



Factors affecting effective strategy implementation for attainment of Millennium Development Goal 5 by international reproductive health non-governmental organizations in Kenya

Factors affecting effective strategy

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Abstract

Purpose – The purpose of the study was to find out the determinants of strategy implementation by the international reproductive health (RH) non-governmental organizations (NGOs) in Kenya for attainment of MDG 5 by 2015. The objectives of the study were to analyse the effects of the determinants of strategy implementation for attainment of the Millennium Development Goal (MDG) 5 by international RH NGOs operating in Kenya. This study was guided by three specific objectives: to analyse the effect of policy regulations on strategy implementation by international RH NGOs in attainment of MDG 5; to determine the effect of management competencies on strategy implementation by international RH NGOs in attainment of MDG 5 and to explore the effect of resource allocation on strategy implementation by international RH NGOs in attainment of MDG 5 by 2015 in Kenya.

Design/methodology/approach – A cross-sectional descriptive study design was carried out from January to March 2012 in Nairobi, Kenya. The study populations comprised of programme staff and RH technical advisors for the international RH NGOs operating in Kenya and headquartered in Nairobi. The sampling design was a census method since all the ten international RH NGOs based in Nairobi were selected. Qualitative and quantitative methods of data collection were used using both closed and open-ended questionnaires. The quantitative data were analysed using SPSS version 20 for both descriptive and inferential analysis. Qualitative data were analysed descriptively. Measures of location and variability were used for analysis and hypothesis tested using Fisher's Exact test and regression analysis.

Findings – The research findings showed that policy regulations, management competencies and the resource allocations determine successful implementation of the strategic plans. Inadequate resource allocations have a direct bearing on the implementation of the RH programmes which invariably affects the attainment of the MDG 5 by 2015. The study did not accept the null hypotheses and therefore showed that there is relationship between policy regulations, management competencies and resource allocations and the implementation of strategic management plans by international RH NGOs operating in Kenya.

Originality/value – Although numerous studies acknowledge that strategies frequently fail not because of inadequate strategy formulation, but because of insufficient implementation, strategy implementation has received less research attention than strategy formulation. This paper addresses this gap.

Keywords Strategy implementation, Attainment of MDG 5, Reproductive health, Non-governmental organizations, Kenya

Paper type Research paper



Introduction

Background

Although formulating a consistent strategy is a difficult task for any management team, making that strategy work is even more difficult (Hrebiniak, 2006). Unlike strategy formulation, strategy implementation is often seen as something of a craft, rather than a science, and its research history has previously been described as fragmented and electric (Noble, 1999). The best formulated strategies may fail to produce superior performance for the firm if they are not successfully implemented, as Noble (1999) notes. Policy regulation, managerial competencies and resource allocation are critical factors that affect the effective strategy implementation.

Strategy and health

Africa has made significant strides in certain areas of social and economic development but has the potential to achieve even more if it can overcome the large burden of disease which continues to be a barrier to faster development. This ever increasing disease burden, despite good plans and strategies, is cause for concern to the policy makers (Africa Health Strategy, 2007-2015).

Strategy and reproductive health (RH)

The problem of insufficient implementation of maternal health interventions is generally attributed to three interlinking factors, i.e. leadership and management, resources and end-user-related factors. The leadership and management-related factors include underutilization of the available resources, lack of enabling policies for maternal health care, poor management and insufficient commitment of politicians (Nyamtema *et al.*, 2011). Insufficient implementation of maternal health interventions has been linked to lack of resources. These include limited national budgets for health care vs high costs required to scale up maternal health interventions. Underfunding of health systems resulted into lack of essential drugs, supplies and equipment, insufficient health facilities and qualified human resources as well as inefficient referral systems (Nyamtema *et al.*, 2011).

