INFLUENCE OF DEVELOPMENT PARTNERS ON PERFOMANCE OF HEALTH SERVICES IN
KENYA: A CASE OF EMBU COUNTY

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ABSTRACT

Healthy populations anchor achievements of human development by providing human resource contributing to development. A healthy workforce is a prerequisite to sustained economic and social development; conversely high disease burden impedes socio-economic development. Health outcomes are unacceptably low in developing countries. Whereas much of the burden of disease can be prevented or cured with known and affordable technologies, in most developing countries resources are scarce, have weak health systems coupled with low investments in public health. Development partners augment governments' interventions in provision of health care. The purpose of this study was to establish the influence developing partners on health services delivery in Kenya with a case study of Embu County. The study adopted descriptive study design. The target population was 288 health providers at health facilities. Stratified simple random sampling was used to select 87 to select respondents. Questionnaires were used to collect primary data. The secondary data was obtained from published documents such as journals, periodicals, magazines and reports to supplement the primary data. A pilot study was conducted to pretest the validity and reliability of instruments for data collection. The raw information was analyzed to yield qualitative and quantitative data. Quantitative data was analyzed with help of SPSS version 21 and MS excel. The variables were regressed and study findings showed that independent variables significantly and positively influenced project performance. Procurement management was the most significant factor and had a positive significant relationship at 5% level of significance.

Key Words: Development Partners, Performance, Health Services

INTROCUTION

This chapter gives a brief background of health dimension and its relevance to human development. Global perspectives and Kenyan context of development partners, their involvement in delivery of health services are recounted. Statement of the problem is highlighted, study objectives, study questions and justification of the study are is narrated in this chapter. Lastly, significance and the scope of the study are also given.

Background of the study

Healthy populations anchor achievements of human development by providing human resource contributing to development. Promotion and protection of good health as a basic human right is essential to human welfare and development (WHO, 2013).Health dimension, measured by a long and healthy live is a key indicator of Human Development Index, (HDI) a significant indicator of advancement in sustainable human development (UNDP, 2014). A healthy workforce is a prerequisite to sustained economic and social development; conversely high disease burden impedes socio-economic development (KHSSP, 2011).WHO (2007), defines good health services are those which deliver effective, safe, quality personal and non-personal health interventions to those that need them, when and where needed, with minimum waste of resources.

The role of development partners role in augmenting governments' interventions in provision of health care and, their participation in health care cannot be ignored (Wamai R.G, 2007).Development partners are voluntary citizens' group, task oriented, driven by people with a common interest. They have varied goals

and the mandates, are organized around specific issues, such as human rights, environment or health at local, national or international level. They deal with developmental issues; promote and respond to the needs of various populations in public service delivery (Ahmed, 2000). By supporting establishment of functional integrated and sustainable operations of pluralistic health care delivery systems, development partners optimize equitable use of the available resources investing in their comparative advantages to achieve better outcomes both in public and private sectors in many developing countries (Bennett, 2004).Through varied projects/programs, development partners support in health care include:-direct technical assistance; direct funding for health budgets; human resource; capacity building; health information; equipment and infrastructure (KPMG, 2013).

Global perspectives of development partners

Structural Adjustment and economic recovery programs (SAPs) introduced in most Sub Saharan Africa countries in 1990s led to withdrawing subsidies for health care while cost-sharing (fee-for-service schemes) introduced as alternatives for health care financing led to inequalities and exclusion in accessing health care. Most African countries face economic challenges: poor growth, poverty and dwindling resources acting together to constrain the government's capacity to subsidize healthcare services; and improve health sector performance (Nkrumah, 2011).

Ejughemre. U (2013) observes that many Sub-Saharan countries rely heavily on donor grants and loans to finance and strengthen health care systems to accelerate achievement of the Millennium Development Goals (MDGs.) About 20% of the total health expenditure in about 48% of the 46 African countries is provided for by

external sources- such as the United Nations agencies and other non-governmental agencies. The impact has been remarkable health gains and developments in the health sector. World Bank, (2007), notes that global funding for health has increased exponentially in the last few decades. Development assistance for health grew from US$2.5 billion in 1990 to almost US$14 billion in 2005 worldwide. The bank lent US$15 billion and disbursed US$12 billion for Health Nutrition and Populations program for more than 500 projects and programs in more than 100 client countries from 1997 through to 2006. Global Fund, (GF) a funding mechanisms to fight AIDS, Tuberculosis and Malaria epidemics, mobilizes and invests nearly US$4 billion a year to support programs run by local experts in more than 140 developing countries. In 2006, The Official Development Assistance (ODA), disbursed US$104.4 billion in donations for health projects in Africa (McCoy. D, 2009).

World Health Organization (WHO), proposed devolution of health services as a way to empower communities to take ownership and control of their own health in 1978 (WHO, 1978); and faced with constraints and failures of centralized service delivery, governments have introduced reforms -devolved mechanisms to improve efficiency of health care delivery (Anokbonggo W. W etl.,2004). Experiences in devolving the health function are mixed, while some countries have succeeded in leveraging devolution to improve health care; others have failed (Shaikh, 2012).

In the Philippines for instance, devolution relatively increased resource allocation, facilitated greater citizen participation in addressing unique health needs and bolstered decision making power at the local levels (Atienza, 2006). In the UK, devolution has allowed four divergent health systems (in Britain, Scotland, Wales and Northern Ireland) responsive to the uniqueness of their health demands to coexist (Green, 2010). Finland has emerged as one of the most decentralized health care systems in the world with the responsibility for its organization, administration, and decision-making resting with the democratically elected 448 municipalities across the country (Wamai, 2014). Elsewhere, in Pakistan, District Administrators failed to prioritize health hence limiting resource allocations. Health care delivery thus stagnated despite devolution (Shaikh, 2012).In Uganda devolution policy led to increased utilization of health facilities. However the policy failed to improve drug shortages, inefficient utilization of resources, and low morale among hospital staff (Anokbonggo W. W etl, 2004).

Kenyan perspectives of development partners

Kenya known health expenditures from development partners has increased from 16billion to 20 billion Kenya Shillings between 2002 and 2007 period (WHO, 2009). According to KSPA (2010), key development partners give technical support, financial support, or even direct implementation of health services in Kenya. These include- United States Agency for International Development (USAID), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the British Department for International Development (DfID), and the Danish International Development Agency (DANIDA) among others.

Vision 2030 the journey of transforming Kenya from third world country into an industrialized, middle income country, must be supported by equitable, affordable and quality health and related services. The health care services at all

levels must commensurate with that of a middle income country, attaining the highest possible health standards in a manner responsive to the population need as well as meet specific health impact targets.(KHP, 2012- 2030).In August 2010, Kenya adopted a new constitution that introduced a new governance framework with a national government and 47 counties (Constitution of Kenya, 2010).Kenya in an effort to improve resource allocation and regional development has pursued devolved governance and decentralized health services subsequently followed (Wamai R.G, 2007).Under the new framework, the responsibility for health service delivery is to the counties while policy, national referral hospitals, and capacity building are the national government's responsibility (Constitution of Kenya, 2010).

The health service delivery function was formally transferred to counties on August 9, 2013, and one-third of the total devolved budget of Kenya Shillings 210 Billion was earmarked for health in the 2013/2014 budget following this transfer (KHP, 2014). Proposed Kenya health Bill 2014, establishes a unified health system to coordinate the inter-relationship between the national government and county government health systems, to provide for regulation of health care service and health care service providers, health products and health technologies. Devolved governance structures give county health governments the leeway to engage and attract different development partners in promotion and provision of health services. This study was conducted to assess the role of development partners in supporting health service delivery in devolved county governments. Embu County was the reference during the 2010 -2013 financial year.

Statement of the Problem

WHO (2007), observes that Health outcomes are unacceptably low in developing countries. Much of the burden of disease can be prevented or cured with known and affordable technologies. But in most countries the health systems are weak or are accessible only to particular segments in the population, posing obstacles into scaling-up interventions and achievement of MDGs. There are also disjointed investments in public health with low spending, limited service coverage leading to high inequities in access and health outcomes across geographical regions and in different populations segments (Kenya Health Policy, 2014).

Poor performance of health service delivery poses a major challenge for improving service delivery in developing countries (Vujic,Weer, Nikolic,Atun & Kumar,2011). From ROK (2010) report patients who used faith-based facilities registered a higher level of satisfaction at 80.84%, seven index points higher than those who used government of Kenya facilities (73.83%). Also the customer/patient satisfaction index for the currently two ISO9001:2008 certified referral hospitals in Kenya(74.60%) was found to be lower than those of health centers(80%) and dispensaries(80.47%) of which could be a further indication of customer/patient dissatisfaction with health service delivery in the referral hospitals(RoK,2010). The report further states that 38% of the public believes that government centers provide poor services and have inadequate facilities and manpower and 11% of the public believe that better health service delivery is needed.

Poor health outcomes results from low expenditures in healthcare (Wamai R.G., 2007). Kenya's social economic indicators are low and have overall worsened particularly during the 1990s (Wamai, 2014). Life expectancy is 61.72

years, infant mortality rate is 73 per 1000 live births and Maternal Mortality Rate (MMR) is 488/1000; seemingly better compared to the rest of Africa, but lower compared to global averages (UNDP, 2014).

