

**INFLUENCE OF STRATEGY IMPLEMENTATION ON PERFORMANCE OF
PUBLIC HEALTH FACILITIES IN KERICHO COUNTY**

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**A Thesis Submitted to the School of Business and Economics in Partial Fulfillment
for the Conferment of a Degree of Master in Business Administration (Strategic
Management) of Kenya Methodist University**

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DECLARATION

I declare that this thesis is my original work and has been carried out in accordance with academic integrity and ethical standards. It has not been presented, either wholly or partially, for a degree or diploma in any other university. All sources used have been appropriately acknowledged and referenced.

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This Thesis has been submitted for examination with our approval as the University Supervisors

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DEDICATION

I would like to express my gratitude to my entire family and friends for their support, which has been instrumental in my success. May Almighty God shower His blessings upon you.

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I express my gratitude to God for the gift of life and good health throughout the thesis period. I am thankful to my supervisors, **Dr. Wilson Muema and Dr. Jane Munga**, for their invaluable support, guidance, and encouragement during this study. The University Librarian, and the entire staff are acknowledged for their tireless efforts in assisting me with referencing and formatting the research thesis to adhere to university standards. Lastly, I extend special thanks to my family and friends for their assistance. Above all, I give exceedingly praise and glory to God for providing me with this opportunity and guiding me to complete this research thesis.

ABSTRACT

Kenya's Vision 2030 and the Big Four Agenda underscore healthcare delivery and the achievement of Universal Health Coverage (UHC) as national development priorities. Central to these ambitions is effective strategy implementation in the public health sector, encompassing Human Resource Capacity Development Strategies, Change Management Practices, IT Communication Systems Implementation and Service Quality Enhancement Strategies. In Kericho County, public health facilities continue to experience performance challenges despite various strategic interventions, raising concerns about the effectiveness of their implementation. This study investigated the influence of strategy implementation on the performance of public health facilities in Kericho County. A mixed-methods research design was adopted, targeting 300 respondents from public hospitals, health centres, and dispensaries under the UHC framework. Stratified random sampling yielded a final sample size of 171. Data were collected through structured questionnaires and analyzed using SPSS version 27, employing both descriptive and inferential statistical techniques. Findings revealed that all four dimensions of strategy implementation had a statistically significant effect on performance ($p < 0.05$). Human Resource Capacity Development Strategies and IT Communication Systems Implementation emerged as the most influential factors, while Change Management Practices, and Service Quality Enhancement Strategies also played meaningful roles. The study concludes that the performance of public health facilities is strongly shaped by the quality of strategy implementation and recommends investment in staff development, improvement of IT infrastructure, and institutionalization of structured change management practices. Strengthening these strategies is critical for enhancing healthcare outcomes and accelerating the realization of UHC in Kericho County and beyond. Further research is recommended to assess long-term effects of strategy implementation and to compare outcomes across different counties and healthcare sectors.

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LIST OF ABBREVIATIONS

COVID-19	Coronavirus Disease 2019
EHRs	Electronic Health Records
IT	Information Technology
mHealth	Mobile Health
NACOSTI	National Commission for Science, Technology and Innovation
RHIE	Rwanda Health Information Exchange
SPSS	Statistical Package for the Social Sciences
UHC	Universal Health Coverage
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

The public health sector plays a critical role in ensuring societal well-being, and its performance is a vital indicator of the effectiveness of healthcare delivery systems. Performance in this context transcends mere service outputs to include the efficiency of resource utilization, the quality of care provided, patient satisfaction, and the ability of health facilities to achieve sustainable health outcomes for communities (Mohamed et al., 2018).

Despite being central to national development goals such as Kenya's Vision 2030 and the Big Four Agenda, public health facilities in the country continue to experience persistent performance gaps, manifested through resource constraints, inadequate infrastructure, long patient waiting times, stock-outs of essential drugs, and inefficiencies in service delivery (Nyaboga et al., 2022). These challenges raise questions regarding the effectiveness of strategic plans and their implementation within the health sector.

Health systems are inherently complex, requiring effective leadership, resource mobilization, and continuous adaptation to emerging challenges. In low- and middle-income countries such as Kenya, the attainment of universal health coverage is hindered by fragmented financing, weak governance, and capacity limitations (Wilson, 2018). As such, effective strategy implementation becomes a critical determinant of whether public

health facilities can translate policies and strategic objectives into measurable performance outcomes.

Strategy implementation refers to the process of putting plans and policies into action to achieve organizational objectives. In healthcare, it encompasses a wide range of activities, including leadership commitment, human resource management, financial allocation, stakeholder involvement, monitoring and evaluation mechanisms, and the adoption of appropriate innovations (Iancu & Iancu, 2020). When successfully executed, strategy implementation ensures that available resources are aligned with priorities, service delivery processes are streamlined, and health outcomes are improved at both facility and community levels.

However, in many public health facilities, there exists a gap between strategy formulation and implementation, leading to underperformance despite the presence of well-articulated policies and frameworks (Bucci et al., 2019). While some studies have emphasized the role of information technology and other innovations in enhancing service delivery [WHO], 2018; Kang, 2020), the broader challenge remains the effective integration of multiple strategic components ranging from governance and leadership to financial management and operational efficiency into the daily functioning of health institutions.).

1.1.1 Global perspective of Performance in the public health sector

Globally, In the United States, the integration of Information Technology (IT) implementation has significantly improved performance in the public health sector. Mobile applications supporting telemedicine services have played a crucial role in expanding healthcare access, particularly in rural and underserved areas (Guha & Kumar, 2018).

According to a study by Abugabah et al. (2020), the adoption of telemedicine in the U.S. has resulted in enhanced patient outcomes and increased access to healthcare services (Abugabah et al. (2020). Additionally, mobile health apps have empowered individuals to actively engage in managing their health, offering resources for health education, medication adherence, and personalized wellness plans. The utilization of telemedicine through mobile applications has experienced remarkable growth, especially post the COVID-19 pandemic. A study by World Health Organization. (2019) reported a surge in telemedicine utilization from 0.1% of outpatient visits in 2019 to 43.5% in April 2020 (WHO. 2019). This surge underscores the rapid adoption of Information Technology (IT) (IT) implementation in delivering remote healthcare services, ensuring continuous care, and reducing unnecessary visits to healthcare facilities.

In Bangladesh, the incorporation of Information Technology (IT) implementation has been a transformative force in the public health sector. Mobile health initiatives have notably improved healthcare accessibility, particularly in remote areas with limited traditional healthcare infrastructure. A study by Hossain et al. (2019) emphasizes the success of mobile health interventions in Bangladesh, particularly in maternal and child health monitoring and the delivery of essential healthcare services (Hossain et al. 2019). Another study by Ahmed et al. (2020) revealed a substantial increase in the utilization of antenatal care services due to an mHealth intervention, rising from 37.3% to 65.9% among pregnant women (Ahmed et al. 2020). This statistical improvement illustrates the effectiveness of Information Technology (IT) implementation interventions in addressing healthcare accessibility challenges, especially in maternal health, contributing to enhanced Performance in the public health sector.

Sweden has effectively utilized Information Technology (IT) implementation to boost Performance in its public health sector, focusing on personalized and efficient healthcare delivery. The integration of mobile health apps into the healthcare system offers services such as appointment management, remote monitoring, and access to health information (Chatterjee et al., 2019). A study by Farid (2019) highlights the positive impact of mobile health apps on patient engagement and healthcare outcomes in Sweden (Farid (2019). Another study by Torvinen, and Jansson (2023) strengthens the case for Information Technology (IT) implementation's positive impact in Sweden, demonstrating a significant association between the use of mobile health apps and improved medication adherence, with a 20% increase in adherence rates among patients (Torvinen, &Jansson, 2023).

In India, the implementation of Information Technology (IT) implementation has brought about transformative changes in public health. Mobile health applications have played a pivotal role in reaching remote and underserved populations, providing essential health information and facilitating telemedicine consultations. A study by Haddad et al., (2019) underscores the success of a mobile health intervention in improving diabetes management and patient outcomes in India (Haddad et al., 2019). Information Technology (IT) implementation has effectively addressed challenges related to healthcare accessibility, enabling individuals to conveniently and cost-effectively access health services.

1.1.2 Regional perspective of Performance in the public health sector

Regionally, Rwanda has embraced Information Technology (IT) implementation to enhance Performance in its public health sector, notably through the Rwanda Health Information Exchange (RHIE). The RHIE utilizes mobile platforms for data collection,

health monitoring, and communication among healthcare providers (Mwendwa, 2018). A study by Uwaliraye et al. (2019) emphasizes the effectiveness of the RHIE in improving health information management and service delivery in Rwanda. Study by Caldarola et al. (2023). emphasizes the impact of Information Technology (IT) implementation on health information management in Rwanda. The research reported a substantial improvement in data quality, with a 30% reduction in data errors after the implementation of the Rwanda Health Information Exchange (RHIE) (Caldarola et al. 2023).

In South Africa, Information Technology (IT) implementation has been a key driver in overcoming healthcare access barriers, particularly in remote and resource-limited areas. Mobile clinics equipped with telemedicine capabilities have facilitated virtual consultations and remote patient monitoring (Seebregts et al. 2018). A study by Mbunge (2020) presents statistical evidence demonstrating a 25% increase in the number of individuals accessing healthcare services through mobile clinics. This improvement underscores the role of Information Technology (IT) implementation in overcoming geographical barriers and improving health outcomes, contributing to enhanced Performance in the South African public health sector (Mbunge, 2020).

1.1.3 Kenyan perspective of Performance in the public health sector

Kenya, like many nations, has witnessed a rapid integration of Information Technology (IT) implementation in its public health sector, aiming to enhance healthcare delivery and accessibility. In Kenya, Information Technology (IT) implementation has played a pivotal role in transforming the public health sector. Mobile health initiatives, including the use of

mobile money platforms, have improved healthcare affordability and accessibility. A study by Abuya et al. (2021), provides statistical evidence indicating a 30% increase in the utilization of essential health services among women and children in intervention areas. This improvement showcases the effectiveness of mobile health interventions in addressing healthcare access challenges, contributing to improved public health outcomes (Abuya et al., 2021).

Kericho County, located in the Rift Valley region of Kenya, is known for its agricultural prominence, particularly in tea farming. With a population that relies heavily on agriculture for its livelihood, access to quality healthcare services is crucial for the well-being of the residents. The selected public health facilities in Kericho County play a vital role in providing healthcare services to the population. These facilities range from dispensaries and health centers to larger hospitals, serving both rural and urban communities across the county (Republic of Kenya, 2018). In Kericho County, Kenya, the efficacy of public health facilities is paramount to ensure the well-being of its populace.

Select facilities like the Kericho County Referral Hospital, Litein Sub-County Hospital, Kapkatet Sub-County Hospital, Kipkelion Sub-County Hospital, along with numerous dispensaries and health centers, play pivotal roles in delivering essential healthcare services (Bor, 2020). To bolster Performance in these facilities, Information Technology (IT) implementation strategies hold promise. Cheruiyot (2022) digitizing health records, streamlining administrative processes, and enabling telemedicine services, these strategies can optimize resource allocation, reduce wait times, and enhance patient care. Moreover, Information Technology (IT) systems facilitate data-driven decision-making, aiding healthcare providers in identifying trends, allocating resources efficiently, and improving

overall service delivery. As such, embracing Information Technology (IT) implementation strategies presents a tangible pathway towards enhancing Performance and advancing healthcare outcomes in Kericho County's public health facilities.

1.2 Statement of the Problem

Kenya's Vision 2030 and the Big Four Agenda place healthcare provision and the attainment of Universal Health Coverage (UHC) at the center of national development priorities. A strong public health system is critical to improving the population's well-being and enhancing economic performance. To realize these goals, the government has encouraged the adoption of Information Technology (IT) to improve healthcare delivery, strengthen data management, and enhance decision-making processes.

Despite these policy interventions, public health facilities in Kericho County continue to experience significant challenges in strategy implementation, particularly regarding IT integration. For instance, the Ministry of Health (2022) reports that only 54% of public health facilities in Kericho County are connected to reliable internet infrastructure, compared to a national average of 72%. Furthermore, disparities exist between urban and rural facilities, with only 41% of rural health centers reporting access to digital health tools, against 68% in urban areas. A county health performance review (Kericho County Health Department, 2023) further indicates that patient satisfaction in public facilities stands at 62%, below the national benchmark of 75%. These figures highlight systemic constraints such as inadequate network infrastructure, low digital literacy among healthcare staff, and uneven distribution of mobile health solutions.

Several studies have examined the influence of strategy implementation on healthcare performance. Wanjiru (2020) analyzed ICT adoption in Kiambu County and found improved data use but limited staff training. Mutua (2021) reported that human resource capacity constrained UHC implementation in Machakos. Onyango and Were (2019) highlighted weak change management strategies in Kisumu's health sector, while Ochieng (2022) found inadequate IT infrastructure in Homa Bay impeded service delivery. However, these studies overlooked Kericho County, creating a contextual and empirical gap this research addresses. This study seeks to address this gap by providing evidence-based insights to guide more effective strategy implementation in similar underserved contexts.

1.3 Research Objectives

1.3.1 General objectives

The general objective of the study was to examine the influence of Strategy Implementation on the Performance of the public health facilities in Kericho County.

1.3.2 Specific Objectives

- i. To determine the influence of human resource capacity development strategies on performance in public health facilities in Kericho County.
- ii. To establish the influence of change management practices on employee performance in public health facilities in Kericho County.
- iii. To evaluate the influence of IT communication systems implementation on performance in public health facilities in Kericho County.

- iv. To determine the influence of service quality enhancement strategies on performance in public health facilities in Kericho County.

1.4 Research Hypothesis

H₀₁: Human resource capacity development strategies have no significant influence on the performance of public health facilities in Kericho County.

H₀₂: Change management practices have no significant influence on employee performance in public health facilities in Kericho County.

H₀₃: IT communication systems implementation has no significant influence on the performance of public health facilities in Kericho County.

H₀₄: Service quality enhancement strategies have no significant influence on the performance of public health facilities in Kericho County.

1.5 Significance of the Study

1.5.1 Healthcare Practitioners

This study will offer healthcare practitioners valuable insights into optimizing their workflow by effectively utilizing Information Technology (IT) health implementation strategies. By comprehending how human resources, change management, communication systems, and organizational structures influence perform, healthcare practitioners can enhance efficiency in patient care delivery. This understanding empowers them to adapt to technological advancements, thereby improving healthcare services.

1.5.2 Policymakers

Policymakers at both county and national levels will benefit from the findings of this study to develop evidence-based policies. Understanding the influence of Information Technology (IT) implementation on healthcare Performance will aid in resource allocation, strategic planning, and policy development, contributing to the successful implementation of the Universal Health Coverage (UHC) initiative.

1.5.3 Technology Developers and Providers

Technology developers may gain insights into the specific needs and challenges of the Kenyan public health sector through this study. It may guide the development of tailored mobile health solutions, ensuring their relevance and effectiveness in addressing the unique dynamics of healthcare delivery in Kericho County. This alignment can foster more impactful collaborations between technology providers and healthcare institutions.

1.5.4 Community and Patients

The outcomes of this study may directly benefit the community and patients in Kericho County by improving healthcare services. Increased Performance in the public health sector, driven by effective Information Technology (IT) health implementation, will result in more accessible, efficient, and patient-centric healthcare delivery. The community will experience better health outcomes and increased satisfaction with healthcare services.

1.6 Scope of the Study

This study focused on assessing the influence of IT implementation on the performance of public health facilities in Kericho County, Kenya. It specifically examined four

strategic dimensions: human resources, change management, IT communication systems, and service quality delivery. The scope was limited to public hospitals, health centers, and dispensaries operating under the Universal Health Coverage (UHC) framework within the county.

Data collection and analysis were conducted over a six-month period, from December 2023 to May 2024, to ensure the relevance and timeliness of the findings. The study did not include private health institutions or counties outside Kericho, thereby narrowing its focus to generate context-specific insights applicable to the local public health sector.

1.7 Limitations of the Study

Confidentiality of Data: One limitation of the study was the potential challenge of maintaining confidentiality when accessing and analyzing sensitive health data from the selected public health facilities. Ensuring that patient information was protected and anonymized appropriately to adhere to ethical standards and legal regulations posed a limitation.

Availability and Access of Health Personnel: Another limitation was the availability and accessibility of health personnel within the selected facilities. Staffing shortages or scheduling conflicts impacted the implementation and effectiveness of the Information Technology (IT) strategy, potentially influencing the study outcomes.

Geographic Limitations: Geographic factors, such as the condition of roads and transportation infrastructure, also presented limitations. Poor road networks or the remote locations of certain health facilities affected the timely deployment of Information

Technology (IT) systems and the accessibility of healthcare services, thereby influencing performance.

Approval from Government Authorities: Obtaining approval and cooperation from government authorities or relevant stakeholders for the implementation of the Information Technology (IT) strategy was a potential limitation. Delays or bureaucratic processes in securing necessary permissions and support impacted the timeline and scope of the study.

Technological Constraints: Technical issues or limitations with the Information Technology (IT) systems themselves, such as connectivity problems, software glitches, or hardware malfunctions, hindered the smooth implementation and evaluation of the strategy, affecting the accuracy and reliability of the study findings.

Resource Constraints: Limited financial resources or budgetary constraints within the public health sector posed limitations in fully implementing and sustaining the Information Technology (IT) strategy. Insufficient funding for infrastructure, training, or maintenance of IT systems impeded Performance improvements.

Time Constraints: The study faced time constraints, particularly due to tight deadlines or limited duration for data collection and analysis. This affected the depth and comprehensiveness of the study, potentially limiting the ability to capture long-term impacts of the Information Technology (IT) implementation strategy on productivity.

1.8 Operational Definition of Terms

Adoption of change: it refers to the process of planning, implementing, and managing changes within an organization in a systematic and structured manner. It involves strategies and techniques to facilitate smooth transitions, overcome resistance to change, and ensure

that desired outcomes are achieved. In the context of the study, change management would involve efforts to effectively introduce and integrate Information Technology (IT) implementation into the existing workflows and practices of the public health sector (Garcia, & Rodriguez, 2018).

E-health: It refers to the use of digital technologies, such as computers and the internet, to deliver healthcare services, information, and resources remotely or Information Technology (IT)ally (Tebeje & Klein, 2021).

Human Resources: It refers to the individuals within an organization who make up its workforce. This includes employees at all levels, from frontline staff to management, and encompasses their skills, knowledge, abilities, and attitudes. In the context of the study, human resources would involve healthcare workers and administrators involved in the implementation and utilization of Information Technology (IT) implementation in the public health sector (Iancu & Iancu, 2020).

IT Communication System: It refers to the infrastructure, technologies, and protocols used for transmitting, receiving, and exchanging information within an organization. This includes hardware such as computers, servers, and networking equipment, as well as software applications and communication protocols. In the context of the study, IT communication systems would encompass the technology infrastructure supporting the use of mobile devices, data transmission, and communication among healthcare professionals and systems within the public health sector (Farid, 2019).

Performance in the Public Health Sector: It refers to the efficient utilization of resources, including personnel, facilities, and technology, to achieve desired health outcomes while

minimizing costs and maximizing the delivery of healthcare services to the population served (Brown & Jones, 2019).

Performance: It refers to the measure of efficiency and effectiveness in the public health sector. Performance, in this context, gauges the ability of the healthcare system to optimize resources and deliver quality services. It encompasses the overall output and outcomes achieved relative to the inputs and resources invested, highlighting the efficiency and effectiveness of healthcare processes and operations (Johnson, 2020).

Service Quality Delivery: It refers to the process of consistently meeting or exceeding customer expectations regarding the level of service provided by a business or organization. Service Quality Delivery is about ensuring that the service provided meets the desired level of quality as perceived by the customer, leading to enhanced satisfaction, loyalty, and positive brand reputation. (Yukl, 2012).

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews empirical material that is pertinent to the topic and focuses on relevant theories. In addition to outlining the relevant variables, it provides a description of the conceptual framework. Along with discussing the research's limitations, the operational framework is provided by the study.

2.2 Theoretical Review

Academic research would be incomplete without a theoretical review, sometimes called a theoretical framework review or literature review. It entails delving deeply into the theoretical and conceptual literature pertinent to a certain research issue or subject and producing an analysis based on such analysis.

