STRATEGY IMPLEMENTATION PRACTICES AND SERVICE DELIVERY IN SELECTED HEALTH FACILITIES IN MARSABIT COUNTY IN KENYA

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ABSTRACT

Effective service delivery in healthcare is critical for improving community well-being and achieving national health goals, yet Level 4 and 5 public health facilities in Marsabit County, Kenya, struggle with poor performance, evidenced by low institutional delivery rates, inadequate emergency care, and patient dissatisfaction. The study aimed to examine the effect of strategy implementation practices on the quality of service delivery in specified healthcare institutions within Marsabit County, Kenya. Specifically, the study sought to determine how strategic leadership, resource allocation, change management and strategic communication influenced service delivery in desiginated health facilities in Marsabit. The study was anchored on situational leadership theory, the resource-based view, the McKinsey 7S framework, and the SERVQUAL model. The research employed a descriptive research method and focused on a population of 171 healthcare professionals comprising doctors, nurses, clinical officers, laboratory technicians, and pharmacists from one Level 5 and three Level 4 public health facilities in Marsabit County.Stratified random sampling guided by Yamane's formula yielded a sample of 120 respondents. Data were collected through semi-structured questionnaires which were administered digitally and thus were flexible and accessible. Data were analysed using descriptive statistics and multiple regression model where Likert scale items were analysed using both descriptive and inferential statistics to find patterns and to test the relationship between variables. The findings were that strategic leadership had a positive correlation with service delivery but statistically not significant. This is an implication that leadership practices alone might not be enough to initiate quantifiable change in resource-constrained settings. Resource allocation, change management and strategy communication, in contrast, were statistically significant and positively impacted by strategic communication most. These findings explain why proper resource allocation, systematic change strategies, and communication are significant in facilitating service delivery of healthcare services in government-operated institutions. The analysis suggests that, as significant as leadership is, it should be provided with adequate resources, the effectiveness of change processes, and effective communication systems to drive significant changes in the healthcare environment. It advises policymakers and hospital managers to focus on ensuring resource optimisation, institutionalisation of effective change management practices and enhance communication structures. More studies are advised in other counties, through longitudinal designs and by investigating mediating variables like governance, cultural practices, and political influences. This study contributes to the body of research on healthcare management by providing a research-based insight into the phenomenon of strategy implementation and its impact on service provision in marginalised environments.

Key words: Change Management, Resource Allocation, Strategic Communication, Strategic Leadership.

INTRODUCTION

In Kenya, state-owned corporations such as public hospitals are usually short of the demands of the stakeholders. The fact that they are highly dependent on exchequer funding undermines their sustainability and their capacity to provide services efficiently (Munala & Mwasiaji, 2023). The Kenyatta National Hospital is the leading referral hospital in Kenya, and it is still struggling with the problem of service delivery, which has led to the delay of diagnoses, excessive patient wait times, and resource strains. Such problems are a burden on patient care and complicate the ability to satisfy the high demand of the services (Musili & Mutinda, 2021). Efficiency in service delivery is not judged by the achievement of the set goals alone but also by the gain in user satisfaction. Patient care quality is a measure of service delivery in healthcare and it includes administrative efficiency, environmental conditions, interpersonal relationships and technical expertise (Chakraborty et al., 2024). Administrative quality indicates how efficient the hospital processes are at improving the patient experience, and environmental quality evaluates the cleanliness, the atmosphere and the state of facilities.Interpersoal quality addresses the issue of how the work of healthcare staff and patients should be. Conversely, the aspect of clinical standards pertain to the professionalism, specialization, and competence of medical practioners (Ahmed et al., 2022) displayed.

Strategy implementation requires turning strategic intent into organizational action by means of structure, resource planning, allocation and change management (Bellis, Magnanini, and Verganti, 2023). It includes the main dimensions: organizational structure, a top-level management role, projects and programmes, communication, and the feedback mechanisms (Doeleman, van Dun, and Wilderom, 2022). Of them, strategic leadership, resource allocation, change management, and communication are equally vital because they offer direction, support, flexibility, and clarity needed to accomplish the organizational goals (Tawse et al., 2024).

