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## Effect of Health Governance Structures on Provision of Health Care in Garissa County, Kenya

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### Abstract:

*In Kenya, devolution has led to establishment of 47 independent counties headed by an elected Governor and County Assembly. The devolution process has presented numerous benefits by bring resources and governance closer to the people. At the same time, it is faced by challenges that have impacted on the effectiveness and productivity of the county government. The aim of the study was to investigate the effect of health governance structure on provision of health services in Garissa County. The study was guided by allocation of resources theory. Descriptive research design was used. 1104 county government employees were engaged in the research. Data was analysed through the use descriptive and inferential statistics generated from Statistical Package of Social Sciences. Primary data was collected through the use of questionnaire. Data was presented in tables and figures. A thematic analysis was conducted to identify the trends and patterns that emerge in data. The data collected upheld ethical consideration including anonymity of the participants. The insights gathered from the investigation would be of help to make recommendations that can be used by policymakers and other stakeholders to improve the devolution process. The results of the study indicated that Garissa county government considers providing the required support to the health care sector. There was evident low consultation in the county regarding health care related issues. Residents were concerned that the facilities available are old and unable to scan diseases accurately and promptly. The study concluded that there was strong relationship between the county health governance structures provision of health care in Garissa County, Kenya. The study proposed that county assembly members in Garissa implement a policy on appropriate communication processes to ensure that specific and essential health care information are easily and promptly accessed.*

**Keywords:** Health, health governance, health governance structures, provision of health, devolution, health care

### 1. Introduction

In recent years, governments and organizations are focused on improving governance through decentralization. The decentralization trend has been adopted in various countries in Latin America, Africa, and Asia (Rodríguez-Pose & Gill, 2003). Studies from these regions show that decentralization is an important aspect of improving governance and delivery of public service but it is faced with numerous complexities (Agrawal & Ostrom, 2001). According to Agrawal (1999) decentralization is achieved through various approaches that include, devolution, delegation, and privatization. This implies that there are different frameworks employed in decentralization of public functions based on the political, administrative, and fiscal aspects that are shared between the national and sub-national governance systems (Ahmad, Devarajan, Khemani, & Shah, 2005). The complexities emerging in the decentralization process are associated with the combinations that are executed in the sharing of political, administrative, and fiscal responsibilities. Additionally, major challenges emerge from the continuum required to facilitate the transformation from a highly centralized form of government to a decentralized and inclusive approach of governance (Musgrave, 1997). In Kenya, devolution has been adopted as a strategy of transferring authority and power from the central government through engaging a semi-autonomous and sub-national structure of the county government.

The 2010 constitution offers a legal framework that fosters an inclusive approach in rights-based health care delivery in the country. The law has entitled all Kenyans an opportunity to access the highest standards of health (Article 43). Additionally, Article 53 highlights the rights of all children to access basic nutrition, shelter, and healthcare. Article 56 implies that the state has the mandate to engage affirmative action that is focused on ensuring the needs of minorities and marginalized groups such as the people of Garissa county have reasonable access to water, health services, and infrastructure. In this light, the county government has to work in cooperation with the national government to increase efficiency in care delivery.

The role of the county and national governments is presented in the Fourth Schedule of the constitution. The county government is in charge of basic health care, whereas the national government is in charge of health policy, county technical assistance and the management of national referral health facilities. The country's health sector consists of the

public health system, which includes MOH and Parastatal agencies, and the private sector, which includes independent professionals running private for-profit organisations, NGOs, and FBOs. The health services in the country are offered through a network of about 4,700 health centers. The public sector accounts for about 51% of the facilities. Until devolution, national referral hospitals, provincial general hospitals, district hospitals, health centres, and dispensaries were included at various stages. Due to their technological ability to deal with advanced diagnosis, therapeutic, and rehabilitative situations, national referral hospitals remain the pinnacle of health care delivery. There are only two national referral hospitals, which are the Kenyatta National Hospital and Moi Referral and Teaching Hospital in Nairobi and Eldoret, respectively.

According to the Garissa CIDP 2018-2022 health access and nutrition are important factors highlighted in the development programs of Garissa County. The people of Garissa County are served by both private and public health care providers with a total of 126 facilities, where 68 are level two facilities, 7 level four, 21 private clinics, 19 level three centers and one level five facility. Additionally, there are 3 NGOs operating dispensaries and five mission health facilities in the county. The devolution phenomenon had increased focus on the public health sector. Key focus has been on reducing the distance between the people and health care facilities, with the average distance covered by patients seeking healthcare services being 35km.

