AN INVESTIGATION OF STRATEGIC RESPONSES TO ORGANIZATIONAL ENVIRONMENT: A CASE OF THE MINISTRY OF HEALTH RESPONSE TO NON-COMMUNICABLE DISEASES IN KENYA

PRESENTED BY:

MAUREEN W. MACHARIA

D53/CTY/PT/20634/2010

A RESEARCH PROJECT SUBMITTED TO THE SCHOOL OF BUSINESS IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTERS OF BUSINESS ADMINISTRATION DEGREE KENYATTA UNIVERSITY SCHOOL OF BUSINESS (STRATEGIC MANAGEMENT OPTION)

NOVEMBER 2012
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NOVEMBER 2012
DECLARATION

I declare that, this project is my own original work and has not been presented for award of any degree in any University.

Signature: ___________________________ Date: 23rd Nov 2012

MAUREEN MACHARIA

REG NO: D53/CTY/PT/20634/2010

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

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For and on behalf of Kenyatta University

Signature: ___________________________ Date: __________________

MUATHE SMA (PhD)

Chairman, Department of Business Administration

Kenyatta University
DEDICATION

To my loving Parents Njeri and Njeru for always shining a light on my path.

God bless you.
ACKNOWLEDGEMENT

- I wish to express my cordial gratitude to my dedicated lecturer and supervisor Ann Muchemi for her invaluable and infatigable guidance throughout this write up.

- Special appreciation to Rachael and to all my friends for whose support has been unwavering.

- A vote of thanks to the School of Business MBA office.
• ABSTRACT

Once viewed as afflictions limited to the developed world, non-communicable diseases – including cardiovascular diseases, respiratory diseases, diabetes, and cancers – are rising quickly in low- and middle-income countries like Kenya. Despite the recognition of the high demand for specific responses towards the non-communicable diseases, there has been no study that has concentrated on the organizational responses to non-communicable diseases in developing countries and Kenya in particular. It was against this background that the researcher aimed to fill this academic gap by carrying out a research into the strategic responses to organizational environment with a focus on the Ministry of Health response to non-communicable diseases in Kenya. The main objective of this study was to investigate the strategic responses to organizational environment where the focus was on the Ministry of Health response to non-communicable diseases. This research problem was studied through the use of a descriptive research design. The target population of 210 individuals composed of departmental heads, assistant departmental heads and lower cadre staffs like the supervisors, accounts and finance officers currently employed at the Ministry of Health in Nairobi. Stratified random sampling technique was used where a sample of 42 respondents were selected from within each group in proportions that each group bore to the study population. The study made use of a survey questionnaire administered to each member of the sample population. The researcher administered the questionnaire individually to all respondents of the study. Quantitative data collected was analyzed by the use of descriptive statistics. The information was presented in form of bar, charts, graphs and pie charts. The prospects for non-communicable disease prevention and control are improving gradually in the Country through stakeholder intervention, policy measures, technological responses and awareness creation. Sustained progress will occur when governments, relevant international agencies, non-governmental agencies, and civil society acknowledge that public health must include non-communicable diseases and their risk factors. Stronger and broader alliances of major health professional bodies, consumer groups, enlightened industries, and academics are needed to effectively prioritize prevention of major risk factors for non-communicable diseases. Multi-stakeholder and intergovernmental mechanisms and other non-binding measures are better options in fighting the menace of the non-communicable diseases. Well-coordinated and effective response should be scaled up to technical support in the Country. The Government should provide the right incentives and individuals must protect their own health. Civic groups and other organizations must maintain pressure for responsible marketing and business must produce healthier and more sustainable goods.
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<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AOP</td>
<td>Annual Operating Plans</td>
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<tr>
<td>GoK</td>
<td>Government of Kenya</td>
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<tr>
<td>MBO</td>
<td>Management By Objectives</td>
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<tr>
<td>MOH</td>
<td>Ministry of health</td>
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<tr>
<td>NCD</td>
<td>Non communicable Disease</td>
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<tr>
<td>NCDs</td>
<td>Non Communicable Diseases</td>
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<tr>
<td>ODA</td>
<td>Official Development Assistance</td>
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<tr>
<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
</tr>
<tr>
<td>US</td>
<td>United States (United States of America)</td>
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<td>WHO</td>
<td>World Health Organization</td>
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CHAPTER ONE
INTRODUCTION

1.1 Background of the Study

In order for an organization to survive and be effective, the organization must be cognizant of its environment, and how it is dependent on that environment for resources and survival. Typically there exists a consensus about the environment of an organization as everything surrounding the organization—these comprises of both the internal and external environments. When organizations see their environments as turbulent and complex they respond with more complex, organic structures which reflect the variety in the environment. To be effective and to maintain legitimacy (Suchman, 1995), the organization must also develop the ability to diagnose problems and weaknesses then design and implement strategies to address and solve these issues.

