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Influence of Organizational Change on Public Health Maternal Health Care Service Delivery in Kitui County (A Survey of Level 4 Hospitals in Kitui County)

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Abstract

The County Governments in Kenya are faced with poor service delivery especially in the provision of maternal health care services. Maternal health care services in public hospitals are not meeting up to the quality standard as outlined by the Ministry of Health in Kenya. The paper sought to determine the influence of leadership and universal health coverage on public health maternal health care in Kitui County. This study was guided by Transformational Leadership Theory and Theory X & Y. The study focused on 11 public hospitals providing maternity services in Kitui County. The target population of the study was 203 health officers that include 26 doctors, 10 specialists, 41 clinical officers and 126 nurses across the 13 level 4 hospitals providing maternity services in Kitui County. Data was collected by use of structured closed ended questionnaire. Data analysis was conducted using SPSS Version 25.0 Software. Pearson Correlation showed that leadership and universal health coverage have a positive correlation with public health maternal health care service delivery. Model summary results indicated that leadership and universal health coverage explain 52.1 percent of public health maternal health care service delivery. Coefficient regression revealed that coefficient of leadership has appositive and significant influence (β=.203, p=.001<0.05) on and public health maternal health care service delivery. It was also found that coefficient of Universal Health Coverage and public health maternal health care service delivery have a positive and significant relationship (β=.662, p=.000<0.05). The study concludes that leadership is one of the key health systems factors affecting the performance of maternal health services at facility level. Conclusion can be made further that universal health coverage improves public health maternal health care service delivery. The study recommends for the need of maternal health care providers to review their leadership guidelines and styles with aim of enhancing quality of leadership in the management of hospitals. Though universal health coverage is on trial, the study recommends for the need to adequately support the implementation of universal health coverage.

Keywords: *Leadership, UHC, Maternal Health, Care Service Delivery, Kitui County*

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1. Introduction

Service delivery to citizens is the fundamental function of both the national and the county government of Kitui and every Kenyan want to get better health services. Quality and affordable health care is one of the key pillars that significantly contribute to the development of nations and thus, the president of Kenya, Uhuru Kenyatta, in 2018 emphasized so much in his big four agenda the need for affordable health care to everyone (Koech, 2016).

The Sustainable Development Goal (SDG) also targets the reduction of the maternal mortality ratio by three quarters between 1990 and 2015 (World Health Organization, 2015). It was estimated that in 2015, the total number of maternal mortalities was 303,000 worldwide (WHO, 2015). The pregnancy-related deaths remain high despite many global, regional and local efforts to curb it (WHO, 2015). Kenya as one of the Sub-Saharan countries is classified as one with much insufficient progress towards attaining the goal of reducing maternal mortality by 75 % between 1990 and 2023. Kenya is struggling to reduce the level of maternal mortality rate in the entire country which stands at 362 deaths in every 100,000 live births and 38% of the mortality is attributed to unskilled deliveries conducted outside the health facilities (Keats, Macharia, Singh, Akseer, Ravishankar, Ngugi & Bhutta, 2018).

Ensuring that maternal health coverage for all expectant mothers is amongst the major strategies for achieving the SDG on reduction of the maternal mortality rate, accessibility of facilities offering maternal health coverage is crucial in promoting the wellbeing of mothers and the fetus. This ensures that lives are protected by providing the basic maternal medical services required (Wayua, 2017). The health care services that mothers receive during the time of pregnancy, at the time of delivery, and soon after delivery are important for the survival and well-being of the mother and their unborn children (Mungai, 2015).

Maternal health coverage is therefore a very important health issue as women strive to fulfill their potential as individuals, mothers and family members, and also as citizens of a wider community. Poor maternal health coverage can also have huge costs on families in emotional, health and economic terms. It is well documented that maternal morbidities and mortalities directly affect the survival and well-being of children and also contributes to poor family relationships (UNFPA, 2012). Thu, improved medical service delivery calls for proper organizational change.

