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STRATEGIC LEADERSHIP PRACTICES AND ORGANIZATIONAL PERFORMANCE: A CASE OF HEALTH FACILITY-BASED YOUTH CENTRES IN THE CITY COUNTIES OF KENYA

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ABSTRACT

This study sought to determine the effect of strategic leadership practices on performance of health facility-based youth centres (HFYCs) in the Kenyan city counties of Nairobi, Mombasa and Kisumu. The study was postulated on a combination of general systems and upper echelon's theories and grounded on a paradigm of both positivism and phenomenology philosophies. The study adopted cross-sectional study design using mixed methods where the results were subsequently triangulated. All the 37 accessible HFYCs in the three counties were selected and responses received from the 29 HFYCs. The respondents were 29 health facility in-charges and 26 in-charges of HFYCs who responded to online questionnaires while 16 leaders of youth peers were interviewed using question guides through zoom platform. The questionnaires were piloted to determine their reliability and validity before actual data collection. The quantitative data was analyzed using descriptive and inferential statistics, while qualitative data was thematically analyzed and reported in verbatim form. The findings showed that there was a positive and significant relationship between strategic leadership practices and performance of HFYCs in Kenya ($r=0.701$, $p<0.05$) and the relationship was moderate. Hence it was concluded that there is a direct proportional effect of strategic leadership practices (strategic direction, ethical practices, core competences, human capital, corporate

culture and strategic control) on the performance of HFYCs. The study recommended that the in-charges of health facility-based youth centres should reward good performance of employees from time to time as well as reviewing the impact of the rewards on performance of the employees.

Keywords: strategic leadership practices, performance, health facility-based youth centres, counties & Kenya.

1.0 INTRODUCTION

Adolescents and young people constitute a significant part of the population in developing countries. Evidence from both developed and developing countries indicate that youth centres are poorly coordinated, fragmented and uneven in quality (World Health Statistics, 2015). In the developing countries the young people are affected by sexual reproductive health which includes high incidence of HIV, teenage pregnancy, gender-based violence and unmet needs of family planning.

A health facility-based youth centre (HFYC) has the capacity of ensuring that young people access reproductive health information and services (Tylee et al., 2007). According to annual report of 2020, the coverage of HFYCs in the Kenyan City Counties is about 17%. Nairobi, Mombasa and Kisumu are among the counties with the highest number of HIV infections that contribute to 61% of new infections among youth aged 15-24 years (Mahy et al., 2019). They are also among the counties with a rising number of teenage pregnancies and also contribute to the highest growth of Kenyan urban population as a result of the search for better livelihood opportunities. It is estimated that about half of the population in the urban settings live in informal settlements (Onyango & Tostensen, 2015).

Strategic leadership is inclined towards transformation, as opposed to achieving a particular goal. Part of becoming an effective strategic leader involves facilitating that process throughout the organization (or part of it). It is aimed at determining a balance between short-term, focused style of transactional leadership and the long-term focus of styles, like transformational leadership. According to Deeboonmee & Ariratana, (2014) strategic leadership practices are actions that lead to successful delivery of extraordinary performance. Samimi et al. (2020) defines strategic leadership as influencing others to voluntarily make decisions that increase the long-term viability of organization on a voluntary basis, while simultaneously maintaining its temporary financial viability.

The main role of strategic leadership practices is to manage the human and social capital (Hitt & Duane, 2002). It involves collating the ideas of key stakeholders to set a vision for the organization and mobilize human, financial and social capital resources necessary for effective design and implementation of business strategies in order to attain the vision. The purpose of the strategy involves creating or changing the structure of an organization to achieve the intended goals. Therefore, transformation is one of the aims of strategic leadership.

Harrison (2011) observes that organizational performance is dependent on the role of leadership. There are many ways of evaluating organizational performance. One of the ways is through Balanced Score Cared (BSC). Even though BSC evaluates performance of both financial and non-financial aspects, the perspectives of BSC for this study focuses on the non-financial performance which are; learning and growth; internal process and customer satisfaction (Kaplan, 2010). The central theme of a BSC is measuring performance as per the strategic objectives.

The Kenya national guideline (MoH, 2016) describes the targeted approach as one way towards delivery of youth friendly services, however the approach still faces a lot of challenges with the constraints of human resource. Targeted approach is a situation where there is a deliberate design and plan of information and services solely for young people and offered in settings that meet their needs. The youth centres are domiciled in health facilities hence the name health-facility based youth centres.

