STRATEGIC INTERVENTIONS AND IMPLEMENTATION OF REFORMS IN THE PUBLIC HEALTH FACILITIES IN EMBU COUNTY, KENYA

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MARCH, 2018
DECLARATION

This research project is my original work and has not been presented for a degree in any other University. No part of this project should be reproduced without authority from the author or/ and Kenyatta University

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I confirm that the work in this research project was done by the candidate under my supervision as the appointed University Supervisor

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DEDICATION

I dedicate this research project to my two daughters Linet Wangui and Patince Ndari who have been my key asset in emotional support. I honestly appreciate their support and prayers that led to the completion of this project within the specified timeframe.
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ABBREVIATIONS AND ACRONYMS

FBO: Faith Based Organization

NGO: Non-Governmental Organization

SAPs: Structural Adjustment Programmes

MOH: Ministry of Health

KIPPRA: Kenya Institute of Public Policy, Research and Analysis
OPERATIONAL DEFINITION OF TERMS

**Employee Training**
Involves the ability of the organization to empower employees with relevant knowledge and skills to perform effectively.

**Strategic Leadership:**
refers to the degree to which leaders visualize the long term direction of an organization by formulating the mission, vision and goals to achieve organizational objectives.

**Implementation of Reforms:**
Entails an integral component of the strategic management process and is viewed as the process that turns the formulated strategy into a series of actions and then results to ensure that the vision, mission, strategy and strategic objectives of the organization are successfully achieved as planned.

**Strategic Interventions**
Refers to measures or practices such as employee training, resource capability, strategic leadership and system automation that are put in place by an organization to ensure that strategies formulated are translated into activities.

**Public Health Facilities**
Refers to government health care institutions such as dispensaries, health centres and hospitals that provide healthcare services in Embu County.
<table>
<thead>
<tr>
<th><strong>Reforms:</strong></th>
<th>Introducing new initiatives or shifting from old practices to new practices in the organizational context.</th>
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<td><strong>Resource Capability</strong></td>
<td>Involves the capacity of the organization to utilize financial and non-financial resources effectively to achieve its long term goals.</td>
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<tr>
<td><strong>System Automation</strong></td>
<td>Is a process of integrating technology in organizational processes to achieve efficiency and effectiveness.</td>
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ABSTRACT

Implementation of reforms is one of the challenging issues among public organizations and more specifically in Public Health facilities in Kenya. Despite efforts from the National and County Governments, Public Health facilities in Embu County have continued to experience a number of challenges that range from periodical employee strikes and unsatisfactory health care services to the general public. The general objective this study was to establish influence of strategic interventions on implementation of reforms in Public Health Facilities in Embu County. The specific objectives of this study were to; establish the influence of strategic leadership, employee training, resource capability and system automation on implementation of reforms in Public Health Facilities in Embu County. The study adopted a descriptive and cross-sectional research design to establish the problem that was under investigation. This study adopted a census approach and targeted 228 respondents drawn from 77 public health facilities in Embu County. The sample size was 189 employees. The study used primary data. Primary data was collected using questionnaires. Quantitative data was analyzed using descriptive statistics and inferential statistics such as multiple regression analysis method were. The analyzed data was presented using descriptive statistics such as means, standard deviation, percentages and frequency tables. The significance values of the four variables of the study were less than the critical value of 0.05, which indicates that there is a significant statistical relationship between strategic leadership, employee training, resource capability and system automation and implementation of reforms in the public health facilities in Embu County. It was concluded that unless public health facilities adopt strategic interventions to gain competitiveness in the changing business environment will be difficult. The study recommended that the National Government in collaboration with County Governments in Kenya should formulate policies that will facilitate reform implementation. Therefore, this study recommends that other studies should be conducted to address other issues that may contribute to implementation of reforms in Public Health Facilities to achieve vision 2030 goals and benchmark the results of this study by conducting comparative studies.
CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

According to World Health Organization (2015), governments around the world establish health systems that implement different activities aimed at promoting, restoring and maintaining individuals, physical, mental and social health. Such health systems promote health, help in preventing diseases, and ensure treatment, rehabilitation and nursing in the country (Wessel & Christensen, 2012). These activities also include the community and home based care for individuals across the country. Health systems also perform supervision functions, financing health programs, creating resources for providing health care (KPMG, 2012).

Similarly, global, regional, and national health reforms are formulated and implemented in order to create a world where individuals live healthier, safer, and longer lives. As such, governments should address the current health concerns and research to identify and counter emerging global, regional, and national health needs. Through different health agencies, the governments will draw up research and development to meet combined challenges and guarantee greater health impact in the future (KPMG, 2012).

Promoting global health reforms like free health care services, healthcare insurance policies to employed and unemployed population and provision of standardized trainings to medical practitioners will enhance humanitarian values in saving and improving lives (MOH, 2015). In recent years, improving global health has proven its advanced value in
promoting security and constructive cooperation between countries. A strategic and long-term global health policy helps countries in advancing their core interests in establishing lasting collaborations that save and improve lives of millions globally. This policy helps in creating an environment that enables countries to possess their goals and programs where assessment, cost-effectiveness, and responsibility assume imperative roles. Health challenges are more acute in sub-Saharan Africa compared to other developed nations. These challenges are embedded in a broader context of poverty, poorly developed infrastructure, politically instigated conflicts and disappointingly managed governmental institutions. The sub-Saharan Africa region remains a target of global public health policies and intercessions (WHO, 2015).

Sama (2004) asserts that implementation of comprehensive healthcare reform like performance contracting to medical practitioners, medical insurance covers to both formal and informal sectors will promote sustainable healthcare services globally. Healthcare providers in the global business environment have shifted from their traditional models of operation to new models that address variations in the care and align clinicians around consumer/patient-centered care. Innovations in the healthcare sector like public and private investments in offerings that integrate drugs and devices with low-cost diagnostics, disease management programs, and clinical decision support (Owino, 1998).

In the local context, a number of challenges are experienced by healthcare organizations when striving to implement new reforms (MOH, 2015). Aspects ranging from; research, governance, legal frameworks, technology, leadership, resource management and
employees are issues that have contributed to the poor implementation of reforms in developing countries in Africa (Transparency International Report, 2011).

Given the diversity of the health systems across African countries, Kenya is one of the countries that is on the process of implementing new reforms in the public health care sector after the promulgation of the new constitution in 2010 (MOH, 2015). Despite the devolved health care services to County Governments in Kenya, the National Government intervention can take several forms, including direct provision of services, financing of services, regulation of private service provision or a combination of these. Improvement would be contingent upon the convergence of commitment, expertise and resources throughout the system (KPMG, 2012).

Ombui, Mwende and Kariuki (2014) contend that strategic interventions are initiatives used to facilitate new changes in the organization with minimal resistance from employees. Technology, global competition, changing consumer demand, employee diversity and lean management practices are driving competitive firms to adopt strategic interventions to gain competitive edge. Strategic interventions are unique for each business and organization. A strategy that delivers results for one business or organization environment, need not necessarily deliver same or similar results for another, even within the same industry (Northouse, 2004).

Strickland and Gamble (2008) argue that strategic interventions have been sought by competitive firms as an initiative of trying to realize the long term objectives of the organization. Strategic leadership, organic structures, training, integral communication
and reinforcement are among the strategic interventions adopted by organizations to achieve their goals. The overarching purpose of successful reform management is to accelerate the speed at which people move successfully through the change process so that anticipated benefits are achieved faster (Schippmann, 1999).

Strategic interventions are the only ways to turn a business around or move it from good to fantastic (Johnson, Scholes & Whittington, 2008). Leaders can make a significant difference in their organizations by developing effective intervention strategies. Strategic interventions are ways to work toward pre-defined goals or to deal with unforeseen circumstances that develop within the organization. Business goals often require change to take place at some level for the business to grow and develop. Organizational issues concerning personnel, morale and high turnover rates can also warrant the use of business intervention strategy as a means for improving productivity and work relations (Pearce & Robinson, 2007).

Lakein (2005) argues that strategic interventions that can enhance organizational reforms range from strategic leadership, employee training, resource capability and system automation. Participative leadership is one of the interventions contribute to employees becoming more committed to their organization and its goals, and cultivating better labour-management relationships. It also helps bridge the typical chasm that often exists between leaders and their staff, and contributes to a more adaptive, resourceful and resilient behaviour during periods of change. Participative leadership is an essential component of empowered, high-involvement organizations. Employee empowerment has contributed to employee involvement, shared decision-making, redistributed authority and control, and increased organizational flexibility and adaptability.
Effective management of key resources has contributed to translation of formulated policies into action. Effective motivation of employees and allocation of adequate funds has contributed to implementation of reforms. In addition, system automation has contributed to overall organizational efficiency and effectiveness thus improved customer service delivery (Mcnamara, 2005). Thomson, Strickland and Gamble (2007) assert that systematic implementation of reforms is intended to impact business basics; beliefs, attitudes, values and cultural challenge. Institutionalization of reforms in any organization is a paradigm shift that has been received with proactive and reactive measures among firms operating in the industry. Implementation of reforms is a concept both private and public organizations strive to achieve despite the challenges experienced from internal and external environment.

Introduction of new reforms in the Public health sector in Kenya like new procurement policies, recruitment of new health workers, devolvement of quality health care services to County levels, beyond zero initiative and financing health care services through Kenya’s National Social Health Insurance Fund (NSHIF) will lead to efficiency and efficacy of users, improving public health outcomes and performance. New reforms generates value to patients and the organization, enhance employee satisfaction, morale, and engagement since when people learn new skills they meet performance expectations, and contribute to a greater good they feel pride in their accomplishments thus improving service quality among customers (Johnson, Scholes & Whittington, 2008).

Pearce and Robinson (2007) argue that strategic interventions like technology, leadership and employee development have resulted to organizational competitiveness. Firms are
likely to experience minimal costs of operation and increased productivity by implementing strategic decisions formulated. However, on the other hand, many organizations always experience challenges when implementing strategic interventions. Some of the challenges range from lack of leadership support, employee resistance to change. This study is motivated by the need to understand how strategic interventions adopted by Public Health Facilities in Embu County will contribute to reform implementation. Effective management of resources by organizations can lead to effective implementation of reforms. Accountability and establishment of control mechanisms can promote implementation of reforms. Automation of systems by organizations can enhance efficiency and effectiveness of processes. With automated systems, customers are likely to receive enhanced services. On the other hand, system automation can enhance employee motivation in the long run.

1.1.1 Implementation of Reforms in Public Health Facilities in Kenya
According to Ministry of Health (2015), health sector reforms in Kenya were tailored to meet Kenya’s health sector policy goal of providing accessible, affordable and efficient health care services to all Kenyans. Before their implementation, it was feared that health reforms would marginalize the poor and vulnerable in accessing health care. However, the government of Kenya took care of this concern by introducing the system of waivers and exemptions. The major players in the Public Health sector in Kenya consists of the following levels of Public health facilities: County referral which are categorized as level five hospitals, district hospitals which are categorized as level four hospitals, health centres which are categorized as level three hospitals and dispensaries categorized as
level two hospitals and community health centres which are specified as level one hospitals.

Reform implementation entails a structured process designed to deal directly and intentionally with the human factors involved in process of planning and implementing organizational strategies (Thompson et al., 2012). Reforms that have been initiated by the Ministry of Health in Kenya range from; procurement, employee development, devolution of health services to County level, institutionalizing beyond zero campaigns and financing health care services through Kenya’s National Social Health Insurance Fund (NSHIF) (MOH, 2015).

Macnamara (2005) suggest that reform implementation process is more fluid and organic than linear. At times, it is unpredictable, requiring rethinking and course corrections. People come with different backgrounds, frames of reference, experience with technology, comfort with change or ambiguity, trust in leadership among others. Behavior change is the fundamental aspect of any successful organization in change implementation. To achieving the anticipated benefits that justified the organizational long term goals, proactive rather than reactive strategic measures need to be considered. Both internal and external factors are among the key determinants of successful change implementation (Pearce & Robinson, 2007).

The goal of change implementation is to achieve sustainable results, growth, or organizational transformation, and then a substantial investment in people must be central to the firm’s overall implementation strategy (Thomson, Strickland & Gamble, 2007). Strategic interventions help organizations to achieve expected benefits like; value
realization, reduction of errors, return on investment, creating higher levels of openness, trust, involvement, and teamwork and build change capability and capacity in the organization, resulting in improved ability to respond quickly and effectively to new situations through creating organizational synergy through embedded change management knowledge, structure, and process (WHO, 2014).

1.1.2 Strategic Interventions

Organizations operating in the changing business environment can adopt a number of strategic interventions to implement reforms. Owuor (2015) argues that strategic interventions are policies that are pursued by organizations to achieve their objectives. On the other hand, competitive organizations have continued to review their business strategies in order to remain relevant in the changing business environment. To achieve organizational goals more efficiently and effectively, organizations should strive to analyze the business environment, formulate goals, craft strategies, implement and evaluate them against the set standards (Ombui, Mwende and Kariuki, 2014).

The suggested strategic interventions that are likely to influence implementation of reforms in Public Health Organizations are: strategic leadership, employee training, resource capability and system automation (Lakein, 2005). The spirit of strategic leadership in an organization is reflected in the institutionalization and conceptualization of the organizational vision and mission, achievement of goals and ability to sail through the changing business environment. With employee training in the organization, creativity and flexibility to changes is enhanced. Employees with adequate skills and
knowledge are likely to achieve organizational goals more efficiently and effectively (Leslie & Lloyd, 2009).

1.1.3 Health Sector in Kenya

Health sector reforms were introduced under the umbrella of Structural Adjustment Programmes (SAPs) implemented in the 1980s, necessitated by the debt crisis (MOH, 2015). The reforms in the public health sector in Kenya proposed by Kenya Health Policy 2012-2030 range from; procurement of good and service, terms and conditions of engaging health workers, devolvement of quality health care services to County levels, access of quality maternal services through beyond zero campaigns and financing of health care services through Kenya’s National Social Health Insurance Fund (NSHIF).

According to KPMG (2012), the government policy since independence has been geared to providing health services within easy reach of Kenyans with emphasis on preventive, promotive and rehabilitative services. There are six types of health facilities in Kenya, namely: hospitals, district /sub-district hospitals, health centres, dispensaries and mobile clinics. Dispensaries and health centres are the first contact facilities for people seeking medical care. Hospitals also serve as primary healthcare institutions for many in the respective catchment areas. The rural poor rarely use hospitals and depend largely on health centres and dispensaries. With the promulgation of the new constitution of Kenya established in 2010, health care services have been devolved to County Governments (MOH, 2015).

