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## **EFFECT OF CAPACITY BUILDING ON SERVICE DELIVERY OF THE HEALTH SECTOR IN NAKURU SUB-COUNTY**

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## EFFECT OF CAPACITY BUILDING ON SERVICE DELIVERY OF THE HEALTH SECTOR IN NAKURU SUB-COUNTY

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### Abstract

**Purpose:** The purpose of the study was to examine the effect of capacity building on service delivery of the health sector of Nakuru County Government and specifically Nakuru Central sub-county.

**Methodology:** The study was quantitative in nature and thus it employed a descriptive research design. The target population of the study was all the 145 top level managers of healthcare services in Nakuru Central sub-county. The sample size of the study was 63 respondents who were selected using purposive sampling. Primary data was collected through the administration of the questionnaires. The questionnaire was self-administered to all the respondents. The study used quantitative techniques in analyzing the data. Descriptive analysis was employed; which include; mean standard deviations and frequencies/percentages. Inferential statistics such as correlation analysis and regression analysis will also be used. The organized data was interpreted on account of concurrence to objectives using assistance of computer packages especially Statistical Package for Social Sciences (SPSS) version 21 to communicate the research finding. The analyzed data was presented in frequency and percentage tables. A regression model was used to test the significance of the influence of the independent variables on the dependent variable.

**Results:** The study found that capacity building had a positive and significant effect on service delivery.

**Unique contribution to theory, practice and policy:** The effect of capacity building is highly relevant for policy makers and could help significantly in increasing the quality of life of their citizens through better access to services. The study recommends that the government should utilize capacity building mechanisms as a means of building management systems and programs, hold seminars and workshops, broaden public participation which in turn allows for progress of implemented programs and increases competence and effectiveness.

**Keywords:** *Capacity building, Service delivery, Health sector.*

## 1.0 INTRODUCTION

### 1.1 Background of the Study

In the health sector, service provision or delivery is an immediate product of the inputs such as efficient procurement and supplies channels, investment in infrastructure, and competent human resource into the health system. The increase of resources should lead to improved service delivery and enhanced access to services. Ensuring availability of health services that meet a minimum quality standard and securing access to them are key functions of a health system (WHO, 2008). The delivery of service in health sector has been and continues to draw attention from the external and internal environment. The health sector has also adopted modern technology in order to improve service delivery (Humphrey, 2010).

Healthcare services are one of the many devolved functions to the County Governments. The health care services were devolved in a special Gazette issue 1795 of the Kenya Gazette Supplement No.116, Legislative No.51 and Legal Notice No.137 of 9th August, 2013. According to the Public Finance Management Act 2012, all revenues collected (including Facility Improvement Fund collected by hospitals) and received by the counties shall be deposited into the County Exchequer bank accounts. Budgets will then be approved and prioritized by the County Governments and assemblies before approval by the national controller of budget. It is yet, to be established whether the leaderships in the various counties have the requisite capacity to provide vision, advocacy, establish relevant priorities, set overall policy direction and other guidance on health strategy and programming (Mwamunye & Nyamu, 2014). As observed by Mazhar and Shaikh (2012), devolution ought to improve the responsiveness and quality of health services delivery by better informing decision-makers and service providers, bringing them closer to the populations they serve and making them more accountable.

In a survey carried out by Futures Group (2014) on devolution healthcare in Kenya noted that good governance, planning and financial management are critical for the seamless delivery of services. The findings showed that these three indicators are strongly linked. While 10 counties were consistently ranked in the bottom third across the three indicators, another 10 counties were in the top third for all three indicators. This suggests that counties where facilities were relatively better at governance, planning and management may be better equipped for the devolution of healthcare than counties with poor ratings on these indicators. Revenue per capita sometimes corresponds to counties' performance across the 16 indicators. For instance, Nairobi has the least amount of revenue per capita and is in the bottom third of counties for 9 of the 16 indicators. However, there were notable exceptions to this relationship. Some counties with below-average revenue per capita performed better than the others across the 16 indicators which are: Nakuru, Kericho, Siaya, Kakamega, Narok, Machakos, Kisii, Kisumu, and Makueni (Futures Group, 2014).

