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DEVOLVED GOVERNANCE AND SERVICE DELIVERY IN PUBLIC HEALTH FACILITIES IN NAIROBI CITY COUNTY, KENYA

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Abstract: Devolution entails the transfer of certain powers and responsibilities and resources from the central government to popularly elected regional or local governments that are established by law. There has been a trend in the devolution of authority in healthcare whereby the authority that is often sitting with one central Ministry or Department of Health is devolved over time to the local government. The health sector in Kenya has faced numerous challenges such as poor management structures, inadequate staff and delayed staff salaries, which combined have often led to strikes and paralyzed delivery of health services and Nairobi City County is not any different. The objective of the study was to investigate the effects of devolved governance on service delivery in public health facilities in Nairobi City County, Kenya. It sought to: examine the quality of patient care in Nairobi City County public health facilities; examine the effects of devolving management of human resources for health to the counties on service delivery in public health facilities in Nairobi City County, Kenya; explore the effects of devolving infrastructure management to the counties on service delivery in public health facilities in Nairobi City County, Kenya; and establish the effects of devolving commodities management to the counties on public health facilities in Nairobi City County, Kenya. The researcher used a descriptive research design. The study target population was 3764 out-patients and health workers from two public health facilities in Nairobi City County, Mama Lucy and Mbagathi. The study sampled 362 out-patients and health workers. The sample size for the study was determined by a scientific formula (Israel, 1992). Primary data collection methods for this study was a questionnaire and interview schedules. Descriptive statistics were used to analyse data and correlation analysis was used to show the relationship between variables. The findings show a strong positive significant relationship between quality of patient care and service delivery with a correlation coefficient of 0.660. The study applied Spearman's rho Rank Correlation to determine the relationship that existed between quality of patient care, devolved human resources management, devolved infrastructure management, devolved commodities management and service delivery. The study concluded that if all four variables are being managed efficiently and effectively, then the quality of health service delivery would improve significantly. The study recommends that the Nairobi City County Government allocates a higher percentage of the total County budget to health care.

Key Words: Devolution, Healthcare, Infrastructure, Commodities, Patient Care, Service Delivery

1.1 Study Background
Devolution refers to the transfer of certain powers and responsibilities and resources from the central government to popularly elected regional or local governments that are established by law (Ansari *et al*., 2011). Worldwide, there has been a trend in the devolution of authority in healthcare whereby the authority that is often sitting with one central Ministry or Department of Health is devolved over time to the local government (Ngui, 2014). Devolution has been advocated as a response to most healthcare ills, and nations around the world have increasingly adopted it as a strategy to improve governance and remedy institutional deficiencies Many countries have adopted health system decentralization to address political, managerial and operational issues in terms of systemic efficiency and cost-effectiveness. Devolved healthcare is often seen as an intervention to improve health service delivery; the part of a health system where patients receive the treatment and supplies, they are entitled to. The United Kingdom, The United States of America, India and China are some notable countries in the world that have practiced and benefited from devolution. The United States and India have notable successful experiences with devolution, having practiced it for over 60 years (Oyugi, 2015). In Africa, countries that have devolved healthcare include among others; Rwanda, Nigeria and Kenya. The overarching goal of the health provision in Kenya is to attain the highest possible health standards by ensuring the provision of equitable, affordable and quality health and related services to all Kenyans (Ngui, 2014). However, these endeavors are being impeded by unforeseen challenges including insufficient funds, insufficient medical staff and poor infrastructure. These challenges put in question the progress by the national and county governments to achieve the goals of Kenya Vision 2030 and the Kenya Health Policy 2014 – 2030.

1.2 Statement of the Problem
The health sector has faced numerous challenges such as poor management structures, inadequate staff and delayed staff salaries. Combined, the challenges have often led to labour action thereby paralyzing delivery of health services. Between January and August 2015, more than 60% of health personnel in Nairobi City County downed their tools, and they cited understaffing as one of the critical causes (Kariuki 2014). These problems may prevent Nairobi City County from achieving the goal on health provision in Kenya.

