INFLUENCE OF EFFECTIVE IMPLEMENTATION OF HEALTH POLICY IN DEVOLVED GOVERNMENTS: A CASE OF MANDERA COUNTY

Zahra Rashid Hillow

A Research Project Submitted in Partial Fulfilment for the Award of Degree in Master of Public Policy and Administration of Kenyatta University

November 2019
DECLARATION
This research project is my own original work and has never been presented for any academic award within any other institution.

………………………………………

Signature Date

ZAHRA RASHID HILLOW

REG NO: C153/OL/CTY/27869/2013

This research project was submitted for examination with my approval as the university supervisor.

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Signature Date

PROF. DAVID MINJA
CHAIRMAN

DEPARTMENT OF PUBLIC POLICY AND ADMINISTRATION
ABSTRACT
In an attempt to foster the delivery of healthcare services, the county governments have been actively implementing healthcare policies. However, the devolved units have been facing a number of challenges. The current sought to examine the determinants affect the implementation of health policy within Mandera County. The research specifically examined how procurement process, budgetary allocation and leadership practices affect the implementation of health policy in Mandera County. The research was based on the resource-based view theory and the human capital theory. The research adopted a descriptive research design that targeted personnel working within the health sector in Mandera County. The sample population for the research was 101 personnel selected from the hospitals. The research utilized a structured questionnaire that was piloted with 10% of the research respondents. The collected research data was analyzed using descriptive and inferential statistics. The analyzed data was presented using tables, graphs and pie charts. The study ensured that ethical considerations have been observed in the course of the research study. The results of the research indicate that there was an 88% response rate with the majority of the respondents 59% being male personnel within the Mandera County government. Results of the regression analysis shows that leadership practices, procurement process, budgetary allocation accounts for 62.3% ($R^2=.623$) variations in the implementation of health policy. The research concludes that the county government has poor budget disbursement and utilization of funds, has limited delegation of duties, lacks a clear chain of command within the health sector. The study further indicates that the county government has fostered digitalization and coordination of the procurement processes. The research recommends that the county government should foster financing of the health sector and adopt an internal structure and internal controls that can foster the implementation of health policies.
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<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AHP</td>
<td>Analytic Hierarchy Process</td>
</tr>
<tr>
<td>ANOVA</td>
<td>Analysis of Variance</td>
</tr>
<tr>
<td>EMMS</td>
<td>Essential Medicines and Medical Supplies</td>
</tr>
<tr>
<td>GHS</td>
<td>Ghana Health Services</td>
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<tr>
<td>HRH</td>
<td>Human Resources for Health</td>
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<tr>
<td>KHPF</td>
<td>Kenya health policy framework</td>
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<td>KHSSP</td>
<td>Kenya Health Sector Strategic Plan</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goals</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organizations</td>
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<tr>
<td>PHC</td>
<td>Primary Health Care</td>
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<tr>
<td>SDG</td>
<td>Sustainable Development Goals</td>
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<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
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<td>TQM</td>
<td>Total Quality Management</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>-------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Budgetary allocation</td>
<td>This refers to the allocation of resources to different departments within the government for its annual expenditure</td>
</tr>
<tr>
<td>Devolution</td>
<td>This refers to the delegation or transfer of power from the national government to the local government</td>
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<tr>
<td>Employee Competency</td>
<td>This refers to the specific skills and capabilities held by individual personnel within a firm</td>
</tr>
<tr>
<td>Health</td>
<td>Defines health as the mental, physical, and social wellbeing of a people that includes the environment in which they live.</td>
</tr>
<tr>
<td>Health Policy</td>
<td>This refers to the decision, plans and actions undertaken with a view of achieving a specific health care objective</td>
</tr>
<tr>
<td>Leadership practices</td>
<td>The utilization of different practices in the management/administration The administration of the organisation in the undertaking of healthcare service provision</td>
</tr>
<tr>
<td>Policy Implementation</td>
<td>This refers to the actions that are conducted in executing a law or directive that has been put into place. This was measured by the attainment of the policy goals, the sustainability of the policy and the number of projects executed.</td>
</tr>
<tr>
<td>Procurement process</td>
<td>The act of obtaining or getting medical equipment</td>
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CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

The healthcare industry is changing around the world, and it has the following characteristics; advanced technologies; new disease patterns; physical infrastructure; unpredictable patients’ needs and diverse workforce requirements (Karisberg & Pierce, 2014). The first locations for health care service delivery are hospitals and they are critical in fostering healthy populations. Kenya has a distinct non-governmental health sector that mission hospitals belong to (Muga, Kizito, Mbaya, & Gakuruh, 2015).

Proper Health is one of the most necessary needs for human survival and access to healthcare services is considered a basic human right (World Bank, 2005). The World Health Organization - W.H.O is charged with the mandate to provide proper healthcare services throughout the world. They accomplish this through different means such as various means such as offering relief food to fight malnutrition, proper policy adoption and providing donors with funds necessary to improve living standards. Non-governmental organizations-NGO’s support provision by establishing health centers, providing medicinal supplies and equipment. Health is one of the pillars for the realization of the Millennium Development Goals- MDG now Sustainable Development Goals- SDG (World Bank, 2015).

At the national level, there are good health policies but the main limitation to their effectiveness lies at the implementation stage (Owuondo, Mwaura-Tenemberger, Adoyo, & Kiilu, 2015). Some countries in the developing world notably Canada and Netherlands have successfully implemented their health policies which has translated into accessible and free universal health care (McCollum, et al., 2015). Characteristics of health services in industrialized countries includes lower costs of care, higher satisfaction of the population, better health results and efficient use of resources (Nshimirimana, Mwaura-Tenembergen, Kokonya, & Adoyo, 2016).
Around the world, most healthcare services run under a devolved system of governance, with one central Ministry or Department of Health but this trend is gradually evolving to a more devolved system of governance (KPMG, 2015). Ethiopia is one of the countries which has recently undergone these changes as their healthcare system has gradually evolved from a centrally organized system to one where the regional governments distribute grants to district governments which then prioritize allocation of their budgets and spending. The situation is different in Ghana where; the Ghana Health Services manages health facilities while the District Assembly acts as a devolved entity (World Bank, 2012; KPMG, 2015). With the declaration of the new constitution in 2010, Kenya’s system of governance was devolved with the creation of the National and County governments (Okech & Lelegwe, 2016); this culminated in the devolution of health care services at the County Level. However, the National Government coordinates some key aspects of the health care sector through the Ministry of Health.

1.1.1 Health Policy Implementation

The devolved system of governance came into effect and has changed the ways of working, both with the national government and the county governments. According to Transition to Devolved Government Act (2012), the county governments exercise a level of autonomy and the healthcare is on one of the devolved sectors in Kenya. The Constitution of Kenya (2010) articulates specific functions and roles that have been devolved. The county governments are responsible for executive duties, legislation within their counties, functions devolved from the national government and those agreed upon with other counties and staffing. However, the two levels of government are distinct and interdependent and carry out their businesses with “consultation and cooperation” (The Constitution of Kenya, 2010).

The Ministry of Health (MOH) provides overall leadership at the national level. The MOH overseas the health sector in the country (National Health Policy, 2012). It’s charged with the
weighty responsibility of ensuring access to healthcare services and achievement of both national and global health outcome. The National Health Policy- MoH (2012) further states that the MOH has the following key responsibilities; to develop the national policy, provide technical support, monitor quality and standards of healthcare centers, provide guidelines and tariffs for health services, conduct studies and research.

At the county level, the National Health Policy (2012) proposes that county health departments be formed and their main duties would be the creation and provision of a well-functioning institutional structure which would ensure that healthcare is managed and delivered throughout the county. Additionally, it also states that county health management teams should be formed to aid in management of health facilities. Such measures are aimed at providing adequate and effective professional and technical management structures in each county for better coordination and delivery of health services (Raja, 2014). This research seeks to examine how the Kenya Health Policy has been implemented within Mandera County and measured against the set policy objectives.

