



DEVOLUTION AND POLITICS AS PREDICTORS OF EXPANSION STRATEGIES IN PUBLIC TRAINING INSTITUTIONS: A CASE STUDY OF KENYA MEDICAL TRAINING COLLEGE

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ABSTRACT

This study investigates the influence of devolution and politics on the expansion strategies in public training institutions with reference to the Kenya Medical Training College. The specific objectives of the study are to: establish the influence of devolution of health services on the success of expansion strategies in the public training institutions and; determine the influence of politics on the success of expansion strategies in the public training institutions. This study is based on the contingency theory. It adopts the descriptive survey design. The study focuses on 2393 KMTC officers from the 73 KMTC campuses in Kenya, 42 ministries of health officials in the 42 counties that have KMTC campuses, and 42 local leaders from those counties that have KMTC campuses. The total targeted study participants were thus 2477. From these, 10% (248 persons) were sampled. The study used purposive and stratified random sampling techniques to obtain the study sample. Primary data was collected using structured questionnaires and interviews. Data from questionnaires were analysed using the Statistical Package for the Social Sciences (SPSS) version 24. Descriptive statistics (frequencies, percentages, and means) were used to describe the central tendencies of the data. In addition, inferential statistics (Pearson Correlation and Multiple Regression Analysis) were also used. Data from key informants were analysed using content analysis techniques. The findings show that the two study variables influenced the uptake of expansion strategies at KMTC campuses. In this regard, Pearson correlation shows that there was statistical significant relationship between devolution of health services ($r=0.322$, $p<0.001$) and; politics ($r=0.478$, $p<0.001$) and success of expansion strategies. These findings show that politics was the strongest factor influencing the success of expansion strategies followed by devolution of health services. As such, avoiding the negative influences of the devolution of health services and politics can enhance the success of expansion strategies at KMTC. In this regard, efforts aimed at reducing political patronage as well as interferences of devolved governments in the running of KMTC campuses would enhance the performance of new campuses.

Key Words: Expansion Strategies; Kenya Medical Training College; Politics, Devolution of Health services

I. INTRODUCTION

Most organizations endeavor to expand their operations in response to growing market demands (Omwenga, 2016). In most cases, most institutions implement growth, hereinafter also referred to expansion strategies, so as to bring their services closer to their clients. This is usually done through the opening of new branches among other strategies. Regrettably, the success of these new branches is not always guaranteed. A strategy is an outline of how a business intends to achieve its goals and objectives. In this regard, the business analyses the market and takes action aiming at filling an evident market gap or expanding its market share altogether. By so doing the business can enhance its position in the market (Henry, 2008). Since entering new markets is not always easy, Porter (1996) asserts that companies rolling out expansion strategies have to ensure that these strategies are well-thought-out and that they can be sustainably implemented while still achieving the required outcomes. This usually calls for enough backup using the existing organization's resources and capabilities to exploit and limit threats in the external environment (Henry, 2008).

A study by Rugman and Collinson (2005), found out that numerous European companies exploit the prospects of the European Union (EU) to expand to new markets within the economic block. This usually happens through the opening of new branches, undertaking mergers, franchising, and partnerships among other strategies. This is for purposes of enhancing their financial performance among other objectives. Ofili (2016) in an investigation of internationalization and entry modes into new markets found out about 75% of European companies expanded to new markets within the EU for purposes of marketing products and services in the bid to obtain more returns overseas. In some instances, companies expanded for purposes of gaining market shares in the new market as well as mitigating the challenges related to increased competition in domestic markets.

Some of the major American companies such as Pepsi Cola and Coca Cola have always employed expansion strategies to gain footprints in international markets. Pepsi Cola came back to the Kenyan market after decades of



stopping bottling in the 70s due to tight competition from Coca-Cola (Wangechi, 2011). This shows that global companies are always on the lookout for new opportunities in the market place to increase sales. In a survey of “the intensive growth strategies adopted by Total Kenya Limited in response to competition in the oil industry in Kenya,” Midwa (2008) argues that multinational oil companies such as Total often undertook product development strategies aimed at enhancing their market shares. In this regard, they undertook measures aimed at product differentiation to respond to “competition, customer needs, market segmentation, risk of losing business to alternative solutions, health, safety, quality, and environmental considerations.” Conversely, Musau (2014) showed that local and global oil companies continued to undertake various growth strategies in the bid to conquer local markets. In the Kenyan telecommunications sector, Ikonya (2015) found out that growth strategies such as new product creation and differentiation were often employed.

Regrettably, political patronage has been blamed for the failure of most strategies adopted by the ministry of health in Kenya. The health system in Kenya is prone to bureaucracy and political patronage, especially in procurement and recruitment. This was exemplified by “a protracted stand-off between the national and county governments and the industry players over the management of health services.” This greatly affected service delivery in the health sector, including training at KMTC campuses (Momanyi, 2018). The advent of devolution in Kenya resulted in strikes by nurses and doctors for the better part of the year 2016 (Ochieng, 2015; Oyugi, 2015). Muchomba and Karanja (2015) posit that devolution had significantly impacted on adequacy and availability of both financial and human resources in healthcare facilities in Kenya. Since medical training schools rely on public health facilities for practicums, these strikes could affect training processes in such schools. For newly established campuses, this could affect intakes and reduce the sustainability of such campuses.

From the preceding discourse, it is evident that the expansion strategies adopted by training institutions are faced by challenges such as devolution and politics. However, no documented study has focused on these challenges at the KMTC. This creates a knowledge gap that needs to be filled with systematic studies such as this current study. In this light, this current study investigates the challenges facing the success of expansion strategies in KMTC.

The Kenya Medical Training College (KMTC) was established in 1927. The headquarters is located along Ngong Road, next to Kenyatta National Hospital. Offering an array of health courses, the college has attracted trainees from countries such as Uganda, Botswana, Burundi, Tanzania, Namibia, and Southern Sudan among other African countries. Presently, KMTC has custom-made courses that act in response to society’s growing health requirements. As a result, about 80% of Kenya’s healthcare workers are a product of the college.