The major illnesses affecting the people in Garissa County are Malaria, Upper Respiratory Tract Infections, Stomach-ache, Diarrhoeal diseases and Flu. The HIV and AIDS prevalence in the county is lower compared to the national average of 5.6%. Nevertheless, the lack of awareness might result in increased preference in the near future. The county also faces substantial nutrition challenges especially among children between 6-59 months. This is linked to lack of food security in the county with high dependence on relief food that due to the climatic conditions that have limited diversification in food productions (Garissa CIDP 2018-2022). The immunization coverage in the county is about 62% due to the inaccessibility of various parts of the county and the long distances between families and health facilities.

Additionally, the county has a low contraceptive acceptance rate, which has compromised family planning. With the growing population, there is increased need for investment in facilitating effective immunization and primary healthcare facilities. Additionally, accessibility to health care services is imperative for the expectant mothers to improve the infant and maternal health. This is premised on the growing number of females in the reproductive age group of 15-49 years. Furthermore, the fertility rates in the county is high at 5.9 compared to the national levels that stand at 4.6. In this context, the devolution of the health sector has a substantial task to address the healthcare challenges that exist in the county to boost human development (Garissa CIDP 2018-2022). Compared with the rest of the country, apart from North Eastern and Turkana, the distance between facilities ranges from 15 km to 90 km, varying from 5 km to 10 km of public health facility radius (Gunter *et al.*, 2009). This has resulted to challenges of providing health services to the citizens of Garissa County.

### 1.1. County Health Governance Structures

The county government structure makes it possible for people to be in charge of preparing and drafting legislation, to pick investment projects and to take decisions on matters relating to them. The inclusiveness of individuals in the governance process in developed economies is embedded in the legal requirements of all local government operations (Okello, Oenga & Chege, 2014). It is a common belief that devolved local units will encourage more people to take part in the governance process, thus ensuring accountability in the structures of local government.

Some good effects of participation are perceived as reducing poverty at local levels, creating the requisite sense of ownership of people, contributing to the sustainability of development initiatives, building capacity in the local governance community, linking development to people's needs, recognizing the disadvantaged, guarding the officeholders against corruption.

The administrative devolution entails the partial or full transfer of the functional responsibilities in the governance processes to the county governments such as health care provision and garbage collection (Barasa, Manyara, Molyneux, & Tsofa, 2017). The fiscal devolution is the transfer of financial responsibilities to the county governments, which entails giving the county governments more authority to generate revenue. The devolution in Kenya is characterized by departure from the previous approaches used in decentralization, which involved the transfer of administrative roles to non-elected officials in the central government who operated in regional offices (Nyikuri *et al.*, 2015). It is also representing a move from the delegation of responsibilities, which was focused on transferring managerial responsibilities to offices outside the normal national governance structure (Rodríguez-Pose & Gill, 2003).

The roll-out of the devolved framework in Kenya has presented a substantial focus on poverty reduction, health care provision, service delivery, and economic development across all counties. The reforms made in devolution are aimed at addressing the long-term disparities that exist between different regions in the country (Rodríguez-Pose & Bwire, 2004). They are also focused on enhancing the effectiveness and accountability of service delivery by the government to the people (Nyikuri *et al.*, 2015). They also facilitate increased autonomy among different people in diverse places in the country. These factors have offered an opportunity to re-balance power among regions that were historically held by the national government.

### 1.2. Statement of the Problem

The transition from a central to a decentralized government has not been smooth as many problems have challenged devolution, such as inter-governmental relations, the turf of leadership wars, corruption and strikes, among others. Currently, research also shows that more than 53 percent of people in Kenya are unhappy with the provision of

services by county governments (Transparency International, 2014). However, the influence of devolution on provision of health services in the context of Sub-Saharan Africa, specifically Kenya is scarcely explored. Health care provision is one of the major pillars under the current Kenyan government and the effect of devolution on health sector is scarcely explored. Majority of the study on devolution reviewed were carried out on western economies, different sectors other than health care and many other studies are more than 10 years old thus presenting a geographical gaps, contextual gap and time gaps.