There are challenges in service delivery in health facilities within Marsabit County. Poor infrastructure and shortage of staff members impact target accomplishments, and merely 40 per cent of post-natal mothers give birth in health centers that are less than the country target of 68 per cent (Arero et al., 2021). Moreover, basic emergency obstetric care is provided in only 35 per cent of the health centres, which indicates the problem of resource distribution (MOH, 2023). The working conditions, such as insufficient supplies, low salaries, and excessive workloads, are not very satisfactory to employees, and to exacerbate the situation, the nurse-population ratio is 1:2,500, which is significantly higher than the national standard (MOH, 2023).

Logistical difficulties limit efficiency, and only 42 per cent of health facilities in Kenya, such as Marsabit, stock vital drugs (MOH, 2023). The technical efficiency score of Marsabit is 78 per cent below the national median efficiency at 84 per cent. The level of patient satisfaction is also poor as Marsabit residents are only 55 per cent satisfied with health services as opposed to the national average of 70 per cent (KNBS, 2022). These issues highlight the necessity to

examine the practices of strategy implementation in order to find effective solutions and enhance the quality and efficiency of the provision of healthcare service in Marsabit.

Statement of the Problem

The selected level 4 and 5 health facilities in Marsabit County face persistent challeneges in service provision. These facilities struggle to provide efficient, accessible and quality healthcare. For instane, the facilities record o modest 40 per cent of post natal deliveries compared to national average of 68 percent. In addition, only 35 percent of these facilities are able to offer basic emergeny obstetric care (Arero *et al*., 2021). Employee dissatisfaction within the selected facilities is reported at 60 per cent, mainly due to poor working conditions and limited supplies. Further the nurse-to-population ratio is below the national average (Ministry of Health (MOH), 2023). Efficiency remains low with an average technical efficiency sore of 78 per cent. Further, only 42 per cent of the facilities consistently stock essential medicine (KNBS, 2022). Level 4 and 5 hospital in marsabit county continue to lag behind despite universal health coverage expansion and increased funding (Wekesa *et al.*, 2025).

There is evidence that strategic implementation practices impacts service delivery (Al-Kahtani et al., 2024). Yet important gaps in knowledge persists, and this study seeks to fill them. These gaps are found in the contextual, conceptual, and methodological domains. From a conceptual standpoint, the link between strategic management practices and service delivery is still unclear, with unresolved questions that this research intends to investigate. While some studies report positive influence *(*Chakraborty *et al.,* 2024*; S*afaa *et al.*, 2022), others highlight negative (Atiku *et al.*, 2023; Shin *et al*., 2023), or insignificant impacts (Abawari *et al.*, 2024; Xiyao, 2024). This inconsistency prompts the use of more research on determining whether the strategy implementation practices have an effect on service delivery or not. Moreover, the majority of researches have theorized one of the single strands of strategy implementation practice to enhance service delivery (Bashir et al., 2024; Murithi and Sije, 2021). Nonetheless, various practices are interrelated when it comes to service delivery. This narrow emphasis on personal practices implies that research should be done to consider their joint impact and determine whether strategy implementation practices affect service delivery.

In the context, there is a gap in the literature regarding the specifics of the problem in healthcare facilities in Marsabit with the existing research concentrating primarily on other industries or geographic areas (Shigali & Shitseswa, 2023) or even specific countries (Namibia (Atiku et al. 2023), Angola (Meirinhos et al., 2023) and Portugal (Franco et al., 2024). The use of purposive sampling in Chakraborty et al. (2024) is a methodological weakness because it does not allow a generalization. Addressing these gaps will provide insights into improving service delivery in Marsabit level 4 and 5 facilities, enhancing efficiency, accessibility and quality care.

General Objective

The general objective of this study was to analyse the impact of strategy implementation practices on service delivery in selected hospitals within Marsabit County, Kenya.

