

**CHALLENGES TO IMPLEMENTATION OF HUMAN  
RESOURCE FOR HEALTH STRATEGY IN THE HEALTH  
SECTOR OF MOMBASA COUNTY**

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## **DECLARATION**

I the undersigned declare that this research project is my original work and has not been submitted for a degree in any other university.

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This research project has been submitted for examination with my approval as the University supervisor.

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## **DEDICATION**

This work is dedicated to my family especially my father and mother without whom I could not have been able to achieve these education heights. I also dedicate the work to Almighty God for His sufficient grace until completion of this study.

## **ACKNOWLEDGEMENT**

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## **ACRONYMS AND ABBREVIATIONS**

<b>CHMT:</b>	County Health Management Team
<b>CME:</b>	Continuous Medical Education
<b>DHIS2:</b>	District Health Information System -2
<b>GDP:</b>	Gross Domestic Product
<b>HIV:</b>	Human Immunodeficiency Virus
<b>HR:</b>	Human Resource
<b>HRH:</b>	Human Resources for Health
<b>IFMIS :</b>	Integrated Financial Management Information System
<b>IHRIS :</b>	Integrated Human Resource Information System
<b>IPPD:</b>	Integrated Payroll and Personnel Database
<b>MOH :</b>	Ministry of Health
<b>NPM :</b>	New Public Management
<b>RBV:</b>	Resource Based View
<b>SCHMT:</b>	Sub-county Health Management Team
<b>WHO :</b>	World Health Organization

## **ABSTRACT**

Strategy implementation is one side of strategic management. Effective strategy implementation in organizations has been seen to lead to superior performance and competitive advantage. Public organisations that have implemented strategies effectively has been able to deliver quality services and achieve satisfaction of its stakeholders. Unlike development, strategy implementation is much more difficult. Only 10-30% of well-developed strategies are effectively implemented. This low success rate is attributed to numerous challenges encountered during implementation. Organizations that are able to overcome strategy implementation challenges satisfy stakeholders by delivering value and providing quality services, and achieve a competitive advantage. Health is one of the key economy drivers. The sector thus requires not only development of strategies but effective implementation. In Kenya, Health sector was decentralized to the county level of government. This study sought to find out the challenges to strategy implementation of the HRH strategy in Mombasa County and the measures put in place to overcome these challenges. The study adopted the case study research design as the focus was a single County. Data was collected through in-depth interviews with County and sub-county health management teams, and facility level managers. Data was analysed using content analysis. Insufficient financial and human resources, ineffective communication, competing priorities, lack of a monitoring and evaluation framework and poor infrastructure were found to be the main challenges to strategy implementation. The study also found that the county overcame challenges through public private partnerships, increased financial allocations to the health department, utilization of different modes of communication and continuous medical education at facility level. Effective leadership, decentralization of power and clear structures and systems were success factors to strategy implementation. The recommendation of the study is that the National government increased allocation to Health to 15% of its GDP and the County department disburse funds to the sub-counties and facilities in a timely manner. This will ensure availability of financial resources for strategy implementation. Development of attraction and retention packages and proper planning for staff replacements to reduce staff shortages is another recommendation. Development of a monitoring and evaluation framework to allow for evaluation of the strategy implementation was also recommended.



# CHAPTER ONE

## INTRODUCTION

This chapter discusses the background of the study, the conceptual argument in regard to strategy implementation. It also discusses the context of the study in regard to Mombasa County. The chapter also discusses the research problem, objectives and value of the study.

### **1.1. Background of Study**

Strategy implementation involves putting strategic plans into action and allocating resources to carry out these plans (Omalaja and Eruola, 2011). How well an organization implements its strategy determines its competitiveness and survival in its environment. Effective strategy implementation in the public sector is seen to improve performance and service delivery to stakeholders (Boyne and Walker, 2010). Implementation is however much more difficult than formulation as it is marred with numerous challenges. These challenges range from poor leadership to lack of resources, poor strategy communication, competing priorities, and not engaging implementers in development of strategy among others (Hrebiniak, 2006; Nour 2013).

The health sector is a key economy determinant in a country. Health sector investment has a positive effect on a country with a return on investment of 9:1. An increase by one year of a country's life expectancy leads to a 4% increase in its GDP (WHO, 2016). The 21<sup>st</sup> century health sector operates in a highly dynamic environment that is riddled with numerous challenges; increases in population, reducing resources, technological changes and increase in diseases. There is need for effective strategy implementation of the health sector for a country to achieve its health and economic outcomes, gain competitive advantage as well as deliver health services to its people.

In Kenya, the Health sector was devolved to the county level of government with minor components left under the National government. Even though devolution of health services has brought services closer to the people, it is marred by numerous challenges. These challenges include lack of clear structures, shortages and poor distribution of health care workers, health workers unrests, limited and mismanagement of resources and political interference (Kimathi, 2017). For counties to achieve a competitive advantage and deliver quality health services to its customers, effective health sector strategy implementation is necessary.

This study is anchored on the New Public Management (NPM), stakeholder, and the resource based view theories. The NPM theory proposes decentralization of control and resources. It also suggests formation of a different form of cooperate governance in order to achieve better results in the public sector (Gruening, 2001). The theory postulates that these changes will lead to reduced public expenditure, improved efficiency and effectiveness, improved quality of services, better policy implementation and increased value for money (Mongkol, 2011). Devolution of the health sector to the county level of government is supported by this theory.

The stakeholder theory explains that organizations have different stakeholders whose needs must be met in order for the organization to survive. Effective implementation of strategies that meet stakeholders' expectations will lead to the success and survival of the organization (Frączkiewicz-Wronka and Maćkowska, 2011). The resource based view theory postulates that an organization, through its internal capabilities and resources, can deliver higher performance and attain competitive advantage. This is achieved by capitalizing on opportunities and neutralizing threats to meet specific mandates using available resources (Mills et al, 2003).

The public institution in the resource based view theory must pay attention to its resources to be able to deliver on its mandate while bringing down cost (Frączkiewich-Wronka and Maćkowska, 2011). The theory links decentralization of control and resources and the stakeholder satisfaction with value creation using available resources. The McKinsey's 7s model explains the vital resources whose presence and inter-relation in an organization lead to successful strategy implementation and whose absence and disconnect result to implementation failure.

