INFLUENCE OF DEVOLUTION OF GOVERNMENT SERVICE DELIVERY ON PROVISION OF HEALTHCARE: A CASE OF LEVEL FIVE HOSPITAL IN MERU COUNTY, KENYA

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ABSTRACT

In Kenya, devolution was created by the Constitution of Kenya, 2010 and it involves the transfer of power, resources and representation down to the counties. According to Kenya Constitution Schedule Four, some of the devolved functions include county health services, agriculture, county transport, county development and planning; control of air pollution, noise pollution, other public nuisances and outdoor advertising; cultural activities, public entertainment and public amenities; animal control and welfare; trade development and regulation; county public works and services among other functions. This research aimed at assessing the influence of devolution of government service delivery on provision of healthcare in Meru Level Five hospital. The specific objectives were to examine how use of information Communication and Technology influenced provision of healthcare; to determine the Influence of devolution of finance on provision of healthcare services; to find out how staffing influences provision of healthcare; to establish the extent to which leadership styles influenced provision of healthcare at Meru Level five hospital in Meru County respectively. A descriptive research design was used in this study in order to obtain information based on the four research objectives. The target population was 500 participants. A sample of 111 representative participants of the whole population was selected. Data was collected using a questionnaire consisting of both closed and open ended questions. Data analysis was done using Statistical Package for Social Science (SPSS) version 21 software. Quantitative data was analysed and presented through descriptive statistics; however for qualitative data, detailed narrative was used to summarize data. The study concluded that ICT and financing for the hospital was the national government In addition, devolution of government service delivery had increased access to healthcare services in terms of availability, affordability, accessibility and acceptability. In addition, the study recommended that the Hospital engage qualified institutions to carry out regular patient satisfaction survey. This would give Meru Level Five Hospital management and leadership an independent appraisal of staff performance from the end-user's perspective. To be up to date with the happenings in the medical fraternity, support for training and development programmes initiated by the hospital leadership should be provided to the medical personnel to acquire relevant modern medicine and contemporary management practices.

Key Words: *devolution, government service delivery, healthcare, level five hospital, Meru County, Kenya*

INTRODUCTION

Devolution is the transfer of authority from a senior level of government to a junior level, and can be viewed as both a theoretical concept and as an administrative process (Dacks, 1990). Hence, he state that when devolution is viewed theoretically, it can be seen as an instance of decolonization which can be usefully related to literature on political development while when viewed as an administrative process, the study of devolution can contribute to

understandings of institutional change in general, and particularly to issues of development administration. Furthermore, according to Muriisa (2008) devolution is the substantial transfer of powers and authority and functions from higher or central government to local units, upon which the local units or governments subsequently acquire significant and autonomous financial and legal powers to function without reference to central government.

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

Participation in the management of district health facilities through community management committees has been found to improve performance by strengthening the accountability of healthcare providers to clients. The involvement of diverse groups based on kinship, ethnicity or culture facilitates the expression of grievances and collaboration in problem solving. This participation encourages a sense of ownership of, and support for, ways of solving local health problems (Smith, 1997).

According to Mohammed, North and Ashton, (2016) decentralisation is advocated as a way to improve the efficiency of delivery of health services and their responsiveness to community needs. In developing countries for example, decentralisation is seen as a means to improve access to healthcare. However, to realise these benefits, a localised decision space needs to be created in terms of finance, service organisation, human resources, access rules, and governance rules.

The sustainable development goal (SDG) number three on good health and wellbeing as contained in paragraph 54 United Nations Resolution A/RES/70/1 of 25 September 2015 (UN, 2015) was adopted to ensure health and well-being for all, at every stage of life by the year 2030. This goal addresses all major health priorities, including reproductive, maternal and child health; communicable, non-communicable and environmental diseases; universal health coverage; and access for all to safe, effective, quality and affordable medicines and vaccines. The goal also requests for more research and development, increased health financing, and strengthened capacity of all countries in health risk reduction and management.

