

Determinants of Strategic Implementation of Devolved Health Services in Trans Nzoia County

¹Buchunju, Phoebe, ²Dr. Iravo, Mike, ³Mr. Okwaro, Fredrick

¹Jomo Kenyatta University of Agriculture & Technology (MBA Strategic Management)

²Jomo Kenyatta University of Agriculture & Technology (Lecturer PhD)

³Jomo Kenyatta University of Agriculture & Technology (PhD Student)

Abstract: Many organizations, including those in the public health sector, are experiencing and managing change which may be either planned or emergent. The performance of Trans Nzoia County has been reproached particularly in the wake of go-slows and strikes of the health labour force in recent times. The broad objective of the study was to assess the factors influencing the strategic implementation of devolved health services in Trans Nzoia County. The study was guided by the following specific objectives: To establish the effect of budgetary support on strategic implementation of health services, to examine the effect of health policy on strategic implementation of health services, to determine the effect of health legislation on strategic implementation of health services, and to determine how management support affects strategic implementation of health services. The study was guided by both Ansoffian theory and management theory. The study adopted a cross-sectional survey research design. The target population was the 1240 employees working with Trans Nzoia County. A sample of 89 respondents was drawn from the target population using stratified random sampling method. Primary data was collected using a structured questionnaire. The instrument was pilot tested before its use to collect data for the main study. The study assessed both validity and reliability of the instrument. The collected data was processed and analyzed with the aid of the Statistical Package for Social software. The data was analyzed using both descriptive and inferential statistics. The results indicated that budgetary support has a positive significant effect on strategic implementation of health services. Health policy had a significant positive effect on strategic implementation of health services. The study found a positive significant effect of health legislation on strategic implementation of health services in Trans Nzoia County. Management support had a positive and significant effect on strategic implementation of health services in Trans Nzoia County. It was therefore concluded that budgetary support, health policy, legislation on health care, and management support what are the factors that determine strategic implementation of devolved healthcare services.

Keywords: Budgetary support, health policy, legislative process, management support and strategic implementation.

I. INTRODUCTION

Background:

All over the world, there is pressure on the government of the day to offer more efficient, effective and satisfactory health services to its citizenry. Reform initiatives have swept through governments bringing news about efforts to reinvent, transform, or reform government health agencies (Barzelay 2001). In the developing world, change management has also been seen to emanate in all spheres of the public sector. The health sector change initiatives have been run under health

reform programs. Africa in particular has had a turbulent change environment that has shaped the change management process in the health sector over the half a century or so. According to Muga, Kizito, Mbayah and Gakuruh (2011), the government of Kenya approved the Kenya Health Policy Framework (KHPF) as a roadmap for developing and managing health facilities. The framework outlines the long-term strategic imperatives and the agenda for Kenya's health sector. In Kenya, there have been a series of major health sector reforms over the last three decades based on the principles of decentralization, community participation and inter-sectoral collaboration (Waweru *et al.*, 2013). For Kenya, in 2010, a new constitution was promulgated through a nationwide public referendum. It is being implemented following the election of a new government in March 2013. The new constitution includes the devolution of some of the government functions from national level to semi-autonomous counties countrywide. These are managed by elected county leaders. Counties have the authority to set priorities and allocate resources received from the national level, levy local level taxes and undertake other forms of local resource mobilization to strengthen service provision. This initiative has significantly changed government operations across the devolved sectors, including health in the public sector. The new constitution also created a maximum number of ministries for the country and therefore the coordination of health services has reverted back to one Ministry of Health (Republic of Kenya, 2010). The government has also pledged to abolish the current user fee policy making services free in health centres and dispensaries, and to introduce free maternity care throughout the health system, although if, when and how this will happen remains unclear.

These health sector governance changes have important implications to the design, implementation and impact of service delivery to the Kenyan citizenry. These changes have also come with daunting challenges. A review of implementation experience to date should assist in future planning of the changes envisioned in the health sector, including identification of key factors affecting strategic implementation in the public health sector. The current constitutional dispensation ushered in the most awaited hope for Kenyans of 'bringing services closer to the people'. One of the services that were devolved to the Counties was the healthcare service. These were to be managed by the local elected leaders in conjunction with the hospital management team. Trans Nzoia County is a level V public hospital (Provincial General Hospital) in Kenya. The hospital acts a referral to level IV hospitals. It provides specialized and general care to patients. The hospital is charged with provision of Health Services in Trans Nzoia County and its environs. In addition, it gets referrals of critical patients from the nearby County Hospitals as well as the Sub-County Hospitals. It has a bed capacity of 588 beds. The Hospital has various departments that are run by respective departmental heads. As provided for in the Kenya's Constitution (Republic of Kenya, 2010), the Trans Nzoia County is presently run by the County Government of Trans Nzoia. The various challenges that have hitherto affected the hospital and others across the country since the devolution of the health sector have necessitated the present study.

A report prepared by Bradley, Pallas, Bashyal, Berman and Curry (2010) on strategies for improving health care delivery provides that measuring and improving organizational performance is difficult because of the diversity and dynamism of such organization. The report therefore provides that any strategy that an organization chooses should be informed by identified root causes of the problem, the implementation capabilities of the organization and the environmental conditions faced by the organization. In addition, the report identified the intermediate outcomes that result to organization performance. These included the quality of service provided, efficiency in the provision of services, utilization that is the volume of services delivered or clients served and sustainability in provision and delivering needed and valued services. A study by Kumaraswamy (2012) revealed that it is imperative for policy makers to formulate suitable strategies to ensure service quality of the health care centres in India. In addition, in order to improve the operational performance of the Health care centres, systematic mechanisms for supervision, monitoring and review of the functioning of the health care centres should be put in place. Further, administrative system should be instituted to ensure optimal utilization of the available resources and improve the service quality of the health care centres.

Grepin and Dionne (2013) examined comparatively how democracy improved health in Ghana and Senegal. The study found that Ghana experienced greater improvements in skilled attendance at birth, childhood immunization, improvements in treatment of children with various ailments and reduction in infant mortality rate. The improvements were alluded to the adoption of national health insurance scheme and universal health coverage. Zere (2000) estimated the technical efficiency and productivity of sampled hospitals in South Africa. It was found that the hospitals operated at non-optimal scale and with decreasing returns to scale suggesting that they were technically inefficient.