However, there is low access to health services in Nakuru County due to longer distance covered to access the nearest to health facilities. A large proportion of the population (66.3 per cent), travel for more than 5 kilometers to access the nearest health facility (Noor *et al.*, 2006). Furthermore, some patients face considerable challenges in accessing health facilities due to poverty and impassable roads. Majority of the health facilities lack adequate infrastructures, drugs and trained personnel to attend to some of the chronic illnesses. There is therefore need to address poverty, inadequate medical facilities, high cost of medical services and inadequate medical personnel in

order to promote healthy living in the county. Health facilities must be physically available for the population to access healthcare services. Just 63 percent of Kenyans have access to government health services located within an hour of their homes, and greater distance to a facility is a significant factor in decreased demand for healthcare in the country (Noor et al., 2006). This paradox offered the platform for this study, in order to assess how capacity building affects service delivery of the health sector in Nakuru County.

### **1.2 Statement of the Problem**

Good governance strategies lead to improved service delivery. However, there have been inefficiencies in the delivery of health services both at the county levels (Abdumlingo, 2014) and national level. Health staff unrest has been witnessed since the advent of county governance; affecting service delivery thus posing health risks to thousands of Nakuru residents and other medical service seekers in the Hospitals in Nakuru County. Moreover, healthcare development statistics still paint a grim picture. Both the national and County Government together with the various stakeholders has paid little attention to such a situation despite the fact that if it remains unchecked could jeopardize service delivery (Abdumlingo, 2014).

Service quality in public sector organizations is slow and is further exacerbated by difficulties in measuring outcomes, greater scrutiny from the public and press, lack of freedom to act in an arbitrary fashion and a requirement for decisions to be based in law. In addition to provision of basic health services, governance strategies should ensure that at the county level, public health sector is efficient, cost-effective, its administration and management is properly devolved through a smooth transition from the formerly centralized system and operates autonomously but with participation from key stakeholders (KPMG, 2008). According to Muchomba and Karanja (2015) under the new constitutional dispensation, there is a lot that requires to be done on the health sector in Kenya, especially the government run. This was because with transfer of the responsibilities to the county governments, it is necessary to ensure they possess the necessary capacity and ability to effectively run the health systems.

Paschal (2011) conducted a study on the status of service delivery in the health and fitness centres in Uganda. This study was conducted in Uganda thus presenting a scope gap. Nyaga (2016) conducted a study on information security and service delivery in health sector: Case study of Chogoria hospital. This study focused on information security and service delivery thus presenting a contextual gap. Muchomba (2015) conducted a study on the influence of devolved governance and performance of the health sector in Kenya. The study focused on performance of the health sector thus presenting a contextual gap. Opwora *et al* (2011) conducted a study on health service delivery, governance and supportive supervision under the health sector services fund national baseline survey. The current study focused on the effect of capacity building on service delivery of the health sector: a case of Nakuru County.

### **1.3 Objective of the Study**

The objective of the study was to determine how capacity building affects service delivery of the health sector in Nakuru Central sub-county.

## **2.0 LITERATURE REVIEW**

### **2.1 Theoretical Framework**

The paper was embedded on the adversary theory. The theory is inspired by Thomas Hobbes and Adams Smith political theory philosophy, which roots its inception to the market capitalism forces (Sustein, 1986). It is engrained on the assumption that individual will is the drive of all actions, whether individual based or collective. The liberty of the mind to make decisions and the solitude of drive on what is best for a man is an inalienable right of every soul and being. This therefore as observed by Shapiro (1986) behooves every being to ascribe to decisive epistemic and moral authority over all actions of political consequence under the assumption that one has the access to the contents of his own mind.

Affiliated to the liberal democracy theory, it embraces socialism and communalism which is projected to mobilize a people to fight the fundamental threats to humanity namely; poverty, illiteracy and ignorance. As such, the theory mobilizes towards the adversaries of the statehood and the profanity that can destabilize the state. The theory therefore incites citizens to feel motivated to unite together as a people and rise up for their nation and fight for their survival and existence for a common enemy to their desired destiny, future and destiny (Redish, 2001).

The spirit of the theory is embedded on the premise that liberalism can be at best felt and established in an environment where the citizens are wholly in charge of their socioeconomic and political destiny and directly or indirectly participate on the affairs, procedures and processes of governance that affect them. This is achieved by individuals exercising their right of association and assembly and the participation on public forums, policies and processes therein. The theory posits a scenario where the public participation is a mixed matrix of concurrence of member's perception and orientation and their diversity of perception and appreciation of the world. This brings to rest the fears of continuous bickering between national and county institutions which at some time seem to weaken the harmonious thread of devolution.