Devolution of government service delivery has opened up more opportunities to improve health care at the local levels in other countries. For instance, in the Philippines, devolution has made local government units to become more empowered to make extensive and quicker decisions about health concerns. In addition, resources have relatively increased due to more national transfers through the IRA while other sectors such as civil society have more institutionalized venues to participate in health service delivery (Atienza, 2004).

In Kenya, health policies which give directions to ensure considerable developments in the position of health in the country are aligned with the sustainable development goals (SDG) and Kenya Vision 2030 under social pillar. In order to improve the overall livelihoods of all Kenyans, the government of Kenya aims at providing an efficient and high quality health care system through devolution of funds and management of health care to the communities (GoK, 2007).

Devolution has empowered the county government to design innovative models that suit the terrain of their unique sector needs; sufficient scope to determine health system priorities; and allow the authority to make autonomous decisions on sub-sector resource allocation and expenditure (Kenneth, 2014 as cited by Gaogallo, 2015). This can happen if devolution process has been fully embraced by all the implementing stakeholders. If devolution has not been fully implemented, then its effect may not fully experience in sectors such as health (Muchomba & Karanja, 2015).

It has been found also that devolution provides an opportunity to rationalize the service delivery framework in Kenya for increased efficiency and accountability. This will be achieved by making counties the hub for organizing services at the local level (Khaunya, Wawire & Chepng'eno, 2015). A report by KPMG (2014) states that the success of devolution of health care services in Kenya depends to a great extent on the presence of an enabling environment, an environment that is marked by the will and commitment of all health stakeholders.

STATEMENT OF THE PROBLEM

Devolution of government services is one of the key principles of the 2010 Kenyan constitution in which counties have been envisaged as the primary units. These units are mandated to receive reliable sources of revenue by the constitution to enable them be self-governing and deliver services effectively. Following the devolution of health services, there have been cases of health workers downing their tools citing poor pay, poor working conditions among other problems. In fact, a study by Khaunya, Wawire and Chepng'eno (2015) on devolved governance in Kenya revealed that counties had been faced with a myriad of challenges that stand in the way of the realized achievements. These challenges include inadequate funding, corruption, nepotism, inability to absorb some devolved functions, mistrust among stakeholders, and different implementers of devolution with varied cultures and approaches, devolved bureaucracy and a bloated workforce with duplication of duties. The study also revealed that devolved functions such as health had been riddled by challenges to an extent that medical staffs had resisted their function being placed under County Government's public service. Cases have been also documented where executive arm of the national government is reluctant in devolving some funds meant for county development programs curtailing service delivery such as the payment of salaries and other grass root developments by the county governments (Abdumlingo & Mugambi, 2014). A report by Barker, Mulaki, Mwai and Dutta (2014) on assessing county health system readiness in Kenya revealed that Meru County was among the counties less prepared to provide healthcare services under the devolved system. It is against this background that this research

sought to examine the influence of devolution of government service delivery on provision of healthcare at Meru Level 5 Hospital.

PURPOSE OF THE STUDY

The purpose of this of this proposal is to examine the influence of devolution of government service delivery on provision of healthcare at Meru Level five Hospital in Meru County, Kenya

RESEARCH OBJECTIVES

1. To examine how use of Information Communication and Technology (ICT) influences provision of healthcare services.
2. To determine the influence of devolution of finance on provision of healthcare services.
3. To find out how staffing influences provision of healthcare services.
4. To establish the extent to which leadership styles influences provision of healthcare services.

THEORETICAL FRAMEWORK

This study was guided by the organizational learning theory. According to this theory developed by Argyris and Schon (1978) institutions must change their goals and actions to reach those goals. Some of the main independent constructs of this model are: structure of the organization, that is, whether an organization is centralized or decentralized; social cultural environment of the institution which include endogenous factors such as technology and administrative process; and strategic design of the organization. The main dependent construct is effectiveness. Devolution brought changes in the way institutions are run. National and county governments have clear roles and responsibilities though teething problems associated with devolution have been witnessed in Kenya. Kenya having embraced devolution (decentralization of power and resources to the county level) it is expected that it will lead to effectiveness in terms of service delivery in all the devolved function where provision of healthcare is one of them.

