

**DETERMINANTS OF STRATEGY IMPLEMENTATION IN THE  
PUBLIC HEALTH FACILITIES IN MOMBASA COUNTY, KENYA**

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## DECLARATION

This research project report is my original work and has not been submitted to any other university for award of a degree.

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**Aluoch Ochola**

**D61/66124/2013**

This research project report has been submitted for examination with my authority as the university supervisor

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## DEDICATION

*I dedicate this work to the Almighty God and to my Lord and Saviour Jesus Christ for the gift of life and for all the blessings. I also dedicate this project to my mother Dr. Mary A. Ochola and to Jane Akinyi Mbeche who have supported me through the entire masters' degree programme.*

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This study has been accomplished through the support and encouragement from various persons to whom I am greatly indebted. First and foremost my gratitude to the Almighty God for it is by His amazing grace that I was able to undertake and complete my studies. To Him I give glory and honour.

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## ABSTRACT

A strategic plan provides a business with the roadmap it needs to pursue a specific strategic direction and set of performance goals, deliver customer value, and be successful. However, this is just a plan, it does not guarantee that the desired performance is reached any more than having a roadmap guarantees the traveler arrives at the desired destination. Strategy implementation or strategy execution task is easily the most complicated and time consuming part of strategic management. In the Ministry of Health in Kenya, strategic planning is part of the on-going public sector reforms aimed at improving efficiency and effectiveness in the delivery of health services. This study aimed at establishing determinants of strategy implementation in the public health facilities in Mombasa County. Descriptive survey research design was used. The target population consisted of all the 129 public health facilities in Mombasa County. Respondents were persons in charge of strategy or human resource department. Semi-structured questionnaire was used to collect primary data. The response rate of this study was 81% based on 104 respondents. The determinants of strategy implementation discussed in this study were organizational structure, human resource, resource adequacy and monitoring and evaluation. Data collected was analyzed using descriptive statistics and the product moment correlation coefficient. The study established that all the factors are important determinants in the implementation of strategic plans in the public health facilities in Mombasa County. Based on the correlation analysis undertaken, the results show that there is a positive, moderate weak relationship between organizational structure and human resource as well as with resource adequacy. In addition, there is a positive strong relationship between organizational structure and monitoring and evaluation. The results further indicate that human resource has a positive, moderate weak relationship with resource adequacy and with monitoring and evaluation. The correlation analysis further indicated the presence of a significant positive, strong relationship between resource adequacy and monitoring and evaluation. All these were confirmed to be significant. The study concluded that the public health facilities do not get adequate resources to assist in the implementation of strategic plans. The resources are not also available in good time. The employees also not well trained in monitoring and evaluation of strategy implementation. The study recommends that the ministry of health and county government of Mombasa should ensure that there are adequate financial resources in the public health facilities in order to facilitate strategy implementation. The resources should also be availed in good time to ensure the strategic competitiveness and performance of the health facilities. There is also a need to train the employees on monitoring and evaluation of strategic plans to ensure there is follow up at every stage of implementation.

## **LIST OF ABBREVIATIONS AND ACRONYMS**

<b>FBO</b>	Faith based Organization
<b>M &amp; E</b>	Monitoring and Evaluation
<b>MOH</b>	Ministry of Health
<b>NGO</b>	Non-governmental Organization
<b>RBT</b>	Resource-based Theory
<b>UK</b>	United Kingdom

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# **CHAPTER ONE: INTRODUCTION**

## **1.1 Background of the Study**

Strategy can be defined as the balance of actions and choices between internal capabilities and external environment of an organization. Accordingly, strategy can be seen as a plan, ploy, pattern, position and perspective. According to Bateman and Zeithman (2003), a strategy is a pattern of actions and resource allocations designed to achieve the goals of the organization. A strategy involves an evaluation of the likely impacts of both the external and internal organizational environment, the long-term goals of the organization. From the perspective of classical strategic management theory, strategy is considered a deliberate planning process, initiated by top management, based on an elaborate industry analysis and aimed at designing a cohesive grand strategy for the corporation (Mintzberg & Lampel, 2009).

The study was anchored on four theories; the resource-based theory, stakeholder theory, systems theory and institutional theory. The resource based theory looks at the internal strengths and weakness in organizational resources showing how the resources are allocated and deployed in order to assist in the implementation of the strategies. On the other hand, the stakeholder theory informs the study by urging managers to be clear about how they want to do business, specifically what kinds of relationships they want and need to create with stakeholders to deliver on their purpose. The systems theory however views an organization as a real system that is open to and interacts with the environment and can acquire qualitatively new properties through emergence, resulting in continual

evolution. The institutional theory assumes that organisations are deeply embedded in the wider institutional context. Thus, organisational practices are either a direct reflection of, or response to, rules and structures built into their larger environment (Montgomery, 2004; Freeman, 1994 & Kaplan, 2009).

The demands for increased performance and accountability in health care arise from increasing expectations for improved service and higher standards of care by patients, the public, government and policy makers. Health care workers must do more than practice medicine and play increasingly more demanding roles of leading and building teams effectively allocating resources and ultimately addressing the needs of the people they serve. The management of hospitals in Kenya, Mombasa included remained in the hands of medical doctors, who, despite having a lot of technical and professional expertise, lacked adequate strategic management skills to access and make proper use of the resources and mitigate against the new devolution challenges. The procurement of goods and services at county level has been centralized at County headquarters and that has led to Confusion and procurement challenges which might affect quality of procured products and service delivery.

### **1.1.1 Strategy Implementation**

According to Bhasin (2009) implementation is the process through which a chosen strategy is put into action. It involves the design and management of systems to achieve the best integration of people, structure, processes and resources in achieving organizational objectives. A strategic plan provides a business with the roadmap it needs to pursue a specific strategic direction and set of performance goals, deliver customer

value, and be successful. However, this is just a plan, it does not guarantee that the desired performance is reached any more than having a roadmap guarantees the traveler arrives at the desired destination.

Although formulating a consistent strategy is a difficult task for any management team, making that strategy work, that is, implementing it throughout the organization is even more difficult. A myriad of factors can potentially affect the process by which strategic plans are turned into organizational action. Unlike strategy formulation, strategy implementation is often seen as something of a craft, rather than a science, and its research history has previously been described as fragmented and eclectic. It is thus not surprising that, after a comprehensive strategy or single strategic decision has been formulated, significant difficulties usually are during the subsequent implementation process (Starkey, 2004).

The challenges of strategy implementation are illustrated by the unsatisfying low success rate (only 10 to 30 percent) of intended strategies. The primary objectives are somehow dissipated as the strategy moves into implementation and the initial momentum is lost before the expected benefits are realized. Successful implementation is a challenge that demands patience, stamina and energy from the involved managers. Henry (2004) identified four challenges affecting successful strategy implementation. He cited lack of fit between strategy and structure; inadequate information and communication systems; and failure to impart new skills. He identified most challenges as concerning connecting strategy formulation to implementation; resource allocation; match between structure

with strategy; linking performance and pay to strategies; and creating a strategy supportive culture.

The most important thing when implementing a strategy is the top management's commitment to the strategic direction itself (Rapa & Kauffman, 2005). The top managers must demonstrate their willingness to give energy and loyalty to the implementation process. To successfully improve the overall probability that the strategy is implemented as intended, senior executives must abandon the notion that lower-level managers have the same perceptions of the strategy and its implementation, of its underlying rationale, and its urgency. They must not spare any effort to persuade the employees of their ideas (Rapa & Kauffman, 2005).

Communication process plays a major role in the strategy implementation process. The way in which a strategy is presented to employees is of great influence to their acceptance of it (Rapa & Kauffman, 2005). It is essential both during and after an organizational change to communicate information about organizational developments to all levels in a timely fashion (Miniace & Falter, 2006). Aaltonen and Ikåvalko (2002) stated that organizational culture also influences strategy implementation. Marginson (2002) contend that strategy implementation evolves either from a process of winning group commitment through a coalitional form of decision-making, or as a result of complete coalitional involvement of implementation staff through a strong corporate culture.

Al Ghamdi (1998) argues that for most of the firms, strategy implementation takes more time than originally expected due to lack of coordination. Similarly Rapa and Kauffman (2005) argue that strategy implementation processes frequently result in difficulties and complex problems due to vagueness of the assignment of responsibilities and diffusion of responsibilities through numerous organizational units. To avoid power struggles between departments and within hierarchies, organizations should create a plan with clear assignments of responsibilities regarding detailed implementation activities (Rapa & Kauffman, 2005).

### **1.1.2 Health Sector in Kenya**

The health sector comprises the public system, with major players including the MOH and parastatal organisations, and the private sector, which includes private for-profit, NGO and FBO facilities. Health services are provided through a network of over 4,700 health facilities countrywide, with the public sector system accounting for about 51 percent of these facilities. The public health system consists of the following levels of health facilities: national referral hospitals, provincial general hospitals, district hospitals, health centres, and dispensaries (Mwamuye & Nyamu, 2014).