Due to the demand of its certificate, diploma, and higher diploma courses, KMTC has expanded to establish 73 campuses scattered in the 47 counties of Kenya. The Auditor-General, Edward Ouko (2018) reports that KMTC opened eight new constituent colleges during the years 2013/14, 2014/15, and 2015/16 contrary to Part 4.0 of the Expansion Policy Guidelines section 1 and 3 which states that infrastructure should only be developed after concept paper and proposal in compliance with the KMTC strategic plan is prepared and approved and source of financing identified.

The new colleges are Makueni, Vihiga, Chwele, Kapenguria, Migori, Bomet, Kitale, and Nyandarua. “These colleges were not budgeted for in the year when established (2014/15) and the total expenditure of KSh. 104, 870,201 incurred on the same was not included in the annual expenditure of the year.” In 2017, KMTC opened Kuria, Lake Victoria, Chuka, Gatundu, Iten, Kaptumo, Makindu, Molo, Mosoriot, Mwingi, Nyahururu, Rachuonyo, Rera, and Othaya colleges. “These constituent colleges were not budgeted for during the financial year and were not included in the annual estimates for 2016/17 contrary to section 12 of the State Corporations Act. This KMTC appetite for rapid expansion could explain the college recent alert over the fall in applications for diploma and certificate courses. KMTC failed to meet its enrollment target following a sharp drop in the number of KCSE candidates scoring the “C” and above grade required for college entry. The medical college had raised alerts through MEMO’s over the fall in applications for diploma and certificate courses and has launched a marketing plan through students, public, and staff members. This is a departure from past trends where KMTC had to leave out thousands of applicants.

Most of the new campuses lack human resources and basic essential infrastructure like classrooms, Laboratories, skills labs, and IT/Library services. To implement this ambitious expansion strategy, KMTC has entered into memorandums of understanding with county governments. County governments provide the infrastructure and facilities while KMTC provides the faculty, training, and equipment. The MoUs’ give-and-take aspect is that KMTC trains 30 percent of students from the host county in every intake. The drop in student intake or total lack of intake of students on some campuses has brought the need to redistribute staff. The consequences of this are yet to be reported. This current study assesses the challenges facing expansion strategies that give rise to the establishment of these new campuses.

1.2 Statement of the Problem



The Kenya Medical Training College (KMTC) has been implementing expansion strategies which have seen it grow from 28 campuses in 2013 to 65 campuses in 2017 located in 43 out of the 47 Counties (KMTC Strategic Plan 2013-2017). However, some of the new campuses were facing unanticipated challenges. To begin with, evidence shows that some KMTC colleges were experiencing a declining number of applications for admission due to a convergence of various unanticipated reasons such as the ill-advised expansion of campuses in the recent past and; failure to have enough qualified applicants for most sought-after courses among the 18 programs on offer, Momanyi (2018). Taking the course of Diploma in Pharmacy at Nyeri campus, for example, the total admission for the year 2018 was 27 compared to 60 in the year 2016, a drop of 50%. In this context, the success of the expansion strategies used by KMTC has often been called to question. As at the end of 2018, enrollment at KMTC campuses envisaged a rise in enrollment from 38,000 in 2017 to 50,000. The institution also sought to increase campuses from 65 to 150. Although the Department of Finance and Accounting had managed to “improve internally generated revenue collection from Kshs. 2,927,650,737 to Kshs. 2,976,317,975 between December 2017 and December 2018” (KMTC, 2019), the increase in revenue by a mere Kshs 48,667,238 was not enough to support such ambitious expansion plans against the annual target of Kshs 292,765,073.5.

Indeed expansion means that 43 counties have a KMTC campus with some having more than one. However, some of these new campuses are also challenged by competition from private and faith-based medical colleges for a limited number of students. This poses financial sustainability challenges even though the expansion was usually supported by well-laid-out expansion strategies. As a result, some of the old KMTC campuses are faced with poor service delivery, low revenue collection, staff being left without enough students to teach and, underutilization of training facilities. The new campuses, on the other hand, are facing a lack of infrastructure, inadequate finances, and understaffing. This leads to the question, are these strategies being implemented successfully? If not, what could be the reasons?

1.2 General Objectives

To examine the influence of devolution and politics on the expansion strategies in public training institutions: a case of with reference to Kenya Medical Training College.

1.2.1 Specific Objectives

- (i) To establish the influence of health service’s devolution on the expansion strategies in the public training institutions with reference to KMTC;
- (ii) To determine the influence of politics on the expansion strategies in the public training institutions with reference to KMTC.

II. LITERATURE REVIEW

2.1 Theoretical Literature Review

Increased attention has been accorded to expansion strategies by organizations. A study by Ferrer-Balas et al. (2008) shows that institutions of higher learning adopt strategies and support them with requisite resources so as to ensure their success. The study was pegged on the contingency Theory.

2.1.1 Contingency Theory

The contingency theory is based on the assumption that organizational effectiveness is dependent on a fit or match between the type of technology, environmental volatility (such as political influence and devolution related challenges as in the case of this study), the size of the organization, the features of the organizational structure and its information system (Reid & Smith, 2000; Woods, 2009). In this regard, an expansion strategy can only be effective if it responds to the specific needs of a particular institution; new campuses of KMTC in this current study. The contingency theory is not without various limitations (Chand, 2018). These include Inadequate Literature; it is complex; it is difficult empirical testing and; it is reactive, not proactive. The contingency theory relates to this study in that it gives managers the flexibility to roll out various growth strategies so as to remain sustainable in the market. However, since it does not stipulate the strategies to use, such flexibility could be curtailed by the challenges facing the application of expansion strategies as in the case of this current study.

Conversely, it is also imperative to analyze the challenges facing training in institutions of higher learning. To begin with, the lack of courses that are responsive to student needs is a key challenge facing institutions of learning (Dutta & Islam, 2017). This is more so since it could lead to skewed uptake of students, leading to the eventual closure



of the campuses due to lack of enough revenue (Bolívar et al., 2016). Conversely, the expanded campuses could place unnecessary financial burdens on the mother campuses.

2.2 Empirical Literature Review

This section presents empirical literature review. This is done in line with the study objectives.

