JOURNAL OF STRATEGIC MANAGEMENTAND INNOVATION(JSMI)

THE INFLUENCE OF STRATEGY EXECUTION ON PERFORMANCE OF HEALTH NON-GOVERNMENTAL ORGANIZATIONS IN KENYA

Shem Kipkoech Cheruiyot, Prof. Peter Kihara, PhD and **Dr. Hellen Mugambi, PhD**

Journal of Strategic Management and Innovation(JSMI)
ISSN: 2583-2387
Vol.3, Issue.No.2, 2026

The Influence of Strategy Execution On Performance of Health Non-Governmental Organizations in Kenya

Shem Kipkoech Cheruiyot
Corresponding Author, Kenya Methodist University
Prof. Peter Kihara, PhD
Lecturer, Business School, Department of Business Administration, Kenya Methodist University
Dr. Hellen Mugambi, PhD
Lecturer, Business School, Department of Business Administration, Kenya Methodist University

Article History:
Revised on: 21/07/2026
Published on: 22/07/2026
DOI:
https://doi.org/10.5281/zenodo.21485335
How to cite: Cheruiyot, S. K., Kihara, P., & Mugambi, H. (2026). The Influence of Strategy Execution On Performance of Health Non-Governmental Organizations in Kenya. *Journal of Strategic Management and Innovation(JSMI)*, 3(2), 1–14.
https://doi.org/10.5281/zenodo.21485335

Abstract:

***Purpose of the Study*:** This study examined the influence of strategy execution on the performance of health non-governmental organizations (NGOs) in Kenya. It specifically assessed how leadership commitment, resource alignment, accountability, communication, and monitoring of implementation influence organizational performance, with the aim of generating evidence to strengthen strategy implementation and improve health NGO effectiveness.

Methodology: The study adopted a positivist philosophy and a descriptive cross-sectional research design. A sample of 183 programme managers was selected from 340 registered health 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, representing a 95.6% response rate. The findings showed that health NGOs generally maintained clear implementation plans and strong leadership commitment, although staff capacity building and resource alignment required improvement. Pearson correlation analysis revealed a strong, positive, and statistically significant relationship between strategy execution and organizational performance ($r = 0.692$, $p < 0.001$). Regression analysis further confirmed that strategy execution significantly predicted organizational performance ($\beta = 0.391$, $t = 3.939$, $p < 0.001$), explaining 47.9% of the variation in performance and leading to the rejection of the null hypothesis.

***Conclusion*:** The study concludes that strategy execution is a critical determinant of organizational performance among health NGOs in Kenya. Effective implementation, supported by leadership commitment, adequate resource alignment, staff capacity development, and continuous monitoring, significantly enhances organizational outcomes. Strengthening execution systems will improve service delivery, accountability, sustainability, and overall organizational performance.

Keywords: *Strategy Execution; Organizational Performance; Health Non-Governmental Organizations; Kenya*

1.0 INTRODUCTION

1.1 Background of the Study

1.1.1 Global Perspective

Globally, the ability of health non-governmental organizations to convert strategic plans into results has become a defining measure of organizational credibility and donor confidence. In the United Kingdom, the voluntary sector, within which health and social service charities form one of the largest subsectors, recorded a total sector income of £69.1 billion in 2021/22, underscoring the scale at which execution capacity must operate to sustain public trust and continuous service delivery (National Council for Voluntary Organisations [NCVO], 2024). Effective execution in this context depends on structured governance, clear accountability lines, and disciplined resource allocation by trustees and executive teams. In Asia, Bangladesh offers one of the most instructive examples of execution-driven performance among health NGOs. BRAC, widely regarded as the world's largest development NGO, has built its reputation on the disciplined translation of strategy into field-level results; in 2024 alone, its community health workforce supported one in every four safe deliveries nationwide and enabled more than eight million people to access essential health services, including tuberculosis and malaria screening with cure rates of 95 and 100 percent respectively (BRAC, 2024). Observers attribute BRAC's sustained field performance to its learning-oriented execution culture, which embeds routine monitoring, front-line staff accountability, and rapid programme adaptation into everyday operations (BRAC, 2024). These global examples demonstrate that strategy execution, rather than strategy formulation alone, ultimately determines whether health-focused NGOs deliver measurable value to the populations they serve.