Specific Objectives

The study aimed to achieve the following specific goals.

i. Examine how strategic leadership influences service delivery in selected hospitals across Marsabit County in Kenya.
ii. Analyse how resource allocation impacts delivery of services within the selected hospitals in Marsabit County in Kenya.
iii. Explore the extent change management impacts service delivery among targeted health facilities in Marsabit County in Kenya.
iv. Assess the extent strategic communication impacts service delivery in selected hospitals in Marsabit County in Kenya.

Research Questions

The following research questions informed this investigation and serve as the conceptual basis of the study.

i. How significantly does strategic leadership influence the service delivery in selected health facilities in Marsabit County in Kenya.
ii. How does resource allocation influence service delivery in selected health facilities in Marsabit County in Kenya?
iii. How significant is the influence of change management on service delivery in selected health facilities in Marsabit County in Kenya?
iv. How does strategic communication influence service delivery in selected health facilities in the County of Marsabit in Kenya.

THEORETICAL LITERATURE REVIEW

Situational Leadership Theory

The situational leadership theory is a dynamically flexible theory of leadership behaviour developed by Hersey and Blanchard, (1982). It suggests that successful leadership is contingent on the reality that it is used and the preparedness of the followers. The model emphasizes that no best leadership style exists as leaders should analyze the competence and commitment of their teams and change their approach in accordance with it. This view appreciates that not all employees are the same in terms of skill levels and motivation and that a more flexible and adaptive approach by leaders is needed in place of a strict pattern.

Situational leadership theory informs the strategic leadership variable by showing that leaders must adopt their style to competence and commitment of healthcare workers, enabling effective guidance, resource coordination, decision-making, and service delivery in selected health institutions in Marsabit County.

Resources-Based View Theory

Intially proposed Wernerfelt (1984) and latter developed Barney (1991), the resource-based view has become widely recognized theory in strategic management literature. The core idea of the theory is that a company's edge stems from its distinctive resources and abilities. Resourses must be valuable, unique, difficult to imitate, and not easily substituted which grants sustainable benefit (Peteraf & Barney, 2003). According to the theory, organizations can

outperform their rivals when they effectively control resources that are valuable, unique, hard to replicate, and cannot be easily substituted, commonly referred to as the VRIN attributes. For the purpose of this research, the RBV theory provides a useful lens for understanding how internal resources shape and influence service delivery within organizations.

The RBV theory provide a useful framework in explaining how the allocation of internal resources can result in improvement in service delivery. Specifically, it sheds light on how efficient resource distribution in healthcare facilities like level four and level five hospitals in Marsabit County can enhance service provision. Through resource allocation, such as finances, personal, equipment, and technological infrastructure, hospitals can optimize their operational effectiveness and patient care. Thus, the theory influences both the resource allocation variable and the primary variable strategy implementation.

The McKinsey 7S Framework

Peters and Waterman (1982) invented McKinsey 7S framework in order to improve organizational environment. It provides a systematic way of coordinating major internal factors, enabling organizations to deal with the difficulties in terms of consistency and strategic alignment. Seven components are looked at in the framework; strategy, structure, systems, shared values, style, staff, and skills categorized as hard (Strategy, Structure, Systems), and soft (Shared Values, Style, Staff, Skills) components. These components should be complementary and consistent to enable an organization to be successful. The model is useful in diagnosing organizational problems, change management, and enhancing service delivery.
The framework enlightens change management and strategic communication variables by ensuring that vital organizational components are aligned. The model is useful in change management where the misalignments can be identified, and adjustments accordingly can be made to facilitate smooth transitions. It also strengthens strategic communication through the structural coordination, leadership style, and systems that promote clarity of message, internal co-ordination, and reinforcement of shared values. Through the McKinsey 7S Framework, the study may be able to provide an in-depth analysis of these interdependencies and give recommendations on how to align the different elements of the levels four and five health facilities in Marsabit County to help them perform better.

