Assessing Decentralization and Service Delivery for Residents of Mandera County, Kenya

By

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Abstract

Decentralization is transfer of political power and functions from centralized administration to smaller sub organs of national government. Decentralization is a widely celebrated phenomenon in governance. Many democracies all over the world have adopted devolution as a system of governance to promote economic development. Analysts hold the view that devolution affects the way service delivery is provided to the citizens. However, the county government is still dealing with challenges of service delivery due to poor funding of services, unique border constraints i.e. refugees influx, insecurity, poor infrastructure, long marginalization, clan feuds, pastoral issues, capacity constraints, cultural beliefs. The purpose of this study is to analyze the influence of decentralization on service delivery in Mandera County, Kenya and the objectives of the study are; to analyze the influence of resource availability on service delivery in Mandera County; to assess the influence of capacity building on service delivery in Mandera County; to examine the influence of health care provision on service delivery in Mandera County and to establish the effect of education provision on service delivery in Mandera County. The study adopted two theories which are; Principal-Agent and Soufflé Theory and the study used mixed approach methodology which combined both data quantitatively through closed ended questions in the questionnaire and qualitatively through open ended questions in the questionnaire. The study used concurrent triangulation research design that involves gathering of data to describe events and issues as they are in their current state. Mandera County has six sub-counties and has a population of l, 399,503; the study focused on 384 residents of Mandera County living in six sub counties. The researcher used questionnaires as data collection tools. The processing and analysis of data was carried out using SPSS version 22 whereby a number of findings were arrived at. The validity of research instrument was tested through content validity and the reliability by use of Cronbach's alpha coefficient. The study used descriptive and inferential statistics where descriptive statistics was applied to generate the mean and standard deviation. Simple linear regression analyses was used to set up the nature and the magnitude of the relationship between the dependent and the independent variables. The study conclusions were presented using graphs, charts and tables.

Key words: Kenya, Decentralization, Mandera, Devolution

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Introduction

1.1 Background to the Study

Decentralization is the delegation of authority and functions from central administration to smaller sub organs (Omari, Kaburi and Sewe, 2012. Aslam and Yilmaz (2011) argued that decentralization and more so political decentralization strengthens service delivery to the public. Recently, many developing and developed nations have implemented decentralization with various objectives such as enhancement of public management, delivering better public services and in good time, good governance, enhance accountability and promote a more stable economy and peaceful country (Smoke, 2015). Smoke (2015) identified decentralization as the main strategy that can improve governance in both developed and developing states. Wangari (2014) criticized the unitary government systems for its failure to offer efficient services to people. According to Wangari (2014), the only way of enhancing delivery of public services in education, water services, health and sanitation is by devolving them. The devolved units can deduce the demands of the people better than the central government. The unitary system of governance may not factor in divergence in the needs of different groups of people. The unitary governance does not recognize that different places have different needs in terms of economic development and cultural beliefs.

Decentralization reduces corruption, promotes accountability and ensures that services are delivered to the public at the minimum cost possible. This is achieved by reducing the bureaucratic procedures in the public offices, minimizing the conflicts among politicians, civil servants and the citizens. Devolved units also face a restrict budget constraints, imposed by the central government, that compel them to minimize the costs of delivering public services. In addition to bureaucratic minimization, devolved governments can easily defeat information asymmetry and therefore channel public services and policies to the preferences and needs of the people. Sujarwoto (2017) argues that devolution leads to the efficient provision of public services and it also an essential component for higher economic growth.

Globally, devolution is engineered by service delivery and growth. Many developed countries like Nepal, China, Chile, United States of America (US), and United Kingdom among others have embraced decentralization (Balunywa, Nangoli, Mugerwa, Teko and Mayoka, 2014). These developed countries outline decentralization as a significant means of revenue management and bringing public services nearer to public. China, United States of America and some European countries, decentralization has enhanced delivery of public services through federal arrangements (Clegg and Greg, 2010). The current global governance course is towards decentralization (Rosenbaum, 2013). The United States has greatly decentralized governance functions to 50 states and 85,000 local governments by devolving powers from Washington DC. Both central government and devolved units in United States are independent in revenue collection and rejoice intense liberty.

Asia and Lain America have devolved service delivery functions to 26,000 and 17,000 local governments respectively (Rosenbaum, 2013). This has led to high level of economic growth and efficient service delivery to public in US, Asia and Latin America

(Rosenbaum, 2013). The trend was followed in other European countries who increasingly favored the devolved systems of governments. These countries included France which adopted this system of governance at the beginning of 1980s as well as the United Kingdom which adopted it later in in the late 1980s (Etienne, 2015).

