



JOURNAL OF STRATEGIC MANAGEMENT AND INNOVATION (JSMI)

**INFLUENCE OF STRATEGIC PLANNING PRACTICES ON PERFORMANCE
OUTCOMES IN HEALTH SECTOR NGOS IN KENYA**

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Influence of Strategic Planning Practices On Performance Outcomes in Health Sector NGOS in Kenya

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Article History:

Revised on: 21/07/2026

Published on: 22/07/2026

DOI:

<https://doi.org/10.5281/zenodo.21484079>

How to cite: Cheruiyot, S. K., Kihara, P., & Mugambi, H. (2026). Influence of Strategic Planning Practices On Performance Outcomes in Health Sector NGOS in Kenya. *Journal of Strategic Management and Innovation(JSMI)*, 3(2), 1–18.

<https://doi.org/10.5281/zenodo.21484079>

Abstract:

Purpose of the Study: This study examined the influence of strategic planning practices on performance outcomes in health sector non-governmental organizations (NGOs) in Kenya. It specifically assessed how strategic planning processes, staff participation, resource allocation, performance indicators, and strategy review influence organizational performance, with the aim of generating evidence to strengthen strategic management within health NGOs.

Methodology: The study adopted a positivist philosophy and descriptive cross-sectional research design. A sample of 183 programme

managers was drawn from 340 registered health sector NGOs using stratified random sampling. Primary data were collected through structured self-administered questionnaires and analyzed using descriptive statistics, Pearson correlation, and simple linear regression techniques.

Findings: Of the 183 questionnaires distributed, 175 were completed and returned, yielding a 95.6% response rate. The findings revealed that staff participation and resource allocation for strategic planning were relatively strong, whereas measurable key performance indicators and comprehensive multi-year strategic plans were comparatively weak. Correlation analysis established a weak but statistically significant negative relationship between strategic planning practices and performance outcomes ($r = -0.178$, $p = 0.019$). Regression analysis further confirmed that strategic planning practices significantly predicted performance outcomes ($\beta = -0.178$, $t = -2.373$, $p = 0.019$), explaining 3.2% of the variation in organizational performance and leading to the rejection of the null hypothesis.

Conclusion: The study concludes that strategic planning practices significantly influence performance outcomes in health sector NGOs in Kenya. However, effective planning must be supported by strong implementation, continuous monitoring, measurable performance indicators, and stakeholder participation. Strengthening these areas will enhance organizational effectiveness, accountability, and sustainable performance within the health NGO sector.

Keywords: *Strategic Planning, Performance Outcomes, Health Sector NGOs, Dynamic Capabilities Theory*

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1.0 INTRODUCTION

1.1 Background of the Study

Strategic planning is widely recognised as a deliberate and structured process through which organisations define their long-term direction, set measurable objectives, and align resources toward the achievement of institutional goals (Araújo, Kato, & Del Corso, 2022). Within the nonprofit sector, and particularly among health-focused non-governmental organizations, strategic planning assumes heightened importance because these organisations must simultaneously satisfy donor accountability requirements, respond to fluctuating government health policy, and meet the health needs of the communities they serve. Unlike profit-oriented firms whose performance can be gauged largely through financial indicators, health sector NGOs are judged on a combination of programme reach, service quality, stakeholder satisfaction, and financial stewardship of donor funds (Nyambaka & Sagini, 2024).

Organisational performance itself remains a fluid and multidimensional construct. In the private sector, performance is commonly measured through profitability indicators, whereas nonprofit performance is better captured through a blend of financial and non-financial measures, including programme effectiveness, beneficiary satisfaction, donor fund utilisation, and staff retention (Nyambaka & Sagini, 2024). The balanced scorecard approach, which integrates financial, customer, internal process, and learning and growth perspectives, has therefore been widely adopted as a holistic performance measurement tool suited to organisations that pursue social rather than purely financial objectives.

Despite the widely acknowledged importance of strategic planning, health sector NGOs in many developing countries continue to experience fragmented planning processes, characterised by limited staff participation, weak monitoring frameworks, and inconsistent translation of plans into measurable performance indicators (Wongsin et al., 2025). These gaps are particularly pronounced in Kenya, where health NGOs must navigate a complex regulatory environment, donor dependency, and increasing demand for demonstrable impact, making it necessary to empirically examine how strategic planning practices relate to their performance outcomes.

