FACTORS INFLUENCING PROVISION OF HEALTH SERVICES IN GOVERNMENT HEALTHCARE INSTITUTIONS IN KAJIADO COUNTY, KENYA

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A Research Project Report Submitted in Partial Fulfillment for the Requirements of the award of the Degree of Master of Arts in Project Planning and Management University of Nairobi

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DECLARATION

This research project report is my original work and has not been presented for a degree in any other university

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DEDICATION

This project is dedicated to my father Tumpes ole Masikonde, my Mother Naiswaku ene Tumpes, my husband Simon Peter ole Nkeri, my children; Andra Lenoi Nkeri, Adrianne Leina Nkeri and Adam Lekina Nkeri for always being there for me and for bearing with my regular absence at home.

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ABBREVIATIONS AND ACRONYMS

ADHA	Assessment of the Additional Duties Hours Allowance
DRGs	Diagnosis Related Groups
HCW	Health care worker
HRH	Human Resources for Health
HRM	Human resource management
LAO	Local Administrative Organizations
NACOSTI	National Commission for Science, Technology and Innovation
OOP	Out-Of-Pocket payment
PPOA	Public Procurement Oversight Authority
ROK	Republic Of Kenya
SPSS	Statistical Package for Social Sciences
WHO	World Health Organization

ABSTRACT

The overall goal of this study was to investigate the key factors influencing the provision of services in Government healthcare institutions in Kajiado County. In fulfilling this purpose, four research objectives were developed to guide the study. These objectives involved investigating the influence of the following factors on the provision of services offered in Government healthcare institutions in Kajiado County, human resource management, health care financing, capacity of the health care workforce, and procurement procedures. This study was grounded on the premise of quantitative approach, with a descriptive research design methodology. Under this design, the study targeted a total of 565 stakeholders in Kajiado Sub-County Hospitals ranging from health professionals (doctors and nurses), senior managers, and non-health professionals working in finance, procurement, and human resource department. Of thee individuals, 169 respondents were selected through stratified random sampling for inclusion in the study. The data was then gathered via questionnaires and interviews and later fed into Statistical Package for Social Scientists for statistical analysis. The findings of the first objective showed that 60% of the respondents agreed that human resource management resources affected the provision of health services. The results of the second research objective revealed that most respondents (42.6%) agreed that health care financing influences the provision of health services in the hospitals. Additionally, the results of the third objective showed that majority (53.2%) of the respondents were in agreement that inadequate workforce was the biggest challenge to provision of healthcare. Lastly, the results for the fourth objective indicated that 61.7% of the respondents agreed that procurement procedures influence the provision of health care services. It is concluded that adequate health care staff, better employee retention strategies for the existing staff, better financing, and enhanced procurement services by the County Government are required to raise the provision of health services offered by Kajiado Sub-County Hospitals. It is recommended that more attention be given to the management, human resource allocation, and infrastructure by the Ministry of Health and Kajiado County to facilitate easy provision of health services. It is also recommended that Kajiado-Sub County hospitals should put in place policies, which address the misuse of funds and resources, by those in authority. This study proposes the creation of effective performance appraisal systems by Kajiado Sub-County hospitals in order to boost the workforce performance. Lastly, the study will benefit the County Governments and National Government in initiating strategic solutions and programmes geared towards enhancement of health care in the Country

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

After gaining her independence in 1963, Kenya's system of governance has always followed a centralized approach with limited autonomy at the local level. Devolution is a contrary system that Kenya has made significant strides towards. Devolution can be understood as an administrative system that strives to deconcentrate services and powers of the Government. As United Nations Development Program (1997) defines it, devolution is a process that encompasses the restructuring of power in order to foster solidarity and co-responsibility between state institutions and local levels of administration. Therefore, the core objective of devolution is to increase public participation of citizens in matters pertaining to governance. In this regard, devolution involves the consignment of some authority from the central Government to local administrative units that are grounded on the provisions of the constitution. Some of the powers transferred include the capacity to legislate laws that are pertinent to the devolved unit and exercise of authority over key sectors such as health and management of natural resources in the devolved territories (Ataguba & Akazili, 2010).

The Kenyan constitution is founded on the basic human rights, as it is apparent in its various provisions. In particular, Article 26 endows every Kenyan with the right to life. In the same vein, Article 43 of the constitution provides every citizen with the right to the highest realizable standards of health services, clean water, and a physical environment. Additionally, Article 56 requires the Government to put in place affirmative action measures to address the plight of marginalized populations in basic areas such as access to water,

medical services, and favorable infrastructure. As such, the Kenyan constitution is at the forefront in guaranteeing every Kenyan has access to better health services.

In ensuring equitable access to health for all Kenyans, the constitution recognizes the need to devolve health care delivery. This is an opportune move by the Government because a devolved healthcare system promotes access of medical services to all parts of the country. Moreover, devolution of health care helps to curb a series of emerging problems in the health sector such as discrimination, bureaucracies, and poor services. Despite these potential benefits, devolving health care services has been met with a lot of criticism form professions working in the medical field. A majority of these critics are raising legitimate concerns in regards to the rationale used by the Government in devolving health. For example, some of these professionals are against the idea of transferring salaries to County citing Government's inability to solve their current issues at the national level (Human Resources for Health, 2013).

Despite the rising fears of more problems at the County level, if executed well, devolution is a step by the Government towards ensuring provision of health services to every Kenyan. In order to achieve its full potential, the Government needs to engage in public private partnerships.as they will add more value to the execution process. In addition, the implementation of devolution of devolution is a complex process that requires more stakeholders to come on board in order to offer different levels of technical assistance. For instance, it is impossible to provide accessible and health care services to all Kenyans with inadequate and insufficiently trained medical personal. It is in this regard that the Government needs to form public private partnerships that foster the training and capacity building of the medical professionals (Republic of Kenya, 2009).

From a global perspective, a number of countries have adopted the devolved system. A good example is the Philippines. Similar to the Kenyan case, Philippines faced a series of challenges when implementing devolution especially during the first year. The year was marked by reduced bed occupancy in the hospitals, reduced purchases of medical supplies and equipment, sharp decrease in the overall costs and expenditure of health centers, increased resignation by medical personnel, and impoverished motivation among the medical professionals (World Health Organization, 1999).

Thailand is another country where devolution of health care has successfully been implemented. The health care sector in the country was restructured in 1999, where the main target was to consign a considerable amount of the national budget cake to the local administrative units across the country. This was effectuated via a legislation entitled the Local Administrative Organization Act. According to this legislation, the local administrative units would receive at least 25% but less than 35% of the national budget. Prior to the implementation of this devolution legislation, the medical centers across the country enjoyed limited self-independence. As Ataguba and Akazili (2010) noted, the devolved system fueled good governance, proving that health centers could be autonomous given a suitable environment. The devolved mechanism also demanded a number of other requirements. For instance, the LAO act required that more than half of employees working in medical centers had to be willing to transfer. In this regard, the LAO became an oversight body of ensuring effective delivery of health care in Thailand. To effectuate this role, the LAO functions extended to include financial planning, financial management, and human resource supervision. Although it appeared the LAO was compromising the role of the Ministry of Health, it was not. The Ministry of Health preserved its overarching role of supervising,

developing technical policies, recruiting and managing medical professionals, and supervising medical professionals. Coupled with the readiness of the medical personnel in the decision-making processes, the devolved mechanism achieved the much-needed success in provision of service delivery in the country (World Health Organization, 1999).

In Ethiopia, the devolved mechanism of governance was introduced in 1996 and was seen as an opportune approach for precipitating positive change in the delivery of health services in the country. This was part of a broader plan by the Government in which all social and economic sectors were involved, the healthcare being one of them. The restructuring process started off at the regional level before spreading to the local level in the year 2002 (Samch et al., 2009). As pertains to the health care sector, the country adopted a four-pronged system involving medical facilities with the top at the hierarchy being the national referral medical centers, followed by the regional hospitals, then district hospitals, and lastly the primary medical centers. The lower tier medical facilities were designed in a manner that they would receive financial assistance from the regional Governments in line with the needs of the local citizens. In addition, the local level medical facilities were charged with the responsibilities of recruiting and managing their human resources, constructing the relevant medical infrastructure, and overseeing the supply chain processes of the facilities. Overall, this devolution of the health sector saw remarkable improvements in the delivery of the medical services across the country.

Closer to Kenya, the neighbouring country, Uganda, also adopted a devolved mechanism in her governance system. This was done in 1997 where a legislation termed the Local Government Act was developed to streamline the devolution process. The principal focus of this devolved mechanism was to ensure equitable distribution of key services such as

education, health, and advisory services pertaining to agriculture and resource management in the country (Bashaasha, Magheni, & Nkonya, 2011). Although the anticipation of such a devolved system would be a greater improvement in the delivery of these services, recent studies have shown no significant improvements especially in health care. Various health care indicators show that the health status of Ugandans is deteriorating by the day. A number of reasons explaining the failure of devolution in the country has been established. These included; insufficient resources such as finances and personnel lack of public participation, a defective civil society, and poor Government policies regarding taxation. The Ugandan case presents an important lesson that other can learn. It demonstrates that devolution is not always the solution to institutional problems and that it is a process that needs everyone's support and participation for it to be effective (Patrick, 2013).

In Kenya, the devolution journey kicked off in 2010 after promulgation of the new constitution. The new dispensation heralded the country into a new country that demonstrated people's aspirations for change and transparency in Government processes. Under the new constitution, Kenya was divided into 47 counties each with its own political and economic authority. The World Bank, (2010) notes that devolution of political and economic powers encapsulates the authority to make decisions plan finances, and manage various local administrative units within the counties.

Devolution encompasses the delegation of services to local administrative units such as municipalities that choose their own leaders such as mayors, raise their own revenues, and possess independence to make decisions. Under this system, the local administrative Governments are marked by geographical boundaries that are set constitutionally and in which they administrate their supremacy (ROK, 2009). The Kenyan devolved system

manifests these elements and has been described by the World Bank (2009) as the most ambitious in the world. The health sector in this system has been captured by the Kenya Health Policy, which lays down a blue print of the steps and requisite activities that the Kenyan Government can undertake in order to meet is target health goals. This policy is in line with the Kenyan Vision 2030 that was been a reference for various development agenda such as the Kenya National Development Agenda, the Millennium Development Goals, as well as, the constitution. Moreover, the policy clearly identifies and outlines the core objectives, which the Government should predominantly focus in order to meet its health targets (Kenya Health Policy, 2012).

1.2 Statement of the Problem

The implementation of the new constitutional dispensation began in 2013 after the Jubilee Government came into power. The new constitution allowed for devolution of the heath care sector in the country. However, the restructuring of the health system was marked by cases of unrest among the medical staff workers across various parts of the country. As a result, the health service delivery in many parts of the country including Kajiado. Apart from posing serious health risks to many Kenyans, potential investors in the health sector were scared away. Although the Government at the time put in place several measures to avert the crisis, little attention has been given on the factors affecting the provision of health care in the Counties. Previous experience in these facilities revealed a slow pace of service delivery in Public Hospitals, which was not witnessed in other categories of the hospitals.