Public Health facilities in Embu County have been experiencing a number of challenges ranging from frequent strikes by health workers, unsatisfactory customer services, poor management of health care facilities and misuse of funds allocated to implement new
reforms (MOH, 2015). According to GoK (2015), Embu County has adhered to the Ministry of Health policy by providing subsidized services, which are affordable to the community. There exists a waiver/ exemption system for those who cannot afford minimized user fees. To improve access and utilization of health services, the County has opened more dispensaries and health centers as a way of rolling out more services to the community.

A study conducted in Kenya by Mwende (2015) established that despite the new reforms of the Ministry of Health in Kenya, majority of the Public Health facilities are experiencing a number of problems ranging from high turnovers, inability to meet patient demands. From the stakeholder perspective, problems of poor leadership, mismanagement of financial resources when implementing projects, inappropriate employee skills to manage health projects has resulted to numerous complaints from the members of the public and other stakeholders including the suppliers, general public, national government, non-governmental organizations and the ministry of health (KPMG, 2012).

Despite Government efforts to improve public health facilities, public health facilities in Embu have been performing poorly in the recent past leading to high resistance to change among employee, high costs of operation, mismanagement of funds allocated to implement initiated health projects and resignation of health workers due to delayed salaries and poor working conditions (KPMG, 2012).
According to MOH (2015), introduction of new reforms in the Public health sector in Kenya like new procurement policies, recruitment of new health workers, devolvement of quality health care services to County levels, beyond zero initiative and financing of health care services through Kenya’s National Social Health Insurance Fund (NSHIF) will lead to efficiency and efficacy of users, improving public health outcomes and performance. However, despite the new reforms, implementation has been an uphill task among public health facilities.

A number of the strategic interventions ranging from employee training, resource capability, strategic leadership and system automation will enhance implementation of reforms among Public health facilities in Embu County. Equipping employees with appropriate skills and knowledge will result to implementation of reforms with minimal resistance. Effective utilization of resources and management will encourage the government and well-wishers to inject more resources to facilitate reforms in the public health in Kenya. Recruitment of visionary leaders whom understand the past, the present and the future will promote implementation of reforms in the long run. In addition, automating systems will lead to improved customer services thus efficiency and effectiveness of public health facilities (KPMG, 2012).

1.2 Problem Statement

According to WHO (2004) the healthcare sector in Kenya is worsening and the gap between the demand for and supply of health services continues to widen. The sector has not been able to expand as rapidly as the population to ensure adequate coverage, accessibility and acceptable quality of health services. Okibo and Agili (2015) studied on factors influencing implementation of change in selected public universities in Kenya and
established that there is a positive correlation between strategic interventions and implementation of reforms among competitive firms. Employee training, corporate governance, technology adoption were strategic initiatives of implementing reforms (KPMG, 2012).

A survey by KIPPRA (2013) on performance of public healthcare organizations in Kenya observed that 63% of the projects initiated by Public Health facilities were not completed at the right time. A survey carried out by Transparency International Report (2011) on the Kenya health sector integrity established that implementation of reforms in the public health sector in Kenya is one of the uphill tasks. Public Health facilities in Embu County have been dragging behind in the implementation of the new reforms in the recent past (MOH, 2016).

However, it is noted from the findings of previous studies that conceptual and contextual gaps are evident. Firstly, a study by Okibo and Agili (2015) was confined to factors influencing implementation of change in selected public universities in Kenya. A study by Onyango (2012) was limited to factors influencing the implementation of the Kenya sugar industry strategic plan (2010-2014). A study by KIPPRA (2013) was confined aspects that contributed to performance of public health facilities in Kenya but failed to examine variables of this study and a study by Transparency International Report (2011) sought to compare performance of health sectors across East African Countries. Therefore, it is against this background that the proposed study aimed to investigate the effect of strategic interventions on implementation of reforms in Public health facilities in Embu County.
1.3 Research Objectives

1.3.1 General Objective

The general objective of the study was to investigate the effect of strategic interventions on implementation of reforms in the Public Health Facilities in Embu County, Kenya.

1.3.2 Specific Research Objectives

The specific objectives of the study were:

i. To determine the effect of strategic leadership on implementation of reforms in the Public Health Facilities Embu County, Kenya.

ii. To find out the effect of employee training on implementation of reforms in the Public Health Facilities in Embu County, Kenya.

iii. To determine the effect of resource capability on implementation of reforms in the Public Health Facilities in Embu County, Kenya.

iv. To find out the effect of system automation on implementation of reforms in the Public Health Facilities Embu County, Kenya.

1.4 Research Hypotheses

The research hypotheses of the study were:

1. \( H_0 \): There was no effect between strategic leadership and implementation of reforms in the Public Health Facilities in Embu County, Kenya.

2. \( H_0 \): There was no effect between employee training and implementation of reforms in the Public Health Facilities in Embu County, Kenya.

3. \( H_0 \): There was no effect between resource capability and implementation of reforms in the Public Health Facilities in Embu County, Kenya.
4. **H₀:** There was no effect between system automation and implementation of reforms in the Public Health Facilities Embu County Kenya?

**1.5 Significance of the Study**

Firstly, the findings of the study would enable the management boards of County Governments to have insights on the issues that influence change implementation and strive to minimize the challenges in order to implement new changes. Secondly, the findings of the study would help the County Government to improve employee working conditions and come up with appropriate motivation approaches to influence them perform effectively with minimal resistance.

Thirdly, the findings of the study would help the County governments determine and identify appropriate mechanisms to put in place to monitor the progress of change implementation in Public Health facilities thus minimizing the barriers. Fourthly, the findings of the study would enable the National Government understand challenges experienced by County Governments when implementing new changes and ensure that proper policies are formulated during change implementation in Public Health Facilities. Fifthly, the findings of the study would also be of importance to future scholars in the field of strategic management. Future scholars can use the findings of this study to enrich on their literature review.

**1.6 Scope of the Study**

The study focused on Public Health Facilities in Embu County to investigate strategic interventions on implementation of reforms. The choice of Embu County as the area of study was based on the recent strike of health workers and unsatisfactory health services to the members of the public (MOH, 2015). The unit of analysis were Public Health
Facilities in Embu County, Kenya while unit of observation were officers in charge of Public Health Facilities in Embu County and comprised of; Doctors, Clinical Officers and Nursing Officers. The respondents of the study were selected using a census approach. The study adopted multiple regression method to establish the relationship between independent variables (strategic leadership, employee skills, resource capability and system automation) and dependent variable (implementation of reforms in Public Health Facilities in Embu County, Kenya).

1.7 Limitations of the Study
A number of limitations were encountered during data collection. First, findings accurate and relevant information was a challenge to the study. Some empirical studies conducted were biased and using the information would have resulted to inaccurate conclusions and recommendations. Therefore, this challenge was overcome by the study using accredited and authoritative sources of information. Secondly, the study was limited by its nature as it will touch mainly on a sensitive area that requires high level of integrity but this was overcome by determination and resilience of the researcher.

Thirdly, the investigative nature of this study also sparked misplaced doubt. Respondents feared that the research was intended to involve individuals in a negative manner. This doubt caused resistance and lack of cooperation. The researcher excluded this paranoia by clarifying the aims of the research. Fourthly, the study was also limited by lack of prior local based studies in the specific topic of interest and hence inadequate of the relevant empirical literature to regulate it. This was overcome by exploration of studies carried in related areas locally and internationally whether in service manufacturing sector.
1.8 Organization of the Study

Chapter one of the study covers background of the study, reforms in the Public Health Sector in Kenya, implementation of reforms in the Public Health Facilities in Embu County Government, problem statement, research objectives, research hypotheses, significance of the study, scope of the study and limitations of the study. Chapter two outlines theoretical review, empirical review, summary of knowledge gaps, and conceptual framework and chapter three covers research design, target population, sample size and sampling procedure, data collection instruments, validity and reliability of the instrument and data analysis techniques. Chapter four discuss analysis of data according to objectives of the study. Descriptive and inferential statistics was used. Chapter five discuses, summary of the findings of the study, conclusion and recommendations.
CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter outlines theoretical review, empirical review, summary of knowledge gaps, and schematic diagram.

2.2 Theoretical Review of the Study

The study adopted Lewin’s Change Management Theory as the major theory of making deductive arguments about the study. Other supportive theories were; Open System Theory, Dynamic System Theory and Resource-Based View Theory as discussed:

2.2.1 Lewin’s Change Management Theory

This theory was established by Kurt Lewin in (1941). The theory proposed that the majority of people tend to prefer and operate within certain zones of safety. The three stages proposed by Kurt Lewin for effective implementation of reforms in any organization are unfreezing, transition and refreezing. First, managers must unfreeze or disrupt any comfort zone that may tend to support the status quo. Managers should discourage old practices among workers and replace them with new practices for effective implementation of reforms. Second, managers should ensure that appropriate policies and initiatives are implemented for the organization to realize transition from old state to the new state. Leaders should manager the change process and identify obstacles that hinder the reform process and suggest appropriate measure to be taken. Third, managers should refreeze or reinforce new behaviours after implementation of reforms (Charles & Gareth, 2007).
Managers should encourage new reforms by training workers, delegating, promoting, rewarding and recognizing employee efforts towards implementation of reforms. According to Kurt Lewin all employees should comprehend what is expected of them correctly during any reform process and keeps a strong focal point in the area of communication, accountability and transparency. The fundamental aspects employees should keep in mind when going through any form of an organizational reform process is that they should be flexible to accept new practices and be part of the reform process (Pearce & Robinson, 2011).

Charles and Gareth (2007) assert that to achieve any strategic objectives, reforms are necessary for private and public entities in the competitive business sectors. Effective communication between the top level managers and lower level employees promote implementation of reforms in any organization. Interaction in the planning process for reforms is essential as well as it gives an opportunity to minimize change resistance in the system. For systemic and individual acceptance of reforms, employees are the key determinants of any successful change.

The applicability of this theory in this study is based on the notion that, to implement change in any organization, managers should initiative appropriate mechanisms that will facilitate the change process. To influence employee to work towards the new changes, managers should be role models and promote awareness to institutionalize the new changes. Effective change implementation should be systematic and gradual. To minimize employee resistance to change, managers should initiate participative decision making culture.
2.2.2 Open System Theory

Open system theory was initially developed by Ludwig von Bertalanffy (1998). The concepts of the theory were later reviewed by other scholars like Trist and Murray in 1990’s. The theory was founded on the notion that firms are open systems that lend themselves to the external environment. All systems have boundaries, although the boundaries can be difficult to identify because systems can be very dynamic (Burnes, 2009).

Open systems have porous boundaries through which useful feedback can readily be exchanged and understood. Closed systems, unlike open systems, have hard boundaries through which little information is exchanged. Organizations that have closed boundaries often are unhealthy. The external environment includes a wide variety of needs and influences that can affect the organization, but which the organization cannot directly control. Influences can be political, economic, ecological, societal and technological in nature. A highly effective organization is regularly exchanging feedback with its external environment (Pearce & Robinson, 2013).

Arthur, Strickland and Gamble (2008) suggest that strategic management being an externally oriented management philosophy in the modern context; it helps firms to circumnavigate through the ever-changing business environment in order to be efficient and effective in the long run. The theory argues that organizations should align their strategic practices in order to survive in the dynamic business environment. Internal and external factors should be analyzed when formulating strategic policies. To cope with
uncertainty during strategy implementation process, mechanistic thinking organizations are now focusing on becoming leaner, agile, flexible, and right-sized.

Charles and Gareth (2007) assert that to survive and thrive in today’s unpredictable environment, organizations need to become actively adaptive to internal and external factors that influence strategy implementation. Engrained within their strategic futures they need to have plans and structures that align and realign the organization’s values with those of the extended social environment. They need to understand that not only does the environment change their organization, but they themselves can also influence the environment.

The applicability of this theory in this study is based on the assumption that Public Health Facilities are open systems that are environmental dependent and should collect information from the competitive business environment to ensure that appropriate strategic intervention are put in place to implement the new reforms

2.2.3 Dynamic System Theory

Dynamic System Theory was proposed by Thelen (2008). She proposed that like human beings, organizations also experience undergo developments stages to achieve their goals in the long term period. Development is viewed as constant, fluid, emergent or non-linear, and multi-determined. The theory permits us to understand how cultural difference becomes bodily difference. Systems thinkers consider the dynamic interactions of all the factors contributing to a particular trait of interest; these may balance one another to attain stability, or, when for some reason one or more factors change, the dynamic
balancing act can destabilize a system and lead to change. Change occurs when a system first becomes destabilized but after a time reaches some new stable state.

The theory was founded on the notion that firms are likely to remain competitive if they have the ability to integrate, build, and reconfigure internal and external competences to address rapidly changing environments. Dynamic capability is the capacity of an organization to purposefully create, extend or modify its resource base. Dynamic capabilities enable firms to enter new businesses and extend old ones through internal growth, acquisition and strategic alliances or to create new products and production processes. The ability of the firm to react adequately and timely to external changes requires a combination of multiple capabilities (Burgelman, Grove & Meza, 2007).

Arthur, Strickland and Gamble (2008) suggest that dynamic capabilities are built rather than bought in the market. They are formed through routines which have become embedded in the firm over time, and are employed to reconfigure the firms’ resource base by deleting decaying resources or recombining old resources in new ways. Dynamic capabilities are made up of four main processes: reconfiguration, leveraging, learning and integration. Reconfiguration refers is the transformation and recombination of assets and resources, Leveraging refers to the replication of a process or system that is operating in one area of a firm into another area, or extending a resource by deploying it into a new domain, integration refers to the ability of the firm to integrate and coordinate its assets and resources, resulting in the emergence of a new resource base.
The theory is applicable in this study based on the idea that Public Health Facilities like County referral which are categorized as level five hospitals, district hospitals which are categorized as level four hospitals, health centres which are categorized as level three hospitals and dispensaries categorized as level two hospitals and community health centres specified as level one hospitals are dynamic systems that should align their practices with the changing business environment. Public Health Facilities should have functional structures that will facilitate and coordinate the change implementation process. Leaders of the Public Health facilities should reconfigure key resources gain competitive edge in the changing business environment.