1.1.1 Global Perspective

In Belgium, a study of public sector and nonprofit organisations found that strategic planning positively shaped both managers' and citizens' perceptions of organisational performance, although this relationship was mediated by factors such as organisational learning and stakeholder engagement, indicating that the benefits of strategic planning depend on how planning processes are implemented and communicated rather than occurring automatically (Vandersmissen, George, & Voets, 2024). This finding illustrates that even within a well-resourced European public management system, strategic planning alone does not guarantee



improved performance perceptions unless embedded within broader organisational learning processes.

In Thailand, a scoping review of sixteen studies conducted within the public health sector across Asia and Africa between 2015 and 2024 found that strategic planning was generally treated as an antecedent of organisational performance, with human-resource-related factors and supply chain management most frequently identified as mediating mechanisms linking planning to outcomes (Wongsin et al., 2025). The review further noted that studies reporting a confirmed positive relationship between strategic planning and performance typically incorporated evaluation or monitoring tools, underscoring the importance of pairing strategic plans with functional performance measurement systems, a lesson directly relevant to health NGOs operating in similarly resource-constrained settings.

1.1.2 Regional Perspective

In Nigeria, a cross-sectional study of 249 respondents drawn from national and international public health NGOs found that although monitoring and evaluation systems, a core component of the strategic planning and control cycle, were widely institutionalised, with ninety-four percent of organisations maintaining dedicated units, the consistency and quality of their use for strategic decision-making varied considerably, limiting their overall contribution to programmatic performance (Korfii, Ajayi, Oluwasanmi, Gulma, & Kanee, 2026). This finding suggests that the formal adoption of planning structures within West African health NGOs does not automatically translate into improved organisational effectiveness unless matched by consistent implementation.

In Zambia, a study grounded in Dynamic Capabilities Theory examined how sensing, seizing, and reconfiguring capabilities, closely tied to strategic planning and management processes, influenced the performance of public sector organisations, finding that entities with stronger dynamic capabilities were better positioned to convert strategic intentions into improved operational outcomes, although bureaucratic obstacles and limited leadership development continued to constrain the full realisation of these benefits (Mwanza & Dar, 2025). This Southern African evidence reinforces the view that strategic planning must be accompanied by adaptive organisational capabilities for performance gains to materialise, a pattern with clear implications for health sector NGOs across the region.

1.1.3 Local Perspective

In Kenya, strategic planning has been closely linked to the performance of NGOs, although findings suggest this relationship is neither automatic nor uniform. A study of 112 respondents drawn from NGOs in Kisii County found that many organisations lacked structured planning, implementation, and evaluation procedures, with internal analysis, crisis management, and clearly defined objectives emerging as the strongest predictors of performance (Nyambaka &



Sagini, 2024). Similarly, a study of health-focused NGOs in Nairobi City County reported a strong positive correlation between strategic planning, strategy review, and strategy monitoring, concluding that performance improves substantially when strategic plans are not only formulated but also consistently reviewed and adjusted (Odhiambo & Njuguna, 2021). Further supporting this pattern, a study of public hospitals in Nairobi City County, analysed using a linear regression model, confirmed an existing relationship between strategic management practice and institutional performance (Tumate, 2023). Taken together, these Kenyan studies indicate that strategic planning contributes positively to organisational performance mainly when embedded within continuous monitoring, stakeholder participation, and clearly defined performance indicators, rather than treated as a static, one-off exercise, a distinction of direct relevance to health sector NGOs.

1.1.4 Performance of Health Sector NGOs in Kenya

Health sector NGOs in Kenya operate within a demanding institutional environment shaped by donor accountability requirements, government health policy shifts, and rising community expectations for measurable impact. These organisations are typically funded through multi-year donor grants tied to specific programme targets, meaning that their performance is judged not only by service delivery outcomes but also by the efficiency and transparency with which donor resources are utilised (Nyambaka & Sagini, 2024). Unlike profit-driven enterprises, health NGOs measure performance through a composite of programme reach, quality of health interventions, stakeholder satisfaction, donor fund utilisation, and staff retention, reflecting the multidimensional nature of nonprofit accountability.