A delay in offering services leads to frequent disputes between management and staff because of the delayed payment of dues, inadequate working equipment and poor work environment formed part of disruptions of service delivery in Kajiado Sub-County Hospitals

(Ministry of Health, 2016). These disruptions were not witnessed in private facilities in Kajiado County as their operations were smoother and the process from admission to discharge had very minimal disruptions. These challenges afflicting Kajiado Sub-County Hospitals led to disputes between management and operations staff which led to frequent strikes which sometimes lasted for weeks, leading to abandoning of patients in hospitals beds; with pain and agony, and a trail of deaths, which can be prevented. This prompted the researcher to investigate what might be the reasons behind poor service delivery in Public Hospitals. It is against this backdrop that this study sought to assess the key factors affecting the delivery of medical services in state hospitals by using a case of Kajiado Sub-County Hospitals.

1.3 Purpose of the Study

The purpose of this study was to explore the factors influencing the provision of health services in Kajiado Sub-County Hospitals in Kajiado County.

1.4 Objectives of the study

The following objectives were designed guided the study;

i. To assess the influence of human resource on provision of health services in Government healthcare institutions in Kajiado County.

ii. To examine the influence of health care financing on provision of health services in Government healthcare institutions in Kajiado County.

iii. To verify the influence of health care workforce capacity on provision of health services in Government healthcare institutions in Kajiado County.

iv. To assess the influence of procurement procedures by the County Government on the provision of health services in Government healthcare institutions in Kajiado County.

1.5 Research Questions

The study sought to answer the following research questions;

v. To what extend does human resources influence provision of healthcare services in Government healthcare institutions in Kajiado County?

vi. How does health care financing influence provision of health services in Government healthcare institutions in Kajiado County?

vii. At what level does healthcare workforce capacity influence provision of healthcare services in Government healthcare institutions in Kajiado County?

viii. To what extent do procurement procedures by the County Government influence provision of health services in Government healthcare institutions in Kajiado County?

1.6 Significance of the Study

This study targeted at establishing the core factors that influence the delivery of healthcare services in Kajiado Government healthcare institutions in Kajiado County. Specifically, the study may show how financing within the devolution, healthcare work force, supervision of health services, patronage and corruption have influenced the provision of health services in Government hospitals. As such this study is vital in identifying the main obstacles facing devolution of healthcare services within the devolved Government. In the same light, this study is useful in demonstrating how the effectiveness of a devolved system health care can be improved. The County Governments and National Government can utilize the findings presented in this study to initiate strategic solutions and programs geared towards enhancement of health care in the country.

1.7 Limitations of the Study

Time was a significant limitation during data collection process and analysis since study was conducted over a short timeframe. Another limitation was the adoption of a descriptive research design. The design relies on the responses of the respondents who sometimes do not give the correct information. Another limitation is based on the logistics where the researcher may not find the respondents of the study due to their nature of work. The researcher will however book appointments with the respondents. The researcher however used detailed tools to capture as much information as possible.

1.8 Delimitations of the Study

Delimitations are issues that were within the researcher's control. The geographical region covered by the study was a delimitation of this study. This study was conducted in Government healthcare institutions in Kajiado County.

This study concentrated on factors influencing provision of healthcare services in Government healthcare institutions in Kajiado County. Although there were other factors that may affect provision of health care, the study concentrated on human resources, financing, healthcare workforce capacity and procurement procedures. The researcher deems these as important factors affecting provision of health care.

1.9 Assumptions of the Study

Firstly, it was presumed that the subjects in this study would be honest in responding to the questionnaire items and answer questions correctly. Secondly, the study findings were representative of the population. The study assumed that the sample used would be

sufficiently illustrating the actual situation in the population of interest. It is also assumed that the research design used would be able to provide meaningful insights regarding the connection between the variables of interest. Additionally, the study assumed that the tools developed were able to provide data necessary for analysis.

1.10 Definition of Significant Terms used in the Study

Healthcare:	A collective term for all the services offered by medical personnel in promoting, maintaining, monitoring, and restoring the well-being of individuals.
Healthcare Financing:	Models through which healthcare services projects are implemented by the County Government to access funds for operations
Procurement Procedures:	Laid down conditions which projects use to acquire services. Are procurement regulations
Provision of Healthcare Services:	Approaches used by healthcare projects to ensure that all people access their services in a timely and efficient manner.
Human Resource Requirements:	Are competences of personnel recruited to serve in health care.

Health Services Provision: This refers to the way in which various inputs such as finances, medical equipment and medicine are dispensed with respect to the delivery of health actions or interventions.

Healthcare Workforce: A collective term for various professionals (doctors, nurses, therapists, pharmacists) involved in the provision of coordinated and comprehensive care to people.

Hospital: An institution primarily designed to facilitated provision of outpatient service, inpatient diagnostic and therapeutic services for various medical conditions.

1.11 Organization of the Study

This study is structured into five chapters. The first chapter presents the background information related to the research problem, the research problem itself, the overarching goal of the study, the specific goals of the study, the importance of conducting the study, the limitations, as well as, the delimitations of the study. The second chapter presents the literature review. The third chapter explains the methodology of the study. The fourth chapter contains the research findings obtained from the analysis of the data while the fifth chapter provides a summary of findings, discussion, conclusion, and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter provides a review of the literature on human resource management, financing of health care services, healthcare workforce capacity, procurement procedures and their influence on provision of health services. In addition, the chapter gives a discussion on the theoretical and conceptual framework on which the study was grounded.

2.2 An Overview on the provision of Health Services in Government Healthcare Institutions

According to the International Organization for Standardization (ILO) quality is a comparative concept, which depends on the fundamental elements of a service or product. If the characteristics of the product or service satisfy the needs of the consumers fully, the product or service is said to be of high quality (Reinartz, 1994). In the health care industry, a patient's experience with a medical practitioner is a key benchmark of assessing the nature of health care offered by a health facility. There are a series of factors that may influence this experience and such include; the level of technology utilized in handling the patients, the costs involved, the efficiency of the treatments offered, and the overall effectiveness of the services (Tam, 2005). The Kenyan health sector comprises a number of key shareholders. These shareholders include the Government and the private sector. The Government comprises of the Ministry of Health while the private sector consists of faith based institutions and non-Governmental organizations (RoK, 2010). Ennis and Harrington (2001) note that the nature of health care offered by hospitals has become a critical aspect of ensuring patient satisfaction. Theses authors also point out that other than patient's

satisfaction, the nature of health care services influences their loyalty and the general financial performance of the health facilities. In the same light, Dean and Lang (2008) suggest that the nature health care services can be divided into two dimensions. The first dimension is the technical aspect of the health care service, which encompasses the accuracy of all the medical procedures involved in treatment of patients. The second dimension is the functional aspect, which pertains to the fashion in which the health care services are delivered to the patients.

In the Kenya, there are approximately 4,700 medical facilities, of which the Government owns about 51% of the facilities. These Government owned facilities are categorized into four levels namely; the national referral hospitals, the provincial general hospitals, the district hospitals, the health centers, and dispensaries. There are two national referral hospitals in Kenya and these include; the Kenyatta National Hospital and Moi Referral and Teaching Hospital in Eldoret. The provincial hospitals act as a go-between the district level hospitals and the national referral hospitals. In addition, the provincial hospitals are charged with the duty of overseeing the application of health policies by the district level hospitals (RoK, 2001). At the lower hierarchy, health centers are responsible for offering basic treatment services such as preventive and curative amenities that suit the local demands of the patients. On the other hand, the dispensaries provide a wider range of preventive measures with the ultimate aim of meeting the targets of health policies (RoK, 2010).

2.3 Management of Human Resources and Provision of Health Services

In accordance with the new constitution, the hiring and management of medical personnel is a responsibility that rests on the shoulders of the counties. Each County has a public service commission that is charged with the duty of conducting appointments of the County staff (Constitution of Kenya, Article 235). Also, the commission handles other mandates that include creating and abolishing new job positions, disciplining the staff, and dismissing County workers. This is done with the intent of ensuring the right human resource that is adequate and motivated to facilitate effective delivery of services to the citizens.

The productivity levels of health care workers differ significantly across various regions of the country although they are considered to be extremely low. The Assessment of the Additional Duties Hours Allowance (AHA) was replaced with a new health salary structure in 2007 and this saw a remarkable improvement in the productivity of employees. The new salary scheme also had other significant effects on the wage bill. As such, there is need to assess the effects of motivational strategies on the retention of health care workers.

Currently, Kenya faces serious challenges involving shortage of health care workers and their retention (HRH, 2013). According to RoK (2009), the overall employee gap that Ministry of Health needed filled in 2008 stood at 29%. At the time, the average number of health care workers per 1, 000 people stood at 1.5, which is far below the standard figure of 2.3 recommended by the World Health Organization (WHO) (RoK, 2009). In particular, the North-eastern regions of the country were the worst affected with the employee gap standing at 85% and 95% in Turkana and Mandera counties respectively.

According to Dielemann, Cuong, Anh, and Martineau (2003) the motivation of health workers is synonymous with their desire and will to put and maintain a constant effort in ensuring the achievement of organizational goals. These authors further note, that this is a common barrier in provision of effective medical services to the people. Based on this definition, several themes pertaining to the motivation of health workers are emergent. These encompass the financial incentives, career development opportunities, in house training, the nature of available infrastructure of the given health facility, employee recognition strategies, and nature of relationship with the management.

Mutale et al. (2013) points out that employee is strongly and positively associated with the job satisfaction of employees, and that although the two concepts are abstract or non-observable, both are crucial in retaining the good employees and an outstanding competitive advantage of an organization. A recent study by Gilson and Mbidyo (2009) exploring factors influencin employee motivation in Kenyan hospitals found that selfless traits are some of the key necessary motives behind in the health care settings. Moreover, the study indicated that the level of motivation for these workers was greatly influenced by the general challenges associated with working for a public sector. This study shows that there is a gap to be bridged involving evaluation of the effect of motivation on the retention of medical professionals (Kanchanachitra et al., 2011).

Health sector employees' are highly prone to push factors including better pay and good working environment and pull factors such as contentment and sufficient incentives (Chankova, Muchiri, & Kombe, 2009). As such, ensuring that employees are compensated well is one of the main ingredients for their retention. However, Connell et al (2007) suggests that monetary compensations are not the sole motivator for employees to steer the

performance of an organization ahead. In many scenarios, aside from salaries, presence of a supporting infrastructure and career growth opportunities generally aid in motivating employees and concurrently, promoting organizational performance (Rockers et al., 2012).

In critical situations, there are a series of factors that could demotivate health care workers and these include; inadequate security, dilapidated settings, and zero career growth opportunities at the workplace (Dielemann et al., 2003). Manafa et al (2009) found that in house training and provision of career development opportunities to health care employees working in Malawi resulted in increased motivation among the employees and productivity. The study also found out that human resource management practices such as frequent supervision, employee appraisal, clear job descriptions, and a working feedback system further enhanced the motivation of the workers.

