Influence of Devolved Systems on Health Service Delivery: A Case of Kajiado County, Kenya

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Abstract: **Devolution was introduced by the 2010 Constitution, allowing services such as Healthcare, Agriculture, Transport, and Cultural to be provided through county governments. The County governments have endeavoured to undertake these functions, albeit with a few difficulties. This study purposes to assess the influence of devolved governance on health services in level four hospitals in Kajiado County. The study examined the influence of the devolution of healthcare finance, healthcare management, and healthcare human resources on the delivery of healthcare services in the County. The study also examined the policies that could enhance the healthcare services delivery subject if enacted. Qualitative and quantitative research methods were used to actualize the study. The study was conducted in Kajiado Level Four Hospital Kajiado County with a target population of 500 participants from various sectors in Kajiado County. A sample of 100 participants selected from the total population representing twenty per cent was in the study. Data was collected by the use of questionnaires and scheduled interviews. Both primary and secondary data was be used in the study. Statistical methods through the SPSS program were used to analyse quantitative data. Visual such as figures and tabular presentations were used for the results of this study. During data collection, ethical considerations were respected and adhered to in full. The study observed that Kajiado Level Five Hospital received its financing primarily from the country government and a small proportion from Donor funding. Financing from National Governments was mainly through NHIF reimbursement and UHC-based disbursements from the ministry of health. Devolution has enhanced the administration of the hospital by equipping the leadership with decision-making freedom. This efficacy was noted among employees because the believed they were better off under county leadership than they were under national government. However, human resources at the hospital experienced a host of challenges including staff shortage and delayed payments.**

Keywords**: devolution, healthcare administration, human healthcare resource, healthcare financial planning**

I. INTRODUCTION

The devolution of healthcare and the public sector in the modern world can be traced towards the end of the 20th century for most of the world. Nuffield Trust, which is interested in the devolution system of the United Kingdom's (U.K.) healthcare industry, commissioned a reporting highlighting that the four nations had followed different routes in healthcare since it became devolved (Connolly, Bevan, & Mays, 2020). Devolution of healthcare in the four regions of the United Kingdom enhanced benefit to patients relative to public funding multiplied dramatically (Connolly et al., 2020). However, despite the devolution and similar resources, Northern Ireland, Wales, England, and Scotland all produced varying outcomes on the quality of service delivered to patients. Waiting times and crude productivity in the healthcare workforce were more likely to be lower in Wales than in England, Scotland, and Northern Ireland. Despite the severe economic climate and the extent to which England's taxpayers subsidise public health services in the devolved nations, according to the report, it was unexpected that there was an inadequate inspection of healthcare products throughout the four countries (Connolly et al., 2020).

Devolution in Pakistan was introduced in 2001, following the army dictatorship's 2016 promulgation of the neighbourhood government plan. The purpose of the enactment was to promote democracy at the local level and enhance citizen service delivery, which includes healthcare. In parallel with devolution, maximum healthcare services were delegated from provincial to county authorities (Ansari et al., 2011). A 2016 analysis concluded that devolution has no longer identified the intended changes in fitness indicators. In addition, it referred to ongoing difficulties in implementing devolution in Pakistan (Social and Development Centre, 2016). In addition, it was reported that the majority of provincial government responsibilities were transferred to County governments.

Nevertheless, the transfer of obligations was not witnessed with the transfer of essential investments. This was in keeping with a 2016 World Health Organization (WHO)-commissioned health device evaluation project, which considered a composite image regarding decentralised health offerings. The evaluation study argued for improved planning and management abilities at the provincial and County levels of government to carry out their obligations effectively (WHO, 2016). WHO (2014) reports that Sub-Saharan Africa (SSA) suffers various public health issues. Consequently, a robust healthcare system and workforce that can consistently and reliably provide health care services are essential to address these problematic scenarios.

Nonetheless, the region lacks well-equipped training programs to prepare healthcare workers to handle the twenty-first-century challenges (WHO, 2015). The World Health Organization (WHO) promotes a revolutionary plan for training healthcare personnel. It emphasises the significance of talent in patient-centred care (Hurley, Doumbia, Kennedy, Winch, Roter, Murray, & Harvey, 2018). Numerous African nations have already used health machine decentralisation to address

managerial, operational, and political issues about system efficiencies and costs. Politically, decentralisation is likely to reflect the concerns of the local populace.