Firms and companies all are living in a moment which the speed of change is so high that we begin to see the present when it is already disappearing. The definition of change refers to cope progression of touching from an unacceptable present state to a preferred state (Beckhard & Dyer, 1983). Nowadays organizations take advantage from strategic change,

so they must adjust themselves with new condition if they want have profits. The challenge for today's managers is learning to manage change successfully. With the purpose of remain competitive in the long term, enterprises are required to assume compound changes with increasing speed, effectiveness and success (Arnaboldi & Azzone, 2005). In addition, in strategic management change we have planned change that means consequences from on purpose challenge by managers to progress organizational function if persons, teams, or organizations won't adapt to change in the specific time they are doubtful to survive (Edmonds, 2011). According to Churchill (1983), five main stages of development have an effect on a business's expansion. There are existence, survival, success, take off, and resource maturity. If an organization moves from one step to another, it must adjust to the challenges of that phase (Churchill & Lewis, 1987). Organizational change is the procedure by which the organization moves from its current position and state towards some future position as a way of raising its overall usefulness. The management of change is a difficult development, which according to Larkin and Larkin (1996) is something which many organizations find incorrect. Change in definition means create anything that is different from the past, but innovation is adopted for the new ideas .Researchers believe that innovative organizations are organizations that are generally attributed to changing customer needs, changing skills of competitors, changes in the spirit of community, government regulations, international trade and react to change in conditions, and in revised form and how its products are changing their. Sometimes it is hard to convince employees to accept change and it takes time that they adapt themselves. All the people know that it is not a simple evolution. Failure can make loss of market share and position and reliability with stakeholders as well as decreased morale among management and loss of main employees. Structure and Control Systems are the most important factors of strategic change. But most of the time top managers may adjust strategy but performance and assumptions stay same as before, with the consequence that change program tends to be unsuccessful (Pfeifer, Schmitt, & Voigt, 2005). Changes subsist in the environment together in the external and internal environments. If organizations want to be to achieve victory they should be able to spend energy on investigating on primaries questions to them. Individuals have an important role in this decision, I mean changing. Lewins' change model is very famous in strategic change management which provides a general structure that check up other thoughts about change. It has three phases which are unfreezing, changing, and refreezing (Lewin, 1947). In this paper, brief explanation about the unfreezing, changing and refreezing was presenting. First of all unfreezing means help people agree to that change which needed for the reason that the existing condition is not sufficient. Changing refers to involve rearrange of contemporary work norms and links to meet new needs, and refreezing goes to emphasize the changes completed so that the new ways of behaving become stabilized. "Since his early contributions, a large body of literature on the theory of planned change has developed, including strategies for overcoming resistance to change and for the process of creating change in a variety of organizations " (Bennis, Benne, & Chin, 1969). The parameters that force the organizations to change are divided in three management criteria that respectively are: technical, political and cultural Technical factor goes to the force that happens for changing about technology and economic conditions. High-tech tools, changing interest rate and competition are the clear cut of examples of technological changes Political element pass on to force on change bring about the issues related with power, influence, and the allocation of resources. As a clear example "who has authority, who is rewarded, and who decides how rewards and resources are allocated". Cultural goes on to pressures for change produced by the values and way of life of People. As an example "demographic composition and cultural diversity of the labor pool and Societal values" (Tichy, 1983). The propensity for group presentation to move back to creative levels after a period of rapid change and considered stabilization hard work part of the change process. So, when taking all into consideration change, it is in the same way important to reflect on stability and its responsibility in the change procedure (Lewin, 1947).

Usually, change is happening when organizations face to big crisis that could be internal or external or consumer behavioral which modify the firms` setting, and also it can happen when the firm feel the need of face to change internally to achieve grate goal which is require big vision (Satler,2002). Another factor that would push organizations decision to change is analyzing competitive position, and find a way for creating value for customers and be different from competitors. It is obvious that if they want to expand their strengths and opportunities and decrease their threats and weakness organization change is unavoidable. The most famous reasons that can be mention are like change the government's regulation, mergers and acquisitions, changing for reach into global market, structural change or introduction of new strategy (Goll, Johnson, & Rasheed, 2007).In fact change cannot manage totally, the organization should build up the capability and resources (Edmonds, 2011).There is also some managerial factors that can divide in three groups: technical, political and cultural. When the main focus is about technical factor it means using high-tech tools and technology based system in the organization which rising the competition between competitors. Political pressure pass on to subject which are power, persuade employees and customers and allocation of resources, and cultural

parameter that goes to physiological factors and beliefs of employee that are different from each other and creating value to them can be mentioned as last but not the least (Tichy, 1983). Change needs environmental information and these information is being shared by employees, subsystems and also can be adapted and adjusted by firms staffs. Many organizations meeting point on a single factor of change project, as a clear cut of example, look at structure or strategy, while successful change programs, need a more complete analysis of all the elements influencing the final (Quinn, 1993). There are many challenges and barriers versus strategic change implementation, like culture and management, technology, strong competition, environment, structure, labor and employees and political issues that was explain each parameter in below obviously. The paramount barrier in organization versus strategic change is culture. The reason is clear. In the organization there is different kind of people with different kind of thinking. Culture has a strong effect on organization's strategy and also decision making between managers.

The definition of culture refers to attitude of employees and top managers in the organization that shows how they behave and carry out the business. Culture also can completely ruin everything in the firms. The treat of the employees, their respond and reaction to the new change is always had been the main problems that the firms are face to. In adequate support between managers and also not pioneering in the management level are the things that happen when the problem is about culture and management. Team working is also very important in any project, so it is clear that when the team working is weak, organization face to problem with changing. The difference in culture also happens among different departments of organization. Learning programmed and teaching is the other parameter that helps the employee with different culture to adopt with change easily. It is obvious that by learning the knowledge level of the employee will enhance so that the main profit will go to firm because if the firm can enroll the new strategy good enough all and specially this is the firm which can increase its strength over the other competitor. New technology and product development required for strategic changing that cost a lot for an organization, so it is one of the barriers of change. Strong competitors are also the big challenge for changing. The company should have a strategic plan for competing among its competitors. Environment is another parameter that plays a challenging role in organizations. The most important of them is lacking of understanding of customers and clients' requirements. I can also say that uncertain strategic direction, insufficient concept of business environment, not to share the knowledge and problem among each others, poor vision and mission and goal setting, high speed of external change are the other factors that happen in environment barrier.

Structure of organization is also one of the barriers that limited performance, inadequate creativity and imaginative power, different moral patterns and competitions are the most paramount elements in the structure. Beside environment is the element that all the managers who think about the changing should consider while they are looking forward any change and recruiting any new strategy because without that no firms can overcome to its problems and they will remain due to the environmental effect, so environment should be considered with no doubt.

Labor and employee are the other issue of challenging while top management decides for change. Scarcity of support in changing is barrier, and also in some case they have not sufficient confidence for changing and unclear process is also confusing for personnel. They also confuse with courses and goals and lack of human resource department is also important. This factor also put evidence that how important is the data and the knowledge that director managers and strategist should have. The position and knowing the weakness and the threat that the firm is face to besides understanding the situation, considering the employee competencies and ability and also the scarcity of supply could are the issues that not knowing them will encounter the firms to the really harsh occasion.

Political issue usually happens between groups in organizations." No willingness at the top to misuse power, Insufficient thought for socio-political feasibility, Delay for discussions on procedures and rules, Zero-sum approach to distribution of power and selective use of information" are play an important role.(Lorsch, 1986). As it mentioned in previous paragraphs these are the challenges and barriers of strategic changing in organizations and firms.

