

**CHALLENGES FACING KNOWLEDGE MANAGEMENT AMONG
LOCAL HEALTH SECTOR NGO's IN NAIROBI**

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DECLARATION

This research project is my original work and has not been presented for the award of degree in any other university or institution for any other purpose.

Signature

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This research project has been submitted for examination with my approval as University supervisor.

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DEDICATION

I dedicate this project to my dear parents Mr. Joshua Kasina and Mrs. Mary Kasina, my brother and sisters, nephews and nieces for their immense support and encouragement during the whole duration of this course.

ACKNOWLEDGEMENT

The process of this master's project writing has been a wonderful learning experience in my academic life. It was filled with both challenges and rewards. The completion of my present study leads to a new beginning and a step forward in my endeavors.

I am grateful to God almighty the one above all, who has always being there in my endeavors in life including this study. My profound gratitude goes to my supervisor Mr. Jeremiah Kagwe and Dr. J.M Munyoki, my moderator for their insightful guidance throughout the whole process of project writing. I am thankful for their continuous encouragement, support and guidance in writing this project. I am also indebted to my family, my boss at my place of work and friends whom I may not mention in person for their material and moral support which enabled me complete my MBA course successfully

LIST OF ACRONYMS

EPZs	Export processing Zones
IT	Information technology
KBT	Knowledge-Based Theory
KM	Knowledge Management
NGO	Non-Governmental Organization
SPSS	Statistical Programme for Social Sciences

ABSTRACT

Knowledge is of limited organizational value if it is not shared. The ability to collect, integrate and apply specialized knowledge of an organization's members is fundamental to a firm's ability to create and sustain competitive advantage. Knowledge is a fundamental factor, whose successful application helps organizations deliver creative products and services. Most organizations already have a vast reservoir of knowledge in a wide variety of organizational processes, best-practices, know-how, customer trust, culture and norms. However, this knowledge is diffused, and mostly unrecognized. Due to the complex nature of health care, health NGO's face many unique obstacles that other types of NGO's do not have to struggle with. These include economic complications, challenges of providing continuous health care, unpredicted cultural obstacles, and difficulties navigating within the already existing health care system.

The objective of the study was to determine the challenges facing knowledge management among local health sector NGO's in Nairobi. The research design adopted by the study was a survey of health NGO's operating in Nairobi. The study used primary data which were collected through self-administered structured questionnaires. The data was analyzed and presented using mean, standard deviation and percentages.

The knowledge management challenges found out were failure to create a forum to share ideas, diverse cultures, hesitation to admit need for help in implementing and sustaining, lack of common language, lack of commitment from all parties and confusing information with knowledge, failure to allocate time to implement, lack of trust among users and management, flawed incentives to participate, difficulties in knowledge sharing, managers resistant to change, difficulties among employees in adapting to knowledge based culture, acceptance of the employees to implement knowledge management strategies, distributing the right knowledge to the right person at the right time and lack of information technology savvy among employees.

Ways to overcome the challenges were found to be provision of relevant training, explaining the benefits and importance of knowledge management to the employees, monitoring employees who access and contribute to knowledge management system and rewarding them, creation of an environment of trust as people tend to share knowledge when they know each other, clearly stated and explained organizational policy on the implementation of knowledge management, top management support, practice an appropriate style of leadership to implement knowledge management and staff and managers being aware of the changes and advantages that knowledge management can bring to them and organization.

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CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Most modern organizations have to cope with new or intensified challenges in their environment which includes increased customer influence, intensified competition, shortened product life cycles, continuous and accelerated technological change (Hammer & Champy, 2003). These challenges have created new levels of dynamics and complexity, both in profit and not-for-profit organizations, the difference being the time it takes for an organization to be held accountable for not responding to the challenges. In order to be creative in the marketplace, organizations have to nurture their creative skills which involve the identification of necessary and strategic knowledge within the organization, taking measures to retain and expand this knowledge, and finding optimal ways of utilizing the knowledge.

Today, knowledge is assumed to be the key asset, the effective exploitation which determines success for the firm (Michailova & Nielsen 2006). Knowledge is of limited organizational value if it is not shared. The ability to collect, integrate and apply specialized knowledge of an organization's members is fundamental to a firm's ability to create and sustain competitive advantage. Knowledge production is the most important value creating activity, not only for large knowledge-based firms, but also for society in general (Stehr 1994). Emphasis on knowledge management has resulted from the economic, industrial and cultural developments adding competitive value to products and services by the application of human knowledge. It is the process through which knowledge is generated, synthesized, and used from the people for the

people at the right time (Coulson & Thomas 2004). Businesses are now realizing the importance of knowledge management as a critical success factor in today's dynamic borderless society.

Non-government organizations (NGO's) within the health sector comprise an enduring component of the social service sector. They play a role as both a fence at the top of the cliff with early intervention initiatives and an ambulance at the bottom with rehabilitation and support for chronic illness and ageing (NGO Working Group, 2009). However, continuing financial pressure threatens to see them deviate from the social role they can and should play. In a bid to ensure that the NGO's does not become more business-like, with the introduction of competition, output measures and corporate management styles, Smith & Lumba (2008) suggest employing knowledge management (KM) principles. Such practices are suited to enhancing the delivery of successful social sector programs because they predicate greater staff participation and the recognition of skills and capabilities in program development and decision-making processes. However, not all NGO's have been equally successful at embracing KM principles.

Many are often skeptical of the effectiveness of KM in the social sector because there is some ambiguity as to what it entails and little consensus as to how to implement it. The ineffectiveness of KM practices among some NGO's can also be attributed to the adoption of inappropriate KM strategies, particularly the imitation of strategies employed by corporate firms. This highlights the need to canvas KM practices for NGO's, requiring exploration of the KM challenges faced by NGO's in the health and disability sector (Renshaw & Krishnaswamy, 2009).

1.1.1 Knowledge Management

Knowledge management is the management of corporate knowledge that can improve a range of organizational performance characteristics by enabling an enterprise to be more “intelligent acting” (Wiig, 1993). It is not a new movement per se, as organizations have been trying to harness their internal processes and resources that have resulted in various movements over the years as total quality management, expert systems, business processes re-engineering, the learning organization, core competencies, and strategy focus (Shukla, 1997). Good managers in organizations have been using the know-how of people they hired with skills and experience, and processes for effective management on an ad-hoc, casual basis. However, only recently have organizations begun to focus their interest on this aspect in more systematic and a formal manner.

Knowledge management basically involves three things – knowledge creation, knowledge dissemination and knowledge implementation. It is a wide field and draws from various disciplines. Globally, management scholars recognize knowledge as the key resource and KM as key concept for achieving sustainable competitiveness, Pillania (2007b). KM is a strategic management concept because knowledge is recognized as a key strategic resource and also because, like strategic management, it is a unifying concept drawing from various disciplinary areas likes information systems, human resource management, and economics and operations management.

1.1.2 Knowledge Management Challenges

Knowledge Management is the field of enhancing organizational performance through organizational knowledge sharing, learning, and application of expertise. As an indicator of the

importance of knowledge management, many corporations that traditionally measured only the financial aspects of value are beginning to measure human and intellectual value as well. Knowledge management can be enabled by a range of human language technologies including but not limited to enhanced information retrieval, extraction, summarization, and presentation/generation. According to Wiig (2007) identified there are two objectives of knowledge management: to make the organization act as intelligently as possible in order to secure its viability and overall success and to otherwise realize the best value of its knowledge assets. Failures, or less-than-entirely-successful attempts to implement knowledge management have been scrutinized and the barriers to successful implementation include: flawed incentives to participate, lack of trust among users and management, diverse cultures; lack of common language, failure to allocate time to implement, failure to create a forum to share ideas, hesitation to admit need for help in implementing and sustaining, lack of commitment from all parties and confusing information with knowledge, thereby inundating the organization with too much information but not enough useable knowledge.

Identifying the problems in implementing knowledge management systems is an important issue. Bartczak (2002) argues that an interim step towards realizing the goal of knowledge management is to identify the problems or challenges that discourage knowledge transfer in organizations. When a problem is understood, organizations may be able to implement strategies to boost organizational efficiency through better knowledge management (Beijerse 2000). According to Hsiu (2004), negative influences from people, procedures and competitors may occur in the process of knowledge sharing and these problems are difficult to be diagnosed. Organizations must make great efforts to deal with such problems in order to facilitate the implementation of its

knowledge management system. Skyrme (2003) is of the view that knowledge management is the explicit and systematic management of vital knowledge and its associated processes of creating, gathering, organizing, diffusion, use and exploitation. It requires turning personal knowledge into corporate knowledge than can be widely shared throughout an organization and appropriately applied.

1.1.3 The NGO Sector in Kenya

The government of Kenya in 1990 enacted the NGO's Coordination Act to be a central reference point for registration of all NGO's (both local and international) operating in Kenya. The Non-Governmental Organizations Co-ordination Board was established with a main reason to streamline the registration and Co-ordination of NGO's, facilitate the work of national and international NGO's operating in Kenya, and maintain a register of national and international NGO's operating in Kenya, with their precise sectors, affiliations and location of their activities. Prior to this, NGO's in Kenya were registered in different legal regimes. These are operational agreements with the Kenyan Government through the Ministry of Culture and Social Services, Legislation, the Department of Social Services, and the Attorney General's Office, seeking registration as Societies, Companies Limited by Guarantee, or Trusts. Due to the multiple registration frameworks available for registration, NGO's in Kenya operate in diverse forms and operational structures (Mbote 2000).

Clark (1991) has categorized NGO's into six groups namely; relief and Welfare agencies, technical innovation organizations, public service contractors, popular development agencies, grassroots development organizations and advocacy groups and networks. Although all organizations found in Clark's categorization are represented in the Kenya voluntary sector, it becomes difficult to place each and every NGO in its right category based on its operation or

scope because on any occasion the activities of an NGO may overlap across the categories with those of others (Bikuri, 2003). Most of these NGO's are improving the livelihood of most Kenyans who live below the poverty line (Mbote, 2000). Non-Governmental organizations are non-profit, voluntary citizens' groups which are organized on a local, national or international level; task-oriented and driven by people with a common interest. NGO's perform a variety of service and humanitarian functions, bring citizen concerns to Governments, advocate and monitor policies and encourage political participation through provision of information.

1.1.4 Health Sector NGO's in Nairobi

Kenya has a pluralistic health system. Health services are produced by the government and a host of non-governmental providers which includes religious organizations, the for-profit private sector, pharmacies/chemists, traditional healers and community health workers. The non-governmental health sector contributes substantially to the overall availability of health services in Kenya (Akumu, 2002). While in general all NGO's have nothing but good intentions, often times they do not have enough information, funding, flexibility or self-awareness to make the positive impact they intend. NGO's tend to have short-term time tables, and therefore they can sometimes spend as much time becoming introduced to a community and then down-scaling their project before leaving as they spend implementing their work in full force. Additionally, NGO's tend to come from outside the community they interact with. At its most simplistic level, this means that a group of people is working in a nation that they have little to no direct responsibilities to, which can heavily influence the actions an NGO decides to take; a misunderstanding of cultural norms could result in an NGO taking a misdirected approach when trying to help out with a specific problem.

