ABSTRACT

Globally, strategic management is important due to challenges organizations continue to experience in the environment for example depletion of resources. In Kenya, many organizations have adopted strategic management approach. National and County governments are not an exception in this, yet they continue to face challenges particularly in community health service delivery. Prevalence of diseases especially Malaria, HIV and Aids and diarrhoea, low access to pre and antenatal care, high mortality rates and unwanted and early childbirths are still witnessed. According to Kenya Demographic and Heath Survey of 2014, Communities in Homabay, Migori, Kisumu, Siaya, Kakamega and Busia Counties experience these health challenges at high levels compared to others. Health strategies have been formulated and implemented but the challenges continue to exist pointing to ineffectiveness of strategic planning framework. Moreover, studies on the subject of strategic management are broad as researchers focus on different areas and context but do not investigate strategic planning models adopted by establishments and extent to which they are adopted. No studies cover factors for appraisal of the strategic planning models. Further, they do not cover effectiveness of these models for strategy implementation. It is unknown, empirically, what the extent of adoption of various strategic planning models is. Information is lacking on these three areas yet strategic planning models if well applied leads to better strategy formulation and successful implementation. This study sought to establish strategic planning models and their effectiveness on community health strategy implementation in Western Kenya Counties. Specific objectives were to establish extent of adoption of various strategic planning models, establish factors for appraisal of strategic planning model and establish effectiveness of strategy planning models for Community Health Strategy implementation in selected western Kenya Counties. The study was guided by strategic choice theory and adopted descriptive research design. Population of study was 42 Sub-County Community Heath Strategy Focal Persons. Saturated sampling was used to pick all of them and a response rate of 33 was attained. The results showed that average of the means for the extent of adoption of strategic planning across the counties was 2.803 which is rated as moderate in a scale of 1-5. This implies that strategic planning models are moderately adopted in Western Kenya. Further, the factors for appraisal of strategic planning were identified to be stability or turbulence of the external environment, heath of programme, state of development of the programme, structure of the programme, programme purpose, attitudes to planfullness, expertise in planning persons availability of resources and organizational culture which accounted for a mean of 3.02 which is rated as moderate. Finally, the mean for effectiveness of strategy planning models for community health strategy implementation was 3.17 which is moderate in a scale of 1-5 implying that strategy planning models are effective in strategy implementation in Western Kenya. The study concludes that strategic planning models are effective in community health strategy implementation in the counties in Western Kenya. It is recommended that 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. The study will provide an opportunity for the government and community health stakeholders to assess their strategy activities.