According to Kenya Demographic Health Survey (KDHS) 2014, Embu County had total fertility rate (TFR) of 3.1 compared to national fertility rate of 3.9 children per woman. Contraceptive prevalence rate (CPR) is 70 % compared to 81% in Kirinyaga County, one of the highest in the country. The under-five mortality rate is 52 deaths per 1,000 live births while that of Embu is at 67 deaths per1, 000 live births. While communicable diseases remain common, there is an emergence of a "double burden of disease" because of changing lifestyles and the aging of the population (SPA, 2011).

The amount of allocations and prioritization of health expenditures is worrying. According to Kenya Health policy (2013), 65% of total health budget for 2013/2014 year, was allocated to Counties. Of this 69% was spent on recurrent expenditure while a paltry 39% was spent primary health care. 50% funding for health products and technologies is provided by development partners. Although, Government allocation towards essential medicines and medical supplies has been increasing steadily over the years, from Ksh 260 million in the financial year 1993/94 to an estimated Ksh 7.3 billion in 2009/10, this is still below the US$ 1.5-2 per capita WHO estimates required to provide a basic health care package. Ministry of Health allocation has averaged US$ 1.1 per capita (or 2 billion annually) for the last five years, which is still inadequate (KHSSP 2012-2017).

While devolution presents opportunities to improve health outcomes, it could also fuel inefficiencies, exacerbate existing inequities in the sector especially with competing priorities. The new devolved governance structures may also lack the necessary resources, capacity skills and competencies to manage and spur efficiency in delivery of health services (World Bank, 2012).This study sought to investigate the role of development partners in supporting health service delivery in county governments.

Study objectives

Overall Objective

The purpose of the study was to establish the influence of development partners on the performance of health services in Kenya.

Specific Objectives

The specific objectives of the study were to:
  i. Examine the influence of health care financial support on performance of health services in Kenya
  ii. Find out the influence of developing human resource on performance of health services in Kenya
  iii. Determine the influence of procurement management of medicines on performance of health services in Kenya
  iv. Establish the influence of health information management information systems on performance of health services in Kenya.

Research questions

The study was guided by the following research questions;

  i. What is the influence of health care financial support on performance of health services in Kenya?

ii. Does developing human resource influence performance of health services in Kenya?

iii. What is the influence of procurement management of essential medicines on performance of health services in Kenya?

iv. Do health information management information systems influence performance of health services in Kenya?

Scope of the study

The research was conducted in Embu County. The area of study was chosen because of its nearness to the researcher, accessibility and time limit. Embu County one of the 47 counties in Kenya, which have major challenges concerning the health services delivery. Total population according to 2009 population and housing census is 516,212. There are 167 health facilities in Embu County, 141 dispensaries, 17 health centers and 9 hospitals that are either privately, faith- based or public –owned.

Limitations of the study

The main limitation expected by this study was that, a few of the employees and directors of the targeted health institutions, considered some of the information sought as being sensitive and could reveal their financial status and procurement strategies to competitors. This limitation was managed by making clarifications and assurance that the purpose of the study would purely for academic purposes and not motivated by any other interests whatsoever. The study was also be limited by time and financial resources and to deal with this, the study had source for more financial resources using other alternative means. The study further engaged research assistants to hand deliver and

pick the questionnaires and as this would result to a high response rate. These few challenges and limitations encountered would not to any significant extent impair the study given the measures taken to mitigate them. The target group that the study intended to focus on was quite busy carrying out their duties and was not available to fill the questionnaire promptly. Unreturned questionnaires and uncooperative respondents proved difficult for the researcher but follow ups were done to facilitate the response rate. The institutions confidentiality policy also restricted most of the respondents from answering some of the questionnaires since it was considered to be against the hospital confidentiality policy. The suspicion normally associated with any kind of a research study. This study overcame this by assuring the respondent of utmost confidentiality and information provided would strictly be used for the academic purposes and would not jeopardize their positions in any way.

LITERATURE REVIEW

Introduction

This literature review provides critical analyses of development partners' role in supporting health service in the context of devolved governance. The concept and operational definitions of financial; human resources for health; drugs supplies and HMIS systemssupport, through development partnersare recounted. Some theoretical frameworks guiding this study, critic of previous related studies as well as research knowledge gaps that should be addressed by other studies are also included.

Theoretical Framework

The conceptualization of the study is pegged on the theory that the core business of government is public service. The development partners, either on their own or in partnership with the government support service delivery. In the course of the provision of the public services, interactions occur in various forms/nature and scope between the government, the private sector (business), and the public. The government, as a facilitator, a regulator and/or an implementer, is and should be the prime in public services. The quality, nature and scope of the provision of health services is therefore bound to be influenced by the nature of interaction between the governance structures, development partners, service providers, including consumers of the services.

Public Choice Theory

Public choice theory seeks to explain and predict the behavior of politicians and bureaucrats in the political space based on the principle of rational choice. In this theory, individuals, interest groups, bureaucrats, and politicians are assumed to seek their own self-interest. Decisions made depend on the costs and benefits of an action taken whereby each group attempts to maximize their own net benefits. Benefits can take the form of monetary or non-monetary rewards and may include ideologies, goals, and cultural values (Kickert W.J.M, 1997).

Public choice theory is often used to explain how political decision-making results in outcomes that conflict with the preferences of the general public. Specifically in reference to this study, development partners support will hold county government accountable, enhance an effective public private partnership between health service providers and stakeholders; improving quality, affordability

and accessibility of health services. The above theory instigated of understanding of the first study variable and objective to examine the influence of health care financing serviceson performance of health services in Kenya.

Structural Function Theory

This theory postulates that a society is made up of different social structures and each structure has a particular function which it fulfills. The different social structures or institutions are interdependent and function to maintain society. A change in one institution educes a change into the dependent structures in order to accommodate that change. Social system is the status-role complex, which consists of structural elements or positions that individuals hold in a system. These positions are referred to as statuses, and are occupied by individuals who must carry out certain diverse roles in order to maintain the order and fulfill system's functions. This diversity leads to solidarity and interdependence (Ludwig V.B, 1969) Applicability of the theory in this study, the role of individuals - human resource for health is critical for delivery of health services and that health is a social system that aids to meet society's needs for healthy populations. For efficiency, interdependence of different segments in health care system is key. Dysfunction in health sector impacts other social systems negatively- high mortality and morbidity, Low economic productivity, poverty, poor education among others. The above theory facilitated understanding of the second study variable and objective to examine the influence of developing human resource on performance of health services delivery in Kenya.

Systems Theory

Initially proposed by biologist Ludwig V.B (1969) and furthered by Ross Ashby (1956) The systems theory center on individuals, structures, departments and units that have complex social systems, and regularly interacting functionalities and interrelating groups of activities that depend on each other, recognizing the interdependence between groups of individuals, structures and processes to function wholly(Saunders, M. K. 2004).The theory proponents that real systems are open to, and interact with, their environments, and that they can acquire qualitatively new properties through emergence, resulting in continual evolution and for survival. This theory states that separating the parts from the whole reduces the overall effectiveness of organizations and functionality. Application if this theory in the study- in providing health care, all components of health care systems- must function in complementarity to each other in order to achieve good health outcomes. A failure in one element of the system is weak link in the system and a recipe for failure of the whole system- poor health outcomes. The above theory instigated understanding of the third study variable and objective to establish the influence of procurement managementon performance of health services in Kenya.

Governance Theory

The World Bank (1991) defines governance as the exercise of political authority and the use of institutional resources to manage society's problems and affairs. Governance theory is concerned with steering actions of political authorities as they deliberately attempt to shape socio-economic structures and processes (Myantz, 2003).According to Harris, J. (1990),

Governance signals how the informal authority of networks supplements and supplants the formal authority of the government by exploring the changing boundary between the state and the society. The theory assumes that the government should focus on the formulation of public policy and leave the implementation to other bodies, private organizations or non- profit organizations, hence encouraging privatization, outsourcing, agentification and a stronger emphasis on market mechanism (Kickert, 1997). The assumption is that the more the separation of policy implementation from the policy formulation, the more the participation by different actors in the implementation process, and the more the realization of efficiency on the process outcomes. Application in the study is that, in the co-operation between development partners and county governments will result in synergies, information and knowledge sharing, leveraging on each other's strength so as to generate more innovative ways and better products in service delivery. Complementarities with between development partners and governments, clear assignment roles as well as enforcement of good management strategies is more likely to lead to improved health services. The above theory facilitated understanding of the fourth study variable and objective to eestablish the influence of health information management information systems on performance of health services in Kenya.

Conceptual Framework

According to Mono (2013) defined a conceptual framework as a virtual or written product, one that explains, either graphically or in narrative form, the main things to be studied- the key factors, concepts, or variables and the presumed relationships among them. Conceptual

framework, according to educational researcher Saunders (2007) are structured from a set of broad ideas and theories that help a researcher to properly identify the problem they are looking at, frame their questions and find suitable literature. Most academic research uses a conceptual framework at the outset because it helps the researcher to clarify his research question and aim (Bordens& Abbot, 2008).