The theory appreciates groups efforts in protecting their interests and representing those aspirations that guarantee the society the best for its survival and progress (Mansbridge, 1990). The theory holds that even in situations of identical or overlapping interest, individuals or groups should not be required to trust in or defer to the competence, resources, or enthusiasm of others in the protection or advancement of their chosen interest (Mansbridge, 2018).

The theory contents that conflicts due to opposition and competing interests are probable in the community, as conflict is naturally embedded in humanity. This calls for deliberate public participation on all matters of the society to nurture and avail forums for consensus for democratic governance to deepen in any society. The theory seeks to limit conflicts bred by competing self-interests by encouraging consensus and universalism grounded in the use of deliberations and the vagaries of "practical reason" (Sunstein, 1988).

The adversary theory assesses individual's development and growth as the goals of democratic theory and recognizes the need for a healthy degree of concern about the potentially harmful impact that the behavior of others may have on an individual's ability to advance his own interests. It, therefore, encourages the improvement and development of the capacity of the society as a whole into improvement of the delivery of services.

## **2.2 Empirical Framework**

Mbogo (2012) conducted a study on the influence of capacity-building on service delivery by Chiefs in Imenti North District, Meru Kenya. The study employed descriptive survey design to observe, describe and document aspects of situations as they naturally occur. Stratified sampling was used to select element for the study. In order to collect responsive data, both primary and secondary data collection methods were applied. A questionnaire was administered to chiefs and assistant chiefs of Imenti North district. The organized data was interpreted in order to derive a meaning. Quantitative and qualitative data analysis techniques were employed to analyze and interpret the collected data. Both descriptive and inferential statistical analysis techniques were use. Lastly the analyzed data results were presented using tables, charts, and graphs.

The findings of the study were, capacity building influence on employees' performance and hence effectiveness in service delivery. Training enhances possession of appropriate skill and knowledge. Performance appraisal has been established to influence performance of the employees when conducted objectively. Team -building was found to enhance performance of chiefs. Motivation of chiefs as strategy of capacity building is an effective contribution to organization performance.

Odhiambo (2013) conducted a study on capacity building of community care and support for orphans and vulnerable children: a study of grassroots self-help initiatives in Pumwani slum area, Nairobi. The study explores the nature and scope of the OVC care and support; types of capacity building organizations and strategies; outcome of capacity support on service delivery; and lastly, community grassroots perception of change in OVC care and support. This study adopts a case study strategy and draws six conclusions. First, the Self-Help OVC initiatives are heterogeneous institutions in constant transformation to complex organizations and with potential for OVC care and support. Second, youths and children have emerged as new actors in OVC care and support. This is accompanied by emergence of new services such as talent development, sanitation, and legal assistance. Third, the main capacity building organizations are Non-Profit Organizations (NPO) and government agencies. Participation by the for-profit sector in capacity support for community OVC initiatives remains limited. Fourth, training in key programmatic areas is the most sustainable capacity building strategy. Fifth, capacity support resulted to improved service delivery by the OVC initiatives. However, overall the initiatives remain generally weak to provide comprehensive and sustainable care and support. Finally, despite community grassroots perception of improved OVC care and support, the services provided are perceived as inadequate. The study suggests recommended that there is need for policymakers and practitioners in OVC care and support to design an integrated capacity support implementation framework that also incorporates initial capacity assessment of the OVC initiatives.

## **3.0 METHODOLOGY**

The study was quantitative in nature and thus it employed a descriptive research design. The target population of the study was all the 145 top level managers of healthcare services in Nakuru Central sub-county. The sample size of the study was 63 respondents who were selected using purposive sampling. Primary data was collected through the administration of the questionnaires. The questionnaire was self-administered to all the respondents. The study used quantitative techniques in analyzing the data. Descriptive analysis was employed; which include; mean standard deviations

and frequencies/percentages. Inferential statistics such as correlation analysis and regression analysis will also be used. The organized data was interpreted on account of concurrence to objectives using assistance of computer packages especially Statistical Package for Social Sciences (SPSS) version 21 to communicate the research finding. The analyzed data was presented in frequency and percentage tables. A regression model was used to test the significance of the influence of the independent variable on the dependent variable.