The organization must take an active approach in responding and managing this environment by also understanding how commonly held beliefs and institutional norms may contribute to the perception of effectiveness held by members of the internal and external environments. Some organizations pursue managerial strategies that reinforce the nature of the organization as a complex adaptive system. The operating environment of an organization in a metaphorical sense is an ocean of events that surrounds the organization. Every organizational environment contains much more information than the organization can perceive and process (Oliver, 2001). Organizations select the stimuli to which they respond because they typically face much more information than they can sensibly process. According to this aspect the environment can be distinguished in relevant and non-relevant organizational environments.

The real world provides the raw material of stimuli to react to, but the only meaningful environment is the one that is born when stimuli are processed through perceptual filters. When organizations arrange themselves in ways that are consistent with the qualities of complex adaptive systems, successful co-evolution and self-organizing is more likely (Griffin and Dunn, 2004). In other words, when organizations recognize themselves as the complex adaptive systems they are, and arrange themselves in complexity absorbing ways, successful performance is more likely. When organizations choose managerial
responses to complexity that are consistent with the characteristics of complex adaptive systems, they choose to absorb the variety and complexity of the environment into the organization.

1.1.1 Concept of Organizational Responses
Organizations must have the capacity to monitor and make sense of their environments if they are to respond appropriately. They must identify and attend to those environmental factors and features that are highly related to goal achievement and performance. Moreover, they must have the internal capacity to develop effective responses (Oliver, 2001). Organizations employ a number of methods to influence and respond to their environments, to buffer their technology from external disruptions, and to link themselves to sources of information and resources. These responses are generally designed by senior executives responsible for setting corporate strategy and managing external relationships. An organization’s response to changes in the environment is directly connected to how well an organization can learn from experience, from changing conditions, and from past mistakes. Organizational responses occur when individuals within an organization experience a problematic situation and inquire into it on the organization’s behalf.

In order to become successful, the response that results from organizational inquiry must become embedded in the images of organization held in its members’ minds and/or in the epistemological artifacts (the maps, memories, and programs) embedded in the organizational environment. According to Christoph (2003) in order to have effective responses that adequately address changing conditions, organizations must view organizational design as a dynamic and organic managerial instrument that adapts and changes as internal and external demands change. Those organizations that fail to respond effectively by adapting to changing demands and expectations and are unable to mobilize organizational members to work towards shared goals put the organization’s survival at risk. Organizations select the stimuli to which they respond because they typically face much more information than they can sensibly process.
Organizations are open systems and must relate to their environments. They must acquire the resources and information needed to function; they must deliver products or services that are valued by customers. An organization's strategy—how it acquires resources and delivers outputs—is shaped by particular aspects, and features of the environment. Thus, organizations can devise a number of responses for managing environmental interfaces, from internal administrative responses, such as creating special units to scan the environment, to external collective responses, such as forming strategic alliances with other organizations (Scott, 2002). The enacted environment consists of the organization's perception and representation of its general and task environments. Environments must be perceived before they can influence decisions about how to respond to them. Organization members must actively observe, register, and make sense of the environment before it can affect their decisions about what actions to take. Thus, only the enacted environment can affect which organizational responses are chosen. The general and task environments, however, can influence whether those responses are successful or ineffective (Oliver, 2001). Organizations seek to manage critical sources of resource dependence while remaining as autonomous as possible. For example, firms may contract with several suppliers of the same raw material so that they are not overly dependent on one vendor. Resource dependence is extremely high for an organization when other organizations control critical resources that cannot be obtained easily elsewhere. Resource criticality and availability determine the extent to which an organization is dependent on the environment and must respond to its demands.

