

Determinants of Effective Balanced Scorecard on Organizational Performance of Public Health Sector in Trans Nzoia County

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Abstract: The purpose of this study is to analyze determinants of a balanced scorecard on organizational performance in public health sector in Trans Nzoia County. The study is guided by the following objectives, it seeks to determine the effects of communication on the performance of public health sector in Trans Nzoia, to determine the effects of communication on the performance of public health sector Trans-Nzoia County, to determine the effects of effective Vision and mission statements on the performance of public health sector in Trans Nzoia county, to evaluate the effects of strategic plan on the performance of public health sector in Trans Nzoia county and determine the effects of effective strategic plan on the performance of public Health sector in Trans Nzoia County, determine the effects of an effective strategic control in the performance of public health sector Trans Nzoia County. The study adopts a descriptive survey study. It specifies the sources and ways from which data is collected and analyzed. The approach is predicted to yield through statistical approach. (Leeds and armored 2005). Personal, group and focused interview methods is to be employed. Stratified sampling techniques enables the researcher to draw a target population in Kapsara, Saboti, Kwanza, Kiminini and Endebess Sub-county hospitals staff and patients from the neighboring community. The sample size constitutes at least 30% of each strata of the target population thus making a total sample size of 180 according to Mugenda and Mugenda (1999). The study collected Data will be analyzed by use of descriptive statistics which includes normal distribution, central tendency (means, median and mode) standard deviation, tables, pie charts and bar graphs. Statistical inference is used to draw conclusion about the population from sample. Statistical package for social science (SPSS) helps in data analysis. The balance scorecard is a very important tool for the sustainable development of public health sector of Trans Nzoia County and many other sectors as a whole. According to the findings, the results indicated that there is need for effective communication methods for an effective and exemplary organization performance this was clearly indicated by the higher rate of responses from the respondents strongly agreeing. The findings also indicated that every organization must develop a vision and mission statement and without it, many organization would be engulfed in confusion hence poor service delivery. Strategic planning is seen to be an ingredient that avails plans, focus, policies and guidelines for better organization performances while the respondents also agreed that there is a great need for strategic control measures to be instituted for these are key ingredients which may help the organization to measure the impact of its levels of service delivery hence sustainability and good exemplary performance.

Keywords: Balanced scorecard, organizational Performance, Public health sector, Trans Nzoia County.

1. INTRODUCTION

The Ministry of Public Health and the Ministry of Medical Services availed different challenges that have indeed derailed county public health sector performance, to counter the same challenges; balance scorecard is a strategic planning and management system that is used extensively in business organization and industry, government and nonprofit organization worldwide to align business activities to the vision and strategy of the organization, to improve internal and external communication and monitor organizations. Organizations developed a balanced scorecard with the realization