Young (2009) defines conceptual framework as a diagrammatical representation that shows the relationship between dependent variable and independent variables. According to Kothari (2004), conceptual framework is a concise description of the phenomenon under study accompanied by a graphical or visual depiction of the major variables of the study. Mugenda (2008) defines a conceptual framework as a logically developed, described and elaborated network of interrelationships among variables integral in the dynamics of a situation being investigated. It explains the theory underlying these relationships and describes the nature and direction of these relationships. In this study, the conceptual framework will look at the determinants influencing performance of health services in Kenya. The conceptual framework for the study is shown in Figure 2.1;
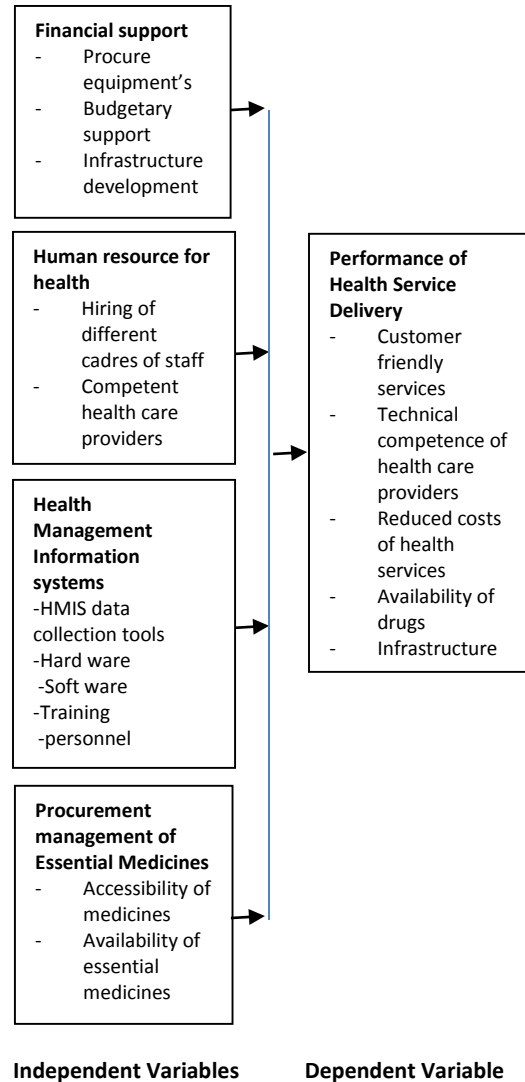
Financial support
- Procure equipment's
- Budgetary support
- Infrastructure development

Human resource for health
- Hiring of different cadres of staff
- Competent health care providers

Health Management Information systems
-HMIS data collection tools
-Hard ware
-Soft ware
-Training
-personnel

Procurement management of Essential Medicines
- Accessibility of medicines
- Availability of essential medicines

Performance of Health Service Delivery
- Customer friendly services
- Technical competence of health care providers
- Reduced costs of health services
- Availability of drugs
- Infrastructure

Independent Variables   **Dependent Variable**

Figure 2.1; Conceptual Framework

Development partners in supporting health service delivery

According to (Wamai, 2014), system reforms, legislation, support mechanisms and policies have been instituted that emphasize and support the role of development partners. WHO (2007), categorizes into development partners broadly as :- 1) Implementing partners- including all the actors supporting delivery of health services to Kenyans. These are broadly categorized as Private-for-profit organizations;

Private not-for-profits organizations (such as faith-based organizations), non-governmental organizations and civil society organizations); and Traditional Health Practitioners2) Funding partners- These are broadly categorized as: technical partners and funding partners who support financing for health activities in the country either directly or indirectly through supporting implementing partners these are:- International NGOs, development banks and bilateral, as well as stakeholders in the non-government and corporate sector (WHO, 2007).

Wamai (2014), observes that health development partners are indispensable constituents of the health sector and are represented at various ministries recognized by legislation, decree or policy. However, their role is mostly under -appreciated by policy makers and scholars alike, although they have had wide recognition and actually support the designing of countries' health care frameworks.WHO (2013), asserts that use of government health services is too low to affect health indicators without the contributions of development partners. Wamai (2014), postulates that development partners have been quite significant in broader health reforms and development processes and a key source of health services provision.

According to Kenya health policy (2014), key development partners supporting Kenya's health sector include the United States Agency for International Development (USAID), the UK Department for International Development (DfID), and German Federal Enterprise for International Cooperation (GIZ), and the World Bank. The GIZ for instance, supports the Government in carrying out various health reform processes- implementation of a healthcare financing strategy, management and

support for decentralized health system at the county level.

The faith based sector a key development partners in health, is predominately operated by two religious organizations i.e. Kenya Episcopal Conference (KEC) now Kenya Conference of Catholic Bishops (KCCB) and the Christian Health Association of Kenya (CHAK), a grouping of 44 Protestant Churches. Both act as secretariats promoting the roles of their independent member health facilities in providing quality health services across Kenya. Together these two systems operate about 20% of the country's health institutions (Wamai, 2014).

Financial support

Health financing is a key determinant of health system performance in terms of equity, efficiency, and quality. Health financing encompasses resource mobilization, allocation, and distribution at all levels (national to local), including how providers are paid. Health financing refers to "the methods used to mobilize the resources that support basic public health programs, provide access to basic health services, and configure health service delivery systems" (Schieberand Akiko 2007). In many developing countries, household out-of-pocket payments form a large source of health financing and although user fees can prevent excessive use of services it can at the same time, create barrier into access health care when most needed (Zellner, O'Hanlon, and Chandani 2005).
WHO (2007), recommends funding for health through the sector-wide approach (SWAp) a financing framework through which government and donors support a common policy and expenditure program under government leadership for the entire sector. According to Schieber& Akiko (2007), health systems in

developing countries are financed through a varying mix of public, private, and donor sources. In Kenya, financing health care for county health can either made available through national budgets or off-budget via international donors. These allocations cater for recurrent expenditures- personnel, hospitals, pharmaceuticals, supplies, fuel, and training costs. At the county level, although funding is primarily from the national government, counties too, have their own mechanisms for raising health care funds (KPMG, 2014).

Devolved county governments lack appropriate capacities for proper program based budgeting, and although Sub-Saharan Africa has seen injection of enormous amount of dollars in support to health care sector, but in many instances funds are allocated only to disease specific projects ("vertical programming") rather than to broad based investments ("horizontal programming".) Furthermore, the problem of corruption and mismanagement of these funds in many of the recipient countries are issues warranting urgent solutions (Ejughemre, U 2013).

Human Resources for Health

WHO (2007), notes that human resources are the most important part of a functional health system. Brinkerhoff and Leighton (2010), define human resources for health as the different kinds of clinical and non-clinical staff, responsible for public and individual health intervention. WHO (2006) notes that human resource for health consists of both clinical staff who directly deliver health services and non – clinical support staff. Health care staff-both trained and untrained, constitute the largest recurrent cost component of health care service. The performance and outputs of health systems depend largely upon the knowledge, skills and motivation of individuals responsible for delivering health services and their effective mobilization and utilization. A well-performing health workforce is one that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances (i.e. there are sufficient staff, fairly distributed; they are competent, responsive and productive (WHO, 2007).

In many developing countries, medical institutions are not producing enough doctors and other health workers. This deficit is compounded by the outflow of trained staff from the public sector to the private sector and from developing countries into developed countries. Unskilled staffs provide services for which they are untrained or unprepared for, especially in rural areas. Even for skilled heath workers, training is often poor, and little or no training is available to update skills. As a result, mistreatment and misdiagnosis of patients is common. Additionally, high degree of absenteeism related to inadequate compensation and supervision, civil service laws or cultural obstacles preclude terminating staff who do not perform well; all acting as demotivating factors, constraining competent staff attraction and retention. (Joint Learning Initiative, 2004)Staff should be re-trained and better remunerated in order to cope increase demand for health care services where health services are devolved (Anokbonggoet al.,2004).

Despite investments made in the past, Kenya faces significant human resource shortages. This due to increase in expected services provided, coupled with the freeze in recruitment in the 1990s. Total health workers are just over 17 per 10,000 population, medical staff

represent over 5 per 10,000 population. Additionally, their distribution is not equitable with significant geographical imbalances and health workforce gaps.

Urban areas have higher concentrations of trained health care personnel than rural areas while incentives lack to work in remote areas. Kenyan government commits to ensuring equitable distribution of human resources for health and to provide additional human resources that would be essential for quality provision of health services (KHSSP 2012-2017.)This is where support from development partners is required –to give technical support and fill funding gaps in human resource for health to fulfill these commitments

Health Management Information Systems

Health management information systems and a complete fully functional system allow timely information sharing from various sources (Bertrand,etl 2008).WHO (2006),notes that health management information systems aids decision making at various levels from central-level policy development to local monitoring of primary health care activities. According to Travis& Haines (2004), a functioning HMIS should provide a series of indicators that relate to the determinants of health (i.e., socioeconomic, environmental, behavioral, and genetic determinants or risk factors) of the health system, including the inputs used in the production of health and the health status of the population. Such a list of indicators should be defined by the users of information at different level in a consensus-building process (Bertrand,W. E etl., 2008).

