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**INFLUENCE OF STRATEGY CONTROL ON PERFORMANCE OF HEALTH
NON-GOVERNMENTAL ORGANIZATIONS IN KENYA**

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





Influence of Strategy Control 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

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Abstract:

Purpose of the Study: This study examined the influence of strategy control on the performance of health non-governmental organizations (NGOs) in Kenya. It assessed how monitoring and evaluation systems, performance reviews, feedback mechanisms, financial controls, and corrective actions influence organizational performance, with the aim of strengthening strategic management and improving accountability and service delivery.

Methodology: The study adopted a positivist philosophy and descriptive cross-sectional research design. A sample of 183 programme managers was selected 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, representing a 95.6% response rate. The findings showed that health NGOs had moderately functional strategy control systems, particularly in monitoring and evaluation feedback, financial controls, and participatory performance reviews. However, benchmarking against sector peers and prompt correction of strategic deviations remained comparatively weak. Pearson correlation analysis revealed a positive and statistically significant relationship between strategy control and organizational performance ($r = 0.372$, $p < 0.001$). Regression analysis further confirmed that strategy control significantly predicted organizational performance ($\beta = 0.372$, $t = 5.270$, $p < 0.001$), explaining 13.8% of the variation in performance.

Conclusion: The study concludes that strategy control significantly enhances the performance of health NGOs in Kenya. Strengthening monitoring and evaluation systems, performance reviews, feedback mechanisms, financial controls, and benchmarking practices will improve accountability, organizational learning, strategic responsiveness, and sustainable organizational performance while enhancing donor confidence and effective health service delivery.

Keywords: *strategy control, organizational performance, health non-governmental organizations, Kenya*

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1.0 INTRODUCTION

1.1 Background of the Study

Strategic control has increasingly emerged as a fundamental pillar of strategic management, enabling organizations to track how strategic plans translate into actual outcomes and to take corrective measures where deviations occur. As a continuous, forward-looking process, strategic control differs from routine operational monitoring in that it focuses on the alignment between an organization's long-term direction and the dynamic conditions in which it operates. For health non-governmental organizations, whose work is shaped by shifting donor priorities, complex regulatory requirements, and urgent public health needs, strategy control provides the feedback mechanisms necessary to remain accountable, adaptive, and mission-focused. Understanding how strategy control shapes organizational performance is therefore essential for health NGOs seeking to sustain service delivery and donor confidence within an increasingly competitive funding environment.

From a global perspective, strategic control practices among non-governmental and nonprofit organizations have attracted growing scholarly attention in both Europe and Asia. In the Czech Republic, Bryan, Lea, and Hyánek (2023) examined how NGO leaders responding to the Ukrainian refugee crisis exercised governance and control functions under conditions of acute uncertainty, finding that organizations with clearer internal monitoring structures and adaptive feedback mechanisms were better able to sustain service delivery despite ambiguous governance environments. Their findings illustrate that even in resource-rich European contexts, the absence of robust control mechanisms can undermine organizational resilience during crises. In Asia, Thampi (2022) studied organizational practices and managerial leadership behaviour among non-government organizations in Kerala, India, establishing that structured organizational and governance practices, including internal review and evaluation mechanisms, were positively associated with organizational performance, although many of the sampled NGOs remained predominantly oriented toward mandatory compliance rather than proactive strategic monitoring. Together, these European and Asian studies demonstrate that strategic control is a broadly relevant determinant of nonprofit performance, though the sophistication of control practices varies with institutional maturity, funding structures, and regulatory expectations within each context.