In the Kenyan context, there is a wide range of factors that boost employee motivation as well as their retention, however they are not currently well understood. This lack of understanding is attributed to the fact that Kenya is an extremely diverse country in terms of culture and geographical boundaries. In other words, workers are exposed to varying set of influential factors due to the diverse nature of working conditions in the counry (Gilson & Mbindyo, 2009). The diverse nature of working conditions in Kenya shows that there is a high chance that the citizens will continue to experience challenges regarding poor health services. The study by Gilson and Mindyo (2009) further examined various factors that impart motivation among employees and the resultant retention strategies for health care employee working in three distinct regions on Kenay namely; Kibera, Tukana, and Machakos. These three regions were different geographically and thus offered an appropriated basis for making comparative observations. For instance, Turkana is located in

the northeaster parts of the country associated with hardships such as lack of water and conflicts. Machakos is found in the eastern part of the country and the population there mostly practise agro-pastoralism. On the other hand, Kibera which is located in Nairobi, in an informal urban settlement consisting of highly impoverished groups of people.

Following the implementation of the new constitutional dispensation, the counties have been bestowed the power and control to oversee the management of developmental agenda and policies such as delivery of medical services. Findings from the study by Gilson and Mindyo (2009), show that the benefits of devolution are only evident in specific regions which in this case include Turkana, Machakos, and Kibera. Moreover, the findings can be thought to apply in other regions that share the same characteristics or conditions as these areas. Such areas include; West Pokot, Samburu, Kamabaland, and the generally all the slum areas in large cities such as Mombasa and Kisumu.

The placement of medical personnel in Kenya is disproportionate in many rural areas. A report by the Kenya National Human Resources for Health Strategic Plan pointed out that there are five core outcomes, among them being enhanced employee retention of the health care workers (RoK, 2009). The two goals that Kenya has set to achieve in regards to improving the retention of health care workers is by; making health care jobs more appealing to people and improving the infrastructure of health care facilities in hardship areas so as to attract more medical professionals to the area (RoK, 2009). Currently, Kenys is in its final stages of implementing the second HRH plan, where it seeks to retain more workers in the rural and hardship areas. By making these areas more appealing to medical professionals, it is anticipated that more health care workers will be retained in these areas (Gilson & Mbindyo, 2009).

2.4 Health Care Financing and Provision of Health Services

Allocation of more financial resources to the health care has become a major subject of discussion among various stakeholders in the health sector. However, despite these legitimate concerns regarding the provision of health services, there has been little attention on the relationship between the nature of health services and the amount of spending. Only a few researchers have undertaken studies to understand this relationship. For example, Ichoku and Fonta (2009) adopted the decomposition model proposed by Aronson, Johnson, and Lambert (1994) to assess the effects of redistributing health care funding in Nigeria. Although the study managed to explain the negative effects of high health care funding, the study was marked by shortcomings related to its use of household income as the key indicator of health care spending. In another study, Onwujekwe et al. (2010) analytically assessed the key influential factors for out-of-pocket expenditures and the plans that patients adopted in response to the payment of medical services in the southeast region of Nigeria. In carrying out the study, Onwujekwe et al. (2010) chose a group of 6 communities from two states in the region to symbolize the health status of every Nigerian. The study has often faced criticism mostly due to the sampling methods used and the resultant generalization of findings. In particular, the critiques argue that the sample size utilized, did not factor in the size and amount of revenue allocation in each of the federal states. It would be expected that the amount of budget allocation made to each state affect the respective expenditures of the states.

According to Preston (1975), Wilkinson (1992), and Weingarten (1978) the amount and the nature of income distribution of a country is a core indicator of the health status of people. In the same vein, Helmert and Shea (1994) and Kaplan et al. (1996) found a direct correlation

between mortality rate and income distribution. Later one, Smith (1998) established through his study that at the bottom of income distribution can lead to a distorted social ranking that further ignites poor health outcomes.

In order to make medical care accessible to everyone, most Governments often eradicate the unnecessary costs or cost sharing plans in public health systems. However, there have been unclear reactions regarding the effectiveness of abolishing these costs. For instance, a study by Deininger and Mpuga (2005) found that eradicating cost-sharing strategies between the public health systems and the patients led to more people accessing health care. On the contrary, Mwesiggye (2002) established that although abolishing cost sharing plans significantly improved accessibility of health care, the nature of health services offered in such facilities became worse. In the same light, Frederick (1998) observed that adoption of cost-sharing plans could have unreasonable impacts, if not bundled up with differentiations of price on the basis of patients' income groups and nature of health facilities.

The nature of health care funding often determines the structure, the decision-making processes of stakeholders, and the nature of health care services offered. As such, health care funding is closely associated with the provision of medical services to the people and aid in establishing the limits of the Government's capacity to meet its objective of improving overall economic and social development (Rao, Selvaraju, Nagpal, & Sakthivel, 2009). This has the implication that health care funding involves not only the ability to raise adequate funds to finance the needs of the people but also to increase affordability and accessibility of medicare. In this regard, Carrin, Evans, and Xu (2007) noted that the approach of funding the health sector is a key determinant of who gets access to health care and who does not.

In the Kenyan context, the main sources of health care funding include; taxes, funds from the private sector, households, insurance, and donor funds in terms of grants and loans. However, despite these varied sources of financing, the standards of health care still remains very low. This has been the same case for other countries. For instance, in Nigeria, Soyibo, Olaniyan and Lawanson (2010) established that extreme budgetary control measures and inequitable distribution of resources contributed largely to the poor budgeting of health care expenditure. In another study, Orubuloye and Oni (1996) pointed out that financing of Nigeria's health care is insufficient and that it barely accounts for 35 of the national budget. The authors further noted that Nigeria's spending on health care occurs in two segments; private and public. Public spending makes up for less than 30% of the total health care budget while private spending accounts for at least 70% of the health care expenditure. As such, in Nigeria, private spending is the most dominant (Soyibo et al., 2010).

Budgetary allocation of revenue is a volatile issue in a devolved system of Government. Lower administrative units such as counties are entitled to a minimum of 15% of the whole revenue collected nationwide. Regardless of the many counties presently having sufficient funding, there are qualms among people that the allocations need to be raised. However, these concerns have been met by a cold reception from the central Government where it has been reluctant to increase the allocations. This has seen collective effort by multiple governors trying to campaign for more funding in the County Governments. A closer look at this demand shows that, the counties lack an absorption capacity in excess of 15% of the national budget, which is way below the global standards of revenue allocation. In the Philippines, for instance, the devolved units received a 40% share of the national revenue while in South Africa, the figure stands at 36%. Therefore, it is apparent that the Kenyan

share is too low to facilitate effective functioning of the County Governments. In addition to this predicament, the constitution empowers the Government to control and regulate the amount of funding each County receives.

A number of researchers have also pointed out that the distance to a health facility is a key influential factor in the demand for medical services among people. For instance, a study by Frederick (1998) conducted in Tanzania showed that distance has a significant impact particularly to the poor people rather than the rich because the latter earn higher income that allows them to have access to any location of a health center. In similar studies, Appleton (1995) and Dercon (1996) found that proximity to health facilities has a huge impact on the movement of the ill to the facilities and the choice of the health care centers in countries like Kenya, Ghana, and Ethiopia.

In the global scene, Turner (1991) carried out a study in Nicaragua where he established that superior access to health care facilities was the most influential element of health care expenditure among the households. He observed that households that walked for long distances to health facilities were predisposed to various risks that added to their problems such as emergence of fraud medical stores and centers and self- medication, On the contrary, Collier and Mackinnon (1997) established that proximity to health care facilities was less of a concern than the nature of the services offered in those facilities. This finding was in line with the conclusion by Behrman and Deolaliker (1998) who posited that educating the masses was a sufficient strategy for increasing the uptake of health services in face of long-distances to these facilities.

According to Ibrahim et al (2008), education of the masses is vital in improving the accessibility of medical services. This was supported by their study, which took place in Uganda. The study's results indicated that possessing a certain level of education is correlated with a higher tendency of seeking professional medical help. Ibrahim et al (2009) further observed that upgrading health care facilities was linked to greater demand for health care. Gardhtam, Sogaard, Andersoon, and Jonsson (1992) reported that occupancy rate, proportion between public spending and total spending, as well as, the replacement of informal approach to health care with formal techniques had a negative correlation with the health care expenditure. Based on this finding, the authors suggested that an increment in Government's spending on fundamental medical inputs would produce a corresponding improvement in the health status of the citizens.

2.5 Healthcare Workforce and Provision of Health Services

Inadequate medical workforce stands out to be the biggest challenge for policy makers in the health sector. The medical workforce often includes both the clinical and non-clinical employees whose main objective is to ensure implementation of public health interventions (WHO, 2000). Friess (1994) notes that the lack of adequate health care workers has been an ongoing problem for many decades spanning back as far as 1915 when American hospitals faced a crisis of nursing shortage. This challenge has continued over the years even despite having receiving overwhelming attention in both developed and develop nations.

The media, researchers, and policy makers across the board have been at the forefront in addressing the issue of inadequate medical workforce. This challenge brings about other consequences such as poor productivity among the few health care provides, diminished

provision of medical services, shut down of hospitals, increased waiting time for patients, poor handling of emergency situations, and under-utilization of the highly trained personnel. As such, it is of utmost importance for the society to instill practices such as stewardship and proper management of human resources in a bid to achieve a perfect balance between supply and demand of health care providers.

As aforementioned, the issue of inadequate workforce in the medical field is widespread across the world. In Asian countries such as India and Vietnam, there has been massive shortage of nursing workers. For instance, in Vietnam, there was 57% drop in the amount of nursing workers for between 1986 and 1996 (World Bank, 1999). In the USA, the same problem has been acknowledged by several researchers and media (Collins, 2001; Levine, 2001; Buerhaus, 1998). Elsewhere, Gould (2001) observed that England faced a shortage of doctors. However, for countries such as the Philippines and Argentina, the situation has been different. The Philippines reported to have had an oversupply of nursing professionals while Argentina experienced an oversupply of doctors (Corcega, Lorenzo, & Mendoza, 2000; Dussault, 1999). A case of excess supply of doctors was also noted in Germany (WHO, 1999).

In a survey carried out in the US, it was found that the amount of vacant positions for imaging professionals and nurses were below the 10% (First Consulting Group, 2001). Dovlo and Nyonator (1999) points out that variances in the healthcare workforce emanates from the brain drain of medical professionals. In this regard, the author notes that the issue of brain drain is particularly rampant in African countries. This brain drain situation has resulted to financial losses on the Government side, because the Government uses its resources to train these medical professionals. Generally, lack of adequate of health care workforce is

associated with far-reaching and adverse impacts. For instance, in US, the effect of inadequate workforce has led to overcrowding in the emergency departments, reduction of hospital occupancy, and increased waiting intervals (First Consulting Group, 2001). In the Caribbean, specifically, Jamaica, shortage of health care providers often as a result of insufficient financial resources has led to closure of medical facilities.

The manner in which a health care delivery system is structured could potential affect the demand for health care workers. Key factors that are pertinent to a health care delivery system include the nature of funding, level of technology advancement, and the ratio between inpatients and outpatients. For instance, the use of prospective payment methods promotes faster delivery of medical services to patients thereby minimizing the waiting time. Such systems demand the trained personnel and skilled nursing workers (Carlson, Cowart, & Speake, 1992).