1.1.2 Determinants of Health Policy Implementation

A proper management system is necessary for efficiency in provision of health care provision services, the management issues in health services revolve around communication, policies and ICT, the working conditions of staff, accountability, supervision and staff deployment (Bhatia, 2014). This has seen many countries especially those developed devolve their healthcare. In Dominican Republic and Latin American countries, a report showed that overall management of health systems, hospitals and clinics is the responsibility of physicians who may lack adequate training or experience which are key determinants of their effectiveness in their jobs, thus posing a serious problem in their aim of reforming their health system and implement health policies geared towards better
service delivery (World Bank, 2015).

Aldosari (2014) examined implementation of electronic records management in Riyadh hospitals and indicated that the size of the hospital, ownership of the hospital and the composition of the hospital personnel had a positive effect on the implementation process. Straus, Moore, Uka, Marquez, and Gülmezoglu (2013) examined the determinants of implementation of maternal guidelines in Kosovo and concluded that lack of communication, poor infrastructure, and employee competency had a negative effect on the implementation process. Jacobs, et al. (2015) examined the determinants of innovation implementation in Iranian hospitals and indicated that physician characteristics, implementation climate and implementation effectiveness had a positive effect on the implementation process.

Ononokpono and Odimegwu (2014) studied the determinants of maternal health care implementation in Nigeria and concluded that location of facility, infrastructure and demographic characteristics had a positive effect on implementation. Ogbuabor and Onwujekwe (2018) examined the implementation of free maternal and child healthcare policies in Nigeria. The researchers indicated that availability of medical equipment, human resource capacity, funding, infrastructure, staff disciplinary, decision making and supervisory mechanism influenced the implementation process.

Tama, et al. (2018) examined the implementation of the free maternity services policy in Kenya and concluded that communication, budgetary allocation, timely payment, healthcare facilities and document verification process had a positive effect on the implementation. Kenya has been experiencing increased industrial action by trade and worker unions in recent years, particularly in the Public Healthcare Sector. Most of these strikes caused by poor implementation collective bargaining agreements, lack of facilities in the healthcare Centers, delayed payment of salaries in some counties especially following the devolution
of public healthcare or inadequate funding by the government (Njau, 2012; RoK, 2012).

Staffing is one of the key elements of healthcare delivery and staff training is necessary so as to improve their competencies and capability to carry out their duties thus attaining the desired outcomes. Challenges facing the devolved government revolve around qualification, hiring and promotions. The county government recruitment program in Kenya and other developing economies has been marred with incidences of nepotism, favoritism and corruption. The staff also complain of poor managerial styles, work overload, low pay and poor working environment (MoH, 2014). Hence for better implementation of health policy there is need for employees with better competency and skills to be recruited within the health sector (Baru, Acharya, Acharya, Kumar, & Nagaraj, 2012). The current study examined how procurement process, budgetary allocation and leadership practices influence the implementation of health policy in Mandera County.

1.1.3 Health Sector in Kenya
The hospitals’ main role is provision of quality healthcare thus ensuring that the patients are treated effectively and receive the highest quality healthcare resulting in an improvement of the nation’s Economic and social development. The National policy framework sets out the agenda for health sector in Kenya and is operationalized by the health sector strategic plan (Masara, 2014). Kenya adopted a new constitution in 2010 that devolved the public health sector to the 47 county governments.

The Kenyan government has always endeavoured to provide better health services to its citizens, the establishment of the Kenya health policy framework-KHP provided a blueprint that would guide the government in undertaking its mandate of providing better health services to its people, this led to the establishment of the Kenya health sector strategic plan-KHSSP that aims to transform the health sector to provide better services by reducing
infant, mortality rates, reduce incidences of malaria, and infectious diseases such as H.I.V and T.B. In 2013 Kenya devolved its health service delivery to the counties in attempt to provide better services however all this have been met by unforeseen challenges of poor funding, in sufficient medical staff and poor infrastructure that have hampered health service delivery (Republic of Kenya, 2010). The health sector in Kenya contains people in general framework with real players being the MoH and parastatals associations, the private segment, which incorporates private revenue driven, NGOs, and Faith Based Organizations offices (Republic of Kenya, 2010). The current study focussed on public hospitals within Mandera County, Kenya. The study examined the determinants of implementation of health policy within the hospital.

1.2 Statement of the Problem

In its attempt to provide better healthcare’s services Kenya devolved its healthcare to the county government however it has faced numerous challenges such as; inappropriate management structure, inadequate staff and delayed payment that have often led to strikes and paralyzed the delivery of health services, this has often resulted in a raw pitting county health officials against those of the national government with some suggesting health management be returned to the central government due to the poor execution of health sector policies (MoH, 2014).

The World Bank report (2012) reports that the county government in Kenya has inadequate structures which are necessary to ensuring that public hospitals are run effectively due to the lack of involving health sector stakeholders or having mechanism that support better decision making in the execution of health sector policies. The 2010 constitution devolved the health sector from the national government to the county government but did not adequately address the roles and the responsibilities of the county government. This is clear
indication of inadequate structures in the health sector; non-conformity with health sector procedures and increased industrial action and boycott of duty resulting in increased life loss (Gatonye, 2014).

Kimathi (2017) in his study on the challenges of devolution of healthcare in Kenya noted that poor budgetary allocation, lack of adequate personnel and constant wrangling between the county and national governments thus derailing the devolution of healthcare. Owuondo, Mwaura-Tenembergen, Adoyo, and Kiilu (2015) noted that limited finances, poor personnel capabilities and political interferences affect the health services in the country. Tsofa (2017) indicates that budgeting, planning and management competency were key factors in the decentralization of health policy in Kenya. However none of the above studies examined the determinants of implementation of health policy in Kenya.

Despite the increasing challenges facing the health sector in Kenya as well as the visible gaps in execution of the health sector policy which calls for adequate health service provision as well as universal health care; there has been minimal research work examining the determinants of the health sector policy implementation. The current research examined the determinants of the implementation of health policy within Mandera County, Kenya.

1.3 Specific Objectives

i. To determine the influence of procurement process on the implementation of health policy within Mandera County Government.

ii. To examine the effect of budgetary allocation on the implementation of health policy within Mandera County Government.

iii. To examine the effect of leadership practices on the implementation of health policy within Mandera County Government.
1.4 Research Questions

i. What is the influence of the procurement process on the implementation of health policy within Mandera County Government?

ii. What is the effect of budgetary allocation on the implementation of health policy within Mandera County Government?

iii. How do the leadership practices influence the implementation of health policy within Mandera County Government?

1.5 Research Premises

i. Procurement process influences the implementation of health policy within Mandera County Government.

ii. Budgetary allocation affects the implementation of health policy within Mandera County Government.

iii. Leadership practices affect the implementation of health policy within Mandera County Government.

1.6 Justification and Significance of the Study

1.6.1 Justification of the Study

Global, regional, and national health policies are formulated with the aim of creating an environment where the citizens lead healthier, safer, and longer lives. This makes it a mandate for governments around the world to address the current health issues and to carry out research aimed at identifying and countering emerging regional, national and global health needs. This requires cooperation across different agencies enabling the national governments to carry out sector-wide research guaranteeing better future health effects. The current study examined implementation of the Kenya Health Policy within the devolved units. With the ongoing challenges in the health sector which have led to crippling of the health sector during industrial actions as well as the limited service provision within the
sector there is need for empirical examination of the determinants of the implementation process. Study findings are expected to enhance knowledge on the policy implementation, the practice within the health sector as well as be a body of knowledge for future academic work.

1.6.2 Significance of the Study

Research findings will help the ministry of health to know measures to enact resulting in achieving the Kenyan health sector strategic and investment plan (KHSSP) which aims to attain the highest possible health standards while at the same time addressing the needs of the population. It will also be beneficial in the ministerial strategic and investment plan guided by the Kenya health policy KHP (2014-2030) and the vision 2030 health plan under the social pillar, the government will know the policies to adopt to ensure proper provision of health services. This study also adds important knowledge to the devolution of health and the lesson we can learn from developed countries as far as health devolution is concerned.