2.2.4 Resource-Based View Theory

Resource Based View theory was established by Barney (2006). Resource Based View theory of the firm is one of the concepts applied by modern competitive firms in the dynamic business environment when formulating, implementing and monitoring strategies. According to Pearce and Robinson (2013), Resource Based View is a method of analyzing and identifying a firm’s strategic advantages based on examining its distinct combination of assets, skills, capabilities and intangibles as an organization.

Thompson, Gamble and Strickland (2012) argue that resources as stocks of available factors that are owned or controlled by the firm, which are converted into final products or services. Capabilities, in contrast, refer to a firm’s capacity to deploy resources, usually in combination, using organizational processes, to produce a desired effect. Hence, the presence of capability enables resources to begin to be utilized, and the potential for the creation of output arises.
Burgelman, Grove and Meza (2007) argue that resources possessed by a firm are the primary determinants of its performance, and these may contribute to a sustainable competitive advantage of the firm. Resources of an organization may range from all assets, capabilities, organizational processes, firm attributes, information, knowledge, etc. controlled by a firm that enable the firm to conceive of and implement strategies that improve its efficiency and effectiveness.

Basically the resource based view states that a firm’s internal resources and capabilities are the best source of competitive advantage over other firms. This view seeks to develop distinctive competencies and resources and apply them to produce superior value. If these competencies can be kept unique to the firm, they can be used to develop a competitive advantage. According to Barney (2006), a firm has a competitive advantage when they have a relative advantage over another firm and when this advantage is not being implemented by any competitor. A firm has a sustained competitive advantage when they have a relative advantage over another firm and when this advantage is not being implemented by any competitor and competitors are unable to duplicate the benefits of this strategy.

This theory is applicable in this study based on the notion that Public Health Facilities which comprise of County referral which are categorized as level five hospitals, district hospitals which are specified as level four hospitals, health centres which are categorized as level three hospitals and dispensaries categorized as level two hospitals and community specified as level one hospitals should identify strategic resources that will give them a competitive edge. Investment in employee training, new technology and
allocation of adequate funds to implement projects will enhance organizational competitiveness.

2.3 Empirical Review

2.3.1 Strategic Leadership and Implementation of Reforms

Mcnamara (2005) suggests strategic leadership entails the leader’s ability to anticipate, envision, and maintain flexibility and to empower others to create strategic change as necessary. Leaders can apply a number of management styles to influence the behavior of employees. Democratic, autocratic, free style, management by objectives and management by walking around are some of the styles managers can use to achieve organizational goals.

Dawson (2003) asserts that strategic leadership is multifunctional, involves managing through others, and helps organizations cope with change that seems to be increasing exponentially in today’s globalized business environment. Strategic leadership requires the ability to accommodate and integrate both the internal and external business environment of the organization, and to manage and engage in complex information processing. Further the study revealed that employee resistance to change was high due to lack of awareness and training from top level managers. However, the findings of the study were confined to manufacturing firms in the United Stated but not Public Health Facilities in Kenya.

A study by Ondigi (2012) on corporate governance on strategy implementation of public institutions in Kenya indicated that strategic leadership entails the ability of leaders to
institutionalize and conceptualize the formulated vision, mission, objectives and strategies. Strategic leader’s eyes are always on the horizon, not just on the near at hand. A strategic leader influences the organization by aligning the systems, culture, and organizational structure to ensure consistency with the strategy. Influencing employees to voluntarily make decisions that enhance the organization is the most important part of strategic leadership. A leader, in both instances, prepares for the future and considers both the long-term goal as well understanding the current contextual setting of the organization. However, it was noted that the findings of the study were confined to public institutions in Kenya but not Public Health Facilities in Kenya.

A study by Mueni (2007) on the relationship between strategy implementation and performance of public universities in Kenya established that leaders should be able to craft a strategic vision and set goals. It also postulated that effective leaders implement change through articulating a vision, fostering acceptance of group goals, providing individualized support and intellectual stimulation and clarifying performance expectations. Strategic leaders rethinks the situation rather than going through with a change. They make proactive rather than reactive measures.

In addition, the study argues that careful planning before making any change in the company is absolutely crucial in a strategic style of leadership. The philosophy behind the practice of leadership is to use strategy in every act of decision making. A more thoughtful management approach can lead to greater success in the workplace if many factors are considered before action is implemented. However, it was revealed that the
findings of the study were limited to Public Universities in Kenya and not Public Health Facilities.

Ombui, Mwende and Kariuki (2014) on factors affecting effective implementation of strategic change at co-operative bank of Kenya established that success of any change initiative lies in the understanding of that change by employees. Change in any form, irrespective of how minor, will usually face opposition of some kind. Clearly when the decision to change is made, the change initiators will need to have a vision as to why it is required. Unless these visions are shared with the employees concerned, total acceptance is unlikely. To overcome this, change initiators can merge the change processes that include the ‘wants’ of employees as well as that of the organization. However, it was noted that the results of the study were limited to Cooperative banks of Kenya which is not a healthcare organization.

A survey by Nyamache (2003) on change management process in the public sector in Kenya established that change depends on the organization’s ability to make all their employees participate in the change process in one way or the other. The executive team should participate actively and visibly throughout the change project, build a coalition of sponsorship, manage resistance and communicate directly with employees. The dynamic business environment today requires frequent changes both in the way organizations operate and in the organizational structure.

Nyamache (2003) further argues that the creation and implementation of training and management development programs should be based on training and management
development needs identified by a training needs analysis so that the time and money invested in training and management development is linked to the mission or core business of the organization. However, the results of the study were confined to Public Sector which is too general and could not be relied to make conclusions of this study.

Kathuku (2004) on the strategic responses to changes in the environment by the Cooperative Bank of Kenya established change implementation involves establishing programs to create a series of new organizational activities, budgets to allocate funds to the new activities and procedures to handle the day-to-day details. Any new change will likely involve a sequence of new programs and activities that may conflict with the existing practices and activities. Managers are faced by a problem to decide how quickly change should proceed and in what order change should take place. Some of the challenges experienced by organization during change implementation include; leadership, structure, resources, culture and employee skills. However, the study focused on cooperative bank. The study adopted different theories like agency theory and longitudinal research design. However, the findings of the study were limited to change implementation at Kenya Cooperative Bank.

2.3.2 Employee training and Implementation of Reforms

Pearce and Robinson (2009) assert that employee skills refers to a group of essential abilities that involve the development of a knowledge base, expertise level and mindset that is increasingly necessary for success in the modern workplace. The purpose of training and management development programs is to improve employee capabilities and organizational capabilities. When the organization invests in improving the knowledge
and skills of its employees, the investment is returned in the form of more productive and effective employees.

In addition, the study argues that to maximize the effectiveness of training and development, organizations must constantly assess their employees’ current training and development needs and identify training and development needs to prepare employees for their next position. This requires that organizations recognize that different employees will have different needs and that these needs will change over time as these workers continue in their careers (Ondigi, 2012). However, it was observed that the findings of the study were confined to manufacturing firms in the United States but not Public Health Facilities in Kenya.

KIPPR A (2013) on factors influencing organizational strategy implementation established that employee commitment contributed to strategy implementation among state corporations in Kenya. In an effort to successfully apply these excellence models, the organization must share a clear mission and strategic vision that fosters objectives addressing the critical actions needed for adopting strategies and reaching long-term goals. Lack of team work and communication between top level managers and lower level employees resulted to 71% failure of strategic objectives implemented by state corporations. The target population was too large and unrealistic compared to the target population of this study. However, the study was confined to strategy implementation in organizations but not implementation of reforms in Public Health Facilities in Kenya.
Kiptanui (2014) on the influence of employee training on change implementation among government parastatals in Kenya established employee capability to multitask enhances change implementation process. Periodical training needs analysis by organizations will promote improved organizational productivity. Organizations are in a position to respond appropriately with changes in the business environment if they can develop appropriate mechanisms that will empower employee with necessary knowledge and skills to perform effectively. Data was analyzed using content analysis method and presented qualitatively posing questions of subjectivity of the research findings compared to multiple regression method adopted in this study. However, the findings of the study were limited to employee training in State Corporation but not Public Health Facilities in Kenya.

Njenga (2006) on strategic management practices at the Mater Hospital, Nairobi established that lack of team work; change management agents and adequate resources were obstacles of effective change management. Internal factors like management styles, resource management and employee skills were determinants of change implementation. However, it was noted that the study focused on different variables like research, human resource and systems but not variables of this study.

Ochanda (2005) on challenges of strategy implementation at Kenya industrial estates Ltd established that the strategies in the organization were mainly implemented by consultants in consultation with management. The results revealed that there was a mood of change in the organization as the organization was going through a transition from a slow and bureaucratic focused public organization to a business oriented organization focused on exceeding customer expectation. However, the study focused on challenges of
strategy implementation but did not focus on employee skills on implementation of reforms.

Kandie (2001) on strategic responses by Telkom Kenya Limited in a competitive environment concluded that whereas Telkom Kenya Limited established that the need to change their strategy due to change in the competitive environment, they lacked finances and managerial empowerment to do so. However, the study focused on the Information management systems and culture but did not focus on the leadership styles on implementation of reforms. In addition, the study adopted different theories like stakeholder and dynamic capability theories but not theories of his study. It adopted cross sectional research design but not descriptive design.

Mwangi (2006) on performance measurement at the University of Nairobi established change management was a measure of organizational performance of among public universities in Kenya. The ability of employees to adopt new changes contributed to organizational growth in terms of efficiency and effectiveness. However, the study focused on non-financial aspects like culture, brand recognition but did not focus on human resource aspects like training. Research design was causal and not descriptive.

2.3.3 Resource Capability and Implementation of Reforms

Owuor (2015) on the influence of institutional practices on reform implementation among manufacturing sector in Kenya established that deployment and allocation of resources to promotes implementation of reforms. Without financial support from top management, implementation of reforms will be an uphill task. Managers should provide
adequate financial support to employees when implementing new reforms. Managers should project the demand and supply forces to determine adequate resource that need to be allocated to implement reforms with minimal resistance. Stratified sampling was adopted by the study and did not provide the opportunity of selecting appropriate respondents of the study compared to purpose sampling techniques that is more accurate.

Ombui, Mwende and Kariuki (2014) suggest that resource capability is the efficient and effective deployment and allocation of an organization’s resources when and where they are needed. Such resources may include financial resources, inventory, human skills, production resources, or information technology. Resource management includes planning, allocating and scheduling of resources to tasks, which typically include manpower, machines, money and materials. Resource management has an impact on schedules and budgets as well as resource leveling and smoothing.

The study further revealed that in order to effectively manage resources, organizations must have data on resource demands forecasted by time period into the future, the resource configurations that will be required to meet those demands and the supply of resources, again forecasted into the future. Data was collected using interview schedules that were difficult to analyze qualitative information compared to questionnaires that provided an opportunity to collect and analyze the information quantitatively.

Odhiambo (2006) on challenges of strategy implementation of non-governmental organizations observed that internal factors were the major hindrances of strategy implementation. Lack of appropriate technology was one of the aspects that contributed
to poor organizational performance. Top management has the responsibility of initiating the innovative culture among workers. Continuous improvement of services was also enhanced by automating systems. Training employee on IT skills enhances their capability of adapting to the changing business environment. However, it was noted that the study focused on top management and organizational performance but did not focus on system automation on reform implementation determinant of strategy implementation and their effects on performance of public health facilities in Embu County, Kenya. The study adopted linear regression analysis that was less accurate compared to multiple regression method adopted by this study.

Mbogo (2003) on strategic change management process in hybrid private-public organizations: the case of Kenya Commercial Bank Limited established that 78% of the state corporations experiences challenges during change implementation process. Majority of state corporations did not embrace strategic management practices. Human beings always tend to resist change using all means whenever possible in order to maintain the status quo. Resistance is witnessed in any system from employees when a new practice is introduced.

Further, the study indicated that implementation of business-policy oriented resource provisioning ensures that resources are provisioned in advance of business needs and in alignment with overall business priorities and objectives. This drives the highest possible resource utilization rates, while simultaneously minimizing business service and availability risk. The study adopted factor analysis method that was more complex compared to multiple regression method adopted by the study.
Okibo and Agili (2015) on factors influencing implementation of change in selected public universities in Kenya established that majority of employees; top management and other change stakeholders in public universities consider leadership, organizational and personal culture to have great and very great extent of influence on change implementation process. It was also revealed that change implementation was a top management initiative. However, it was noted that the study adopted linear regression analysis method that was less accurate compared to multiple regression method adopted by this study. Further, the results of the study were confined to selected Public Universities in Kenya but not implementation of reforms in Public Health Facilities.

2.3.4 System Automation and Implementation of Reforms

Nduko (2008) on the strategic practices among foreign multinational corporations in Kenya established IT integration in the system promotes organizational performance. To adapt in the changing business environment, information technology has become the key driver of organizational competitiveness. For strategy implementation to be successful, strong commitment from upper management is essential since implementation involves changing business practices and may require huge capital investments. Selecting the right employees with the right mix of skills enhance change implementation.

However, the study focused on external environmental factors like political, economic and technological policies but did not focus on resource management as a determinant of strategy implementation and their effects on performance of public health facilities in Embu County, Kenya. The study adopted longitudinal research design which aimed to
compare change of events over a given period of time compared to multiple regression
test that is appropriate in establishing relationships between variables.

Amaoko (2012) on the impact of information communication technology (ICT) on
banking operations established that system automation was influenced by five concepts:
Relative advantage, compatibility, complexity, trialability and observability. Each of
these characteristics on its own is insufficient to predict either the extent or the rate of
diffusion of new technology in the system. Charles and Gareth (2007) suggests that
factors at the level of the individual user are also important in adopting new systems.
Innovation adopters can be divided into five categories depending on their speed of
uptake: innovators, early adopters, early majority, late majority, and laggards.
Acceptance has been conceptualized as an outcome variable in a psychological process
that users go through in making decisions about technology (Adesina & Ayo, 2010).