Maternal health is the Millennium Development Goal (MDG) that is most off-track. At a global level maternal mortality decreased by <1 per cent per year from 1990 to 2005, far below the 5.5 per cent annual improvement needed to reach the MDG target. About 99 per cent of the deaths occurring in developing regions, with sub-Saharan African and Southern Asia accounting for 86 per cent of them. According to Draft Progress in attainment of MDGs and way forward towards achieving MDGs by 2015 in Kenya (2010), in Kenya, the maternal mortality was 414 per 100,000 live births in 2003 and 448 per 100,000 live births in 2010 and we are way off the track in attainment of MDG 5. The same applies to the proportion receiving skilled care during delivery which has remained relatively constant over the years at about 44 per cent.

Despite an international and national consensus on the strategies necessary to achieve a massive reduction of maternal mortality, Kenya has had relative lack of progress towards the attainment of MDG 5. This could possibly be due to a myriad of factors ranging from policy regulation, organization's management and resource allocation mechanism and processes within an organization. The purpose of the study is to find out the determinants of strategy implementation by the international RH non-governmental organization's (NGOs) in Kenya for attainment of MDG 5 by 2015.

Research objective*General objective*

To analyse the determinants of strategy implementation for the attainment of MDG 5 by international RH NGOs operating in Kenya to attainment of MDG 5 by 2015.

Specific objective

- (1) to analyse the effect of policy regulations on strategy implementation by international RH NGOs in attainment of MDG 5;
- (2) to analyse the effect of management competencies on strategy implementation by international RH NGOs in attainment of MDG 5; and
- (3) to analyse the effect of resource allocation on strategy implementation by international RH NGOs in attainment of MDG 5.

Hypotheses

- (1) Null hypothesis: there is no relationship between policy regulations and implementation of strategic management plans by international RH NGOs operating in Kenya.
- (2) Null hypothesis: there is no relationship between managerial competencies and implementation of strategic management plans by international RH NGOs operating in Kenya.
- (3) Null hypothesis: there is no relationship between resources allocations and implementation of strategic management plans by international RH NGOs operating in Kenya.

Materials and methods

The study populations comprised of the international RH NGOs operating in Kenya and providing the RH services. The study population were all the ten international RH NGOs since the number was small and a census method was opted for the study. The target and study populations were the same in this study. The inclusion criteria included an international RH NGO, duly registered and operating in Kenya and the NGO should be in existence in Kenya for the last five years prior to the study. The dependent variable was strategy implementation while independent variables included policy regulations, management competencies and resource allocations.

This was a cross-sectional descriptive study design and census sampling method was used to sample the international RH NGOs operating in Kenya and headquartered in Nairobi. From the international RH NGOs, the programme staffs and RH technical advisors who met eligibility criteria were enrolled consecutively. Data collection were through interviewer-administered questionnaire and targeted individuals in mid-level to senior management positions within NGOs as respondents. These were staff members who were involved in the day-to-day management of the organization and were thus well conversant with the operations, goals, strategies and plans of the organization. The questions were categorized into strategy implementation, policy regulations, management competencies and resource allocations. In each category a series of questions were asked and a five point Likert scale was used with 1 being strongly disagree, 2 being disagree, 3 being neutral, 4 being agree and 5 being strongly

agree. Quantitative data were processed and analysed was done using SPSS version 20. Qualitative data were analysed descriptively. Quantitative data were presented through the use of statistical tools such as graphs, frequency distribution tables and charts. Hypothesis testing was done through the computation of Fisher's Exact test and logistic regression analysis.

A cross-sectional descriptive study design was used and the study carried out in Nairobi, Kenya between January and March 2012. The study populations comprised of programme staff and RH technical advisors for the international RH NGOs operating in Kenya and headquartered in Nairobi. The sampling design was a census method since all the ten international RH NGOs based in Nairobi were selected. Qualitative and quantitative methods of data collection were used using both closed and open-ended questionnaires. The quantitative data were analysed using SPSS version 20 and Epi Info for both descriptive and inferential analysis to ensure reproducibility across software programs. Qualitative data were analysed descriptively. Measures of location and variability were used for analysis and hypothesis was tested using Fisher's Exact test and regression analysis (with a 5 per cent level of significance).