The NGO Coordination Board of Kenya recognises several hundred health-focused organisations operating across national and county levels, ranging from large international NGOs with multi-year strategic plans to smaller community-based organisations with more informal planning arrangements. Evidence from Nairobi County suggests that health NGOs with well-institutionalised strategic planning practices, particularly those incorporating regular strategy review and monitoring, tend to report stronger organisational outcomes, including improved donor fund utilisation, stakeholder satisfaction, and staff retention (Odhiambo & Njuguna, 2021). Nonetheless, many health NGOs continue to grapple with underdeveloped performance indicators and limited staff participation in the planning process, echoing patterns observed elsewhere in the sub-Saharan African nonprofit sector (Korfii et al., 2026). It is against this backdrop that this study investigates the extent to which strategic planning practices translate into improved performance outcomes among health sector NGOs in Kenya.

1.2 Statement of the Problem

Health sector non-governmental organisations (NGOs) in Kenya play a critical role in strengthening healthcare delivery through disease prevention, health promotion, humanitarian interventions, and support for vulnerable populations. Despite these contributions, many health



sector NGOs continue to experience inconsistent performance outcomes characterised by project implementation delays, funding uncertainties, reduced programme effectiveness, and challenges in achieving strategic objectives. According to the Kenya National Bureau of Statistics (2024), development partners remain a major source of financing for the health sector, yet fluctuations in donor funding and increasing accountability requirements have intensified pressure on NGOs to improve planning and resource utilisation. These challenges underscore the need for robust strategic planning practices to enhance organisational performance. (KNBS, 2024). Strategic planning practices enable organisations to establish priorities, allocate resources effectively, anticipate environmental changes, and coordinate organisational activities towards achieving desired outcomes. Evidence from Kenyan health NGOs indicates that organisations with structured strategic planning processes are better positioned to improve programme implementation and organisational effectiveness (Kawiti, 2023). Nevertheless, many NGOs continue to experience difficulties in translating strategic plans into measurable performance outcomes due to inadequate implementation mechanisms, resource constraints, and rapidly changing stakeholder expectations. Although previous studies have examined strategic management and organisational performance in public institutions, private organisations, and NGOs, limited empirical evidence specifically focuses on the influence of strategic planning practices on performance outcomes among health sector NGOs in Kenya. This contextual and empirical gap limits evidence-based managerial decision-making within the sector. Therefore, this study sought to examine the influence of strategic planning practices on performance outcomes in health sector NGOs in Kenya.

1.3 Purpose of the Study

The purpose of this study was to examine the influence of strategic planning practices on performance outcomes in health sector NGOs in Kenya.

1.4 Research Hypothesis

H01: Strategic planning practices do not significantly influence performance outcomes in health sector NGOs in Kenya.

2.0 LITERATURE REVIEW

2.1 Theoretical Review: Dynamic Capabilities Theory

Dynamic Capabilities Theory, introduced by Teece, Pisano, and Shuen (1997), extends the Resource-Based View by emphasising an organisation's ability to integrate, build, and reconfigure internal and external resources in response to changing environmental conditions. Unlike the Resource-Based View, which focuses primarily on resource ownership, Dynamic Capabilities Theory explains how organisations continuously adapt their capabilities to sustain performance within dynamic environments.



Recent scholarship affirms the continuing relevance of the theory. Cavusgil and Deligonul (2025) argue that organisations achieve superior performance by sensing environmental opportunities, seizing strategic opportunities, and continuously transforming organisational processes to remain competitive. In a related contribution, Araújo, Kato, and Del Corso (2022) position strategic planning as a microfoundation of dynamic capabilities, arguing that planning supports the seizing and continuous realignment of organisational assets, and that the interaction between dynamic capabilities, strategic planning, and performance forms a mutually reinforcing cycle over time. Similarly, evidence from the public sector in Zambia demonstrates that organisations exhibiting stronger sensing, seizing, and transforming capabilities, closely tied to strategic planning processes, are better positioned to convert strategic intentions into improved performance outcomes (Mwanza & Dar, 2025).

For health sector NGOs in Kenya, Dynamic Capabilities Theory provides a relevant explanation for how strategic planning contributes to organisational performance. Strategic planning requires organisations to effectively mobilise and coordinate available resources while continuously adapting their planning approaches to changing donor priorities, government health policy, and community health needs. The theory suggests that NGOs possessing stronger dynamic capabilities are better positioned to modify their planning processes, respond to emerging public health challenges, manage donor expectations, and continuously refine programme implementation, capacities that ultimately shape organisational effectiveness and performance.

Although Dynamic Capabilities Theory has faced criticism regarding conceptual ambiguity and measurement challenges, it remains an appropriate theoretical anchor for this study because it directly explains how strategic planning, as a dynamic and adaptive process rather than a static exercise, contributes to improved organisational performance through continuous learning and reconfiguration.