2.2.1 Human Capital Theory

Human Capital Theory was originally introduced by economist Gary Becker in 1964, building upon earlier foundational work by Theodore Schultz in 1961. The theory posits that individuals and organizations can enhance performance and economic value through deliberate investments in education, training, and health development (Becker, 1964). According to contemporary scholars, human capital represents the collective skills, knowledge, competencies, and attributes embodied in individuals that contribute to organizational performance and economic productivity (Tan et al., 2020). The theory suggests that investments in human resources yield measurable returns in the form of improved performance, innovation capacity, and competitive advantage within

organizations (Aggarwal & Krishnan, 2021). The fundamental argument of Human Capital Theory centers on the premise that human resources constitute a critical asset requiring continuous investment and development rather than merely representing a cost center for organizations (Kwon & Park, 2023).

In the context of this study, Human Capital Theory provides a robust theoretical foundation for examining how investments in healthcare workforce development influence performance outcomes in public health facilities within Kericho County. The theory's relevance stems from its direct application to understanding how educational qualifications, professional training programs, skill enhancement initiatives, and continuous professional development of healthcare workers translate into improved service delivery, patient outcomes, and overall facility performance (Lyu & Liu, 2021). Recent empirical evidence demonstrates that healthcare organizations with higher investments in human capital development consistently achieve superior clinical outcomes, reduced medical errors, enhanced patient satisfaction scores, and improved operational efficiency metrics (Malik et al., 2020). This theory explicitly supports the first objective of determining the influence of human resources on performance in Kericho County's public health sector by providing a conceptual framework that links workforce capabilities, competencies, and qualifications to measurable performance indicators including service quality, patient safety outcomes, and healthcare delivery efficiency (Zhang et al., 2022). The theory enables researchers to systematically examine how specific human resource interventions such as training programs, skill development initiatives, and capacity-building efforts directly impact the achievement of strategic objectives within public health

facilities, thereby offering actionable insights for health administrators and policymakers in resource allocation decisions (Nisar et al., 2023).

2.2.2 Lewin's Change Management Model

Lewin's Change Management Model was developed by German-American psychologist Kurt Lewin in 1947, establishing one of the earliest and most enduring frameworks for understanding organizational change processes. The model posits that successful organizational change occurs through a three-stage sequential process consisting of unfreezing existing organizational states, moving toward new desired states, and refreezing to stabilize the implemented changes (Lewin, 1947). Contemporary interpretation suggests that the unfreezing stage involves creating awareness about the need for change, reducing resistance forces, and preparing organizational members psychologically for transformation (Hussain et al., 2018). The theory argues that organizations exist in a state of equilibrium maintained by driving forces pushing for change and restraining forces resisting change, and that successful transformation requires strengthening driving forces while simultaneously weakening restraining forces (Burnes, 2020). Recent scholars emphasize that the model's simplicity belies its profound implications for understanding how individuals and organizations navigate complex change initiatives, particularly in sectors requiring rapid adaptation to evolving environmental demands such as healthcare (Ndaw et al., 2021).

The relevance of Lewin's Change Management Model to this study lies in its capacity to explain how public health facilities in Kericho County successfully adopt and sustain organizational changes aimed at improving performance outcomes. Given the dynamic nature of healthcare delivery systems, continuous adaptation through change adoption

becomes essential for maintaining competitiveness and achieving strategic objectives (Ratana-Ubol & Henschke, 2020). This theoretical framework directly supports the second objective examining the influence of change adoption on employee performance by providing a structured approach to understanding how healthcare facilities implement new protocols, technologies, work processes, and service delivery models while managing employee resistance and ensuring sustainable performance improvements (Al-Husseini & Elbeltagi, 2021). Contemporary research demonstrates that healthcare organizations employing systematic change management approaches consistent with Lewin's framework achieve significantly higher success rates in implementing innovations, maintaining employee engagement during transitions, and sustaining performance improvements over extended periods (Shirey, 2021). The model enables examination of specific change management practices within Kericho County's public health facilities, including stakeholder engagement strategies, communication approaches during transitions, training interventions supporting change adoption, and mechanisms for embedding new practices into organizational culture (Cummings et al., 2022). By applying this theoretical lens, researchers can identify critical success factors and potential barriers affecting change adoption in public health contexts, thereby informing evidence-based recommendations for enhancing organizational transformation efforts.

2.2.3 McKinsey 7S Model

The McKinsey 7S Model was developed in the late 1970s by consultants Tom Peters and Robert Waterman at McKinsey & Company, subsequently popularized through their influential work with Anthony Athos and Richard Pascale. The model posits that organizational effectiveness depends on the harmonious alignment of seven interdependent

organizational elements comprising strategy, structure, systems, shared values, skills, style, and staff (Peters & Waterman, 1982). Contemporary scholars emphasize that the theory suggests sustainable organizational performance emerges not from optimizing individual elements in isolation but rather from achieving dynamic alignment and mutual reinforcement across all seven dimensions simultaneously (Kabeyi, 2019). The fundamental argument underlying the 7S framework maintains that organizational change initiatives frequently fail because leaders focus excessively on hard elements such as strategy and structure while neglecting soft elements including shared values, skills, and style that ultimately determine implementation success (Suwanda & Ariyani, 2022). Recent applications demonstrate that the model provides a comprehensive diagnostic tool enabling organizations to identify misalignments, assess change readiness, and design holistic transformation strategies addressing both technical and cultural dimensions (Susilawati et al., 2023).

This model demonstrates particular relevance to examining how IT communication systems influence performance in Kericho County's public health sector because technology implementation represents a complex organizational intervention requiring alignment across multiple dimensions rather than simple technical installation. The framework supports the third objective by enabling systematic examination of how IT communication systems interact with organizational strategy for healthcare delivery, structural arrangements facilitating technology utilization, operational systems governing information flows, shared values regarding innovation adoption, workforce skills enabling effective technology use, leadership styles championing digital transformation, and staff composition including technical specialists (Kumar & Singh, 2020). Contemporary

research in healthcare settings reveals that IT implementation success depends critically on addressing all seven dimensions, with misalignment in any single element potentially undermining overall performance benefits (Ajagbe et al., 2021). For instance, introducing electronic health records without corresponding adjustments to organizational structure, staff training programs, leadership commitment, and performance incentive systems typically results in underutilization and failed implementation (Razmi et al., 2020). By applying the McKinsey 7S Model, this study can comprehensively assess how IT communication systems integrate within the broader organizational context of public health facilities, identifying specific alignment patterns associated with superior performance outcomes and providing actionable insights for optimizing technology-driven performance improvements in resource-constrained healthcare environments (Nguyen et al., 2023).

2.2.4 SERVQUAL Model

The SERVQUAL Model was introduced in 1985 by marketing scholars A. Parasuraman, Valarie Zeithaml, and Leonard Berry as a comprehensive framework for measuring service quality across diverse organizational contexts. The model posits that service quality represents the discrepancy between customer expectations regarding service delivery and their perceptions of actual service performance received (Parasuraman et al., 1985). According to the theoretical framework, service quality can be systematically assessed across five distinct dimensions including reliability, representing consistent and accurate service delivery; responsiveness, reflecting promptness and willingness to assist customers; assurance, encompassing competence and courtesy inspiring trust; empathy, demonstrating individualized attention and understanding; and tangibles, representing

physical facilities and equipment appearance (Shi & Shang, 2020). The model suggests that organizations achieving superior service quality consistently meet or exceed customer expectations across all five dimensions simultaneously, thereby enhancing customer satisfaction, loyalty, and overall organizational performance (AlOmari et al., 2021). The fundamental argument advanced by SERVQUAL maintains that service quality constitutes a critical determinant of organizational success in service-intensive sectors, with systematic measurement enabling targeted improvement interventions addressing specific quality deficiencies (Maghsoodi et al., 2019).

The SERVQUAL Model demonstrates exceptional relevance for this study by providing a structured framework to examine service quality delivery's influence on performance within Kericho County's public health facilities. In healthcare contexts, service quality directly impacts patient outcomes, satisfaction levels, treatment adherence, and facility reputation, making it a critical performance driver (Meesala & Paul, 2021). This theoretical framework explicitly supports the fourth objective investigating service quality delivery's influence on performance by enabling systematic assessment of how healthcare facilities perform across the five quality dimensions and how these dimensions collectively determine overall performance outcomes (Sibai et al., 2021). Contemporary research demonstrates strong empirical associations between SERVQUAL dimensions and healthcare performance metrics including patient satisfaction scores, clinical outcome indicators, facility utilization rates, and reputation measures (Nguyen et al., 2020). The model enables identification of specific quality dimensions requiring improvement interventions within Kericho County facilities, facilitating evidence-based resource allocation decisions targeting areas with greatest performance improvement potential

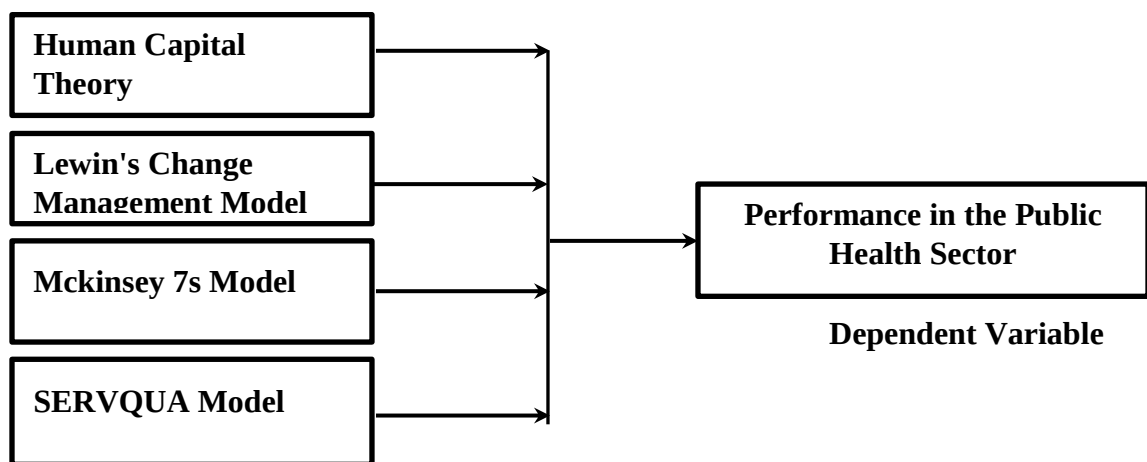
(Xesfingi & Vozikis, 2022). Furthermore, the SERVQUAL framework facilitates examination of how other independent variables including human resources, change adoption, and IT systems ultimately influence performance through their impacts on service quality dimensions, thereby illuminating causal pathways linking strategic implementation factors to performance outcomes in public health settings (Aboramadan et al., 2020).

2.3 Theoretical Framework

The theoretical framework is the conceptual model that guides the entire research process. It includes the theoretical assumptions, concepts, and principles that guide the research. The framework provides the structure for the research and determines how the research will be conducted.

Figure 2. 1:

Theoretical Review



Theoretical Framework
Source: Researcher (2023)

2.4 Empirical Literature Review

The purpose of an empirical literature review, as distinct from other types of academic reviews, is to summarize and analyze the results of previous research, experiments, or empirical studies that have dealt with a certain subject or research issue.

2.4.1 Human Resource Capacity Development Strategies on Performance in the Public Health Sector

Human resources in the public health sector encompasses the management of healthcare professionals, support staff, and administrative personnel who collectively contribute to the delivery of healthcare services. Scott et al. (2018) examined the complexities and administration of human resources within the public health sector in the United States. The study revealed that the unique challenges in managing human resources in the public health sector, such as shortages of skilled professionals and the need for specialized training, underscore the distinctive nature of HR management in public health organizations.

Effective HR management involves not only the recruitment of qualified individuals but also the strategic alignment of personnel with the organization's mission and goals. Cherif (2020) conducted a study on HR practices in healthcare settings and their impact on organizational outcomes India. The study emphasized the importance of HR practices that prioritize the unique demands of healthcare settings and recognized the significant impact of HR decisions on organizational outcomes in the public health sector.

Recruitment strategies in public health organizations are instrumental in building a workforce that is not only diverse but also aligned with the organization's values and objectives. Kofi Boachie, et al. (2018) conducted a study on recruitment strategies in public health organizations in Ghana and their correlation with organizational performance. The

study demonstrated the correlation between effective recruitment strategies, which focus on diversity and cultural fit, and improved organizational performance in the healthcare sector

For instance, initiatives that focus on attracting talent from different demographics and fostering an inclusive workplace culture contribute to the resilience and adaptability of the workforce. The recruitment process becomes a strategic lever for HR managers to shape the composition of the workforce, ensuring a dynamic team capable of meeting the evolving demands of the public health sector (George *et al.*, 2018).

The public health sector is characterized by rapid advancements in medical knowledge and technology. To keep pace with these changes, continuous training and development initiatives are imperative. Research on the effects of CPD programs on the efficiency and effectiveness of healthcare organizations in Zambia was carried out by Banda and Kazonga (2018). The study revealed a positive impact of ongoing education and skill development initiatives on healthcare professionals' performance and organizational Performance in the public health sector.

Training programs tailored to address the specific needs of the public health sector, such as emergency response training or updates on the latest medical technologies, contribute to a workforce that is not only competent but also adaptable. HR, in collaboration with clinical leaders, plays a pivotal role in identifying these training needs and designing programs that bridge skill gaps, ultimately enhancing Performance in the delivery of healthcare services (Andrade, 2021).

The intricacies of healthcare delivery demand a highly engaged and motivated workforce. Cherif (2020) conducted a study on employee engagement and its correlation with patient outcomes in the public health sector. The study highlighted the correlation between employee engagement, driven by HR practices prioritizing well-being and job satisfaction, and improved patient outcomes in the public health sector. In the context of the public health sector, where the stakes are high and the work is often emotionally demanding, HR practices that prioritize employee well-being and job satisfaction contribute significantly to overall productivity.

Recognition programs, mentorship initiatives, and opportunities for professional growth are essential components of HR strategies that foster engagement and motivation. Birken, et al. (2018) conducted a study on intrinsic motivation among healthcare professionals and its impact on productivity. The study emphasized the role of intrinsic motivation, driven by HR strategies focusing on recognition, mentorship, and professional growth opportunities, in increasing Performance among healthcare professionals in the public health sector.

The impact of leadership styles on Performance in the public health sector cannot be overstated. Effective leadership not only sets the tone for organizational culture but also influences the motivation and performance of the workforce. Transformational leadership, characterized by inspirational communication and a focus on employee development, has been associated with improved healthcare outcomes (George et al., 2018).

Organizational culture, shaped by leadership and HR practices, plays a critical role in fostering a positive and productive work environment. A culture of collaboration, open communication, and a shared commitment to patient care contributes to a motivated and

cohesive workforce. HR, in collaboration with organizational leaders, plays a key role in shaping and reinforcing this culture (Bhatnagar et al., 2018).

The public health sector faces unique workforce challenges, including burnout, high turnover rates, and the need for specialized skills. HR practices that address these challenges contribute to a more resilient and sustainable workforce. Chikalipah and Makina, (2019) highlight the prevalence of burnout among healthcare professionals and emphasize the role of HR interventions in mitigating these challenges. Flexible work schedules, mental health support programs, and initiatives that recognize and address the specific stressors in the public health sector are essential components of HR strategies. By proactively addressing these challenges, HR contributes not only to the well-being of the workforce but also to sustained Performance and quality patient care.

2.4.2 Change Management Practices on Performance in the Public Health Sector

Change management, a systematic approach to transitioning individuals and organizations from a current state to a desired future state, has emerged as a linchpin in fostering adaptability and ensuring sustained Performance with the public health sector. Change management is not a mere process; it is a strategic framework that addresses the intricacies of transitioning organizations through complex systems and structures (Atasoy et al., 2019). In healthcare settings, especially within the public health sector, the need for a systematic approach is evident given the interconnected nature of healthcare processes and the high stakes involved in patient care. Mergel (2021), conducted a study on the impact of change management on Performance in the public health sector. The study revealed that change management, as a strategic framework for transitioning organizations from a current state to a desired future state, is crucial for fostering adaptability and ensuring

sustained Performance in the dynamic public health sector. Effective change management involves a systematic approach to address the intricacies of transitioning organizations through complex systems and structures. The findings emphasized the importance of proactive change management strategies, structured approaches to minimize disruptions, and optimizing outcomes during organizational transformations in healthcare settings.

Prideaux et al. (2020), conducted a study on proactive change management strategies in healthcare. The study highlighted the significance of proactive change management strategies in healthcare, emphasizing the need for a structured approach to minimize disruptions and optimize outcomes during organizational transformations. The findings underscored the importance of addressing the interconnected nature of healthcare processes and the high stakes involved in patient care through strategic change management initiatives.

Dixit and Sambasivan (2018), conducted a study on the importance of a systematic approach to change management in addressing interconnected processes and workflows in healthcare organizations. The study emphasized the paramount importance of a systematic approach to change management in addressing the intricate network of processes, workflows, and interdependencies within healthcare organizations. Specifically, it highlighted the need for comprehensive change management strategies, especially during technological shifts like the implementation of Information Technology (IT) health records (EHR), to ensure a seamless transition, minimize disruptions to patient care, and maintain Performance levels.

Hossain et al. (2019) conducted a study on stakeholder engagement in change management in the public health sector. The study highlighted the significance of involving diverse

stakeholders, including frontline healthcare workers, administrators, and patients, in the change process. The findings demonstrated that actively engaging these stakeholders in decision-making processes contributes to more effective and sustainable change outcomes in the public health sector.

Dixit and Sambasivan (2018), conducted a study on the role of change management in fostering a culture of continuous improvement in healthcare organizations. The study emphasized the role of change management in cultivating a culture of continuous improvement within healthcare organizations. A culture that embraces change as a constant and promotes innovation was found to contribute to increased Performance among healthcare professionals.

Flouris et al. (2018) conducted a study on the importance of effective communication in change initiatives in healthcare. The study revealed that effective communication, including transparent communication regarding the reasons for change, its expected impact, and the timeline of implementation, fosters trust among stakeholders. The example of implementing a new treatment protocol highlighted the importance of clear and consistent communication to healthcare professionals, ensuring their understanding of the rationale behind the change and its alignment with overall organizational goals.

Laurenza et al. (2018) conducted a study on training and skill development initiatives in the context of change management in healthcare. The study emphasized the vital role of training and skill development initiatives in change management, ensuring that healthcare professionals are equipped to adapt to the evolving landscape. The integration of telemedicine was used as an example, indicating the need for comprehensive training programs to enable healthcare providers to navigate virtual platforms efficiently.

Aceto et al. (2020) conducted a study on the continuous monitoring and evaluation of change initiatives in healthcare. The study highlighted the essential nature of continuous monitoring and evaluation for assessing the impact of change initiatives on productivity. Metrics such as workflow efficiency, patient outcomes, and employee satisfaction were identified as valuable indicators for evaluating the effectiveness of implemented changes in the public health sector.

Song et al. (2018) conducted studies on addressing resistance to change in the public health sector. The findings indicated that resistance to change is a common challenge in the public health sector, where professionals are deeply invested in established practices. Effective change management requires proactive communication, stakeholder involvement, and a clear demonstration of the benefits of proposed changes. Organizations that effectively manage resistance pave the way for a more seamless transition and sustained productivity.

Fukuda (2020) conducted studies on balancing innovation with stability in the public health sector. The findings suggested that while innovation is vital for progress in the public health sector, it must be balanced with the need for stability in patient care. Change management strategies, such as phased implementations and pilot programs, were identified as contributors to the successful integration of innovations without compromising productivity.

2.4.3 IT Communication Systems Implementation on performance in the Public Health Sector

Telemedicine platforms leverage telecommunications technology to facilitate remote consultations, diagnosis, and treatment. Particularly valuable in rural or underserved areas,

telemedicine enables patients to access healthcare services without the need for physical presence, thus improving access to care and reducing healthcare disparities (Gohil et al., 2018). By establishing and maintaining HIEs, healthcare providers and other organizations are able to easily share patient records with one another. The capacity for different systems to communicate with one another improves care coordination, cuts down on unnecessary tests, and helps doctors make better decisions by giving them a full picture of a patient's health (Di Ciaula, 2018).

With the use of m-Health apps, which run on smartphones or wearables, patients are able to take an active role in their healthcare management by keeping tabs on their vital signs, chronic ailments, and educational materials. Better health outcomes are the end result of these apps' promotion of patient participation and treatment plan adherence (Maina et al., 2019). Healthcare providers are able to communicate and work together in real-time thanks to communication networks, which include encrypted messaging platforms and video conferencing capabilities. Whether consulting on complex cases or coordinating emergency responses, these networks enable swift information exchange and decision-making, enhancing patient care and safety (Schmidt et al., 2019).

