EVALUATION OF CHALLENGES THAT INFLUENCE STRATEGY IMPLEMENTATION: A CASE STUDY OF MALEZI BORA IN KIRINYAGA DISTRICT

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ABSTRACT

The strategy of stimulating increased demand for health services by mothers and their children, which is coined Malezi Bora in Kenya is implemented by fourteen countries in Eastern and Southern Africa. It aims to reduce child morbidity and mortality in developing countries. The strategy takes advantage of regular, twice-yearly events to deliver a package of public health interventions targeting children less than five years of age. A rapid assessment of Malezi Bora conducted by UNICEF in 2009 observed that the problem of unacceptably low coverage of routine maternal and child health services in Kenya can only be addressed if adequate information on the crucial factors affecting the uptake of such services in different parts of the country is available. This study, therefore, endeavored to evaluate the challenges of strategy implementation in the uptake of essential maternal and child health services in Kirinyaga district. A descriptive research design was adopted for this study. The target population was all the employees of government health facilities in Kirinyaga district. The simple random method was used to choose the respondents. Primary data was collected in this study. The findings showed that communication affected strategy implementation to a great extent; that the organization was not open to change and thus did not encourage innovation although the structure was well organized and roles of different individuals clearly defined; staff was not highly motivated and resources were not sufficient to carry out planned activities. The study concluded that the timeliness with which information reached the districts and its content in terms of clarity and relevance could be improved. On resource allocation, the study concluded that this was the major cause of unmet objectives. This included lack of finances and supplies to fully implement the strategy. The organization structures were good, activities were planned but there was not sufficient to funds to complete implementation or reward staff appropriately so that they could be motivated.

Key Words: strategy implementation, essential maternal, child health services

INTRODUCTION

Strategy implementation is perhaps the most important aspect of strategic management; this is because if implementation is poor, all other elements of strategic management become a waste of time and effort. By itself strategic planning produces no actions, no visible changes in the firm. To effect the changes the firm needs appropriated capabilities; trained and motivated staff, strategic information, fluid and responsive systems and structure. Thus an organization is successful when it converts its plans into reality and effective implementation is crucial to this (Macmillan et al 2000). The challenges of strategy implementation are many, among them being poor communication, inappropriate organizational structures, unmotivated staff and inadequate resources. Good communication down and across the organization must be realized if staff are to support adopted strategies. An organization must create the right balance between centralization and decentralization. Strategy implementation involves people thus the need to have incentives
as well as controls. Adequate resources also need to be allocated in order to achieve the organizations objectives.

The strategy of stimulating increased demand for health services by mothers and their children, which is coined Malezi Bora in Kenya is implemented by fourteen countries in Eastern and Southern Africa. It aims to increase the utilization of essential maternal and child health services and hence reduce child morbidity and mortality in developing countries. These events use existing health sector resources and feature extensive social mobilization and awareness-raising to achieve high coverage. Particular emphasis is given to areas that are hard to reach or underserved by the health system. The interventions are primarily preventive and include: Antenatal care which provides intermittent preventive treatment of malaria during pregnancy, iron and folic acid supplementation, tetanus vaccine and prevention of mother-to-child transmission of HIV. Expanded programme on immunization which includes immunization and vitamin A supplementation: Integrated management of childhood illness which strengthens the management of common childhood illnesses as well as promotion of insecticide-treated mosquito nets, oral rehydration therapy, ant malarial drugs, exclusive breastfeeding and complementary feeding. The Malezi Bora strategy uses three approaches:

1. Community based promotion of a package of family health and nutrition practices.
2. Outreach and campaigns to provide essential services and products such as immunization, vitamin A, anthelmintic treatment and selected prenatal services.
3. Facility based delivery of an integrated minimum-care package consisting of all the selected priority interventions.

The United Nations Children’s Fund in Kenya (UNICEF)

UNICEF was created by the General Assembly during its first session in 1946 to meet emergency needs of children in post-war Europe and China. UNICEF now cooperates with Governments, within their national development objectives, to improve the lives of vulnerable children everywhere through its extensive field network in developing countries. It also cooperates with local communities and other partners in programmes for health, nutrition, education, water and sanitation. Emphasis is placed on community-based programmes in which people participate actively and train in such skills as health care, midwifery and teaching.