For the HMIS to function adequately, certain prerequisites need to be in place, such as :- Information policies and standards- legislative and regulatory frameworks; Financial resources-investment in the processes for the production of health information (collection of data, collation, analysis, dissemination, and use); Human resources- adequately trained personnel at different levels of government; Communication infrastructure- infrastructure and policies for transfer, management, and storage of information; Coordination and leadership- the mechanisms to effectively lead the HMIS. Data need to move to higher levels in the system for compilation and analysis at the same time use of the same data for management and decision making at the district, facility, and community level need critical support. WHO (2006), asserts that support of development partners will be invaluable in low income countries for research on the development of practical health information systems to guide policy and management decisions and for improvement of the existing systems.

Procurement Management of Essential Medicines

Access to essential medicines and supplies is fundamental to the good performance of the health care delivery system. Availability of medicines is commonly cited as the most important element of quality by health care consumers, and the absence of medicines is a key factor in the underuse of government health services (WHO, 2006). One-third of the world's population lacks access to essential medicines. Problems in access are often related to inefficiencies in the procurement system, such as inappropriate selection, poor distribution, deterioration, expiry, and irrational use. Where medicines are available, price may be a barrier for the poor (World Bank, 2004).

Many developing countries continue to struggle with a mix of inefficient public sector and private supply systems for essential medicines. Decentralization of health sectors has in some cases intensified the problem, establishing logistics systems in the absence of trained human resources, infrastructure, and management systems at the decentralized levels. Even where more efficient systems have been established, countrywide access may still remain weak (WHO, 2006).

Perfomance of Health services delivery

The health function is critical to the welfare and prosperity of any nation; and management of the health systems largely determines the effectiveness of service delivery and consequent the health outcomes. The availability of basic health services, the frequency with which the services are offered, the presence of qualified staff, and the accessibility of the health care system all contribute to client utilization of a health service in a facility (Kibaru J etl, 2009).Health services according to WHO (2013), is people-centered care that is focused and organized around the health needs and expectations of people and communities, rather than on diseases. It encompasses clinical encounters and also includes attention to the health of people in their communities and their crucial role in shaping health policy and health services. Health services must also be integrated health systems to encompass management and delivery of quality and safe health services so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, through the different levels and sites of care within the health system, and according to their needs

throughout the life course. These health services can either be offered at a health facility or at the community level.

According to WHO (2006), health Service delivery must be supported by six pillars of heath care system which include:-Health workforce, health management and Information; medical products, vaccines & technologies (drug supplies), health care financing and most importantly sound leadership and governance of health facilities. All these elements must all function together for effective health delivery and better health outcomes.

Devolution of Health care services

According to World Bank (2012), centralized health care system results in political and economic disempowerment and unequal distribution of resources. Ndavi(2009), also notes that a highly centralized government system also leads to the weak, unresponsive, inefficient, and inequitable distribution of health services in the country. Devolution of health care therefore presents opportunities and challenges to the health sector that together determine the effectiveness of service delivery and the character of the overall health system.

Muriu (2012), notes that "Devolved service delivery is based on the simple concept of getting resources to where they are needed." Bossert (2002), defines devolution as a shift of responsibility and authority from the central government (Ministry of Health) to separate administrative structures still within the public administration (e.g. local governments of provinces, states, municipalities) and the range of decision-making powers involved covers fiscal allocation, public planning, service delivery and

systems management. Brinkerhoff & Leighton (2010), opinions that, in devolved health systems, district health authorities are often given power to allocate non personnel, non-capital investment funds at the local level to social sector budgets. This flexibility allows for some local priority-setting according to needs within social sectors. Bossert. (2002), also observes that in devolution, significant authority and responsibility remains at the center. Functional responsibilities are defined, so that the center retains policy making and monitoring roles, and the periphery gains operational responsibility for day to day administration.

According to Wamai (2007), argues that devolution of health can promote equity and efficiency and has mutual benefits both to government as service providers and populations as well as beneficiaries. Firstly, devolution can nurture dynamism in the delivery system allowing for a mix of private-public providers and services. Secondly, it promotes pluralism by allowing civil society participation in the decision-making process and hence improves governance and accountability and lastly, it can enhance localized innovations and adaptations for resource mobilization and cost-consciousness in tackling local health problems. Muriu (2012),advances that such an arrangement is based on the assumption that the local government units will 'be more responsive to the needs of the citizens and take their preferences into account in determining the type of services to be provided, the level of resources required, and the optimal means of ensuring effective delivery'. This requires local government units that have the political space and capacity to make and effect decisions. It is for this reason that decentralization has been favoured and promoted internationally (Blunt and Turner, 2007.)

Devolved health care systems allow county governments the space to design innovative models that suit the terrain of their unique health sector needs. According to KPMG, (2013) in devolved healthcare, the county governments are responsible for the provision of primary care; bringing primary care services closer to the people allows for ownership and participation. Bossert (1998), opinions that devolved health system improves efficiency, stimulates innovation, improve access to and equity of services, and promotes accountability and transparency in service delivery. The weaknesses of the devolution approach though is that it does not provide much guidance for analyzing the functions and tasks that are transferred from one institutional entity to another and does not identify the range of choice that is available to decision-makers at each level (Bosserret. T, 1998). World Bank (2007), warns that poorly and hastily implemented devolution can adversely affect health service delivery. While devolution presents opportunities to improve health indicators in Kenya, it could also fuel inefficiencies, exacerbate existing inequities and precipitate policy and structural discord in the sector.

The contribution of development partners is not only at implementation and funding level, but also at development of policy and organization structure of health services delivery as well. Most of the MOH's working groups and technical committees charting policies and programs have representatives from the development partners providing an "opportunity to participate and contribute to policy formulation" (Wamai, 2014).

Critique of the Literature Review

The researchers bring out the role of development partners in the context of devolved

government and demonstrate the benefits that trickle through to beneficiaries and communities resulting from devolved resources, demonstrating critical role development partners play in filling funding gaps and giving technical support to county health services. The researchers focus on support and benefits to populations and are silent or given o emphasizes on management of health sector and health programs, which is critical for efficiency in delivery of health services. These researchers seem to highlight and suggest funds as the single most factor neglecting multiplicity of other variables that stifle health services delivery such as management of health services, corruption, misappropriation and mismanagement of public funds.

Chapter summary

The development partners support the government to deliver health services. The nature of interaction between the government, development partners, service providers determine quality, nature and scope of the provision of health services. The study is pegged on 4 theories system theory, governance theory, public choice theory and structural function system theory.Health is a critical function to the welfare and prosperity of any nation. Health services delivery requires sequential harmony of elements to be attained- Financing for health, presence of motivated and qualified human resource, essential medicines as well as health management of information health systems to increase accessibility and demand for utilization of health services. The role of development partners in health is indispensable and devolution of health care presents opportunities of engaging development partners to directly fill in gaps and support specific challenges in services delivery in a particular county.

Research Gaps

Technical support from Development partners augments government efforts in health services However, for development partners to succeed in this role, the right policy and appropriate institutional framework must be in place to ensure the confidence and commitment of central and county governments. Authors do not bring out the effects of institutional policies, frameworks and its impact on development partners in effecting their role in provision of health care services.

The role of development partners in enhancing access to health care services is silent in these researches. Whereas there is much emphasizes on subsidizing costs mainly by schemes that are donor dependent, this may not be sustainable in the long run. Of these studies there is no clear and specific role of development partners and that of government in health services delivery. More researches need to categorize specific role of each party to avoid doubling of roles and maximize limited resources in health care.

RESEARCH METHODOLOGY

Introduction

This chapter highlights research methodology that was used to conduct this study. It includes the research design, study population, sample and sampling procedure, data collection methods, data processing and analysis.

Research design

The study was conducted using descriptive survey design. According to Kombo&Tromp (2006), research design enables rapid data collection from a sample population to help in understand the entire population. Data collected from a sample population is analyzed to discover

occurrences in the target population. This research design is mostly used for collecting information about people's attitude, opinions and habits and also in education and social science issues (Orodho 2009).This research design is classification as qualitative research (Mugenda, 2003). Data is generated in form of words rather than numbers. This design will therefore be suitable to describe the phenomena and make inferences on the roles of development partners in supporting health services delivery.

Target Population

The study targeted health managers in Embu County responsible health services delivery; senior management, middle level, lower level and general staff. Officers of County Health Team responsible coordination of health care services were be targeted also. Hospital management team responsible for day today management of clinical services, hospital operations and coordination and delivery of health services delivery in were the target population of this study. The target population focused on all senior level, middle level and lower level management who are currently 288 in number as shown in Table 3.1;

Table 3.1Target Population

Category	Population	Percentage
Top Management	32	11
Middle-Level Management	40	14
Lower Level Management	65	23
General staff	151	52
Total	288	100

Sample and Sampling Technique

A sample size is a set of observations drawn from a population by a defined procedure (Creswell, 2003). The sample represents a subset of manageable size (Mugenda&Mugenda, 2003). The sample size depends on what one wants to know, the purpose of the inquiry, what is at stake, what will be useful, what will have credibility and what can be done with available time and resources (Kothari, 2004)

In this study, the sample size was 87 respondents as shown in Table 3.2. The study used stratified simple random sampling design to select the representative sample of the population. Random sampling refers to random selection of units from a group. According to Orodho (2005) in stratified random sampling, subjects are selected in such a way that the sample gives equal representation from each stratum.