At the regional level, evidence from West Africa and Southern Africa similarly underscores the importance of strategic control in shaping organizational performance. In Nigeria, Bukoye and Abdulrahman (2022) investigated organizational culture typologies and strategy implementation within local government institutions, finding that weak internal control structures and misaligned cultural typologies significantly constrained the translation of strategic plans into measurable performance outcomes. Their study suggested that control mechanisms embedded within an



organization's culture, rather than those imposed purely externally, tend to produce more sustainable performance improvements. In Southern Africa, Gasela (2022) examined the influence of corporate controls on organizational performance during strategy implementation across eight South African public entities, establishing that entities with stronger internal control systems, including performance monitoring and corrective feedback loops, achieved significantly better implementation outcomes than those with weak or informal control arrangements. These findings from Nigeria and South Africa reinforce the view that strategic control is a critical determinant of whether strategic intentions are ultimately realized as improved performance, a pattern highly relevant to health NGOs operating within similarly resource-constrained African institutional environments.

Within Kenya, strategic control has received growing empirical attention, particularly in relation to parastatals, county governments, and non-governmental organizations. Lerai (2023) examined the influence of strategic control on the organizational performance of commercial-based parastatals in Kenya and found a strong positive correlation between strategic control and performance ($r = .725$, $p < .001$), while noting that inadequate resourcing and weak government support often constrained the consistent application of control mechanisms. Similarly, Lalampaa, Rintari, and Kanyiri (2024) studied strategic scanning, a closely related monitoring function, among NGOs in Samburu County, and established a significant positive relationship between environmental scanning practices and organizational performance. Complementing these findings, Oluoch (2021) demonstrated that strategic leadership practices, which inherently encompass oversight and control functions, significantly enhanced the financial sustainability of advocacy NGOs in Kenya. Collectively, these Kenyan studies suggest that health NGOs operating within the country's devolved and donor-dependent health sector are likely to experience similar performance benefits from robust strategy control systems, yet comprehensive, sector-specific evidence focusing exclusively on health NGOs and strategy control remains comparatively limited, a gap that the present study sought to address.

1.2 Statement of the Problem

Health non-governmental organizations (NGOs) in Kenya are instrumental in supporting healthcare delivery through disease prevention, health promotion, humanitarian response, and strengthening health systems. Despite their substantial contribution, many health NGOs continue to experience inconsistent organisational performance characterised by project implementation delays, inadequate accountability, inefficient resource utilisation, and failure to achieve intended programme outcomes. According to the Kenya National Bureau of Statistics (2024), development partners continue to finance a significant proportion of Kenya's health sector, increasing expectations for NGOs to demonstrate accountability, transparency, and measurable programme results. Consequently, effective strategy control has become essential for ensuring that organisational activities remain aligned with strategic objectives and donor expectations.



Strategy control involves monitoring strategy implementation, evaluating organisational performance, measuring progress against established objectives, and undertaking corrective actions where deviations occur. Effective control systems enable organisations to identify operational challenges early, optimise resource utilisation, strengthen accountability, and improve organisational performance. However, many NGOs continue to experience weak monitoring and evaluation systems, inadequate performance measurement frameworks, delayed reporting, and limited use of performance feedback to support strategic decision-making (Kusek & Rist, 2019). These weaknesses reduce organisational effectiveness and limit the successful achievement of strategic goals. 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 control on the performance of health non-governmental organizations in Kenya. This contextual and empirical gap constrains evidence-based strategic management within the sector. Therefore, this study sought to examine the influence of strategy control on the performance of health non-governmental organizations in Kenya.

1.3 Purpose of the Study

The purpose of this study was to examine the influence of strategy control on the performance of health non-governmental organizations in Kenya.

Research Hypothesis

H01: Strategy control does not significantly influence the performance of health non-governmental organizations in Kenya.

2.0 LITERATURE REVIEW

2.1 Theoretical Review: Institutional Theory

This study was anchored on Institutional Theory, originally developed by DiMaggio and Powell (1983), which explains that organizational behaviour and structures are significantly shaped by external institutional pressures rather than internal strategic choices alone. According to this theory, organizations seek legitimacy by conforming to regulatory requirements, professional norms, and the expectations of key stakeholders, including donors, government regulators, and the communities they serve. Institutional pressures are broadly classified into coercive pressures, arising from legal and regulatory requirements; normative pressures, arising from professional standards and norms; and mimetic pressures, arising from the tendency of organizations to imitate peers perceived as more legitimate or successful.

