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POLICY IMPLEMENTATION AND SERVICE DELIVERY IN HOMA BAY COUNTY HEALTH SECTOR, KENYA

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ABSTRACT

Kenya lags in various global health sector targets one of them being the implementation of the 2001 Abuja declaration pledge that sought to ringfence 15 percent of government budgets on public healthcare. For the year 2001/02, it only managed a high of 8 percent share, after which the share was at about 5 to 7 percent range from 2013/2014 to 2015/2016. Kenya also performed way below the World Health Organization (WHO) benchmark for annual expenditure on basic healthcare of \$64 per person. The goal of this study, therefore, was to look into the impact of policy implementation on service delivery of the healthcare sector in Homa Bay County. Particularly, the study sought to establish the effect of bureaucratic practices and citizen engagement approaches on healthcare service delivery in Homa Bay County. The research was based on the 1921 Bureaucracy Theory of Max Weber and Carole Pateman's Participatory Democratic Theory. A descriptive research design was adopted by the research. Hospital staff, medical record officers and patients were the target population. It will target a total of 1100 respondents.

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A 110-sample size was used. The information gathered was then evaluated using inferential and descriptive methods, and the results were presented in figures and tables. A structured questionnaire and interview schedule were used. For this research, a multivariate regression analysis was then adopted. The results revealed that bureaucratic practices and citizen engagement approaches are key determinants of service delivery in the healthcare sector in Homa bay county. The study recommends that the county government should prioritize timely payment of salaries to healthcare workers to enhance the morale to provide quality services to the people. Further, the county should enhance technology in the healthcare facilities to assist both in records management and revenue collection.

Keywords; *Policy implementation, service delivery, bureaucratic practices, citizen engagement approaches, public policy*

BACKGROUND OF THE STUDY

In the United States, policy implementation crucial research began in the 1970s as a response to the very soaring concern over the execution and effectiveness of wide-ranging programs on reform (Futzel and Oliver, 2007). As policies were lagging behind the policy expectations the process of translating policy into reality attracted more focus (Barrett, 2004). Various studies on public policy implementation have always given much attention to describing the gaps in policy implementation. Although the issue of policy implementation gaps has been of greater concern to most social scientists, it has not been the case for decision-makers who have invariably equated proposing policy to its disposal (Dunsire, 1978). The idea that the process of policymaking is divided into stages was developed in 1970. Whereas there have been discussions as to the meaning and the number of phases, conclusively they comprise Setting the agenda, formulating policies, implementing them, and evaluating them. The phases allow research to give attention to specific parts of the policy process and have proved to be useful as an analytical tool in research (Laswell, 1970). When African states began sliding into economic crisis it became commonplace that the causes of the economic doldrums lie in the life of public policies. Just the mere existence of well-formulated policies does not necessarily result in successful execution. In South Africa, since 1994, the department of health and the post-apartheid government administration have formulated policies and legislative pieces that directly or indirectly impact the delivery of health services in the country.

A considerable number of policy documents are received timeously by hospitals from the national offices, the provincial departments and local government, however, most of these policies have not been implemented as required. These health policies have a direct bearing on the delivery of services in the health sector health personnel financial matters, acquisitions of medium and foodstuffs (Couper, 2000). In Nigeria, the country is perceived to be currently deep in poverty, there is an absence of primary social amenities and underdevelopment not because of lack of suitable public policies but because implementation is the Achilles Heel in the Nigerian republic. An excursion into the history of public policy in Nigeria shows that if all the formulated policies were accordingly implemented, Nigeria would no doubt be on the fast lane of development. It is, however, a quandary that most of these policies only exist on paper and are never given life to actualize their objectives as stipulated. The policy implementation field in Nigeria is adversely ailed by lack of political goodwill, poor policy design and conception, poor leadership and management and wanton corruption (Paki and Ebiefna, 2011). Ggoobi (2016) while discussing the implementation of policy in Uganda, noted that policy fails in the country due to various reasons including neglecting the rural regions, policy design and planning devoid of proper leadership.