National referral hospitals are at the apex of the health care system, providing sophisticated diagnostic, therapeutic, and rehabilitative services. The two national referral hospitals are Kenyatta National Hospital in Nairobi and Moi Referral and Teaching Hospital in Eldoret. The equivalent private referral hospitals are Nairobi Hospital and Aga Khan Hospital in Nairobi. Provincial hospitals act as referral hospitals to their district hospitals. They also provide very specialized care. The provincial level

acts as an intermediary between the national central level and the districts. They oversee the implementation of health policy at the district level, maintain quality standards, and coordinate and control all district health activities. Similar private hospitals at the provincial level include Aga Khan Hospitals in Kisumu and Mombasa. District hospitals concentrate on the delivery of health care services and generate their own expenditure plans and budget requirements based on guidelines from headquarters through the provinces. The network of health centres provides many of the ambulatory health services. Health centres generally offer preventive and curative services, mostly adapted to local needs. Dispensaries are meant to be the system's first line of contact with patients, but in some areas, health centres or even hospitals are effectively the first points of contact. Dispensaries provide wider coverage for preventive health measures, which is a primary goal of the health policy. The government health service is supplemented by privately owned and operated hospitals and clinics and faith-based organisations' hospitals and clinics, which together provide between 30 and 40 percent of the hospital beds in Kenya (Muga *et al.*, 2014).

Strategic management is fundamental in leading the county in dynamic governance dispensation. Strategic management provides the momentum for change. In effect, strategies help to create new beginnings, new chances for success, new challenges for employees and new hopes for patients. Therefore, it is imperative that county health care planners understand the changes taking place in their counties and not simply be responsive to them, but strive to create the future. County leaders must see into the future, create new visions for success, and be prepared to make substantial effort to achieve the



expected changes (Mwamuye & Nyamu, 2014). Mombasa County has a total of 311 health facilities spread across the county. These are: 1 referral facility, 2 District hospitals, 41 dispensaries, 8 health centres and 259 uncategorized facilities.

## **1.2 Research Problem**

Strategy implementation or strategy execution task is easily the most complicated and time consuming part of strategic management. While strategy formulation is primarily an intellectual and creative act involving analysis and synthesis, implementation is a hands-on operation and action oriented human behavioural activity that calls for executive leadership and key managerial skills.

Kenya devolved its healthcare system since the time the county government came into power in March 4th 2013, however, very little has been done to establish the implications it has had in Kenya and more so Mombasa county which is the gateway to Africa from western and Asian Countries. Healthcare staff unrest has been witnessed since the advent of county governance; affecting service delivery thus posing health risks to thousands of Mombasa residents and scaring away potential investors. Both the national and county government together with the various development stakeholders have paid little attention to such a situation despite the fact that if it remains unchecked could jeopardize service delivery.

Most studies on strategy implementation in Kenya have focused on its effects on performance. Kiptugen (2003) did a study to determine the strategic responses of Kenya Commercial Bank to a changing competitive environment. Since he focused mainly on

strategies that can be adopted in a competitive environment; the study failed to cover the processes involved in strategy implementation and performance. Muturi (2005) on the other hand did a study to determine the strategic responses of Christian churches in Kenya to changes in the external environment. He based his survey on evangelical churches in Nairobi. This study focused on a different context and concept from what the current study seeks to cover. Mbaka and Mugambi (2014) sought to review the factors that affect strategy implementation in the Water Sector in Kenya. The study identified strategy formulation process, relationship among different departments and different strategy levels, executors, communication, implementing tactics, consensus, commitment, organization structure, employees and inadequate resources as some of the factors that affect strategy implementation. Igecha (2014) examined the determinants of implementation of strategies at the Institute of Quantity Surveyors of Kenya. The study established that strategy implementation at the Institute of Quantity Surveyors of Kenya is mainly influenced by commitment of the top management, communication process, coordination of activities and organizational culture. Studies on the determinants of strategy implementation in the health sector are scarce. This study therefore analysed the determinants of strategy implementation in the healthcare sector in Mombasa County. It sought to answer the following research question: What are the determinants of strategy implementation in the public health facilities in Mombasa County?

### **1.3 Research Objective**

To establish the determinants of strategy implementation in the public health facilities in Mombasa County in Kenya.

#### **1.4 Value of the Study**

The findings of the study will assist in policy formulation in the health care sector in Kenya especially among the public health institutions. The study findings will assist government institutions, non-profit making organizations and corporate organizations to institute an organizational culture which allows participation of all stakeholders in the implementation of strategies. Organizations should promote cultures that allow flexibility at work place and adaptability, organizational stability and goal unification. The institutions will use the study findings to formulate strategies that will ensure successful implementation of strategic plans.

The study provides important information to strategic managers. The study findings will help top management to understand the importance of leadership in ensuring the success of strategy implementation. The management has the responsibility to ensure that proper communication channels exist within the institution to aid strategy implementation. The management has the responsibility to create awareness of strategic plans, motivate employees, ensure that all systems within the organization are effective and efficient, avail adequate resources for strategy implementation and continuously monitor and evaluate the implementation process. Strategic managers will use the study findings as a guide in ensuring efficient and successful implementation of strategic plans.

The study makes a contribution to the existing body of academic knowledge on strategic management. The study findings help scholars in strategy management to further investigate the success rate for strategy implementation among government and non-

governmental institutions. This study focused on determinants of strategy implementation and provided greater insight into strategic management if scholars go a notch higher to investigate how the determinants identified (the level of commitment of top management, communication, coordination of activities and organizational culture) contribute to success of implementation processes. Therefore, the study serves as a reference point for researchers and scholars in the field of strategic management especially the core concepts of formulation, implementation and evaluation.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

This chapter reviews literature that addresses determinants of strategy implementation, including the current status of implementation within the Ministry of Health, theoretical review on strategic Planning, empirical review and the research gaps.

### **2.2 Theoretical Foundation of the Study**

This study is anchored on three main strategic management theories; the resource based theory, stakeholder theory, systems theory and institutional theory. This section discusses these theories and their relevance to strategy implementation.

#### **2.2.1 Resource Based Theory**

The Resource Based Theory (RBT) focuses on internal strengths and weakness in organizational resources, showing how processes are managed and how the resources are allocated and deployed, all in order to assist in the implementation of the strategies (Wernerfelt, 2004 and Barney, 2003). According to Montgomery (2004) the resource-based perspective therefore means that there is a certain focus on resources owned by the company or by its partners and the various resources that can explain company performance and long term growth or decline. The resource-based perspective aims to give a picture of a company resource before and during decision-making processes and business strategies in the company (Montgomery, 2004).

According to Barney (2003) to successfully implement strategies, resources have to be strategic. The resource based perspective in a contemporary view includes a company's elements such as structure, communication within a team of players trying to coordinate information dispersed among them and commitment of the key players in an organization management in order to fully ensure proper strategy implementation (Barney, 2003). The effectiveness of firm strategies depends on the utilization and exploitation of existing resources. To the extent that firms have pools of under used resources, these create unique, firm-specific opportunities for exploitation (Montgomery, 2004). This theory is relevant to this study as it looks at management of resources that the public health facilities have in order to improve healthcare services.

### **2.2.2 Stakeholder Theory**

Stakeholder theory begins with the assumption that value is necessarily and explicitly a part of doing business. It asks managers to articulate the shared sense of the value they create and what brings its core stakeholders together (Langfield, 1997). It also pushes managers to be clear about how they want to do business, specifically what kinds of relationships they want and need to create with stakeholders to deliver on their purpose.

A number of researchers recognize that both managerial and normative motivations contribute to decision-making and have suggested approaches to stakeholder theory that may assist in the analysis of the firm-stakeholder interaction. Freeman (1999) argued that stakeholder theory would be better characterized as a 'Stakeholder Research Tradition rather than as one theory. Freeman (1999) had argued against the notion of convergent stakeholder theory, he argued that, 'the stakeholder theory' can be unpacked into a

number of stakeholder theories, each of which has a ‘normative core,’ inextricably linked to the way that corporations should be governed and the way that managers should act. So, attempts to more fully define, or more carefully define a stakeholder theory are misguided. In a later paper, Freeman (1999) reinforced this view, arguing that what we need is not more theory that converges but more narratives that are divergent that show us different but useful ways to understand organizations in stakeholder terms. The public healthcare facilities deal with many stakeholders including the ministry of health, donors, health workers and the society at large. This theory is therefore important in this study.

