# Influence of Strategic Planning on Healthcare Service Delivery in Public Healthcare Facilities in Turkana County, Kenya

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## ABSTRACT

Strategic planning is increasingly recognized as an essential management mechanism for improving organizational performance and service outcomes in public health systems. However, evidence remains limited on how specific dimensions of strategic planning influence healthcare service delivery in devolved and resource-constrained settings. This study examined the influence of strategic goal setting, resource planning and allocation, and strategy implementation and monitoring on healthcare service delivery in public healthcare facilities in Turkana County, Kenya. Anchored on Goal-Setting Theory and the Resource-Based View, the study adopted a descriptive design incorporating quantitative and qualitative approaches. The target population comprised managers at different organizational levels. Data was collected using structured questionnaires and analyzed using inferential statistics. The results reported in the underlying thesis indicated positive and statistically significant relationships between all three strategic planning dimensions and healthcare service delivery. Strategic goal setting emerged as the strongest predictor, followed by strategy implementation and monitoring and resource planning and allocation. The study concludes that strategic planning is most effective when clear goals are linked to realistic resource commitments and supported by disciplined implementation, performance monitoring and corrective action. The article recommends stronger goal-setting processes, integration of planning and budgeting, needs-based resource allocation, institutionalized monitoring and greater use of routine health information in managerial decision-making.

**Keywords:** Strategic planning; strategic goal setting; resource allocation; strategy implementation; monitoring; healthcare service delivery; Turkana County; Kenya.

## INTRODUCTION

Healthcare service delivery is a major component of sustainable development because it determines whether populations can access appropriate, timely, affordable and quality health services. The Sustainable Development Goals place health at the Centre of sustainable development, particularly through Sustainable Development Goal 3, which seeks to ensure healthy lives and promote well-being for all at all ages. Achieving this objective requires health systems that are effectively planned, adequately resourced, responsive and capable of translating policies into operational services. Strategic planning provides health organizations with a mechanism for establishing priorities, allocating resources, implementing interventions and monitoring performance.

The World Health Organization (WHO) has emphasized the importance of health-system strengthening, including effective governance, financing, health workforce development, access to essential medicines and technologies, and service delivery (World Health Organization [WHO], 2010). These components are interdependent, meaning that weaknesses in planning and management can affect the capacity of health facilities to deliver quality services. Strategic planning is consequently important because it enables health organizations to anticipate changing health needs, establish priorities, mobilize resources and coordinate activities towards measurable outcomes.

Evidence from organizational and healthcare research suggests that clear and measurable goals can improve performance. Locke and Latham (2002) demonstrated that specific and challenging goals can direct attention, mobilize effort, encourage persistence and promote the development of task strategies. In healthcare, the translation of broad institutional missions into measurable objectives can therefore provide managers and health workers with a clear basis for prioritizing activities and assessing performance.

Resource planning is another critical dimension of healthcare strategic planning. Health organizations operate under resource constraints and must determine how limited financial, human, technological and physical resources should be distributed among competing priorities. Effective resource allocation is therefore necessary to translate strategic objectives into actual services. The Resource-Based View argues that organizational performance is partly determined by the resources and capabilities possessed by an organization and its ability to deploy them effectively (Barney, 1991).

Across Africa, healthcare systems continue to face challenges involving inadequate financing, shortages of health workers, infrastructure constraints, supply-chain weaknesses and variations in service quality. These challenges increase the importance of strategic planning at national, subnational and facility levels. Health organizations require planning systems capable of aligning health priorities with available resources and translating strategic objectives into operational programmes.

Kenya has progressively strengthened health-sector planning through national policies, strategic plans and devolution of health functions to county governments. However, evidence indicates that the translation of strategic priorities into operational activities and budgets remains challenging. Tsofa, Goodman, and Gilson (2016) found that Kenya's health sector had persistent weaknesses in the alignment between operational planning and budgeting. The study identified weak stewardship, institutional separation between planning and budgeting, unreliable data for target setting and limited stakeholder participation as factors contributing to the problem.