1.7 Scope and Limitations of the Study

The scope of the research geographically focussed on the implementation of the Kenya Health Policy in Mandera County, Kenya. The contextual scope of the study focussed on an examination of the effect of procurement process, budgetary allocation and leadership practices influence the implementation of health policy. The sample respondents of the research was drawn from personnel working within the Mandera Public Health Sector. The research was limited to a descriptive research design with the study limiting itself to a mixed research methodology, utilizing both sources of data. Further, a multi-analysis technique with descriptive and inferential analysis being utilized.
CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

The second chapter of the study presents the review of literature and the theoretical framework that underpinned this study. The chapter specifically presented the literature review, the empirical studies, research gaps and conceptual framework of the hypothesized relationship between the study variables.

2.2 Review of Related Literature

2.2.1 Procurement Process and Implementation of Health Policy

Bhakoo and Chan (2011) examined collaborative implementation of e-business processes within the health-care supply chain: the Monash Pharmacy Project in Australia. The research utilized a longitudinal case study with research data being obtained from interviews, observation and documentary analysis across three years. Study results showed that lack of consistency in the procurement department coupled with poor delivery systems negatively affected the implementation of e-business processes. The location of this study is Australia while this study is Kenyan-based.

Ahsan and Rahman (2017) studied green public procurement implementation challenges in Australian public healthcare sector. The study employed an analytic hierarchy process (AHP) based multi-criteria decision-making model. The researchers concluded that the implementation process was limited by a lack of; legislation, senior management support, government incentives, and financial support to ensure the successful implementation of the process. The study however did not take into consideration how the green procurement practices affect the implementation of health policies within the Health Sector.
Hashim, Sapri, and Low (2016) studied challenges facing implementation of Public private partnership (PPP) facilities in Malaysia: the challenges of implementation, adopting structured questionnaires for data collection. After descriptive and inferential statistics analysis, the researcher concluded that PPP initiatives allow for better procurement processes to be integrated in the management of healthcare systems. The research however failed to examine how the procurement processes under PPP arrangements affect the implementation of healthcare policy.

Banchani and Tenkorang (2014) examined the challenges facing implementation of maternal health care in Ghana: the case of health care providers in the Tamale Metropolis. The research adopted purposive sampling utilizing both indepth interviews and focus group discussions to collect the necessary data and the findings indicated that transport, delivery services and challenges in conforming to the procurement act were the main challenges affecting the successful implementation of maternal health care. The study however, relied on qualitative data as opposed to this study which used both quantitative and qualitative data.

Tsofa (2017) examined how political decentralisation affected the planning and budgeting of the Kenyan health sector: a case study of Kilifi County, employing a case study research design and utilizing qualitative data in the study and focussing on the planning and budgeting for recurrent expenditures; Human Resources for Health (HRH); and Essential Medicines and Medical Supplies (EMMS) management. Analysis results showed the existence of significant delays in the procurement process resulting in a backlog of orders and long periods of stock outs of essential drugs in the facilities. Political interference and inefficient and ineffective structures also affected the health sector. The research however failed to examine how procurement process influenced health policy implementation within the county.
Kanda and Iravo (2015) conducted a research in Elgeyo Marakwet assessing the factors that affect the efficiency of the supply chain of medical supplies to Kenyan public health centers. A descriptive research design was adopted and data was obtained from questionnaires, interviews and focus group discussions. The data was analyzed using both qualitative and quantitative techniques and the results showed that the procurement practices positively affect supply chain efficiency. The study focused on supply chain efficiency while this study seeks to determine how procurement relates to implementation of health policies.

2.2.2 Budgetary Allocation and Implementation of Health Policy

Mohammed, North, and Ashton (2016) conducted a decision space analysis to analyze decentralisation of health services in Fiji. The research adopted the modified decision space approach that focuses on finance, service organisation, human resources, access rules, and governance rules in decentralized systems. The findings of the analysis showed that adequate financing and meeting the budgetary levels fostered the delivery of health services in Fiji. The research however was conducted in Fiji making its findings inapplicable in Kenya.

Delany, Lawless, Baum, Popay, Jones, McDermott, Marmot (2015) conducted a research on Health in All Policies in South Australia: what has supported early implementation?. The study examined the implementation process within the period 2007-2013 and considered public servants within the health sector as the main respondents. The findings of the research indicated that adequate resource allocation and timely disbursement of funding were critical to the success of the implementation process. The results also indicated that stakeholder support and timeliness were key elements in supporting the implementation process. The study however was not conducted within a single devolved system of governance making its findings inapplicable in Kenya and the scope of the study.
Nanyunja, Nabyonga Orem, Kato, Kaggwa, Katureebe, Saweka (2011) examined malaria treatment policy change and implementation in Uganda. The study examined the implementation of the policy since 2004 obtaining data from secondary sources. The results showed that availability of adequate and predictable funding for effective policy roll-out was a key determinant of the implementation success. The study however examined the implementation of a specific policy whereas the current study scope looks at the implementation of sector-wide health policy.

Pyone, Smith, and van den Broek (2017) studied the implementation of the free maternity services policy and how it affects the Kenyan governance of the health system. 39 key stakeholders from six counties were required to respond to semi-structured interviews. The results of the research showed that delayed budgetary reimbursement to health facilities, misaligned incentives and lack of clarity on the policy made its implementation to be ineffective. The study examined the Kenyan health sector services in general while this study was geographically limited to Mandera County.

Kimathi (2017) studied challenges facing the Kenyan devolved health sector. The study utilized a critical review of literature in examining the Kenyan health sector. The findings showed that the health sector in the devolved systems was plagued by inadequate budgetary allocations, deficiency of the human resource, corruption, a lack of critical legal and institutional infrastructure, and conflicts arising from a troubled relationship with the national government. The study relied on a review of literature from policy documents while this study utilized both data sources.

Mauti, Gautier, De Neve, Beiersmann, Tosun, Jahn (2019) examined Kenya’s Health in All Policies strategy: a policy analysis using Kingdom’s multiple streams. The study utilized a qualitative case study in evaluating relevant policy documents. The study respondents were
drawn from government agencies, donor agencies and development partners. The collected qualitative data was analyzed using the dimensions of Kingdon’s multiple streams approach (problem, policy and politics). The findings of the research indicated that within the health sector there is limited information sharing on the policies being pursued. The results further indicated that under the political stream; the commitment of the political elites an enhancing the budgeting and planning processes will enhance the potential of attaining the policy goals. The study however utilized primary data while this study used both data sources.

2.2.3 Leadership Practices and Implementation of Health Policy

Rees and Johari (2010) and Nishii (2011) shows that practices that the human resource engages in such as recruitment, training, development, and industrial relations are linked to employee performance and by extension, organisational performance. The researchers however failed to show if there exist a connection between management practices and the implementation of health policies. Rozenblum, Jang, Zimlichman, Salzberg, Tamblyn, Buckeridge, Tamblyn (2011) conducted a qualitative study of Canada’s implementation of electronic health in IT. The study employed a case study design focussing on a 10-year implementation of Canada e-Health plan. The study adopted structured interviews as the data collection instrument. The results of the research showed that poor managerial execution led to lack of an e-health policy, inadequate involvement of clinicians, failure to establish a business case for using electronic health records as well as failure to rollout the program within regions led to poor implementation. The study was based in Canada while the current study in Kenyan-based.

Talib, Rahman, and Azam (2011) examined the main factors which affect the implementation of total quality management practices in the health care sector. Employing a literature review of 15-peer reviewed research papers, the researcher found that the commitment of the top level of management, participation and teamwork, efficient management of resources and
having a focus on customers and their satisfaction were key determinants of TQM implementation within Indian health sector. The study relied only on secondary data while this study incorporated both data sources.

Gilson (2016) examined everyday politics and the leadership of health policy implementation. The study focused on the South African Health sector and relied on secondary data with results indicating that it is necessary to enact leadership training programs so as to nurture competency among the leaders of the sector fostering the development and implementation of health policy within the country. The study adopted a qualitative research design whereas the current research employed both qualitative and quantitative methodologies.