A Basic Cooperation Agreement (BCA) between the Government of Kenya and UNICEF provides the basis of operations of UNICEF Kenya. UNICEF prepares a five year Country Programme Action Plan (CPAP) in conformity with the BCA. The programmes and projects described in the CPAP are agreed jointly with the Government and UNICEF. The Government and UNICEF develop annual work plans (AWP) based on the CPAP.
Kirinyaga District

Kirinyaga district is one of the six districts in Central Province. The district covers an area of 1,437sq Kim. Mt Kenya forest which is located to the northern side of the district occupies 21 per cent of the total area of the district. The district is divided into four divisions (Gichugu, Ndia, Mwea and Central), twenty two locations and eighty sub locations. The district has three local authorities: Kirinyaga Country Council, Sagana Town Council and Kerugoya/Kutus Municipality. The district has 201 health facilities which include 7 hospitals, 5 health centers, 42 dispensaries and 147 private clinics. Sixty three percent of these institutions are government run while the rest are operated by NGOs or the private sector. The health facilities are manned by 18 doctors, 22 clinical officers and 300 nurses (Kirinyaga District Strategic Plan 2005-2010). The Population of Kirinyaga district is 457,105, of these 237,098 are male and 241,047 are female. The number of households in the district is 114,439 (Kenya Population and Housing Census 1999).

Malezi Bora

UNICEF and the Ministry of Public Health and Sanitation (MoPHS) in 2007 adopted a strategy for stimulating increased demand for health services by mothers and their children, which they coined Malezi Bora. The strategy sets aside time (a week or two) to actively encourage the public on utilization of routine health services for mothers and children at their usual service sites in the communities. The strategy seeks to stimulate demand for health services by mothers and their children by delivering specific package of health interventions targeting mothers and children under five years old e.g. immunization and antenatal care. Part of the interventions includes intense community social mobilization done by service providers and their partners in the health sector to increase awareness of the public on the available services. The MoPHS also ensures that the health facilities are well stocked with essential medical supplies and that all the technical medical staff are available at work to provide care to those coming for the services.

The need to adopt Malezi Bora arose from the realization that despite the presence of widely available health service delivery outlets for the maternal and child health services, the critical indicators for utilization and coverage for these services continue to deteriorate. (The Kenya Demographic and Health Survey Report, 2003). This study seeks to evaluate the challenges that influence Malezi Bora strategy implementation in Kirinyaga district.

STATEMENT OF THE PROBLEM

The 2003 Kenya Demographic and Health Survey (KDS) reported infant and child mortality at 77 and 115 deaths per 1,000 live births respectively. Despite renewed focus on child survival, achieving targets in under-five mortality (32/1000) and infant mortality (21/1000) by 2015 presents serious challenges. It is similarly unlikely that the government will achieve maternal mortality targets (147/100,000) by 2015. The current maternal mortality rate of 414/100,000 translates to an average of 7,500 women dying every year due to pregnancy related
complications. One of the key finding from Ministry of Health district reports for 2009 on Malezi Bora indicate that while there has been a gradual increase in uptake of many of the services, a considerable proportion of mothers and children are yet to be reached. There is need to focus effort on those who are not routinely or consistently using the available health services. To do this, it is important to identify the challenges contributing to low utilization rates. A rapid assessment of Malezi Bora conducted by UNICEF in 2009 also observed that the problem of unacceptably low coverage of routine maternal and child health services in Kenya can only be addressed if adequate information on the crucial factors affecting the uptake of such services in different parts of the country is available. To effectively monitor and evaluate the impact of Malezi Bora, ten districts were chosen as sentinel sites from which monthly data on maternal and child health activities was collected. Kirinyaga district was among the sentinel district. Trends data from the sentinel district reports showed that uptake of the health services peaked during the Malezi Bora period but the numbers stagnated thereafter. These trends indicate that the Malezi Bora strategy was probably not reaching new people but only those who normally would seek the services. Thus the strategy needs to be revised to reach those currently not being reached and to encourage those women using the existing health services to continue doing so. It is therefore important to evaluate the reasons that contribute to both the high and low utilization rates of the health services. The rationale for conducting this study, therefore, centers on the need to evaluate the challenges that influence the uptake of essential maternal and child health services in Kirinyaga district.

GENERAL OBJECTIVE

To evaluate the challenges that influence Malezi Bora implementation in Kirinyaga district.

SPECIFIC OBJECTIVES

1. To evaluate the extent to which communication influences strategy implementation.
2. To evaluate the extent to which organizational structure influences strategy implementation.
3. To evaluate the extent to which staff motivation influences strategy implementation.
4. To evaluate the extent to which resource allocation influences strategy implementation.