The supply of medical professionals is also affected by the social, economic, and political factors of a given region. For instance, aging of the health care workforce is a critical social factor. In their study, Buerhaus et al. (2000) sought to understand the major factors that cause shortage of nurses in the US. The findings of the study showed that for the period between 1983 and 1998, the mean age for the nurses rose from 37.4 to 41.9 years. Compared to the general workforce in the US, this was almost twice. Additionally, the findings of the study revealed that the fraction of nurses at the time aged 30 years and below had decreased by 18.2% from 30.3%.

2.6 Procurement Procedures and Provision of Health Services

Procurement is an important aspect in the effort towards achieving an equitable access to medical services. Procurement is the process of obtaining a property, equipment, a product, or a service through an acquisition process such as purchasing, leasing, or hiring. The process involves a series of activities such as planning and forecasting, distinguishing various needs, advertisement of offers, assessment of offers, evaluation and allocation of contracts, and overseeing the implementation of contractual agreements (UNOPS, 2010). Another term that is closely related to procurement is technology incorporation, which is a special type of procurement practice that involves installation and commissioning of a product or service (Wang, 2009).

Poor procuring practices in the health sector are associated with supply of substandard services or poor performance of the medical technologies. As such, proper procurement procedures involving medical technologies are necessary in ensuring provision of safe health services. Kaur (2005) adds that good procurement practices in the health sector lead to acquisition of affordably yet useful medical equipment. A well-functioning procurement system enables suppliers to supply quality, affordable, and standard products or services in a timely manner. Bailey (1994) captures this notion by suggesting that the right public procurement procedures consist of five elements namely; the right product/service, quality, quantity, location, time. As such, a good procurement system is grounded on the principles of transparency and integrity between the buyers and sellers. In Kenya, the Public Procurement and Disposal Act of 2005 and 2006 regulate procurement practices. These legislations provide the legal fabric in which procurement should be conducted in Kenya. The legislation also clearly spells out the main responsibilities of the Public Oversight Authority.

Additionally, there is a range of documents that offer step-by-step guidance on how the procurement process should be conducted. Such documents include; the Disposal General Manual and the Public Procurement Manual.

The new Kenyan constitutional dispensation allows for restructuring of budgets and decision-making processes in a manner that facilitates effective response to the feedback of citizens in regard to the delivery of services by the Government. In particular, Article 185-187 of the constitution, it is apparent that there is clear separation of functions between the County administration and the national Government. The Government is charged with the responsibility of dealing with issues pertaining to the management of national hospitals and health policy while the County administrations are charged with the duty of administering County health facilities, spearheading primary health care education, offering ambulatory services, and food assessments. A majority of counties in Kenya lack well-defined procurement procedures when it comes to the acquisition of medical supplies. Because the County administrations are not obliged to procure their supplies from Kenya Agency on Drugs Supply, confusion often arises in the County Governments as to whether procurements are efficient in promoting effective health care in the country

2.7 Theoretical Framework

This study was founded on the theoretical model of Herzberg's Motivation-Hygiene Theory developed in 1974. This theory posits that factors that often lead low levels of job satisfaction among employees are the exact opposite of those that bring about high levels of job satisfaction. In developing this theory, Herzberg embarked on a survey in which he observed a sample of engineers and accountants. From the survey, Herzberg established that the

employees by factors that could be broadly categorized into two; motivational factors and hygiene factors. He argued that motivational factors encompassed recognition, self-independence and sense of accomplishment. On the other hand, Herzberg suggested that hygiene factors consisted of all those characteristics in a workplace setting that cause job dissatisfaction if left unfulfilled.

2.8 Conceptual Framework

Figure 1 presents a schematic representation of factors affecting the delivery of medical services. The framework shows that independent variables which management of human resources, which has indicators as adequacy of resources, availability of resources and management capacity; health care financing which is indicated by budget allocation, timely disbursement of funds, adequacy of finances and financial report; healthcare work force which has indicators such as adequacy of personnel, training of personnel, gender and experience; and lastly procurements procedures by the County Government as indicated by effective procurements and timely delivery of procurements have influenced provision of health services.

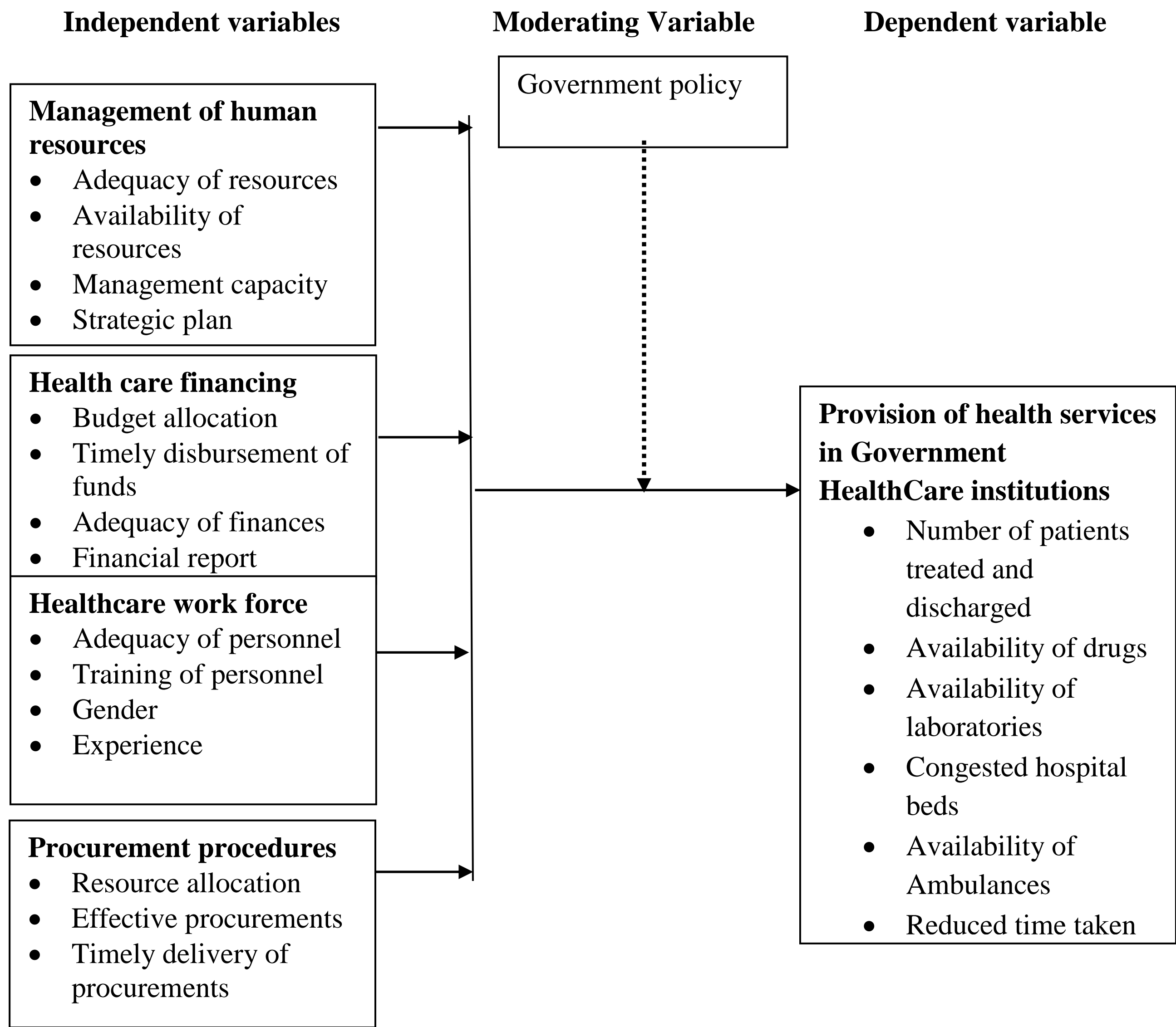

Figure 1. Conceptual Framework

2.9 Knowledge Gap

From the above theoretical and empirical perspectives, it is apparent that the general consensus is that the nature of health services is affected by a series of factors such as budgetary constraints (Soyibo et al., 2010; Ichocku and Fonta, 2006) and poor human resource management (Castles, 2000; Arango, 2000**.** The studies also pointed out that the effectiveness of devolved health care systems is demonstrated in various aspects of the health facilities. Although the literature on factors affecting provision of health care is considerably broad, there are few studies that have been conducted in Kenya to support the substantiation offered by previous studies. Therefore, it is against this background that this study was done in order to bridge this knowledge gap by concentrating on the case of Government healthcare institutions in Kajiado County, where there is limited information on provision of health services. Research gap identified after reviewing literature is shown in Table 2.1

Table 2.1: Knowledge Gap

Variable	**Author and Year**	**Findings**	**Knowledge gap**
Influence of human resource	Dielemann, Cuong, Anh, and Martineau (2003).	The study reported that health workers are motivated through both financial and non-financial incentives such as opportunities for job promotion and recognition by managers. The study also concluded that the main discouraging factors were low salaries and harsh working conditions.	The study was the first to concentrate on the motivation and perception of health workers in Viet Nam., however, it only focused on North Viet Nam.
	Mutale et al. (2013)	The study observed that trained health workers were more motivated in comparison to non-trained health workers.	The study focused on the health workers situated in the rural areas of Zambia and adopted a simple tool to measure motivation. The study did not accommodate the motivational factors of health workers in urban areas.
	Gilson and Mbidyo (2009)	The study reported that organizational factors influence the motivation of health care givers in a hospital. The study indicated that the level of motivation for health workers was greatly influenced by the general challenges associated with working for a public sector.	The study addressed to gap present in applying different motivations to retain professional health care givers. The study gave more emphasis on the retention of health workers and not the recruitment of new health professionals.
	(Kanchanachitra et al., 2011).	The study concluded that the shortage of health care givers in South East Asia was large with many countries such as Singapore and Malaysia importing doctors from Indonesia and the Philippines. .	The study focused on the shortage of health care givers in the south East Asia. It did not cover the rest of Asia which still experiences health care providers' shortages.
	Chankova, Muchiri, and Kombe, (2009	The study documented that both pull and push factors are motivators that ensure retention of health professional workers.	The study suggested further studies on the motivating factors that ensure retention and non-retention of health care givers in Kenya.
	Connell et al (2007)	The study concluded that migration to work in other countries is considered as a	The study focused on migration as a motivator for health workers in sub-saharan Africa and recommended

		motivator by some health workers. However, the study also established that frequent migration may result in loss of morale by health workers.	emphasis on more research on the effects of migration to the morale of health workers.
	Rockers et al., (2012)	The study reported that opportunity growth and supporting infrastructure are motivation factors that concurrently improve the performance of an organization.	The researchers focused on the motivating factors of employees that ensure performance growth in an organization. However the study recommended further studies to identify more motivating factors that simultaneously promote corporate performance.
	Manafa et al (2009)	The study found that in house training and provision of career development opportunities to health care employees working in Malawi resulted in increased motivation. The study also found out that human resource management practices such as frequent supervision, employee appraisal, clear job descriptions, and a working feedback system further enhanced the motivation of the workers.	The study covered the motivational factors of health professionals in Malawi. The study was keen on the management practices that enhanced increased motivation of health workers in Malawi.
Influence of health care financing	Ichoku and Fonta (2009)	The study established the negative effects of high health care funding in Nigeria.	The study recommended further research on the indicators of healthcare funding other than household income.
	Onwujekwe et al. (2010)	The study concluded that due to the charges in hospitals the poor often rely on traditional medicine while the rich are able to pay for hospitals. The study also indicated that OOPS was the mode of payment often used by patients in hospitals.	The study recommended the implementation of payment strategies in hospitals that would reduce the Out-of-Pocket-Spending.