In contrast, decentralisation will reduce forms and red tape in managerially demanding circumstances. This is frequently associated with the protracted implementation of centralised decisions. In terms of operations, decisions must be made rapidly and much closer to the workplace, thereby increasing the leadership skills of management and boosting employee morale. South Africa and Rwanda are living evidence of this. Rwanda has shifted various functions from the provincial government to the municipal government. South Africa was approved to adopt Rwanda's devolution model. According to Hendricks et al. (2014), South Africa's fitness machine is already characterised by decentralisation. In conjunction with the establishment of County Health Authorities, several parallel actions must be made to decentralise the United States' health system. In the same vein, it is believed that failure to plan and implement decentralisation adequately will likely result in increased inequities and inefficiencies in the delivery of health care services, hence generating new problems and exacerbating old ones.

Kenya has received international popularity through its new constitution and the devolved governance machine. The new charter of Kenya has devolved financial and political powers from a centralised system of governance to forty-seven devolved gadgets, referred to as the counties, and has given those counties the autonomy to manage their governance affairs. The critical aim of devolution is to enhance exact governance and facilitate inclusive carrier transport to all Kenyan residents. There are indications that devolution has added offerings towards the humans, and its blessings are occurred in provider transport, no matter the challenges of governance associated with putting new systems of governance, negative capacities, and corruption. This study consequently intends to examine the influence of devolved administration on provider shipping in Kajiado County. This can be in particular to the health offerings devolved to the counties. The researcher slimmed right down to Kajiado County Level 5 Hospital.

1.1 Problem Statement

Governance is the vital pillar for development and democracy globally in particular states and establishments. Service shipping is generally guaranteed in which there is proper governance. Different countries have followed extraordinary governance systems that affect their provider transport. These systems are centralised, wherein all kingdom sources are under the national government for allocation and distribution or are devolved structures of governance in which aid allocation is performed at decreased stage units. Traditionally, politics have prompted those governance systems to spearhead financial increases. For example, the USA of America (USA) has a devolved system that has been a tool for its development. According to Koehler (2018), an effective devolved system of governance may be a pathway that affects carrier transport in a government as a result of understanding its potential. However, Kaburiet al. (2017) attest that if this device isn't always sustained in a well mentioned constitutional manner, several assets are embezzled, negatively affecting institutional functioning in a state.

After a few years of agitation for a looser and more inclusive governance device, Kenya, with a quick growing economy in East Africa (E.A.), followed a devolved machine of governance thru modifications to its charter in 2010 (Lutta, 2015). This inspired restructuring of Kenya's governing apparatus from centralised power to a decentralised one. Different services had been devolved to counties to ease complexities on carrier delivery on account of independence. The counties are independent entities that manipulate their governance affairs at their level.

The devolution of the governance device was enthusiastically welcomed by the Kenyan citizenry, specifically those from historically marginalised regions, who felt excluded mainly in resource allocation and carrier transport under the centralised governance. Although there may be excellent support for devolution, there are worries that counties have no longer finished as predicted. These demanding situations have been attributed to the newness of the machine, inadequate capacities, and corruption, which has been a countrywide scourge because of independence. This situation has precipitated discussions about the need to evaluate the state of affairs and look for answers. Kajiado County is one of several counties with severe governance demanding conditions right at the start. The governor rooted for inclusive governance, whilst the Kajiado Assembly (MCAs) members wanted control over the executive. Additionally skilled the demanding situations that were experienced by way of the alternative counties – starting a new system of governance from scratch and terrible capacities. For example, lately the Member of Kajiado County Assembly (MCAs), ganged against impeaching their governor alluding that he changed into barring them to get right of entry to price range on county projects (Gathii & Otieno, 2018). A record from the senate indicated that indeed the governor become seeking to diminish the recurrent corruption inside the County tainting the county image. There has been an opening inside the research that highlights, the impact that the devolved healthcare service shipping in Kajiado County. This gap consists of; the effect of devolution in healthcare machine, the governance of healthcare price range, the human useful resource on the health centre in Kajiado county, and lastly the ratio between the group of workers and the sufferers. All these gaps have not been documented To that end, this research, is set to evaluate the effect of the devolved governance on human resource management in Kajiado Level Four Hospital.