Research findings and discussion

Background information

In total, 35 responses were received from ten international RH organizations operating in Kenya and based in Nairobi, comprising 87.5 per cent response rate from the target of 40 respondents. The respondents were drawn from the NGOs top management teams comprising technical directors 25 per cent, programme managers 54 per cent and programme officers 21 per cent. The majority of respondents 76 per cent had served their respective organizations for a period of more than three years, 61 per cent of whom had served for four to six years. A majority of 82 per cent organizations had been established for over 15 years and all the participating organizations were duly registered by Kenya NGO Coordinating Board. About 40 per cent of the respondents were male while 60 per cent were female. About 83 per cent of the respondents were aged above 35years.

Policy regulation (Table I)

The findings depicted a favourable policy regulatory environment for RH implementation. About 94 per cent ($n=33$) of the respondents felt that there are improved RH policies and strategies to expand RH programmes with about 85 per cent of the respondents who felt that the current RH policies provide an enabling environment to design, implement RH programmes in the country. However, a significant proportion of the respondents (71.4 per cent, $n=25$) felt that conflict among the legislators and government officials affect policy implementation.

Management competencies (Table II)

The study found out that about 88 per cent of the respondents felt that senior management within the surveyed organizations are committed and support the implementation of RH strategic objectives and that the current structure of the organization supports the implementation of RH strategic objectives. About 86 per cent of the organizations staffs are competent, skilled to plan, manage and implement RH strategic objectives. There is feeling amongst about 94 per cent of the respondents that there is a shared vision, goals and understanding on the organization's RH goals and objectives. About 66 per cent of the respondents felt that there are feelings of

	Disagree (%)	Neutral (%)	Agree (%)	Factors affecting effective strategy
There are improved RH policies and strategies to expand reproductive health programmes	–	5.7(2)	94.3(33)	<div>511</div> <div>Table I. Policy regulation assessment among the international RH NGOs</div>
RH policies provide enabling environment to design, implement, reproductive health programmes	5.7(2)	8.6(3)	85.7(30)	
The organization strategies and policies are in line with the national strategy and policy documents such as Road Map to Maternal and Neonatal Health 2010, Kenya RH strategic plan 2010-2015	–	11.4(4)	88.6(31)	
There are inconsistencies between national RH strategies and national policies and guidelines	62.9(22)	17.1(6)	20.0(7)	
The national RH policies are ambiguous and vague	88.6(31)	11.4(4)	–	
The national RH policies are conflicting	88.6(31)	11.4(4)	–	
Preferences of senior management/managers affect policy implementation	45.7(16)	17.1(6)	37.1(13)	
Conflict among legislators and government officials affect policy implementation	17.1(6)	11.4(4)	71.4(25)	
Political commitment is critical in RH strategy implementation		5.7(2)	94.3(33)	
RH policies are respected by all stakeholders in the organization	20.0(7)	17.1(6)	62.9(22)	
Total	115	41	194	

ownership of RH strategy or implementation plans among the key employees. About 86 per cent of the respondents did not think that the implementations of the RH organization strategies are not effectively controlled. There was a general feeling among the respondents (over 80 per cent) that there are open/positive communication climates. A vast majority of the respondents felt that there is objectivity in performance assessment and that the job orientation is done for new staff members and job tasks, responsibilities and duties are clearly defined.

Predominant leadership and implementation tactics in the organization (Table III)

Most of the respondents felt that there was a democratic leadership with a participatory implementation tactic at about 71 and 74 per cent, respectively.

Resources allocation (Table IV)

About 60 per cent of the respondents did not think that there was sufficient resource availability (financial, human resources) to carry out the RH strategic plan with about 63 per cent opining that the demands of stakeholders also affect resource allocation. The stakeholders include the chief executive officers, senior management, employees, donors, community and the local government. Only a small proportion of the respondents (about 26 per cent) felt that the resource allocation is a bottom up process.