County-level evidence has similarly demonstrated weaknesses in health priority setting. Barasa, Cleary, English, and Molyneux (2016) found that planning and budgeting processes in Kenyan counties were characterized by misalignment and informal influences on decision-making. The authors recommended stronger alignment between planning and budgeting, systematic priority setting and explicit resource allocation criteria.

At the hospital level, English et al. (2017) found that budgeting and planning processes in Kenyan county hospitals were important mechanisms for translating health priorities into resource allocations, but the processes were characterized by lack of alignment, inadequate role clarity and informal priority-setting criteria. The implementation of planning decisions was also reported to be unsatisfactory, partly because budgets and plans were not adequately aligned and internal accountability mechanisms were weak.

National and county health policies recognize the importance of strategic planning. The Kenya Health Policy 2014–2030 provides a long-term framework for attaining the highest possible standards of health in a responsive manner (Ministry of Health, 2014). The Kenya Health Sector Strategic Plan 2023–2027 provides strategic direction towards Universal Health Coverage and emphasizes strengthening health-system capacity and improving access to quality health services (Republic of Kenya, 2023). The Ministry of Health has also emphasized strategic planning as a means of setting clear goals, optimizing resources and implementing health initiatives effectively (Ministry of Health, 2024).

Turkana County presents a particularly important context for examining strategic planning and healthcare service delivery. The county is geographically extensive and faces challenges associated with population distribution, remoteness, infrastructure, human-resource availability and access to essential services. In such a setting, strategic planning is particularly important because health managers must prioritize scarce resources, determine appropriate service-delivery approaches and monitor whether planned interventions are reaching intended populations.

The relevance of strategic planning to Turkana County is strengthened by the devolved structure of healthcare management in Kenya, under which county governments have substantial responsibility for delivery of county health services. Effective county-level planning is therefore necessary for translating national health priorities into local programmes and services that respond to the needs of the population.

The study consequently examined whether strategic goal setting, resource planning and allocation, and strategy implementation and monitoring influenced healthcare service delivery in public healthcare facilities in Turkana County. The study was based on the premise that strategic plans can only contribute to improved healthcare outcomes when goals are clear, resources are aligned with priorities, and implementation is continuously monitored and adjusted.

**Research Objectives**

The general objective of the study was to examine the influence of strategic planning on healthcare service delivery in public healthcare facilities in Turkana County, Kenya.

The specific objectives were:

i. To determine the influence of strategic goal setting on healthcare service delivery in public healthcare facilities in Turkana County.
ii. To examine the influence of resource planning and allocation on healthcare service delivery in public healthcare facilities in Turkana County.
iii. To determine the influence of strategy implementation and monitoring on healthcare service delivery in public healthcare facilities in Turkana County.

**Research Questions**

The study was guided by the following research questions:

i. What was the influence of strategic goal setting on healthcare service delivery in public healthcare facilities in Turkana County?
ii. What was the influence of resource planning and allocation on healthcare service delivery in public healthcare facilities in Turkana County?
iii. What was the influence of strategy implementation and monitoring on healthcare service delivery in public healthcare facilities in Turkana County?

**Research Hypothesis**

$H_{a1}$: There is significant relationship between strategic goal setting and public healthcare service delivery in Turkana County.

$H_{a2}$: There is significant relationship between resource planning and public healthcare service delivery in Turkana County.

$H_{a3}$: There is significant relationship between strategy implementation monitoring and public healthcare service delivery in Turkana County.

**Research Problem**

Healthcare service delivery is a critical component of Kenya's social and economic development and is central to the achievement of Universal Health Coverage. The Constitution of Kenya recognizes healthcare as a right, while the Kenya Health Policy 2014–2030 and the Kenya Health Sector Strategic Plan 2023–2027 seek to strengthen health systems and improve access to quality healthcare services (Ministry of Health, 2014; Republic of Kenya, 2023). Nevertheless, challenges involving access, quality, availability of health products, human resources, infrastructure, financing and coordination continue to affect healthcare delivery.