In United Kingdom (UK), devolution has promoted immense streamlining of services being provided to the residents as per their local desires as well as ensuring that government funded services being provided by the government to various stakeholders are super championed (Etienne, 2015). The transfer of functions such as environmental policy, education services, working aid welfare delivery, health services, housing and planning from the central government to the local governments has been implemented in UK (Booth, 2015). UK not only decentralized public services but also implemented fiscal decentralization which has been associated with higher domestic investment levels and higher national income. Upscalling of locally imposed taxes from a rate of 5% to 20% has increased Gross Domestic Product (GDP) per capita by 6%. Due to this high leve1s of revenue linked to devolution, the UK is particularly enjoyed the decentralization (Booth, 2015).

In Africa and other developing nations, decentralization has improved service delivery (Booth, 2015). Wall (2016) observed a notable progress in Rwanda since its adoption of decentralization in the year 2000. Decentralization process in Rwanda is comprised of three sections that represents several service delivery functions. These three division comprise of: political, administrative and financial. Many other African countries have implemented changes intended to devolve the fiscal structures, political and administration.

The African decentralized countries include: Kenya, Ethiopia, Botswana, Burkina Faso, Ghana, Mali, Mozambique, Nigeria and South Africa (Booth, 2015). According to Booth (2015) these countries are more developed than the other countries in Africa with South Africa leading.

Decentralization in developing countries has faced with several challenges such as reestablishment of the public policy and service structure at the local level. Since the central governments have long stayed for many years, restructuring them is not easy (Alonso, Clifton, & Díaz-Fuentes, 2015). According to Alonso, Clifton, &Díaz-Fuentes, (2015) restructuring the unitary system is associated with initiation of new value systems like the focus on service delivery, the need for closer supervision, and the significance of knowledge, skills and experience.

In regards to decentralization in Kenya, devolution was introduced to Kenya in 1962 by the Lancaster constitution (Othieno 2012).The system was known as known as the Majimbo governments which came as a result of political battles between Kenya African National Union (KANU) and Kenya African Democratic Union (KADU) as they were negotiating the independence constitution in Lancaster (Othieno 2012). After independence in 1963, the ruling party by that time scrapped the Majimbo system and adopted a central government way of governance. This led to consolidation of power in the presidency which led to political struggle of the second liberation.

In 2000, Kenya started the process of devolving powers from the central government. This was done by devolution disposition of the Constitution of Kenya Review Commission (CKRC) between 2000 and 2004 with the main aim of collecting opinions from Kenyans about devolution. The central government system of governance lasted up to 2010, when Kenya changed the constitution thus adopting the devolved system of governance (GoK, 2010). The constitution allowed Kenya to devolve resources and powers to grass roots, a

system that had remained elusive for many years (Othieno, 2012). Article 174 of the constitution identified the main objectives of the devolution. These objectives include: promoting democracy, promoting social and economic developments, fostering national unity, protecting interests of marginalized groups and ensuring equitable and fair distribution of resources. Article 176 of the constitution established local governments which are known as county governments which are expected to operate independent of the central government. As part of the devolution implementation, 47 county governments were established after the March 4, 2013 general election.

According to 2009 census, the Mandera County had a popu1ation of l,025,756 with six constituencies name1y: Mandera West, Mandera East, Mandera North, Mandera South, Banissa and 1afey Constituency. The Human Deve1opment Index (HDI) of Mandera County was 0.417 and county 1iteracy rate was 24.8 % with a gross enrolment ratio of 71.5, 16.2 and 0.8 in primary, secondary and tertiary 1eve1s respective1y (Mandera County Integrated Deve1opment P1an 2013-2017). Mandera County was ignored by the previous governments after sessional Paper No 10 of 1965 documented that resources were to be allocated on profitable areas and especially along the railway line. After devolution, Mandera County received Ksh 7 billion per year, a portion which the leadership in the county expressed as far much better than what the old district received in 50 years (Mandera County Integrated Development Plan 2013-2017).

Before devolution, Mandera County was Kenya's riskiest place to give birth with 3,795 out of every 100,000 women dying annually (KNBS, 2015). The county is focusing on reducing the five main causes of morbidity and mortality. Devolution in Mandera has not only benefited the health sector but the education sector as well. In the first five years of devolution, the county established 216 Early Childhood Development Education (ECDE) centers and employed about 300 teachers to enhance access to education across the county and improve the county literacy rate which stood at 24.8 % before devolution (KNBS, 2015). Though devolution has transformed Mandera County, service delivery in the last six years of devolution has faced several challenges. Many border towns have suffered from attacks and Inter-clan clashes over scarce resources.