	Preston (1975), Wilkinson (1992), and Weingarten (1978)	The three researchers concluded that the amount and the nature of income distribution of a country is a core indicator of the health status of people.	The studies recommended further studies on the effect of income on healthcare.
	Helmert and Shea (1994) and Kaplan et al. (1996)	The studies found a direct correlation between mortality rate and income distribution.	The studies recommended further studies to establish the causes of social inequalities in healthcare.
	Smith (1998)	The researcher established through his study that at the bottom of income distribution can lead to a distorted social ranking that further ignites poor health outcomes.	The study recommended the inclusion of economists when assessing the finances to be allocated to healthcare.
	Deininger and Mpuga (2005)	Found that eradicating cost-sharing strategies between the public health systems and the patients led to more people accessing health care. In the same light,	The study recommended the abolition of cost sharing strategies and the need for further studies that will ensure the implementation of the eradication efficiently to maintain quality healthcare services.
	Mwesiggye (2002)	The study established that although abolishing cost sharing plans significantly improved accessibility of health care, the nature of health services offered in such facilities became worse.	The study recommended better implementation of healthcare financing to ensure the quality of healthcare is not diminished with the abolition of cost sharing plans.
	Frederick (1998)	The researcher observed that adoption of cost-sharing plans could have unreasonable impacts, if not bundled up with differentiations of price on the basis of patients' income groups and nature of health facilities.	The study suggested further studies to understand the topic.

	Rao, Selvaraju, Nagpal, & Sakthivel, (2009).	The research concluded that health care funding is closely associated with the provision of medical services to the people.	The study suggested that better methods of translating new wealth to better healthcare should be implemented.
	Carrin, Evans, and Xu (2007).	The research indicated that the approach of funding the health sector is a key determinant of who gets access to health care and who does not.	Further studies on the expansion of healthcare financing should be undertaken to ensure global coverage.
	Soyibo, Olaniyan and Lawanson (2010)	The research established that extreme budgetary control measures and inequitable distribution of resources contributed largely to the poor budgeting of health care expenditure.	The study recommended that the government should increase its contribution in the healthcare sector to burden less its citizens requiring healthcare services.
	Orubuloye and Oni (1996)	The authors noted the healthcare financing on Nigeria is little and that the Nigeria's spending on health care occurs in two segments; private and public.	The research recommended an increase in the financing of the public health sector by the government to cover more than 35% of the country's budget.
	Turner (1991)	The study found that superior access to health care facilities was the most influential element of health care expenditure among the households.	The study suggested further studies on the relationship between distance to a health facility and quality of service offered.
	Collier and Mackinnon (1997)	The research established that proximity to health care facilities was less of a concern than the nature of the services offered in those facilities.	The study suggested that quality healthcare services was important thus indicated that healthcare facilities should aim to offer quality services.

	Gardhtam, Sogaard, Andersoon, and Jonsson (1992)	The authors reported that occupancy rate, proportion between public spending and total spending, as well as, the replacement of informal approach to health care with formal techniques had a negative correlation with the health care expenditure.	The authors suggested that an increment in Government's spending on fundamental medical inputs would produce a corresponding improvement in the health status of the citizens.
Influence of health care workforce capacity	Friess (1994)	Shortage of nursing workforce is a global issue which has its roots from long ago. In the United States of America the shortage of nursing workforce started as early as 1915.	The study recommended the need to address the issue of nursing workforce shortages in the United States of America and countries all over the world.
	Collins, (2001); Levine, (2001); and Buerhaus, (1998).	The three researches concluded that there was shortage of nurses in America.	The studies recommended the adoption of new methods to ensure the recruitment and retention of nurses in health care facilities.
	Corcega, Lorenzo, & Mendoza, (2000) and Dussault, (1999).	The studies reported an over surplus of medical practitioners in the Philippines and Argentina.	The studies recommended exportation of the surplus medical practitioners especially doctors to countries experiencing shortages of health workers.
	Dovlo and Nyonator (1999).	The study reported that the shortage of health care workers was a s a result of brain wash which leads to financial losses by the government.	The study suggested the development of new methods and encouragement of increased incentives to motivate health workers to remain in their native countries and practice medicine.
	Carlson, Cowart, & Speake, (1992).	The study suggests that the health care field requires trained and skilled personnel who know how to use certain systems such as the information technology systems and finances management. The requirement for trained personnel is a reason for shortage in hospitals since the training is expensive and not available in most places especially the rural areas.	The study recommended the provision of training and education to healthcare workers to ensure sufficient number of qualified health workers in various hospitals.

	Buerhaus et al. (2009)	The study documented that shortage of medical professionals is affected by the social, economic, and political factors. Additionally the study concluded that shortage of medical practitioners results in poor health services offered in hospitals.	The study focused on the aging of nurses and recommended that further studies should be carried out to investigate the factors leading to shortages of nurses in the medical field.
	Wang, (2009)	The study concludes that the incorporation of technology in the procurement department in the medical field is important to ensure efficiency and effectiveness in the services offered.	The study recommends the use of technology in procurement to improve the health care sector and reduce other expenses.
Influence of procurement procedures	Kaur (2005)	The study found that a good procurement practices in the health sector lead to acquisition of affordably yet useful medical equipment.	The study recommended the adoption of technology and other systems that promote the procurement of medical equipments at affordable prices thus improving the healthcare system.
	Bailey, (1994)	The study concluded that a good procurement system is grounded on the principles of transparency and integrity between the buyers and sellers.	The author suggested that the right public procurement procedures consist of five elements namely; the right product/service, quality, quantity, location, time which should be implemented in all organizations.

2.10 Summary of Literature Reviewed

In this chapter literature related to the study was discussed it focused on what researchers, scholars found out about measures undertaken. From the above theoretical and empirical perspectives, it is apparent that the general consensus is that the quality of health services is affected by a series of factors such as budgetary constraints (Soyibo et al., 2010; Ichocku and Fonta, 2006) and poor human resource management (Castles, 2000; Arango, 2000**.** The studies examined also pointed out that effectiveness of devolved healthcare systems is demonstrated in various aspects of the health facilities, among them quality of health care.

Although the literature on factors affecting provision of quality health care is considerably broad, there are few studies that have been conducted in Kenya to support the substantiation offered by previous studies. Therefore, it is against this background that this study was done in order to bridge knowledge gap by concentrating on Kajiado County health projects.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the various methodological steps, which were used by the researcher to collect and analyze data. This chapter expounds on various aspects on the selection of the research design, the sampling methods utilized, the modes of data collection, ethical issues, and data analysis strategies.

3.2 Research Design

This study was driven by quantitative-techniques that were premised on the descriptive survey design. As pointed out by Orodho (2004), a descriptive survey design is concerned with the assessment of relationships between variables of interest using data collected from respondents using survey instruments such as questionnaires. The research approach and design for this study were regarded as appropriate due the meaningful insights they would offer in trying to establish the core factors affecting delivery of health services in public hospitals located in Kajiado Sub-County.

3.3 Target Population

Owing to the complexity and multidimensionality of healthcare provision, the study embarked on a pluralistic evaluation targeting the perspectives of different stakeholders involved in healthcare delivery. The target population of the study included all the health professionals (doctors and nurses), senior managers, and non-health professionals working in the finance department, procurement department, and human resource department of

government hospitals in Kajiado Sub-County. Collectively, the study targeted a total of 565 healthcare administrators in Kajiado Sub-County.

3.4. Sample Size and Sampling Procedure

3.4.1 Sample size

A sample size is finite part of a statistical population whose properties are studied to gain information about the whole. Orodho (2003), defined sampling as selecting a given number of subjects from a defined population as representative of that population. A sample size of 169 research participants was used in the study.

3.4.2 Sampling procedures

Stratified random sampling method was used to select the healthcare workers. According to Mugenda and Mugenda (2003) a sample size of between 10 and 30% is a good representation of the target population. Therefore, the sample size was obtained by obtaining 30% of the cases per sub-group of the target population. Using stratified random sampling, the researcher obtained a sample size of 169 individuals as shown in Table 3.1.

Table 3.1: Sample Size

Category of respondent	Population	Sample Size	Sampling
Finance Department	74	30%*74=22	Stratified random sampling
Procurement Department	78	30%*78=23	Stratified random sampling
HumanResource Department	54	30%*54=16	Stratified random sampling
Doctors	115	30%*115=35	Stratified random sampling
Nurses	176	30%*176=53	Stratified random sampling
Senior Managers	68	30%*68=20	Stratified sampling
Total	**565**	**169**	

3.5 Data Collection Instruments

The researcher obtained primary data, which was analyzed afterwards. As such primary sources formed the focal tools of data collection in the study. Primary sources of data comprised of questionnaires and interviews. The questionnaires helped in collecting data quickly thus allowing the researcher to meet the time frame requirements of the study. Owing to their anonymity, the questionnaires allowed the respondents to give more answers. The interview guide was used to gather information from the senior administration officers in the hospitals

3.6 Pilot Testing

A pilot testing was conducted using twelve respondents from the neighboring Ololulunga Government healthcare institution in Narok County, which had similar social cultural characteristics. This was done in order to check whether the items covered in the questionnaire were clear enough to the participants.

3.6.1 Validity of the Instruments

Validity is a statistical tool used in assess the level to which the items covered in a questionnaire or interview schedule measure what they are actually designed to measure. Content validity was utilized for this research. In particular, the supervisor, who is knowledgeable of the subject under study, also validated the instruments through expert judgment. In the validation of the instruments, the supervisor checked the responses in the tools in relation to the research objectives and ascertain whether the response actually answer the research questions (Orodho, 2004).

3.6.2 Reliability of the Instruments

Reliability is the scale to which the data assessed by a particular research instrument are consistent after using the instrument a repeated number of times (Donald and Delno, 2006). To assess the reliability of the questionnaire, the researcher employed the test and retest procedures for a period of 3 weeks. As revealed in Table 3.2, the Cronbach's alpha for all the constructs was at least 0.7 manifesting the questionnaire was reliable.

Table 3.2: Reliability Results

Construct	No. of Items	No. of Respondents	Cronbach's Alpha
Management of Human Resources	8	12	0.722
Health Care Financing	7	12	0.735
Health Care Workforce	8	12	0.724
Procurement Procedures	7	12	0.703
Mean		**12**	**0.721**

3.8 Data Collection Procedures

Firstly, the researcher obtained permission to proceed with the research from the National Commission for Science, Technology, and Innovation and the County Health Officer.