The persistence of these challenges raises questions about the effectiveness with which healthcare organizations translate strategic intentions into operational results. Kenya's health-sector planning and budgeting processes have historically experienced weak alignment. Tsofa et al. (2016) found that planning and budgeting operated with considerable separation, while inadequate data and limited stakeholder participation affected target setting. At county level, Barasa et al. (2016) found misalignment between planning and budgeting and weaknesses in the use of systematic priority-setting criteria.

Resource planning and allocation also remain important concerns. English et al. (2017) found that planning and budgeting processes in county hospitals were characterized by inadequate role clarity, lack of alignment and informal priority-setting criteria. The authors also reported unsatisfactory implementation of planning decisions, partly due to weak links between budgets and plans and inadequate internal accountability mechanisms.

Evidence from individual Kenyan hospitals indicates that strategic planning can improve performance and service delivery, but implementation and monitoring remain critical. Kirimi (2017) found that strategic planning at Mama Lucy Kibaki Hospital was associated with improvements in cost management, customer satisfaction, employee motivation and resource mobilization, while recommending stronger monitoring and evaluation. Amba (2024) similarly found that strategic implementation at Kenyatta National Hospital was influenced by strategic leadership, communication, resource prioritization and stakeholder engagement.

Despite this evidence, an empirical gap remains. Much of the existing Kenyan research has examined strategic planning as a broad construct, organizational performance, or strategy implementation at individual hospitals. There is comparatively limited evidence that isolates strategic goal setting, resource planning and allocation, and strategy implementation and monitoring as distinct dimensions and tests their individual and collective influence on healthcare service delivery, particularly in the context of public healthcare facilities in Turkana County.

The problem addressed by the study was therefore the apparent gap between strategic planning intentions and actual healthcare service delivery. The study sought to establish whether weaknesses or strengths in strategic goal setting, resource planning and allocation, and strategy implementation and monitoring were associated with differences in healthcare service delivery

# THEORETICAL AND EMPIRICAL LITERATURE

## Theoretical Literature

### Goal-Setting Theory

Goal-Setting Theory was developed principally by Locke and later expanded through extensive research by Locke and Latham. The theory proposes that specific and challenging goals, when accepted by individuals, lead to higher performance than vague or easy goals. Goals influence behaviour by directing attention, mobilizing effort, increasing persistence and encouraging the development of appropriate strategies (Locke & Latham, 2002).

The theory was relevant to strategic goal setting because healthcare organizations need to translate broad missions into specific and measurable objectives. Objectives relating to patient waiting time, medicine availability, patient satisfaction, quality of care and accessibility can provide managers and healthcare workers with clear performance targets.

Goal-Setting Theory also emphasizes feedback. Managers require information on progress against established goals in order to identify deviations and undertake corrective action. The theory therefore also provides a conceptual link to strategy implementation and monitoring.

The limitation of the theory is that clear goals alone do not guarantee performance. Goal achievement can be affected by commitment, capability, task complexity, feedback and availability of resources (Locke & Latham, 2002). This limitation is particularly relevant to healthcare because facilities may establish ambitious objectives but fail to achieve them because of shortages of staff, finance, medicines or equipment.

**Resource-Based View Theory**

The Resource-Based View (RBV) was advanced by Barney (1991) and argues that organizational performance is partly determined by the resources and capabilities possessed by an organization and its ability to deploy them effectively. Resources can provide a basis for superior performance when they are valuable, rare, difficult to imitate and difficult to substitute.

RBV was relevant to resource planning and allocation because healthcare service delivery depends on financial resources, qualified health workers, medicines, equipment, infrastructure, information systems and managerial capabilities. The theory suggests that merely possessing resources is insufficient; organizations must also have the capability to coordinate and deploy them effectively.

In the healthcare context, strategic resource planning ensures that scarce resources are aligned with priority services. Two facilities with similar financial allocations may produce different outcomes if one facility allocates and utilizes resources more effectively.

RBV also supports strategy implementation because strategic objectives cannot be successfully implemented unless an organization has the resources and capabilities required to execute them. The theory therefore provided a basis for examining the influence of resource planning and allocation and its contribution to implementation and service delivery.