II. LITERATURE REVIEW

2.1 Theoretical Literature

Stakeholder theory's hypotheses guided this research. In 1984, R. Edward Freeman delineated the Stakeholder Theory of organisational governance and business ethics, which covers morality and values in business relationships. His perspective

on Strategic Management: A Stakeholder Approach identifies and models the organisations' stakeholders and describes and offers techniques through which management might accord these organisations' interests proper consideration. The theory has become a central focus in the study of institutional ethics. A number of students have used it as a basis for further study and development, including the current analysis. Since the 1980s, the theory's prominence has increased significantly, with experts worldwide questioning the viability of focusing on shareholders' money as the essential purpose of a business.

The administration of Kenyan institutions has changed as a result of devolution. Despite the teething challenges associated with devolution, national and county administrations in Kenya have different duties and responsibilities. All devolved services, including healthcare providers, would benefit from Kenya's endorsement of devolution, which decentralises power and resources to the county level.

2.2 Empirical Literature

Research through the Economist Intelligence Unit (2011) was undertaken to realize how African healthcare systems could increase as much as 2022. Accordingly, it has been discovered that Africa must reassess its healthcare structures to ensure they may be possible over the subsequent decade. This is accomplished through implementing restructuring while confronting an exceptionally diverse array of healthcare, political, and economic issues. Despite these critical obstacles, it is possible to restructure the continent's healthcare systems. Indeed, some proof of reform is already available. Various nations seek to establish or expand social coverage programs to give medical treatment to more of their inhabitants. Ethiopia, for instance, has tested the strength of solid political will to develop a premier health care system from scratch.

According to Atela (2013), health structures' responsibility and engagement are progressively enhancing services by offering service design, implementation, and evaluation mechanisms. For instance, hospital boards, committees, and patient and facility service charters are commonplace in Kenya's public affairs. According to Korir (2010), the Kenyan Ministry of Health must make more efforts to decrease inefficiencies in service delivery. Furthermore, the findings showed that the Ministry must keep a database of the inputs utilized by each hospital and the services it offers to ease yearly performance evaluation since performance information is critical to improving the service quality.

In South Africa, the Department of Health (2012) admitted that the use of information and communication generation for health is still dealing with many cavities, such as the absence of described eHealth requirements. For example, an observation via Mgozi, Weeks, and Erasmus (2015) discovered that even though cloud computing is being adopted within the fitness area in other nations, it became observed that the South African fitness machine was no longer yet prepared for this emerging technology.

Juma and Okibo (2016) believe that for improved service delivery, the deployment of ICT in healthcare institutions and the adoption of an ICT strategy are required since it enables adequate data access and distribution. Patients' health, money, and time are mismanaged when there is a lack of adequate, structured, trustworthy, and timely information. As a result, the sector's output is hindered by a lack of an adequate system for organizing and transmitting data.

County governments receive a great deal in their funding from the country's broad authorities. These price ranges will be used for recurrent and improvement expenditure. If county authorities do not acquire enough budget, this can impede implementation of tasks and projects it desires to execute. According to Grundy et al. (2003), between 1992 and 1997, a breakdown in management systems among the degrees of presidency affected operational financing prices of services in the Philippines. In Yukon, Canada, one of the territories in which there's devolution gadget of the presidency, a commitment to improving healthcare delivery was reflected in the 14% boom in the 2011- 12 price range. In Northwest Territories, the fitness area was allocated 25% of the jurisdiction's $1.339b finances (Powers, 2011).

Inadequate finance has been impeding the advancement of healthcare delivery in Africa. Although Sub-Saharan Africa has just 11% of the global population, it accounts for 24% of the world's sickness burden according to the International Finance Corporation. Worse, the area is only responsible for less than 1% of the world's health spending. Public-sector funding for healthcare across the continent is uneven. 53 African countries agreed to spend 15% of their national budgets on health in the Abuja Declaration, but the majority of them have not kept their word. In some estimates, seven countries have reduced their health spending in the recent decade (WHO, 2011).