Revolutionize actively involves "people", it would seem usual to involve the HR task in any Projects or initiatives. We all know as much the Human resource department be well organized and knowledgeable that could not underestimate by the firm. The Hr core of any firm can understand the lack and shortage of the firm and also know who and where which employee can handle the firms needs and also in changing management who can use and flourish the changing strategy in aim of increase the return and thrive the company. "HRs may well be ideally placed, but despite their undoubted people skills, many simply do not have the special skills required to manage change, nor should they. But it is their responsibility to take this on board and ensure that they nurture the right people to become change champions of the future. Ability for managing change should be taught and must be learning program for employee and also time training during the change

management an changing strategy all thing that should be consider is how to implement and who has offered this strategy, if the person who has done that has the special ability or have enough knowledge that can measure and analyze all the aspect of this issue. That is a key parameter in the process of project and cost management.

An improved reception of change while keeping staff engaged is more likely to be achieved if someone understands how to put into action the theory of change. Stakeholder engagement is deep-seated to successful change and it is equally original to understand the function and content of a stakeholder engagement strategy, how to plan and execute effective engagements and how to provide a feedback and review cycle to adjust and improve influence. "Training in change management can help to provide a deeper knowledge of its principles. and an understanding of how to implement and manage change in an organization by increasing the ability of the firms of course with recruiting training for employees, firms can allocate their force and power in specific part of the firm and with this they can distrusted and develop the firms abilities and also the training that can be use not only for the enhancing the capability but also for using and implementing the strategic change in the firm,(Goll, et al., 2007).

To put all into the consideration, the most important factor that is positive in the organizations in this era is that there wasmore, not less, change, and studies declare that change is the only way that can help the firms to survive in this competitiveness environment. All managers should have an ability to manage such change. They must to have examination skills so that they can understand their framework of function. Moreover, judgment skills can use the knowledge to settle on what is about their circumstance and the suggestion of this for their change design, authority and interpersonal skills so that they can sell their change ideas to others.

Statement of the Problem:

Many organizations, including the public health sector, are experiencing and managing change which may be either planned or emergent. How effectively change is managed highly determines the strategic implementation of these institutions. There have been efforts since independence to make the health system more efficient, effective and cost friendly to the Kenyan citizens. This has culminated to various strategies being formulated and implemented including devolution of the health sector. Devolution of health system structure and management has been and continues to be a key issue for many countries in the achievement of health for all, and development of primary health care.

Achieving integrative heath care services is a key policy objective of Kenyan devolved governance in the health sector and is intended to reduce the frustration, delay, the inefficiency, and the gaps that frequently existed in the previously centralized health system management. Health system has had long-standing problems. The origin has been in the way policy has been made, in the way different services are funded, planned, and managed; weaknesses in budgetary and information systems; communication failures and organizational and individual behaviors. According to KPMG (2013) central to the creation of a health care system is the devolved authorities' ability to use these governance tools to rationalize, integrate and coordinate previously autonomous and sometimes competing services.

Kenya devolved its healthcare system since the time the county government came in power in March 4th 2013, however, very little has been done to establish the factors that influence its implementation and more so in Trans Nzoia County. Health staff unrest has been witnessed since the advent of county governance; affecting service delivery thus posing health risks to residents and scaring away potential investors. The situation has been exacerbated by resistance to change that has come with devolution of the health services. Both the national and county government together with the various development stakeholders has paid little attention to such a situation despite the fact that if it remains unchecked could jeopardize service delivery. It was against that backdrop that the above study was conceived so as to fill the knowledge gap.

Objectives of the Study:

General objectives:

The general objective of the study was to assess the factors influencing the strategic implementation of devolved health services in Trans Nzoia County.

Specific objectives of the study:

1. To establish the effect of budgetary support on strategic implementation of health services in Trans Nzoia County
2. To examine the effect of health policy on strategic implementation of health services in Trans Nzoia County

3. To determine the effect of health legislation on strategic implementation of health services in Trans Nzoia County
4. To determine how management support affects strategic implementation of health services in Trans Nzoia County

Hypotheses:

1. H₀₁: Budgetary support has no significant effect on strategic implementation of health services in Trans Nzoia County
2. H₀₂: Health policy has no significant effect on strategic implementation of health services in Trans Nzoia County
3. H₀₃: Health legislation has no significant effect on strategic implementation of health services in Trans Nzoia County
4. H₀₄: Management support has no significant effect on strategic implementation of health services in Trans Nzoia County

Significance of the study:

This was beneficial to a number of stakeholders. The study will provide an empirical platform to compare the factors influencing strategic implementation in the public health sector in Kenya and beyond. The findings are primarily intended for policy makers, practitioners, and scholars in the field of strategic management and management in general. It will enable the persons responsible for policy, strategy and operational work in the public health sector to chart the best way forward in order to enhance performance of health facilities. Practitioners, on the other hand, was able to know how best to employ the available resources in order to promote strategic implementation at the hospital. Academicians, scholars, and researchers will find the findings of this study as a reliable source of reference in their scholarly and research work.

It is anticipated that the study will offer enormous opportunities to the national government to create changes in the structure and functions of the health sector and provide guidelines for the government to assist it on how to enhance health service delivery. It is also expected that the research will benefit the county governments in its provision of health services to the public. Since the concept of devolution is progressive, the findings of the study are expected to generate empirical literature and theoretical insights. This study will also make contributions to both literature and the field of knowledge by addressing the literature gaps through determination of the factors influencing the strategic implementation of devolution of health services. In addition, the research provides a reference framework for other scholars to conduct similar studies.

Scope of the Study:

The study was conducted in Trans Nzoia County, Kenya. The county is one of the leading counties in health provision in Kenya and attends to many patients drawn from the County and surrounding Counties. The target population was the 1240 staff working with the department of health. The study was limited to five variables namely budgetary support, health policy, legislation on health, management support, and strategic implementation. The former four constructs are independent variables while the fifth is the dependent variable. The study was conducted over a period of three months.

2. LITERATURE REVIEW

Theoretical Framework:

Theories of strategic implementation are reviewed and discussed in context of health facilities as discussed below:

Ansoffian Theory:

The Ansoffian theory was pioneered by Ansoff. The theorist lived was born in 1918 and passed on in 2002. He was an applied mathematician and business manager. His mathematics foundation and acumen enabled him to analyze strategic management techniques. According to Gianos (2013), the theory has widely been employed to explain optimal strategic implementation position (OSPP). The author stated that the implementation of components of Ansoff's strategic success paradigm has proven to enhance an organization's probability of strategic success.

The Ansoffian theory was premised on balancing the external characteristics of the product-market strategy and creating an internal fit between strategy and organization resources (Ansoff, 2007). In the health sector's context a particular

hospital, say Trans Nzoia County, may seek to evaluate resources at its disposal in order to address the ever rising demands of patients. The external characteristics in this perspective, include the socio-economic, geopolitical, and health situations that have exacerbated the vulnerability of people to injuries and diseases. This means that the demand for health services will ever be on a rising trajectory. Needless to say, the foregoing calls for an assessment of resources at the hospital's disposal to address these health needs.