The objective of the study was to determine the effect of strategic leadership practices on performance of health facility-based youth centres in the counties of Kenya while the hypothesis stated that there is no significant effect of strategic leadership practices on Performance of health facility-based youth centres in the counties of Kenya.

The Kenyan national guidelines stipulate the role of strategic leadership of health managers at all levels on health systems and service management for young people (MoH, 2016). Devolution has led to significant reduction in the self-direction of county health facilities over various key functions including administration and strategic leadership (Barasa et al., 2017). Studies have demonstrated that health facility-based youth centres have organizational challenges and also pointed out indecisive directives and leadership (Thomée et al., 2016). The health facility-based youth centre is expected to increase access for young people to information and services with regards to reproductive health including HIV. There are few studies to support the influence of strategic leadership on performance of the youth centres and strategic leadership has been cited to contribute to improved organizational performance (Quigley & Graffin, 2017). This study is significant since the outcome has contributed to a

body of knowledge towards strategic leadership practices and contribution to performance of health facility-based youth centres.

The study findings are significant to health facility-based youth centres and other public health facilities in assessing if the practice of organizational performance has been entrenched in the institutional policy. The study findings will also benefit the practitioners and government institutions by reviewing the reports based on public sector reforms through effective performance management practices as a new concept for efficient and effective service delivery for public sector organization. The study has provided important data that will act as reference point to scholars, students and researchers who will use this study as basis for conducting research in the same area. Finally, the findings will form a theoretical reference in the field of strategic leadership and performance of health facility-based youth centres and its core concepts.

2.0 LITERATURE REVIEW

Theoretical Literature Review

Upper Echelons Theory (UET) was originally presented by Hambrick & Mason (1984). This theory states that the outcomes of organizations are partially predicted by the background of managerial characteristics of the top-level management team. The central presumption of UET is that executives' values, experiences, and personalities greatly influence their interpretations and situations that they are faced with and by extension, their choices. This theory offers a model within which the role of strategic leaders in influencing organizational outcomes can be interpreted, the key postulation being that organizational outcomes and strategic decisions are partially predicted by strategic leaders (Carpenter et al., 2016). Upper Echelon's Theory has its origin in the behavioural theory suggesting that choices in management are always influenced by human actions (Cyert & March, 1963). Abernethy & Stoelwinder, (1995) argue that health facility survival depends essentially on the involvement of the health staff in the management of resources.

Mendes et al., (2017) conducted a study on the effect of remuneration on employees' behaviour using Upper Echelon's Theory. In the study 109 respondents were from both public and private hospitals. The findings revealed the association of manager's experience, gender, occupation as playing a crucial role. The contribution of variables such as restriction, punishment, reward, control, motivation, behavior, and learning were also observed. The theory is relevant for the

current study since it looked at the effect strategic leadership on performance of HFYCs which is a relatively new integration into the health system.

General Systems Theory (GST) initially originated in the philosophy of Aristotle that knowledge comes from the insight of the whole organization and not that of sections (Mele et al., 2010). It was meant to replace psychodynamic theory in the 1960's as the fundamental paradigm for social work practice. Bertalanffy, (1950; 1969) was the first to call a general system theory (GST). General system theory was initially presented as a new way of thinking that focuses on interconnections among systems and accounts for the nature of open systems which interact with their environments. The momentum of systems thinking was identified by Scott when he described the relationship between general systems theory and organization theory (Senge & Sterman, 1992). This current study focused on the systems theory as relates to strategic leadership in the HFYCs. The health facility-based youth centre is a system which is also part of the larger system which is a health care facility. Weinstein, (2019) states that the key assumption of system theory is that smaller parts of the system interact to create complex systems. General System Theory seeks to explain and develop hypotheses around characteristics in single systems as well as the whole system.

The strengths of systems theory include: providing a single approach through combining community, social and psychological approaches; it is also interactive because it facilitates understanding the impact of each other including other systems; allows for the integration of approaches and avoids strict determinist accounts of behaviour. However, some of the weaknesses of systems theory include challenges in making conclusions based on findings; since it is a generalised theory, it may be hard to apply to specific situations; and in many guises it can be quite conservative through creating stable self-reliant systems.