The primary ways IT communication systems enhance Performance in public health is by improving operational efficiency. According to Søvold et al. (2021), healthcare professionals are able to devote more time to patient care since information technology (IT) health records simplify administrative responsibilities including record-keeping, appointment scheduling, and invoicing. Additionally, telemedicine platforms reduce the need for in-person consultations, minimizing wait times and optimizing resource

utilization. Through automating routine tasks and reducing paperwork, IT communication systems enable healthcare organizations to operate more efficiently and cost-effectively.

IT communication systems also enhance the effectiveness of healthcare delivery by facilitating timely access to information and decision support tools. Health Information Exchanges enable healthcare providers to access comprehensive patient records, including data from previous encounters and diagnostic tests, enabling more informed clinical decision-making (Oakman *et al.*, 2020). Mobile health apps also provide patients more control over their health, which leads to greater adherence to treatment plans and better health results. Through providing access to evidence-based guidelines and clinical decision support systems, IT communication systems enhance the quality and consistency of care delivered in public health settings (Oakman *et al.*, 2020).

Perhaps most importantly, IT communication systems improve access to healthcare services, particularly for underserved populations. Telemedicine platforms bridge geographical barriers, allowing patients in remote or rural areas to consult with specialists and access specialized care without the need for travel (Ginter, et al. 2018). Mobile health applications extend the reach of healthcare services beyond traditional clinical settings, enabling individuals to receive support and information wherever they are. Additionally, communication networks facilitate collaboration among healthcare professionals, enabling interdisciplinary teams to work together seamlessly and provide comprehensive care to patients regardless of their location. Through expanding access to care and overcoming barriers to service delivery, IT communication systems play a crucial role in promoting health equity and improving population health outcomes (Aceto et al., 2018).

Various researchers have conducted studies on the influence of IT communication systems on Performance in the public health sector, shedding light on their multifaceted effects. For instance, Li et al. (2020) conducted a study on the impact of Information Technology (IT) Health Records (EHR) and revealed that digitizing patient records led to more efficient care delivery and reduced medical errors. Anwar et al. (2020) explored the role of Telemedicine platforms and found that they improved access to healthcare services, particularly in underserved areas, by facilitating remote consultations.

Cleverley et al. (2023) investigated the impact of Health Information Exchanges (HIE) and discovered that they fostered care coordination and enhanced clinical decision-making by enabling seamless information sharing between healthcare providers. Free et al. (2013) delved into the realm of Mobile health applications (mHealth) and demonstrated that these applications empowered patients to actively manage their health, leading to better adherence to treatment plans and improved health outcomes.

Kang (2020) examined the influence of Communication networks and found that they facilitated real-time collaboration among healthcare professionals, thereby enhancing patient care and safety. Mbunge (2020) conducted a study on Information Technology (IT) Health Records (EHR) and highlighted their role in streamlining administrative tasks, allowing healthcare providers to allocate more time to patient care.

In addition to these specific technologies, research by Sharma et al. (2018) on Telemedicine platforms revealed that they optimized resource utilization by reducing the need for in-person consultations and minimizing wait times. Holt et al. (2017) explored the significance of involving frontline healthcare workers in decision-making processes and

demonstrated that their insights contributed to more effective and sustainable change outcomes.

Sharma, et al. (2018) investigated the role of Change Management in fostering a culture of continuous improvement within healthcare organizations. They found that effective change management strategies empowered healthcare professionals to identify and implement improvements in their daily workflows. Similarly, Buchbinder et al. (2019) emphasized the importance of effective communication in change initiatives, highlighting its role in building trust among stakeholders and facilitating successful change implementation.

Wager et al. (2021) conducted a study on the role of Training Initiatives in the integration of new technologies and concluded that comprehensive training programs were essential for healthcare professionals to adapt to evolving technologies. Kadhim et al. (2020) focused on the importance of Continuous Monitoring and Evaluation in assessing the impact of change initiatives, highlighting its role in providing valuable insights into the effectiveness of implemented changes and enabling timely adjustments for optimization.

2.4.4 Service Quality Enhancement Strategies on Performance in the Public Health Sector

Effective strategic leadership is critical for setting the vision, direction, and priorities for Information Technology (IT) implementation in the public health sector. Strong leadership can ensure alignment between Information Technology (IT) implementation initiatives and organizational goals, secure necessary resources, and foster a culture of innovation and collaboration among stakeholders (Cummings et al., 2018). Strategic leadership encompasses the formulation and execution of long-term plans and initiatives aimed at

achieving organizational objectives. It involves synthesizing internal and external data, assessing strengths and weaknesses, and identifying opportunities and threats to inform strategic decision-making. Effective strategic leaders possess vision, foresight, and the ability to inspire and motivate others toward common goals (Ginter et al., 2018).

In the context of the public health sector, strategic leadership is paramount for navigating the dynamic and multifaceted challenges posed by healthcare disparities, infectious disease outbreaks, and resource constraints. Strategic leaders proactively engage with diverse stakeholders, including government agencies, healthcare providers, community organizations, and the general public, to develop collaborative solutions that address complex public health issues (Torlak, & Kuzey, 2019).

Innovation is a cornerstone for addressing evolving public health challenges and enhancing the effectiveness and efficiency of healthcare delivery (Razak et al., 2018). Strategic leaders cultivate a culture of innovation by fostering creativity, embracing experimentation, and supporting the adoption of new technologies and evidence-based practices. Through promoting innovation, strategic leaders empower organizations to develop novel solutions to complex health problems, leading to improved outcomes and enhanced Performance (Di Fabio & Peiró, 2018).

For example, strategic leaders may spearhead initiatives to leverage Information Technology (IT) communication systems, such as Information Technology (IT) Health Records (EHR) and telemedicine platforms, to streamline processes, improve access to care, and enhance communication among healthcare. Through embracing innovative technologies, organizations can reduce administrative burdens, optimize workflows, and enhance the overall efficiency of healthcare delivery (Capolongo et al., 2020).

Strategic leadership also involves judiciously allocating resources to maximize impact and optimize outcomes, especially within the constraints of limited budgets in public health organizations (Cleverley et al., 2023). Leaders leverage data-driven approaches, cost-benefit analyses, and performance metrics to inform resource allocation decisions, ensuring that limited resources are directed toward initiatives with the greatest potential for improving population health.

For instance, leaders may use epidemiological data and community health assessments to identify priority areas for intervention, allocate funding to evidence-based programs, and monitor outcomes to assess effectiveness and inform future investments (Cleverley et al., 2023). By strategically allocating resources, organizations can achieve greater efficiency and productivity, delivering impactful interventions that address the most pressing public health needs.

Continuous improvement is integral to enhancing Performance and achieving sustainable results in the public health sector (van Assen, 2018). Strategic leaders foster a culture of continuous learning, adaptation, and quality improvement, empowering organizations to identify inefficiencies, address gaps in service delivery, and optimize processes. Through strategic planning, performance monitoring, and feedback mechanisms, leaders encourage staff engagement and participation in quality improvement initiatives, driving organizational effectiveness and efficiency.

For example, leaders may implement Lean management principles or Six Sigma methodologies to streamline workflows, eliminate waste, and enhance the reliability and safety of healthcare processes (Graban, 2018). By promoting a culture of continuous

improvement, organizations can achieve greater productivity, responsiveness, and resilience in the face of evolving public health challenges.

2.4.5 Performance in the Public Health Sector

The public health sector plays a crucial role in ensuring the well-being of communities by providing essential services and healthcare solutions. However, Performance with this sector is often constrained by various factors such as limited resources, inefficient processes, and outdated technology (Naeem & Ozuem, 2021).). The implementation of Information Technology (IT) implementation has emerged as a promising solution to enhance Performance by streamlining communication, improving access to information, and facilitating data management (Fadic et al., 2019)

Effective communication is vital for coordination among healthcare professionals, patients, and administrative staff within the public health sector. Information Technology (IT) implementation facilitates real-time communication through features such as text messaging, voice calls, and video conferencing. According to a study by Medarević and Vuković (2021), the adoption of mobile communication platforms led to a 25% reduction in response time for emergency medical services, thereby enhancing overall performance in emergency healthcare delivery.

Access to timely and accurate information is crucial for informed decision-making in public health. Information Technology (IT) implementation enables healthcare workers to access Information Technology (IT) health records, medical databases, and clinical guidelines on their mobile devices. This accessibility significantly enhances the efficiency of medical consultations, diagnosis, and treatment planning. For instance, a Mohamed et al. (2018) found that mobile access to medical literature resulted in a 30% reduction in

consultation time, allowing physicians to attend to more patients and improve overall performance in outpatient services.

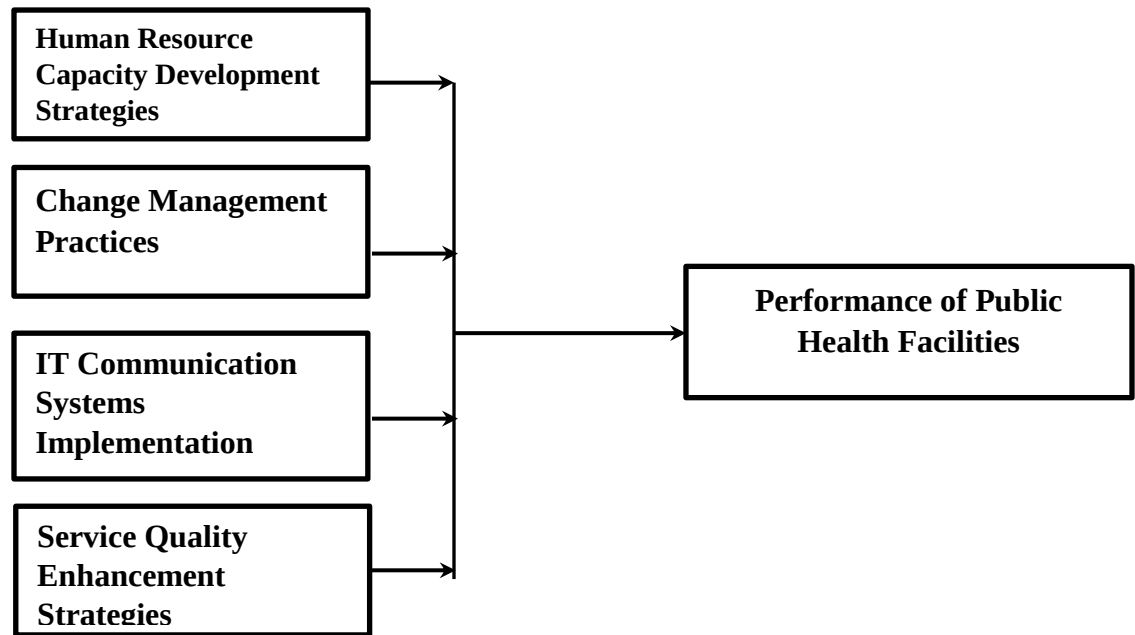
Data management is a cornerstone of public health initiatives, encompassing tasks such as patient records management, disease surveillance, and health outcome monitoring. Information Technology (IT) implementation simplifies data collection, storage, and analysis through mobile applications and cloud-based platforms. Research by Trakakis et al. (2021) demonstrated that the implementation of mobile data collection tools increased the efficiency of vaccination campaigns by 40%, leading to improved coverage and disease control outcomes in underserved populations.

2.5 Conceptual Framework

A conceptual framework is an illustration that depicts the connection between the independent variables and the dependent variable. In this research, the dependent variable is performance in the public health sector, while the independent variables include Human Resource Capacity Development Strategies, Change Management Practices, IT Communication Systems Implementation and Service Quality Enhancement Strategies. Figure 2.2 visually represents the interrelation between the dependent variable and the independent variables in the conceptual framework.

Figure 2. 2:

Conceptual Framework



Independent Variables

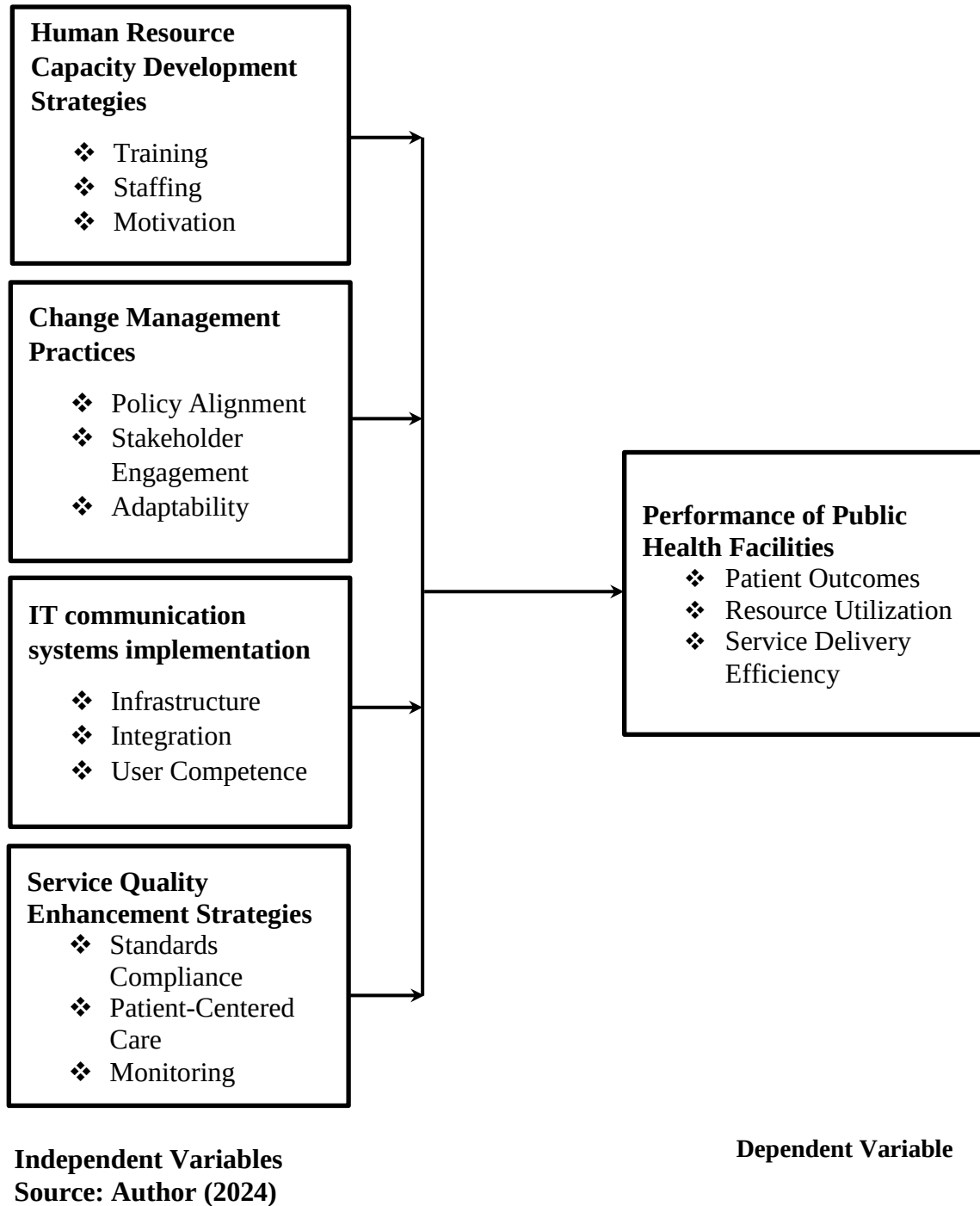
Source: Author (2024)

Dependent Variable

2.6 Operational Framework

Figure 2. 3:

Operational Framework



Human Resources and Performance

Human resources play a pivotal role in shaping Performance with the public health sector. Employee satisfaction, measured through periodic surveys or questionnaires, provides insights into work conditions, workload, compensation, and opportunities for professional development. Additionally, staffing levels are critical indicators, with ratios of healthcare workers to the population served being compared to recommended levels to ensure adequate service delivery. Moreover, the effectiveness of training and development programs, as measured by the percentage of staff participating in relevant activities and subsequent performance improvements, contributes to enhancing Performance by equipping employees with necessary skills and knowledge.

Change Management and employee Performance

The adoption of change initiatives significantly affects employee Performance within the public health sector. Employee engagement serves as a vital indicator, reflecting the level of involvement and commitment to change initiatives. Resistance to change, measured by reported incidents and non-compliance with new procedures, highlights challenges that may hinder Performance improvements. Successful change implementation, assessed through meeting predefined milestones and achieving targeted Performance improvements, signifies the effectiveness of change management strategies in driving Performance enhancements.

IT Communication Systems and Performance

IT communication systems play a crucial role in facilitating Performance within the public health sector. System downtime, a measurable indicator, directly impacts the availability

of critical information and communication tools for healthcare delivery. User satisfaction, assessed through regular surveys or feedback mechanisms, reflects perceptions regarding the ease of use, reliability, and impact on workflow efficiency of IT communication systems. Furthermore, compliance with data security protocols and regulations ensures the integrity and confidentiality of patient information, thus fostering trust and enhancing performance in healthcare operations.

Strategic leadership styles exert a significant influence on Performance with the public health sector. Leadership support, gauged through staff perception surveys or interviews, determines the level of guidance and support provided by leaders in aligning organizational goals with individual and team objectives. Decision-making effectiveness serves as another critical indicator, assessing the speed and quality of decision-making processes in implementing strategic initiatives and resolving operational challenges. Moreover, organizational culture alignment, evaluated through cultural assessment surveys or observations, reflects the extent to which leadership behaviors and values are integrated into the organizational culture, thereby shaping Performance outcomes.

Smith et al. (2021) conducted a systematic review in the USA, focusing on human resource management practices and their impact on healthcare productivity. They found a positive association between effective human resource management practices, such as training and development, performance evaluation, and employee engagement, and healthcare productivity. However, the review highlighted the need for further research to explore the specific mechanisms through which human resource management practices influence productivity, especially in diverse organizational contexts. Addressing this gap is crucial for understanding the specific factors within human resource management that contribute

to Performance improvements, particularly in resource-constrained settings like Kericho County, Kenya.

Wang et al. (2019) conducted qualitative interviews and surveys in China to explore the impact of organizational change on employee performance in the healthcare sector. Their study revealed that successful organizational change initiatives, characterized by clear communication, employee involvement, and leadership support, were associated with improved employee performance. However, they identified a gap in understanding the role of organizational culture and change management strategies in influencing employee Performance during periods of organizational change. Investigating how organizational change processes impact Performance outcomes is essential for effective implementation of Information Technology (IT) implementation strategies in the public health sector of Kericho County, Kenya.

Abdel-Hamid et al. (2020) conducted a case study in Egypt to analyze the impact of information technology adoption, particularly IT communication systems, on healthcare productivity. Their findings demonstrated that the adoption of IT communication systems, such as Information Technology (IT) health records and telemedicine, positively influenced healthcare Performance by improving communication, reducing administrative burden, and enhancing access to patient information. However, they highlighted the need for further investigation into the specific challenges and barriers to IT adoption in healthcare settings, especially in resource-constrained environments. This insight is crucial for understanding how IT communication systems can influence performance in the public health sector of Kericho County, Kenya.

Mensah et al. (2018) surveyed healthcare professionals and administrators in Ghanaian hospitals to assess the relationship between strategic leadership styles and healthcare productivity. They identified a positive association between transformational leadership styles and healthcare performance in Ghanaian hospitals. However, they emphasized the need for more longitudinal studies to explore the long-term impact of strategic leadership styles on healthcare productivity, as well as the contextual factors that may influence this relationship. Assessing the influence of strategic leadership styles on Performance is vital for effective implementation of Information Technology (IT) implementation strategies in the public health sector of Kericho County, Kenya.

