Strategic Responses of International Reproductive Health NGOs operating in Kenya to Changes in the Environment

By

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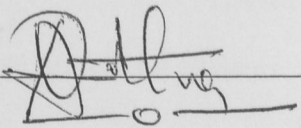**University of Nairobi**

June 2005

DECLARATION

I, the undersigned, declare that this is my original work and has not been submitted to any other college, institution or university other than the University of Nairobi for academic credit.
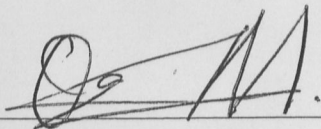
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This project has been presented for examination with my approval as the appointed supervisor.

Signed: _____. Date: 25/10/2006

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DEDICATION

Dedicated to my parents, my wife Angela, and my daughters Cynthia, Joan and Jovia.

To all is love.

ACKNOWLEDGEMENT

My appreciation to all those who assisted me in preparing for the MBA Program. This includes all my lecturers, colleagues and fellow MBA Students. It would have not been possible without your sincere support and encouragement.

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ABSTRACT

Changes in the operating environment of organizations are unavoidable. Changes can come about as a result of improvements in technology, realignment of government policies and strategies, increases in competition, globalization, liberalization and HIV/AIDS among others. Organizations respond to these changes by crafting strategies which guarantee sustainable strategic advantage in spite of the changes in their operating environments. This study evaluates challenges facing Non Governmental Organizations (NGOs) within the Reproductive Health in Kenya as a result of changes in their operating environment and the strategic responses to these challenges.

The main objectives of the study were to determine the challenges facing Reproductive Health NGOs as a result of HIV/AIDS and to find out the strategic responses by Reproductive Health NGOs to the environmental challenge of HIV/AIDS. The study was designed as a survey research of NGOs involved in reproductive health. The study population consisted of all NGOs involved in the reproductive health field. A random sample of 30 organizations was drawn from this population and data obtained from questionnaires mailed to respondents within the selected organizations. Data were analyzed using descriptive statistical methods and means, standard deviations, frequencies and percentages computed. These statistics were then presented in frequency distribution tables.

The major findings of the study are that changes in the operating environment that are attributable to HIV/AIDS have resulted into higher medical and operating costs for most organizations. Most organizations have responded to these changes by developing HIV/AIDS strategies and polices. These polices have been generally effective in dealing with challenges brought about by HIV/AIDS. It is concluded that HIV has generally had effects on the operating environment of reproductive health NGOs. HIV/AIDS has increased the costs associated with healthcare in these organizations and has also resulted into increases in training costs It is also concluded that reproductive health NGOs have effectively developed strategies to counter the changes in their operating environment.

CHAPTER ONE

INTRODUCTION

1.1 Background

Given today's turbulent environment, only firms which create sustainable competitive advantage will exist in the future. Sustainable competitive advantage is an advantage that one firm has relative to competing firms. Michael Porter (1985) argues that, the origin of competitive advantage may be found within its immediate environment. Environmental changes are either threats or opportunities presented by the arena in which an organization operates. The need for strategic responses is brought about by changes in the environment. Firms need to respond to environmental changes to create sustainable competitive advantage.

It is very important for firms to respond to environmental changes otherwise the very survival of the firm will be at stake. To gain sustainable competitive advantage, a firm has to not only continuously scan the environment for opportunities but it has to align itself to the changes in the environment. Porter (1985) has outlined three generic strategies for achieving competitive advantage, namely cost advantage, differentiation and focus. Innovation and strategic response to environmental changes is the only way to guarantee continued existence of firms. Organizations being environment dependant have to constantly adapt their activities and internal configurations to reflect new external realities and failure to do this may put the future success of an organization in jeopardy (Aosa, 1988).

In Kenya changes in the environment are brought about by some or all of the following factors: changes in the consumers tastes, economic changes, changes in technology, changes in government policies and strategies, increased level of competition, political changes, globalization, e-commerce, HIV/AIDS, liberalization among others. Organizations respond to these changes by crafting strategies which guarantee sustainable strategic advantage. Some of the responses by organizations are strategic while others are operational. Strategic changes are aimed at securing a firm's long term survival and may include the following: changes of organizational structure,

creating new markets, creating new products, expanding their scope of operation, innovation, gather information relating to market intelligence. Operational changes on the other hand relate to the day today operations of the firm to ensure smooth operations such as following the standard operating procedures of a firm, developing an accurate payroll system, etc.

Prior to 1991, the entire NGO sector was not regulated by the Kenyan government. Organizations could just start operating in Kenya without any form of registration. In 1991 the NGOs Act came in to force to regulate the activities of the NGOs operating in Kenya. NGOs were required to be registered with the NGO Coordination Bureau in Office of the President. The NGO Bureau provides information to all NGOs operating in Kenya. All NGOs are required to file annual returns comprising of programmatic as well as financial reports. The programmatic reports are supposed to detail the type of work an NGO is involved in and the exact location in Kenya where the NGO is carrying out the programs. The number of expatriates employees compared to the local employees is another requirement by the NGO Bureau. The NGOs are also required to disclose any out comes of the audited accounts which are not favorable such as misuse of donor money. The details of the funding including the donors identity and the total annual funding levels and the length of all the programs being implemented are required to be disclosed

Most organizations in the NGOs sector rely entirely on donor funding to exist. Most donors are from the developed world. Before 1990 donor funds were readily available and there was little if any competition for donor funds. Due to increased demand for donor money, NGOs in this sector have found themselves in stiff competition. They now have to go through vigorous biding processes to compete for donor money. Furthermore, some donors now require that such organizations should form consortiums and compete for donor funds as a group

Similar to profit making firms, NGOs in the Reproductive Health sector are environmental serving organizations. Continued organizational survival will depend on the International Reproductive Health NGOs ability to secure resources from the environment such as donor funds, customers, employees, etc. According to Ansoff and McDonnell (1990) like other organizations, NGOs need continued maintenance

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by the organization of its social legitimacy .The International Reproductive Health NGOs environment has become increasingly uncertain. It is difficult to predict the future. This will force the NGOs to think strategically and translate their insights into effective strategies to cope with their changed circumstances and develop the necessary groundwork for adopting and implementing their strategies (Bryson, 1995).