Strategy implementation (Table V)

Most of the respondents (about 66 per cent) agree that the extent of implementation of the RH strategy is acceptable and it is effective and is on track. This compares favourably with the finding that about 89 per cent of the respondents felt that their organizations ability to implement RH strategies is good. However, a small proportion (46 per cent) of the respondents agrees that RH strategy implementation is efficient.

Table II.
Management
competencies assessment
among international
RH NGOs

	Mode	Disagree (%)	Neutral (%)	Agree (%)
Senior management is committed and support the implementation of RH strategic objectives	4	–	11.4(4)	88.6(31)
The current structure of the organization supports the implementation of RH strategic objectives	4	–	11.4(4)	88.6(31)
The current governance model is effective as it relates to the implementation of RH strategic objectives	4	20(7)	14.3(5)	65.7(23)
There is willingness to accept and implement change	4	–	28.6(10)	71.4(25)
The organization's staff are competent, skilled to plan, manage and implement RH strategic objectives	4	11.4(4)	2.9(1)	85.7(30)
That your organization is better at formulating RH strategy than at implementing strategy	4	42.9(15)	5.7(2)	51.4(18)
There is a shared vision, goals and understanding on the organization's RH goals and objectives	4	–	5.7(2)	94.3(33)
Decision making is decentralized in the organization	3	25.7(9)	28.6(10)	45.7(16)
Leadership and direction provided by departmental manager are inadequate	2	82.9(29)	5.7(2)	11.4(4)
Lack of feelings of "ownership" of RH strategy or implementation plans among key employees	2	65.7(23)	5.7(2)	28.6(10)
The organization's RH strategy is not effectively communicated to the workforce	2	74.3(26)	8.6(3)	17.1(6)
The workforce does not understand the organization's RH strategy	2	62.9(22)	25.7(9)	11.4(4)
The implementation of RH strategy is not effectively controlled	2	85.7(30)	–	14.3(5)
The implementation of the RH organization strategies and plans are followed up effectively	4	8.6(3)	17.1(6)	74.3(26)
The leaders are not competent enough to implement RH strategy	2	100(35)	–	–
The core competencies are not aligned with the RH strategy of the organization	2	82.9(29)	11.4(4)	5.7(2)
There is positive/open communication climates/channels in the organization	4	–	14.3(5)	85.7(30)
There is effective communication both internally and externally by the organization	4	–	28.6(10)	71.4(25)
Job orientation is done for new staff members and job tasks, responsibilities, duties are clearly spelt out	4	–	11.4(4)	88.6(31)
There is objectivity in performance assessment	4	–	17.1(6)	82.9(29)
I perceive my organization has the potential to perform and get the desired results	4	–	–	100(35)
I perceive there is consistency between my personal goals and organizations goals	4	5.7(2)	34.3(12)	60(21)
Resistance to change is a key hindrance in the attainment of the organizations RH goals and objectives	2	74.3(26)	8.6(3)	17.1(6)
Notes: 2, disagree; 3, neutral; 4, agree				

	Frequency	%	Factors affecting effective strategy
<i>What is the predominant leadership style in your organization?</i>			513
Autocratic	6	17.1	
Democratic	25	71.4	
Laissez fairer	4	11.4	
Total	35	100	
<i>What is the predominant implementation tactics in your organization?</i>			Table III. Predominant leadership and implementation tactics in the international RH organizations
Interventional	8	22.9	
Persuasion	1	2.9	
Participatory	26	74.3	
Edicts	0	0	
Total	35	100	