2.2 Empirical Review: Strategic Planning and Performance

Strategic planning remains a cornerstone of organisational performance across sectors, offering organisations a structured approach to goal setting, resource allocation, and performance monitoring. While the relevance of strategic planning has traditionally been examined in profit-oriented and public sector contexts, growing attention has been directed toward its role within nonprofit and health-focused organisations, where resource constraints and mission-driven mandates require adaptive and inclusive planning approaches (Nyambaka & Sagini, 2024; Odhiambo & Njuguna, 2021; Tumate, 2023).

Cross-national evidence indicates that strategic planning does not automatically translate into improved performance outcomes but depends on how planning processes are implemented and reinforced by complementary organisational practices. In Belgium, strategic planning was found to shape both managers' and citizens' perceptions of organisational performance, although this relationship operated through several mediating pathways rather than a direct effect, suggesting



that the benefits of planning depend heavily on implementation quality and stakeholder engagement (Vandersmissen, George, & Voets, 2024). A broader scoping review covering sixteen studies conducted within the public health sector across Asia and Africa similarly concluded that strategic planning functions as an antecedent of organisational performance primarily when paired with robust evaluation tools and supply chain and human resource strategies, rather than functioning as a standalone driver of improved outcomes (Wongsin et al., 2025).

Within the African nonprofit and health sectors specifically, evidence remains similarly nuanced. In Nigeria, monitoring and evaluation systems, an essential component of the strategic planning and control cycle, were found to be widely institutionalised among public health NGOs, with the vast majority of surveyed organisations maintaining dedicated units and structured planning frameworks; however, the consistency and quality of their use varied considerably, limiting their overall contribution to programmatic performance (Korfii, Ajayi, Oluwasanmi, Gulma, & Kanee, 2026). This finding underscores that the formal presence of planning structures within West African health NGOs does not guarantee that such structures are effectively utilised to drive performance improvements. In Zambia, organisations exhibiting stronger dynamic, planning-related capabilities, such as sensing and seizing opportunities, achieved better operational outcomes, although bureaucratic obstacles and limited leadership development continued to constrain the full realisation of these gains (Mwanza & Dar, 2025).

In the Kenyan context, several studies converge on the conclusion that strategic planning contributes to NGO performance mainly when embedded within continuous review and monitoring processes rather than treated as a static exercise. A study of 112 respondents drawn from NGOs in Kisii County found that many organisations lacked comprehensive planning, implementation, and evaluation procedures, and that internal environmental analysis, crisis management, and clearly defined organisational objectives emerged as the strongest predictors of performance (Nyambaka & Sagini, 2024). This finding highlights that Kenyan NGOs which fail to institutionalise the full strategic management cycle risk experiencing fragmented performance outcomes, regardless of the initial quality of their strategic plans.

Closer to the specific context of health sector NGOs, a study targeting senior managers across health NGOs operating in Nairobi City County found a strong positive correlation between strategic planning, strategy review, and strategy monitoring, concluding that performance in health NGOs improves significantly when strategic plans are not only developed but also regularly assessed and adjusted in response to changing circumstances (Odhiambo & Njuguna, 2021). This finding is broadly consistent with evidence from public hospitals in Nairobi City County, where a linear regression model confirmed the existence of a significant relationship between strategic management practice, encompassing planning, implementation, and evaluation, and institutional performance (Tumate, 2023).

Collectively, these empirical studies affirm that strategic planning is closely associated with organisational performance across diverse contexts, although the strength and direction of this relationship varies depending on how consistently planning is implemented, monitored, and adjusted. For health sector NGOs in Kenya, this body of evidence suggests that strategic planning must be embedded within participatory governance structures, supported by measurable performance indicators, and continuously reviewed if it is to translate into tangible improvements in organisational performance (Nyambaka & Sagini, 2024; Odhiambo & Njuguna, 2021; Wongsin et al., 2025).

2.3 Conceptual Framework

A conceptual framework provides a structured representation of the key variables under investigation and the presumed relationships among them, offering a foundation for interpreting research findings in line with the study's objectives. In this study, the independent variable is strategic planning practices, encompassing dimensions such as the development of multi-year strategic plans, staff participation in planning, situational analysis, resource allocation for planning activities, the use of measurable performance indicators, and regular strategy review. The dependent variable is performance outcomes of health sector NGOs, reflected through programme target attainment, service quality, donor fund utilisation, stakeholder satisfaction, and staff retention. By examining the relationship between these constructs, the study sought to establish the extent to which strategic planning practices, as currently applied within Kenyan health NGOs, shape organisational performance.