2.2.1 Influence of Devolution of Health Services on the Success of Expansion Strategies

By reviewing existing literature, Ansari, Cockcroft, Omer, Ansari, Khan, Chaudhry, and Andersson (2011) studied devolution and how it affects public access to health services in Pakistan. The findings obtained show that devolution has both positive and negative impacts on the health sector. To begin with, it can lead to improved healthcare access. In other instances, it can lead to increased resource allocation, facilitate greater citizen participation in addressing unique health needs and bolster decision making power at the local levels. Myrna (2008) studied the recruitment at local government in the USA. Data was collected from secondary data sources and analyzed using document analysis techniques. The findings obtained shows that the effectiveness of training and devolution are connected. In this regard, devolution brings governance to the people and affects service delivery including learning in public institutions.

Oyugi (2015) carried out a desk review of extant literature on the impact of devolution on two variables (motivation and job satisfaction) among healthcare workers in Kenya. The findings obtained show that in the first two years following devolution, the vast majority of healthcare workers were showing discontentment with the working conditions, availability of equipment and their salaries and wages.

Muchomba and Karanja (2015) studied the Influence of devolved governance and performance of the health sector in Kenya. Their study was based on the descriptive survey research design. Data was collected from a sample of 57 patients as well as health care providers from the Nairobi City and Mombasa Counties of Kenya. The study findings show that devolution affected the adequacy and availability of financial and human resources in healthcare facilities in Kenya. Since training at KMTC was interwoven with these healthcare facilities, devolution could thus affect the success of new KMTC campuses.

Gimoi (2017) studied the impact of devolution of health care services on Nairobi County health facilities. Data was collected from selected medical personnel sampled the using the stratified sampling technique using questionnaires. Both descriptive and inferential statistical methods were used to analyze the data. The study established that devolution affected the expansion of health services due to improvement of health infrastructure. Barker, Mulaki, Mwai, and Dutta (2014) studied devolution of healthcare in Kenya with the aim of finding out the readiness of county health systems to handle the devolved functions of healthcare. In this light, a survey targeting the 47 counties was undertaken. The study found out that devolution, often coupled with political pressure from the newly elected county governments led to bulk transfer of functions. This often took place without taking cognizance of the counties' level of preparedness. In this light, it is vital to investigate the level to which low preparedness for devolution of health services influences service delivery in new KMTC campuses.

2.2.4 Influence of Politics on the Success of Expansion Strategies

Content analysis of available literature on Devolution and the Health System in Kenya shows that the healthcare system has recently been affected by bureaucracy and political patronage. As a result, there have been cases on protracted standoff between the national and county governments and the industry players over the management of health services. Such standoff has negative influences on service delivery in the health sector, which also includes the KMTC campuses as envisaged by this current study. Keillor, Hauser, and Dannemiller (2009) carried out a study on the influence of political activity on the performance of a firm. Focused on US firms in the global market place, the study was based on the exploratory survey design over a 5 year period. The study found out that the external political environment affects the implementation of firms' business strategies. In this regard, politics affected the external legal and regulatory environment of the firm.

Bigsten, Peter and, Mans (2010) in a study based on desk review of extant literature studied the challenges facing the implementation of expansion strategies in firms in Kenya. The study established that politics affected the implementation of regulatory frameworks, access to finances as well as the work environment for employees. This could go on to affect labour mobility as well as the overall productivity of employees. Yeager, El-Ghali, and Kumar (2013) studied the challenges facing institutional strategic plans in institutions of higher learning in the United States of America. Data was obtained from secondary sources on four thematic areas namely: political, economic, social and technological. The findings obtained show that the external political environment in which strategies are implemented affects the level to which they succeed.



Arabi, Raffi, Cheraghi, and Ghiyasvandian (2014) carried out a desk review of existing literature on nurses' policy influence. The study was based on a desk-review of existent literature on the effluence of politics on the nursing profession. The findings obtained show that politics influences the job environment as well as service delivery in the health sector. Kinuthia (2016) studied, "challenges facing devolution in Kenya." The study established that politics is correlated with service delivery in counties. In some instances, delaying allocation from counties, often as a political strategy, affect the health sector. Furthermore, politics affect personnel which could, in turn, affect service delivery in counties.

2.3 Summary and Research gaps

In this study, numerous studies were reviewed. It is evident that most of the extant literature focuses on the challenges facing expansion strategies from a general perspective. No documented study focuses on the four variables under investigation in this current study under one banner. Most of the studies published in the public domain were undertaken in other parts of the world or Africa. For studies undertaken in Kenya, none of the documented studies focuses on KMTC. In most cases, these studies focus on the ministry of health or other institutions. In this regard, it is evident that it remains a tall order understanding the influence of devolution and politics on the success of expansion strategies in public training institutions such as KMTC without studies such as this current one.

III. RESEARCH DESIGN AND METHODOLOGY

This study is based on the descriptive survey design. It adopted the case study approach, which is usually an in-depth study of a particular situation (Yin, 2009); KMTC in the case of this current study. In the descriptive surveys, the study collects data through interviews and questionnaires to samples of individuals among others (Kombo & Tromp, 2006). In this kind of design, questionnaires and interviews could be used to collect information about people's attitudes, opinions or any of the variety of educational or social issues. According to Saunders, Lewis, and Thornhill (2003), "the descriptive design has an advantage in that it enables the researcher to obtain the opinions of participants with ease." The design also has an interesting attribute in that it studies "the relationship between variables as described and generalizations of principles or theory that has universal validity are developed." In investigating the challenges facing the success of expansion strategies it was deemed a suitable design.