**Relevance of the Theories to the Study**

The two theories complemented each other. Goal-Setting Theory explained where the healthcare organization intended to go by emphasizing clear, specific and measurable objectives, while RBV explained whether the organization possessed and could deploy the resources required to achieve those objectives. Strategy implementation and monitoring linked the two perspectives by translating goals into activities using available resources and tracking performance against targets

**Empirical Literature Review**

**Strategic Goal Setting and Healthcare Service Delivery**

Empirical evidence indicates that clearly defined goals can contribute to improved organizational and service outcomes. Smith, Locke, and Barry (1990) examined goal setting, planning and organizational performance using simulated organizations and found that specific organizational goals were positively associated with planning quality and organizational performance.

Dyer, Monson, and Cope (1975) examined written goal setting and performance counselling among nurses in seven Veterans Administration hospitals in the United States. The intervention involved written goals and performance counselling, and the intervention group demonstrated improvements on several patient-care measures. The study provided evidence that explicit performance goals could contribute to patient-care outcomes.

In Kenya, Kirimi (2017) examined strategic planning at Mama Lucy Kibaki Hospital and reported that the hospital had documented goals and objectives and that implementation of the strategic plan was associated with improvements in cost management, customer satisfaction, employee motivation and resource mobilization. Wachira and Irungu (2015) similarly reported that strategic planning at Kenyatta National Hospital improved organizational performance, particularly customer service delivery.

Despite these findings, many Kenyan studies have treated strategic planning as a composite construct rather than isolating strategic goal setting as an independent variable. The present study therefore examined the specific influence of strategic goal setting on healthcare service delivery.

**Resource Planning and Allocation and Healthcare Service Delivery**

Resource planning and allocation is important because healthcare organizations operate under resource constraints. Barasa et al. (2016) examined priority setting and resource allocation in public hospitals in Kenya and found that allocation decisions were influenced by organizational relationships and power dynamics. The study emphasized the need for systematic and transparent approaches to priority setting.

A study conducted by English et al. (2017) revealed that planning and budgeting processes in county hospitals were important mechanisms for translating healthcare priorities into resource allocations but were characterized by lack of alignment, inadequate role clarity and informal priority-setting criteria. The findings suggest that identifying priorities without aligning budgets and resources can limit implementation. Similarly, Tsofa et al. (2016) found persistent weaknesses in the relationship between operational planning and budgeting in Kenya's health sector. The separation between planning and budgeting, weak stewardship, unreliable data and limited stakeholder participation contributed to misalignment.

These studies indicate that resource allocation is important to service delivery, but much of the existing evidence has focused on financial allocation and budgeting. The present study considered resource planning and allocation more broadly to include financial, human, physical and technological resources.

**Strategy Implementation and Monitoring and Healthcare Service Delivery**

Strategy implementation involves translating strategic plans into operational activities, while monitoring involves tracking progress against objectives and undertaking corrective action. The effectiveness of strategic plans therefore depends not only on their formulation but also on implementation and monitoring.

Wachira and Irungu (2015) found that strategic planning implementation at Kenyatta National Hospital improved organizational performance and customer service delivery. The study emphasized stakeholder involvement from formulation through implementation, monitoring and evaluation. Another study conducted by Kirimi (2017) established that implementation of the strategic plan at Mama Lucy Kibaki Hospital improved cost management, customer satisfaction, employee motivation and resource mobilization and recommended establishment of a monitoring and evaluation function.

Amba (2024) examined strategy implementation and service delivery at Kenyatta National Hospital and found that strategic leadership, structured communication, resource prioritization and stakeholder engagement supported successful implementation. The findings emphasized that strategy implementation required organizational systems capable of translating strategic objectives into operational practice.

Evidence from Kenyan public hospitals therefore suggests that implementation and monitoring are important for translating strategy into service-delivery outcomes. However, relatively few studies have isolated strategy implementation and monitoring as a distinct strategic-planning variable and tested its direct influence on healthcare service delivery.