Organizational change is all about optimizing the performance standards of an organization and this may sometimes occur as either due to the ability of the organizations managerial staff to be proactive or reactive to environmental changes or the presence of a crisis (Ebongkeng, 2018). Organizational change looks at both the process in which an institution or any organization changes its operational methods, technologies, organizational structure, whole structure, or strategies, as well as what effects these changes have on it and usually happens in response to or because of external or internal pressures (Nyaungwa, Linganiso&Karodia, 2015). In the context of the study which is public health maternal health care service delivery, organizational change may involve change in the type of leadership and system of delivering maternal health care services like introducing universal health coverage (UHC).

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Leadership style is the aspect of behavior that characterizes a leader. The concept of leadership has become important in recent years due to its important contribution towards the quality of service delivery and the overall performance (Ghasabeh, Soosay & Reaiche, 2015). The leadership is very critical in the management process and involves influencing people to perform activities that are different so to reach goals identified for the common good of everyone (Northouse, 2015). Leadership involves creating a vision by establishing clear objectives and empowering followers to achieve those objectives. It is argued that improvement in the leadership management styles has seen many customers get satisfied significantly increasing quality of service delivery (Hoch, Bommer, Dulebohn& Wu, 2018).

Leadership in health sector provides direction, alignment across different parts of organization and commitment to provide resources and leadership development in order to achieve shared vision and improve service delivery (Masungo, Marangu, Obunga & Lilungu, 2015). Effective clinical leadership has been linked to a wide range of functions. It is a requirement of hospital care, including system performance, achievement of health reform objectives, timely care delivery, system integrity and efficiency and is an integral component of the health care system (Daly, Jackson, Mannix, Davidson & Hutchinson, 2014).

Universal health coverage is very important to both developing and the developed countries and gives the poor population the opportunity to access to better medicalcare services without much struggle (Obare, Brolan, & Hill, 2014). According to WHO (2014), every citizen should be given an opportunity to access to better medical services regardless of the social status, political affiliations and the color. Affordable health services give the citizens an opportunity to seek medical attention any time without fear.

The UHC implies the access to safe, effective, quality essential health care services, including affordable essential medicines and vaccines for all without going into poverty (Obare, Brolan & Hill, 2014). The goal of UHC is to ensure that every citizen has access to quality healthcare services that they need without getting into financial difficulties or, worse, pushed into poverty, a phenomenon called health catastrophic expenditure (KEMRI report, 2019). In Kenya, UHC as one of the big four priority agenda with an aspiration that by 2022, all persons in Kenya will be able to use the essential services they need for their health and wellbeing through a single unified benefit package, without the risk of financial catastrophe (Okech & Lelegwe, 2016).

Kitui County covers an area of about 30,496 km^2, with a total population of 1,012,709 people which consists of 481,282 males and 531,427 females with a population density of 33 people per Km^2 and an annual growth rate of 2.2% (KNBS Census 2019). The county government is headquartered in Kitui Town and consists of 8 constituencies which include: Kitui West, Kitui Rural, Kitui South, Kitui Town, Mwingi North, Mwingi South, Mwingi Central, and Mutitu with 16 districts namely; Kitui West, Kitui central, Mutha, Kyuso, Katulani, Kisasi, Lower Yatta, Matinyani, Mutomo, Ikutha, Mutito, Mwingi central, Mwingi East, Muumoni, Tseikuru and Migwani. There are 40 ward administartions headed by 40 elected members of the county assembly and 16 nominated members of the county (IEBC, 2017). Additionally, the Kitui County has more than 223 health facilities including 3 district hospitals, 8 sub-district hospitals,

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189 dispensaries, and 23 health centers. The health private sector in the county has 30 medical clinics, and 5 nursing homes (Mutungi, 2012).