2.7 Research Gaps summary

Table 2. 1: *Research Gaps summary*

Author (Year)	Study Title	Methodology Used	Findings	Knowledge Gaps	Focus of Current Study
Malik et al. (2020)	Human resource management in the healthcare sector	Systematic literature review of 87 studies	HR practices including recruitment, training, and engagement significantly influence healthcare organizational performance and employee outcomes	Limited empirical investigation in resource-constrained African contexts; overreliance on subjective performance measures; minimal focus on public health facilities	Examines specific influence of human resources on objective performance metrics in Kericho County public health facilities
Zhang et al. (2022)	Human capital and organizational	Meta-analysis of 156	Strong positive correlation (r=0.48)	Cross-sectional designs limiting	Investigates human resource influences on

	performance : A meta-analysis	empirical studies	between human capital investments and organizational performance across industries	causal inference; geographical bias toward developed nations; insufficient examination of healthcare-specific contexts	performance within specific resource-constrained Kenyan healthcare setting
Cummings et al. (2022)	Unfreezing change as three steps: Rethinking Kurt Lewin's legacy for change management	Critical conceptual review and reinterpretation	Systematic change management frameworks enhance implementation success rates; Lewin's model remains relevant for organizational transformations	Limited longitudinal studies examining sustainability; minimal investigation of change processes beyond technology adoption; insufficient attention to developing nation contexts	Assesses change adoption influence on employee performance in Kericho County public health sector
Shirey (2021)	Leadership practices for healthy work environments	Integrative literature review	Effective change management and leadership practices significantly enhance workplace environments and productivity in healthcare settings	Insufficient examination of contextual moderators in resource-limited environments; limited investigation of multiple change dimensions simultaneously	Examines change adoption practices and their influence on performance in resource-constrained setting

Kruse et al. (2018)	The use of electronic health records to support population health: A systematic review	Systematic review of 23 studies	EHR systems improve operational efficiency by 20-40% and enhance clinical decision-making through improved information access	Pronounced geographical bias toward high-resource settings; insufficient examination of implementation challenges; limited investigation of contextual adaptation strategies	Investigates IT communication system influences on performance within Kenyan public health context
Ramachandran et al. (2023)	Telemedicine and healthcare delivery in rural and remote areas: A systematic review	Systematic review of 45 studies across multiple countries	Telemedicine platforms improve healthcare accessibility by over 50% in underserved areas and reduce consultation wait times	Minimal research in African contexts; insufficient examination of infrastructure limitations; limited investigation of implementation processes in resource-constrained environments	Assesses IT communication systems' influence on performance considering infrastructure constraints in Kericho County
Adler-Milstein & Pfeifer (2017)	Information blocking: Is it occurring and what policy strategies	Mixed-methods study with surveys and interviews	Health information exchange systems enhance care coordination but face	Limited investigation of implementation barriers in developing	Examines IT system implementation challenges and influences on

	can address it?		significant implementation barriers including interoperability challenges	nations; insufficient attention to resource constraints; minimal examination of African healthcare contexts	performance in resource-limited Kenyan facilities
Meesala & Paul (2021)	Service quality, consumer satisfaction and loyalty in hospitals: Thinking for the future	Systematic literature review and meta-analysis	Strong associations (r=0.65-0.85) between SERVQUAL dimensions and patient satisfaction across diverse healthcare settings	Questionable cultural validity of Western-developed dimensions in African contexts; overreliance on patient perception surveys; insufficient integration of objective quality measures	Investigates service quality delivery influences on multidimensional performance using culturally-adapted measures for Kericho County
Xesfingi & Vozikis (2022)	eHealth literacy and patient satisfaction: Measuring the association during the COVID-19 pandemic	Cross-sectional survey of 412 respondents	Service quality dimensions significantly predict patient satisfaction; reliability emerges as strongest predictor	Cross-sectional design limiting causality assessment; European context limiting generalizability; minimal examination of African healthcare settings	Examines service quality delivery influence on performance outcomes in Kenyan public health context
Tan et al. (2020)	The impact of human capital and	Quantitative survey of 285	Human capital and HR practices	Limited investigation of	Provides integrated examination

	human resource management practices on firm performance	organizations	demonstrate synergistic effects on performance when implemented together	multiple implementation factors simultaneously; insufficient examination of healthcare-specific applications ; minimal focus on public sector organizations	of multiple strategy implementation dimensions (HR, change, IT, service quality) simultaneously
Nisar et al. (2023)	The role of human capital in organizational sustainability: A mediating role of knowledge management	Structural equation modeling with 342 respondents	Human capital influences organizational sustainability through knowledge management mediation	Minimal research examining mediating mechanisms in healthcare contexts; limited investigation in developing nations; insufficient focus on public health facilities	Investigates how strategy implementation factors influence performance in Kericho County public health facilities
Stoyanov et al. (2022)	Mobile app rating scale: A new tool for assessing the quality of health mobile apps	Mixed-methods validation study	Mobile health applications demonstrate variable quality; comprehensive assessment frameworks needed for	Limited examination of contextual factors moderating technology effectiveness; insufficient investigation	Examines contextual factors influencing IT system effectiveness on performance in Kericho County

			effective evaluation	n in resource- constrained settings; minimal African context research	
Al- Husseini & Elbeltagi (2021)	Evaluating the effect of transformati onal leadership on knowledge sharing using structural equation modelling	Quantitativ e survey with SEM analysis of 376 respondents	Transformati onal leadership significantly influences knowledge sharing and organization al outcomes in educational settings	Limited healthcare applications ; minimal investigatio n of implementat ion processes; insufficient examination of resource- limited contexts; lack of African setting research	Investigates specific implementati on processes and best practices influencing performance in resource- constrained Kericho County facilities

2.8 Critique of Existing Literature

Despite substantial scholarly contributions establishing relationships between strategy implementation factors and organizational performance in healthcare contexts, existing literature demonstrates several critical limitations constraining theoretical advancement and practical application. Methodologically, the predominance of cross-sectional research designs fundamentally limits capacity for causal inference, with researchers unable to definitively establish whether implementation factors precede performance outcomes, thereby restricting evidence-based policy recommendations (Zhang et al., 2022). The overreliance on subjective perceptual measures introduces common method bias and measurement validity concerns, particularly when single respondents assess both variables

simultaneously (Malik et al., 2020). Contextually, empirical research exhibits pronounced geographical concentration in developed healthcare systems with advanced infrastructures, substantially underrepresenting resource-constrained developing contexts where infrastructure limitations and socio-cultural factors fundamentally alter implementation dynamics (Nisar et al., 2023; Ramachandran et al., 2023). Theoretically, existing studies predominantly examine isolated implementation factors rather than synergistic effects from simultaneous strategic initiatives, failing to capture organizational complexity (Tan et al., 2020). Furthermore, minimal research addresses mediating mechanisms or moderating contextual influences including organizational readiness and resource availability (Stoyanov et al., 2022). Operationally, insufficient attention illuminates' specific implementation processes and contextual adaptation strategies enabling successful execution in resource-limited African environments, limiting practical utility for health administrators (Al-Husseini & Elbeltagi, 2021). These limitations collectively underscore necessity for rigorous empirical investigation within Kericho County's public health facilities, employing methodological approaches addressing causality concerns while generating actionable insights for resource-constrained African healthcare settings.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Examining the impact of an IT health implementation strategy on the performance of chosen public health facilities in Kericho County with a particular emphasis on those participating in the county's Universal Health Coverage (UHC) program this section offers a thorough synopsis of the methodologies used to collect and analyze data for the study. It describes the study's methodology, including its research strategy, demographic, sample size, data gathering methods, and analyses.

3.2 Research Design

Every step of doing research from coming up with study questions to collecting, analyzing, and interpreting data must adhere to a well-thought-out strategy known as a research design (Sileyew, 2019). The researcher in this study used a cross-sectional descriptive-explanatory approach. This study's methodology was suitable for examining the correlations between the performance of Kericho County's public health facilities and the following strategy implementation elements: human resources, adoption of change, IT communication systems, and service quality delivery.

Because this study was descriptive in nature, the researcher was able to use frequency distributions and mode, the best measure of central tendency for ordinal Likert-scale data, to describe institutional procedures and profile respondent characteristics. By using inferential statistics, particularly multiple linear regression analysis, the explanatory component enabled the empirical testing of predicted correlations.

Quantitative data were collected using structured questionnaires comprising Likert-scale items, which captured respondents' perceptions, experiences, and evaluations of IT health implementation and its influence on performance. The target respondents included healthcare providers, facility administrators, IT personnel, and government health officials drawn from selected public health facilities in Kericho County.

The gathered data underwent analysis utilizing version 27 of the Statistical Package for the Social Sciences (SPSS). Descriptive statistics, encompassing frequencies and mode, were utilized to encapsulate the data, whereas inferential analysis, particularly Pearson correlation and multiple linear regression was applied to investigate the direction and strength of predictive relationships between the independent variables and the dependent variable (performance in the public health sector).

This design was selected for its suitability in studies aiming to explain how variations in a set of independent variables account for variations in a dependent variable, without manipulating the study environment. It provided a rigorous and practical framework for testing the study's hypotheses and drawing contextually grounded conclusions from the data collected in Kericho County's public health sector.

3.3 Target Population

The study population refers to the entire group of individuals, facilities, or elements from which the researcher draws conclusions (Stratton, 2021). For this study, the study population comprised all public health facilities operating under the Universal Health Coverage (UHC) program in Kericho County, including hospitals, health centers, and dispensaries, together with the staff working in them.

The target population, on the other hand, represents the specific subset of the study population from which data was directly collected (Chattopadhyay et al., 2023). The target population in this study consisted of 300 respondents drawn from four key groups directly involved in IT health implementation: 200 healthcare providers, 50 healthcare administrators, 30 IT personnel, and 20 government health officials in Kericho County. This group was selected because of their roles in policy execution, service delivery, and management of IT-enabled health strategies.

Table 3. 1:

Table showcasing the distribution of the target population of 300 individuals

Category	Number of participants	Percentage of Total
Healthcare providers	200	66.7%
Healthcare Administrators	50	16.7%
IT Personnel	30	10.0%
Government Health Officials	20	6.7%
Total	300	100%

3.4 Sampling Frame

A sampling frame was a list or an operational definition of the elements from which a researcher drew a sample for the study. It was a specific subset or representation of the larger target population that was accessible and could be used to select individuals or units for inclusion in the study (Ames et al., 2019). The sampling frame was constructed using an exhaustive list of all health facilities within Kericho County, obtained from official health records and UHC databases. This frame served as the foundation for selecting the sample for the study.

3.5 Sampling Technique

The study employed a proportionate stratified random sampling technique. This method was chosen to ensure fair representation of each category of respondents within the target population. Stratification was based on the four categories of participants: healthcare providers, healthcare administrators, IT personnel, and government health officials. From each stratum, participants were selected randomly to minimize bias and enhance representativeness. This technique ensured that the views of frontline service providers, managerial staff, technical IT support, and oversight officials were proportionally captured, thereby strengthening the validity and reliability of the findings.

3.5.1 Sample Size

The sample size constituted a pivotal aspect of the research design, denoting the quantity of individuals, elements, or observations incorporated within the study. A sample served as a representative unit of the target population in a study, wherein the information collected from this unit was anticipated to reflect the views of the entire population (Lakens, 2022). Saunders et al. (2008) observed that samples were chosen to facilitate the estimation of traits within the broader population. The study comprised a sample size of 171, as calculated through Yamane's formula:

$$n = \frac{N}{1 + N(e)^2}$$

In this context, let n represent the necessary sample size, while N denotes the total population size, which is 300. The variable e corresponds to the alpha level, specifically $e=0.05$, aligning with a confidence level of 95%. Consequently:

In this context, n represents the sample size, N denotes the population size, and e signifies the margin of error, which is set at 10%.

$$n = \frac{300}{1 + 300(0.05)^2}$$

$$n = 171$$

The sample size for this study were 171

The sample size is tabulated using the proportionate stratified random sampling.

Table 3. 2:

Table of Sample Size Calculation

Category	Population	Sample
Healthcare Providers	200	114
Healthcare Administrators	50	29
IT Personnel	30	17
Government Health Officials	20	11
Total	300	171

3.6 Data Collection Instruments

The primary data collection instrument for this study was a structured questionnaire designed to capture both quantitative and qualitative information relevant to the research objectives. It contained closed-ended Likert scale items rated on a five-point scale ranging from “Strongly Disagree” to “Strongly Agree,” complemented by a few open-ended questions that provided respondents with an opportunity to give additional insights. The questionnaire was organized into five sections covering demographic information, human resource factors, change management, communication systems, and service quality and performance outcomes. This comprehensive design ensured systematic data collection,

enhanced reliability, and provided a holistic view of strategy implementation and its influence on performance.

3.7 Data Collection Methods

Data collection methods in a research study referred to the systematic processes and techniques used to gather information and evidence relevant to the research objectives. These methods were crucial for obtaining the necessary data to answer research questions or test hypotheses (Flick, 2018). The author got a letter of approval from the school before starting to gather data. A research permission application was also filed by the author with NACOSTI. They used the drop-and-pick method thereafter. Participants were given a generous three weeks to complete the surveys. After that, the surveys were gathered and processed in the weeks that followed.

3.8 Pilot Study

A preliminary assessment was carried out before the commencement of the main data collection exercise to evaluate the quality and suitability of the data collection tool. This exercise aimed to uncover any potential issues in wording, structure, or interpretation of the questionnaire, thereby allowing for appropriate revisions and enhancing the instrument's effectiveness.

To maintain the independence of the main sample, the pilot was conducted in Bomet County, which neighbors Kericho County. This setting was considered suitable due to its comparable public health system structure and operational context. A sample of 15 health managers was selected using judgmental (purposive) sampling based on their supervisory roles and familiarity with ICT application in healthcare management.

Insights obtained during the pilot led to several refinements of the questionnaire. This included rephrasing unclear statements, improving the logical flow of questions, and correcting formatting inconsistencies. In addition, responses from the pilot study were used to evaluate the internal consistency of the constructs, applying Cronbach's Alpha as the reliability coefficient.

To avoid contamination of the main data, information gathered from the pilot group was not included in the final data analysis.

3.8.1 Validity of the Research Instrument

The concept of validity within the realm of research instruments pertains to the degree to which the instrument accurately assesses the specific construct it was designed to evaluate. It was a fundamental aspect of research quality, ensuring that the data collected accurately represented the concepts or constructs under investigation (Clark & Watson, 2019). Content validity was ensured through a thorough review of the questionnaire by experts in the field of public health and Information Technology (IT) implementation. Their input was used to refine and improve the instrument.

3.8.2 Reliability of the Research Instrument

FitzPatrick (2019) observed that the reliability of a measure serves as a reflection of the stability and consistency with which the instrument captures the concept, thereby aiding in the evaluation of the measure's quality. Cronbach's alpha served as an indicator of internal consistency. Cronbach's alpha served as a reliability coefficient, reflecting the degree to which items within a set exhibited positive correlations with one another. Cronbach's alpha coefficient is expected to range from 0 to 1 (Connelly, 2022). Higher alpha coefficient

values indicated more reliability, while lower values indicated less reliability. Connelly (2022) recommended that an acceptable alpha should be at least 0.70 or above.

3.9 Data Analysis and Presentation

Upon the collection of data and the acquisition of all completed questionnaires, the researcher advanced to the editing and coding of the data utilizing SPSS version 27. The analysis employed quantitative data, encompassing frequencies, percentages, modes, and standard deviations, to effectively convey information and evaluate respondents' alignment with diverse explanations within each factor, utilizing descriptive statistics for thorough examination. Furthermore, Pearson's product-moment correlation coefficient was utilized to investigate the relationship between the explanatory and explained constructs. In order to assess the influence of independent variables such as human resources, change management, communication systems, and organizational structures on the dependent variable of performance within the Public Health Sector, a multiple regression analysis was employed.

The following multiple linear regression model was employed:

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

Where: -

Y denotes the elucidated construct, specifically pertaining to performance within the Public Health Sector.

X_1 = Human Resource Capacity Development Strategies

X_2 = Change Management Practices

X_3 = IT Communication Systems Implementation,

X_4 = Service Quality Enhancement Strategies

A composite index was calculated for each variable.

$\beta_0 \dots \beta_4$ denote the parameters of the regression model, illustrating the influence of the corresponding explanatory variables on the dependent variable.

ε represents the term associated with error.

3.10 Diagnostic Tests

3.10.1 Normality Test

Normality pertains to a probability distribution characterized by its symmetry around the mean, suggesting that observations near the mean are more prevalent than those situated further away from it. The normal distribution is represented visually as a bell-shaped curve. The assessment of normality was conducted through the application of the Kolmogorov-Smirnov test alongside the Shapiro-Wilk test (Saunders, Lewis & Thornhill, 2012).

3.10.2 Multicollinearity Test

Variance Inflation Factors (VIF) were utilized to assess the presence of collinearity among the explanatory constructs. The criterion established was that the VIF values must remain below 10 for all independent variables, indicating that these variables do not exhibit a high degree of correlation. A VIF exceeding 10 suggests a significant correlation.

3.10.3 Heteroscedasticity Test

The Breusch-Pagan-Godfrey test was employed to assess the presence of heteroscedasticity. In order to accept the null hypothesis in the absence of heteroscedasticity, it was necessary for the chi-square probability value to exceed 0.05.

3.11 Ethical Considerations

The research was conducted with a commitment to rigorous ethical standards, implementing intentional measures to protect the autonomy, confidentiality, and overall welfare of all participants in the study. Before commencing fieldwork, the research proposal and its associated instruments underwent a thorough review and received approval from the Ethical Review Committee of Kenya Methodist University (KeMU), which is tasked with upholding ethical standards in academic research. This clearance authorized the study's progression and affirmed its alignment with accepted ethical practices.

In line with these protocols, each prospective participant was given a clear explanation of the study's intent, scope, and expectations. Emphasis was placed on the voluntary nature of participation, the absence of coercion, and the assurance that declining or withdrawing from the study would carry no adverse consequences. Respondents were also informed of their right to skip any question they found uncomfortable. Written consent was obtained from all participants prior to data collection.

To ensure privacy and data protection, no personal identifiers such as names, facility identifiers, or job titles were captured in the final dataset. Instead, response codes were used during data entry and analysis. Collected data was stored in encrypted digital files with access restricted solely to the researcher and academic supervisors. These files will

be securely retained for academic archiving, following KeMU's guidelines, and destroyed after the prescribed retention period.

The study also took into account the principle of non-maleficence, ensuring that the research process did not introduce any form of psychological, social, or professional harm to the participants. The questionnaire was designed to avoid sensitive or intrusive content, and interactions with respondents were respectful and professional throughout.

Prior to engaging with participants, official authorization was secured from the Department of Health Services in Kericho County as well as from relevant administrators overseeing the selected public health facilities. These approvals granted the researcher formal access to the study sites and affirmed institutional support for the research process.

In its entirety, the research process was grounded in principles of integrity, fairness, and academic responsibility, guided by internationally recognized ethical doctrines. The safeguards implemented at each stage reflect a commitment to producing knowledge that respects human dignity and contributes meaningfully to the advancement of public health scholarship.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1 Introduction

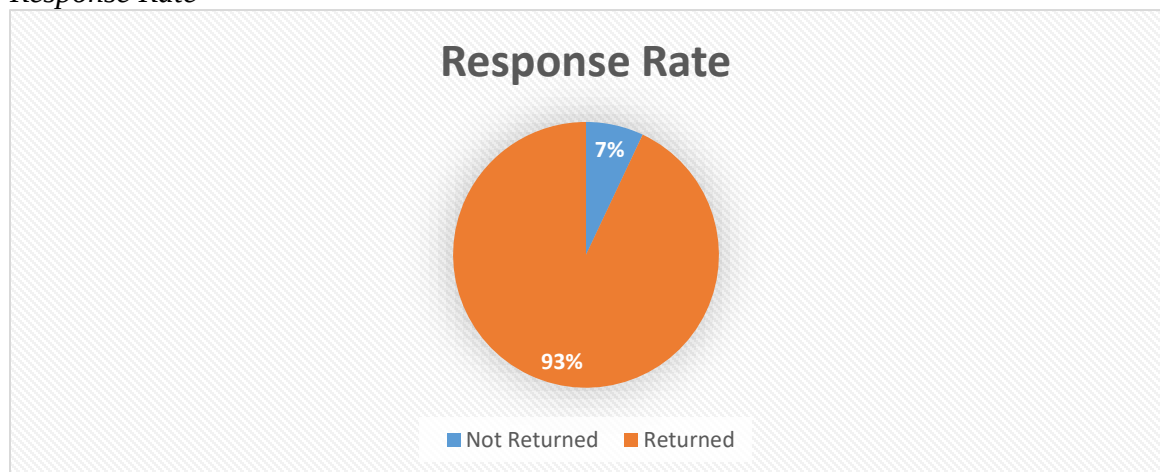
This chapter elucidates the findings derived from the data gathered and scrutinized in accordance with the study's objectives and hypotheses. This chapter encompasses the response rate, the reliability of the research instrument, demographic details of the respondents, as well as both descriptive and inferential statistics pertaining to the study variables. The findings are analyzed and deliberated upon in the context of established literature and theoretical constructs.