The SERVQUAL Framework

The SERVQUAL model of service delivery through the comparison of the expectations between the users and their real experiences (Parasuraman, Zeithaml, and Berry, 1985). It offers a systematic way of measuring the performance of the service and has been extensively used in various industries including the healthcare, financial and insurance sector. The model deals with the issue of service intangibility of services through the five primary aspects of quality to include tangibility, realiability, responsiveness, assurance, and empathy, which clarifies the distances between expectations and perceptions to ensure enhanced satisfaction and service performance. Such a customer-based practice is particularly applicable in the field of healthcare where the perception of patients determines outcomes (Parasuraman et al., 1985). Although the framework is limited in some ways, it offers a way of evaluating the effects of practices of strategy implementation on the quality of services. With the incorporation of its

principles into the study, one gets a better understanding of service delivery and is thus empowered to make strategic decisions, and enhance better service results. Overall, the present study is a solid one that can be used to investigate the nexus of strategy implementation and service delivery at health facilities. The introduction of the SERVQUAL model to inform the dependent variable, service delivery is highly applicable in the healthcare setting, where patient perceptions form the outcomes. This part contains a literature review of the previously conducted studies with respect to the study variables.

Empirical Review

Atiku *et al*. (2023) studied leadership and service delivery among local authorities of Namibia. The research tested leadership by assessing the aptitude of a leader to offer a clear direction, create trust and inspire employees. The research employed a qualitative research design, whereby ten participants were chosen purposely among the 117 employees. Face-to-face interviews using a semi-structured interview guide were the major source of data used. The results showed that political interference was a major impediment towards efficient service delivery. The researchers also stated that care should be taken to make sure that transformation leadership style is adopted where the leader and team head offer guidance and direction, nurture skills and enthusiasm among their employees. However, there were some contextual and conceptual constraints in the study because it was limited to local authorities in Namibia, a place where service delivery problems, especially in the field of healthcare, might not be the same elsewhere.

Shin *et al*. (2023) examined relationship between resources allocation and competitive advantage in Major League Baseball teams in the United States. The dependent variable competitive advantage was measured using ex-post-performance, the ratio of wins to losses in a season. Resource allocation, the dependent variable was determined as the proportion of new players' salaries relative to the total players' salaries. The study used panel data and system-generalized methods of moment estimations in determining the relationships. Results of the empirical study revealed that a large allocation of resources towards hiring new employees had a negative impact on post-performance, unless the organization was significantly underperforming. However, the study examined resource allocation in professional sports rather than healthcare, where service dynamics, resource utilization, and service delivery indicators are significantly different.

Smith and Johnson (2024) evaluated the impacts of change management on service delivery in the hospitals of the United States. The independent variable was the change management, which was evaluated with the help of retraining of staff, redesign of processes and implementation of technology. The dependent variable was the service delivery, which was assessed with the help of patient satisfaction and clinical quality. Mixed-method sampling was employed as 150 healthcare executives in 15 hospitals were purposively sampled. The study predominantly used primary data collected via guided participation of the participant in engagement with administrators, nurses and physicians to discover that change had a direct statistically significant impact on service delivery.The research suggested the introduction of change management training into the hospital leadership programs. Nevertheless, it focuses on

hospitals in the United States that have developed resources which is a limitation to its application in the health care situation in Kenya. To fill this gap, the present study will target the Marsabit hospitals.

Bashir *et al.* (2024) studied the relationship between interaction quality on strategic communication effectiveness in healthcare organizations in Uganda. The study adopted the commitment trust theory and conceptualized strategic communication effectiveness as comprising cognitive awareness and emotional attachment to communication. Interaction quality was measured through structural affordance and experiential effectiveness. The study was conducted between 2017 and 2018 and sampled 384 members of Ugandan health sector organizations. It used a mixed method approach, combining questionnaires for health sector audiences with semi-structured interviews of communication officials. A significant and favourable association was observed between interaction quality and the success of strategic communication efforts. In contrast, the earlier study was conducted in Uganda. It analyzed the effectiveness of strategic communication as the outcome variable and quality as the predictor variable and the current study is an analysis of its impact on service delivery in Marsabit hospitals. This sets contextual and conceptual voids, and there is a need to conduct further studies.