Further, the government also imposes policies without putting consideration whether it meets the need of the citizenry or not. However, the current fashion in Africa is the adoption of foreign remedies to its issues and the execution of such policies more often than not end up undermining the local intellectual resource capacity to intervene on local problems. If all the socio-economic public policies established in Kenya after independence were to be completely enforced, there is no doubt that the economy of the nation would be among the newly individualized economies not only on the continent but worldwide. The enforcement of those policies would have resulted in a thriving manufacturing sector, an increase in the number of job opportunities and an enhanced health care system, a well-developed transport system, access to clean water and sanitation, low levels of poverty in the country and other positive changes in the evolving economy. There is an excellent consistent feature in the analysis and evaluation of a number of these past and present policies that clearly distinguish the policy-making process in Kenya. This is an aspect of the problem of strategy. The policy cycle includes a variety of steps, with formulation and execution being the most pronounced. The state of formulation simply requires stakeholder contributions and the implementation cycle depends on the productivity rate of states, agencies, ministries and state departments (Wasilwa, 2017).

Session paper No. 10 of 1965: Kenya's first all-encompassing development blueprint: African socialism and its application to planning in Kenya narrowly highlighted the courses of action to be taken to direct the developing economy of the country, with the public sector and private sectors playing an integral role in the implementation phase. This policy was to solve three major challenges namely; poverty, ignorance and disease this implied on a large scale that every Kenyan was to access education, better living standards and affordable healthcare. Many gains were made from this initiative however, its implementation was sabotaged by both internal and external forces along the way (Zezeza, 1991). Fast forward to 2003, Narc's administration, great heed was paid in resuscitating the country's economy. To realize this a policy document was created 'The Economic recovery strategy (ERS) for wealth creation for the period between 2003 and 2007. The policy paper projected an economic growth rate of 7% upon the completion of the administration's first term in which it was implemented. In the year 2007, the country's economy soared by 7%, this was a clear token that the policy framework was implemented effectively (UNDP, 2012).

As the period time, ERS implementation was elapsing, the sessional paper No.10 of 2012 on Kenya's vision 2030 was composed. Its main objective was to catapult the county into a middle-income economy by mainly investing in key infrastructural projects and the manufacturing sector. The implementation of vision 2030 was planned to occur in three phases christened as Medium-Term Plans, MTPS. Earliest MTP was for the period between the years 2008 and 2012, the subsequent MTP was between 2013 and 2017. To this extent, some major progress is taking place particularly in the construction of infrastructural projects certain ground playing has been overlooked for example the government has not been committed to heavily investing in the manufacturing sector to achieve the objectives of vision 2030 remains an illusion. Considering how the process of implementation is being executed. With proper policy implementation, it is without a doubt that most of the recurrent issues in the county will fully be solved (RoK, 2012).

SERVICE DELIVERY

UNDP (1990) propounds service delivery is defined as a set of structures deployed by governments to provide its people with public goods and services. Seidle (1995) notes that the requirements of efficiency, accessibility and responsiveness provide reliable delivery of public services to residents. If the above requirements are missing in service delivery systems, it cannot be regarded as quality public service delivery.

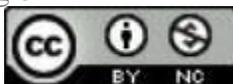


According to Convention 21 (2) of the UN Declaration of Human Rights, all persons have express rights to enjoy fair public services. The provision of public services is also seen as a basic way of fulfilling their rights and freedoms (Waladt, 2004). In Sri Lanka, for example, the country like many other states both developed and developing over the last century, occupies a crucial position. The number of institutions at the national level in the provision of public services can be immense, influencing the daily citizen actions at the grassroots. Many civil service bodies are set up to manage the vast majority of citizenship obligations. They either directly/indirectly have a duty to the government and people. (Abdul and Fathima, 2014). In Tanzania, access to fundamental public services is regarded as a major factor of human development and productivity. It is a prerequisite for ensuring the well-being of the country's citizens. However, access to basic services by the public servants is an *Anguis herba* in many developing economies. Regardless of the steady economic growth averaging 7% in the past decade, Tanzania has continued to encounter substantial development drawbacks. The government has instituted a variety of measures consistent with its commitment to the National Development Vision, 2025. Among other models, the government has sought to enhance significantly the delivery of public services through legal, administrative, labor and financial amendments whose focus is on the performance of civil servants, transparency and accountability (Lufunyo, 2013).