This study targeted KMTC campuses. Presently, KMTC trains health personnel. Currently, KMTC has custom-made courses that act in response to society's growing health requirements. As a result, about 80% of Kenya's healthcare workers are a product of the college. Presently, KMTC has expanded to establish 73 campuses scattered in the 47 counties of Kenya. KMTC employs 2,393 members of staff (KMTC, 2019). The study focuses on these employees. In addition, the study targeted health directors from the ministries of health of the 42 county governments and the 42 local leaders where KMTC campuses are found. In each ministry, a director or an assistant director were targeted. This makes 84 individuals. As such, the total targeted study participants were 2,477 as shown in Table 1

Table 1 Target Population

Category	Target Population
KMTC members of staff	2,393
Local leaders at the counties	42
Health Directors - County Governments	42
Total	2,477

Mugenda and Mugenda (2003) points out that "a sample is a subset of a particular population while sampling is the practice concerned with the selection of individual observation intended to yield some knowledge about a population of concern especially for the purpose of statistical inference." In this study, this entailed obtaining representatives from the 2,477 individuals targeted by the study. The sample size comprised 10% of target population. As such, the formula used in data analysis was as follows:

$$n = N * 10\%$$

Where:

N = Target Population

n = Sample Size

The sample size is thus:

$$n = 2477 * 0.1$$



n=247.7

n=248

In this regard, 248 persons were sampled. This is in line with Kasomo (2006) who pointed out that a sample size of between 10% is a good representation of the target population for a descriptive survey. The study used stratified random sampling techniques to obtain the study sample. In this regard, KMTC officials from 7 departments namely Finance; Procurement; Registrar (academic affairs); Principals of campuses; Human Resource; Administrative Services and Corporate Communications and Public Relations as well as Ministry of Health officials and local leaders were proportionately included in the study. These persons are targeted since it is expected that they understand the study subject and that they could adequately represent the study. This study used questionnaire and interviews.

A pilot study was conducted among 80 KMTC officials drawn from various departments namely Finance; Procurement; Registrar (academic affairs); Principals of campuses; Human Resource; Administrative Services and Corporate Communications and Public Relations in order to pretest the research instruments. This is in line with Mugenda and Mugenda (2012) who posits that 10 per cent of the targeted study sample is sufficient for piloting research instruments. The participants of the pilot study were other managerial level officials from the seven departments targeted by the study. The officials so included in the pilot study were drawn from campuses that were not included in the final study. Data was collected from these participants within a study period of 1 week and used to test the validity and reliability of the questionnaires.

Validity is “the degree to which results obtained from the analysis of the data actually represents the phenomenon under study” (Cooper & Schindler, 2013). Any challenges associated with understanding and responding to the questionnaires were also promptly addressed. Content validity was used to find out if the instrument would answer all the research questions, (Cooper & Schindler, 2003).

Further, the opinion of the college research and ethics review committee was sought and used to improve the questionnaire. Cooper and Schindler (2003) point out that construct validity is the extent to which a set of measured items actually reflect the theoretical latent construct that the items are designed to measure. Construct validity was ensured through the operationalization by setting the questions in the questionnaire based on the reviewed literature and the operationalized definition of the study variables.

Reliability refers to “a measure of the degree to which research instruments yield consistent results,” (Mugenda & Mugenda, 2012). In this study, reliability was ensured by pre-testing the questionnaire on officials of KMTC. These were not included in the final study. Cronbach Alpha (α), a reliability coefficient which measures reliability of related research items on a scale of 0 to 1 was calculated.

Cronbach’s alpha, α (or coefficient alpha), developed by Lee Cronbach in 1951, measures reliability, or internal consistency. “Reliability” is how well a test measures what it should. For example, a company might give a job satisfaction survey to their employees. High reliability means it measures job satisfaction, while low reliability means it measures something else (or possibly nothing at all).

Cronbach’s alpha would tell you if the test you have designed is accurately measuring the variable of interest. The formula for Cronbach’s alpha is:

$$\alpha = \frac{N \cdot \bar{c}}{\bar{v} + (N - 1) \cdot \bar{c}}$$

Where:

- N = the number of items.
- \bar{c} = average covariance between item-pairs.
- \bar{v} = average variance.

In this test, Cronbach alpha values of 0.7 and above signifies acceptable. The test was used to test the internal consistency of research items.

The researcher obtained a research permit from the National Commission for Science, Technology and Innovation (NACOSTI) and authority to carry out research exercise from the Director of KMTC. This permit was then presented to the various county Ministries of Health under study prior to data collection. The researcher used the drop and pick method to collect data from the KMTC officials. This was done within a period of 3 weeks. The interviews



were undertaken during the same period. Specially prearranged appointments were made with the respondents before the actual interviews are conducted.

To begin with, the questionnaires were checked for completeness, accuracy, and uniformity and cleaned. The data was then be coded and analyzed. The researcher used the Statistical Package for Social Sciences (SPSS version 24) to analyze the data. Descriptive statistics (weighted means, percentages, and frequencies) and inferential statistics (Pearson correlation and regression analysis) was used to analyze the data.

The regression model to be tested in this study is:

$$Y = \beta_0 + \beta_1X_1 + \beta_2X_2+ \beta_3X_3 + \beta_4X_4 + \mu$$

Where:

Y= Success of expansion strategies

X₁ = Uptake of courses

X₂ = Devolution of health services

X₃ = Politics

X₄ = Finances

β₀ is a constant

β₁, β₂, β₃, β₄ = Regression coefficients

μ = the error term

For open-ended questions, content analysis as elicited by White (2004) was used. Herein, the findings obtained were described in prose with the emergent meanings being highlighted. The findings were presented in tables and charts for ease of presentation and interpretation.

IV FINDINGS AND DISCUSSION

A total of 248 respondents were targeted by the study. The number of participants who responded to the study was 211. Out of these 181 filled the questionnaire while 11 were interviewed. This made an overall response rate of 85%, which was deemed sufficient for analysis.

Table 2 Analysis of the Response Rate

Targeted	Responded	Response Rate
248	211	85

4.1 Sex of Respondents

The respondents were asked to state their sex and 58.8% (124) indicated they were male while 41.2% (87) were female. These findings show that both sexes were well represented in the study.