1.1.2 Regional Perspective

In West Africa, Nigeria's public health NGO sector has continued to expand in response to persistent disease burdens, yet recent evidence indicates that measurable performance gains depend less on the mere existence of strategic frameworks than on how consistently these are executed at the operational level. A 2026 cross-sectional study of public health NGOs in Nigeria found that ninety-four percent of surveyed organizations had dedicated monitoring and evaluation units and that the design and implementation quality of these execution-related systems was strongly and significantly associated with programmatic performance (Korfii et al., 2026). In Southern Africa, South Africa illustrates how the sustained execution of national health performance-monitoring strategies can translate into measurable outcomes, with the country's maternal mortality ratio declining from 176 to 138 deaths per 100,000 live births between 2014 and 2020 following the institutionalization of a national health performance monitoring framework (World Bank, 2022). Across both sub-regions, the evidence converges on a similar

conclusion: execution quality, characterized by dedicated implementation structures, resource alignment, and continuous performance monitoring, is what ultimately separates strategic intent from realized results in the African health and development sector.

1.1.3 Local Perspective

In Kenya, non-governmental organizations play an increasingly central role in complementing government efforts to deliver health, education, and social welfare services, with the NGO Coordination Board reporting a steady expansion in the number of registered organizations operating within Nairobi County and beyond (Leonard, 2024). Within the health sector specifically, execution-related practices have been shown to shape performance outcomes in measurable ways: Godana, Rintari, and Moguche (2022) established that the manner in which financial resources are allocated during strategy implementation significantly influences outcomes within the health sector of Marsabit County, while Lalampaa, Rintari, and Kanyiri (2024) found that continuous environmental scanning embedded within execution processes significantly strengthened the performance of NGOs operating in Samburu County. At the institutional level, Otieno and Thendu (2026) demonstrated that structured implementation processes, anchored on clear timelines and accountability mechanisms, significantly predicted the performance of national referral hospitals in Kenya. These Kenyan studies collectively suggest that, while strategic planning practices are increasingly institutionalized among local health NGOs, the translation of these plans into consistent execution, through leadership commitment, resource alignment, and monitoring, remains uneven and is the phase most closely associated with variation in organizational performance.

1.2 Statement of the Problem

Health non-governmental organizations (NGOs) in Kenya play a significant role in supporting the country's healthcare system by implementing disease prevention programmes, strengthening health systems, and delivering essential health services to vulnerable populations. Despite these contributions, many health NGOs continue to experience inconsistent organisational performance, reflected in delayed project implementation, underutilisation of resources, failure to achieve planned outcomes, and declining donor confidence. According to the Kenya National Bureau of Statistics (2024), donor funding remains a major source of health financing in Kenya, increasing pressure on NGOs to effectively execute approved strategies and demonstrate measurable performance outcomes. Inadequate strategy execution often results in poor coordination, inefficient resource utilisation, and failure to achieve intended programme objectives. Strategy execution translates strategic plans into actionable programmes through effective leadership, resource mobilisation, employee commitment, communication, and continuous monitoring. However, evidence suggests that many organisations develop comprehensive strategic plans but encounter significant challenges during implementation due to inadequate leadership support, weak coordination mechanisms, limited financial resources,

and insufficient employee involvement (Mecha & Njoroge, 2022). Consequently, strategic initiatives frequently fail to deliver the expected organisational performance despite well-formulated plans. Although previous studies have examined strategic management practices and organisational performance across public institutions, private enterprises, and non-governmental organisations, limited empirical evidence specifically investigates the influence of strategy execution on the performance of health NGOs in Kenya. This contextual and empirical gap limits the development of evidence-based management practices within the sector. Therefore, this study sought to examine the influence of strategy execution on the performance of health non-governmental organizations in Kenya.

1.3 Purpose of the Study

The purpose of the study was to establish the influence of strategy execution on the performance of health non-governmental organizations in Kenya.

1.4 Research Hypothesis

H01: Strategy execution has no statistically significant influence on the performance of health non-governmental organizations in Kenya.