Within the health NGO sector in Kenya, Institutional Theory offers a useful lens for understanding why organizations adopt specific strategy control mechanisms, such as monitoring



and evaluation systems, financial audits, and performance dashboards, often in direct response to donor reporting requirements, government regulation under the Public Benefit Organizations framework, and international governance standards. Compliance with these institutional expectations enhances organizational legitimacy, facilitates continued access to donor funding, and strengthens stakeholder confidence. Recent applications of institutional reasoning within African public-sector and nonprofit contexts illustrate this dynamic: Gasela (2022) found that South African public entities strengthened their internal control systems substantially in response to external oversight and accountability requirements, while Bukoye and Abdulrahman (2022) demonstrated that Nigerian local government institutions adjusted their internal control and cultural practices in response to external policy and regulatory pressures.

Institutional Theory therefore suggests that the performance of health NGOs in Kenya is shaped not only by internal managerial capability but also by an organization's ability to respond appropriately to institutional expectations through robust strategy control mechanisms. Health NGOs that effectively embed monitoring, evaluation, and feedback systems into their governance structures, partly in response to donor and regulatory pressures, are more likely to achieve improved organizational legitimacy, accountability, and ultimately, superior performance outcomes.

2.2 Empirical Review: Strategy Control and Performance

Strategic control refers to the process by which organizations monitor, evaluate, and adjust their strategic plans to ensure continued alignment with evolving internal and external conditions. It involves tracking performance against strategic objectives, identifying deviations, and implementing corrective actions to maintain strategic coherence and effectiveness. Unlike operational control, which focuses on short-term, day-to-day activities, strategic control is long-term and future-oriented, enabling organizations to remain adaptive and responsive within dynamic operating environments. For health sector NGOs in Kenya, strategy control is particularly vital given fluctuating donor priorities, shifting public health needs, and the complexity of multi-stakeholder governance arrangements.

A growing body of empirical evidence affirms the positive relationship between strategy control mechanisms and organizational performance across different organizational contexts. In Kenya, Lerai (2023) examined the influence of strategic control on the organizational performance of six commercial-based parastatals, involving 45 departmental managers and 151 administrative staff. Using descriptive and inferential statistics, including correlation and regression analysis, the study found a strong positive Pearson correlation between strategic control and performance ($r = .725$, $p < .001$), although the study also noted that inadequate government funding and weak resource provision constrained the effective implementation of control mechanisms in practice.



Complementing this, Lalampaa, Rintari, and Kanyiri (2024) studied strategic scanning, an important environmental input into strategy control processes, among NGOs operating in Samburu County, Kenya. Drawing on a sample of 158 employees selected through stratified random sampling, the study established a significant positive correlation between strategic scanning practices and NGO performance ($r = .505$, $p < .01$), concluding that NGOs which failed to benchmark their strategies against peer organizations tended to waste resources on ineffective interventions. Similarly, Oluoch (2021), studying advocacy NGOs in Kenya, found a significant positive correlation between strategic leadership practices, which inherently include oversight and control functions, and the financial sustainability of these organizations ($r = .678$, $p < .05$), underscoring the role that visionary, control-oriented leadership plays in resource mobilization and organizational resilience.

Beyond Kenya, comparable evidence from elsewhere in Africa reinforces these findings. Gasela (2022), studying eight South African public entities, found that stronger corporate control systems, including performance monitoring and structured feedback mechanisms, were associated with significantly better strategy implementation outcomes than in entities with weak or informal controls. In Nigeria, Bukoye and Abdulrahman (2022) similarly established that organizations with control-supportive cultural typologies achieved more successful strategy implementation than those with rigid, hierarchical structures resistant to feedback and adjustment. In the broader nonprofit governance literature, Blevins, Ragozzino, and Eckardt (2022) demonstrated, through a review of governance mechanisms in nonprofit organizations, that structured board oversight and internal control arrangements were positively associated with organizational performance, particularly where such mechanisms enabled timely identification and correction of strategic deviations.