Lai & Lin, (2017) argue that health sectors are major organizations that have been studied with system approach due to their inward complex nature. Hence the system theory is relevant for the current study in that, the HFYC is one of the parts of the wider health facility.

General Systems Theory was used as an anchor theory since it is also linked to Upper Echelon's theory.

Empirical Literature Review

Strategic leaders develop the goals including strategies for their organization. This is done by developing processes and structures that determine current and future performance of the organization, hence the leaders work towards achieving the highest level of performance as planned (Karadağ, 2015). Furthermore, strategic leadership practices enhance and increase

organization's performance by developing human and social capabilities (Hitt & Ireland, 2002).

Various studies have linked strategic leadership practices to improved organizational performance (Serfontein & Hough, 2011; Rahman et al., 2018; Gusmão et al., 2018; Alhyasat & Sharif, 2018; Onu et al., 2018). Najmi et al., (2018) studied the linkage of strategic leadership practices and public health sector performance. The findings revealed significant relationship between the two. Thus the role of top leaders in determining performance of organizations through their strategic choices and behaviour is most critical (Quigley & Hambrick, 2015). In order to extend the coverage of public health facilities for young people, other approaches should be made available (Anteghini et al., 2001). The Ministry of Health in Kenya provides for targeted and integrated approaches and commits to building capacity of health managers both at National and County level in health systems, service management and strategic leadership for adolescents (MoH, 2016).

The environment of work keeps changing; hence leaders are required to find ways of enhancing and strengthening the internal organization of work environment. The current debate is whether to maintain the targeted approach for health facility-based youth centre or to integrate the youth friendly services to the mainstream of all the health facilities even though the national guideline allows for both approaches (MoH, 2016). In the case of the health facility-based youth centre, the officer in-charge of a health facility or the medical superintendent for level two to four hospitals, with various departments delegates the responsibility of providing leadership to the HFYC. This responsibility is given to the officer in-charge of the HFYC.

Various studies have demonstrated a positive relationship between strategic leadership practices and improvement of organizational performance (Gusmão et al., 2018; Onu et al., 2018) , however, one of the studies has even shown inconclusive results about the relationship between the two variables (Najmi et al., 2018). For the studies conducted, the focus was mostly targeting profit making organizations. Najmi et al., (2018) recommended the use of Balanced Score Card approach when assessing performance of health facilities.

Najmi et al., (2018) conducted a study to assess the effect of strategic leadership on organizational performance. The study targeted four hospitals in Makassar city government, Indonesia where 100 respondents were selected. Structural Equation Modeling (SEM) was used to analyze data. Strategic leadership was measured using both financial and non-financial approaches through a balanced score card. The study concluded that strategic leadership had a significant effect on hospital performance, only if mediated dynamic capability were also higher. Since the context was different and only four health facilities involved, the current study

has been conducted in Kenya with various government health facilities participating in three counties.

Gusmão et al., (2018) conducted a study to assess the effect of strategic leadership on organizational performance in Timor-Leste. In the methodology, non-probability sampling technique was used to select 40 directors who responded to the questionnaires while data analysis was conducted using Structure Equation Partial Least Square model. The study concluded that strategic leadership had a positive and significant effect on organizational performance. Since non-probability sampling procedures have higher chances of bias, this study targeted all the study population of the health facility-based youth centres in the three counties, also known as a census, which has more accuracy.

A study conducted to assess effectiveness of strategic leadership practices on organizational performance of tea factories in Kenya focused on strategic direction and human capital (Kemunto et al., 2017). A sample of employees, managers and supervisors were selected and data analyzed using multiple regression. The study determined a significant positive effect between strategic leadership and performance, hence concluding that development of human capital and strategic direction contribute towards the achievement of higher firm performance.

Kerubo et al., (2019) conducted a study to determine the influence of strategic direction, staff training and ethical practices on organizational performance in tea factories in Kenya. The target population was 795 employees composed of employees, managers and supervisors who were selected through stratified and purposive sampling. Data analysis was carried out using descriptive and inferential statistics. Correlation analysis was carried out to analyze relationships between strategic leadership practices and organizational performance. The study concluded that strategic leadership contributes to performance.