RESEARCH METHODOLOGY

Research design

According to Saunders et al. (2011), research design is a way the researcher intends to conduct the study. The researcher used descriptive research design. Descriptive research design helped the researcher to gather both qualitative and quantitative data. Through this design the researcher was able to link devolution of health sector to service delivery.

Target population

The target population refers to population to which the researcher makes inference to and should theoretically be countable, observable, and exist within a specific time frame. According to Mugenda and Mugenda (2003), target population is a population which a

researcher would want to generalize the results of the study. According to data available at the county Ministry of health, Meru Level 5 hospital has a total number of five hundred (500) medical staff.

Sampling and Sampling Procedure

Simple random sampling was used since each of the medical staff had an equal and independent chance of being selected. Citing (Groves, 2010), Githui & Wario (2013), states that sampling is concerned with the selection of a subset of individuals from within a statistical population to estimate characteristics of the whole population. Hence, according Cooper and Schindler (2004) sampling is appropriate when it is not feasible to involve the entire population under study. This study used a sample of 111 staff members as calculated below. The following formula was used to determine the sample size since the study involved statistical assumptions that the selection of individuals is random and unbiased.

Research Instrument

A questionnaire was used as a research instrument to ensure that the data is well interpreted to reflect the views of respondents regarding the topic of study. The questionnaires was used because according to Owens (2002) they are held to be straight forward and less time consuming for both the researcher and the participants. An analysis of open-ended questions is more valuable because respondents are given a chance to explore their knowledge. while the remaining four sections consisted of variables which the researcher intends to research on.

Validity of the Instrument

Validity is the ability of an instrument to measure what it is designed to measure. Kothari, (2006) states validity is the most critical criterion which indicates the degree to which an instrument measures what is supposed to measure. To ensure validity of the research instrument, the questionnaires were reviewed with the help of the supervisors to determine its relevance to the topic under study.

Reliability of the Instrument

Reliability according to Muijs (2011) is the measure used to see if the study repeats the same results if the same experiment is performed again.. The researcher used the split-half technique to enhance the reliability of the research instrument by dividing the scale into halves, and then correlating the scores on these two halves to estimate the internal consistency of the instrument. Hayes (2008), state that a high correlation indicates that the two sets yield consistent information.

Method of Data Collection

Data for this study was collected through the use of personally administered questionnaires delivered to the respondents and picked later after the respondent had responded. The researcher obtained an authorization letter to carry out research from the University which will be presented to the management of Meru Level Five hospital. In addition, the researcher sought permits from the relevant authorities such as the National Council for Science,

Technology and Information (NACOSTI) to allow collection of information from respondents.

Data Analysis

The collected data was organised through sorting, editing, coding and analysing to attach applicable meaning to the research questions and research objectives. Quantitative data for each question was tabulated to provide an all-inclusive picture of the general outlook of the data that helped the researcher in identifying patterns. In quantitative analysis, data was analysed using descriptive statistics to get statistical measures with the aim of helping the researcher make valid inferences about the topic under study.