	Mode	Disagree	Neutral	Agree
There is sufficient resource availability (financial, human resources, material and physical resources) to carry out the RH strategic plan	2	60(21)	11.4(4)	28.6(10)
The resource allocation is based on the national RH strategy and guidelines	4	11.4(4)	31.4(11)	57.1(20)
Resource allocation is oriented to RH organization's strategic objectives	4	31.4(11)	11.4(4)	57.1(20)
The resource allocation is based on the identified RH gaps and needs	4	28.6(10)	17.1(6)	54.3(19)
Key priority areas of maternal interventions get proportional resource allocations	3	37.1(13)	14.3(5)	48.6(17)
The process of resource allocation is participatory in the organization	3	28.6(10)	28.6(10)	14.3(5)
Health facility and community make rational choices on the personnel recruitment and deployment in RH service areas	2	57.1(20)	28.6(10)	14.3(5)
Top managers who dominate in strategy formulation tend to affect resources allocation. Their preferences attract more resources for their pet projects	3	45.7(16)	17.1(6)	37.1(13)
Resources area a symbol of power. Internal policies based on negotiations and bargaining affects resources allocation	3	31.4(11)	20.0(7)	48.6(17)
The demands of stakeholders also affect resource allocation. They can be chief executive officers, senior management, employees, donors, community and the local government	2	14.3(5)	22.9(8)	62.9(22)
The allocation of resources is not aligned with the RH strategy of the organization	3	74.3(26)	–	25.7(9)
Your organization has the financial capacity to implement strategies effectively	3	22.9(8)	25.7(9)	51.4(18)
Your organization has the commitment to providing financial resources to support the implementation of strategic objectives	4	31.4(11)	8.6(3)	60(21)
Resources allocations is a bottom up process in your organization	2	51.4(18)	22.9(8)	25.7(9)
Notes: 2, disagree; 3, neutral; 4, agree				

Table IV.
Resource allocations
assessment among
international RH NGOs

Table V.
Assessment of strategy
implementation among
the international
RH NGOs

	Mode	Disagree	Neutral	Agree
The extent of implementation of the RH strategy in your organization is acceptable	4	8.6(3)	25.7(9)	65.7(23)
Your organization is effective in RH strategy implementation	4	22.9(8)	11.4(4)	65.7(23)
Your organization is efficient in RH strategy implementation	3	17.1(6)	37.1(13)	45.7(16)
Comparatively your organization is better at RH strategy implementation as compared to other International Reproductive Health NGOs operating in Kenya	4	17.1(6)	17.1(6)	65.7(23)
My organization's ability to implement its RH strategies is good?	4	5.7(2)	5.7(2)	88.6(31)
Is the most significant challenge in management	3	25.7(9)	37.1(13)	37.1(13)
Your organization is on track with regard to implementation of the RH strategies and objectives	4	17.1(6)	17.1(6)	65.7(23)
Is an art	4	5.7(2)	31.4(11)	62.9(22)
Is a difficult and complicated task	2	65.7(23)	17.1(6)	17.1(6)
Is time consuming	3	20(7)	31.4(11)	48.6(17)
Less than 50% of formulated strategies get implemented	2	68.6(24)	14.3(5)	17.1(6)
There is insufficient strategy implementation	2	60(21)	11.4(4)	28.6(10)
Notes: 2, disagree; 3, neutral; 4, agree				

Bivariate analysis

Bivariate analysis was conducted on the relationship between the policy regulation, managerial competencies and resource allocation and strategy implementation.

Policy regulation and strategy implementation (Table VI)

There is a significant association between those respondents who felt there is improved RH policies and those who felt the strategy implementation was on track ($p = 0.026$) with about 94 per cent of the respondents interviewed agreeing that there are improved RH policies and strategies to expand RH programmes. This contrasts with research findings from Mucai and Messah (2010) which indicated that there was evidence that the low influence of policy statements on decision making is an indicator to the relative weakness of correlation between implementation of strategies and institutional policies. It also contrasts the observation by Langfield-Smith (1997) which concluded that our knowledge of the relationship between management

Table VI.
Bivariate analysis
between improved RH
policies and strategy
implementation
being on track

Characteristics	Disagree	On track Neutral	Agree	Overall association
Improved RH policies				Fisher's Exact test = 6.364, $p = 0.026$ (0.022-0.029)
Neutral	2	0	0	
Agree	4	6	23	

control system and strategy is limited, providing considerable scope for further research (Table VII).