1.1.1 International Reproductive Health NGOs

The International Reproductive Health NGOs comprises of those organizations which are non-governmental, non-profit making and compliment the work of the government in reproductive sector. According to Pappas (1996), from clinical perspective a non profit organization is any private organization that provides services that are of benefit to society without focusing on making profits. Some of the reproductive Health services include Family Planning, Maternal/Child Health, Men As Partners, Post Abortion Care, STI/HIV prevention and quality of care among others.

The International Reproductive Health NGOs strategies are under siege from endless variety of constituencies. This industry can no longer bask in its historic glory and assume the business as usual approach. It is high time the sector became deliberate about how it responds to changes in the environment (Pappas, 1996). International Reproductive NGOs face intensive pressure from various stakeholders, who claim to have vested interested. Resources are increasingly difficult to obtain and the degree of sophistication in fundraising has increased. For these reasons, International Reproductive Health NGOs are turning increasingly turning to strategic management as a way to enhance organizational effectiveness and adapt to the rapidly changing environment (Connors, 1993). Strategic management decision and activity relates the organization to its high environment in such a way that enables it to pursue its objectives and ensure they are consistency with the organizational capabilities and continues to be responsive to environmental demands (Stahl and Grisby, 1997).

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1.1.2 HIV/AIDS

HIV/AIDS was first discovered in the early 1980s. There has been a controversy as to whether the deadly disease originated in the US or in Africa. Whichever the case, the effects of HIV/AIDS have reached alarming levels especially in the sub-Saharan Africa. According to the UNAIDS report of December 2004, South Africa has the highest prevalence rate in the world, about 21.5% with an estimate of 5.3 million living with HIV/AIDS by the end of December 2003. In the East Africa region, Uganda has a national prevalence rate of 4.1%, Tanzania 8.8%, Ethiopia 4.4% and Kenya 6.7%. These figures are as per UNAIDS report of December 2004. The prevalence is quite high compared to countries in the developed countries such France 0.4%, German 0.1%, UK 0.1%, USA 0.6 % and   Japan less than 0.1 %

Sub-Saharan Africa has jus 10% of the world's population, but it is home to more than 60% of all people living with HIV, some 25.4 million. East African now boasts of gradual modest declines in HIV prevalence among pregnant women in urban areas. Across the region women are disproportionately affected by HIV/AIDS. On average, there are 13 women living with HIV/AIDS for every 13 infected men. This is because by nature women are more predisposed to HIV/AIDS infection than men.

HIV/AIDS is spread by blood transfusion, sharing of needles and other sharp objects, mother to child transmission during childbirth and sexual intercourse. Sex transmission accounts for more than 95%. Most of the funds used to fight HIV/AIDS are directed towards behavior change. This is seen as the only way to reduce HIV infections in the long run in the sub-Saharan Africa. Behavior change campaign is combined with other practices such as use of a condom for protection purpose. Certain groups such as the catholic such does not advocate for use of condom thus complicating the HIV reduction campaign. So far millions of dollars have been spent in Kenya both by the ministry of Health and NGOs to fight the HIV epidemic. In Kenya the national prevalence rate has dropped from about 14% to the current rate of 6.7% and the trend is continuing. This shows it is possible to reverse the effects of HIV/AIDS epidemic if everybody continues with the war against HIV/AIDS.

The war is far from over because infections among the youth are still very high. Certain region such as Nyanza, Western and Nairobi provinces the infection prevalence is higher that the national prevalence and more resources are needed to bring the infection rates down.

Cultural practices such as polygamy, wife inheritance, early marriages, teen-age sex and rape contribute to the spread of HIV/AIDS. Unfortunately, culture does not change overnight and the fight against the epidemic will continue to be a challenge. At this point in time nobody knows for sure when HIV prevalence will be reduced to levels comparable to those in Europe or America of less than 1%. The way forward is to continue with the fight against the disease. If Kenya is to succeed in bringing this change down then everybody has to be involved in the campaign against HIV/AIDS. Awareness to the youth and all Kenyans who are sexually active need to be involved in the campaign in one way or the other. These campaigns could target organized groups such as the informed forces, University/College students and school children, women groups, men groups and the general public. Communication materials should be in languages which are well understood by the target groups.

HIV/AIDS has affected organizations negatively in several ways. HIV/AIDS affects people who are in their most productive years. The disease is killing the top brains that are part of the resources of the organizations. Along with loss of labour and skill that takes many years to replace, HIV/AIDS has implications on other aspects of employment such as training, recruitment, sickness benefits, pension, insurance and lower morale of workers as a result of illness, suffering and loss of colleagues, friends and relatives. The devastating effect of HIV/AIDS on the economy has been largely through absenteeism from work and lowered output as infected persons develop full blown AIDS. Late stage AIDS patients are unable to work at all .In many developing countries there is already shortage of skilled labour. The situation is made worse by the evidence that the pool of people who will make up the next generation of skilled workers is already diminishing.

The psycho-social environment of the workplace is being affected when some employees have a serious and, ultimately, terminal condition. It therefore makes good business for companies to adopt HIV/AIDS policies, and to encompass not only the

reactive steps but also proactive measures designed to limit the spread of HIV and its effect among the workforce and society at large. As a result of HIV/AIDS, organizations are incurring extra costs of managing the changed work environment. Organizations have social responsibility to treat HIV/AIDS infected people like any other staff. Discrimination against the infected people is now becoming a legal issue in many countries.

1.2 Statement of the Research Problem

Some NGOs in the International Reproductive Health Sector are down sizing and closing down due to effects of HIV/AIDS. This study will be useful in identifying the appropriate strategies necessary for responding to environmental changes such as HIV/AIDS. Strategic responses to external environment have been studied in the past but none of the past studies is similar to this study.

The studies of the former researchers focused on different industries. Bett (1995) studied the Dairy Industry, Chepkwony (2001) studied the petroleum industry, Armurle (2002) studied Family Planning association of kenya, a local NGO, Kadie (2001) studied the telecommunication industry, Isaboke (2001) studied the oil industry, Kombo (1997) studied the Motor Vehicle industry, Guro (2003) studied commercial banks, Mugunde (2003) studied the broadcasting sector, Mugambi (2003) studied the tourist hotels sector, Muturi (2000) studied brewery industry, Warsame (2002) studied the relief and development NGOs sector, Mwarania (2003) studied the insurance industry. Several studies focused on strategic responses posed by HIV/AIDS. Muraah (2003) studied the strategic responses by Kenya pharmaceutical firms to the challenge of the HIV/AIDS pandemic. Rariega (2001) studied social responsiveness of pharmaceutical firms to the HIV/AIDS pandemic, Aseto (2002) studied the marketing strategies used by multinational pharmaceutical companies to harmonize the conflict between maximizing profits and maintaining social responsibility in the marketing of social related diseases therapies, Wamalwa (2002) studied the strategic implications of enacting IP Bill in 2001 on the pharmaceutical firms in Kenya.