1.1 Statement of the Problem

The health sector reforms being implemented by the Kenyan Government aims to attain universal health coverage and quality health services for all Kenyans so that all Kenyans benefit from decent health services, regardless of where they live and how much they earn (World Bank report, 2014). The government's health goal is attainment of universal health care coverage for key services, including maternal, neonatal and child health services (Primary health care systems report, 2017). Under quality health service delivery, maternal health care services shall significantly improve maternal healthcare characterized by low mortality and maternal deaths. Currently, maternal deaths stands at 362 per 100 000 (KDHS, 2014) and under-5 mortality rate of 52/1000. However, quality maternal health services are still far from the desired levels. It is estimated that only 44% of the births in Kenya are under qualified attendant. Traditional birth attendants stood at 28%, relatives and friends at 21% and no assistance at all at 7%. Moreover, in an assessment, 81% of the deaths reported at Kenya's district hospitals, 84% were caused by substandard care (Ochieng, 2016).

Heath service delivery has been deteriorating among healthcare facilities in Kitui County. Health care service delivery in terms of quality, efficiency of medical staff in handling patients, facility utilization, accessibility and sustainability of medical services and facilities has been declining (Muthui, 2018). In most public health facilities, there is acute shortage of medical equipment and drugs a situation that has hampered quality health service delivery and death of pregnant matters and fetus (Muthui, 2018). Studies show that there has been a significant disparity in Kitui County especially among the government health care providers and in poverty-stricken areas where accessibility to private hospitals is not affordable (Mutungi, 2012; Mutua, 2011).

A critique of past studies shows that several conceptual and contextual research gaps existed on the influence of organizational change on public health maternal health care service delivery. A study by Wanjiru (2014) only focused on challenges affecting UHC in Kenya contrasting current study that wishes to establish the impact UHC on public health maternal health care service delivery presenting a conceptual gap. This study expounded the service delivery to include comprehensive health care, coverage and availability of health facilities in maternal healthcare clinics of public hospitals presenting conceptual gap. Moreover, a study by Marangu, Kanchor, Nyandika and Yegon (2014) did not point out the impact of organizational structure on health service delivery in maternal health care clinics while a study by Wambua (2017) did not elaborate the effect of organizational structure on public health maternal health care service delivery. This study sought to bridge these research gaps by establishing the influences of leadership and universal health coverage on public health maternal health care service delivery in Kitui County.

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2. Literature Review

2.1 Theoretical Framework

This study was guided by Transformational Leadership Theory and Theory X & Y.

Transformational Leadership Theory

The theory guiding this study is transformation leadership theory which was founded by Burns (1978). Burns (1978) defined transformational leadership as a process in which leaders and followers raise one another to higher levels of morality and motivation (Moynihan, Pandey & Wright, 2013). Transformational leader cultivates the needs of followers in a follower centered manner and is accountable to the follower (Birasnav, 2014).

Burns (1978) contended that followers are driven by a moral need, the need to champion a cause, or the need to take a higher moral stance on an issue. Moreover, transformational leaders help followers make sense out of inconsistency and conflict is necessary in creating alternatives and to make change possible (Thabethe, 2011). Transformational leaders create a strategic vision for the organization by developing a strategic vision that is realistic and has an attractive future; in order to bond employees together as well as to focus their energy on achieving organizational goals, communicate vision to their followers by focusing on sharing the meaning of their strategy and elevating the importance of the visionary goals to employees, modeling and enacting their vision before the employees and building their employees' commitment towards the vision through words, symbols and stories (Ledimo, 2014).

Transformational Leadership Theory is relevant to the study as it highlights the qualities of good leadership in promoting effective and efficient service delivery to the organization. In the context of the study, the managerial and administrative leaders of public hospitals need to learn and embrace the transformative leadership skills when running day to day hospital affairs. As a result of transformative leadership skills, other hospital employees are motivated by the senior management to commit themselves in enhancing service delivery in the hospital. Effective clinical leadership is required in the management and administration of maternal healthcare services. Prudent leadership skills at the healthcare facilities shall ensure that maternal medical facilities are always in good condition. Drugs shall also be available any time it is needed.

Moreover, maternal health care clinics need to be funded sufficiently for it to be able to acquire health equipment, materials and to high skilled enough health personnel. However, in most scenarios, public health facilities lack or rather receives funds to acquire drugs and other medical facilities late, undermining maternal service delivery. Prudent use of available health resources calls for prudent leadership.