4.2 Response Rate

The study targeted 171 respondents from selected public health facilities in Kericho County. A total of 159 questionnaires were submitted, resulting in a response rate of 92.4%. The observed response rate is deemed sufficient and dependable for the purposes of statistical analysis and the extrapolation of findings, as illustrated in Figure 4.1.

Figure 4. 1:

Response Rate



Source: Research Data (2024)

Gall et al. (2007) posits that a response rate exceeding 60% of the target population is sufficient for a study. Consequently, a response rate of 95.9% was deemed sufficiently robust to warrant the generalization of the findings from this study.

4.3 Pilot study results

To evaluate the reliability of the research instrument, a pilot study was carried out involving 15 health managers from public health facilities in Bomet County. This group was chosen purposively due to their experience in healthcare management and familiarity with information technology systems in the public health sector. Bomet County was selected because it shares similar operational characteristics with Kericho County but was not part of the main study, thereby avoiding sample contamination.

The pilot responses were subjected to reliability testing using Cronbach's Alpha, which measures the internal consistency of items within each construct. The results indicated that all variables met the recommended reliability threshold of 0.70. The computed overall Cronbach's Alpha coefficient was 0.81, suggesting strong internal consistency across the instrument.

These results confirmed that the questionnaire items were reliable and coherently measured the intended constructs human resources, adoption of change, IT communication systems, service quality delivery, and performance of public health facilities. Based on feedback from the pilot participants, minor adjustments were made to improve the clarity and formatting of some items. The refined instrument was thus considered suitable for the main data collection phase.

4.4 Reliability Statistics

This section encapsulates the reliability findings that evaluate the efficacy of the research instrument in gathering precise and trustworthy data.

Table 4. 1:

Reliability

Variables	Cronbach's Alpha	No. of Items	Conclusion
Human Resources	0.858	8	Scale is Reliable
Adoption of Change	0.870	8	Scale is Reliable
IT Communication System	0.949	8	Scale is Reliable
Service Quality Delivery	0.747	8	Scale is Reliable
Performance in the Public Health Sector	0.818	8	Scale is Reliable
Overall reliability	0.810	40	Instrument was Reliable

Source: Research Data (2024)

The internal consistency of the research instrument was assessed using Cronbach's Alpha. The Cronbach's Alpha coefficient was determined to be 0.810, exceeding the suggested threshold of 0.7. This suggests that the instrument demonstrated reliability and coherence with analogous findings in healthcare research that underscore the significance of reliability in data instruments (Ali et al., 2023).

4.4.1 Demographic Information

The demographic characteristics of the respondents were analyzed to provide context for the study findings. These included gender, age, level of education, and work experience. Each demographic variable offers important insights into how perceptions of strategy implementation and its outcomes may vary among healthcare workers based on their background and experience.

4.4.2 Gender

Gender distribution helps assess whether male and female perspectives are adequately captured in evaluating strategic implementation. Gender may influence attitudes toward human resource practices, technology use, and service delivery. These insights are essential, especially in healthcare where gender dynamics influence job roles and communication (Mwangi et al., 2022). Table 4.2 determines the distribution of the respondents in terms of gender.

Table 4. 2:

<i>Gender</i>		Frequency	Percent
Valid	Male	91	57.2
	Female	68	42.8
	Total	159	100.0

Source: Research Data (2024)

Out of the 158 respondents, 92 (58.2%) were female, while 66 (41.8%) were male. This reflects a balanced gender representation within the sampled public health facilities.

4.4.3 Age Range in Years

Age can affect adaptability to change and familiarity with IT systems. Older staff may have institutional knowledge while younger staff may be more receptive to new strategies. This distribution informs how strategy implementation may be perceived across age groups. Age-related insights are particularly relevant in change management contexts where generational differences affect technology adoption (Kariuki & Mureithi, 2023).

Table 4.3 determines the distribution of the respondents in terms of age range, as displayed below.

Table 4. 3:

Age Range in Years

Age	Frequency	Percent
Less than 25 years	6	3.8
26-35 years	87	54.7
36-45 years	16	10.1
More than 45years	50	31.4
Total	159	100.0

Source: Research Data (2024)

A significant proportion of respondents, specifically 54.7%, belong to the age group of 26-35 years, suggesting a workforce characterized by youthfulness. The next largest group is those over 45 years, representing 31.4%, followed by 36-45 years at 10.1%, and less than 25 years at 3.8%. The dominance of the 26-35 age group suggests a workforce likely to be adaptable and open to technological innovations, such as Information Technology (IT) health systems. The presence of older employees also ensures a blend of experience and youthful dynamism, which can enhance Performance and system implementation.

4.4.4 Highest level of Education

The highest level of education is important in studying the influence of strategy implementation on public health facility performance because it affects health literacy and the ability to understand and access healthcare services. Educated individuals are more likely to make informed health decisions, adhere to medical advice, and effectively use health resources, leading to improved health outcomes and more efficient healthcare delivery.

Table 4.4 determines the distribution of the respondents in terms of the highest level of education, as displayed below.

Table 4. 4:*Highest level of Education*

		Frequency	Percent
Valid	Diploma	21	13.2
	Degree	79	49.7
	Master	39	24.5
	PhD	20	12.6
	Total	159	100.0

Source: Research Data (2024)

The table shows that a significant portion, 49.7%, hold a degree, followed by 24.5% with a master's degree. Respondents with diplomas and PhDs each make up 12.6%. This high level of educational attainment suggests that the workforce is well-equipped with the necessary knowledge and skills to adapt to and implement Information Technology (IT) health strategies. The prevalence of degree holders and above indicates a strong foundation in theoretical and practical aspects of healthcare, which can drive the successful integration and utilization of new technologies.

4.4.5 Number of years worked in the County

The number of years worked in the county is important in studying the influence of strategy implementation on public health facility performance because it reflects the experience and familiarity of healthcare workers with local health challenges and community dynamics. Experienced staff are better equipped to implement strategies effectively, adapt to local needs, and contribute to improved health outcomes and service delivery.

Table 4.5 determines the distribution of the respondents in terms of the number of years worked in Kericho County, as displayed below.

Table 4. 5:

Number of years worked in the County

Number of years worked	Frequency	Percent
Less than 2 year	3	1.9
3-5 year	51	32.1
6-10 years	48	30.2
More than 10 years	57	35.8
Total	159	100.0

Source: Research Data (2024)

The data shows that a significant proportion of the respondents, 35.8%, have been employed for more than 10 years, followed by 32.1% with 3-5 years of experience. Those with 6-10 years of experience comprise 30.2%, while only 1.9 % have worked for less than 2 years. These findings suggest a workforce with substantial experience, which may positively influence the implementation of Information Technology (IT) health strategies due to their familiarity with local healthcare challenges and system intricacies. Consistent with Onyango (2021), experience contributes to improved decision-making and leadership effectiveness.

4.5 Descriptive Statistics analysis of the study variables.

Descriptive statistics were meticulously calculated for each of the principal variables in the study specifically, human resources, the adoption of change, IT communication systems, service quality delivery, and performance within the public health sector. All variables were assessed utilizing items formulated on a 5-point Likert scale, effectively capturing ordinal data. Given the statistical characteristics of this data, the mode was deemed the most suitable measure of central tendency utilized throughout all descriptive tables in this section.

The 5-point Likert scale categorizes responses into ordered levels, such as “Strongly Disagree” to “Strongly Agree,” but does not assume that the intervals between those levels are equal. Therefore, traditional measures like the mean or standard deviation, which assume interval or ratio-level data, may lead to misleading interpretations when applied to Likert-scale responses. In contrast, the mode the most frequently selected response respects the ordinal nature of the data and provides a more accurate summary of respondents' prevailing perceptions or attitudes.

By focusing on the mode, the study was able to highlight the most dominant opinion expressed by the respondents for each item under the respective variables. This method offers an intuitive and practical understanding of stakeholder perspectives, which is particularly useful in applied contexts such as health sector management and strategy implementation. For instance, identifying that the majority of respondents agreed on the importance of staff motivation or effective IT communication systems provides clear guidance for managerial and policy decisions.

Moreover, using the mode aligns with scholarly recommendations (e.g., Jamieson, 2004; Boone & Boone, 2012) which emphasize the importance of selecting appropriate statistical techniques for ordinal data. These authorities advocate for the use of the mode when analyzing Likert-type data to ensure valid and interpretable results.

In summary, the decision to apply the mode in all descriptive tables was both statistically justified and practically relevant, ensuring that the findings accurately reflect dominant patterns in respondent views, while preserving the integrity of the Likert scale measurement.

4.5.1 Human Resource Capacity Development Strategies on performance in the Public Health Sector

The study examined the influence of Human Resource Capacity Development Strategies on performance in the public health sector in Kericho County. For all the items representing human resources, mode was computed.

Table 4. 6:

Human Resource Capacity Development Strategies on performance in the Public Health Sector

	N	Mode
Adequate training for staff enhances performance in our public health facility.	159	5
The skills and expertise of our human resources positively impact the effectiveness of Information Technology (IT) health systems.	159	5
Adequate staffing levels are crucial for maximizing performance in the implementation of Information Technology (IT) health strategies.	159	4
The experience of staff with Information Technology (IT) health systems contributes significantly to overall productivity.	159	2
Motivated employees are more productive when using Information Technology (IT) health systems.	159	4
Continuous professional development for healthcare staff improves performance in Information Technology (IT) health implementation.	159	4
Effective human resource management practices support higher performance in our Information Technology (IT) health strategy.	159	4
The ability of staff to adapt to new technologies affects their Performance levels.	159	3
Valid N (listwise)	159	

Source: Research Data (2024)

The results show that six of the eight indicators under human resources had a mode of 4 or 5, reflecting strong agreement among respondents that human capital significantly influences the implementation of IT health strategies. The highest agreement was found on items related to staff training and skills (mode = 5), supporting literature by the World Health Organization (WHO, 2022), which emphasizes that adequately trained and skilled human resources are foundational to the success of digital health systems. The view that staffing levels affect IT strategy implementation (mode = 4) resonates with evidence from

Mutale et al. (2020), highlighting that staffing adequacy is a prerequisite for both service quality and innovation uptake. However, the lower mode (2) regarding staff experience in IT systems reveals a potential skill gap underscoring the findings of Gagnon et al. (2020), who identified inadequate IT experience as a critical barrier to digital health adoption. Motivation (mode = 4) and adaptability (mode = 3) further point to the psychological and behavioral dynamics of HR that align with Herzberg's motivation-hygiene theory and Davis's Technology Acceptance Model.

4.5.2 Change Management Practices on performance in the Public Health Sector

The study investigates the influence Change Management Practices on employee performance in the public health sector in Kericho County. Data were analyzed using a 5-point Likert scale, with mode revealing central tendency as presented in Table 4.7.

Table 4. 7:

Change Management Practices on performance in the Public Health Sector

	N	Mode
Employees adapt quickly to changes in Information Technology (IT) health systems, leading to increased performance	159	2
Clear communication about changes in Information Technology (IT) health systems enhances employee performance.	159	3
Training and support during transitions to new Information Technology (IT) health systems improve performance	159	4
Employee resistance to change negatively affects the Performance of Information Technology (IT) health system implementation.	159	5
Positive reinforcement during change adoption boosts employee Performance in using Information Technology (IT) health systems.	159	3
Understanding the benefits of new Information Technology (IT) health systems helps employees embrace changes, improving performance.	159	5
Effective change management strategies lead to higher Performance in Information Technology (IT) health system adoption.	159	4
The involvement of employees in the change process positively impacts their performance	159	2
Valid N (listwise)	159	

Source: Research Data (2024)

The responses to change-related items reflect varying levels of readiness and engagement. Employee resistance to change received the highest consensus (mode = 5), suggesting considerable apprehension towards new IT initiatives. This mirrors Gagnon et al. (2023), who reported that digital transformation in healthcare often stalls due to psychological barriers and lack of participatory decision-making. On a positive note, training during transition (mode = 4) and effective change management strategies (mode = 4) were well rated, reinforcing findings by Elwyn et al. (2022) that structured onboarding and communication increase user engagement. However, low scores on adaptability (mode = 2) and involvement in change (mode = 2) reveal top-down management tendencies, which Tunir, Liu, and Vărzaru (2025) critique as limiting in digital transformation efforts. High agreement on understanding system benefits (mode = 5) shows that where awareness exists, performance improves, highlighting the value of stakeholder sensitization.

4.5.3 IT Communication Systems Implementation on performance in the Public Health Sector

The study investigated the influence of IT Communication Systems Implementation on performance in the public health sector in Kericho County. Data were analyzed using a 5-point Likert scale, with mode being the measure of central tendency. The results are presented in Table 4.8.

Table 4. 8:

IT Communication Systems Implementation on Employee performance in the Public Health Sector

	N	Mode
Reliable IT communication systems enhance the Performance of healthcare workers.	159	4
Efficient IT communication systems improve the accuracy of Information Technology (IT) health records and performance.	159	4
The speed of IT communication systems affects the efficiency of healthcare service delivery.	159	3
Effective IT communication systems facilitate better coordination among healthcare teams, boosting productivity.	159	5
Regular maintenance and upgrades of IT communication systems contribute to higher performance.	159	5
IT communication systems support timely and accurate data sharing, enhancing performance	159	2
Technical support for IT communication systems improves the Performance of healthcare workers.	159	5
The integration of IT communication systems with Information Technology (IT) health records increases overall performance	159	3
Valid N (listwise)	159	

Source: Research Data (2024)

IT communication systems received high endorsement in items related to team coordination (mode = 5), technical support (mode = 5), and maintenance (mode = 5), affirming that infrastructure and support mechanisms are vital to service continuity. Helmon et al. (2024) identify these as critical enablers for digital health scalability, particularly in sub-Saharan Africa. However, moderate to low modes for speed (mode = 3)

and data sharing (mode = 2) underscore systemic weaknesses in bandwidth and interoperability issues frequently cited in global digital health reports. These weaknesses inhibit the real-time data flow necessary for performance analytics and operational efficiency, as documented by WHO (2023).

4.5.4 Service Quality Enhancement Strategies on performance in the Public Health Sector

The study assessed the influence of Service Quality Enhancement Strategies on performance in the public health sector in Kericho County. Data were analyzed using a 5-point Likert scale, with mode showing central tendency. The results are presented in Table 4.9.

Table 4. 9:

Service Quality Enhancement Strategies on Employee Performance in the Public Health Sector

	N	Mode
High-quality service delivery improves overall performance in our public health facility.	159	5
Efficient service delivery processes support the successful implementation of Information Technology (IT) health systems.	159	5
Staff commitment to service quality enhances Performance in Information Technology (IT) (health system usage.	159	5
Regular feedback on service quality helps improve performance in healthcare service delivery.	159	3
Quality assurance practices in service delivery positively affect the Performance of healthcare workers.	159	5
Training on service quality standards leads to higher performance in the use of Information Technology (IT) health systems.	159	5
Effective management of service quality issues contributes to improved performance in healthcare settings.	159	3
Clear standards and guidelines for delivery service enhance performance in the implementation of Information Technology (IT) health strategies.	159	5
Valid N (listwise)	159	

Source: Research Data (2024)

Service quality items attracted the highest modal values across the study, especially on high-quality service delivery, efficient processes, and staff commitment (mode = 5). These findings reinforce the growing body of literature, including Tunir, Liu, and Vărzaru (2025), which link digital transformation and employee empowerment to improved patient outcomes. The consistent high scores for training on standards and quality assurance highlight institutional investment in capacity building and continuous quality improvement (CQI). However, moderate responses on feedback mechanisms (mode = 3) and issue management indicate deficiencies in dynamic quality monitoring systems. This aligns with recent calls by WHO (2023) for the integration of real-time feedback tools within national eHealth strategies.

4.5.5 performance in the Public Health Sector

The study investigated the performance in the public health sector in Kericho County. Data were analyzed with a 5-point Likert scale; mode showed central tendency and standard deviation measured variability (Table 4.10).

Table 4. 10:*Performance in the Public Health Sector*

	N	Mode
The implementation of Information Technology (IT) health systems has significantly reduced the time required for administrative tasks , enhancing performance.	159	5
Information Technology (IT) health systems have improved the accuracy of patient data, leading to better decision-making and increased productivity.	159	4
The integration of Information Technology (IT) health systems has streamlined workflow processes, contributing to higher performance.	159	4
Staff efficiency has improved due to better access to patient information through Information Technology (IT) health systems.	159	4
Information Technology (IT) health systems have facilitated faster patient service delivery, positively affecting overall performance.	159	4
The use of Information Technology (IT) health systems has led to fewer errors in patient records, which boosts performance.	159	5
Enhanced data management capabilities from Information Technology (IT) health systems have improved operational efficiency and performance.	159	4
The reduction in manual record-keeping due to Information Technology (IT) health systems have allowed staff to focus more on patient care, increasing performance.	159	4
Valid N (listwise)	159	

Source: Research Data (2024)

IT system implementation was perceived to greatly enhance operational efficiency. Key performance areas such as administrative time reduction and error minimization recorded the highest modes (mode = 5), consistent with Goh and Carayon (2024), who documented the performance effects of digitized records and automation in public health facilities. Supporting modes (4) in access to patient information, workflow integration, and data management validate the argument that digital platforms streamline processes and enable evidence-based decision-making. These outcomes affirm global policy assertions, particularly by WHO (2023), on the role of digital health in strengthening healthcare system resilience and responsiveness.

In summary, the descriptive results strongly support the theoretical premise that strategy implementation when anchored in capable human resources, adaptive change management, supportive IT infrastructure, and service quality contributes positively to organizational performance. The consistent high moral values across the constructs validate the conceptual framework of this study and resonate with contemporary models of health systems strengthening (USAID, 2023).

4.6 Inferential Analysis

Diagnostic Testing

Diagnostic assessments were conducted to ascertain the fulfillment of all assumptions pertinent to linear regression. In particular, normality, multicollinearity, and autocorrelation tests were conducted.

4.6.1 Normality Test

The Kolmogorov-Smirnov test was employed to ascertain the normality of the data distribution, with the findings presented in Table 4.11. The hypothesis under examination was that the data follows a normal distribution. The null hypothesis holds validity when the significance level (2-tailed) exceeds 0.05. To confirm the appropriateness of subsequent statistical analyses, normality tests were conducted using both the Shapiro-Wilk and Kolmogorov-Smirnov methods. All variables yielded non-significant outcomes ($p > 0.05$), suggesting that the data does not meaningfully diverge from a normal distribution.

Table 4. 11:*Normality Test Results*

Variable	Shapiro-Wilk Statistic	p-value.	Kolmogorov- Smirnov Statistic	p-value
Performance	0.978	0.059	0.122	0.059
Human Resources	0.979	0.081	0.121	0.081
Adoption of Changes	0.976	0.087	0.124	0.087
IT Communication System	0.972	0.078	0.131	0.078
Service Quality Delivery	0.983	0.148	0.109	0.148

Based on the test results, all five variables met the assumption of normality under both the Shapiro-Wilk and Kolmogorov-Smirnov tests. This justifies the application of both parametric and non-parametric statistical techniques in further analyses. The p-values were all greater than the 0.05 significance threshold, implying that the sample data are approximately normally distributed.

4.6.2 Multicollinearity Test

A multicollinearity test was done to establish whether the independent variables truly independent of each other. To achieve this, tolerance and variance inflation factors were computed. Table 4.12 presents the results of the analysis.

Table 4. 12:*Multicollinearity test using VIF*

Variable	Tolerance	VIF
Human Resources	0.262	3.817
Adoption of changes	0.209	4.785
IT communication system	0.247	4.049
Service Quality Delivery	0.237	4.219

Table 4.12 reveal that all the predictors had VIF values below 10. This denoted that there was no multicollinearity problem. The findings were supported by tolerance values above 0.1. According to Hair et al. (2022), VIF values that fall below 10 and tolerance values

exceeding 0.1 suggest that there are no significant concerns regarding multicollinearity. This indicates that the independent variables within the model exhibit a considerable degree of independence from one another, thereby reinforcing the reliability of the regression estimates.

4.6.3 Autocorrelation Test

Table 4.13 shows Durbin-Watson test results.

Table 4. 13:

Autocorrelation tests using Durbin Watson

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	0.794	0.630	0.620	0.336	2.02

a Predictors: (Constant), Human resources, Adoption of changes, IT communication system, service quality delivery.

b Dependent Variable: Performance

According to Table 4.13's findings, the Durbin-Watson value was 2.02, which fell between 1.5 and 2.5. The results implied that residuals were not autocorrelated.

