DRIVERS OF PERFOMANCE OF DEVOLVED HEALTH PROJECTS IN KENYA: A CASE OF BOMET COUNTY

DANSON KIMUTAI KIRUI, DR. MAKORI MORONGE

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[1]Danson Kimutai Kirui, [2]Dr. Makori Moronge

[1]Jomo Kenya University of Agriculture and Technology. (JKUAT), Kenya

[2]Jomo Kenya University of Agriculture and Technology. (JKUAT), Kenya

Abstract

In August 2010, Kenya adopted a new constitution that introduced a new governance framework with a national government and 47 counties . Kenya in an effort to improve resource allocation and regional development has pursued devolved governance and decentralized health services subsequently followed 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. However, the perfomance of the helath projects since they were devolved has not met the expetrations of the stakeholders.The objective of this study therefore, was to establish the drivers of perfomance of health projects in Kenya with a case of Bomet County. The specific objectives of the study included; establishing the influence of leadership and governance, monitoring and evaluation, budgetary allocation and development partners on perfomance of devolved health projects in Kenya. The target population was health pojects in the county. 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 primary data was collected by use census survey. The quantitative data was analyzed with help of SPSS version 21 and Excel. The study adopted correlation and regression analysis at 5% level of significance to determine strength and direction of the relationship of the variables under study. The analysis showed that leadership and governance had the strongest positive (Pearson correlation coefficient =.792; p-value= .011< .05) influence on performance of devolved health projects in Bomet county. In addition, budgetary allocation, monitoring and evaluation and development partners are positively correlated performance of devolved health projects (Pearson correlation coefficient =.577, .545 and .539; p- value= .022<.05; .036<.05; .048< .05) respectively.The study established that the independent variables influenced performance of devolved health projects in the study area. The study also recommends that there is need to have leadership,enough budgetary allocation effective monitoring and evaluation and the supportive development partners to enhance performance of the devolved health projects in the study area.Finally, very little has been undertaken to explore drivers of performance of health projects in Kenya reason why the study recommends for similar studies to be undertaken in other counties in Kenya for generalization of the findings of this study.

Key Words: *Devolved Health Projects, Leadership & governance, Budgetary Allocation, Monitoring & Evaluation, Development Patners*

Background of the Study

Devolution is defined as a social-political process that transfers authority and responsibility in planning, management and decision making from central government (CG) to local authorities (Collins & Green, 1994). This is motivated in part by the desire to bring politicians and policymakers closer to clients (World Bank, 2004; Peckham et al., 2005), and to make health projects more equitable, inclusive and fair (WHO, 2008) as well as developing services to be more efficient and effective (World Bank, 2004). In the last two decades, health sector decentralization policies have been implemented on a broader scale throughout the developing world, usually as part of a broader process of political, economic and technical reforms (Litvack et al, 1998).

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.(Kenya Health Policy, 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).

World Health Organization (WHO), proposed devolution of health projects as a way to empowering communities to take ownership and control of their own health (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).

Healthy populations anchor achievements of human development by providing human resource, thus 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 as 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.

Global Perspective of Devolved of Health Projects.

Rural healthcare in most states in India is marked by absenteeism of health workers, low levels of skills, shortage of essential drugs, inadequate supervision/monitoring and callous attitude. There are neither rewards for service providers nor punishment to defaulters. The government's own analysis identified a failure to decentralize projects enough as the reason for lack of improved health service delivery (Nirvikar; 2008).

One of the major outcomes in Nepal's health sector decentralisation was the restructuring of health projects. 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 projects about 48% of the 46 African countries is provided for by external sources- such as the United Nations agencies and other non-governmental agencies. 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).

Local Perspective of Devloved Health Projects

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 (Kenya Health Policy, 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 projects for the citizens.

The Centralized health projects have been criticized for regional and provincial discrepancies in the health service distribution, disparities in resource allocations, and inequitable access to quality health services. Over the past decade, Kenya has committed to reforms to decentralize the country's health management system, to increase decision-making power for resource allocation and service delivery at the district and facility levels and to allow for greater community involvement in health projects management (Ndayi et al, 2009).

On fourth August 2010, 68 percent of Kenyan voters approved a new Constitution in a constitutional referendum, and it was signed into law on 27th

August 2010. At the heart of this change is the concept of devolution of political and economic power to 47 newly created counties (KPMG, Devolution of Healthcare Services in Kenya). The purpose of this study therefore, is to investigate drivers influencing perfomance of health projects in Kenya: a case of Bomet County.

Statement of the problem

The Kenya Health policy (2013) report that 65% of total health budget for 2013/2014 year, was allocated to Counties. Out of this 69% was spent on recurrent expenditure while a patry 31% was spent on primary health care projects. 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 allocation, leadership and governance, monitoring and evaluation and competencies to manage and spur efficiency in delivery of health services from the health projects (World Bank, 2014).

Poor performance of health projects in Bomet county poses a major challenge for improving health services (Atun & Kumar,2011). From ROK(2014) report, patients who used faith-based facilities registered a higher level of satisfaction at 73.67%. seven index points higher than those who used government facilities(53.56%).The report further states that 53% of the public believes that government centers in the county provide poor services and have inadequate facilities and manpower and 8% of the public believe that better health service delivery from the government health projects is good. This study therefore, sought suggestions on improvement of performance of develoved health projects in Kenya with a case of Bomet county.

General Objective

The purpose of the study was to establish the drivers of perfomance of devolved health projects in Kenya.

Specific Objectives

The study was guided by the following research objectives:

I.   To examine how leadership & governance influence perfomance of devolved health projects in Kenya

II. To establish how budgetary allocation influence perfomance of devolved health projects in Kenya

III. To find out how monitoring & evaluation influence perfomance of devolved health projects in Kenya

IV. To determine how development partners influence perfomance devolved health projects in Kenya

Scope of the study

The study focused on Bomet County one of the 47 counties in Kenya, which has major challenges concerning the perfomance of health projects(GoK, 2014). Although there are other sectors that were develoved in the country, this study was limited to understanding the drivers of perfomance of devolved health projects in Bomet County. The target population was 450 staff working in the health projects in the county

LITERATURE REVIEW

This chapter reviews relevant literature on drivers influencing delivery of health projects. The chapter develops theoretical review, conceptual framework, empirical review that will be used in the study in regard to each variable in the study. The review identifies research gaps and areas that have been recommended for further research.