1.3 Study objective
The general objective of the study was to investigate the effects of devolved governance on service delivery in public health facilities in Nairobi City County, Kenya.

1.4 Justification of the Study
Despite significant efforts to improve the performance of healthcare outlets through the devolved healthcare system in Kenya, there has been a varied success in implementation and performance. County governments continue to face challenges such as lack of health commodities and funding. However, few studies have been carried out to assess the effects of devolution on service delivery in public health facilities. According to the Nairobi Annual Development Plan 2018 – 2019, Nairobi has a population of 4,253,330. A large proportion of this population depends on the public health system.
The study was, therefore necessary because, despite the devolution of health functions, challenges confronting the sector continue to hinder efficient and effective service delivery to this population.

Without the study, there is a possibility that the challenges being experienced would persist for a long time to come and quality healthcare in Nairobi City County would remain elusive.

1.5 Conceptual Framework

The conceptual framework in this study shows that devolution of public health function, including sub-functions of health such as management of human resources for health, management of health infrastructure and health commodities have an effect on delivery of services in public health facilities. The conceptual framework further shows that the intermediate variables consequently affect service delivery.
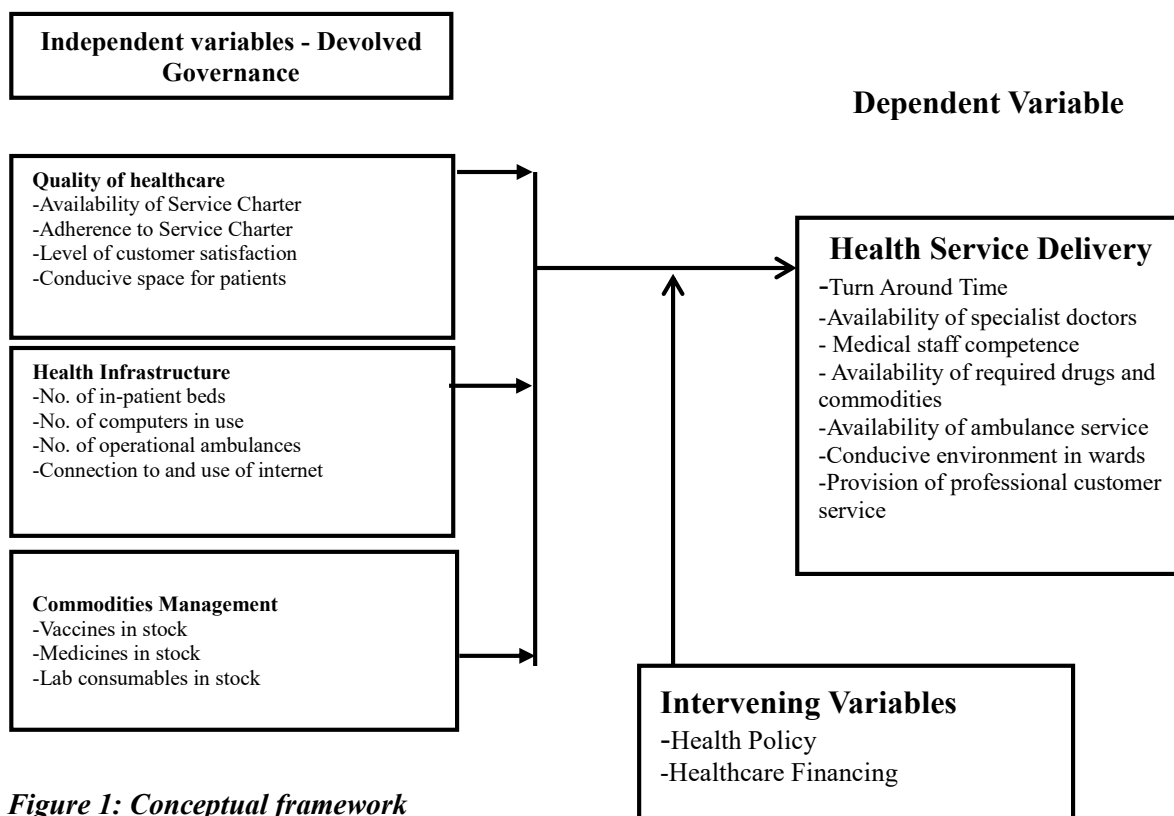
Independent variables - Devolved Governance