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Most of these studies focused on the question of ARVs and the opportunity presented to pharmaceutical firms by HIV/AIDS pandemic. None of theses studied looked at the Reproductive Health Non Governmental Organizations and the broader scope of strategic responses to challenges presented by the HIV pandemic.

The reproductive Health sector is unique. This sector is serves clients who are in the reproductive age only. Other sectors studied before such as dairy industry serves clients of all ages, the pharmaceutical industry serves clients of all ages, the tourist industry serves clients of higher income brackets who are mainly foreigners and commercial banks serves clients who are income generating just to mention a few. Another difference is that services in the International Reproductive Health are either provided free of charge because they are donor funded or are highly subsidized. The sector is unique because most of the clients are of low income and benefit from donor funded services. By addressing the reproductive health issues in the long run it is possible to improve quality of life and hence economic development. This study will focus on the challenges of HIV/AIDS to the reproductive Health Sector.

The drivers of change in this the Reproductive health sector is different from the drivers of change of the most of the other sectors studied before. Some of the drivers of change in this sector are donor funding, needs of the customers and customer awareness. Most of the drivers of change in the other sectors studied before such as telecommunication are technology and government regulation. The drivers of change in the banking industry are technology, innovation and quality of service. The drivers of change in the tourism industry are security, hospitality of service offered by the resorts and the level of income of the clients in that industry.

1.3 Objectives of the study

The objectives of the study were:

i.   To find out the challenges facing Reproductive Health NGOs as a result of HIV/AIDS.

ii.   To find out the strategic responses by Reproductive Health NGOs to the environmental challenges of HIV/AIDS.

2.1 The Concept of Strategy

Documented strategic management history goes back to the early 1950s in the USA. In 1962, Chandler defined strategy as the determination of the basic long term goals and objectives of an enterprise and the adoption of a course of action and the allocation of resources necessary for carrying out these goals. The ideas of Chandler were further developed by Ansoff (1965) and Andrews (1971). Ansoff (1965) defined strategy as a set of decision rules for guidance of organizational behaviour. Andrews (1971) defined strategy as a pattern of decisions in a company that determines and reveals its objectives, purposes or goals, produces the principal policies and plans for achieving those goals and defines the ranges of business the organization is to pursue, the kind of economic and human organization it is or intends to be and the nature of the economic and non economic contribution it intends to make to its shareholders, employees and communities. Pearce and Robinson (1988) defined strategic responses as the set of decisions and actions that result in the formulation and implementation of plans designed to achieve a firm's objectives. This is a reaction to what is happening in the environment of an organization. There is no consensus on the precise definition of strategy. Strategy is a multi-dimensional and situational and consequently varies from one industry to another.

Most authors however do agree that strategy must include both internal and external environmental analysis of an organization and selection of generic strategies that will give a firm position in such a way to have a sustainable competitive advantage over its competitors (Porter, 1996). Porter further sees strategy as highly analytical as particular configurations of the value chain which are ideally unique and sustainable providing positions which can not be easily copied by competitors. Ansoff (1990) defined strategy as a systematic approach for managing change which consists of: first, positioning of the firm through strategy and capability planning, secondly, real time strategic response through issue management and thirdly, systematic managing resistance during strategic implementation.

Strategy is a multidimensional concept defined in different ways by different authors. Strategy is the match between an organization's resources, skills and environmental opportunities and risks it faces. Porter (1980) defines strategy as a creation of a unique position. It involves trade offs in competing involving a set of activities that neatly fit together that are simply consistent. It is simply a game plan which results in future oriented plans, interacting with the competitive environment to achieve the company's objectives.

Strategy is a relative concept. It is pursued largely as a counter response to the actual and expected actions and capabilities of rivals. More specifically, strategy specifies the ways that competitors hope to gain advantage over another. Approaches to gaining advantage can only be deduced by examining the variety of factors that together shape the means and intensity by which competitors react to perceived market threats. These factors can be summarized in numerous ways, such as broader environment, market structure, behavior of rivals, internal competencies of organizations etc. Strategy is often viewed through different lenses, depending on one's background and purpose. More important, business strategy is a very young field. As a result, not all of the concepts and approaches to analysis are yet well established or agreed on. Significantly, the field of healthcare strategy is even less well developed; consequently, we have much to learn about how strategy should be applied in so distinctive and important an industry as health care.

According to Johnson and Scholes, (2002), an organizations strategic capability is a relative issue since it concerns the ability to meet and out do the performance o competitors. Managers have to come up with sound strategic plans and innovations which will crate sustainable competitive position for the firm. On going research and product development, innovation and continuous adoption of an organization to the ever-changing external environment are some of the ways which will assist in coming up with sound strategic plans. According to Johnson and Scholes (2002), a firm must ensure there is a strategic match between the changes in the environment, the strategies in place and the firm's capability. Failure of such a match will create a strategic mismatch. This will increase a firm's vulnerability to competitors. Firms have to identify industry critical success factors which will enable firms to focus on

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the needs for customers. This will add value to customers and lock in customers and eventually lock out competitors.

To asses your value adding to business, you have to ask not what other players can bring to you but what you can bring to them. Management can benefit from these insights from game theory; to design a strategy by changing the in place may be far greater than those from maintaining a status quo. The idea of raising added value for the services to customers will definitely give a competitive advantage to an organization over other organizations in the changing environment.

Focusing on the needs of your customer is an important aspect in understanding changes in the environment. In addition, a firm has to pay particular attention to other changes in the environment which might affect the business in a negative way. Adding value to consumers' services and goods will lock in your customers and lock out your competitors. Benchmarking for organizations to know how they are performing within the industry will enable an organization to identify those sections of the business which require improvements. Tools such as value chain analysis, product mapping and other techniques can be used to identify areas of the business which requires improvements.

Strategy arrived more recently in the healthcare industry than it did in most other industries. As occurred in the business world, generally, heightened market threat initiated healthcare's shift to strategic orientation. By contrast to general business, however, the shift took place within a very short span of time. This rapid movement of strategy into healthcare explains in part the turbulence in strategy concept and approach that plagues healthcare today. The healthcare is transforming itself from a sleepy community serving system to a dynamic, market – driven industry. As a result, strategy has become a primary basis on which many healthcare organizations now plot their futures.