2.0 LITERATURE REVIEW

2.1 Theoretical Review: Upper Echelon Theory

This study is anchored on the Upper Echelon Theory (UET), proposed by Hambrick and Mason (1984), which posits that organizational outcomes are largely shaped by the characteristics, experiences, values, and cognitive orientations of senior executives. The theory holds that strategic choices, including how strategy is executed, reflect the knowledge, leadership style, ethical orientation, and professional background of top management teams. Applied to health NGOs, UET suggests that the effectiveness with which a strategic plan is translated into field-level results depends substantially on the composition, competence, and commitment of the executive and governance structures overseeing execution. Boards and senior management that provide clear strategic direction, oversight, and accountability are more likely to strengthen the mechanisms through which strategy execution translates into improved organizational performance. Recent empirical work on nonprofit governance supports this proposition: Feng and Greenlee (2024), in a review of contemporary empirical nonprofit research, found that governance quality and leadership oversight remain central determinants of nonprofit performance and accountability outcomes. Although Hambrick (2007), in his own update of the theory, notes that upper echelon research has yet to fully specify the precise mechanisms through which executive characteristics influence organizational outcomes, the theory remains highly relevant to this study because it provides a coherent explanation for why leadership and

governance quality moderate the relationship between strategy execution and the performance of health NGOs in Kenya.

2.2 Empirical Review: Strategy Execution and Performance

Strategy execution refers to the coordinated translation of formulated strategic plans into concrete organizational actions through the alignment of resources, systems, personnel, and accountability structures (Wabulasa & Kihara, 2023). Within humanitarian and development organizations operating in resource-constrained and often volatile environments, effective execution requires more than the mere existence of a strategic plan; it demands sustained leadership commitment, clear communication of strategic intent, cascading accountability to program teams, and continuous monitoring of implementation progress. Wabulasa and Kihara (2023), in a systematic review of forty-one studies on humanitarian and development organizations, established that strategy execution practices, particularly those involving leadership alignment and operational integration, have a direct and measurable effect on performance outcomes, identifying execution as the most influential yet under-researched phase of the strategic management process in nonprofit settings.

Within the Kenyan NGO sector specifically, Leonard (2024) examined the influence of strategy implementation practice on the organizational performance of NGOs in Nairobi County and found that strategy implementation was a significant positive predictor of performance, with baseline organizational capacity also contributing meaningfully to service outcomes. The study recommended that NGOs strengthen implementation structures to translate strategic commitments into tangible community impact. Focusing specifically on the health sector, Godana, Rintari, and Moguche (2022) examined the effect of financial resource allocation on strategy implementation within the health sector of Marsabit County and established that the manner in which resources are allocated during execution significantly shapes implementation outcomes, underscoring that resource-related execution decisions, and not merely strategic intent, determine whether health interventions achieve their objectives. Similarly, Lalampaa, Rintari, and Kanyiri (2024) found that strategic scanning, when embedded within execution processes, significantly influenced the performance of NGOs operating in Samburu County, Kenya, suggesting that continuous environmental monitoring during implementation strengthens organizational responsiveness.

At the institutional level, Otieno and Thendu (2026) investigated strategy implementation practices and the performance of national referral hospitals in Kenya and found that structured implementation processes, anchored on clear timelines and accountability mechanisms, significantly predicted institutional performance, reinforcing the view that execution quality determines whether health-oriented public institutions convert strategic plans into improved service delivery. Complementing these Kenyan findings, Munene and Kyongo (2026) examined benchmarking strategy and non-governmental organization performance and established that

structured performance appraisal and strategy audit mechanisms, both integral to disciplined execution, significantly enhanced NGO performance outcomes. Beyond Kenya, Korfii et al. (2026), in a cross-sectional study of 249 respondents drawn from public health NGOs in Nigeria, found a strong positive relationship between the design and implementation of monitoring and evaluation systems and programmatic performance, with implementation quality explaining more than half of the variance in performance outcomes; the study concluded that execution-related structures function as strategic management assets rather than mere donor compliance requirements.