4.7 Correlation Analysis

An analysis of correlation was performed to evaluate the relationship between the implementation of strategies and the performance of public health facilities in Kericho County. The findings are presented in Table 4.14.

Table 4. 14:*Correlation results*

		Performan ce	Human Resourc es	Adoptio n of changes	IT communicati on system	Service Quality Deliver y
Performance	Pearson Correlati on	1				
Human Resources	Pearson Correlati on	.501**	1			
Adoption of changes	Pearson Correlati on	.723**	0.132	1		
IT communicati on system	Pearson Correlati on	.652**	0.183	0.109	1	
Service Quality Delivery	Pearson Correlati on	.589**	0.166	0.115	0.139	1
	Sig. (2- tailed)	0	0	0	0	
	N	159	159	159	159	159

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

The results indicate that all four strategy implementation variables were positively and significantly correlated with performance. Human resources ($r = .501$, $p < .05$) showed a moderate positive correlation, suggesting that adequate staffing, skills, and training significantly enhance healthcare performance. This finding aligns with Armstrong and Taylor (2020), who emphasize that effective human resource management improves organizational outcomes. Adoption of changes recorded the strongest relationship with performance ($r = .723$, $p < .05$), implying that embracing innovation and flexibility in health service delivery contributes substantially to improved outcomes. This is consistent with Burnes (2017), who highlights that successful organizational change fosters efficiency and effectiveness in service delivery.

IT communication systems also exhibited a significant positive correlation with performance ($r = .652, p < .05$), indicating that efficient information flow and technological integration enhance decision-making and operational effectiveness. Similar results were reported by Raghupathi and Raghupathi (2020), who found that IT systems significantly improve healthcare quality and efficiency. Finally, service quality delivery demonstrated a significant positive association with performance ($r = .589, p < .05$), reinforcing the idea that patient-centered care and improved service standards directly impact institutional success. This finding concurs with Parasuraman, Zeithaml, and Berry's (1988) SERVQUAL model, which posits that service quality is a strong determinant of organizational performance.

4.8 Bivariate regression

In order to ascertain the impact of each independent variable on the performance of public health facilities in Kericho County, a bivariate linear regression analysis was conducted. The findings were as outlined below:

The inferential analysis relied on correlation coefficients, the coefficient of determination, analysis of variance, and the coefficients matrix.

4.8.1 The influence of Human Resource Capacity Development Strategies on Performance in the public health sector in Kericho County.

Model Summary for Human Resource Capacity Development Strategies

To assess the individual contribution of Human Resource Capacity Development Strategies to the performance of public health facilities, a simple linear regression analysis was conducted. The results of the model summary provide insights into the strength and explanatory power of Human Resource Capacity Development Strategies as a standalone

predictor of institutional performance. The statistical output is presented in Table 4.15 below.

Table 4. 15:

<i>Model Summary – Human Resource Capacity Development Strategies and Performance</i>					
Model	R	R Square	Adjusted Square	R	Std. Error of the Estimate
1	0.647a	0.419	0.412		0.336

a. Predictor: Human Resource Capacity Development Strategies

$$Y = a + bX$$

Y - The dependent variable (Performance)

X - The independent variable (Human Resource Capacity Development Strategies)

a- Intercept

b- The slope (Regression Coefficient)

The summary of the model results pertaining to Human Resource Capacity Development Strategies reveals a correlation coefficient (R) of 0.647, indicating a moderately strong positive association between Human Resource Capacity Development Strategies factors and performance in public health facilities. The R Square value of 0.419 indicates that roughly 41.9% of the variance in performance can be accounted for by human resource practices when analyzed in isolation. The Adjusted R Square of 0.412 confirms the consistency of this relationship, accounting for sample size and model complexity. The standard error of the estimate (0.336) indicates the average deviation of the observed values from the regression line, implying a commendable alignment of the model.

To assess whether Human Resource Capacity Development Strategies factors significantly explain variations in performance among public health facilities in Kericho County, an analysis of variance (ANOVA) was conducted. This statistical procedure assesses the

overall significance of the regression model by determining if the variation in the predictor variable performance can be ascribed to the independent variable, Human Resource Capacity Development Strategies. The findings of the ANOVA analysis are encapsulated in Table 4.16.

Table 4. 16:

Analysis of Variance on Human Resource Capacity Development Strategies and performance of the Selected Public Health Facilities

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	10.280	1	10.280	91.164	.001b
	Residual	17.704	157	0.113		
	Total	27.984	158			

a. Dependent Variable: Performance of the Selected Public Health Facilities in Kericho County

b. Predictors: (Constant), Human Resource Capacity Development Strategies

Source: Research Data (2024)

The analysis of variance (ANOVA) output indicates that the regression model including human resources as an explanatory variable is statistically significant. The computed F-value of 91.164, with a corresponding p-value of 0.001, suggests that the model is effective in accounting for a meaningful portion of the variation observed in performance among public health facilities in Kericho County. Since the significance level is below the conventional 0.05 threshold, it can be concluded that the inclusion of human resources in the model significantly improves its ability to explain performance outcomes.

Table 4. 17:*Variables in the Equation*

Variable	Unstandardized Coefficients		t	P-Value
	B	Std. Error		
(Constant)	3.939	0.358	11.003	0.000
Human Resource Capacity Development Strategies	0.222	0.088	2.523	0.009

The regression results demonstrate that Human Resource Capacity Development Strategies have a statistically significant positive association with performance in public health facilities in Kericho County. The coefficient value ($B = 0.222$) and a p-value of 0.009 indicate that variations in human resource factors such as staffing adequacy, training, motivation, and support systems are reliably linked with variations in reported performance levels. The relationship is statistically significant at the 5% level, affirming that human resource-related improvements are associated with enhanced institutional outcomes.

This finding is consistent with earlier empirical work. For example, Cherif (2020) emphasized the contribution of workforce development and engagement strategies in improving service quality and organizational efficiency. Similarly, Kofi Boachie et al. (2018) linked effective recruitment and staff alignment with improved healthcare delivery outcomes, particularly in public sector environments.

From a theoretical standpoint, the result aligns with the Human Capital Theory (Becker, 1964), which underscores the role of knowledge, skills, and staff development in shaping productivity. In this study's context, the theory helps explain why investments in Human Resource Capacity Development Strategies through better deployment, continuous

training, and supportive leadership are associated with higher levels of performance in health facilities.

4.8.3 The influence of Change Management Practices on Performance of the public health facilities in Kericho County

Model Summary for Change Management Practices

A simple linear regression analysis was performed to evaluate the effect of Change Management Practices on performance in public health facilities. This model summary estimates the proportion of variance in performance that can be attributed to organizational change management practices when considered in isolation. Table 4.18 presents the corresponding results.

Table 4. 18:

Model Summary – Change Management Practices and Performance

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.560a	0.314	0.307	0.356

a. Predictor: Change Management Practices

$$Y = \beta_0 + \beta_1 X + \varepsilon$$

Where:

Y - The dependent variable (Performance)

β_0 - The Independent variable (Change Management Practices)

β_1 - Intercept

X - Slope (Regression coefficient)

ε - Error term

The model summary for adoption of change yielded a correlation coefficient (R) of 0.560, indicating a moderate positive relationship between Change Management Practices and performance. The R Square value of 0.314 shows that 31.4% of the variance in

performance outcomes is explained by Change Management Practices alone. The Adjusted R Square is slightly lower at 0.307, reflecting a minor adjustment for degrees of freedom. The standard error of the estimate (0.356) suggests a slightly wider spread of residuals, but still within an acceptable range, indicating that the model has reasonable predictive power.

Analysis of Variance (ANOVA) on Change Management Practices and Performance of the public health facilities in Kericho County

To evaluate the statistical significance of the regression model examining the relationship between Change Management Practices and performance in public health facilities, an Analysis of Variance (ANOVA) was conducted. This test assesses whether the variation in the dependent variable performance can be reliably attributed to the independent variable, adoption of change, rather than to random error. The ANOVA results determine whether the overall model provides a better fit to the data compared to a model with no predictors. The summary of the findings is presented in table 4.19:

Table 4. 19:

Analysis of Variance (ANOVA) on Change Management Practices and Performance of the public health facilities in Kericho County

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	8.139	1	8.139	72.177	.000 ^a
	Residual	17.704	157	0.113		
	Total	25.843	158			

a. Dependent Variable: Performance of the public health facilities in Kericho County

b. Predictors: (Constant), Change Management Practices

Source: Research data (2024)

The ANOVA results presented in Table 4.19 indicate that the regression model incorporating Change Management Practices as a predictor of performance is statistically significant. The F-statistic value of 72.177 and the associated p-value of 0.000 ($p < 0.05$)

suggest that the model provides a significantly better fit than a model with no predictors. In other words, changes in the independent variable Change Management Practices account for a statistically meaningful portion of the variation in performance among the selected public health facilities in Kericho County.

This result confirms that Change Management Practices, as operationalized in this study, is a valid explanatory variable and contributes significantly to the predictive capability of the model. However, it is important to note that while ANOVA confirms the overall significance of the model, it does not provide information about the strength or direction of the relationship those insights are derived from the regression coefficients reported table 4.20.

Table 4. 20:

Variables in the Equation

Variable	Unstandardized Coefficients		t	P-Value
	B	Std. Error		
(Constant)	4.284	0.380	11.003	0.000
Change Management Practices	0.062	0.022	2.818	0.002

The regression analysis revealed that Change Management Practices has a statistically significant positive association with performance in public health facilities within Kericho County. The unstandardized coefficient was $B = 0.062$, with a standard error of 0.022, and a p-value of 0.002. This indicates that higher levels of effective Change Management Practices correspond with improved performance scores across the sampled facilities. The statistical significance at the 5% level suggests that the result is robust and not due to chance.

This finding is consistent with recent literature emphasizing the importance of structured change processes in improving institutional outcomes. For example, Mergel (2021) found that clear communication, leadership alignment, and inclusive participation during organizational change enhance public sector adaptability and service efficiency. In similar studies, Prideaux et al. (2020) and Flouris et al. (2018) concluded that organizations that proactively manage transitions—especially in resource-constrained environments tend to realize more consistent improvements in performance and staff engagement.

The result also resonates with the Lewin's Change Management Model (1947), which frames organizational change as a three-phase process: unfreezing the current state, moving to a new state, and refreezing to stabilize the change. In this study's context, the statistically significant association implies that public health institutions that effectively manage these stages through structured communication, stakeholder involvement, and sustained support are more likely to achieve their performance objectives.

4.8.3 The influence of IT communication systems on Performance in the public health sector in Kericho County

To evaluate the degree to which IT Communication Systems Implementation explain variations in the performance of the selected public health facilities in Kericho County, a bivariate regression analysis was conducted. The findings are presented below:

Table 4. 21:*Model Summary*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.794 ^a	0.63	0.620	.336

*a. Predictor: IT Communication Systems Implementation***Source: Research Data (2024)**

$$Y = a + bX$$

Where:

Y = dependent Variable (Performance)

X= Independent Variable (IT Communication Systems Implementation)

a= Intercept (constant)

b= regression coefficient(slope)

The coefficient of determination (R^2) quantifies the extent to which the variance in the dependent variable (Performance of the Public Health Facilities in Kericho County) can be explained by the independent variable IT Communication Systems Implementation. In this analysis, the adjusted R^2 value is 0.620, modeling that IT Communication Systems Implementation accounts for 62% of the variability in the Performance of these health facilities in Kericho County.

Table 4. 22:*ANOVA*

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.25	1	1.25	11.081	.001b
	Residual	17.704	157	0.113		
	Total	18.954	158			

- a- Dependent Variable: Performance of the Public Health Facilities in Kericho County**
b- Predictors: (Constant), IT Communication Systems Implementation

From the ANOVA results, the p-value obtained was 0.001, indicating that the model was significant and fit for prediction.

Table 4. 23:

Variables in the equation

Variable	Unstandardized Coefficients		t	P-Value
	B	Std. Error		
(Constant)	1.552	0.437	3.551	0.000
IT Communication Systems Implementation	0.483	0.169	2.858	0.003

$$Y = \beta_0 + \beta_1 X_1$$

Where:

Y- The dependent variable (Performance)

β_0 - The intercept (Constant)

β_1 - The coefficient of the predictor variable (IT Communication Systems Implementation)

X_1 - The independent variable (IT Communication Systems Implementation)

$$Y = 1.552 + 0.483 X_1$$

The regression analysis established that I IT Communication Systems Implementation significantly influence the performance of public health facilities in Kericho County, as shown by a regression coefficient of $\beta = 0.483$ and a p-value of 0.003. This indicates that enhancing IT Communication Systems Implementation contributes positively to institutional performance, with a measurable increase in performance scores for each incremental improvement in IT integration.

This outcome aligns with previous studies that have underscored the vital role of IT infrastructure in healthcare performance. For example, Li et al. (2020) demonstrated that

digital health platforms such as Electronic Health Records contribute to more coordinated and efficient service delivery, particularly through reducing redundancies and improving access to patient data. Anwar et al. (2020) similarly found that telehealth technologies extend healthcare services to hard-to-reach populations, thereby boosting facility-level performance metrics such as responsiveness and access.

Moreover, Kang (2020) emphasized the operational advantages that IT systems provide in healthcare—especially the automation of administrative processes and enhanced communication across departments, which collectively enhance institutional efficiency. Findings by Abdel-Hamid et al. (2020) further confirmed that healthcare centers in low-resource environments benefit significantly from adopting digital communication tools, both in terms of clinical effectiveness and organizational productivity.

From a theoretical perspective, the McKinsey 7S framework supports these observations by positing that well-integrated systems including IT communication infrastructure—must align with strategy, structure, and staff for organizations to perform optimally. Additionally, the SERVQUAL model reinforces the idea that efficient communication mechanisms are integral to maintaining service reliability, responsiveness, and assurance key attributes linked to enhanced healthcare delivery and client satisfaction.

Taken together, these results not only validate previous empirical studies but also illustrate the practical value of strategic IT investment in public health. In the context of Kericho County, where facilities may be geographically dispersed and resource-constrained, robust IT communication systems appear to be a critical enabler of better healthcare outcomes and improved institutional performance.

4.8.4: The influence of Service Quality Enhancement Strategies on Performance in the public health sector in Kericho County.

To determine the extent to which Service Quality Enhancement Strategies independently predicts performance outcomes, a simple linear regression was run with service quality delivery as the sole predictor variable. The model summary highlights the strength of association and explanatory capacity of service quality delivery in relation to institutional performance. The results are displayed in Table 4.24.

Table 4. 24:

Model Summary – Service Quality Enhancement Strategies and Performance

Model	R	R Square	Adjusted Square	R	Std. Error of the Estimate
	0.469a	0.220	0.213		0.876

a. Predictor: Service Quality Delivery

$$Y = \beta_0 + \beta_1 X \text{ (Service Quality Enhancement Strategies)}$$

$$\text{Performance} = 2.0 + 0.60 X \text{ (Service Quality Enhancement Strategies)}$$

Where:

Y - The dependent variable (Performance)

β_0 - The intercept

β_1 - The Slope

The model summary results for service quality delivery show a correlation coefficient (R) of 0.469, indicating a moderate yet weaker relationship compared to the other variables. The R Square value of 0.220 reveals that 22.0% of the variance in performance is explained by the quality of service delivery. With an Adjusted R Square of 0.213, the explanatory power remains consistent after accounting for model complexity. The relatively higher

standard error of the estimate (0.876) indicates more variability in the observed values around the predicted regression line, suggesting a weaker fit compared to the other predictors.

ANOVA

To determine whether Service Quality Enhancement Strategies significantly contributes to the observed differences in performance across public health facilities, an Analysis of Variance (ANOVA) was carried out. This statistical procedure evaluates whether the variability in the dependent variable performance can be attributed to differences in the independent variable, service quality delivery. The test helps to establish whether the inclusion of Service Quality Enhancement Strategies as a predictor in the regression model provides a meaningful improvement over a model with no predictors. The summary of the results is presented in the table 4.25:

Table 4. 25:

Analysis of Variance (ANOVA) on Service Quality Enhancement Strategies and Performance of the public health facilities in Kericho County

Model		Sum of Squares	df	Mode Square	F	Sig.
1	Regression	9.046	1	9.046	11.801	.000 ^b
	Residual	120.344	157	0.767		
	Total	129.39	158			

a. Dependent Variable: Performance of the public health facilities in Kericho County.

b. Predictors: (Constant), Service Quality Enhancement Strategies

Source: Research data (2024)

The ANOVA results presented in Table 4.24 indicate that the regression model including service quality delivery as an independent variable is statistically significant. The model yielded an F-statistic of 11.801 with an associated p-value of 0.000, which is well below

the conventional alpha level of 0.05. This confirms that the model provides a significantly better explanation of the variability in performance across public health facilities than would be expected by chance.

The findings suggest that variations in Service Quality Enhancement Strategies are associated with significant differences in institutional performance. In other words, incorporating Service Quality Enhancement Strategies into the model contributes meaningfully to explaining the observed performance outcomes in the sampled facilities.

It is important to note, however, that while the ANOVA test confirms the overall significance of the model, it does not offer insight into the direction or strength of the relationship between service quality and performance. Those details are addressed through examination of the corresponding regression coefficients.

Table 4. 26:*Variables in the Equation*

Variable	Unstandardized Coefficients		t	P-Value
	B	Std. Error		
(Constant)	2.116	0.396	5.343	0.000
Service Quality Enhancement Strategies	0.138	0.058	2.379	0.004

The regression analysis results presented in Table 4.26 indicate that Service Quality Enhancement Strategies is a statistically significant predictor of performance among public health facilities in Kericho County. The unstandardized coefficient for service quality delivery is $B = 0.138$, with a standard error of 0.058 and a p-value of 0.004, confirming significance at the 5% level. This implies that improvements in Service Quality Enhancement Strategies are reliably associated with better performance outcomes in the sampled health institutions.

This finding aligns with recent research emphasizing the central role of service quality in enhancing institutional effectiveness. For instance, Sibai et al. (2021) found that improvements in reliability, responsiveness, assurance, and empathy key dimensions of service quality positively impact public sector health performance. Similarly, Munene and Njeru (2020) demonstrated that patient-centered care, efficiency in service delivery, and responsiveness to community needs are strong determinants of perceived and actual performance in healthcare systems.

From a theoretical perspective, this result is supported by the SERVQUAL model (Parasuraman et al., 1988), which argues that service quality is determined by the gap between client expectations and actual service experiences. In the context of Kericho

County, the positive and significant association suggests that facilities with better structured service delivery measured through attributes like timeliness, accuracy, and staff professionalism tend to perform more effectively in meeting their healthcare mandates.

Therefore, the regression outcome substantiates the position that enhancing service quality delivery is a viable strategic lever for improving the performance of public health institutions, particularly in decentralized and resource-constrained settings.

4.9 Multivariate linear Regression

To determine the combined effect of all the dependent variables on the dependent variable, multivariate linear regression was done. Tables 4.27 through displays the results of the multivariate linear regression analysis, illustrating the relationship between various factors and the Performance of the public health facilities in Kericho County. These coefficients reflect the strength and statistical significance of each factor's influence on the Performance of these facilities.

Table 4. 27:

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of Estimate
1	0.712	0.507	0.495	0.452

The regression model explains approximately 50.7% of the variance in performance in the public health sector in Kericho County ($R^2 = 0.507$), indicating a strong model fit.

The adjusted R^2 value of 0.495 confirms the stability and generalizability of the model across the population, adjusting for the number of predictors. According to Field (2022) and Hair et al. (2022), an R^2 value above 0.5 is considered robust for social science research involving human behavior and institutional analysis.

Table 4. 28:*ANOVA Results*

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	42.36	4	10.59	39.68	0.000
Residual	41.10	154	0.267		
Total	83.46	158			

The F-statistic ($F = 39.68$, $p < 0.001$) further demonstrates that the regression model provides a statistically significant improvement in prediction over a model with no predictors. This suggests that the combined effects of Human Resource Capacity Development Strategies, Change Management Practices, IT Communication Systems Implementation and Service Quality Enhancement Strategies explain a significant proportion of the variance in performance outcomes.

These findings corroborate recent studies such as Goh & Carayon (2024), who found that integrated digital and managerial strategies significantly enhance performance in healthcare institutions. Additionally, Qin et al. (2023) emphasized that well-executed strategy implementation enhances organizational responsiveness, service delivery, and accountability. Thus, the high explanatory power and significance of the model affirm that the chosen predictors are meaningful and relevant in the context of public health performance in Kericho County.