**Healthcare Service Delivery**

Healthcare service delivery refers to the manner and extent to which healthcare institutions translate available resources, policies, managerial practices and strategic interventions into services that meet the health needs of the population. Effective healthcare service delivery is multidimensional and encompasses such outcomes as accessibility, availability, timeliness, quality, responsiveness, efficiency, equity and patient satisfaction. These dimensions are particularly important because healthcare performance cannot be assessed solely through the availability of facilities or resources, but also through patients' experiences and the extent to which services are delivered effectively and efficiently.

Empirical evidence demonstrates that healthcare service delivery is significantly influenced by the capacity of health systems to mobilize and utilize financial, human and material resources. In Kenya, Wang et al. (2022) examined the performance of county health service delivery using a mixed-methods approach across selected counties. The study identified considerable variations in health-system performance and found that shortages of funding, delayed disbursement of funds, limited autonomy in procurement, inadequate equipment and shortages of health personnel contributed substantially to inefficiencies in healthcare service delivery. The findings demonstrate that financial and managerial constraints can directly affect the availability and quality of healthcare services.

Similarly, an empirical assessment of county healthcare systems in Kenya found that the efficiency of healthcare service delivery varied across counties. The study reported that bottlenecks in the flow and absorption of healthcare funding were significantly associated with poor health-system performance. Notably, delays in the release and utilization of funds constrained the ability of county governments and health facilities to procure essential supplies and maintain uninterrupted service provision. These findings suggest that healthcare service delivery is strongly dependent on effective financial management and efficient utilization of available resources.

Further evidence from Kenya indicates that public financial management processes have important implications for healthcare service delivery. Studies examining budget execution processes within county health systems found that poor budget credibility, delays in cash disbursement, weak procurement practices and limited autonomy of healthcare providers negatively affected the capacity of health facilities to deliver services. These challenges resulted in inappropriate allocation of inputs, reduced staff motivation, procurement inefficiencies and misalignment between healthcare needs and resource utilization. Consequently, improvements in budget execution, provider autonomy and procurement processes are considered important for enhancing the efficiency and responsiveness of healthcare service delivery (Barasa et al., 2023).

At the patient level, empirical studies have also emphasized the importance of service quality, accessibility and timeliness in determining perceptions of healthcare service delivery. A study of private primary healthcare clinics in Nairobi involving 378 patients found generally high levels of satisfaction with consultations, staff responsiveness, opening hours and waiting times. However, the study also identified limitations in accessibility, particularly regarding the ease of making appointments and seeing a preferred healthcare provider. The findings illustrate that patient satisfaction alone may not adequately capture healthcare service delivery and that multiple indicators, including accessibility, continuity, responsiveness and quality, should be considered when evaluating service performance (Mohamoud et al., 2020).

More recent evidence further highlights timeliness as a critical dimension of healthcare service delivery. A cross-sectional study conducted by Seif et al., (2025) at a tertiary healthcare institution in Kenya established that patients' perceptions of waiting time influence satisfaction, perceived quality of care and healthcare utilization. Long waiting periods may therefore undermine patients' overall experiences even where clinical services are available. This suggests that healthcare organizations need to focus not only on the availability of services but also on the efficiency of processes through which patients access and receive care.

The relationship between strategic management and healthcare service delivery has also received growing empirical attention. For example, a recent case study at Kenyatta National Hospital found that effective strategy implementation was associated with improved organizational service delivery through strategic leadership, structured communication, resource prioritization and stakeholder engagement. The findings underscore the importance of translating strategic plans into operational activities, particularly in large and complex healthcare institutions where coordination and implementation influence the consistency and quality of services provided to patients (Amba, 2024).

**Synthesis of Empirical Literature and Research Gap**

The empirical literature generally suggested a positive relationship between strategic management practices and healthcare performance. Strategic goal setting provided direction and measurable targets; resource

planning and allocation provided inputs required for implementation; and strategy implementation and monitoring translated plans into operational activities and enabled corrective action.