Devolution of health systems across the globe has been seen to bring health services closer to the people. How well a devolved unit, in this case Mombasa County, is able to strategically manage its health system will determine its health and economic outcomes. The search for challenges faced by Mombasa County in implementing its health strategies post devolution was the main motivation for this study. A number of studies have been carried out to identify challenges to implementation in different sectors, none focused on challenges to strategy implementation in a devolved health sector. The findings of this study discovered the main challenges encountered in implementation of strategies at the county level health sector and identified measures that such challenges are mitigated.

### **1.1.1. Concept of Strategy**

Strategy is a multidimensional concept defined differently by different parties depending on context and perspective. Management theory defined strategy as the course taken and resources allocated by an organization to achieve its pre-determined basic long-term goals and objectives. Mintzberg sees it as a ploy, pattern, plan, position, and perspective an organization takes in respect to its environment and can be intended, emergent or realized (Omajala and Eruola, 2011).

Strategy is also a master plan that comprehensively states how an organization will achieve its goals and a coherent, unifying and integrative set of decisions that an organization makes (De Wit and Meyer, 2010). In the public sector, strategy is seen as a pattern of actions through which organizations meet set goals, change circumstances and deliver services through realization of opportunities and provide resources for provision of the said services. It helps focus the collective efforts of all parties towards achievement of goals (Boyne and Walker, 2010). The existence of a strategy alone does not guarantee the success of an organization; it must be properly implemented in order to succeed.

### **1.1.2. Strategy Implementation**

Strategic plan implementation is one side of the strategic management coin. Implementation is however much more complex than strategy formulation. A well-formulated strategy does not guarantee an organization's success. Success lies in how well a strategy is implemented. Strategy implementation in an organization is complex and difficult as it involves people from different functions and a consensus on understating and key priorities must exist (Slater and Oslon, 2001).

Implementation of strategy involves putting a strategy into action and allocating resources to carry out these actions (Omalaja and Eruola, 2011). It is the effort put in realizing an organization's mission, goals, and strategies to enable it meet its mandates (Bryson, 2017). In the public sector, implementation involves a pattern of actions carried out to offer services, making decisions on how the services are offered and the kind of resources required for service provision (Boyne and Walker, 2010).

Organizations face numerous challenges during strategy implementation. There is thus a low rate of success in strategy implementation in many organizations. Only 10 – 30% of well-formulated strategies are successfully implemented (Judson, 1996). This is further compounded by the limited attention given to strategy implementation, until recently, and lack of sufficient literature. It is also impossible for organizations to accurately foresee or predict challenges that could arise in the future. Effective strategy implementation has been tied to organizational success; competitive advantage and superior performance (Aosa, 1992).

### **1.1.3: The Health Sector**

Health is the complete physical, mental and social wellbeing and not only the absence of disease in a population. Provision of quality health care is important as it ensures a healthy, skilled and productive population which is vital in sustaining development and economy of a country. The health sector is thus a key economic driver in a country. A 4% increase in GDP is seen in countries whose life expectancy increases by one year due to improved health outcomes. Investments in a country's health system or sector have been seen to have a direct multiplier effect on its economy with a return on investment of 9:1. The Abuja declaration recommends an investment of 15% of a county's total spending to the provision of health care (WHO, 2016).

Well-functioning health systems across the world are vital to achieving key health milestones and universal health coverage (WHO, 2016). Health systems today are however faced with numerous challenges: changes in legislature, and lifestyle, technological advances, technological and demographic shifts, and health workers dynamics (WHO, 2017). Effective health sector strategy implementation leads to improved health outcomes, improved quality of services and competitive advantage.

In Kenya, delivery of quality health services to all citizens is envisioned in the 2010 constitution. It is seen as a way to ensure a productive nation and in turn a well performing economy with sustainable competitiveness. The Country's 'big 4 agenda' highlights achievement of the universal health coverage: ensuring every citizen has access to quality and effective health services. Kenya Health policy 2014-2030 provides guidance towards achievement of the constitutional and vision 2030 goals.

#### **1.1.4. Mombasa County and its Health Sector**

In 2013, Kenya implemented the devolved system of governance with one National government and 47 counties. The health sector in Kenya was decentralized to the county level of government. The National level Ministry of Health is tasked with the management of National referral hospitals, development of policies and standards, capacity building and technical assistance. The county governments, through their departments of health, are charged with management of all county health facilities and pharmacies, ambulance services, veterinary services, primary health care promotion, waste management, and cemeteries, funeral parlours and crematoria (MOH, 2014<sup>b</sup>). County Health Bill of 2016 provides a regulatory framework for the sector and proposes a unified system between the two arms of government.

Mombasa is one of the 47 counties in Kenya. The County has an area of 229.7 square kilometres and borders Kilifi, Kwale, and the Indian Ocean. It has six administrative units also known as sub-counties: Mvita, Jomvu, Changamwe, Kisauni, Nyali, and Likoni. Based on the 2009 projections, Mombasa County projected population stood at 1,322,408 in 2018. The majority of the population (46%) is between 15 – 34 years of age, more than one third of the population is under 15 years old (Mombasa County, 2015).

The health department of Mombasa County is charged with the mandate of health services provision. Within this department, there are 52 public health facilities. Four of these facilities are Level 4, 8 are level 3 and 39 are level 2, and 40 active community units or level 1 facilities. There are 1629 health workers employed by the Mombasa County health sector (Kenya Master Facility List, 2018). After devolution Mombasa County developed several strategies to guide in the execution of its mandate of delivering quality health services and remaining competitive in its environment. These strategies are the County Health Strategic and Investment Plan – draft 2013/14 -2017/2018 and County human resource for health (HRH) strategic plan 2015 - 2018. The Mombasa County Human resources for health strategic plan forms the basis of this study.

## **1.2. Research Problem**

Effective strategy implementation has been seen to be much more difficult than development. Effective implementation will set apart an organization in its competing environment. In the public sector, it will ensure quality service delivery and satisfaction of stakeholders needs. Research shows that success rate of strategy implementation falls somewhere between 10 and 30% (Judson, 1996; Raps, 2004). Strategy implementation at the corporate, business or operational levels in different organizations, irrespective of sector or industry is riddled with challenges. These include poor strategy formulation, ineffective coordination, conflicting activities, insufficient resources, poor communication and wanting leadership and management (Hrebiniak, 2006; Aaltonen and Ikävalko, 2011; Nour, 2013).

Mombasa County is one of the 47 counties in Kenya. Health sector was devolved to the county level following devolution in 2013. Health has a return on investment of 9:1. The economy of a country depends on the health of its people. Post devolution, counties health sectors have encountered numerous challenges: health workers unrests, limited resources, mismanagement and political interference (Kimathi, 2017). For Mombasa county health sector to overcome these challenges, remain competitive in its environment, provide health services to its citizens and satisfy its stakeholders, it must not only develop but also effectively implement strategic plans. One such strategy is the Human Resources for Health (HRH) Strategic plan which forms the basis for this study.