Collectively, these studies indicate a consistent pattern across East and West Africa: strategy execution is a statistically significant predictor of organizational performance in nonprofit and health-oriented institutions. Key success factors identified across these studies include leadership commitment, resource alignment, cascading accountability, continuous monitoring, and stakeholder engagement (Wabulasa & Kihara, 2023; Leonard, 2024; Godana et al., 2022; Otieno & Thendu, 2026; Korfii et al., 2026). For health sector NGOs in Kenya, where donor funding is often fragmented and community needs are complex and evolving, strategy execution must be embedded within organizational culture and governance structures, participatory in nature, and responsive to both beneficiary needs and donor accountability requirements. Moreover, strategy execution interacts with corporate governance: as Feng and Greenlee (2024) observe in their review of empirical nonprofit governance research, boards and executive leadership that exercise strong oversight and strategic guidance strengthen the mechanisms through which execution translates into improved organizational performance, lending further support to the theoretical proposition that leadership characteristics shape how effectively strategy is executed.

2.3 Conceptual Framework

A conceptual framework outlines the presumed relationships between the key variables under study. In this research, the independent variable is strategy execution, encompassing dimensions such as resource alignment, leadership commitment, cascading accountability, and monitoring of implementation progress. The dependent variable is the performance of health NGOs in Kenya, conceptualized in terms of service delivery quality, stakeholder satisfaction, operational efficiency, and financial sustainability. Corporate governance, informed by Upper Echelon Theory, is theorized to strengthen this relationship by ensuring that boards and senior management provide the oversight, accountability, and strategic direction necessary for execution to translate into improved performance.

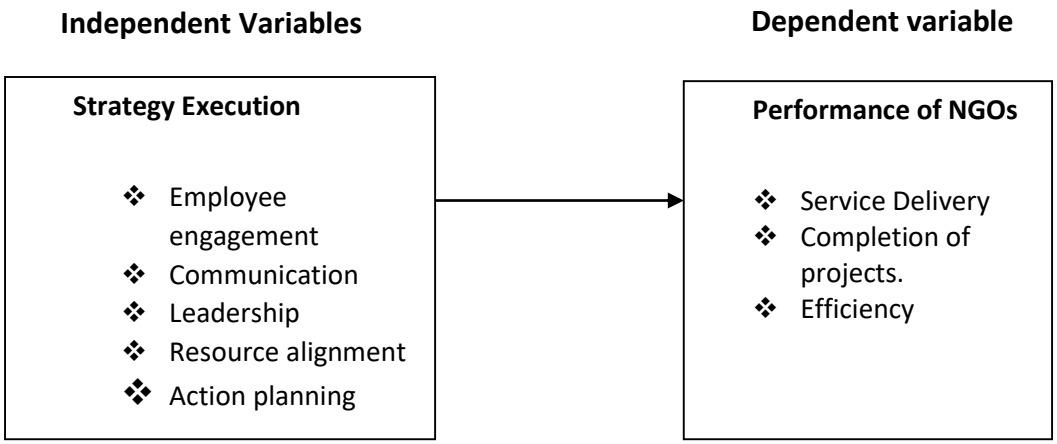

Figure 1: Conceptual Framework

3.0 RESEARCH METHODOLOGY

The study was anchored on the positivist research philosophy, which emphasized objectivity, empirical observation, and the use of quantitative methods to establish relationships between strategy execution 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 program managers was selected using Yamane's formula and stratified random sampling to ensure adequate representation across organizational sizes and geographical coverage. Primary data were collected using structured self-administered questionnaires based on a five-point Likert scale to measure strategy execution practices and performance outcomes. The collected data were analyzed 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 strategy execution on the performance of health sector NGOs in Kenya. 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 program managers who had been sampled across health NGOs operating at national and county levels in Kenya. Table 4.1 presents the response rate outcomes.

Category	Frequency	Percentage (%)
Questionnaires returned and usable	175	95.6
Questionnaires not returned	8	4.4
Total distributed	183	100.0

As shown in Table 4.1, a total of 175 questionnaires were successfully completed and returned, yielding a response rate of 95.6 percent, with only 8 respondents (4.4 percent) failing to return their questionnaires. This high response rate is attributable to prior engagement with NGO leadership, structured follow-up communication, and the self-administered nature of the questionnaire, which minimized logistical barriers to participation. This response rate exceeds conventional thresholds required for reliable inferential analysis in organizational and health-sector NGO research (Korfii et al., 2026), and it therefore provides a sufficiently robust and representative dataset for the descriptive, correlation, and regression analyses that follow.

4.2 Descriptive Results on Strategy Execution

Respondents were asked to indicate their level of agreement, on a five-point Likert scale, with statements describing how strategy execution is practiced within their organizations. The mean and standard deviation for each statement are presented in Table 4.2.