Four major gaps emerged. First, many studies treated strategic planning as a composite construct rather than examining its individual dimensions. Second, many studies used organizational performance rather than healthcare service delivery as the dependent variable. Third, much of the Kenyan evidence was based on individual hospitals or counties, limiting generalizability. Fourth, there was limited evidence from Turkana County on the influence of strategic planning dimensions on healthcare service delivery.

The present study addressed these gaps by examining the individual and collective influence of strategic goal setting, resource planning and allocation, and strategy implementation and monitoring on healthcare service delivery in public healthcare facilities in Turkana County.

# METHODOLOGY

The study adopted a descriptive research design and combined quantitative and qualitative approaches. The target population comprised top-level, middle-level and lower-level managers and supervisors in public healthcare facilities in Turkana County. These groups were selected because strategic planning operates across organizational levels: senior managers contribute to direction and priority setting, middle managers translate objectives into departmental activities, and operational managers supervise implementation and monitoring.

Stratified random sampling was used to secure representation across management levels. The study quantitative data which was collected through structured questionnaire. The structured questionnaires were carefully designed and sent to the respondents to ensure data collection achieved the objectives of the study. Categorical data was collected on an ordinal scale. A five-point Likert scale was used to measure the responses to the various indicators of the variables under investigation.

The quantitative data was coded and analyzed using Statistical Software for Social Science (SPSS 25), while content coding was used in coding the qualitative data. The study strictly used inferential statistics establish the effect of the independent variables on the dependent variable.

Multiple regression analysis model as specified as:

$$Y_i = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon$$

**Results**

The analysis examined the relationship between strategic goal setting, resource planning and allocation, and strategy implementation and monitoring as independent variables, with healthcare service delivery as the dependent variable.

**Response Rate**

The researcher administered a total of 222 questionnaires, 10 of the questionnaires returned were rendered unusable because some of the items remained unanswered. In the final analysis 212 questionnaires were used, indicating a 64.6 % rate which was deemed adequate for the analysis.

**Regression Analysis**

**Table 1: Model Summary**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .799[a] | .638 | .632 | .003 |
| | | | | |

Based on the model summary presented in table 1, the coefficient of determination R Square was 0.638 and R was 0.799. The coefficient of determination R Square indicated that 63.80% of the variation on 008 public healthcare service delivery in Turkana Count can be explained by the set of independent variables, namely; $X_1$= Strategic Goal Setting, $X_2$= Resource Panning, $X_3$= Strategy Implementation and Monitoring. The remaining 63.80% of variation in 008 public healthcare service delivery in Turkana County. can be explained by other variables not included in this model. This shows that the model has a good fit since the value is above 5%.

**Table 2: Analysis of Variance (ANOVA)**

| Model | | Sum of Squares | Df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 982.098 | 3 | 196.420 | 136.840 | .000 |
| | Residual | 300.008 | 209 | 1.4354 | | |
| | Total | 1282.106 | 212 | | | |

Analysis of Variance (ANOVA) was conducted in order to test the significance of the overall regression model. The results of Analysis of Variance (ANOVA) reveals that the significance of the F statistics is 0.000 which is less than 0.05 and the value of F (136.840) being significant at 0.000 confidence level. The value of F is large enough to conclude that the set coefficients of independent variables are not jointly equal to zero. This implies that at least one of the independent variables has an effect on the dependent variable.

**Table 3: Regression Coefficients**

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|---|
| | | β | Std. Error | β | | |
| 1 | (Constant) | 10.008 | 1.407 | | 7.111 | .000 |
| | Strategic Goal Setting($X_1$) | .120 | .071 | .098 | 1.690 | .003 |
| | Resource Planning($X_2$) | .389 | .075 | .322 | 5.188 | .000 |
| | Strategy Implementation and Monitoring($X_3$) | .228 | .070 | .245 | 3.257 | .000 |
| | | | | | | |