According to Alhyasat & Sharif, (2018) who conducted a study to determine the relationship between strategic leadership and organizational performance, strategic leadership was measured in terms of human capital and social capital. The study was conducted in Jordan industrial estates using simple random sampling to select 30 employees. Organizational performance was measured in terms of Return on Assets (ROA) and Return on Equity (ROE). The results of the study showed a positive significant relationship between strategic leadership and performance. The current study measured performance using the Balanced Score Card. The balanced score card targeted non-financial performance since the HFYC is not a profit making organization.

Rahman et al., (2018) in their study to examine the association of strategic leadership with organizational performance of an automobile industry in Indonesia selected senior executives

and chief executive officers as respondents. Performance measurement was done by considering the factors of autonomy, adaptive leadership, communication, processes and systems, knowledge and values to ensure consistency in their performance. Strategic leadership was measured in terms of action, coherence, and discipline. The findings revealed a direct and positive relationship between strategic leadership and business performance.

Özer & Tınaztepe, (2014) studied strategic leadership in terms of different leadership styles on organizational performance in Turkey. They focused on transformational leadership, transactional leadership and laissez faire leadership. A total of 215 respondents from managerial and non-managerial positions responded to the questionnaires. Bass and Avolio's Multifactor Leadership Questionnaire which contains 3 scales was used. Nine parameters adapted from Barringer & Bluedorn, (1999) were used to measure the firm's performance. Multiple and simple regression analyses were used for analysis. Compared to other leadership styles, transformational leadership had a stronger effect on firm performance

Onu et al., (2018) conducted a study to examine the relationship between strategic leadership and organizational performance in particular manufacturing industries from stock exchange in Nigeria. A total of 31 manufacturing firms were purposively selected and both primary and secondary data collected. Cross-sectional study design was used and study participants selected through stratification. Primary data was collected through administration of questionnaires of purposively selected 45 companies on the Nigerian stock exchange. Proportional sampling technique was used to identify the companies while stratified random sampling technique was used to select respondents from the companies, using the three levels of management for stratification. Data generated was analyzed using descriptive and inferential statistics. Data analysis was carried out using Pearson's correlation test to determine the relationship between strategic leadership and performance. The study hence concluded that strategic leadership had a significant relationship with organizational performance. Since the study was conducted in a profit-making organization, it was recommended that a similar study to be conducted in a public organization which the current study is addressing.

A study was conducted to investigate the link between strategic leadership practices and organizational performance in non-profit organizations in Kenya targeting Nairobi County (Kitonga et al., 2016). The study adopted a mixed method and a total of 328 respondents were sampled from the top management. Strategic leadership was measured in terms of human capital, ethical practices, and organizational control. The study concluded that there's a significant positive relationship between strategic leadership and organizational performance among the non-profit making organizations. The current study will focus on additional

components of strategic leadership like determining strategic direction, exploiting and maintaining core competencies, and sustaining an effective corporate culture. The current study targeted two other counties in addition to Nairobi and focused in the public health sector.

A study was carried out to examine the association of strategic leadership with organizational performance of an automobile industry (Proton) in Malaysia (Najmi et al., 2018; Rahman et al., 2018). A total of 400 questionnaires were distributed to the selected senior executives, chief executive officers and members of the senior executive group and there was a response of 24%. Performance was measured by self-reported performance which included: autonomy, adaptive leadership, communication, processes and systems, knowledge, and values to ensure consistency in their performance. Strategic leadership was measured in terms of action, coherence, and discipline. The findings revealed a direct and positive relationship between strategic leadership and business performance.

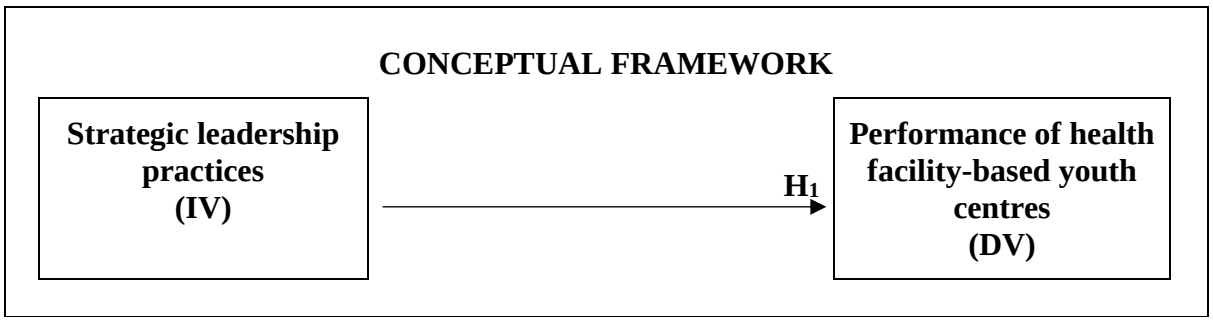

Figure 1: Conceptual Framework

Figure 1 above shows the relationship between the independent variable, strategic leadership practices, and the dependent variable, performance of health facility-based youth centres.