Nairobi is one of the 'capitals' of the international community and international and local Non-Governmental Organizations (NGO's) worldwide. Probably no other city hosts so many organizations that are operating within humanitarian agendas, such as relief work, slum upgrading, community services, schooling, employment, empowerment and emancipation, environmental preservation or refugee activities (Bowman, 2007). Many of NGO's operating in Kenya have offices in Nairobi mainly because it is the capital of a country which has experienced relative stability and has a well-developed infrastructure, surrounded by countries affected by wars, internal conflicts and general dire needs. These organizations are playing a fundamental role in the economic development of the country. For instance, since the enactment of the NGO Act, Kenya has experienced a general increase in the economic importance of NGO's as providers of health, educational, food, social, and environmental services. There are 1425 registered NGO'S in Nairobi according to the NGO council of Kenya (2011). Out of these 667 are offering health services.

Health NGO's specifically face even more of a challenge, as health systems are so complicated to begin with. In addition to worrying about cultural miscommunications, precarious funding and heavily input-driven programs, health NGO's must also negotiate obstacles such as relationships with governmental health facilities and assurances that patients have access to continuous care. They must simultaneously look at the level of health of each individual that they treat and the overall viability of the health care system. If these factors are not taken into account, instead of strengthening health systems and improving overall vitality, NGO's can leave little to no impact and sometimes even hinder the health process. Because of the high cost of funds, health providers seek to finance their activities using other mechanisms (Kibua, 2004). The NGO's play

a significant role in providing health services in Kenya as measured by the number of health facilities NGO's run, the utilization of NGO services and financing. However, the role of NGO's is larger in Kenya. These may be explained by a number of historical, political and socio-economic factors. For instance, nearly all NGO's providing health services in Kenya are religious-based which emanates from the history of missionary colonization in the country (Gilson et al., 1994). Given their large participation, it is clear NGO's cannot be ignored in efforts to decentralize the healthcare system.

1.2 Research Problem

Knowledge is a fundamental factor, whose successful application helps organizations deliver creative products and services. Most organizations already have a vast reservoir of knowledge in a wide variety of organizational processes, best-practices, know-how, customer trust, culture and norms. However, this knowledge is diffused, and mostly unrecognized. Often, organizational culture itself prevents people from sharing and disseminating their know-how in an effort to hold onto their individual powerbase and viability (Renshaw and Krishnaswamy, 2009). Determining who knows what in an organization itself could be a time consuming and daunting task. This, in itself, justifies the need for a KM system for organizations to allow them to identify and access workers skills and expertise. The key to successful organizations is the utilization of new technology in order to create new products that provide competitive advantage in the marketplace. It enables accessibility of personal knowledge as the question should no longer be: "Which person's are available?", but rather: "Which knowledge is available?" By means of knowledge acquisition techniques (Welbank, 2003), tacit knowledge can be transformed into

explicit knowledge. Tacit knowledge consists of (technical) expertise, but also includes lines of reasoning and procedures used by researchers to acquire or create new knowledge.

Due to the complex nature of health care in Nairobi, health NGO's faces many unique obstacles that other types of NGO's do not have to struggle with. These can include economic complications, challenges of providing continuous health care, unpredicted cultural obstacles, and difficulties navigating within the already existing health care system. These problems are exacerbated when NGO's do not have well-oiled monitoring and evaluation procedures to assess their overall impact on the community. If not properly identified and dealt with, these challenges could evolve into unintentional detriments upon the health system. Knowledge management however poses the greatest challenge to the NGO's as when employees with knowledge leave a company, the consequences for the company go far beyond the substantial costs of recruiting and integrating replacements. There is a significant economic impact when an organization loses any of its critical employees, especially given the knowledge that is lost with the employees' departure. These necessitate the identification and management of organization knowledge so as to cushion the organization against knowledge loss.

Recent studies done on challenges facing knowledge management strategy include: Wangari (2009) who studied the linkage of critical success factors and knowledge management systems at Lived Kenya (EPZ) ltd and the findings were that once the role between strategy and knowledge is defined, then other aspects of strategic management such as resources allocation, organization design, product development and market segmentation can be configured to bolster knowledge strengths and reduce knowledge weaknesses. Nyawade (2005) focused on the employee perception of knowledge management practices in British American Tobacco (BAT). The

findings of the study were: that there is horizontal cohesiveness in the organization, improved processes that are supported by appropriate technology and human factors and organization culture is being practiced in the organization.

Asava (2009) studied knowledge management for competitive advantage within commercial NGO's in Kenya. His findings were: that NGO's recognize and realize the importance of knowledge management as a tool within the organization, Strategy adoption concerns the necessity for organizations to define and adopt relevant strategies in order to sustain the process of knowledge transfer, acquisition, creation and use. He also found out that commercial NGO's encourage knowledge sharing culture, best practices and smart working as key strategic actions. As observed above, the studies conducted on knowledge management have not considered the challenges which organizations face. This therefore leads to the question; what challenges do the local health sector NGO's face in knowledge management?

1.3 Research Objectives

- i. To determine the challenges facing knowledge management among local health sector NGO's in Nairobi.
- ii. To establish how local health sector NGO's in Nairobi deal with knowledge management challenges.

1.3 Value of the Study

The study will be of value to the following stakeholders:

To the management of NGO's operating in the health sector, it will form the basis of setting up a vibrant knowledge management system since they will understand the challenges which affect

their performance. It will also assist the organization in structuring the hiring and induction process of employees to the firm due to the available knowledge. With a vibrant Knowledge management practices, the senior management of the firm will be able to set a clear vision that can be achieved within a given time frame. This is because with the available knowledge, the managers can more accurately set objectives that will be possible to attain. This is more on establishing a knowledge base of what the organization's reality looks like.

Research on the impacts of health NGO's on local health systems in general is very significant because health outcomes are critical to the wellbeing of a nation. A robust health system can even be thought of as a nation's backbone as it supports economic growth, state stability and development. It is also a form of enhancing and maintaining human capital in away similar to furthering professional skill or education level: people who are healthy can work at a higher quality and can work for more hours per week for more years as their quality of life and life expectancies increase. Therefore, as the overall health of a population rises, so does the output level of the national workforce? Outside of the community, foreign direct investment is encouraged as well by the visible signs of a healthy, and therefore economically active, population that is not likely to collapse under the strain of health problems.

This study is important since it will be of academic value to those interested in establishing non-governmental organizations in the health sector since they will know the challenges which affects its operations since they will be able to understand what to do right to succeed and what if done wrong will bring the business down. To the government, this research will form an invaluable source of reference especially the ministry of Home Affairs in coming out with policies to guide the non-governmental organizations in the management of employees affairs and also bargaining agreements between employers and employees. This research therefore will

lend a hand in employee conflict resolution mechanism of the government. This study is expected to increase body of knowledge to the scholars in the non-governmental sector and make them in be touch with how knowledge management can act as a competitive advantage tool in the service industry.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter is concerned with the review of literature related to the study. An overview of knowledge management, knowledge management challenges and how to overcome the challenges have been discussed.

2.2 Knowledge Management

Knowledge management is concerned with the exploitation and development of the knowledge assets of an organization with a view to furthering the organization's objectives. The knowledge to be managed includes both explicit, documented knowledge, and tacit, subjective knowledge. Management entails all of those processes associated with the identification, sharing and creation of knowledge. This requires systems for the creation and maintenance of knowledge repositories, and to cultivate and facilitate the sharing of knowledge and organizational learning. Organizations that succeed in knowledge management are likely to view knowledge as an asset and to develop organizational norms and values, which support the creation, and sharing of knowledge (Davenport *et al.*, 1998).

KM involves systematic approaches to find, understand, and use knowledge to achieve organizational objectives. Managing knowledge creates value by reducing the time and expense of trial and error or the reinvention of the wheel (CIO Council, 2001). The essence of managing knowledge is concerned with deciding with whom to share, what is to be shared, how it is to be shared, and ultimately sharing and using it. Managing knowledge produces value when shared

knowledge is used and reused. Consistent value occurs when there is an atmosphere of trust and motivation for people to share and use knowledge, when there are systematic processes to find and create knowledge, and, when needed, there is technology to store and make knowledge relatively simple to find and share (CIO Council, 2001). It has been argued that knowledge and competences are a source of effective organizational actions and competitive advantage.

2.3 Knowledge Management Challenges

The Knowledge-Based Theory of the firm (KBT) uses knowledge and knowledge processes to explain the existence, structure and performance of organizations (Kogut & Zander 1992). It stresses that specific characteristics of organizational knowledge make it the more valuable as a source of competitive advantage. The KBT emphasizes the collective characteristics of knowledge in organizations. Theorists of the KBT argue that the capabilities of an organization reside not only in the knowledge of individuals, but particularly in the way this knowledge is integrated. The collective nature of these organizational capabilities makes them difficult to transfer, replicate or imitate. This is enhanced by the fact that the need for knowledge integration makes organizational knowledge idiosyncratic and situated. The challenges to successful implementation of KM are numerous (Kipleyet *al.*, 2008).

Organizational structure presents significant challenges where KM implementation is concerned. Saqibet *al.*, (2008) suggest that small NGO's typically do not have a defined organizational structure; whilst the structure exists, it is not permanent. The non-profit sector is notorious for managerial transparency and organizational structure is not particularly rigid, more so in smaller NGO's where "volunteer networks fill many roles within the organization" (Hume and Hume, 2008, p. 132). The result is a lack of organizational knowledge and inconsistency in decision

making. This poses great difficulty in founding and sustaining the necessary IT infrastructures to support KM in the NGO sector (Saqibet *al.*, (2008). Moreover, the role of stakeholders is generally a significant one in the non-profit sector. The NGO must operate in a highly transparent manner, consulting stakeholders regularly for all major decisions. This extended organizational structure further contributes to the complexity of the operating environment and its changeability (Dalkir, 2009). The influence of the typical structure of non-profit organizations, commonly adopting hierarchical forms limits non-profit organizations' ability to execute knowledge conversion.

The precursor to any successful KM implementation is to first build a culture that will support the sharing of expertise (Desouza, 2003). The inseparability of individuals and the knowledge they exercise suggests that successful KM requires the management of individuals with specific abilities in preference to the management of data and information. It is also important to ensure that certain social elements and human connections are not lacking. Saqibet *al.*, (2008), report that the rigid and "hurried" manner in which organizational tasks are performed by NGO staff is challenging. This is not unusual within the social sector and insufficient time for reflection is one of the key inhibitors of learning and KM in the NGO context.

In terms of culture, the knowledge is the change management, the ability to convince people to share and contribute their knowledge. The ability to convince different industry business units within the organization to share their knowledge with other units, particularly when there is accountability over the profit generated by each unit and each of them is separately responsible for showing a profit towards the organization. Burt and Taylor (2003) points to a correlation between localist values typical of NGO's and low strategic IT adoption. This has had wide-

reaching implications for the way the firm organizes internal and external communications – necessitating new organizational arrangements of which novel information flows and information networking are vital. Despite this, NGO’s chose not to deploy web-based technologies drive a more centralized regime. Instead, the NGO’s opted for a “lax,” more voluntaristic system in tune with the “anarchic” independence it prized (Burt and Taylor, 2003, p. 121). The authors concluded that “NGO’s deep commitment to grassroots autonomy and independence – institutional principles in keeping with the vision that first led to FOE’s inception – delimited the technological alternatives that organization would countenance” (Burt and Taylor, 2003, p. 121). They note that deep-seated changes, such as the move to web-based technologies, would necessitate a paradigm shift in organizational culture which will continue to be resisted despite the immediate challenges facing organizations such as this face.

