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# Strategic Resource Allocation and Implementation of Universal Health Coverage Policy in NHIF Northern Kenya Region

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***Abstract:***
*Universal health coverage (UHC) ensures that all people can access effective, good-quality health services when they need them, without experiencing financial hardship. A recent Kenya Household Health Expenditure and Utilization Survey (KHHEUS) on health insurance found that majority of the counties in the Northern Region, most of who rely on the NHIF, registered less than 10% coverage on average. Lack of adequate health coverage for most of the population means most will still need to meet their health needs using out-of-pocket payments.*
*Therefore, the main objective of the study is to establish the influence of strategic resource allocation on implementation of universal health coverage strategy focusing on NHIF, Northern Kenya Region. Descriptive research design was used in the study that also targets six NHIF Northern Kenya region branches, that is, Meru, Maua, Embu, Chuka, Isiolo and Marsabit branches. Data collection was done through questionnaires distributed to a sample size of 70 management and staff members of the six NHIF branches selected through a census. Data was analyzed using both descriptive such as frequencies and percentages and inferential statistical methods specifically bivariate regression analysis. The findings revealed that resource allocation practices were negatively affecting the implementation of universal health coverage policy in Northern Kenya region. The study, therefore, recommends that the organization review its resource allocation practices. The resource allocation practices should be strategic and guided by the resource based view at the branch level.*

***Keywords:*** *Resource Allocation, Universal health coverage, NHIF, Northern Kenya Region, out-of-pocket payments*

## 1. Introduction

Health for all is considered both a basic human right and essential for social and economic development. Health is central to human happiness, and it contributes to growth and development as healthy populations are more productive, live longer and save more (Johnson & Acabchuk, 2018). Achieving universal health care for its citizens is a noble goal for any government from a socio-economic perspective. Universal health coverage (UHC) ensures that all people can access effective, good-quality health services when they need them, without experiencing financial hardship. The goal of UHC is to ensure that every citizen has access to quality healthcare services that they need without getting into financial difficulties or worse, pushed into poverty (Thomson *et al*., 2016). Imperatively, UHC has become a policy priority at both the national and global level. As a result, governments together with their development partners and NGOs have been committing a substantial amount of funds from their budgets and other resources to meet this goal.

Imperatively, the United Nations through its current Sustainable Development Goals (SDGs) prioritizes universal access to healthcare for humanity through goal number three which aims to 'Ensure healthy lives and promote wellbeing for all at all ages' (Howden-Chapman et al., 2017). To achieve UHC, countries must expand priority services, include more people, and reduce out-of-pocket payments. The global UHC movement has helped to galvanize political will to tackle the problem of growing health inequities and the impoverishing effect of out-of-pocket health expenditures (Frenk, 2015). It also helped refocus attention on the fragmented and inefficient architecture of domestic and international health financing (Ghebreyesus, 2017), the unpredictability of foreign aid (Dieleman, Campbell & Chapin, 2017) and the lack of regulation over the private health sector in low and middle-income countries (LMICs) (Mackintosh *et al*., 2016).

In majority of developing countries even those that have adopted the UHC strategy, however, it is still more of a mirage than an implemented reality owing largely structural factors resident in the contexts at the macro level and other lower levels. Structural factors, defined as the economic, social, policy, material resources and organizational environments that 'structure' the context in which development occurs and that condition human behavioral responses (Stephens *et al*., 2015). Structural factors are increasingly recognized as important determinants in the realization of development agenda (Rosati & Faria, 2019). Recognizing the influence of these structural factors and addressing them could be instrumental in the delivery of UHC strategy. Several studies (Azhar *et al*., 2016; Köseoglu, Altin, Chan & Aladag,

2020) have emphasized the importance of formulating and implementing a strategy with higher importance being given to strategy formulation due to its criticality to the existence and expansion of the organization. However, implementing a strategy is much more difficult than formulating it. The former requires leadership skills, precision planning, and organization resources and activities as well as ensuring people's commitment to the new strategy. The latter requires creativity and understanding the business and assessing the market opportunities and the firm's strengths.