that resources would not be enough for organizations attempting to thrive or even compete in Twenty first century. The balanced scorecard can be thought as a strategic chart of accounts for an organization to look ahead using leading indicators instead of looking back using lagging indicators. It is important to note that a balanced scored card is not a template that can be applied to business in general or even industry-wise. Different market structures, products strategies, and competitive environments require different scorecards to fit their mission, strategies, technology and culture (Koplan and Norton, 2001). Evidence from Hackett Beach marketing solutions, the US management consultancy which surveyed one thousands, four hundred global business, shows that almost fifty percent of companies apply same kind of balanced scorecard approach (little world, 1999).The balanced scorecard in Kenyan scenario, has generally been adopted by sixty nine percent of the companies. The balance scorecard was developed to communicate the multiple linkage objectives that the organizations must achieve to compete on basis of capabilities and innovations –not just tangible physical Assets (Koplan and Norton, 2001). The balance scorecard is complementary strategic novel but considers financial and no-financial measures. According to Johnsen (2001), balanced scorecard as management model translates the organizational mission and strategies into a collection of performance measures. It is a component of the management by formal and integrated performance measurements. Performance measures cannot be only based on financial measures but should consider other perspectives. It is used to clarify and translate vision and strategies to the departmental and individuals objectives. The performance of individuals, departments and the entire organization is then measured against the strategic objectives. It also provides meaningful feedback both the internal business and external outcomes in order to continuously improve strategic performance and results. The scorecard allows managers to evaluate the organization from four (5) perspectives namely; Financial performance, customer, Knowledge, internal business process, learning and growth. Focusing strictly on financial results doesn't provide an organization with the information that it needs to prosper in today's environment. Financial results provide an indication of past performance, but don't provide you with insight into your current status or where you'll likely be in the future. It also provides a framework and language that enable you to describe your strategy in a consistent, reliable manner. “Decentralization in developing countries. The ultimate goal behind balanced scorecard theory is to measure the factors that create value for an organization and directly influence its ability to prosper. Strategy and corresponding measurements are balanced across four areas: financial, customer satisfaction, internal management structure and policies, and Planning and learning. The goals in the financial perspective should serve as the focus for the goals in all the other perspectives. They indicate the ultimate financial performance to expect for a given balanced scorecard. Some examples are return on investment, profitability, sales growth, revenue, and cash flow. In relation to the balance scorecard in public health scenario, Devolution is a form of decentralization, or the transfer of authority and responsibility from central to lower levels of government for a range of public functions. The purposes and forms of decentralization vary widely; there is no “one-size-fits-all” approach. Decentralization is usually defined using three categories that represent progressively larger transfers of autonomy and responsibility to sub-national governments. Each category presents particular challenges and opportunities for health services. Depending upon the functions and authorities transferred, decentralization processes can involve one or more categories. In Kenya, the constitution identifies the decentralization process as devolution— because of the existence of locally elected governors and county assembly members—although minor elements of decentralization (e.g., seconded staff) and delegation (e.g., the National Hospital Insurance Fund) also exist. Brief Taylor Williamson, Aaron Mulaki Health Policy Project, RTI International. Types of Decentralization Devolution—Power, responsibility, and budgetary authority are shifted to locally elected or appointed officials. Decentralization—National institutions place staff at the local level but retain decision-making power. Delegation—Management of public functions is transferred to semiautonomous or parastatal organization Decentralization before the Constitution has a long history in Kenya, following independence in 1963, the British colonial government proposed a system of regional governments based on ethnic and tribal considerations (Institute of Economic Affairs, 2011). This plan was quickly dropped by the Kenya National African Union, the dominant political party at the time. Instead, the party created a unitary state with eight provinces and 175 local authorities (Republic of Kenya, 1977). This structure effectively centralized power with the government in Nairobi, minimizing the control of resources exercised at lower levels (Norad, 2009). Under this act, the Ministry of Local Government provided strong central oversight of local governments, and government policy was enacted throughout the provinces. Although local authorities were responsible for service provision, they had little decision-making authority under this system (Kunnat, 2009). Kenya attempted to decentralize decision making numerous times under this original framework. In the 1970s and 1980s, the government created six Regional Development Authorities to plan and coordinate activities (KHRC, 2010). In 1983, the District Focus for Rural Development Strategy put the district at the center of priority setting (Barkan and Chege, 1989). These strategies decentralized central ministry administrative staff, while also disempowering local authorities, creating few clear responsibilities or mandates between the two alternatives. By the 1990s, World Bank and International