1.1.2 Non-Communicable Diseases

Non-communicable diseases (NCDs) are the leading causes of death globally, killing more people each year than all other causes combined. Contrary to popular opinion, available data demonstrate that nearly 80% of NCD deaths occur in low- and middle-income countries. Despite their rapid growth and inequitable distribution, much of the human and social impact caused each year by NCD-related deaths could be averted through well-understood, cost-effective and feasible interventions. Of the 57 million deaths that occurred globally in 2008, 36 million – almost two thirds – were due to NCDs, comprising mainly cardiovascular diseases, cancers, diabetes and chronic lung
diseases. The combined burden of these diseases is rising fastest among lower-income countries, populations and communities, where they impose large, avoidable costs in human, social and economic terms (Beaglehole, Bonita and Horton, 2011).

About one fourth of global NCD-related deaths take place before the age of 60. NCDs are caused, to a large extent, by four behavioral risk factors that are pervasive aspects of economic transition, rapid urbanization and 21st-century lifestyles: tobacco use, unhealthy diet, insufficient physical activity and the harmful use of alcohol (WHO, 2008). The greatest effects of these risk factors fall increasingly on low- and middle-income countries, and on poorer people within all countries, mirroring the underlying socioeconomic determinants. Among these populations, a vicious cycle may ensue: poverty exposes people to behavioral risk factors for NCDs and, in turn, the resulting NCDs may become an important driver to the downward spiral that leads families towards poverty. As a result, unless the NCD epidemic is aggressively confronted in the most heavily affected countries and communities, the mounting impact of NCDs will continue and the global goal of reducing poverty will be undermined.

A major reduction in the burden of NCDs will come from population-wide interventions, which are cost effective and may even be revenue-generating, as is the case with tobacco and alcohol tax increases, for instance. But effective interventions, such as tobacco control measures and salt reduction, are not implemented on a wide scale because of inadequate political commitment, insufficient engagement of non-health sectors, lack of resources, vested interests of critical constituencies, and limited engagement of key stakeholders. For example, less than 10% of the world’s population is fully protected by any of the tobacco demand-reduction measures contained in the WHO Framework Convention on Tobacco Control (WHO, 2008).

Improved health care, early detection and timely treatment is another effective approach for reducing the impact of NCDs. However, appropriate care for people with NCDs is lacking in many settings, and access to essential technologies and medicines is limited, particularly in low- and middle-income countries and populations. Many NCD-related health-care interventions are cost effective, especially compared to costly procedures that may be necessary when detection and treatment are late and the patient reaches advanced
stages of the disease (WHO, 2008). Health systems need to be further strengthened to deliver an effective, realistic and affordable package of interventions and services for people with NCDs.

As the magnitude of the NCD epidemic continues to accelerate, the pressing need for stronger and more focused international and country responses is increasingly recognized by Member States. Much has been learnt about the causes, prevention and treatment of NCDs over the past three decades, as important achievements have been made in reducing mortality in many high income countries; the evidence base for action is steadily mounting and global attention to the NCD epidemic is intensifying (Rocco et al, 2011).

The world is experiencing an epidemic of non-communicable diseases (NCDs). NCDs are an under-estimated cause of poverty and a barrier to economic development. Kenya, like most developing countries, is faced with an impending epidemic of chronic diseases, with non-communicable diseases contributing to about 32 per cent of total mortality rates (WHO, 2008). From 2005 - 2007, non-communicable diseases contributed over half of the top twenty causes of morbidity and mortality in Kenya (MOH, 2007). NCDs also contribute to half of the top ten leading causes of morbidity in the country (MOH, 2007). In 2002 mortality from communicable diseases was 68.2 per cent, while NCDs contributed over 31.8 per cent of total mortality (WHO, 2005). In 2007 non-communicable diseases contributed over 33 per cent of total mortality.

Some of the causes of the rise in NCD fatalities are thought to be the following: a change in lifestyle – as the population surges towards urbanization, and away from rural areas; unhealthy eating habits; reduced physical activity as more motorized transport is used; and an increase in smoking and alcohol consumption (Mahal et al, 2010). Preventive and promotive health services are the core business of the Ministry of Health. They have not received the priority attention in public health policies and programmes, commensurate with their disease burden.
1.1.3 The Ministry of Health in Kenya

The Ministry of Health Division of Non-Communicable Diseases is attempting to reverse this trend by creating awareness of NCDs among policy makers, and entrenching NCDs in the Annual Operating Plans (AOP) of the sector. The AOP National Strategic Approach is to advocate policy changes aimed at placing NCDs high on the health and development agenda; build capacity for community-based actions; and strengthen health services for the Integrated Prevention and Management of Chronic Diseases. Furthermore, the National Strategic Approach aims to create multi-sector partnerships and networks for chronic disease and to carry out operational research on NCDs. In the battle against NCDs, the Ministry of Health has already achieved much, including: setting up legislative and legal frameworks; developing policy guidelines; and developing clinical and training guidelines. In order to strengthen and re-orientate the health care system, it is further advocated to prioritize NCD programmes at all levels (www.ministryofhealth.go.ke). The integration of NCDs into the National Health plans and into the primary health care system is also paramount.