1.2 Statement of the Problem

Before devolution, Mandera County was Kenya's riskiest place to give birth with 3,795 out of every 100,000 women dying annually (KNBS, 2015). However, devolution has reduced the maternal mortality rate from 3,785 cases to 588 within the first five years of devolution (Mandera county Integrated Development Plan 2018-2022). Despite the efforts of devolution on improving the livelihood of the people, the maternal mortality rate in Mandera County is still high. In 2008, a Minstry of Health Survey done in Mandera revealed 96% gap in health officers staffing with only 5 doctors available out of the required 35. Access to critical services such as water services and food is very demanding and Only 5% of Mandera County residents have a secondary level education or above (KNBS, 2015).

Since devolution is a new governance model and has been facing numerous challenges, studies on the effect of devolution on service delivery are critical. Although the effect of the devolution has been the subject of extensive investigations, its relationship with service delivery is not well researched in Mandera County. This study will therefore endavour to find out the influence of devolution on service delivery by Mandera County government.

1.4 Objectives of the Study

The study will be guided by the following objectives;

(i) To analyse the influence of resource availability on service delivery in Mandera County.
(ii) To assess the influence of capacity building on service delivery in Mandera County.
(iii) To examine the influence of health care provision on service delivery in Mandera County.
(iv) To establish the effect of education provision on service delivery in Mandera County.

Review of Related Literature
2.2 Empirical Literature

This segment presents the empirical studies on decentralization and service delivery that were considered relevant for the study. The variables in the study are resource availability, capacity building, health sector and pre-primary education. Resource availability refers to having access to the right non-human resources that are crucial to service delivery. Capacity building is also essential to the independent variable service delivery however unlike resource availability it focuses on the availability of human capital and its competencies with regards to retaining and improving its knowledge and skills. Health and pre-primary education are also key variables in the study as they are vital components of service delivery in Mandera County and have an impact on the current and future welfare of the target population.

2.2.1 Effect of Resource Availability on the Implementation of Decentralization

Studies revealed that decentralization can boost productive efficiency by reducing corruption, promoting accountability and improving cost recovery. By reducing bureaucratic procedures and improving cost recovery, decentralization ensures resource availability to the public. According to Fischer & Miller (20l7) availability of resources which results from decentralization enhances service delivery to the people. The study also found that hard budget constraints set by the national government compel devolved units to minimize the costs of delivering public services and to optimize on cost recovery. The study revealed that since devolved authorities are better positioned to overcome information asymmetry which can adjust policies and service provision as per local preferences.

Fischer & Miller (20l7) is applicable in this study since it provided evidence that decentralization devolves resources to the people which are coupled with improved service delivery. However, the study was limited to developed countries hence the results cannot be adopted for the developing countries due to differences in terms of resources availability, governance styles and experience. D'Arcy & Cornell, (20l6) argued that devolution not necessarily lead to improved governance and economic development performance. For instance, devolution may reduce the ability of the national government to redistribute resources and therefore the ability to assist the devolved units. In addition, devolution may lead to the capture of local governments by the political elites, especially if devolution rules and systems are not well designed, and hence allow the local politicians to use the local resources to consolidate their hold on to political power through patronage. As a result, D'Arcy& Cornell, (20l6) advocated for centralized government as far as service delivery is concerned.

Adam, Delis and Kammas (20l2) examined the relationship between resource decentralization and public sector efficiency in America and Europe. Using cross sectional research design, the study found that availability of resources is critical for decentralizations

to be effective. The study also found that resource decentralization has resulted to improved service delivery if it is accompanied by sound financial resource base of local government. However, the study argued that for efficient service delivery, the government should embrace performance based incentive structures and participatory governance. Studies have found that revenue availability and resource decentralization have a significant negative relationship (Sujarwoto, 20l7). The researchers argued for increased fiscal decentralization and greater revenue autonomy in national governments improves service delivery by enhancing transparency.

2.3 Theoretical Literature
In this section, a review of major theoretical arguments regarding devolution and service delivery is done.

2.3.1 Principal-Agent Theory
The Principal-Agent theory proposed dominant theoretical perspectives for analyzing and describing public governance reforms (Roach, 20l6). The theory advances the argument that principals are more likely to attain outcomes that are desired, whereas the agents will provide clarification on the job programs and objectives required to be implemented in order for the set goals that ought to be achieved. The idea behind agency theory has always had a considerable effect on the theory, then is how principals can handle the interests of agents so that they are in line with the goals they wish to achieve. Principals must solve two basic tasks: first selecting the best agents and creating inducements for them to behave as desired. Second, monitoring the behavior of their agents to ensure that they are performing as agreed (Roach, 20l6). A problem arises when the parties' goals conflict or when it is difficult for the principal to verify what the agent is actually doing. According to Simiyu et al., (20l5) this information asymmetry introduces an issue of adverse selection and a moral hazard problem.