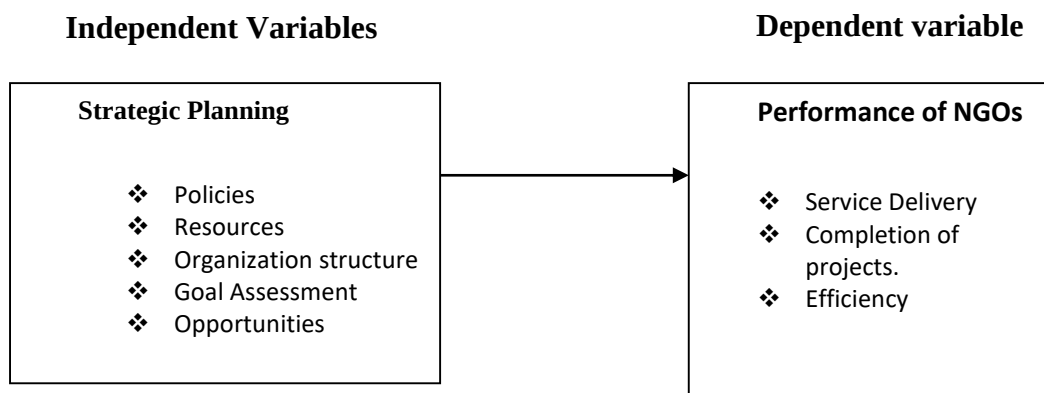


Figure 1: Conceptual Framework

3.0 RESEARCH METHODOLOGY

The study was anchored on the positivist research philosophy, which emphasised objectivity, empirical observation, and the use of quantitative methods to establish relationships between strategic planning practices and performance outcomes. A descriptive cross-sectional research design was employed to collect data from a representative sample of health sector NGOs at a



single point in time. The target population comprised 340 actively operating health sector NGOs registered with the NGO Coordination Board of Kenya, from which a sample of 183 programme managers was selected using Yamane's formula and stratified random sampling to ensure adequate representation across organisational sizes and geographical coverage. Primary data were collected using structured, self-administered questionnaires based on a five-point Likert scale to measure strategic planning practices and performance outcomes. The collected data were analysed using descriptive statistics, including frequencies, percentages, means, and standard deviations, as well as inferential statistics comprising Pearson correlation and simple linear regression, to determine the influence of strategic planning practices on performance outcomes in health sector NGOs. The findings were presented using tables to facilitate interpretation, discussion, and the drawing of evidence-based conclusions.

4.0 RESEARCH FINDINGS AND DISCUSSION

4.1 Response Rate

Questionnaires were distributed to 183 programme managers who had been purposively and systematically sampled across health NGOs operating at national and county levels in Kenya. Table 1 presents the response rate outcomes.

Table 1: Response Rate of Study Participants

Response Status	Frequency	Percent (%)
Responded	175	95.6
Did Not Respond	8	4.4
Total	183	100.0

As shown in Table 1, a total of 175 questionnaires were successfully completed and returned, yielding a response rate of 95.6 percent. Only 8 respondents (4.4 percent) did not return their questionnaires. This high response rate was attributable to prior engagement with NGO leadership, consistent follow-up communication, and the self-administered nature of the questionnaire, which minimised logistical barriers to participation. According to Sekaran and Bougie (2022), a response rate exceeding 70 percent in organisational research is considered adequate for drawing statistically meaningful conclusions. The 95.6 percent response rate achieved in this study therefore provides a sufficiently robust and representative dataset for the subsequent descriptive, correlation, and regression analyses.

4.2 Descriptive Analysis: Strategic Planning Practices

The study sought to determine the extent of strategic planning practices and their perceived contribution to performance outcomes in health sector NGOs in Kenya. Respondents rated statements on a five-point Likert scale ranging from Strongly Agree (SA) to Strongly Disagree (SD). The results are presented in Table 2.