Across these studies, a consistent theme emerges: strategy control is a critical enabler of organizational performance, whether measured through financial sustainability, programmatic achievement, or overall organizational effectiveness. Key components of effective strategy control identified across the literature include leadership oversight, systematic performance tracking, stakeholder feedback mechanisms, and adaptive organizational learning (Lerai, 2023; Gasela, 2022; Bukoye & Abdulrahman, 2022). For health NGOs operating in Kenya's uncertain and resource-constrained environment, strategy control must be embedded within governance structures and daily operational routines. It should be participatory, evidence-based, and closely aligned with both donor expectations and community health priorities. It is on this basis that the present study hypothesized that strategy control significantly influences the performance of health non-governmental organizations in Kenya.

2.3 Conceptual Framework

The conceptual framework guiding this study proposes a direct relationship between strategy control, the independent variable, and the performance of health non-governmental organizations

in Kenya, the dependent variable. Strategy control was conceptualized and measured through indicators including the establishment of monitoring and evaluation systems, the conduct of regular performance reviews against strategic objectives, the use of feedback from monitoring processes to inform strategic adjustments, the presence of internal audit and risk management mechanisms, the timely identification and correction of deviations from strategic plans, participatory involvement of both management and operational staff in control processes, the use of real-time performance dashboards, integration of financial controls and budget variance monitoring, and benchmarking of performance against sector peers.

The performance of health NGOs, as the dependent variable, was conceptualized through indicators such as achievement of programme targets and key performance indicators, improvement in the quality of health services delivered, effective utilization of donor funds, stakeholder satisfaction, expansion of programme reach and coverage, staff retention, accuracy and timeliness of donor reporting, successful leveraging of strategic partnerships, and measurable improvements in community health outcomes. The framework posits that strengthening strategy control practices is expected to produce a corresponding improvement in the overall performance of health NGOs operating within Kenya's health sector.

