



STRATEGIC PLANNING MODELS AND COMMUNITY HEALTH STRATEGY IMPLEMENTATION IN WESTERN KENYA COUNTIES

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Abstract

Globally, strategic management is important due to challenges organizations continue to experience in the environment. In Kenya, many organizations have adopted strategic management approach. Kenya National and County governments are not an exception in this, yet they continue to face challenges particularly in community health service delivery (CHSD). Prevalence of ill health conditions are still witnessed; including prevalence of diseases especially Malaria, HIV and Aids and diarrhea, low access to pre and antenatal care, high mortality rates and unwanted and early childbirths. According to Kenya Demographic and Health Survey of 2014, Communities in Homabay, Migori, Kisumu, Siaya, Kakamega and Busia Counties experience these health challenges at higher levels compared to others. Challenges continue despite health strategies that exist, pointing to ineffectiveness of strategy framework. This study investigated effectiveness of strategy planning models for Community Health Strategy implementation (CHSI) in selected western Kenya Counties. The study was guided by strategic choice theory and adopted descriptive research design. Results from 33 Sub-County Community Health Strategy Focal Persons reported a mean of 3.17, implying that the models were effective for CHSI in Western Kenya. The study concludes that the approach to strategy is

effective in CHSI in the counties in Western Kenya and recommends that the county governments enhance the same. The study provides an opportunity for the government and community health stakeholders to assess their strategy activities.

Keywords: Alignment, Scenario planning, Strategic Planning Model, Community Health Strategy Implementation

INTRODUCTION

Strategic planning is an organizational management activity that is used to set priorities, focus energy and resources, strengthen operations, ensure that employees and other stakeholders are working toward common goals, establish agreement around intended outcomes/results, and assess and adjust the organization's direction in response to a changing environment (Dawar, 2013). Pearce and Robinson (2009), advance that strategic planning models include goals-based, issues-based, organic, scenario and inspirational models. Wheelen and Hunger (2015) as supported by Gavetti and Ocasio (2015) contend that there are a variety of perspectives, models and approaches used in strategic planning with no one perfect model, to be used the same way all the time with every organization.

Conventional Strategic Planning Model according to Ketchen and Short (2016) model is ideal for organizations that have sufficient resources to pursue very ambitious visions and goals, have external environments that are relatively stable, and do not have a large number of current issues to address. On the other hand, Issues-based Strategic Planning Model works best for organizations that have very limited resources, several current and major issues to address, little success with achieving ambitious goals, and/or very little buy-in to strategic planning (Johnson and Scholes, 2008). Organic Strategic Planning Model suits organizations that are robust and dynamic systems that are always changing, so a plan produced from conventional planning might quickly become obsolete. Wheelen and Hunger (2015) support the argument especially if planning is meant to achieve a very long-term vision for many people. Real-Time Strategic Planning Models suited especially for people who believe that organizations are often changing much too rapidly for long-term, detailed planning to remain relevant (Harrison and St. John, 2010). The model asserts that planning for an organization should be done continuously, or in "real time." The real-time planning model is best suited, especially to organizations with very rapidly changing environments outside the organization. Alignment Model of Strategic Planning focuses on strong alignment of the organization's internal operations with achieving an overall goal, for example, to increase productivity or profitability, or to successfully integrate a new cross-functional system, such as a new computer system. (St-Hilaire, 2011). Inspirational

Model of Strategic Planning is used when planners see themselves as having very little time available for planning and/or there is high priority on rather quickly producing a Strategic Plan document (Wheelan and Hunger,2006).