Dependent Variable

Quality of healthcare
-Availability of Service Charter
-Adherence to Service Charter
-Level of customer satisfaction
-Conducive space for patients

Health Service Delivery
-Turn Around Time
-Availability of specialist doctors
- Medical staff competence
- Availability of required drugs and commodities
-Availability of ambulance service
-Conducive environment in wards
-Provision of professional customer service

Health Infrastructure
-No. of in-patient beds
-No. of computers in use
-No. of operational ambulances
-Connection to and use of internet

Commodities Management
-Vaccines in stock
-Medicines in stock
-Lab consumables in stock

Intervening Variables
-Health Policy
-Healthcare Financing

Figure 1: Conceptual framework
Source: Own conceptualization, 2020

1.6 Literature review
Critical Review of Relevant Theories
Systems Theory

Systems Theory was proposed in the 1940s by the biologist von Bertalanffy (General Systems Theory, 1968) and furthered by Ashby (Introduction to Cybernetics, 1956). Von Bertalanffy was both reacting against reductionism and attempting to revive the unit of science. This theory applies to this study because a County may be viewed as the Organization or System with the Sub-counties as the Sub-systems. It is also applicable to view the Republic of Kenya represented by the government of Kenya as the Organization or System, with the Counties as the Sub-systems. In the first scenario, the Sub-counties (Sub-systems) work together to accomplish the goals of the County (System). In the second scenario, we see synergistic relationships between the Counties (Sub-

systems), they work together to accomplish the goals of the Republic of Kenya (System). At both the Country and County, these Systems require the basic functions of planning, organization, control and communication for the entire system to function optimally and achieve their goals.

Human Capital Theory

The basic premise behind Human Capital theory is that people's learning capacities are of comparable value with other resources involved in the production of goods and services (Lucas 1990). Applied in the context of organizations, Human Capital theory suggests that individuals who invest in education and training will increase their skill level and be more productive than those less skilled, and so can justify higher earnings as a result of their investment in Human Capital. In an article entitled "Investment in Human Capital" Schulz (1961) introduces this theory of Human Capital. Schulz argues that both knowledge and skills are a form of capital and that this capital is a product of deliberate organizational growth. The concept of human capital implies an investment in people through education and training.   Since the Systems Theory does not emphasize on human resource development, the Human Capital Theory helped the researcher to specifically narrow down on the management and development of human resources in Nairobi City County. The researcher explored whether Nairobi City County governments regards health workers as assets, and to that end, whether staffs in the two hospitals received the necessary training and capacity building.

Review of Empirical Literature

Health administrators worldwide are increasingly using the patient as an indicator (i.e., measurement) of health care quality; however, the value given to patients' perspectives depends on how quality is interpreted by the organization (M. Nylenna, O. Bjertnaes, I.S. Saunes, A.K. Lindahl, 2015). An investigation on the influence of service quality improvement (N.Nuru (2015), and with the use of a sample population drawn from Malaysian healthcare industry managers, applied the statistical package of social science to analyse the data including descriptively, and found that to satisfy healthcare consumers the providers of healthcare need to emphasize efficiency, and courtesy, be responsive and willing to help and inspire confidence as well as trust from the patients.