RESEARCH METHODOLOGY

The cross-sectional approach was also used, with the data being collected at one moment to be able to capture the current conditions and trends. This type of design helped the researcher to collect data and offer an insight into the relationship between the variables in Level 4 and 5 health facilities in Marsabit County. This is the selected population consisted of the respondents drawn from four major public health facilities in Marsabit County. The facilities included the Level 5 Marsabit County referral hospital, and Moyale, Kalacha, and Laisamis Level 4 hospitals. Stratified random sampling procedure was employed. The study had a total sample size of 120 healthcare practitioners in the Levels 4 and 5 facilities in Marsabit County. The research was based on primary data collected with the help of a semi-structured questionnaire, which was divided into three parts.

The SPSSs version 28 was used to perform bivariate and multivariate regression analysis. The beta coefficients was applied in interpreting the regression results. The p-value that was utilized in ascertaining the statistical significance whereby a lower p-value of 0.05 is used to determine significance of relationship. The R-squared was used to indicate the level of variance of the outcome variable that was explained by the model with the larger values reflecting a better fit. The significant of the model was tested by using F-statistic. The regression equation is presented as Model 1.

$$SD = \beta_0 + \beta_1 * SL + \beta_2 * RA + \beta_3 CM + \beta_4 * SC + \varepsilon \qquad \text{Model 1}$$

Where:

SD = Service delivery
SL = Strategic leadership
RA = Resource allocation
CM = Change management

SC = Strategic communication
B_0 Constant
B_1, to β_4= Regression coefficients
.ε = Residuals

Diagnostic tests were also done to verify that the underlying conditions of the classical linear regression model were met making the results of the findings accurate and credible.

Descriptive Statistics

The summary measures were calculated to provide a summary of the responses on the study dependent variables. These steps involve the mean, standard deviation and the coefficient of variation (CV), which shows how similar the responses of respondents were. Table 1 exhibits the results.

Table 1:Descriptive Statistics

Attribute	Count	Average	SD	CV
Strategic leadership	87	3.8635	0.8807	0.2280
Resource allocation	87	3.7773	0.8722	0.2310
Change management	87	3.8534	0.8791	0.2283
Strategic communication	87	3.9986	0.8022	0.2007
Service delivery	87	3.9382	0.8453	0.2146

Source; Field Data (2025)

Table 1 presents the descriptive statistics that give a general idea of the way the respondents evaluated the study variables. Strategic leadership had an average score of 3.8635 with dispersion of.8807, which makes its CV to be 0.2280. This means that even though there was a general concurrent by the responders that the leadership practices were quite strong, the distribution in the opinions remained moderate. Resource allocation had the lowest average of 3.7773 meaning that resources allocation was not viewed by the respondents as effective as the other factors. It also posted the greatest CV of 0.2310 which indicates more varied opinions among respondents in the ways resources were allocated in organisations.

The rating of change management was 3.8534 with a CV of 0.2283. This demonstrates that the respondents were moderately in agreement on how change processes were handled, although there was a reasonable level of variation in their feedback, which portrays ambivalent experiences of organisational transitions. The strategy that had the highest average of 3.9986 as well as the lowest CV of.2007 is strategic communication. This is an indication that the participants who were heavily convinced about the efficacy of communication practices were quite consistent in their opinions, which is more significant, and their perceptions were relatively similar throughout the organisations, and communication is a well-known strength.
Service delivery averaged 3.9382 resulting to a CV of 0.2146. This indicates that respondents generally rated service delivery positively, with relatively less variation in their responses compared to leadership and resource allocation, though not as consistent as communication. Overall, the results reveal that while all the variables scored above the midpoint of 3, signalling favourable perceptions, strategic communication was the highest-rated and most consistently viewed factor, whereas resource allocation received the lowest rating and attracted the widest range of opinions.