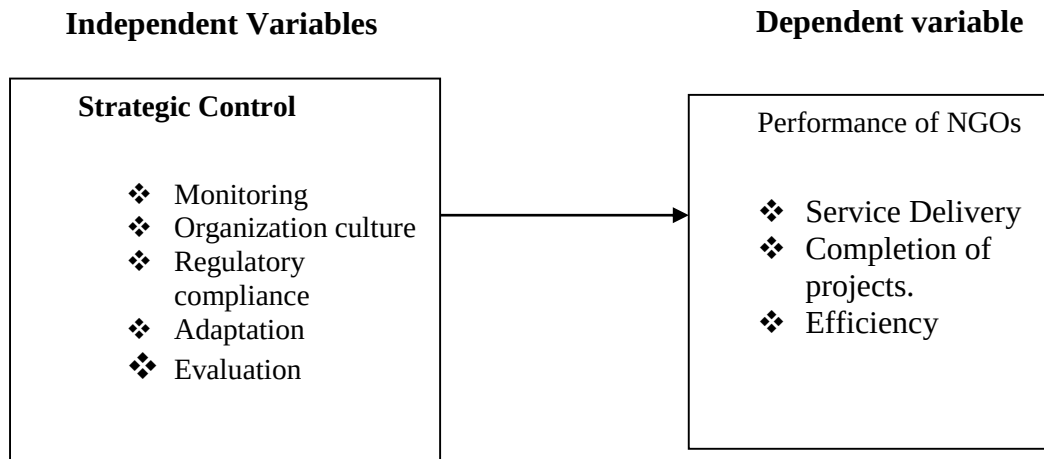


Figure 1: Conceptual Framework

3.0 RESEARCH METHODOLOGY

The study was anchored on the positivist research philosophy, which emphasizes objectivity, empirical observation, and the use of quantitative methods to establish the relationship between strategy control and organizational performance. 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 organizational sizes and geographical coverage. Primary data were collected using structured, self-administered questionnaires based on a five-point Likert scale to measure strategy control and the performance of health sector NGOs. 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 control on the performance of health sector non-governmental organizations 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 potential respondents 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, follow-up communications, and the self-administered nature of the questionnaire, which minimized logistical barriers to participation. According to Sekaran and Bougie (2020), a response rate exceeding 70 percent in organizational 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 and inferential analyses.

4.2 Descriptive Results on Strategy Control

The study sought to determine the influence of strategy control on the performance of health non-governmental organizations in Kenya. Respondents rated a series of statements on a five-point

Likert scale ranging from Strongly Agree (SA) to Strongly Disagree (SD). The descriptive results are presented in Table 2.

Table 2: Descriptive Results on Strategy Control

Statement	SA%	A%	UD%	D%	SD%	Mean	Std. Dev.
Robust monitoring and evaluation (M&E) systems track implementation of strategic plans.	17.1	35.4	17.1	22.3	8.0	3.49	1.129
Regular performance reviews assess progress against strategic objectives and KPIs.	24.6	37.7	11.4	14.3	12.0	3.80	1.454
Feedback from M&E processes is used to inform strategic adjustments.	28.0	40.0	13.1	12.0	6.9	3.96	1.069
Internal audit and risk management mechanisms support strategy control.	16.0	33.7	16.0	18.9	15.4	3.45	1.469
Deviations from the strategic plan are promptly identified and corrected.	8.6	22.3	12.0	30.3	26.9	2.94	1.639
Strategy control involves participation from management and operational staff.	25.7	38.3	12.0	12.6	11.4	3.85	1.344
A performance dashboard tracks strategic indicators in real time.	11.4	28.6	16.0	28.0	16.0	3.12	1.411
Financial controls and budget variance monitoring are part of the control framework.	26.9	42.3	10.9	8.0	12.0	3.94	1.246
Performance is benchmarked against sector standards and peer organizations.	4.0	14.9	13.1	44.6	23.4	2.54	1.188
Strategy control has contributed to improved overall organizational performance.	28.0	38.3	11.4	11.4	10.9	3.95	1.292



As shown in Table 2, respondents generally agreed that their organizations had embedded elements of strategy control into their operations. The highest-rated statement was that feedback from monitoring and evaluation processes was systematically used to inform strategic adjustments and operational decisions ($M = 3.96$, $SD = 1.069$), followed closely by the perception that strategy control processes involved participation from both management and operational staff ($M = 3.85$, $SD = 1.344$) and that financial controls and budget variance monitoring were integral components of the strategy control framework ($M = 3.94$, $SD = 1.246$). These findings suggest that, on balance, the sampled health NGOs had developed reasonably functional feedback and financial oversight mechanisms. However, respondents were considerably less confident that deviations from strategic plans were promptly identified and corrected ($M = 2.94$, $SD = 1.639$), and even less confident that their organizations benchmarked performance against sector standards and peer organizations ($M = 2.54$, $SD = 1.188$). These comparatively low mean scores, coupled with relatively high standard deviations indicating variability in responses, suggest that while foundational strategy control structures exist within many health NGOs, more proactive control practices, particularly timely corrective action and external benchmarking, remain underdeveloped. This is broadly consistent with Lalampaa et al. (2024), who similarly found that NGOs which failed to benchmark against peer organizations tended to experience weaker performance outcomes.

4.3 Descriptive Results for Organizational Performance

Respondents were further asked to rate statements assessing the overall performance of their organizations, using the same five-point Likert scale. The results are presented in Table 3.