Theoretical Review

Theoretical frameworks are explanations about a phenomenon. According to Marriam (2001) a theoretical framework provides the researcher with a lens to view the world. A theory is an accepted fact that attempts to provide a plausible or rational explanation of cause- and-effect (causal) relationship among a group of observed phenomenon (Kothari, 2004). A theoretical framework provides the researcher the lens to view the world. The theoretical framework relates to the philosophical basis on which the research takes place and forms the link between the theoretical aspects and practical components of the problem under investigation. In this study the theoretical framework consists of theories and models related to the present study.

Fiscal Decentralization Theory

Francesso Porcelli (2009) defined fiscal decentralization as a two-dimensional policy institution that involves either decentralization of a tax instrument, when local governments have the power to raise taxes, or decentralization of expenditures when local governments bear the responsibility for implementing expenditure functions.

Fiscal federalism and decentralization derive their nature and characteristics from constitutional provisions as well as the economic, social, and political environment of the nation. The level of economic development, population size and distribution, urbanization, ethnic fractionalization, geographical sectionalism, the pattern of income and resource distribution, and institutional capacity are some of the factors that shape the principal agents relationship in the system (Majeed *et al.,* 2006).

Hindriks and Lockwood [2008] addressed the question of what effect fiscal decentralization can produce on accountability, either in terms of selection effects or in terms of incentive effects, in an environment where politicians are rent-seeking and voters have only imperfect information about the fiscal policy of other regions so that yardstick competitions are partially ruled out. Their conclusion confirms the positive effect of decentralization on the quality of government since centralization give rise to a weaker selection effect, but only when costs of provisions are perfectly correlated across regions.

An important aspect of fiscal decentralization is the assignment of fiscal functions to the federal and the sub-national governments and the appropriate means of financing these responsibilities. The theory of fiscal decentralization does not provide a clear perspective on the optimal distribution of fiscal decision making authority and how such decisions are related to economic efficiency, growth, resources allocation and income distribution (Oates, 2005).The above theory facilitated understanding of budgetary allocation on perfomance of health projects

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 delivery. The above theory facilitated understanding of leadership and governance on perfomance of health projects.

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 relates to monitoring and evaluation on perfomance of health projects.

Financial Literacy Theory

Financial literacy theory argues that the behavior of people with a high level of financial literacy might depend on the prevalence of two thinking styles according to dual-process theories: intuition and cognition. Dual-process theories embrace the idea that decisions can be driven by both intuitive and cognitive process. Dual process theories have been applied to several fields, including reasoning and social cognition (Evans 2008). Financial literacy covers the combination of investors' understanding of financial products and concepts and their ability and confidence to appreciate financial risks and opportunities, to make informed choices, to know where to go for help, and to take other effective

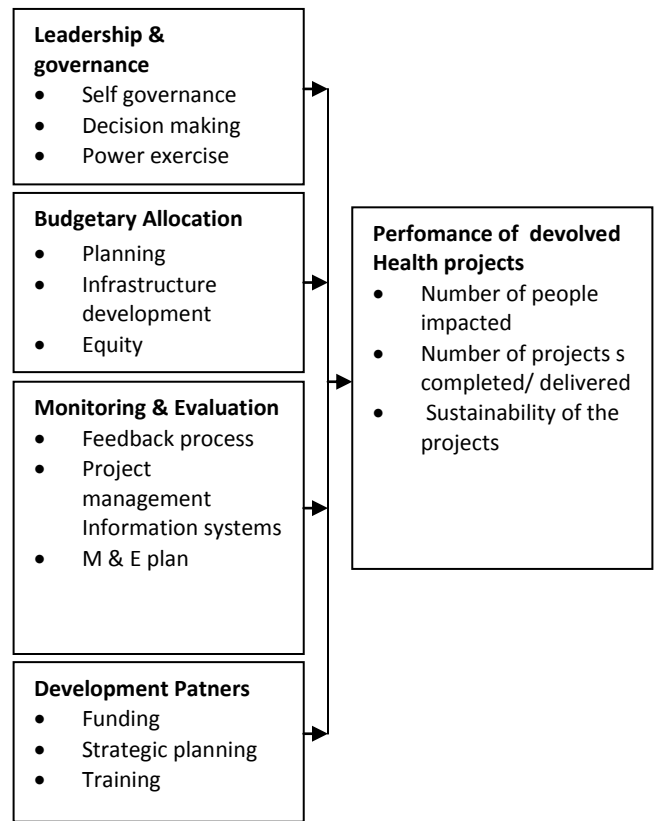actions to improve their financial well-being (Atkinson and Messy, 2005).

Financial literacy empowers investors by educating them to acquire relevant knowledge and skills in financial management on projects. Financial knowledge helps to overcome most difficulties in advanced projects. Financial literacy allows the investors to encounter difficult financial times, through strategies that mitigate risk such as accumulating savings, diversifying assets, and purchasing insurance for the projects. More importantly, financial literacy enhances decision making processes such as payment of bills on time, proper debt management which improves the credit worthiness of potential borrowers to support livelihoods, economic growth, sound financial systems, and poverty reduction. Financial literacy leads to more effective use of financial products and services, greater control of one's financial future and reduced vulnerability to overzealous retailers.

Financially literate investors are able to create competitive pressures on financial institutions to offer more appropriately priced and transparent services, by comparing options, asking the right questions, and negotiating more effectively. Investors are able to evaluate and compare financial products, such as bank accounts, saving products, credit and loan options, payment instruments, investments, insurance coverage, so as to make optimal decisions (Miller et al 2009). Greenspan (2002) argues that financial literacy helps to inculcate individuals with the financial knowledge necessary to create household budgets, initiate savings plans, and make strategic investment decisions. Proper application of that knowledge helps investors to meet their financial obligations through wise planning, and resource allocation so as to derive maximum utility for the projects. The theory relates to development partners on performance of health projects.

Conceptual framework

The concepts that constitute a conceptual framework support one another, articulate their respective phenomena, and establish a framework-specific philosophy. According to Orodho (2009) a conceptual framework describes the relationship

between the research variables. Jabareen (2008) argues that a variable is a measurable characteristic that assumes different values among subjects. An independent variable is that variable which is presumed to affect or determine a dependent variable (Jabareen, 2008). A dependent variable is a variable dependent on another variable like the independent variable. A dependent variable is the variable which is measured in the research study (Everitt, 2002). A conceptual framework shows the relationship between the independent and dependent variables. These variables are developed based on the literature review and the purpose of this study. A conceptualization of the relationship between independent variables and the dependent variable is illustrated below.