There are different studies carried out on challenges faced by organizations in different sectors in strategy implementation. Kalali et al (2011) using exploratory and confirmatory factor analysis from Iranian Health sector secondary data found that contextual, content, operational and structural dimensions contributed to the failure of effective strategy implementation. Locally, Nour (2013) looked at strategy implementation in International non-governmental organizations in Somaliland. Keter (2015) studied challenges to strategy implementation in the telecommunication industry, and Kefa (2014) in secondary schools in Kenya. The studies used cross-sectional survey, case study and descriptive research designs respectively. They found that politics, social cultural factors, management policies, organizational culture and insufficient resources greatly affected strategy implementation in organizations in different sectors.



Application of management theory particularly strategy implementation is sector sensitive. Every sector operates and is affected by different factors unique only to its environment. Management approaches are context sensitive thus applicable to different sectors. Numerous studies have been carried out to identify challenges to strategy implementation in different organizations across various sectors, limited studies exist with a focus on implementation challenges in the health sector. No study exists with a focus on challenges to strategy implementation in Mombasa County Health sector. There thus exists a knowledge gap which this study aims to address. What are the challenges faced by Mombasa County Health sector in implementing its HRH strategy and what measures have been put in place to address these challenges?

### **1.3. Research Objectives**

This research study has two objectives:

- i) To find out the challenges faced by Mombasa County health sector in implementation of its HRH strategy.
- ii) To identify measures put in place by the county health sector to overcome challenges faced during HRH strategy implementation.

### **1.4. Value of Study**

For the Mombasa County Government, the study will provide vital information on challenges faced in strategy implementation within the county. The study will help the management understand its shortcomings when it comes to strategy implementation. It will also highlight specific responses that could be adopted by the county for better implementation of strategies. Further, the management will be in a position to put in place measures that will help avoid impeters to effective implementation and thus lead to achievement of the county goals and objectives.

To the National government, the study findings will bring to light the challenges counties are facing in implementing strategies. This information is important in formulation of policies and guidelines that will support effective implementation and policy decisions. The study will advise on the weak areas counties are facing in implementation of strategies that require National government technical support and capacity building to the counties.

In academics and research, the research will help researchers in developing theories related to challenges to strategy implementation particularly in public institutions. The findings will also help in comparison of implementation challenges faced by counties with other organizations both in the private and public sector. The study will provide more information to scholars and identify areas that require further research. It will thus act as a guide for further studies in challenges facing organizations in implementation of strategies.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1. Introduction**

The chapter summarizes the concept of strategy and strategy implementation, and strategic management theories tied to this research. It also highlights the work done by other researchers in a similar field drawing from different sources closely related to the objectives of the study. Of focus are studies on the challenges faced by different organizations in implementation of strategic plans.

#### **2.2. Theoretical Foundations**

This section of literature examines the theories posited in regards to the organization and strategy implementation. It also explains the relationship between the different theories and the extent to which these theories have been investigated. The section focuses on three major theories: New Public Management theory, Stakeholder theory and the Resource based view theory.

##### **2.2.1. New Public management theory**

The New public Management (NPM) theory proposes the decentralization of control and resources with a focus on management improvement and market emphasis. The theory argues that decentralization leads to improved efficiency, effectiveness, and quality of services. It aims to cut down on public spending, operational efficiency and effective policy implementation. The market emphasis component borrows heavily from the private sector. It postulates that public organizations should outsource non-core services in order to focus on the core service delivery and customer satisfaction. This will make the organization more competitive (Mongkol, 2011).

The NPM theory comprises of numerous components that every country or decentralized unit can choose from. Many have termed this as choosing from a wide menu as many options exist. This allows for tailor made solutions that are suitable for the needs of a country. Developing countries have the option to choose from the menu, components that are most suitable based on level of infrastructure, resources available and government structure. Some of the components of the theory include streamlined structures, separated politics and administration, performance management and accounting (Gruening, 2001). Critiques have argued that the existence of numerous items in implementation of this theory makes it impossible to have a standardized approach (Mongkol, 2011)

Whereas the theory open avenue for better governance and transparency, and allows services to get closer to the people, critiques have suggested that it has some weaknesses. It is seen to provide loopholes that could fuel non-ethical practices. Political interference is also difficult to overcome in public organizations (Mongkol, 2011). However, in the Health sector, the theory offers ways of implementing infrastructure, strengthening public-private partnerships, and performance management (Tabrizi et al, 2018).

### **2.2.2. Stakeholder theory**

The stakeholder theory defines the environment as a network of relationships or groups that can affect or is affected by an organization. Such relationships include shareholders, employees, customers, suppliers, and society. The organization has obligations to its shareholders and all its stakeholders. Thus, it must at all times manage relationships in a manner that maximizes outcomes for all (Baumfield, 2016).

The normative approach to the stakeholder theory incorporates ethics and morals while developing and implementing strategies that provide value and services to different stakeholders (Baumfield, 2016). This approach posits that formation of stakeholder relationships based on mutual trust and cooperation will lead to a competitive advantage for an organization, and stakeholder satisfaction. Such relationships have intrinsic value and are budget optimizing. The success and survival of public organizations is highly dependent on satisfaction of stakeholders (Frączkiewicz-Wronka and Maćkowska, 2011).

In public institutions, there is a match between government objectives of value creation and service provision to stakeholders. The stakeholder theory was used to explain the relationship of the stakeholders in health sector with the counties. The health sector has a wide variety of stakeholders that must be considered when implementing strategies. These include the health workers, citizens, profit and non-profit organizations, donors and other counties, suppliers, political groups, unions, and the different arms of government. How well the counties meet their stakeholders' expectations determines the level of success in creating value and providing services.

### **2.2.3. Resource Based View theory**

According to the resource-based view theory, an organization can contest competitively in its environment primarily by utilizing its internal resources and capabilities. These must be valuable, distinct, rare and not easy to imitate. Capabilities are defined as the entire skills an organization possesses (Rapert, Lynch and Suter, 1996). Resources are assets, skills, capabilities, knowledge, attributes, and other elements controlled by an organization to enhance productivity and effectiveness, capitalize on opportunities and neutralize threats (Mills et al, 2003).