### **2.2.3 Systems Theory**

Systems Theory is the trans-disciplinary study of the abstract organization of phenomena, independent of their substance, type or spatial or temporal scale of existence (Kaplan, 2009). It investigates both the principles common to all complex entities and the models which can be used to describe them. This theory was proposed in the 1940s by the biologist Ludwig and furthered by Ross (1956). They emphasized that real systems are open to, and interact with their environments, and they can acquire qualitatively new properties through emergence, resulting in continual evolution (Kaplan, 2005). Rather than reducing an entity the properties of its parts or elements, systems theory focuses on the arrangement of and relations between the parts which connect them into a whole (Kamanda, 2006). Systems analysis developed independently of systems theory, applies systems principles to aid a decision-maker with problems of identifying, reconstructing, optimizing, and controlling a system while taking into account multiple objectives, constraints and resources (Jauch, 1984). It aims to specify possible courses of action, together with their risks, costs and benefits. For the public healthcare facilities to achieve

their objectives they must interact with their internal and external environments. The administrators and managers should manage their relations with these environments in order to achieve their strategic aims.

#### **2.2.4 Institutional Theory**

The study of institutions traverses the academic fields of economics, sociology, political science and organisational theory. The common denominator for institutionalism in various disciplines appears to be that of, ‘institutions matter’ (Kaufman, 2011). An underlying assumption in the study of institutions is that organisations are deeply embedded in the wider institutional context. Thus, organisational practices are either a direct reflection of, or response to, rules and structures built into their larger environment. This institutional environment is the source of legitimisation, rewards or incentives for, as well as constraints or sanctions on, organisational activities (Paauwe & Boselie, 2003).

The institutional approach used in organisational analysis is referred to as organisational institutionalism. Organisational institutionalism deals with the overall question: ‘What does the institutional perspective tell us about organisational behaviour?’ Institutional theory is a useful lens to analyse organisational behaviour because it can respond to empirical mismatch, where, ‘what we observe in the world is inconsistent with the ways in which contemporary theories ask us to talk. Greenwood et al. (2008) noted that, institutional theory evolved as an antidote to the overly rationalist and technocratic perspective of 1960s. Institutional legitimacy is defined as, ‘a generalized perception or assumption that the actions of an entity are desirable, proper, or appropriate within some socially constructed system of norms, values, beliefs, and definitions. Hence, an



organisation's response to institutional pressure is crucial for its success and survival. Public healthcare facilities ought to respond to the institutional pressures in order to continue to serve the community well and adjust to their changing needs.

## **2.3 Determinants of Strategy Implementation**

This section discusses the determinants strategy implementation. Specifically the section looks at the commitment of top level management, communication process, co-ordination of activities and organizational culture.

### **2.3.1 Commitment of Top level Management**

Aaltonen and Ikåvalko (2002) recognize the role of middle managers, arguing they are the key actors who have a pivotal role in strategic communication. If managers are not committed to performing their roles, the lower ranks of employees will not be provided support and guidance through encouragement of entrepreneurial attributes. According to Rapa and Kauffman, (2005) commitment of top level management is undoubtedly a prerequisite for strategy implementation. Therefore, top managers must demonstrate their willingness to give energy and loyalty to the implementation process. This demonstrable commitment becomes, at the same time, a positive signal for all the affected organizational members (Rapa & Kauffman, 2005).

Chakravarthy and White, (2001) suggest that managers have the discretion to pursue varied strategies regarding three issues: entry-level education and training, employee development, and company-school relations. Chakravarthy and White, (2001) indicate that management characteristics such as innovation commitment and resistance to change

and management-led organizational change in firm downsizing and work redesign shape strategy implementation.

### **2.3.2 Communication Process**

Many organizations are faced with the challenge of lack of institution of a two-way-communication program that permits and solicits questions from employees about issues regarding the formulated strategy. In addition to inability to solicit questions and feedback, lack of communications cause more harm as the employees are not told about the new requirements, tasks and activities to be performed by the affected employees, and, furthermore, cover the reason behind changed circumstances (Alexander, 2003). It is essential both during and after an organizational change to communicate information about organizational developments to all levels in a timely fashion (Rapa & Kauffman, 2005). However; one may misunderstand communication, or the sharing of information, as engagement and direct dialogue that produces lack of active participation in the process.

The way in which a strategy is presented to employees is of great influence to their acceptance of it. To deal with this critical situation, an integrated communications plan must be developed. Such a plan is an effective vehicle for focusing the employees' attention on the value of the selected strategy to be implemented (Rapa & Kauffman, 2005).

### **2.3.3 Co-ordination of Activities**

So far in the review of literature on strategy implementation there is evidence of some recurring themes, including coordination which is essential to ensure that people across the organization know what to do and to ensure that they stay focused on the key targets under the everyday pressures. Strategic control systems provide a mechanism for keeping today's actions in congruence with tomorrow's goals. Al Ghamdi (1998) replicated the work of Alexander (1985) in the UK and found that for most of the firms, due to lack of coordination, implementation took more time than originally expected and major problems surfaced in the companies, again showing planning weaknesses. He found the effectiveness of coordination of activities as a problem in most of the firms and distractions from competing activities in some cases. In addition key tasks were not defined in enough detail and information systems were inadequate.

### **2.3.4 Organizational Culture**

Organizational Culture (OC) refers to the leadership style of managers – how they spend their time, what they focus attention on, what questions they ask of employees, how they make decisions; also the organizational culture (the dominant values and beliefs, the norms, the conscious and unconscious symbolic acts taken by leaders (job titles, dress codes, executive dining rooms, corporate jets, informal meetings with employees). Marginson (2002) contend that strategy implementation evolves either from a process of winning group commitment through a coalitional form of decision-making, or as a result of complete coalitional involvement of implementation staff through a strong corporate culture.

The challenge of successful strategy implementation results from lack of cultivation of strong cultural values which are essential in meeting the changing organizational needs (Marginson, 2002). The distinction between “thinkers” and “doers” begins to blur but does not totally disappear. Another challenge in strategy implementation that is appears cultural and behavioural in nature is the impact of poor integration of activities and diminished feelings of ownership and commitment (Aaltonen & Ikåvalko, 2002). Corboy and O'Corrbui (1999), identify the deadly sins of strategy implementation which involve: a lack of understanding of how the strategy should be implemented; customers and staff not fully appreciating the strategy; difficulties and obstacles not acknowledged, recognized or acted upon; and ignoring the day-to-day business imperatives.

#### **2.4 Empirical Review**

In his study of “aspects of formulation and implementation of strategic plans in Kenya”, Aosa (1992) surveyed 51 large private manufacturing firms through a survey. Using questionnaires and a drop and pick method, Aosa (1992) concluded that management was the key factors that influenced strategic plans formulation and implementation. The scholar also noted that an effective implementation process required a collective approach to culture and communication while keeping clear communication channels and realigning firm resources so that strategic plans are not halted by lack or inadequate implementation resources. This study only focused on strategic plans formulation and implementation but did not address the determinants of strategy implementation hence a gap exists for this study to explore.

Awino (2007) studied the effect of selected variables on corporate performance using 49 large private insurance firms in Kenya through a survey that applied both interviews and structured questionnaire. In his findings, management and culture were found to be very critical variables in the performance of firms. Awino concluded that both financial and non-financial performance were affected but to varying degrees by selected variables. The focus of this study was corporate performance variables and not determinants of strategy implementation hence a gap exists.

In a study by Cater and Pucko (2010) on the activities for and obstacles to strategy execution on a sample of 172 Slovenian Companies, their findings were that managers mostly rely on planning and organizing activities when implementing strategies, while the biggest obstacle to strategy execution is poor leadership. Moreover, the results revealed that greater obstacles to strategy execution in the forms of inadequate management skills and employee's reluctance to share their knowledge have a negative influence on performance. The study only looked at strategy execution activities and obstacles. The research gap is that it did not address the determinants of strategy execution as well as being a study in Slovenia. This study will be based in Kenya hence findings may differ.

Kalali, (2011) did a survey titled; Why does strategic plans implementation fail? This was a case study of the health service sector in Iran. The research aimed at identifying effective factors on the failure of strategic decisions implementation in the Iranian Health Service Sector. The failure of strategic decisions is usually costly for organizations.

Hence, identification of effective factors on success/failure of strategy implementation is highly important. The survey results show that the most important reason for strategic decisions failure in Iranian health service sector is content dimension. Content aspect points out how to develop strategies in organization. This includes unclear strategies, conflicting goals and priorities, lack of support by senior managers. The study also found that structural dimension also played a big part strategic plan decisions. These are factors such as incapable human resource and divergent organizational structure. Since this study focused on why strategy implementation fails there exists a research gap in that determinants of strategy implementation were not addressed.

Eisenstat, (2003) conducted a study among 3,044 white-collar employees of the Western Australian Public Service to study the correlation of employee attitudes towards functional flexibility. It was hypothesized that employees would favor functional flexibility if they have lower levels of perceived job characteristics, perceived reward equity, organizational commitment and affective wellbeing as well as a higher degree of educational attainment. The focus was employee attitudes and not determinants of strategy implementation hence a gap exists for this study to explore.