Resource allocation is fundamental to strategic management. Chandler (1990 in Smothers *et al*., 2010), defined business strategy to include not only the determination of objectives but also the 'allocation of resources necessary for carrying out these goals' (2010:13). Ansoff *et al*., (2018) emphasized resource allocation as an essential element of a strategic plan and the need for a 'resource budget' (2018: 218). Kaushik and Kaur (2019) state that resources make organizations run and allocating these resources to an organization should be done carefully. Allocating these resources can be tough, but an organization can acquire the resources they need appropriately through careful practice. Some examples of organizational resources are technology, people, and finances. All these organizational resources are crucial to the success and growth of an institution.

Studies conducted on strategy implementation show that the resource allocation is an important factor in ensuring organizational performance. Gisip and Harun (2013), researched on allocation of resources and organization performance in United States. The study targeted on 96 firms operating in United States. The study adopted cross-sectional survey design. Findings revealed that resource allocation influences organization performance. The study further revealed that the better corporate performance was because of good allocation of resources in the diversified firms. Efficient allocation of resources in the firms of interest was found to influence the company's return on assets. Nevertheless, the research found no significant impact of capital intensity on the firm performance. In Netherlands, Brinkschröder (2016) found that resource allocation in strategy implementation influences organizational performance.

Mango (2014) revealed that resource allocation considerably and significantly affects successful strategy implementation in South Africa. In addition, Aguoru, Orsaah and Umogbai (2018) established that resource allocation influences on organizational performance of Telecommunication Companies in Nigeria. Oyekan *et al*., (2015) researched on allocation of financial resources and performance of colleges in Nigeria. Ouma and Kilonzo (2014) researched on allocation of resources and performance of the procurement sector in Kenya. Omollo, Ngacho and Yambo (2017) concluded that modification of resource allocation procedure was found to ensure successful implementation of strategic plans. Lemarleni, Ochieng, Gakobo and Mwaura (2017) revealed that there is improper implementation of services due to poor resource allocation practices. As a result, the reform process in the policies services is slow due to inadequate delivery of services resulted through poor implementation of strategies because of inadequate allocation of resources in Kenya Police Service in Nairobi County. While it is not possible to capture the complexity of the resource allocation process in a large-scale quantitative empirical study, careful analysis of aspects of organizational managerial behaviour can give us a better understanding on their influence in resource allocation.

The Kenyan government has made a commitment to achieve UHC by the year 2022. The National Hospital Insurance Fund (NHIF) being the largest risk pooling system in the country is the premier public institution tasked with the delivery of UHC. However, NHIF has been facing several challenges in fully implementing its UHC strategy and fulfilling its mandate. Currently, only 19% of the total population is covered under the insurance scheme translating to 5.2 million principal members with a majority (about 74%) residing in urban areas (Wamai, 2019). In terms of coverage, majority of the urban population tend to be covered, while the rural population and the poor are not covered resulting in significant health coverage and access disparities in country. Community based insurance schemes exist for rural population, yet they are too small to cover 75-80% of the rural population (Anthonyraj, 2016).

A recent Kenya Household Health Expenditure and Utilization Survey (KHHEUS) on health insurance found that majority of the counties in the Northern Kenya Region, most of who rely on the NHIF, registered less than 10% coverage on average. Lack of adequate health coverage for most of the population means most will still need to meet their health needs using out-of-pocket payments. This is bound to not only affect them financially, but to also have a limiting effect on the quality of healthcare they can access. While structural changes have been largely attributed to poor health coverage in previous studies, recent studies are paying more attention to the organizational factors within the health coverage service provider as contributing to the low coverage. A study by Koech (2011) linked organization culture with poor strategy implementation at the NHIF, while Musyoka (2016) concluded that strong and transformational leadership was necessary for effective strategy implementation at the NHIF. Both studies, however, were not conducted in Northern Region and focused on limited organizational factors. Kimani *et al*., (2014) found that equity in health was a problem for many people in Kenya including those in the pastoral areas most of which are in the Northern Region. However, the studies' focus was not on strategic resource allocation factors in NHIF affecting UHC strategy implementation. Therefore, the objective of the study was:

- To evaluate the influence of strategic resource allocation on implementation of universal health coverage policy in NHIF Northern Kenya Region

**2. Research Methodology**

Descriptive research design was used in this study. This study was cross-sectional in nature since it studied many units at the same time. The research also adopted a survey method. The design was appropriate to the study because the study sought to establish a cause-effect relationship between the study variables. The unit of analysis was all the six NHIF branches from the Northern Kenya region. There are six NHIF branches spread out across the four counties of Marsabit, Isiolo, Meru and Embu in the NHIF Northern region as classified by the NHIF: Meru, Chuka, Isiolo, Maua, Marsabit, and

Embu. The six NHIF branches are chosen because their populations represent the demographic diversity of the Northern region well.

A recent Kenya Household Health Expenditure and Utilization Survey (KHHEUS) on health insurance found that majority of the counties in the Northern Region, most of who rely on the NHIF, registered less than 10% coverage on average. Lack of adequate health coverage for most of the population compared to other parts of the country means that most will still need to meet their health needs using out-of-pocket payments in an area with the lowest income levels in the country. This made is important to carry out the study in the Northern Kenya region. The study used a census of the six NHIF branches in Northern Kenya region and collected primary data from 70 respondents in management positions within the NHIF branches.

The data collection instrument used in this study was developed by the researcher. The study used structured questionnaire for data collection. The method is suitable when the information needed can be easily described in writing and if time is limited (Patten & Newhart, 2017). The questionnaires were self-administered to the respondents, that is, they were given to the respondents to go and fill them in their own time so as to give them enough time to complete the copies of the questionnaire before returning them for analysis. The questionnaires were pilot tested and also subjected to validity and reliability tests before being administered. The Cronbach's coefficient alpha was applied on the pilot results obtained to determine how items correlate among them in the same instrument and the items were found to have a high Cronbach's coefficient Alpha of more than 0.7 and, therefore, the instrument was adjudged reliable. Initial data analysis using simple descriptive statistical measures such as, frequencies and percentages as well as mean and standard deviation to give glimpse of the general trend was used. However, deeper analysis involving bivariate regression analysis was used to determine the nature of the relationship between variables at a generally accepted conventional significant level of p = 0.05 (Sekaran & Bougie, 2016).

## 3. Results

*3.1. Resource Allocation and Implementation of Universal Health Coverage Policy*

The objective of this study was to determine the influence of strategic resource allocation and implementation of universal health coverage policy. The status of this variable was described in terms of Financial resources, Human resources and Logistical resources. The results are presented in Table 1.

| Statement | SA | A | N | D | SD | Mean | Std. Dev. |
|---|---|---|---|---|---|---|---|
| The branch is well-resourced financially to implement the UHC strategy | 9(12.9) | 8(11.4) | 0 | 37(52.9) | 16(22.9) | 2.39 | 1.311 |
| The branch's budget is always fully funded to enable the carrying out of UHC strategy implementation | 9(12.9) | 8(11.4) | 11(15.7) | 17(24.3) | 25(35.7) | 2.41 | 1.409 |
| The branch has adequate staff for all operations | 9(12.9) | 0 | 13(18.6) | 29(41.4) | 19(27.1) | 2.30 | 1.244 |
| The branch's staff are well-placed in their areas of competence | 10(14.3) | 29(41.4) | 17(24.3) | 5(7.1) | 9(12.9) | 3.37 | 1.206 |
| We have adequate logistical resources for our operations | 9(12.9) | 8(11.4) | 16(22.9) | 28(40) | 9(12.9) | 2.71 | 1.218 |
| We have good logistical supplies to replenish our resources when necessary so as to ensure fluidity of workflow | 9(12.9) | 24(34.3) | 0 | 12(17.1) | 25(35.7) | 2.71 | 1.552 |
| Aggregate | . | . | . | . | . | 2.648 | 1.323 |

*Table 1: Resource Allocation and Implementation of Universal Health Coverage Policy*