Table 2.1 Summary of Knowledge Gaps

<table>
<thead>
<tr>
<th>Author</th>
<th>Topic</th>
<th>Findings</th>
<th>Knowledge Gaps</th>
<th>Focus on the Current Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kandie (2001)</td>
<td>Strategic responses by Telkom Kenya Limited in a competitive environment</td>
<td>Established that organizations experienced challenges when implementing change in the competitive business environment, due to lack of finances and managerial empowerment</td>
<td>Focused on telecommunication sector but not public health sector</td>
<td>The study will seek to investigate the influence of leadership styles on implementation of reforms in the Public Health Facilities in Embu County, Kenya</td>
</tr>
<tr>
<td>Mbogo (2003)</td>
<td>Strategic change management process in hybrid private-public organizations: the case of Kenya Commercial Bank Limited</td>
<td>Established that 78% of the state corporations experiences challenges during change implementation process</td>
<td>Focused on different variables like vision, plans and culture</td>
<td>The study will seek to investigate the influence of resource capability on implementation of reforms in the Public Health Facilities in Embu County, Kenya</td>
</tr>
<tr>
<td>Nyamache (2003)</td>
<td>Change Management Process in the Public</td>
<td>Established that change depends on</td>
<td>Focused on public service sector and</td>
<td>The study will seek to investigate the influence</td>
</tr>
<tr>
<td>Author</td>
<td>Title</td>
<td>Focus</td>
<td>Methodology</td>
<td>Additional Details</td>
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<tr>
<td>Sector. A study of Civil Service Reform Program in Kenya 1993 — 2003</td>
<td>Change management but not implementation of reforms in the Public Health Facilities in Embu</td>
<td>Establishment of employee training on implementation of reforms in the Public Health Facilities in Embu County, Kenya</td>
<td></td>
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<tr>
<td>Kathuku (2004)</td>
<td>Strategic responses to changes in the environment by the Co-operative Bank of Kenya</td>
<td>Established change implementation involves establishing programs to create a series of new organizational activities, budgets to allocate funds to the new activities and procedures to handle the day-to-day details.</td>
<td>The study will seek to investigate the influence of leadership styles on implementation of reforms in the Public Health Facilities in Embu County, Kenya</td>
<td></td>
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<tr>
<td>Ochanda (2005)</td>
<td>Challenges of strategy implementation at Kenya industrial estates Ltd</td>
<td>Established that the strategies in the organization were mainly implemented by consultants in consultation with management.</td>
<td>The study was too general in scope and adopted different variables like culture, technology and management support.</td>
<td>The study will seek to investigate the influence of resource capability on implementation of reforms in the Public Health Facilities in Embu County, Kenya</td>
</tr>
<tr>
<td>Mwangi (2006)</td>
<td>Performance measurement at the University of Nairobi, Kenya</td>
<td>Established change management was a measure of organizational performance of among public universities in Kenya.</td>
<td>Focused on education sector and different variables finance, learning and customer satisfaction.</td>
<td>The study will seek to investigate the influence of leadership styles on implementation of reforms in the Public Health Facilities in Embu County, Kenya</td>
</tr>
<tr>
<td>Njenga (2006)</td>
<td>Strategic management practices at the Mater Hospital, Nairobi, Kenya</td>
<td>Established that lack of team work; change management agents and adequate resources were obstacles of effective change management.</td>
<td>Focused on Health care sector and adopted factor analysis method that was not appropriate in relating variables.</td>
<td>The study will seek to investigate the influence of employee training on implementation of reforms in the Public Health Facilities in Embu County, Kenya</td>
</tr>
<tr>
<td>Odhiambo (2006)</td>
<td>Challenges of Strategy Implementation of Non-Governmental Organizations, Kenya</td>
<td>Found out that misappropriation of funds hindered successful strategy implementation.</td>
<td>Focused on NGO’s and challenges of strategy implementation.</td>
<td>The study will seek to investigate the influence of system automation on implementation of reforms in the Public Health Facilities in Embu County, Kenya</td>
</tr>
<tr>
<td>Mueni (2007)</td>
<td>Relationship between strategy implementation and performance of public universities in Kenya</td>
<td>Leaders should be able to craft a strategic vision and set goals.</td>
<td>Focused on operating environment but did not focus on mission on strategic plan implementation.</td>
<td>To establish the influence of strategic leadership on implementation of reforms in Embu County, Kenya</td>
</tr>
<tr>
<td>Nduko (2008)</td>
<td>The Strategic Practices among foreign multinational</td>
<td>Found out that External factors like political and corporaions and not</td>
<td>Focused on multinational corporations and not system automation</td>
<td>The study will seek to investigate the influence of system automation.</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Title</td>
<td>Findings</td>
<td>Study Focus</td>
<td></td>
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<tr>
<td>Ombui, Mwende and Kariuki (2014)</td>
<td>Factors affecting effective implementation of strategic change at cooperative bank of Kenya</td>
<td>Established that success of any change initiative lies in the understanding of that change by employees.</td>
<td>The study will seek to investigate the influence of employee training on implementation of reforms in the Public Health Facilities in Embu County, Kenya</td>
<td></td>
</tr>
<tr>
<td>KIPPRA (2013)</td>
<td>Factors Influencing Organizational Strategy Implementation.</td>
<td>Established that culture was a key determinant of strategy implementation</td>
<td>This study will focus on the influence of strategic leadership on implementation of reforms in the Public Health Facilities in Embu County.</td>
<td></td>
</tr>
<tr>
<td>Amaoko (2012).</td>
<td>The impact of information communication technology (ICT) on banking operations in Kenya.</td>
<td>Established that technology integration in the system was influenced by five factors: Relative advantage, compatibility, complexity, trialability and observability</td>
<td>This study will focus on the influence of system automation on implementation of reforms in the Public Health Facilities in Embu County.</td>
<td></td>
</tr>
<tr>
<td>Ondigi (2012)</td>
<td>Corporate governance on strategy implementation of public institutions in Kenya.</td>
<td>Indicated that strategic leadership entails the ability of leaders to institutionalize and conceptualize the formulated vision, mission, objectives and strategies.</td>
<td>This study will focus on the influence of strategic leadership on implementation of reforms in the Public Health Facilities in Embu County.</td>
<td></td>
</tr>
<tr>
<td>Kiptanui (2014)</td>
<td>The influence of employee training on change implementation among government parastatals in Kenya.</td>
<td>Established employee capability to multitask enhances change implementation process. Periodical training needs analysis by organizations will promote improved organizational productivity.</td>
<td>This study will focus on the influence of employee skills on implementation of reforms in the Public Health Facilities in Embu County.</td>
<td></td>
</tr>
</tbody>
</table>
Factors influencing implementation of change in selected public universities in Kenya

Okibo and Agili (2015)

Established that majority of employees, top management and other change stakeholders in public universities consider leadership, organizational and personal culture to have great and very great extent of influence on change implementation process. The study will seek to investigate the influence of system automation on implementation of reforms in the Public Health Facilities in Embu County, Kenya.


Owuor (2015)

Kenya established that deployment and allocation of resources to promotes implementation of reforms. Without financial support from top management, implementation of reforms will be an uphill task. This study will focus on the influence resource capability on implementation of reforms in the Public Health Facilities in Embu County.

Source: (Literature Review, 2018)

2.4 Research Gaps

From a number of studies that have been conducted in Kenya, conceptual, contextual and methodological gaps are evident. Kiptugen (2003) did a study to determine the strategic responses of Kenya Commercial Bank to environmental dynamics. Since the study focused mainly on strategies that can be adopted in a competitive environment; the study failed to cover the processes involved in strategy implementation and challenges in the implementation phase. Okibo and Agili (2015) on factors influencing implementation of change in selected public universities in Kenya. The study mainly focused on public universities and did not address implementation of reforms in County Governments in Kenya.
Otiso (2008) also covered Strategic change management practices in Insurance companies’ not strategic intervention on implementation of reforms but focused on its turnaround strategy. Muguni (2007) studied the role of executive development in strategy implementation. This was a comparative study of KCB and National Bank of Kenya. The study also fails to capture the strategic interventions on implementation of reforms among County Governments in Kenya. Ombui, Mwende and Kariuki (2014) studied factors affecting effective implementation of strategic change at co-operative bank of Kenya and failed to establish strategic intervention on reform implementation in organizations. The study mainly focused on Commercial banks but not Public Health Facilities in Embu County, Kenya. Ochanda (2005) studied challenges of strategy implementation at Kenya industrial estates Ltd but did not address strategic interventions on implementation of reforms in County Governments in Kenya.

Available literature is often not adequate for researchers and managers to understand the ways in which elements introduced in these frameworks interact with one another and their influences on the overall implementation of reforms. Past studies have failed to determine the strategic interventions affecting implementation of reforms among public health hospitals in Kenya. It can be concluded that each study adopted different variables, theories, research designs, sampling techniques, instruments and data analysis methods which were different from this study. Therefore, it is for this reason this study seeks to address the strategic interventions on implementation of reforms in public health hospitals in Embu County, Kenya.
2.5 Conceptual Framework of the Relationship between Strategic Interventions and Implementation of Reforms in Public Health Facilities

According to Gall and Borg (2003), a schematic diagram is a group of concepts that are broadly defined and systematically organized to provide a focus, a rationale, and a tool for the integration and interpretation of information. The framework describes the interrelationship between the independent variables and dependent variable using concepts of the already existing theories to solve the problem under investigation. As shown in Figure 2.1, it was revealed that strategic leadership, employee training and resource management had a positive impact on implementation of reforms in Embu County, Kenya.

![Conceptual Framework Diagram]

**Strategic Interventions**

- **Strategic Leadership**
  - Clear vision and mission
  - Clear goals
  - Effective communication

- **Employee Training**
  - Skills of workers
  - Knowledge of workers
  - Career progression

- **Resource Capability**
  - Resource deployment
  - Acquisition of resources
  - Resource utilization

- **System Automation**
  - Database management
  - Computer literate workers
  - Efficiency and effectiveness

**Independent Variables**
**Dependent Variable**

**Implementation of Reforms in Public Health Facilities in Embu County**
- Improved Corporate image
- Employee satisfaction
- Efficiency and effectiveness

Figure 2.1: Conceptual Framework
As depicted in Figure 2.1, it was revealed that strategic leadership among Public Health facilities was reflected by clear vision and mission that defined the long term direction and gave employees a sense of direction. Achievement of goals and effective communication were also aspects that reflected strategic leadership among Public Health Facilities. It was established that employee training was one of the strategic interventions that reflected implementation of reforms among Public Health Facilities. Training among officers in charge of Public Health Facilities had a significant effect on implementation of reforms.

Employees with enhanced skills and knowledge are more likely to implement new reforms compared to unskilled workers. Effective resource management by Public Health Facilities is one of the strategic interventions that enhanced implementation of reforms. Effective deployment of resources, utilization and accountability promotes implementation of reforms and vice versa. Automations of systems by Public Health facilities promotes efficiency and effectiveness and enhanced service delivery to customers. Adoption of customer database management had a significant effect on implementation of reforms among Public Health Facilities. It was also revealed that implementation of reforms among Public Health Facilities is measured through improved corporate image, employee satisfaction, efficiency and effectiveness.
CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter focuses on the researcher’s scope of methodological procedures that were adopted in the study. These include; research design, target population, data collection instruments, validity and reliability of the instrument and data analysis techniques.

3.2 Research Design

The study adopted a descriptive research design to investigate the Influence of Strategic Interventions on Implementation of Reforms in the Public Health Facilities in Embu County, Kenya. Kothari (2004) regard the research design as an arrangement of conditions for collection and analysis of data in a manner that aimed to combine relevance to the research purpose with economy in procedures. The descriptive study method was appropriate because it explores and describes the relationship between variables in their natural setting without manipulating them (Sekaran, 2011).

The descriptive study aims at obtaining information that was analyzed, patterns extracted and comparison made for the purpose of clarification and provision of basis for making decisions. Cooper and Schindler (2006) acknowledge the importance of descriptive design especially when the intent is gaining broader understanding of the context of the research and processes being enacted. Moreover, they argue that the design has considerable ability to generate answers to the questions of why, where, what and how.
3.3 Target Population

The population of the study is regarded as the complete set objects, individuals or units with common characteristics (Mugenda and Mugenda, 2003). Further, Kombo and Tromp (2006) suggest that a population involves a cluster of individuals or objects with common features from which a samples is selected. The target population of this study comprised of 557 employees selected from 77 Public Health Facilities operating in Embu County. The unit of analysis were Public Health facilities while unit of observation were the officers in charge of the 77 Public Health Facilities in Embu County. Three officers from Maternal Child Care, Pharmacy and Outpatient departments of the 77 Public Health Facilities were selected. Therefore, a total of 557 respondents selected from the, Maternal Child Care and Outpatient departments were the target population of the study. The respondents of the study consisted of doctors, clinical officers, nurses and pharmacists.

3.4 Sample Size and Sampling Procedure

A sample is defined as a representative of the whole (Cooper & Schindler, 2006). This study employed stratified sampling technique to select 228 respondents who comprised of doctors, clinical officers, nurses and pharmacists in charge of the 77 Public Health Facilities in Embu County. To arrive at the ideal sample size, Krejcie and Morgan scientific formula was adopted to arrive at the approximate sample size 228 respondents.

As proposed by Cooper and Schindler (2006), a representative sample more than half of the total population was justifiable to make objective recommendations on the problem under investigation. Kothari (2004) argues that the sample size should meet that threshold of 0.05 significance and 95% level of confidence of the total population. To increase
accuracy of the findings of the study, all 231 employees were considered appropriate for this study.

According to Saunders, Lewis & Thornhill (2012), stratified sampling is an approach that provides an opportunity to researchers to select respondents without discrimination. It is one of the probability sampling techniques that allow researchers to select respondents of the study using a systematic approach where each respondents is given equal opportunity. It is an appropriate scientific method that provides an opportunity of selecting respondents with adequate information concerning the problem under investigation.

**Table 3.1 Sample Size**

**Krejcie and Morgan Formula**

\[
S = \frac{X^2NP (1-P)}{d^2 (N-1) + X^2P (1-P)}
\]

Where:

- S= Size of sample required
- X= Z-value at 95% confidence level which is 1.96
- N= Size of the population
- P= Proportion of the population assumed to be 0.5
- d= Degree of accuracy expressed as a proportion 0.05

This formula is significant because it will provide the needed representative statistical sample.

**Sample Size of Employee of Public Health Facilities in Embu County**

\[
S = \frac{X^2NP (1-P)}{d^2 (N-1) + X^2P (1-P)} = \frac{1.96^2 (557) (0.5) (1-0.5)}{(0.05^2) (557-1) + 1.96^2 (0.5) (1-0.5)}
\]

\[
= \frac{534.9428}{1.39} + 0.9604
\]

43
\[
\frac{534.9428}{2.3504} = 227.59
\]
\[\approx 228\]

Approximated Sample Size = 228 Employees of Public Health Facilities in Embu County

### 3.4 Data Collection

Primary data was collected from respondents by the use of semi-structured questionnaires as the main instrument of data collection. In social science research the most commonly used instruments are: questionnaires, interviews, and observation (Cooper & Schindler, 2006). Questionnaires were administered to respondents by the researcher during working hours. Drop and pick later method was applied where respondents did not have time to respond immediately.