Various studies have generally discovered that lower staffing tiers in fitness facilities are related to heightened risks of terrible patient outcomes. Staffing degrees, particularly those associated with nurse workload, seem related to occupational health troubles and mental states. Experiences like burnout may constitute precursors for nurse turnover from unique jobs and careers (Clarke & Donaldson, 2008). Thus, a team of workers' fitness problems and personnel turnover may affect the delivery of offerings in health centers. Lenka and George (2013) emphasize that education of the health team of workers on their superior job duties and task sharing is an essential determinant of the fulfilment of health services. A have a look at with the aid of Wakaba et al. (2014) public zone nursing workforce installed, there has been an average scarcity of nurses in Kenya, and this affected service transport in health establishments.

According to Akacho (2014), seventy-four percent of respondents stated that understaffing became the most critical problem affecting the delivery of healthcare offerings in Uasin Gishu County. The results indicated that the hospital's staff was overworked, making it harder for them to provide pleasant care. The findings were consistent with Wavomba and Sikolia (2015) who showed that there were not enough medical staff available to treat malaria patients in the inpatient wards.

The challenge of healthcare leadership is ensuring team and organizational direction, alignment, and commitment (Drath et al., 2008). Influential healthcare executives continuously emphasize the need to provide safe, high-quality, and compassionate treatment. This ensures that patients' experiences, worries, wants, and opinions (both positive and negative) are considered on a frequent basis at all levels. As a result, their leadership is empathetic and approachable; they are also polite, courteous, sympathetic, and self-empowered. Participation and involvement are encouraged as a technique of centre administration. When workers have a voice, it is important that their ideas be taken into consideration. They help groups of employees innovate within specific restrictions by providing support and guidance.

Leadership is one of the planning skills that involves motivating employees to achieve corporate objectives. Alloubani et al. (2014) studied the effects of management patterns on service quality in healthcare and determined that transformational management characteristics were significantly associated to organisational results. The involvement of important stakeholders, including staff, is essential since it can aid in the experience and personalisation of the control's initiative and decisions. Effective management is one of the most crucial components that steer an organisation toward success. The primary objective of the current organisation is to comprehend the effects of effective management on nursing performance and organisational success. Lower patient court cases are connected with leadership effectiveness (Shipton et al., 2008). This indicates that the customer receives superior services.

III. RESEARCH METHODOLOGY

3.1 Research Design

Saunders et al. (2011) opined that research design describes how they plan to conduct the study. During the study design phase, the researcher must define the research process steps to anticipate and prevent potential errors, biases, and distortions. Descriptions of phenomena or qualities connected with a population, estimations of the population's percentage possessing these traits, and identification of correlations between variables are all possible outcomes from descriptive study design (Ngechu, 2004). Utilising a descriptive research approach, the researcher evaluated the impact of devolution of the health sector on service delivery at Kajiado hospital. Using a descriptive research methodology, the researcher was able to collect both qualitative and quantitative data on how the devolution of the health sector has affected county-level service delivery. The researcher was able to link the devolution of the health sector to service delivery using this methodology.

3.2 Sampling

A sample of the target population is necessary since involving the entire target population is logistically challenging. A random sampling technique shall be used to sign up participants in the study to afford target subjects an equal opportunity to participate. To be included in the study, one must have the trait or outcome being examined in order to be eligible (Githui & Wario, 2013). The following derivation was used to determine the sample used in this investigation.

Z^2pqN

$n = e^2(N-1) + Z^2pq$

1.96 * 0.5 * 0.5 * 505

$n = 0.05^2(505-1) + 1.96^2 * 0.5 * 0.5$ =110.96517 ≅ 111

P = 0.5	q = 0.5	$Z_{0.025} = 1.96$	e = 0.05

Where,

e = Expected errorn = sample size

N= entire Population

Z= level of significance

p = Probability that individual has the characteristic or outcome beingstudied

q = Probability that individual does not have the characteristic oroutcome being studied.

Based on the above formula, this study shall involve 111 research participants. This number has been distributed proportionately across all the target population's job categories except for pharmaceutical technicians, healthcare administrators, and board of management.

Categories	Personnel	Sample size
Laboratory Technologists	56	12
Nurses	326	67
Clinical Officers	78	16
Doctors	29	6
Pharmaceutical Technicians	2	2
Health Administrators	9	5
Board of management	5	3
Total	505	111

Figure 3.1: Sample size determination

Source: Authors (2022)

3.3 Data Collection and Analysis

The data for this study was gathered through self-administered questionnaires delivered to respondents and collected once they have completed them. To begin collecting data, the researcher must first obtain permission from the university in the form of a letter. This was supplemented by an official letter from the hospital's administration at Kajiado Level Four. This was a step toward requesting authorization to conduct research in advance from the Ministry of Health, along with an explanation of the reason and objective of the examination. The researcher sought authorization from appropriate authorities and NACOSTI to gather data from respondents.