It is noted that Ansoff's theory divided the environment into two large categories which are historic and discontinuous. Historic perspective indicates that decisions about the future are founded on past and present events that can be extrapolated into the future. This implies that change is incremental, predictable and visible. On the other hand, discontinuous environments indicate that the future is partially visible and predictable; therefore, change is possible by employing weak signals from the environment. More so, the future could be absolutely unpredictable and invisible which interpretatively means that changes are based on building scenarios utilizing weak environmental signals (Emery & Trist, 1965 in Gianos, 2013). The health situation is ever changing which means that the health sector should also be dynamic. It is the responsibility of the sector's management to put in place and implement strategies that would enable the sector to address not only present but also future predictable and unpredictable eventualities. 34w

Resource Dependence Theory:

Resource dependence theory (RDT) argues that firms must exchange with their environments to gain resources (Scott 1987). It centers solely on resources that must be acquired from external sources for a firm to survive or thrive (Barringer and Harrison 2000). The need for external resources makes firms depend on others. To successfully manage dependencies, RDT argues that firms must gain control over vital resources to reduce reliance on others and increase others' reliance on them. It means firms should try to increase their power in their environments (Pfeffer and Nowak 1996; Thorelli 1986; Barringer and Harrison 2000).

Supply chain collaboration provides such a way to helping firms to reach these goals. Extending the logic of resource dependence theory from the firm level to the supply chain level, supply chain partners as a whole are less relying on their environments through resources sharing. Firms collaborate with their supply chain partners to acquire vital resources and to increase their power relative to other supply chains. However, the power may be unbalanced between partners because of different ownership of resources. This unbalance of power may create conflicts between partners if not well managed. Min et al. (2005) suggest the powerful firm in the supply chain should meet the less powerful partner's needs in mutually beneficial arrangements to strengthen the competitive power of the supply chain as a whole. While RDT has its merits; it has limitations in explaining supply chain collaboration. RDT just argues that firms have to exchange with their environments to acquire necessary resources since no firm is self-contained. Transaction costs, competence development, and learning opportunities are not taken into consideration (Barringer and Harrison 2000).

Conceptual Framework:

A conceptual framework is a diagrammatic representation of study variables and how they relate. A concept is an abstract or general idea inferred or derived from specific instances (Kombo and Tromp, 2009, Miles and Huberman, 1994 and Reichel and Ramey, 1987). Unlike a theory, a concept does not need to be discussed to be understood (Smyth, 2004). A conceptual framework is a set of broad ideas and principles taken from relevant fields of enquiry and used to structure a subsequent presentation (Kombo and Tromp, 2009). A conceptual framework is a research tool intended to assist a researcher to develop awareness and understanding of the situation under scrutiny and to communicate it. When clearly articulated, a conceptual framework has potential usefulness as a tool to assist a researcher to make meaning of subsequent findings. It forms part of the agenda for negotiation to be scrutinized, tested, reviewed and reformed as a result of investigation and it explains the possible connections between the variables (Smyth, 2004).

A conceptual framework for the present proposed study shows the relationship County Government budgets, county government health policy, county government legislative process, and management commitment on strategic implementation of devolved public health services. The independent variables are budgetary support, health policy, and legislation on health care, management support.

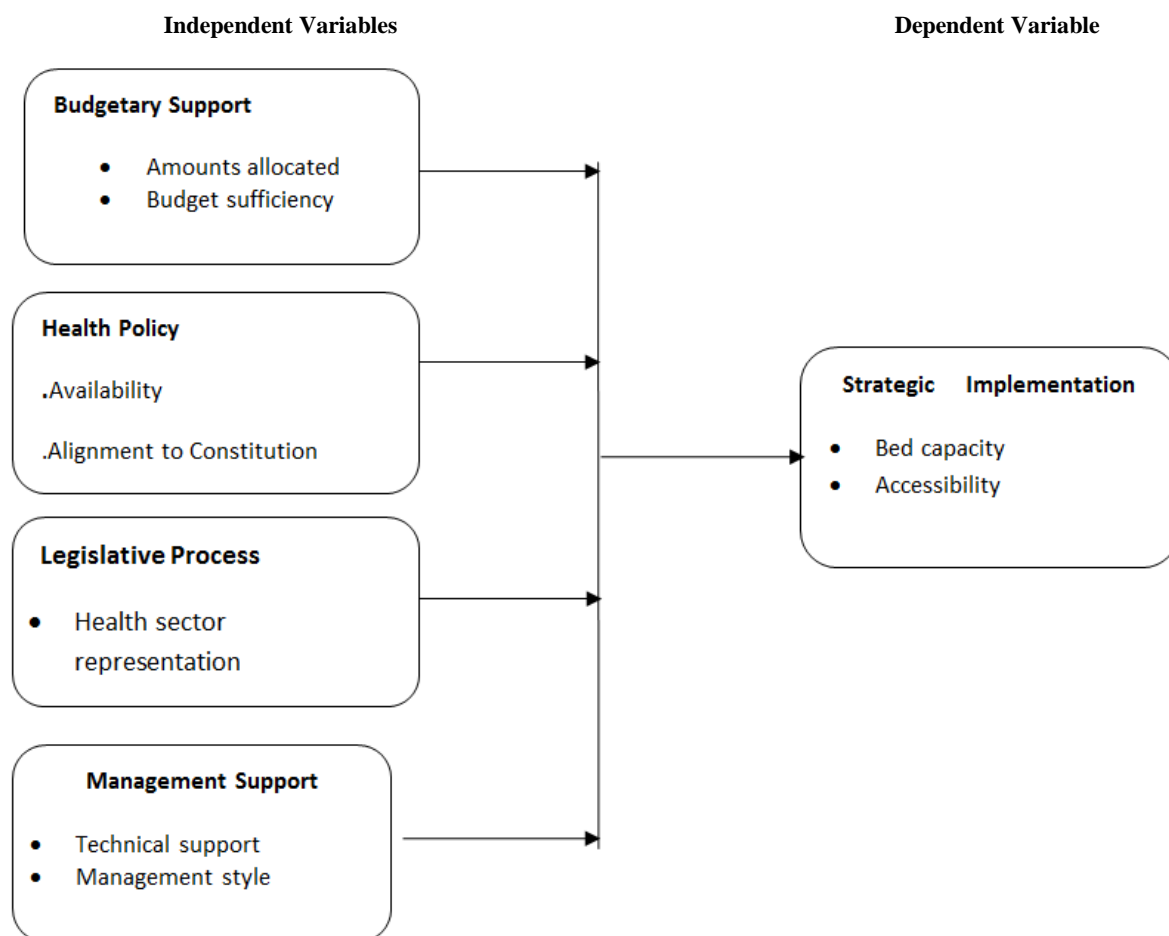


Figure 2.1 the conceptual framework on the determinants of strategic implementation of the devolved health services.