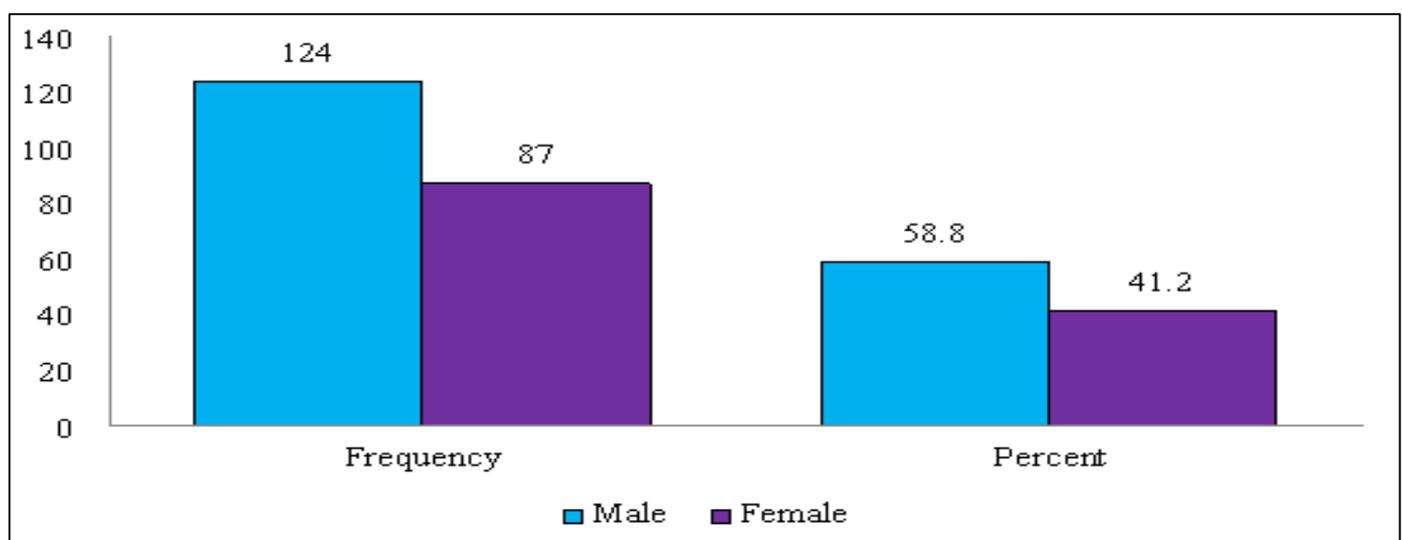


Figure 4.1 Sex of Respondents



4.2 Age Groups of Respondents

The respondents were asked to state their age groups. The majority of the respondents, 37.9% pointed out that they were aged between 30 and 40 years. These were followed by 22.7% who were aged between 41 and 50 years and 26.5% who were aged 51 years and above. The least 12.8% were aged below 30 years. These findings show that the respondents came from diverse age groups which could reduce age-related bias could be avoided.

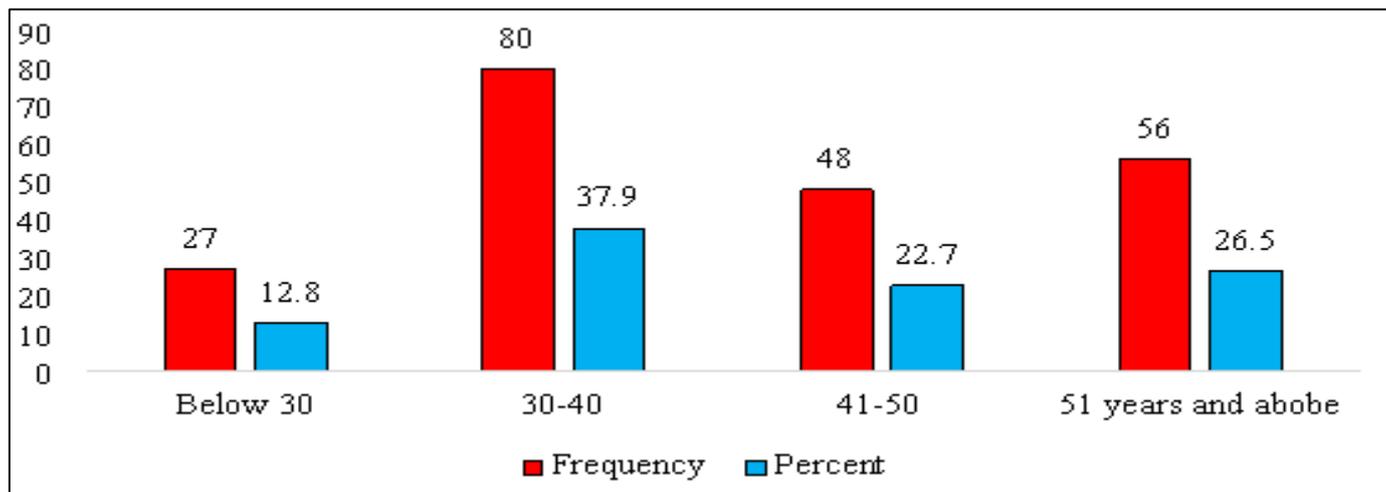


Figure 4.2 Age Groups of Respondents

4.3 Highest Education Levels of Respondents

Figure 4.3, shows that most of the respondents, 30.8% had post-graduate education. These were followed by 27.5% who had bachelor’s degrees and 17.5% who had diplomas. The least had Master’s and Ph.D. degrees at 11.8% and 12.3% respectively. These findings show that the respondents had sufficient educational qualifications to adequately respond to the study questions.