Anyika (2014) studied the challenges facing Nigerian health sector in their drive of implementing sustainable health care delivery under environmental uncertainty. The study relied on secondary data and the collected data was analyzed using thematical analysis technique with findings indicating that poor leadership practices resulted in poor infrastructural development, poor surveillance systems and inadequate resource utilization. The study however utilized a literature review making its findings inappropriate for reference as per the current study. Shariff (2014) examined the factors that contribute to and limit the involvement of nurses in development of health policy. The research employed the Delphi survey with results indicating that lack of involvement by the management, poor implementation of structures within the health sector and lack of process management were the key barriers to Nurse Leader’s participation. The study focussed on the development of the health policy rather than implementation of health policy.
Njau, (2012) researched on human resource challenges facing Kenyatta National Hospital (KNH) in Kenya with special reference to information sharing, financial resource allocation, diverse work force management, dispute management and understaffing and the relationship with specialized quality healthcare outcomes. The study found out that employee recognition, involvement, arbitration of disputes and employee benefits were important factors affecting quality service delivery at KNH. The study however failed to indicate whether the above leadership practices within KNH had an effect on health policy implementation.

La Rue, Alegre, Murei, Bragar, Thatte, Kibunga and Cheburet (2012) conducted a study on strengthening management and leadership practices to increase health-service delivery in Kenya: an evidence-based approach. The study used a non-randomized design that focused on district level hospital personnel. The results of the analysis indicated that constant development of leadership and management skills of health teams, through team-based approaches had a positive and significant effect on the service delivery within the hospitals. The study focussed on service delivery as opposed to implementation of the health policy.

Kanda and Iravo (2015) in an examination of the factors affecting supply chain efficiency of medical supplies in public health centers in Kenya indicates that poor financial management, wastage of public funds and poor accountability limited the supply chain efficiency. The study was however limited to supply management and current research examines implementation of health policies.
2.3 Theoretical Review

2.3.1 Resource Based Theory

This theory states that an organization’s competencies, resources and capabilities enable it to attain its competitive advantage. This, in turn determines its ability to successfully implement strategic plans. It considers a firm as a combination of all of its acquired resources and its capability to adequately exploit these resources in order to gain sustainable competitive advantage (Teece, Pisano, & Shuen, 1997). Assets that are rare, valuable, imitable and sustainable are key to improving the firm’s performance. Firm resources are assets that are connected semi-permanently to a firm including technological, social, knowledge based, human, physical and financial (Ernst & Young, 2012).

Valuable, rare and non-imitable resources enable firms to achieve a sustainable competitive advantage in the form of enhanced efficiency and productivity (Trott, 2008). Yang, (2011) affirms that the most important resources are financial resources due to their ability to expand a firm's capacity to support innovation through research and development, resulting in improved firm performance. He further goes to state that without financial resources, it is impossible to attain effectiveness in the implementation process (Yang, 2011).

Knowledge allows for learning the operating environment thus allowing for the appropriateness of strategic actions and provides a foundation for the accumulation and development of other resources by the firm (Price, Stoica, & Boncella, 2013). These resources include knowledge created by the firm internally and that acquired by the firm from other sources of knowledge. A high stock of qualified employees with advanced skills and knowledge increases the efficiency of a firm (Vijayakumar & Tamizhvelan, 2010). The theory is of importance to the current study since it enables for the examination of the effect of both budgetary allocation (financial) can be utilized to spur the implementation of health policies within the devolved unit.
2.3.2 Human Capital Theory
Proposed by Becker (1975), this theory looks at the employees as assets and emphasizes that investing in them by an organization generates excellent returns. It proposes that it is the characteristics of the firm’s human resource pool that determines its competitive positioning. Human capital that cannot be substituted or imitated by its competitors is key to attaining sustainable competitive advantage. In this theory, this concept recognizes workers as an essential resource that managers use to achieve competitive advantage for the firm (Barney, 1991). When accounting for the human resources according to Ross et al. (2007) it involves measuring the costs incurred by an organization to recruit, select, hire, train and develop human assets. It also includes measuring the economic value of people to the organization. People should not be treated as mere variable costs, and that a long-term strategy is necessary to control this resource effectively (Beer, Spector, Lawrence, Mills, & Walton, 1991).

The human resources cease to be viewed as just cost factors but are given a view of capital for investment with an aim of yielding income like any other production factor according to Becker (1975) as cited in Muammer, Selcuck and Mete (2008). This theory is key to this study since it enables for the examination of how leadership practices (capabilities, skills and competencies) are key firm resources that can be leveraged as a key component of fostering the implementation process within the County Government.

2.3.3 Goal-Setting Theory

The goal setting theory was advanced by Locke and Latham in the 1990s (Latham, Brcic, & Steinhauer, Toward an integration of goal setting theory and the automaticity model., 2017). According to Latham et al. (2017), the theory emphasizes the importance of the goal to an individual so that to ensure goal commitment. Moreover, many studies highlight the importance of improving performance by the standardization and institutionalization of goal formulation and performance target setting and evaluation.
The goal setting theory proposes that goals and performance have a direct relationship which can be explained by “Mechanisms or Mediators”, and “Moderators (Latham, Borgogni, & Petitta, 2008). This theory is concerned with “the effectiveness of specific, difficult goals; the relationship of goals to affect; the mediators of goal effects; the relation of goals to self-efficacy; the moderators of goal effects; and the generality of goal effects across people, tasks, countries, time spans, experimental designs, goal sources (i.e., self-set, set jointly with others, or assigned), and dependent variables” (Latham & Locke, 2007).

This theory assumes that goals affect performance through four mediating mechanisms; effort, persistence, direction, and task strategies (Locke & Latham, 2006). This theory is important to this study since successful implementation of health policy requires operationalization of the strategy by setting short term and medium-term goals. Implementation of health policy is supposed to assist the organizations in setting annual goals for service delivery. This theory thus anchors the dependent variable (implementation of health policy).

2.4 Conceptual Framework

The conceptual framework presents the relationship between the dependent variable and independent variables (Young, 2009).
The above conceptual framework presents the hypothesized interaction between the study variables. The determinants of implementation of health policy being examined are the procurement process, the budgetary allocation, the leadership practices and employee empowerment. The implementation of health policy was assessed by the level of attainment of policy goals, the sustainability of the policy and the number of policies implemented.

2.5 Gaps in the Literature Review

Table 2.1 Research Gaps

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Findings</th>
<th>Research Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ahsan and Rahman (2017)</td>
<td>Green public procurement implementation challenges in Australian public</td>
<td>The researchers concluded that the most critical challenges are lack of legislation on green procurement,</td>
<td>The study however did not take into consideration how the green procurement practices affect the</td>
</tr>
<tr>
<td>Source</td>
<td>Study Title</td>
<td>Authors</td>
<td>Key Findings</td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
<td>---------</td>
<td>--------------</td>
</tr>
<tr>
<td>Mueller, Lungu, Acharya, and Palmer (2015)</td>
<td>The constraints to implementing the essential health package in Malawi</td>
<td>The findings of the research showed that frequent personnel training and meetings were integral in the implementation of the health package</td>
<td>The study however did not utilize any inferential statistics measures that was utilized in the current study.</td>
</tr>
<tr>
<td>Pyone, Smith, and van den Broek (2017)</td>
<td>Implementation of the free maternity services policy and its implications for health system governance in Kenya</td>
<td>The results of the research showed that delayed budgetary reimbursement to health facilities, misaligned incentives and lack of clarity on the policy led to poor implementation of the maternal services policy.</td>
<td>The study examined the Kenyan health sector services in general whereas the current study scope was limited to Mander County.</td>
</tr>
<tr>
<td>Kanda and Iravo (2015)</td>
<td>Access factors affecting supply chain efficiency of medical supplies in public health centers in Kenya: a case study of public health centers in Elgeyo Marakwet County</td>
<td>The findings of the study indicated that the procurement practices had a positive effect on the efficiency of the supply chain of health centers</td>
<td>The study focussed on supply chain efficiency whereas the current study sought to examine the link between procurement and implementation health policy.</td>
</tr>
<tr>
<td>Anyika (2014)</td>
<td>Challenges of implementing sustainable health care delivery in Nigeria under environmental uncertainty</td>
<td>The findings of the study indicated that poor leadership practices resulted in poor infrastructural development, poor surveillance systems and inadequate resource utilization.</td>
<td>The study however utilized a literature review of previous research work whereas the current study adopted primary data that was collected from the Kenyan health sector.</td>
</tr>
</tbody>
</table>

**Source:** Researcher (2019)
CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter of the study reviewed the blueprint which the researcher utilized in answering the research question. It showed the research design, research population, sampling design and sample size, data collection instruments, pilot testing, data analysis and presentation and the ethical considerations.