Literature consistently highlights lack of leadership as one of the most important barriers to KM. “Effective knowledge abstraction is reliant on strong knowledge leadership with the primary knowledge leader being knowledge conscious” (Renshaw and Krishnaswamy, 2009, p. 460). However, it is not always possible to enlist and station knowledge champions as these individuals are often negatively impacted by the “unsophisticated business attitudes of the volunteer worker” (Hume &Hume, 2008, p. 132). This is further compounded by the phenomenon of “social entrepreneurship,” and is, in part, why NGO’s are slow to respond to change. Since knowledge is the key source of competitive advantage, organizations are missing out on a huge opportunity when their use of incentives does not take organizational culture, or personal motivational factors into account.

The very nature of NGO's, with a governing board of appointees who serve a limited term, suggests that leadership and management roles tend to be transient. When there is a change in management, such as when the board members are renewed, there can be a significant shift in the strategic goals and objectives of the organization. Such "programmed change" leads to a highly complex and dynamic work environment that in turn requires great adaptability from the organization and its members (Dalkir, 2009). This poses great difficulty in establishing and sustaining the necessary IT infrastructures to support KM in the NGO sector (Saqibet *al.*, 2008). Leadership skills need to be mobilized strategically. This would require the ability to create and re-create a whole new synthesis or sources - human or non-human factors. The leader and his vision can never be separated since vision is essential and paramount important to the change process. The nature of non-profit organization as a service provider demands the manager of the organization to act significantly differently from their counterparts in the private sectors. The leaders of non-profit organizations must always have the conscience as an individual who acts as a social architect. The conscience is in tandem with the organization's vision and mission, and provides the social justification for its action.

Limited funding, resource constraints and public accountability prevent NGO's from gaining the requisite capital and change management resources for sound KM (Hume and Hume, 2008). NGO's typically have much less in the way of operating budgets in general, and lower human and IT resource budgets in particular (Dalkir, 2009). Consequently, a competitive funding model and a lack of transparent contracting processes (both apparent in the NGO sector in New Zealand) stifle collaboration within the sector (NGO Working Group, 2007). This has obvious impacts for knowledge acquisition and the quality of the internal knowledge pool for these organizations. Non-profit funding also tends to be rather unpredictable. Whereas superior

financial results encourage other organizations to provide capital within the for-profit sector, for NGO's there is no guaranteed relationship between exceptional results and sustained access to funding (Collins, 2005). Furthermore, funding is "time-telling" – focusing on a specific program rather than on building successful organizations. This leaves NGO's reliant on financial support from donors (Dalkir, 2009). As a result, there is a tendency to expend funds on operational activities with immediate outcomes rather than improvement projects (such as KM) where short-term payoffs are intangible.

2.4 How to overcome the challenges

KM enablers are capability-building items. They are the underlining factors that enable KM processes to arrive at the anticipated results. The processes capture fundamental KM activities. Such activities cannot distinguish one organization from another, because KM processes in themselves are not sufficient to explain performance differences. Technology is employed in all the processes of KM and tends to amplify the benefits. In this process they erroneously present technology as the various technological solutions already available in the market. In reality, this is not so. Present day technology presents the least impediments to successful KM. As noted by Collins (2005), technological impact is less than 35 percent of the whole KM effort. Given vendors' mis-presentation of technology, the problem is actually one of selecting an appropriate technology. A way to do this as suggested by Collins (2005) is to target KM objectives to technology. Another suggestion is a technology selection map (Renshaw & Krishnaswamy, 2009).

Technology is employed in all the processes of KM and various technological solutions are already available in the market. The problem is actually a matter of selecting an appropriate technology. Along the technology dimension, the framework proposes the identification of the appropriate hardware and software for conducting KM and make sure any technology used must fit the organization's people and processes.

It is important to building a technological infrastructure as identified by employees' needs in knowledge resources and right for the processes, establishing an organization wide intranet with extensive communicating and collaboration capabilities to share explicit knowledge, building a knowledge portal, virtual knowledge platform, that is accessible via the organization wide intranet to share tacit knowledge without being face to face through means such as email, discussion groups, chat rooms, audio and video conference, organize and store the knowledge assets in an electronic medium so as to enable efficient and faster access and retrieval and provision of customized access to knowledge resources by pull or push technology to facilitate interaction with citizens, customers, suppliers, partners and others. Oinas-Kukkonen (2004) argues that much of the innovation created and accumulated in a firm is actually based on tacit knowledge.

Some researchers such as Michailova & Nielsen (2006) indicate that one of the biggest challenges to successfully implementing KM is to properly address the cultural change issues. To effectively carry out his/her role, the chief knowledge officer must understand the dynamics of the organizational culture, and how individuals relate to it. Hammer and Champy (2003) suggested a knowledge diffusion map, in which tacit and explicit knowledge can easily be

captured and shared across individual, group, inter- and intra- organizational participants. Such diffusion however depends on considerations of the strategic value of knowledge and its location within the organization. Shukla (1997) discusses knowledge sharing from individual and organizational value perspectives. Where the value of the knowledge is high to the individual but low to the organization, there is a tendency for hoarding. On the other hand, if the value of the knowledge is high to both the individual and the organization, there is a tendency for selective sharing. If the value is low to both, then there is full sharing.

While the Chief Knowledge Officer can achieve good results by focusing on the knowledge sharing dynamics suggested by Hammer & Champy (2003), then better results will be obtained, if the Chief Knowledge Officer also understands the knowledge creation dynamics. More specifically, the Chief Knowledge Officer should understand the 4-stage knowledge creation process suggested by (Shukla, 1997). These authors identified four permutations of knowledge creating activities that involve tacit and explicit knowledge. They suggest that tacit knowledge can be created from tacit knowledge via the process of socialization when one individual shares tacit knowledge with another in face-to-face contact; from explicit to explicit via combination when an individual combines discrete pieces of explicit knowledge into a new whole, from tacit to explicit via externalization when the organization's knowledge base is extended by codifying experience, insight, or judgment into a form which can be reused by others; and from explicit to tacit via internalization when the staff begins to internalize new or shared explicit knowledge and then use it to broaden, extend, and rethink their own tacit knowledge.

Getting an organization's culture (including values and behaviours) 'right' for KM is typically the most important and yet often the most difficult challenge (Renshaw & Krishnaswamy, 2009). KM is first and foremost a people issue. The success of KM initiatives depends upon people's motivation, their willingness, and their ability to share knowledge and use the knowledge of others. People in organization, processes and technology will at all times be acting as either enablers of, or barriers to, effective KM practices. Barriers need to be identified and removed. Existing enablers also need to be enhanced and additional ones created. This is often where the greatest KM challenges lie (Pillania, 2007b).

The success of any organization depends on leadership and the success of any leader depends on his/her assigned roles and how the roles are performed. The recognition of KM in organizations has led to a proliferation of titles such as Chief Knowledge Officer, Knowledge Architect, Knowledge Manager, who are all charged with the responsibility of ensuring successful KM within the organization. The roles to be assigned to a Chief Knowledge Officer according to (Pillania, 2007b) include but are not limited to: leadership and strategy (create and sell KM vision), resources (develop KM budget and provide resource when needed), taxonomy (develop common language to facilitate understanding of concept and champion taxonomy), education (educate leadership, employees and definition of other roles in KM), technology (keep up to date on KM technologies and share information about KM tools), incentives and rewards (develop incentives and recognize and promote knowledge contribution), communities of practice (champion cross organizational communities of practice, form relationships with related leaders), knowledge sharing culture. Evidently, creating the right culture is essential for KM success and one way to do this is through storytelling (Hume and Hume, 2008).

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

The chapter describes the proposed research design, the target population, sample size, data collection, and the techniques for data analysis.

3.2 Research Design

The research design was a survey of health NGO's operating in Nairobi. This research design allowed for contact with otherwise inaccessible participants. It has been observed that a survey is feasible when the population is small and variable. When all items of the population are covered, no element of chance is left and highest accuracy is obtained. Cooper & Emory (1985) contend that surveys are more efficient and economical than observations. This design provided further insight into research problem by describing the variables of interest.

3.3 Target Population

The population of the study consisted of all the 667 health NGO's operating in Nairobi as at the end of 2011. The selection of the health sector has been necessitated by high technical knowhow expected of the employees and due to the few staff with such competence, there has been a high turnover of staff from one organization to the other and therefore necessitating the need of these organizations to manage their knowledge. In addition all the organizations have their headquarters in Nairobi and thus it will be easy to collect adequate data by the researcher.

3.4 Sample Design

In the study, the researcher used simple random sampling technique. The technique will accord all the members of the population equal chance of being represented in the study. Within each category of stratum, a systematic sampling was used. The systematic sampling was done such that from the list of health sector organizations to be obtained, every tenth organization in the list was picked and therefore a total sample of 67 respondents was obtained. Considering the time and budget constraints this approach is considered an appropriate sampling strategy that yielded representative results.

3.5 Data Collection

The study used primary data which was collected through self-administered questionnaires. The respondents were Executive Directors and Operation Managers or equivalent departments in the respective organizations. A questionnaire is a useful tool for collecting data from respondents because of the need to provide a means of expressing their views more openly and clearly. The structured questionnaire was used to collect data on the challenges facing knowledge management. The questionnaire consisted of both open and closed ended questions designed to elicit specific responses for qualitative and quantitative analysis respectively. The questionnaire was administered through “drop and pick later” method.

3.6 Data Analysis

The data collected was analyzed using descriptive statistics (measures of central tendency and measures of variations). Once the data was collected, the questionnaires were edited for accuracy, consistency and completeness. However, before final analysis was performed, data

was cleaned to eliminate discrepancies and thereafter, classified on the basis of similarity and then tabulated. The responses were then be coded into numerical form to facilitate statistical analysis. Data was analyzed using SPSS based on the questionnaires. In particular, the descriptive analysis employed tables, pie charts, percentages, mean and standard deviations to summarize the respondent answers.

CHAPTER FOUR

DATA ANALYSIS, RESULTS AND DISCUSSION

4.1 Introduction

The research objective was to establish the challenges facing knowledge management strategy in NGO's operating within the health sector in Nairobi. This chapter presents the analysis, findings and discussion. The findings are presented in percentages and frequency distributions, mean and standard deviations. A total of 67 questionnaires were issued out and only 55 were returned. This represented a response rate of 81%.

4.2 Respondents and Organizational profile

The demographic information considered in this study included highest level of education, length of continuous service with the NGO, the duration the NGO has been in existence and the number of employees in the NGO.

4.2.1 Highest Level of Education

The respondents were asked to indicate their highest level of education, the results as presented in Table 4.1.