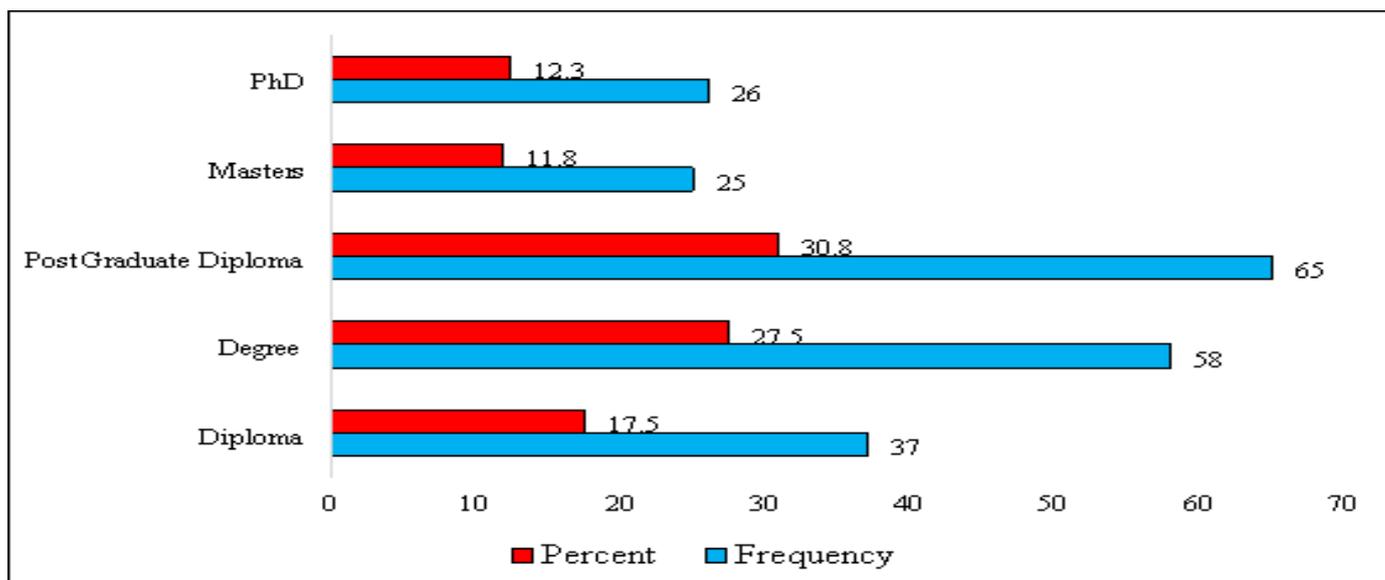


Figure 4.3 Highest Level of Education

4.4 Duration working with KMTC

The respondents were asked to indicate the number of years that they had worked with KMTC. The findings show that the majority, 23.7% had worked for KMTC for 2 to 5 years. These were followed by 22.3% had worked for 6 to 10 years and 19.9% who had worked for 11 to 19 years. The least (16.1%) had worked for more than 20 years followed by 18% who had worked for less than 2 years.

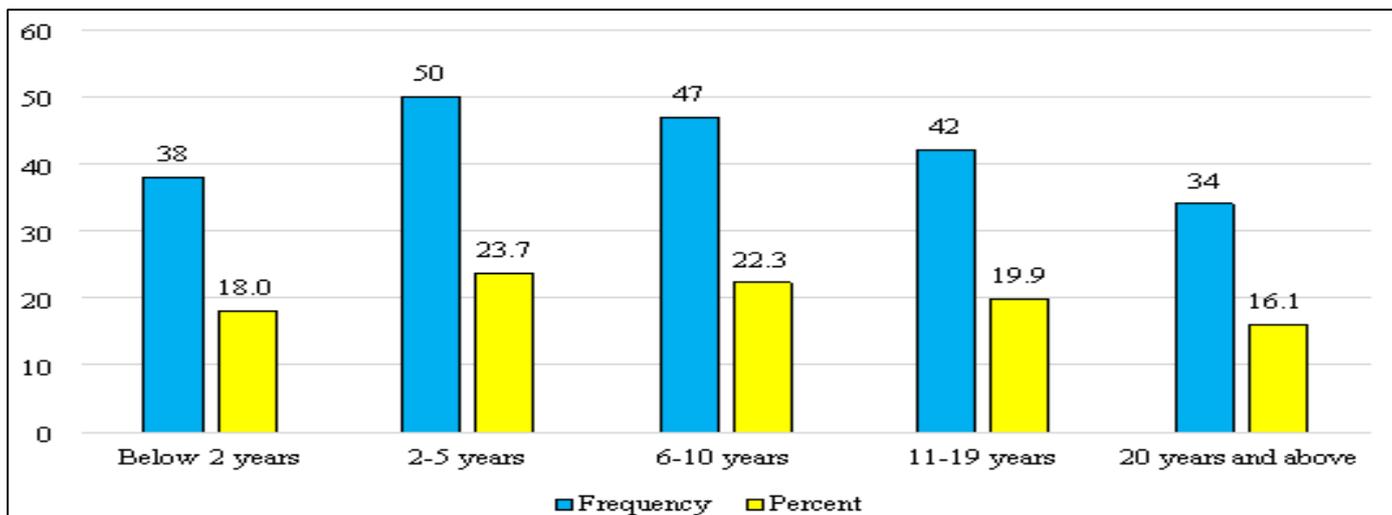


Figure 4.4 Duration working with KMTC

4.6 Devolution of Health Services

The second objective of the study was to establish the influence of the devolution of health services on the success of expansion strategies in public training institutions.

Table 4 Devolution of Health Services

Devolution of Health Services	Percentage					Weighted Mean
	5	4	3	2	1	
(i) Devolution leads to transfer of some doctor-lecturers away from campuses	37.9	10.0	19.0	19.4	37.9	2
(ii) It is often hard to run KMTC campuses due to community interference in some counties	12.3	14.7	22.3	24.2	26.5	3
(iii) Devolution has led to poor performance of some KMTC campuses due to discontentment of members of staff working in public hospitals	14.2	14.7	18.0	20.9	32.2	3
(iv) Lack of equipment in some new KMTC has challenged the success of growth strategies employed by KMTC	37.9	21.3	16.1	13.3	11.4	4
(v) Devolution has affected the adequacy and availability of human resources in healthcare facilities which further challenges training at new KMTC campuses	13.3	14.2	29.4	14.2	14.7	3
(vi) Devolution has affected the expansion of health services hence creating an avenue for training for students in satellite KMTC campuses.	26.1	18.5	22.7	18.0	14.7	3
N=211						

The respondents agreed to a little extent (WM=2) that devolution leads to the transfer of some doctor-lecturers away from campuses, with the majority (37.9%) agreeing to a very great extent with the statement. This agrees with Muchomba and Karanja (2015) who argued that devolution affected the adequacy and availability of financial and human resources in healthcare facilities in Kenya. This could go on to affect the success of new campuses as conceptualized by this current study. The respondents went on to agree to a moderate extent (WM=3) that it is often hard to run KMTC campuses due to community interference in some counties. They agreed to a great extent (WM=4) that lack of equipment in some new KMTC had challenged the success of growth strategies employed by KMTC. These findings also support the findings by Muchomba and Karanja (2015) that also draw a link between resources and the



success of growth strategies. However, the respondents agreed to a moderate extent (WM=3) that devolution had led to poor performance of some KMTC campuses due to discontentment of members of staff working in public hospitals, which was also identified by Oyugi (2015) and, that devolution has affected the expansion of health services hence creating an avenue for training for students in satellite KMTC campuses, Oyugi (2015). These findings show that devolution affected access to human resources as well as equipment in health facilities. This could affect training in KMTC campuses which by extension could affect the success of new campuses.