Igecha (2014) did a study on the determinants of implementation of strategies at the Institute of Quantity Surveyors of Kenya. The study established that strategy implementation at the Institute of Quantity Surveyors of Kenya is mainly influenced by commitment of the top management, communication process, coordination of activities and organizational culture. The study focused on the institute of quantity surveyors but this study will look at the healthcare sector hence filling in the research gap.

## **2.5 Summary of Literature Review and Knowledge Gap**

Previous studies did not examine the determinants of strategy implementation in the health care sector. Wambui (2006) focused on managerial involvement related to Strategy Implementation. This represented one aspect of factors that influence implementation leaving a gap to be pursued by other scholars. Korten (1990) studied the environment under which NGOs fail to implement their strategic plans but did not directly scan the other factors that affect NGO strategic plan implementation.

Cater and Pucko (2010) studied poor leadership as the biggest obstacle to strategy execution in Eastern Europe, and not Africa. The implementation gaps illuminated by previous studies such as poor leadership, poor communication and lack of stakeholder involvement, will be brought into account. There exists a research gap in that no known study has looked at the determinants of strategy implementation in the health care sector in Kenya and specifically in Mombasa County. This study sought to analyse the determinants of strategy implementation in the health care sector in Mombasa County, Kenya.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1 Introduction**

This chapter focuses on the methods of data collection and analysis. It highlights the research design, study population, data collection and data analysis.

### **3.2 Research Design**

The design used in this study was a descriptive survey research design. This research design was chosen because the study aims at collecting information from respondents on their attitudes and opinions in relation to the determinants of strategy implementation in the health care sector in Mombasa County. Sekeran (2006) states that the descriptive studies are undertaken to understand the characteristics of organizations that follow certain common practices. It also aims at establishing how variables are related to each other.

Abok et al (2013) in their study on resource dependency perspective on the implementation of strategic plans in Governmental Organizations in Kenya used descriptive studies. The descriptive research involves formulation of the study objectives and design of the data collection tools and providing the investigator with quantitative and qualitative data (Orodho, 2004). Descriptive design provides the study with an appropriate procedure for examining the determinants of strategy implementation and achieving the objectives of this study.



### **3.3 Population of Study**

The population for this study comprised of the public health facilities within Mombasa County. According to the Department of Health at the Mombasa County government there are 129 public health facilities in Mombasa County. The study targeted the administrators of the public health facilities. This was a census study as all the 129 public health facilities were targeted.

### **3.4 Data Collection**

The study used primary data which was collected using a semi-structured questionnaire. Closed-ended questions were used to guide the respondents' answers within the choices given, while the open-ended questions generate detailed, non-guided responses from the respondents. The questionnaire was designed to answer the research questions as well as to achieve the objectives. Questionnaires are efficient, cost effective and time efficient tools of data collection. They obtain comprehensive information, including the elements that are inherent in the personal attributes of the respondents.

The questionnaire has two sections. Section one was designed to obtain general information about the respondents while section two obtained information on the determinants of strategy implementation in the health facilities in Mombasa County. The questionnaires were administered using "the drop and pick" later approach. Follow ups were made to ensure collections of the questionnaires in time as well as assist the respondents on any difficulty they may have been experiencing.

### **3.5 Data Analysis**

The data collected from the survey was edited for completeness, uniformity, accuracy and consistency. The data was also coded to classify responses into meaningful categories to enable data analysis. Frequency tables were used to summarize responses for further analysis and to facilitate comparison. This offered a systematic and qualitative description of the objectives of the study. The likert scale was used to scale the responses on the respondents' level of agreement or disagreement with a number of statements which were then analyzed through mean scores and standard deviation.

Descriptive statistics were used to analyze the data further in order to identify trends in the responses. These included mean scores, standard deviation and coefficient of variation. In order to establish the relationships between the determinants of strategy implementation the product moment coefficient of correlation was used.

## **CHAPTER FOUR: DATA ANALYSIS, RESULTS AND DISCUSSION**

### **4.1 Introduction**

The objective of this study was to establish the determinants of strategy implementation in the health care sector in Mombasa County in Kenya. Out of the targeted 129 public health facilities, 104 (81%) responded to the questionnaire with a non-response rate of 19%. This was considered adequate for the objectives of this study. In this chapter, the analysed data is presented together with the relevant interpretations. Findings have been presented in four parts: General information on respondents, information relating to the determinants of strategy implementation and finally the relationships between the determinants of strategy implementation.

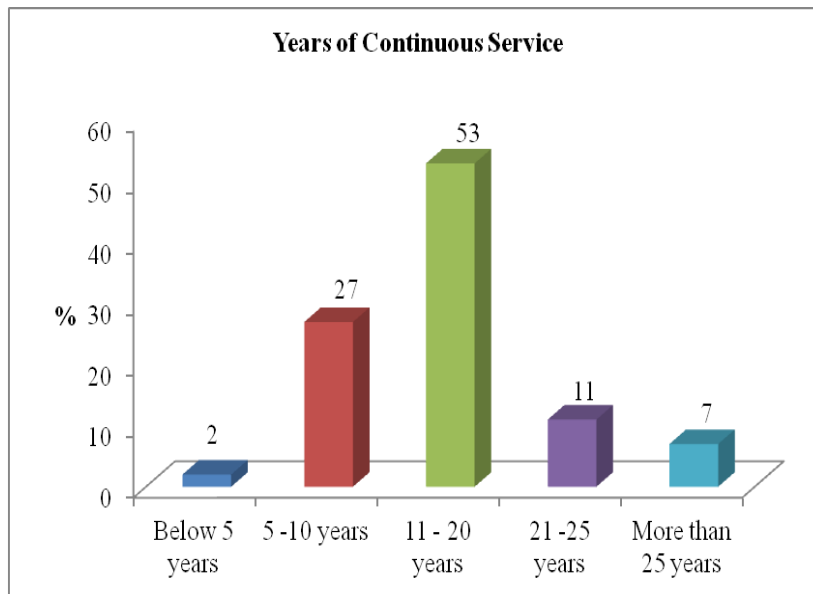
### **4.2 General Information**

The study sought to establish the general information on the respondents in terms of age, gender, length of service among others. In this section the data collected is analyzed for length of service only.

#### **4.2.1 Years of Continuous Service**

All the respondents were requested to indicate how long they had worked for the Ministry of health and sanitation in terms of various ranges. Data was analyzed using frequencies and percentages and is presented on Figure 4.1.

**Figure 4.1: Years of Continuous Service**



*Source: Research data, 2016*

**Figure 4.1** shows that 2% of the respondents have worked for less than 5 years, 27% for 5 to 10 years, 53% between 11 and 20 years, while 11% for 21 to 25. Only 7% of the respondents have worked for more than 25 years. This implies that all the respondents have been in continuous service for more than 5 years hence more experienced and knowledgeable in matters of public health service.

### **4.3 Determinants of Strategy Implementation**

The study also investigated the determinants of strategy implementation among the public health facilities in Mombasa County. The determinants assessed were organisational structure, human resource, resource adequacy and monitoring and evaluation. The data was analysed using mean scores and standard deviations. A mean score of less than 1.5 implies that the respondent strongly disagreed with the statement. A mean score of 1.5 to 2.5 implies disagree, 2.5 to 3.5 undecided and 3.5 to 4.5 implies agree. A mean score of more than 4.5 implies strongly agree. Standard deviation of less

than 1 means that there were no significant variations in the responses while greater than 1 implies that there were significant variations in the responses.

#### 4.3.1 Organisational Structure

The respondents were first required to rate the extent to which they agreed or disagreed that organizational structure factors influence the implementation of strategic plans in public health facilities. The findings of the mean scores and standard deviation are shown in Table 4.1.

**Table 4.1: Organisational Structure**

<b>Statement</b>	<b>Mean</b>	<b>Stdev</b>
Sharing of Authority	4.3	0.8
Span of control	4.2	0.9
Communication – flow of information	3.9	0.5
Centralization/decentralization of power	4.6	0.9
Co-ordination of activities	4.5	0.5
Specialization/lack of specialization of tasks	4.6	0.4
<b>Overall</b>	<b>4.3</b>	<b>0.7</b>

*Source: Research data, 2016*

**Table 4.1** shows that the respondents agreed that sharing of authority (4.3), span of control (4.2) and communication (3.9) influence the implementation of strategic plans in public health facilities. The findings also show that it was strongly agreed that centralization/ decentralization of power (4.5), co-ordination of activities (4.6) and specialization (4.6). The overall mean score (4.3) indicates that organisation structure factors influence the implementation of strategic plans in public health facilities in Mombasa County. There were no significant variations in the responses as the standard deviation was less than 1.