In Kenya, local authorities were mandated with the responsibility of service delivery that cut across infrastructural development, garbage collection, maintenance of roads, and development of markets with limited responsibility in education and health. The new devolved units which were introduced in 2013 after the March general elections assumed most of these functions and some more. The desire to enhance service delivery in Kenya originated from the economic recovery strategy 2003 – 2007. The economic strategy was taken up by the NARC Government which had taken over the reins on the platform of reforms this was due to a decline in economic performance and public service delivery in the previous regime and the quality of life (GoK, 2003). Hasnain (2010), states that since there was a continued outcry in the delivery of public services the current government introduced Huduma Centre Kenya which was its flagship initiative that sought to address the Kenyan constitution need which is based on admission and quality to government services. According to Oyugi (2015), Huduma services were introduced by the government so to make public services more accessible to the general public. Therefore, this is attained by creating a link between digital devices like mobile phones, computers, tablets among other state departments.

STATEMENT OF THE PROBLEM

Kenya lags in various global health sector targets one of them being the implementation of the 2001 Abuja declaration pledge that sought to ringfence 15 percent of government budgets on public healthcare. For the year 2001/02, it only managed a high of 8 percent share, after which the share was at about 5 to 7 percent range from 2013/2014 to 2015/2016 (AU, 2001). Kenya also fell far short of the World Health Organization's (WHO) goal of \$64 per person for annual spending on basic healthcare. Kenya's annual per capita health expenditure in 2015/16 was estimated at US\$25.1 per person (KIPPRA, 2018). According to the Homa Bay County CIDP (2018) Homa Bay health sector is faced with a variety of problems ranging from underfunding of the sector at 24% and 27% in the 2016/2017 and 2017/2018 financial years, respectively. There was an inadequate workforce in health facilities, shortage of drugs allowing the healthcare facilities to issue only prescriptions, inadequate water and power supply, most of the health facilities lack maternity wards, inadequate referral and ambulance services, perennial health workers unrest, poor referral system and inaccessible health facilities are some of the issues that face the healthcare sector in the county.



This has consequently undermined the effective delivery of health services; hence the rationale of this study was premised on the above-mentioned adverse features of the service delivery state in the Homa Bay County health sector. Research on devolved governance in Kenya by Khaunya, Wawire and Chepng'eno (2015) revealed that counties have experienced a multitude of obstacles that erect in the way of policy implementation. Certain instances have also been reported where the national government's executive arm is perceived to be reluctant to devolve certain funds intended for county development initiatives that curtail delivery of services, for instance, the county governments' payment of salaries and a host ground-level innovation. Akacho (2014) contends that lack of facilities influenced quality health care service provision. A study by Barker et.al (2014) on the evaluation of the readiness of the county healthcare system in Kenya noted that Marsabit County was one of the devolved units that are ill-prepared to enhance the accessibility of healthcare services under devolution. The above-mentioned studies have created links between devolved governance, presence of health facilities and readiness of counties' healthcare systems and health service delivery but none has interrogated the link between policy implementation and service delivery with particular focus on the health sector in Homa Bay County, Kenya which this study seeks to undertake hence filling the arising gaps.

OBJECTIVES OF THE STUDY

The study was premised on specific objectives as listed below:

- i. To assess the effect of bureaucratic practices on healthcare sector service delivery in Homa Bay County.
- ii. To determine the effect of citizen engagement approaches on healthcare sector service delivery in Homa Bay County.

LITERATURE REVIEW

THEORETICAL REVIEW

Max Weber's Bureaucracy

In his groundbreaking work on economics and society in 1921, Max Weber promoted the concept of the ideal form of bureaucracy. Sager and Rosser (2009), propounded that the most logical way of organizing a state together with its institutions was bureaucracy. "The "dominant institutions of industrial society" are seen to be bureaucratic organizations. Weber argued that a bureaucracy includes management, communication and control problems in a diverse collection of tasks (Evans and Rauch, 1999). The theory defined the features of a bureaucracy as, inter alia, "a hierarchy and authority of paid, full-time employees forming a chain of command." Hierarchical systems and chains of command are key features of bureaucracy dispensation. Adherence to rules and regulations, impersonality, separation of labor, and office continuity are other functions. In addition, the functionaries of the bureaucracy are selected and assigned on a merit-based basis, ensuring they have the requisite credentials to perform their duties.