RESEARCH RESULTS

Information Communication Technology

The study revealed that all the departments used ICT in provision of healthcare services. In addition, 100% of all the respondents agreed that use of ICT made service delivery faster and better. This agrees with a research by Adonis, (2012) that information technology has made communication cheaper and much faster at any time within a 24 hours cycle. The study also established that most of the respondents rated the influence of ICT on provision of healthcare services as high at 48.8% of the respondents. According to a study by Tsai, (2003), information technology has inherent power and capability to enable any organization to carry out things in ways that were never imaginable. Hence, when organizations adopt information communication technology they can save on time and resources which they can channel to other areas of development. The study established that phones were the most commonly used represented by 172.1% of cases of all the ICT used in the departments. A significant high number of department also used Computer/Laptops/Tablets at 131.4% cases of all ICT in the departments. 31.4% of the respondents were dissatisfied with the computing environment in the hospital. Computers are an integral part of socio-economic development and an essential tool to our very survival. They serve as efficient data storage systems and excellent information processors (Adonis, 2012). From the study results, 70.9% of the respondents indicated that they were satisfied with the variety of services provided by the information technology in hospital. 40.7% of the respondents indicated that they were satisfied with the quality and reliability of services provided by the information technology in the hospital. The study also established that 41.9% of the respondents indicated that use of IC in provision of healthcare service was a little affected by insufficient number of computers and other ICT equipment in the department. 39.5% of the respondents indicated that use of IC in provision of healthcare service was a little affected by insufficient number of internet connected computers in the department. In addition, 37.2% of the respondents showed that insufficient internet bandwidth or speed partially affected the provision of healthcare service. This is in agreement with Chege and Wanjiku (2010) who found that whereas organizations had ICT infrastructure and access to computers, there was not a great deal of internet access and where it was available, it was hampered by slow speeds and unreliable access.

Very few government-run health services have properly functioning ICTs within them and there is there is no infrastructure to enable inter-organizational transfers of information (Chetley, 2006 as quoted by Odhiambo, 2015). Insufficient and limited resources coupled by the high cost of procuring ICT equipment like computers, scanners may be one of the reasons making organization not to fully adopt use of technology. Burney, Mahmood and Abbas (2010) states that, as compared to the developed nations specifically North America and Europe, the developing countries are handicapped. This is because they have significant shortage of resources both financial as well as trained human resource for adapting such systems. Apart from these the developing countries are also suffering from political, social, cultural and other types of constraints that have to be taken care of.

Devolution of Finance

The researcher established that the major source of financing for the hospital was the national government as indicated by 100% of the respondents. However, 69.8% of the respondents indicated that finances were not received on time. The commitment of the Government in financing of the health sector is demonstrated by increasing the financial allocations to the health sector and timely release of the funds. 59.3% of the respondents disagreed the level of financing received was sufficient to help in delivery of qualified healthcare services at the level five hospitals. Available reports show that financial access to health care services is still a serious problem in Kenya. For instance in P4H report of 2014, it was noted that, while average total health expenditure per Kenyan was estimated at USD 42.2 in 2009/10 considered sufficient to buy a basic package of essential health services, there is strong variation (P4H, 2014). The study also revealed that 39.5% of the respondents indicated that devolution of finances influenced rehabilitation and improvement of Meru Level Five Hospital. On this issue, concerns had been raised that many primary care facilities are not offering comprehensive package of primary care services and that facility investments is not matched with other investments (HRH, commodities, etc.), hence affecting functionality after completion of investments (GoK, 2015). There is limited investment in maintenance of physical infrastructure although investments in medical equipment are ongoing in selected hospitals.

Staffing

The study established that Meru Level Five Hospital was not well staffed. This was represented by 90.7% of the respondents. This leads to overworking and result to inefficiency and poor services. This is in agreement with Report by The Sectoral Committee on County Health Services of Meru County (2014) that established that there was inadequate staffing such that the hospital had only one surgeon and very few medical doctors. In particular the Committee observed that deployment issues relating to healthcare workers remain contentious post devolution particularly on hiring, training and capacity building. This study agrees with WHO findings that the shortage of healthcare workers is not unique to Kenya. Indeed, Kenya is one of the countries identified by the WHO as having a “critical shortage” of healthcare workers. The minimum threshold set by WHO of 23 doctors, nurses and midwives per population of 10 000 is necessary for the delivery of essential child and