Hiskey (20l0) views devolution as an alteration of principal-agent relationships, where principals theoretically gain more leverage over agents directly responsible for service provision. Analyzing devolution reforms using the principal-agent perspective help to explain the trade-offs between different levels of government and the changes that devolution may bring with them given the new responsibilities of the actors involved (Hiskey, 2010). According to Hiskey (2010) local governments are agents, exercising responsibilities on behalf of the central government (principal). The local governments are responsible for executing service delivery functions. Critics however argue that this theory is one-sided because it negatively characterizes an agent's behavior as self-seeking, and ignores agent loyalty, pride, and professionalism in aligning with the principal's goals. The theory also omits opportunistic behavior by principals especially in public services where politicians and bureaucrats stand to gain personally from colluding with private agents.

The theory is relevant to this study as it provides astrong basis to understand the relationship in which one party (central government) delegates work to another (county governments) that performs the task. Politicians in counties (members of county assembly and governors) act as the agents of citizens and must act in good faith to fulfill the objectives of the central government. Without addressing the principal agent problems, poor governance practices such as lack of social accountability arise. The Principal-Agent theory has become a widely used paradigm for analyzing public accountability. This is because it provides a flexible framework for modeling innumerable variations in institutional arrangements, and comparing their potential for inducing desirable behavior by agents. The study draws from

Principal-Agent theory to understand the social accountability practices between citizens and politicians.

2.3.2 Soufflé Theory

The Soufflé Theory postulates three major elements of decentralization namely administrative, fiscal, and political decentralization (Komba, Mlozi, & Mvena, 20l8). The theory asserted that decentralization is a multi-dimensional process that proceeds with successes and setbacks. The theory argues a successful program of decentralization must include the right combination of political, fiscal, and institutional elements to improve rural development outcomes. Decentralization initiatives will therefore be subject to a continuous process of modification reflecting changes in social, political and economic conditions. There is therefore the need to include all dimensions of political, fiscal and administrative decentralization. Administrative decentralization redistributes authority, responsibility and financial resources for providing services among different levels of government.

The central government transfers some of its responsibilities for planning, financing and management to the local level authorities. By doing so the central government gives the local authorities administrative autonomy to respond effectively to the local needs (World Bank, 2008). Ghazia (2009) argued that fiscal decentralization gives local government authority and power to generate revenues and decide on how to spend the revenues. It transfers some funds from central government to local governments so that the local governments can deliver decentralized function. This gives the local government's power to deliver critical services to the people (Godda, 20l4). Local accountability might be promoted through various mechanisms such as third party monitoring by media and NGOs, extensive participation of citizens and central government oversight of local governments (Godda, 20l4). Therefore, the theory provides in-depth understanding of various devolution construct namely financial devolution, political devolution, and administrative devolution variables being examined in this study.

The Souffle theory of decentralization is relevant to the current study as it portends that devolution takes either political, administrative, and fiscal dimensions. Consequently, this study will examine the governance devolution variables namely; financial devolution, administrative devolution and political devolution based on sequential theory of decentralization.

2.3.3 Theoretical Framework

The study is backed up by two theories;the principal-Agent theory and the souffle' theory as shown in figure 1.
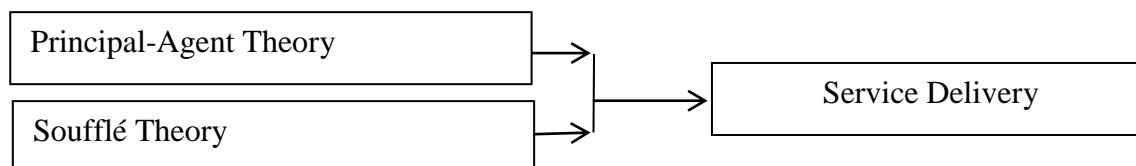

Figure 1: Theoretic Framework
Sources; Researcher, 2020

Independent variables   **Intervening variable**   **Dependent variables**

Resource Availability
- Revenue from national government
- Revenue generated by the county
- grants

Capacity Building
- Employee motivation
- Networking
- Employee training
- Employee Seminars
- Public participation

Health Care Provision
- Access to health facilities
- Competence of health workers
- Quality of health care facilities

Education Provision
- Access to education Centers
- Distribution of teachers
- Competence of county teachers
- Availability of learning materials

Government Policies e.g, Conditional grants, fiscal prudence, CRA, Budget Controls, interdepedency relation