3.2 Study Design

This is the structure of research and holding the elements of the research together. It structures the research, showing how all of the major parts of the research work together to answer the central questions of the research (Orodho, 2003). This study adopted a descriptive research design which is appropriate for employing both qualitative and quantitative methodologies when measuring the link between the research variables.

3.3 Population and Sample Design

Population composes all individuals or objects of desire for research due to their ability of being observable (Mugenda & Mugenda, 2003). The population of the study was sourced from the personnel operating within the Mandera County health sector. The unit of analysis was the personnel working within the health sector in the County Government.

Table 3.1 Population of the Study

<table>
<thead>
<tr>
<th>Cadre/County Officials</th>
<th>Number of Officers</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Executive Committee member for Health</td>
<td>1</td>
</tr>
<tr>
<td>Chief Officers Health</td>
<td>2</td>
</tr>
<tr>
<td>Directors (Medical services and Public Health)</td>
<td>2</td>
</tr>
<tr>
<td>Director finance and planning (Mandera County)</td>
<td>1</td>
</tr>
<tr>
<td>Medical Officers</td>
<td>16</td>
</tr>
<tr>
<td>Clinical Officers</td>
<td>60</td>
</tr>
</tbody>
</table>
Nurses 300
Pharmacists 30
Lab Technicians 80
Specialists 6
Procurement Officer 1

**TOTAL 499**

**Source:** Mandera County Government (2019)

### 3.3.1 Sampling Design

A sampling frame comprises all the objects within the population of interest to the researcher (Cox & Hassard, 2005). The sampling frame for the current research was the personnel working for the Mandera County Government within the Health Sector. The study adopted purposive sampling that will only target personnel within the Mandera Health Sector. They were selected since they have the requisite information being sought in answering the research problem. The sample size is the number of respondents used by a researcher to collect data which was used as a representation of the population in general (Saunders, Lewis, & Thornhill, 2012). The research used Mugenda and Mugenda (2003) proposed criteria which indicated that a sample size of 10%-30% is adequate for statistical analysis. The researcher chose to sample 20% of the population hence the sample size was 101 respondents.

<table>
<thead>
<tr>
<th>Cadre/County Officials</th>
<th>Number of Officers</th>
<th>Sample Respondents</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Executive</td>
<td>1</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Committee member for</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director finance and</td>
<td>1</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>planning (Mandera County)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Officers Health</td>
<td>2</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Directors (Medical services)</td>
<td>2</td>
<td>1</td>
<td>1%</td>
</tr>
</tbody>
</table>
### 3.4 Data Collection Procedures

The study utilized both secondary and primary data. Questionnaire was used to gather primary data. The questionnaires were closed-ended questions. The use of a questionnaire as an instrument of research usually gives the respondents sufficient time to provide well-thought replies within the questionnaire items and enable large samples to be covered in a short time (Creswell, 2013). Secondary data was collected from annual strategic plans from the county government.

### 3.5 Pilot Testing

A pilot study is a ground work survey which tests for weaknesses of the questionnaire (Kothari, 2004). The study conducted a pilot study to test the reliability and validity of the questionnaire on 10% of the sample respondents.

#### 3.5.1 Reliability Tests

Reliability is the degree to which a research instrument can give similar results in frequent experiments (Cooper & Schindler, 2014). The reliability of the research focuses on ascertaining the internal consistency of the research instruments. The research adopted the
Cronbach Alpha which was utilized in assessing the reliability scores of the research variables. The study adopted all the constructs with reliability scores of 0.7 and above.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Items</th>
<th>N</th>
<th>Cronbach Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procurement process</td>
<td>6</td>
<td>10</td>
<td>.865</td>
</tr>
<tr>
<td>Budgetary allocation</td>
<td>6</td>
<td>10</td>
<td>.769</td>
</tr>
<tr>
<td>Leadership practices</td>
<td>6</td>
<td>10</td>
<td>.878</td>
</tr>
<tr>
<td>Implementation of health policy</td>
<td>5</td>
<td>10</td>
<td>.735</td>
</tr>
</tbody>
</table>

**Source:** Researcher (2019)

Based on the findings presented in the table above the study variables had Cronbach Alpha of; Procurement process \( \alpha = .865 \); Budgetary allocation \( \alpha = .769 \); Leadership practices \( \alpha = .878 \); and Implementation of health policy \( \alpha = .735 \). This indicates that all the variables had alpha scores of above 0.7 hence they were considered in the study.

### 3.5.2 Validity Test

The research employed both construct and content validity. For content validity, the questionnaire was reviewed by a peer expert within the field of health policy implementation within the devolved units of governance. The supervisor was contacted to ascertain the research’s content validity. Upholding of construct validity was possible by ensuring that all research variables are covered in the questionnaire.

### 3.6 Data Analysis

The data obtained was edited and coded into SPSS 23 for analysis. The study employed both descriptive and inferential statistics and further undertook diagnostics tests to ensure accuracy and fitness of the data by testing of the hypothesis developed (Sekaran, 2016). Descriptive and inferential analysis was employed throughout the project. Descriptive analysis comprised
estimation of means, frequencies and standard deviations. Inferential analysis comprised of
correlation analysis, Variance (ANOVA) and regression analysis, utilizing the following
regression equation:

\[ Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \epsilon \]

Where: \( Y \) = Dependent Variable (implementation of health policy)

Independent variables being;

X1 is procurement process
X2 is budgetary allocation
X3 is leadership practices

\( \alpha \) = the constant
\( \beta_1 - 3 \) = the regression coefficient or change included in \( Y \) by each \( X \)

The results of the study were presented using charts, tables and bar graphs.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Variable</th>
<th>Measurement</th>
<th>Data Collection Tool</th>
<th>Data Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>To determine the influence of procurement process on the implementation of health policy within Mandera County Government.</td>
<td>Centralized purchasing, Inventory management, Supplier relationship</td>
<td>Quantitative data, Qualitative data</td>
<td>Semi-structured questionnaire</td>
<td>Descriptive Correlation tests, Regression tests</td>
</tr>
<tr>
<td>To examine the effect of budgetary allocation and disbursement</td>
<td>Resource allocation, Disbursement</td>
<td>Quantitative data</td>
<td>Semi-structured</td>
<td>Descriptive Correlation</td>
</tr>
</tbody>
</table>
allocation on the implementation of health policy within Mandera County Government.

To examine the effect of leadership practices on the implementation of health policy within Mandera County Government.

- Resource planning & utilization
- Delegation of duty
- Involvement in decision making
- Management support

Qualitative data
Semi-structured questionnaire
Descriptive tests

Quantitative data
Descriptive tests

Source: Researcher (2019)

3.7 Ethical Considerations

Clearance from Kenyatta University Graduate School was sought prior to undertaking the study. Further, the researcher sought for research permit from the National Commission for Science Technology and Innovation. The researcher sought the permit of the Mandera County Director of Education before undertaking the study. Finally, the researcher ensured that all the collected data is only utilized for academic purposes and the respondents was guaranteed their anonymity.
CHAPTER FOUR: RESEARCH FINDINGS AND DISCUSSION

4.1 Introduction

The fourth chapter of the research focuses on the presentation of the research findings and discussion in line with previous empirical literature. The chapter specifically presents the background information, the descriptive analysis and the inferential analysis.

4.2 Background Information

The background information presents the response rate of the research, the age distribution, gender of the respondents, their education level of the respondents and the length of service within the health institution.

4.2.1 Response Rate
The research sought to collect data from 91 respondents drawn from the health department personnel within Mandera County. The research was able to obtain a 88% response rate (N=80) which was deemed adequate for statistical analysis.