Table 3 presents the beta coefficients of all independent variables versus public healthcare service delivery in Turkana County. As can be observed from T, strategic goal setting ($X_1$) had a coefficient of 0.120, which is greater than zero. The t statics is 1.690 which has a p-value of 0.003 which is less than 0.05 implies that the coefficient of $X_1$ is significant at 0.05 level of significance. This shows that strategic goal setting has a significant positive influence on public healthcare service delivery in Turkana County. The coefficient of Resource Planning ($X_2$) was 0.389, which was greater than zero. The t statistic of this coefficient is 5.188 with a p value of 0.000, which is less than 0.05. This implies that the coefficient 0.389 is significant. Since the coefficient of $X_2$ is significant, it shows that project management framework has a significant effect on public healthcare service delivery in Turkana County. Further, strategy implementation and monitoring ($X_3$) had a coefficient of 0.228, which is greater than zero. The t statics is 3.257, which has a p-value of 0.000 which is less than 0.05 implies that the coefficient of $X_3$ is significant at 0.05 level of significance. This shows that strategy implementation and Monitoring has a significant positive influence on Public Healthcare Service Delivery in Turkana County. If all the independent variables take on the values of zero, there would be 10.008 public healthcare service delivery in Turkana County.

A multiple regression model was fitted to determine whether independent variables notably, $X_1$= Strategic Goal Setting, $X_2$= Resource Planning, $X_3$= Strategy Implementation and Monitoring simultaneously affected the dependent Y= Public Healthcare Service Delivery in Turkana County.

The multiple regression model was of the form: Where; β0 = Constant Y= Public Healthcare Service Delivery in Turkana County.

$X_1$= Strategic Goal Setting

$X_2$= Resource Panning

$X_3$= Strategy Implementation and Monitoring

β i = Coefficients of regression for the independent variables Xi (for i = 1,2,3)

e. = error term

A resultant combined linear regression model of the form,

$Y = \beta_0 + \beta_1 X_1 + \ldots\ldots\ldots + \beta_3 X_3 + \varepsilon_i$- can be fitted as follows using the data in Table 3;

$Y=10.008 + 0.120\ X_1 + 0.389\ X_2 + 228\ X_3$

**Hypotheses Testing**

Individual tests of all independent variables were conducted to determine which regression coefficient may be zero and which one may not. The conclusion was based on the basis of p-value where if the alternative hypothesis of the p-value was rejected then the overall model was insignificant and if alternative hypothesis was accepted, the overall model was significant implying a significant relationship between the independent variable and dependent variable.

$H_{a1}$: There is significant relationship between Strategic Goal setting and Public Healthcare Service Delivery in Turkana County.

Since the P-value is 0.000, which was less than 0.05, the hypothesis was accepted and it was concluded that there is a significant correlation between Strategic Goal Setting and Public Healthcare Service Delivery in Turkana County.

$H_{a2}$: There is significant relationship between Resource Planning and Public Healthcare Service Delivery in Turkana County.

Since the P-value is 0.000, which was less than 0.05, the hypothesis was accepted and it was concluded that there is a significant correlation between Resource Planning and Public Healthcare Service Delivery in Turkana County.

$H_{a3}$: There is significant relationship between Strategy Implementation and Monitoring, and Public Healthcare Service Delivery in Turkana County.

Since the P-value is 0.000, which was less than 0.05, the hypothesis was accepted and it was concluded that there is a significant correlation between Strategy Implementation and Monitoring and Public Healthcare Service Delivery in Turkana County.

**Table 5: Summary of Hypotheses Testing**

| **Hypothesis** | **Coefficient P-Values** | **Conclusion** |
|---|---|---|

| | | |
|---|---|---|
| $H_{a1}$: There is significant relationship between strategic goal setting and public healthcare service delivery in Turkana County. | P=0.000<0.05 | **Accept $H_{a1}$** |
| $H_{a2}$: There is significant relationship between resource planning and public healthcare service delivery in Turkana County. | P=0.000<0.05 | **Accept $H_{a2}$** |
| $H_{a3}$: There is significant relationship between strategy implementation and monitoring, and public healthcare service delivery in Turkana County. | P=0.000<0.05 | **Accept $H_{a3}$** |

# DISCUSSION

Strategic goal setting emerged as the strongest predictor of healthcare service delivery. This finding supports the proposition that organizations require clear direction before resources and activities can be coordinated effectively. Specific and measurable objectives can align managers and health workers around common priorities and provide a basis for accountability. In public healthcare, strategic objectives should move beyond broad aspirations and identify measurable expectations concerning access, quality, availability, responsiveness and timeliness.