There is empirical model around strategic planning and related models. While some studies speak generally about strategic planning, others focused on specific aspects of planning. For example, Emeka, Ejim and Amaka (2015) did a study of Manufacturing Company revealing that a well-conceived and formulated strategy matched with appropriate structure increases productivity in the organization and secondly, that behavioural and systematic resistance to strategic changes renders formulation ineffective. Maroa and Muturi (2015) studied the influence of strategic management practices on the performance of Floriculture Firms in Kenya and established that majority of the firms had a strategic plan ,implemented their strategic plans as planned, conduct strategy evaluation and control on their strategic management practices. Anichebe and Agu (2013) studied of the effects of strategy Formulation and Implementation in Business Organizations in Enugu State and discovered that the organization loses sales as a result of change in consumption pattern of their customers and that a well-conceived and formulated strategy matched with appropriate structure increases productivity in the organization. Further studies have been done in the area of strategic planning, strategy formulation and strategy implementation. These include the works of Chege, Wachira and Mwenda (2015), Bassa (2015), Kohzadi and Hafezi (2016) and Mpoke and Njeru (2015), Njagi and Kombo (2014), Kibachia, Iravo and Luvanda (2014), Abok (2014), Djordjević and Drucker (2014), Uzel (2015), Kanini (2012), Opano (2013), Ongonge (2013). The studies however do not investigate strategy models and their effectiveness for strategy implementation. Organizations and programmes can benefit from proper approach to strategic planning by way of the model or models adopted. Such fields may include community health and particularly as the case is in Kenya.

Health with its socio-economic underpinnings remains one of the major global challenges and an important obstacle to human capital development. Important international milestones in the struggle for health include the Alma Ata Declaration on Primary Health Care, Roll Back Malaria, the Abuja and Maputo Declarations, Millennium Summit and many others. These milestones have provided the platform for health sector planning and development in the country and as an international yardstick for which progress is assessed (GOK, 2014). The population of Kenya has been growing steadily from 10,942,705 people in 1969 at an average of 3.8 million people in three years. The increase in population has great implications on health as large population strain resources leading to ill health and other social evils. This calls for a vibrant health care system with ideal strategy. The Government of Kenya is committed to the

improvement of the health and welfare of its citizens. Over the years, the government has taken important steps towards this goal. Among the actions taken are the inclusion of universal health care access in the current Kenya Big Four Agenda, the development of the Kenya Health Policy Framework (KHPF 1994-2010), the launch of Vision 2030, and the enactment of a new constitution in 2010. In particular, the new constitution creates a devolved system of governance with 47 counties, each of which is responsible for providing and delivering health care services to its citizens. The devolved system is intended to make the realization of the right to health by all Kenyans a reality (Government of Kenya, 2010). The overall goal of the Community Health Strategy is to enhance community access to health care in order to improve productivity and thus reduce poverty, hunger, and child and maternal deaths, as well as to improve education performance across all the stages of the life cycle (KDHS, 2014). The Ministry of Health recognizes and appreciates the development of Community Health Strategy by supporting its obligation of improving the health of the citizens by narrowing the gap between service provision and demand for services.

According to Economic Survey (KNBS, 2013) nationally the average attendance for antenatal care (ANC 1) is (68.5 percent) and ANC 4 (30.4 percent) in 2012. The attendance shows high and low attendance for ANC 1 and 4 respectively. ANC 1 attendance was highest in the following counties: Lamu (100.3 percent), Nyeri (96.3 percent), Mombasa (96.1 percent) and TaitaTaveta (88.3 percent). The following counties had the lowest attendance: Laikipia (47 percent), Makueni (45.5 percent), TharakaNithi (45.6 percent), Machakos (41.7 percent) and Wajir (34.6 percent.) Nationally in 2012 the new ANC clients were 1,132,926 out of which 1,094,617 were tested for HIV and 45,306 tested HIV positive. This shows a test rate of 96.6 percent and positivity rate of 4.1 percent. The majority of those tested positive were from Nairobi (7,907) followed by Kisumu (3,765) and Homa bay (3387). The counties with the least number of clients who tested negative were Mandera (10), Wajir (15) and Tana River (49). Prevalence of early childbearing is highest in the Nyanza region (65 births per 1000) followed by Rift Valley and Coast; it is lowest in Central and North Eastern region (KDHS, 2014).

The malaria endemic zones in the country are Coast, Nyanza (except Kisii, Gucha and Nyamira) and Western (except Mt. Elgon, Lugari and Likuyani). In 2011 for instance, clinical malaria was the leading cause of morbidity in Nyanza Region and Western regions accounting for 31.3 and 32.1 percent respectively (MOH, 2012). Nationally clinical malaria accounts for up to 30 percent of outpatient attendance and 19 percent of the admissions to health facilities and is a leading cause of death in children under five years. The conclusion here is that community health challenges are high in certain counties in western Kenya in the areas of malaria,

diarrhoea, sanitation, ANC, early births and HIV and Aids and require further investigation. Are the health strategies effective? How do strategic models play in this scenario. These are the two important questions at this point.