Leadership & governance
- Self governance
- Decision making
- Power exercise

Budgetary Allocation
- Planning
- Infrastructure development
- Equity

Monitoring & Evaluation
- Feedback process
- Project management Information systems
- M & E plan

Development Patners
- Funding
- Strategic planning
- Training

Perfomance of devolved Health projects
- Number of people impacted
- Number of projects s completed/ delivered
- Sustainability of the projects

Independent Variables   Dependent Variables

Leadership & Governance

Decentralization improves governance, accountability and health services delivery in four ways; by increasing allocative efficiency adhering to the local needs and interests, improving efficiency through increased accountability of local

governments, having fewer bureaucratic layers and by providing equitable opportunities for people (WHO, 2005; Omar, 2003). When the power and authority to make decisions is devolved to the counties where the local people have a direct say on how things are done at the grassroots, health services delivery will be tremendously improved. This is because; there will be accountability and direct participation of the people in the running of the day to day activities of the local regional/county governments; UNDP, 1997)..

Decentralization can help to increase the effectiveness of health services delivery through community involvement in the decision making process and policy making, and for the voice of the community to influence the decision of the policymakers effectively, the community has to ensure they are heard by the public representatives (ILO, 2001). Muriu .A.R (2012), notes that "Devolved service delivery is based on the simple concept of getting resources to where they are needed." Bossert. T. J (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. T J etl., (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.

The objectives and principles of devolved government is to promote democratic and accountable exercise of power as well as giving powers of self -governance to the people and enhance the participation of the people in the exercise of the powers of the State and in making decisions affecting them (Constitution of Kenya, Chapter 11, 2010). When authority and decision making is taken to the grassroots, decision making will be faster while the people will own the process. This will then lead to improved health services delivery through the pDecentralization, involving a variety of mechanisms to transfer administrative, ownership and/or political authority for health service delivery from the central Ministry of Health (MOH) to alternate institutions, has been promoted as a key means of improving health sector performance (WB, 2009).

Budgetary Allocation
Health financing is a key determinant of health project performance in terms of equity, efficiency, and quality. Health project financing encompasses resource mobilization, allocation, and distribution at all levels (national to local), including how providers are paid. Health project 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).

A key factor in the effectiveness of local decentralized governments is the provision of an adequate level of revenue, as well as the authority to make decisions on expenditure (Collins *et al.,* 2004; Dhakal, 2007). Fiscal decentralization may also be designed to bring about cost containment and greater financial control. Here local priorities are mainly focused on streamlined and targeted programmes that should lead to greater efficiency when compared to programmes run by the centre (Mills et al., 1990; Salton et al., 2007).

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).

Monitoring & Evaluation

Monitoringcan be defined as the ongoing process by which stakeholders obtain regular feedback on the progress being made towards achieving their goals and objectives while evaluationis a rigorous and independent assessment of either completed or ongoing activities to determine the extent to which they are achieving stated objectives and contributing to decision making (UNDP, 2009).

Monitoring and evaluation is conducted for several purposes namely to learn what works and does not; to make informed decisions regarding programme operations and service delivery based on objective data; to ensure effective and efficient use of resources; to track progress of programmes; to assess extent the programme is having its desired impact; to create transparency and foster public trust; to understand support and meet donor needs; and to create institutional memory.

According to UNDP (2009), monitoring focuses on the implementation process and asks the key question how well is the program being implemented while evaluation analyses the implementation process. Evaluation measures how well program activities have met objectives, examines extent to which outcomes can be attributed to project objectives and describes quality and effectiveness of program by documenting impact on participants and community. Monitoring generates periodic reports throughout the program cycle, focuses on project outputs for monitoring progress and making appropriate corrections, highlights areas for

improvement for staff and tracks financial costs against budget (UNDP, 2009).

Development Partners

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 advantagesto achieve better outcomesboth 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 fundingfor health budgets; human resource; capacity building; health information; equipment and infrastructure (KPMG, 2013).

Perfomance of Develolved Health Projects

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.

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T.J(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. T J etl.,(2002),also observes that in devolution, significant authority and responsibility remains atthe center. Functional responsibilities are defined, so that the center retainspolicy making and monitoring roles, and the periphery gains operational responsibility for day to dayadministration.

Empirical Review

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. Elsewhere, in Pakistan, District Administrators failed to prioritise health hence limiting resource allocations. Health care delivery thus stagnated despite devolution (Shaikh et al, 2012). The World Bank warns that poorly and hastily implemented devolution can adversely affect health service delivery. Decentralization must thus get the resource, policy and institutional imperatives of health service delivery right in order to succeed.

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 .A.R (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 & 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.T. J (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,1998.) At the 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.

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. 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.

According to Musomba *et al* (2013) factors affecting effective monitoring and evaluation of Constituencies Development Fund in Changamwe Constituency are lack of training of those tasked with monitoring and evaluation activities, unclear institutional framework for conducting the same, not incorporating monitoring and evaluation budget into project budgets, limited involvement of primary stakeholders and political interference.

Ramadhan (2014) carried out a research on influence of monitoring and evaluation tools on project completion in Kenya and the findings showed that Monitoring & Evaluation tools have influence on project completion. Precisely 88.9% noted that strategic plan has high influence over project completion, 80.7% observed logical framework has high influence over project completion and 80.8%noted budget has high influence over project completion. Regarding stakeholder's analysis, 90.4% said it has a significant

influence on project completion. The results showed significant correlation between monitoring and evaluation tools and project completion. The study concluded that there is need to incorporate these tools in project management.

Research Gap

This study has identified that the various studies carried out on the delivery of decentralized health projects(WHO,2009; Blunt &Turner, 2007). From the foregoing literature review, it is observed that most of the studies conducted on delivery of decentralized health projects are from other countries and in addition are based on business oriented environments, and the few studies conducted in health sector in Africa are not addressing the issue (Musomba et al., 2013; . Ndavi,2009). Technical support from development partners augments government efforts in health service projects. 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 monitoring and evolution, 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 service projects delivery. More researches need to categorize specific role of each variable to improve perfomance of the devolved health Projects.

RESEARCH METHODOLOGY

This chapter describes the research design, population of study, sample size and sampling procedure, data collection tools and procedures, data processing and analysis and as well as validity

and reliability of the research instruments that was employed during the study.