The researcher then paid visits to the sampled health facilities to dispense the questionnaires and conduct interviews. The questionnaires were administered through hand-delivery to the research participants.

3.9 Data Analysis and Techniques

This process began with assignment of numbers to each of the questionnaire for easier identification. Next, each question was coded and the resultant data transferred to SPSS

software version 23. The responses to each of the questionnaires' items were the entered in to the software. After checking for any possible errors in the data entry step, the next step involved running frequencies and descriptive statistics (mean, standard deviation) on the data. For the qualitative data obtained from the interviews, content analysis was used to organize the participants' responses into logical and meaningful results in relation to factors influencing provision of health services in Kajiado County. The results were transferred to the Ms Word in form of charts and tables for purposes of this report.

3.10 Ethical considerations

Before embarking on the research, the researcher ensured she had obtained informed consent from the approved authorities; the respective hospitals, and the relevant university bodies. During the data collection exercise, the researcher ensured that the views and opinions of all the research participants were kept anonymous. In this regard, the researcher did not reveal the identities or names of the subjects to anyone. Moreover, the information collected was stored in a fashion that would not face any interference of privacy or confidentiality.

3.11 Operationalization of Variables

The operationalization of variables is given in Table 3.3

Table 3.3: Operationalization of Variables

Research objectives	Variables Independent	Indicators	Measurement scale	Tools of analysis	Type of analysis
To determine how management of human resources influences provision of health services in Kajiado Sub-County Hospitals in Kajiado County	Management of human resources	• Number of Staff recruited • Salary levels • Scheme structure • Motivational packages • Number of meetings held	Nominal and Ratio	Percentage	Descriptive statistics
To establish how health care financing influence provision of health services in Kajiado Sub-County Hospitals in Kajiado County	Health care financing	• Financing • Availability of the Budget • Annual financial report	Nominal and Ratio	Percentage	Descriptive statistics
To determine the influence of healthcare work force capacity on provision of health services in Kajiado Sub-County Hospitals in Kajiado County	Healthcare work force	• Productivity • No of staff trained • Number of years in service • Level of training of staff	Nominal and Ratio	Percentage	Descriptive statistics
To assess how procurements procedures by the County Government have influenced provision of health services in Kajiado Sub-County Hospitals, Kajiado County	Procurements procedures	• Technology procurement • Transparency and accountability • Time of delivery of goods and services • Availability of ICT Systems	Nominal and Ratio	Percentage	Descriptive statistics
	Dependent Provision of Health services	• Number of patients treated • Number of laboratories	Ratio	Percentage	Descriptive statistics

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter is primarily concerned with data analysis, presentation of findings. The findings presented include questionnaire return rate, general information of the research participants, and descriptive statistics used to evaluate the specific objectives of the study.

4.2 Questionnaire Return Rate

The study used both questionnaires and interviews to gather data. Questionnaires were used to collect data from a total of 149 participants comprising of healthcare professionals and non-healthcare staff working in the finance, human resource, and procurement departments. Out of the 149 participants, only 120 filled and returned the questionnaires. This represented a response rate of 80.54% as shown in Table 4.1.This response rate was satisfactory to make conclusions for the study. According to Mugenda and Mugenda (2003), a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 70% and over is excellent. Based on the assertion, the response rate was considered to be good.

Table 4.1: Response Rate

	Questionnaires Administered	**Questionnaires filled & Returned**	**Percentage**
Respondents	149	120	80.54

4.3 Demographic Information

This involved the general information of the research participants including. The distribution of the respondents' gender is shown in Table 4.2.

Table 4.2: Gender Distribution

Gender	Frequency	Percentage
Male	46	38.3
Female	74	61.7
Total	**120**	**100.0**

Table 4.2 shows that 46(38.3%) of the respondents were males while 74(61.7%) were females. Based on these finding, it is apparent that female workers dominate the health care workforce in Government healthcare institutions in Kajiado County. The respondents were further asked to indicate that age of the respondents. Data is presented in Table 4.3.

Table 4.3: Age Distribution

Age	Frequency	Percentage
20-30 years	7	5.8
31-40 years	36	30.0
41-50 years	54	45.0
50-60 years	23	19.2
Total	**120**	**100.0**

Table 4.3 shows 7(5.8%) of the respondents were aged between 20 and 30 years, 36(30) were aged between 31 and 40 years, 54(45%) were aged between 41 and 50 years while 23(19.2%) were above 50 years of age. The data implies that there was a fairly representation of all genders in the study with a relatively more people in the age bracket of between 41 and 50 years which implies that most of the respondents were in the middle age of between 40 and 50 years. People in this age bracket may be considered young and energetic and who are

already clear with their career aspirations and hence are able to explain the factors influencing the provision of health services. The researcher was also interested in establishing the academic qualifications of the respondents. They were therefore asked to indicate their academic qualifications to which they responded as indicated in Table 4.4.

Table 4.4: Highest Academic Qualification

Academic qualification	Frequency	Percentage
Certificate	69	57.5
Diploma	38	31.9
Degree	13	10.7
Total	**120**	**100.0**

Table 4.4 shows that the majority of respondents 69(57.5%) had a certificate, 38 (31.9%) had diploma, and 13 (10.7%) had a degree. The data shows that all the respondents were qualified as health practitioners hence are able to explain the factors influencing the provision of health services. The respondents were asked to indicate their professional qualifications. Data on the professional qualification of the respondents is as shown by the Table 4.5.

Table 4.5: Professional Experience

Professional experience	Frequency	Percentage
1-5 years	18	14.9
6-10 years	33	27.7
11-15 years	51	42.6
16 years and above	18	14.9
Total	**120**	**100.0**

Table 4.5 shows that 14.9% of the respondents had a professional experience of between 1 and 5 years, 27.7% had a professional experience of between 6 and 10 years, (42.6% had an experience of between 11 and 15 years while 14.9% had a working experience of more than

16 years. The data shows that the respondents had worked for a considerably long time hence could be aware of the factors affecting delivery of medical services. The respondents were further asked to indicate the duration they had been in their current hospitals. They responded as shown in Table 4.6.

Table 4.6: Duration of Current Station

Duration	Frequency	Percentage
0-2 years	15	12.8
2-4 years	51	42.6
4 years and above	54	44.7
Total	**120**	**100.0**

Findings on the duration in which the respondents had been in their current working places shown that, 12.8% of the respondents had been in their working areas for 2 years and below, 42.6% had been in their working areas for between 2 and 4 years while 44.7% had been in their working areas for more than 4 years.

4.4 Influence of Management of Human Resources on Provision of Health Services

This section sought to explore the influence of human resource management practices on of health care in Government healthcare institutions in Kajiado County. The respondents were asked to indicate the extent at which they agreed or disagreed to the statements as shown in Table 4.7.

Table 4.7: Management of Human Resources and Health Services

Statement	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
	F %	F %	F %	F %	F %
Recruitment and hiring of staff is County responsibility	59 (49.2%)	41 (34.2%)	2 (1.7%)	10 (8.3%)	8 (6.7%)
Our hospital has well motivated health professionals	38 (31.9%)	64 (53.2%)	3 (2.1%)	10 (8.5%)	5 (4.3%)
Salary Scheme improve performance	43 (36.2%)	61 (51.1%)	8 (6.4%)	5 (4.3%)	3 (2.1%)
Our hospital has motivational packages to ascertain the impact on staff performance	5 (4.3%)	38 (31.9%)	3 (2.1%)	61 (51.1%)	13 (10.6%)
Management of human resources influence the provision of health services	31 (25.8%)	72 (60%)	3 (2.5%)	10 (8.3%)	4 (3.3%)
County Government employ successful retention strategies	3 (2.1%)	15 (12.8%)	5 (4.3%)	77 (63.8%)	20 (17.0%)
Motivation of employee influence job satisfaction	20 (16.7%)	74 (61.7%)	1 (0.0%)	15 (12.5%)	10 (8.3%)
Challenges of service providers in public sector health care influence their provision of services	31 (25.8%)	72 (60%)	4 (3.3%)	8 (6.7%)	8 (6.7%)

Table 4.7 shows that the nearly half of the subjects (49.9%) strongly agreed that recruitment and hiring of staff is the County responsibility. 53.2% agreed that their hospitals have well-motivated health professionals. Majority (51.1%) agreed that salary scheme improves performance. Equally, 51.1% of the subjects disagreed that their hospitals have motivated

packages to ascertain the impact on staff performance. Majority (60%) agreed that management of human resources influences the provision of health services. Majority (63.8%) disagreed that County Government employ successful retention strategies. Also, majority of the respondents (61.7%) agreed that motivation of employees influence job satisfaction. Majority (60%) agreed that challenges of health care providers extend to the nature of health services offered. In summary it was revealed that the respondents agreed that the hospital had well-motivated health professionals. The salary scheme improved performance and that the hospital had motivational packages to ascertain the impact on staff performance. The management of human resources influenced the provision of health services while motivation of employee influenced job satisfaction.

During the interview with the senior managers on whether management of human resources influenced provision of health services in Kajiado Sub-County Hospitals, the managers were of the opinion that human resource was not adequate in the hospitals. One of the managers in the interview pointed out that:

> *"The patients usually come to get serviced in the hospital but it takes too long to serve them. At times there are no people to serve us at the counter, the personnel at the counter take too long on one patient hence one can even take a whole day. It is actually worse when there is a strike. Something needs to be done with the services at the hospital"*

The interviews revealed that patients were not attended in the good time and being served took rather long time. The data shows that there were challenges in human resource in the hospitals, which affected the provision of health services.

4.5 Influence of Health Care Financing on Provision of Health Services

This section examined how health care financing influences provision of health services in Government healthcare institutions in Kajiado County. The respondents were asked to indicate the extent at which they agreed on the statements as shown by Table 4.8.

Table 4.8: Health Care Financing and Health Services

Statement	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
	F	F	F	F	F
Distribution of income within the County Government influence health services	20 (17.0%)	82 (68.1%)	5 (4.3%)	8 (6.4%)	5 (4.3%)
The Government have improved funding of health care services	5 (4.3%)	10 (8.5%)	10 (8.5%)	82 (68.1%)	13 (10.6%)
Cost sharing have improved the poor's access to health facilities	23 (19.2%)	72 (60%)	7 (5.8%)	13 (10.8%)	5 (4.2%)
The nature of healthcare financing influence the provision of health services	51 (42.6%)	51 (42.6%)	5 (4.3%)	8 (6.4%)	5 (4.3%)
Health care financing influence the provision of health services	43 (36.2%)	56 (46.8%)	8 (6.4%)	8 (6.4%)	5 (4.3%)
Health care financing ensure affordability and accessibility of healthcare services	64 (53.2%)	38 (31.9%)	5 (4.3%)	10 (8.5%)	3 (2.1%)
Government spends more on the provision of basic health inputs	8 (6.4%)	13 (10.6%)	26 (21.3%)	61 (51.1%)	13 (10.6%)

Table 4.8 shows that majority (68.1%) of the respondents agreed that distribution of income within the County Government influence health services. Majority (68.1%) disagreed that the Government have improved funding of healthcare services. Majority (60%) agreed that cost sharing has improved the poor's access to health services. Majority (42.6%) and the same proportion strongly agreed and agreed respectively that the nature of healthcare financing influence the provision of health services. Majority (46.8%) agreed that healthcare financing influence the provision of health services. Majority (53.2%) strongly agreed that healthcare financing ensures affordability and accessibility of healthcare services. Majority (51.1%) disagreed that Government spends more on the provision of basic health inputs.