Service Delivery
- Customer Satisfaction
- Timely services
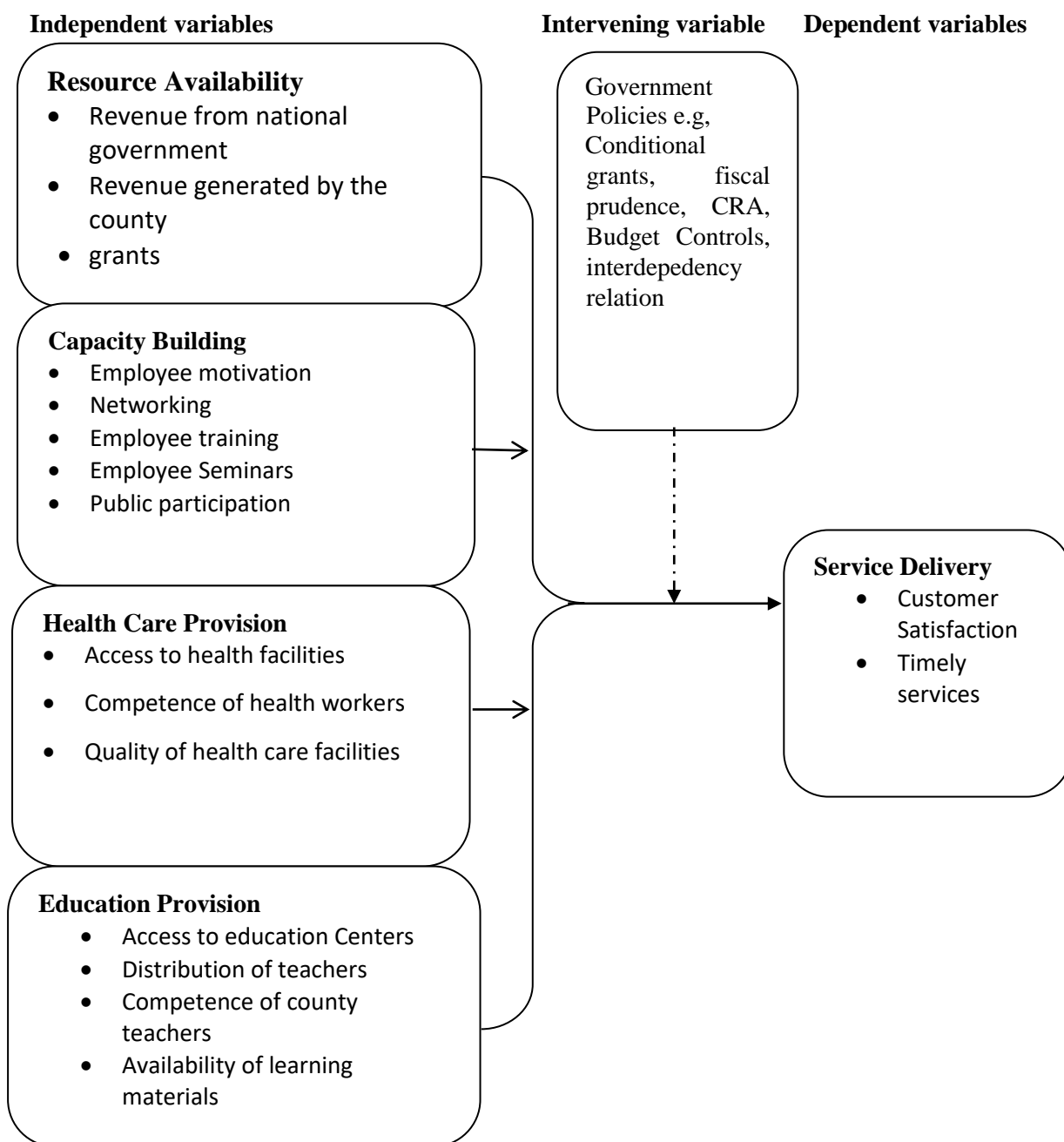
Figure 2: Conceptual Framework
Sources; Researcher, 2020

Methodology
3.2 Research Methodology
The study had employed mixed approach methodology by combining quantitative data collected through closed ended questions in the questionnaire and qualitative data collected through open ended questions in the questionnaire. According to Porcellato, Carmichael and Hulme (2016) mixed approach methodology enhances the comprehensiveness of the study by facilitating open conversation with study participants, employing both open ended questions and closed ended questions to gather in-depth information from the respondents. Creswell (2016) defines a research methodology as a part of research that explains the research procedures in a manner appropriate for the audience.