Research design

Creswell (2003) defines a research design as the scheme, outline or plan that is used to generate answers to research problems. Dooley (2007) notes that a research design is the structure of the research, that holds all the elements in a research project together. The study was conducted using descriptive research design. 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 & Mugenda, 2003). Descriptive research is all about describing people who take part in the study. As Zikmund (2003) indicates, descriptive study has a view to accurately describe the different variable that are being explored. This design was therefore suitable to describe the phenomena and make inferences on the drivers of performance of devolved health projects in Kenya.

Target Population

According to Ngechu (2004) a study population is a well-defined or specified set of people, group of things, households, firms, services, elements or events which are being investigated. Target population should suit a certain specification, which the research is studying and the population should be homogenous.. The target population was 66 health projects in the county

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 project was the unit of analysis The study used census survey to collect primary data.

Data collection Tools & Procedure

The choice of a tool and instrument depends mainly on the attributes of the subjects, research topic, problem question, objectives, design, expected data

and results (Ngechu, 2004). The research instrument for the study was questionnaires. The questionnaire was used to collect mainly primary data. Secondary data involved the collection and analysis of published material and information from other sources such as annual reports, published data.

The study administered a questionnaire to each member of the target population. The questionnaire was designed and tested with a few members of the population for further improvements. This was done in order to enhance the validity and accuracy of data collected. Secondary data was collected to generate additional information for the study from the documented data or available reports.The study administered the questionnaire individually to select members of the target population who were included in the actual study. The study exercised care and control to ensure all questionnaires issued to the respondents were received.

Pilot Test

According to Bordens &Abbott (2008), pilot study is 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. The pilot study involved pre-testing the questionnaires on 6 respondents of the sample population. It is recommended that a pilot test of 10% of the sample size can be used(Nuemmann, 2004). The purpose was to refine the questionnaires so that respondents in major study could have no problem in answering the questions. The results of pilot test were not included in the actual study.

Reliability of the instrument

Reliability is the consistency of measurement, or the degree to which an instrument measures the same way each time it is used under the same condition with the same subjects.(Cronbach, 1951). A measure is considered reliable if a person's score on the same test given twice is similar. It is important to remember that

reliability is not measured, it is estimated. Reliability does not, however, imply validity because while a scale may be measuring something consistently, it may not necessarily be what it is supposed to be measuring. The researcher used the most common internal consistency measure known as Cronbach's alpha (α). It indicates the extent to which a set of test items can be treated as measuring a single latent variable (Cronbach, 1951). The recommended value of 0.7 was used as a cut-off of reliabilities. It's a general form of the Kunder-Richardson (K-R) 20 formulas used to assess internal consistency of an instrument based on split-half reliabilities of data from all possible halves of the instrument. Cronbach's alpha is usually interpreted as the mean of all possible split-half coefficients. It reduces time required to compute a reliability coefficient in other methods (Cronbach's 1971). The Kunder-Richardson (K-R) 20 formula is as below:

$$KR_{20} = \frac{(K)(S^2 - \sum s^2)}{(S^2)(K-1)}$$

Where KR_{20} *Reliability coefficient of internal consistency*

K *Number of items used to measure the concept*

S^2 *Variance of all scores*

s^2 *Variance of individual items.*

Validity of the research Instrument

On the other hand validity is the accuracy and meaningfulness of inferences which are based on the research results. In essence this means the degree to which results obtained from the analysis will represent the phenomenon being studied (Mugenda& Mugenda, 2008). According to Patton (2002) validity is the strength of the conclusions, inferences or propositions. It is the best available approximation to the truth or falsity of a given inference, proposition or conclusion. The research adopted content validity which refers to the extent to which a measuring instrument provides adequate coverage of the topic under study. The content

validity was achieved by subjecting the data collection instruments to an evaluation group of xperts who provided their comments and relevance of each item of the instruments and the experts indicated whether the item was relevant or not.. 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).

Data analysis and Presentations

Kothari (2004) defines 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. Data analysis entailed editing, coding and tabulation of data collected into manageable summaries To ensure easy analysis, the questionnaire was coded according to each variable of the study to ensure accuracy during analysis. Quantitative data was analyzed by employing descriptive statistics and inferential analysis with the help of statistical package for social science (SPSS) version 21 and excel. This technique gave simple summaries about the sample data and presented 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 were presented using tables and graphs for further analysis and to facilitate comparison. This generated quantitative reports through tabulations, percentages, and measure of central tendency. Further, the tests of significance was used by use of multiple regression analysis to yield the expected coefficient of determination (R^2), t – tests, z – tests and p – values at 5% level of significance. The choice of this technique was guided by the variables, sample size and the research design..The regression model was as follows: **$Y_i = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \varepsilon$ Where:** Y_i = Perfomance of develoved Health Projects B_0 = Constant Term; $B_1...B_4$= Beta Coefficients; X_1= Leadership and Governance; X_2= udgetary allocation; X_3= Monitoring &

Evaluation; X_4= Development partners and ε = Error Term

RESULTS AND DISCUSSIONS

Introduction

This chapter discusses the interpretation and presentation 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. The primary data was gathered from the questionnaire as the research instrument. For this purpose, the various statistical analysis tools like Cronbach's alpha, correlation analysis and multiple regression analysis have been employed to establish drivers of performance of devolved health projects in Kenya with a case of Bomet county.

Response Rate

The study targeted a sample size of 66 respondents from which 40 filled in and returned the questionnaires making a response rate of 60.61%. This response rate was satisfactory to make conclusions for the study. Mugenda & Mugenda (2003) states that 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.

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, level of education and work experience.

Gender of the respondent

The study sought to determine the gender composition of the respondents. From the findings, it was established that majority of the respondents as shown by 63% were male whereas 37% of the respondent were female, this is an indication that both genders were well represented in this study and thus the finding of the study did not suffer from gender bias all through the study. Carter and Shaw (2007) found that organizations with gender balance were motivated to perform better towards organization goal as women and men compete favorably to deliver on their assignments.

Age Distribution of the respondents

The study requested the respondents to indicate their age category. The study revealed that most of the respondents as shown by 45% were aged between 40 to 49 years, 20% of the respondents were aged below 30 years, 20% were above 50 years whereas 25% of the respondents were aged between 30 to 39 years. This implies that respondents were well distributed in terms of their age during the study.

Educational Level of Respondents

The study sought to establish the educational background of the. From the study findings, most of the respondents as shown by 49% indicated that they held diploma certificates, 35% of the respondents had bachelor's degrees, 1% of the respondents had secondary certificates and 15% of the respondents held post graduate certificates and this implies that respondents were well educated and that they were in a position to respond to research questions with ease.