The scanty of studies on empirical evidence in this area also indicates that more empirical work is needed to determine the impact of devolution on health care provision, especially in Garissa County. The influence of devolution on health care provision in Garissa County was therefore determined in the current study.

### *1.3. Objectives of the Study*

To determine how health governance structure affect provision of health care in Garissa County.

### *1.4. Research Questions*

To what extent-does the health governance structures affect provision of health care in Garissa County?

### *1.5. Justification and Significance of the Study*

Based on the Garissa-County CIDP 2018-2022, there are substantial challenges that have impacted on the delivery of devolution goals. These include budgetary constraints, political interference, inadequate technical staff, lack of baseline data, poor financial management, and uncoordinated project management. These challenges have compromised health delivery in the county, which requires substantial development due to its marginalized past. Additionally, these issues have impacted on the delivery of projects and the objectives of the county government to make health resources, services, and opportunities available to the people. Resultantly, it is imperative to identify the root causes of these challenges in the implementation of devolution. This ensured that there are strategic approaches to overcoming the limitations that have resulted in consistent failure and compromised the productivity and performance of the county government. With recommendations based on this research, evidence-based solutions can be executed for sustainable improvement.

This research would be a key contribution to the existing literature on devolution in Kenya, making it important for educators and researchers. It would inform policymakers by highlighting the policy changes required to address the existing challenges in devolution. This paper would offer substantial information to the County Government of Garissa offering an opportunity for evidence-based improvements and the formulation of sustainable solutions. The recommendations made in the research would be important in improving the quality of life for the people of Garissa County by advocating for change in public service and encouraging their engagement in oversight and governance of the county.

### *1.6. Scope and Limitations of the Study*

#### 1.6.1. Scope of the Study

The research focuses on provision of health care and devolution. The research is confined to the geographical setting of Garissa County and engaged research participants from the region. To develop a comprehensive account the research drew from different research works from Kenya and other parts of the world in the context of decentralization of governments. This helped to draw evidence-based recommendations. The research also attempted to identify the strengths of Garissa County in comparison to experiences in other counties in Kenya to identify the comparative advantage that can be used to make the region competitive and factors that can be exploited to improve the quality of life through the health sector. The period of interest was 2014 to 2018 since this is the period in which decentralization came to effect in Kenya. Data was collected from county officials.

#### 1.6.2. Limitations of the Study

The following shortcomings were expected by the study; some of the officials were reluctant and some were unable to understand some questions. To curb this, the investigator engaged research assistants accompanied by a letter from the graduate school, Kenyatta University assuring respondents that the information collected was for educational purposes only. Identity confidentiality was also promised.

## **2. Literature Review**

### *2.1. Health Governance Structures and Provision of Health Care*

Empirical reviews show that there are substantial challenges experienced in African nations that have centralized systems of government, which is exemplified by poor governance, corruption, and dictatorship (Cameron, 2015). Ghai (2006) found that in centralized governments, it is difficult to differentiate between the public and private resources due to the high levels of exploitation done by individuals in leadership positions. The lack of devolution in many countries in Africa has limited the engagement of Citizens in the governance processes. The limited devolution and the lack of effective devolution in African countries are attributed to the leadership approaches established by colonialists, who were more focused on economic benefits rather than developing economic institutions.

The ethnic differences have for long compromised the movement of people and their interaction and increased challenges in sharing of national resources and governance (Carrier & Kochore, 2014). Consequently, regions such as Garissa have for long been marginalized due to the lack of substantial representation in the National government (Jidda, 2014). Nevertheless, the devolution strategy in Kenya has offered an opportunity to reform how the National resources are shared by increasing what is offered to the marginalized counties (Steeves, 2015).

According to Larson and Soto (2018) devolution offers an opportunity to strengthen public service institutions and foster economic development. While the previous Constitution of Kenya lacked clear guidelines on equitable development in the county, the devolved government has been imperative in eradicating the disparities between different regions (Nyikuri *et al.*, 2015). Agrawal (2016) found that devolution has helped to change some counties by improving the political, fiscal, and social aspects. This has increased the opportunities for good governance, development and sustainability. In some cases, the devolution implementation is coupled with various challenges that limit the productivity, inclusivity, and reliability of the people involved.