LITERATURE REVIEW

Strategy Implementation Process

A company’s strategy is a game plan management has for the company in the chosen market arena for competing successfully, pleasing customers and achieving good business performance (Ansoff, 1987). Strategy is the direction and scope of an organization over the long term, which achieves advantage for the organization through its configuration of resources within a changing environment to meet the needs of the market and fulfill stakeholders’ expectations (Johnson and Scholes, 2002). Strategy is about making choices and tradeoffs; it is about deliberately choosing
to be different. According to Mintzberg (1987), strategy implementation is an internal, operations-driven activity involving organizing, budgeting, motivating, culture building, supervising, and leading to make strategy work as intended. Strategy implementation is one of the strategic management issues and refers to a set of decisions and actions that result in the formulation and implementation of long term plans designed to achieve organizational objectives (Pearce and Robinson, 2003). Implementation is an important component of the strategic planning process. It has been defined as the process that turns strategies and plans into actions to accomplish objectives (Pride and Ferrell, 2003). It addresses, who, where, when and how to carry out certain activities successfully (Kotter et al, 2003). Strategy implementation should be built on the company’s strengths and there should be sufficient resources such as timescales, responsibility and money.

**Effective Strategy Implementation**

Effectiveness is doing the right things for the achievement of goals in support of a vision and mission and is output related. Efficiency, in contrast, is acknowledged to be connected with doing things right or trying to make the best use of resources. Strategy must be operationalized, or translated into specific policies, procedures and rules that will guide planning and decision making by managers and employees (Stoner et al, 2001). In his research, Camillus (1999) identified that the challenge to strategy implementation has always been and still remains a difficult hurdle faced by many organizations. Camillus identified that successful strategy implementation requires linking strategy to performance; communication and incentives; aligning structure to strategy; and harnessing necessary tools and techniques (Camillus, 1999). According to Alexander (1985), getting you strategy implemented demands alignment of the people in the organization, to the strategy. It also means getting the mechanics right in the organization, so that they are fully aligned. Consequently, an organization would have to: build an organization capability of carrying out the strategic plan; develop strategy supportive budgets and programmes; instill a strong organizational commitment both to organizational objectives, and chosen strategy and link the motivation and reward system directly to achieving the targeted results.

**Challenges of Strategy Implementation**

Implementation represents a disciplined process or a logical set of connected activities that enables an organization to take a strategy and make it work. Without a carefully planned approach to implementation, strategic goals cannot be attained. Developing such a logical approach however, represents a real challenge to management. A host of factors, including politics, inertia, resistance to change, routinely can get in the way of strategy implementation. It is apparent that making strategy work is more difficult than strategy formulation (Hrebiniak, 2005).
Communication

A process by which we assign and convey meaning in an attempt to create shared understanding (Tampoe, 2000). The creation of a communicating organization whether it is a government, a corporation or a small business involves accepting the principle that an organization does not function in a closed system but in an open system that is exposed to the dynamics of the external environment and the maneuverings of stakeholders. Stakeholders are more than the organization’s shareholders, customers and employees. They include a vast range of other interested parties who occupy and influence the environment in which the organization works, from which it draws resources, to which it markets and upon which, ultimately, it is dependent (Stonich, 1982).

The creation, building and maintenance of relationships through effective communications is a keystone for successful organizations. There are four communications effectiveness factors: relationships, information flows, information mechanisms and information content. Firstly, effective relationships need to be established with those stakeholders who have an interest or stake in the organization. Secondly, effective, reciprocal and timely information flows is important. The word reciprocal implies that information does not move only in one direction and the word timely means that information must get out fast before it’s beaten by the grapevine and thus does not generate positive image about an organization for the average stakeholder. Thirdly, effective information mechanisms ranging from the humble memo to the million dollar website must be good. Mechanisms can be categorized according to whether they are interpersonal, electronic or interactive. Lastly, effective information content is very important because mechanisms may be first class but if content is poorly articulated or impaired, even the best mechanisms would not work (Nobble, 1999).

Organizational Structure

Structure is key to Operationalization of a plan. According to Thompson and Strickland (1992), the structure of an organization will determine how well and appropriately the customers’ needs are fulfilled. Structure is the key to effective communications. A flatter structure encourages more integration and quicker communication leading to fewer mistakes, efficiency and a sense of togetherness-striving for the same goals. If a structure has many levels to pass through, important aspects of a plan may be missed out and customers may not get satisfied. The structure has to include a good leadership style so that people can execute plans to the same quality and the same overriding purpose. The structure is important when objectives and strategies are disseminated from the headquarters or a central place. This is because, the structure has to be flat enough for this information to be passed on, and also determine whether employees are working to headquarters objectives or under a structure where they need to devise their own. The structure of an organization helps people to pull together in their activities that promote the effective strategy implementation. The structure of an organization should be compatible with the chosen strategy and if there is congruence, adjustments will be necessary, either for the structure or the strategy itself. The underlying argument that relates structural conditions to the strategic problem
is the way an organization perceives and processes information particularly strategic stimuli (Galbraith and Merrill, 1991). Chandler (1962) hypothesized that structure is determined by strategy, and correspondingly that the successful implementation of a strategy can be aided by the adoption of appropriate organizational structure.