The main objective of the study was therefore to establish effectiveness of strategy planning models for community health strategy implementation in selected western Kenya counties. The study sought to answer the research question, “What is the effectiveness of strategy planning models for community health strategy implementation in western Kenya counties?”

The study focused on six selected western Kenya counties of Kisumu, Homabay, Migori, Siaya of former Nyanza Province, Busia and Kakamega. It was concerned with the period from 2014 to 2017 as respondents were required to respond to questions designed to elicit data for that period.

METHODOLOGY

Descriptive survey design was adopted. The study targeted sub-counties in selected western Kenya Counties of Kisumu, Siaya, Homabay, Migori, Kakamega and Busia Counties. The Counties have been selected due to their population and prevalence of community health indicators such as high early childbirth, low ANC attendance, High mortality rates, HIV and Aids, Poverty Levels and Malaria prevalence. All the sub-counties selected above were implementing community health strategy. The population of this study comprised all the 42 Sub County Community Health Focal Persons responsible for community health strategy in the selected counties distributed as in table 1.

Table 1 Population of Study

SNO	COUNTTY	SCCHFP
1.	Kisumu	7
2.	Siaya	6
3.	Homabay	5
4.	Migori	7
5.	Kakamega	12
6.	Busia	5
	TOTAL	42

Source: MOH, 2017

All the staff in the population formed part of respondents. Saturated Sampling was used to pick respondents. Both primary and secondary data was used. Primary data was obtained from respondents while secondary data was collected from documents in the custody of the County governments concerned. Primary data was collected using self-administered structured and semi structured questionnaire which was designed to capture effectiveness of strategic planning models for community health strategy implementation. Secondary data was collected through document review. Expert opinion was sought on the data collection instruments to ensure content validity. Further, reliability of the questionnaire was tested on pilot data targeting 9 respondents comprising 2 community health strategy focal persons, 6 County Executive Officers of Health and 1 Head of Community Health Services and Development Unit.

To check the reliability of the instrument in this study, Cronbach's Alpha was used (Cronbach, 1951). According to suggestions by Hair *et al* (1998), the study is deemed acceptable if a reliability coefficient above 0.6 is attained. A test of the constructs of this study was done with a combination of all the independent and dependent variable elements. The scale had seven items. The result of the reliability is shown in the table 2.

Table 2 Reliability Statistics

Cronbach's Alpha	N of Items	Scale
0.698	7	Effectiveness of strategic planning models for community health strategy implementation

Descriptive statistics was used to analyse data. Mean, standard deviation and frequency were used for analysis

RESULTS AND DISCUSSION

The study sought to establish the effectiveness of strategic planning models in community health strategy implementation. To achieve this objective, a Likert scale of responses between 1-5 was developed to rate statements that show the extent to which strategy implementation has been realized as a result of strategic planning model. The responses received from all the 33 targeted community health strategy focal persons are as shown in the table 3.

Table 3 Analysis of effectiveness of Strategic Planning Models

County		Efficiency	Improved	Reduced	Improved	Reduction	Adequacy of	improved	AV
		of use of health resources	consumption of health initiatives	onset ill health conditions such as malaria	antenatal care	in mortality rates	health workers and health drugs	access to health services	
Busia	Mean	3.8000	3.4000	3.4000	2.4000	3.0000	2.6000	3.4000	3.1429
	N	5	5	5	5	5	5	5	
	SD	.44721	.54772	.54772	.54772	0.00000	.54772	.54772	
Homa Bay	Mean	4.0000	3.8000	3.8000	3.2000	3.6000	3.4000	3.0000	3.5429
	N	5	5	5	5	5	5	5	
	SD	.70711	.44721	.83666	.83666	.54772	1.14018	.70711	
Kakamega	Mean	3.0000	2.8000	3.5000	2.7000	2.9000	2.2000	2.9000	2.8571
	N	10	10	10	10	10	10	10	
	SD	1.05409	1.03280	.70711	.67495	.56765	.78881	.73786	
Kisumu	Mean	3.6667	3.3333	2.6667	2.3333	2.6667	2.0000	2.3333	2.7143
	N	3	3	3	3	3	3	3	
	SD	1.15470	.57735	.57735	.57735	.57735	0.00000	.57735	
Migori	Mean	3.7500	4.0000	4.0000	5.0000	4.0000	3.7500	4.0000	4.0714
	N	4	4	4	4	4	4	4	
	SD	.95743	0.00000	0.00000	0.00000	0.00000	.50000	0.00000	
Siaya	Mean	3.0000	2.6667	3.0000	5.6667	2.0000	2.1667	2.8333	3.0476
	N	6	6	6	6	6	6	6	
	SD	.89443	.81650	.63246	7.52773	1.09545	.98319	.75277	
Total	Mean	3.4242	3.2121	3.4242	3.5152	2.9697	2.6061	3.0606	3.1732
	N	33	33	33	33	33	33	33	
	SD	.93643	.85723	.70844	3.28939	.84723	.96629	.74747	