In Kenya, a study by Nyongesa, M.O., Onyango. R.O., & Ombaka. J.H. (2017) revealed that patients in public health facilities in Nairobi had a low satisfaction perception on service quality compared to patients in faith-based health facilities. There is a lack of public trust and confidence in government hospitals in low-and-middle income countries in terms of quality services provided at their end due to insufficient infrastructure facilities, lack of responsiveness, low and absence of empathy, obsolescent equipment, and minimal medicines availability (Zahida,2012).
According to Scheffler. R.M., Brukner T., & Spetz J. (2012) assessing the health labour market requires to study both the demand and the supply sides, and how to match them in order to determine shortages (or surpluses) of health workers. In Africa, a study by Bradley S., (2015) revealed a shortage of staff, work overload due to too many patients, lack of clinical officers or doctors and inadequate obstetric skills. The study also revealed that staff complained of inflexible scheduling and staff allocations that made it impossible to deliver on quality care. The study used a qualitative research design using critical incident interviews. The study was done in Malawi and used a qualitative research design, and painted a relative picture of the impact of shortages of staff brought about by devolution and its impact on service delivery.

In South Africa, a study by Britnell (2015) estimated that vacancy rates for doctors were 56% and for nurses 46%. While half of the population lives in rural areas, only 3% of newly qualified doctors take jobs there. All medical training takes place in the public sector but 70% of doctors go into the private sector. The study revealed that the African National Congress (ANC) has implemented a number of measures to combat health inequalities in South Africa. These have included the introduction of free health care in 1994 for all children under the age of six together with pregnant and breastfeeding women making use of public sector health facilities (extended to all those using primary level public sector health care services in 1996) and the extension of free hospital care (in 2003) to children older than six with moderate and severe disabilities.

A study on the impact of devolution on motivation as well as the job satisfaction of healthcare workers in Kenya was conducted by Oyugi (2015). The study found that most of the healthcare workers were dissatisfied with the working conditions, unavailability of equipment, their salaries and wages, since the introduction of devolution. The study highlighted the importance of increased monitoring and evaluation of services delivered and training and education opportunities for healthcare workers. Similarly, Muchomba and Karanja (2015) found that devolution had significantly impacted on adequacy and availability of both financial and human resources in healthcare facilities in Kenya. The two studies however don't reveal how according to their findings service delivery in health facilities has been impacted by devolution. A study by Mwangi (2016) on factors influencing use of information communication technology in provision of health facilities established that perceived usefulness of ICT positively influenced its use by medical practitioners to a great extent where ICT enhanced the security of patients' health records as well as increased the effectiveness of health service delivery. Results showed on mHealth programs established that some health facilities had approval difficulties because they lacked necessary equipment such as computers or internet connection.

The findings from a study conducted by Omondi (2016) on factors that influenced service delivery in selected hospitals in Nairobi City County showed that information systems had not been fully integrated in the hospitals operation as given by 57% of the respondents. Juma & Okibo (2016) state that for better service delivery in health facilities, implementation and adoption of ICT strategy is a necessity, it provides efficient access and dissemination of information. The lack of adequate, organized, reliable and timely information leads to the mismanagement of the health of patients, resources and time. In addition, the non-existence of an adequate system to manage and disseminate information hampers efficiency of the sector.

Sebastian and Lemma (2010) did a study in Ethiopia (Tigray) on health extension program efficiency, and found the mean scores for technical and scale efficiency to be 0.57 and 0.95 respectively. Out of 60 health centers, 25.0% were found to have issues with commodities management. 63.3% were operating at their most productive scale size. It is worth noting that among these studies on commodities management, none focuses on devolution, or how the stated deficiencies in commodities management affect health service delivery. They however help in pointing out the efforts to measure efficiency in the health sector in Africa.

1.7 Research methodology
The researchers used a pragmatic worldview to investigate the effects of devolved governance on

service delivery in public health facilities in Nairobi City County, Kenya. The proponents of pragmatism are Charles Sanders Peirce (1839–1914), William James (1842–1910) and John Dewey (1859–1952). The researchers used descriptive research design which aims to accurately and systematically describe a population, situation or phenomenon. The choice of descriptive research design was appropriate for this study because the study aimed to identify characteristics, frequencies, trends as well as categories. The design ensured that the subject of the investigation (health workers and patients) was precisely determined before the research started which gave room for relevant and accurate information to be collected.