County Government Budgets:

A study on the impact of budget participation on managerial performance via organizational commitment among the top 500 Turkish firms revealed that budget participation and organizational commitment had a significant influence on managerial performance (Melek, 2007). Budget participation was noted to improve management performance in the surveyed firms. It was further deduced that high interaction between budget participation and organizational commitment provided an appropriate environment under which managerial performance would essentially be improved. An assessment conducted in Yolo County in 2012 by Government Finance Officers Association found that county budgets that embraced public participation provided a means by which performance would be improved. Public participation was meant to increase knowledge about the budget and fiscal situation among the public in order to have a more informed and responsive local budget. A study by Fabian, Johnson and Kavanagh (2011) found that some local governments prioritize the most critical goals by reviewing their strategic and tactical plans while budgeting. This priority-based budgeting was noted to increase quality and service delivery among cities such as San Jose, California and Florida.

Suberu (2010) looked into the budgeting strategies in selected polytechnic libraries in Nigeria. The author observed that for any organization to perform creditably, then the budget and the budgeting process should facilitate effective utilization of available funds, improve decision making and provide a benchmark to measure and control performance in addition to increasing communication within the organization and establish understanding between managers about goals and objectives. Enterprises make plans using budgets in a systematic or unsystematic way while having some form of budgetary control and budgetary control practices (Ambetsa 2004). In his study of budgeting control practices by commercial airlines operating at Wilson Airport, it was noted that budgets formed a platform for business performance evaluation. The author further noted that challenges faced by the airlines were budget evaluation deficiencies lack of full participation of all individuals in the preparation of budgets and lack of management support. These were noted to have a negative impact on the performance of the business. Onduso (2013) examined the effects of budgets on financial

performance on manufacturing companies in Nairobi County. Despite the study not showing how budgets influenced strategic implementation of the companies, it was revealed that budgets indeed influenced the companies' financial performance. The study however recommended that the county should effectively implement the budget through capacity building, robust systems and processes prioritization, close monitoring and evaluation and stakeholder engagement. In addition, best financial management practices should be enhanced and establish a strong link between planning and budget processes to ensure prudent management of funds. County Government Health Policy. In their study, Buse, Mays and Walt (2005) argued that health policy entails the course of action or inaction that affect institutions, organizations, services and funding arrangements of the health system and includes both the policies made by the government and the private sector. On the other hand, Harrison (2001) observed the policy as a process of decision making rather than the output of that process. While looking into the health systems in low and middle income countries, Smith and Hanson (2011) noted that health policy actors must negotiate and engage with other range of actors at national and international levels and outside the national health system in order to enhance the health system development. An empirical study by Filmer, Hammer and Pritchett (2000) delved into the diagnosis of health policy in poor countries. The authors focused on the evidence showing weak links in the chain between government spending for services to improve health and actual improvements in the health status. They noted that institutional capacity was vital for the provision of effective health services since lack or inadequacy of the capacity may lead to below par actual provision of health services. According to the World Health organization (WHO, 2007), global health policies have been put in place to deal with all types of diseases through the health systems, surveillance, treatment and working with the national governments to promote global health. In addition, the organization in collaboration with the world community has been improving ways to curb the key health threats. WHO (2005) further notes that the organization in conjunction with the international health regulation has promoting cooperation between the developed and developing countries on emerging health issues of global significance.

It is posited that in 2005, the regional East African community health policy initiative was established. This policy aimed at accessing, synthesizing, packaging and communicating evidence required for policy and practice. In addition, the policy was aimed to influence policy- relevant research agendas for improved population health and health equity. Further, the policy sought to improve people's health and health equity in the East Africa region through the effective utilization and implementation of knowledge to enhance health policy and practice. With the collaboration with the respective governments of East Africa, WHO enabled health promotion among the population in addition to countries establishing policies to improve health (WHO, 2005). In a review of the health policies and the new constitution for vision 2030, Kibui, Mugo, Nyaga, Ngesu, Mwaniki and Mwaniki (2015) noted that the Kenya Health Policy 2012 offered guidelines to ensure that the improvement of the health status in Kenya. The policy was noted to emphasize the Kenya's health sector's obligation under the supervision of the government and to ensure that the country attain the highest possible standards of health. The Kenya health policy 2014-2030 as a progression of Kenya health policy 2012 seeks to halt and reverse the rising burden of non-communicable conditions, provide essential healthcare, strengthen collaboration with the private and other health-related sectors including the main goal of attaining the highest standard of health in a manner responsive to the needs of Kenyan population.

County Government Legislative Process:

An article by Shobe (2014) on the Columbia law review notes that the legislative counsel mandated for statutory drafting have very low turnover. This is to ensure stability and continuity to statutory drafting. The continuity ensures that the legislative counsel is positioned uniquely to draft statutes. David, Herszenhorn and Pear (2010) noted that the parliament of the USA sought to pass a piece of legislation on healthcare reform that is the Patient Protection and Affordable care Act brought forward by the president. However, the legislation was considered controversial as it raised debate on constitutionally required procedures for its enactment and the role of the courts in enforcing such procedures; the legislation was however eventually abandoned.

Matiko (2011) did a study on managing disposal of unwanted pharmaceuticals at health facilities in Tanzania. The study sought to examine the disposal practices of unwanted medicine among health facilities. It was noted that the disposal practices were challenged by legal framework in place such as the Public Finance Act and Regulations of 2004. The procedures necessary to be followed in accordance with the Act and regulations were noted to be complicated and time-consuming. Therefore disposal and procurement of medicine tended to be difficult. Authorities such as Tanzania food and medicines authority further require proper disposal of unwanted medicine to avoid public health risk.

The Kenyan constitution of 2010 has provided a legal framework that ensures a comprehensive rights-based approach in matters health services delivery. Further, it is a constitutional obligation for state organs and public officers to address the needs of the vulnerable members of the society. In addition, every person has the right to the highest attainable standards of health and should not be denied emergency medical treatment. The constitution further outlines the values and principles that the state organs and public officers ought to employ and follow in the delivery of services. The state itself is obliged to protect consumer rights including the protection of health and safety and economic interests. With the introduction of the devolved system of governance, the Kenya health policy 2014-2030 takes the objectives of devolution in line with health issues. This include the promotion of democracy and accountability in delivery of healthcare, recognizing the right of communities to manage their own health affairs and enhancing capacity of the two levels of government to effectively deliver health services. A report by the Kenya National Commission on Human Rights (2012) cites the Family and Reproductive Health bill of 2007 which never passed into law but paved way for an opportunity of the enacting comprehensive legislation of the reproductive health. The current constitution is noted to recognize the right to health care services including the reproductive care. The report further maintains that the state ought to enact legislation on reproductive health in order to provide for a legal framework that promotes and protects reproductive health rights.