Table 1: Operationalization of Variables

Variable	Indicators	Measurement scale	Tools of Analysis
Strategic leadership practices	• Strategic direction • ethical practices • core competences • Human Capital • Corporate culture • Strategic control	5point-Likert Scale	Inferential and Descriptive statistics using SPSS
Performance of health facility-based youth centres	• Customer satisfaction • Knowledge & Innovation • Internal processes	5point-Likert Scale	Inferential and Descriptive statistics using SPSS

Table 1 shows the constructs of each variable and how they were measured in the study

3.0 METHODOLOGY

The study was grounded on a research paradigm of both positivism and phenomenology. Positivism maintains that information should be based on verifiable factual data or knowledge and not abstractions, therefore information is predicated on experiments and observation based on the existing theories (Cooper & Schindler, 2011). On the other hand, phenomenological research design seeks to understand people's perspectives and perceptions of a particular situation (or phenomenon) through investigating fewer subjects though thorough engagement to develop relationship of meaning and patterns (Padilla-Díaz, 2015)

This study employed cross-sectional survey design using mixed methods. According to Best & Kahn, (2014) cross-sectional survey research design involves a definite objectives, clearly defined problem, questions and development of generalization, theories that have universal validity. Census method was applied since the population was small. In the mixed method, both quantitative and qualitative data were collected simultaneously and then analyzed concurrently before drawing conclusions. This method was preferred as it helps in reducing biases inherent in using only one method (Creswell, 2013).

A structured online questionnaire was used to collect primary data from the medical superintendent/ representative and the officer in-charge of health facility-based youth centres. Open-ended questions provide a chance to respondents to add information which may not have

been included in the closed-ended questions, while the Likert scale, which is essentially an interval scale, is designed to examine how strongly subjects agree or disagree with a statement (Sekaran & Bougie, 2009). The 5-point Likert scale ranged from “strongly disagree” to “strongly agree”

The target respondents of the study were contact persons at the HFYCs particularly health facility-based youth centres in-charges. Others were the overall in-charges of the health institutions which domiciles health facility-based youth centres. They were interviewed using online questionnaires. In addition, 21 peer youth leaders attached to the health facility-based youth centres were targeted to be interviewed as key informants on their experiences and perception of strategic leadership practices, employee motivation, stakeholder engagement and performance of HFYCs.

The researcher carried out a pilot study in one of the counties which was not a study area for testing the reliability of the instruments. Structured questionnaire were developed by the researcher for collecting data for the study and administered to 7 (10%) respondents who were not part of the study. Data collected from the pilot study was tested to ascertain whether the data from the instrument can deliver to the expectation of the research. This was done before the primary research commenced.

The quantitative data was analyzed using Statistical Package for Social Sciences (SPSS) version 25.0. First, the researcher used simple regression for establishing the relationship between Strategic Leadership and performance of health facility-based youth centres. In this study, data analyses were conducted using a two-phase process consisting of confirmatory measurement model and confirmatory structural model. This is consistent with the two-phase process suggested by Anderson & Gerbing, (1988).The quantitative data was analyzed by descriptive and inferential statistics. The descriptive statistics used were counts, frequencies, percentages, mean scores and standard deviation while inferential statistics used were Pearson correlations and linear regressions.

After data collection, the researcher ensured that the instruments were double-checked for completeness then subjected to descriptive statistics. The demographic information constituting nominal data was analyzed by calculating percentages. For the ordinal measurement scale items, the measures of central tendency and standard deviation were used for analysis. The t-test statistic and Analysis of Variance (ANOVA) statistic were used for comparison specifically to find whether there was significant relationship between the variables.