Table 1 shows that with a low aggregate mean of 2.648 and a standard deviation of 1.323, majority of the respondents largely disagreed with the statements describing the influence of resource allocation and implementation of universal health coverage policy. The high standard deviation further shows that there were significant variations in their responses to the statements. In particular, majority disagreed that their branch was well-resourced financially to implement the UHC policy (mean = 2.39). Majority also strongly disagreed that their branch's budget is always fully-funded to enable the carrying out of UHC strategy implementation (mean = 2.41). On staffing issues, there were indications that the branches did not have adequate staff for all operations as suggested by majority of the respondents who disagreed with a mean of 2.30. However, with a mean of 3.37, it was evident that most of the respondents agreed that the branch's staff are well-placed in their areas of competence. Most of the branches also did not have adequate logistical resources for their operations as indicated by most of the respondents who disagreed (mean = 2.71). Finally, most of the respondents

disagreed that their branches had good logistical supplies to replenish their resources when necessary so as to ensure fluidity of workflow.

*3.2. Implementation of Universal Health Coverage Policy in NHIF Northern Kenya Region*

The study also sought to determine the status of the implementation of universal health coverage policy in NHIF Northern Kenya Region and the status of this variable was described in terms of NHIF performance targets, Subscriptions growth and Socio-economic groups reach. These results are presented in Table 2.

| Statement | SA | A | N | D | SD | Mean | Std. Dev. |
|---|---|---|---|---|---|---|---|
| We are able to hit our performance targets at the branch level | 0 | 43(61.4) | 8(11.4) | 9(12.9) | 10(14.3) | 3.2 | 1.137 |
| The rate of subscriptions has increased significantly in the last five years | 21(30) | 49(70) | 0 | 0 | 0 | 4.3 | 0.462 |
| The levels of default in NHIF subscriptions has reduced significantly in the last five years | 10(14.3) | 54(77.1) | 6(8.6) | 0 | 0 | 4.06 | 0.478 |
| We have been able to enlist members from all socio-economic backgrounds into our universal health coverage scheme | 17(24.3) | 53(75.7) | 0 | 0 | 0 | 4.24 | 0.432 |
| We have been able to register significant growth in the previously marginalized groups | 35(0) | 35(50) | 0 | 0 | 0 | 4.5 | 0.504 |
| Several healthcare facilities in our area of coverage are now listed as NHIF partners | 41(58.6) | 29(41.4) | 0 | 0 | 0 | 4.59 | 0.496 |
| Aggregate | . | . | . | . | . | 4.15 | 0.584 |

*Table 2: Implementation of UHC Policy in NHIF Northern Kenya Region*

The results in Table 2 show that the aggregate mean (M = 4.15; S. Dev = 0.584) is very high suggesting that majority of the respondents agreed with the statements describing the status of the implementation of the UHC policy. The standard deviation is also much lower than 1 suggesting that there was minimal variation in the responses. The findings particularly suggest that most of the NHIF branches were able to meet their performance targets at the branch level as indicated by most respondents who agreed with a mean of 3.2. There were indications that the rate of subscriptions in the branches has increased significantly in the last five years as suggested by all the respondents (mean = 4.3). Further, with a mean of 4.06, there is also an indication that the levels of default in NHIF subscriptions has reduced significantly in the last five years. The findings also indicate that the NHIF branches had been able to enlist members from all socio-economic backgrounds into their universal health coverage scheme (mean = 4.24). Moreover, the NHIF branches have been able to register significant growth in the previously marginalized groups (mean = 4.5) and that several healthcare facilities in their area of coverage are now listed as NHIF partners (mean = 4.59).

*3.3. Regression Analysis*

Bivariate regression analysis was carried out to evaluate the relationships between strategic resource allocation and implementation of universal health coverage policy in Northern Kenya region. The findings are summarized in Table 3.

| R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|
| 0.541 | 0.2927 | 0.2649 | 4.12606 |
| a Predictors: (Constant), Resource Allocation | | | |