Table 3: Descriptive Results for Organizational Performance of Health NGOs

Statement	SA%	A%	UD%	D%	SD%	Mean	Std. Dev.
Consistently achieves health programme targets and KPIs within the planned timeframe.	60.0	34.3	3.4	1.1	1.1	4.73	.579
Quality of health services and interventions has improved over the past three years.	20.6	34.3	14.9	22.3	8.0	3.53	1.154
Effective utilization of donor funds, with low budget variance.	48.0	34.3	6.3	5.7	5.7	4.30	1.069
Stakeholder satisfaction (beneficiaries, donors, government) is high.	48.6	34.3	5.7	5.7	5.7	4.31	1.097



Programme reach and coverage have expanded over the past three years.	12.6	30.3	14.9	30.3	12.0	3.21	1.211
Staff retention and organizational capacity have improved through strategic management.	28.0	40.0	10.9	12.0	9.1	3.87	1.286
Reporting to donors and regulatory bodies is accurate, timely, and meets standards.	21.7	38.3	13.1	18.3	8.6	3.61	1.254
Strategic partnerships have been leveraged to enhance service delivery and impact.	40.6	37.1	8.6	7.4	6.3	4.17	1.152
Community health outcomes have shown measurable improvement.	30.9	48.0	12.0	6.3	2.9	3.99	.950
Overall organizational performance has improved significantly over three years.	17.1	36.6	22.9	18.3	5.1	3.43	.962

The results in Table 3 indicate generally favourable perceptions of organizational performance among the sampled health NGOs. The highest-rated statement was that the organization consistently achieves its health programme targets and key performance indicators within the planned timeframe ($M = 4.73$, $SD = .579$), suggesting strong confidence in programmatic achievement. Respondents also rated highly the statements relating to stakeholder satisfaction ($M = 4.31$, $SD = 1.097$) and effective utilization of donor funds with low budget variance ($M = 4.30$, $SD = 1.069$), reflecting favourable perceptions of financial accountability and stakeholder relations. Conversely, respondents expressed comparatively less confidence regarding the expansion of programme reach and coverage over the preceding three years ($M = 3.21$, $SD = 1.211$), suggesting that while existing programmes were being implemented effectively, growth in scale and reach remained a persistent challenge. Overall organizational performance in the health sector over the past three years was rated moderately ($M = 3.43$, $SD = .962$), indicating that, while the sampled health NGOs generally performed adequately, there remains room for improvement, particularly in scaling interventions and sustaining performance gains over time.

4.4 Correlation Analysis

Bivariate Pearson correlation analysis was conducted to assess the strength and direction of the linear relationship between strategy control and the performance of health non-governmental organizations in Kenya. Table 4 presents the correlation results.

Table 4: Pearson Correlation Between Strategy Control and Performance of Health NGOs

	Strategy Control	Performance
Strategy Control — Pearson Correlation	1	.372**
Sig. (2-tailed)		.000
N	175	175
Performance — Pearson Correlation	.372**	1
Sig. (2-tailed)	.000	
N	175	175

**** Correlation is significant at the 0.01 level (2-tailed).**

As shown in Table 4, strategy control had a positive and statistically significant correlation with the performance of health non-governmental organizations in Kenya ($r = .372$, $p < .001$). Although moderate in magnitude, this relationship indicates that health NGOs which invest more deliberately in monitoring and evaluation systems, performance reviews, feedback mechanisms, and financial controls tend to report correspondingly better organizational performance. This finding is consistent with Lerai (2023), who similarly found a positive and significant correlation between strategic control and performance among commercial-based parastatals in Kenya, although the strength of that relationship was considerably higher ($r = .725$), possibly reflecting differences in organizational structure, resourcing, and the extent of institutionalization of control systems between parastatals and donor-dependent health NGOs. The moderate correlation observed in this study also aligns with Lalampaa et al. (2024), who found a comparable positive correlation ($r = .505$) between strategic scanning, a related monitoring function, and NGO performance in Samburu County.