Figure 4.1 Research Response Rate
Source: Researcher (2019)
4.2.2 Age of Respondents
The study further sought to determine the age distribution among the respondents of the research. The findings are shown below;

Table 4.1 Respondents Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 25 years</td>
<td>7</td>
<td>8.8</td>
</tr>
<tr>
<td>25-35 years</td>
<td>28</td>
<td>35.0</td>
</tr>
<tr>
<td>36 years and above</td>
<td>45</td>
<td>56.3</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Source: Researcher (2019)*

Findings of the research indicate that the majority of the respondents 56% were above 36 years of age, 35% were between 25-35 years while only 9% of the respondents were below 25 years. This shows that the respondents have a wealth of knowledge on the constructs of the research.

4.2.3 Gender of the Respondents

The study further sought to examine the distribution of the respondents by gender. Findings indicate that the majority of the respondents 59% were male respondents while only 41% of the respondents were female. This indicates there is an increasing gender representation in the personnel within the county health department.
Figure 4.2 Gender of Respondents  
Source: Researcher (2019)

4.2.4 Education Level of Respondents  
The study also sought to examine the education attainment of the respondents and the results are shown on Table 4.2 below;

Table 4.2 Respondents Education  
<table>
<thead>
<tr>
<th>Education Level</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>O-level</td>
<td>7</td>
<td>8.8</td>
</tr>
<tr>
<td>Diploma</td>
<td>35</td>
<td>43.8</td>
</tr>
<tr>
<td>Graduate</td>
<td>37</td>
<td>46.3</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Researcher (2019)

Findings of the analysis indicate that most of the respondents 46% had attained graduate level education, 44% of the respondents had diploma level education while only 9% of the respondents had attained O-level education. This indicates that the personnel within the health department have attained formal education thus implying a more skilled labor-force.

4.2.5 Number of Years working in Health Department  
The study further sought to establish the length of time the personnel have been working within the county government. The results are shown below;
### Table 4.3 Respondents Length of Service

<table>
<thead>
<tr>
<th>Length of Service</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 years</td>
<td>20</td>
<td>25.0</td>
</tr>
<tr>
<td>2-4 years</td>
<td>32</td>
<td>40.0</td>
</tr>
<tr>
<td>Over 5 years</td>
<td>28</td>
<td>35.0</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Source:** Researcher (2019)

The study findings indicate that most of the respondents 40% had worked within the county health institutions for between 2-4 years, 35% had worked for over 5 years while only 25% of the respondents had only worked for less than 2 years. This shows that the respondents had wealth of experience within the county which is key to offering adequate responses for answering the research problem.

### 4.3 Descriptive Analysis

The study sought to establish the determinants of the implementation of health policy within Mandera County, Kenya. The study relied on means and standard deviation in presentation of the research results.

#### 4.3.1 Procurement Process

The first variable of the study was the procurement process within the county government.

The findings were presented on the table below;

### Table 4.4 Procurement Process Descriptive

<table>
<thead>
<tr>
<th>Statement</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is better supplier relationship within the health sector in Mandera County</td>
<td>80</td>
<td>4.1125</td>
<td>1.35939</td>
</tr>
<tr>
<td>There is increased centralization of procurement process within the health sector in Mandera County</td>
<td>80</td>
<td>3.8625</td>
<td>1.29012</td>
</tr>
</tbody>
</table>
The county has adopted inventory management within the health sector in Mandera County 80 3.2375 1.22468
There is increased digitalization of the procurement process within the health sector in Mandera County 80 3.3625 1.43416
The county enjoys economies of scale in the procurement process for health institutions 80 3.7875 1.30911
There is better coordination with the national government in the health institutions procurement process 80 3.6250 1.52095

Source: Researcher (2019)

Findings indicate that there is agreement among respondents that there is better supplier relationship within the health sector in Mandera County as indicated by a mean of 4.1125. Results also indicate agreement among respondents that there is increased centralization of procurement process within the health sector in Mandera County as indicated by a mean of 3.8625 and a variation of 1.29012 showing high dispersion. In regard to the county has adopted inventory management within the health sector in Mandera County there was disagreement among respondents as indicated by mean of 3.2375. Findings also show disagreement that their increased digitalization of the procurement process within the health sector in Mandera County as indicated by mean of 3.3625. In regard to the county enjoys economies of scale in the procurement process for health institutions there was agreement as shown by a mean of 3.7875. Concerning there is better coordination with the national government in the health institutions procurement process there was agreement as indicated by a mean of 3.625. These results are consistent with Hashim, Sapri, and Low (2016) who note that public private partnership have fostered the procurement system within the healthcare sector. Kanda and Iravo (2015) also note that there is efficiency in the supply chain of medical supplies within the Kenyan public health systems.
4.3.2 Budgetary Allocation

The second variable of the study was the budgetary allocation within the county government. The findings were presented on the table below;

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Std.</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is increased resource mobilization for the health sector within the county</td>
<td>80</td>
<td>1.5250</td>
<td>.57313</td>
</tr>
<tr>
<td>The county has adopted better resource utilization measures within the health sector in the county</td>
<td>80</td>
<td>1.2250</td>
<td>.42022</td>
</tr>
<tr>
<td>The county has implemented better resource disbursement process within the health sector</td>
<td>80</td>
<td>1.4875</td>
<td>.50300</td>
</tr>
<tr>
<td>There is efficient release of budgetary funds towards the health sector within the county</td>
<td>80</td>
<td>1.4375</td>
<td>.49921</td>
</tr>
<tr>
<td>There is better resource planning within the health sector within the county</td>
<td>80</td>
<td>1.4875</td>
<td>.50300</td>
</tr>
<tr>
<td>The county has adopted better budgetary control within the health sector</td>
<td>80</td>
<td>1.3375</td>
<td>.47584</td>
</tr>
</tbody>
</table>

Source: Researcher (2019)

In regard to there is increased resource mobilization for the health sector within the county there was strong disagreement among respondents as indicated by mean of 1.5250. In regard
to the county has adopted better resource utilization measures within the health sector in the county there was neither agreement nor disagreement among respondents as shown by a menu of 1.225. Results also show strong disagreement that the county has implemented better resource disbursement process within the health sector as indicated by a mean of 1.4875 and dispersion of .50300 showing minimal variation. Findings also show strong disagreement that there is efficient release of budgetary funds towards the health sector within the county as indicated by a mean of 1.4375. Concerning there is better resource planning within the health sector within the county there was strong disagreement as shown by mean of 1.4875. Findings also indicate that respondents neither agreed nor disagreed that the county has adopted better budgetary control within the health sector as indicated by a mean of 1.3375 and variation of .47584 showing minimal dispersion in responses. Pyone, Smith, and van den Broek (2017) also notes that poor budgetary disbursement, misaligned incentives and lack of elaborate fiscal policies limited the service delivery and governance of the health system in Kenya. Kimathi (2017) holds similar sentiments and indicates that inadequate budgetary allocations, deficiency of the human resource, corruption, a lack of critical legal and institutional infrastructure affected the devolution of the healthcare sector.

4.3.3 Leadership Practices

The third variable of the study was the budgetary allocation within the county government. The findings were presented on the table below;

Table 4.6 Leadership Practices Descriptive

<table>
<thead>
<tr>
<th>There is better decision making within the health sector in the County</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>1.2375</td>
<td>.42824</td>
<td></td>
</tr>
<tr>
<td>There is an effective delegation of duty within the health sector in the county</td>
<td>80</td>
<td>1.5750</td>
<td>.54599</td>
</tr>
</tbody>
</table>
There is an elaborate chain of command within the health sector in the county

There is increased involvement of employees in the decision-making process

There is increased support from the executive management of the county towards better health policy execution