Study and Target Population
According to the Kenya Bureau of Statistics, in the last national population census conducted in 2019, Nairobi had a population of 4,397,073. This population is distributed in 17 administrative Sub-counties, which have been merged into 10 health zones for ease of health administration (Nairobi City County Health Sector Strategic and Investment Plan 2013/2014 – 2018/2019).
The researcher targeted two level four Public Health Facilities in Nairobi City County namely Mama Lucy District Hospital and Mbagathi District Hospital. The two health facilities were selected because out of the three level four health facilities, they had been in operational before and after devolved governance took effect. This provided reliable data on whether service delivery has improved after devolution or not. The target population comprised of Patients, Doctors, Nurses, Clinical Officers, Laboratory Technologists, Health Administrators and Pharmaceutical Technicians in the facilities, as outlined in Table 1 below.

Table 1. Target Population

Category	Mama Lucy Hospital Population	Mbagathi Hospital Population	Total
Daily patients (average)	900	1800	2700
Doctors	35	70	105
Nurses	249	499	748
Clinical Officers	26	52	78
Laboratory Technologists	12	24	36
Health Administrators	11	22	33
Pharmaceutical Technicians	21	42	63
Total	**1254**	**2510**	**3764**

Source: (Nairobi City County, 2019)

Sample Size and Sampling Techniques
The sample for this study was selected from health service providers and patients from two level four public hospitals namely Mama Lucy Hospital and Mbagathi Hospital. Systematic random sampling technique was used to sample out-patients. Out -patients were met at the exit after they had been treated and ready to leave the facility. These patients had gone through treatment process in order to ascertain their satisfaction with the quality of services they receive. In order to sample them, the first patient to be interviewed and then every 10th patient was sampled until the sample size was arrived at. Systematic random sampling technique gave every unit in the sample population an equal chance of participating.

Proportionate sampling technique was used to determine the number of respondents from each hospital and from each category which include Doctors, Nurses, Clinical Officers, Laboratory Technologists, Health Administrators and Pharmaceutical Technicians. In proportional sampling, the size of each strata is proportionate to the population size. The sample size for the study was determined by a scientific formula (Israel, 1992) for determining the sample size.

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

Where

n= desired sample size for the study area

N= total No. of out-patients and health workers

e= desired margin error

A margin error of 0.05 is selected since it is logistically difficult to deal with a larger sample size.

$$\text{Thus } n = 3764/(1+3764*0.05^2)$$

n=362 no. of out-patients and health workers

Table 2: Sample Size

Category	Mama Lucy Hospital	Mbagathi Hospital	Sample Size
Daily patients (average)	86	173	259
Doctors	3	7	10
Nurses	24	48	72
Clinical Officers	2	5	8
Laboratory Technologists	1	2	3
Health Administrators	1	2	3
Pharmaceutical Technicians	2	4	6
Total	**120**	**241**	**362**

Source: Field data, 2020

Data Collection Instruments
The primary data collection methods for this study was a questionnaire and interview schedules. Interviews sought to find out factors associated with occurrences of certain events and behavior conditions thus enabling the researcher to collect in-depth information concerning devolved governance and service delivery at public health facilities in Nairobi City County. The questionnaire contained both unstructured and structured questions from primary sources.

Data Analysis and Interpretation
Collected data was examined and checked for clarity and completeness. Data coding was done using computer Statistical Package for Social Scientists (SPSS) software programme and then data entry was done. Descriptive statistics was used to analyze data. Findings were presented in frequency tables, figures, percentages, means and standard deviations. Correlation analysis was used to show the relationship between variables under study.

1.8 Study Findings
The study sampled 362 out-patients and health workers from Mama Lucy and Mbagathi District Hospitals. Out of these, 319 responded to the questionnaire contributing to a response rate of 88%.