Inferential Statistics Results

Regression analysis was utilized to examine the hypotheses and assess the extent to which the independent variables account for variations in the dependent variable. The results are discussed with reference to the explanatory power of the model, the level of statistical significance, and key diagnostic measures that confirm the reliability of the estimates. The subsections that follow present the detailed results of the inferential analysis.

Correlation Analysis

A correlational assessment to evaluate both magninitude and nature of the associations among the variables. These results, presented in Table 2 indicate the extent to which variables like strategic leadership, resource allocation, change management, and strategic communication are related to service delivery. Correlation coefficients show the nature of these relationships, either positive or negative and the level of strength. This analysis identifies initial information about the linkages prior to the implementation of regression analysis.

Table 2:Correlation Matrix

Variables	SL	RA	CM	SC	SD
Strategic leadership (SL)	1	.515	.288	.399	.300
Resource allocation (RA)	.515	1	.708	.601	.602
Change management (CM)	.288	.708	1	.597	.485
Strategic communication (SC)	.399	.601	.597	1	.612
Service delivery (SD)	.300	.602	.485	.612	1

Source; Field Data (2025)

The evidence provided in Table 2 suggests that there is a direct and considerable correlation between strategic leadership and service delivery ($r = .300$, $p = 0.01$). This means that service outcomes are associated with stronger leadership practices. Service delivery is significantly and positively related to resource allocation ($r = .602$, $p < 0.01$), showing the role of the efficient utilization of resources. Moreover, change management has a much more direct relationship with service delivery ($r = .485$, $p < 0.01$), indicating that the successful management of organisational change is associated with the enhancement of performance. The findings also indicate that strategic communication is most correlated with service delivery ($r = .612$, $p < 0.01$) implying that explicit communication practices are core in improving the delivery outcomes. These results are drawn from a sample of 87 particiapants, and every correlation is statistically relevant at the 0.01 threshold (two-tailed). Overall, findings demonstrate that all four predictors are positively and significantly associated with service provision.

Regression Analysis

Regression assessment was performed in ascertaining the extent to which predictors explained variations in service delivery. Model findings shows strategic leadership, resource allocation, change management, and strategic communication collectively significantly affect service delivery. The R-squared score demonstrates the share of differences in service delivery attributed to the model, while the F-statistic confirms the general validity of the analytical framework. The coefficients further reveal individual contribution of each predictor to service delivery outcomes.

Table 3:Regression Output

Model Summary				
R	R-Square	Adj R-Squared	SEE	Durbin-Watson
.681	.464	.438	.4576	1.799

Source; Field Data (2025)

The findings in Table 3 suggests that the composite correlation coefficient – R. value of .681, showing a moderately strong direct association amongst the predictor and the outcome variables. The R-Squared value on 0.464, meaning close to 46 per cent of the changes in the dependent variable are accounted for by the predictors, while the adjusted R-squared value of 0.438 confirmed the model's explanatory power after accounting for the number of variables included. The standard error of estimate was 0.4576, representing the average distance between the observed values and the regression line.

The DW value of 1.799, almost to the benchmark value of 2, suggesting residuals were not affected by serious autocorrelation. The model summary therefore confirms that the explanatory variable have a meaningful explanatory power on the explained variable. To further validate the overall model significance, an analysis of variance was done. The ANOVA results, exhibited in Table 4, provide evidence on whether the regression model as a whole is statistically significant.

Table 4:Analysis of Variance

	SS	df	MS	F	Sig.
Regression	14.858	4	3.714	17.734	.000
Residual	17.175	82	.209		
Total	32.033	86			

Source; Field Data (2025)

The outcome of the ANOVA shown in Table 4 reveal that the analystical model reliably predicted the response variable. The F-statistic was 17.734 with a significance level of 0.000, which is below the 0.05 threshold. This indicates that the combined effect of the predictors (strategic communication, strategic leadership, strategic planning, and resource allocation) significantly explained variations in sustainability disclosure. The results therefore confirm that the regression framework offers a good fit for the data and that at least one of the independent variables contributes meaningfully to explaining the dependent variable. Since the ANOVA results confirm that the regression model is statistically significant, the next step is to examine the individual contribution of each predictor. The regression coefficients, presented in Table 5, show the nature and intensity of the connection between amongst the variables.