3.3 Research Design
The study adopted concurrent triangulation research design which involved gathering of data in order to describe events and issues as they were in their current state. Concurrent triangulation study design was appropriate for this study since it allowed combining quantitative data collected through closed ended questions in the questionnaire and qualitative data collected through open ended questions in the questionnaire and the interview guide. Creswell (2016) states that concurrent triangulation research design is appropriate for a mixed methodology research because both qualitative and qualitative data is collected and analyzed at the same time. The design was appropriate since it had the ability to generate answers to questions like what, who, where and how and so it helped to answer the research questions and at the same time considering the qualitative responses.

3.5 Target Population
Table 1: Target Population

Sub County	Population(N)
Mandera South	337,842
Mandera North	231,498
Mandera East	243,990
Lafey	149,884
Mandera West	220,619
Banissa	215,670
Total	**1,399,503**

Source: **Kenya National Bureau of Statistics (2019)**

3.6 Sampling Procedure and Techniques

This research used Krejcie& Morgan (1970) sampling table which indicates various populations and the proposed sample size. According to this table (Appendix vi) when the population is over 100,000, the sample size should be 384. The sample size was then distributed proportionately across the sub-county as offered in table 2.

Table 2: **Sample Size Determination**

Sub County	Population(N)	Sample
Mandera South	337,842	93
Mandera North	231,498	64
Mandera East	243,990	67
Lafey	149,884	41
Mandera West	220,619	61
Banissa	215,670	58
Total	**1,399,503**	**384**

Source: Researcher, 2020

3.7 Construction of Research Instruments

A questionnaire was used to collect data from eligible respondents who were required to participate in this study in order to collect information about devolution and service delivery in Mandera County, Kenya. The perceptions were measured on a 5 point Likert scale which according to Creswell & Creswell (2017) is useful in measuring perceptions, attitudes and behavior. The study used both closed-ended and open-ended questions. The questionnaire included a Likert scale constructs which ranges from l-5 and each respondent was required to rate every statement given. The scale ranges rated as; 5=Strongly Agree, 4=Agree, 3=Neutral, 2= Disagree and l=Strongly Disagree. At the end of each likert scale questions, open ended questions was included to allow the respondent to give additional information that was not captured in the likert scales questions.

3.9 Data Collection Methods and Procedures

The population of the study consisted of all constituencies in Mandera County, Kenya. The researcher obtained a letter of introduction from the University which helped him in identification when requesting respondents to provide the relevant information so as to achieve the research objectives. Questionnaires were distributed to eligible personnel using research assistants. The research assistants then conducted one-on-one interviews so as to as to help the illiterate respondents who might not understood the questions. This was done to ensure that all the selected respondents were given a fair platform to express themselves.

3.10 Proposed Data Analysis Techniques and Procedures

Before the actual analysis of data was done, the data collections instruments used in the study like questionnaires were thoroughly inspected to find out if there was any incomplete information or inconsistency. Once the process of checking was concluded, the subsequent process to entail cleaning of unnecessary information and lastly entering of data into computer for purpose of analysis were carried out. The data was then descriptively analyzed using frequency distributions and percentages. The study used inferential and descriptive statistics which included the means and standard deviation to arrive at the conclusion. Simple linear regression analyses were used to establish the nature and the magnitude of the

relationship between the dependent and the independent variables. Regression analysis was used to determine whether a group of variables together predict a given dependent variable and in this way, attempt to increase the accuracy of the estimate. The use of regression model was preferred due to its ability to show whether there is a positive or a negative relationship between independent and dependent variables. Previous studies have used regression models with satisfactory results. For instance Calamai (2009) and Saavedra (20l0) investigated the effect of devolution on service delivery using multiple regression models. The relationship between dependent and independent variables as follows;

$Y = \beta_o + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$

Where:

Y = Service delivery

β_o is the Constant

$\beta_1, \beta_2, \beta_3, \beta_4$ = Regression coefficients

X_1 = Resource availability

X_2 = Capacity building

X_3 = Health care provision

X_4 = Education provision

ε = Error term

Data Analysis, Results and Discussion
4.2 Response Rate
Table 3: Response Rate

Response Rate	Frequency	Percentage
Response	202	52%
Non Respondents	182	48 %
Total	**384**	**100%**

Source: Researcher (2020)

Kothari (2013) opined the response rate as rate of the actual respondents compared to the anticipated number of people who have responded in the study. The researcher in this study started by pre-notifying all the potential respondents in the data collection process as the first step in the entire process, the researcher then undertook to administer all the questionnaires personally but with the help of one research assistant and they used the drop and pick method. Constant follow up via phone calls was also done with the intention of clarifying on any queries and also to prompt all the respondents to fill the questionnaires at the stipulated timeframe. From the 384 respondents that were sampled to participate in the process, 202 returned questionnaires but 182 of them did not respond to the questionnaires. This response then formed a 52% response rate. This response rate was adequate to analyze the inf1uence of decentra1ization on service de1ivery in Mandera County, Kenya since it was above 50% according to the recommendation of (Mason, 2010). The response rate in this study was adequate to undergo further analysis and this was attributed to a very effective data collection procedure that was employed by the researcher.