Structure dictates how policies and objectives are established. Resource allocation of an organization is dependent on the kind of structure an organization has. There is no one optimal organization design or structure for a given strategy or type of organization (Pearce and Robinson, 2002). According to McCarthy and Curran (1996), an organizations’ structure and behavior within the organization should be in harmony with and support the strategy of the organization. It is a major advantage for managers to understand and utilize the organizational structure to aid them in implementation of the strategy.

**Employee Motivation**

Employee performance will affect productivity and efficiency of operations. For successful operation and implementation of plans, the workforce needs to be efficient, creative and precise. Motivating and rewarding good performance by individuals and organizational units are key ingredients in effective strategy implementation (Pearce and Robinson, 1988). Motivating and controlling managerial personnel in the execution of strategy are accomplished through an organization’s reward mechanisms such as compensations, bonuses, promotions and demotions. The rewards are not simply monetary; it is also non-financial such as recognition and approval (O’Reilly, 1989). If strategy accomplishment is to be really a top priority then, the reward structure must be linked explicitly and tightly to actual strategic performance.

**Resource allocation**

Organizations need to exhibit good resource fit as well as a good strategic fit. Resource fit exits when an organization has the resources to adequately support its resources without spreading itself too thin. Allocating resources to particular divisions and departments in an organization does not mean that strategies will be successfully implemented (David, 1997). David (1997) further observes that in organizations that do not use a strategic management approach to decision making, resource allocation is often based on political or personal factors such as overprotection of resources, emphasis on short-term financial criteria, organizational policies, vague strategy targets, reluctance to take risks, and lack of sufficient knowledge. This is because the resources of a society are in limited supply, whereas human wants are usually unlimited and also because any given resource can have many alternative uses (Byars, 1997). For effective implementation an organization should have commensurate resources which should be committed and allocated to various functions where they will have optimum use. The strategic value of resources is indicated by the extent to which the resources contribute to the development of capabilities, core competencies and finally to a competitive advantage for the company (Ansoff, 1987).
**RESEARCH METHODOLOGY**

**Research Design**

A descriptive research design was adopted for this study. According to Luck and Ruben, 1992:89, descriptive designs are used in preliminary and exploratory studies to allow the researcher to gather information, summarize, present and interpret for the purpose of classification.

**The Study Population**

The population was the number of staff in government facilities totaling 340 and, who were spread across the government health facilities that total 54. The target population was all the staff of government health facilities.

**Sampling Frame and Technique**

The Sampling frame was all staff of government health facilities whose total was 340 (District’s Office, Kerugoya, 2001). In the sampling process, all the four divisions were used in order to get a representative sample of the district. The probability sampling was used to select the respondents in all the four divisions of Kirinyaga district. The simple random method was used to choose the respondents. The sample size for the government health facility staff was 200; The formula \( n_f = n / (1+n)/N \) was used for health facility staff because the population is less than 10,000 where: \( n_f \) is the desired sample size where the population is less than 10,000; \( n \) is the desired sample size when the population is more than 10,000; \( N \) is the estimate of the population size. The sample was randomly picked across the four divisions in Kirinyaga district.

**Data Collection**

Primary data was collected in this study. The major tool for collecting the data was the research questionnaire. The method used was the ‘drop and pick later’ for the health facility employees. The researcher plus two research assistants dropped the questionnaires to the respondents and later picked up the completed questionnaires.

**Data Analysis**

On receipt of the completed questionnaires, they were checked for errors, omissions and biases. The data was then edited, coded and tabulated. A descriptive representation of the data was done using percentages and frequency tables.
RESULTS AND FINDINGS

Communication of Changes in Strategy Implementation

Findings indicated that majority of the respondents (76.6%) stated that changes in strategy implementation were in form of official pronouncements. Notably 71.7% agreed that changes in strategy implementation were communicated through daily routines. On the other hand 57.6% said that changes were communicated through training while 52.7% indicated that changes were communicated through company publications and circulars. 40% said that changes in communication strategies were through performance measures in employee appraisal plans.