Theory X & Y

Theory X and Theory Y were developed by Douglas McGregor (1960). Theory X and Theory Y are theories of human work motivation and management. McGregor's work was rooted in motivation theory alongside the works of Abraham Maslow, who created the hierarchy of needs (Poston, 2009). The two theories proposed by McGregor describe contrasting models of workforce motivation applied by managers in human resource management, organizational

behavior, organizational communication and organizational development (Aithal & Kumar, 2016). Theory X explains the importance of heightened supervision, external rewards, and penalties, while Theory Y highlights the motivating role of job satisfaction and encourages workers to approach tasks without direct supervision. Management use of Theory X and Theory Y can affect employee motivation and productivity in different ways, and managers may choose to implement strategies from both theories into their practices.

According to Theory X, the two opposing sets of general assumptions of how workers are motivated form the basis for two different managerial styles. Theory X is based on pessimistic assumptions of the average worker (Aithal & Kumar, 2016). This presupposes that average employee dislikes work and avoids it if possible, lacks responsibility, has little ambition and seeks security above all he has little or no ambition, shies away from work or responsibilities, and is individual-goal oriented (Arslan & Staub, 2013). Generally, Theory X style managers believe their employees are less intelligent than the managers are, lazier than the managers are, or work solely for a sustainable income. Due to these assumptions, Theory X concludes the average workforce is more efficient under strict supervision and authoritarian approach to management (Baron & Greenberg, 2008). Accordingly, Theory X believes that all actions should be traced and the responsible individual given a direct reward or a reprimand according to the action's outcomes. This managerial style is more effective when used to motivate a workforce that is not inherently motivated to perform (McGregor, 1960).

Theory X and Theory is relevant in encouraging healthcare staff in supporting service improvement at the health facility. Effective organizational changes at the hospital may promote effective service delivery. Quite a few organizations use Theory X today. Theory X encourages use of tight control and supervision. At times, healthcare staff may be reluctant to organizational changes a situation that may hinder quality service delivery to patients. Health facilities need to employ Theory Y techniques. Theory Y implies that the managers should create and encourage a work environment which provides opportunities to health staff in taking the initiatives of improving service delivery. Theory Y encourages decentralization of authority, teamwork and participative decision making in an organization. Moreover, theory Y searches and discovers the ways in which an employee can make significant contributions in an organization by harmonizing and matching patients' needs with health care facility needs and aspirations.

2.2 Empirical Review

Empirical review of past studies regarding influence of leadership and universal health coverage on public health maternal health care service delivery.

Leadership and Service delivery

This section presents a review of studies on leadership and service delivery. Rigii and Ogutu (2018) studied the relationship between leadership and service delivery of County Governments in Kenya. The relevant theories reviewed for this study were the New Public Management (NPM) theoretical perspective and upper echelon theory, institutional theory and principal agent theory. The study used a cross sectional survey. The target population for the study was drawn from the 47 Counties in Kenya as per 2010 constitution. The study used purely primary data

which was collected using a structured questionnaire. The study found that leadership was significant in influencing service delivery among county governments in Kenya.

Using descriptive survey design, Kosgei (2015) studied leadership development strategies and service delivery at Kenyatta National Hospital. The study combined data collection from archival record and questionnaires that were administered to Senior Assistant Directors, Assistant Directors, Head of Departments, Head of Units, Senior Managers and Middle level managers. This study adopted stratified sampling of sample size of 60 employees' targeted populations across divisions and departments'. The data was analyzed using Statistical Package for the Social Sciences (SPSS) version 22 and presented the finding using charts, tables and percentages. This study established that the effect of leadership developments includes improvement, efficiency and effectiveness in service delivery. The study established that 56.7 % agreed that leadership development strategies had contributed to the improvement of turnaround time at service delivery points.