Table 3.2: Sample Population

Category	Population	Sample ratio (30%)	Sample size
Top Management	32	0.3	10
Middle-Level Management	40	0.3	12
Lower Level Management	65	0.3	20
General Staff	151	0.3	45
TOTAL	288	-	87

Data collection Instruments

According to Kasomo (2006), research instruments are ways of collecting information. The researcher used multiple method approach which combines qualitative and quantitative data collection instruments in a single enquiry. The researcher used questionnaires as a primary instrument to collect data. The study

determined the data collection approach largely by identifying the type of information needed (Cooper & Schindler, 2003). The study used questionnaire as the research instrument. This is because of their simplicity in the administration and scoring of items as well as data analysis (Gronhaug, 2005). The study utilized quantitative and qualitative questionnaire developed for generating information on key variables of interest from the targeted respondents in this study through in-depth interview from respondents who are conversant with the subject through various interactions or experiences.

The questionnaires consisted of both open ended and closed questions. Open ended questions required the respondent to answer questions by narrating their experiences and giving their opinions and this generated qualitative data while the closed questions required multiple choices. Both of these types of questions were administered to the respondents so as to gather information. The questionnaires enabled the researcher to collect data within a shorter time since most of the information was easily described. The study also undertook desk review of existing information about the study areas and collect secondary data which was be useful for this study. Secondary data was gathered from existing credible and recognized source. The secondary data comprises of materials that are desirable, current, accurate, sufficient and relevant, collected from library text books, internet and magazines and personnel file in the organization.

Data Collection Procedure

This described how the data was obtained from the respondents. It included questionnaire, cover letter and instruction sheets. The following methods were used to collect primary data such as the questionnaires and interview methods. According to Hargie&Tourish (2009), the first phase is concerned with holding meetings with the senior management of the intended organization at the outset and securing their dedication to implement the findings of the study. In this study the researcher met top level management to affirm their intention on carrying out at the county study and to clarify the significant of the study and the commitment required from management.

During the second phase, the researcher briefed the respondents before data collection. During the process, the purpose of the study and the scope of the study were communicated to the senior hospital and county health team responsible for health coordination at the county. Importantly, the researcher used the meeting to assure the respondents that their responses will be treated confidentially. In addition, an introductory letter attached to the questionnaires to emphasize on the earlier briefing on the scope and purpose of the study. This exercise aimed at building mutual trust between the researcher and the respondents.

Pilot Study

According to Burdens' &Abbott (2008), pilot study is as a small-scale version of the study used to establish procedures, materials and parameters to be used in the full study. According to (Cooper and Schindler, 2010), pilot test is conducted to detect weaknesses in design and instrumentation and to provide proxy data for selection of a probability sample. Pilot study is an activity that assists the researcher in determining if there are flaws, limitations, or other weaknesses within the interview design and allows him or her to make the necessary revisions prior to the implementation of the study (Bridget &Lewan, 2005).

The pilot study involved pre-testing the questionnaires on 9 respondents of County health management team. It is supported by (Neumann, 2006) who recommends that a pilot test of 10% of the sample size can be used.The respondents were conveniently selected since statistical conditions are not necessary in the pilot study (Cooper &Schindler, 2008). The purpose was to refine the questionnaires. The results of pilot test were included in the actual study.

Validity of Instruments

This is the degree to which an instrument measures what it is supposed to measure (Kothari, 2004). A content validity test was used to measure instrument validity. This type of validity measured the degree to which data collected using a particular instrument represented a specific domain of indicators or content of a particular concept (Mugenda and Mugenda, 1999). Validity is the degree to which the sample of the test item represent the content that is designed to measure, that is, the instrument measures the characteristics or trait that is intended to measure (Mugenda and &Mugenda, 2003).Data need not only to be reliable but also true and accurate. If a measurement is valid, it is also reliable (Joppe, 2000).

The research ensured validity of research instruments by using simple language free from jargon that made it easy to be understood by the respondents. The researcher sought expert opinion of individuals who could render intelligent judgment about their adequacy. The researcher also engaged her supervisor to ensure that the questions will test or measure what they are supposed to measure.

The research will adopt content validity which refers to the extent to which a measuring instrument provides adequate coverage of the topic under study. The content validity formula by Amin (2005) will be used in line with other previous studies (Lefort&Urzua, 2008) ; The formula is; Content Validity Index = (No. of judges declaring item valid) / (Total no. of items). It is recommended that instruments used in research should have CVI of about 0.78 or higher and three or more experts could be considered evidence of good content validity (Amin, 2005).

Reliability of Instruments

Reliability is the extents to which a research instrument yields findings that are consistent each time it is administered to same subjects (Mugenda and Mugenda, 2003).The measurement of reliability provides consistency in the measurement variables(Kumar,2000)). Internal consistency reliability is the most commonly used psychometric measure assessing survey instruments and scales (Zhang, 2000). Cronbach alpha is the basic formula for determining the reliability based on internal consistency (Kim & Cha, 2002). Reliability is increased by including many similar items on a measure, by testing a diverse sample of individuals and by using uniform testing procedures. In order to test the reliability of the instruments, internal consistency techniques will be applied using Cronbach's Alpha. The alpha value ranges between 0 and 1 with reliability increasing with the increase in value. Coefficient of 0.6-0.7 is a commonly recommended that indicates acceptable reliability and 0.8 or higher indicate good reliability (Mugenda, 2008).

Data analysis and Presentations

Kothari (2004), define data analysis as a mechanism for reducing and organizing data to produce findings that require interpretation by the researcher. The data collected was quantitative and qualitative. Once the

questionnaires were received they will be coded and edited for completeness and consistency. Data analysis entails editing, coding and tabulation of data collected into manageable summaries. To ensure easy analysis, the questionnaires were coded according to each variable of the study to ensure accuracy during analysis. Quantitative data were analyzed by employing descriptive statistics and inferential analysis using statistical package for social science (SPSS) version 21 and excel. This technique gives simple summaries about the sample data and present quantitative descriptions in a manageable form, Together with simple graphics analysis, descriptive statistics form the basis of virtually every quantitative analysis to data. The findings are presented using tables, charts and graphs for further analysis and to facilitate comparison. This will generate quantitative reports through tabulations, percentages, and measure of central tendency. Descriptive statistics such as measures of central tendency and dispersion along with percentages are used to organize and summarize numerical data whose results are presented in tables, pie charts, column and bar graphs for easy interpretation of the findings.

The study adopted the inferential statistical analysis. The tests of significance to be used are multiple regression analysis expected to yield the coefficient of determination (R^2), t – tests, z – tests and p – values. The choice of this techniques is guided by the variables, sample size and the research design and multiple regression model at 5% level of significance and 95% level of confidence to establish the strength and direction of the relationship between the independent variables (Financial support, developing human resource, procurement management and information management systems) and the dependent variable (performance of non-governmental organization).

The performance of health services was regressed against four variables namely; financial support, human resource, procurement management and information management systems. The equation will be expressed as follows:

$Y= β_0+ β_1X_1+β_2X_2+ β_3X_3+ β_4X_4+ ε,$ Where; Y= Performance of health services in Embu county, $β0$= constant (coefficient of intercept); X_1= Financial support; X_2= Human resource development;X_3= Procurement management;X_4= Information management systems; $ε$ = error term;$β1…β4$= regression coefficient of four variables. Advantages associated with multiple regression analysis are that this process offers a more accurate explanation of the dependent variable in that more variables are included in the analysis, and that the effect of a particular independent variable is made more certain, since the possibility of distorting influences from other independent variables is removed (Sharp & Howard,2000).

DATA ANALYSIS, FINDINGS AND INTERPRETATIONS

Introduction

This chapter discusses the findings, presentation, interpretation and discussion of the findings obtained from the field. The chapter presents the background information of the respondents, findings of the analysis based on the objectives of the study. Descriptive and inferential statistics have been used to discuss the findings of the study.

Response Rate

The study targeted a sample size of 87 respondents from which 59 filled in and returned the questionnaires making a response rate of 67.82%. This response rate was satisfactory to make conclusions for the study as it acted as a representative. According to Mugenda&Mugenda (2003), a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 70% and over is excellent. Based on the assertion, the response rate was good.

Table 4.1 Response Rate

	Questionnaires Administered	Questionnaires filled & Returned	Percentage
Respondents	87	59	67.82

Pilot Test Results

A pilot study was carried out to determine reliability and validity of the research instruments. The pilot study involved sampling respondents in various strata in the organizations. Reliability analysis was subsequently done using Cronbach's Alpha which measured the internal consistency by establishing that certain items within a scale measures the same construct.Cortina (2008) established the Alpha value threshold at 0.7 and above is regarded as most reliable, thus forming the study's benchmark. Cronbach Alpha was established for every objective which formed a scale. Table 4.2 shows that Human resources had the highest reliability (α= 0.816, followed by Procurement management (α=0.815), Information systems (α=0. 812) and Financial services (α=0.808). This illustrates that all the four variables were reliable as their reliability

values exceeded the prescribed threshold of 0.7. This is shown in Table 4.2.

