies that there was Demand for health workers has increased in Kenya owing to several factors, including the increasing size of the population and the increase in the incidence of non-communicable and other diseases in County Government in Kenya. In addition to the health workforce deficiencies across cadres, Kenya's health sector has experienced recurrent unrest among its health workers. The incessant unrests have been blamed on numerous factors, including unfavourable employment conditions and dissatisfaction with remuneration. A major explanation of the ongoing unrest is aptly captured in the respective Collective Bargaining Agreements (CBAs) of different cadres of health. The results shows that the R square value indicated on the summary model table below shows that 0 .585 (58.5%) of provision of health care systems in Kenya was explained by Human Resources for Health by devolved government there was a positive and significant effect between Human Resources for Health as devolved government function and provision of health care systems in Kenya. This implied that 58.5% of provision of health care systems in Kenya was explained by Human Resources for Health as devolved government function. Using correlation analysis, the study findings indicated that there was a significant positive effect between Human Resources for Health as devolved government function and provision of health care systems.

5.2.3 To assess the effect of Health Infrastructure as devolved government function on provision of health care systems in Kenya. a case study of Garissa county

The research questions was what is the effect of Health Infrastructure as devolved government function on provision of health care systems in Kenya. a case study of Garissa county?. The study showed that there was a positive and significant effect between Health Infrastructure as devolved government function and provision of health care systems in Kenya. This result shows that Health infrastructure allows for and supports the key goals of health, including creation of environments that promote quality health service delivery. There are requirements for physical facilities in establishing equitable capacity to deliver defined health services based on population and the level of care. The study sort to establish

the distance and time taken to reach the nearest health facility in all counties in Kenya. It is expected that each person lives within 5 kilometres (km) radius of a health facility, primarily to ensure timely access to basic health services. The national average of the nearest health facility in the country was estimated at 3 kilometres and average time of one hour. Across the Garissa county the distance ranged between a low of 30 kilometres and a high of 52.6 kilometres while the time taken ranged between 120 minutes and 360 minutes which was above the expected norm. The distance that individuals cover to access a health facility can be a deterring factor to uptake of health services. The results shows that the R square value was 0.522. This, therefore, implies Health Infrastructure explained at least 52.2 % of the variability of provision of health care systems in Kenya.

5.2.4 To assess the effect of Leadership Style as devolved government function on provision of health care systems in Kenya. a case study of Garissa county

The research questions was what is the effect of Leadership Style as devolved government function on provision of health care systems in Kenya. a case study of Garissa county?. The study showed that there was a positive and significant effect between Leadership Style as devolved government function and provision of health care systems in Kenya. This result shows that Leadership Style as devolved government function allows for and supports the key goals of health, including creation of environments that promote quality health service delivery. The study established 59.3% of the respondents indicated that the leadership of the Hospital provided participatory or democratic leadership style. Participatory leadership allows everyone to contribute according to their own potential, and allowing people to act accordingly without any fixed mindset. This therefore calls for a strong leadership attributes that creates an atmosphere of trust. According to Shuck, Rocco & Albornoz, (2011), an atmosphere of trust created positive employee engagement, which all minimized a negative personality influence. Effective leadership creates positive team environments (Guay, 2013). A leader with a strong moral center can enhance employee engagement and job performance (Kottke & Pelletier, 2013). The study also revealed 39.5% of the respondents moderately agreed that the leadership at the Hospital was up to the task. This agrees with O'Neil (2008) who posited that within the hospital setting, the senior management is made up of a hospital management team that holds administrative power. This comprises persons in charge of administration, nursing, pharmacy and allied health services and is typically led by the medical superintendent. Those in charge of different clinical service units or departments are invariably clinicians and nurses who operate without any specific departmental administrators. And according to Bennett, Corluka, Doherty & Tangcharoensathien (2012b) leaders are expected to plan and advocate for resources, although they are unlikely to have direct control over a specific departmental budget. Such individuals also supervise teams of front-line workers, either medical or nursing, and contribute directly to service delivery. In addition, the study established that 43.0% of the respondents moderately agreed that the ministries of health vision and plans for the future have been clearly communicated. This is in agreement with Faleye & Trahan (2011) who recommended that organizations have a duty to create a culture that provides an environment in which leaders can foster clear expectations for their employees. According to AKDN (2004) agreeing on a vision binds the members of the organization together, clarifies its ideals, invites commitment and provides momentum. As Gerstein, (2006) recommends, the most important thing any organization can do to ensure success is to have a vision or plan. Also, the study established that 36.0% of the respondents moderately agreed that individuals at all levels of the hospital were appropriately involved in the development and achievement of institution's goals. This concurs with Dikkers, Jansen, De Lange, Vinkenburg, & Kooji, 2010) who stated that employees who were positively engaged in their jobs are more likely to excel in their work. This is because these satisfied employees perform and work well with patients, which can improve consumer satisfaction and loyalty. Low employee engagement may negatively affect the sustainability of health care organizations, which may decrease service offerings, limit access, and lower the quality of services (Lowe, 2012). As a result, the decreases in access and quality of care may have a negative influence on medical outcomes, which would impact society as a whole. The study result also revealed that 40.7% of the respondents moderately agreed that the county government encouraged employee's growth through systematic training and development programs. This is because improving employee skills through training and development reinforce employee commitment and work execution. Also, employees who enroll in training program have been found to experience improved engagement levels. This agrees with Hynes (2012) that leaders must identify skills that influence employee performance and engagement, such as interpersonal communication, flexibility, corporate culture, team skills, and proactive problem solving. As a result, the organization should develop training programs focused on improving these elements. In addition the study established that 43.0% of the respondents agreed moderately that Garissa Level Five Hospital promoted team morale and built organizational commitment. This agrees with Lunenburg (2011) who states that meeting employee expectations positively affects employee motivation which in turns increases employee engagement and job effort. The study also revealed that 40.7% of respondents rated