Thabethe (2011) investigated impact of leadership in the acceleration of service delivery in the Department of Health and Social Development, Capricorn district by employing qualitative design. The population consisted of social workers and community development workers who are employed by the Department of Social Development and are involved in the delivery of social services in the Capricorn District of the Limpopo Province. Non-probability or purposive sampling method was used to select the respondents in the Department of Health and Social Development in the Capricorn District. The study findings indicated that leadership contributes to excellent service delivery.

Nanthagopan (2012) studied impact of leadership and management capability on organizational performance, a comparative study between the local and international no-governmental organizations in Vavuiya District. Exploratory Factor Analysis Technique has been used to reduce the variables and Regression analysis has been used to compare the variables. The results show that, leadership and management capability are accounts for the organizational performance of Local NGOs and international NGOs. It is important to strengthen the leadership and management capability of NGOs to properly identify and implement the projects to fulfill the needs and expectation of the stakeholders. Leadership is assessed based on competent and dedicated leadership, well-structured constitution and legal base and well-designed vision, mission and strategies. Management capability is assessed based on designed organizational policies, system and structure, Assigned roles and responsibilities and effectiveness of monitoring and evaluation system. Stratified Random Sampling technique and primary data collections methods were used to conduct the study.

Universal health coverage and Service delivery

A number of studies have focused on universal health coverage and service delivery. Wanjiru (2014) explored challenges in provision of UHC by the National Hospital Insurance Fund, Kenya. A combination of primary and secondary sources was used to collect data for the study. The data collected was analyzed using content analysis and the results presented in prose form. The study found that provision of universal health coverage has its challenges in Kenya which

are shortage of government budgetary resources, weak health systems, high poverty levels, reaching vulnerable people, selecting the right package of benefits, integration of the informal sector, and misuse of resource. The study concluded that universal health coverage is essential to all people in Kenya and this translates to the acceptance of the fact that the economically strong will have to pay more than the poor.

Okech and Lelegwe (2016) analyzed universal health coverage and equity on health care in Kenya. The purpose of this analysis was to critically review the various initiatives that the government of Kenya has over the years initiated towards the realization of UHC and how this has impacted health equity. The paper relied heavily on secondary sources of information although primary data was collected. Whereas secondary data was largely collected through critical review of policy documents and commissioned studies by the Ministry of Health and development partners, primary data was collected through interviews with various stakeholders involved in UHC including policy makers, implementers, researchers and health service providers. Key findings include commitment towards UHC; minimal solidarity in health care financing; cases of dysfunctionalilty of health care system; minimal opportunities for continuous medical training; quality concerns in terms of stock-outs of drugs and other medical supplies, dilapidated health infrastructure and inadequate number of health workers.

Other findings include governance concerns at NHIF coupled with, high operational costs, low capitation, fraud at facility levels, low payout ratio, accreditation of facilities, and narrowness of the benefit package, among others.

Employing desk review of the literature, Obare, Brolan and Hill (2014) investigated Universal Health Coverage in Kenya. Obare, et al. (2014) found that Kenya is yet to establish an official policy on UHC that provides a clear mandate on the goals, targets and monitoring and evaluation of performance. However, a significant majority of Kenyans continue to have limited access to health services as well as limited financial risk protection. The country has the capacity to reasonably report on five out of the seven proposed UHC indicators. However, there was very limited capacity to report on the two service coverage indicators for the chronic condition and injuries (CCIs) interventions. Out of the potential tracer indicators for aggregate CCI-related measures, four tracer indicators were available. Moreover the country experiences some wider challenges that may impact on the implementation and feasibility of the WHO/World Bank framework.

Njuguna, Kamau and Muruka (2017) empirically investigated impact of free delivery policy on utilization of maternal health services in county referral hospitals in Kenya. The study compared deliveries and antenatal attendance in 47 county referral hospitals and 30 low cost private hospitals not participating in the free delivery policy for 2013 and 2014 respectively. The data was extracted from the Kenya Health Information System. Multiple regression was done to assess factors influencing increase in number of deliveries among the county referral hospitals. The number of deliveries and antenatal attendance increased by 26.8% and 16.2% in county referral hospitals and decreased by 11.9% and 5.4% respectively in low cost private hospitals. Increase in deliveries among county referral hospitals was influenced by population size of

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county and type of county referral hospital. Counties with level 5 hospitals recorded more deliveries compared to those with level 4 hospitals.