### 4.3.2 Human Resource

The respondents were then required to rate the extent to which they agreed or disagreed that human resource factors influence the implementation of strategic plans in public health facilities. The findings of the mean scores and standard deviation are shown in table 4.2 below.

**Table 4.2: Human Resource**

<b>Statement</b>	<b>Mean</b>	<b>Stdev</b>
Leadership from the top management	3.8	0.6
Adequacy/inadequacy of staff	4.3	0.8
Staff empowerment/training to implement strategic plans	4.0	0.9
Support from all the staff on implementation of strategic plan	4.1	0.7
Human resource practices and policies	3.9	0.5
Staff involvement in the development of strategic plans	4.4	0.9
<b>Overall</b>	<b>4.1</b>	<b>0.7</b>

*Source: Research data, 2016*

**Table 4.2** indicates that all the human resource factors influence the implementation of strategic plans in the public health facilities in Mombasa County. The respondents agreed that leadership from the top management (3.8), adequacy/inadequacy of staff (4.3) and staff empowerment/training to implement strategic plans (4.0) influenced the strategy implementation process. They also agreed that support from all the staff on implementation of strategic plan (4.1), human resource practices and policies (3.9) and staff involvement in the development of strategic plans (4.4) influence implementation of strategic plans in the public health facilities in Mombasa County. There were no significant variations in the responses as the standard deviation was less than 1.

### 4.3.3 Resource Adequacy

The respondents were also required to rate the extent to which they agreed or disagreed that resource adequacy factors influence the implementation of strategic plans in public health facilities in Mombasa County. The findings of the mean scores and standard deviation are shown in Table 4.3.

**Table 4.3: Resource Adequacy**

<b>Statement</b>	<b>Mean</b>	<b>Stdev</b>
Resources allocated are sufficient to implement strategic plans	2.1	0.4
Resources are always disbursed on time	2.4	0.6
There is a lot bureaucracy/red tape involved in receiving financial resources	4.4	0.5
Resource allocation is based on actual budgetary requirements	4.1	0.8
Staff are well trained on financial management	3.4	0.9
<b>Overall</b>	<b>3.3</b>	<b>0.6</b>

*Source: Research data, 2016*

Table 4.3 shows that respondents disagreed that resources allocated are sufficient to implement strategic plans (2.1) and resources are always disbursed on time (2.4). They agreed that there is a lot bureaucracy/red tape involved in receiving financial resources (4.4) and that resource allocation is based on actual budgetary requirements (4.1). However, they were undecided about whether the staff are well trained on financial management (3.4). The overall mean score (3.3) implies that resources allocated to the strategic implementation process are not adequate. There were no significant variations in the responses as standard deviation was less than 1.

#### 4.3.4 Monitoring and Evaluation

The respondents were further required to rate the extent to which they agreed or disagreed that monitoring and evaluation factors influence the implementation of strategic plans in public health facilities in Mombasa County. The findings of the mean scores and standard deviation are shown in Table 4.4.

**Table 4.4: Monitoring and Evaluation**

<b>Statement</b>	<b>Mean</b>	<b>Stdev</b>
Availability of structures to monitor and evaluate implementation of strategic plan	4.0	0.8
Regular monitoring and evaluation of strategic plans implementation	3.8	0.9
Feedback is given after monitoring and evaluation	4.2	0.6
There is regular training on monitoring and evaluation of strategic plans	3.6	0.7
<b>Overall</b>	<b>3.9</b>	<b>0.8</b>

*Source: Research data, 2016*

Table 4.4 indicates that the respondents agreed with all the statements relating to the monitoring and evaluation of strategic plans (mean = 3.9). They agreed that structures to monitor and evaluate implementation of strategic plan were available (4.0), regular monitoring and evaluation of strategic plans implementation was being done (3.8), feedback is given after monitoring and evaluation (4.2) and that there is regular training on monitoring and evaluation of strategic plans (3.6). The standard deviation of 0.8 shows there were no significant variations in the responses. Results on the frequency of monitoring and evaluation indicate that this was being done quarterly and annually.

#### 4.3.5 Determinants of Strategy implementation

The respondents were finally required to rate the determinants of strategy implementation in terms of their importance to the public health facilities.



The findings of the mean scores and standard deviation are shown in Table 4.5.

**Table 4.5: Determinants of Strategy implementation**

<b>Statement</b>	<b>Mean</b>	<b>Stdev</b>
Organizational structure influences the implementation of strategic plans in hospitals	4.7	0.5
Proper utilization of human resources influences the implementation of strategic plans in hospitals	4.5	0.4
Adequate financial resources influences implementation of strategic plan in hospitals	4.6	0.7
Monitoring and evaluation influences the implementation of strategic plans in hospital	4.5	0.8
<b>Overall</b>	<b>4.6</b>	<b>0.6</b>

*Source: Research data, 2016*

Table 4.5 indicates that all the determinants were deemed very important in the implementation of strategic plans in the public health facilities in Mombasa County. The respondents strongly agreed that organizational structure influences the implementation of strategic plans in hospitals (4.7), proper utilization of human resources influences the implementation of strategic plans in hospitals (4.5), adequate financial resources influences implementation of strategic plan in hospitals (4.6) and monitoring and evaluation influences the implementation of strategic plans in hospital (4.5). There were no significant variations in the responses as the standard deviation was less than 1.

#### **4.4 Correlation between the Study Variables**

In determining the interaction between the determinants of strategy implementation, a correlation analysis was undertaken. The effect of organizational structure was correlated with human resource, resource adequacy and monitoring and evaluation. Values of the product moment correlation coefficient range between -1 to +1. This means that correlation can either be negative or positive. The closer the value is to either -1 or +1 the

stronger the correlation. The results of the correlation analysis are presented on table 4.6 below.

**Table 4.6: Correlation Matrix**

		Correlations				
		Organizational Structure	Human Resource	Resource Adequacy	Monitoring and Evaluation	Strategy Implementation
Organizational Structure	Pearson Correlation	1				
	Sig. (2-tailed)	.				
Human Resource	Pearson Correlation	.341*	1			
	Sig. (2-tailed)	.000	.			
Resource Adequacy	Pearson Correlation	.430	.455	1		
	Sig. (2-tailed)	.000	.004	.		
Monitoring and Evaluation	Pearson Correlation	.762**	.417*	.725**	1	
	Sig. (2-tailed)	.000	.001	.022	.	
Strategy Implementation	Pearson Correlation	.545	.422	.685	.634	1
	Sig. (2-tailed)	.001	.000	.011	.002	-
** . Correlation is significant at the 0.01 level (2-tailed).						
* . Likewise N = 104						

*Source: Research data, 2016*

**Table 4.6** indicates that all the determinants are positively correlated with strategy implementation. Resource adequacy has the strongest correlation ( $r = 0.685$ ,  $p = 0.011$ ), followed by monitoring and evaluation ( $r = 0.634$ ,  $p = 0.002$ ), then organizational structure ( $r = 0.545$ ,  $p = 0.001$ ) and lastly human resource ( $r = 0.422$ ,  $p = 0.00$ ). The relationship is significant as all p-values were  $< 0.005$ . The results also show that there is a positive, moderate relationship between organizational structure and strategy implementation ( $r = 0.341$ ,  $P=0.000$ ) meaning that the relationship is significant. The same variable of organizational structure showed a positive, moderate weak relationship

with resource adequacy ( $r = 0.430$ ,  $P \leq 0.05$ ) meaning that the relationship is significant. In addition, there is a positive strong relationship between organizational structure and monitoring and evaluation with a correlation coefficient of 0.762.  $P \leq 0.05$  meaning correlations were significant.

Human resource has a positive, moderate weak relationship with resource adequacy as shown by correlation coefficient of 0.455 which is significant at its  $P$  value of 0.010. Human resource also has a positive, moderate weak relationship with monitoring and evaluation as indicated by a coefficient of 0.471. This relationship was confirmed significant by the  $p$ - value of 0.00. The correlation analysis further indicated the presence of a positive, strong relationship between resource adequacy and monitoring and evaluation as evidenced by 'r' value of 0.725. This relationship was significant as shown by a  $p$ - value of 0.000.

#### **4.5 Discussion of Results**

The objective of this study was to establish the determinants of strategy implementation in the health care sector in Mombasa County in Kenya. As far organizational structure is concerned, the results show that the public health facilities in Mombasa County agreed that sharing of authority, span of control and communication influence the implementation of strategic plans. They also strongly agree that centralization/ decentralization of power, co-ordination of activities and specialization influence the implementation of strategic plans in the public health facilities. This implies that organisation structure factors influence the implementation of strategic plans in public health facilities in Mombasa County to a great extent. This agrees with Saleemi and

Bogonko (1997) who argued that an organizational structure influences strategic plan implementation since it divides the operations of a company into specialized departments and empowers the managers of those departments to deal with problems and create efficiencies of process and production that are customized to their particular departments. It also creates a corporate management level where enterprise knowledge is developed, tested and preserved for the future efficient operation of the department, as well as easy accessibility by those in higher management charged with enterprise planning. Drazin and Howard (1984) also stipulate that a proper alignment of the strategy with the organizational structure is an important pre-requisite for successful implementation of a corporate business strategy.