The Bureaucratic theory of Weber has various consequences for this review. The hierarchy's availability helps the bureaucrats to decide whom to report to and who reports to them. There is a good definition of contact networks in this situation, which in turn eliminates cases of conflicts of roles. In other words, because of the presence of a hierarchy and authority, health officers know their positions, the individual to report to and how to air their concerns. In addition, since health officers have the skills needed to provide care, they will provide patients with the right quality services. In describing the link between bureaucracy and service delivery that is based on in this report, this theory goes a long way.



Participatory Democratic Theory

The theory's proponent was Carole Pateman. The principle states that the presence of citizens inside a country is a theoretical statement. It reveals the obsession of opinionated sociology with the functionalist theory reminiscent of steady political organization. The theory presents the boundaries of interaction within a social culture between the individual and the nation. It introduces the Participatory Democratic Theory's four basic doctrines. The theory points out, first of all, that the capacity, knowledge and individuality of individuals are associated with forms of administrative arrangements such as participation. In other languages, individuals recognize that they contribute by executing their role within the autonomous systems.

Additionally, the participatory democratic case is an instance of sovereignty over certain reforms that will ensure individual collective and political existence autonomous in an equivalent manner as individuals in their personal lives or as individuals in the general public. Furthermore, if there is a need for creating a contributory society, a consequential participatory democratic theory exists. Finally, the variations needed are typically structural. They need to restructure autocratic socio-political systems that slow down participatory activities. In describing the impact of public engagement on the outcome of service delivery, the theory applies to the analysis. The theory states that when the public is engaged in the provision of services, there is a nexus between public support and the delivery of services.

EMPIRICAL LITERATURE REVIEW

Bureaucratic Practices and Service Delivery

In Ghana's Kumasi Metropolitan Assembly (KMA), Kwame (2011) looked into the impact of bureaucracy on service delivery. The study revealed among other things that albeit there is the clear practicing of the division of labor, departments lack medical equipment that assists in coordinating their activities effectively hence resulting in delays when meeting the expectation of the clients in need of service. Moreover, there was an agreement that the assembly lost its productivity that arises from extreme bureaucracy and could hurt the national government's performance. In Gaza Strip, Palestine, Ziad (2014) researched the impact of bureaucracy on service delivery from the perspective of cost servants. The goal of the study was to evaluate the bureaucratic impediments to service delivery in government entities. The findings showed that the Palestinian government is advised to formulate a written service delivery policy, enhance departments that have direct contact with citizen's conduct periodic reviews on the desires and needs of citizens, ensure all employees of the organization should be trained appropriately on effective service delivery.

Adziambei (2014) explored how bureaucracy affects service delivery in Johannesburg City, South Africa. The study determined the influence of internal bureaucratic practices on the provision of services and further interrogate how it adversely impacts the city's drive to provide quality services to its people. The study found out that service delivery remains to be on a herculean challenge in most municipalities, major issues of corruption, lack of transparency, dysfunctional ward committees, institutional capacity constraints which most times relate to the availability of required competencies and staff. Ajibade and Ibietan (2016) undertook a study that interrogated the influence of state bureaucracy on service delivery in Nigeria by using a neo-Weberian explanation. On secondary data, the paper observed that service delivery rests on public bureaucracy and the organizations of allied mandates as the pivots.



The neo-Weberian model proved to be useful in highlighting inefficiencies in public service delivery in Nigeria. This means that for the mandate of quality service delivery to be achieved by Nigerian Public bureaucracy the national government should harness professionals in providing public services as the neo-Weberian model reinforced.