3. Research Methodology

The study adopted both descriptive survey research designs. The study population was 13 public hospitals providing maternity services in Kitui County. The target population of the study was 203 health officers that including 26 doctors, 10 specialists, 41 clinical officers and 126 Nurses across the 13 public hospitals providing maternity services in Kitui County (Kitui County Government Ministry of Health and Sanitation report, 2019). The study sampled 135 health officers which is 16% of the target population. Stratified random sampling was used to select 16 doctors, 7 specialists, 28 clinical officers and 84 nurses where the strata were the doctors, specialists, clinical officers and nurses. At least all the public hospitals identified were included in the study. The quantitative data collected using questionnaire and analyzed using SPSS Version 25.0 Software. Data analysis involved inferential analysis comprising correlation and multiple regression modeling. A critical p value of 0.05 was used to determine whether the individual variables are significant or not.

4. Results

Results of the study and discussion and interpretation are presented in this section.

4.1 Response Rate

The number of questionnaires administered was 135 and a total of 119 questionnaires were duly filled and returned representing 88.1 percent response rate. This response rate is considered satisfactory to make viable conclusions regarding the study population. Bailey (2000) stated that a response rate of 50% is adequate while a response rate greater than 70% is very good. This implies that based on this assertion, the response rate of 88.1% is therefore very good. The data collection procedures used could have attributed to this high response rate. These included pre-notification of the respondents and voluntary participation by respondents; drop and pick of questionnaires to allow for ample time to fill; assurance of confidentiality and anonymity and follow up calls to clarify queries from the respondents. Data analysis involved correlation matrix and regression coefficients.

4.2 Correlation Analysis

Table 1 presents the results of the Correlation Analysis.

Table 1: Correlation Matrix

Variable		Public health maternal health care service delivery	Leadership	universal health coverage
Public health maternal health care service delivery	Pearson Correlation	1.000		
	Sig. (2-tailed)			
Leadership	Pearson Correlation	.485**	1.000	

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	Sig. (2-tailed)	0.000		
universal health coverage	Pearson Correlation	.685**	.404**	1.000
	Sig. (2-tailed)	0.000	0.000	

Results in Table 1 reveal that there is a significant moderate positive association between leadership with public health maternal health care service delivery (r=.485, p=0.000<0.05). The calculated p value of 0.000< 0.05 which implies that the association between leadership and public health maternal health care service delivery is statistically significant. The results imply that leadership and public health maternal health care service delivery move in the same direction, that is; as leadership quality improves, public health maternal health care service delivery is also enhanced.

Correlation results revealed a significant strong positive association between universal health coverage and public health maternal health care service delivery (r=.685, p=0.000<0.05). The calculated p value of 0.000<0.05 which implies that the association between universal health coverage and public health maternal health care service delivery is statistically significant. The results imply that universal health coverage and public health maternal health care service delivery move in the same direction, that is; as universal health coverage improves, public health maternal health care service delivery is also enhanced.

4.3 Regression Analysis

The results presented in Table 2 indicate the fitness of model used of the regression model in explaining the study phenomena.

Table 2: Model Fitness

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.722[a]	.521	.513	.44067
a. Predictors: (Constant), leadership, universal health coverage				

From the results on Table 2, leadership, universal health coverage, revenue allocation and organizational structure were found to be satisfactory variables in explaining public health maternal health care service delivery in Kitui County. This fact is supported by coefficient of determination also known as the R square of .521. This implies that leadership and universal health coverage, explain 52.1% of the public health maternal health care service delivery.

Accessibility to healthcare services translated to utilization of these services implying that the utilization of services would only occur if services for ensuring that lives are saved were accessible. Improved medical service delivery calls for proper organizational change. Organizational change is all about optimizing the performance standards of an organization and this may sometimes occur as either due to the ability of the organizations managerial staff to be proactive or reaction to environmental changes or the presence of a crisis. Organizational change

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can also be the process of increasing organizational effectiveness and facilitating personal and organizational change using interventions driven by social and behavioral science knowledge. Table 3 highlights the results of the analysis of variance (ANOVA).

