

# Factors Influencing the Strategic Implementation of Change Management in the Devolved Public Health Services in Kenya: A Case of Nakuru Provincial General Hospital

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**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 Nakuru Provincial General Hospital 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 Nakuru Provincial General Hospital. The study specifically examined the effect of budgetary support and health policy on strategic implementation of health services. The study was guided by Ansoffian theory. The study adopted a cross-sectional survey research design. The target population was the 736 employees working with Nakuru Provincial General Hospital. 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 ( $\beta = 1.093$ ,  $p < .05$ ) suggested 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 ( $\beta = .431$ ,  $p < .05$ ). It was concluded that budgetary support and health policy determine strategic implementation of devolved healthcare services.*

**Keywords:** Budgetary support, change management, devolved public health services, health policy, Nakuru Provincial General Hospital, strategic implementation

## 1. Introduction

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 [2]. 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.

The government of Kenya approved the Kenya Health Policy Framework (KHPF) as a roadmap for developing and managing health facilities [16]. 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 intersectoral collaboration.

In 2010, a new constitution was promulgated through a nationwide public referendum. The new constitution provides for 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. 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.

Nakuru Provincial General Hospital is a level V public in Kenya. The hospital acts as a referral to level IV hospitals. It provides specialized and general care to patients. The hospital is charged with provision of Health Services in Nakuru County and its environs. In addition, it gets referrals of critical patients from the nearby County Hospitals as well

Volume 5 Issue 4, April 2016

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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, the Nakuru Provincial General Hospital is presently run by the County Government of Nakuru. 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.

## 2. 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 health 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. 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 Nakuru 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. Both the national and county government together with the various development stakeholders have 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.

## 3. General Objective of the Study

To assess the factors influencing the strategic implementation of devolved health services in Nakuru Provincial General Hospital

## 4. Specific Objectives of the Study

- 1) To establish the effect of budgetary support on strategic implementation of health services in Nakuru Provincial General Hospital
- 2) To examine the effect of health policy on strategic implementation of health services in Nakuru Provincial General Hospital

## 5. Research Hypotheses

**H<sub>01</sub>:** Budgetary support has no significant effect on strategic implementation of health services in Nakuru Provincial General Hospital

**H<sub>02</sub>:** Health policy has no significant effect on strategic implementation of health services in Nakuru Provincial General Hospital

## 6. Conceptual Framework

A conceptual framework is a diagrammatic representation of study variables and how they relate. This is shown in Figure 1.

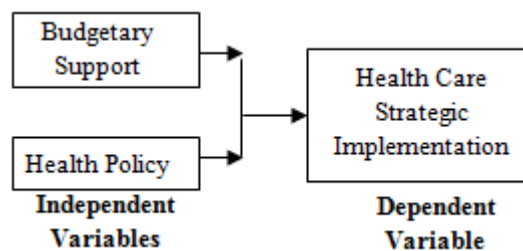


Figure 1: Conceptual Framework

It is clearly indicated in Figure 1 that there are two sets of variables which are independent and dependent. Independent variables include County Government budgets and County Government health policy while strategic implementation is the dependent variable. It was hypothesized that the aforesaid independent variables affect the strategic implementation of public health facilities particularly in Nakuru General Hospital.

## 7. Literature Review

Theories and empirical studies touching on factors influencing strategic implementation are reviewed.

### 7.1 Theoretical Review

Theories of strategic implementation are reviewed and discussed in context of health facilities. The study reviews 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.

The theory has widely been employed to explain optimal strategic implementation position [7]. 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 [1]. In the health sector's context a particular hospital, say Nakuru Provincial General Hospital, 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 [7]. 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.

## **7.2 Empirical Review**

This section covers a review of empirical studies that have hitherto been carried out in respect of strategic implementation particularly in the public health sector. Specifically, the study puts into perspective previous findings on the themes of County Government budgets and health policy.

### **7.2.1 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 significance influence of managerial performance [15]. 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. Another study found that some local governments prioritize the most critical goals by reviewing their strategic and tactical plans while budgeting [5]. This priority-based budgeting was noted to increase quality and service delivery among cities such as San Jose, California and Florida.

More so, a study [22] 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. 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.

Another study examined the effects of budgets on financial performance on manufacturing companies in Nairobi County [19]. 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.