Monetary Fund (IMF) structural adjustment programs were promoting deregulation and decentralization. In Kenya, the World Bank began directly funding local governments under its Local Government Reform Program (Esidene, 2011). These reforms continued to promote decentralization, as provinces and districts took on more responsibility for service provision, but created no new decision-making powers. During this time, finances were decentralized vertically because the rural development and structural adjustment programs had created overlapping mechanisms, such as the Rural Development Fund and the Local Authority Transfer Fund (KHRC, 2010). By 2010, there were 13 distinct vertical funding mechanisms available to the decentralized levels.¹ However, these mechanisms confused, rather than clarified, lines of authority, increasing administrative inefficiency (Chege, 1989). By most accounts, these efforts at decentralization were not successful and Kenya remained highly centralized (Ndi, 2010; Ndavi et al., 2009). Various studies have found that previous decentralization frameworks were weakened by Limited decision space for local governments (Muriu, 2013) Poor legal basis for Weak citizen participation Capacity gaps within local governments (Chitere, 2004) Continued civil servant dominance (Chitere, 2004) A focus on outcomes over process (Gilson, 1997). Devolution of Kenya's Health System the Role of HPP, Although Kenya's first constitutional review commission was organized in 2000, a disputed presidential election in 2007 provided the catalyst for change. As part of the agreement to end the dispute, a Committee of Experts was formed to begin drafting a new constitution to restructure the Kenyan government (Committee of Experts of Constitutional Review, 2010). A New Constitution In August 2010, 67 percent of voters approved the new constitution in a referendum, commencing a new round of decentralization. The drafters of the 2010 constitution chose to devolve a wide range of administrative, political, and financial functions to 47 newly created counties, based on Kenya's 1992 district framework (Republic of Kenya, 1992). These new functions would be administered by locally elected politicians and civil servants, with formula-driven funding from the national government and limited locally generated revenue. The national government could also provide grants to counties for priority services. The drafters chose devolution for primarily political reasons, rationalizing that increasing both local autonomy and the number of actors holding political power could defuse ethnic and regional tensions (Sihanya, 2011). Technical rationales were also presented, such as service delivery efficiency and an increased citizen voice in the decision-making process. The Fourth Schedule of the constitution provides specific guidance on which services the county or national governments would provide. In the health sector, essential health service delivery is assigned to county governments, while the national government retains health policy, technical assistance to counties, and management of national referral health facilities. Schedule 4, however, creates more questions than answers, because the management of the Provincial General Hospitals (PGHs), procurement mechanisms, and fiscal transfer amounts and processes are not defined. Furthermore, health sector actors have limited knowledge about the effects of devolution on their work or the sector.

Statement of the problem:

The Ministry of Public Health and the Ministry of Medical Services split was aimed at Provision of accessible .sustainable and affordable health resources and services. Devolution of the sector was introduced to transfer authority and responsibility from central government to county government levels of government and this was meant to enhance effective communication, accessibility and sustainability, transparency and good governance of the overall performance of the ministry of health and service delivery. This has resulted to complains; in informal addresses, grapevine issues, misinformation and improper channel of communication, lack of rules and guidelines within the organization, inefficiency, ineffectiveness, lack of roadmap, lack of goal direction, goal setting, lack of policy direction, full deviation in the organization and lack of monitoring and evaluation programs in the devolved health sector in Trans Nzoia County resulting in unsatisfactory service

General Objective:

The general objective of the study is to analyze the determinants of a balanced scorecard on performance of Public Health sector in public health hospitals in Trans Nzoia County.

Specific objectives:

To determine the effects of communication on the performance of public health sector in Trans Nzoia County.

Hypothesis:

H₀₁ : Communication does not have a significant effect on organizational Performance in public Health sector in Trans-Nzoia County