Data analysis is the process of carefully examining and organizing completed research devices following fieldwork to enhance knowledge and allow one to share them with others

(Franklin, 2012). Sorting, categorizing, and analyzing the acquired data might help researchers better understand their study questions and objectives. It is possible to study quantitative statistics using the SPSS software. Quantitative data for each query can be tallied to provide a comprehensive picture of the general appearance of the statistics that assisted the researcher in recognizing trends. In quantitative analysis, descriptive information can be used to analyze statistics to derive statistical measures that helped the researcher make appropriate inferences about the examined topic. This information may be presented using Charts, Graphs, Chances, and Tables. While qualitative information was presented as announcements, the outcome may be described in paragraph form.

IV. RESULTS AND ANALYSIS

4.1 Demographic Characteristics of the Respondents

An array of demographic characteristics of the respondents were examined. The parameters used include gender, relationship status, work experience, age, and department affiliation. The outcome of this assessment is presented in Table 3 below.

Table 4.1: Demographic profile of respondents

Gender	**Frequency**	**Proportion**	**Age Profile**	**Frequency**	**Proportion**
Male	36	35.64%	Below 25 Years	15	14.85%
Female	63	62.38%	25-34 Years	47	46.53%
Non-Binary	2	1.98%	35-44 Years	27	26.73%
Total	101	100.00%	45-54 Years	12	11.88%
Department			55 Years and Above	0	0.00%
Laboratory Technician	5	4.95%	Total	101	100.00%
Human Resource Office	4	3.96%	**Work Experience**		
Clinical Officer	14	13.86%	Less than 3 years	18	17.82%
Medical Officer	11	10.89%	3 to 6 Years	31	30.69%
Nurse	61	60.40%	7 to 10 Years	34	33.66%
Pharmacist/Pharmaceutical technician	4	3.96%	11 to 14 Years	16	15.84%
Administrative	2	1.98%	15 Years and Above	2	1.98%
Board of Management	0	0.00%	Total	101	100.00%
Total	101	100.00%			

Source: Research Data (2022)

The gender composition of the respondents was such that 62.38% identified as females while 35.64% identified as male. Two percent of the respondents selected the non-binary. The average age of the healthcare personnel at the hospital is 25-34 years based on the responses obtained. A little over twenty-six percent of the respondents were 35-44 years old. Concerning the other age cohorts, almost 15% of the respondents were below 25 years while about 12% of the respondents were 45-54 years. None of the respondents aged fifty-five years and above. Most of the respondents (33.66% of the respondents indicated 7-10 years of experience closely followed by 30.69% who had 3-6 years of experience. Only two of the respondents indicated at least 15 years of experience, presumably senior officers at the hospital. Most of the respondents were from the nursing department (60.40%) followed by clinical officers (13.86%), medical officers (10.89%), laboratory technicians (4.95%), and pharmacists (3.96%). Slightly below 2% of the respondents were in the administration department. The study did not manage to involve any of the institution's board of directors due to their engagement with other affairs. This information was important to aid in assessing whether a respondent's role influenced their overarching experience about influence of devolution in their line of work.

4.2 Devolution influence on healthcare human resource management

The second objective of this study sought to examine the effect of devolution of healthcare on the management of healthcare human resources. The researcher made inquiring from the respondents about an array of predetermined aspects of healthcare human resources. First, the author examined the attitude of the respondents concerning the size of human resources at the facility. The respondents were required to indicated whether they believed that the facility had enough labor. The outcome of this assessment as presented in Figure 1.