The devolution strategy in the Kenya has been achieved through key phases from a historical perspective. Kibua and Mwabu (2018) established that the first entailed the Majimbo system that was achieved under the eight regions after independence. The second phase is the local authority system that was followed by the Constituency Development Fund (CDF) and then the County Government System. With the current devolution system, the Constitution of Kenya lays a key emphasis on strengthening public participation to ensure a down-top approach to governance (Opalo, 2019).

This objective of strengthening public participation and contribution in the governance process is central to the Country's strategic approach of accelerated growth and addressing the inequalities that have been persistent among the Kenyan communities (Nyikuri *et al.*, 2015). Despite this, Jidda (2014) showed that the persistent poverty and governance weaknesses experienced in different regions in the country have reduced the efficiency of public engagement in the devolution process. This is exemplified by the inequalities experienced in public investments and service provision as well as employment opportunities. Notably, Garissa county faces these challenges with nepotism being a detrimental factor impacting on employment opportunities (Jidda, 2014).

Drawing from a global context, decentralization is centered on enhancing governance, transparency, and participation (Kauzya, 2017). Contrary to the conceptualizations held by many people that devolution improves service delivery and governance the failure of the different phases of devolving resources in Kenya implies that there are underlying challenges that undermine the expected outcomes (Opalo, 2019). Political, racial/ethnic upheaval, Gender discrimination, Corruption and Political interference in the running and operations of the health sector at different capacities. Countries which have witnessed political upheavals have also witnessed migration of professionals (WHO, 2011). Health sector remains the most hit and affected sector whenever there are political instabilities. Health professionals are always overwhelmed and majority seeks to transfer to safer grounds even if it means moving out of their countries.

## 2.2. Theoretical Framework

The study was guided by the allocation of resources theory.

### 2.2.1. Allocation of Resources Theory

These theories were proposed by Peteraf and Barney (2003). This theory is concerned with how the corporate, the Nations, the entrepreneurs or the individuals distribute resources through budgeting process to attain specific county, country or company goals. The theory argues that the resources to obtain a sustainable competitive advantage it must have the following qualities; rare, priceless, not imitable and unsustainable. This calls for devolved system to utilize the available resources whether financial, human or non-human to support government institutions (Anantadjaya, 2008). Allocation of resource theory helps the county to allocate finances to its available sub units (Zipporah, 2013).

The allocation of resource theory explains how the county governments in Kenya takes time to understand the availability of resources, allocation of the limited resources and understand the needs of the citizens in various different departments and programs. The resources which are expected to be distributed are the revenue and the county needs to adopt to the mobilization of revenue in order to maximize utilization of the County government resources. The theory was used in the analysis to describe in this theory, the effect of transfer on healthcare performance in County Garissa. The utilization of resources such as financial resources and human capital resources in ways that will promote the well-being of the citizens in Garissa County. The theory explained the strategic allocation of the available resources in various abilities within the county for the purposes of maximizing returns from the County subunits which helped in enabling effective collection of revenue within the County.

## 3. Research Methodology

### 3.1. Research Design

The study adopted a descriptive survey style.

### 3.2. Study Area

The analysis was conducted in all six sub-counties in Garissa County, Kenya.

### 3.3. Target Population

The target population of this research was members of the public who lives in Garissa County and the County Government. 1057 health employees, 47 of 1104 doctors in the county of Garissa were surveyed.

### 3.4. Sample and Sampling Technique

To get the respondents, systematic, simple random sampling was applied. A questionnaire was supplied to every third respondent. To assess the sample size for a given population and a given level of confidence, the Stattek (2015) formula was used.

$$n = \frac{N}{1 + N(e)^2}$$

N- Population-Size is 1104

e-Level of Precision at 90% Confidence-level.

The predicted variables in the study are:

n-Sample Size

Sample size per strata

Therefore,

$$n = \frac{1104}{1 + 1104(0.1)^2} = 92$$

| No | Sub-County                | Population | $12.04 = 1 + N(e)^2$ | Sample Size |
|----|---------------------------|------------|----------------------|-------------|
| 1  | Health Workers            | 1057       | 87.7907              | 88          |
| 2  | Representative of Doctors | 47         | 3.9036               | 4           |
|    | Total                     | 1104       |                      | 92          |

Table 1: Sample

Source: County Database (2019)

### 3.5. Data Collection Instruments and Data Collection Procedures

Primary data were collected using a semi-structured questionnaire (see Annex II). The researcher used research assistant was necessary. The assistants were given the questionnaires and the letter of introduction from Kenyatta University. Because of the vast area in which data were collected, the researcher carried out follow-ups and after a week, five research assistants assisted in collecting the fully completed questionnaires.