4.5 Regression Analysis

Simple linear regression analysis was conducted to determine the extent to which strategy control predicts the performance of health non-governmental organizations in Kenya. Table 5 presents the model summary.

Table 5: Model Summary for Strategy Control

Model	Predictor Variable	R	R-Square	Adjusted R-Square	Std. Error
1	Strategy Control (X4)	.372	.138	.133	.31544



As shown in Table 5, the correlation coefficient ($R = .372$) confirms a positive relationship between strategy control and the performance of health NGOs in Kenya. The coefficient of determination ($R^2 = .138$) indicates that strategy control alone explains approximately 13.8 percent of the variation in the performance of health NGOs, with the adjusted R^2 of .133 accounting for the single predictor included in the model. Although this proportion may appear modest, it is consistent with the understanding that organizational performance is a multidimensional construct influenced by several strategic management practices beyond strategy control alone, including strategic direction, strategic planning, strategy execution, and corporate governance. The result nonetheless confirms that strategy control makes a meaningful and statistically distinguishable contribution to explaining performance outcomes among health NGOs in Kenya.

Table 6: ANOVA Results for Strategy Control

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	2.763	1	2.763	27.771	.000
Residual	17.214	173	0.100		
Total	19.977	174			

Dependent Variable: Performance of Health NGOs.

Predictors: (Constant), Strategy Control (X4).

The ANOVA results indicate that the overall regression model is statistically significant ($F = 27.771$, $p < .001$). This confirms that strategy control has a statistically significant effect on the performance of health non-governmental organizations in Kenya, validating the use of the regression model and providing grounds for rejecting the null hypothesis that strategy control does not significantly influence the performance of health NGOs in Kenya.

Table 7: Regression Coefficients for Strategy Control

Model	B	Std. Error	Beta	t	Sig.
(Constant)	1.696	.159		10.682	.000
Strategy Control (X4)	.236	.045	.372	5.270	.000

Dependent Variable: Performance of Health NGOs.

The regression coefficients indicate that strategy control is a significant positive predictor of the performance of health non-governmental organizations in Kenya ($B = .236$, $\beta = .372$, $t = 5.270$, $p < .001$). This means that a one-unit increase in strategy control is associated with a .236-unit improvement in organizational performance, holding other factors constant. The corresponding



t-value of 5.270 confirms that this relationship is statistically significant at the .001 level. These results therefore lead to the rejection of the null hypothesis, confirming that strategy control significantly influences the performance of health non-governmental organizations in Kenya. This finding is consistent with Lerai (2023), who found that strategic control significantly predicted the performance of commercial-based parastatals in Kenya, and with Gasela (2022), who demonstrated that stronger corporate control systems significantly improved strategy implementation outcomes among South African public entities.

5.0 SUMMARY OF THE STUDY

This study examined the influence of strategy control on the performance of health non-governmental organizations in Kenya, guided by Institutional Theory and anchored on a positivist research philosophy. Using a descriptive cross-sectional research design, data were collected from 175 programme managers drawn from a target population of 340 health sector NGOs registered with the NGO Coordination Board of Kenya, yielding a response rate of 95.6 percent.

The descriptive analysis revealed that health NGOs in Kenya had developed moderately functional strategy control systems, particularly with respect to using monitoring and evaluation feedback to inform strategic adjustments and integrating financial controls into oversight processes. However, more advanced control practices, including prompt identification of deviations and benchmarking against sector peers, remained comparatively underdeveloped. On the performance side, respondents expressed strong confidence in their organizations' achievement of programmatic targets, effective utilization of donor funds, and stakeholder satisfaction, though confidence in programme reach expansion and overall performance improvement over time was more moderate.