2. COMMUNICATION IN PUBLIC HEALTH SECTOR

Albert Mehrabian (2007). Communication is something we do reflexively - like breathing. We talk to our spouses, children and friends without giving much thought to how we're doing it. It might seem easy, but communicating effectively actually takes quite a bit of finesse. Choosing the right words, listening with our minds instead of just our ears, and getting our message across are skills that we all need to work on. At home and in social settings, miscommunication can lead to arguments. In the workplace, the repercussions can be far more serious. Poor productivity, unmotivated employees - even lawsuits - can result from communication breakdowns at the office. To improve communication within your team and throughout your entire company, you need to implement a few easy but important changes to your corporate philosophy and practice. In this article, you'll learn some of the tips management experts use to improve communication. You'll also see how changing your communication strategy can lead to real improvements in employee motivation, productivity and profitability. It might be seen as an old-fashioned communication method, but face-to-face conversation is still an important way to connect with colleagues and clients in any office environment. It's the method of choice for sharing any information with a strong emotional core, whether it's good news or bad. Sixty-nine percent of surveyed workers say they share positive feedback face-to-face, while only slightly less at 63 percent say they give negative feedback this way. This isn't surprising, as American psychology professor Albert Mehrabian (2007) insists that the majority of a conversation's meaning is imparted by facial expressions and body language, rather than the words themselves. Face-to-face conversation is uniquely the only communication method which combines all three important elements. Face-to-face communication is also valuable when a significant amount of feedback is required. Problem solving and brainstorming is always best done face to face, as solutions can be found then and there. Maphutse, M. (2003). These processes which see co-workers and clients coming together also help create the bonds that make for stronger companies. The rapid response of face-to-face communication is also one of its greatest strengths. If you don't have the time to wait for a return email or play a game of phone tag, an old-fashioned chat is ideal. As our phones become smarter, the line between internet-based instant messaging and cellophane-based text messaging is becoming blurred. Both now have similar features, and the programs we once used exclusively on our computers are now often available as Smartphone apps. Mobile messaging has moved from simple text-based communication to video chatting and file sharing. The instant nature of this communication method makes it ideal for working out the details, especially while multitasking. With mobile messaging you can sort out meeting details while glancing at your calendar or share a document that needs urgent feedback. As mobile messages are saved in a Smartphone's memory, workers can also access them again if their memory fails. Remember, though, that text-based communication has the potential to be misunderstood, even with the aid of emoticons. If you're relaying a message that's complex or emotional, choose video chat or another communication method. Considering their efficiency, it's encouraging that mobile messaging services are becoming easier to use and more accessible to a range of workers. Shafeek. (2006) Blackberry Messenger, also known as BBM, will soon be available on Android platforms, for example. The BBM for Android ease of use will be as intuitive as the pioneering Blackberry version. Electronic communication may be all the rage, but the humble telephone still has an important role to play. It bridges the gap between digital communication and face-to-face collaboration, offering emotional warmth and expediency. That makes it the most efficient choice for debriefing after a face-to-face meeting. The warmth of a voice and the extra effort taken to make a phone call can often help seal a business deal. It's also one of the most efficient choices if a matter needs urgent attention. Emails can quickly become buried in overstuffed inboxes and instant messages can be easily ignored if they come at an inopportune time. Williams (2006). The sound of a ringing telephone is much more difficult to overlook. Make a call if you need a problem resolved quickly or someone's urgent input. A phone call is also a good option if you're relaying sensitive information. It's much safer to call a colleague with your social security number or the combination to the safe than sending this information over email. Shafeek. (2006). While other communication methods might have stolen the limelight recently, the days of the workplace email aren't numbered. Ninety-two percent of employees say they still value email as a communication tool. Emails are ideal for employees who struggle with communication. Your messages can be refined and revised until you're saying just the right thing. You'll also have a copy of what you said, and any responses you've received, to refer to later. This paper trail can be a handy memory jogger and a great way to resolve office disputes. Office inboxes can get cluttered though, so email only works when timeliness isn't a factor. With the average person taking almost 11 hours on average to respond to professional contacts, email's only efficient when your message isn't time sensitive. Maphutse, M. (2003). Emails also have the potential to be misinterpreted. Forty-three percent of people believe email is the main cause of confusion and resentment in the workplace, much more than those who point the finger at phone calls or social networking. A brief email sent in a rush can easily come across as careless or even aggressive, for example. No wonder 64 percent of people surveyed admit