From the findings, majority of the respondents 233 (73%) were out-patients who had come for

treatment, 61 (19%) of the respondents were nurses who take care of patients at the health facility and 10 (3%) of the respondents were doctors who administer treatment to patients. Clinical officers and pharmaceutical technicians were 5 (2%) of the respondents each while laboratory technicians and health administrators formed were 2 (1%) of the respondents each. The implications to the study is that majority of the out-patients provided reliable information on the quality of service they received and health workers gave information on the extent to which devolved governance has improved the quality of service delivery at the public health facilities in Nairobi City County, Kenya.

Correlation Analysis

	Service Delivery	Quality of Patient Care	Human Resources	Hospital Infrastructure	Commodities Management
Service Delivery	1				
Quality of Patient Care	.660**	1			
Human Resources	.633**	.401**	1		
Hospital Infrastructure	.602**	.430**	.355**	1	
Commodities Management	.740**	.629**	.578**	.429**	1

** Correlation is significant at the 0.01 level (2-tailed).

Source: Field data (2020)

The findings show a strong positive significant relationship between quality of patient care and service delivery with a correlation coefficient of 0.660. This implies that provision of quality patient care through friendly interactions between health-care providers and patients throughout the treatment process, conducive space for patients, availability and adherence of service charter will significantly improve service delivery in public health facilities in Nairobi City County, Kenya and Vice Versa.

The findings show a strong positive significant relationship between human resources and service delivery with a correlation coefficient of 0.633. This implies that provision of efficient, effective, skilled and adequately supported health care workers will significantly improve service delivery in public health facilities in Nairobi City County, Kenya and Vice Versa.

The findings show a strong positive significant relationship between hospital infrastructure and service delivery with a correlation coefficient of 0.602. This implies that provision of physical infrastructure, adequate inpatient beds, adequate equipment and information and communication technology will significantly improve service delivery in public health facilities in Nairobi City County, Kenya and Vice Versa.

The study also reported a strong positive significant relationship between commodities management and service delivery with a correlation coefficient of 0.740. This implies that provision of efficient commodities management to oversee the logistics of receiving, storing, transportation and distribution will significantly improve service delivery in public health facilities in Nairobi City County, Kenya and Vice Versa.

The study revealed that hospital infrastructure had improved with devolution. The two health

facilities had piped water, availability of communication facilities, had power/electricity and backup generators. It was also observed that medical equipment was in good condition in most facilities in terms of its functionality and new equipment had been acquired under the medical equipment scheme such as x-ray machines, nebulizers, lab equipment among others. The findings on healthcare workforce revealed that majority of the respondents agreed that they were inadequately staffed.

1.9 Conclusion

The study concluded that quality of patient care, devolved human resources management, devolved infrastructure management and devolved commodities management had a positive and significant relationship to service delivery in public health facilities in Nairobi City County, Kenya. This conclusively can be interpreted to mean that if all four variables are being managed efficiently and effectively, then the quality of health service delivery would also go up.

It was concluded that since devolution of the health function, quality of service delivery in public health facilities in Nairobi City County had improved although not to a large extent. Health policies that promote adherence to service charters have been availed but health workers do not apply them to the later. This has affected the quality of health service delivery. Patient centeredness in public health facilities was poor and patients waited for long hours at the reception and at different service points which did not augur well with patients.

It was concluded that public health facilities in Nairobi City County are easily accessible, moderately clean and the environment is conducive. The signage within the public health facilities are not sufficient to ensure patients find their way around easily. The study concluded human resources management has improved since devolution but not the satisfaction of the health workers. It was noted that the county had provided competent health workers but they were not enough to handle the high numbers of patients attending public health facilities in Nairobi City County.

The study concluded that infrastructural management had improved since devolution because public health facilities had received face lifts and there were effective measures to improve the wards and maternity services. Healthcare financing had enabled stable network at the facilities which had improved the use of information system, water supply that was sufficient to ensure cleaning was possible and also treated well for drinking. Health financing also made it possible to buy new hospital equipment such as computers, weighing machines and lab equipment which were distributed to various departments for efficiency.