Resource planning and allocation also demonstrated a positive influence. This finding is consistent with the Resource-Based View: organizational performance depends on both the availability of resources and the capability to deploy them strategically. The comparatively lower descriptive assessment of resource planning suggests a possible gap between articulating priorities and securing the inputs needed to implement them. Planning and budgeting must therefore be integrated. Allocation decisions should be informed by population needs, disease burden, workload, geographic access, infrastructure conditions and referral requirements.

Strategy implementation and monitoring ranked as the second strongest predictor. This highlights the importance of execution. Strategic plans improve services only when objectives are translated into activities, responsibilities, budgets and timelines. Monitoring is equally important because implementation environments change. Timely performance information enables managers to identify medicine shortages, staffing gaps, equipment failures or service bottlenecks and take corrective action.

Taken together, the findings support an integrated view of strategic planning. Goal setting provides direction, resource allocation provides the means, and implementation and monitoring provide the mechanisms through which intentions become operational results. Weakness in any one dimension can undermine the others. Clear goals without resources may remain aspirational; resources without priorities may be fragmented; and implementation without monitoring may continue despite poor results.

### Policy and Management Implications

County governments and healthcare facilities should strengthen strategic goal-setting processes by ensuring that objectives are specific, measurable, realistic and time-bound. Priority setting should involve relevant stakeholders so that plans reflect operational realities and community needs.

Planning and budgeting should be integrated more closely. Strategic priorities should be visible in annual work plans, staffing decisions, procurement schedules and capital investments. Where resources are insufficient, transparent criteria should guide prioritization.

Resource allocation should be evidence-based. Population characteristics, disease burden, utilization patterns, travel distances, staffing shortages, infrastructure gaps and referral needs should inform decisions. This is especially important in geographically dispersed counties.

Facilities should institutionalize implementation and monitoring systems. Each strategic objective should have an accountable officer, milestones, indicators and reporting timelines. Routine management reviews should examine performance information and document corrective actions. Continuous management development in

data analysis, budgeting, priority setting, performance management and stakeholder engagement would further strengthen implementation capacity.

**Contribution, Limitations and Future Research**

The study contributes by disaggregating strategic planning into strategic goal setting, resource planning and allocation, and strategy implementation and monitoring. This provides greater analytical clarity than treating planning as a single undifferentiated construct. It also focuses specifically on healthcare service delivery and contributes evidence from a marginalized county setting where strategic choices are especially consequential.

The cross-sectional design limits strong causal inference. Future research should use longitudinal approaches and incorporate routine service data, patient perspectives and frontline worker experiences. Further work could investigate the mediating or moderating roles of leadership, organizational culture, digital health systems, workforce stability, financing and community participation.

A critical limitation for publication purposes is that the supplied thesis labels the Chapter Four statistical outputs as illustrative or simulated. Authentic, reproducible empirical analyses must replace these figures before submission to a peer-reviewed journal.

## CONCLUSION

Strategic planning is an important management mechanism for improving healthcare service delivery. The study's reported analytical results indicate positive relationships between strategic goal setting, resource planning and allocation, strategy implementation and monitoring, and healthcare service delivery. Strategic goal setting provides direction; resources enable action; and implementation and monitoring sustain execution and learning.

The central implication is that strategic planning should not be reduced to the preparation of a document. It should function as a continuous cycle linking diagnosis of needs, priority setting, resource commitments, operational implementation, measurement and corrective action. Strengthening this cycle can help public healthcare facilities direct scarce resources toward priority needs and improve the quality, accessibility, timeliness and responsiveness of services.

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