Sekaran (2011) assert that questionnaires are preferred instruments of data collection in scientific studies because of their opportunity to capture respondent opinions in a semi-structured manner and in written form for future reference. They enabled the respondents answer questions freely and frankly even on sensitive issues because they are not required to reveal their identity, this increases the likelihood of getting accurate information. Finally, they offered an opportunity of uniformity in answering questions allowing a great degree of comparison because the items are framed in the same format.

### 3.5 Data Collection Procedures

The researcher obtained Authority letter for data collection from Graduate School of Kenyatta University and then permission from National Commission for Science, Technology and Innovation before questionnaire administration. Permission to collect
data from Public Health Facilities Embu County and Kenyatta University was sought before data collection. Cooper and Schindler (2006) posits it is ethical to seek permission when conducting scientific studies. Relevant stakeholder that the study affected were informed of the objective of the study and confidentiality of the information given. The questionnaires were administered through drop and pick later method. The questionnaire was designed based on the study objectives. Concepts of the theories were based on the questions of the study to investigate the strategic interventions on implementation of reforms in Public Health Facilities in Embu County, Kenya.

3.6 Validity and Reliability of the Research Instrument

3.6.1 Validity of the Research Instrument

The validity of the instrument was determined by the researcher through seeking opinions of experts in the field of study especially the researcher’s supervisor and industry change management consultants. Validity entails the appropriateness, meaningfulness and usefulness of inferences a researcher makes based on the data collected (Saunders, Lewis & Thornhill, 2009). An appropriate inference was one that was relevant to the purpose of the study while a meaningful inference was one which said something about the meaning of the information obtained through the use of the instruments. Content, criterion, and construct related validity was measured using the research instrument.

3.6.2 Reliability of the Research Instrument

Reliability involves the extent to which a measuring device is consistent in measuring whatever it measures (Saunders, Lewis & Thornhill, 2012). It involves a measure of the degree to which a research instrument yields consistent research or data after repeated trials. Cooper and Schindler (2006) suggest that the reliability of each construct was
examined to ensure the items correctly measured their intended constructs consistently as recommended.

Internal consistency reliability was examined by use of Cronbach’s Alpha coefficient. Cronbach's Alpha was the most widely used measure of the reliability of instruments in social sciences. It indicates the extent to which a set of test items can be treated as measuring a single latent variable. In addition, the Cronbach Alpha coefficient had the advantage of producing a reliability estimate with only one administration. Kothari (2006) noted that acceptance value for Cronbach’s Alpha was between 0.7 and 0.9. However, Saunders, Lewis and Thornhill (2012) argues that an alpha coefficient of 0.7 was a justifiable threshold in this study.

**Table 3.2: Reliability Results**

<table>
<thead>
<tr>
<th>Variables</th>
<th>No. of Items</th>
<th>Cronbach Alpha</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Leadership</td>
<td>1</td>
<td>0.842</td>
<td>Reliable</td>
</tr>
<tr>
<td>Employee Training</td>
<td>1</td>
<td>0.724</td>
<td>Reliable</td>
</tr>
<tr>
<td>Resource Capability</td>
<td>1</td>
<td>0.718</td>
<td>Reliable</td>
</tr>
<tr>
<td>System Automation</td>
<td>1</td>
<td>0.719</td>
<td>Reliable</td>
</tr>
</tbody>
</table>

Source: Research Data (2018)

As shown in Table 3.2, it is evident that reliability coefficients of the four variables were above 0.7 threshold as stipulated by Kothari (2004).
3.7 Data Analysis and Presentation

To analyze the data, the Statistical Package for Social Sciences, (SPSS version 21) software was used. The data collected was edited, coded and classified on the basis of similarity and then tabulated. Cooper and Schindler (2006) assert that the core function of the coding process was to create codes and scales from the responses, which was then summarized and analyzed in various ways. To permit quantitative analysis, data was converted into numerical codes representing attributes or measurement of variables.

Multiple regression method was adopted to determine the hypothetical relationship between variables. Descriptive statistics such as frequency distributions, percentages and frequency tables were used to summarize and relate variables which were attained from the administered questionnaires. Further, inferential statistics like regression and correlations were conducted. In addition to accept or reject hypotheses of the study, logit regression models was adopted. The analyzed data was presented in form of tables. Multiple regression method of data analysis was conducted at 95% confidence level ($\alpha = 0.05$). Specifically the regression model was of the form:

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

Where;

$Y$= Implementation of Reforms in Public Health Facilities in Embu County, Kenya

$\beta_0$= Y intercept

$\beta_1$ to $\beta_4$ = regression coefficients

$X_1$ = Strategic Leadership

$X_2$ = Employee Skills

$X_3$ = Resource Capability
Prior to testing the fit of the logit model, multicollinearity test was conducted to establish the strength of the relationship between the study variables. Multicollinearity refers to a situation in which two or more explanatory variables in a regression model are highly linearly related. Multicollinearity diagnostic test was conducted to ensure that the data was suitable for logistic regression analysis. Cooper and Schindler (2007) suggest that a tolerance value of less than 0.1 to indicates a multicollinearity problem. Furthermore, Field (2005) has suggested that if the variance inflation factors (VIF) are more than 10 then there is cause for concern since is an indication of multicollinearity. Multicollinearity poses a problem for multiple regression models since it increases the standard error of coefficients hence making them less trustworthy.

The overall fit of the model was tested using the log likelihood and the associated Chi-square statistics following (Field's, 2009) method. Likelihood is a probability, specifically the probability that the observed values of the dependent may be predicted from the observed values of the independent variables. A well-fitting model is significant if its Hosmer and Lemeshow goodness-of-fit test statistic is greater than .05. The contribution of each predictor variable was tested using Wald statistic. According to Kinnear and Gray (2002) for a predictor variable to be considered significant to a model, it must have a combined odds ratio value of more than 1 and a significance value of less than 0.05. Based on this study predictors whose odds ratio value were less than 1 and whose significant value were more than 0.05 were rejected.
3.8 Operationalization and Measurements of Variables

To achieve the study objectives as guided by literature review, the following definition and measurement of dependent and independent variables was adopted.

Table 3.3 Operationalization and Measurement of Variables

<table>
<thead>
<tr>
<th>Nature of Variable</th>
<th>Variable</th>
<th>Indicators of Measurement</th>
<th>Operationalization of Variables</th>
<th>Type of Measurement Scale</th>
</tr>
</thead>
</table>
| Independent Variables | Strategic Leadership | - Clear vision and mission  
- Clear goals  
- Effective communication | To measure the extent to which officers in charge of Public Health Facilities agree or disagree with the effect of strategic leadership among Public Health Facilities in Embu County | Likert Scale  
5= (Very Large Extent)  
4= (Large Extent)  
3= (Small Extent)  
2= (Very Small Extent)  
1= (Not at All) |
| Employee Training | - Skills of workers  
- Knowledge of workers  
- Career progression | To measure the extent to which officers in charge of Public Health Facilities agree or disagree with the effect of employee training among Public Health Facilities in Embu County | Likert Scale  
5= (Very Large Extent)  
4= (Large Extent)  
3= (Small Extent)  
2= (Very Small Extent)  
1= (Not at All) |
| Resource Capability | - Resource deployment  
- Acquisition of resources  
- Resource utilization | To measure the extent to which officers in charge of Public Health Facilities agree or disagree with the effect of resource capability among Public Health Facilities in Embu County | Likert Scale  
5= (Very Large Extent)  
4= (Large Extent)  
3= (Small Extent)  
2= (Very Small Extent)  
1= (Not at All) |
| System Automation | - Database management  
- Computer literate workers  
- Efficiency and effectiveness | To measure the extent to which officers in charge of Public Health Facilities agree or disagree with the effect of system automation among Public Health Facilities in Embu County | Likert Scale  
5= (Very Large Extent)  
4= (Large Extent)  
3= (Small Extent)  
2= (Very Small Extent)  
1= (Not at All) |
| Dependent Variable | Implementation of Reforms in Public Health Facilities in Embu County | - Improved Corporate image  
- Employee satisfaction  
- Efficiency and effectiveness | To measure the extent to which the four variables Strategic Leadership, Employee Training, Resource Capability and System Automation influence implementation of reforms in the public health facilities in Embu County | Likert Scale  
5= (Very Large Extent)  
4= (Large Extent)  
3= (Small Extent)  
2= (Very Small Extent)  
1= (Not at All) |

Source: (Survey data, 2018)
3.9 Diagnostic Tests

Prior to conducting regression analysis, diagnostic tests that were conducted included normality, homogeneity, homoscedasticity, multicollinearity and autocorrelation tests. Therefore, it was revealed that all the diagnostic tests conducted fulfilled statistical assumptions and justified conclusions of this study.

3.10 Ethical Consideration

Prior to the study, the researcher reviewed the ethical requirements related to academic research in order to ensure full compliance. Research authorization permit was obtained from the National Commission for Science, Technology and Innovation (NACOSTI). All information given by the respondents was treated with high confidentiality. The information was collected from respondents without discrimination. Data collected was analyzed objectively without biasness. Information obtained from published materials was appreciated by quoting the references. Formal language was used during data collection to avoid biasness during and after data analysis. The objective of the study was clearly spelt out to the respondents before data collection for the purpose of transparency.
CHAPTER FOUR: RESEARCH FINDINGS AND DISCUSSION

2.5 Introduction

This chapter presents the research findings of the study carried out to examine influence of strategic interventions on implementation of reforms in Public health facilities in Embu County. This study was guided by the following research objectives: to determine the influence of strategic leadership, employee training, resource capability and system automation on implementation of reforms in the Public Health Facilities Embu County, Kenya.

4.2 Pilot Study

Before data collection, a pilot study was conducted in Embu County. Four officers in charge of Public Health Facilities in Embu County were used to test the items of the instrument before full scale administration. Items of the instruments were modified appropriately before full scale administration of the instruments among 228 respondents who were selected using purposive sampling techniques. After pilot testing, it was established that 83% of the respondents were comfortable with items of the instrument and it was justifiable to administer the instrument to 228 officers in charge of the 77 public health facilities.

4.3 Response Rate

The study targeted a sample size of 228 respondents selected from 77 Public Health Facilities operating in Embu County. Out of the 228 questionnaires administered to respondents who consisted of doctors, clinical officers and nurses, only 189 questionnaires were received from the field, 16 of them were not collected due to
challenges of accessing the respondents and 14 of them were inappropriately filled and therefore they were not used in the analysis. A total of 189 questionnaires were used in the analysis, this represented 83% response rate which was above the adequate 50% as recommended by Mugenda and Mugenda (2003) and Saunders et al. (2009). Therefore, a rate of 83% was justifiable in this study.

4.4 Respondent Demographic Characteristics

4.4.1 Period of Operation

The respondents of the study were asked to indicate the period their public health facilities had operated in Kenya and the following were the findings as shown in Table 4.1:

Table 4.1: Period of Operation

<table>
<thead>
<tr>
<th>Period</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less 1 Year</td>
<td>08</td>
<td>4</td>
</tr>
<tr>
<td>1-5 Years</td>
<td>45</td>
<td>24</td>
</tr>
<tr>
<td>6-10 Years</td>
<td>50</td>
<td>26</td>
</tr>
<tr>
<td>Above 10 Years</td>
<td>86</td>
<td>46</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>189</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: (Survey data, 2018)

As shown in Table 4.1, majority (46%) of the respondents indicated that they had operated for a period over 10 years. 26% of them had operated for a period between 6-10 years. 24% of them had operated for a period of between 1-5 years and 4% of them had operated for a period less than 1 year. This implied that most of the public health
facilities where the study sought information had operated for a long period of time to adopt strategic management practices to enhance change implementation.

4.4.2 Respondents Level of Education

The respondents of the study were asked to indicate their level of education and the following were the findings as shown in Table 4.2:

<table>
<thead>
<tr>
<th>Period</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postgraduate</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Bachelors</td>
<td>95</td>
<td>50.0</td>
</tr>
<tr>
<td>Diploma</td>
<td>47</td>
<td>25.0</td>
</tr>
<tr>
<td>Certificate</td>
<td>47</td>
<td>25.1</td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>189</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: (Survey data, 2018)

As shown in Table 4.2, majority (50%) of the respondents of the study indicated that they were holders of bachelors degree. 25% of them were certificate and diploma holders. This implied that majority of the workers were nurses and clinical officers who had finished their education from Kenya Medical School while half of them were holders of first degree in medicine and nursing. These findings also implied that some employees were continuing with their studies while on duty and some were given study leaves by the County to advance their studies.
4.5 Strategic Interventions on Implementation of Reform in Public Health Facilities in Embu County

4.5.1 Strategic Leadership

The respondents of the study were asked to indicate the influence of strategic leadership on the implementation of reforms in the public health facilities in Embu County and the following were the findings as shown in Table 4.3:

Table 4.3: Strategic Leadership

<table>
<thead>
<tr>
<th>Indicators of Measurement</th>
<th>N</th>
<th>Mean</th>
<th>S.D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Facilities in Embu County have a mission and vision that reflect the new reforms</td>
<td>189</td>
<td>4.26</td>
<td>.884</td>
</tr>
<tr>
<td>Public Health Facilities formulate, implement and evaluate strategies</td>
<td>189</td>
<td>4.21</td>
<td>.664</td>
</tr>
<tr>
<td>Leaders have institutionalized the new reforms by creating maximum awareness</td>
<td>189</td>
<td>3.23</td>
<td>.587</td>
</tr>
<tr>
<td>Public Health Workers understand the new reforms</td>
<td>189</td>
<td>3.11</td>
<td>.673</td>
</tr>
<tr>
<td>Leaders of Public Health Facilities understand the global, regional and National health care changing trends</td>
<td>189</td>
<td>3.04</td>
<td>.596</td>
</tr>
<tr>
<td>Leaders of Public Health Facilities adopt contingency plans to implement new reforms</td>
<td>189</td>
<td>2.59</td>
<td>.498</td>
</tr>
<tr>
<td>Overall Aggregate Mean</td>
<td>189</td>
<td>4.00</td>
<td>.413</td>
</tr>
</tbody>
</table>

Source: (Survey data, 2018)

As shown in Table 4.3, it was indicated by the majority of the respondents that strategic leadership was a key determinant on implementation of reforms in public health facilities despite the low extent of adoption. For instance, it was revealed that majority of public health facilities in Embu County to a large extent did not have a mission and vision that
reflected the new reforms with a mean of 4.26, implemented and evaluated strategies with a mean of 4.21, leaders institutionalized new reforms and created awareness with a mean of 3.23, public health workers understood the new reforms that were in place with a mean of 3.11, leaders of public health facilities also understood global, regional and national health care changing trends with a mean of 3.04, leaders developed contingency plans to implement new reforms with a mean of 2.59.