they've sent or received an email that's caused such negative feelings. Enterprise social networking takes the familiar format of Facebook and similar sites and adapts it to the corporate world. Tools like Yammer, MoxieSpaces, News Gator, and Chatter seek to engage employees and create a more transparent working environment. While it's possible to send private messages, enterprise social networking encourages more open communication. Workers see a personalized page, akin to a Facebook wall, with information which considers the people and topics they follow. This information is also searchable, so employees can easily find what they're looking for. File-sharing and instant messaging functions are also built in to most enterprise social networking sites. Landzani, W. (2013) Enterprise social networking is believed to be the key to reducing the email stress that plagues the majority of employees. Studies show 83 percent of workers have elevated blood pressure, heart rates, and cortisol levels when sending and receiving emails. Multitasking emails with phone calls or face-to-face meetings, as workers must do in busy office environments, also increased stress levels in 92 percent of survey participants. No wonder forecasters predict that more than 50 percent of large companies will use enterprise social networking tools by 2016. With a range of communication methods available to employees; they're now able to choose the most efficient way to relay their messages in the workplace. Public health is coming of age, at least as measured by the increasing number of communication systems and channels that currently on trend centers, especially in North America, which use this title to describe their interests. Most global health centers are in high-income countries although several have strong links with low- and middle-income countries. A task force is establishing a mechanism to coordinate European Academic Global Health initiatives through ASPER. Two recent papers raise important issues about the meaning and scope of global health and highlight, yet again, the need for a common definition of global health which is short, sharp and widely accepted, including by the public. From the Consortium of Universities for Global Health Executive Board point out that without an accepted definition of global health, it will be difficult to agree on what global health is trying to achieve and how progress will be made and monitored. This is particularly important given the recent global crises – climate change, economic, food and energy crises – that make global health efforts even more challenging. Koplan and colleagues propose a definition of global health which they hope will receive wide acceptance and thus encourage global health efforts. They distinguish between global health, international health and public health; tropical medicine has close connections with international health. However, there is widespread confusion and overlap among the three terms. International health, in Koplan's (2009) view, focuses on the health issues, especially infectious diseases, and maternal and child health in low-income countries. However, elsewhere international health is also used as a synonym for global health. The term 'international health' has also been used to refer to 'the involvement of countries in the work of international organizations such as WHO, usually through small departments of international health in the Ministries of Health and as development aid and humanitarian assistance' Public health is usually viewed as having a focus on the health of the population of a specific country or community, a perspective shared by Koplan et al (2009). Current definition of global public health by Koplan et al (2009) define global health as: 'an area for study, research, and practice that places a priority on improving health and achieving health equity for all people worldwide'. The above is a useful definition with a broad focus on health improvement and health equity. However, it is wordy and uninspiring. Global health can be defined as those health issues that transcend national boundaries and governments and call for actions on the global forces that determine the health of people. This definition also has a broad focus but has no clear goal, is passive in its call for action, and omits the need for collaboration and research. Elsewhere, the European Foundation Centre calls for a European approach which makes global health a policy priority across all sectors based on a global public goods foundation. In an important policy document, the UK Government refers to global health as 'health issues where the determinants circumvent, undermine or are oblivious to the territorial boundaries of states, and are thus beyond the capacity of individual countries to address through domestic institutions. Global health is focused on people across the whole planet rather than the concerns of particular nations. Global health recognizes that health is determined by problems, issues and concerns that transcend national boundaries'. Kesper, A. (2004) this definition contains important ideas but is convoluted and not outcome focused. Macfarlane et al. usefully describe global health as being the 'worldwide improvement of health, reduction of disparities, and protection against global threats that disregard national borders'; Our proposed definition for global health is collaborative trans-national research and action for promoting health for all. This definition is based on Koplan et al (2009). but has the advantage of being shorter and sharper, emphasizes the critical need for collaboration, and is action orientated. Key aspects of the definition deserve further explanation. The term *global* health is used rather than global public health to avoid the perception that our endeavors are focused only on classical, and nationally based, public health actions. Global health builds on national public health efforts and institutions. In many countries public health is equated primarily with population-wide interventions; global health is concerned with all strategies for health improvement, whether population-wide or individually based health care actions, and across all sectors, not just the health sector.

3. RESEARCH METHODOLOGY

This study adopted a descriptive survey design. It specifies the sources and ways from which data is collected and analyzed. This approach is predicted to yield quantitative information that can be analyzed through a statistics approach. Stratified sampling technique control was adopted to enable the researcher select sample of sub county health facilities staff and neighboring community

Table 1. Sample size of respondents in Sub county Health facilities

Zone	TagertPopulation	Sample Size 30%
Trans Nzoia East	100	30
Endebes	100	30
Saboti	100	30
Kwanza	100	30
Kiminini	100	30
Community populace (Clientele)	100	30
Total	600	180

Source: Sub-county Hospital records.

Target Population:

See the table 2 below contains the statistics of the target population.

Table 2: statistics of the target population

Indicator	Statistics
Population :	1.369,998 (Male – 40%, Female – 60%)
Population Density:	1222 people per Km 3
National Percentage:	0.96%
Annual Growth Rate:	2.8%
Age Distribution:	0–14 years (46.4%), 15–64 years (49.6%), 65+ years (4.0%)
Number of Households:	77,555

The target population was categorized as shown in the table 3. below:-

Table 3: Target population

Strata Group	Target Population
Trans Nzoia East(Kapsara subcounty Hospital)	100
Saboti (staff and managemnt)	100
Kwanza (staff and managemnt)	100
Kiminini (staff and menagemnt)	100
Endebess (staff managemnt)	100
Community populace (target clientele)	100
Total	600

Source: EMC. Government (2015)

Data analysis:

The dully filled and returned questionnaires were analyzed and managed using (SPSS 17.0) Statistical package for social science, the software having good analytical capabilities. Further analysis was applied for final results and findings of the study. The analysis of the questionnaire offered results were presented by use of pie charts and frequency tables.