The results also revealed that human resource factors influence the implementation of strategic plans in the public health facilities in Mombasa County. The factors included leadership from the top management, adequacy/inadequacy of staff and staff empowerment/training to implement strategic plans. Other human resource factors of great importance were support from all the staff on implementation of strategic plans, human resource practices and policies and staff involvement in the development of strategic plans. This agrees with Devanna, Fombrum, & Tichy (1981) who argued that implementation of strategic plans requires human resource that is well trained in the implementation of the strategic plans and that the human resource has to be adequate to be able to carry out the tasks that are needed in the implementation. This because changes in the business environment with increasing globalization, changing demographics of the workforce, increased focus on profitability through growth, technological changes,

intellectual capital and the never-ending changes that organizations are undergoing have led to increased importance of managing human resources. Viseras, Baines, and Sweeney (2005) findings indicated that, strategy implementation success depended crucially on the human or people side of project management, and less on organization and systems related factors.

Results on resource adequacy indicated that resources allocated are not sufficient to implement strategic plans and resources are not always disbursed on time. The findings further indicate that there is a lot bureaucracy/red tape involved in receiving financial resources and that resource allocation is based on actual budgetary requirements. However, the results were neutral about whether the staffs are well trained on financial management. The overall mean score implies that resources allocated to the strategic implementation process are not adequate. Similar argument was raised by David (2002) who said that the implementation team for strategic plan needs to determine the sources of funds that include appropriate mix of debt and equity in a firm's capital structure to enable smooth implementation of a strategy. Organizations set aside allocations in their budgets to finance strategy implementation. An organization may use debt or stock to raise funds for strategy implementation.

Findings on monitoring and evaluation indicate that structures to monitor and evaluate implementation of strategic plan are available and regular monitoring and evaluation of strategic plans implementation was being done in the public health facilities. The findings also indicate that, feedback is given after monitoring and evaluation and that there is

regular training on monitoring and evaluation of strategic plans. Results on the frequency of monitoring and evaluation indicate that the public health facilities conduct it quarterly and annually. This agrees with Young (2001) who argued that strategies should be reviewed from time to time. The frequency for such a review is not universal but major strategies should be reviewed at least once a year. In fact, this is done by most of the organizations who believe in relating themselves with the environment. Also Hahn and Powers (1999) argue that well designed M&E structure provide a good and convenient framework that allows an organization to enjoy distinct competitive advantages thus experiencing improved performance. Porter (1997) argued that one rationale for developing strategic plans is to provide staff within the organization information about the direction of the organization (as spelled out by the strategic plans) with the expectation that this information will elicit buy-in from this individual. Strategic plans are also developed to appease to the different stakeholders of an organization.

Based on the correlation analysis undertaken, the results show that all the determinants are positively and significantly correlated to strategy implementation. Resource adequacy had the strongest correlation followed by monitoring and evaluation then organizational structure and lastly human resource. The results further reveal that there is a positive, moderate weak relationship between organizational structure and human resource as well as with resource adequacy. These relationships were found to be significant. In addition, there is a positive strong relationship between organizational structure and monitoring and evaluation which is also significant. The results further indicate that human resource has a positive, moderate weak relationship with resource adequacy and with monitoring

and evaluation. The relationships were confirmed significant. The correlation analysis further indicated the presence of a significant positive, strong relationship between resource adequacy and monitoring and evaluation.

## **CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATION**

### **5.1 Introduction**

This chapter provides a summary, conclusion and recommendations to the study based on research findings. The study sought to establish the determinants of strategy implementation in the health care sector in Mombasa County in Kenya.

### **5.2 Summary**

The analysis of the determinants of strategy implementation was based on four variables: organizational structure, human resource, resource adequacy and monitoring and evaluation. Findings on organizational structure is showed that sharing of authority, span of control and communication influence the implementation of strategic plans in the health sector. Other factors such as centralization/ decentralization of power, co-ordination of activities and specialization also influence the implementation of strategic plans in the public health facilities. Human resource factors also influence the implementation of strategic plans in the public health facilities in Mombasa County. The factors included leadership from the top management, adequacy/inadequacy of staff and staff empowerment/training to implement strategic plans. Other human resource factors of great importance are support from all the staff on implementation of strategic plans, human resource practices and policies and staff involvement in the development of strategic plans.

Resources allocated to the public health facilities are not sufficient to implement strategic plans and resources are not always disbursed on time. There is a lot bureaucracy/red tape



involved in receiving financial resources and resource allocation is based on actual budgetary requirements. However, the results were neutral about whether the staff are well trained on financial management. Findings on monitoring and evaluation indicate that structures to monitor and evaluate implementation of strategic plan are available and regular monitoring and evaluation of strategic plans implementation was being done in the public health facilities. The findings also indicated that, feedback is given after monitoring and evaluation and that there is regular training on monitoring and evaluation of strategic plans. Results on the frequency of monitoring and evaluation indicate that the public health facilities conduct it quarterly and annually.

Based on the correlation analysis undertaken, the results show that there is a positive, moderate weak relationship between organizational structure and human resource as well as with resource adequacy. In addition, there is a positive strong relationship between organizational structure and monitoring and evaluation. The results further indicate that human resource has a positive, moderate weak relationship with resource adequacy and with monitoring and evaluation. The correlation analysis further indicated the presence of a significant positive, strong relationship between resource adequacy and monitoring and evaluation. All these were confirmed to be significant.

### **5.3 Conclusions**

The determinants of strategy implementation discussed in this study were organizational structure, human resource, resource adequacy and monitoring and evaluation. Based on the above findings, the study made several conclusions. Firstly, that the organization structure influences the implementation of strategic plan. These structures include factors

like; sharing of authority, span control, communication and centralization and decentralization of power.

Secondly, the study concluded that human resource influences implementation of strategic plans. These human resource factors include; leadership from top management, Human Resource efficiency, staff empowerment, support from all staff, HR practices and policies and staff involvement. Thirdly, the study concluded that resource adequacy influences strategic plan implementation. The resource adequacy factors includes; resources sufficiency, disbursement, red tape in receiving finance, resource allocation and trained staff on financial management.

Lastly, the study concluded that monitoring and evaluation (M&E) influences implementation of strategic plans. The M&E factors includes; availability of M&E structures, regular monitoring and evaluation, feedback after monitoring and evaluation and regular training on monitoring and evaluation influences M&E. All the determinants were positively and significantly correlated with strategy implementation and are therefore important in the implementation of strategic plans in the public health facilities in Mombasa County. The study also concludes that the public health facilities in Mombasa County do not get adequate resources to assist in the implementation of strategic plans. The public health facilities employees are also not well trained in monitoring and evaluation of strategy implementation.

#### **5.4 Recommendations**

The findings of this study underline that the determinants of strategy implementation in the health sector are positively correlated and influence the achievement of strategic goals. Public health facilities that want to improve their performance must therefore take into consideration these factors. It is highly recommended that the ministry of health and county government of Mombasa should ensure that there are adequate financial resources in the public health facilities in order to facilitate strategy implementation. The resources should also be availed in good time to ensure the strategic competitiveness and performance of the health facilities. No matter how good the plans are, if there are no funds for implementation they are bound to fail.

The study further recommends that all the officers in charge of the Management of public health facilities should be trained by the government on the organizational structures which favour successful implementation of strategic plans. This is because the organizational structure influences implementation of strategic plans in health facilities. There should be staff involvement in the development of strategic plans so that the staff will own the plan leading to successful implementation. Involving staff at every stage of development of the strategic plan ensures that it is well understood by everyone. There is also a need to train the employees on monitoring and evaluation of strategic plans to ensure there is follow up at every stage of implementation. This will ensure that plans are on track and if they are not, adequate measures are taken to correct the situation.

### **5.5 Limitations of the Study**

Although this study aimed to make a significant contribution to the body of knowledge on strategic management of the health sector, certain areas still need to be explored or expanded. Based on the outcomes of this research using only one respondent per institution was a limitation of this study, since it is possible that the use of more respondents per institution could have provided a different picture and result of the determinants of strategic plans. This study is nevertheless a step towards providing insight in the implementation of strategies in the health sector in Kenya.

### **5.6 Suggestions for Further Research**

The study was conducted on public health facilities in Mombasa County only. The findings can be verified by conducting the same study on public health facilities based in other regions or the entire Country as well. This will help to identify if other regions have similar or different results. The study findings are according to the administrator's point of view. The scope of the study may also be extended to cover other strategic aspects of the public health facilities.