Table 2: Descriptive Results on Strategic Planning Practices in Health Sector NGOs in Kenya

Statement	SA%	A%	UD%	D%	SD%	Mean	SD
Develops comprehensive multi-year strategic plans	10.9	28.6	14.9	29.1	16.6	3.15	1.241
Staff at various levels actively participate in planning	37.7	40.6	9.7	8.0	4.0	4.30	1.063
Plans based on robust situational analyses	20.0	36.0	13.1	18.3	12.6	3.59	1.242
Annual plans linked to broader strategic plan	29.1	44.6	13.1	10.3	2.9	4.14	.860
Dedicated resources allocated for planning	37.1	41.7	11.4	6.9	2.9	4.38	.987
Plans include measurable KPIs	11.4	28.0	17.1	28.0	15.4	3.21	1.261
Regular review meetings assess progress	24.6	40.0	10.9	12.0	12.6	3.83	1.387
Risk management integrated into planning	28.6	42.3	11.4	9.7	8.0	4.05	1.131
External stakeholders input into plans	20.6	36.6	14.9	17.1	10.9	3.63	1.274
Planning quality has positively influenced performance	36.0	41.1	10.3	7.4	5.1	4.33	1.030

As shown in Table 2, staff participation in strategic planning ($M = 4.30$, $SD = 1.063$) and dedicated resource allocation for planning activities ($M = 4.38$, $SD = 0.987$) recorded the highest mean scores, suggesting that most health NGOs actively involve their personnel and commit resources toward planning processes. Respondents also largely agreed that risk management is integrated into strategic planning ($M = 4.05$, $SD = 1.131$) and that annual operational plans are linked to broader strategic plans ($M = 4.14$, $SD = 0.860$). However, the use of measurable key performance indicators to track strategic plans recorded a comparatively low mean ($M = 3.21$, $SD = 1.261$), as did the development of comprehensive multi-year strategic plans ($M = 3.15$, $SD = 1.241$). These findings suggest that while health NGOs in Kenya generally demonstrate commitment to strategic planning in principle, translating these plans into clearly measurable indicators remains an area requiring strengthening, a pattern consistent with evidence from Nigeria, where planning structures were widely adopted but inconsistently operationalised (Korfii et al., 2026).

Descriptive Analysis: Organizational Performance Outcomes

The study further assessed organizational performance outcomes as perceived by respondents. The results are presented in Table 3.

Table 3: Descriptive Results for Organisational Performance of Health NGOs in Kenya

Statement	SA%	A%	UD%	D%	SD%	Mean	SD
Achieves health programme targets and KPIs on time	60.0	34.3	3.4	1.1	1.1	4.73	.579
Quality of health services has improved over 3 years	20.6	34.3	14.9	22.3	8.0	3.53	1.154
Effective utilisation of donor funds	48.0	34.3	6.3	5.7	5.7	4.30	1.069
High stakeholder satisfaction	48.6	34.3	5.7	5.7	5.7	4.31	1.097
Expanded programme reach and coverage	12.6	30.3	14.9	30.3	12.0	3.21	1.211
Improved staff retention and capacity	28.0	40.0	10.9	12.0	9.1	3.87	1.286
Accurate, timely donor and regulatory reporting	21.7	38.3	13.1	18.3	8.6	3.61	1.254
Leveraged strategic partnerships effectively	40.6	37.1	8.6	7.4	6.3	4.17	1.152
Measurable community health outcome improvements	30.9	48.0	12.0	6.3	2.9	3.99	.950
Overall performance improved significantly	17.1	36.6	22.9	18.3	5.1	3.43	.962

As indicated in Table 3, respondents strongly agreed that their organisations consistently achieve health programme targets within planned timeframes ($M = 4.73$, $SD = 0.579$), reflecting strong programmatic delivery. Stakeholder satisfaction ($M = 4.31$, $SD = 1.097$) and effective utilisation of donor funds ($M = 4.30$, $SD = 1.069$) also recorded high mean scores. However, programme reach and coverage expansion recorded a comparatively low mean ($M = 3.21$, $SD = 1.211$), as did the overall perception of significant performance improvement over the past three years ($M = 3.43$, $SD = 0.962$). These findings suggest that while health NGOs in Kenya perform strongly on immediate programme delivery and donor accountability, broader indicators of organisational growth and sustained improvement remain comparatively weaker, echoing evidence that Kenyan NGOs which have not institutionalised the full strategic management cycle tend to experience fragmented performance outcomes (Nyambaka & Sagini, 2024).

4.3 Inferential Statistics

Inferential statistics were computed to draw conclusions from the sample data and to test the study's hypothesis regarding the relationship between strategic planning practices and performance outcomes in health sector NGOs in Kenya.