However, bed capacity at the public health facilities was inadequate and this showed poor quality of service delivery since patients were forced to share beds. Finally, it was concluded that commodities management at the public health facilities had not improved to customer satisfaction since devolution. In as much as there were competent store managers and availability of vaccines for child and new-born immunization, pharmacies were not well stocked with sufficient medicines, no specialized and modern equipment for doing laboratory tests and that the laboratory consumables were not in stock to ensure timely patient testing.

1.10 Recommendations
The study recommends that the Nairobi City County Government allocates a higher percentage of the total County budget to health care. In the 2019/2020 budget, the Nairobi City County government allocated 21% of the total government budget to health. This percentage may seem high but it is not adequate given that the County has a high population (above 4.3 million) compared to other counties, and it has over six hundred health facilities.

Quality of Patient Care in Nairobi City County Public Health Facilities
Patient care is a conglomerate of several variables that must be managed efficiently and effectively to determine the quality of patient care. Quality of patient care is associated with patient satisfaction. The Kenya Health Policy 2014-2030 commits that clients/patients shall have positive experiences during utilization of health and related services. The researchers recommend that the Policy should be revised to go deeper and give a guideline as to what "positive experience" entails. As it is now, the policy leaves the Counties to interpret "positive experience" leading to poor service and lack of quality standardization.
The researchers recommend that to improve the quality of patient care in public health facilities in Nairobi City County, the County government should work towards reduction of turnaround time for patients. This can be achieved through hiring of more staffs to ensure several patients are attended to simultaneously. This will also ensure that doctors spend enough time with a patient providing information on diagnosis. The government should also ensure that drugs and other commodities are in stock at all times.

Effects of Devolving Management of Human Resources for Health to the Counties on Public Health Facilities in Nairobi City County
Public health facilities in Nairobi City County are understaffed, the research study therefore recommends that the County Government hires more medical staff especially doctors and specialists. This should be done, however, after a thorough needs analysis is carried out to ensure the right cadres of staffs including speciality are placed where they are required. This could be achieved through instituting a more vibrant trainee internship as well as allocation of a higher budget to meet the higher wage bill. The researchers recommend that policy be developed at the national level which provides the minimum budgetary allocation to health by Counties. This would then be enforced by the Senate, the legislative body that oversights Counties.
To help alleviate the heavy work load, the researchers recommend introduction of a quasi-task shifting innovation. This means implementing programs that facilitate education of the general public on health matters. For instance, the public can be educated on symptom identification, and how, when and where to seek care. This can potentially reduce overutilization that results in unnecessary physical visits or delays in seeking care. Awareness creation results in an informed citizenry that is able to anticipate and make informed decisions.

Effects of Devolving Health Infrastructure Management to the Counties on Public Health Facilities in Nairobi City County
One of the biggest challenge that the study revealed was that the bed capacity in public health facilities in Nairobi City County was way below the demand. This to the extent that more than one patient, have to share one bed. The researchers therefore recommend that the Nairobi City County government invests in increasing the number of beds in public health facilities. This may also require expansion of wards or building more wards to accommodate more beds and to ensure that

there is no congestion and the environment is conducive. Health financing needs to be relooked at in order to ensure that finances are allocated to bridge this gap. Policy should also be developed and implemented, that clearly spells out the patient to bed ratio. In 2016, Kenya had 14.1 beds per 10,000 population, which represents one bed for every 709 people with only 25% of the counties with densities exceeding 18 per 10,000 (Kenya DHIS 2016).

The researchers recommend development of a national policy stipulating the number of health facilities that should be built within a given geographical area based on population density. This should consequently nullify the prevailing political influence by Members of County Assemblies (MCAs) on where health facilities are to be constructed. Additionally, designs and structures should be guided by available norms and standards.