Table 4.1 Highest Level of Education

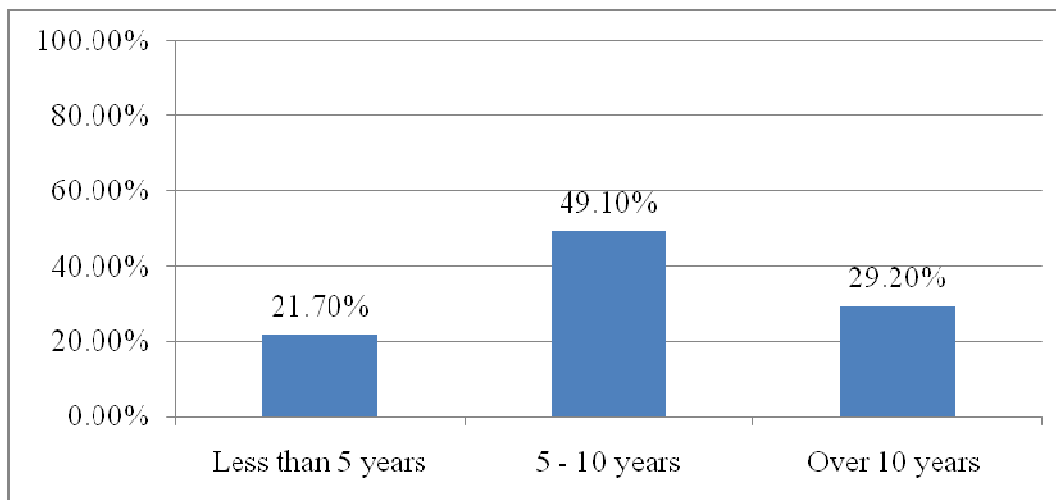
Level of education	Frequency	Percent	Cumulative Percent
Postgraduate level	13	27.3	27.3
University	16	47.3	74.5
Tertiary college	8	18.2	92.7
Secondary	2	7.3	100.0
Total	39	100.0	

The results presented in Table 4.1 indicate that 47.3% of the respondents had attained university level, 27.3% had attained postgraduate level while 5.4% were tertiary college level holders and 7.3% of the respondents had attained secondary level of education. The results indicates that majority of the respondents were university degree holders an indication that the NGO'S employs mostly graduates.

4.2.2 Length of continuous service

The respondents were asked to indicate the duration they have continuously worked in the bank and the results are presented in Figure 4.1.

Figure 4.1: Length of continuous service



The results presented in Figure 4.1 indicate that the number of years of service in the current organization varies from a period of less than 5 years to over 10 years. 49.1 % of the respondents had worked in the organization for a period of 5 to 10 years, 29.2% of the respondents indicated that they had worked in their respective NGO's for over 10 years while 21.7% of the respondents indicated that they had worked for a period of less than 5 years. Majority of the respondents

have worked in the NGO's for over 5 years, thus there is high level of understanding of the NGO's and how they manage their knowledge.

4.2.3 Duration of NGO operation

The respondents were asked to indicate the duration in which their NGO has been in operation and the findings are indicated in Table 4.2.

Table 4.2: Duration of NGO operation

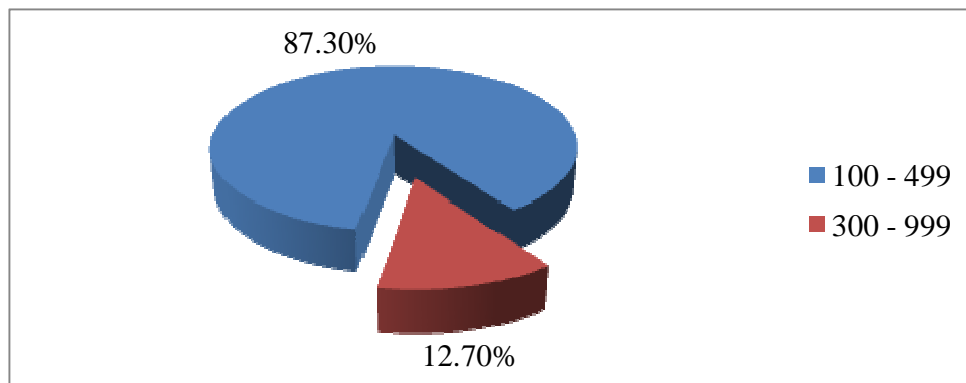
Years	Frequency	Percent	Cumulative Percent
6-10	8	14.5	14.5
11-15	13	23.6	38.2
16-20	5	9.1	47.3
21-25	29	52.7	100.0
Total	55	100.0	

The results presented in Table 4.2 indicate that 52.7% of the NGO's have been in operation for 2 to 25 years, 23.6% have been in operation for 11 to 15 years, 14.5% of the NGO's indicated that they have been in operation for a period between 6 and 8 years while 9.1% of the NGO's have been in operation for 16 to 20 years. The results indicate that majority of the NGO's have been in operation for more than 10 years and therefore they understand the challenges facing knowledge management in the sector.

4.2.4 Number of employees in the NGO's

The respondents were asked to indicate the number of employees in their respective NGO's and the results are presented in Figure 4.2.

Figure 4.2: Number of employees in the NGO's



The results in Figure 4.2 indicate that 87.3% of the NGO's have employed employees ranging from 100 to 499 while 12.7% of the NGO's have a workforce that ranges between 300 and 999. The results indicate that the number of employees in the NGO's varied and these can be attributed to the number of branches the NGO's have.

4.3 Extent to which Knowledge Management is affected

The respondents were requested to extent to which the success of knowledge management is affected in a five point Likert scale. The range was 'very low extent (1)' to 'very great extent' (5). The scores of very low extent and low extent have been taken to represent a variable which had a mean score of 0 to 2.5 on the continuous Likert scale; ($0 \leq S.E < 2.4$). The scores of 'moderate extent' have been taken to represent a variable with a mean score of 2.5 to 3.4 on the continuous Likert scale: ($2.5 \leq M.E. < 3.4$) and the score of both great extent and very great extent have been taken to represent a variable which had a mean score of 3.5 to 5.0 on a continuous likert scale; ($3.5 \leq L.E. < 5.0$). A standard deviation of >0.9 implies a significant difference on the impact of the variable among respondents. The results are shown in Table 4.3.

Table 4.3: Extent Knowledge Management is affected

Extent Knowledge Management is affected	Mean	Std. Deviation
Flawed incentives to participate	5.2182	.8320
Lack of trust among users and management	3.5909	1.1998
Diverse cultures	3.8462	.8718
Lack of common language	3.6818	1.0486
Failure to allocate time to implement	3.6094	.8687
Lack of commitment from all parties and confusing information with knowledge	3.6486	.8996
Hesitation to admit need for help in implementing and sustaining	3.8182	.7815
Failure to create a forum to share ideas	3.9273	.8040

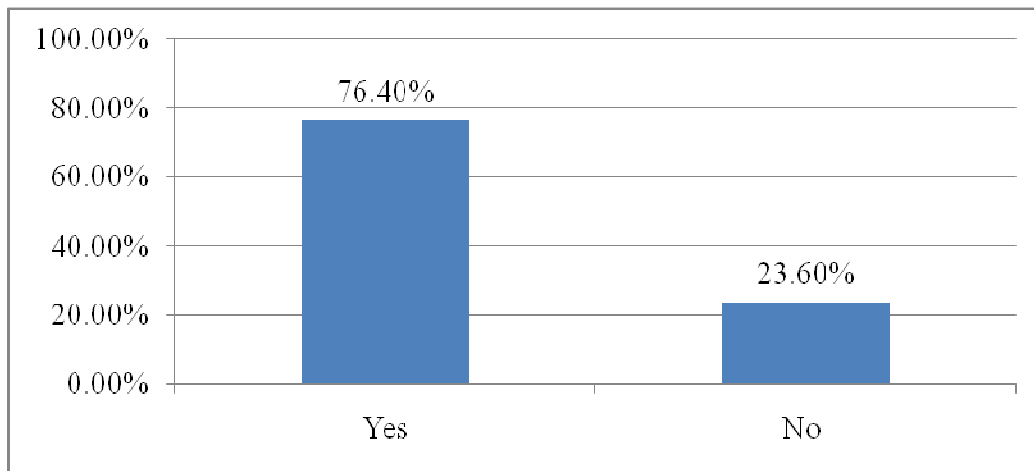
The results indicate that the success of knowledge management in the NGO's was being affected by failure to create a forum to share ideas (mean 3.9273), diverse cultures (mean 3.8462), hesitation to admit need for help in implementing and sustaining (mean 3.8182), lack of common language (mean 3.6818), lack of commitment from all parties and confusing information with knowledge (mean 3.6486), failure to allocate time to implement (mean 3.6094), lack of trust among users and management (mean 3.5909) and flawed incentives to participate (mean 5.2182). There was a low variation of standard deviation among all the factors except for lack of trust among users and management (mean 1.1998) and lack of language (mean 1.0486) an indication that the factors affect knowledge management to a greater extent in some of the NGO's. The results indicate that knowledge management was being affected in the NGO's.

The NGO's were unanimous that they encounter challenges in diagnosing negative influences from people, procedures and competitors in the process of knowledge sharing. The challenges affected implementation of knowledge management system in the NGO's as they are difficult to diagnose. All the NGO's indicated they have organizational structure and therefore it didn't pose significant challenges to knowledge management.

4.3.1 Organizational knowledge and inconsistency

The respondents were asked to indicate the whether lack of organizational knowledge and inconsistencies in decision making. The results are presented in Figure 4.3.

Figure 4.3: Lack of organizational knowledge and inconsistencies in decision making



The findings in Figure 4.3 indicate that 76.4% of the NGO's indicated that lack of organizational knowledge and inconsistencies in decision making poses great difficulty in founding and sustaining the necessary information technology while 23.6% of the NGO's indicated that it did not pose a great difficulty. The results indicate that managerial transparency and organizational structure are not rigid in the NGO's where volunteer networks fill many roles within the organization.

4.3.2 Influence of culture on knowledge management

The respondents were asked to indicate the influence of organizational culture on successful implementation of knowledge management. The results are presented in Table 4.4.

Table 4.4: Influence of Culture on knowledge management

Influence of Culture on knowledge management	Frequency	Percent	Cumulative Percent
Low extent	7	12.7	12.7
Moderate extent	23	41.8	54.5
Great extent	21	38.2	92.7
Very great extent	4	7.3	100.0
Total	55	100.0	12.7

The results presented in Table 4.4 indicate that 41.8% of the respondents said that culture influences knowledge management to a moderate extent, 38.2% of the respondents said that culture influences knowledge management to a great extent, 12.7% of the respondents indicated that culture influences knowledge management to a low extent while 7.3% of the respondents indicated that culture influences knowledge management to a very great extent. The results indicates that the culture being practiced by the NGO's affects implementation of knowledge management and thus the NGO's have to build a culture that will support the sharing of expertise.

4.3.3 Lack of effective knowledge

The respondents were asked to indicate the effect of lack of effective knowledge abstraction. The results are presented in Table 4.5.

Table 4.5: Lack of effective knowledge

Lack of effective knowledge	Frequency	Percent	Cumulative Percent
Low extent	8	14.5	14.5
Moderate extent	20	36.4	50.9
Great extent	25	45.5	96.4
Very great extent	2	3.6	100.0
Total	55	100.0	

The findings in Table 4.5 indicate that 45.5% of the respondents indicated that lack of knowledge abstraction influences knowledge management to a great extent, 36.4% indicated that it influences to a moderate extent, 14.5% of the respondents said it influences to a low extent while 3.6% said it influences to a very great extent. The results indicate that lack of knowledge abstraction influences knowledge management implementation in the NGO's.