Frączkiewicz-Wronka and Maćkowska (2011) argue that public organizations must utilize its resources to satisfy its stakeholders amidst a changing environment. Stakeholders are now more empowered and are involved in the implementation of strategies, are aware of the organization's resources and how these resources are utilized. These resources, however limited, must seize opportunities to maximize value for stakeholders while bringing down costs. Public organizations today must therefore pay attention to the quality and usefulness of resources and ensure targets are met, value is created for the public and there is a response to environmental changes.

Resource based view theory thus supports the view that for an organization to survive and be successful, it must fulfil its mandate to its stakeholders and identify the resources to carry out such a mandate (Frączkiewicz-Wronka and Maćkowska, 2011). This theory was used to explain the resources needed in implementing strategies in the counties. It linked the significance of identifying and meeting the stakeholders' needs and creating value with the available resources at the most affordable cost.

### **2.3. Mckinsey's 7s Model In Strategy Implementation**

The McKinsey's 7s model explains the integration required by various organizational components or factors to attain success in strategy implementation (Alshaher, 2013; Malan, 2012). This model remains the most commonly used and accepted framework for strategy implementation. This model argues that the McKinsey's 7 factors are interconnected in any organization for successful strategy implementation. These 7 factors are divided into 2: soft and hard factors. They are structure, systems, strategy, skills, style, staff, and shared values.

Strategy explains the organization's plans in response to its environment presently and in the future and gives an organization its competing advantage. Structure provides the division of tasks and how these tasks are coordinated with clear reporting lines and systems provide support to the day to day running of an organization. Staffs are qualified employees providing sufficient manpower and must be natured, allocated and developed. Style is characterised by organizational culture, leadership, management behaviour, and communication. Skills are the distinctive competencies in an organization and shared values are the guiding principles that mesh together the organization (Mitchell, 2015).

Malan (2012) argues that the Mckinsey's 7 factors are interdependent: no single factor is a strength or weakness on its own as long as it supports, to a degree, the other factors. Changes in any of the factors in strategy implementation must result in changes in other factors. Any factor, therefore, gains strength from the relevance it plays in supporting other factors. This supports the *organizational fit* theory (Alshaher, 2013). Critiques of the theory have argued that the model focuses only on the internal environment of an organization and do not include external factors.

## **2.4. Successful Strategy Implementation**

Implementation overtime has been found to be much more complex and difficult than development. Strategy implementation involves the realization in practice an organization's mission, goals, and strategies, the meeting of its mandates, continuous organizational learning and ongoing creation of value (Bryson, 2017). Strategy implementation is the disciplined process and logical set of connected activities that involve action through which programs, budgets and procedures are developed (Hrebiniak, 2006).

Implementation fashions a framework through which an organization can emphasize its continuity while purposely adapting to the changing environment to gain a competitive advantage and create value (De Wit and Meyer, 2010). Thompson, Strickland, and Gamble (2007) explain that implementation involves working with different teams and various individuals, building competitive capabilities, rewarding and motivating employees in a strategy supportive manner and instilling the culture of discipline to getting things done. Successful strategy implementation thus include building a capable organization, marshalling resources, instituting policies and procedures, continuous improvement, installing information and operating systems and tying rewards and incentives to achievement. An organization must also include management of change and resources allocation among strategic business units (Cole, 1997).

Implementation can also be the process of operationalizing, institutionalizing and control of strategy (Pearce and Robinson, 2002). Operationalization involves annual objectives identification, specific functional strategies design, and policy statement of to guide decisions while institutionalization is placement of structures that are enabling, having leadership that is effective and creating a fit between culture and strategy. Control is adjusting the organization to changing conditions and establishing strategic controls. A strategy must first be institutionalized then operationalized (Pearce and Robinson, 2005). Implementation can be initiated in three interrelated stages: identifying annual objectives that are measurable and mutually determined, developing strategies at functional levels, and developing and communicating policies that guide decisions.



## **2.5. Challenges to Strategy Implementation**

Only organizations that are able to effectively overcome challenges in strategy implementation are successful. Judson (1996) highlights that only 10% of developed strategies are effectively implemented while Raps (2004) pegs success rate somewhere between 10 and 30%. This low rate of success is attributed to a gap in implementation literature in academics and the limited attention strategy implementation has been given over the years. Different researchers also argue that there are numerous challenges organizations encounter in the implementation of strategies in different factors.

Effective implementation of strategies fail because those executing are not part of the planning team, implementation takes longer than formulation, is a process and not a single step, involves more people, requires management of changes in the organization (Hrebiniak,2006). Politics, inertia, and resistance to change contribute to the challenges. Aosa (1992) on the other hand argue that impeders to implementation include poor communication, insufficient coordination, misunderstanding of strategy, lack of supporting organizational system, resources and capabilities, uncontrollable environment and poor management support.

Beer and Einsenstat (2000) attributed failure to silent killers. Top-down senior management style, unclear strategy and conflicting priorities and ineffective senior management team were the leading factors. Other included poor vertical communication and coordination, and inadequate leadership skills and development. Nour (2013) identified ineffective coordination, unforeseen problems, longer time than expected and lack of stakeholder commitment as challenges. Not engaging of implementers is strategy formulation was a challenge to effective implementation.

Thompson, Strickland, and Gamble (2007) argued that challenges in strategy implementation are tied to an organization's leadership and management. They accentuated that challenges arise when managers see strategy as contrary to the organizations best interests, have long standing attitudes, see it as a time consuming additional responsibility, and have competing activities. Lack of the manager's adeptness will cripple strategy implementation as well as poor communication and culture (Aaltonen and Ikävalko, 2002).

## **2.6. Empirical Studies and Research Gaps**

Aaltonen and Ikävalko (2002) studied 12 service organizations in Finland. The qualitative study concluded that misalignment between strategy and organization reward system, conflicting activities, poor strategy communication and poor understanding of strategy were main impeters to effective strategy implementation. Kalali et all (2011) focused on strategy implementation in the Iranian health sector. The team analysed the factors that lead to failure while implementing strategy in the health sector in Iran. Using exploratory and confirmatory factor analysis from secondary data found that four dimensions contributed to the failure of effective strategy implementation: contextual, content, operational and structural.