The respondents and interviewees were asked to state how devolution affected the success of new KMTC campuses. The findings obtained show devolution affected the funding of KMTC by reducing the amount of money allocated. Delayed salaries for hospital staff made it difficult to offer practical lessons since some of the lecturers doubled as medics in the hospitals. Strict rules for students undergoing attachments in county hospitals also affected the training and expansion processes of new campuses. Devolution sometimes contributed to tribalism and stiff competition for funding with other sectors in the counties. Devolution also led to the building of more campuses without a strategy and visionary sustainability. They often influenced the initiating of new campuses. This led to too many campuses with few students. Lack of political will in some campuses affected the growth of some KMTC campuses. There were also challenges related to hospital staff not willing to mentor students unless paid. The inability of counties to employ graduates led to demoralized human resources in the counties. The counties also liaised with the national government to fund the building of classrooms and health facilities through the Community Development Fund (CDF). In some instances, there was a considerable gap between county governments and KMTC campuses which limited the support offered by such governments. The division between county and KMTC officials was limited cooperation between KMTC campuses and county governments. In other instances, support by governors and Members of County Assembly (MCA) helped KMTC activities. The counties also seconded staff; enhancing the success of KMTC campuses. Regrettably, lack of clear guidelines limited the support of KMTC campuses by county governments. The combined influence of these factors had both positive and negative influences on the success of new KMTC campuses.

4.7 Politics

The third objective of the study was to determine the influence of politics on the success of expansion strategies in public training institutions. The findings obtained are presented in the following section. The findings presented in the following section are those obtained from Table 5.

Table 5 Politics

Politics	Percentage					Weighted Mean
	5	4	3	2	1	
(i) Protracted standoff between the national and county governments over the management of health services has had negative influences on service delivery in the health sector as well as in KMTC campuses	24.2	17.5	22.7	18.5	17.1	3
(ii) The regulatory environment, which is often subject to the prevailing politics, has often affected the expansion strategies adopted by the KMTC campuses.	19.9	27.0	25.1	16.1	11.8	3
(iii) Politics has affected access to finances as well as the work environment for employees at KMTCs, leading to labour mobility as well as the overall productivity of employees.	18.0	16.6	24.2	17.5	23.7	3
(iv) The external political environment in which the expansion of KMTC campuses takes place affects the level to which these campuses succeed.	26.1	24.6	22.3	12.8	14.2	3
(v) Delaying allocation from counties, often as a political strategy, affects the health personnel who often double as lecturers in KMTC campuses and this limits the success of new KMTC campuses	27.5	18.5	19.9	14.7	19.4	3
N=211						

The respondents agreed to a moderate extent (WMs=3) to all the statements presented to them. To this end, the respondents agreed to a moderate extent that protracted standoff between the national and county governments over the



management of health services has had negative influences on service delivery in the health sector as well as in KMTC campuses and that the regulatory environment, which is often subject to the prevailing politics, had often affected the expansion strategies adopted by the KMTC campuses. These findings are in agreement with those of Keillor et al. (2009) that shows that “the external political environment affects the implementation of firms’ business strategies.” As such, it can be concluded that the political environment could affect KMTC campuses since training on these campuses is linked with public healthcare facilities.

The respondents also agreed to a moderate extent (WM=3), that politics had affected access to finances as well as the work environment for employees at KMTC campuses, leading to labour mobility as well as the overall productivity of employees and that the external political environment in which expansion of KMTC campuses takes places affected the level to which these campuses succeed. These findings are in line with the findings of Bigsten et al. (2010) who “established that politics affected the implementation of regulatory frameworks, access to finances as well as the work environment of employees which could go on to affect labour mobility as well as the overall productivity of such employees.” Lastly, the respondents agreed to a moderate extent (WM=3) that delaying allocation from counties, often as a political strategy, affected the health personnel who often double as lecturers in KMTC campuses and this limits the success of new KMTC campuses. These findings agree with Kinuthia, (2016) who also argues that politics affect personnel, which could, in turn, affect service delivery in counties.

The respondents and the interviewees were to state other ways in which politics affected the success of expansion strategies in new KMTC campuses. The responses obtained show that politics led to the rampant expansion of campuses and the creation of new KMTC with no facilities to support the training needs. MCAs and other politicians often want an admission of students irrespective of qualifications. They also pushed for the employment of their supporters. Politics of ethnicity also affected the campuses adversely. In some instances, the decisions of directors and principals were politically influenced. Politics also affected funding and employment of human resources. It affected the level of funding and in some instances contributed to delay in the release of funds. Change of guard in county administration often led to delay in construction. Some leaders also abandoned ongoing projects and started new ones. The withdraw of seconded lecturers and transfers of clinical instructors from practical hospitals also affected the success of expansion strategies. Sometimes, politicians influenced the allocation of land; challenging expansion processes for new KMTC campuses. However, and on a positive note, politicians publicized the courses offered at KMTC, leading to an increase in students’ enrolment.

4.9 Success of Expansion Strategies

The dependent variable of the study was the success of expansion strategies. The findings obtained are presented in the following section.