4.3.4 Knowledge Management Challenges

The respondents were requested to indicate the challenges in implementing knowledge management. The findings are presented in Table 4.6.

Table 4.6: Knowledge Management Challenges

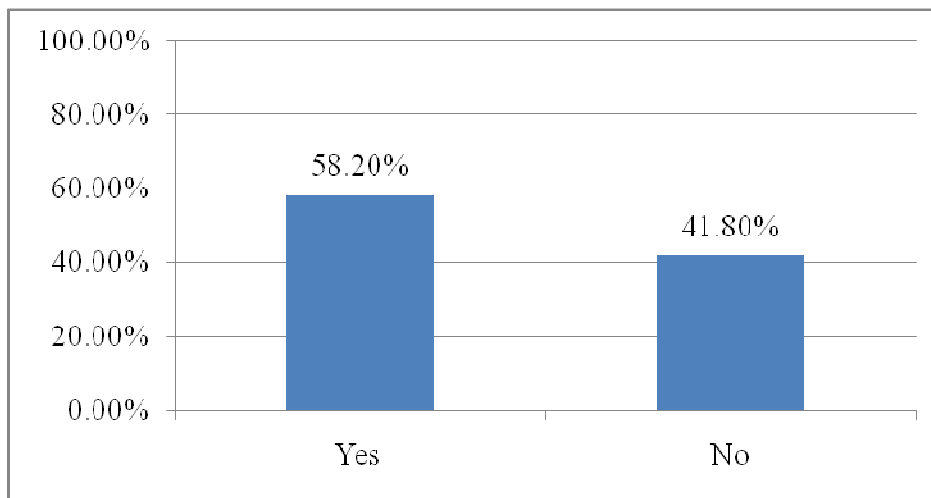
	Mean	Std. Deviation
Distributing the right knowledge to the right person at the right time	3.7818	.8754
Acceptance of the employees to implement knowledge management strategies	3.8364	.9182
Difficulties among employees in adapting to knowledge based culture	3.8727	.8618
Difficulties in knowledge sharing	4.0091	.8090
Managers resistant to change	3.9545	.7985
Lack of information technology savvy among employees	3.6636	1.1015

The findings in Table 4.6 indicates that the knowledge management challenges which were faced by the NGO's were indicated to be difficulties in knowledge sharing (mean 4.0091), managers resistant to change (mean 3.9545), difficulties among employees in adapting to knowledge based culture (mean 3.8727), acceptance of the employees to implement knowledge management strategies (mean 3.8364), distributing the right knowledge to the right person at the right time (mean 3.7818) and lack of information technology savvy among employees (mean 3.6636). The results indicate that the NGO's were faced by challenges in the management of its knowledge.

4.3.5 Leaders' conscience

The respondents were asked to indicate the leaders' conscience being in tandem with the organization vision and mission. The results are presented in Figure 4.4.

Figure 4.4 Leaders' conscience



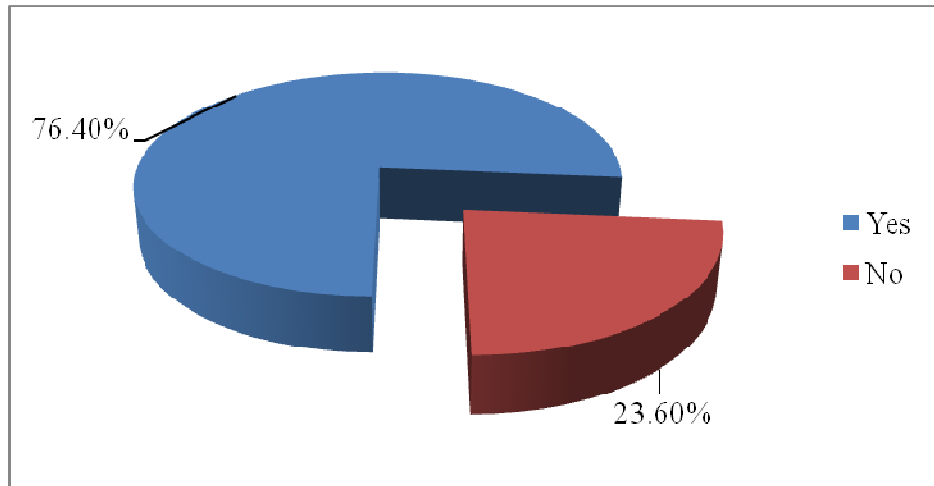
The results in figure 4.4 indicate that 58.2% of the respondents

4.3.6 Limited funding and resource constraints

The respondents were asked to indicate the effect of limited funding and resource constraints.

The results are presented in Figure 4.5.

Figure 4.5: Effect of Limited funding and resource constraints



The findings in Figure 4.5 indicate that 76.4% of the NGO's noted that limited funding and resource constraints was a challenge to them gaining the requisite capital and change management resources for sound knowledge management while 23.6% of the NGO's indicated that limited funding and resource constraints was not a challenge to their organization. The results indicate that limited funding and resource constraints affected knowledge management in the NGO's.

4.4 How to overcome Knowledge Management challenges

Knowledge management enablers are capability-building items that enable knowledge management processes to arrive at the anticipated results. The processes capture fundamental knowledge management activities. Such activities cannot distinguish one organization from

another, because knowledge management processes in themselves are not sufficient to explain performance differences.

4.4.1 Successful implementation of knowledge management

The respondents were asked to indicate the extent to which the factors have contributed to successful implementation of knowledge management. The results are presented in Table 4.7.

Table 4.7: Successful implementation of knowledge management

Successful implementation of knowledge management	Mean	Std. Deviation
The organization target knowledge management objectives to technology	5.5846	.89028
Use of technology selection map	3.8039	.83961
Use of collaborative decision-making, expert, decision support and data mining systems, notes databases, externalization tools	3.7273	.89141
Use of customer support and feedback, knowledge bases, past project records and communities of practice would be used.	3.6545	.86534
Identification of the appropriate hardware and software for conducting knowledge management and make sure any technology used must fit the organization's people and processes	3.7648	.84885
Building a technological infrastructure as identified by employees' needs in knowledge resources and right for the processes	3.8654	.89072
Organize and store the knowledge assets in an electronic medium so as to enable efficient and faster access, retrieval and provision of customized access to knowledge resources by pull or push technology to facilitate interaction with citizens, customers, suppliers, partners and others	4.0152	.81650

As shown in Table 4.7, successful implementation of knowledge management in the NGO's was as a result of organization and storage of knowledge assets in an electronic medium so as to enable efficient and faster access, retrieval and provision of customized access to knowledge resources by pull or push technology to facilitate interaction with citizens, customers, suppliers, partners and others (mean 4.0152), building a technological infrastructure as identified by employees' needs in knowledge resources and right for the processes (mean 3.8654), use of technology selection map (mean 3.8039), identification of the appropriate hardware and software for conducting knowledge management and make sure any technology used must fit the organization's people and processes (mean 3.7648), use of collaborative decision-making, expert, decision support and data mining systems, notes databases, externalization tools (mean 3.7273), use of customer support and feedback, knowledge bases, past project records and communities of practice would be used (mean 3.6545) and the organization target knowledge management objectives to technology (mean 5.5846). The low variation of standard deviation indicates that the NGO's were unanimous on the ways to ensure successful implementation of knowledge management.

The respondents noted that the NGO's were using the knowledge diffusion map to ensure successful implementation of knowledge management by considering the strategic value of knowledge and its location within the organization. The NGO's adopt employee oriented and open communication in knowledge sharing by ensuring that both the individual and organizational value was low.

4.4.2 Employee Motivation

The respondents were requested to indicate the extent to which their organization ensures that the employees are motivated, their willingness, and their ability to share knowledge.

Table 4.8: Employee Motivation

Employee Motivation	Frequency	Percent	Cumulative Percent
Moderate extent	23	41.8	41.8
Great extent	24	43.6	85.4
Very great extent	8	14.6	100.0
Total	55	100.0	

The findings in Table 4.8 indicate that 43.6% of the NGO's motivated their employees to ensure their willingness and their ability to share knowledge to a great extent, 41.8% motivated them to a moderate extent while 14.6% of the NGO's motivated them to a very great extent. The results indicate that the NGO's motivated their employees to share knowledge in order to ensure successful implementation of knowledge management. The NGO's were unanimous that they have cultivated a knowledge sharing culture that foster cultural change, promote inter-organizational culture that facilitates tacit and explicit knowledge sharing in order to ensure successful implementation of knowledge management.

4.4.3 Factors contributing to knowledge management

The respondents were asked to indicate the extent to which successful implementation of knowledge management was achieved through the factors indicated. The results are presented in Table 4.9.

Table 4.9: Factors contributing to knowledge management

Factors contributing to knowledge management	Mean	Std. Deviation
Staff and managers should be aware of the changes and advantages that knowledge management can bring to them and organization	3.5818	.8094
There is an environment of trust as people tend to share knowledge when they know each other	4.0221	.7689
Monitor employees who access and contribute to knowledge management system and reward them	4.0727	.7163
Provide relevant training	4.1273	.8618
Support from the top management	3.8182	.8247
Practice an appropriate style of leadership to implement knowledge management	3.7818	.8167
Organization's policy on the implementation of knowledge management should be clearly stated and explained to the employees	3.9636	.8420
Explain the benefits and importance of knowledge management to the employees	4.1127	.8788

The results in Table 4.9 indicate that successful knowledge management in the NGO's was achieved through provision of relevant training (mean 4.1273), explaining the benefits and importance of knowledge management to the employees (mean 4.1127), monitoring employees who access and contribute to knowledge management system and rewarding them (mean 4.0727), creation of an environment of trust as people tend to share knowledge when they know each other (mean 4.0221), clearly stated and explained organizational policy on the implementation of knowledge management (mean 3.9636), top management support (mean 3.8182), practice an appropriate style of leadership to implement knowledge management (mean

3.7818) and staff and managers being aware of the changes and advantages that knowledge management can bring to them and organization (mean 3.5818). The low standard deviation variations indicate that the NGO's have successfully implemented knowledge management through the organizational factors.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

In this knowledge explosion era, knowledge through continuous learning and knowledge management as some of the key essentials, the NGO's have had to encounter challenges emanating from failure to create a forum to share ideas, diverse cultures, hesitation to admit need for help in implementing and sustaining, lack of common language, lack of commitment from all parties and confusing information with knowledge, failure to allocate time to implement, lack of trust among users and management and flawed incentives to participate.

The study also established that lack of organizational knowledge and inconsistency in decision making poses great difficulty in founding the necessary information technology to support implementation of knowledge management. In the implementation of knowledge management in health NGO's, technology is largely used in knowledge management but does not maximize the use of knowledge management because culture, leadership and strategy are ignored in the process. There is evidence that organizational culture hobbles the effectiveness of knowledge management in health NGO's. Organizational politics, ethnicity diversity, emotions, values do not favor health NGO's to capture tacit knowledge and transform it to explicit knowledge. This lack of tacit knowledge in the NGO's is very crucial.