In the interview with the senior managers, the researcher sought to find out from them how much patients paid, whether they got treated for free as the Government policy, whether they are asked to buy medicine and so on. The responses indicated that although the services were termed as free, the patients were forced to part with some money. One patient reported,

> *"The patients are often told that the services at the hospital is free but how free is it if you are supposed to pay 20 shillings for consultation and after waiting to be treated you are told to buy medicine from the chemist which is sometimes very expensive? Actually if you consider the amount of time that the patients use at the queues and then be told to go and buy medicine, most of the patients prefer going to the private hospitals which you can actually save on time. There is nothing like free medical services"*

The data shows that there are challenges with financing the hospitals, which negatively affected provision of health services.

4.6 Influence of Healthcare Workforce Capacity on Provision of Health Services

This section sought to find out the influence of healthcare work force capacity on provision of health services in Government healthcare institutions in Kajiado County. Respondents were asked to indicate the extent at which they agreed or disagreed with the statements shown in Table 4.9.

Table 4.9: Healthcare Workforce Capacity and Health Services

Statement	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
	F	**F**	**F**	**F**	**F**
The hospital experiences inadequate work force	28 (23.3%)	61 (50.8%)	6 (5%)	15 (12.5%)	10 (8.3%)
The hospital experience nursing shortages	31 (25.8%)	69 (57.5%)	3 (1.7%)	13 (10.8%)	4 (3.3%)
Inadequate work force has lead to lower and productivity of health services	28 (23.4%)	64 (53.2%)	10 (8.5%)	15 (12.8%)	3 (2.1%)
We experience increasing wait time due to work force	38 (31.9%)	66 (55.3%)	3 (2.1%)	8 (6.4%)	5 (4.3%)
Health care work force influence the provision of health services	20 (17.0%)	69 (57.4%)	3 (2.1%)	18 (14.9%)	10 (8.5%)
Counties desire to meet population health needs	28 (23.4%)	72 (59.6%)	5 (4.3%)	10 (8.5%)	5 (4.3%)
Imbalances of staff affect all health professions	23 (19.2%)	72 (60%)	2 (1.7%)	13 (10.8%)	10 (8.3%)
Migration of health personnel influence the supply of human resources in health	28 (23.4%)	72 (59.6%)	0 (0.0%)	15 (12.8%)	5 (4.3%)

Table 4.9 reveals that most of the respondents (50.8%) agreed that their hospitals experience inadequate work force. Majority of respondents (57.5%) agreed that their hospitals experiences nursing shortages. (53.2%) agreed that inadequate workforce has led to poor productivity of health services. (55.3%) agreed that we experience increasing wait time due to workforce. Majority of respondents (57.4%) agreed that the health care workforce influence the provision of health services. Majority of respondents (59.6%) agreed that counties desire to meet population health needs with the same proportion agreeing to that imbalances of staff affect all health professions and migration of health personnel influence the supply of human resources in health.

The results further show that the respondents agreed that the hospital experience inadequate work force, that the hospital experience nursing shortages. They also reported that inadequate work force had led to low productivity of health services and that they experienced increasing wait time due to work force. It was also agreed that health care work force influence the provision of health services. They also agreed that imbalances of staff affected all health professions and lastly that migration of health personnel influence the supply of human resources in health

The researcher also investigated the influence of healthcare workforce capacity on provision of health services. The researcher sought data from the senior managers on the adequacy of workforce, and time taken waiting to be served. Data revealed that the patients had to wait a long time before they were served. They indicated that at times the doctor had to leave patients in the queue in order to visit the wards hence patients were forced to wait a long time and that inadequate personnel was a major challenge to the hospitals.

4.7 Procurement procedures by the County Government and Provision of Health Services

This section sought to find out how procurement procedures by the County Government influence the provision of health services in Government healthcare institutions in Kajiado County. Respondents were asked to indicate the extent at which they agreed or disagreed to the statements as shown in Table 4.10

Table 4.10: Procurement Procedures and Health Services

Statement	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
	F	F	F	F	F
Effective health technology procurement practice leads to safe health care	20 (17.0%)	79 (66.0%)	5 (4.3%)	13 (10.6%)	3 (2.1%)
An effective public procurement system allows health care to provide satisfactory services	36 (30%)	69 (57.5%)	2 (1.7%)	8 (6.7%)	5 (4.2%)
Our procurement procedures ensures accountability	26 (21.7%)	66 (55%)	7 (5.8%)	13 (10.8%)	8 (6.7%)
There is need for transparency and accountability in health care services	23 (19.1%)	79 (66.0%)	3 (2.1%)	10 (8.5%)	5 (4.3%)
Procurement procedures influence the provision of health services	20 (17.0%)	74 (61.7%)	3 (2.1%)	15 (12.8%)	8 (6.4%)
Monitoring the efficacy of the drugs ensures continuous improvement of health care services	15 (12.8%)	77 (63.8%)	5 (4.3%)	13 (10.6%)	10 (8.5%)
County Governments have no clear procurement plan in place for the purchase of medical supplies	18 (15%)	82 (68.3%)	2 (1.7%)	10 (8.3%)	8 (6.7%)

Table 4.10 shows that most respondents (66%) agreed that proper procurement practices involving medical technologies boost medical health services offered to patients. Majority of the respondents (57.5%) agreed that an effective public procurement system allows health care to provide satisfactory services. Moreover, majority (55%) agreed that their procurement procedures ensure accountability. Also, majority (66%) agreed that there is need for transparency and accountability in health care services. Majority (61.7%) agreed that procurement procedures influence the provision of health services. Most of the respondents (63.8%) agreed that monitoring the efficacy of the drugs ensures continuous improvement of health care services.

In summary, the respondents were in agreement that standard procurement methods generated positive health outcomes. They also agreed that proper public procurement methods culminate into satisfactory medical services. They also stated that the procurement procedures ensured accountability and that there was need for transparency and accountability in health care services. Monitoring the efficacy of the drugs ensures continuous improvement of health care services. In the interview with the senior managers of the hospitals, it was revealed that the hospital did not have the required resources. At times the patients were forced to go and seek for serves such as scans and some laboratory tests. This indicated that the hospitals did not have adequate resources, which affected the provision of health services.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of findings of the study, discussion of results, conclusions, recommendations, and prospective areas for future studies.

5.2 Summary of Findings

A summary of the main findings found in the study is given below.

5.2.1 Influence of Management of Human Resources on Provision of Health Services

The results on health services show that 53.2% of respondents agreed that the hospital had well-motivated health professionals. The salary scheme improved performance and that the hospital the impact employee performance. The management of human resources influenced the provision of health services while motivation of employee influenced job satisfaction. The interviews with the senior managers indicated that there was inadequate human resource in the hospitals and this posed a great challenge to the delivery of health care.

5.2.2 Influence of Health Care Financing on Provision of Health Services

The results showed that majority (68.1%) of respondents disagreed that the Government has improved funding of health care services. Equally, 68.1% respondents agreed that distribution of income within the County Government influences provision of health services. Sixty per-cent of the respondents agreed that cost sharing strategies help to boost the accessibility of health facilities. Further, 42.6% agreed that the nature of healthcare financing

affects the delivery of health services. Findings from the interviews indicated that there were challenges with financing of hospitals, which negatively affected provision of health services.

5.2.3 Influence of Healthcare Workforce Capacity on Provision of Health Services

The results indicate that most (50.8%) respondents agreed that the hospital experience inadequate work force, that the hospitals experienced nursing shortages. A total of 53.2% of the respondents also reported that inadequate work force had led to low productivity of health services and that they experienced increasing wait time due to work force. Most (57.4%) of the respondents also agreed that health care work force affects the delivery of health services. Similarly, 60% agreed that imbalances of staff affected all health professions and lastly that migration of health personnel influence the supply of human resources in health. The interview with the senior managers further revealed that patients had to wait for long before they were being served and that inadequate personnel were a major challenge to the hospitals.

5.2.4 Procurement procedures by the County Government and Provision of Health Services

The results obtained, revealed that 66% of the respondents were in agreement that proper procurement procedures involving health care technologies result boosts the provision of medical services offered. Health care. In addition, 57.4% of the respondents agreed that decent procurement practices in the public sector lead reasonable and satisfactory reaction from the patients. It was also revealed that the hospital did not have the required resources. From the interview with the senior managers, it was found that patients were forced to go and

seek for served such as scans and some laboratory tests. This indicated that the hospitals did not have adequate resources, which affected the provision of health services.

5.3 Discussion

The study sought to establish the influence of human resource management practices on the provision of health services. The results of the study showed that adequate staffing and provision of motivation incentives such as salary increments leads to a more satisfied health care workforce, which leads to scaling up of the health services offered. This finding is consistent with the results by Scott et al. (2011) who established that the provision of health services is directly related to financial incentives offered to health care workers.

Inadequate work force in health workforce has elicited serious concerns from the media, policy-makers, and researchers. It is a problem that cuts across both the developed nations and Third World countries. It is against this background that the study sought to assess the influence of health care financing on provision of health services. The results showed that the Government is heavily involved in the funding of health services and that the nature of financing healthcare affects the provision of health services. As highlighted by Ichoku and Fonta (2006), Kenya’s health financial structuring has evolved from a Government’s affair to a system that inculcates the competitiveness of the market and where the access of medical services is financed via out of pocket expenses. The finding further supports Carrin et al. (2007) who concluded that the manner in which health systems of a country are funded dictates the level of health care accessibility by the masses. The finding is also in line with Ichoku and Fonta (2009) who revealed that lack of finances generated poor health outcomes due to inequitable distribution of resources. The finding is also in line with Deininger and

Mpuga (2005) established that cost-sharing strategies generated more uptake of health services.

The third objective of the study sought to assess the influence of healthcare workforce capacity on provision of health services. The results showed that the level of staffing in hospitals affects the delivery of health services. This finding is in agreement with the findings by Buerhaus et al (2009) who found that inadequate staffing of nurses in US hospitals contributed to poor healthcare outcomes.

Lastly, the study strived to investigate the influence of procurement procedures on provision of health services. The results showed that decent procurement practices in hospitals lead to satisfactory reactions from the patients and are reflected in improved delivery of health services offered. This finding is in line with Kaur (2005) who reported that good procurement practices in the health sector lead to acquisition of affordable but useful medical equipment that lead to improved delivery of health services.