### **7.2.2 County Government Health Policy**

It is argued that health policy entails the course of action or inaction that affects institutions, organizations, services and funding arrangements of the health system and includes both the policies made by the government and the private sector [4]. On the other hand, it is observed the policy as a process of decision making rather than the output of that process [9]. While looking into the health systems in low and middle income countries, it was 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 [21].

An empirical study delved into the diagnosis of health policy in poor countries [6]. 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 [25] 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. It is further noted 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 [24].

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 [24].

In a review of the health policies and the new constitution for vision 2030, it is noted that the Kenya Health Policy 2012 offered guidelines to ensure that the improvement of the health status in Kenya [16]. 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.

### **7.2.3 Strategic Implementation**

A report prepared 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 [3]. 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 revealed that it is imperative for policy makers to formulate suitable strategies to ensure service quality of the health care centres in India [14]. 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.

Another study examined comparatively how democracy improved health in Ghana and Senegal [8]. 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. It is 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 [26].

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 [20]. In another study it was also noted that health care financing was key determinant of the health system performance [18]. 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. It was 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 [12].

Moreover, a study on the factors affecting provision of service quality in the public health sector in Kenya was carried out [23]. 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 centres 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.

## 8. Research Methodology

Research methodology outlines the procedure that was followed to arrive at findings that conformed to study objective. It outlines the research design, target population, sample and sampling technique, data collection instrument, data collection procedure, data analysis and presentation.

### 8.1 Research Design

A research design is the roadmap of conducting a research study [13]. The study adopted a cross-sectional survey design. The choice of this design is based on the argument that most studies undertaken for academic studies are time constrained and therefore a cross-sectional study would be feasible for this purpose. Moreover, respondents cutting across various departments of Nakuru Provincial General Hospital participated in the study.

### 8.2 Target Population

The target population is simply the population that the study findings will be generalized to. The target population constituted the 739 employees working with Nakuru Provincial General Hospital.

### 8.3 Sampling Frame

A sampling frame is defined 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 Departments in Nakuru Provincial General Hospital. This is as captured in Table 1.

**Table 1:** Sampling Frame

| Departments       | Number of Staff |
|-------------------|-----------------|
| Clinical Services | 178             |
| Management        | 78              |
| Support Staff     | 480             |
| <b>Total</b>      | <b>736</b>      |

### 8.4 Sample Size and Sampling Technique

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's formula to derive the sample size [17].

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

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:

$$n = \frac{736 (0.5)^2}{0.5^2 + (736-1)0.05^2}$$

$$n = 88.14$$

n = 89 respondents

The sampled respondents were drawn from the target population using stratified random sampling method. This is due to the fact that, there are different departments (strata) from where the respondents will be drawn. As such this sampling method ensured fair and equitable distribution of respondents.

### 8.5 Data Collection Instrument

Data were collected using a structured questionnaire. The questionnaire was preferred because 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 provided an efficient way of collecting responses prior to requisite quantitative analysis.

### 8.6 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 among a small sample of employees working with Naivasha General Hospital who were selected randomly. The data collected in the pilot study were analyzed with the object of determining both reliability and validity of the research questionnaire used in the final study.

Validity is posited 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 [11]. The study sought to determine the content validity by liaising with assigned University supervisors.

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. Reliability coefficients range from 0.00 to 1.00 with higher coefficients indicating higher levels of reliability. The study used the Cronbach alpha to assess reliability of the research instrument. The reliability threshold was  $\alpha \geq 0.7$ . The three study constructs returned alpha values equal to 0.781, 0.764, and 0.810 respectively.

### 8.7 Data Collection Procedure

The data were collected using a structured questionnaire. Relevant consents from Kenya Methodist University and the management of Nakuru Provincial General Hospital was sought prior to collecting data from the sampled respondents. The questionnaires were issued to the respondents through their respective heads of department. The filled questionnaires were collected after approximately five working days since their date of issuance.

### 8.8 Data Analysis and Presentation

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 expects to show the influence of various factors (County Government budgets and County Government health policy) on strategic implementation. This was captured by the following econometric model:

$$Y = \beta_0 + X_1\beta_1 + X_2\beta_2 + \epsilon$$

Where:

Y = Strategic Implementation of health care delivery

X<sub>1</sub> = Budgetary Support

X<sub>2</sub> = Health Policy

## 9. Research Finding

The data collected regarding budgetary support, health policy, and strategic were analyzed using correlation and regression analysis. The first section presents the response rate, which is followed by the correlation and regression results.