very highly the influence of leadership on provision of healthcare service. The results corresponds with Dixon-Woods, et al, (2014) who suggested that leaders in the best performing health care organisations prioritized a vision and developed a strategic narrative focused on high quality, compassionate care. In these organisations, all leaders (from the top to the front line) made it clear that high quality compassionate care was the core purpose and priority of the organisation.. The results shows that the R- square of 0.672 indicates that changes in Leadership Styles explain 67.2% of provision of health care systems in Kenya.

5.3 Conclusion

This section presents the conclusions made in the current study. Research objective one in this study was to assess the effect of Health Financing as devolved government function on provision of health care systems in Kenya. The indicators of Health Financing were Sources of Health Financing, Financial Management at Facility Level and Health Insurance Coverage. The indicators for provision of health care systems in Kenya in this case were Efficiency, Effectiveness, Affordability and Accessibility. Sources of Health Financing, Financial Management at Facility Level and Health Insurance Coverage had a positive significant effect on provision of health care systems in Kenya. It was therefore concluded that there was a positive and significant effect between Health Financing and provision of health care systems in Kenya.

Research objective two in this study was to assess the effect of Human Resources for Health as devolved government function on provision of health care systems in Kenya. The indicators of Human Resources for Health were Demand and Supply of Health Workers, Management of Health Workers and Collective Bargaining Agreement Issues, Promotions and Training and Retention of Health Workers. The indicators for provision of health care systems in Kenya in this case were Efficiency, Effectiveness, Affordability and Accessibility. Demand and Supply of Health Workers, Management of Health Workers and Collective Bargaining Agreement Issues, Promotions and Training and Retention of Health Workers had a positive significant effect on provision of health care systems in Kenya. It was therefore concluded that there was a positive and significant effect between Human Resources for Health and provision of health care systems in Kenya.

The third research objective in this study was to assess the effect of devolved government Health Infrastructure on provision of health care systems in Kenya. The indicators of Human Resources for Health were Access to Health Facilities, Density of Health Facilities, Provision of Health Equipment, Water, Sanitation and Hygiene in Health Facilities. The indicators for provision of health care systems in Kenya in this case were Efficiency, Effectiveness, Affordability and Accessibility. Access to Health Facilities, Density of Health Facilities, Provision of Health Equipment, Water, Sanitation and Hygiene in Health Facilities had a positive significant effect on provision of health care systems in Kenya. It was therefore concluded that there was a positive and significant effect between devolved government Health Infrastructure and provision of health care systems in Kenya.

The fourth research objective in this study was to assess the effect of devolved government leadership styles on provision of health care systems in Kenya. The indicators of devolved government leadership styles were Decision Making, Change Management, Empowerment and Collaborative Management Style. The indicators for provision of health care systems in Kenya in this case were Efficiency, Effectiveness, Affordability and Accessibility. Decision Making, Change Management, Empowerment and Collaborative Management Style had a positive significant effect on provision of health care systems in Kenya. It was therefore concluded that there was a positive and significant effect between devolved government leadership styles and provision of health care systems in Kenya.