The study at the same time found out that difficulty in knowledge sharing, managers resistant to change, difficulties among employees in adapting to knowledge based culture, acceptance of the employees to implement knowledge management strategies, distributing the right knowledge to

the right person at the right time and lack of information technology savvy among employees. However in order to overcome the challenges encountered the NGO's have undertaken initiatives which includes storage of knowledge assets in an electronic medium so as to enable efficient and faster access, retrieval and provision of customized access to knowledge resources by pull or push technology to facilitate interaction with citizens, customers, suppliers, partners and others, building a technological infrastructure as identified by employees' needs in knowledge resources and right for the processes, use of technology selection map, identification of the appropriate hardware and software for conducting knowledge management and make sure any technology used must fit the organization's people and processes, use of collaborative decision-making, expert, decision support and data mining systems, notes databases, externalization tools, use of customer support and feedback, knowledge bases, past project records and communities of practice would be used and the organization target knowledge management objectives to technology. Most of the challenges faced by health NGO's, such as organizational culture, organizational strategy and organizational leadership can be overcome by effectively implementing knowledge management.

5.2 Conclusion

Knowledge is undoubtedly being considered as the most prized possession, and knowledge management as the key survival imperative. As knowledge management requires determination, patience and perseverance, the NGO's should not expect immediate returns on knowledge management investment. It takes several iterations of real input and measurable output and subsequent updates to make knowledge management productive. The prime objective of knowledge management within the NGO's is to support the achievement of organizational objectives. Therefore knowledge sharing as well as reuse needs to be encouraged and recognized

at both individual employee and company level. This is best done by measuring and rewarding knowledge performance. Sustained strategic commitment and a corporate culture which is conducive to knowledge performance are vital for achieving success in knowledge management.

There are many problems and challenges associated with knowledge management but at the same time knowledge management has numerous benefits which are increasingly becoming the key factors towards booming evolution of organizations. The advanced enterprises today have realized the potential of knowledge management and are ready to adopt it and take up any challenge involved in its successful implementation. Others will gradually follow the suit, and still others will lag behind and would be reluctant to adopt knowledge management due to various challenges associated with it until competitive pressures force them to do so. Given the importance of knowledge management in today's environment, the NGO's have taken upon themselves to emphasis knowledge creation, development, organization and leveraging.

5.3 Recommendation

The study found out that the culture being practiced in the NGO's was an impediment to the management of knowledge in the organizations. It is therefore recommended that that the NGO's change their culture to incorporate all the employees in knowledge management as organizational culture hobbles the effectiveness of knowledge creation and management within the organization.

The study established that there was difficulty in sharing of knowledge, distributing knowledge to the right people and managing resistance to change. It is therefore recommended that the NGO's should become a learning center and provide facilities for knowledge management. Some

of the facilities include workshops, knowledge management conferences and refresher courses, among others. When an organization becomes a resource center, the staff will build relationships among themselves; uncover overlooked organizational needs, share ideas and evidences that generate new ideas which enhance organizational performance and creation of knowledge. During these sessions new knowledge will be recorded and stored for use and reuse.

Knowledge management creation must be both vertical and horizontal in organizational leadership. The study recommends that all NGO's organizations should seek the best ways to capture both tacit and explicit knowledge. This study recommends that by using effective appraisal performance and measurement, organizations should utilize both monetary and non-monetary incentives to both motivate workers in production of new knowledge. The health NGO's should reinforce the creation of knowledge by integrating effective leadership, strategy and culture in their organizations.

5.4 Recommendations for further research

The study confined itself to all the health Non-Governmental Organizations operating in Nairobi. It is therefore recommended that the study is replicated in other Non-Governmental Organizations that deal with other sectors to establish the challenges of knowledge management strategy.

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APPENDIX I

QUESTIONNAIRE

Please give answers in the spaces provided and tick (√) in the box that matches your response to the questions where applicable.

Part A: Demographic and Respondents Profile

1) Name of the NGO.....

2. What is your highest level of education qualification?

- a) Post graduate level ()
- b) University ()
- c) Tertiary College ()
- d) Secondary ()

4. Length of continuous service with the NGO?

- a) Less than five years ()
- b) 5-10 years ()
- c) Over 10 years ()

5. For how long has your NGO been in operation?

- a) Under 5 years ()
- b) 6 – 10 years ()
- c) 11 – 15 years ()
- d) 16 – 20 years ()
- e) 21 - 25 years ()
- f) Over 25 years ()

6. How many employees are there in your organization?

- a) Less than 100 ()

- b) 100 – 499 ()
- c) 300 – 999 ()
- d) 1000 – 4999 ()
- e) Above 5000 ()

Part B: Knowledge management challenges

1. Does your organization have long term vision to manage its knowledge?
Yes () No ()
2. Has your organization formulated systematic processes and strategies with regard to the acquisition, sharing and evaluation of knowledge available within the organization?
Yes () No ()
3. To what extent does the following factors affects the success of Knowledge Management in your organization? Use 1- Very low extent, 2- Low extent, 3- Moderate extent, 4- Great extent and 5-Very great extent.

	1	2	3	4	5
Flawed incentives to participate					
Lack of trust among users and management					
Diverse cultures					
Lack of common language					
Failure to allocate time to implement					
Lack of commitment from all parties and confusing information with knowledge					
Hesitation to admit need for help in implementing and sustaining					
Failure to create a forum to share ideas					

4. Does your organization encounters challenges in diagnosing negative influences from people, procedures and competitors in the process of knowledge sharing?
Yes () No ()
5. Does your organization have a defined organizational structure?
Yes () No ()

6. Does the lack of lack of organizational knowledge and inconsistency in decision making poses great difficulty in founding and sustaining the necessary IT infrastructures to support KM in your organization?

Yes () No ()

7. To what extent does the culture of your organization influences successful implementation of knowledge management?

- Very low extent ()
- Low extent ()
- Moderate extent ()
- Great extent ()
- Very great extent ()

8. To what extent does lack of effective knowledge abstraction which is reliant on strong knowledge leadership with the primary knowledge leader being knowledge conscious influences Knowledge Management implementation in your organization?

- Very low extent ()
- Low extent ()
- Moderate extent ()
- Great extent ()
- Very great extent ()

9. To what extent do you agree with the following challenges in implementing Knowledge Management in your organization? Use 1- Very low extent, 2- Low extent, 3- Moderate extent, 4- Great extent and 5-Very great extent

	1	2	3	4	5
Distributing the right knowledge to the right person at the right time					
Acceptance of the employees to implement knowledge management strategies					
Difficulties among employees in adapting to knowledge based culture					
Difficulties in knowledge sharing					
Managers resistant to change					
Lack of information technology savvy among employees					

10. Is the your organization leaders conscience is in tandem with the organization’s vision and mission, and provides the social justification for its action?

Yes () No ()

11. Does limited funding and resource constraints prevent your organization from gaining the requisite capital and change management resources for sound KM?

Yes () No ()

Part C: How to overcome the challenges

1. Does your organization ensure that there the process fits the knowledge being transferred in order for effective knowledge transfer to be possible?

Yes () No ()

2.To what extent has the following contributed to the successful implementation of knowledge management? Use 1- Very low extent, 2- Low extent, 3- Moderate extent, 4- Great extent and 5-Very great extent

	1	2	3	4	5
The organization target KM objectives to technology					
Use of technology selection map					
Use of collaborative decision-making, expert, decision support and data mining systems, notes databases, externalization tools					
Use of customer support and feedback, knowledge bases, past project records and communities of practice would be used.					
Identification of the appropriate hardware and software for conducting KM and make sure any technology used must fit the organization’s people and processes					
Building a technological infrastructure as identified by employees’ needs in knowledge resources and right for the processes					
Organize and store the knowledge assets in an electronic medium so as to enable efficient and faster access and retrieval and provision of customized access to knowledge resources by pull or push technology to facilitate interaction with citizens, customers, suppliers, partners and others.					

3. Does your organization uses knowledge diffusion map which can easily be captured and shared across individual, group, inter- and intra- organizational participants so as to ensure successful implementation of knowledge management?

Yes () No ()

4. Does your organization adopt employee oriented and open communication in knowledge sharing so that successful implementation of knowledge management can succeed?

Yes () No ()

5. To what extent does your organization ensures that the employees are motivated, their willingness, and their ability to share knowledge and use the knowledge of others in order to ensure successful implementation of knowledge management?

- Very low extent ()
- Low extent ()
- Moderate extent ()
- Great extent ()
- Very great extent ()

6. Has your organization cultivated a knowledge sharing culture in order to ensure the success of knowledge management?

- Yes ()
- No ()

7. To what extent has your organization ensured that the following statements exist in the organization in order to ensure successful implementation of knowledge management? Use 1- Very low extent, 2- Low extent, 3- Moderate extent, 4- Great extent and 5- Very great extent

	1	2	3	4	5
staff and managers should be aware of the changes and advantages that KM can bring to them and organization					
There is an environment of trust as people tend to share knowledge when they know each other					
Monitor employees who access and contribute to knowledge management system and reward them					
Provide relevant training					
Support from the top management					
Practice an appropriate style of leadership to implement knowledge management					
Organization's policy on the implementation of knowledge management should be clearly stated and explained to the employees					
Explain the benefits and importance of knowledge management to the employees					

APPENDIX II:

**HEALTH SECTOR NON- GOVERNMENTAL ORGANISATIONS IN NAIROBI AS AT 31ST
DECEMBER 2011**

	NGO NAME
1.	Accident victims relief foundation
2.	Academy for educational development - Kenya
3.	Action for appropriate drug use
4.	Action for health initiative
5.	Action for research and development Programme
6.	Action network for the disabled
7.	Action now Kenya
8.	Action on humanitarian aid, relief and development
9.	Active association for community development
10.	Adiedo hope project
11.	Advanced initiatives for population and development
12.	Agape centre for community development
13.	Aids healthcare foundation, Kenya
14.	All Kenya women federation
15.	Amani counseling centre and training institute
16.	Amazing grace international inc-Kenya chapter
17.	Ambeka resource centre
18.	Anti - retroviral therapy initiative
19.	Arid lands information network - eastern Africa
20.	Arts for better development communication
21.	Association of former Kenya ambassadors and senior diplomats
22.	Association of people living with arthritis
23.	Baliti forum
24.	Baptist community organization partners
25.	Baraka healthcare foundation
26.	Basic needs UK in Kenya
27.	Benando breakthrough support mission
28.	Better community aid foundation
29.	Better destiny care organization
30.	Better life organization
31.	Better poverty eradication organization
32.	Bidii integrated resource Programme
33.	Bidii women development centre
34.	Big heart organization
35.	Bridge of transformation
36.	Brighter Kenya agency
37.	Brook integrated community development project
38.	Brook of Cherith organization
39.	Cancer research & communications organization