There is a significant statistical association between the respondents who felt that conflict among legislators and government officials affect policy implementation ($p = 0.007$) with a significant proportion of the respondents (71 per cent) concurring that there are conflicts among legislators and government officials affect RH policy implementation (Table VIII).

There is a significant statistical association between the preferences of senior management/managers and the perception on ability to implement as being good ($p = 0.000$) with about 45 per cent of the respondents disagreeing that preferences of senior managers/managers affect policy implementation. This contrasts with study done by Mucai and Messah (2010) which concluded that resource allocation influences implementation of strategic management plans through the preference of institutional leadership and Board of Governors. This is because resource allocation in international RH NGOs is largely determined by the donors with limited flexibility on expenditure. This compares favourably with the research findings that depicted about 63 per cent of the respondents who agreed that demands of stakeholders such as donors, community influences resource allocations in the surveyed organizations.

Managerial competencies and strategy implementation (Table IX)

There is a significant association between respondents who felt that the current governance model is effective as it relates to the implementation of RH strategic objectives ($p = 0.000$). Similarly respondents who disagreed that resistance to change is a key hindrance in the attainment of the organizations RH goals and objectives had significant associations with effective strategy implementation at $p = 0.001$, respectively. This compares favourably with the study done by Maina (2011) which revealed that the predictors of strategy implementation include the firm's capacity to overcome resistance to change. This is also augmented by the fact that about 60 per cent of the respondents did not feel that resistance to change is a key hindrance in the attainment of the organizations RH goals and objectives.

Characteristics	Effective in strategy implementation			Overall association
	Disagree	Neutral	Agree	
Legislators and government officials				Fisher's Exact test = 12.037, $p = 0.007$ (0.006-0.009)
Disagree	0	2	4	
Neutral	1	2	1	
Agree	7	0	18	

Table VII.
Bivariate analysis
between the conflict
of legislators and
government officials
and effective strategy
implementation

Characteristics	Ability to implement RH policies is good			Overall association
	Disagree	Neutral	Agree	
Preferences of managers				Fisher's Exact test = 13.508, $p = 0.000$
Disagree	0	0	16	
Neutral	2	2	2	
Agree	0	0	13	

Table VIII.
Bivariate analysis
between the preferences of
managers and the ability
to implement RH policies

The respondents who felt that there is effective communication internally and externally by the organization had significant associations with effective strategy implementation at $p = 0.012$. About 71 per cent of the respondents felt that there is effective internal and external communications by the organizations. This compares with the study by Alexander (1985); Rapert and Wren (1998); Rapert *et al.* (2002) which pointed out that effective communication is a key requirement for effective strategy implementation (Table X).

There is a strong statistical association between the respondents who felt that the organizations RH strategy is not effectively communicated to the workforce and the efficient strategy implementation ($p = 0.007$).

Resources allocation and strategy implementation

The health sector in Kenya relies on several funding streams: public, private firms, households, donors as well as health insurance schemes. Unfortunately, limitations in implementing an overall healthcare financing strategy have hindered effective planning, budgeting and provision of health services.

This study showed a statistically significant association between respondents who felt that there is sufficient resource availability to carry out the RH strategic plan and effective strategy implementation ($p = 0.016$) with most of the respondents (60 per cent) feeling that there is insufficient resource allocation for RH implementation. This explains Aloo-Obunga (2003) findings that noted that RH/FP has experienced limited

Table IX.
Bivariate analysis
between current
governance models,
effective communication
internally and externally
and resistance to change
and effective strategy
implementation

Characteristics	Effective strategy implementation			Overall association
	Disagree	Neutral	Agree	
Current governance models				Fisher's Exact test = 16.923, $p = 0.000$
Disagree	4	0	3	
Neutral	2	2	1	
Agree	0	4	19	Fisher's Exact test = 12.496, $p = 0.001$
Effective communication internally and externally				
Neutral	4	4	2	
Agree	2	2	21	Fisher's Exact test = 17.791, $p = 0.000$
Resistance to change				
Disagree	0	6	20	
Neutral	2	0	1	
Agree	4	0	2	