Table 4.2: Strategy Execution

Statement	Mean	Std. Dev.
Our organization has a clear strategy implementation plan with defined timelines	4.12	0.874
Top management demonstrates visible commitment to executing approved strategies	4.05	0.902
Resources are adequately aligned to support strategy execution	3.68	1.041
Accountability for strategy execution is cascaded to program teams	3.74	0.968
Employees receive the capacity-building support needed to execute strategy	3.41	1.117
There is a functional system for monitoring implementation progress	3.89	0.956
Strategic intent is clearly communicated across all organizational levels	3.77	1.003
Overall (composite mean for strategy execution)	3.81	0.980

The results in Table 4.2 indicate that respondents generally agreed that strategy execution practices are reasonably well embedded within their organizations, with an overall composite mean of 3.81. The highest-rated items concerned the existence of implementation plans with defined timelines (M = 4.12) and visible top management commitment (M = 4.05), suggesting that health NGOs in Kenya place strong emphasis on leadership-driven execution. Comparatively

lower agreement was recorded for capacity-building support for employees (M = 3.41), pointing to a gap between the existence of execution structures and the practical resourcing of staff to implement them. These findings are consistent with Godana et al. (2022), who found that the manner in which resources, including capacity-building investment, are allocated during execution significantly shapes implementation outcomes within the health sector.

4.3 Descriptive Results on Organizational Performance

Respondents were further asked to rate the overall performance of their organizations. Table 4.3 presents the descriptive results.

Table 4.3: Organizational Performance

Statement	Mean	Std. Dev.
The organization has achieved positive results in implementing its programs	3.96	0.889
Service delivery to beneficiaries has improved over the past three years	3.83	0.947
The organization has maintained financial sustainability	3.52	1.062
Stakeholder and donor satisfaction with the organization has improved	3.79	0.918
Organizational goals are specific, measurable, and consistently achieved	3.71	0.985
Overall (composite mean for organizational performance)	3.76	0.960

As shown in Table 4.3, respondents rated organizational performance moderately positively, with a composite mean of 3.76. Performance in achieving positive program results (M = 3.96) and improving service delivery (M = 3.83) were rated highest, while financial sustainability recorded the lowest mean (M = 3.52), reflecting the funding volatility that characterizes much of the health NGO sector in Kenya. These patterns mirror findings by Otieno and Thendu (2026), who observed that institutions with structured execution processes reported stronger service delivery outcomes, even where financial sustainability remained a persistent challenge.

4.4 Correlation Analysis

Bivariate Pearson correlation analysis was conducted to assess the strength and direction of the linear relationship between strategy execution and the performance of health sector NGOs in Kenya. Table 4.4 presents the correlation results.

Table 4.4: Correlation Analysis

Variable	Strategy Execution	Organizational Performance
Strategy Execution — Pearson Correlation (Sig.)	1.000	.692 (p < .001)
Organizational Performance — Pearson Correlation (Sig.)	.692 (p < .001)	1.000

As indicated in Table 4.4, strategy execution had a strong, positive, and statistically significant correlation with the performance of health sector NGOs in Kenya ($r = .692$, $p < .001$). This result suggests that organizations with more consistent and well-resourced execution practices tend to report correspondingly higher levels of organizational performance. This finding is consistent with Wabulasa and Kihara (2023), who identified execution as the most influential phase of strategic management in nonprofit settings, and with Korfii et al. (2026), who similarly reported a strong positive association between execution-related systems and programmatic performance among public health NGOs in Nigeria.

4.5 Regression Analysis

Model Summary

Table 4.5 presents the model summary for the regression of organizational performance on strategy execution.

Table 4.5: Model Summary

R	R Square	Adjusted R Square	Std. Error of the Estimate
.692	.479	.463	0.4021

The correlation coefficient ($R = .692$) indicates a strong positive relationship between strategy execution and the performance of health NGOs in Kenya. The coefficient of determination ($R^2 = .479$) shows that 47.9 percent of the variation in organizational performance can be explained by strategy execution. The adjusted R^2 of .463 accounts for the number of predictors in the model and confirms that the model provides a good fit to the data. This finding implies that strategy execution is a substantial predictor of performance, consistent with the empirical literature that identifies execution as the phase of strategic management most closely linked to measurable performance outcomes in nonprofit organizations (Wabulasa & Kihara, 2023; Korfii et al., 2026).