Work Experience

The research sought to establish to find out the work experience of respondents. The study revealed that most of the respondents as shown by 45% indicated to have served for a period of between 0 to 5 years, 24% of the respondents indicated to have served for a period of 6 to 10 years whereas 19% of the respondents indicated to have served for less than 11 to 15 years, 7% of the respondents indicated to have served between 16 to 20 years and 5% stated 21 years and above. This implies that majority of the respondents had served for a considerable period of time and that they

were in a position to give credible information relating to the study.

Leadership & Governance

The study sought to determine whether leadership and governance influence performance of devolved health projects in Bomet County. From the research findings, most of the respondents as shown by 35% were of the opinion that leadership and governance performance of devolved health projects in Bomet County to a great extent, 20% of the respondents indicated to a very great extent, 25% of the respondents indicated to a moderate extent whereas 15% of the respondents indicated to a small and 5% of the respondents indicated to a very small extent. This implies that leadership and governance influenced performance of devolved health projects in Bomet County to a great extent.

Extent of influence of Leadership and Governance on performance of devolved health projects

The study sought to establish the extent to which respondents agreed with the statements relating to leadership and governance on performance of devolved health projects in the study area. 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). From the research findings, majority of the respondents agreed that leadership and governance can increase quality in service delivery by ensuring priority in resource

Budgetary Allocation

The study sought to determine whether budgetary allocation influence performance of devolved health projects in Bomet County. From the research findings, most of the respondents 40% were of the opinion that budgetary allocation influenced performance of devolved health projects in Bomet County to a very great extent, 25% of the respondents indicated to a great extent, 16% of the

respondents indicated to a moderate extent whereas 14% of the respondents indicated to a small extent and 5% of the respondents indicated to a very small extent. This implies that budgetary allocation influenced performance of devolved health projects in Bomet County to a very great extent.

Monitoring and Evaluation

The study sought to determine whether monitoring and evaluation influence performance of devolved health projects in Bomet County. From the research findings, most of the respondents 46% were of the opinion that monitoring and evaluation influenced performance of devolved health projects in Bomet County to a very great extent, 25% of the respondents indicated to a great extent, 6% of the respondents indicated to a moderate extent whereas 18% of the respondents indicated to a small extent and 5% of the respondents indicated to a very small extent. This implies that monitoring and evaluation influenced performance of devolved health projects in Bomet County to a very great extent.

Development Partners

The study sought to determine whether development partners influence performance of devolved health projects in Bomet County. From the research findings, most of the respondents 52% were of the opinion development partners influenced performance of devolved health projects in Bomet County to a very great extent, 35% of the respondents indicated to a great extent, 6% of the respondents indicated to a moderate extent whereas 2% of the respondents indicated to a small extent and 5% of the respondents indicated to a very small extent. This implies that development partners influenced performance of devolved health projects in Bomet County to a very great extent.

Perfomance of devolved health projects

The study sought to find out how the percentage of devolution from year 2013 –2015. The study established that about 10% of the health projects were successfully implemented/ completed, 70% of

the changes not being successfully completed/ delivered and only 20% of the changes were on going. The study results is an indication that county is much determined to win these changes from the high number of changes made only that few of them are successfully completed or delivered. The study also indicated high number of changes recommended rates with only very low rates of unsuccessful completion.

Correlation Analysis

Pearson correlation was used to measure the degree of association between variables under consideration i.e. independent variables and the dependent variables. Pearson correlation coefficients range from -1 to +1. Negative values indicates negative correlation and positive values indicates positive correlation where Pearson coefficient <0.3 indicates weak correlation, Pearson coefficient >0.3<0.5 indicates moderate correlation and Pearson coefficient>0.5 indicates strong correlation.

Correlation Coefficients

		Performance of health projects	Leadership & governance	Budgetary allocation	Monitoring and Evaluation	Development partners
Performance of health projects	R	1.000				
	Sig. (2-tailed)					
	N					
Leadership & governance	R	.776	1.000			
	Sig. (2-tailed)	.004				
	N	40				
Budgetary allocation	R	.685	.314	1.000		
	Sig. (2-tailed)	.025	.004			
	N	40	40			
Monitoring and Evaluation	R	.683	.345	.431	1.000	
	Sig. (2-tailed)	.031	.033	.020		
	N	40	40	40		
Development partners	R	.586	.241	.116	.302	1.000
	Sig. (2-tailed)	.042	.024	.044	.002	
	N	40	40	40	40	

The analysis of correlation results in Table 4.8 illustrates that between leadership and governance and performance of devolved health projects show a positive coefficient 0.776, with p-value of 0.004. It indicates that the result is significant at α =5% and that if the leadership and governance in increase it will have a positive impact on performance of devolved health projects. The correlation results between budgetary allocation and performance of devolved health projects also indicates the same type of result where the correlation coefficient is 0.685 and a p-value of 0.025 which significant at α = 5%. The results also show that there is a positive association between monitoring and evaluation and performance of devolved health projects where the correlation coefficient is 0.683, with a p-value of 0.031. Further, the result shows that there is a negative association between development partners and performance of devolved health projects where the correlation coefficient is 0.586 with a p-value of 0.042. This therefore infers that

leadership and governance contributed most to performance of devolved health projects followed by budgetary allocation, then monitoring and evaluation while development partners had the least influence on performance of devolved health projects in the county. The correlation matrix implies that the independent variables are very crucial drivers of performance of health projects in the county as shown by their strong and positive relationship with the dependent variable; on performance of health projects

Multiple Regression Analysis

In addition, the researcher conducted a multiple regression analysis so as to test relationship among variables (independent) on the on performance of health projects. The study applied the statistical package for social sciences (SPSS V. 21) to code, enter and compute the measurements of the multiple regressions for the study. Coefficient of determination explains the extent to which changes in the dependent variable can be explained by the change in the independent variables or the percentage of variation in the dependent variable (performance of health projects) that is explained by all the four independent variables (budgetary

allocation, monitoring and evaluation and development partners).