*Table 3: Multiple Linear Regression Analysis Model Summary*

The regression analysis in Table 3 shows that the relationship between the dependent variable and all the independent variables pooled together had a model correlation coefficient = 0.541. The adjusted r-square ($R^2_{Adj}$ = 0.2649) further indicates that the model with strategic resource allocation as the independent variable could explain upto 26.5% variations in the implementation of universal health coverage policy in NHIF Northern Kenya Region. It also suggests that the model could improve when more predictive variables were incoporated into the model. The appropriateness of the multiple regression model as a whole can be tested using F test (Singh &Masuku, 2012). Therefore, the study also performed an ANOVA on the independent and dependent variables and the results are summarized in Table 4.

| | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| Regression | 165.429 | 1 | 165.429 | 9.7171891 | .000b |
| Residual | 1157.657 | 68 | 17.024368 | | |
| Total | 1323.086 | 69 | | | |
| a Dependent Variable: UHC Policy Implementation | | | | | |
| b Predictors: (Constant), Strategic Resource Allocation | | | | | |

*Table 4: Summary of ANOVA*

The results in Table 4 indicate that there is a significant difference between means of variables predicting implementation of universal health coverage policy in NHIF Northern Kenya Region ($F_{o'} = 46.624 > F_c = 2.50$; $\alpha < 0.05$; df = 4, 65; p = 0.000). This finding confirms that the model predicted by Table 4.9 shows it is indeed significant. The study further sough to determine the beta coefficients of the variables and develop the model linking between strategic resource allocation and implementation of universal health coverage policy in Northern Kenya region. The results given in Table 5 provide a summary of the bivariate linear regression analysis correlation coefficients.

| | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|
| | B | Std. Error | Beta | | |
| (Constant) | 24.721 | 2.491 | | 9.924 | 0.000 |
| Resource Allocation | -0.126 | 0.014 | -0.541 | -8.840 | 0.000 |
| a Dependent Variable: UHC Policy Implementation | | | | | |

*Table 5: Multiple Linear Regression Results*

It can be deduced from the findings in Table 5 that strategic Resource Allocation ($\beta = -0.541$, $p < 0.05$) had a significant linear relationship with the implementation of universal health coverage policy in Northern Kenya region, hence, leading to the rejection of the null hypothesis;

- $HO_3$: Strategic resource allocation does not significantly influence implementation of universal health coverage policy in NHIF Northern Kenya Region

Therefore, it can be inferred that strategic resource allocation significantly influences implementation of universal health coverage policy in NHIF Northern Kenya Region. However, as things were currently, resource allocation practices were negatively affecting the implementation of universal health coverage policy in Northern Kenya Region. The current state of resource allocation in the branches was in effect constraining the implementation of UHC in the area. This finding could be attributed to the observations that majority of the branches were not well-resourced in terms of finances, appropriate human resources and logistical resources for their operations to implement the UHC policy.

*3.4. Discussions*

The findings revealed that majority of the branches were not adequately resourced financially to implement the UHC policy. Majority of the branches' budgets were not always fully funded to enable the carrying out of UHC strategy implementation. On staffing issues, there were indications that the branches did not have adequate staff for all operations. However, it was evident that most of the respondents agreed that the branch's staff are well-placed in their areas of competence. Most of the branches also did not have adequate logistical resources for their operations. Further, most branches did not have good logistical supplies to replenish their resources when necessary so as to ensure fluidity of workflow.

The findings imply that there was inadequate resource allocation to the NHIF for the UHC policy implementation. The findings, therefore, fail to concur with Kaushik and Kaur (2019) who state that resources make organizations run and allocating these resources to an organization should be done carefully. Allocating these resources can be tough, but an organization can acquire the resources they need appropriately through careful practice. Some examples of organizational resources are technology, people, and finances. All these organizational resources are crucial to the success and growth of an institution. Lemarleni *et al*., (2017) argues that resources are needed for the successful implementation of strategic plan and strategies. It is very difficult to implement a strategy when resources are not available. Resources will include the human resources, training, remuneration, finances, etc. Resources must be available for strategy implementation.

Strategic resource allocation was also found to be significant in the implementation of universal health coverage policy in NHIF Northern Kenya Region Counties only in a joint model. However, the inverse relationship observed between the variables led to the conclusion that the current strategic resource allocation practices were having a constraining impact on the implementation of universal health coverage strategy in NHIF Northern Kenya Region Counties. It is a fact that can be attributed to the evidence of poor resource allocation in terms of finances, appropriate human resources and logistical resources for their operations to implement the UHC policy.