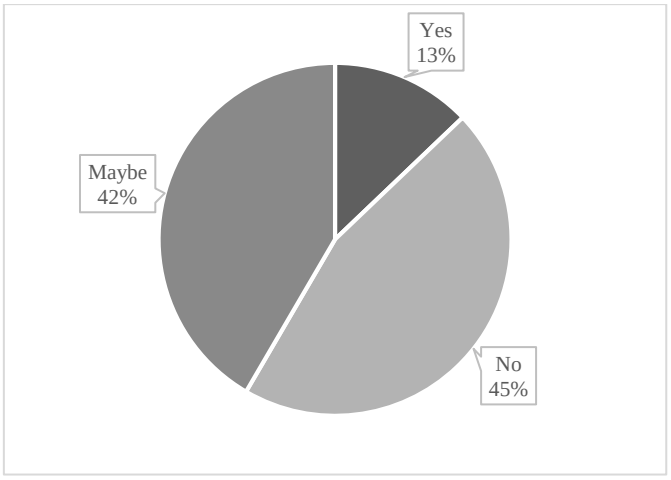

Figure 4.2: Labor sufficiency at the hospital

Source: Research Data (2022)

Forty-five percent of the respondents believed that the facility did not have enough manpower. Only 13% of the respondents believed that the facility had enough manpower, with the remaining proportion indicating indecision. The researcher further examined the sufficiency of the current doctor-patient ratio and the influence of the ration on the quality of services delivered to users as showed in Figure 2.

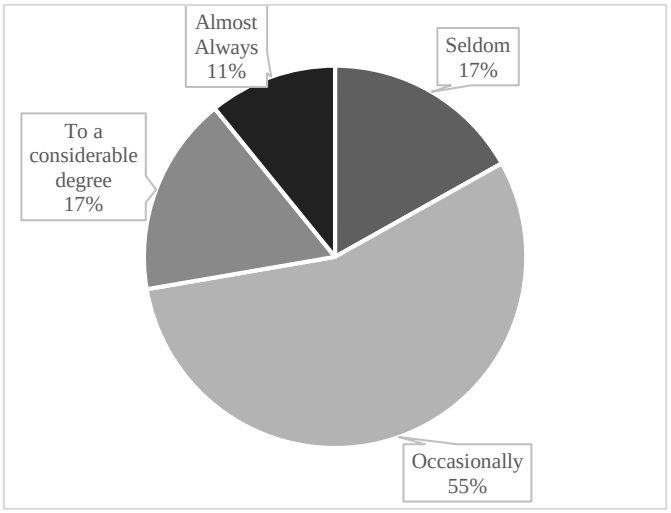

Figure 4.3: Doctor-patient ratio and service delivery

Source: Research Data (2022)

Eleven percent of the respondents believed the ratio was affecting service quality almost always. Fifty-five percent of the respondents believed that the prevailing doctor-patient ratio had been influencing quality of services *occasionally.* The other respondents either believed that ratio affected service quality *to a considerable degree* (17%) or *rarely* (17%). In healthcare studies, the role and obligation of healthcare professionals takes the spotlight in most cases. However, the plight and welfare of the professionals is side lined often. This study examined the experiences of the respondents concerning the skill capacity enhancement of the human resources and other forms of welfare at the facility as showed in Table 10.

Table 4.2: Human resource experiences at the hospital

	Mean	**Standard Deviation**
All service providers at the hospital are well trained to do their work	2.42	1.09
Critical human resources receive regular retooling training as recommended in the medical profession	1.55	1.13
The staff at the hospital is well paid/remunerated for the services they provide	1.51	1.12
The staff is always motivated and encouraged to offer the best services	2.34	1.11
All issues about hospital staff are prioritized and addressed in a timely or efficient manner	2.04	1.24

Source: Research Data (2022)

On average, the respondents disagreed with the sentiment that all service providers at the facility are properly trained to their work. This observation was contrary to the study's expectation that devolved healthcare provides a better opportunity for retooling of healthcare providers. This sentiment was also reflected in the experiences of the respondents concerning the retooling for special and critical human resource providers at the facility as recommended in the healthcare profession. Lack of regular retooling for healthcare providers raises the challenge of healthcare preparedness for county governments especially considering the dire experiences of the coronavirus disease (COVID-19). The respondents had a relatively positive response towards the sentiment concerning the remuneration of the staff at the hospital. They either agreed or *(26.7%)* that the facility provided fair compensation to their staff.

V. DISCUSSION

This study's results are partially consistent with those of other published studies within the same research domain. For instance, Tsofa et al. attributed healthcare devolution to salary disruptions, political influence in human resource management, low staff morale, resignations, and a lack of essential medications (2017). In spite of devolved healthcare, Miriti (2016) found that inadequate and delayed funding by the country government caused hospitals in Meru to rely on funding from the national government. In addition to improved service delivery to the target population, the author found an improvement in staff training at the hospital under study. In contrast to this study, Miriti observed that devolution had a substantial effect on the doctor-patient ratio. Other case studies have also found that staffing affects the delivery of healthcare services (Mehta, 2011; Gupta, Rodeghier, & Lis, 2014).