The table above shows that the mean for effective use of health resources, improved consumption of health initiatives, reduced onset of ill-health conditions, improved maternal care, reduced mortality rates, adequacy of health workers and drugs, and improved access to health services had means of 3.42,3.21,3.42,3.51,2.96,2.61 and 3.06 respectively. In a scale of 1-5 where 1=low and 5=very high, these ratings imply that strategic planning model is effective for community health strategy implementation in Western Kenya as the average of all the means stands at 3.17 which is moderate. The results also revealed that in Migori county, strategic planning models are more effective in strategy implementation than all the other five counties as

the mean of all the responses for the strategic planning models stood at 4.07 which is above the ratings of the other counties. The empirical results above indicate they are in agreement with the works of Njagi and Kombo (2014) who did a study to determine the effect of strategy implementation on performance of commercial banks in Kenya. Their results revealed that there is a moderately strong relationship between strategy implementation and organizational performance. The results here are also consistent with the results in the works of Muchira (2013) who established a relationship between strategy implementation and performance in commercial banks in Kenya. They also mirror the works of Chege, Wachira and Mwenda (2015) that sought to analyze the effect of leadership styles on implementation of strategic plans in Small and Medium Enterprises (SMEs) also showed that autocratic leadership as an approach, had the highest effect on implementation of strategic plans. The results also assert the findings of Mpoke and Njeru (2015) who determined the effects of strategy formulation, on strategy implementation and organizational performance of selected government research institutions.

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The study sought to establish the effectiveness of strategic planning models for community health strategy implementation. The results indicated that that effective use of health resources, improved consumption of health initiatives, reduced onset of ill-health conditions, improved maternal care, reduced mortality rates, adequacy of health workers and drugs, and improved access to health services were very effective in strategy implementation in western Kenya as the ratings were also high. The results also revealed that in Migori county, strategic planning models are more effective in strategy implementation than all the other five counties as the mean of all the responses for the strategic planning models averagely higher than the other counties. From the findings it can be concluded that strategic planning models are effective in community health strategy implementation in the counties in Western Kenya.

Based on the conclusions of the study it is recommended that the county governments should continue to emphasize effective use of strategic planning models in order to enhance efficiency in their achievement of long term and short-term objectives. Application of the current strategic planning models should be enhanced across all the counties in Western Kenya so that the counties have a clear vision of where they want to be at a given time.

A number of limitations were identified in the conduct of this research. First, the study limited its investigation only six county counties, i.e. Homa Bay, Busia, Siaya, Kisumu, Kakamega and Migori. This compromises its global generalizability. Therefore, the study advises the readers to restrict generalization of the results within Western Kenya otherwise outside the identified counties may be done with care because in health issues, uniqueness

may be among close areas. Next, the data collection instrument comprising structured questions was self-administered. To enhance validity of the responses of this instrument, questions were clarified to the respondents before answering to the questionnaire distributed. The methodology was descriptive which is not as advanced. The study advises for higher level methods. Lastly, in the first visit to respondents, the study encountered a low response rate. This was attributed to the nature of the respondents. The study arranged repeat visits to counter this thereby achieving the desired response rate.

From the limitations above, this study establishes the foundations for numerous future conceptual and empirical research efforts. A moderator variable like top management should be included and be the focus of further conceptual research instead so as to establish the nature and strengths of their interrelationships with current study variables. It also is suggested to academicians to conduct similar studies in all the counties within the republic of Kenya to enhance generalizability of the findings.

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