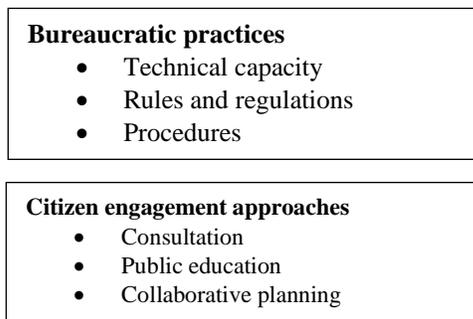
Citizen engagement approaches and service delivery

Ngondo (2014) undertook a study to explore the influence of social project running activities on participation, which is a catalyst for the CDF projects completions in, Kirinyaga Central and Kanyekimi ward within the projected period. The findings revealed that the project beneficiaries were not involved directly in the CDF project activities; throughout the project planning and implementation. Nevertheless, wherever participation was undertaken, their input was factored in and completion timelines were attained per the set calendar. Papa (2016) conducted a study that focused on problems affecting community participation in project design and execution in Busia County. The findings revealed that leadership in the County administration demonstrates poor decisions which includes citizen participation. Further, the respondents stated that there were poor democratic social links and gender inclusivity when formulating citizen participation program (s). The income levels also had a major power influence on the process.

A study by Kugonza and Mukobi (2016) sought to determine the impact of community engagement in project delivery in the Buikwe district municipal government, Uganda. The research pointed out three issues affecting public participation in local leadership, including the ability to effectively incorporate knowledge, awareness of the roles of the public and accountability. The findings revealed that these obstacles had a favorable impact on citizens' participation in local initiatives. In addition, the findings revealed that information is not a fact available to individuals and that it is not used entirely for the preparation and evaluation of local initiatives. Fortuin (2018) undertook a study on how citizen participation impacts service delivery at the grass-roots level in Elsies River, Cape Town. The study was an investigation into the barriers to meaningful citizen participation. The results revealed that there was a host of challenges and major barriers to public participation which include lack of engagement of the community on the IDP process, political conflict, and lack of resources for citizen mechanism to assess how public participation is effective in the city of Cape Town.

CONCEPTUAL FRAMEWORK

Independent Variables



Dependent variables

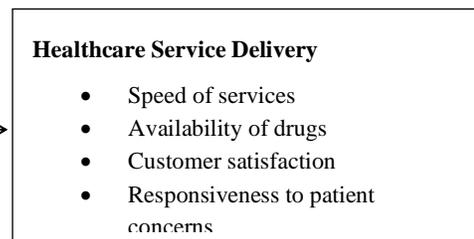


Figure 1: Conceptual Framework



RESEARCH METHODOLOGY

A descriptive study design was deployed in this study. It is deemed appropriate for use in circumstances where an obvious problem needs to be clarified. As it helps the researcher to collect both quantitative and qualitative data, this study design was also important, because a lot of data was collected. In addition, the design allows the results to be applied to a wider population. This study targeted hospital administrators, health record officers and patients. A simple random selection procedure was utilized to determine representative respondents for the study. To classify reasonable and most desirable results, a sample size determination technique was used. A sample size of 10 to 30 percent is sufficient enough if well-chosen and the components in the sample are more than 30 (Mugenda and Mugenda, 2003).

A 110-sample size was derived from the target population to represent 10% of the total population. A questionnaire was used to obtain data. To acquire qualitative and quantitative data, this study used both open-ended and closed-ended questions. Further, key informant interviews were conducted for hospital administrators and health record officers in Homa Bay. Secondary data was also adopted in this research. The study used descriptive statistics to analyze data. According to Mugenda and Mugenda (2010), descriptive statistics is the process of converting large amounts of raw data from the field into charts, tables, and percentage and frequency distributions. Pie charts, graphs, and tables were used to show the study data. The questionnaire was thoroughly scrutinized to ensure completeness and if they have been dully filled as expected.