This findings also corresponds with Ondigi (2012); Mueni (2007), Ombui, Mwende & Kariuki (2014) who established that top leadership was a key determinant strategy implementation in an organization. Leaders are entitled with the authority to institutionalize and conceptualize strategy, create maximum awareness and restructure the organization to achieve its objectives more efficiently and effectively. Leaders without a clear vision are likely to experience challenges when influencing employees to implement new reforms in organizations. Leaders should delegate, train, support and motivate employees to work towards the long term intended direction. Nyamache (2003) also concurs that strategic leaders should develop contingency plans to implement formulated strategies and reevaluate them based on the objectives. Participatory leadership and shared vision are correlated with reform implementation in any organization.

4.5.2 Employee Training

The respondents of the study were asked to indicate the influence of employee training on the implementation of reforms in the public health facilities in Embu County and the following were the findings as shown in Table 4.4:
Table 4.4: Employee Training

<table>
<thead>
<tr>
<th>Indicators of Measurement</th>
<th>N</th>
<th>Mean</th>
<th>S.D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee of Public Health Facilities are given relevant skills to implement new changes</td>
<td>189</td>
<td>4.26</td>
<td>.884</td>
</tr>
<tr>
<td>Public Health Facilities engage consultants to conduct Training Needs Assessment</td>
<td>189</td>
<td>4.21</td>
<td>.664</td>
</tr>
<tr>
<td>Leaders of Public Health Facilities encourage employees to advance their studies</td>
<td>189</td>
<td>3.23</td>
<td>.587</td>
</tr>
<tr>
<td>Employees of Public Health Facilities have appropriate skills and knowledge to implement the new reforms</td>
<td>189</td>
<td>3.11</td>
<td>.673</td>
</tr>
<tr>
<td>Leaders of Public Health Facilities encourage delegation to promote employee skills during implementation of reforms</td>
<td>189</td>
<td>3.04</td>
<td>.596</td>
</tr>
<tr>
<td>Leaders of Public Health Facilities facilitate employees to attend workshops locally and internationally</td>
<td>189</td>
<td>2.59</td>
<td>.498</td>
</tr>
<tr>
<td>Consultation culture is encouraged among workers during implementation of reforms</td>
<td>189</td>
<td>2.41</td>
<td>.345</td>
</tr>
<tr>
<td>Performance appraisals are encouraged by leaders in Public Health Facilities</td>
<td>189</td>
<td>2.22</td>
<td>.354</td>
</tr>
<tr>
<td>Overall Aggregate Mean</td>
<td>189</td>
<td>3.134</td>
<td>.313</td>
</tr>
</tbody>
</table>

Source: (Survey data, 2018)

As shown in Table 4.4, it was indicated by the majority of the respondents that employee training had a moderate effect on reform implementation among public health facilities in Embu County despite the little efforts from the key stakeholders. For instance, it was revealed that majority of the public health workers did not have relevant skills to implement the reforms with a mean of 4.26, public health facilities rarely engaged consultants to conduct training needs assessment with a mean of 4.21, employee were encouraged to advance their skills with a mean of 3.23, employee had appropriate knowledge and skills to implement new reforms with a mean of 3.11, leaders delegated to employees with a mean of 3.04, employees were facilitated to attend workshops...
locally and internationally with a mean of 2.59, consultation culture was encouraged among workers during implementation of reforms with a mean of 2.41 and performance appraisal were encouraged by leaders with a mean of 2.22.

The findings implies that employee training among public health workers with regard to reform implementation was on a moderate extent. It emerged that majority (73%) of the public health workers did not have relevant skills to implement new reforms apart from the medical knowledge. Most of the reforms were not successful because public health workers were not equipped with strategic management skills. It was noted conducting training needs assessment, delegation, consultation and performance appraisals were not common practices among employees of public health facilities. Despite the new reforms, it was revealed that the National Government and County Government had put little effort to implement new reforms. This was evident though lack of funds and employees with appropriate skills to supervise projects initiated.

The findings concur with Ondigi (2012); KIPPRA (2013); Kiptanui (2014) & Njenga (2006) and revealed that realizing reform implementation was an uphill task with employee training. Training employees is one of the drivers of any successful reform. Employees are likely to resist new changes and policies if not trained and motivated. Kandie (2001) also retaliated that employee training is correlated with successful change implementation in modern organizations and vice versa. Employee without appropriate knowledge and skills are likely to be obstacles to any successful reforms.
4.5.3 Resource Capacity

The respondents of the study were asked to indicate the influence of resource capacity on the implementation of reforms in the public health facilities in Embu County and the following were the findings as shown in Table 4.5:

**Table 4.5: Resource Capacity**

<table>
<thead>
<tr>
<th>Indicators of Measurement</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of Public Health Facilities in Embu deploys and allocate adequate budgets to implement new reforms.</td>
<td>189</td>
<td>3.78</td>
<td>.884</td>
</tr>
<tr>
<td>The Ministry of Health provide the necessary resources needed by Public Health Facilities</td>
<td>189</td>
<td>3.61</td>
<td>.664</td>
</tr>
<tr>
<td>Employees of Public Health Facilities are held accountable for resources allocated to implement reforms</td>
<td>189</td>
<td>3.58</td>
<td>.587</td>
</tr>
<tr>
<td>Top leadership ensures internal audits are conducted to determine the progress of implementing reforms</td>
<td>189</td>
<td>3.47</td>
<td>.673</td>
</tr>
<tr>
<td>The Public Health Facilities have effective and efficient models of implementing reforms</td>
<td>189</td>
<td>3.33</td>
<td>.596</td>
</tr>
<tr>
<td>Public Health Facilities have systems of controlling funds allocated to implement reforms</td>
<td>189</td>
<td>2.10</td>
<td>.498</td>
</tr>
<tr>
<td>Overall Aggregate Mean</td>
<td>189</td>
<td>3.31</td>
<td>456</td>
</tr>
</tbody>
</table>

Source: (Survey data, 2018)

As shown in Table 4.5, it was indicated by majority of the respondents that resource capacity had a moderate effect on reform implementation in the public health facilities in Embu County despite the little effort by from the National and County Government. For instance most of the respondents indicated that management of the public health facilities deployed and allocated inadequate budgets to implement new reforms with a mean of 3.78, the ministry of health provided the necessary resources needed by public health facilities with a mean of 3.61, employees were held accountable for resources allocated to
implement reforms with a mean of 3.58, top leadership ensured internal audits were conducted to determine the progress of implementing reforms with a mean of 3.47, the public health facilities had effective and efficient models of implementing reforms with a mean of 3.33 and public health facilities had systems of controlling funds allocated to implement reforms with a mean of 2.10.

The findings implies that majority (81%) of the public health facilities revealed that resources allocated to implement various public health projects were misappropriated due to lack of clear budgets, clear internal and external audits and full support from the County Government. It also emerged that employees accountability was a rare practice among public health facilities. Systems and models of monitoring and controlling financial resources allocated to facilitate public health projects were not effective and efficient.

The findings are in line with Owuor (2015); Ombui, Mwende & Kariuki (2014); whom established that most of the projects were hampered by misappropriation of funds and lack of accountability among workers. The findings also concurred with Odhiambo (2006); Okibo & Agili (2015) who revealed that effective financial management skills among workers is directly correlated with organizational performance. Expanding training budgets and adoption of models that enhance accountability and transparency can promote reform implementation in competitive organizations.
4.5.4 System Automation

The respondents of the study were asked to indicate the influence of system automation on the implementation of reforms in the public health facilities in Embu County and the following were the findings as shown in Table 4.6:

Table 4.6: System Automation

<table>
<thead>
<tr>
<th>Indicators of Measurement</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Facilities have databases that manage supplier information</td>
<td>189</td>
<td>3.41</td>
<td>.781</td>
</tr>
<tr>
<td>Public Health Facilities have automated systems that keep patient information more efficiently and effectively</td>
<td>189</td>
<td>3.41</td>
<td>.744</td>
</tr>
<tr>
<td>Health workers of Public Health Facilities in Embu are IT literate</td>
<td>189</td>
<td>2.80</td>
<td>.687</td>
</tr>
<tr>
<td>Health workers generate reports through systems</td>
<td>189</td>
<td>2.10</td>
<td>.621</td>
</tr>
<tr>
<td>Public Health Facilities make purchase orders through online to encourage transparency and accountability</td>
<td>189</td>
<td>2.10</td>
<td>.574</td>
</tr>
<tr>
<td>The Public Health Facilities are equipped with modern equipment</td>
<td>189</td>
<td>2.10</td>
<td>.543</td>
</tr>
<tr>
<td>Public Health Facilities have systems of controlling funds allocated to implement reforms</td>
<td>189</td>
<td>2.10</td>
<td>.498</td>
</tr>
<tr>
<td>Overall Aggregate Mean</td>
<td>189</td>
<td>2.574</td>
<td>367</td>
</tr>
</tbody>
</table>

Source: (Survey data, 2018)

As shown in Table 4.6, it was indicated by the most of the respondents that system automation had a small effect on reform implementation among public health facilities in Embu County despite being the greatest challenges with public institutions. It emerged that system automation was not a common practice among public health facilities in Embu County. Public health facilities did not have databases to manage supplier information with a mean of 3.41, public health facilities did not have automated systems to manage patient information with a mean of 3.41, health workers were IT illiterate with
a mean of 2.80, health workers generated reports, purchased orders through online, were equipped with modern equipment and had systems of controlling funds allocated to with a mean of 2.10.

The findings implied that majority (85%) of the public health workers in Embu County were not computer literate. It emerged that most of the processes were manual and patient information was managed through records kept in files. Supplier information and patient information was managed using conventional methods which were costly compared to modern systems. Most of the public health facilities were equipped with outdated equipment which were expensive to maintain. Most of the public health workers were not computer literate due to the status quo of the sector for a number of years. Funds were misappropriated due lack of efficient and effective automated systems to monitor allocation and expenditure of funds in various projects.

The findings are in line with Nduko (2008) and Amaoko (2012) who retaliate that information and communication technology has become a driver of modern competitive organizations. Despite individual and systemic challenges, technology has remained the lifeblood of global firms. It is through technology firms operating in the turbulent business environment will remain relevant and more efficient and effective. Technology has transformed internal processes of local and global firms. Technology has contributed to minimal operational costs among organizations, enhanced customer service, creativity and innovation, globalization and enhanced research and development.
4.6 Inferential Statistics

The tests that were used to assess the effectiveness of the multivariate econometric model include; tests for normality, homogeneity, homoscedasticity, multicollinearity and autocorrelation.

4.6.1 Diagnostic Tests

Prior to subjecting the data to regression analysis, diagnostic tests were first carried out on the collected data to establish if it conformed to the assumptions of regression.

4.6.2 Normality Test

Table 4.7: Normality Test

<table>
<thead>
<tr>
<th>Implementation of reforms in Public health facilities in Embu County.</th>
<th>Kolmogorov-Smirnov(^a)</th>
<th>Shapiro-Wilk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statistic</td>
<td>df</td>
<td>Sig.</td>
</tr>
<tr>
<td>.114</td>
<td>1000</td>
<td>.000</td>
</tr>
</tbody>
</table>

Source: (Survey data, 2018)

Since the sample size was larger than 50, Kolmogorov-Smirnov test was used as shown in Table, 4.7. The probability associated with the test of normality is < 0.001 or equal to the level of significance (0.05), it therefore means that data was normally distributed. This findings conforms with Hair, Black, Babin, Anderson and Tatham, (2015) who suggest that normality condition is satisfied if the p-values is less than 0.05 and if is more than 0.05 is insignificant. Therefore is this study, normality condition was met since values of the predictor variables were less than the critical values of 0.05.
4.6.3 Homogeneity Test

Table 4.8: Homogeneity Test

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted Square</th>
<th>R</th>
<th>Std. Error of Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Leadership</td>
<td>113.791</td>
<td>1</td>
<td>998</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>Employee Training</td>
<td>9.720</td>
<td>2</td>
<td>997</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>Resource Capability</td>
<td>8.296</td>
<td>42</td>
<td>957</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>System Automation</td>
<td>8.111</td>
<td>35</td>
<td>943</td>
<td>.000</td>
<td></td>
</tr>
</tbody>
</table>

Source: (Survey data, 2018)

As shown in Table 4.8 above, test of homogeneity was used to check whether the residual errors were constant or had a clear pattern of convergence or divergence. As indicated in Table 4.12 above, there was a constant variance (p-value<0.05) in all the four predictor variables. It therefore means that homogeneity test was met.

4.6.4 Homoscedacity Test

Table 4.9: Homoscedacity

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted Square</th>
<th>R</th>
<th>Std. Error of Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.923</td>
<td>0.852</td>
<td>0.789</td>
<td>0.6273</td>
<td></td>
</tr>
</tbody>
</table>

Source: (Survey data, 2018)

Homoskedascity refers to the variance of the error term when it was constant and similar for all observations. If the model was significant level of heteroskedasticity, the error
term varied in line with the observations making the analysis inefficient (Saunders, Lewis & Thornhill, 2012).