5.4 Conclusion

On the basis of the findings obtained from the study, it was concluded that management of employees affects the effective provision of medical services to patients. Concerning equipment's and provision of healthcare services, majority of respondents indicated that inadequate medical supplies affect the provision of health care to a great extent. The data shows that there were challenges in human resource in the hospitals, which affect the provision of health services. Concerning financial resources and provision of healthcare services it is evident that insufficient funds hinder the provision of medical services to a great extent. It was further concluded that health care financing influenced provision of health services. The results indicated that although the services were termed as free, patients were

forced to pay for the services. It was also concluded that healthcare work force capacity influenced provision of health services. It was revealed that the patients had to wait a long time before they were served and that the doctors often had to leave patients in the queue to visit the wards hence patients were forced to wait a long time. The respondents indicated that inadequate workforce was a major challenge in the hospitals. Lastly, it was concluded that procurement procedures by the County Government affected provision of health services. The hospitals did not have the required resources. At times, the patients were forced to go and seek for medical services such as scans and some laboratory tests. This indicated that the hospitals did not have adequate resources and this affected provision of health services.

5.5 Recommendations

The following recommendations were made from the study:

i. For adequate health service provision in Public Health sector, the County Government should pay attention to the management, human resource allocation and construction of standard infrastructure in order to allow easy provision of health services without any difficulty.

ii. Regulator policies inolving the utilization of resources and supplies belonging to the Hospitals should be revisited and strengthened in order to eradicate embezzlement of the funds

iii. Enough staffing is also a major point which should be undertaken so that the staff can handle a reasonable number of patients at a time and give proper health services to the patients. The management staff should effectively monitor the staff in order to ensure that all the staff work as per their required standards and that there are no reports on mismanagement or poor work performance.

iv. Procurement policies and technology should be implemented in all hospitals to ensure the healthcare facility has the required equipments to provide fast and effective services to patients, promoting better healthcare services.

5.6 Areas for Further Research

The results from the study demonstrate that there are still several questions, which remain unanswered. For instance, it is important to conduct a study and explore how management of medical facilities under different financing systems compares in terms of the provision of health care services. In addition, further research should be conducted in order to explore how motivational factors among health care workers affect the delivery of medical services in the Country.

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APPENDICES

APPENDIX 1: LETTER OF INTRODUCTION

Jemimah M. Kilesi

P.O. Box 94 - 01100

Kajiado,

Kenya.

To

The Administrator

____

Dear Sir/Madam

RE: Factors Influencing Provision of Health Services in Government Healthcare institutions in Kajiado County.

I am a student at the University of Nairobi, taking a Master of Arts degree in project planning and management. I am undertaking a research project on the factors influencing provision of health services in Government Healthcare Institutions in Kajiado County.

I have attached a questionnaire, which will be used to collect data on factors influencing provision of health services in Government healthcare institutions in Kajiado County. Kindly, spend some time and respond to all the questions. Please note that your identity will be treated confidentially and will only be used for the purpose of the study. Do not therefore, write your name anywhere on the questionnaire.

Thank you for your co-operation.

Yours faithfully,

Jemimah Mateu Kilesi

L50/70207/2013

APPENDIX 2: QUESTIONNAIRE FOR RESPONDENTS

Instructions

Please fill in the questionnaire by ticking in the relevant brackets and spaces. Please answer all the questions as honestly as possible and to the best of your knowledge.

Section A; Demographic data

1 Please tick against your gender

Male [ ] Female [ ]

2 What is your age?

20 – 30 years [ ] 30 – 40 years [ ]

40 – 50 years [ ] 50 – 60 years [ ]

3 What is your academic qualification?

Diploma [ ] Degree [ ] Masters [ ]

PhD [ ] Certificate [ ]

Others (specify) ____

4 Indicate your professional experience in years (tick one)

1 – 5 years [ ] 6 – 10 years [ ]

11 – 15 years [ ] 16 years and above [ ]

5 How long have you been in this hospital?

0 – 2 years [ ] 2 – 4 years [ ]

4 years and above [ ]

Section B; Management of human resources and provision health services

6. In a scale of 1 to 5 where 5 is strongly agree and 1 is strongly disagree, indicate the extent to which you agree or disagree with the following statements

Key 5 – Strongly agree; 4 Agree; 3 = Undecided; 2 Disagree; 1 Strongly Disagree

No.	**Statements**	**1**	**2**	**3**	**4**	**5**
a.	Recruitment and hiring of staff is County responsibility					
b.	Our hospital has well motivated health professionals					
c.	Salary Scheme improve performance					
d.	Our hospital has motivational packages to ascertain the impact on staff performance					
e.	Management of human resources influence the provision of health services					
F	County Government employ successful retention strategies					
g	Motivation of employee influence job satisfaction					
h	challenges of service providers in public sector health care influence their provision of health services					

Section C; Health care financing and provision of health services

7. In a scale of 1 to 5 where 5 is strongly agree and 1 is strongly disagree, indicate the extent to which you agree or disagree with the following statements

Key 5 – Strongly agree; 4 Agree; 3 = Undecided; 2 Disagree; 1 Strongly Disagree

No.	**Statements**	**1**	**2**	**3**	**4**	**5**
a.	Distribution of income within the County Government influence health services.					
b.	The Government have improved funding of health care services					
c.	Cost sharing have improved the poor's access to health facilities					
d.	The nature of healthcare financing influence the provision of health services					
e.	Health care financing influence the provision of health services					
F	Health care financing ensure affordability and accessibility of healthcare services					
g	Government spends more on the provision of basic health inputs					

Section D; Healthcare work force and provision of health services

6. In a scale of 1 to 5 where 5 is strongly agree and 1 is strongly disagree, indicate the extent to which you agree or disagree with the following statements

Key 5 – Strongly agree; 4 Agree; 3 = Undecided; 2 Disagree; 1 Strongly Disagree

No.	Statements	1	2	3	4	5
a.	My hospital experience inadequate work force					
b.	My hospital experience nursing shortages					
c.	Inadequate work force have lead to low productivity of health services					
d.	We experience increasing wait time due to work force					
e.	Health care work force influence the provision of health services					
F	Counties desire to meet population health needs					
g	Imbalances of staff affect all health professions					
h	Migration of health personnel influence the supply of human resources in health					

Section E; Procurement procedures by the County Government and provision of health services

6. In a scale of 1 to 5 where 5 is strongly agree and 1 is strongly disagree, indicate the extent to which you agree or disagree with the following statements

Key 5 – Strongly agree; 4 Agree; 3 = Undecided; 2 Disagree; 1 Strongly Disagree

No.	Statements	1	2	3	4	5
a.	Effective health technology procurement practice leads to safe and health care					
b.	An effective public procurement system allows health					

	care to provide satisfactory services					
c.	Our procurement procedures ensures accountability					
d.	There is need for transparency and accountability in health care services					
e.	Procurement procedures influence the provision of health services					
F	monitoring the efficacy of the drugs ensures continuous improvement of health care services					
g	County Governments have no clear procurement plan in place for the purchase of medical supplies					

APPENDIX 3: INTERVIEW GUIDE

i. How does management of human resources influence provision of health services in Government healthcare institutions in Kajiado County? (probe on the availability of human resource, attendance in time, customer service)

ii. How does health care financing influence provision of health services in Government healthcare institutions in Kajiado County? (probe issues of finances, how much they pay , whether they get treated for free as the Government policy, whether they are asked to buy medicine).

iii. What is the influence of healthcare workforce capacity on provision of health services in Government healthcare institutions in Kajiado County? (probe for the adequacy of workforce, probe on the time taken waiting to be served)

iv. How do procurement procedures by the County Government influence provision of health services in Government healthcare institutions in Kajiado County? (probe on the availability or resources, the nature of the available equipment)

APPENDIX 4: RESEARCH PERMIT

NATIONAL COMMISSION FORSCIENCE, TECHNOLOGY ANDINNOVATION

Telephone +254-20-2213471, 2241349,3310571,2219420
Fax +254-20-318245,318249
Email: dg@nacosti go.ke
Website: www nacosti go.ke
When replying please quote

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

Ref No **NACOSTI/P/17/85918/19031**

Date **12th September, 2017**

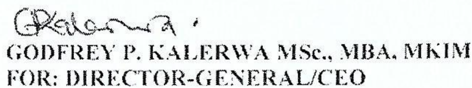
Jemimah Mateu Kilesi
University of Nairobi
P.O. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"Factors influencing provision of quality health services in government hospitals; Case study Kajiado Sub-County Hospitals, Kajiado County, Kenya,"*** I am pleased to inform you that you have been authorized to undertake research in **selected Counties** for the period ending **12th September, 2018.**

You are advised to report to **the County Commissioners, the County Directors of Education & the County Directors of Health Services, in the selected Counties** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit **a copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.



GODFREY P. KALERWA MSc., MBA, MKIM
FOR: DIRECTOR-GENERAL/CEO

Copy to:

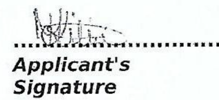
The County Commissioners
Selected Counties.

THIS IS TO CERTIFY THAT:
MS. JEMIMAH MATEU KILESI
of UNIVERSITY OF NAIROBI, 94-1100
Kajiado,has been permitted to conduct
research in *Kajiado* , *Narok Counties*

on the topic: ***FACTORS INFLUENCING PROVISION OF QUALITY HEALTH SERVICES IN GOVERNMENT HOSPITALS; CASE STUDY KAJIADO SUB-COUNTY HOSPITALS, KAJIADO COUNTY, KENYA***

for the period ending:
12th September,2018

Permit No : NACOSTI/P/17/85918/19031
Date Of Issue : 12th September,2017
Fee Recieved :Ksh 1000



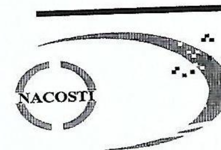
....
Applicant's Signature

....
Director General
National Commission for Science, Technology & Innovation

CONDITIONS

1. The License is valid for the proposed research, research site specified period.
2. Both the Licence and any rights thereunder are non-transferable.
3. Upon request of the Commission, the Licensee shall submit a progress report.
4. The Licensee shall report to the County Director of Education and County Governor in the area of research before commencement of the research.
5. Excavation, filming and collection of specimens are subject to further permissions from relevant Government agencies.
6. This Licence does not give authority to transfer research materials.
7. The Licensee shall submit two (2) hard copies and upload a soft copy of their final report.
8. The Commission reserves the right to modify the conditions of this Licence including its cancellation without prior notice.

REPUBLIC OF KENYA



National Commission for Science, Technology and Innovation

RESEARCH CLEARANCE PERMIT

Serial No.A 15692

CONDITIONS: see back page

APPENDIX 5: PLAGIARISM REPORT

FACTORS INFLUENCING PROVISION OF HEALTH SERVICES IN GOVERNMENT HEALTHCARE INSTITUTIONS IN KAJIADO COUNTY, KENYA

ORIGINALITY REPORT

13%	14%	4%	8%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

#	Source	%
1	Submitted to Mount Kenya University Student Paper	1%
2	Submitted to University of Nairobi Student Paper	1%
3	eap.uonbi.ac.ke Internet Source	1%
4	Submitted to Kenyatta University Student Paper	1%
5	ir.cuea.edu Internet Source	1%
6	mpra.ub.uni-muenchen.de Internet Source	1%
7	erepository.uonbi.ac.ke:8080 Internet Source	<1%
8	Stephen Odiwuor Otieno, David Macharia. "Factors Influencing Utilization of Health	<1%