4.3.1 Gender of the Respondents
Table 4: Gender of the Respondents

Gender	Frequency	Percentage
Male	129	64%
Female	73	36%
Total	202	100%

Source: Researcher (2020)

The gender characteristic of these respondents showed that, majority of these respondents, which was an equivalent to 64%, were male against a 36% who were female. This indicates that, opinions presented by respondents in relation to organization performance and the adoption of decentralization of service delivery was from both gender categories. Therefore, these results that were obtained would not be attributed or inclined to a particular gender.

4.3.2 Age Bracket of Respondents
Table 5: Age Bracket of Respondents

Category	Frequency	Percentage
Below 25 years	18	9
From 26 to 35 years	63	31
From 36 to 45 years	97	48
Over 51	24	12
Total	**202**	**100**

Source: Researcher, 2020

The respondents below 18-30 years were the minority recording 8%, between 31-40 years were 33%, and between 41-50 years were the majority at 48%, Above 51 years were 11%. This shows that a big number of the participating respondents had matured who provided reliable information about influence of the independent variables on service delivery in Mandera County government.

4.3.3 Highest Level of Education
Table 6: Education Level of Respondents'

Category	Frequency	Percentage
Primary school	14	7
Secondary school	87	43
College Level	109	54
University Level	6	3
Total	**202**	**100**

Source: Researcher, 2020

Among the respondents, (43%) secondary school education (54%) had diploma education and 3% university level education which shows most respondents had gone through schooling and were knowledgeable enough to identify issues related with decentralization and service delivery in Mandera County government.

4.3.4 Respondents' Constituency
Table 7: Respondents constituency

Category	Target population	Percentage
Mandera South	47	23%
Mandera North	43	21%
Mandera East	34	17%
Lafey	24	12%
Mandera West	30	15%
Banissa	24	12%
Total	**202**	**100%**

Source: Researcher (2020)

Majority of the respondents tallying to 23% were from Mandera south constituency this was attributed to the fact that the constituency has the biggest population in the whole county, followed by Mandera North at 21 % which also happened to be the second largest constituency in terms of population. The other constituencies are Mandera East 17%, Lafey at 12%, Mandera West at 15%, and Banissa at 12%.

4.4 Descriptive Analysis
4.4.1 Resource Availability

Table 8: Resource availability in Mandera County

	N	Min	Max	Mean	SD
The Mandera County government has made resources available which enabled service delivery	202	1.00	5.00	4.4713	0.8189
There were sufficient resources to facilitate service delivery in Mandera County	202	1.00	5.00	3.5402	1.2276
The residents of Mandera County had sufficient access to service providers	202	1.00	5.00	3.3793	1.2689
There were healthcare facilities in Mandera County (ambulances, electricity, clean water etc.)	202	1.00	5.00	3.2069	1.0689
The resource available in Mandera County had brought down the rate of morbidity	202	1.00	5.00	3.0345	1.2799
Health facilities have sufficient access to resources like drugs	202	1.00	5.00	2.78161	1.2145
Valid N (list wise)	202				

Source: Researcher (2020)

Table 8 presents results of on resource availability in Mandera County The mean and also standard deviation of all the six items on resource availability were calculated and the scale that was used in all the statements was 1- Extremely Negative, 2-disagree, 3-neutral, 4-Positive, 5- Extremely Positive. The results in Table 8 above showed that the statement "The County government has made resources available which enables service delivery" had the highest mean of 4.4713 and standard deviation of 0.8189. This was followed by the statement "There are sufficient resources to facilitate service delivery in Mandera County" at a mean of 3.5402 and standard deviation of 1.2276. The statement "The residents of Mandera County have sufficient access to service providers" had a mean of 3.3793 and standard deviation of 1.2689. The statement "There are healthcare facilities in Mandera County" had a mean of 3.2069 and standard deviation of 1.0689. The statement "The resource available in Mandera County has brought down the rate of morbidity" had a mean of 3.0345 and standard deviation of 1.2799. The least mean was 2.78161 and standard deviation of 1.2145 was the statement "Health facilities have sufficient access to resources like drugs".