### 3.6. Data Analysis

Data were coded and entered in the SPSS for analysis. The figures and the tables were depicted. Descriptive and inferential statistics have been used to analyze the results. Due to the development of qualitative data, narrative analysis was used. To test the significance of the effect of the independent variables on the dependent variable, a linear regression model was used.

### 3.7. Ethical Consideration

In collecting and writing papers, the researcher was inspired by the University Code of Ethics and approved by qualified offices and authorities. This involves receiving a study permit from NACOSTI, a letter of approval from the University and the County Secretary of the Garissa County Government. The questionnaire contained a confidential data display provision, security management, secure custody, and participants were not allowed to write their names to prevent respondents from being revealed.

## 4. Research Findings, Interpretation and Discussion

### 4.1. Response Rate

Questionnaire return is the proportion of the questionnaires returned to respondents after they have been issued. This study achieved a response rate of 100 per cent. A total of 92 sampled respondents were selected, and all responded to the questionnaires and returned them. This was a response rate of 100 per cent and was therefore considered adequate for analysis.

### 4.2. Descriptive Statistics, Interpretation and Discussion

| Statement   | Mean   | Std. Dev |
|---|--------|----------|
| The county government considers providing the required support to the health care sector. | 3.721  | 1.232    |
| There is high consultation in the county regarding health care related issues             | 2.322  | 1.002    |
| The leadership approaches in County considers opinion from all stakeholders               | 3.321  | 0.966    |
| Public are engaged in health sector forums organized by the county government             | 2.732  | 0.983    |
| The county public service board is effective in health provision                          | 2.176  | 1.112    |
| Average   | 2.8544 | 1.000    |

Table 2: County Health Governance Structures and Provision of Health Care

The respondents agreed that the county government considers the medium to 3,721 and a standard deviation of 1,232 to provide the necessary support for the healthcare industry in large measure. Mainly, respondents agreed the low average of 2,322 and standard deviation of 1,002 in the county's consultation on the health-related issues. These were supported by the fact that majority argued that the county has an amorphous structure and majority of leaders make poor decision. Majority of the respondents strongly agreed that the leadership approaches in County moderately considers opinion from all stakeholders (a mean of 3.321 and standard deviation of 0.966). The findings in Table 4 indicates that public were lowly engaged in health sector forums organized by the county government (mean of 2.732 and a standard deviation of 0.983). This was attributed to poor utilization of county resources and poor channels of communication used in the County. The respondents indicated the county public service board was ineffective supporting health provision. The County Public Service Board (CPSB) is charged with the responsibility of developing and implementing human resource policies and framework for the County Government in line with the relevant laws. However, the findings indicated that there was a lot of laxity in the CPSB in ensuring that enough human support is guaranteed in health sector in Garissa County.

The findings were echoed by the voices of majority of doctors who argued that they are not consulted in many important matters relating provision health care. They cited challenges relating to distribution of resources, inconsistency allocation of funds and lack of strong institutions. A study by Ghai (2006) supported these findings that under centralized governments, it is difficult to differentiate between the public and private resources due to the high levels of exploitation done by individuals in leadership positions. The lack of proper devolution in many countries in Africa has limited the engagement of Citizens in the governance processes. The limited devolution and the lack of effective devolution in African countries are attributed to the leadership approaches established by colonialists, who were more focused on economic benefits rather than developing economic institutions.

Consequently, regions such as Garissa have for long been marginalized due to the lack of substantial representation in the National government (Jidda, 2014). The finding disagrees with Agrawal (2016) that devolution has increased the opportunities for good governance, development and sustainability. Under the current case of Garissa County, the devolution implementation is coupled with various challenges that limit the productivity, inclusivity, and reliability of the people involved. It is therefore evident that the residents of Garissa County have not enjoyed the fruits of devolution.