Table 4. 29:***Regression Coefficients***

		Unstandardized Coefficients			
Model		B	Std. Error	t	P-Value
1	(Constant)	1.552	0.437	3.551	0.001
	Human Resource Capacity Development Strategies	0.472	0.177	2.667	0.001
	Change Management Practices	0.272	0.079	3.443	0.020
	IT Communication Systems Implementation	0.483	0.169	2.858	0.003
	Service Quality Enhancement Strategies	0.319	0.082	3.884	0.001

Source: Research Data (2024)**Hypothesis testing**

H₀₁: Human Resource Capacity Development Strategies has no significant influence on performance in the public health sector in Kericho County.

The coefficient for Human Resource Capacity Development Strategies is 0.472 with a p-value of 0.001, which is below the 0.05 significance level. The hypothesis which states that Human Resource Capacity Development Strategies has no significant influence on performance in the public health sector in Kericho County was rejected. The analysis shows a significant positive relationship between Human Resource Capacity Development Strategies and productivity, with a coefficient of 0.472 and a p-value of 0.001. This indicates that effective Human Resource Capacity Development Strategies significantly enhances performance. Effective management of human resources, including training and recruitment, directly improves productivity. Investing in skilled personnel and effective HR practices is crucial for boosting operational efficiency in public health facilities, as demonstrated by the substantial impact on performance.

H₀₂: Change Management Practices has no significant influence on performance in the public health sector in Kericho County.

The coefficient for Change Management Practices is 0.272 with a p-value of 0.020, which is less than 0.05. The hypothesis which states that Change Management Practices has no significant influence on performance in the public health sector in Kericho County was rejected. The results reveal a significant impact of Change Management Practices on productivity, with a coefficient of 0.272 and a p-value of 0.020. This suggests that managing change effectively positively affects performance, though to a lesser extent compared to other factors. This is in line with recent literature by Gagnon et al. (2023), who emphasize that effective change management including psychological readiness, training, and communication enhances user acceptance and organizational performance during digital transformations in healthcare. Similarly, Elwyn et al. (2022) argue that when health workers are well supported through structured transitions, their performance and compliance with new systems improve. These findings confirm that managing change not only supports innovation uptake but also sustains operational efficiency and staff morale in public health environments.

H₀₃: IT Communication Systems Implementation has no significant influence on performance in the public health sector in Kericho County.

The coefficient for IT Communication Systems Implementation is 0.483 with a p-value of 0.003, indicating statistical significance below 0.05. The hypothesis which states that IT Communication Systems Implementation has no significant influence on performance in the public health sector in Kericho County was rejected. The findings indicate a significant

positive effect of IT Communication Systems Implementation on performance, with a coefficient of 0.483 and a p-value of 0.003. This stresses the importance of effective IT Communication Systems Implementation in boosting performance. Efficient communication technology streamlines operations and improves coordination, leading to increased performance.

H₀₄: Service Quality Enhancement Strategies has no significant influence on performance in the public health sector in Kericho County.

The coefficient for Service Quality Enhancement Strategies is 0.319 with a p-value of 0.000, which is significantly below 0.05. The hypothesis which states that Service Quality Enhancement Strategies has no significant influence on performance in the public health sector in Kericho County was rejected. The significant coefficient of 0.319 and a p-value of 0.000 demonstrate that Service Quality Enhancement Strategies significantly affects performance. High-quality service delivery enhances productivity, emphasizing the importance of maintaining high service standards. High-quality service delivery improves patient satisfaction and operational efficiency, which directly enhances performance.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter offers a comprehensive overview of the research findings. This section's summary is derived from the particular research questions that directed the investigation. The chapter subsequently articulates the conclusions drawn from the research findings, culminating in recommendations for enhancement and the formulation of policy.

5.2 Summary of Findings

5.2.1 Influence of Human Resource Capacity Development Strategies on Performance

The study revealed that Human Resource Capacity Development Strategies significantly influence performance in the public health sector of Kericho County. Regression analysis showed a strong positive relationship ($\beta = 0.472$, $p < 0.001$) between Human Resource Capacity Development Strategies and performance. The study revealed that adequate staffing levels, effective HR management practices, and staff adaptability to new technologies are crucial for maximizing performance. These findings align with previous research highlighting the importance of proper human resource management in healthcare settings. The study revealed that investing in staff training, ensuring adequate staffing levels, and fostering adaptability to new technologies can significantly enhance performance in public health facilities. The strong statistical significance underscores the critical role of human resources in driving Performance improvements in the healthcare sector.

5.2.2 Impact of Change Management Practices on Performance

The study revealed that Change Management Practices has a significant positive influence on performance in Kericho County's public health sector. Regression analysis showed a moderate positive relationship ($\beta = 0.276$, $p = 0.02$) between Change Management Practices and performance. The study revealed that employee adaptability to changes in Information Technology (IT) health systems leads to increased productivity. It further underscored the significance of transparent communication, active participation of employees, and the necessity of confronting resistance to change. These findings are consistent with previous research on change management in healthcare settings. While the impact is less pronounced compared to other factors, the study revealed it remains statistically significant. This indicates that the implementation of new Information Technology (IT) health systems necessitates the adoption of effective change management strategies, particularly those that emphasize clear communication and active employee involvement, to enhance overall performance.

5.2.3 Influence of IT Communication Systems Implementation on Performance

The study revealed that IT Communication Systems Implementation have a significant positive impact on performance in Kericho County's public health sector. Regression analysis showed a strong positive relationship ($\beta = 0.485$, $p = 0.003$) between IT Communication Systems Implementation and productivity. The study revealed that effective IT systems facilitate better coordination among healthcare teams and enhance productivity. It also emphasized the importance of system reliability, efficiency, and regular maintenance. These findings align with previous research on the role of health

information technology in improving healthcare delivery. The strong statistical significance highlights the crucial role of IT Communication Systems Implementation in driving Performance improvements. The study revealed that investing in reliable, efficient, and well-maintained IT Communication Systems Implementation can substantially enhance performance in public health facilities.

5.2.4 Impact of Service Quality Enhancement Strategies on Performance

The study revealed that service quality delivery significantly influences performance in Kericho County's public health sector. Regression analysis showed a strong positive relationship ($\beta = 0.3185$, $p < 0.001$) between service quality delivery and performance. The study revealed that staff commitment to service quality enhances performance in Information Technology (IT) health system usage. It also emphasized the importance of effective quality management, clear standards, and regular feedback on service quality. These findings are consistent with previous research on the relationship between service quality and healthcare performance. The strong statistical significance underscores the critical role of service quality in driving Performance improvements. The study revealed that focusing on service quality through staff commitment, effective management practices, and clear standards can significantly enhance performance in public health facilities.

5.2.5 Overall Model

The results of multiple linear regression showed that all four independent variables human resources, adoption of change, IT communication systems, and service quality delivery had a statistically significant influence of strategy implementation on the performance of public health facilities in Kericho County. These findings underscore the multidimensional nature

of institutional performance, where organizational, technological, and managerial factors interact to shape service delivery outcomes.

The influence of human resources was found to be positive and significant, indicating that improvements in how human capital is planned for and supported are associated with enhanced performance. This affirms the importance of strong human resource systems in facilitating the achievement of institutional goals within public healthcare environments.

Regarding the adoption of change, the analysis revealed a significant but moderately sized relationship. This suggests that public health facilities that effectively manage change processes—such as policy adjustments, structural reforms, or innovation uptake are more likely to experience better performance outcomes. Effective change management enhances responsiveness, continuity, and the ability to adapt to evolving service demands.

The results also showed that IT communication systems had the strongest positive influence on performance. This highlights the critical role of information technology in improving internal communication, data flow, and operational coordination. Facilities that utilize robust IT communication platforms are better positioned to deliver timely, organized, and efficient healthcare services.

In addition, service quality delivery was found to be a significant predictor of performance. Facilities that ensure consistent, reliable, and patient-responsive services tend to perform better. This reinforces the idea that attention to service quality such as professionalism, timeliness, and reliability—contributes meaningfully to institutional effectiveness and client satisfaction.

In summary, the study confirmed that performance in public health facilities is significantly shaped by human resource systems, change management, IT communication infrastructure, and service delivery quality. Among these, IT communication systems and human resources emerged as the most influential, offering strategic focus areas for improving healthcare outcomes in Kericho County and similar settings.

5.3 Conclusion

The study concluded that Human Resource Capacity Development Strategies play a crucial role in enhancing performance in public health facilities. Effective Human Resource Capacity Development Strategies, including adequate staffing levels, continuous training, and fostering adaptability to new technologies, significantly contributes to increased performance. The strong positive relationship between Human Resource Capacity Development Strategies and Performance underscores the importance of investing in the workforce to improve healthcare delivery efficiency.

The study concluded that the Change Management Practices is a significant factor in improving performance in the public health sector. While its impact was less pronounced compared to other factors, the study emphasized the importance of effective Change Management Practices. Clear communication about changes in Information Technology (IT) health systems, involving employees in the change process, and addressing resistance to change are crucial for successful implementation and improved performance.

The study concluded that IT Communication Systems Implementation have a substantial positive influence on performance in public health facilities. Effective IT Communication Systems Implementation facilitate better coordination among healthcare teams, improve data accuracy, and streamline workflows. The strong relationship between IT

Communication Systems Implementation and Performance highlights the need for reliable, efficient, and well-maintained technology infrastructure in healthcare settings to enhance overall performance.

The study concluded that Service Quality Enhancement Strategies is a critical determinant of performance in the public health sector. Staff commitment to service quality, effective quality management practices, and clear service standards significantly contribute to improved performance. The strong positive relationship between service quality delivery and Performance emphasizes the importance of maintaining high service standards to enhance operational efficiency and patient satisfaction.

5.4 Recommendations

The study recommended that healthcare administrators should prioritize human resource development and management. This should include implementing comprehensive training programs to enhance staff skills in using Information Technology (IT) health systems, ensuring adequate staffing levels to manage workload efficiently, and fostering a culture of adaptability to technological changes. Healthcare facilities should also focus on creating supportive work environments that motivate employees and encourage their commitment to service quality, as these factors significantly contribute to improved performance.

The study recommended that healthcare organizations should develop and implement robust change management strategies when introducing new Information Technology (IT) health systems. This should involve clear and consistent communication about upcoming changes, actively involving employees in the change process, and addressing potential resistance through education and support. Healthcare leaders should also provide positive

reinforcement during the adoption phase to boost employee confidence and performance in using new systems.

The study recommended that public health facilities should invest in reliable and efficient IT communication systems. This should include regular maintenance and timely upgrades of existing systems, as well as the integration of Information Technology (IT) health records with other healthcare processes. Healthcare organizations should also ensure that their IT systems facilitate quick and accurate data sharing, support better coordination among healthcare teams, and streamline administrative tasks. Additionally, adequate technical support should be provided to maintain system effectiveness and user performance.

The study recommended that healthcare providers should implement comprehensive quality assurance practices in service delivery. This should involve setting clear standards and guidelines for service quality, providing regular training on these standards, and establishing effective feedback mechanisms to continuously improve service delivery. Healthcare facilities should also focus on cultivating a strong commitment to service quality among staff members and implement effective management practices to address service quality issues promptly. Regular evaluation of service quality and its impact on Performance should be conducted to inform ongoing improvements.

5.5 Recommendation for Further Studies

Future studies should explore the long-term effects of human resource management practices on Performance and examine the interplay between IT communication systems and service quality. Research could also investigate the impact of different change

management strategies across diverse healthcare settings and assess how external factors influence Performance improvements in public health sectors.

5.6 Contribution to Literature

This study contributes to the growing body of literature on strategy implementation and organizational performance in the health sector, specifically within low- and middle-income contexts such as Kenya. Unlike previous studies that predominantly focus on education or corporate sectors, this research provides contextualized empirical evidence from public health facilities in Kericho County.

Firstly, the study empirically validates the influence of adoption of change as a strategic driver of performance in healthcare institutions. While existing literature such as Gagnon et al. (2023) and Elwyn et al. (2022) highlights change readiness and communication, this study extends those findings by quantifying the influence of change adoption within a decentralized public health environment using multivariate regression techniques.

Secondly, it enhances understanding of how human resource factors, including training and professional development, affect IT strategy execution—building upon Qin et al. (2023), who emphasized the strategic value of digital HRM in healthcare delivery systems.

Thirdly, the study contributes to literature on digital transformation by demonstrating the role of IT communication systems and service quality delivery in predicting performance outcomes. This aligns with recent models of digital health system readiness (Helmon et al., 2024; WHO, 2023), but adds a grounded perspective from operational health workers in rural facilities. The study broadens the empirical base for strategy-performance models in public health and provides a validated conceptual framework applicable in similar health system contexts globally.

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APPENDICES

Appendix 1: Introduction Letter

Dear Respondent,

RE: RESEARCH QUESTIONNAIRE.

I am currently enrolled as a postgraduate student at Kenya Methodist University, working towards the completion of a Master's degree in Business Administration (MBA) with a focus on Strategic Management. As part of the degree requirements, I am actively engaged in conducting research, which is titled. ***“Influence of Strategy Implementation on Performance of the public health facilities in Kericho County”***. This study constitutes a component of the prerequisites for my academic degree. I would be grateful if you could spare a moment to fill out the questionnaire that will be supplied. Any information you provide is strictly for academic purposes, and all responses will be handled with the utmost confidentiality.

Your cooperation is highly valued, and I extend my appreciation for your prompt completion of the questionnaire in advance.

Yours faithfully,

.....

Name:.....

Appendix II: Research Questionnaire

Kindly respond to all questions with utmost honesty. The details you furnish will be handled with strict confidentiality and exclusively utilized for academic purposes.

SECTION A: BACKGROUND INFORMATION

1. Name of the health Facility (Optional)

2. Gender

Male ☐ Female ☐

3. What is your Age Range In Years?

Less than 25 years ☐ 26-35 years ☐

36-45 years ☐ More than 45years ☐

4. What is your highest level of Education?

Diploma ☐ Degree ☐

Master ☐ PhD ☐ Others, specify.....

5. Number of years worked in the County?

Less than 2 year ☐ 3-5 year ☐

6-10 year ☐ More than 10 year ☐

SECTION B: INFORMATION TECHNOLOGY (IT) HEALTH IMPLEMENTATION STRATEGY

Part A: Human Resources (HR)

6. Please use the point scale below to indicate your level of agreement by ticking each one of the given statements. 1= Strongly disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree,

	1	2	3	4	5
	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Opinion	1	2	3	4	5
1 Adequate training for staff enhances performance in our public health facility.					
2 The skills and expertise of our human resources positively impact the effectiveness of Information Technology (IT) health systems.					
3 Adequate staffing levels are crucial for maximizing performance in the implementation of Information Technology (IT) health strategies.					

4	The experience of staff with Information Technology (IT) health systems contributes significantly to overall performance.					
5	Motivated employees are more productive when using Information Technology (IT) health systems.					
6	Continuous professional development for healthcare staff improves performance in Information Technology (IT) health implementation					
7	Effective human resource management practices support higher performance in our Information Technology (IT) health strategy.					
8	The ability of staff to adapt to new technologies affects their Performance levels.					

Part B: Adoption of Change (AC)

7. Please use the point scale below to indicate your level of agreement by ticking each one of the given statements.

	1	2	3	4	5
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Opinion	1	2	3	4	5
1	Employees adapt quickly to changes in Information Technology (IT) health systems, leading to increased performance.				
2	Clear communication about changes in Information Technology (IT) health systems enhances employee performance.				
3	Training and support during transitions to new Information Technology (IT) health systems improve performance.				
4	Employee resistance to change negatively affects the performance of Information Technology (IT) health system implementation.				
5	Positive reinforcement during change adoption boosts employee performance in using Information Technology (IT) health systems.				
6	Understanding the benefits of new Information Technology (IT) health systems helps employees embrace changes, improving performance.				
7	Effective change management strategies lead to higher performance in Information Technology (IT) health system adoption.				
8	The involvement of employees in the change process positively impacts their performance.				

Part C: IT Communication System (ITCS)

8. Please use the point scale below to indicate your level of agreement by ticking each one of the given statements.

	1	2	3	4	5
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Opinion	1	2	3	4	5
1	Reliable IT communication systems enhance the Performance of healthcare workers.				
2	Efficient IT communication systems improve the accuracy of Information Technology (IT) health records and performance.				
3	The speed of IT communication systems affects the efficiency of healthcare service delivery.				
4	Effective IT communication systems facilitate better coordination among healthcare teams, boosting performance.				
5	Regular maintenance and upgrades of IT communication systems contribute to higher performance.				
6	IT communication systems support timely and accurate data sharing, enhancing performance.				
7	Technical support for IT communication systems improves the Performance of healthcare workers.				
8	The integration of IT communication systems with Information Technology (IT) health records increases overall performance.				

Part D: Service Quality Delivery on Productivity

9. Please use the point scale below to indicate your level of agreement by ticking each one of the given statements.

	1	2	3	4	5
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Opinion	1	2	3	4	5
1	High-quality service delivery improves overall performance in our public health facility.				
2	Efficient service delivery processes support the successful implementation of Information Technology (IT) health systems.				
3	Staff commitment to service quality enhances performance in Information Technology (IT) health system usage.				
4	Regular feedback on service quality helps improve performance in healthcare service delivery.				
5	Quality assurance practices in service delivery positively affect the Performance of healthcare workers.				

6	Training on service quality standards leads to higher performance in the use of Information Technology (IT) health systems.					
7	Effective management of service quality issues contributes to improved performance in healthcare settings.					
8	Clear standards and guidelines for service delivery enhance performance in the implementation of Information Technology (IT) health strategies.					

Part E: Performance in the Public Health Sector (PPHS)

10. Please use the point scale below to indicate your level of agreement by ticking each one of the given statements.

	1	2	3	4	5
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Opinion	1	2	3	4	5
1	The implementation of Information Technology (IT) health systems has significantly reduced the time required for administrative tasks, enhancing performance.				
2	Information Technology (IT) health systems have improved the accuracy of patient data, leading to better decision-making and increased performance.				
3	The integration of Information Technology (IT) health systems has streamlined workflow processes, contributing to higher productivity.				
4	Staff efficiency has improved due to better access to patient information through Information Technology (IT) health systems.				
5	Information Technology (IT) health systems have facilitated faster patient service delivery, positively affecting overall productivity.				
6	The use of Information Technology (IT) health systems has led to fewer errors in patient records, which boosts performance.				
7	Enhanced data management capabilities from Information Technology (IT) health systems have improved operational efficiency and performance.				
	The reduction in manual record-keeping due to Information Technology (IT) health systems has allowed staff to focus more on patient care, increasing performance.				