**4.6.5 Multicollinearity Test**

**Table 4.10: Multicollinearity Test**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Tolerance</th>
<th>VIF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Leadership</td>
<td>0.875</td>
<td>1.143</td>
</tr>
<tr>
<td>Employee Training</td>
<td>0.891</td>
<td>1.122</td>
</tr>
<tr>
<td>Resource Capability</td>
<td>0.671</td>
<td>1.490</td>
</tr>
<tr>
<td>System Automation</td>
<td>0.736</td>
<td>1.359</td>
</tr>
</tbody>
</table>

Source: (Survey data, 2018)

Results of the study revealed that no multicollinearity problem for the four independent variables; strategic leadership, employee training, resource capability and system automation was detected. This is due to the fact that the tolerance values for the four variables are greater than 0.1, while the variation inflation factor (VIF) values are all lesser than 10, which show that there is no collinearity amongst the four predictors. This corresponds with Cooper and Schindler (2006) who argue that the problem of multicollinearity exist when VIF values are greater than 10 or tolerance values are less than 0.1. It therefore means that a three factor model could be used in forecasting implementation of reforms in the Public Health Facilities in Embu County, Kenya.
4.6.6 Autocorrelation Test

Table 4.11: Autocorrelation Test

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
<th>Change Statistics</th>
<th>Durbin-Watson</th>
</tr>
</thead>
<tbody>
<tr>
<td>dimension01</td>
<td>.817</td>
<td>.667</td>
<td>.664</td>
<td>5.91201</td>
<td>.667</td>
<td>220.3749</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>989</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.824</td>
</tr>
</tbody>
</table>

Source: (Survey data, 2018)

Predictors: (Constant), strategic leadership, employee training, resource capability and system automation

Dependent Variable: Implementation of reforms in the public health facilities in Embu County, Kenya.

Black (2010) argue that autocorrelation in linear regression is assessed using the Durbin Watson test (d) statistic. Autocorrelation occurs when regression errors are correlated across observations and the value of the Durbin Watson statistics indicates the absence or presence of the issue. As a rule of thumb, autocorrelation was not considered to be present when Durbin Watson static takes values between 0 and 4. Therefore, in this study, there was no problem of autocorrelation because Durbin Watson test was 1.824.

4.6.7 Goodness-of-Fit Test

Table 4.12: Hosmer and Lemeshow Test

<table>
<thead>
<tr>
<th>Step</th>
<th>Chi-square</th>
<th>df</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4.347</td>
<td>8</td>
<td>.825</td>
</tr>
</tbody>
</table>

Source: (Survey data, 2018)
As illustrated in Table 4.12, goodness-of-fit test was conducted using logistic regression. It was carried to test how well the proposed model describes the study observations (Field's, 2009). In this study, the associated Chi-square statistics was tested using Hosmer-Lemeshow (H&L) test. The model was considered fit if Hosmer- Lemeshow test value was greater than 0.05. Table 4.12 shows that the Hosmer-Lemeshow test for the logistic regression of the model is 0.825 which is greater than the required 0.05, meaning that the model fits the data very well. Furthermore, it is indicated that all the independent variables jointly influence the dependent variable.

4.7 Regression Analysis and Test of Hypotheses

In addition, the researcher conducted a multiple regression analysis to test effect of strategic interventions on implementation of reforms in Public health facilities in Embu County. The study applied the statistical package for social sciences (SPSS V 21) to code, enter and analyze the data using multiple liner model.

Table 4.13: Model Summary, Anova and Regression Coefficients

<table>
<thead>
<tr>
<th>Model Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anova</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>Regression</td>
</tr>
<tr>
<td>Residual</td>
</tr>
</tbody>
</table>

66
<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>T</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Beta</td>
<td>Standard Error</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>1.139</td>
<td>1.2235</td>
<td>-</td>
<td>1.515</td>
</tr>
<tr>
<td>Strategic Leadership (SL)</td>
<td>0.887</td>
<td>0.1032</td>
<td>0.152</td>
<td>4.223</td>
</tr>
<tr>
<td>Employee Training (ET)</td>
<td>0.752</td>
<td>0.3425</td>
<td>0.154</td>
<td>3.424</td>
</tr>
<tr>
<td>Resource Capability (RC)</td>
<td>0.539</td>
<td>0.1937</td>
<td>0.163</td>
<td>3.147</td>
</tr>
<tr>
<td>System Automation (SA)</td>
<td>0.517</td>
<td>0.1891</td>
<td>0.147</td>
<td>3.111</td>
</tr>
</tbody>
</table>

Source: (Survey data, 2018).

As shown in Table 4.13, independent factors that were studied explained only 78.9% of strategic interventions on implementation of reforms in the Public Health Facilities in Embu County, Kenya. Implementation of reforms in the Public Health Facilities in Embu County, Kenya was represented by the adjusted $R^2$. This therefore meant that other factors not included in this study contributed to 21.1%. Implementation of reforms in the Public Health Facilities in Embu County, Kenya. From Table 4.13, the processed data, the F (2.287) statistics was 3.867 with p-values = 0.015 less or equal to 0.05 indicating the model was significant for further statistical analysis.

As shown in Table 4.13, coefficient of determination explains the extent to which changes in the dependent variable can be explained by the change in the independent variables or the percentage of variation in the dependent variable (Implementation of
reforms in the Public Health Facilities in Embu County, Kenya.) that is explained by all the four independent variables (strategic leadership, employee training, resource capability and system automation).

Multiple regression analysis was conducted to determine the effect of strategic interventions on implementation of reforms in Public health facilities in Embu County with the four variables of the study. As per the SPSS generated Table (4.12) above, the equation \( Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \epsilon \) becomes: \( IOR= 1.139+ 0.887\text{SL} + 0.752\text{ET} + 0.539 \text{RC} + 0.517\text{SA} \), where IOR represents implementation of reforms, SL represents strategic leadership, ET represents employee training, RC, represents resource capability and SA represents system automation.

According to the regression equation established, taking all factors into account (strategic leadership, employee training, resource capability and system automation) constant at zero, implementation of reforms will be 0.139. The data findings analyzed also shows that taking all other independent variables at zero, a unit increase in strategic leadership will lead to a 0.887 implementation of reforms in the Public Health Facilities in Embu County, Kenya; a unit increase in employee training will lead to a 0.752 implementation of reforms in the Public Health Facilities in Embu County, Kenya, a unit increase in resource capability will lead to a 0.539 implementation of reforms in the Public Health Facilities in Embu County, Kenya and a unit increase in system automation will lead to a 0.517 implementation of reforms in the Public Health Facilities in Embu County, Kenya.

At 5% level of significance and 95% level of confidence, strategic interventions (strategic leadership, employee training, resource capability and system automation) had a 0.000
level of significance and this indicated that there was a positive statistical significant effect between independent variables and dependent variable of the study.

4.5.1 Correlation Analysis

Pearson’s product moment correlation analysis was used to assess the strength of the relationship between the independent variable and dependent variable. The strength of the relationship measures by Product moment correlation ranges between -1 and +1. Table 4.14 shows the strength of the relationship.

<table>
<thead>
<tr>
<th>Variables</th>
<th>SL</th>
<th>ET</th>
<th>RC</th>
<th>SA</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Leadership</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Training</td>
<td>.149</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resource Capability</td>
<td>.136</td>
<td>.092</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>System Automation</td>
<td>.152</td>
<td>.147</td>
<td>.141</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Implementation of reforms in the public health facilities in Embu county, Kenya</td>
<td>.616**</td>
<td>.642**</td>
<td>.581**</td>
<td>.519**</td>
<td>1</td>
</tr>
</tbody>
</table>

*. Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).

Source: (Survey data, 2018)

As shown in Table 4.14, there is a significant positive effect between strategic interventions and implementation of reforms in Public Health Facilities in Embu CountyK (r = .519, p< 0.01). Implementation of reforms had significant positive effect
with constructs of strategic interventions, strategic leadership (r = .616, p < 0.01), employee training (r = .642, p < 0.01), resource capability (r = .581, p < 0.01) and system automation (r = .519, p < 0.01). As shown in Table 4.14, the results implies that strategic interventions enhanced the implementation of reforms in Public Health Facilities through strategic leadership, employee training, resource capability and system automation.

4.8 Testing of Hypotheses

The general objective of the study was to determine the influence of strategic interventions on implementation of reforms in Public health facilities in Embu County. The study tested the model summary in order to find out to what extent strategic interventions contributed to implementation of reforms in public health facilities in Embu County. This was followed by determining the significance of the model in the study by computing F statistics. The coefficients and their corresponding p-values were therefore computed.

4.6.1 Strategic Leadership and Implementation of Reforms

The first objective sought to establish the effect of strategic leadership on implementation of reforms in the Public Health Facilities Embu County, Kenya. A null hypothesis H01 was formulated to address this objective:

H01: Strategic leadership has no statistical significant effect on implementation of reforms in the Public Health Facilities in Embu County, Kenya.

Form Table 4.13 the coefficients of strategic leadership was 0.887 (P-value = 0.00 < 0.05). This indicates that a unit increase in strategic leadership leads to an increase of 0.887 in implementation of reforms in public health facilities in Embu. The null hypothesis was
rejected at 95% confidence level and the study concluded that strategic leadership had a statistical significant effect on implementation of reforms in public health facilities in Embu. These findings are consistent with those of Nyamache (2003) and Kathuku (2004) that revealed that strategic leadership was one of the factors that influenced reform implementation in competitive organizations. Strategic leaders should have their eyes on the horizon by predicting changing trends and aligning organizational mission and vision to organizational objectives.

4.6.2 Employee Training and Implementation of Reforms

The second objective sought to establish the effect of employee training on implementation of reforms in the Public Health Facilities Embu County, Kenya. A null hypothesis H02 was formulated to address this objective:

H0: Employee training has no statistical significant effect on implementation of reforms in the Public Health Facilities in Embu County, Kenya.

Form Table 4.13 the coefficients of strategic leadership was 0.752 (P-value =0.00 < 0.05). This indicates that a unit increase in employee training leads to an increase of 0.752 in implementation of reforms in public health facilities in Embu. The null hypothesis was rejected at 95% confidence level and the study concluded that employee training had a moderate statistical significant effect on implementation of reforms in public health facilities in Embu. These findings are in consistent with Mwangi (2006) and Njenga (2006) who revealed that there is a correlation between employee training and reform implementation among private and public organizations. The only way organizations can empower workers to transform formulated policies is through enhancing their knowledge and skills.
4.6.3 Resource Capability and Implementation of Reforms

The third objective sought to establish the effect of resource capability on implementation of reforms in the Public Health Facilities Embu County, Kenya. A null hypothesis $H_{03}$ was formulated to address this objective:

$H_{01}$: Resource capability has no statistical significant effect on implementation of reforms in the Public Health Facilities in Embu County, Kenya.

Form Table 4.13 the coefficients of resource capability was 0.539 ($P$-value = $0.00 < 0.05$).

This indicates that a unit increase in resource capability leads to an increase of 0.539 in implementation of reforms in public health facilities in Embu. The null hypothesis was rejected at 95% confidence level and the study concluded that resource capability had a moderate statistical significant effect on implementation of reforms in public health facilities in Embu. These results concur with KIPPRA (2013) and Amaoko (2012) which revealed that financial support was the key factor of any reform implementation. Expansion of training budgets and giving necessary support to reform implementers is a key determinant of organization performance.

4.6.4 System Automation and Implementation of Reforms

The fourth objective sought to establish the effect of system automation on implementation of reforms in the Public Health Facilities Embu County, Kenya. A null hypothesis $H_{04}$ was formulated to address this objective:

$H_{01}$: System automation has no statistical significant effect on implementation of reforms in the Public Health Facilities in Embu County, Kenya.
Form Table 4.13 the coefficients of system automation was 0.517 (P-value =0.00 < 0.05). This indicates that a unit increase in system automation leads to an increase of 0.517 in implementation of reforms in public health facilities in Embu. The null hypothesis was rejected at 95% confidence level and the study concluded that system automation had a small statistical significant effect on implementation of reforms in public health facilities in Embu. These results concur with KIPPRA (2013); Esther (2008); Hrebinjak (2006) and Amaoko (2012) which revealed that Technology is the only new platform companies are using to be more efficient and effective. Automating production processes can enhance organization competitiveness.

Table 4.15: Summary of Hypotheses Testing

<table>
<thead>
<tr>
<th>Hypotheses</th>
<th>Results</th>
<th>Decision</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0₁</td>
<td>There was no effect between strategic leadership and implementation of reforms in the Public Health Facilities in Embu County, Kenya.</td>
<td>β=1.52 P &gt;0.05</td>
<td>Reject null hypothesis and adopt alternative hypothesis</td>
</tr>
<tr>
<td>H0₂</td>
<td>There was no effect between employee training and implementation of reforms in the Public Health Facilities in Embu County, Kenya.</td>
<td>β=1.154 P &gt;0.05</td>
<td>Reject null hypothesis and adopt alternative hypothesis</td>
</tr>
<tr>
<td>H0₃</td>
<td>There was no effect between resource capability and implementation</td>
<td>β=1.163 P &gt;0.05</td>
<td>Reject null hypothesis and adopt alternative hypothesis</td>
</tr>
</tbody>
</table>

73
of reforms in
the Public
Health
Facilities in
Embu County,
Kenya.

Embu County.

| **H04** | There was no effect between system automation and implementation of reforms in the Public Health Facilities Embu County Kenya | $\beta=-0.147$  
 P $>$0.05 | Reject null hypothesis and adopt alternative hypothesis | Systems automation has a small statistical significant effect on implementation of reforms in the Public Health Facilities in Embu County. |

Source: (Survey data, 2018)

Table 4.15, shows a summary of hypotheses testing. The four null hypotheses were rejected while accepting the alternative hypotheses based on the fact that the four study variables had p-values less than 0.05. This showed that Strategic interventions had a significant relationship with implementation of reforms in the Public Health Facilities Embu County Kenya.
CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the study findings as per the study objectives, conclusions based on those findings and recommendations which are based on both the study findings and other relevant literature considered necessary and vital to be used in future to improve the study situation.

5.1 Summary of Findings

The general objective of the study was to establish the effect of strategic interventions and implementation of reforms in public health facilities in Embu County. The specific objectives were to determine the effect of strategic leadership, employee training, resource capability and systems automation and implementation of reforms in public health facilities in Embu County. Primary data was collected using semi-structured questionnaire with likert scale type of measurement. Multiple regression model was used to test the effect of each independent variable on the dependent variable. Pearson product moment was used to test the hypothetical relationship between the variables.

5.1.1 Strategic Leadership

The study established a positive relationship between and reform implementation in public health facilities in Embu County. To a larger extent it was indicated that strategic leadership influenced implementation of reforms. Despite the new reforms in the health sector, change management was an uphill task among employees of public health facilities. It was revealed that most of the health workers did not have any other training apart from the medical knowledge. Responsibilities attached with implementation of new
reforms were likely to fail due to lack of visionary leaders to steer the change process by institutionalizing and conceptualizing change among public health workers. Most of the public health workers rarely understood the mission, vision and strategic direction of their facilities in the changing business environment.