Information gathered by questionnaire was analyzed organized and then coded by a computer. The edited information was then be organized by statistical package for social science program (SPSS) V22. The program also refined the data retrieved from the field by proving the link between outcome and predictor variables through multiple regression analysis. Saunders (2009) contends that regression analysis is adopted when a researcher is seeking to establish whether a dependent variable is predicted by an independent variable. The multivariate regression model assumed the format as illustrated hereunder:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \epsilon$$

Y = Service delivery

β_0 = Constant

β_1 to β_3 = Regression co-efficient

X1 = Bureaucratic practices

X2 = Citizen engagement approaches

β = Parameters to be estimated

ϵ = Error Term



RESEARCH FINDINGS AND DISCUSSIONS

Descriptive Analysis

Bureaucratic practices

The study sought to determine to what degree the respondents agree about the Bureaucratic practices affecting healthcare service delivery in Homabay County. Findings indicate that there is an agreement procedure that is duly followed by health officials this is indicated by 60% while 55% agreed that rules and regulations eliminate favoritism. Results also indicate that 56% agreed that there are procedures in the facility delay processes while 80% agreed that the available procedures guide every department's works. Further, concerning health officers providing services in a specified time there was an agreement among respondents indicated by 55% response. Concerning health officers having sufficient information to answer questions and inquiries 62% were in agreement with that assertion.

The findings also reveal that 68% of the respondents were in agreement that healthcare workers carry themselves with high codes of conduct while 70% agreed that health workers are professional in carrying out their duties. Finally, concerning the attitudes of the healthcare workers make me recommend the facility to others there was an agreement among respondents with a response of 59%. These results are consistent with Ajibade and Ibieta (2016) that contend that the government should embark on initiatives that enhance the working conditions of bureaucrats since this would build their dedication, commitment and morale to provide service effectively. The results also buttress Kwame's (2011) study which revealed that among other things that albeit there is the clear practicing of the division of labor, departments lack medical equipment that assists in coordinating their activities effectively hence resulting in delays when meeting the expectation of the clients in need of service.

Citizen Engagement Approaches

The study sought to establish to what degree the respondents agree on citizen engagement approaches affecting healthcare service delivery in Homabay County. Firstly, 53% of the respondents disagreed that there is high participation in public forums while 49% disagreed that there is participation in project implementation. Further, 47% agreed that there are civil group visits while 40% agreed that there is county communication exchange. while 53% agreed that there is a presence of collaborative resource management. Further, 59% disagreed that citizens participate in attitude surveys. Again, 49% disagreed that citizens are well represented in the public forums. Finally, 44% disagreed that the local community participates in the initiation and implementation of public projects whereas 49% also disagreed that minorities and marginalized are involved in project implementation. This is in line with Yussuf (2018) study who averred that citizen participation that takes the form of public education, consultation, collaborative stakeholders planning affect healthcare service delivery.

Service Delivery

The study also aimed at examining to what degree the respondents agree with the effectiveness of service delivery in Homabay County. Findings indicate that with regards to speed of services the 46% of the respondents noted that the speed



is fair while 76% responded that the availability of drugs was least effective. Again, 57% mentioned that they were least satisfied with the service delivery whereas 40% asserted that the responsiveness to patient concerns was fair. Lufunyo, (2013) propounds that among other models the government should enhance significantly the delivery of public services through legal, administrative, labor and financial amendments whose focus is on the performance of civil servants, transparency and accountability.

Inferential Statistics

Regression Analysis

The study further aimed at establishing the degree of the relationship between the predictor and outcome variables. The study adopted regression analysis and the findings are shown below;

Table 1: Model Summary

R	R-Square	Adjusted R-Square	Std Error of the estimate	Change Statistics				
				R Square Change	F Change	df1	df2	Sig. F Change
.887 ^a	.750	.733	0.123	.750	2.999	3	51	.039

Predictors: (Constant), Bureaucratic practices, Citizen engagement approaches

Dependent Variable: Service delivery

The findings of the study indicate that bureaucratic practices, citizen engagement approaches and resource mobilization, accounts for 75.0% ($R^2=.750$) variations in the healthcare service delivery in Homa bay County. As such, there are factors that are not considered in this study that contribute to the other 25% of healthcare service delivery. This is in line with Okuto (2018) who revealed that the county citizen engagement programs and bureaucratic practices contribute to proper service delivery.

Analysis of Variance (ANOVA)

The ANOVA table in table 2 shows that the overall model having a good fit since (F-value =2.999 and p-value=0.039<0.05).