### 9.1 Response Rate

Out of the targeted 89 respondents, 54 successfully filled the questionnaires. This was an equivalent of 61% response rate. The response rate was considered adequate.

### 9.2 Correlation Analysis

Correlation analysis was done to determine relationships between the study variables. Pearson product moment correlation coefficient was used. The results of the correlation analysis are presented in Table 2.

**Table 2:** Correlation Matrix (n = 54)

|                             | 1      | 2      | 3 |
|-----------------------------|--------|--------|---|
| 1. Strategic implementation | 1      |        |   |
| 2. Budgetary Support        | .666** | 1      |   |
| 3. Health Policy            | .719** | .928** | 1 |

\*\* : Correlation is significant at the 0.01 level (2-tailed)

Correlation coefficient greater than 0.9 indicates problems of multicollinearity. Since the highest correlation coefficient is 0.719 which is less than 0.9, there was no serious problem of multicollinearity. The results as presented in Table 2 show a strong significant positive correlation between budgetary support and strategic implementation (r = 0.666; p < 0.01). There was also a significant strong positive correlation between health policy and strategic implementation (r = 0.719; p < 0.01). Therefore, it could be deduced that budgetary support and health policy were some of the most fundamental factors affecting strategic implementation of devolved healthcare services in Nakuru General Hospital.

### 9.3 Regression Analysis

The effect of budgetary support and health policy on strategic implementation of devolved healthcare services was tested using multiple regression analysis. The results (β = 1.093, p < 0.05) suggested that budgetary support has a

positive significant effect on strategic implementation of health services in Nakuru Provincial General Hospital. Hence hypothesis H<sub>01</sub> was rejected. The results suggest that as the level of budgetary support increases, so does the level of strategic implementation of health services. The results further indicated that health policy had a significant positive effect on strategic implementation of health services in Nakuru Provincial General Hospital (β = 0.431 p < 0.05). Therefore, hypothesis H<sub>02</sub> was rejected. The results suggested that as the level of health policy increased, strategic implementation of health services also increased. The multiple regression results are summarized in Table 3.

**Table 3:** Regression Analysis Results

| Model | Unstandardized Coefficients |            | Standardized Coefficients | t     | Sig.   |      |
|-------|-----------------------------|------------|---------------------------|-------|--------|------|
|       | B                           | Std. Error | Beta                      |       |        |      |
| 1     | (Constant)                  | -.22       | .21                       |       | 11.018 | .000 |
|       | Budgetary Support           | 1.09       | .51                       | -1.02 | -2.14  | .038 |
|       | Health Policy               | .43        | .39                       | .33   | 13.115 | .000 |

Dependent Variable: Strategic Implementation

According to the results indicated in Table 3, 1 unit increase in enhancement of strategic implementation of healthcare delivery services is attributed to 1.09 units and 0.43 unit increase in budgetary support and health policy respectively.

## 10. Summary, Conclusions and Recommendations

The study has summarized the research findings, drawn relevant conclusions and then suggested recommendations. All these aspects are in line with the objective of the study.

### 10.1 Summary

The study revealed that budgetary support has a positive significant effect on strategic implementation of health services in Nakuru Provincial General Hospital. This results supported earlier findings found that organizations need to adequately fund developed health functions for effective strategic implementation of devolved healthcare services. It was further indicated that health policy had a significant positive effect on strategic implementation of health services in Nakuru Provincial General Hospital Health policy acts as the framework for the operationalization of devolution of health functions. The findings mirror a previous study that found that a relationship between Health policy and strategic implementation of devolved healthcare services.

### 10.2 Conclusions

The study concluded that there exists a positive and significant correlation between budgetary support and health policy on one hand, and strategic implementation of health services on the other hand. Therefore, 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 were to be

factored in activities, this could possibly lead to strategic implementation of health services.

### 10.3 Recommendations

The study recommends that county government should prioritize budgetary support and health policy as one crucial way of enhancing strategic implementation of health services within their respective jurisdictions. The public health managers are advised to work in liaison with county government administration in order to bolster delivery of health services.

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