According to the model summary Table 4.8, R is the correlation coefficient which shows the relationship between the indepednt variables and depedent variable. It is notable that there extists strong positive relationship between the indepedent variables and depedent variable as shown by R value (0.911). The coefficient of determination (R^2) explains the extent to which changes in the dependent variable can be explained by the change in the independent variables or the percentage of variation in the dependent variable and the four independent variables that were studied explain 82.99% of the performance of health projects as represented by the R^2. This therefore means that other factors not studied in this research contribute 17.01% of the performance of health projects. This implies that these variables are very significant therefore need to be considered in any effort to boost performance of health projects in the study area. The study therefore identifies variables as critical drivers of performance of devolved health projects.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.911	.829	.521	.223

Further, the study revealed that the significance value is 0.0239 which is less that 0.05 thus the model is statistically significance in predicting how leadership & governance, budgetary allocation, monitoring and evaluation and development

partners influence the performance of devolved health projects in Kenya. The F critical at 5% level of significance was 15.330. Since F calculated (43.262) is greater than the F critical (value = 15.330), this shows that the overall model was significant.

Table 4.9: ANOVA

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	3.502	4	.8755	43.262	.0239[a]
Residual	4.764	35	.1361		
Total	8.266	39			

NB: F-critical Value 15.330

Predictors: (Constant), Leadership & governance, budgetary allocation, monitoring and evaluation and development partners

Table 4.10: Coefficient Results

The study ran the procedure of obtaining the regression coefficients, and the results were as shown on the Table below.

Model	Unstandardized Coefficients		Standardized Coefficients	t	P-value.
	B	Std. Error	Beta		
1 (Constant)	33.147	1.223		2.615	.035
Leadership & governance	.792	.103	.152	4.223	.011
Budgetary allocation	.577	.349	.054	3.724	.022
Monitoring & Evaluation	.545	.217	.116	3.136	.036
Development partners	.539	.193	.263	2.247	.043

Multiple regression analysis was conducted as to determine the relationship between organization performance and the four variables. As per the SPSS generated table above, the equation ($Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$) becomes:

$Y = 33.147 + 0.792 X_1 + 0.577 X_2 + 0.545 X_3 + 0.539 X_4$

According to the regression equation established, taking all factors into account (leadership and governance, budgetary allocation, monitoring and evaluation and development partners) constant at zero was 33.147. The data findings analyzed also shows that taking all other independent variables at zero, a unit increase in leadership & governance will lead to a 0.752 increase in performance of devolved health projects.; a unit increase in budgetary allocation will lead to a 0.577 increase in performance of devolved health projects., a unit increase in monitoring and evaluation will lead to a 0.545 increase in performance of devolved health projects and a unit increase in development partners will lead to a 0.539 increase in performance of devolved health projects..This infers that leadership and governance contribute most to performance of devolved health projects. At 5% level of significance, leadership and governance had a 0.011 level of significance; budgetary allocation showed a 0.022 level of significance, monitoring and evaluation showed a 0.036 level of significance and development partners showed a 0.043 level of significance hence the most significant factor was leadership & governance.

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The study sought to establish the drivers of performance of devolved health projects in Kenya. The study examined theoretically and empirically how various variables contributed to performance of constituency development fund projects. In assessing the drivers, the study focused on how select factors (leadership and governance, budgetary allocation, monitoring and evaluation and development partners) influenced the performance of devolved health projects. This chapter captures the summary of findings, from which conclusions were drawn and recommendations made.

Summary of the Findings

Influence of leadership & governance on performance of devolved health projects in Kenya

The study established that leadership and governance influenced performance of devolved health projects in the study area to a great extent. Also majority of the respondents agreed that leadership and governance can increase quality in service delivery by ensuring priority in resource allocations, good leadership and governance of the health projects ensure that there is equity in allocation of the in resource allocations for the health projects in the county, ttransfer of functions to county governance can help increase the effectiveness of health services delivery through community involvement in the decision making process. The respondents disagreed that there is effective leadership and governance at county government level which has improved effectiveness of health services delivery projects to the residents and the county leadership ensure that there is community involvement in policy making and for the voice of the community to influence the decision of the policymakers effectively on implementation of the health projects the county leadership ensure that there is transparency and accountability of the health projects being implemented, respondents disagreed that because of the effective and efficient leadership and governance the public is satisfied of the health services offered on the implemented health projects. The respondents agreed that the change process must involve a team of leaders and individual managers to help inspire change within each portfolio, department, and unit.

Additionally, the study revealed that the variable(Pearson correlation coefficient =.792) and p-value (0.011 < 0.05) statistically, strongly and significantly correlated to performance of devolved health projects at 5% level of significance as it had a positive relationship with the dependent variable. This infers that leadership and governance is an important factor that enhances performance of devolved health projects in Kenya. This also implies that the more leadership and governance becomes the more the performance of devolved health

projects. Therefore, from these descriptive results show that the research which sought to establish the influence of leadership and governance on performance of devolved health projects was achieved because it established that leadership and governance influences performance of devolved health projects in the study area.

Budgetary allocation performance of devolved health projects in Kenya

From the study results, it was revealed that majority of the respondents were of the opinion that budgetary allocation influenced performance of devolved health projects in the study to a very great extent. It was also established that, majority of the respondents agreed that financing health infrastructure is a fundamental resource needed to deliver quality public health service from the projects being implemented in the county; the reliable sources of finance have a positive influence on health Projects County. The respondents disagreed that there is a good health financing system in place to ensure it raises adequate funds for health projects in the county. The respondents disagreed that there is effective leadership and governance at county government level which has improved effectiveness of health services delivery projects to the residents and the county leadership ensure that there is community involvement in policy making, and for the voice of the community to influence the decision of the policymakers effectively on implementation of the health projects. Further, the respondents disagreed that county government ensure that there is sufficient budgetary allocation to implement health projects and respondents disagreed that the county government has an effective plan to manage its financial resources in supporting and implementing various health projects in the county.

Further, the study revealed that the variable(Pearson correlation coefficient =.577) and p-value (0.022 < 0.05) statistically, strongly and significantly correlated to performance of devolved health projects at 5% level of significance as it had a positive relationship with the dependent variable. This reveals that budgetary allocation is an important factor that can enhance performance of

devolved health projects in the study area. This also reveals that the more budgetary allocation becomes the more the performance of devolved health projects in the study area.. Therefore, from these quantitative results it can be deduced that the study which sought to establish the influence of budgetary allocation on performance of devolved health projects was achieved because it established that budgetary allocation influences performance of devolved health projects.