Thank you for your assistance

KERICHO COUNTY HEALTH FACILITIES			
SN	NAME	LEVEL	DESCRIPTION
1	KAPTOBOITI DISPENSARY	LEVEL 2	DISPENSARY
2	SIONGI DISPENSARY	LEVEL 2	DISPENSARY
3	KAPCHEBWAI DISPENSARY	LEVEL 2	DISPENSARY
4	KAPKORMOM DISPENSARY	LEVEL 2	DISPENSARY
5	KAPSIIYA DISPENSARY	LEVEL 2	DISPENSARY
6	LITEIN HEALTH CENTRE	LEVEL 2	DISPENSARY
7	KAPCHANGA DISPENSARY	LEVEL 2	DISPENSARY
8	CHEMEGONG DISPENSARY	LEVEL 2	DISPENSARY
9	KERICHO FOREST DISPENSARY	LEVEL 2	DISPENSARY
10	KAPSUSER DISPENSARY	LEVEL 2	DISPENSARY
11	KAMAGET DISPENSARY-KERICHO	LEVEL 2	DISPENSARY
12	KEBENETI DISPENSARY	LEVEL 2	DISPENSARY
13	KOITABUROT DISPENSARY	LEVEL 2	DISPENSARY
14	KAMAWOI DISPENSARY	LEVEL 2	DISPENSARY
15	KALYONGWET DISPENSARY	LEVEL 2	DISPENSARY
16	CHEPTUIYET DISPENSARY	LEVEL 2	DISPENSARY
	TEA RESEARCH FOUNDATION (T.R.F.K)		
17	DISPENSARY	LEVEL 2	DISPENSARY
18	KITOI DISPENSARY	LEVEL 2	DISPENSARY
19	BURUTU DISPENSARY	LEVEL 2	DISPENSARY
20	ITIBET DISPENSARY	LEVEL 2	DISPENSARY
21	SERENG DISPENSARY	LEVEL 2	DISPENSARY
22	KOISAGAT DISPENSARY	LEVEL 2	DISPENSARY
23	KAPKWEN DISPENSARY	LEVEL 2	DISPENSARY
24	SEGETET DISPENSARY	LEVEL 2	DISPENSARY
25	NGENDALEL DISPENSARY	LEVEL 2	DISPENSARY
26	KABOEITO DISPENSARY	LEVEL 2	DISPENSARY
27	MOSORE DISPENSARY	LEVEL 2	DISPENSARY
28	KIPTOME DISPENSARY-BURETI	LEVEL 2	DISPENSARY
29	CHEPKUNYUK DISPENSARY	LEVEL 2	DISPENSARY
30	MARIWA DISPENSARY	LEVEL 2	DISPENSARY
31	CHEPSOO DISPENSARY	LEVEL 2	DISPENSARY
32	KENEGUT DISPENSARY	LEVEL 2	DISPENSARY
33	KEJIRIET DISPENSARY	LEVEL 2	DISPENSARY
34	CHESANGA DISPENSARY	LEVEL 2	DISPENSARY
	UNIVERSITY OF KABIANGA KAPKATET		
35	CAMPUS DISPENSARY	LEVEL 2	DISPENSARY
36	KIPRENGWE DISPENSARY	LEVEL 2	DISPENSARY
37	CHEBEWOR DISPENSARY	LEVEL 2	DISPENSARY
			MEDICAL
38	KEDOWA HEALTH CENTRE	LEVEL 2	CLINIC

39	SAMUTET DISPENSARY	LEVEL 2	DISPENSARY
40	CHEPKOTON DISPENSARY	LEVEL 2	DISPENSARY
41	KUNYAK DISPENSARY	LEVEL 2	DISPENSARY
42	GETARWET DISPENSARY	LEVEL 2	DISPENSARY
43	KAPSAOS DISPENSARY- KERICHO	LEVEL 2	DISPENSARY
44	BUCHENGE S.H. DISPENSARY	LEVEL 2	DISPENSARY
45	RUNGUT DISPENSARY	LEVEL 2	DISPENSARY
46	LELU DISPENSARY	LEVEL 2	DISPENSARY
47	SUBUKIA DISPENSARY- KERICHO	LEVEL 2	DISPENSARY
48	KELUNET DISPENSARY	LEVEL 2	DISPENSARY
49	TULWET DISPENSARY	LEVEL 2	DISPENSARY
50	MABASI DISPENSARY	LEVEL 2	DISPENSARY
51	KIPSEGEI DISPENSARY	LEVEL 2	DISPENSARY
52	KIBUGAT DISPENSARY	LEVEL 2	DISPENSARY
53	LELECHWET DISPENSARY- KERICHO	LEVEL 2	DISPENSARY
54	KASHEEN DISPENSARY	LEVEL 2	DISPENSARY
55	CHEPLANGET DISPENSARY	LEVEL 2	DISPENSARY
56	KALAACHA DISPENSARY	LEVEL 2	DISPENSARY
57	KAPSOMBOCH DISPENSARY	LEVEL 2	DISPENSARY
			MEDICAL
58	KIPTERE HEALTH CENTRE	LEVEL 2	CLINIC
59	SUMOIYOT DISPENSARY	LEVEL 2	DISPENSARY
60	KAPLELARTET DISPENSARY	LEVEL 2	DISPENSARY
61	SOLIAT DISPENSARY -KERICHO	LEVEL 2	DISPENSARY
62	KAPSEGUT DISPENSARY	LEVEL 2	DISPENSARY
63	KAMASEGA DISPENSARY	LEVEL 2	DISPENSARY
64	SERETUT DISPENSARY	LEVEL 2	DISPENSARY
65	NYABANGI DISPENSARY	LEVEL 2	DISPENSARY
66	KABOROK DISPENSARY	LEVEL 2	DISPENSARY
67	KAPKEBURU DISPENSARY	LEVEL 2	DISPENSARY
68	KAPKIAM DISPENSARY	LEVEL 2	DISPENSARY
69	KIPLELGUTIK DISPENSARY	LEVEL 2	DISPENSARY
70	KAPKARA DISPENSARY	LEVEL 2	DISPENSARY
71	JAGOROR DISPENSARY	LEVEL 2	DISPENSARY
72	MANTERA DISPENSARY	LEVEL 2	DISPENSARY
73	MASO DISPENSARY	LEVEL 2	DISPENSARY
74	KAITUI DISPENSARY	LEVEL 2	DISPENSARY
75	KIPLALMAT DISPENSARY	LEVEL 2	DISPENSARY
76	IRAA DISPENSARY	LEVEL 2	DISPENSARY
77	CHEPSEON DISPENSARY	LEVEL 2	DISPENSARY
78	KAPSOIT DISPENSARY	LEVEL 2	DISPENSARY
79	MASAITA DISPENSARY	LEVEL 2	DISPENSARY
80	KERICHO MAIN G.K PRISON DISPENSARY	LEVEL 2	DISPENSARY
81	KERICHO G.K MEDIUM PRISON DISPENSARY	LEVEL 2	DISPENSARY

82	KABUTII-MATIRET DISPENSARY	LEVEL 2	DISPENSARY
83	MOMONIAT HEALTH CENTRE	LEVEL 2	DISPENSARY
84	KAPKURES DISPENSARY	LEVEL 2	DISPENSARY
85	KAPCHETOROR DISPENSARY	LEVEL 2	DISPENSARY
86	KETITUI DISPENSARY	LEVEL 2	DISPENSARY
87	CHEBIRIBEI DISPENSARY	LEVEL 2	DISPENSARY
88	KOIWALELACH DISPENSARY	LEVEL 2	DISPENSARY
89	CHEBIRBEI DISPENSARY	LEVEL 2	DISPENSARY
90	NYALILBUCH DISPENSARY	LEVEL 2	DISPENSARY
91	KOIYAT DISPENSARY	LEVEL 2	DISPENSARY
92	KAPSOROK DISPENSARY	LEVEL 2	DISPENSARY
93	KIPTEWIT DISPENSARY	LEVEL 2	DISPENSARY
	CIVIL SERVANTS DC HEADQUARTERS		
94	DISPENSARY	LEVEL 2	DISPENSARY
95	SONGONYET DISPENSARY	LEVEL 2	DISPENSARY
96	KIPTOME DISPENSARY-BELGUT	LEVEL 2	DISPENSARY
97	CHEMOIBEN DISPENSARY	LEVEL 2	DISPENSARY
98	CHEPSIR DISPENSARY	LEVEL 2	DISPENSARY
99	KAPKISIARA DISPENSARY	LEVEL 2	DISPENSARY
100	LEMOTIT DISPENSARY	LEVEL 2	DISPENSARY
101	KAPSEGER DISPENSARY	LEVEL 2	DISPENSARY
102	KIMOUT DISPENSARY	LEVEL 2	DISPENSARY
103	KAPSOGUT DISPENSARY	LEVEL 2	DISPENSARY
104	LONDIANI FORESTRY COLLEGE DISPENSARY	LEVEL 2	DISPENSARY
105	CHERONGET DISPENSARY	LEVEL 2	DISPENSARY
106	KAKIPTUI DISPENSARY	LEVEL 2	DISPENSARY
107	CHEPCHOLIET DISPENSARY	LEVEL 2	DISPENSARY
108	MUNICIPAL HEALTH CENTRE	LEVEL 2	DISPENSARY
109	KABITUNGU DISPENSARY	LEVEL 2	DISPENSARY
	KERICHO TEACHERS TRAINING COLLEGE		
110	DISPENSARY	LEVEL 2	DISPENSARY
111	MAEMBA DISPENSARY	LEVEL 2	DISPENSARY
112	CHELILIS DISPENSARY	LEVEL 2	DISPENSARY
113	KERINGET DISPENSARY	LEVEL 2	DISPENSARY
114	CHEBOIN DISPENSARY	LEVEL 2	DISPENSARY
115	CHEMOROROK DISPENSARY-KERICHO	LEVEL 2	DISPENSARY
116	BUTIIK DISPENSARY	LEVEL 2	DISPENSARY
117	TEBESONIK DISPENSARY	LEVEL 2	DISPENSARY
118	CHERARA DISPENSARY	LEVEL 2	DISPENSARY
119	SOSIT DISPENSARY	LEVEL 2	DISPENSARY
120	CHEPTERWO DISPENSARY	LEVEL 2	DISPENSARY
121	SANGA DISPENSARY	LEVEL 2	DISPENSARY
122	MERTO DISPENSARY	LEVEL 2	DISPENSARY
123	CHEPKOIYO DISPENSARY - KERICHO	LEVEL 2	DISPENSARY

124	CHERIBO DISPENSARY	LEVEL 2	DISPENSARY
125	AMERIKA DISPENSARY	LEVEL 2	DISPENSARY
126	KIMOROGO DISPENSARY	LEVEL 2	DISPENSARY
127	CHEPKOSILEN DISPENSARY	LEVEL 2	DISPENSARY
128	NGETUNYO DISPENSARY	LEVEL 2	DISPENSARY
129	KIPTALDAL DISPENSARY	LEVEL 2	DISPENSARY
130	KAPSENDA DISPENSARY	LEVEL 2	DISPENSARY
131	KALDIT DISPENSARY	LEVEL 2	DISPENSARY
132	NGOINA ROAD DISPENSARY	LEVEL 2	DISPENSARY
133	KAPRORET DISPENSARY-KERICHO	LEVEL 2	DISPENSARY
134	SACHORAN DISPENSARY	LEVEL 2	DISPENSARY
135	KAPRIRET DISPENSARY	LEVEL 2	DISPENSARY
136	MENET DISPENSARY-KERICHO	LEVEL 2	DISPENSARY
137	KIPSOLU DISPENSARY	LEVEL 2	DISPENSARY
138	LITEIN DISPENSARY	LEVEL 2	DISPENSARY
139	KAPKURES DISPENSARY-KERICHO	LEVEL 2	DISPENSARY
140	CHEPYEGON DISPENSARY	LEVEL 2	DISPENSARY
141	MAKYOLOK DISPENSARY-KERICHO	LEVEL 2	DISPENSARY
142	CHEPKORGONGIT DISPENSARY	LEVEL 2	DISPENSARY
143	KAPKARIN DISPENSARY	LEVEL 2	DISPENSARY
144	TUIYOBEL DISPENSARY-KERICHO	LEVEL 2	DISPENSARY
145	KIMUGUL DISPENSARY-KERICHO	LEVEL 2	DISPENSARY
146	KIPRANYE DISPENSARY	LEVEL 2	DISPENSARY
147	TAIYWET DISPENSARY	LEVEL 2	DISPENSARY
148	NGAINET DISPENSARY	LEVEL 2	DISPENSARY
149	MACHORWA DISPENSARY	LEVEL 2	DISPENSARY
150	KOMUDEI DISPENSARY	LEVEL 2	DISPENSARY
151	LALIAT DISPENSARY	LEVEL 2	DISPENSARY
152	KIPSINENDE DISPENSARY	LEVEL 2	DISPENSARY
153	KILETIEN DISPENSARY	LEVEL 2	DISPENSARY
154	KIMOLOGIT DISPENSARY	LEVEL 2	DISPENSARY
155	KABIANGA TEA FARM DISPENSARY	LEVEL 2	DISPENSARY
156	KAPSIYA DISPENSARY	LEVEL 2	DISPENSARY
157	KABORUS DISPENSARY	LEVEL 2	DISPENSARY
158	KAPLUTIET DISPENSARY	LEVEL 2	DISPENSARY
159	KALYET DISPENSARY	LEVEL 2	DISPENSARY
160	MULKELWET DISPENSARY	LEVEL 2	DISPENSARY
161	KONGONI DISPENSARY	LEVEL 2	DISPENSARY
162	TABAITA DISPENSARY	LEVEL 2	DISPENSARY
163	KIMOSON DISPENSARY	LEVEL 2	DISPENSARY
164	KOIYABEI DISPENSARY	LEVEL 2	DISPENSARY
165	TINGA TELA DISPENSARY	LEVEL 2	DISPENSARY
166	TIMBILIL DISPENSARY	LEVEL 2	DISPENSARY
167	KERONJO DISPENSARY	LEVEL 2	DISPENSARY

168	TORSOGEK DISPENSARY	LEVEL 2	DISPENSARY
169	MAGIRE DISPENSARY	LEVEL 2	DISPENSARY
170	UNITED SOY DISPENSARY	LEVEL 2	DISPENSARY
171	KAPKIGORO DISPENSARY	LEVEL 2	DISPENSARY
172	CHELOSGEI DISPENSARY	LEVEL 2	DISPENSARY
173	CHEBORGEI HEALTH CENTRE	LEVEL 3A	HEALTH CENTRE
174	KABIANGA HEALTH CENTRE	LEVEL 3A	HEALTH CENTRE
175	MTARAGON HEALTH CENTRE	LEVEL 3A	HEALTH CENTRE
176	MUGUMOINI DISPENSARY	LEVEL 3A	HEALTH CENTRE
177	MANYOROR DISPENSARY	LEVEL 3A	HEALTH CENTRE
178	KIPWASTUIYO HEALTH CENTRE	LEVEL 3A	HEALTH CENTRE
179	KAMUINGI DISPENSARY	LEVEL 3A	HEALTH CENTRE
180	FORT TERNAN SUB-COUNTY HOSPITAL	LEVEL 3A	NURSING HOME
181	RORET SUB-COUNTY HOSPITAL	LEVEL 3A	HEALTH CENTRE
182	AINAMOI HEALTH CENTRE	LEVEL 3A	HEALTH CENTRE
183	KIPSITET HEALTH CENTRE	LEVEL 3A	HEALTH CENTRE
184	CHEPKEMEL HEALTH CENTRE-KERICHO	LEVEL 3A	HEALTH CENTRE
185	KENENE DISPENSARY	LEVEL 3A	HEALTH CENTRE
186	CHEMOSOT HEALTH CENTRE	LEVEL 3A	HEALTH CENTRE
187	SOSIOT HEALTH CENTRE	LEVEL 3A	HEALTH CENTRE
188	SIGOWET SUB-COUNTY HOSPITAL	LEVEL 4	HOSPITAL
189	LONDIANI SUB-COUNTY HOSPITAL	LEVEL 4	HOSPITAL
190	KAPKATET SUB-COUNTY HOSPITAL	LEVEL 4	HOSPITAL
191	KERICHO COUNTY REFFERAL HOSPITAL	LEVEL 5	HOSPITAL

Appendix III: Authorization Letter



KENYA METHODIST UNIVERSITY

P. O. Box 267 Meru - 60200, Kenya

Fax: 254-64-30162

Tel: 254-064-30301/31229/30367/31171

Email: deanrd@kemu.ac.ke

DIRECTORATE OF POSTGRADUATE STUDIES

Our Ref: KeMU/NACOSTI/BUS/42/2024

July 26, 2024

Commission Secretary
National Commission for Science, Technology and Innovations
P.O. Box 30623-00100
NAIROBI

Dear Sir/Madam,

RE: AGNES KIENDE JACOB (REG. NO. BUS-3-2701-3/2012)

This is to confirm that the above named is a bona fide student of Kenya Methodist University, in the Department of Business Administration, undertaking a Master's Degree in Business Administration. She is conducting research on: "Influence of Strategy Implementation on Performance of Selected Public Health Facilities in Kericho County".

We confirm that her research proposal has been defended and approved by the University.

In this regard, we are requesting your office to issue a research license to enable her collect data.

Any assistance accorded to her will be highly appreciated.

Yours sincerely,


24 JUL 2024
Dr. John M. Muchiri (PhD)
Dean, Postgraduate Studies

Cc: Dean, KeBS

CoD - Business Administration

Postgraduate Coordinator - BA

Supervisors



KENYA METHODIST UNIVERSITY

P. O. BOX 267 MERU - 60200, KENYA
TEL: 254-064-30301/31229/30367/31171

FAX: 254-64-30162
EMAIL: info@kemu.ac.ke

Our Ref: KeMU/ISERC/BUS/42/2024

July 26, 2024

AGNES KIENDE JACOB
BUS-3-2701-3/2023

Dear Agnes,

**SUBJECT: INFLUENCE OF STRATEGY IMPLEMENTATION ON PERFORMANCE OF
SELECTED PUBLIC HEALTH FACILITIES IN KERICHO COUNTY**

This is to inform you that Kenya Methodist University Institutional Scientific Ethics and Review Committee has reviewed and approved your research proposal. Your application approval number is KeMU/ISERC/BUS/42/2024. The approval period is 26th July, 2024– 26th July, 2025.

This approval is subject to compliance with the following requirements:-

- I. Only approved documents including (informed consents, study instruments, MTA) will be used.
- II. All changes including (amendments, deviations, and violations) are submitted for review and approval by Kenya Methodist University Institutional Scientific Ethics and Review Committee.
- III. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to KeMU ISERC within 72 hours of notification.
- IV. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to KeMU ISERC within 72 hours.
- V. Clearance for export of biological specimens must be obtained from relevant institutions.

- VI. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- VII. Submission of an executive summary report within 90 days upon completion of the study to KeMU ISERC.

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://oris.nacosti.go.ke> and also obtain other clearances needed.

Yours sincerely,



Appendix IV: Research Permit

 REPUBLIC OF KENYA Ref No: 796446	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION. Date of Issue: 30/August/2024
RESEARCH LICENSE	
	
This is to Certify that Ms. AGNES KIENDE JACOB of Kenya Methodist University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Kericho on the topic: INFLUENCE OF STRATEGY IMPLEMENTATION ON PERFORMANCE OF THE SELECTED PUBLIC HELATH FACILITIES IN KERICHO COUNTY for the period ending : 30/August/2025.	
License No: NACOSTI/P/24/39309	
Applicant Identification Number 796446	Director General NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Verification QR Code 	
NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.	
See overleaf for conditions	

The National Commission for Science, Technology and Innovation, hereafter referred to as the Commission, was established under the Science, Technology and Innovation Act 2013 (Revised 2014) herein after referred to as the Act. The objective of the Commission shall be to regulate and assure quality in the science, technology and innovation sector and advise the Government in matters related thereto.

CONDITIONS OF THE RESEARCH LICENSE

1. The License is granted subject to provisions of the Constitution of Kenya, the Science, Technology and Innovation Act, and other relevant laws, policies and regulations. Accordingly, the licensee shall adhere to such procedures, standards, code of ethics and guidelines as may be prescribed by regulations made under the Act, or prescribed by provisions of International treaties of which Kenya is a signatory to
2. The research and its related activities as well as outcomes shall be beneficial to the country and shall not in any way;
 - i. Endanger national security
 - ii. Adversely affect the lives of Kenyans
 - iii. Be in contravention of Kenya's international obligations including Biological Weapons Convention (BWC), Comprehensive Nuclear-Test-Ban Treaty Organization (CTBTO), Chemical, Biological, Radiological and Nuclear (CBRN).
 - iv. Result in exploitation of intellectual property rights of communities in Kenya
 - v. Adversely affect the environment
 - vi. Adversely affect the rights of communities
 - vii. Endanger public safety and national cohesion
 - viii. Plagiarize someone else's work
3. The License is valid for the proposed research, location and specified period.
4. The license any rights thereunder are non-transferable
5. The Commission reserves the right to cancel the research at any time during the research period if in the opinion of the Commission the research is not implemented in conformity with the provisions of the Act or any other written law.
6. The Licensee shall inform the relevant County Director of Education, County Commissioner and County Governor before commencement of the research.
7. Excavation, filming, movement, and collection of specimens are subject to further necessary clearance from relevant Government Agencies.
8. The License does not give authority to transfer research materials.
9. The Commission may monitor and evaluate the licensed research project for the purpose of assessing and evaluating compliance with the conditions of the License.
10. The Licensee shall submit one hard copy, and upload a soft copy of their final report (thesis) onto a platform designated by the Commission within one year of completion of the research.
11. The Commission reserves the right to modify the conditions of the License including cancellation without prior notice.
12. Research, findings and information regarding research systems shall be stored or disseminated, utilized or applied in such a manner as may be prescribed by the Commission from time to time.
13. The Licensee shall disclose to the Commission, the relevant Institutional Scientific and Ethical Review Committee, and the relevant national agencies any inventions and discoveries that are of National strategic importance.
14. The Commission shall have powers to acquire from any person the right in, or to, any scientific innovation, invention or patent of strategic importance to the country.
15. Relevant Institutional Scientific and Ethical Review Committee shall monitor and evaluate the research periodically, and make a report of its findings to the Commission for necessary action.

National Commission for Science, Technology and
Innovation(NACOSTI),
Off Waiyaki Way, Upper Kabete,
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