Table 4.2: Reliability Test Results

Scale	Cronbach's Alpha	Number of Items
Financial services	0.808	5
Human resources	0.816	5
Procurement management	0.815	5
Information systems	0.812	5

Validity analysis

If a measurement is valid, it is also reliable (Joppe, 2000).The content validity formula by Amin (2005) was used in this study. The formula is; Content Validity Index = (No. of judges declaring item valid) / (Total no. of items). It is recommended that instruments used in research should have CVI of about 0.78 or higher and three or more experts could be considered evidence of good content validity (Amin, 2005). The results were as shown in Table 4.3;

Table 4.3; Content Validity Index

Variable	Valid items	Fraction
Financial services	7	0.7890
Human resources	6	0.7895
Procurement management	6	0.7886
Information systems	6	0.9486
Overall	-	**0.8290**

From the results in Table 4.3, illustrates that all the four variables were valid as their CVI values exceeded the prescribed threshold of 0.78.This infers that the instrument was reliable as emphasized by Amin (2005) as validity of test yielded an average index score of 82.90%. This implied the instrument was valid as emphasized by (Amin, 2005).

Demographic Information

Demographic information provides data regarding research participants and is necessary for the determination of whether the individuals in a particular study are a representative sample of the target population and testing appropriateness of the respondent in answering the questions for generalization purposes. The demographic information comprised of the gender, age, highest level of education and duration of service.

Gender of the respondent

The study sought to determine the gender of the respondent and therefore requested the respondent to indicate their gender. The study found that majority of the respondent as shown in Figure 4.1 by 53.70% were males whereas 46.3% of the respondent were females, this is an indication that both genders were involved in this study and thus the findings of the study did not suffer from gender biasness.
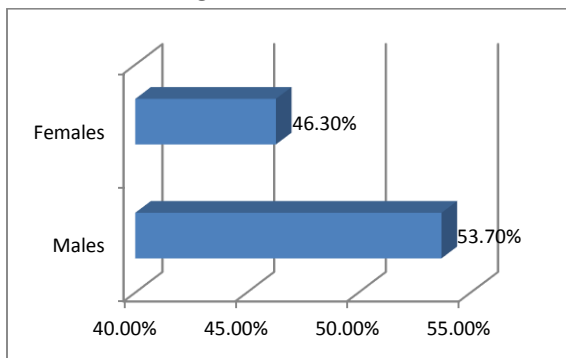

Figure 4. 1: Gender of the respondent

Age distribution

On respondent's age distribution, the study revealed that; most of the respondents as shown in Figure 4.2 by 44% were aged between 41 to 50 years, 15 % of the respondents 31 to 40 years, 30% of the respondents were aged below 30 years, whereas 11% of the respondents were aged above 50 years. This implies participants were well distributed in terms of their age.
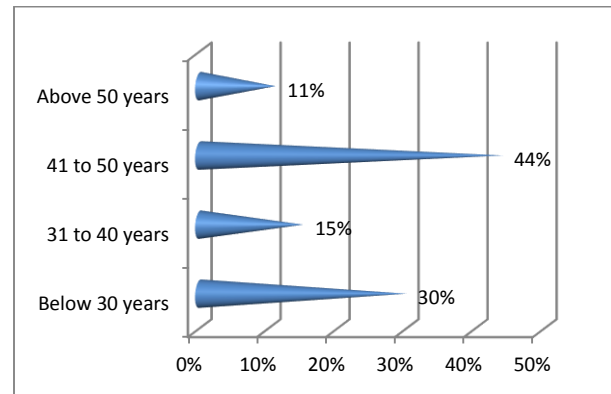

Figure 4.2: Age distribution

Duration of service

On period of service, the study revealed that most of the respondents as shown in Figure 4.3 by 55% had worked with the health sector for duration of 6-10 years, 30% had worked in the health sector for a period less than 6 years and the same percentage worked for a period of 6 to 10 years and 15 % had worked for more than 10 years. This implies that majority of the respondents had worked with the health sector for a considerable period of time and thus they were in a position to give credible information relating to this study.
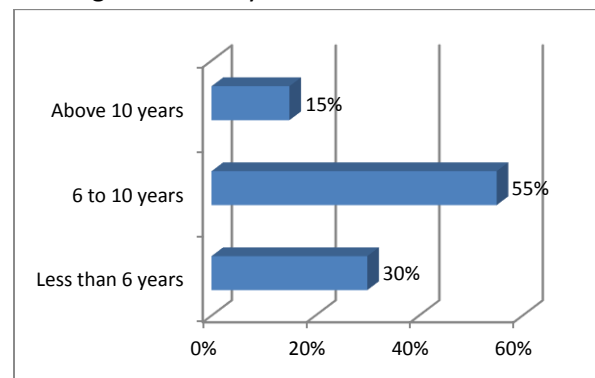

Figure 4.3: Duration of service in health sector

Level of education

The study requested the respondents to indicate their highest level of education achieved, from the research findings, the study revealed that most of the respondents as shown in Figure 4.4 by 40% of the respondents held diplomas, 39% of the respondents were holders of bachelor's degrees, 15% of the respondents were holders of masters degrees, 9% had reached certificate level whereas 1% of the respondents held doctor of philosophy, this implies that respondents were well educated which means that they were in a position to respond to research questions with ease.
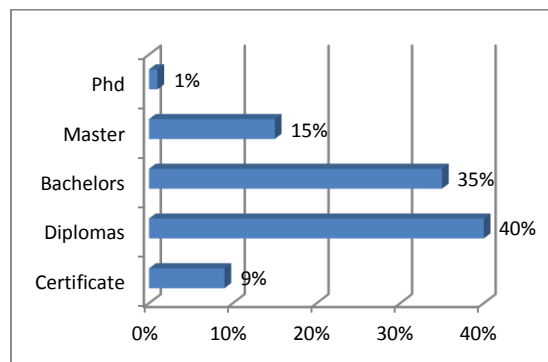

Figure 4.4: Level of education

Financial support

The study sought to investigate influence of financial support from development partners on health services delivery in Embu County. From the research findings, majority of the respondents as shown in Table 4.4 illustrates that 84.75% were of the opinion that financial support from development partners influence health services in Embu County whereas 15.25% of the respondents were of the contrary opinion. This implies that financial support from development partners influence health services in Embu County

Table 4.4: Influence of financial support on health services in Embu County

Opinion	Frequency	Percentage
Yes	50	84.75
No	9	15.25
Total	**59**	**100**

The study sought to establish the extent to which respondents agreed with the statements relating to financial support on health services delivery in Embu County. A scale of 1-5 was used. The scores "Strongly disagree" and "Disagree" were represented by mean score, equivalent to 1 to 2.5 on the continuous Likert scale ($1 \leq$ Disagree ≤ 2.5). The scores of 'Neutral' were represented by a score equivalent to 2.6 to 3.5 on the Likert scale ($2.6 \leq$ Neutral ≤ 3.5). The score of "Agree" and "Strongly agree" were represented by a mean score equivalent to 3.6 to 5.0 on the Likert Scale ($3.6 \leq$ Agree ≤ 5.0). The results were presented in mean and standard deviation. The mean was generated from SPSS version 21 and is as illustrated in Table 4.5.

Table 4.5: Elements relating to financial support on health services in Embu County

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std deviation
Development partners support budgetary deficits in this facility	2	2	8	27	15	4.20	0.32
Development partners procure medical equipment's for this facility	3	6	4	26	15	3.95	0.36
Development partners support infrastructure development for this facility	1	1	3	33	16	4.25	0.30

Development partners support trainings in financial managements for this facility	0	2	7	26	19	4.28 0.27
Development partners buy of financial management systems in this facility	0	3	4	27	17	4.23 0.20

From the research findings, majority of the respondents agreed that; Development partners support budgetary deficits in this facility as shown by a mean of 4.10; Development partners procure medical equipment's for this facility as shown by a mean of 3.95; Development partners support infrastructure development for this facility as shown by a mean of 4.25 and that Development partners support trainings in financial managements for this facility as shown by a mean of 4.28. Development partners buy of financial management systems in this facility as shown by a mean of 4.23.The findings of the study corroborates with literature review by Schieberand (2007) who stated that health financial support is a key determinant of health system performance in terms of equity, efficiency, and quality. Health financing encompasses resource mobilization, allocation, and distribution at all levels (national to local), including how providers are paid. He indicated that health financing refers to "the methods used to mobilize the resources that support basic public health programs, provide access to basic health services, and configure health service delivery systems"

Human Resource

The study sought to investigate influence of human resource on health services delivery in Embu County, majority of the respondents as shown in Table 4.6 illustrates that 62.71% were of the opinion that human resource affects health services in Embu County whereas 37.29% of the respondents were of the contrary opinion.

This implies that human resource on health services in Embu County.