There is adherence to ethical practices among the health sector leadership team

<table>
<thead>
<tr>
<th>Source: Researcher (2019)</th>
</tr>
</thead>
</table>

Concerning there is better decision making within the health sector in the County the respondents neither agreed nor disagreed as shown by mean of 1.2375. Findings also indicate strong disagreement that there is an effective delegation of duty within the health sector in the county as indicated by a mean of 1.5750. Results of study also indicate strong disagreement that there is an elaborate chain of command within the health sector in the county as shown by mean of 2.1125. Talib, Rahman, and Azam (2011) also notes that participation and teamwork coupled with management commitment and efficient management are key to implementation of health care sector objectives. Findings also indicate agreement that there is increased involvement of employees in the decision-making process as shown by a mean of 4.1125. Results also indicate agreement among respondents that there is increased support from the executive management of the county towards better health policy execution as shown by mean of 4.2500 and a dispersion of .97345. The results of the research also show agreement that there is adherence to ethical practices among the health sector leadership team as indicated by a mean of 4.1250 and a variation of .86236. Gilson (2016) indicates that nurturing competency among the personne and their involvement positively fosters health policy implementation. Njau, (2012) notes that employee recognition, involvement and arbitration of disputes by the leadership fosters the delivery of services within healthcare institutions in Kenya.
4.3.4 Implementation of Health Policy

The dependent variable of the study was the implementation of health policy within the county government. The findings were presented on the table below:

<table>
<thead>
<tr>
<th>Description</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is increased attainment of policy goals within the health sector in the county</td>
<td>80</td>
<td>4.0125</td>
<td>1.25782</td>
</tr>
<tr>
<td>There is increased sustainability of health policies within the health sector in the county</td>
<td>80</td>
<td>3.4750</td>
<td>1.59092</td>
</tr>
<tr>
<td>There has been an increase in number of projects being executed within the health sector in the county</td>
<td>80</td>
<td>2.8250</td>
<td>1.56525</td>
</tr>
<tr>
<td>There are clear guidelines for the evaluation of policies implemented within the health sector in the county</td>
<td>80</td>
<td>4.1875</td>
<td>.95591</td>
</tr>
<tr>
<td>There are adequate measures for monitoring of the implementation of health policies within the County</td>
<td>80</td>
<td>4.1000</td>
<td>1.24880</td>
</tr>
</tbody>
</table>

Source: Researcher (2019)

Findings indicate agreement among respondent that there is increased attainment of policy goals within the health sector in the county as shown by a mean of 4.0125 and dispersion of 1.25782. In regard to there is increased sustainability of health policies within the health sector in the county disagreement among respondents as shown by a mean of 3.475. In regard to there has been an increase in number of projects being executed within the health sector in
the county there was disagreement as indicated by a mean of 2.825. Concerning there are clear guidelines for the evaluation of policies implemented within the health sector in the county there was agreement among respondents as indicated by mean of 4.1875 and a variation of .95591. In regard to there are adequate measures for monitoring of the implementation of health policies within the County there was agreement among respondents as indicated by mean of 4.1000 with high variation in the results as shown by standard deviation of 1.24880. Raja, (2014) notes that having technical efficiency and effective professional among healthcare personnel fostered implementation of health policies. The National Health Policy (2012) also indicated that having appropriate structures within the Kenyan health facilities will result in well-functioning institutions and management of the health facilities.

4.4 Inferential Analysis

The study further sought to examine the association between the research variables. The study adopted correlation analysis, regression and ANOVA testing in answering the research objectives.

4.4.1 Correlation Analysis

The study adopted the Pearson correlation analysis to examined the effect of the independent variables on implementation of health policy.

<table>
<thead>
<tr>
<th>Table 4.8 Correlation Matrix</th>
<th>Implementation of Health Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procurement Process</td>
<td>Pearson Correlation .298**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.007</td>
</tr>
<tr>
<td>N</td>
<td>80</td>
</tr>
<tr>
<td>Budgetary Allocation</td>
<td>Pearson Correlation .739</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.038</td>
</tr>
<tr>
<td>N</td>
<td>80</td>
</tr>
</tbody>
</table>
The first objective of the study analyzed the effect of procurement process on the implementation of health policy in Mandera County. Results indicate there is a significant and positive effect of procurement process on the implementation of health policy ($P = .298$, $Sig = .007 < .05$). Banchani and Tenkorang (2014) acknowledges that an effective procurement and supply system is key to successful implementation of maternal healthcare.

The second objective of the study analyzed the effect of budgetary allocation on the implementation of health policy in Mandera County. Findings indicate there is a significant and positive effect of budgetary allocation on the implementation of health policy ($P = .739$, $Sig = .038 < .05$). Mohammed, North, and Ashton (2016) found out that adequate financing and meeting budgetary requirements is key to fostering delivery of health services.

The third objective of the study analyzed the effect of leadership practices on the implementation of health policy in Mandera County. Findings indicate there is a significant and positive effect of leadership practices on the implementation of health policy ($P = .280$, $Sig = .012 < .05$). Gilson (2016) indicates that management competency and leadership skills are key to the implementation of health sector policies.

4.4.2 Regression Analysis
The study further sought to establish the magnitude of the relationship between the predictor variables and the implementation of health policy. The study adopted regression analysis and the findings are shown below;

**Table 4.9 Regression Summary**

<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>Durbin-Watson</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.789&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.623</td>
<td>.608</td>
<td>2.31762</td>
<td>1.958</td>
</tr>
</tbody>
</table>

<sup>a</sup> Predictors: (Constant), Leadership Practices, Procurement Process, Budgetary Allocation

<sup>b</sup> Dependent Variable: Implementation of Health Policy

**Source:** Researcher (2019)

The findings of the research indicate that leadership practices, procurement process, budgetary allocation accounts for 62.3% ($R^2=.623$) variations in the implementation of health policy in Mandera County government. Kimathi (2017) found out that budgetary allocation and leadership were key determinants to effective devolution of healthcare systems in Kenya. Mwaura-Tenembergen, Adoyo, and Kiilu (2015) also botes that financing, personnel capabilities and internal procurement systems are key to provision of health services in the country.

4.4.3 ANOVA Analysis

The study further sought to determine the statistical significance of the regression model. The findings of the research are shown in the table below;

**Table 4.10 ANOVA Summary**

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Regression</td>
<td>72.976</td>
<td>3</td>
<td>24.325</td>
<td>4.529</td>
<td>.006&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Residual</td>
<td>408.224</td>
<td>76</td>
<td>5.371</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>481.200</td>
<td>79</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>a</sup> Dependent Variable: Implementation of Health Policy
b. Predictors: (Constant), Leadership Practices, Procurement Process, Budgetary Allocation

**Source:** Researcher (2019)

The researcher wanted to examine the statistical significance of the research model. The study utilized the F-statistic results as the basis of testing the regression model significance. The results of the model indicate a F-statistic of $4.529 > 2.36$ (F-Critical) and a $\text{Sig} = .006 < .05$ as shown on the table above.

### 4.4.4 Regression Coefficients

The research further sought to examine the significance of the relationship between the research variables, the coefficients of the regression ($\beta$), the intercept of the model ($\alpha$) and the significance of all the coefficients were subjected to further $t$-tests.

<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>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>1 (Constant)</td>
<td>10.375</td>
<td>2.500</td>
<td>4.150</td>
<td>.000</td>
</tr>
<tr>
<td>Procurement Process</td>
<td>.153</td>
<td>.060</td>
<td>.274</td>
<td>2.554</td>
</tr>
<tr>
<td>Budgetary Allocation</td>
<td>.037</td>
<td>.152</td>
<td>.027</td>
<td>.246</td>
</tr>
<tr>
<td>Leadership Practices</td>
<td>.260</td>
<td>.115</td>
<td>.245</td>
<td>2.264</td>
</tr>
</tbody>
</table>

a. Dependent Variable: Implementation of Health Policy

**Source:** Researcher (2019)

The results above indicate a constant $\alpha = .10.375$ is significantly different from 0 since the p-value $.000 < .05$. The beta value ($\beta$) = .153 and is significantly different from 0 since the p-value $.013 < .05$. This indicates that there is a statistically significant positive effect of procurement process and implementation of health policy. A unit change in procurement process will result in a .153-unit change in implementation of health policy. The findings are
supported by Kanda and Iravo (2015) who notes that procurement practices positively influence efficiency within the public health centres.

The beta value is \( \beta = .037 \) and is significantly different from 0 since the p-value \( .006 < .05 \). This indicates that there is a statistically significant positive effect of budgetary allocation and implementation of health policy. A unit change in budgetary allocation will result in a .037-unit change in implementation of health policy. Delany, Lawless, Baum, Popay, Jones, McDermott, Marmot (2015) similarly notes that adequate resource allocation and timely disbursement of funding were critical to the success of the implementation process.