Table 2: ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
1					
Regression	5.512	2	2.756	2.999	.039
Residual	61.245	52	1.178		
Total	66.757	54			

Dependent Variable: Service delivery

Predictors: (Constant), Bureaucratic practices, Citizen engagement approaches

The research examined the statistical significance of the study model. The study used the F-statistic findings as the grounds of testing the significance of the regression model. The results of the model show F-statistic of $2.999 > 2.36$ (*F-Critical*) and a $Sig = .039 < .05$ as presented in the above table.

Model Coefficients

The study further examined the significance of the nexus between the research variables, the regression coefficients (β), the model intercept (α) and the significance of all the coefficients. Table 3 shows the results.

Table 3: Model Coefficients

	B	Std. Error	Beta	t	Sig.
	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta		
(Constant)	.863	.673		1.281	.006
Bureaucratic practices	.079	.203	.059	.390	.018
Citizen engagement approaches	.180	.177	.168	1.014	.035

From the results from the table above the equation ($Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \epsilon$) therefore becomes:

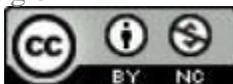
$$Y = 0.863 + 0.079X_1 + 0.180X_2$$

Where $Y =$ Service delivery

$X_1 =$ Bureaucratic practices

$X_2 =$ Citizen engagement approaches

The results above present a constant $\alpha = .863$ which is significantly different from 0 since the p- value $.006 < .05$. The beta value is (β) = $.079$ and is significantly different from 0 since the p- value $.018 < .05$. This implies that there is a statistically significant positive effect of Bureaucratic practices on service delivery. A unit change in bureaucratic practices will prompt a $.079$ -unit change in service delivery. The beta value is (β) = $.180$ and is significantly varied from 0 since the p-value $.035 < .05$. This therefore shows that there is a statistically significant positive effect of



Citizen engagement approaches on service delivery. A unit change in Citizen engagement approaches will prompt a .180 -unit change in service delivery.

CONCLUSIONS

The study concludes that there is a significant and positive effect of bureaucratic practices on service delivery. Concerning the bureaucratic practices variable in the research the results indicate agreement among respondents that procedures are duly followed by health officials, rules and regulations eliminate favoritisms and procedures in the facility delay processes. The results also indicate that health officers provide services at a specified time. Concerning the second variable on citizen engagement in the research, there is a significant and positive effect of Citizen engagement approaches on service delivery. The results also indicate disagreement among respondents that there is high participation in public forums, there is participation in project implementation and there is the presence of county website materials that are easily accessible. Results also indicate respondents disagreed that the local community participates in initiation and implementation of public projects and minorities and marginalized are involved in project implementation.

POLICY RECOMMENDATIONS

Firstly, the study recommends that there should be a policy framework that provides for the participation and engagement of citizens on matters of healthcare service delivery. Secondly, there should be a timely transfer of funds that meet the demands of the facilities from the county government. Equally, the county government should prioritize timely payment of salaries to healthcare workers to enhance the morale to provide quality services to the people. Further, the county should enhance technology in the healthcare facilities to assist both in records management and revenue collection. Lastly, the implementation of effective service delivery should be reviewed independently and regularly to grant assurance that organizational practices properly reflect the policy plans and programs.

ACKNOWLEDGEMENT

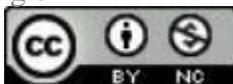
This research is a product of concerted efforts by individuals, institutions and organizations in varied proportions. It may be impossible to thank here all parties who contributed to this maiden body of work with invaluable inputs, but I do take this earliest opportunity to convey my sincere gratitude to all those who participated and saw me through this journey. However, there are a few who played special roles which I wish to singly acknowledge. The first acknowledgment is to my family; Dad and mum for the financial and divine cover at every stage of this study, my siblings for providing great moral support and their fervent prayers. My supervisor Dr. Hannah Bula whom who took me through this journey from the start when I was a novice up until now. This work could not have taken shape and content were it not for your due diligence and dedicated guidance.

CONFLICT OF INTEREST DECLARATION

The authors registered no conflict of interest in this study.

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