maternal health services. Kenya's most recent ratio stands at 13 per 10 000, (WHO, 2010). As a result, 43% indicated that doctor-patient ratio affected a lot the provision of quality healthcare services. The MoH (2015) concludes that Kenya's health sector still faces significant human resource shortages, in spite of the investments the government has made over the years since independent and following the devolution of health services. The situation was attributed to the increase in population growth rate which has continued to put pressure on demand for health care augmented by the freeze in recruitment of health personnel over time. Lack of adequate medical staff may lead to provision of quality healthcare service. This concurs with a study by WHO (2010) that the availability and comprehensiveness of health services offered at a health facility is critical in realizing universal health coverage and this depends partially on the number and quality of health workers at facilities.

The study also established that 43.0% and 32.6% of the respondents moderately agreed and strongly agreed that staff working at the hospital are well trained and still take specialized training. Improved training techniques and continuous self-development through training has an effect on employee motivation which increases employee satisfaction. The results agree with WHO, (2006) that suggested that inadequate knowledge, skills and inappropriate attitudes can all form obstacles to good health care. Advances in insights into treatment and diagnosis, as well as changes in roles and responsibilities, require continuous professional development among health workers. In fact, WHO (2006) recommended that a lifelong learning process must be developed at the start of a professional career in the health sector. The study established that 36% neither agreed nor disagreed that staff were well remunerated and motivated to deliver quality healthcare services. However, overall 38.4% disagreed that staff were well remunerated and motivated to deliver quality healthcare services. The World health report 2006 shows that in many countries the salaries of health workers are below the minimum living wage and that the pay levels of public sector workers are often unfair compared to others in similar jobs (WHO, 2006). Where remuneration is low there is a tendency for healthcare worker to seek for other alternatives to supplement their low income. These alternatives may lead to provision of biased and poor healthcare services. Mount & Johnson, (2006) recommended that employers should be sure to offer salaries that are comparable to other positions in their industry including other benefits that should be offered such as insurance, retirement contributions, and attractive time-off packages. The study also found out that 45.3% of the respondents indicated that staffing influenced provision of healthcare services highly. This has a direct impact on the quality of healthcare services provided to the customers and agrees with Metha (2011) who posit that service quality influences patient satisfaction. Rigoli & Dussault (2003) posit that, in the health care field, attaining health objectives in a population depends to a large extent on the provision of effective, efficient, accessible, viable and high-quality services. The health workforce, present in sufficient numbers and appropriately allocated across different occupations and geographical regions is arguably the most important input in a unique production process and has a strong impact on overall health system performance.

Leadership Styles

The study established 59.3% of the respondents indicated that the leadership of the Hospital provided participatory or democratic leadership style. Participatory leadership allows everyone to contribute according to their own potential, and allowing people to act accordingly without any fixed mindset. This therefore calls for a strong leadership attributes that creates an atmosphere of trust. According to Shuck, Rocco & Albornoz, (2011), an atmosphere of trust created positive employee engagement, which all minimized a negative personality influence. Effective leadership creates positive team environments (Guay, 2013). A leader with a strong moral center can enhance employee engagement and job performance (Kottke & Pelletier, 2013). The study also revealed 39.5% of the respondents moderately agreed that the leadership at the Hospital was up to the task. This agrees with O'Neil (2008) who posited that within the hospital setting, the senior management is made up of a hospital management team that holds administrative power. This comprises persons in charge of administration, nursing, pharmacy and allied health services and is typically led by the medical superintendent. Those in charge of different clinical service units or departments are invariably clinicians and nurses who operate without any specific departmental administrators. And according to Bennett, Corluka, Doherty & Tangcharoensathien (2012b) leaders are expected to plan and advocate for resources, although they are unlikely to have direct control over a specific departmental budget. Such individuals also supervise teams of front-line workers, either medical or nursing, and contribute directly to service delivery.