Management Support:

An empirical study was conducted in Greece health sector by Maniadakis, Kotsopoulos, Prezerakos and Yfantopoulos (2009). The study aimed to establish main methodologies for health care services efficiency and productivity measurement. The study analyzed how type of management affected performance of health facilities in Greece. In the same perspective, Kumaraswamy (2012) empirically examined service quality in health care centres in India. The study revealed that the vital service quality factors in health care centres include physician behaviour, supportive staff, atmospherics, and operational performance. In the study, it was argued that the management of health facilities should view the attitude of supportive staffs which is a major cause of service quality in those facilities. Therefore, the management should offer the necessary support, for instance, by providing ambulance care facilities to health centres.

A study by Bradley, Pallas, Bashyal, Berman and Curry (2010) evaluated the developing strategies for enhancing delivery of health care in the United States. The study noted that of the outcomes of health care delivery is sustainability. For sustainability to be achieved there ought to be political support, community and patient support, financial support, human resource supply, staff commitment, strategic planning. In the same breadth, it was noted that strategic management process ought to be used to enhance organizational fit with environment conditions in order to ensure sustainability of the health services delivery. Locally, strategic human resource management in health sector in Kenya was examined (Mugo et al., 2014). The study was delimited to the national, county and institutional levels of the health sector. The study established that aligning people management with the business strategy and integrating high performance work systems into the strategic management process is fundamental in enhancing performance of health facilities and delivery of quality services. Furthermore, Oketch (2012) had earlier empirically analysed possible alternative sustainable financing options for primary health care services in Kenya. In the study, it was noted that various policies and strategies have been initiated over time by the government with support of various stakeholders. The study further noted that there are ongoing discussions between the government and development partners to address the deficit in health care budgets.

Strategic Implementation:

A report prepared by Bradley, Pallas, Bashyal, Berman and Curry (2010) on strategies for improving health care delivery provides that measuring and improving organizational performance is difficult because of the diversity and dynamism of such organization. The report therefore provides that any strategy that an organization chooses should be informed by identified root causes of the problem, the implementation capabilities of the organization and the environmental conditions faced by the organization. In addition, the report identified the intermediate outcomes that result to organization performance. These included the quality of service provided, efficiency in the provision of services, utilization that is the volume of services delivered or clients served and sustainability in provision and delivering needed and valued services. A study by Kumaraswamy (2012) revealed that it is imperative for policy makers to formulate suitable strategies to ensure service quality of the health care centres in India. In addition, in order to improve the operational performance of the Health care centres, systematic mechanisms for supervision, monitoring and review of the

functioning of the health care centres should be put in place. Further, administrative system should be instituted to ensure optimal utilization of the available resources and improve the service quality of the health care centres.

Grepin and Dionne (2013) examined comparatively how democracy improved health in Ghana and Senegal. The study found that Ghana experienced greater improvements in skilled attendance at birth, childhood immunization, improvements in treatment of children with various ailments and reduction in infant mortality rate. The improvements were alluded to the adoption of national health insurance scheme and universal health coverage. Zere (2000) estimated the technical efficiency and productivity of sampled hospitals in South Africa. It was found that the hospitals operated at non-optimal scale and with decreasing returns to scale suggesting that they were technically inefficient. In a study of the determinants of public health care expenditure in Kenya, it was noted that financing health care was crucial in the performance of the health sector (Rono 2013). In another study by Njenga (2011) it was also noted that health care financing was key determinant of the health system performance. This was because the financing would provide the necessary resources and the incentives for running the health systems in the country. It was further argued that knowledge on the health care financing would inform government policies by providing a closer look at the effects of its policies on the health care delivery systems and the overall standards of a country. Korir (2010) found that there was recognizable increase in efficiency among the surveyed hospitals as a result of the major reforms carried out by the ministry of health in Kenya. However, the study recommended that more efforts by the ministry should be channelled on reducing inefficiency in service provision in addition to maintain a central database in order to facilitate measurement of efficiency in order to upgrade the service quality in areas found deficient.

Moreover, Wanjau, Muiruri and Ayodo (2012) did a study on the factors affecting provision of service quality in the public health sector in Kenya. The study focused on employee capability, communication and financial resources in Kenyatta National Hospital. The study found that lack of flexibility and budgetary autonomy and lack of performance based incentives led to poor health outcomes and inefficiency. Underfunding public centers coupled with weak health system was noted to affect delivery of quality service in the hospital. The study concluded that fixed budgets in hospitals led to failure to respond to emergencies while centralized budgets contributed to technical inefficiency by preventing staff from optimizing the deployment of inputs and therefore leading to poor service quality in the hospitals. The study recommended that delivery of service quality health could be improved through effective allocation of financial resources in the public sector in order to promote functions that contribute to service delivery and reduce the bureaucracy in financial management.

Research Gaps:

From the foregoing review of relevant literature, it is evident that research in the area of implementation of devolved healthcare services has been done but not in a comprehensive approach. All the literature reviewed indicates that previous researchers only concentrated on a few variables factors of implementation of devolved healthcare services while this study covers additional important factors that were omitted by previous studies like health legislation. This makes the study more comprehensive. From survey of relevant literature, it has been found that there are few studies specific to Kenya on the link the critical success factors and implementation of devolved healthcare services. This study therefore intends to fill these pertinent gaps in literature by studying the effects these factors on implementation of devolved healthcare services in Kenya. A review of extant literature has shown scanty attempts to relate implementation of devolved healthcare services. There is no study that has come up with a robust econometric model relating the factors that are critical in the implementation of implementation of devolved healthcare services and the actual implementation in a developing country.

Summary:

This chapter has covered the theory that underlies the study under a sub-topic theoretical review. Theories of strategic implementation were reviewed and discussed in context of healthcare service delivery. The study reviews Ansoffian theory and management theory. The empirical review is then done based on the independent and the dependent variables. The conceptualization of the study is done using the conceptual framework that captures the interrelationships between the study variables of interest. Then the research gaps emanating from the literature review are presented. Lastly the summary of the chapter is given.

3. RESEARCH METHODOLOGY

Research Design:

A research design according to Kothari (2008) is the roadmap of conducting a research study. The study adopted a cross-sectional study design. The choice of this design is based on the argument by Saunder's *et al.*, (2005) that most studies undertaken for academic studies are time constrained and therefore a cross-sectional study design was feasible for this purpose. Moreover, respondents cutting across various departments of Trans Nzoia County health sector.

Target Population:

The target population is simply the population that the study findings was generalized to. In other words, it is the population to which the study was restricted. The target population constituted of the 1240 employees working in the department of health in Trans Nzoia County. The unit of analysis as defined by Cooper and Schindler (2010) is the individual participant or the object on which the measurement is taken. In this study the unit of analysis was an employee of the health department working at Trans Nzoia County.

Sampling Frame:

Lavrakas (2008) defines a sampling frame as a list of the target population from which the sample is selected and that for cross-sectional survey a sampling frame usually consists of a finite population. The sampling frame for this study consisted of all the health facilities in Trans Nzoia County.