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# APPENDICES

## Appendix 1: Questionnaire

**Instructions:** Please read the instructions given and answer the questions as appropriately as possible. It is advisable you answer or fill in each section as provided. Make an attempt to answer every question fully and correctly.

### Part I: Demographic Information

1. Age of the respondent:

- 20 – 30 years
- 31 – 40 years
- 41 – 50 years
- Over 50 Years

2. Gender

- Male
- Female

3. Designation: .....

4. For how long have you worked for the Ministry of Health and Sanitation?

- 1-5 years
- 5-10 years
- 11-15 years
- 16-20 years
- 20-25 years
- More than 25

5. Who are in charge of strategy implementation in your facility/department?

- Everybody
- Special Implementation Unit
- External experts
- Select management team
- Any other (Specify): .....

6. How many employees report to you directly?

- Less than 10
- 10 – 20
- 21 – 30
- 31 – 40
- 41 – 50
- More than 50

7. Indicate the level of Facility/management level that you are working  
County /Sub County Health Management Team [ ]

Level 4 facility [ ]

Level 3 facility [ ]

Level facility 2 [ ]

**PART II: DETERMINANTS OF STRATEGY IMPLEMENTATION**

**Organisational Structure**

8. Does the organizational structure influence the implementation of strategic plans in Government Hospitals?

Yes [ ] No [ ]

9. Indicate the extent to which you think the following organizational structure factors influences the implementation of strategic plans in Government facilities using the following scale

Strongly Agree-5 Agree-4 Undecided-3 Disagree=2 Strongly disagree=1

Statement	1	2	3	4	5
Sharing of Authority					
Span of control					
Communication –flow of information					
Centralization/decentralization of power					
Co-ordination of activities					
Specialization/lack of specialization of tasks					

**Human Resource**

10. Do human resource factors influence implementation of strategic plans in Government Hospitals?

Yes [ ] No [ ]

11. Indicate the extent to which you think the following Human resource factors influences the implementation of strategic plans in Government facilities using the following scale.

Strongly Agree-5 Agree-4 Undecided-3 Disagree -2 strongly disagree-1

Statement	1	2	3	4	5
Leadership from the top management					
Adequacy/inadequacy of staff					
Staff empowerment/training to implement strategic plans					
Support from all the staff on implementation of strategic plan					
Human resource practices and policies					
Staff involvement in the development of strategic plans					

### Resource Adequacy

12. Do resource adequacy factors influence implementation of strategic plans in Government Hospitals?

Yes [ ] No [ ]

13. To what extent do you agree with the following statement about government support to strengthen implementation of strategic plans? (Tick one)

Strongly Agree-5 Agree-4 Undecided-3 Disagree -2 strongly disagree-1

Statement	1	2	3	4	5
Resources allocated are sufficient to implement strategic plans.					
Resources are always disbursed on time					
There is a lot bureaucracy/red tape involved in receiving financial resource					
Resource allocation is based on actual budgetary requirements					
Staff are well trained on financial management					

### Monitoring and Evaluation

14. Does monitoring and evaluation of strategic plans influence implementation of strategic plans in Government Hospitals?

Yes [ ] No [ ]

15. Indicate the extent to which you think the following Monitoring and evaluation factors influences the implementation of strategic plans in Government facilities using the following scale

Strongly Agree-5 Agree-4 Undecided-3 Disagree -2 strongly disagree-1

Statement	1	2	3	4	5
Availability of structures to monitor and evaluate implementation of strategic plan					
Regular monitoring and evaluation of strategic plans implementation					
Feedback is given after monitoring and evaluation					
There is regular training on monitoring and evaluation of strategic plans					

16. How often is monitoring and evaluation of strategic plans done?

Monthly [ ] Quarterly [ ] Biannually [ ] Annually [ ] Never [ ]

17. To what extent do you agree or disagree with the following statements relating to implementing of strategic plans in your workplace?

Strongly Agree-5 Agree-4 Undecided-3 Disagree -2 strongly disagree-1

Statement	1	2	3	4	5
Organizational structure influences the implementation of strategic plans in hospitals					
Proper utilization of human resources influences the implementation of strategic plans in hospitals					
Adequate financial resources influences implementation of strategic plan in hospitals					
Monitoring and evaluation influences the implementation of strategic plans in hospital					

*Thank you for your time and co-operation.*

## Appendix 2: Introduction Letter



### UNIVERSITY OF NAIROBI MOMBASA CAMPUS

Telephone: 020-2059161  
Telegrams: "Varsity", Nairobi  
Telex: 22095 Varsities  
Our Ref: D61/66124/2013

P.O. Box 99560, 80107  
Mombasa, Kenya

DATE: 4<sup>TH</sup> MAY 2016

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

The bearer of this letter, **Aluoch Ochola** of Registration Number **D61/66124/2013** is a Master of Business Administration (MBA) student of the University of Nairobi, Mombasa Campus.

She is required to submit as part of her coursework assessment a research project report. We would like the student to do her project on ***Determinants of Strategy Implimentation in the Public Health Facilities in Mombasa County, Kenya.*** We would, therefore, appreciate if you assist her by allowing her to collect data within your organization for the research.

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

Thank you.



**Zephaniah Ogero Nyagwoka**  
Administrative Assistant, School of Business-Mombasa Campus

## Appendix 3: Mombasa County Government Letter

### MOMBASA COUNTY GOVERNMENT

Telegrams: "MEDICAL", Mombasa  
Phone: Mombasa 2314202/5, 2222148, 2225845  
Fax: 2220161 E-mail: chiefadmin@cpgh.co.ke  
MOMBASA

Address all correspondence to the Chief Admin.  
When replying, please quote Ref. No. & date.



COAST PROVINCE GENERAL HOSPITAL  
P.O. BOX 90231

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**Ref. No. ERC-CGH/MSc/VOL.I/11**

**Date: 29<sup>TH</sup> JUNE, 2016**

Aluoch Ochola

**RE: DETERMINANTS OF STRATEGY IMPLEMENTATION IN  
THE PUBLIC HEALTH FACILITIES IN MOMBASA COUNTY, KENTA.**

Reference is made to your letter dated 19th May, 2016. The Ethics Review Committee acknowledges receipt of your protocol.

This is to inform you that the Ethics Review Committee reviewed the document submitted and is satisfied that the issues raised at the meeting of Ethics Review Committee on 29<sup>th</sup> June, 2016 have been adequately addressed.

The study is granted approval for implementation effective from the date of this letter. Please note that authorization to conduct this study will automatically expire on the 29<sup>th</sup> June, 2017. If you plan to continue with data collection and analysis beyond this date, please submit an application for continuing approval to the ethical Review Committee-Coast General Hospital in appropriate time.

Any unanticipated problem resulting from the implementation of this protocol should be brought to the attention of the ERC-CGH. You are also required to submit any changes to this protocol to the ERC- CGH.

The ERC-CGH looks forward to receiving a summary of the research findings upon completion of the study to be part of the data base to be consulted when processing related researches to minimize duplication.

A handwritten signature in blue ink, appearing to read 'M. A. Ochola'.

**DR. M. A. OCHOLA**  
**SECRETARY ERC-CGH**

#### Appendix 4: List of Public Health Facilities in Mombasa County

	<b>FACILITY NAME</b>	<b>DIVISION</b>	<b>LOCATION</b>
1	PORT REITZ DISTRICT HOSPITAL	CHANGAMWE	PORT REITZ
2	UKUMBUSHO CPK HOSP	ISLAND	GANJONI
3	COAST PROVINCIAL GENERAL HOSP.	ISLAND	OLD TOWN
4	JOMVU KUU HEALTH CENTRE	CHANGAMWE	MIRITINI
5	KONGOWEA HEALTH CENTRE	KISAUNI	KONGOWEA
6	KWA JOMVU HEALTH CENTRE	CHANGAMWE	PORT REITZ
7	LIKONI HEALTH CENTRE	LIKONI	LIKONI
8	MAGONGO HEALTH CENTRE	CHANGAMWE	KIPEVU
9	MAKUPA HEALTH CENTRE	ISLAND	TUDOR
10	MTONGWE HEALTH CENTRE	LIKONI	MTONGWE
11	MWEMBE TAYARI SUB HEALTH CENTRE	ISLAND	GANJONI
12	TUDOR HEALTH CENTRE	ISLAND	TUDOR
13	ALMS HOUSE DISP	ISLAND	TONONOKA
14	ANNEXE DISP	KISAUNI	KISAUNI
15	BAMBURI DISP	KISAUNI	BAMBURI
16	CHAANI DISP	CHANGAMWE	CHANGAMWE
17	CRESCENT MEDICAL AID DISP	LIKONI	LIKONI
18	ELIZA MEDICAL RENT DISP	ISLAND	MAJENGO
19	GANJONI (CDC) DISP	ISLAND	GANJONI
20	HOLY GHOST CATHEDRAL DISP	ISLAND	GANJONI
21	JOMVU REFUGEE CAMP	CHANGAMWE	MIRITINI
22	KILINDINI PORT DISP	LIKONI	LIKONI
23	KISAUNI DISP	KISAUNI	KONGOWEA
24	KONGOWEA MED DISP	KISAUNI	KONGOWEA
25	LIKONI MISSION DISP	LIKONI	SHIKA ADABU
26	MAJENGO DISP	ISLAND	TUDOR
27	MAJENGO MCH/FP CLINIC	ISLAND	MAJENGO
28	MAKUPA MCH/FP CLINIC	ISLAND	MAJENGO
29	MIKINDANI MISSION DISP	CHANGAMWE	MIKINDANI
30	MIRITINI DISP	CHANGAMWE	MIRITINI
31	MKOMANI HARAMBEE DISP	ISLAND	GANJONI
32	MOW SHIMANZI DISP	ISLAND	RAILWAY
33	MTONGWE DISP	LIKONI	MTONGWE
34	MVITA DISP (MOMBASA)	ISLAND	TONONOKA
35	MWAKIRUGE DISP	KISAUNI	BAMBURI
36	NGOMEN DISP	ISLAND	MAJENGO
37	OLD TOWN KADER BHOY DISP	ISLAND	OLD TOWN