Effects of Devolving Commodities Management to the Counties on Public Health Facilities in Nairobi City County

The researchers recommend that the Nairobi City County government invests heavily in streamlining the commodities supply chain at the public health facilities. This will ensure that the stock outs being experienced currently will be a thing of the past. This may require hiring adequate stores managers and that they are continually trained, for instance in Inventory Control Methodology, to keep up with emerging supply chain trends in the sector. Other staffs who are not directly involved in commodities management should also be sensitized regularly about the benefits of this all- important concept to boost performance of the health facilities. The County government could also hire qualified Supply Chain Managers to manage this function. It will also require efficient coordination and close collaboration with the Kenya Medical Supplies Authority (KEMSA). Funds for procurement should be made available timely and internal bureaucracy checked to ensure effective management of health commodities.

The researchers recommend that Standard Operating Procedures (SOPs) be established for all health facilities at all levels within the Ministry of Health and a Procedures Manual produced. Such SOP should at the bare minimum include Product Selection; Procurement; Inventory Management (with storage and distribution) and Use.

Overall, a higher budgetary allocation to healthcare financing could go a long way to improving management of health infrastructure, commodities, human resources and quality of patient care. This would consequently translate into high quality of health service delivery, if the finances are efficiently managed. As a signatory to the 2001 Abuja Declaration, Kenya committed to allocating at least 15 percent of its national budget to health, this target has however not yet been reached. If the national government increases its budgetary allocation to the Counties, this would enable the Nairobi City County to allocate more funds to healthcare.

References

Ansari, U., Cockcroft, A., Omer, K., Ansari, N., Khan, A., & Andersson, N. (2011). Devolution and public perceptions and experience of health services in Pakistan: linked cross sectional surveys in 2002 and 2004. *BMC Health Services Research.* 11(1): 23-45.

Britnell, M. (2015). *In Search of the Perfect Health System*. London: Palgrave. p. 75. ISBN 978-1-137-49661-4

uma, E. N. & Okibo, W. B. (2016). Effects of strategic management practices on the performance of public health institutions in Kisii County, Kenya.

International Journal of Economics, Commerce and Management 4(4).

MOH, (2014). *Human Resources for Health and Health Infrastructure Norm and Standards.* Nairobi, Kenya: MOH.

MoH, (2015). Kenya Demographic and Health Survey (KDHS), Key Health Indicators.

Muchomba, F. & Karanja, N. (2015). Influence of Devolved Governance and Performance of the Health Sector in Kenya. *Strategic Management Journal*, Vol 2.

Mwangi, J. G. (2016). Factors influencing medical practitioners' use of information communication technology in provision of health services in Kenya. *Strategic Journal of Business & Change Management,3*(1).

Ngui, J. (2014). The challenges of implementation of devolution strategy at the Nairobi City County Government in Kenya. *Unpublished MBA project,* University of Nairobi.

Nuru, H., Naimah, A., Sharu, Effendy, J., Mad, S., Nor Azrin, L., Mohamed, A. (2015). A Review of Service Quality Improvement and Organizational Performance. . *Int. J. Pharm. Sci. Rev. Res*., 35(2), 144-150.

Nylenna, M., Bjertnaes, O., Saunes, I.S., Lindahl, A.K. (2015). What is Good Quality of Care? *Professions & Professionalism Journal, Vol 5. No.1*

Omondi, K. B. (2016). *Factors influencing service delivery in public hospitals: A case of Nairobi City County, Kenya* (Unpublished project report). University of Nairobi, Nairobi.

Oyugi, B. (2015). Potential Impact of devolution on motivation and job satisfaction of healthcare workers in Kenya: Lessons from early implementation in Kenya and experiences of other Sub-Saharan African Countries. *The Journal of Global Health Care Systems*, 5(1): 23-47.

Scheffler, R.M., Bruckner, T., Spetz, J. (2012). The Labour Market for Human Resources for Health in Low and Middle - Income Countries. *WHO Library Catalogue Issue No.11*