The findings, as such, agree with Omollo *et al*., (2017) who found that resource allocation procedure ensured successful implementation of strategic plans. Implementation of strategies in the organization was facilitated by state policies and regulations. Brinkschröder (2016) found that resource allocation in strategy implementation influences organizational performance. Oyekan *et al*., (2015) also found that allocation of financial resources significantly affected the performance of learning institutions. However, in cases of resource constraints, Ouma and Kilonzo (2014) revealed that there was no impact of allocation of resources on performance; this was because performance could only be guaranteed by

proper utilization of resources, not resource availability in sector organizations. Resources allocation to the public financial sector was inadequate.

**4. Conclusions**

The findings revealed that majority of the branches were not adequately resourced financially to implement the UHC policy. Majority of the branches' budgets were not always fully funded to enable the carrying out of UHC strategy implementation. On staffing issues, there were indications that the branches did not have adequate staff for all operations. However, it was evident that most of the respondents agreed that the branch's staff are well-placed in their areas of competence. Most of the branches also did not have adequate logistical resources for their operations. Further, most branches did not have good logistical supplies to replenish their resources when necessary so as to ensure fluidity of workflow. Strategic Resource Allocation had a significant linear relationship with the implementation of universal health coverage policy in Northern Kenya region, hence, leading to the rejection of the null hypothesis. Therefore, it can be inferred that strategic resource allocation significantly influences implementation of universal health coverage policy in NHIF Northern Kenya Region. However, as things were currently, resource allocation practices were negatively affecting the implementation of universal health coverage policy in Northern Kenya Region. The study, therefore, recommends that the organization reviews its resource allocation practices. The resource allocation practices should be strategic and guided by the resource based view at the branch level. The issue of staffing and logistics need also to be addressed as well as budget constraints.

**5. References**


i. Aguoru, C. N., Orsaah, S., & Umogbai, M. (2018). Effect of Strategic Analysis and Strategy Implementation on Service Quality of a Popular Telecommunication Company in Nigeria. *International Journal of Scientific Research and Management*, *6*(04).
ii. Anthonyraj, R. (2016). A health financing reform solution for Kenya: Expansion of National Hospital Insurance Fund (NHIF)
iii. Ansoff, H. I., Kipley, D., Lewis, A. O., Helm-Stevens, R., & Ansoff, R. (2018). *Implanting strategic management*. Springer.
iv. Azhar, A., Ikram, S., Rashid, S., & Saqib, S. (2013). The role of leadership in strategy formulation and implementation. *International journal of management & organizational studies*, *1*(2).
v. Brinkschröder, N. (2016). Strategy Implementation: Key Factors, Challenges and Solutions. Retrieved from https://essay.utwente.nl/66188/1/brinkschroeder_BA_MB.pdf
vi. Dieleman, J., Campbell, M., Chapin, A., Eldrenkamp, E., Fan, V. Y., Haakenstad, A., & Murray, C. J. (2017). Evolution and patterns of global health financing 1995–2014: development assistance for health, and government, prepaid private, and out-of-pocket health spending in 184 countries. *The Lancet*, *389*(10083), 1981-2004.
vii. Engert, S., & Baumgartner, R. J. (2016). Corporate sustainability strategy–bridging the gap between formulation and implementation. *Journal of cleaner production*, *113*, 822-834.
viii. Frenk, J. (2015). Leading the way towards universal health coverage: a call to action. *The Lancet*, *385*(9975), 1352-1358.
ix. Ghebreyesus, T. A. (2017). All roads lead to universal health coverage. *The Lancet Global Health*, *5*(9), e839-e840.
x. Gisip, I. A., & Harun, A. (2013). Antecedents and outcomes of brand management from the perspective of resource-based view (RBV) theory. *Mediterranean Journal of Social Sciences*, *4*(10), 432-432.
xi. Howden-Chapman, P., Siri, J., Chisholm, E., Chapman, R., Doll, C. N., & Capon, A. (2017). SDG 3: Ensure healthy lives and promote wellbeing for all at all ages. *A guide to SDG interactions: from science to implementation. Paris, France: International Council for Science*, 81-126.
xii. Johnson, B. T., & Acabchuk, R. L. (2018). What are the keys to a longer, happier life? Answers from five decades of health psychology research. *Social Science & Medicine*, *196*, 218-226.
xiii. Kaushik, S., &Kaur, H. (2019). Optimal Resource Allocation for SQM: A Comparative Case Study in Pharmaceutical Industry. *IUP Journal of Applied Economics*, *18*(3).
xiv. Kimani, J. K., Ettarh, R., Warren, C., & Bellows, B. (2014). Determinants of health insurance ownership among women in Kenya: evidence from the 2008–09 Kenya demographic and health survey. *International journal for equity in health*, *13*(1), 1-8.
xv. Köseoglu, M. A., Altin, M., Chan, E., &Aladag, O. F. (2020). What are the key success factors for strategy formulation and implementation? Perspectives of managers in the hotel industry. *International Journal of Hospitality Management*, *89*, 102574.
xvi. Lemarleni, J. E., Ochieng, I., Gakobo, T., &Mwaura, P. (2017). Effects of resource allocation on strategy implementation at Kenya Police Service in Nairobi County. *International Academic Journal of Human Resource and Business Administration*, *2*(4), 1-26.
xvii. Mackintosh, M., Channon, A., Karan, A., Selvaraj, S., Cavagnero, E., & Zhao, H. (2016). What is the private sector? Understanding private provision in the health systems of low-income and middle-income countries. *The Lancet*, *388*(10044), 596-605.
xviii. Mango, D. R. (2014). Determinants of successful strategy implementation: A survey of selected public schools in South Africa. *International Journal of Business and Management Invention*, *3*(1), 41-46.