The study performed factor analysis in order to reduce a large number of variables into fewer numbers of factors. This technique extracted maximum common variance from all variables and put them into a common score. KMO and Bartlett's Test were used to establish the adequacy of data for the factors analysis. A p-value less than 0.05 for Bartlett's Test of Sphericity further indicates that there is no identity matrix and that the principal component analysis should be conducted (Yu & Richardson, 2015). An eigenvalue of 1.0 or greater is acceptable and only components that meet this threshold are extracted in the Principal Component Analysis (Weber, 2015). In the rotation of the extracted factors, small factor loading coefficients were suppressed to display only coefficients of loading whose absolute value is at least 0.3. Dogbegah et al., (2011) asserts that factor loading coefficients of less than 0.3 shows weak loading and thus not sufficient to constitute the component of the construct. Items that do not strongly load on extracted components are removed from the construct and thus dimension reduction.

A letter was obtained from the Department of Postgraduate Studies, Management University of Africa to enable the researcher to seek a research permit from the National Council for Science, Technology and Innovations (NACOSTI). The study protocol was submitted to the Ethical Review Committee (ERC) for approval and Consent for entry into the areas of study in Nairobi, Mombasa and Kisumu counties for actual data collection. By reviewing proposals for research, ERC also assist in protecting both the organization and the researcher against possible legal implications of neglecting to address essential ethical issues of participants.

With the permit from the National Council for Science, Technology and Innovations the researcher then contacted the county directors of education, county commissioners and the county directors of health in the three Counties (Kisumu, Nairobi and Mombasa) where the specific HFYCs were located for authorization. With county authorization the researcher then contacted the Sub County Medical Officers of Health of all the sub-Counties with the public HFYCs to seek permission to conduct the study in their institutions. Then the consent was sought from the health facility in-charges and the officers' in-charge of HFYCs of interest in the study. The researcher clarified to the respondents the intention of the study over the phone as well as through the online questionnaire. The interviewees could only proceed responding upon online consenting. The researcher requested the officer in-charge of the HFYCs to provide the contact of the youth leaders i.e. one male and one female from their departments in order to seek for opportunity for consent and scheduling interview through zoom platform. After the selection was done, the contacts were shared with the research assistant who helped in the administration of online questionnaires.

The health facility in-charges and in-charges of youth centres were contacted prior to sending the online questionnaires through their mails, while the youth leaders were contacted to schedule zoom interviews, set date and interview time. Confirmation call was also made before setting the zoom meeting to confirm availability as the some of the health workers were on industrial action. The zoom meeting interviews were recorded with approved consent for those who accepted and notes taken for most of participants.

4.0 FINDINGS AND DISCUSSION

The composite mean score and composite standard deviations were computed calculating the mean of the means scores and mean standard deviations of all the 18 statements measuring the strategic leadership strategies. A composite mean score of 3.79 and a composite standard of 1.024 were achieved. This therefore implied that on average the respondents agreed that there was favourable consideration of strategic leadership practices in terms of strategic direction, ethical practices, core competences, human capital, corporate culture, and strategic control. Among all the items measuring the strategic leadership practices, the study revealed that the "ability of the managers to care about the results of our work" was highly agreed upon while "the leadership team being rewarded for their performance as a team" was least agreed upon. From the interviews, the study reviewed that the HFYCs displayed strategic leadership in terms of strategic direction, ethical practices, core competences, human capital, corporate culture and strategic control. In respect to this, one of the interviewed youth peer lead asserted that:

> *"Over the period that I've worked with the facility, the relationship between the leaders and also us guys has been cordial and also has been good and positive. They work through the youths, you can reach out to your leader and also the leader has also reached out to us for information. Hence, for the time I've been there, it has been positive."*

The objective of the study sought to determine the effect of strategic leadership practices on performance of health facility-based youth centres in Kenya. In respect to this, the study performed regression analysis to establish whether strategic leadership practices affected the performance of the health facility-based youth centres.

Table 2: Model Summary Strategic Leadership Practices and Performance

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.701[a]	0.491	0.481	0.55004

[a.] Predictors: (Constant), strategic leadership practices

Table 2 shows the summary of the regression model between strategic leadership practices and performance.

An R value of 0.701 was achieved upon regressing strategic leadership practices with the performance of the health facility-based youth centres in Kenya. This therefore implied that there was a strong correlation between the observed and the predicted values of performance of the health facility-based youth centres in Kenya. It also indicates a strong relationship between the two variables. This is an indication of goodness-of-fit of the model to the data (Bryman, 2012; Marti, 2015; Saunders et al., 2009). R-Square value of 0.491 was established in the regression between these two variables which was an indication that strategic leadership practices explained for 49.1% of the variance in the performance of the health facility-based youth centres in Kenya. Adjusted R Square value of 0.481 was lower than the R Square value and thus implying that additional predictor variable would improve the regression precision less than expected.