Jiang and Carpenter (2013) studied the issues of strategy implementation of higher education in the UK. The study found that resource allocation, communication, operational process, organizational culture and resistance to change were the main issues in strategy implementation. Rajaseka (2013) studied strategy implementation challenges in the electricity sector in Oman. The study identified leadership, organizational structure, and control mechanisms as the key challenges in strategy implementation

Locally, different studies have focused on challenges to strategy implementation in different sectors. Nour (2013) looked at strategy implementation in International non-governmental organizations in Somaliland. Insufficient financial resources, lack of stakeholder commitment, longer time than expected taken in implementation and not engaging implementers in development as key challenges. The study used a cross sectional research design. Keter (2015) studied challenges to strategy implementation in the telecommunication industry, and Kefa (2014) in secondary schools in Kenya. The studies used a case study and descriptive research designs respectively. They found that politics, social cultural factors and management policies greatly affected implementation. Organizational culture was also a key player.

The above studies presented an avenue for this research to fill in an important segment of information. These studies focused on different sectors. Application of management theory particularly strategy implementation is sector sensitive. Every sector operates and is affected by different factors unique only to its environments. Management approaches are context sensitive. Different management approaches are thus applicable to different sectors. And even though numerous studies have been carried out to identify challenges to strategy implementation in different organizations across various sectors, limited studies exist with a focus on strategy implementation challenges in the health sector. No study exists with a focus on challenges to strategy implementation in Mombasa County Health sector.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1. Introduction**

This chapter focuses on the research design and methodology. The chapter also looks at data collection and measurement methods. It also looks at data analysis methods that will be applied in the study.

#### **3.2. Research Design**

A research design is a collection of activities of collecting and analysing data. It is an explicit plan that explains relationships among the different components of a research problem and must fit in its environment or context (Maxwell, 2013). It is also defined as a process that allows a researcher to make important research decisions such as the methods of data collection, analysis, and interpretation (Sekaran, 2003). A research design allows the researcher to address the research problem logically and without any ambiguity. This research used a case study research design.

A case study is a highly focused study of existing phenomenon that requires an in-depth understanding to generate solutions in an organization (Sekaran, 2003). It narrows down a wide study area to only one or a few manageable areas (Creswell, 2013). Blumberg, Cooper and Schindler (2014) argue that a case study helps in understanding a phenomenon from different perspectives. Because of its broad scope it easily detects patterns and helps in generating potential explanations. The case study design was selected as little is known about challenges faced in implementing strategies by counties health sectors, and there are many (47) counties in Kenya. The design collected in-depth information that is useful, substantial and applicable to Mombasa County health sector.

### **3.3. Data Collection**

The study used both primary data and secondary data. The primary data was collected by the researcher using semi-structured interviews. These took the form of face to face interviews with individual interviewee's using an interview guide. The interview guide consisted of open ended questions and few close ended questions. Open ended questions are ideal for collecting qualitative data where in-depth information of a phenomenon is required (Sekaran, 2003).

The interview guide was divided into three parts. The first part gathered demographic data of the interviewees. This included the number of years in the department of health, gender, and the level of education. The second part collected information on development and implementation of the strategy. The third part identified the challenges and the measures for challenges mitigation. The interview guide was used to gain a better understanding of the study. It enabled a better interpretation of the findings from the study and construction of relationships among the data.

Primary data through interviews was collected from senior and middle-level managers in Mombasa County health sector. These included the county health management team (CHMT), large volume hospital heads, sub-county facility heads and in-charges and the human resource managers. The specific managers interviewed were randomly selected to act as represent of all the sample of study. Responses given by the interviewees were recorded and used to identify the challenges encountered during strategy implementation in Mombasa County health sector and the measures put in place to mitigate these challenges. Secondary data is information that already exists in records. Secondary data in this study included information from vital documents in the county such as financial records, strategic plans, existing records and databases.

### **3.4. Data Analysis**

Analysis involves the collection and organization of data in order to come to a conclusion. Data was analysed to determine usefulness, credibility, adequacy, and consistency. Content analysis was used to analyse the data. This method of data analysis is used to code data inform of texts manually or automatically.

In content analysis, textual data is coded into numerical data that can be used in further statistical analysis. It is a technique used for making inferences by identifying characteristics of messages objectively and systematically. It is ideal for analysing data collected using qualitative methods such as in-depth interviews (Blumberg, Cooper and Schindler, 2014). This method was ideal for this study as the amounts of data collected was large and not limited.

In coding qualitative data, the researcher read all the responses, identified the key information and related it to emerging patterns. Emerging patterns from these results were used to interpret data and draw conclusions. The outcome of data obtained from top and middle level managers was collated to identify the challenges faced by Mombasa County health sector in implementing strategy. They we also used to identify measures put in place to mitigate these challenges. Conclusions were drawn when similar information was obtained from related questions.

## **CHAPTER FOUR**

### **DATA ANALYSIS, FINDINGS AND DISCUSSION**

#### **4.1 Introduction**

The chapter presents findings obtained from in-depth interviews and secondary data sources as set out in the research methodology. This is in line with the study's two objectives: to find out the challenges faced by Mombasa County Health sector in implementation of its HRH and to identify measures put in place by the county to overcome these challenges faced during implementation. From a target of 10 managers, eight (8) were available for interviews. This presented an 80% response rate. This was sufficient to draw conclusions for the research.

#### **4.2 Demographic Data of Respondents**

Three (3) of the respondents were drawn from the county health management team, three (3) from sub-county health management team and two (2) from high volume facilities management teams. The variety in representation created reliability for the information gathered. The researcher built interviewee demographic information. This included gender, age limits, level of education and number of years in a position held. This helped in identifying suitability in providing information required by the study.

Four (4) of the respondents were female while the other four (4) were male. This presented a 50-50 gender representation. Respondents were willing to provide this information willingly. Of the respondents, 1 (12.5%) was between the ages 21-30 years, 1 (12.5%) between 31-40 years, 2 (25%) between 41-50 years, 4 (50%) between 51- 60 years and 1 (12.5%) above 61 years.

The study also intended to find out the number of years the respondents had served in current position. This was important as it was a represent of how well the respondents understood the county health department operations, roles and responsibilities and implementation of strategies. Majority of the respondents had worked in current positions for 6 years (37.5%). 25% had worked in current positions for 3 years, while 12.5% has worked in current positions for 1,2 or 4 years. These results show that all the managers interviewed had served in current positions in sufficient times to allow understanding of operations, roles and responsibilities and implementation of strategies. Based on education levels, majority of the respondents (50%) held Bachelor's degrees while 25% held Post graduate degrees. 25% of the respondents held Diploma's and advanced Diplomas.

#### **4.3. Challenges faced by Mombasa County health Sector in implementation of its HRH Strategy**

The respondents were asked to give the challenges faced by the county health department in implementing its HRH strategy. This was in line with the first objective of the study: to find out the challenges faced by Mombasa County health department in implementing its HRH strategy. The responses given were recorded by the interviewer. Several challenges were identified in the implementation of strategy.