Table 4.6: Human resource on health services in Embu County

Opinion	Frequency	Percentage
Yes	37	62.71
No	22	37.29
Total	**59**	**100**

The study sought to establish the extent to which respondents agreed with the statements relating to human resource on health services delivery in Embu County. A scale of 1-5 was used. The scores "Strongly disagree" and "Disagree" were represented by mean score, equivalent to 1 to 2.5 on the continuous Likert scale (1 ≤ Disagree≤ 2.5). The scores of 'Neutral' were represented by a score equivalent to 2.6 to 3.5 on the Likert scale (2.6 ≤ Neutral ≤ 3.5). The score of "Agree" and "Strongly agree" were represented by a mean score equivalent to 3.6 to 5.0 on the Likert Scale (3.6 ≤ Agree ≤ 5.0). The results were presented in mean and standard deviation .The mean was generated from SPSS version 21 and is as illustrated in Table 4.7. From the research findings, majority of the respondents agreed that; This health facility has adequate health care workers to deliver quality health services as shown by a mean of 4.25; Development partners support pay salaries of some health care workers in this facility as shown by a mean of 4.10 Development partners support short term training of some health care workers for this facility as shown by a mean of 4.16; organization makes a request for proposals before selecting suppliers as shown by a mean of 4.16; development partners support long term training of some health care workers for this facility as shown by a mean of 4.16. The study also established that development partners give clinical mentorship and on- job training for some

health care workers for this facilityas shown by a mean of 4.28. The findings of the study are in agreement with WHO (2007), notes that human resources are the most important part of a functional health system. Brinkerhoff & Leighton (2010) noted that human resources for health which include kinds of clinical and non-clinical staff, responsible for public and individual health interventionwho directly deliver health services and non – clinical support staff, health care staff-both trained and untrained, constitute the largest recurrent cost component of health care service.The performance and outputs of health systems depend largely upon the knowledge, skills and motivation of individuals responsible for delivering health services and their effective mobilization and utilization.

Table 4.7: Human resource on health services in Embu County

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std deviation
This health facility has adequate health care workers to deliver quality health services	3	2	3	34	17	4.25	0.28
Development partners support pay salaries of some health care workers in this facility	5	3	6	30	15	4.10	0.29
Development partners support short term training of some health care workers for this facility	6	2	4	32	15	4.16	0.28
Development partners support long term training of some health care workers for this facility	6	2	4	32	15	4.16	0.28
Development partners give clinical mentorship and on- job training for some health care workers for this facility	2	4	2	34	17	4.28	0.27

Procurement management of Essential medicines

The study sought to investigate influence of procurement management on health services delivery in Embu County. From the research findings, majority of the respondents as shown in Tale 4.8 illustrates that 81.36% were of the opinion that procurement management influence health services delivery in Embu County whereas 18.64% of the respondents were of the contrary opinion. This implies that procurement management influence health services in Embu County

Table 4.8: Procurement management on health services in Embu County

Opinion	Frequency	Percentage
Yes	48	81.36
No	11	18.64
Total	**59**	**100**

The study sought to establish the extent to which respondents agreed with the statements relating to procurement management on health services in Embu County. A scale of 1-5 was used. The scores "Strongly disagree" and "Disagree" were represented by mean score, equivalent to 1 to 2.5 on the continuous Likert scale ($1 \leq$ Disagree$\leq$ 2.5). The scores of 'Neutral' were represented by a score equivalent to 2.6 to 3.5 on the Likert scale ($2.6 \leq$ Neutral ≤ 3.5). The score of "Agree" and "Strongly agree" were represented by a mean score equivalent to 3.6 to 5.0 on the Likert Scale ($3.6 \leq$ Agree ≤ 5.0). The results were presented in mean and standard deviation.The mean was generated from SPSS version 21 and is as illustrated in Table 4.9.

From the research findings, majority of the respondents agreed that this facility has adequate staff to dispense essential medicines by a mean of 4.08; Essential medicines are available in this health facility most of the timeas

shown by a mean of 4.19, Essential medicines are affordable in this facility as shown by a mean of 4.08; Development partners support procurement of essential medicines as shown by a mean of 4.13 and Development partners support trainings of staff on pharmaceutical practices and medication use as shown by a mean of 4.12. The findings of the study are in agreement with (WHO, 2006) who indicates that access to essential medicines and supplies is fundamental to the good performance of the health care delivery system. Availability of medicines is commonly cited as the most important element of quality by health care consumers, and the absence of medicines is a key factor in the underuse of government health services which is a result of procurement management of the essential medicines in the health facilities in the developing countries.

Table 4.9: Procurement management on health services in Embu County

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std deviation
This facility has adequate staff to dispense essential medicines	5	7	5	25	17	4.08	0.27
Essential medicines are available in this health facility most of the time	4	3	4	38	10	4.19	0.28
Essential medicines are affordable in this facility	5	7	5	25	17	4.08	0.27
Development partners support procurement of essential medicines	5	3	4	35	11	4.13	0.29
Development partners support trainings of staff on pharmaceutical practices and medication use	3	6	3	33	14	4.12	0.28

Information management systems

The study sought to investigate influence of information management systems on health services delivery in Embu County. From the research findings, majority of the respondents as shown in Tale 4.10 illustrates that 76.27% were of the opinion that information management systems influence on health services delivery in Embu County whereas 23.73% of the respondents were of the contrary opinion. This implies that information management systems influence health services in Embu County

Table 4.10: Information management systems on health services in Embu County

Opinion	Frequency	Percentage
Yes	45	76.27
No	14	23.73
Total	59	100

The study sought to establish the extent to which respondents agreed with the statements relating to information management systems. A scale of 1-5 was used. The scores "Strongly disagree" and "Disagree" were represented by mean score, equivalent to 1 to 2.5 on the continuous Likert scale ($1 \leq$ Disagree≤ 2.5). The scores of 'Neutral' were represented by a score equivalent to 2.6 to 3.5 on the Likert scale ($2.6 \leq$ Neutral ≤ 3.5). The score of "Agree" and "Strongly agree" were represented by a mean score equivalent to 3.6 to 5.0 on the Likert Scale ($3.6 \leq$ Agree ≤ 5.0). The results were presented in mean and standard deviation .The mean was generated from SPSS version 21 and is as illustrated in Table 4.11.

From the research findings, majority of the respondents agreed that the This facility has adequate HMIS to deliver quality health services as shown by a mean of 4.11; Development partners support procurement of data tools for this facility as shown by a mean of 3.96; Development partners support procurement of data hardware's for this facility as shown by a mean of 4.16. Development partners support procurement of data software for this facility as shown by a mean of 3.96; Development partners support training of data officers on Data use & management in this facility by a mean of 4.19.The findings of the study are in tandem with WHO (2006), asserts that support of development partners will be invaluable in low income countries for research on the development of practical health information systems to guide policy and management decisions and for improvement of the existing systems for better performance of health sector in these countries.

Table 4.11: Elements relating to Information management systems on health services

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std deviation
This facility has adequate HMIS to deliver quality health services	3	5	7	29	15	4.11	0.28
Development partners support procurement of data tools for this facility	4	9	6	20	20	3.96	0.30
Development partners support procurement of data hard wares this facility	3	5	7	29	15	4.11	0.28
Development partners support procurement of data soft wares for this facility	4	9	6	20	20	3.96	0.30
Development partners support training of data officers on Data use & management in this facility	3	3	7	30	16	4.19	0.27

Performance of Health services

The study sought to investigate whether development partners influence health services delivery in Embu County. From the research findings, majority of the respondents as shown by 67.80% agreed that development partners influence health services delivery in Embu County whereas 32.20% of the respondents were of the contrary opinion. This implies that development partners influenced performance health services in Embu County.

Table 4.12 Health services delivery in Embu County

Opinion	Frequency	Percent
Yes	40	67.80
No	19	32.20
Total	59	100

The study sought to investigate rate of performance of health services in Embu County. From the research findings, majority of the respondents as shown in Figure 4.6 by 35% indicated that that health services delivery in Embu Countywas poor, 25% stated it was bad, 20% were of the opinion that it was fair and whereas 15% and 5% of the respondents were of the opinion that it was good and excellent respectively. This implies that performance of health services in Embu County was good.
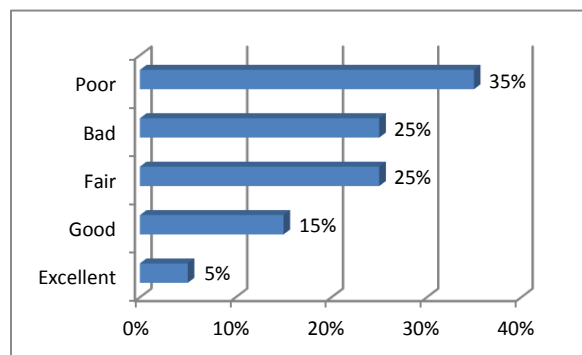
Figure 4.6: Performance of health services in Embu County

The study sought to establish the extent to which respondents agreed with the statements relating to influence health services delivery in Embu County .A scale of 1-5 was used. The scores "Strongly disagree" and "Disagree" were represented by mean score, equivalent to 1 to 2.5 on the continuous Likert scale (1 ≤ Disagree≤ 2.5). The scores of 'Neutral' were represented by a score equivalent to 2.6 to 3.5 on the Likert scale (2.6 ≤ Neutral ≤ 3.5). The score of "Agree" and "Strongly agree" were represented by a mean score equivalent to 3.6 to 5.0 on the Likert Scale (3.6 ≤ Agree ≤ 5.0). The results were presented in mean and standard deviation .The mean was generated from SPSS version 21 and is as illustrated in Table 4.13. From the research findings the study established that, My health facility offers customer friendly services as shown by a mean of 4.05; All health care workers have the technical competence necessary to perform their roles as shown by a mean of 3.91 Health services are affordable to most clients in the health facility, as shown by a mean of 4.19. My health facility has the necessary infrastructure to offer quality health services as shown by a mean of 3,91; Essential medicines are available in this health facility most times as shown by a mean of4.19; This health facility is accessible to most clients who seek health services here as shown by a mean of 4.19.