Correlation Analysis

Bivariate Pearson correlation analysis was conducted to assess the strength and direction of the linear relationship between strategic planning practices and performance outcomes in health sector NGOs in Kenya. Table 4 presents the correlation results.

Table 4: Pearson Correlation between Strategic Planning Practices and Performance Outcomes

	Strategic Planning Practices	Performance Outcomes
Strategic Planning Practices (r)	1.000	-.178*
Sig. (2-tailed)		.019
N	175	175
Performance Outcomes (r)	-.178*	1.000
Sig. (2-tailed)	.019	
N	175	175

*Correlation is significant at the 0.05 level (2-tailed).

As indicated in Table 4, strategic planning practices recorded a weak, negative, and statistically significant correlation with performance outcomes in health sector NGOs ($r = -.178$, $p = .019$). Although the strength of this relationship is modest, its statistical significance indicates that, within this sample, higher reported engagement in the specific strategic planning practices measured was associated with a slight decline in perceived performance outcomes. This unexpected direction contrasts with the broadly positive relationships reported in comparable studies (Odhiambo & Njuguna, 2021; Nyambaka & Sagini, 2024) and may reflect the possibility that NGOs facing performance pressures respond by intensifying formal planning activity without a corresponding improvement in outcomes, or that rigid adherence to planning documents in resource-constrained settings can, in the short term, divert managerial attention away from direct programme delivery. This finding reinforces the view that strategic planning influences performance only when accompanied by effective implementation and monitoring mechanisms, rather than functioning as a guarantee of improved outcomes in isolation (Wongsin et al., 2025).

Regression Analysis

A simple linear regression analysis was conducted to determine the extent to which strategic planning practices predict performance outcomes in health sector NGOs in Kenya. Table 5 presents the model summary.

Table 5: Model Summary for Strategic Planning Practices

Model	R	R Square	Adjusted R Square	Std. Error of Estimate
1	0.178	0.032	0.026	0.33442

Predictors: (Constant), Strategic Planning Practices.

Dependent Variable: Performance Outcomes.

As shown in Table 5, the correlation coefficient ($R = .178$) confirms a weak relationship between strategic planning practices and performance outcomes. The coefficient of determination ($R^2 = .032$) indicates that strategic planning practices, as measured in this study, account for only 3.2 percent of the variation in performance outcomes among health sector NGOs, while the

remaining 96.8 percent is attributable to other factors not captured within this model. The adjusted R^2 of .026 confirms that this modest explanatory power holds even after accounting for the number of predictors in the model.

Table 6: ANOVA Results for Strategic Planning Practices

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	0.630	1	0.630	5.633	0.019
Residual	19.347	173	0.112		
Total	19.977	174			

The ANOVA results presented in Table 6 indicate that the overall regression model is statistically significant, $F(1, 173) = 5.633$, $p = .019$. This confirms that strategic planning practices have a statistically significant effect on performance outcomes, validating the use of the regression model and providing grounds for rejecting the null hypothesis that strategic planning practices do not significantly influence performance outcomes in health sector NGOs in Kenya.

Table 7: Regression Coefficients for Strategic Planning Practices

Model	Unstandardized B	Std. Error	Standardized Beta	t	Sig.
(Constant): 1.266	0.169		7.477	0.000	
Strategic Planning Practices: -0.103	0.043	-0.178	-2.373	0.019	

The regression coefficients presented in Table 7 indicate that strategic planning practices are a statistically significant, though negative, predictor of performance outcomes ($B = -.103$, $\beta = -.178$, $t = -2.373$, $p = .019$). This means that, holding other factors constant, a one-unit increase in reported strategic planning practices was associated with a 0.103-unit decrease in performance outcomes within this sample. The corresponding t-value of -2.373 confirms that this relationship is statistically significant at the 0.05 level. These results lead to the rejection of the null hypothesis, confirming that strategic planning practices significantly influence performance outcomes among health sector NGOs in Kenya, albeit in an unexpected direction that departs from most prior Kenyan evidence (Odhiambo & Njuguna, 2021; Tumate, 2023).