This therefore indicates that the model with strategic leadership practices was optimal for predicting the performance of the health facility-based youth centres in Kenya. Standard error of estimate indicates the level of model precision and in this case, the standard error of estimate was 0.55004. Using a Likert scale, a standard error of estimate less than 1.0 implies that the model is accurate in its prediction (Fitzgerald & Linda, 2015). This therefore implied that the regression model predicting the performance of the health facility-based youth centres in Kenya using strategic leadership practices as a predictor variable was accurate.

Table 3: ANOVA[a] for Strategic Leadership Practices and Performance

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	15.451	1	15.451	51.069	0.000[b]
	Residual	16.035	53	0.303		
	Total	31.486	54			

[a.] Dependent Variable: performance

[b.] Predictors: (Constant), strategic leadership practices

In order to establish whether the regression model as a whole was statistically significant an analysis of variance and regression analysis was conducted. Table 3 shows analysis of variance of the model residual. The F-Statistic (calculated) value was F(1,53) =51.069 while the F-Critical value read from the F-tables was F(1,53)=4.023. F-statistic bigger than the f-Critical value observed from the F-tables implies that the regression model is significant. A p-values of ANOVA in a regression model less than the set significance level (0.05 for this study) further confirms that the model is significant. This further implies that at least one of the predictors in the regression is statistically significant based on t-statistic value (Clements & Sarama, 2016; Kara, 2015). Therefore, the study found out that the regression model was statistically significant and that it provided a good fit for the data more than a model with zero predictor variables. The study further sought to establish the extent of effect of strategic leadership practices on performance of health facility-based youth centres in Kenya.

Table 4: Coefficients[a] for Strategic Leadership Practices and Performance

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.133	.374		3.031	.004
	Strategic leadership practices	0.698	0.098	0.701	7.146	.000

a. Dependent Variable: performance

Table 4 shows the use of beta coefficient for strategic leadership practices and performance. Unstandardized beta coefficient of 0.698 was achieved in regard to the strategic leadership

practices. This therefore implied that one unit increase in strategic leadership practices would result to 0.698 units increase in the performance of the health facility-based youth centres in Kenya with other factors held constant. When the variance is assumed to be 1, one unit increase in strategic leadership practices would result to 0.701 units increase in the performance of the health facility-based youth centres in Kenya. Without any intervention in strategic leadership practices, the performance of the health facility-based youth centres in Kenya would be at 1.133 units (y-intercept). To test whether this effect was statistically significant, the t-statistic value was compared with the t-critical value found in the t-tables. A t-statistic value greater than the t-critical value and a p-value less than 0.05 would imply that the effect of the predictor variable on the predicted variable is significant. The t-statistic value achieved in this study was 7.146 while the t-critical value observed from the tables was 6.314. This therefore implied that there was significant effect of strategic leadership practices on performance of health facility-based youth centres in Kenya. Therefore, the hypothesis of the study stating that; HO1: There is no significant effect of strategic leadership practices on performance of health facility-based youth centres in Kenya was rejected at 5% significance level. The alternative hypothesis was adopted in this study.

The regression equation for strategic leadership practices on performance of health facility-based youth centres in Kenya was;

$P = 1.133 + 0.698*SL + 0.55004$

Where,

P = Performance

SL= Strategic Leadership Practices

The objective sought to determine the effect of strategic leadership practices on performance of health facility-based youth centres in Kenya. The study revealed that there was a positive and significant relationship between performance of the health facility-based youth centres and strategic leadership practices ($r=0.701$, $p<0.05$) and the relationship was moderate. The study performed regression analysis to establish whether strategic leadership practices affected the performance of the health facility-based youth centres. R-Square value of 0.491 was established in the regression between these two variables which was an indication that strategic leadership practices explained for 49.1% of the variance in the performance of the health facility-based youth centres in Kenya. The study found out that the regression model was statistically significant and that it provided a good fit for the data more than a model with zero predictor variables.