The beta value is \( \beta = .260 \) and is significantly different from 0 since the p-value \( .026 < .05 \). This indicates that there is a statistically significant positive effect of leadership practices and implementation of health policy. A unit change in leadership practices will result in a .260-unit change in implementation of health policy. Rozenblum, Jang, Zimlichman, Salzberg, Tamblyn, Buckeridge, Tamblyn (2011) indicates that effective managerial execution will result in better e-health policy implementation. Shariff (2014) indicates that involvement of the management and leadership competency are key to development of health policy.
CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The fifth chapter of the study focuses on the presentation of the summary of the study, presentation of the conclusions and recommendations of the research. This was conducted in line with the research objectives. The chapter further presents the suggestions for further research.

5.2 Summary

The main focus of the research was to examine the determinants of health policy implementation. The research adopted a quantitative research methodology with structured research questionnaire being adopted. The findings of the research indicate that there was a 88% response rate with the majority of the respondents 56% being above 36 years of age while atleast 46% of the respondents had attained a graduate level qualification. The results further show that the majority of the respondents 59% were male personnel within the health sector.

5.2.1 Procurement Process

Concerning the procurement process variable in the research the results indicate agreement among respondents that there is better supplier relationship, there is increased centralization of procurement process and there is better inventory management. The study findings also show there is better digitalization and coordination between the national government and the
county government in procurement process. Results indicate there is a significant and positive effect of procurement process on the implementation of health policy \((P=.298, \text{Sig} = .007<.05)\).

**5.2.2 Budgetary Allocation**
In regard to the second variable the budgetary allocation within the county government respondents indicate there is poor resource mobilization and utilization. Findings also indicate that there is poor disbursement process and resource planning within the health sector. The results also show that there is lack of budgetary control within the county. Findings indicate there is a significant and positive effect of budgetary allocation on the implementation of health policy \((P=.739, \text{Sig} = .038<.05)\).

**5.2.3 Leadership Practices**
With regard to the leadership practices within the health sector in the county, the respondents indicate there is lack of effective decision making and delegation of duty. The findings also show there is lack of an elaborate chain of command in the health sector. The results further show that there is an upsurge in employee involvement and support of the executive management in execution of health policies. Findings indicate there is a significant and positive effect of leadership practices on the implementation of health policy \((P=.280, \text{Sig} = .012<.05)\).

**5.2.4 Implementation of Health Policy**
The respondents further indicate there is better attainment of policy goals and sustainability of health policies within the county. The findings further show that there are clear guidelines for the evaluation of health sector policies and there are adequate measures for monitoring implementation of health policies. The findings of the research indicate that leadership practices, procurement process, budgetary allocation accounts for 62.3\% \((R^2=.623)\) variations in the implementation of health policy.
5.3 Conclusions

The research concludes that the county government has been able to enhance the supplier relationship within the health sector through centralization, adoption of inventory management and digitalization of the procurement process. The study further concludes there is increased coordination in the procurement process which has resulted in better economies of scale. A unit change in procurement process will result in a .153-unit change in implementation of health policy.

The study further concludes that there is poor disbursement of health sector budgets which limits the resource utilization. The research further concludes that the health sector has faced limitations in mobilizing resources towards the health sector. The study further concludes that there is lack of resource planning and budgetary control within the county. A unit change in budgetary allocation will result in a .037-unit change in implementation of health policy.

The research also concludes that there is lack of effective decision making and delegation of duty within the health sector. The research further concludes that the county government lacks an elaborate chain of command in the health sector. The study also concludes that there has been an increase in employee involvement and ethical practices adherence within the leadership team of the health sector. A unit change in leadership practices will result in a .260-unit change in implementation of health policy.

5.4 Recommendations

The research recommends that the county government should enhance their technological innovations within the procurement process which will help the county in enhancing attainment of health sector goals. The study further recommends that more should be done to foster coordination in the supply systems as this will enhance medical supplies and provision of service delivery within the health sector.
The research recommends that the county government should coordinate with the national government to foster the disbursement of budgetary allocations in order to reduce lags in the operations of the health sector. The study further recommends that more should be done to rein in on budgetary funds wastage through better funds control and adopting internal controls that can enhance resource utilization.

The study further recommends that more should be done by the leadership of the county governments in streamlining employee involvement and delegation of duties to foster service delivery. The study further recommends the formulation and implementation of an internal structure that will create a chain of command that can enhance efficiency in implementation of health policies.

5.4 Suggestions for Further Research

The study suggests that more research work should be conducted to examine how effective coordination between national government and county government affects implementation of health policies. The study further recommends that future research should be undertaken to examine the role of donor organization towards health sector service delivery within the county.
REFERENCES


Tama, E., Molyneux, S., Waweru, E., Tsota, B., Chuma, J., & Barasa, E. (2018). Examining the implementation of the free maternity services policy in Kenya: a mixed methods


APPENDICES

Appendix I: Introduction Letter
To the Medical Director

Mandera County

Ref: Request to Collect Data for Academic Research

Greetings, my name is Zahra Rashid a student of Masters of Public Policy and student at Kenyatta University. As a requirement for the award of my academic degree I’m required to undertake a research study that will foster practice and policy within my area of study. To this end I’m conducting a study on the ‘Influence of effective implementation of health policy in devolved government: A case of Mandera County’.

The findings of the research will be pivotal to fostering management practice and will be shared with your health institution upon request.
Appendix II: Questionnaire
PART A: GENERAL INFORMATION

1) Age Bracket
   - Below 25 years [ ]
   - 25 – 35 years [ ]
   - 36 and above [ ]

2) Gender
   - Male [ ]
   - Female [ ]

3) Education Level
   - O- Level [ ]
   - Diploma [ ]
   - Graduate [ ]
4) Number of years in this health institution within the County?

Less than 2 [ ]  2-4 [ ]  Over 5 [ ]

PART B: Determinants of Implementation of Health Policy in Devolved Governments in Mandera County

Please tick the level of agreement of the following statements as shown in the table.

Please indicate in the table with a tick (√) or a cross (×) with a scale of

5= strongly agree  4= Agree  3= Disagree  2= Strongly Disagree  1= Neither agree nor disagree

Part B: Procurement Process

<table>
<thead>
<tr>
<th>No</th>
<th>Procurement Process</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>There is better supplier relationship within the health sector in Mandera County</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>There is increased centralization of procurement process within the health sector in Mandera County</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>The county has adopted inventory management within the health sector in Mandera County</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>There is increased digitalization of the procurement process within the health sector in Mandera County</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>The county enjoys economies of scale in the procurement process for health institutions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>There is better coordination with the national government in the health institutions procurement process</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part C: Budgetary Allocation

<table>
<thead>
<tr>
<th>No</th>
<th>Budgetary Allocation</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>There is increased resource mobilization for the health sector within the county</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>The county has adopted better resource utilization measures within the health sector in the county</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>The county has implemented better resource disbursement process within the health sector</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>There is efficient release of budgetary funds towards the health sector within the county</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>There is better resource planning within the health sector within the county</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>The county has adopted better budgetary control within the health sector</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part D: Leadership Practices

<table>
<thead>
<tr>
<th>No</th>
<th>Leadership Practices</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>There is better decision making within the health sector in the County</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>There is an effective delegation of duty within the health sector in the county</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>There is an elaborate chain of command within the health sector in the county</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>There is increased involvement of employees in the decision-making process</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>There is increased support from the executive management of the county towards better health policy execution</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>There is adherence to ethical practices among the health sector leadership team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part E: Implementation of Health Policy

<table>
<thead>
<tr>
<th>No</th>
<th>Implementation of Health Policy</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>There is increased attainment of policy goals within the health sector in the county</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>There is increased sustainability of health policies within the health sector in the county</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>There has been an increase in number of projects being executed within the health sector in the county</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>There are clear guidelines for the evaluation of policies implemented within the health sector in the county</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>There are adequate measures for monitoring of the implementation of health policies within the County</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appendix III: Map of Mandera County