Table 5:Regression Parameter Estimates

	Unstd. Coeff.		Std. Coeff.			Collinearity Statistics	
Variables	β	SE	β	t	Sig.	Tolerance	VIF
Constant	1.024	.393		2.603	.011		
Strategic Leadership	-.060	.086	-.067	-.695	.489	.701	1.428
Resource Allocation	.390	.124	.415	3.145	.002	.376	2.658
Change Management	-.031	.108	-.035	-.286	.776	.439	2.280
Strategic Communication	.448	.118	.410	3.802	.000	.561	1.782

Source; Field Data (2025)

The regression coefficients exhibited in Table 5 show the individual contribution of each predictor to service delivery. The findings have shown that the resource allocation (β= 0.390,

p = 0.002) was a positive and statistically significant factor, meaning that the improvement of service delivery can be improved due to a better allocation of resources. Likewise, strategic communication (β= 0.448, p = 0.001) was very significant and the impact was positive, as well as, it was important in service outcomes. Conversely, there was a negative but non-significant impact of strategic leadership (β= -0.060, p = 0.489), and change management (β= -0.031, p = 0.776), which suggests that they did not significantly affect the model.

According to the collinearity diagnostics, the VIF of all the predictors is less than 10, which means that the issue of multicollinearity was not reported. These findings hence indicate that resource management and strategic communication have the greatest impact of service delivery in this model. Using the unstandardised coefficients, a regression equation can be expressed as:

$$SD = 1.024 - 0.060SL + 0.390RA - 0.031CM + 0.448SC$$

Where SD represents service delivery, SL is strategic leadership, RA is resource allocation, CM is change management, and SC is strategic communication.

Conclusions

According to the research findings, it can be concluded that strategic leadership, despite its role in setting the direction and guiding the institutions, did not have a significant impact on service delivery within Marsabit County. This is suggestive of the fact that systemic issues in the study setting including limited resources and governance complexities constrained leadership practices, limiting their ability to influence service outcomes. Conversely, resource allocation proved to be a significant determinant in service delivery, which validated the position of fair and efficient use of resources as the core of proper hospital operations.

Change management was also a factor that played a significant role in service delivery since the acceptance of new systems, policies and technologies was found to greatly enhance efficiency as well as quality of the services. The highest impact of all the analyzed variables was identified with strategic communication, which highlights its core position in relation to facilitating the effective information flow, maintaining stakeholder interest, and the provision of a responsive and coordinated delivery of services. Overall, the paper establishes that improvement of service delivery in health systems characterized by resource constraints in Marsabit County needs a synergistic strategy comprising of efficient resource mobilization, systematic change management, and well-developed communication systems. Although leadership is still required, its direct influence is again likely to be achieved only when it is backed by sufficient resources and facilitating organisational structures.

Recommendations

The findings of the study suggest numerous implications of the research on practice and policymaking to enhance service delivery in the health facilities of Marsabit County. County and national governments must enhance structures that will ensure fair distribution of resources based on needs at the policy level. The distribution of financial, human, and material resources should be fair and efficient because availability of resources was revealed to be a decisive factor of service delivery. Moreover, policies must encourage institutional change management

procedures through enabling implementation of new technologies, systems and practices in health facilities with proper funding and technical assistance to sustain such new practices.

Through their management ideology, leaders in health facilities ought to serve as exemplars of leadership by ensuring accountability, participatory leadership, and open governance systems. Though no significant direct influence was identified with leadership, it cannot be ignored as enabling as the combination of sufficient resources and enabling structures. The facility managers are also supposed to ensure that they develop strong communication networks that promote timely information exchange, effective feedback systems and meaningful stakeholder participation. These systems will most likely enhance coordination, lessen inefficiencies, and enhance service outcomes. In addition, managers and staff should be given continuous professional development and training to develop competencies in change management and strategic communication, which will increase their adaptability and responsiveness within the changing health industry.

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