In addition, the study established that 43.0% of the respondents moderately agreed that the ministries of health vision and plans for the future have been clearly communicated. This is in agreement with Faleye & Trahan (2011) who recommended that organizations have a duty to create a culture that provides an environment in which leaders can foster clear expectations for their employees. According to AKDN (2004) agreeing on a vision binds the members of the organization together, clarifies its ideals, invites commitment and provides momentum. As Gerstein, (2006) recommends, the most important thing any organization can do to ensure success is to have a vision or plan. Also, the study established that 36.0% of the respondents moderately agreed that individuals at all levels of the hospital were appropriately involved in the development and achievement of institution's goals. This concurs with Dikkers, Jansen, De Lange, Vinkenburg, & Kooji, 2010) who stated that employees who were positively engaged in their jobs are more likely to excel in their work. This is because these satisfied employees perform and work well with patients, which can improve consumer satisfaction and loyalty. Low employee engagement may negatively affect the sustainability of health care organizations, which may decrease service offerings, limit access, and lower the quality of services (Lowe, 2012). As a result, the decreases in access and quality of care may have a negative influence on medical outcomes, which would impact society as a whole. The study result also revealed that 40.7% of the respondents moderately agreed that the county government encouraged employee's growth through systematic training and development programs. This is because improving employee skills through training and development reinforce employee commitment and work execution. Also, employees who enroll in training program have been found to experience improved engagement levels. This agrees with Hynes

(2012) that leaders must identify skills that influence employee performance and engagement, such as interpersonal communication, flexibility, corporate culture, team skills, and proactive problem solving. As a result, the organization should develop training programs focused on improving these elements. In addition the study established that 43.0% of the respondents agreed moderately that Meru Level Five Hospital promoted team morale and built organizational commitment. This agrees with Lunenburg (2011) who states that meeting employee expectations positively affects employee motivation which in turns increases employee engagement and job effort. The study also revealed that 40.7% of respondents rated very highly the influence of leadership on provision of healthcare service. The results corresponds with Dixon-Woods, et al, (2014) who suggested that leaders in the best performing health care organisations prioritized a vision and developed a strategic narrative focused on high quality, compassionate care. In these organisations, all leaders (from the top to the front line) made it clear that high quality compassionate care was the core purpose and priority of the organisation.

Provision of Healthcare Services

The study found out that 37.2% of the respondents rated the performance of Meru Level Five Hospital as average with 33.7% rating it as high. In fact, Atieno, Nancy and Spitzer (2014) inform that the health sector has achieved considerable outcomes as per its mandate: reduction of Under Five Mortality from 115 per 1,000 live births in 2003 to 74 per 1,000 live births in 2008/9 and Infant Mortality from 77 per 1000 live births to 52 per 1000 live births in the same period. The study revealed that 48.8% of the respondents moderately agreed that healthcare services had improved since the implementation of devolved governance. As a consequence, 44.2% of the respondents moderately agreed that waiting time required to serve client has reduced at level five hospital since devolution of government service delivery with 32.6% of the respondents strongly agreed that waiting time required to serve client has reduced at hospital since devolution of government service delivery. The Millennium Development Goals (MDGs) 2013 report shows considerable improvement over the past decade in terms of improving quality of health care due to the result of international aid. This is in congruence with the findings that availability and comprehensiveness of health services offered at a health facility is critical in realizing universal health coverage (WHO, 2010). Leicht, Honekamp, & Ostermann, (2013) argued that improved service quality created opportunities to influence consumer behavior. Also 37.2% of the respondents moderately agreed that devolution of government service delivery has increased access to healthcare services in terms of availability, affordability, accessibility and acceptability. World Bank, (2012) posit that devolution entails transfer of responsibilities for services to lower tiers that elect their own political leaders, raise their own revenues, and have independent authority to make investment decisions. In a devolved system, local governments have clear and legally recognized geographical boundaries over which they exercise authority and within which they perform public functions. Ensuring availability and access to health services is one of the main functions of a health system. Such services should meet a minimum quality standard (WHO, 2010). Hence, in any health system, good health services are those which deliver effective, safe, good quality, personal and non-personal care to those that need it, when

needed, and with minimal waste. The finding of this study is in agreement with Okech & Lelegwe, (2016) that the government has taken important steps towards this goal over the years, emphasizing that the provision of health services should meet the basic needs of the population and be geared towards providing health services within easy reach of Kenyans, an initiative that has contributed towards improvements in the health.