Sample Size:

A sample is a subset of the study population. In other words, a sample is extracted from the target population. In the context of this study, sampling is necessitated by the fact that, the population is large and it would be, needless to say, constraining in terms of financial and time resources to include all members of the target population in the study. The study employed Nassiuma (2008) formula to derive the sample size.

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

Where:

n = Sample size;

N = Target population size;

C = Coefficient of variation at 50%

e = Degree of precision at 0.05.

Substituting these values in the equation, estimated sample size (n) will be:

$$\begin{aligned} n &= 1240 (0.5)^2 / [0.5^2 + (1240-1)0.05^2] \\ &= 310 / [3.3475] \\ &= 89 \end{aligned}$$

Sampling Technique:

The sampled respondents were drawn from the target population using simple random sampling method.

Data Collection Instrument

Quantitative primary data concerning the key variables of the study was collected using a closed ended questionnaire. The questionnaire was preferred because as asserted by Saunder's *et al.* (2005) the use of questionnaires provides a platform for each sampled respondent to be asked to respond to the same set of questions. In doing this, it provides an efficient way of collecting responses prior to requisite quantitative analysis. Secondary data was collected from an analysis of relevant published documents and reports.

Pilot Testing:

Pilot testing is essential in that it offers an opportunity of detecting any probable weaknesses in the research instrument. A pilot study was conducted using 10% of the sample in Uasin Gishu County facilities that were selected randomly. Uasin Gishu County has the same characteristics with respect to the health care sector as Trans-Nzoia County. The data collected in the pilot study was analyzed with the object of determining both reliability and validity of the research questionnaire used in the final study.

Validity of the Research Instrument:

Validity is posited to be to be the extent to which the interpretations of the results of a test are warranted. The foregoing is argued to depend on the specific use the test is intended to serve (Kimberlin & Winterstein, 2008). The study sought to determine the content validity by liaising with assigned University supervisors. Moreover, the study tested the instrument's construct validity using the Principal Axis Factoring (PAF) method.

Reliability of the Research Instrument:

Reliability is asserted to be a measure of how consistently an instrument can collect similar data when administered to different populations and/or at different times. Reliability estimates are used to evaluate the stability of measures administered at different times to the same individuals or using the same standard. The study used the Cronbach's alpha to assess reliability of the research instrument. The reliability threshold was $\alpha \geq 0.7$. Reliability coefficients range from 0.00 to 1.00 with higher coefficients indicating higher levels of reliability.

Data Collection Procedure:

The primary data was collected using a questionnaire. Relevant consents from JKUAT and the management of Trans Nzoia County was sought prior to collecting data from the sampled respondents. The questionnaire was issued to the respondents through their respective heads of sections. The filled questionnaires were collected after approximately five working days after their date of issuance.

Data analysis and presentation:

Ordinarily, the amount of data collected in a study is rather extensive and research questions and hypotheses cannot be answered by a simple perusal of numeric information and therefore data need to be processed and analysed in an orderly and coherent fashion. Quantitative information is usually analyzed through statistical procedures. Statistical analyses cover a broad range of techniques, from simple procedures that we all use regularly like computing an average to complex and sophisticated methods. Although some methods are computationally formidable, the underlying logic of statistical tests is relatively easy to grasp, and computers have eliminated the need to get bogged down with detailed mathematical operations (Polit and Beck, 2003). Besides using frequencies and descriptive analysis, the study will use multiple linear regression analysis to test the statistical significance of the various independent variables on the dependent variables. Faraway (2002) states that multiple linear regressions are used in situations where the number of independent variables is more than one. According to International Business Machines (IBM) (2010), the assumptions of linear regression must be met by the data to be analysed, these assumptions state that the coefficients must be linear in nature, the response errors should follow a normal distribution and the errors should have a common distribution. Regression analysis is a statistical tool for the investigation of relationships between variables. With multiple regression analysis, we can assess the effects of multiple predictor variables (rather than a single predictor variable) on the dependent measure. The collected data was processed and analyzed using the Statistical Package for Social Sciences (SPSS) software. The raw data was edited and coded before being analyzed with the aid of the SPSS for the descriptive and inferential statistics. The findings of the study were presented in tables of frequencies, percentage, descriptive statistics and inferential statistics. The study is expected to show the influence of various factors (budgetary support, health policy, legislative process, and management support) on strategic implementation. This was captured by the following econometric model:

$$Y = \beta_0 + X_1\beta_1 + X_2\beta_2 + X_3\beta_3 + X_4\beta_4 + \epsilon$$

Where:

Y: Strategic Implementation

X_1 : Budgetary Support

X_2 : Health Policy

X_3 : Legislative Process

X_4 : Management Support

ϵ : Disturbance term

β_0 : Constant

$\beta_1 - \beta_4$: Slope Coefficients

4. RESEARCH FINDINGS AND DISCUSSIONS

Socio-Demographic Characteristics:

Gender Distribution:

The respondents were required to provide information about their gender, age, and experience in matters of procurement. The gender distribution of the survey respondents was 48.1% female and 51.9% male. Thus there is gender parity in the institution. The results of gender analysis are presented in Table 4.1.

Table 4.1: Gender Distribution of the Respondents

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|--------|-----------|---------|---------------|--------------------|
| Female | 26 | 48.1 | 48.1 | 48.1 |
| Male | 28 | 51.9 | 51.9 | 100.0 |
| Total | 54 | 100.0 | 100.0 | |

Age Distribution:

For age, 16.7% were in the age bracket 18-25 years, 14.8% in 26-33 years, 68.5% were above 33 years. The results of age analysis are presented in Table 4.2.

Table 4.2: Age Distribution of the Respondents

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-----------|---------|---------------|--------------------|
| 18-25 | 9 | 16.7 | 16.7 | 16.7 |
| 26-33 | 8 | 14.8 | 68.5 | 85.2 |
| 34-41 | 37 | 68.5 | 14.8 | 100.0 |
| Total | 54 | 100.0 | 100.0 | |

Experience in the Health Sector:

The respondents were asked to indicate the length of time they had Working experience in the public health sector. The results showed that 24.1% Less than 5 years, 29.6% had 4-6 years, 33.0% had 10 – 19 years, 13.0% had over 20 years experience. Thus a good number of the respondents had more than 10 years experience (43%) respondents understood the operations of developed health system. They therefore had no problem in answering the questionnaires. Their responses can thus be relied upon. The results are presented in Table 4.3.

Table 4.3: Distribution of Experience in the Health Sector

| Category | Frequency | Percent | Valid Percent | Cumulative Percent |
|--------------------|-----------|---------|---------------|--------------------|
| Less than 5 years | 13 | 24.1 | 24.1 | 24.1 |
| 5 – 9 years | 16 | 29.6 | 29.6 | 53.7 |
| 10 – 19 years | 18 | 33.3 | 33.3 | 87.0 |
| 20 years and above | 7 | 13.0 | 13.0 | 100.0 |
| Total | 54 | 100.0 | 100.0 | |

Experience in the Current Health Facility:

The respondents were asked to indicate the length of time they had worked in the current hospital. The results showed that 20.4% less than a year, 35.2% had 1 – 5 years, 31.5% had 6 – 10 years, and 13.0% had over more than 10 years. The results are presented in Table 4.4. The duration of working in current hospital was a basis for establishing whether the respondents understood the operations of their respective departments.