	Care highway humanitarian aid
40.	Care to learn international
41.	Cargo human care
42.	Caring for environment for development
43.	Casam (Kenya)
44.	Catholic fund for overseas development
45.	Celtel foundation
46.	Centre for health, advocacy, gender and education initiative
47.	Centre for hyper immune research science and education
48.	Centre for livelihood opportunities unlimited and technologies
49.	Centre for research and development
50.	Centre for sickle cell anemia
51.	Centre for social planning and administrative development
52.	Centre for social responsibility and accountability
53.	Centre for the empowerment of the local herbalist
54.	Centre for tobacco free education development
55.	Centre for women in enterprise development
56.	Centre of indigenous knowledge systems and by - products
57.	Cervical cancer prevention foundation
58.	Cherish others organization Kenya
59.	Child counseling and related issues advisory and consultancy
60.	Child education support foundation
61.	Child life missions of Kenya
62.	Child peace in Kenya
63.	Child rescue link-Kenya
64.	Child survival centre
65.	Childcare worldwide Kenya
66.	Childhood cancer initiative
67.	Child line, Kenya
68.	Children health implementation for life development
69.	Children Welfare Association Fund (CWAF)
70.	Chosen children international
71.	Christian reformed world relief committee- Kenya
72.	Christian Women Aids Awareness Programme
73.	Churches united against HIV and aids international
74.	Communal oriented services international
75.	Community action development organization
76.	Community emergency response volunteers
77.	Community empowerment in gender, health and environment Programme
78.	Community facilitation empowerment and development initiative
79.	Community health access program
80.	Community integrated development international
81.	Community leadership advancement network
82.	Community nurturing international
83.	Community options for development

84.	Community organization for environment and development initiatives
85.	Community outreach international
86.	Community Transformation and Rural Development (COTARD)
87.	Community trickle - up
88.	Community visions
89.	Community visions (liaison, education and action for development)
90.	Community welfare agency
91.	Community nurturing international
92.	Compass foundation
93.	Compassion international inc.
94.	Compassionate hearts organization
95.	Comprehensive environmental health management solutions international
96.	Comprehensive health care organization
97.	Computers from the heart - Africa
98.	Connect centre for women and children
99.	Consortium for national health research
100.	Correct Kenya
101.	Cosmopolitan community hope health initiative
102.	Counseling research institute of Kenya
103.	Counseling and health information centre
104.	Cradle of life initiative
105.	Crisis assessment and recovery centre
106.	Cush community relief international
107.	Dagoretti community health and development pregame
108.	Danoko outreach organization
109.	Deaf community development and relief services
110.	Dental and oral care initiative
111.	Desert rose organization
112.	Development and relief organization of Kenya
113.	Development centre for innovative initiative in HIV/Aids
114.	Development empowering programme
115.	Development operations towards health and needs (DOTHAN)
116.	Development training treatment and research Kenya
117.	Direct aid international
118.	Directed educational environment and developmental strategies for poverty reduction
119.	Disabled child monitor
120.	Disabled voice organization
121.	Disaster support agency
122.	Doctors for hope
123.	Dorcas aid international - Kenya
124.	Doxa international organization
125.	Dr. Taaita toweett foundation
126.	Dream builders initiative Programme
127.	Dream of a child international organization
128.	Ecolife development agency

129.	Ecumenical pharmaceutical network
130.	Education and care international
131.	Education and health for children in Kenya
132.	Education development unity resource Programme
133.	Education sub - Saharan Africa
134.	Ekongo development organization
135.	Elijah's hope Kenya
136.	Elimination of poverty and diseases initiative
137.	Empower Africa
138.	Empower the girl child
139.	Empowerment for the youth initiative
140.	Empowerment of widows and orphans initiative
141.	Engender health
142.	Enlarged tent for growth and outreach in Africa
143.	Enlightened community vision organization
144.	Equipping people changing lives
145.	European committee for agricultural training
146.	Evangelical Lutheran church in Kenya
147.	Excel Kenya
148.	Expert foundation
149.	Facts in action international
150.	Fadhila community development Programme
151.	Faith homes of Kenya
152.	Families support foundation Kenya
153.	Family access community centre
154.	Family care relief organization
155.	Family enrichment organization
156.	Family mental health Kenya
157.	Family welfare organization
158.	Family welfare support and research organization of Kenya
159.	Feed the children Kenya
160.	Feel and fill initiative
161.	Flora foundation
162.	Focus on Africa development inc
163.	Focusing on women and children organization
164.	Footsteps foundation
165.	Forum for Environmental Sustainability, Poverty Eradication and Gender Equality
166.	Foundation for arid and semi arid lands
167.	Foundation for biodiversity conservation
168.	Foundation for health and social economic development Africa
169.	Foundation for human rights and resources monitoring
170.	Foundation of people living with HIV/aids in Kenya (FOPHAK)
171.	Frepals community nursing home
172.	Friends committed to caring international
173.	Friends for children development initiative

174.	Friendship awards organization
175.	Furaha children's home and rehabilitation centre
176.	Gaaddisa lammii foundation
177.	Gallamoro network
178.	Generational for change and development international
179.	Genius education Programme
180.	Gentiana development network
181.	Girls fighting illiteracy in Kenya
182.	Global child care Kenya
183.	Golden services organization
184.	Good news international
185.	Good people world family
186.	Goodwill women organization
187.	Gracious hands international
188.	Grapes yard organization
189.	Grassroots alliance for community education
190.	Great hope resource youth centre
191.	Group for transcultural relations - gruppo per le relazioni trascurturali
192.	Hands across Kenya against alcoholism and aids
193.	Hands for children international
194.	Happy Kenya community development organization
195.	Happy kidney foundation
196.	Harambee in progress (Kenya)
197.	Harvest centre
198.	Healing fountain centre
199.	Healing the bruised centre
200.	Health agriculture and develop
201.	Health agriculture and development organization
202.	Health management agency
203.	Health matters initiative organization
204.	Health NGO's network
205.	Health rights advocacy forum
206.	Health support international
207.	Health users alliance
208.	Healthlink Charity Mission
209.	Health medic international
210.	Healthy teens organization
211.	Heart psychological organization
212.	Hearts international organization
213.	Heavenly treasures Kenya
214.	Help child/mother organization
215.	Helpers of handicapped and aged persons
216.	Helping hands international foundation inc
217.	Hemophilia welfare foundation (Kenya)
218.	Hera support Programme

219.	Heshima Kenya
220.	Hidden talents communications
221.	High vision education Programme
222.	Himilo relief and development association
223.	Hiv/Aids orphans charity foundation
224.	Home based health care rehabilitation programme
225.	Home Medicare services
226.	Hope Africa management initiative
227.	Hope for the nations Kenya
228.	Hope in action association - Kenya
229.	Hope of grace international
230.	Hope poverty eradication organization
231.	Hope without borders international
232.	Horn of Africa Community Based Health Project
233.	Hospital waste disposal
234.	House of comfort
235.	House of grace organization
236.	Housing support Kenya
237.	Human face initiative
238.	Human health and sanitation initiative
239.	Human quality assessment services
240.	Humanitarian aid and development organization
241.	Humanitarian development organization inc
242.	Humanitarian international voluntary association
243.	Hut to hearth international
244.	Ideal educational counseling center
245.	I'm worth defending
246.	Ima world health
247.	Imani rehabilitation agency
248.	Impact on health
249.	Inada lange foundation for aids research - Kenya
250.	Incas foundation
251.	Information initiative for development
252.	Initiatives in reproductive health
253.	Institute for culture and ecology
254.	Institute for development and welfare services
255.	Institute of capacity development
256.	Integrated community voluntary development program of Kenya
257.	Integrated rural and urban community rebuilders
258.	Integrated social - economic recovery - Kenya
259.	Integration, dignity and economic advancement organization
260.	Integrity development organization
261.	Inter - African development foundation
262.	Integrated pastoralist assistance and development
263.	Integrated programme on HIV/Aids in Kenya

264.	International African manpower institute
265.	International association for the marginalized children
266.	International association for the protection of marginalized children
267.	International community assistance organization (ICAO)
268.	International development and disaster response organization
269.	International medical collaboration unit Kenya
270.	International medical relief organization
271.	Intervida - Kenya
272.	Intex welfare foundation
273.	Intrahealth international
274.	Investing in children and their societies
275.	Isukha heritage organization
276.	Jabali development organization
277.	Jifahamu Kenya foundation
278.	Jijenge skills and livelihood organization
279.	Jikingo organization
280.	Jitegemeo community empowerment programmes
281.	Jitolee - east African volunteering
282.	Joint epilepsy foundation
283.	Joto project initiative
284.	Joy homes Africa services
285.	Joyful women organization
286.	Joyland foundation
287.	Julikei international women and youth affairs
288.	Jumuika empowerment programme
289.	Kakiri education support organization
290.	Kamili organization
291.	Kamulu community health centre
292.	Karibuni Kenya international
293.	Karura community centre
294.	Kenya aids primarchy prevention society
295.	Kenya aids vaccine initiative
296.	Kenya association for maternal and neonatal health - kamaneh
297.	Kenya association for the intellectually handicapped
298.	Kenya community based health financing association
299.	Kenya community health network
300.	Kenya consortium to fight aids, tuberculosis and malaria
301.	Kenya consumers' organization
302.	Kenya drug free communities network
303.	Kenya foundation for youth and women programme
304.	Kenya human service development programme
305.	Kenya mission of world Presbyterian missions, inc
306.	Kenya pediatric research consortium
307.	Kenya peace association ministry
308.	Kenya poverty elimination networks

309.	Kenya roads and life safety
310.	Kenya slum youths development organization
311.	Kenya stroke association
312.	Kenya Tenri society, Tenrikyo mission
313.	Kenya urban slum service organization
314.	Kenya Water Energy Cleanliness and Health Project
315.	Kenya water, energy, cleanliness and health project
316.	Kenya water, energy, cleanliness and health project
317.	Kenya youth development assistance
318.	Kenyamed Aid funds for promotion of natural medicine in Kenya
319.	Kenyan skills uplifting project
320.	Khwisero community health care (KCHC)
321.	Kibera human development project
322.	Kidney centre of Africa
323.	Kifafa care and support child project
324.	Kilimanjaro initiative
325.	King of kings international
326.	Kisima initiative Kenya
327.	Kizazi kipya initiative
328.	Korbanas international inc
329.	Kwa Reuben centre for HIV/aids awareness intervention and barriers
330.	Lamu west professionals organization
331.	Latter day saint charities
332.	Leaders in environmental health action
333.	Lena foundation
334.	Lenana foundation trust
335.	Life 4 kids
336.	Life action initiatives Kenya
337.	Life bloom services international
338.	Life bridge network
339.	Life focus network
340.	Life in abundance- Kenya
341.	Life reformation international
342.	Life to the lifeless organization
343.	Lifebloom services international
344.	Lifeline rescue organization
345.	Light centre for medical aid
346.	Light sisters organization
347.	Linkages for integrated community service organization
348.	Little cherubs for charity international
349.	Little drops foundation
350.	Living in a visionary environment- Kenya
351.	Living in total health initiative
352.	Local aid organization
353.	Love thy neighbor ministry