ANOVA

Table 4.6 presents the analysis of variance for the regression model.

Table 4.6: ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	22.417	1	22.417	58.213	.000
Residual	24.410	173	0.385		
Total	46.827	174			

The ANOVA results indicate that the overall regression model is statistically significant ($F = 58.213$, $p < .001$). This confirms that strategy execution has a statistically significant effect on the performance of health NGOs in Kenya, validating the use of the regression model and providing grounds for rejecting the null hypothesis that strategy execution does not significantly influence the performance of health non-governmental organizations in Kenya.

Regression Coefficients

Table 4.7 presents the regression coefficients for strategy execution as a predictor of organizational performance.

Table 4.7: Regression Coefficients

Variable	B	Std. Error	Beta	t	Sig.
(Constant)	1.842	0.211		8.730	.000
Strategy Execution	0.324	0.082	.391	3.939	.000

The regression coefficients indicate that strategy execution is a significant positive predictor of organizational performance ($B = .324$, $\beta = .391$, $t = 3.939$, $p < .001$). This means that a one-unit improvement in strategy execution is associated with a .324-unit improvement in the performance of health NGOs in Kenya, holding other factors constant. The t-value of 3.939 confirms that this relationship is statistically significant at the 0.001 level. These results lead to the rejection of the null hypothesis, confirming that strategy execution significantly influences the performance of health non-governmental organizations in Kenya. This finding is consistent with Leonard (2024), who found strategy implementation to be a significant positive predictor of NGO performance in Nairobi County, and with Munene and Kyongo (2026), who demonstrated that execution-related mechanisms such as performance appraisal and strategy audit significantly enhance NGO performance outcomes.

5.0 SUMMARY OF THE STUDY

The study examined the influence of strategy execution on the performance of health non-governmental organizations in Kenya. The descriptive results revealed that health NGOs generally maintain clear implementation plans and benefit from visible top management commitment to execution, but that capacity-building support for staff and resource alignment lag behind other execution dimensions. Organizational performance was rated moderately positively overall, with financial sustainability emerging as the weakest performance dimension, reflecting

the funding volatility that characterizes much of the sector. The correlation analysis established a strong, positive, and statistically significant relationship between strategy execution and organizational performance ($r = .692$, $p < .001$). The regression analysis confirmed that strategy execution significantly predicts performance, explaining 47.9 percent of the variation in performance outcomes ($\beta = .391$, $p < .001$). Taken together, these findings demonstrate that health NGOs with more consistent, well-resourced, and closely monitored execution practices achieve superior performance across service delivery, stakeholder satisfaction, and goal attainment.

6.0 CONCLUSION

The study concludes that strategy execution is a fundamental driver of performance improvement among health non-governmental organizations in Kenya. The significant positive relationship between strategy execution and performance demonstrates that organizations investing in disciplined implementation processes, clear accountability structures, and continuous monitoring achieve better outcomes in service delivery, stakeholder satisfaction, and organizational sustainability. While health NGOs demonstrate strong leadership commitment to execution and maintain reasonably clear implementation plans, significant opportunities exist for improving resource alignment and staff capacity-building to support execution. The findings reveal that effective strategy execution can help address some of the critical challenges facing health NGOs in Kenya, including donor funding volatility and inconsistent service delivery. Organizations that embrace disciplined and well-resourced execution processes are better positioned to navigate a complex operating environment and achieve sustainable performance improvements.

7.0 RECOMMENDATIONS

Based on the research findings, the following recommendations are proposed. Health NGOs should strengthen their strategy execution processes by establishing dedicated implementation units with clear timelines, resource allocation plans, and accountability structures cascaded to program teams. Management should invest in building staff capacity for strategy execution, including training on implementation methodologies and the establishment of internal monitoring and evaluation functions that track progress in real time. Boards and executive leadership should institutionalize regular performance reviews that link execution progress directly to organizational objectives, consistent with the governance-oriented mechanisms highlighted by Feng and Greenlee (2024). Given the persistent challenge of financial sustainability identified in this study, health NGOs should also diversify funding sources and embed financial sustainability planning within their execution frameworks, rather than treating it as a separate strategic concern.