Insufficient financial resources were identified as a challenge by all the respondents. There was a unanimous agreement that the county Health department lacked sufficient financial resources to implement all the objectives outlined in the strategy. Availability of resources is highly affected by the National government funds allocation to the health sector. Counties are allowed to spend specific percentages on different items on their annual budget.



Respondents agreed that insufficient resources affect other components necessary for strategy implementation including human resources and infrastructure. Without the necessary resources, the department cannot improve infrastructure to create a conducive work environment including purchase of ICT equipment. It is also unable to hire sufficient number of staff with the right skills for strategy operationalizing strategy. The study also found that there were delays in disbursing funds to the sub-county and facility levels. This interfered with strategy implementation and health service delivery. One interviewee emphasized the lack of financial resources in the county health department:

All Respondents were in agreement that human resource in the health department was a challenge to implementing strategy. The study found that different facilities as well as sections were understaffed. An example given was the human resource department in the department; there are only 3 HR officers against 1629 employees. At the health facilities levels, health workers numbers fall way below Kenya norms and standards of 3 health workers per 10,000 populations. It was also noted that the newly created monitoring and evaluation department lacked the necessary staffs.

Lack of proper skills for implementation was also identified as a challenge. Leadership and management skills were lacking in the heads of facilities and sub-counties. The study also identified high staff attrition rates. The departing staffs were not replaced at the same rate as those leaving creating a gap in the workforce. Those at various positions were not trained to match the skills required at the department. Respondent 3 (Personal communication, November 7<sup>th</sup>, 2018) highlighted that, “The rate of retirement is not the same as replacement. This creates a gap. Employees are also not trained to improve skills to match the current market demand”.

The study established ineffective or poor communication as another challenge to implementation. The leadership at the county health department adopted a top-down communication style. There was no clear feedback mechanism or bottom up communication. This created a feeling that employees were not heard by top management. Lateral or horizontal communication was also found to be lacking mainly due to poor leadership, management and communication skills at the sub-county and high volume facility level. The respondents felt that this created challenges to meeting set objectives. There was also a feeling of disconnect between the top leadership at the county health department and the facilities and sub-counties.

Another challenge identified by the study was competing priorities. Leaders are tasked with taking lead in the implementation of strategic plans. The study found that the same leaders had other roles and responsibilities. Other activities are seen as more urgent and demanding. This diverts attention from strategy implementation. The study also found that due to understaffing in some sections, staff were overwhelmed and could not take up strategy implementation activities. This was particular to activities that did not lie directly under their dockets or did not prove to have immediate implications to their work.

The study also found that even though the county health department developed work plans and carried out performance reviews that acted as monitoring and evaluation tools, these were not directly tied to the strategy. Respondents highlighted that the strategy lacked a monitoring and evaluation framework. This was a main challenge as implementation progress was not monitored. One of the respondents said, “I do not know the progress of implementation of the strategy. We do not track or evaluate”. (Respondent 2, personal communication, November 6<sup>th</sup>, 2018).

Other challenges identified by the study included nepotism and poor infrastructure. The respondents highlighted that nepotism was mainly seen in hiring and promotion of staff. Respondents felt that the infrastructure available was not sufficient and did not create a conducive work environment. The study found that lower level facilities and sub-county offices lacked ICT equipment while the county health offices and the high volume facilities had insufficient ICT infrastructure. Lack of infrastructure interfered with information systems utilization within the county health department.

#### **4.4. Measures put in place by the County health sector to overcome challenges faced during strategy implementation**

The second objective of the study was to identify measures put in place by the county health sector to overcome challenges faced in HRH strategy implementation. Respondents were asked to identify the measures the county used to overcome challenges. The study also asked the respondents to give success factors that have contributed to effective strategy implementation.

On the challenge of limited financial resources, the study identified public private partnerships as a solution. The study found that the county had partnered with different donors and partners with a focus on different areas in health. Some of the areas supported by donors and partners included contracting of health workers for service delivery in health facilities, purchase of equipment and health technologies, and improving work spaces through infrastructure. Other partners focused on capacity development which included training of health workers, technical support in development of policies, leadership and management training and resource mobilization.

The study also found out that the county had increased its allocation to health financing to 25% of all funds received from the National government. This was to bridge the gap in financial resources for health and strategy implementation. Partnerships and increase in funds allocation has been seen to alleviate lack of resources at the department. One of the respondents explained:

Key solution to improving resources in the county has been collaborating with donors and partners. Partners hire health workers to manage service delivery such as HIV. Partners have purchased ICT equipment and furnished facilities. This takes off some of the financial strains away from the health department. (Interviewee 8, personal communication, November 7<sup>th</sup>, 2018).

To overcome the challenge of ineffective or poor communication respondents highlighted that the county health department had adopted different modes of communicating strategy, objectives and any changes to staff at all levels. Common modes of communication identified included departmental meetings, emails, memos and circulars. Continuous medical education was also identified as a means of improving leadership, management and supervisory skills of managers at sub-county and facility levels. These skills were seen to play a key role on how managers communicated strategy and organizational objectives to other employees. They were also able to give feedback to the top level management. These interventions were thus seen to improve bottom-up and horizontal communication.

To deal with competing priorities that diverted attention from strategy implementation, the study found that the leadership in the county involved delegation of authority. Top leadership delegated authority and resources to the sub-county and facilities. This decentralized some activities and allowed for attention on core and strategy supportive activities.

The study established that there were some factors that contributed to successful strategy implementation within the county health department. The study found that power and resources had been decentralized to the county level. County health department worked with county public service board and health advisory committee and made decisions on resource allocation, hiring, promotions and staff development. This made decision making faster and more effective. Respondents also highlighted that the leadership had an open door policy and had further decentralized power and responsibilities to the sub-county and facility level. The heads of facilities and sub-county health management teams had some level of authority in matters such as leave management, discipline, facility resource management and hiring of short term contract employees/casuals.

Clear structures and systems at the Mombasa County health department were other success factors. The county health department structure comprised of an organogram with clear roles and responsibilities for all staff. The study also identified strategy supportive systems that included strategy supportive policies and guidelines, processes and procedures. The county health department also used information systems to improve efficiency in HR, procurement and service delivery. iHRIS for efficient management of health workforce, DHIS2 to report and track health service delivery and IFMIS for procurement.

The study also found that strategy development involved people from all levels. These included top management, county and sub county health management teams, facility heads, lower level facility in-charges, finance and HR departments, member of health committee, and county public service board. These are the same people involved in different activities in strategy implementation. The strategy was made available to all through the county's repository on its website.