Monitoring & evaluation influence performance of devolved health projects in Kenya

The study sought to establish whether monitoring and evaluation influence performance of devolved health projects in study area. From the descriptive analysis, the study results revealed that majority of the respondents indicated that monitoring and evaluation influence performance of the devolved health projects in the study area to a great extent. The study also revealed that majority of the respondents disagreed that staff working on monitoring and evaluation is well trained to carry out their duties. The respondents agreed that roles and responsibilities of monitoring and evaluation personnel have not been specified at the start of the project**.**The respondents disagreed that staff working on monitoring and evaluation are not dedicated to the function and that there is resources allocation for developing needed data on clinical and cost-effectiveness of medical interventions comparative, evidence-based evaluations from the health projects in the county. The respondents also disagreed that there is M & E system is in place to ensure it raises timely feedback of the progress of the services delivery from health projects in the county and that the county government has an effective plan to allocate enough fund and manage M & E activities in supporting and implementing various health projects in the county.

Finally, the study revealed that the variable(Pearson correlation coefficient =.545) and p-value (0.022 < 0.05) statistically, moderately and significantly correlated to performance of devolved health projects at 5% level of significance as it had a positive relationship with the dependent variable.

This reveals that monitoring and evaluation is an important factor that can boost performance of devolved health projects in the study area. This also reveals that the more the monitoring and evaluation becomes the more the performance of devolved health projects in the study area. Therefore, from these quantitative results it can be deduced that the study which sought to establish the influence of M& E on performance of devolved health projects was achieved because it established that M & E influences performance of devolved health projects in the study area.

Development partners influence performance of devolved health projects in Kenya

The study sought to establish whether development partners influence performance of devolved health projects in study area. From the descriptive analysis, the study results showed that majority of the respondents indicated that development partners influenced performance of devolved health projects in Bomet County to a very great extent. Further,

From the research findings, majority of the respondents disagreed that development partners support budgetary deficits in the health projects. The respondents agreed that development partners procure medical equipment's for health projects in the county. The respondents disagreed that development partners support infrastructure development for health projects in the county and they support trainings in financial managements for health projects in the county Further, the respondents disagreed that development partners buy of financial management systems in for health projects in the county and support pay salaries of some health care workers for health projects in the county . The respondents agreed that development partners support short term training of some health care workers for health projects in the county

Finally, the study revealed that the variable(Pearson correlation coefficient =.539) and p-value (0.0539 < 0.05) statistically, moderately and significantly correlated to performance of devolved health projects at 5% level of significance as it had a positive relationship with the dependent variable.

This reveals that a development partner is an important factor that can boost performance of devolved health projects in the study area. This also reveals that the more the development partners increases the more the performance of devolved health projects in the study area. Therefore, from these quantitative results it can be deduced that the study which sought to establish the influence of development partners on performance of devolved health projects was achieved because it established that development partners influences performance of devolved health projects in the study area.

Conclusions

The study established that leadership and governance influenced performance of devolved health projects in the study area. The leadership and governance can increase quality in service delivery ,transfer of functions to county governance can help increase the effectiveness of health services delivery through community involvement in the decision making process. The effective leadership and governance at county government level can improve effectiveness of health services delivery projects to the residents and the county leadership should community involvement in policy making and for the voice of the community to influence the decision of the policymakers effectively on implementation of the health projects. The leadership in terms of transparency and accountability of the health projects being implemented can increase the performance of the projects.

The studies revealed that budgetary allocation influenced performance of devolved health projects in the study to a very great extent. The financing health infrastructure is a fundamental resource needed to deliver quality public health service from the projects being implemented in the county. The reliable sources of finance can have a positive influence on health Projects County. The good health financing system in place should ensure it raises adequate funds for health projects in the county. Further, county government does not have sufficient budgetary allocation to implement health projects and no effective plan to manage its financial resources in supporting and implementing

various health projects.

The study results revealed that monitoring and evaluation influence performance of the devolved health projects in the study area to a great extent. The study also revealed that staff working on monitoring and evaluation is not well trained to carry out their duties. The roles and responsibilities of monitoring and evaluation personnel have not been specified at the start of the project. The staff working on monitoring and evaluation is not dedicated to the function and that there is resources allocation for developing needed data on clinical and cost-effectiveness of medical interventions comparative, evidence-based evaluations from the health projects in the county does not exist. The M & E system is not in place to ensure it raises timely feedback of the progress of the services delivery from health projects in the county and that the county government has no effective plan to allocate enough fund and manage M & E activities in supporting and implementing various health projects in the county.

From the research findings, majority of the respondents disagreed that development partners support budgetary deficits in the health projects. The development partners sometimes procure medical equipment's for health projects in the county. The development partners support infrastructure development for health projects in the county and they support trainings in financial managements for health projects in the county have not supported financial management systems for health projects in the county. They do not support pay salaries of some health care workers for health projects in the county and partners sometimes support short term training of some health care workers for health projects in the county

Recommendations

The study recommends that there is need to have leadership and that can increase quality in service delivery ,transfer of functions to county governance and help increase the effectiveness of health services delivery through community involvement in the decision making process. The

effective leadership and governance at county government level can improve effectiveness of health services delivery projects to the residents and there should be community involvement in policy making. The leadership needs to be transparent and accountable as this can boost the performance of the devolved health projects in the study area.

Additionally, the study recommends for enough budgetary allocation for financing health infrastructures. There should be reliable sources of finance and a good health financing system that can ensure it raises adequate funds for health projects in the county. The county government should have an effective plan to manage its financial resources in supporting and implementing various health projects as budgeted to enhance performance of the devolved health projects in the county.

Further, the staff working on monitoring and evaluation should be well trained to carry out their duties. The roles and responsibilities of monitoring and evaluation personnel should be well specified at the start of the project**.** This will lead to a dedicated staff to the function and that there is need for resources allocation for developing needed data on clinical and cost-effectiveness of medical interventions comparative, evidence-based evaluations from the health projects in the county does not exist. The county governments need to ensure that the M & E system is in place to ensure it raises timely feedback of the progress of the services delivery from health projects in the county.

Finally, the development partners should support budgetary deficits in the devolved health projects. The development partners may sometimes procure medical equipment's for health projects in the county. They can support trainings in financial managements for health projects by establishing financial management systems. They can support county government by paying salaries of some health care workers and support short term training of some health care workers for health projects in the county as this can boost performance of the devolved health projects in the study area.

Recommendations for Further studies

Since this study sought to establish the drivers of performance of health projects in Kenya, it was established that from literature review that there are scanty studies available on performance of the devolved health projects specifically in a county set up. Additionally, very little has been undertaken to explore drivers of performance of health projects in Kenya reason why the study recommends for similar studies to be undertaken in other counties in Kenya for generalization of the findings of this study. The study also observed that many projects initiated have stalled and recommends for the further studies on the effects of corruption and politics on the of performance of health projects in Kenya.