5.4 Recommendation of the study

With reference to the objectives of the study, the following recommendations were arrived at: Findings from the study depicted that Health Financing as devolved government function is necessary on provision of health care systems in Kenya. Health financing has increased since the implementation of devolved system of government. However, there are variations across counties and the proportionate share recommended by the African Union is yet to be met. While health facilities bank revenue collected as required by the Public financial management Act of 2012, delays in disbursement of funds coupled with inefficiency and wastages constrain the implementation of the work plans. To achieve the health outcomes, there is need to provide for adequate resources both at national and county level. Increasing efficiency and reducing wastage will require strengthening public finance management, including building capacity of medical staff doubling up in financial functions at Levels 1 and 2. In addition, the National and County governments should ensure timely disbursement and or delivery of health commodities to facilities. Social health insurance system should be

prioritized in reducing the financing burden at household level. However, this needs to be complemented with innovative financing options including private sector insurance. In this regard, it is important to support health financing initiatives with appropriate legislative frameworks such as making registration for social health insurance mandatory at an early stage in life, defining the health problems obliged to cover, and targeting safety nets including to those in the informal sector. The PFM Act 2012 does not seem to adequately provide for the emergency nature of healthcare inputs. In particular, the financing of routine services and low-cost goods for health facilities may be improved by decentralizing procurement of these services/goods to facilities from the county level.

In improving the general working conditions, rechanneling healthcare resources to rehabilitating and upgrading existing health facilities would be more effective relative to constructing new facilities. This is more so the case since Garissa county have adequate health facilities. Nevertheless, these facilities require to be revamped and better equipped to incentivize the working environment. There is need for a mass upgrade of dilapidated facilities, workspaces and medical equipment. Some facilities will require the completion of stalled or ongoing construction of premises. Besides the physical aspects of employment conditions, it will also be necessary to: create/implement policies that enhance career progression, improve social amenities at the counties, and encourage health workers to stay near healthcare facilities especially in rural/marginalized areas. A number of interventions can be used to overcome the challenges related to training of health workers. These include: the need to collaboratively execute a comprehensive training needs assessment by the county and national governments; allocate adequate budgetary resources for training to limit dependence on partners and donors; and embrace technology to overcome the physical barrier to training. This can be achieved through: online training platforms, which may in turn require additional investments in internet-related infrastructure; implementation of mobile training units; and expansion of the ongoing residence-based training initiatives. Concerning the incessant worker unrests, the interventions should pay keen focus on the challenges identified in the Kenya HRH strategy 2014-2018, and the negotiated CBAs. Some of the important interventions will include: the need to align salaries and remuneration of the entire health workforce during CBA negotiations agreed with the various health workers' trade unions. This will improve the CBA negotiation process and stem any potential worker unrests. Support by all public sector agencies of the ongoing efforts by the government to streamline wages and remunerations in the public sector would help harmonize remuneration packagesand remove any discontents in the service.

Although Garissa county has recorded an improvement in expansion and provision of specialized equipment in health facilities across county. However, inadequacies in the health system infrastructure continue to limit access to healthcare and contribute to poor quality of outcomes in the county. An appropriate mix of infrastructure matters in ensuring adequate health service delivery in each health facility, including access to water, sanitation and reliable energy supply. As such, it is important to have in place a comprehensive long-term physical infrastructure development framework. This should address the distance to access healthcare and ensure efficiency of services; and enable achieving a balance between physical infrastructure expansion and provision of recurrent inputs such as human resources, medical supplies and equipment. The following are more specific pertinent issues that need to be addressed. There is a direct influence of distance to health facilities and utilization of healthcare. As such, given that some counties have on average longer distances than the norm, investing in mobile health facilities is an option to providing health service to communities that cover long distances and take time to access health facilities. Also the sub-county and county referral hospitals require constant power supply to maintain refrigeration and storage of health vaccines and medicines, but also in supporting lives in the ICUs and HDUs. As such, there is need to invest in backup electricity generators. County need to develop regulations related to waste incineration from health facilities to reduce risks that health workers and patients are exposed to. These should be in accordance with the WHO regulations on best practices for incineration. Improving safe water and sanitation provision in the entire health system is essential for provision of quality service delivery in the health system.

Lastly , the study also revealed leadership of the hospital ensured that staff issues that could disrupt healthcare service provision were well addressed. The study also found out that the level of staffing influenced provision of healthcare services highly. The researcher concludes that participatory leadership that is up to the task was in place at the Hospital. Furthermore, it can be concluded that the ministries of health vision and plans for the future have been clearly communicated as established by majority of the respondents with a substantial number agreeing that individuals at all levels of the hospital were appropriately involved in the development and achievement of institution's goals. It was also established that the county government encouraged employee's growth through systematic training and development programs.

5.5 Areas for Further Study

From the findings, the R^2 was 88.8% which means that the independent variables (Health Financing as devolved government, Human Resources for Health, devolved government Health Infrastructure and devolved government leadership styles) explained provision of health care systems in Kenya. to an extent of 88.8%. There are other factors which are not captured by the proposed model in this study which are captured by 11.2% which is not explained. Another study can be carried out to determine other effects explaining 11.2% of performance in view of the study context and scope. This research did not address all the issues around the devolved government functions on provision of health care systems in Kenya in any way and for that reason it is recommended that alternative study be done in other institutions with county for instance in the time management in health care systems perhaps applying the same factors used in this study so as to find out whether the outcomes will be consistent in an unlike setting

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