#### **4.5. Discussion of findings**

The objectives of the study were to find out challenges faced by Mombasa County health sector in implementation of the HRH strategy and to identify measures put in place to overcome these challenges. The findings of the study reveal that lack of resources were detrimental to strategy implementation. The County had limited financial and human resources and this had affected strategy implementation. These findings are in agreement to other studies (Aosa, 1992; Nour, 2013) that identified lack of resources as a major challenge to strategy implementation. Kefa (2014) also argued that insufficient resources will lead to failure in strategy implementation in organizations. The RBV theory also supports these findings. The theory argues that lack of sufficient resources affects organization performance and its competitive advantage (Frączkiewicz-Wronka and Maćkowska, 2011).

Another challenge identified was lack of effective communication. Communication is key in organizations; it communicates the vision and mission of an organization, and the strategic direction the organization needs to take in order to survive and achieve a competitive advantage (Mills et al, 2003). Effective communication has therefore been seen as a key component to the successful implementation of strategies. Leadership style of communication can affect how well employees react to change, implement objectives and understand the operational process (Jiang & Carpenter, 2013). In this study, communication across the organization was top – bottom. Ineffective horizontal and bottom–up communication posed challenges to strategy implementation. These finding were synonymous to Nour’s (2013) argument that poor vertical and horizontal communication led to failure in strategy implementation.

Infrastructure creates a conducive work environment and supports structures and systems put in place. Proper infrastructure enhances productivity leading to improved service delivery and satisfaction of stakeholders. Thompson, Gamble and Strickland (2006) found that sufficient infrastructure supported management in executing strategy. It also created service excellence and improved organizational capabilities. Lack of proper infrastructure is therefore argued to interfere with execution of strategy. Lack of proper infrastructure in Mombasa County health department was seen to negatively influence service delivery and thus strategy implementation. There were however supporting structures and systems in the county which contribute to effective implementation (Nour, 2013; Kefa, 2014; Keter, 2015).

Other challenges identified were competing priorities and lack of a monitoring and evaluating framework. Whereas empirical studies exist in support of competing priorities as a challenge to implementation (Hrebiniak, 2006; Aaltonen and Ikävalko, 2011; Nour 2013), there lacks any studies that identified lack of a monitoring and evaluation mechanism as a challenge. However, effective implementation is highly dependent on regular benchmarking and tracking of progress. This is the only way to discover any bottlenecks that may arise during the implementation process. It is the only way an organization can be able to re-strategize, re-align and evolve to fit strategy to a changing environment.

The findings of the study found that there was decentralization of power and resources to the county health sector and further to the sub-county and facility levels. This was a success factor to strategy implementation. This is in line with the New Public Management theory that proposes decentralization of power and resources to improve efficiency in organizations (Mongkol, 2011).

The county health sector was semi-autonomous allowing for resource allocation and making of decisions such as hiring, development and staff promotions. Sub-county and facility managers were allowed to make decisions on contracted workers and leave management respectively. However, critiques have found that the NPM theory provides an avenue for non-ethical practices (Tabrizi et al, 2018). In this study, nepotism was found to interfere with strategy implementation.



## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMENDATIONS**

#### **5.1. Introduction**

This chapter presents a summary of findings, conclusions and recommendations for the study. These were geared towards achieving the two objectives of the study. Objective one was to find out the challenges faced by Mombasa County health sector in implementation of its HRH strategy. The second objective was to identify measures out in place by the county to overcome the challenges faced during HRH strategy implementation.

#### **5.2. Summary of Findings**

The Mombasa County HRH Strategy was drawn from the County Health and Investment plan. The strategy also drew heavily from the National health sector HRH strategy 2014-2018. According to the study, Mombasa County has been implementing the HRH strategy under the Health department. The county has encountered several challenges during implementation of the strategy.

##### **5.2.1. Challenges faced by Mombasa County Health Sector in implementing strategy**

There were several challenges that faced Mombasa County health sector in implementation of its HRH strategy. Lack of sufficient resources was the leading challenge. This was caused by limited allocations by the National government. Poor disbursement of available finances to the sub-counties and facilities was also a challenge to implementation.

Ineffective communication was another challenge identified. There was poor bottom-up and horizontal communication. Even though information flowed from the top management to the other employees, the flow of information from employees in sub-counties and facilities was lacking. This created disconnect between the top management and employees in sub-county and facility levels. There was also poor horizontal communication due to lack of leadership and management skills of the sub-county and facility managers.

Insufficient human resources created gaps in implementation. There were gaps in numbers of staffs required for effective implementation due to slow rates of replacement of staff that had left. Available staffs lacked sufficient skills required for strategy implementation in some levels. Competing priorities also interfered with strategy implementation especially with managers at the top level positions; there were more urgent activities at any one time. Lower level employees already had other tasks that took away attention from strategy implementation.

There was also lack of infrastructure especially ICT and work areas. This did not support the systems and structures already in existence. Other challenges to strategy implementation include nepotism. This was evidenced in the hiring and promoting of staff. This caused further interference with the human resources as the people hired lacked the skills required in different departments or sections. Lack of a monitoring and evaluation framework was also a challenge.

### **5.2.2. Measures put in place to overcome challenges faced during strategy implementation**

The study established that there were measures put in place by the county to overcome challenges to implantation. Public private partnerships were formed to alleviate financial constraints. Such partnerships supported the health department in kind. Areas supported include health service delivery, capacity building and infrastructure. There was also increased allocation of funds to the health sector by the County.

Adoption of different modes of communication: emails, memos, circulars and meetings were seen to improve communication. The leadership also adopted an open door policy. Training of managers in leadership and management improved bottom-top and horizontal communication. Decentralization and delegation of authority to the sub-counties and facilities solved the challenge of competing priorities. From this, top management was able to focus on activities focused on strategy implementation.

Success factors to implementation included availability of clear structures in the health department. There were clear roles and responsibilities, and reporting line. Effective systems such as finance, HR and procurement existed. These utilized information systems such as IHRIS, DHIS2 a, IPPD and IFMIS to improve efficiency and effectiveness. There also existed strategy supporting policies and guidelines. Other success factors included engagement of people from all levels in development of the strategy. Engagement of all levels created ownership of the strategy. The strategy was also available to all people in the county; it was online on the county's repository.