2.2 Environment and challenges

An environment consists of variables that form the context within which firms exist (Hunger and Wheelen, 1995). Environmental conditions affect and influence strategies developed by organizations for its success. Environmental factors affect strategic management practices. Strategy helps organizations to cope with change designing appropriate strategic responses (Pearce and Robinson, 1988). Ansof and McDonnell (1990) observed that strategic diagnoses help determine the firms strategic responses. Strategic responses will ensure success within the environment in which a firm operates. The business external environment could change for a certain number of factors. These factors could be economic, legal, political, competition, natural and so on. Firms need to create sustainable competitive advantage in order to react to challenges in the environment. Sustainable Competitive advantage is an advantage that one firm has relative to competing firms. It usually originates from a firm's distinctive competence. It allows the maintenance and improvement of the firm's competitive position.

Porter (1991) argues that in general, sustainable competitive advantage is difficult to mimic, is unique, sustainable, and superior to the competitors, and is applicable to multiple situations. The future is an underlying consideration in environmental challenges. While we must resolve environmental challenges that we are faced with now, we must also pay attention to signals of challenges that may confront us in the future. The capability to anticipate problems that may emerge in the future as a result of environmental challenges ca be a powerful planning tool for organizations. An awareness of trends and possible developments which may bring about environmental challenges could help organizations to be better prepared to address challenges which may arise in the future. The environment is not static but turbulent, discontinuous and uncertain. Strategic responses calls for organizations to change their strategy to match the environment and also to transform the organization in order to match the strategy

2.3 Responses to the environmental changes

Porter (1991) pointed out that an organization needs to know the underlying sources of competitive pressure to develop an actionable strategic agenda. Faced with unfamiliar changes in the environment, there is need to come up with strategies

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appropriate for the new challenges. Firms need strategic management attention (Pearce and Robinson, 1988). Firms need strategies for direction, focusing efforts to define organization and to provide consistency (Mintzberg, 1994). Aosa (1992) observed that the modern approach to strategic planning has developed to increasing challenges caused by high levels of environmental turbulence. Assessment of environmental threats, opportunities, weaknesses and strengths (SWOT) are core to developing strategic response. A strategic diagnosis helps the organization to determine the necessary changes to be made to its strategies and internal capabilities. Firms need to respond to changes with stable and long term yet flexible fundamental change in character of business as well as major changes of the business interface with customers.

Organizations that do not adequately adjust to meet environmental challenges will experience a strategic problem (Aosa, 1992). This problem arises out of the non adjustment to the environment by organizations. The success, survival and consistency of any organization will depend on how well it positions itself to the change in the external environment. Strategic management and positioning involves strategy formulation, implementation, control and evaluation.

An organization must maintain a strategic fit with the environment. Organizations have to respond to the dynamism, instability, heterogeneity and uncertainty of the environment (Thompson, 1967). The key drivers in environmental turbulence are technology, innovation, globalization, hyper competition, quality of goods and services as well as the ever changing needs of the customers served by the organizations. A sustainable competitive advantage is maintained when there is a strategic fit between the external and internal environment. The environment is a critical factor for any organization's survival and success. The environment shapes how organizations configure their activities and resources and enables it to create a unique, valuable and visible output in the market place. The environment should be viewed as a system for profound understanding in order to enhance the decision making exercise.

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Strategic response involves change in a firm's strategic behaviour to assure success in the transforming future environment. Strategic diagnosis identifies whether there is need to carry out such change (Ansoff, 1999). Specific action is selected and executed to bring the firm's aggressiveness and responsiveness in line with the future environment.

Environment E_1 Change in turbulence E_2

Strategic   Real - time

Response   Strategic transformation   Response

S1 E_1 S2

Internal

Capability   Capability

Transformation C_2

E_1
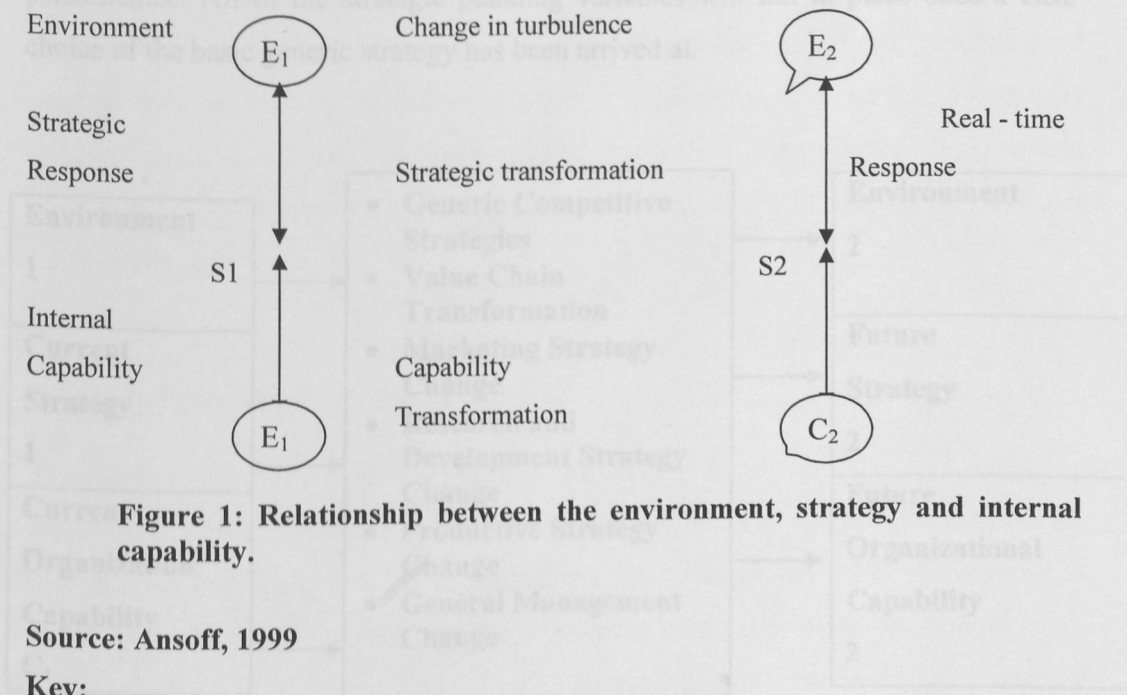
Figure 1: Relationship between the environment, strategy and internal capability.