4.5 Regression Analysis
Table 9: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.924ᵃ	.853	.851	.37391

a. Predictors: (Constant), Resource Availability, Capacity Building, Health Care Provision, Education Provision

Source: Researcher (2020)

Table 12 presents a summary of the model in which the item of interest is the adjusted R^2 statistics, which is .853. This suggests that at any given circumstance the independent variables combined have 85.3% effect on service delivery.

Table 10: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	69.035	1	69.035	493.76	.000ᵇ
	Residual	11.884	105	.140		
	Total	80.920	106			

A. Dependent Variable: Service Delivery

B. Predictors: (Constant), Resource Availability, Capacity Building, Health Care Provision, Education Provision

Source: Researcher (2020)

Table 13 presents the analysis of variance (ANOVA) results. It is also known as model fit results. Analysis of variance (ANOVA) was used to test whether the regression analysis model used was fit or the relationship of the variables just occurred by chance. Of interest in this table is the F-statistics and its associated sig. value. If the F ratio is statistically significant, then the model used is considered fit and vice versa. In this case the F ratio (F=493.764, p=0.000) was found to be statistically significant. This therefore suggests that the model has power to predict the relationship between service delivery and predictor variables (Capacity Building, Health Care Provision, and Education Provision).

Table 11: Regression Coefficient

Model	Unstandardized Coefficients		Standardized Coefficient	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	.270	.141		1.924	.058
Resource availabi1ity	.901	.041	.924	22.221	.000
2 Capacity building	. 798	.048	.817	16.492	.000
Health Care Provision	.112	.140		.802	.425
Education Provision	.157	.045	.173	3.488	.001

a. Dependent Variable: Service Delivery
Source: Researcher (2020)

Table 14 was used to bring out the relationship between the dependent variable and the independent variables. To form the basis of testing the hypothesis set, the test was done at significance level of $p > 0.05$ such that when p -value was more than the significance level of 0.05, the model was considered significant. The individual regression results reveal statistically significant low positive linear relationship on Health care provision and education provision at 0.112 and 0.157 respectively. Both resource availability and capacity building reveal statistically significant high positive linear relationship at 0.901 and 0.798 respectively.

Summary, Conclusion and Recommendations
5.2 Summary
The research was undertaken with the aim of establishing the inf1uence of decentra1ization on service de1ivery in Mandera County, Kenya. The specific objectives included: ana1ysing the inf1uence of resource avai1abi1ity on service de1ivery, assessing the inf1uence of capacity bui1ding on service de1ivery, examining the inf1uence of hea1th care provision on service de1ivery, and estab1ishing the effect of education provision on service de1ivery in Mandera County.

In order to meet these objectives, the study adopted the descriptive research design. A survey technique was used on 202 respondents involved in the provision of various publice services in Mandera County. Primary data was then collected and out of the 384 questionnaires issued, only 202 were completely filled which yielded a response rate of 52.6%. Descriptive analysis such as percentage, mean, and standard deviation were used to analyze the data, which was then summarized using tables. Descriptive and inferential statistical techniques were used for data analysis. Regression analysis was then used to ana1yze the inf1uence of decentra1ization on service de1ivery in Mandera County, Kenya.

5.2.1 Resource Avai1abi1ity
This objective sought to examine whether the availability of resources influenced service delivery. Three specific indicators were initially used to study this variable; Revenue from national government, Revenue generated by the county and grants. The descriptive statistical

methods were then used to arrive at the results where the respondents were generally positive on decentralization as being the key driver to service delivery. The regression analysis conducted found out that resource availability and capacity building revealed statistically significant high positive linear relationship at 0.901 to influence service delivery

5.3 Conclusion

On the first specific objective which was meant to analyze the influence of resource availability on service delivery, the study concluded that resource availability influence service delivery. The study concluded that by providing resources it is one of ways of improving service delivery.

5.4 Recommendations

On the first specific objective on processes used in devolved funding, the study recommends that the county and other stakeholders in devolved funding such as the national government and donors need to provide more funding to the projects that have been proposed by the people since these are the projects that affect and can improve their daily lives. The study also recommends more revenue allocation from the national government to the counties, as services at the grass root level can be given by devolved systems. The public should also be involved more as they can provide baseline information on equitable distribution of resources. This can also help in funding the areas suggested by the people, which were found not to have been funded as suggested by the residents.

5.5 Suggestion for Further Studies

This study was only conducted in Mandera County which limited the scope of the study. The study also measured the viewpoints of the household heads, county employees and CBO employees within the County; therefore, the views of other concerned parties such as the donors were not taken into account. The researcher recommends that other studies be conducted on the same subject area in other counties using views of other concerned parties such as donors and national government employees for comparative results in future studies.

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