Table 4.13: Health services in Embu County

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std deviation
My health facility offers customer friendly services	5	6	8	27	13	4.05	0.27
All health care workers have the technical competence necessary to perform their roles	3	7	6	26	17	3.91	0.35
Health services are affordable to most clients in the health facility	5	6	8	27	13	4.05	0.27
My health facility has the necessary infrastructure to offer quality health services	3	7	6	26	17	3.91	0.35
Essential medicines are available in this health facility most times	3	2	5	29	20	4.19	0.29
This health facility is accessible to most clients who seek health services here	3	2	5	29	20	4.19	0.29

Multiple Regression Analysis

The study adopted a multiple regression analysis so as to establish the relationship of independent variables and dependent variable that is health services delivery in Embu County. The study applied SPSS version 21 to code, enter and compute the measurements of the multiple regression.

Adjusted R squared is coefficient of determination which tells us the variation in the dependent variable due to changes in the independent variable. From the findings in Table 4.14 the value of adjusted r squared was 0.636 an indication that there was variation of 63.6 percentage on health services delivery in Embu

County due to changes in financial support, resources, and procurement management and information management systems at 5% level of significance This shows that 63.6 percent changes in health services in Embu County could be accounted to financial services, resources, procurement management and information management systems.R is the correlation coefficient which shows the relationship between the study variables and from the findings shown in the Table 4.14 is notable that there extists strong positive relationship between the study variables as shown by 0.822. Additionally, this therefore means that factors not studied in this research contribute 36.40% of health services in Embu County and a further research should be conducted to investigate the other factors (36.40%) that affect health services delivery in Embu County. This implies that these variables are very significant therefore need to be considered in any effort to boost health services in the study area. The study therefore identifies variables as critical determinants of health services in Embu county.

Table 4.14: Model summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
	.822	0.676	0.636	.333

Analysis of Variance

From the ANOVA statics Table 4.15, the study established the regression model had a significance level of 0.3% which is an indication that the data was ideal for making a conclusion on the population parameters as the value of significance (p-value) was less than 5%. The calculated value was greater than the critical value (1.6454>1.3997) an indication that financial services, resources, procurement

management and information management systems all influence health services delivery in Embu County. The significance value was less than 0.05 indicating that the model was significant.

Table 4.15: Analysis of Variance^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.9748	4	.7437	1.6454	.003^b
	Residual	24.86	55	.4520		
	Total	27.835	59			

a. Dependent Variable: Performance of Health services in Embu County

b. Predictors: (Constant), Financial Support, Human resources, Procurement management and Health Information management systems

Regression Coefficients

The finding revealed that holding independent variables constant(Financial services, human resources, procurement management and health information management systems) to a constant zero, performance of health services delivery in Embu County would be at 24.298 , a unit increase in Financial support would lead to increase in performance of health services delivery in Embu County by a factor of 0.737, a unit increase in human resources would lead to increase performance health services delivery in Embu County by factor of 0.711, a unit increase in procurement management would lead to increase in performance of health services in Embu County by a factor of 0.739 and unit increase in information management systems would lead to increase in performance of health services in Embu County by a factor of 0.681. From the data in Table 4.16, it was established that regression equation was $Y = 24.298 + 0.737X_1 + 0.711 X_2 + 0.739 X_3 + 0.681 X_4$. Therefore, performance of health services in Embu County = 54.298 + (0.737 x Financial

support) + (0.711 x Human resource) + (0.739 x Procurement management) + (0.681 x information management systems). From the results of this study in Table 4.16, Procurement management contributed more to the health services in Embu County. At 5% level of significance, financial support had a p-value of 0.003; human resource had a p-value of 0.004; procurement management had a p-value of 0.001; information management systems had a p-value of 0.005. Therefore, the most significant factor was procurement management.

Table 4.16: Regression Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	Constant	24.298	.453		2.865	.006
	Financial Support	.737	.060	.598	3.950	.003
	Human resource	.711	.068	.445	3.397	.004
	Procurement management	.739	.075	.608	3.187	.001
	Information management systems	.681	.064	.531	4.391	.005

a. Dependent Variable: Performance of Health services in Embu County

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

The study sought to establish whether development partners influence health services delivery in Kenya. The study examined theoretical and empirically how various variables are considered when development partners offer support to facilitate health services delivery. In assessing development partners, the study focused on how select factors (financial services, procurement management, human resource and information management systems relate to health services delivery in Kenya. This chapter captures the summary of findings, from which conclusions were drawn and recommendations made.

Summary of the findings

Financial Support

From the research findings, majority of the respondents (indicated that financial support influence performance of health services delivery in Embu County. The study also find out that the development partners support budgetary deficits in the facility, procure medical equipment's, support infrastructure development, trainings in financial managements, buy financial management systems. The study also established that financial support positively and significantly influenced performance of health services delivery in Embu County at 0.05 level of significance. This implies that financial support is an important factor which influences performance of health services delivery.

Human Resources

According to results of the study, it was revealed that human resource influence health services delivery in Embu County to a great extent. It was also established that majority of the respondents agreed thathealth facility has no adequate health care workers to deliver quality health services, development partners do not support in paying salaries of some health care workers, development partners to a small extent support short term training of some health care workers and support long term training of some health care workers and give clinical mentorship and

on- job training for some health care workers. Further, the study also established that human resource positively and significantly influences performance of health services in Embu County at 5% level of significance. This infers that human resource is an important factor which influences performance of health services.

Procurement management of Essential Medicines

The study established that procurement management of medicines influence health services in Embu County to a great extent. It was also found out that majority of the respondents agreed that facility has no adequate staff to dispense essential medicines; essential medicines are not available in the health facility and are not affordable. Development partners support procurement of essential medicines to a small extent and sometimes they support trainings of staff on pharmaceutical practices and medication. Additionally, the study also established that the variable positively and significantly influenced performance of health services delivery in Embu County at 5% level of significance. This infers that procurement management of essential medicines is an important factor which influences performance of health services delivery.

Health Information Management Systems

The study established that health information management systems influence health services delivery in Embu County. Further, from the research findings, majority of the respondents agreed that facility has no adequate HMIS to deliver quality health services, development partners support procurement of data tools, data hardware's, data software for this facility to a small extent. Additionally, development partners support training of data officers on data

use & management to a small extent.Additionally, the study also established that health information management systems positively and significantly influenced performance of health services delivery in Embu County at 0.05 level of significance. This implies that health information management systems are an important factor which influences performance of health services delivery in Embu County.

Conclusions

The study established that financing services influence performance health services in Embu County. The development partners support budgetary deficits, procure medical equipment's, support infrastructure development for this facility ,support trainings in financial managements, development partners buy of financial management systems in this facility.

From the results of the study, it was revealed that developing human resource influence performance of health services in Embu County. It was established thathealth facility has adequate health care workers to deliver quality health services, development partners support pay salaries of some health care workers, support short term training of some health care workers, give clinical mentorship and on- job training for some health care workers for this facility.

The study established that health information management systems influence health services delivery and that facility has no adequate HMIS to deliver quality health services, development partners support procurement of data tools, support procurement of data hardware's and software for this facility. The development

partners support training of data officers on data use & management.

Finally, the study revealed that procurement management of medicines influence health services in Embu county and facility has no adequate staff to dispense essential medicines and not available in the health facility, the essential medicines are not affordable in the facility to many people and development partners support procurement of essential medicines and trainings of staff on pharmaceutical practices and medication.

Recommendations

There is need for the development partners to continue support budgetary deficits, procure medical equipment's, support infrastructure development, support trainings in financial managements, development partners buy of financial management systems.This will positively and significantly assist performance of health services in Embu county.

The study recommends that developing human resource influence performance of health services in Embu County. There should be adequate health care workers to deliver quality health services, development partners support pay salaries of some health care workers, support short term training of some health care workers, give clinical mentorship and on- job training for some health care workers for this facility. This will positively and significantly enhance human resource development on performance of health services in Embu County.

Additionally, the study recommends that health information management systems should be enhanced through having adequate HMIS to deliver quality health services, development partners support procurement of data tools, support procurement of data hardware's and software, support training of data officers on data use & management. This will positively and significantly help in performance of health services in Embu County.

Finally, the study recommends that procurement management of medicines should be enhanced through having adequate staff to dispense essential medicines, ensure there is availability in the health facility, the essential medicines are affordable in health facility and development partners support procurement of essential medicines and support trainings of staff on pharmaceutical practices and medication.The procurement management will positively and significantly promote performance health services in Embu County.

Recommendations for Further Studies

Since this study was on the role of development partners on performance of health services in Kenya with the case of Embu County as the study area, the study recommends that similar study should be conducted in other areas for comparison purposes and to allow for generalization of the findings of this study. The study also recommends for a study on other factors that also influence performance of health services in Kenya.

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