5.1.2 Employee Training

The study revealed a moderate effect employee training and implementation of reforms in Embu County. However, to some extent, the study established that majority of the public health workers were not given appropriate training to facilitate reform implementation. This was hindered by budget constraints. It was evident the leaders of public health workers rarely delegated, consulted, appraised or conduct training needs assessment of their workers. It emerged that some employees were not conversant with the new reforms and did not have an in-depth understanding of the public health sector reforms. To some extent some employees were resistant to new reforms due to lack of support from top management.

5.1.3 Resource Capability

The study established a moderate effect of resource capability and implementation of reforms in Embu County. However, it was noted that of the public health workers with the responsibility to implement new reforms were not equipped with financial management skills. Misappropriation of funds and misuse was associated with lack of financial literacy and project management skills among public health workers in Public health facilities. It was further identified that accountability among workers was not a common practice due to lack of models and control mechanisms of managing funds allocated to some projects.
5.1.4 System Automation

The study revealed there exist a small effect of system automation and implementation of reforms in Embu County. The study noted that systems of public health facilities were not automated to a larger extent. It was evident that most of the services offered by public health facilities were manual in nature. For instance, patient information and financial records were managed manually which contributed to service gaps. It was also noted that most of the public health workers were not IT compliant and this hindered efforts of implementing new technological equipment to enhance service delivery. It was also noted that despite the benefits associated with modern medical equipment, most of the public health facilities were under equipped with outdated medical equipment that were not up to modern standards recommended by World Health organization. (WHO, 2015). Technology integration was a big challenge that was associated with a number of internal and external factors.

5.2 Conclusion

From the findings of the study, it can be concluded that for reforms to be implemented among public health facilities in Kenya, a number of strategic interventions like leadership, training, resource management and technology integration in the system is key to competitiveness of the health sector in Kenya. Therefore, for effective reform implementation in the public health sector in Kenya, the National and County Governments should develop collaborative policies that will enhance and facilitate reform implementation in the public health sector thus minimizing employee strikes, unreliable quality services among customers and public complaints.
5.3 Recommendations

The study established that most of the public health workers were not equipped with appropriate skills and knowledge to facilitate reform implementation. Therefore, this study recommends that the Ministry of Health in Kenya should take the initiative of training public health workers in Kenya on strategic management skills to facilitate reform implementation. Therefore, this study recommends that the County Government should develop clear guidelines on how resources allocated to public health facilities should be managed. Installation of system will enhance reform implementation with minimal resistance.

Formation of partnerships with external human resource firms to conduct human inventory audit to determine skills that are necessary to public health workers to enhance reform implementation should be a key priority. The National Government in collaboration with the County Governments should expand training budgets among public health workers to enhance reform implementation.

The study further established that the small extent of system automation in public health facilities in Embu County. It was evident that most of the services offered by public health facilities were manual in nature. Therefore, this study recommends that County Governments through the Ministry of Health should invest in new systems ranging from; medical equipment, record management systems, financial management systems and supplier information systems to enhance efficiency and effectiveness. Public health workers should be provided with personal computers to enhance technological culture in the public health sector. Further, public health facilities should partner with ICT firms to
have access to internet connectivity to enhance service delivery and minimize operational costs.

**5.4 Suggestion for further research**

This study recommends that future research to be directed towards validating the results of this study by conducting a similar research in other Counties in Kenya. This study adopted descriptive research design and was conducted among public health facilities in Embu County, therefore future research should consider using a longitudinal survey research design to benchmark accuracy of findings. This study concentrated on the influence of strategic interventions on implementation of reforms in the Public Health Facilities in Embu County, Kenya, but future studies could cover the effects of strategic reforms on performance of public health sector in Kenya. Further research could also be extended to other sectors related sectors to reveal reasons behind poor implementation of reforms in the public health institutions in Kenya.

Further, the study recommends that other researchers should replicate this study in other developing countries such as Tanzania, Rwanda and Egypt to examine consistency of results and finally researchers should seek to investigate the effect of strategic reforms and performance of public health facilities in Kenya.
REFERENCES


Barney, J (2006), Firm Resources and Sustained Competitive Advantage, *Journal of Management*


80


83


Ohaga O.C. (2004). The strategic responses of commercial banks in Kenya to changes in their environment; Published MBA Project.


Dear Respondent,

**REF: QUESTIONNAIRE COVER LETTER**

I am a student pursuing a postgraduate degree in Masters of Business Administration of Kenyatta University. As a requirement of the program, am required to carry out a research study on: "**Strategic Interventions on Implementation of Reforms in the Public Health Facilities in Embu County, Kenya**"

I am kindly requesting you find time and complete the attached questionnaire. The information provided in this study will be treated with utmost confidentiality and will purely be used for academic purposes.

Kind Regards
Appendix 2: Questionnaire

SECTION A: DEMOGRAPHIC CHARACTERISTICS

Please supply the required data by filling in the blanks where space is provided or by ticking [√] against the most appropriate answer.

1. What position do you hold in your Public Health Facility?......................

2. How long have you worked in your Facility
   a) 1-5 year [   ]
   b) 6-10 year [   ]
   c) 11-15 years [   ]
   d) 15 years and above [   ]

3. What is your highest Academic level?
   a) Certificate [   ]
   b) Diploma [   ]
   c) Degree [   ]
   d) Masters [   ]
   e) PhD [   ]

SECTION B: STRATEGIC INTERVENTIONS ON IMPLEMENTATION OF REFORM IN PUBLIC HEALTH FACILITIES IN EMBU COUNTY

Please rank the following statement on Likert Scale ranging from strongly disagree to strongly agree
Where; 5= (Very Large Extent) 4= (Large Extent) 3= (Small Extent) 2= (Very Small Extent) 1= (Not at All)

PART A: STRATEGIC LEADERSHIP

4. Tick the extent to which you agree with the following statements with regard to implementation of reforms in your Public Health Facility?

<table>
<thead>
<tr>
<th>Statements</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Facilities in Embu County have a mission and vision</td>
<td></td>
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<tr>
<td>that reflect the new reforms</td>
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</tbody>
</table>
Public Health Facilities formulate, implement and evaluate strategies
Leaders have institutionalized the new reforms by creating maximum awareness
Public Health Workers understand the new reforms
Leaders of Public Health Facilities understand the global, regional and National health care changing trends
Leaders of Public Health Facilities adopt contingency plans to implement new reforms

**PART B: EMPLOYEE TRAINING**

5. Tick the extent to which you agree with the following statements with regard to implementation of reforms in your Public Health Facility?

<table>
<thead>
<tr>
<th>Statements</th>
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<th>3</th>
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</thead>
<tbody>
<tr>
<td>Employee of Public Health Facilities are given relevant skills to implement new changes</td>
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<tr>
<td>Public Health Facilities engage consultants to conduct Training Needs Assessment</td>
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<tr>
<td>Leaders of Public Health Facilities encourage employees to advance their studies</td>
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<tr>
<td>Employees of Public Health Facilities have appropriate skills and knowledge to implement the new reforms</td>
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<tr>
<td>Leaders of Public Health Facilities encourage delegation to promote employee skills during implementation of reforms</td>
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<tr>
<td>Leaders of Public Health Facilities facilitate employees to attend workshops locally and internationally</td>
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<tr>
<td>Consultation culture is encouraged among workers during implementation of reforms</td>
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<tr>
<td>Performance appraisals are encouraged by leaders in Public Health Facilities</td>
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</table>

**PART C: RESOURCE CAPABILITY**

Tick the extent to which you agree with the following statements with regard to implementation of reforms in your Public Health Facility?

<table>
<thead>
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<th>Statements</th>
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<th>2</th>
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</thead>
<tbody>
<tr>
<td>Management of Public Health Facilities in Embu deploys and allocate adequate budgets to implement new reforms.</td>
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</tbody>
</table>
The Ministry of Health provide the necessary resources needed by Public Health Facilities

Employees of Public Health Facilities are held accountable for resources allocated to implement reforms

Top leadership ensures internal audits are conducted to determine the progress of implementing reforms

The Public Health Facilities have effective and efficient models of implementing reforms

Public Health Facilities have systems of controlling funds allocated to implement reforms

<table>
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<th>5</th>
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</thead>
<tbody>
<tr>
<td>Public Health Facilities have databases that manage supplier information</td>
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<tr>
<td>Public Health Facilities have automated systems that keep patient information more efficiently and effectively</td>
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<tr>
<td>Health workers of Public Health Facilities in Embu are IT literate</td>
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<tr>
<td>Health workers generate reports through systems</td>
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<tr>
<td>Public Health Facilities make purchase orders through online to encourage transparency and accountability</td>
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<tr>
<td>The Public Health Facilities are equipped with modern equipment</td>
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</tr>
<tr>
<td>Public Health Facilities have systems of controlling funds allocated to implement reforms</td>
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</tbody>
</table>

Thanks for your Cooperation
Appendix 3: Kenyatta University Graduate School Data Collection Letter

KENYATTA UNIVERSITY GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke
Website: www.ku.ac.ke
P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 810901 Ext. 4150

FROM: Dean, Graduate School
DATE: 12th November, 2016

TO: Hannah Njoki Muthigani
C/o Business Administration Dept.

REF: D53/EMB/OL/24390/2014

SUBJECT: APPROVAL OF RESEARCH PROJECT PROPOSAL

This is to inform you that Graduate School Board at its meeting of 2nd November, 2016 approved your Research Project Proposal for the M.B.A Degree Entitled, “Strategic Interventions on Implementation of Reforms in The Public Health Facilities In Embu County, Kenya”.

You may now proceed with your Data Collection, Subject to Clearance with Director General, National Commission for Science, Technology and Innovation.

As you embark on your data collection, please note that you will be required to submit to Graduate School completed Supervision Tracking Forms per semester. The form has been developed to replace the Progress Report Forms. The Supervision Tracking Forms are available at the University’s Website under Graduate School webpage downloads.

Thank you.

JACKSON LUVUNI
FOR: DEAN, GRADUATE SCHOOL

cc. Chairman, Business Administration Department.

Supervisors:

1. Mr. Elias Ngagi
C/o Department of Business Administration
Kenyatta University

J/2016.
Appendix 4: National Commission for Science Technology and Innovation Letter

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Date: 14th February, 2017

Ref No. NACOSTI/P/17/13599/15304

Hannah Njoki Muthigani
Kenyatta University
P.O. Box 43844-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on “Strategic Interventions On Implementation Of Reforms In The Public Health Facilities In Embu County, Kenya.” I am pleased to inform you that you have been authorized to undertake research in Embu County for the period ending 13th February, 2018.

You are advised to report to, the County Commissioner and the County Director of Education, Embu County before embarking on the research project.

On completion of the research, you are expected to submit two hard copies and one soft copy in pdf of the research report/thesis to our office.

Boniface Wanyama
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Embua County.

The County Director of Education
Embua County.
Appendix 5: County Commissioner Embu West Sub-County Letter

[Letter content]

REPUBLIC OF KENYA
THE PRESIDENCY
MINISTRY OF INTERIOR AND CO-ORDINATION OF NATIONAL GOVERNMENT

Telephone: Embu 0202310839
FAX 30040
Email: cc.embu@gmail.com
When replying please quote
Ref: EBU_CC/ADM/3/37/VOL 111/77)

Deputy County Commissioner
EMBU WEST SUB COUNTY

RE: RESEARCH AUTHORIZATION

Please be informed that Hannah Njoki Muthigani, Research Permit No. NACOSTI/P/17/13599/15305 of Kenyatta University has been authorized to carry out research in your Sub County for a period ending 13th February, 2018.

Her research is based on “Strategic Interventions on Implementation of Reform in the Public Health Facilities in Embu West Sub County”.

Kindly accord her the necessary assistance.

Thank you.

[Signature]

AMBROSE K. NJERU
FOR: COUNTY COMMISSIONER
EMBU COUNTY

Copy to:
Hannah Njoki Muthigani
Appendix 6: County Director of Health Letter

EMBU COUNTY GOVERNMENT

OFFICE OF COUNTY DIRECTOR OF HEALTH

Mobile: +254 771 204 003/+254 707 192 924
Tel: 254 68 30686/30656
Address: P. O. Box 36 – 60100 Embu Town House Email: info@embu.go.ke Web: www.embu.go.ke

Our Ref No: ECH/ADM/17/VOl/1

Dated 20th April 2017

TO WHOM IT MAY CONCERN

RE: RESEARCH AUTHORIZATION
FOR: HANNAH NJOKI MUTHIGANI

The above subject matter refers.

This office acknowledges receipt of research authorization letter for the above named student studying at Kenyatta University to carry out research on topic shown against her name in your facility (Ref. No.NASCOSTI/P/17/13599/15304) dated 14th February 2017.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hannah Njoki Muthigani</td>
<td>Strategic interventions on implementations of reforms in the public health facilities in Embu County</td>
</tr>
</tbody>
</table>

This office has no objection and requests your office to accord the student cooperation and necessary support she requires.

Dr. Stephen Kaniaru
AG. COUNTY DIRECTOR OF HEALTH
EMBU COUNTY
Appendix 7: Ministry of Education Letter

MINISTRY OF EDUCATION
STATE DEPARTMENT OF BASIC EDUCATION

Office of the County Director of Education
Embu County
P.O. Box 123-60100
Embu

Ref. No: EBC/GA/32/VOIII/25

2nd June, 2017

Hannah Njoki Muthigani
Kenyatta University
P. O. Box 43844-00100
NAIROBI

RE: RESEARCH AUTHORIZATION

Reference is made to NACOSTIVP/17/13599/1304 dated 14th February, 2017.

This office acknowledges receipt of your research authorization to carry out research on “Strategic Interventions on Implementation of Reforms in the Public Health Facilities in Embu County, Kenya,” for a period ending 13th February, 2018.

This office has no objection and therefore wishes you success in this undertaking and requests prospective participants/respondents to accord you cooperation or support you may require.

MARGARET MIWIRIGI
COUNTY DIRECTOR OF EDUCATION
EMBU COUNTY

Copy to: The Director Quality Assurance & Standards – MOEST, NAIROBI
The Secretary/GEO, NACOSTI – NAIROBI
The County Coordinator of Health, EMBU COUNTY
The Sub-County Director of Education, EMBU WEST