This finding, while contrary to the broadly positive relationship reported in earlier Kenyan and cross-national studies, is not without precedent. It resonates with the observation that formally adopted planning structures do not automatically translate into improved programmatic performance unless matched by consistent, high-quality implementation (Korfii et al., 2026), and it echoes conditions described in the Zambian public sector, where bureaucratic obstacles and inconsistent execution constrained the practical benefits of otherwise well-intentioned strategic processes (Mwanza & Dar, 2025). It is plausible that, within the sampled health NGOs, an intensification of formal strategic planning activity, such as extensive documentation and



situational analysis, absorbs managerial time and resources that would otherwise support direct service delivery, particularly where such planning is not yet matched by the measurable key performance indicators identified in Table 2 as comparatively underdeveloped. Overall, this result underscores that strategic planning is not a self-executing driver of performance and must be complemented by robust monitoring, stakeholder participation, and clearly defined indicators to yield the performance gains anticipated by Dynamic Capabilities Theory (Araújo, Kato, & Del Corso, 2022).

5.0 SUMMARY OF THE STUDY

The study examined the influence of strategic planning practices on performance outcomes in health sector NGOs in Kenya. Descriptive results indicated that health NGOs demonstrate reasonably strong commitment to strategic planning in terms of staff involvement and dedicated resource allocation, but comparatively weaker development of measurable key performance indicators and comprehensive multi-year plans. Similarly, while health NGOs reported strong performance in achieving programme targets, stakeholder satisfaction, and donor fund utilisation, broader indicators such as programme reach expansion and overall sustained performance improvement were comparatively weaker.

Inferential analysis revealed a weak, statistically significant negative relationship between strategic planning practices and performance outcomes ($r = -.178$, $p = .019$). Regression analysis confirmed that strategic planning practices significantly predicted performance outcomes, $F(1, 173) = 5.633$, $p = .019$, $R^2 = .032$, leading to rejection of the null hypothesis. However, the negative direction of this relationship, combined with its modest explanatory power, suggests that strategic planning as currently practised among the sampled health NGOs does not straightforwardly translate into improved organisational performance, and may in some cases be associated with formal planning processes that are not yet matched by effective implementation, monitoring, and measurable indicators.

6.0 CONCLUSION

The study concludes that strategic planning practices exert a statistically significant, but weak and unexpectedly negative, influence on performance outcomes among health sector NGOs in Kenya. While health NGOs demonstrate commitment to strategic planning through staff participation and dedicated resource allocation, this commitment has not yet translated into strong, positively oriented performance gains, largely because measurable performance indicators and continuous strategy review remain comparatively underdeveloped. This finding departs from the broadly positive relationship reported in earlier Kenyan studies on health NGOs and public hospitals, suggesting that the specific manner in which strategic planning is currently implemented within the sampled organisations may be constraining, rather than enhancing, performance. Consistent with Dynamic Capabilities Theory, these findings indicate that strategic



planning alone is insufficient; it must be embedded within a broader cycle of sensing, seizing, and continuously reconfiguring organisational capabilities, supported by robust monitoring and clearly defined performance indicators, if health sector NGOs in Kenya are to realise its full performance benefits.

7.0 RECOMMENDATIONS

Based on the findings, the following recommendations are proposed. Health sector NGOs should strengthen the development and consistent use of measurable key performance indicators within their strategic plans, ensuring that planning documents are directly linked to trackable programme, financial, and stakeholder outcomes rather than functioning as static administrative exercises.

Management should invest in building strategic planning capacity across all organisational levels, including training programmes on results-based planning, situational analysis, and monitoring techniques for both senior managers and programme-level staff, so that strategic plans translate more effectively into operational action.

NGOs should institutionalise regular strategy review and monitoring meetings as a continuous process rather than a periodic formality, given that Kenyan evidence indicates performance improves most clearly when strategic plans are consistently reviewed and adjusted.

Organisations should also strengthen stakeholder participation in strategic planning, involving donors, government partners, and community beneficiaries in situational analysis and plan development, to ensure that strategic priorities remain responsive to changing donor requirements and community health needs.

Finally, health sector NGOs should adopt comprehensive performance measurement systems, such as the balanced scorecard, that capture both financial and non-financial dimensions of performance, enabling more accurate tracking of the relationship between strategic planning investments and actual organisational outcomes over time.

8.0 AREAS FOR FURTHER RESEARCH

Future research should consider longitudinal designs that track strategic planning practices and performance outcomes among health sector NGOs over multiple years, given that the negative relationship observed in this cross-sectional study may reflect short-term implementation costs rather than a stable long-term pattern. Further studies should also examine additional dimensions of strategic management, including strategy execution and strategy control, and investigate whether the relationship between strategic planning and performance differs across NGO size, funding source, or geographical coverage within Kenya.

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