### **5.3. Conclusion**

The study identified ineffective communication and lack of sufficient financial resources as key challenges to strategy implementation. Lack of sufficient human resource, inadequate infrastructure, competing priorities and nepotism were also identified as challenges. Lack of an implementation monitoring and evaluation framework was a hindrance to effective implementation.

The study also established that clear structures, decentralization of power and resources, increased financing in health and public private partnerships alleviated these challenges. Effective systems and different modes communication have also been put in place to support strategy implementation and mitigate challenges. Involvement of personnel from all levels, and making available the strategy and supporting documents were seen to support effective implementation of strategy.

### **5.4. Limitations of the Study**

The study focused on the challenges faced in strategy implementation and the measures taken to overcome these challenges in Mombasa County Health sector. The study specifically focused on the Health sector. Generalizations from this study cannot be used for other sectors as strategy implementation practice is highly sensitive to its context. The study could be carried out in different sectors in order to draw comparisons and establish generalization for different sectors.

Due to the sensitivity of the information that was being sought, Respondents were not willing to delve into details of some of the challenges mentioned such as nepotism as they were deemed too sensitive. To overcome this challenge, the researcher assured them that the research was meant for academic purpose and information gathered would be handled with a lot of confidentiality.

Respondents particularly at the County health department top management positions were very busy due to the numerous responsibilities and activities. They were not easily available for interviews and provision of the necessary information. They however suggested the most suitable persons to obtain the information sought from. Available respondents were selected based on suitability in providing the required information.

## **5.5. Recommendations**

The study findings gave empirical evidence that have implications on management policy and practice. The study found lack of sufficient financial resources and delay in disbursements to be a challenge to effective strategy implementation. The study recommends a higher allocation of funds to the health sector from the National government to meet the Abuja declaration recommended levels; 15% of the country's GDP. This will allow for higher allocation to the Counties.

The county government should also ensure timely disbursements. This will allow for effective implementation at sub-county and facility levels. The county Health department should also leverage its public private partnerships for support in some areas. This could include improving infrastructure and engage more donors and partners in different areas of focus to improve service delivery. A public private partnership framework should be developed to provide a guideline for such engagements.

The study established that lack of sufficient human resource posed a challenge in effective strategy implementation. The study recommends hiring of new staff to replace the retiring and those that are leaving due to various reasons. Attractive attraction and retention packages are recommended for retention of valuable skills.

The study also recommends training of existing staff and enhancing motivation through improvement on skills for staff to allow for uptake of more responsibilities and adoption of the concept of ‘doing more with less’. Task shifting is also recommended. To mitigate the challenge of nepotism, a supportive culture with high ethics and standards should be cultivated. All public officers should be held accountable at all times.

Lack of an implementation monitoring and evaluation framework was identified as a challenge during the study. To mitigate this, the study recommends the development of a monitoring and evaluation framework. A monitoring and evaluation officer should also be put in charge of tracking and evaluating strategy implementation. The study also recommends regular progress review meetings to track strategy implementation.

## **5.6. Suggestions for further research**

This study focused on challenges to implementation of the HRH strategy in the Health Sector of Mombasa County and the measures taken to mitigate these challenges. Strategic management is a wide concept and its application highly depends on context it is applied. Whereas the findings from this study can be used for broad generalizations of the challenges faced by counties health sectors in strategy implementation, there is need for further studies that focus on challenges to strategy implementation in different counties. This is because of variances in demographic, economic and political compositions and dynamics in various counties. Studying strategy implementation in other counties will also reveal differences, patterns and relationships in implementation across different counties post devolution. Counties implementing strategies effectively can then act as benchmarks for other Counties.

This study focused on the Health sector in a county. There is need for cross sector studies within the County to give a clearer picture on challenges faced in Strategy implementation in all sectors devolved to counties. Further studies need to include not only the top management but other employees. This will give a feel of implementation across all levels in an organization. Further studies are also recommended with a focus on strategy implementation and performance in different sectors. This will help reveal the success factors for each sector and help draw comparisons. A similar study should be repeated using a different methodology. This will help assess the results in relation to different methodologies. It will also help minimize biases that come from selective reporting of the respondents.

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# APPENDICES

## APPENDIX I: LETTER OF INTRODUCTION



**UNIVERSITY OF NAIROBI**  
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DATE...13/11/2018

### **TO WHOM IT MAY CONCERN**

The bearer of this letter .....MUNGA ANNE WAMBUI.....

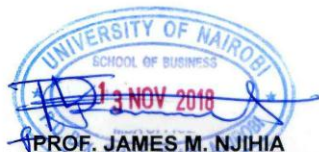
Registration No.....DB1.21.260.12015.....

is a bona fide continuing student in the Master of Business Administration (MBA) degree program in this University.

He/she is required to submit as part of his/her coursework assessment a research project report on a management problem. We would like the students to do their projects on real problems affecting firms in Kenya. We would, therefore, appreciate your assistance to enable him/her collect data in your organization.

The results of the report will be used solely for academic purposes and a copy of the same will be availed to the interviewed organizations on request.

Thank you.

  
UNIVERSITY OF NAIROBI  
SCHOOL OF BUSINESS  
13 NOV 2018  
PROF. JAMES M. NJIHIA

DEAN, SCHOOL OF BUSINESS

## **APPENDIX II: INTERVIEW GUIDE**

The interview guide aims to investigate HRH strategy implementation and its challenges in Mombasa County. The study is academic. Any information given will be treated with confidentiality and used only for academic purposes.

### **Section A: Interviewee profile**

1. What is your age limit?
  - a) 20 - 30
  - b) 31 – 40
  - c) 41 – 50
  - d) 51 – 60
  - e) 61 and above
2. How many years have you served at your current position?
3. What is your highest level of education?

### **Section B: Strategy implementation**

1. Are you aware of the existence of the HRH strategy in Mombasa County?
2. Who was involved in the development of the HRH strategy?
3. Who is involved in the implementation of the strategy?
4. Explain how the county health department sets its annual and quarterly work plans? Is this linked to the HRH strategy?
5. What modes of communication are used to communicate strategy to employees?
6. Explain the county's health department leadership structure.
7. What role has the leaders played in implementation of the strategy?
8. What resources has the county put in place for strategy implementation?
9. How does the county track strategy implementation?

### **Section C: Challenges faced in strategy implementation**

1. What are the challenges faced by the county in implementing its HRH strategy?
2. What measures has the county put in place to counter these challenges?
3. Are there other key factors that have contributed to strategy implementation in the county?
4. In your opinion, has the strategy implementation in the county been a success?  
How so?
5. What suggestions would you give the county to be able to implement its strategy better?

The end!