Source: Ansoff, 1999

Key:

E_1 – Present Environment. E_2 – Future Environment. – Changes in Environmental Turbulence. S_1 – Present Strategy. S_2 – Future Strategy. Strategic Transformation. C_1 – Present Internal Capability. C_2 – Future Internal Capability. – Capability Transformation.

The above figure shows the relationship between the environment, strategy and internal capability. As illustrated in the figure, a change in the environment, from environment E_1 to E_2 requires a change in the firm's strategy from S_1 to S_2. A change in strategy can only be possible if the organizational capability is changed from capability C_1 to C_2, as shown in figure 1 above.

2.3.1 Operationalising Strategic Response

Strategic response often involves a change in the competitive position a firm occupies in the competitive industry (Porter, 1998). A change in the competitive position will require a company to decide on which generic strategy to adopt. The choice involves focus, differentiation and cost strategies. This choice is essential in the strategic planning process since it determines the superiority of the total organization performance. All of the strategic planning variables will fall in place once a clear choice of the basic generic strategy has been arrived at.

Environment 1	• Generic Competitive Strategies • Value Chain Transformation • Marketing Strategy Change • Research and Development Strategy Change • Productive Strategy Change • General Management Change	Environment 2
Current Strategy 1		Future Strategy 2
Current Organization Capability C_1		Future Organizational Capability 2

Figure 2: Strategic response variables

Source: Porter, 1998

Figure 2 above shows the various strategic response variables a firm may adopt in transforming its strategy and internal capability under changed environmental conditions. The value chain activities, production strategies, marketing strategies, financial strategies, research strategies and general management activities will work towards creating the new organizational position.

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Current Organization Capability C_1		Future Organizational Capability 2

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CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research Design

This study was designed as a survey research. A survey research is a systematic gathering of information from a sample of respondents for the purpose of understanding and predicting some aspects of the behaviour of the population of interest. Primary data were collected using a questionnaire. A survey design was adopted since it allowed an in-depth and exhaustive investigation. This would otherwise be impossible in a cross-section study given the limitations of time and other resources.

3.2 Study Population

According to the NGO Coordination Board directory, there were about 55 registered Reproductive Health NGO in Kenya by December 2004. The sample size selected for the purpose this study was 30 organizations. This constituted 55% of the targeted population which was deemed adequate enough to base conclusions on. The selection of organizations for the survey was done on a random basis. The 2004 NGO Directory was used as the sampling frame because it listed the organizations of interest alphabetically in an organized and systematic manner.

3.3 Data Collection

Data were collected using a questionnaire developed specifically for the study. The questionnaire contained both close and open ended questions with checkboxes for respondents to record their answers. The questionnaire was selected as an appropriate data collection instrument due to the perceived familiarity of most of the issues of interest to the researcher. The questionnaire has also been previously used in similar studies such as Aosa (1992).

A combination of mail and "drop and pick" methods were used to administer the questionnaire. The questionnaire was mailed to the respondents with the prepaid self addressed envelope to increase the response rate. This was followed by a telephone calls and personal visits where possible. The questionnaires targeted individuals in senior management positions within NGOs as respondents. These are the staff members who are involved in the day today management of the organization and are thus well conversant with the operations, goals, strategies and plans of the organization.

3.4 Data Analysis

The retuned questionnaires were edited for completeness and the data coded in a spreadsheet program. Data were then analyzed using descriptive statistics. This involved the computation of means, graphs, percentages, frequencies, charts and standard deviation. These are clear, easy to understand and interpret techniques.

DATA ANALYSIS AND PRESENTATION OF RESULTS

4.1 Introduction to Data Analysis

This chapter gives the results of the analysis of the data collected in the study. In the next section demographic statistics are given followed by the results for each objective in the subsequent sections.

4.2 Demographics

A total of 30 responses were obtained from the survey. The following is a summary of the characteristics of the study population.

4.2.1 Respondents Years in NGO Sector

Sixteen respondents (51.6%) have been in the NGO sector for less than five years. Seven (22.6%) have been in the industry for between five and ten years while three respondents have been in the NGO sector for over fifteen years.

4.2.2 Number of Locations of Activity

Ten organisations (74.2%) have their operations in 1 to 4 provinces in the country. Eight organisations (25.8%) operate in five or more provinces.

4.2.3 Ownership

Thirteen NGOs (41.9%) are foreign owned. Twelve organisations (38.7%) are owned by both locals and foreigners and six (19.4%) owned exclusively by locals.

4.2.4 Business Activity

Twelve organisations are involved in reproductive health (43.8%), nine in general community health (28.1%), four are involved in family health, another four in development/technical assistance and training and one organisation in labour unions empowerment.

4.3 Environment and Challenges

This section summarises responses on the overall business environment and challenges currently facing the surveyed organisations. Amongst the challenges are the effects of HIV /AIDS on the operations of the organisation in the last ten years as well as the effects of HIV/AIDS on the organisation.

4.3.1 Business Environment

Seventeen respondents (56.7%) perceive the NGO business environment as very stable. Six respondents (20%) believe the business environment is discontinuous (irregular) while five (16.7%) consider the environment very turbulent. Two respondents indicated that they were not sure about the current business environment.

4.3.2 HIV/AIDS Effects on Operations

Table 1 below gives a summary of ratings of the challenges organisations have been facing as a result of HIV/AIDS. The ratings were made on a scale of 1 to 5 (least effected to most effect).

Table 1: Challenges

Challenge	Mean Ratings	Standard Deviation
Low Morale	1.4	0.52
Absenteeism	1.3	0.46
Death of employees	1.2	0.56
Increased medical expenses	2.0	0.43
Shortage of skilled labour	2.0	0.49
Staff turnover	1.5	0.33
Increased overhead costs	1.5	0.37

Table 1 above shows that most respondents consider the higher medical costs and higher training costs as some of the areas where HIV/AIDS has affected them seriously. Staff loss and absenteeism are some of the areas where organisations were least affected.

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4.3.3 Overall Effects of Environmental Challenges on Organizations

Table 2 below summarises respondents ratings of the effects the challenges summarised in 4.3.2 above on organisations. The ratings are made on a continuum of 1-5 representing the least important to the most important effects.