Unstandardized beta coefficient of 0.698 was achieved in regard to the strategic leadership practices. This therefore implied that one unit increase in strategic leadership practices would result to 0.698 units increase in the performance of the health facility-based youth centres in Kenya with other factors held constant. The study found that there was significant effect of strategic leadership practices on Performance of Health facility-based youth centres in Kenya. Therefore the hypothesis of the study stating that; HO1: There is no significant effect of strategic leadership practices on performance of health facility-based youth centres in Kenya was rejected at 5% significance level. The alternative hypothesis was adopted in this study.

These findings concur with those in a study in Malaysia by Rahman et al., (2019) that found a direct and significant influence of strategic leadership on the performance of automobile companies. A study by Jabbar & Hussein, (2017) established that there was a positive link between strategic leadership and the performance of organizations. Successful implementation of strategies was seen to strongly impact on the performance of the organizations. In establishing the relationship between strategic leadership and organization performance in Jordan industrial estates company, Alhyasatan & Sharif, (2018) noted that there was a positive relationship between strategic leadership and organizational performance. Focusing on humanitarian organization, Kabetu, (2018) found out that communicating the strategic direction and adoption of core competencies greatly affects performance. The study further showed that developing human capital and sustaining effective corporate culture also affects the performance.

These findings are further in line with those by Nyasende et al., (2019) in tea factories in Kisii County that noted that strategic leadership affected the performance of the tea factories. The researcher concluded that strategic direction, staff training and emphasizing ethical practices contributed to performance metrics. The findings in this study further concur with those by Kemunto et al., (2017) who established a significant positive relationship between determining strategic direction and developing human capital. The findings further indicated that strategic leadership is directly and indirectly positively associated with performance. The results established in this study are in agreement with what Jaleha & Machuki, (2018) established. The author noted that there was direct and significant relationship between strategic leadership and the performance of organizations.

The results are also consistent with those by Gusmão et al., (2018) who analyzed the influence of strategic leadership on organizational performance of government ministry of Timor-Leste. The study found that there was a positive and significant impact of strategic leadership on organizational performance. Najmi et al., (2018) in examining and assessing the effect of

strategic leadership on the performance of hospitals in Indonesia revealed that strategic leadership did not have a significant effect on organizational performance. The current study further concurs with the findings by Onu et al., (2018) who carried out a study in Nigeria that examined the relationship between strategic leadership and organizational performance in selected manufacturing firms. The study revealed that strategic leadership have strong significant relationship with the organization performance.

5.0 CONCLUSION AND RECOMMENADTIONS

The objective sought to determine the effect of strategic leadership practices on performance of health facility-based youth centres in Kenya. The study found that there was significant effect of strategic leadership practices on performance of health facility-based youth centres in Kenya. Therefore, the hypothesis of the study stating that; H_{O1}: There is no significant effect of strategic leadership practices on performance of health facility-based youth centres in Kenya was rejected at 5% significance level. The alternative hypothesis was adopted in this study. In respect to this, it was concluded that there is a direct proportional effect of strategic leadership practices on the performance of health facility-based youth centres. This suggests that strategic leadership practices attributes such as strategic direction, ethical practices, core competences, human capital, corporate culture and strategic control affects performance. The results of this study therefore provide a concrete reason to give more attention on strategic leadership practices to be able to achieve better performance outcomes.

The study is useful to policy-making agencies as it will guide in formulation of policies that could enforce best practices in development of formal guidelines for strategic leadership as well as in the establishment of key performance indicators to increase the level of success of health facility-based youth centres. The study recommends that policy guidelines should be developed to support health facility-based youth centres to enhance strategic direction, ethical practices, core competences, human capital, corporate culture, and strategic control. The policy guidelines should be clearly communicated, identify any needs for knowledge and skills, and be periodically reviewed to ensure the satisfaction, achievement of strategic goals, and attainment of people's satisfaction.

In addition, the in-charges in the health facility-based youth centres should be oriented and trained in policy implementation and other challenges that arise with changes in policies, guidelines, and processes. The study advocates for strategic leadership practices to be enhanced in the health facility-based youth centres in order for the facilities to achieve their goals and

objectives through formulating and implementing necessary strategies to ensure successful performance.

Future study could be done on other sectors other than health sector and compare the similarities and differences that might be established in these sectors especially in the ministry of youth affairs that have a structure of youth empowerment. A study could also be done on the effect of demographic characteristics on the performance of the health facilities in the ministry of health in Kenya.

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