Regression models

$$Y=B_0+B_1 X_1+B_2 X_2+B_3 X_3+B_4 X_4+\dots\dots\dots Bx$$

- X₁ - Communication
- X₂ - Strategic planning
- X₃ - Vision and mission
- X₄ - Strategic control

Regression analysis:

This section presents the results of the regression model.

Table 4: Significance of the Regression coefficients

Variables	Beta	Std. Error	T	Sig
Constant	1.601	0.128	8.984	0.00
Effective communication	1.601	0.128	8.984	0.00
Vision and mission (Service Charter)	0.105	0.129	11.93182	0.000
Strategic plan	0.349	0.044	2.637	0.009
Strategic control measures	0.349	0.045	2.639	0.009

The table 4. displays the regression co-efficient .The regression equation is $Y = B_0 + 0.105X_1 + 0.349X_2 + B_3 X_2 + B_4 X_4$ At a =5%, both X1 and X2 are statically significant since their P values (Sig) are both less than 5% (X1= 0%, X2 = 0.09%). The beta coefficient indicates the direction and degree of influence of the predictor variable on the dependent variable for example ,a beta coefficient of 0.105 of effective communication means that a unit change in organizational performance measurement. Based on the regression results, the substituted model is as follows.

Table 5: Significance of the full Model

Indicator	Coefficient
R	0.779
RSquire	0.606
Std.Error of the Estimation	0.29129

The table 5 displays the results of coefficient determination R2 and standard error of estimate. R2 = 60.6% means that the predictor variable explains 60.6% of the variations in organizational performance by each health facility in Trans Nzoia county.

Table 6: Analysis of Variance (ANOVA)

Indicator	Sum of Squires	df	Mean Squire	F	Sig.(pValue)
Regression	1.626	2	0.813	4.254	0.016
Residual	28.091	147	0.191		
Total	29.717	149	-	-	-

Table 6 indicates that the results of analysis of variances which indicate that the combined effect of the predictor variables is significant in explaining organizational performance measurements with an F statistic of 4.254 and a p value of 1.4% which is less than a=5%.

5. FINDINGS

Study revealed clear indicators on communication and based on the findings results, the majority of the respondents strongly agreed that effective communication enhances organizational performance 79% and this literary show how individual staff members hold in high esteem communication, Further the majority noted that though communications does enhance performance, the methods chosen also has great effects and can determine the efficiency on organizational performance and service delivery and also increased the levels of teamwork hence productivity and quality. Through probing session, the study findings also pointed out that many staff members were always intimidated whenever poor communication methods were cited anywhere at place of work and therefore they strongly agreed by 63% that appropriate communications methods should be given precedence since it promotes staff self-esteem hence exemplary organizational performance and increment in inclusive performance.

6. SUMMARY AND CONCLUSIONS

The study sought to analyze the determinants of effective balanced scorecard on organizational performance of public health sector Trans Nzoia County and according to the findings the results indicated that there is need for effective communication methods for an effective and exemplary organization performance this was clearly indicated by the higher rate of responses from the respondents strongly agreeing Based on the findings the study concludes that effective communication enhances organizational performance, Communication method choice determines the efficiency on organizational service delivery and levels of performances, and effective communication methods increases teamwork hence productivity and performance and appropriate communications methods to promote self-esteem among the employee's hence good performances. The balance scorecard is a very important tool for the sustainable development of public health sector of Trans Nzoia County and many other sectors as a whole. Based on the findings, the study recommends that the county government should invest enough resources in communication software's and gadgets thus making it easier for the sector to improve its service delivery to the beneficiaries and appropriate storage devices for future information references. In relation to the findings, the study recommends a deeper insight investigation be done into the communication methods and systems of the county public health sector, in order to a certain the real challenges and hindrances to appropriate information exchange and transmission.

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