354.	Lubo foundation
355.	Maisha yetu
356.	Majaso human development
357.	Makadara slum dwellers organization
358.	Manga ridge development and relief foundation
359.	Mangers for orphans and widows
360.	Manna programme community center
361.	Mapendo international
362.	Marafiki community international
363.	Marie Stopes international
364.	Martin Njuma foundation
365.	Mary Mwaniki foundation
366.	Masinet world agencies
367.	Massaba rural development organization
368.	Matibabu foundation
369.	Mbithi memorial education centre
370.	Mchanganyiko unity women organization
371.	Medical aid and disaster management services
372.	Medicine for life organization
373.	Medico- pharmaceutical humanitarian centre
374.	Medicos sin frontiers Spain (MSF Spain)
375.	Merciful children care and education centre
376.	Merciful international guild
377.	Mfano community development strategies
378.	Millennium human and natural resources development programme
379.	Miss Koch Kenya
380.	Mission care international
381.	Mission support Kenya
382.	Mission to bethel foundation
383.	Modu Health Management Centre
384.	Mogra soul winner rescue centre
385.	Mooyo international
386.	Mother and child mission centre of Kenya
387.	Movers and shakers youth development organization
388.	Moving mountains Kenya
389.	Mtaani youth sports development
390.	Multi-sectoral development programme
391.	Mumbo self- help development
392.	Muslim world league
393.	Muungano community development organization
394.	Muungano wa wanawake na watoto wa Kenya
395.	Mwananchi for peace and development programme
396.	Mwangaza Africa international
397.	Mwangaza community development programme
398.	Mwatate community based integrated programmes

399.	Mwendelezi initiative
400.	Nada foundation
401.	Nairobi east centre of hope
402.	Nairobi Eastland's support centre
403.	Nairobi family support services
404.	Nairobi hospice(Nairobi terminal care centre)
405.	National awareness and focus organizations
406.	National Christian youth network
407.	National organization for private public partnership
408.	National organization of volunteers and charity workers in Kenya
409.	National organization of women teachers
410.	National youth resource centers
411.	Natural health organization
412.	Natural resources and environment conservation partnership of Kenya
413.	Neema international
414.	Neema orphans help organization
415.	Neighborhood childcare service
416.	Neighbors for persons with special needs
417.	Network for adolescent and youth of Africa (NAYA) Kenya chapter
418.	Network for education and development foundation
419.	Network for the improvement of world health
420.	Network of aids researchers east & southern Africa
421.	Network of community based organizations self-help group in Kenya
422.	Network of people living with HIV/aids
423.	Network of people living with HIV/aids in Kenya
424.	New hope foundation for Kenyan children
425.	New start HIV services
426.	New Sudanese indigenous NGO's network (nesi-network)
427.	Noble charity homes for destitute
428.	Nub relief, rehabilitation and development organization
429.	Nyamikeke water, agriculture community organization
430.	Nyisango health management and community development project
431.	Oasis Africa program
432.	Oasis memories foundation
433.	Oasis of friends restoration centre
434.	Odyssey women international education services
435.	Ogiek rural integration project
436.	Oikos household of faith
437.	Olangi wosho foundation in Kenya
438.	Olive leaf foundation - Kenya
439.	One health concept
440.	Onekid oneworld
441.	Organization for assistance of children affected or living with aids
442.	Organization for better environment and child care
443.	Organization for environmental change

444.	Organization for gender and child concern - Kenya
445.	Organization for the promotion of enterprises for the needy
446.	Organization of local communities against poverty
447.	Orphelins sans frontiers France
448.	Osteoporosis prevention and age concern
449.	Pace international
450.	Padang Lutheran christian relief
451.	Pambazuko partners organization
452.	Pamoja action initiative
453.	Pamoja charity foundation
454.	Pamoja health solutions organization
455.	Pamoja international voluntary services
456.	Kenya heart foundation
457.	Medical center for public health research and information
458.	School health organization
459.	Panda ngazi integrated development project
460.	Paramount integrated relief initiative
461.	Parental care Kenya
462.	Partners in development
463.	Partners with vision
464.	Passionate funds international
465.	Pastoralist poverty reduction organization
466.	Pat and Jude (exchange)
467.	Pathfinder international
468.	Peace and development partners
469.	Peace building and psychosocial support programme
470.	Peace officers for Christ international
471.	Peace progressive and charity organization
472.	Peacebulding healing and reconcillation programme
473.	Pearls of knowledge and development programme
474.	Pendo Kenya initiative
475.	Peniel mercy organization
476.	Pharmacess foundation
477.	Physical and psychosocial development organization
478.	Physicians for human rights inc
479.	Pinnacle appropriate technologies foundation
480.	Planned parenthood
481.	Play and become Kenya chapter
482.	Poverty alleviation partners for Africa
483.	Poverty reduction ,drugs and HIV/aids awareness organization
484.	Practical action
485.	Practical heritage techniques
486.	Prevention against drug abuse - east Africa
487.	Prieumber charity fund
488.	Pro labore dei in aid of destitute

489.	Program for indigenous community initiatives
490.	Progressive initiatives and methodologies for social and economic enhancement
491.	Project Africa
492.	Project chance Kenya
493.	Project of African youth empowerment
494.	Prometra Kenya
495.	Providence whole care international
496.	Public initiative for empowerment and development
497.	Pure love expressed health care international
498.	Rafiki caring home
499.	Rafiki foundation of Kenya
500.	Rafiki multipliers of information initiative
501.	Rafiki orthopedic rehabilitation centre
502.	Ranalo child and old - age development programme
503.	Ravens mueller foundation
504.	Reach environmental action program
505.	Reach out disabled foundation
506.	Reach the children inc
507.	Reach the destitute for better destiny
508.	Reach to recovery Kenya
509.	Real impact for sustainable growth organization
510.	Redeemed integrated development agency
511.	Regional capacity building network for HIV/Aids
512.	Regional strategies organization
513.	Rehabilitation center for victims of violence
514.	Rehabilitation centre for drug addicts
515.	Rehabilitation centre for victims of violence
516.	Rehema healthcare organization
517.	Rekebisho
518.	Relief foundation
519.	Relief international - Kenya
520.	Relief, reconstruction and development organization
521.	Renewed health programmes
522.	Reproductive health hazard watch
523.	Rescue hope international
524.	Rescue initiatives centre
525.	Rescue vulnerable and orphaned children international
526.	Rescue youth Africa
527.	Research, care and training programme
528.	Residents land protection organization of Kenya
529.	Resource centre for psycho-education and counseling
530.	Resource evaluation and community intensive participation to eradicate poverty in Kenya
531.	Restoration and rehabilitation centre
532.	Retrak international
533.	Revival line international

534.	Revive Africa international
535.	Riders for health
536.	Rift valley HIV/aids, health services and agri-economic development organization
537.	Rongai social economic women organization
538.	Roots Africa development organization
539.	Rural and urban community initiative support organization
540.	Rural enterprise and community resource development international
541.	Rural initiative approach
542.	Safe environment and health organization
543.	Safe harbor international relief
544.	Safe health care Africa
545.	Sahaya deaf, Kenya
546.	Saidia usaidike women organization (Kenya)
547.	Sakina people against drug abuse (spada)
548.	Salute e sviluppo ong (health and development - Kenya)
549.	Samaritan soul international
550.	Samaritan's purse international relief
551.	Sango development initiative
552.	Sauti centre for rural media development
553.	Savelife operation international
554.	Scientific advisory and information network
555.	Seed of compassion
556.	Semi rural aids control organization
557.	Seraphim child and community development initiative
558.	Servers of health and environment
559.	Shadow of love organization
560.	Shake off poverty international
561.	Sickle cell anemia foundation
562.	Slums first-Kenya
563.	Slums integrated development healthcare
564.	Slums light rays international
565.	Smile centre foundation
566.	Smoke - free Africa
567.	Social and economic rights advocacy centre
568.	Social economic mobilization agency
569.	Social economic mobilization agency
570.	Social enterprise and development programme
571.	Social initiative and development for entrepreneurs programmes
572.	Social initiative for development
573.	Social life coordinating organization
574.	Social needs network
575.	Socially organized educative team
576.	Society for hospital and resource exchange
577.	Society for hospital and resource exchange(share)
578.	Sofia children's centre

579.	Solace for HIV/aids affected and infected
580.	Source - net women empowerment program
581.	Source of light - east Africa
582.	Special ministries
583.	Special Olympics Kenya
584.	Special provisions for less fortunate
585.	Splendor community development and gender centre
586.	St. Judes Huruma community health services
587.	Stay alive community organization
588.	Strategic rural economic empowerment project
589.	Strategy for poverty eradication and advancement
590.	Streams of grace international
591.	Streets and slums integration projects
592.	Support initiative for health education and development
593.	Sustainable development and environment network of Kenya
594.	Sustainable project administration services
595.	Sustainable resource management for rural development
596.	Take heart association project
597.	Tausa development programme
598.	Team work community foundation
599.	Tears women organization
600.	Tender hands initiative
601.	The albino children support programme
602.	The center for victims of torture
603.	The door Kenya
604.	The national health development organization
605.	The national organization for private public partnerships
606.	The regional aids training network (RATN)
607.	The safety and emergency management centre
608.	The safety emergency management centre
609.	Three angels broadcasting network - Kenya
610.	To love children educational foundation international - Kenya
611.	Tobacco alcohol substance abuse and HIV/aids counseling
612.	Tobacco alcohol substance abuse HIV/Aids counseling centre
613.	Tolosio community health organization
614.	Total community development healthcare
615.	Transformation community initiatives
616.	True light of community
617.	Tuangaze foundation for community development
618.	Tumaini lifespring foundation
619.	Tumshangilieni mtoto
620.	Twaweza Africa
621.	Two wings social development initiative
622.	Undugu society of Kenya
623.	United effort for community development

624.	United health and development program
625.	United indigenous development initiative organization
626.	United mission for the needy
627.	United rehabilitation centers for alcohol and drug abuse
628.	Uplifting men and youth in Africa
629.	Uppernile kalaazar education association
630.	Urafiki wa kutoa misaada ya kimataifa (Kenya chapter)
631.	Users and survivors of psychiatry in Kenya
632.	Uweza foundation
633.	Uwezo awareness organization
634.	Uzima foundation Africa
635.	Value addition and cottage industry development initiative Africa
636.	Victory foundation programmed
637.	Village missions international
638.	Village women organization - Kenya
639.	Vision integrated community development Programme
640.	Voi research centre
641.	Volunteers placement community development
642.	Vumilia community international
643.	War child Kenya Programme
644.	Water and sanitation for poverty reduction
645.	Watoto wa Baraka international
646.	Watoto wenye nguvu international orphan care
647.	Welfare initiative development network
648.	Wellspring Kenya
649.	Western - rift support organization
650.	Western community health and development Programme
651.	Western Kenya health and environmental organization
652.	Wish Kenyan children well
653.	Women against poverty international
654.	Women ambassadors of vulnerable girls organization
655.	Women awareness and development initiative
656.	Women fighting aids in Kenya (WOFAK)
657.	Women in science technology and innovation
658.	Yes to kids (y2k) health services
659.	Young volunteers forum
660.	Young women campaign against aids
661.	Youth alliance for leadership and development in Africa - yalda (k)
662.	Youth consciousness development and Programme - Kenya
663.	Youth crime and substance abuse control initiative
664.	Youth health services initiative
665.	Youth Health Initiative
666.	Zuia mihadarati, boresha Kenya

Source: The NGO Coordination Board (http://www.ngobureau.or.ke/search_ngo_by_sector_by_district)