Table 2: Effects of Environmental Challenges

Effects	Mean Rating	Standard Deviation
Downsizing	1.2	0.40
Restructuring	1.6	0.23
Reduced Funding	1.3	0.45
Loss of Business Opportunities	1.3	0.67
Reduced Productivity	1.4	0.51
Reduced Scope	1.3	0.38

Table 2 above shows that most respondents believe their organisations have not been affected by the challenges. Restructuring is ranked highest amongst the effects on organisations with a mean rating of 1.6. This rating is low given that the lowest possible ration is 1.0.

4.4 Strategic Responses to Environmental Challenges

This section summarises the responses of the surveyed organisations to the challenges of HIV/AIDS. Amongst the strategic responses are the developments of HIV/AIDS policies and long term plans. Twenty organisations (69%) have developed a HIV strategy. Eighteen (64.3%) have a HIV/AIDS policy with five organisations further indicating that their employees were aware of the existence of a HIV policy in their organisation.

In terms of planning, 29 (90.0%) organisations have developed long term plans. Twenty three organisations (76.7%) consider the development of long term plans as very important, four (13.3%) consider long term planning as important while two organisations (6.7%) consider it essential. Only one organisation (3.3%) indicated that long term planning was not important to them. Seventeen organisations (56.7%) develop or review their long term plans every three to five years, seven organisations

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every 2-3 years and four develop plans as requested by their funding bodies. Organisations develop long term plans for both internal control and for external funding purposes (89.7%). Two organisations indicted that they developed long term plans 'to guide the vision of the organisation and its corporate affiliates, to shape the future' and for 'resource mobilisation and structural achievement of the organisation'. Organisations mostly consider the needs of beneficiaries, their key success factors and core competencies while preparing plans with the least considered factor being the activities of other NGOs. In terms of strategy, twenty eight organisations (96.6%) have developed long term strategies. In 96.7% of cases, the strategies developed are formal with only one organisation having informal strategies. However, two respondents did not indicate the type of strategies within their organisation. Six organisations (22.2%) have conducted company wide HIV/AIDS training while three organisations perform pre-employment HIV testing on their employees.

A summary of the factors that organisations consider when preparing their plans is given in table 3 below. Respondents were asked to rate factors on a scale of 1 to 5 representing not important to very important.

Table 3: Factors considered before preparing plans

Factor	Mean Rating	Standard Deviation
Key success factors	4.6	0.87
Opinion of sponsors	4.0	1.09
Other NGOs	2.3	1.73
Past experience	4.3	0.62
Government policy and plans	4.3	0.92
Sessesional papers	3.3	1.67
Core competence	4.5	0.93
Beneficiary needs	4.8	0.51

Table 3 above shows that the most important factors that the surveyed organisations considered when preparing their plans included the needs of beneficiaries (4.8), key success factors (4.6), their core competencies (4.5), government policies and

sessesional papers (4.3), and the opinions of their sponsors (4.0). The least considered factor in the preparation of plans was the activity of other NGOs (2.3).

4.4.1 Areas addressed by HIV/AIDS Policies/Strategies

Table 4 below gives a summary of the areas addressed by different HIV policies in the surveyed organisations.

Table 4: Areas Addressed by HIV/AIDS Policies

Areas Addressed	Frequency	Percentage
Provision of ARVs	10	83.3
Non-discrimination of HIV+ Persons	10	83.3
Prevention of Workplace infection	8	66.7
Voluntary counseling and testing	3	25.0
Behavior change	2	16.7
Accessing catastrophic illness cover	1	8.3
Total responses	34	283.3

Table 4 above shows that in 83.3% of the surveyed organisations, HIV/AIDS policies seek to provide ARVs and ensure there is no discrimination of HIV+ persons. Prevention of workplace infection is addressed by 66.7% of policies. Only 8.3% of the policies in place in the surveyed organisations addressee access to catastrophic illness cover.

4.4.2 Responses to Challenges brought about by HIV Aids

Table 7 below gives a summary of ratings of the strategic responses that organisations have taken in order to counter challenges brought about by HIV/AIDS. The ratings were made on a scale of 1-5 representing least important to most important response. The mean ratings are summarised in table 4 below.

Table 7: Strategic Responses to HIV/AIDS Challenges

Strategic Response	Mean Rating
Training staff	2.8
Discriminating HIV+ Staff	1.5
Increased Funding for HIV/AIDS	2.4
Prevention Programs for Staff	2.4
Increased training budgets	1.8
Pre-testing new staff	1.0

Table 4 above shows that amongst the most important responses to the HIV/AIDS challenge are training staff (2.8), staff prevention programs (2.4) and the increase in HIV/AIDS related funding. The least important response has been the pre-testing of new staff.

4.5 Chapter Summary

This chapter has presented the results of the study survey. In the next chapter, a summary, discussion of the results, conclusions and recommendations are given.

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter gives a summary of the study, a discussion of the findings and the conclusions of the study. The chapter is organized into subsections, which include a summary of the research study, a discussion of the major findings of the project and its conclusions and recommendations.

5.2 Summary

This research study's main objectives were to determine the challenges facing Reproductive Health NGOs as a result of HIV/AIDS and to find out the strategic responses by Reproductive Health NGOs to the environmental challenges posed by HIV/AIDS. The study was designed as a survey research of non governmental organizations involved in providing reproductive health services. The study population consisted of all NGOs involved in the reproductive health field. A random sample of 30 organizations was drawn from this population and data obtained from questionnaires mailed to respondents within the selected organizations. Data were then analyzed using descriptive methods and presented in frequency distribution tables and in bar charts. Descriptive statistics including means, frequencies and percentages were computed in the analysis.

In terms of the challenges currently facing NGOs involved in the provision of reproductive health services the following findings were made: On business environment in the sector, 56.7% described their operating environment as very stable while another 36.7% of respondents consider their operating environments as being either very turbulent or irregular; HIV/AIDS has had effects on the operations of most organizations but these effects are mostly limited to increases in medical costs and in training costs. These were given a mean rating of 2.0 by respondents in a scale of 1 to 5 representing least important to most important effects. The challenges have had effects on organizations productivity and in some instances resulted into

restructurings. These effects were rated by respondents as the most important amongst possible effects within their organizations that could be attributed to HIV/AIDS.

Organizations have responded to these challenges with mostly similar strategies. Sixty four percent (64.3%) of the surveyed NGOs have developed a HIV policy and 69.0% have a HIV strategy. Most policies aim at provision of ARVs (83.3%), reducing the discrimination against HIV positive people (83.3%), prevention of workplace infection (66.7%) and company wide training (77.8%). In terms of the effectiveness of these responses, amongst the most important responses to the HIV/AIDS challenge are training staff (2.8), staff prevention programs (2.4) and the increase in HIV/AIDS related funding (2.4).