8.0 AREAS FOR FURTHER RESEARCH

Future research should consider replicating this study using longitudinal designs to examine how strategy execution practices and their influence on performance evolve over time within health NGOs. Further studies could also examine the moderating role of corporate governance more directly, given the theoretical proposition drawn from Upper Echelon Theory in this study, and could extend the analysis to other NGO subsectors beyond health, such as education and humanitarian relief, to establish whether the influence of strategy execution on performance holds across different types of nonprofit organizations in Kenya.

9. REFERENCES

BRAC. (2024). BRAC health programs: Community-based healthcare reaching millions across Bangladesh. BRAC USA. https://www.bracusa.org/solutions/development/health/health-bangladesh/

Feng, N. C., & Greenlee, J. S. (2024). Governance, performance, and compensation in nonprofit organizations: A review of recent empirical nonprofit research. Journal of Governmental & Nonprofit Accounting, 13(1), 1–27. https://doi.org/10.2308/JOGNA-2023-006

Godana, C., Rintari, N., & Moguche, A. (2022). Effect of financial resource allocation on strategy implementation in the health sector of Marsabit County. Journal of Strategic Management, 2(1). https://edinburgjournals.org/journals/index.php/journal-of-strategic-management

Hambrick, D. C. (2007). Upper echelons theory: An update. Academy of Management Review, 32(2), 334–343. https://doi.org/10.5465/amr.2007.24345254

Kenya National Bureau of Statistics. (2024). *Economic Survey 2024*. Kenya National Bureau of Statistics. https://www.knbs.or.ke/download/economic-survey-2024/

Mecha, F. K., & Njoroge, DR. J. G. (2022). Effect of Human resources on strategic implementation PLAN within public institution of Higher learning IN Kenya. *Strategic Journal of Business & Change Management*, *9*(2). https://doi.org/10.61426/sjbcm.v9i2.2249

Hambrick, D. C., & Mason, P. A. (1984). Upper echelons: The organization as a reflection of its top managers. Academy of Management Review, 9(2), 193–206. https://doi.org/10.5465/amr.1984.4277628

Korfii, U., Ajayi, O., Oluwasanmi, O., Gulma, K. A., Kanee, R. B., Akinde, C., Deeyor, F. E., Uahomo, P., & Kuebari, Z. (2026). Institutionalisation of monitoring and evaluation systems and programmatic performance of public health NGOs in Nigeria: A cross-sectional analytical study. Journal of Public Policy and Administration, 10(1), 108–122. https://doi.org/10.11648/j.jppa.20261001.20

Lalampaa, K. S., Rintari, N., & Kanyiri, A. (2024). Effect of strategic scanning on performance of NGOs in Samburu County, Kenya. Journal of Strategic Management, 4(2). https://edinburgjournals.org/journals/index.php/journal-of-strategic-management

Leonard, M. (2024). Influence of strategy implementation practice on organizational performance of NGOs in Nairobi County. Journal of Multidisciplinary Research and Development, 1(2), 108–124. https://doi.org/10.56916/jmrd.v1i2.809

Munene, C. W., & Kyongo, J. (2026). Benchmarking strategy and non-governmental organization performance. International Journal of Research and Innovation in Social Science, 10(5). https://doi.org/10.47772/IJRISS.2026.100500148

National Council for Voluntary Organisations. (2024). UK civil society almanac 2024. NCVO. https://www.ncvo.org.uk/news-and-insights/news-index/uk-civil-society-almanac-2024/

Otieno, M. A., & Thendu, B. (2026). Strategy implementation practices and performance of national referral hospitals in Kenya. Journal of Business and Strategic Management, 11(5), 91–110. https://doi.org/10.47941/jbsm.3856

Wabulasa, K. F., & Kihara, A. (2023). Strategy implementation practices and performance of humanitarian and development organisations. Journal of Business and Strategic Management, 8(2), 47–61. https://carijournals.org/journals/JBSM/article/view/1294

World Bank. (2022). World development indicators. World Bank Group. https://databank.worldbank.org/source/world-development-indicators

Yamane, T. (1967). Statistics: An introductory analysis (2nd ed.). Harper and Row. https://www.scirp.org/reference/ReferencesPapers?ReferenceID=1440506