Table X.
Bivariate analysis of the
organization's RH strategy
and efficient strategy
implementation

Characteristics	Efficient strategy implementation			Overall association
	Disagree	Neutral	Agree	
The organizations RH strategy is not effectively communicated to the workforce				Fisher's Exact test = 11.02, $p = 0.007$ (0.005-0.009)
Disagree	4	12	10	
Neutral	2	1	0	
Agree	0	0	6	

financing in Kenya which is attributable to the apparent deliberate shift towards HIV/AIDS programme at the expense of RH/FP programmes. Similarly Amico *et al.* (2010) noted that Kenya is spending 60.7 per cent of its health spending on HIV/AIDS. Limited integration of HIV/AIDS and RH/FP programmes and changes in the aid architecture have also affected RH/FP financing; this has disproportionately hurt the poor, who bear the brunt of inequality in access to services, poor service delivery and high maternal and child mortality rates.

There is a significant statistical association between those respondents who felt that the resource allocation is based on the identical RH gaps and needs and effective strategy implementation ($p = 0.000$). This implies that effective strategy implementation is likely to be achieved if resource allocation is prioritized based on the identified RH gaps and needs at both facility and community level (Table XI).

The study showed a significant statistical association between resource availability and effective strategy implementation ($p = 0.016$) (Table XII).

There is significant statistical association between respondents who felt that resource allocation is based on the national RH strategy and efficient strategy implementation ($p = 0.007$) with about 57 per cent of the respondents interviewed agreeing that resource allocation is based on the national RH strategy. Strategy implementation is likely to succeed if it's aligned to the national RH priorities since the national structures are likely to be supportive of such interventions and is more likely to have a wider ownership and acceptance.

Summary

Regarding the policy regulations, the study revealed existence of a relationship between policy regulations such as improved RH policies, conflicts between legislators and government officials, preferences of senior management and effective strategy implementation. This contrasts with studies done by Mucai and Messah (2010), Langfield-Smith (1997).

Characteristics	Effective strategy implementation			Overall association
	Disagree	Neutral	Agree	
Resource availability				Fisher's Exact test = 10.288, $p = 0.016$ (0.013-0.018)
Disagree	5	4	12	
Neutral	3	0	1	
Agree	0	0	10	

Table XI.
Bivariate analysis
between resource
availability and effective
strategy implementation

Characteristics	Efficient strategy implementation			Overall association
	Disagree	Neutral	Agree	
Resource allocation based on national RH strategy				Fisher's exact test = 12.1589, $p = 0.007$ (0.005-0.009)
Disagree	2	2	0	
Neutral	4	3	4	
Agree	0	8	12	

Table XII.
Bivariate analysis of
resource allocation based
on RH strategy and
efficient strategy
implementation

With reference to managerial competencies, the study demonstrated that effective internal and external communications has a significant relationship with effective strategy implementation. This compares favourably by studies done by Rapert *et al.* (2002), Peng and Littelljohn (2001) and Maina (2011).

Regarding the resource allocations, the study showed that sufficient resource availability (financial, human resources), the fact that resource allocation is based on the identified RH gaps and needs as well as national RH strategy has a significant relationship with efficient and effective strategy implementation. This is in tandem with findings from Aloo-Obunga (2003) and Amico *et al.* (2010).

Conclusions

The research findings showed that policy regulations, management competencies and the resource allocations determine successful implementation of the strategic plans. Inadequate resource allocations have a direct bearing on the implementation of the RH programmes which invariably affects the attainment of the MDG 5 by 2015. The study did not accept the null hypotheses and therefore showed that there is relationship between policy regulations, management competencies and resource allocations and the implementation of strategic management plans by international RH NGOs operating in Kenya.

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