5.3 Discussions

There are disparities in respondents' evaluation of the current business environment in the NGO sector. This suggests that different organizations have been affected differently by HIV/AIDS. The mean ratings of the effects of HIV /AIDS on the organizations operations are generally low (less than 2.0). The ratings of the effects on overall organization are also generally low, less than 1.6. These low ratings indicate that most respondents did not consider the effects/impact of HIV AIDS in their organizations as being important. It is therefore possible that while HIV/AIDS may have had a devastating impact on the general population, these organizations have generally come out unscathed.

The organizations have generally responded well to the challenges that have arisen due to HIV/AIDS. Most have developed policies and strategies aimed at addressing HIV/AIDS in amongst their employees. It can therefore be concluded that the organizations have adequately adjusted in order to meet the environmental challenges facing them and are unlikely to face any strategic fit problems which according to Aosa (1992) are usually a result of failure to adjust.

5.4 Conclusions

It's concluded that HIV has generally had effects on the operating environment of reproductive health NGOs. HIV/AIDS has increased the costs associated with healthcare in these organizations and has also resulted into increases in training costs. It is however noted that HIV/AIDS has affected different organizations differently. Organizations have responded to most of their challenges effectively. Amongst some of the most effective measures that have been taken to counter HIV/AIDS are HIV training, provision of ARVs and the prevention of workplace infection and discrimination against HIV+ people. It's therefore also concluded that reproductive health NGOs have developed strategies that have effectively countered the changes in their operating environment.

5.5 Recommendations

5.5.1 Recommendations for Policy and Practice

HIV/AIDS has affected organizations negatively. The disease kills people in their most productive years and robs organizations of employees with experience and high training. These organizations therefore incur costs of recruiting and training replacements. Organizations should therefore ensure that they have policies in place to prevent workplace infection as well as provide life-extending medication to infected employees. Implementing such policies can help organizations reduce the effects of the disease and in the long run, reduce the costs associated with the disease.

Another policy that reproductive health NGOs can consider is providing catastrophic illness cover for their employees so that any who has contracted HIV and developed AIDS can be taken care of without the organization incurring further expenses. This can also help to improve morale of employees and can act show that the organizations care for its employees as much as for the beneficiaries of their programs.

5.5.2 Suggestions for Further Research

This study mapped out the current status of HIV related challenges affecting NGOs in the reproductive health sector and the strategies they have adopted in response to

these challenges. As the results have shown, some organizations have come up with responses while other have not. It is however not apparent if the organizations that have come up with strategies and policies have therefore obtained competitive advantage over their counterparts. The study also failed to consider which amongst the strategies that have been adopted by the included organizations have been effective in reducing the effects of HIV/AIDS.

Future research should therefore seek to determine if organizations that have implemented strategic responses to the HIV/AIDS challenge have consequently developed competitive advantage over those that have not. Furthermore, such research can also determine which if any of the strategies adopted to mitigate the effects of HIV/AIDS have had a positive impact on the organizations workforce, processes and bottom line.

5.5.3 Limitations of the Study

The study considered only organizations involved in the reproductive health sector. However, HIV/AIDS is a challenge to both for profit and not for profit organizations. The findings contained in this report can therefore not be generalized to the entire NGO sector or the whole spectrum of business organizations. Such organizations may have policies and strategic responses that are completely at variance with the findings herein. This is the major limitation of the study.

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Appendix I: Letter of Introduction

To the Respondent

Dear Sir/Madam,

RE: MBA RESEARCH PROJECT

I am a student in the faculty of commerce, University of Nairobi, Kenya. In partial fulfillment of the requirement of the degree of master of Business Administration (MBA), I am conducting a study entitled (Strategic Responses of Reproductive Health NGOS Operating in Kenya)

This questionnaire is designed to gather information on the environmental changes and the strategic responses used by Reproductive Health NGOs in Kenya.
Any information you might provide to make this study more revealing will indeed be appreciated.

The information and data required is needed for academic purpose only and will be treated in strict confidence. In no instance will your name be mentioned in the report.

Thank you in anticipation

Yours faithfully,

Antony M .Mueke
(MBA Student)

Appendix II: Study Questionnaire

NOTE: This questionnaire seeks to establish challenges facing reproductive health NGOs operating in Kenya. The information in this questionnaire will be treated confidentially and will not be used for any other purpose other than academic. In case of difficulties or clarification, the data collector will discuss with you when picking the completed questionnaire.

Date -- Questionnaire No ----------------------------

Title of respondent ---

Number of years worked in the NGO --

PART A

1. (i)   Name of the (NGO) Organization ---

    (ii) When was your organization started?
          Headquarters ---

    (iii) List the geographical locations where the organization carries on its business in Kenya

          1. -- 2. ------------------------------------

          3. -- 4. ------------------------------------

    (iv) Management and ownership of the NGO:

          (a)   Wholly foreign   ☐   Wholly local   ☐   Both   ☐

          (b)   Group ownership ☐   Individual   ☐   Both   ☐

2. (a)   What business are you in? ---

          Reproductive Health   ☐   Family Health ☐

          Any other (specify)   ---

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3.   (a)   Please state your vision --

        ----

4.   Please list three organizations objectives.

        (a)   ---

        (b)   ---

        (c)   ---

5.   How would you describe your business or operation environment?

        Very turbulent   ☐

        Very stable   ☐

        Irregular (discontinuous)   ☐

        Not sure   ☐

6.   How important is long-term planning to the future success of your
        organization?

        Of no importance   ☐

        Of limited importance   ☐

        Important   ☐

        Very important   ☐

        Essential   ☐

        Any other (specify)

        ----

7. How often is a long-term plan prepared in your organization? (tick)

   Every 2-3 years   ☐

   Every 3-5 years   ☐

   As requested by external funding   ☐

   Never prepared   ☐

   Others (specify)

   ----

8. What is the main reason for the preparation of a corporate plan in your
   organization?

   Required by the external funding body   ☐

   Internal control purposes   ☐

   Both Internal control and for external funding bodies   ☐

   Never prepared   ☐

   Others (specify)

   ----

9. Is long-term planning carried out in relation to your services or products?

   Yes   ☐   No   ☐

10. If yes, are the plans Formal/explicit or Informal/implicit? Explain

    ----

    ----

11. What is the long-term planning horizon of these plans? (tick)

Short term   1 year

Medium   1-3 years

Long term   5 years

Others (specify)