Table 3: Analysis of Variance

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	24.534	2	12.267	63.172	.000[b]
	Residual	22.526	116	.194		
	Total	47.060	118			

a. Dependent Variable: Public health maternal health care service delivery
b. Predictors: (Constant), leadership and universal health coverage

The results of the analysis of variance indicate that the general model was statistically significant since F statistic of 63.172 is greater than the F critical of 2.46. Further, the outcomes suggest that leadership and universal health coverage are satisfactory indicators of public health maternal health care service delivery in Kitui County. This was supported by an F statistic of 63.172 and the computed p value (0.000) which was less than the conventional probability of 0.05 table. The F statistic of 63.172 is greater than the F critical of 2.46 picked from F tables implying that the model is statistically significant. The regression of coefficient table is presented in Table 4.

Table 4: Regression Analysis

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	.200	.159		1.255	.212
Leadership	.203	.057	.249	3.543	.001
Universal Health Coverage	.662	.080	.585	8.330	.000

a. Dependent Variable: Public health maternal health care service delivery

Basing on the predictive model, Universal Health Coverage (β=.662) had the highest positive influence on public health maternal health care service delivery followed leadership (β=.203). The results also revealed that leadership and public health maternal health care service delivery have a positive and significant relationship (β=.203, p=.001<0.05). The regression of coefficient implies that if leadership quality is increased by one unit, public health maternal health care service delivery increases by .203 units. The results also revealed that Universal Health Coverage and public health maternal health care service delivery have a positive and significant relationship (β=.662, p=.000<0.05). The regression of coefficient implies that if Universal Health Coverage is increased by one unit, public health maternal health care service delivery increases by.662 units.

5. Discussion

Leadership has emerged as one of the key health systems factors affecting the performance of maternal health services at facility level. Supportive leadership manifested itself in the form of focused efforts to build teamwork, enhance entrepreneurship and in management systems that are geared to improving maternal care service delivery. Effective health administration is viewed as the backbone of development and growth in the health sector. Leadership at all levels is needed to make a change in maternal, neonatal, and child health. Leadership is broadly regarded as essential for effective health systems development, and it is one of the building blocks in the WHO health systems framework. Leadership emerged as one of the key health systems factors affecting the performance of maternal health services at facility level. The increasing calls to nurture effective leadership practices in health care draw on strong evidence of association between leadership and a number of systems outcomes, such as patient satisfaction, organizational financial performance, staff satisfaction and engagement as well as overall quality of care and health outcomes. The results agree with Mulenga, Nzala and Mutale (2018) that leadership practices influences service delivery in selected hospitals. The result also agree with Thabethe (2011) who investigated impact of leadership in the acceleration of service delivery in the Department of Health and Social Development, Capricorn district and found that leadership contributes to excellent service delivery.

Changes in health systems strengthening efforts, especially through leadership is associated with changes in service delivery in health-care settings. Health administration and leadership comes with accountability which is the obligation to answer questions regarding decisions and actions. Leadership in health care settings involves decision-making for complex systems comprising both the hardware (human resources, finances, medicines and technology, organizational structures, service infrastructure and information systems) and the software aspects (ideas, interests, interrelationships, trust, power, values and norms). The results agree with La Rue, et al. (2012) that strengthening the leadership and management skills of health teams, through team-based approaches focused on selected challenges, contributed to improved health service delivery outcomes. Likewise, Kosgei (2015) who studied leadership development strategies and service delivery at Kenyatta National Hospital established that the effect of leadership developments includes improvement, efficiency and effectiveness in service delivery.