## 4.0 FINDINGS AND DISCUSSIONS

### 4.1 Descriptive Analysis

The descriptive statistics of respondent's opinions on capacity building and service delivery is shown in Table 1. Respondents were thus asked to indicate the extent to which various capacity building aspects influence service delivery in health facilities in Nakuru Central Sub-county. The results of the respondents are shown in Table 1:

**Table 1: Capacity building and service delivery**

Statement	Strongly disagree %	Disagree %	Neutral %	Agree %	Strongly Agree %	M	Std. Dev
It shows recognition that organizations need to build management systems as well as programs.	4	8	8	42	38	4.1	0.77
Seminars, workshops, are mode of capacity building used by almost all democratic institutions in Kenya	9	10	17	38	26	2.1	0.78
Includes Training, Access to on-line data, documentation, and information.	21	19	11	32	17	2.03	1.3
It is associated with activities designed to increase the competence and effectiveness of individuals and organizations	9	23	17	40	11	3.5	1.28
It broadens the participation and becomes a prerequisite for democracy deepening.	2	17	4	45	32	3.92	0.80
Having a capacity building plan/ objectives/indicators to shows progress over a particular timeframe.	2	12	8	51	27	3.24	0.83

**Source: Research Data (2018).**

Results tabulated in Table 1 indicate that five items had standard deviation that was below 1.0. This shows that for most of the items were good measures with no extremes. The item "Capacity

building is a recognition that organizations need to build management systems as well as programs” had a standard deviation of 0.77 which shows no extremes. The percentages indicate that 4 % and 8% of the respondents scored for strongly disagree and disagree respectively while 42 % and 38% scored for strongly agree and agree respectively.

This shows that majority of the respondents viewed the items from same angles (strongly agree and agree) hence most of the items are good measure.

The results also revealed that two items had standard deviation that was above 1.0. The item “Training, Access to on-line data, documentation, and information on specific Capacity building facilitate democratic governance” had a standard deviation of 1.3 which shows extremes. The percentages indicate that 21 % and 19 % of the respondents scored for strongly disagree and disagree respectively while 32 % and 17 % scored for strongly agree and agree respectively. This shows that majority of the respondents viewed the items from positive and negative angles hence three items are not good measure. The findings also indicates that 77 % of the respondents agreed that Capacity building broadens the participation for the masses and becomes a prerequisite for democracy deepening and 19% disagreed. The second item with a standard deviation above 1.0 is “Capacity building is associated with activities designed to increase the competence and effectiveness of individuals and organizations” which had a standard deviation of 1.28. The percentages indicate that 9 % and 23 % of the respondents scored for strongly disagree and disagree respectively while 40 % and 11 % scored for strongly agree and agree respectively. This shows that majority of the respondents viewed the items from positive and negative angles hence three items are not good measure. The findings also indicates that 77 % of the respondents agreed that Capacity building broadens the participation for the masses and becomes a prerequisite for democracy deepening and 19% disagreed.

The study findings show that majority 64% of the respondents reported that most Seminars, workshops, are mode of capacity building used by almost all democratic institutions in Kenya while a few 19% disagreed. On whether developing a capacity building plan is to set objectives and indicators to show expected progress over a particular timeframe, 78% agreed while 14% disagreed.

The highest mean was 4.1 with the lowest being 2.03. The finding revealed that the respondents took a positive position (above 3.0). Majority of the items had a mean of above 3.0. This shows that the general position was that the respondents agreed with the items.

The correlation among variables is illustrated by the correlations matrix in Table 2 below:

**Table 2: Correlation Analysis**

Variable	Service Delivery.
C.B	.361 <0.001

**Source: Research Data (2018).**

**Key: C.B – Capacity Building.**

The results in Table 2 indicates that capacity building was found to be positively and significantly correlated with service delivery  $r(AD, SD) = 0.361, p < 0.001$ . These findings are consistent with



Munge *et al.*, (2016) who studied the effect of social accountability and capacity building schemes on strategic purchasing in the health sector and found that where there capacity building programmes and monitoring models, the public performance perception gave a positive result.