----

12. Are long-term objectives set for the organization? (tick)

        Yes   ☐   No   ☐

13. If yes, are these objectives

                              Yes   No

Formal   ☐   ☐

Informal   ☐   ☐

14. Are long-term strategies developed in relation to products and services? (tick)

        Yes   ☐   No   ☐

15. If yes, are these strategies: (tick)

                              Yes   No

Formal   ☐   ☐

Informal   ☐   ☐

16. Do you have log frame for your plans? (tick)

        Yes   ☐   No   ☐

17. Which of the following factors do you consider before preparing your plans? (tick)

	Least Considered			Most Considered	
	1	2	3	4	5
Key success factors	☐	☐	☐	☐	☐
Opinion of funding institutions	☐	☐	☐	☐	☐
Other NGOs	☐	☐	☐	☐	☐
Past experience	☐	☐	☐	☐	☐
Government policies, plans and	☐	☐	☐	☐	☐
Sessional papers	☐	☐	☐	☐	☐
Core competences	☐	☐	☐	☐	☐
Needs of target beneficiaries	☐	☐	☐	☐	☐

Any other (specify)

This section focuses on the changes that your institution has undergone in the last ten

years as a result of HIV/AIDS

18. To what extend has HIV/AIDS affected the operation of the organization in

the last ten years (tick)

	Least Effected			Most Effected	
	1	2	3	4	5
Low Morale	☐	☐	☐	☐	☐
Absenteeism	☐	☐	☐	☐	☐
Death of employees'	☐	☐	☐	☐	☐
Increased cost of medical expenses	☐	☐	☐	☐	☐
Increased cost of training	☐	☐	☐	☐	☐
Shortage of skilled labour	☐	☐	☐	☐	☐
Staff Turn over	☐	☐	☐	☐	☐
Increased other overhead costs	☐	☐	☐	☐	☐

Any other (specify)

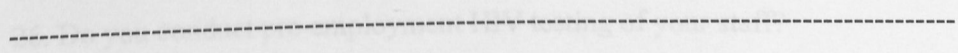
19. What effects have the challenge listed above have had to the organization?(tick)

	Least Important			Most Important	
	1	2	3	4	5
Down Sizing	☐	☐	☐	☐	☐	
Restructuring		☐	☐	☐	☐
Reduced Funding	☐	☐	☐	☐	☐
Loss of business opportunity	☐	☐	☐	☐	☐
Reduce Scope of operation	☐	☐	☐	☐	☐
Reduced Productivity	☐	☐	☐	☐	☐

Any other (specify)

PART C: Strategic Responses to Challenges of HIV/AIDS

How many employees do you have in your Organization?

20. 10---50   ☐   51—100   ☐   Over 100   ☐

21. Do you have a strategy to address HIV/AIDS?

Yes ☐   No ☐

Give details.

22. Does your organization have a written HIV/AIDS policy for its human resources?

Yes   ☐   No ☐

23. If the HIV/AIDS policy exists are staff aware of it?

Yes ☐ No ☐

24. Give at least four core areas your HIV/AIDS policy attempts to address

----

_____

25. Have you conducted company wide HIV/AIDS training?

Yes ☐   No ☐

26. Do you conduct pre-employment HIV testing of your staff?

Yes ☐   No ☐

27. Do you have a support programme for the HIV infected staff in your

organization?

Yes ☐   No ☐ .

If yes sate how it is done

28 .How has the Organization responded to challenges brought about by

HIV/AIDS? (Tick)

	Least Important			Most Important	
	1	2	3	4	5
Training staff on HIV/AIDS	☐	☐	☐	☐	☐
Discriminated on infected staff	☐	☐	☐	☐	☐
Additional funding for HIV/AIDS	☐	☐	☐	☐	☐
Prevention programs to staff	☐	☐	☐	☐	☐
Increased cost of training	☐	☐	☐	☐	☐
Pre-testing new staff	☐	☐	☐	☐	☐

Any other (specify)

Appendix III: List of Health Sector NGOs

1. EngenderHealth
2. Action Now – Kenya
3. Africa Alive
4. African Development and Emergency Centre
5. African Forum for Health Science
6. African Medical Network (AMNET)
7. African Medical and Research Foundation
8. Aged, Children and Women Organisation
9. Christian Women Aids Awareness Program
10. Coast Development Foundation (CDF)
11. Community Essential Medicine
12. Community Health and Social Services
13. Community Health Awareness Puppeteers
14. Community Health Initiatives Network (CHINE)
15. Community Health Services and Promotion Organization
16. Community Health Services International
17. Community Outreach Training and Counselling Services
18. Family Care International
19. Family Life Promotion Services
20. Family Planning International Assistance
21. Family Programmes Promotion Services
22. French Medical and Cultural Assistance
23. Friends of African Missionary Endeavour
24. Health Action and Research Network
25. Health Education Livelihood Projects
26. Health Foundation and Aids
27. Health Management Agency
28. Health Unlimited
29. Healthcare Assistance Kenya
30. Home Medicare Service
31. Human Rights Initiative for Women Living with HIV/AIDS

32. International Centre for Health Intervention

33. Western HIV/AIDS Resource Centre

34. Kenya Aids Watch Institute

35. Kenya Hope Organization

36. Kenya Women Aids

37. Liaison Centre for Medical Women in Africa

38. Pathfinder International

39. Primary Health Research Centre

40. Primary Health Evangelism Organization of Kenya

41. Rural Health Centre

42. Sustainable Health Care Foundation

43. Care International

44. Centre for African Family Studies – (CAFS)

45. Centre for the Study of Adolescence

46. Christian Health Association of Kenya (CHAK)

47. Family Planning Association of Kenya – (FPAK)

48. Family Planning International Assistance – (FPIA)

49. Family Planning Private Sector (JSI) – (FPPS)

50. AIDSCAP

51. GTZ Family Planning Project

52. Kenya Family Health Programme

53. Institute of Reproductive Health Training and Research

54. International Planned Parenthood Federarion – (IPPF)

55. Intrah Intenational

56. John Hopkins Program in Reproductive Health – (JHPIEGO)

57. Program for Appropriate Technology – (PATH)

58. Management Sciences for Health (MSH)

59. Marie Stopes Kenya

60. Marie Stopes Family Planning Services

61. Population Council

62. Rockefeller Foundation

63. The Futures Group

64. UNFPA