Universal health coverage has been identified as a priority for the global health agenda. Universal health coverage implies the access to safe, effective, quality essential health care services, including affordable essential medicines and vaccines for all without going into poverty. In the maternal healthcare, UHC ensures that expectant women, mothers and children access good maternal medical attention. Universal health coverage requires a health workforce that is available, accessible, and well-performing. Universal health coverage enables expectant mothers to access maternal and ensures that the quality of those services is good enough to improve the health of the people who receive them. Universal health coverage enables expectant mothers to access maternal health care services and ensures that the quality of those services is good enough to improve the health of the people who receive them. The results agree with Tao, Zeng, Dang, Chuong, Yue and Kominski (2020) in a study on universal health coverage: achievements and challenges of 10 years of healthcare reform in China that Universal health

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coverage has led to the reduction of maternal mortality, the under-5 mortality rate and neonatal mortality. The results also concur with Quick, Jay and Langer (2014) on improving women's health through universal health coverage and established that Universal health coverage has led to improved maternal health care services.

Universal health coverage is very important to both developing and the developed nations and gives the poor population the opportunity to access to the medical services without much struggling. Universal health coverage implies the access to safe, effective, quality essential health care services, including affordable essential medicines and vaccines for all without going into poverty. In the maternal healthcare, UHC ensures that expectant women, mothers and child access good maternal medical attention. Universal health coverage enables expectant mothers to access maternal health care services and ensures that the quality of those services is good enough to improve the health of the people who receive them. The results agree with Tao, et al. (2020) in a study on universal health coverage: achievements and challenges of 10 years of healthcare reform in China that Universal health coverage has led to the reduction of maternal mortality, the under-5 mortality rate and neonatal mortality. The results also agree with Quick, Jay and Langer (2014) on improving women's health through universal health coverage and established that UHC has led to improved maternal health care services.

6.0 Conclusions & Recommendations

The study concludes that leadership is one of the key health systems factors affecting the performance of maternal health services at facility level. Leadership has emerged as one of the key health systems factors impacting quality maternal healthcare services. Leadership is regarded as essential factor for quality health service delivery, and it is one of the building blocks in the WHO health systems framework. The increasing calls to nurture effective leadership practices in health care draw on strong evidence of association between leadership and a number of systems outcomes, such as patient satisfaction, organizational financial performance, staff satisfaction and engagement as well as overall quality of care and health outcomes. Supportive leadership manifested itself in the form of focused efforts to build teamwork, enhance entrepreneurship and in management systems that are geared to improving maternal care.

The study recommends for the need of maternal health care providers to review their leadership guidelines and styles with aim of enhancing quality of leadership in the management of hospitals. Leadership review can be conducted with support of county government and Ministry of health. Strong and committed leadership is important in implementing public health maternal health care strategies adopted by the county government. Leadership is broadly regarded as essential for effective health systems development, and it is one of the building blocks in the Kenya's health systems framework. Health-care service managers need to have skills, knowledge and expertise required to fulfill day-to-day responsibilities. Some of these skills and responsibilities include the requirement to develop and maintain professional standards, procedures, and policies for various institutional activities including medical scientific research and community health welfare. Excellent, assertive communication skills, both verbal and written, are paramount to a leader's ability to carry out an effective healthcare operation.

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Conclusion can be made further that UHC improves public health maternal health care service delivery. Universal health coverage has been identified as a priority for the global health agenda. Universal health coverage implies the access to safe, effective, quality essential health care services, including affordable essential medicines and vaccines for all without going into poverty. Universal health coverage requires a health workforce that is available, accessible, and well-performing. In the maternal healthcare, UHC ensures that expectant women, mothers and child access good maternal medical attention. It enables expectant mothers to access maternal health care services and ensures that the quality of those services is good enough to improve the health of the people who receive them.

Though universal health coverage is on trial, the study recommends for the need to adequately support the implementation of universal health coverage. The support of the universal health coverage needs to involve all stakeholders including Ministry of Health, county government, people and non-governmental organizations. The role of Universal health coverage in the provision of public health maternal health care services provides an unprecedented opportunity to accelerate progress towards ending preventable deaths and improving the health and well-being of women and children. There is also need to make Universal health coverage policy inclusive and transparent, involving diverse stakeholders including women's organizations, community based groups, civil society and health-care professional associations.

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