The inferential analysis established a positive and statistically significant correlation between strategy control and performance ($r = .372$, $p < .001$). Regression analysis further confirmed that strategy control significantly predicted organizational performance ($R^2 = .138$, $F = 27.771$, $p < .001$; $\beta = .372$, $t = 5.270$, $p < .001$), leading to the rejection of the null hypothesis. These findings demonstrate that health NGOs which strengthen their monitoring and evaluation systems, performance review processes, and feedback mechanisms are likely to experience measurable improvements in organizational performance. The findings align closely with existing Kenyan and regional evidence, including Lerai (2023) and Gasela (2022), both of which established that robust strategic and corporate control systems meaningfully enhance organizational performance across varied institutional contexts.

6.0 CONCLUSION



The study concludes that strategy control is a significant and positive determinant of the performance of health non-governmental organizations in Kenya. Health NGOs that have institutionalized structured monitoring and evaluation systems, systematic performance reviews, and mechanisms for translating feedback into strategic adjustments demonstrate stronger overall performance in terms of programme achievement, donor fund utilization, and stakeholder satisfaction. However, the moderate proportion of performance variance explained by strategy control alone (13.8 percent) indicates that performance is shaped by multiple interacting strategic management practices, and that strategy control, while important, functions most effectively when embedded within a broader system of strategic direction, planning, execution, and governance.

The relatively weak performance observed with respect to prompt correction of strategic deviations and benchmarking against peer organizations suggests that many health NGOs in Kenya have adopted the foundational elements of strategy control, largely in response to donor and regulatory expectations consistent with Institutional Theory, without fully developing the more proactive, comparative dimensions of control that would allow them to anticipate and respond to performance gaps more effectively. Addressing this gap represents an important opportunity for health NGOs to strengthen their competitive positioning and programmatic impact.

7.0 RECOMMENDATIONS

Based on the findings of this study, several recommendations are proposed. First, health NGOs in Kenya should strengthen their strategy control frameworks by institutionalizing structured, real-time performance dashboards and monitoring systems that allow management to track progress against strategic objectives continuously rather than periodically. This would help address the comparatively weak capacity observed in promptly identifying and correcting deviations from strategic plans.

Second, health NGOs should develop systematic benchmarking practices that allow them to compare their performance against sector peers and industry standards. Given that benchmarking was the lowest-rated strategy control practice in this study, deliberate investment in comparative performance analysis could help organizations identify performance gaps and adopt best practices from better-performing peers.

Third, management should ensure that strategy control processes remain participatory, involving both senior management and operational staff in monitoring and evaluation activities. This is consistent with the finding that participatory control processes were positively associated with performance, and would help build organizational ownership of strategic objectives at all levels.

Fourth, donor agencies and regulatory bodies, including the NGO Coordination Board, should consider providing technical support and capacity-building programmes to help health NGOs,



particularly smaller organizations with limited resources, develop more sophisticated strategy control systems, including internal audit functions and structured feedback loops.

Finally, health NGO leadership should integrate financial controls and budget variance monitoring more closely with programmatic performance tracking, ensuring that financial oversight and strategic performance management are treated as complementary rather than separate functions. Collectively, these measures would help health NGOs in Kenya translate strategic plans into more consistent, measurable, and sustainable improvements in organizational performance.

8.0 AREAS FOR FURTHER RESEARCH

Future research should consider replicating this study using longitudinal research designs that track changes in strategy control practices and organizational performance among health NGOs over an extended period, given the cross-sectional nature of the present study. Additionally, future studies could examine the combined and interactive effects of strategy control alongside other strategic management practices, such as strategic direction, strategic planning, strategy execution, and corporate governance, to establish which combinations of practices most strongly predict performance among health NGOs. Comparative studies examining strategy control practices across different categories of NGOs, such as those focused on health, education, and humanitarian relief, would further enhance understanding of sector-specific control requirements. Finally, qualitative research exploring the lived experiences of program managers in implementing strategy control mechanisms would provide valuable contextual insights that complement the quantitative findings of this study.

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