xix. Musyoka, M. (2016). *Determinants of strategy implementation at National health insurance fund in Kenya* (Doctoral dissertation, United States International University-Africa).

xx. Omollo, N. F., Ngacho, C., &Onyango, Y. J. (2017). Determining the effects of resource allocation on the performance of south Nyanza sugar company limited, Kenya. *International journal of social science and information technology*, *3*(9), 2514-2520.

xxi. Ouma, D., & Kilonzo, J. M. (2014). Resource allocation planning: Impact on public sector procurement performance in Kenya. *International Journal of Business and Social Science*, *5*(7), 1.

xxii. Oyekan, O. A., Adelodun, S. S., & Oresajo, N. O. (2015). Allocation of financial resource to enhance educational productivity and students' outcomes in Nigeria. *International Journal of Development and Management Review*, *10*(1), 201-209.

xxiii. Patten, M. L., & Newhart, M. (2017). *Understanding research methods: An overview of the essentials*. Routledge.

xxiv. Rosati, F., & Faria, L. G. D. (2019). Business contribution to the Sustainable Development Agenda: Organizational factors related to early adoption of SDG reporting. *Corporate Social Responsibility and Environmental Management*, *26*(3), 588-597.

xxv. Sekaran, U., & Bougie, R. (2016). *Research methods for business: A skill building approach*. John Wiley & Sons.

xxvi. Smothers, J., Hayek, M., Bynum, L. A., Novicevic, M. M., Buckley, M. R., & Carraher, S. (2010). Alfred D. Chandler, Jr: historical impact and historical scope of his works. *Journal of Management History*.

xxvii. Stephens, N. M., Brannon, T. N., Markus, H. R., & Nelson, J. E. (2015). Feeling at home in college: Fortifying school-relevant selves to reduce social class disparities in higher education. *Social issues and policy review*, *9*(1), 1-24.

xxviii. Thomson, S., Evetovits, T., Cylus, J., Jakab, M., & World Health Organization. (2016). Monitoring financial protection to assess progress towards universal health coverage in Europe. *Public Health Panorama*, *2*(03), 357-366.

xxix. Wamai, R. G. (2019). The Kenya health System— Analysis of the situation and enduring challenges. *Jmaj*, *52*(2), 134-140.