Table 7 Success of Expansion Strategies

Success of Expansion Strategies	Percentage					Weighted Mean
	5	4	3	2	1	
Our campus runs smoothly without any challenges	4.7	16.6	30.8	19.0	28.9	2
There are enough facilities at our campus	7.1	10.9	21.8	21.3	38.9	2
We have enough students for all courses offered by the departments in our campus	8.5	12.8	21.8	23.2	33.6	2
All the programmes that our campus sought to run are all in place	11.4	15.2	19.0	22.3	32.2	3
No department has ever collapsed since we started	24.6	19.9	11.4	15.6	28.4	3
We are very competitive in the health personnel training market in this county	42.2	19.9	18.5	10.4	9.0	4
N=211						

To begin with, the respondents agreed to a great extent (WM=4) that KMTC was very competitive in the health personnel training market in this county with the majority, 30.8% agreeing to a moderate extent to the statement. The respondents went on to agree to little extents (WMs=2) that the KMTC campus ran smoothly without any challenges and that there were enough facilities at the KMTC campus. This shows the limited success of growth strategies as argued by Muchomba and Karanja (2015) who see the presence of enough resources and facilities as indicators of growth



strategies. The respondents also pointed out that they did not have enough students for all courses offered by the departments on our campus (WM of 2, agreement to a very little extent).

The respondents agreed to a moderate extent (WM=3) that all the programmes that KMTC campuses sought to run were all in place and that no department had ever collapsed since we started. This shows the considerable success of expansion strategies as posited by Kelly et al. (2010) who posits that one of the measures of success of expansion strategies was “the collapse or failure of the campuses altogether.” Based on these findings it is evident that there was mixed evidence of the success of expansion strategies since some of the departments did not have enough students which are, “indicators of a successful campus” as argued by Tibarimbasa (2010).

4.10 Correlation Analysis

Pearson correlation shows that there was statistical significant relationship between devolution of health services ($r=0.322$, $p<0.001$) and politics ($r=0.478$, $p<0.001$); and success of expansion strategies. These findings show that politics were the strongest factor that influenced the success of expansion strategies.

Table 8 Correlation Analysis

Correlations		
		Success of Expansion Strategies
Devolution of Health Services	Pearson Correlation	.322
	Sig. (2-tailed)	.000
Politics	Pearson Correlation	.478
	Sig. (2-tailed)	.000
Success of Expansion Strategies	Pearson Correlation	1
	Sig. (2-tailed)	
**. Correlation is significant at the 0.01 level (2-tailed).		
N=211		

4.11 Multiple Regression

Table 9 shows the model summary. In the study model, the correlation coefficients R for regression between the IV and DV had a value of 0.202. This shows that 20.2% of the variability in the regression model can be explained by the data used in this study. Conversely, the coefficient of determination R² in the model was 0.041. This implies that 4.1% of the variance in success in expansion strategies can be explained by the independent variables.

Table 9 Model Summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.202 ^a	.041	.022	1.266
a. Predictors: (Constant) Devolution of Health Services, Politics				

As shown in Table 10, the IVs statistically significantly predict the DV, $F = 2.183$, $p < 0.05$. In this regard, it is evident that the regression model was a good fit for the data.

Table 10 Analysis of Variance



ANOVA ^b						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	13.999	4	3.500	2.183	.000 ^b
	Residual	330.181	206	1.603		
	Total	344.180	210			
a. Predictors: (Constant) Devolution of Health Services, Politics						
b. Dependent Variable: Success of Expansion Strategies						

The study went on to fit the regression coefficients obtained into the study regression model. Under the section on coefficients, significant t-test values ($p < 0.05$) were obtained for each of the two independent variables (devolution, $t = 0.138$, $\beta = 0.010$, $p < 0.05$ and; politics, $t = 1.121$, $\beta = 0.080$, $p < 0.05$). This shows that all the variables can be fitted in the regression model adopted by this study.

In this regard, the fitted model using the unstandardized coefficients was:

$$\text{Success of Expansion Strategies at KMTC} = 2.744 + (0.009 * \text{Devolution of Health Services}) + (0.072 * \text{Politics}) + 0.344.$$

The significant Standardized Beta Coefficients show that changing the influence of devolution of health services and checking the influence of politics by 1 unit would lead to an increase in the success of expansion services by 0.010 and 0.080 units respectively.

Table 11 Coefficients

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.744	.344		7.966	.000
	Devolution of Health Services	.009	.062	.010	.138	.011
	Politics	.072	.064	.080	1.121	.003
a. Dependent Variable: Success of Expansion Strategies						

V. CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusion

The study sought to: establish the influence of devolution of health services on the success of expansion strategies in the public training institutions and; determine the influence of politics on the success of expansion strategies in the public training institutions. The findings show that the two study variables influenced the success of expansion strategies at KMTC campuses. In this regard, Pearson correlation shows that there was statistical significant relationship between devolution of health services ($r = 0.322$, $p < 0.001$) and; politics ($r = 0.478$, $p < 0.001$) and success of expansion strategies. As such, the success of expansion strategies can only be successful if the college put in place strategies aimed at checking the negative effects of the devolution of health services and politics. In this regard, efforts aimed at reducing political patronage as well as interferences of devolved governments in the running of KMTC campuses would enhance the performance of new campuses.

5.2 Recommendations

In the following section, the study recommendations are presented. This is done based on the study objectives.

5.2.1 Devolution of Health Services

There was a need at the policy level to ensure that the students were not obligated to pay for attachments to reduce the cost of training processes at new KMTC campuses. Mechanisms for reducing interference from politicians needed to be instated through well laid out Memoranda of Understanding between KMTC and political institutions.



There is also a need for the management of KMTC as well as the Ministry of Health officials to establish mechanisms for checking the unwarranted influence of KMTC campuses in expansion processes.

5.2.3 Politics

The policy should be instituted by KMTC management to ensure that influence from politicians was averted. Mechanisms for enforcing such policy needs to also be put in place to control the unwanted opening of campuses and courses in areas that had no facilities through political influences. Specifically, MOU should be implemented between KMTC and County Governments to check political influences in the employment of staff or acquisition of land and resources for setting up KMTC campuses. The extent of nepotism and tribal influences KMTC campuses needed to be researched and checked through specially formulated employment quotas irrespective of the counties in which campuses were setup.

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