38	SHANZU HADIEK COLLEGE DISP	KISAUNI	BAMBURI
39	SHIKA ADABU DISP	LIKONI	SHIKA ADABU
40	SHIMO LA TEWA DISP	KISAUNI	BAMBURI
41	STATE HOUSE DISP	ISLAND	GANJONI
42	STELLA MARIE DISP	LIKONI	SHIKA ADABU
43	TIMBWANI CONSOLATA SISTERS DISPENSARY	LIKONI	LIKONI
44	UTANGE DISP	KISAUNI	BAMBURI
45	UTANGE REFUGEE CAMP DISP	KISAUNI	BAMBURI
46	WATAMU DISP	LIKONI	MTONGWE
47	AISHABATI HAJI ABOO DISP	ISLAND	GANJONI
48	BAKARANI GULSHAL DISP	KISAUNI	KISAUNI
49	SHANZU TT COLLEGE DISP	KISAUNI	BAMBURI
50	SHREE CUTH SAT SARIF SWAMINARAYAN DISP	ISLAND	GANJONI
51	AGA KHAN HOSPITAL	ISLAND	GANJONI
52	CHANGAMWE HOSPITAL	CHANGAMWE	CHANGAMWE
53	JOCHAM HOSP	KISAUNI	KONGOWEA
54	MAKUPA HOSPITAL	KISAUNI	KISAUNI
55	MOMBASA HOSPITAL	LIKONI	LIKONI
56	NEW MVITA HOSPITAL	LIKONI	MTONGWE
57	PANDYA MEMORIAL HOSPITAL	ISLAND	GANJONI
58	A.V.A MEDICAL CLINIC	CHANGAMWE	MIRITINI
59	AAR MEDICAL SERVICES	ISLAND	MAJENGO
60	ALSAFRA HEALTHCARE LTD	ISLAND	MAJENGO
61	BAKARINI GWISHAN CLINIC	ISLAND	MAJENGO
62	BETHSAIDA CLINIC	CHANGAMWE	PORT REITZ
63	BOMU/MKOMANI CLINIC	CHANGAMWE	PORT REITZ
64	BOMU-CHANGAMWE CLINIC	CHANGAMWE	CHANGAMWE
65	BROLLO CLINIC	CHANGAMWE	PORT REITZ
66	CHANGAMWE HEALTH CARE CENTRE	CHANGAMWE	MIKINDANI
67	CRYSTAL MED CENTRE	ISLAND	TONONOKA
68	GANA HOLA CLINIC	KISAUNI	BAMBURI
69	GANJONI CDC CLINIC	ISLAND	GANJONI
70	GROFA MEDICAL CLINIC	LIKONI	LIKONI
71	HUDUMA MEDICAL CLINIC	CHANGAMWE	PORT REITZ
72	JAMII HEALTH CARE CLINIC	KISAUNI	KONGOWEA
73	JAMII MEDICARE CENTRE	ISLAND	RAILWAY
74	JOY MEDICAL CLINIC	KISAUNI	KISAUNI
75	LIKONI MEDICAL CLINIC	LIKONI	LIKONI
76	LIKONI SOUTH CLINIC	LIKONI	LIKONI
77	MARIE STOPES CLINIC	ISLAND	GANJONI
78	MKOMANI CLINIC	CHANGAMWE	CHANGAMWE



79	MTONGWE HEALTH SUB CENTRE	LIKONI	LIKONI
80	MWANDONI MEDICAL CLINIC	KISAUNI	KISAUNI
81	MWEMBE TAYARI CLINIC	ISLAND	GANJONI
82	SAIFEE FOUNDATION CLINIC	ISLAND	GANJONI
83	SHALOM HEALTH SERVICES	KISAUNI	BAMBURI
84	SHANZU CLINIC	KISAUNI	BAMBURI
85	SHANZU MEDICAL CENTRE	KISAUNI	BAMBURI
86	TUDOR CLINIC	ISLAND	OLD TOWN
87	TUDOR HARAMBEE CLINIC	ISLAND	TUDOR
88	VYEMANI HEALTH CENTRE	LIKONI	SHIKA ADABU
89	AWADH DISPENSARY	KISAUNI	KONGOWEA
90	BAKARANI MAT. & NURSING	ISLAND	MAJENGO
91	CHANGAMWE M&NH	CHANGAMWE	PORT REITZ
92	CORNER MTONGWE M&NH	LIKONI	LIKONI
93	ENE MEDICARE CENTRE	KISAUNI	KISAUNI
94	GREEN CRESCENT M&N HOME	ISLAND	GANJONI
95	GURU NANAK MNH	ISLAND	MAJENGO
96	KIEMBENI COMMUNITY HOSP	KISAUNI	BAMBURI
97	LIKONI NURSING HOME	ISLAND	GANJONI
98	MAKUPA MNH	ISLAND	TONONOKA
99	MARY IMMACULATE MNH	ISLAND	MAJENGO
100	MVITA MATERNITY HOSP	ISLAND	OLD TOWN
101	NEW NYALI BRIDGE NURSING HOME	LIKONI	MTONGWE
102	NEW PORT REITZ MAT. HOME	CHANGAMWE	PORT REITZ
103	SAYIDA FATIMA MATERNITY HOSP	KISAUNI	KONGOWEA
104	SINGAWA NURSING HOME	LIKONI	LIKONI
105	TUDOR NURSING HOME	ISLAND	TUDOR
106	VIBAKHAR'S M&N HOME	ISLAND	GANJONI
107	COAST IMAGING CLINIC LTD	KISAUNI	KONGOWEA
108	F.P.A.K. CLINIC	ISLAND	GANJONI
109	LIKONI SCHOOL FOR THE BLIND DISP	LIKONI	LIKONI
110	PORT REITZ POLIO CLINIC	CHANGAMWE	PORT REITZ
111	AFRICAN MARINE ENG. DISP	KISAUNI	KONGOWEA
112	BAMBURI PORTLAND CLINIC	KISAUNI	BAMBURI
113	CENTRAL BANK STAFF CLINIC	ISLAND	RAILWAY
114	DETENTION CAMP DISP	ISLAND	TUDOR
115	GK PRISON DISP (MOMBASA)	ISLAND	OLD TOWN
116	GK PRISON HOSPITAL(SHIMO LA TEWA)	KISAUNI	BAMBURI
117	KENYA BREWERIES DISP	ISLAND	MAJENGO
118	KENYA OIL REFINERY DISP	CHANGAMWE	MIKINDANI
119	KENYA PORTS AUTHORITY HEALTH CENTRE	LIKONI	MTONGWE

120	KPA BANDARI STAFF CLINIC	ISLAND	RAILWAY
121	KPA KIPEVU DISP	ISLAND	RAILWAY
122	KPA STAFF CLINIC	ISLAND	RAILWAY
123	MOI AIRPORT CARGO DISP	CHANGAMWE	PORT REITZ
124	MWEMBE TAYARI STAFF CLINIC	KISAUNI	KISAUNI
125	NYALI BARRACKS M.R.I. DISP	ISLAND	TUDOR
126	NYS DISP	ISLAND	RAILWAY
127	OLD TOWN SENIOR STAFF DISP	ISLAND	OLD TOWN
128	PORT HEALTH SERVICES	CHANGAMWE	PORT REITZ
129	RAILWAY DISP	ISLAND	MAJENGO

*Source: Department of Health, Mombasa County (2016)*