Communication and Strategy Implementation

The study established that most of the government staff (48.8%) indicated that communication aspects are the corner stone’s in the implementation process was to a very great extent while 58.5% stated that the strategic change must have top leadership commitment in order to successfully mobilize and communicate change throughout the organization was to a very great extent. However 53.7% were moderate that effective communication creates synergy in an organization where the whole is greater than the sum of the parts. Meanwhile 61.9% of the respondents pointed out that organizations that are able to communicate their strategy effectively have done so through educating their employees to make them understand and support the strategy was to a great extent.

Challenges of Strategy Implementation

Findings indicated that 34.1% disagreed that employees fully understand the goals, policies, and objectives of this organization while a marginal 8.3% agreed. On the other hand 57.6% neither agree nor are disagreed that employees always asked for their inputs. The majority 90.2% strongly disagreed that employees have greater say in how things are done in this organization. Notably 51.2% either agreed or disagreed that they we well informed about the organization while 70.7% neither agree or disagree that they always have what they need to accomplish their job. In addition 68% neither agree nor disagree that they had all the training they need. Majority of the respondents (56.1%) agreed that they were properly recognized for their contribution while 58.5% agreed that they were treated with respect by their supervisors. Moreover 78% agreed that if they found a job with the same pay they would leave.

Resources have contributed to the Successful Implementation

Findings indicated that 29.3% disagreed that funding was available for planned activities. 78% disagreed that there were strict schedules for completing activities/projects. Meanwhile 43.4% agreed there were enough employees to carry out the planned activities.
Factors that Influence the Speed of Implementation of Change

Findings indicated that 58.5% strongly agreed that the management/top leadership influenced the speed of implementation change while 68.3% strongly agreed that employee participation influenced the speed of implementation of change. Meanwhile 63.4% stated that reward systems influenced the speed of implementation of change. On the other hand 73.2% fairly agreed that training of all employees influenced the speed of implementation of change while 58.5% had no idea as to whether organizational objectives influenced the speed of implementation of change. Lastly 63.4% had no idea that the vision/mission influenced the speed of implementation of change.

CONCLUSIONS

The study concluded that communication influenced strategy implementation to a great extent and this is well organized from the MoPHS to its facilities in the district. Staff was aware of the Malezi Bora strategy and their role in making it successful. However, the study concluded that the timeliness with which information reached the districts and its content in terms of clarity and relevance could be improved. On organization structure, the study concluded that organization structure influenced strategy implementation to a great extent but was not easily open to change and thus failed to encourage innovation and creativity. On staff motivation, there was high influence of employee involvement in strategy implementation. Although the employees were aware of the goals, policies, and objectives of the organization, they did not fully understand them in order to achieve them at district level. Further employees did not have a say in the organization thus their views were not taken into consideration at the Ministry level. However, employees felt that they were recognized and respected by their supervisors. This however did not translate to being appropriately rewarded in relation to others in the industry and hence the staff was not well motivated.

On resource allocation, the study concluded that this influenced strategy implementation to a very great extent. It was the major cause of unmet objectives. This included lack of finances and supplies to fully implement the strategy. The organization structures were good, activities were planned but there was not sufficient to funds to complete implementation or reward staff so that they could be motivated.

RECOMMENDATIONS

The study recommends that timely, adequate and measurable resources be allocated to Malezi Bora if the MoPHS is to achieve its goal of reaching the most vulnerable population. The success of the Malezi Bora will therefore depend on the quality of its resources and their utilization, thus, they should be concerned about how to mobilize and allocate resources. Further transparency and accountability should be enhanced through reviewing of the implementation process from time to time. The study recommends that the timeliness with which information reaches the districts be improved by using modern mechanism such as the internet. Information content could also be
well articulated in terms of clarity and relevance so as to be understood by all levels of staff. There is also need to automate systems more so that staff can feel more motivated and access information and news faster. The study recommends that managers and employees should be involved in both formulation and implementation of strategies. This is because the most important resource in an organization is its people. Therefore roles people play, how they interact through the formal and informal processes and the interrelationships that they build are critical to the success of strategy. The structure of an organization helps people to pull together in their activities that promote the effective strategy implementation. Thus for Malezi Bora they should advocate for flexibility at the district level so that the district can source its own funds to carry out the strategy. The structure is important when objectives and strategies are disseminated from the Headquarters but with some flexibility because of the many districts that are competing for the same resources.

REFERENCES