The overarching effect of devolution appears to be an expansion of healthcare administrators' decision-making authority. According to Tsofa et al. (2017), decision-making is a crucial area for healthcare administrators' area for the promotion of the management of essential medical supplies and

services. This important advantage of healthcare devolution has been observed repeatedly in related studies by Mitchell and Bossert (2010) and Mohammed, North, and Ashton (2016). Despite the fact that decision-making autonomy among healthcare administrators was a challenge in the early stages of devolution, it has gradually improved due to the emergence of country-specific management structures (Tsofa et al., 2017). To take full advantage of this space among administrators, however, individuals must be capable of performing their assigned duties. In Pakistan, for instance, Bossert and Mitchell (2011) observed that the management of the health sector was affected by the lack of individual and institutional capacity to perform decentralized functions. It is essential that healthcare administrators have the ability and skill to involve all stakeholders in decision-making. The majority of the time, the decision-making space resulting from devolution should enable all stakeholders to influence the direction of their institutions.

In addition to being consistent with the published literature, the identified challenges of healthcare decentralization are consistent with the identified obstacles. As an example, the World Health Organization (2010) asserts that the majority of healthcare workers around the world are not adequately compensated, which may help to explain the level of dissatisfaction among the practitioners surveyed regarding their compensation. Staffing and morale issues among employees may account for the gaps in healthcare delivery in the case study in question. For instance, Mehta (2011) found that staffing challenges in healthcare human resources contributed to subpar healthcare service delivery and led to low levels of patient satisfaction. Tsofa, Molyneux, Gilson, and Goodman (2017) observed that the re-centralization of financial planning from the health-facility level to the county level complicated healthcare administration at the lowest levels in some counties.

Some of the operational challenges in the healthcare sector, such as inadequate equipment, insufficient continuing professional development (CPD) programs, and inadequate remunerations, may be attributable to consistent budget cuts, in which the sector receives significantly less funding than is required to ensure quality delivery. Since the beginning of devolution, Kenyan county governments have allocated a meager 5% of their total budgets to healthcare, which is expected to cover all needs, including staff compensation, equipment purchases, medical supplies, healthcare infrastructure, and miscellaneous expenses. This practice contradicts Kenya's commitment to the Abuja Declaration, in which the nation (along with its counterparts) pledged to allocate at least 14% of the national budget to healthcare. Although Kenya signed this declaration prior to devolution, it is anticipated that the mandate will be transferred to county government. Inadequate allocation to the healthcare sector results in a lack of essential equipment, poor service delivery, and poor remuneration practices among staff, among other difficulties, some of which are evident in this study (Kimathi, 2017).

VI. CONCLUSION

This study found that devolution has provided healthcare administrators with a larger latitude for making localized decisions. However, operational management difficulties include insufficient involvement of stakeholders in day-to-day operations through regular communication and participation in decision-making. According to healthcare recipients, there have been advances in the overall delivery of healthcare services. Devolution has made it possible for healthcare facilities to recruit qualified personnel, perhaps from local societies. Respondents to the study believed that the available human resources were competent and sufficiently skilled to address the most pressing healthcare concerns. Regarding the effect devolution has had on the doctor-patient ratio, opinions are divided. Other implications of devolution on healthcare human resources include worker demotivation due to management deficiencies, inadequate training and development opportunities for staff, and compensation complaints.

This study contributes to the current body of knowledge by illustrating the extent to which healthcare devolution has impacted human resource management as a core pillar of healthcare. This study contributes to the body of knowledge by emphasizing the need for continuous evaluation of the outcomes of healthcare devolution. This paper`s findings are congruent with those of research completed several years prior. This is essential for determining whether or not the national healthcare industry is advancing. The County Government of Kajiado may get information from this study regarding the level of advancement in healthcare administration and service delivery in the concerned sub-county. Some of these insights may include the beneficiaries' perspectives on healthcare services in the county, the issues facing healthcare human resources, and the administrators' perspectives on healthcare delivery in general.

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