Table 4.4: Experience in the Current Hospital

| Category | Frequency | Percent | Valid Percent | Cumulative Percent |
|--------------------|-----------|---------|---------------|--------------------|
| Less than a year | 11 | 20.4 | 20.4 | 20.4 |
| 1 – 5 years | 19 | 35.2 | 35.2 | 55.6 |
| 6 – 10 years | 17 | 31.5 | 31.5 | 87.0 |
| More than 10 years | 7 | 13.0 | 13.0 | 100.0 |
| Total | 54 | 100.0 | 100.0 | |

Study Variables Descriptive:

Descriptive statistics of mean, standard error, and standard deviation were obtained for the variables health care strategic implementation, budgetary support, health policy, legislation on health care, and management support.

Health Policy:

The respondents were asked whether there was a health policy in the facility and 77.8% strongly disagreed while 22.2% agreed and on the aspect of County government setting the health policy, 66.7% strongly disagreed while 22.2% disagreed. When asked whether the policy is aligned to the Constitution, 33.3% strongly disagreed while 66.7% disagreed. For the alignment of policy is aligned to the by-laws, 55.6% strongly disagreed while 44.4% disagreed. If the the policy is favourable to our hospital 44.4% strongly disagreed while 55.6% disagreed. The results are presented in Table 4.5.

Table 4.5: Health Policy

| | Mean | SD | Strongly Disagree | | Disagree | |
|---|------|------|-------------------|------|----------|------|
| | | | Freq | % | Freq | % |
| There is a health policy in our hospital | 1.22 | .420 | 42 | 77.8 | 12 | 22.2 |
| County government sets the health policy | 1.44 | .691 | 36 | 66.7 | 12 | 22.2 |
| The policy is aligned to the Constitution | 1.67 | .476 | 18 | 33.3 | 36 | 66.7 |
| Policy is aligned to the by-laws | 1.44 | .502 | 30 | 55.6 | 24 | 44.4 |
| The policy is favourable to our hospital | 1.56 | .502 | 24 | 44.4 | 30 | 55.6 |

Table 4.6 ANOVA Results

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|-------|------------|----------------|----|-------------|--------|-------------------|
| 1 | Regression | 8.323 | 4 | 2.081 | 18.283 | .000 ^b |
| | Residual | 5.576 | 49 | .114 | | |
| | Total | 13.899 | 53 | | | |

The analysis of variance (ANOVA) results are captured in Table 4.18. It indicates that the model is robust enough ($F = 18.283$, $p = .000$) to be used to explain the relationship between the independent variables and the dependent variable of interest in this study.

Hence the estimated model takes the form:

$$Y = -.216 + 1.093X_1 + .431X_2 + 1.518\beta_3 + .218X_4$$

Where:

Y: Strategic Implementation of Health Care Delivery

X₁: Budgetary Support

X₂: Health Policy

X₃: Legislation on Health

X₄: Management Support

5. SUMMARY

Summary of Preliminary Findings:

Out of the targeted 89 respondents, 54 completed the questionnaire. This gave a response rate of 61%. The gender distribution of the survey respondents was balanced. For age, majority (68.5%) were in the age bracket 34-41 years. The respondents were asked to indicate the length of time they had been in the health sector as employees and the largest proportion had 10–19 years experience (33.3%). On the length of time they had worked as employees at the hospital the largest proportion had 1 – 5 years (35.2%).

The skewness statistic and kurtosis statistic obtained for the variables of interest in this study were in the range -.249 to .194 for skewness and -.948 to -.370 for kurtosis. Hence the data was found to be normally distributed. For reliability test alpha coefficients for all the variables intelligence were in the range .801– .973. Hence are above the benchmark of 0.7 suggested by Sekeran (2000) and thus the scales were reliable for measuring the variables. The Durbin-Watson statistic for the estimated model was 1.902 hence the residuals were not correlated. The variance inflation factor values for budgetary support, health policy, legislation on health care, and management support are in the range of 1.508-3.689 and are less than the set threshold which indicated that multicollinearity was not an issue.

Correlation analysis was carried out to determine whether the independent variables of budgetary support, health policy, legislation on health care, and management support, determined the dependent variable strategic implementation of devolved healthcare services. There was a significant positive correlation between budgetary support, health policy, legislation on health care, and management support and strategic implementation of devolved healthcare services.

Effect of Health Policy on Strategic Implementation of Devolved Healthcare Services:

The results indicated that health policy had a significant positive effect on strategic implementation of health services in Trans Nzoia County ($\beta=.431p<0.05$). Health policy acts as the framework for the operationalization of devolution of health functions. The findings mirror Amulet Thobane (2009) study that found that a relationship between Health policy and strategic implementation of devolved healthcare services. In Zimbabwe, Chari and Chisireri (2014) found that when health policy was in place strategic implementation of devolved healthcare services was successful.

6. CONCLUSIONS

This study successfully extends knowledge by studying on factors affecting strategic implementation of devolved healthcare services in Trans Nzoia County. This answered Allen et al., (2012) who was wondering what are the factors that determine strategic implementation of devolved healthcare services. The study found positive and significant correlation between the independent variables budgetary support, health policy, legislation on health care, and management support, and the dependent variable strategic implementation of health services. Hence managers should consider the aforementioned factors so as to enhance the strategic implementation of health services in the health sector. This is important because if the factors are factored in activities it leads to strategic implementation of health services.

In conclusion, the findings of this study have important implications for both academic, and managers. As scholarly inquiries into the notion of factors affecting strategic implementation of health services have remained conceptual to date, this research is one of the attempts to test the concepts in an empirical setting. The managers will find useful implications that are relevant and can be used to endorse the validity of using knowledge of budgetary support, health policy, and legislation on health care, and management support interventions in the strategic implementation of health services.

7. RECOMMENDATIONS

The study provides valuable recommendations to both theory and practice. The researcher believes that these recommendations will create vital insights to both scholars and practitioners in management and help fill the knowledge gap in the model budgetary support, health policy, and legislation on health care, and management support in the context of the strategic implementation of health services. The following sections highlight the recommendations

Areas of Further Research:

This study brings further research recommendation to establish whether mediation and moderation exists, and to bring research to latest level of interrogation in terms of moderation-mediation effect in this area of study. A replication of this study is recommended. This study further recommends the interrogation of the control variables that are could affect the relationship between the factors and strategic implementation of health services. There is need to establish reasons for inclusion or removal of the control variables in a study.

The measure for the factors (variables in this study) might be prone to social desirability bias, as individual perceptions of respondents were used. It is possible that they responded with high scores on the items irrespective of actual perspectives as they are unclear about their own contribution, or because they want to present themselves positively. Future research could consider ways of reducing the bias by use of holistic tools that give more information from other objective sources.

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