#### 4.3. Provision of Health Care Services in Garissa County

| Statement   | Mean | Std. Dev |
|---|------|----------|
| The doctors to patient ratio are sufficient                               | 1.71 | .9971    |
| The time the patient spends in the hospital has been reduced considerably | 1.52 | 1.2223   |
| There are quality health care services offered in the county              | 2.07 | 1.0814   |
| The services offered are timely   | 1.78 | 1.0007   |

Table 3: Provision of Health Care Services in Garissa County

Source: Field Data, (2020)

It is clear from Table 4.7 (Mean of 1.71 and a standard deviation of 0.9971) that doctors to the patient ratio are not sufficient in the County. This has been supported by the findings that health care professionals often migrate from Garissa County. Despite efforts to keep them, a struggle remains and the region appears to have an acute shortage of health care professionals. This has prompted the employ of certificate holders, as opposed to other locations within the country. Throughout the study, however, it has emerged that some health professionals do not migrate outside Garissa but switch their occupations. The majority of respondents (mean=1.52, standard deviation=1.2223) argued that the amount of time the patient spends at the hospital in Garissa county has increased significantly. These were due to fleeing from the county's resourceful doctors because of security concerns. It was reported due to work conditions in the county and concerns about insecurity, the atmosphere in most hospitals was occasionally charged by wailing and screaming of female nurses. It took the National Assembly Government Majority Leader who is also Parliament member Aden Duale area to make a plea. „Tafadhali daktari usiende si hata sisi ni wakenya, if you go, you'll let the Al-shabab win in their agenda' Translation – please Doctors don't leave Garissa county are we not Kenyans also?

A mean of 2.07 and a standard deviation of 1.0814 indicated that the county was offering low-quality health care services. These were attributed by the county government starting on higher work group and salary to the newly recruited team than the long serving professionals. The County Government's newly recruited team is normally placed on higher-position posts with no merit or experience considerations. In connection with this, the health services offered were felt to be not timely (Mean=1.78, standard deviation=1.0007).

#### 4.4. Regression Analysis

Regression analysis is a set of statistical processes for estimating the relationships between a dependent variable and one or more independent variables.

##### 4.4.1. Regression Coefficients

The coefficient of regression displayed the results representing the relationship between the explanatory variable and the estimated variable and showing the effect on the dependent variable of one-unit shift of the independent variable. The outcomes are presented in Table 4.

| Model                    | Unstandardized Coefficients |            | Standardized Coefficients | T     | Sig.  |
|--------------------------|-----------------------------|------------|---------------------------|-------|-------|
|                          | B                           | Std. Error | Beta                      |       |       |
| (Constant)               | 3.484                       | 2.041      |                           | 1.928 | 0.211 |
| County health structures | 0.868                       | 1.122      | 3.117                     | 4.571 | .000  |

Table 4: Regression Coefficients

Source: Survey Data, (2020)

Adopted Model was  $Y = 3.484 + 0.868X_1 + \epsilon$

The results in Table 4 show that there are 3,484 units in the province of Garissa, which have other variables that constantly provide health services. There was a strong and important link between health services and the healthcare provision in Garissa County. The findings in Table 4 indicates that the relationship between county health governance structures and provision of health care was positive and significant ( $\beta_4 = 0.868$ ,  $P = 0.000$ ). Agrawal (2016) concurs that good governance, development and sustainability contributes significantly to national development. Kibua and Mwabu (2018) also agree that governance practices are key in explaining changes in public service delivery.

## 5. Summary, Conclusions and Recommendations

### 5.1. Summary of the Findings

The first basic aim was to assess the effects of the structure of county governance on health care provision in Garissa County, Kenya. It was established that Garissa county government considers providing the required support to the health care sector. Majority of the respondents agreed that there is low consultation in the county regarding health care related issues. These were supported by the fact that the county has an amorphous structure. Majority of the respondents strongly agreed that the leadership approaches in County moderately considers opinion from all stakeholders. This was attributed to poor utilization of county resources and poor channels of communication used in the County.

### 5.2. Conclusions of the Study

The study concluded that the relationship between county health governance structures and provision of health care in Garissa County was positive and significant.

### 5.3. Recommendations for Policy Implication

Based on the effect of county health governance structures on provision of health care, the study suggested that the county assembly members in Garissa should follow a policy on appropriate communication mechanisms to ensure simple and timely access to important and essential health care information. The study recommended that the County Assembly should make it possible for the director to perform their duties without interruption and threats.

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