#### 4.2 Regression Results for Capacity building and Service Delivery

The objective of the study was to establish the effect of capacity building on service delivery in healthcare facilities in Nakuru County. Regression analysis was done to establish the relationship between capacity building and service delivery. It was hypothesized that:

*H<sub>0</sub>: There is no relationship between capacity building and service delivery in healthcare facilities in Nakuru Central Sub-County.*

To test this hypothesis, the model  $Y = \beta_0 + \beta X + \varepsilon$  was fitted. Where Y is service delivery and X is capacity building. The results are presented in Table 3.

**Table 3: Regression Results for Capacity building and Service Delivery**

Model Summary						
Model	R	R Squared	Adj. R Square	Std. Error		
1	0343*	0.127	0.143	0.5100		
ANOVA <sup>a</sup>						
Model	Regression residual	Sum of squares	df	Mean of square	F.	Sig
	Total	14.793	1	14.793	47.550	<0.001
		85.207				
		101.600				
Coefficients <sup>a</sup>						
Model		Unstand. coefficients	Std. Error	Stand. coefficients	t	Sig.
1	(Constant)	2.057	0.199	Beta	10.007	<0.001
	Capacity building	0.316	0.067	0.343	4.93	<0.001

The regression results in Table 3 show that the relationship between the capacity building and service delivery was significant ( $F(34) = 47.550$ ,  $p < 0.001$ ). The regression results in Table 3 indicate that the correlation coefficient ( $r$ ) was 0.343. The correlation coefficient of 34.3 % indicates capacity building has a positive correlation with service delivery. With R square of 0.127, the model implies that about 14.6% variation in service delivery in Nakuru County explained by variations in capacity building. However, the model did not explain 85.2% of the variation, meaning that there are other factors associated with service delivery which were not fitted in the model. The beta coefficient for capacity building in the model was significant ( $\beta = 0.343$ ,  $t = 4.93$ ,  $p < 0.001$ ) indicating that capacity building significantly influences service delivery, indicating that with one unit increase in relationship capacity building index, service delivery increases by about 0.343 units. The model equation is therefore,

$$Y = 2.057 + 0.316X$$

Where, Y is service delivery, and X is capacity building.

Since p-value for capacity building  $< 0.05$ , the null hypothesis was rejected and it was concluded that there is a statistically significant relationship between the capacity building and service delivery. The study rejected hypothesis H<sub>0</sub>: there is no relationship between capacity building and service delivery in healthcare facilities in Nakuru County. Therefore, the study concluded that capacity building had positive and significant influence on service delivery in healthcare facilities in Nakuru Central sub-county.

The findings are consistent with Nassazi (2013) who found that strategies which included the process of educating, coaching and mentoring employees to perform their role in service delivery through experience, different behavioral and performance related roles expected of experience providers improved service delivery outputs.

## **5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Summary**

The objective of the study was to evaluate the effect of capacity building on service delivery in Nakuru Central sub-county. It had been hypothesized that capacity building is not related to service delivery in Nakuru Central sub-county. The results confirmed that there is a positive statistically significant relationship between capacity building and service delivery in Nakuru Central sub-county. The results revealed that capacity building is statistically significant in explaining service delivery of Nakuru Central sub-county. Therefore, hypothesis H<sub>0</sub>: capacity building was not related to service delivery in Nakuru Central sub-county is rejected and concluded that capacity building had a significant effect on service delivery. The findings led to a conclusion that capacity building was a driver of service delivery of Nakuru Central sub-county.

### **5.2 Conclusions**

The findings confirm that there is a statistically significant influence of capacity building on service delivery in Nakuru Central sub-county. It was possible to infer that the relationship between capacity building and service delivery is positive and significant. The study concluded that capacity building was statistically significant in explaining service delivery in Nakuru Central sub-county. It was also concluded that capacity building is being adequately practiced in Nakuru Central sub-county. This indicated that county government officials were optimistic about capacity building and how it had impacted on the operations of the Nakuru Central sub-county.

### **5.3 Recommendations**

Given the findings of the study, that confirmed that capacity building influences service delivery, the study recommends that the government should utilize capacity building mechanisms as a means of building management systems and programs, hold seminars and workshops, broaden public participation which in turn allows for progress of implemented programs and increases competence and effectiveness.

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