CONCLUSIONS

The study concludes that ICT is highly used in all departments which made service delivery faster and better. Hence it is true that ICT has a lot of potential since modern communication technologies enables real-time communication and remote monitoring and thus faster reaction when needed. The most used type ICT was found to be the phones though Computer/Laptops/ Tablets received a considerable number of response. The study concludes that computers are an integral part of socio-economic development and an essential tool to our very survival since they serve as efficient data storage systems and excellent information processors. It can also be concluded that majority were satisfied with the variety of services, quality and reliability provided by the information technology in hospital. The study also established that there was insufficient internet bandwidth or speed which partially affected the provision of healthcare service. Furthermore, the researcher concluded that the major source of financing for the hospital was the national government with majority of the respondents indicating that finances were not received on time. It was also concluded that the level of financing received was not sufficient to help in delivery of qualified healthcare services at the Level Five Hospital. In addition, devolution of finances influenced rehabilitation and improvement of Meru Level Five Hospital.

Further concerning the staffing aspect at the Level Five Hospital, the study concludes that that Meru Level Five Hospital was not well staffed making the doctor-patient ratio to affect to a larger extent the provision of quality healthcare services. But the study concludes that the staffs working at the hospital are well trained and still take specialized training. The study established that staffs were not well remunerated and motivated to deliver quality healthcare services. However, in addition, the study also revealed leadership of the hospital ensured that staff issues that could disrupt healthcare service provision were well addressed. The study also found out that the level of staffing influenced provision of healthcare services highly. The researcher concludes that participatory leadership that is up to the task was in place at the Hospital. Furthermore, it can be concluded that the ministries of health vision and plans for the future have been clearly communicated as established by majority of the respondents with a substantial number agreeing that individuals at all levels of the hospital were appropriately involved in the development and achievement of institution's goals. It was also established that the county government encouraged employee's growth through systematic training and development programs. Also, Meru Level Five Hospital promoted team morale and built organizational commitment. The study further concludes that on average the Hospital performance had increased which led to improved healthcare services since the implementation of devolved governance. As a result, waiting time required to serve client had reduced at Meru Level Five Hospital since devolution of government service. In addition,

devolution of government service delivery had increased access to healthcare services in terms of availability, affordability, accessibility and acceptability.

RECOMMENDATIONS

1. It was also established that funds allocated to the institution was received late hence affecting the quality of services provided. The study recommends that the National Government should put in place mechanisms that will eliminate the challenges encountered during transfer of money to the counties. The legislature should also be efficient in deliberation of the County Revenue Bills on time to avoid delays.
2. Since the study established that leadership highly influenced the quality of healthcare services provided, the study recommend that Kenyans should elect leaders that are performance oriented, corruption free and those whose main agenda is to serve the general public not their selfish interest.
3. The leadership of the County Government and that of the Meru Level Five Hospital should show more commitment to staff issues of motivation. This will help improve staff performance so that the hospital can continue providing more quality healthcare services.
4. Since the study established that service provision had marginally improved, the study recommends that the Hospital engage qualified institutions to carry out regular patient satisfaction survey. This would give Meru Level Five Hospital management and leadership an independent appraisal of staff performance from the end-user's perspective.
5. The medical field is one that is constantly evolving with new discoveries being made all the time. To be up to date with the happenings in the medical fraternity, support for training and development programmes initiated by the hospital leadership be provided to the medical personnel to acquire relevant modern medicine and contemporary management practices.

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