REFERENCES

Ahmad, J. K., Devarajan, S., Khemani, S., & Shah, S. (2005). Decentralization and service delivery. *World Bank Policy Research Working Paper*, (3603).

Akin, J. S., Hutchinson, P., & Strumpf, K. S. (2001). *Decentralization and government provision of public goods: the public health sector in Uganda*. USAID.

Alfred Boateng Poku.(1993).*Decentralization and Health Services Delivery, Uganda Case Study.* University of Ghana, Legon, Ghana.

Anders Jeppsson.(2004). *Decentralization and National Health Policy Implementation in Uganda-a problematic process*. Lund University, Sweden.

B. C. Smith. (1997). *The Decentralization of Healthcare in Developing Countries: Organizational Options.* University of Dundee.

Blas, E., & Limbambala, M. E. (2001). User-payment, decentralization and health service utilization in Zambia. *Health policy and planning*, *16*(suppl 2), 19-28.

Bossert, T. J., & Mitchell, A. D. (2011). Health sector decentralization and local decision-making: Decision space, institutional capacities and accountability in Pakistan. *Social Science & Medicine*, *72*(1), 39-48.

Brinkerhoff, D. W. (2004). Accountability and health systems: toward conceptual clarity and policy relevance. *Health policy and planning*, *19*(6), 371-379.

Commission on Revenue Allocation. (2011). *KENYA: County Fact Sheets 2011*.

Conyers, D. (2007). Decentralisation and Service Delivery: Lessons from Sub-Saharan Africa. *IDS bulletin*, *38*(1), 18-32.

Dillinger, W. (1994). *Decentralization and its implications for urban service delivery* (Vol. 16). World Bank Publications.

Gilson, L., & Mills, A. (1995). Health sector reforms in sub-Saharan Africa: lessons of the last 10 years. *Health policy*, *32*(1), 215-243.

Gilson, L., Kilima, P., & Tanner, M. (1994). Local government decentralization and the health sector in Tanzania. *Public Administration and Development*, *14*(5), 451-477.

González-Block, M., Leyva, R., ATA, O. Z., Loewe, R., & Alagón, J. (1989). Health services decentralization in Mexico: Formulation, implementation and results of policy. *Health Policy and Planning*, *4*(4), 301-315.

Grundy J, Healy V, Gorgolon L. (2003). *Overview of Devolution of Health Services in the Philippines.* Provincial Health Department, SthCotabato Province, the Philippines.

Jose Ignacio Anton and Rafael Munoc de Bustillo.(2012). *Effects of Healthcare Decentralization in Spain from a citizens' perspective.* Munich Personal RePEc Archive, University of Salamanca.

Kalungu Michael, (2012). *Decentralization Policy and Effective Health Service Delivery in Local Governments in Uganda, a case study of Igonga District Local Government*.Makerere University, Uganda.

Kibua, T. N., & Mwabu, G. M. (Eds.). (2008). *Decentralization and devolution in Kenya: New approaches*. University of Nairobi Press.

KPMG. D*evolution of Healthcare Services in Kenya*.

Krishna Regmi, (2008).*The effect of Decentralization on Health Services: the Nepalese experience*. University of East London, London, UK.

Litvack, J. I., Ahmad, J., & Bird, R. M. (1998). *Rethinking decentralization in developing countries*. World Bank Publications.

Miguel Gonzalez-Block, Rene Leyva, Oscar Zapata, Ricardo Loewe and Javier Alagon. *Health Services Decentralization in Mexico: Formulation, Implementation and Results of Policy*. Institution National de Salud Publica, Mexico.

Mills, A., Vaughan, J. P., Smith, D. L., & Tabibzadeh, I. (1990). Health system decentralization: concepts, issues and country experience.

Ministry of Health.(2013). *Kenya Service Availability and Readiness Assessment Mapping (SARAM) Report.*

Nafula, N. N., Manda, D. K., Bedi, A., Mwabu, G., & Kimenyi, M. S. (2004). *A review of the health sector in Kenya* (No. 11). Kenya Institute for Public Policy Research and Analysis.

Nirvikar Singh. (2008). *Decentralization and Delivery of Healthcare Services in India*.University of Carlifonia, Santa Cruz.

Nyanjom, O. (2006). Inequality in Kenya's Health sector. *Reading on Inequality in Kenya*, *1*, 97-156.

Oyaya, C. O., & Rifkin, S. B. (2003). Health sector reforms in Kenya: an examination of district level planning. *Health Policy*, *64*(1), 113-127.

Peters, D. H. (Ed.). (2009). *Improving health service delivery in developing countries: from evidence to action*. World Bank Publications.

P. M. Ndavi, S. Ogola, P.M. Kizito and K. Johnson. (2009). *Decentralizing Kenya's Health Management System: An Evaluation*. University of Nairobi*.*

Pongpisut Jongudomsak, Jaruayporn Srisasalux. *A decade of Decentralization in Thailand: What Lessons can be drawn?*

Republic of Kenya.(2010).*Kenya Health System Assessment 2010*.

Richard B. Saltman, VaidaBankauskaite and KarstenVrangbaeic.(2009). *Decentralization in Healthcare*. Open University Press, New York.

Robalino, D. A., Picazo, O., & Voetberg, A. (2001). Does fiscal decentralization improve health outcomes? Evidence from a cross-country analysis. *Evidence from a Cross-Country Analysis (March 2001). World Bank Policy Research Working Paper*, (2565).

Saltman, R., Bankauskaite, V., & Vrangbaek, K. (2006). *Decentralization in health care: strategies and outcomes*. McGraw-Hill International.

Silverman, J. (1992). Decentralization: Economic policy and sector investment programs. Washington DC; WB.

Thomas J Bossert and Joel C Beauvais.(2002). *Decentralization of Health Systems in Ghana, Zambia, Uganda and the Philippines; a comparative analysis of decision space*. Oxford University Press.New York USA.

Von Braun, J., & Grote, U. (2000, November). Does decentralization serve the poor?. In *International Monetary Fund Conference on Fiscal Decentralization, Washington, DC, November* (pp. 20-21).

World Bank, (1997). *World Development Report: The State in a Changing World*. New York: Oxford University Press.

World Health Organization*. Health System Decentralization; Concept, Issues and Country Experience*. World Health Organization, Geneva.