With regard to this, there is need for a strategic approach to enhance tackling the problem. The Ministry of Health Kenya, in recognition of the needy situation, has responded in various ways towards the same. The appropriateness of the organizational responses towards the situation will mean that the Ministry will manage to reverse the situation, while the contrary will lead to the failure (www.ministryofhealth.go.ke). Further, in accordance with the Kenya’s Vision 2030 Social Pillar, the Ministry has been working towards realizing the Country’s Vision of a healthy nation. This study was motivated to investigate situation on the organizational responses adopted by the Ministry of Health to NCDs in Kenya.

1.2 Statement of the Problem

A key aspect of the analysis of a firm’s strategy is the interaction between the strategic choice and its environmental context. The strategic responses of firms focus on those competences that are difficult to imitate or substitute (Gay, 2002). According to Pearce and Robinson (2005) it is through strategic responses that firms are able to position and relate themselves to the environment to ensure its continued success and also secure itself
from surprises brought about by the changing environment. Effective organizational problem-solving needs to be based on an understanding of different sectoral circumstances, aims, problem perceptions and solutions to reconcile the problem solutions in an integrated manner (Beaglehole et al., 2011). McGrath et. al., (1995) showed that firms in dynamic environments seek to continuously renew their competitive advantage through competence-generating strategic processes of comprehension and deftness. Thomas (1996) documented that the ability to take action and adopt swiftly is a primary determinant of superior performance in many industries.

Once viewed as afflictions limited to the developed world, non-communicable diseases – including cardiovascular and respiratory diseases, diabetes, and cancers – are rising quickly in low- and middle-income countries like Kenya. This growing prevalence of non-communicable diseases has significant health, economic and social implications on the individual, national, and global levels. Non-action is bad public health, and the cost of non-action is too high. Yet non-communicable diseases receive too little attention given that they now represent the greatest global disease burden to all of humankind, and given the significant cost – both human and economic – that will result from inaction or an insufficient response (Adeyi et al, 2007). If the concerned organizations and stakeholders are effectively concerned to reverse the increased global rates of non-communicable diseases, they will need to use all the tools at their disposal. As such there is need to identify the core interventions needed for non-communicable diseases prevention and control, encourage dialogue with the private sector to build strong public private partnerships, raise media interest in functioning as advocates for healthy behaviours, and explore and capitalize on new financial measures and funding mechanisms.

Locally, studies on strategic responses and changing environment have been conducted. Sheikh (2000) conducted a study of strategic responses by insurance companies following liberalization. Kandie (2001) studied the strategic responses of Telkom Kenya in a competitive environment, while Atieno (2007) investigated the responses of Kenya Reinsurance Corporation to the challenges of globalization of the Reinsurance Industry. Despite the recognition of the high demand for specific responses towards the non-communicable diseases, there has been no study that concentrated on the organizational
responses to NCDs like diabetes/cancer in developing countries and Kenya in particular. It was against this background that the researcher aimed to fill this academic gap by carrying out a research into the strategic responses to organizational environment with a focus on the Ministry of Health response to NCDs in Kenya.

1.3 Objectives of the Study

1.3.1 General Objective

The main objective of this study was to investigate the strategic responses to organizational environment where the focus was on the Ministry of Health response to non-communicable diseases like diabetes and cancer in Kenya.

1.3.2 Specific Objectives

In order for the study to achieve its main objective it was guided by the following specific objectives:

i. To investigate the effect of stakeholder intervention as a strategic response to organizational environment.

ii. To investigate the effect of different policy measures as a strategic response to organizational environment.

iii. To investigate the effect of technological responses as a strategic response to organizational environment.

iv. To investigate the effect of awareness creation as a strategic response to organizational environment.

1.4 Research Questions

This study strived to provide answers to the following research questions:

v. What is the effect of stakeholder intervention as a strategic response to organizational environment?

vi. What are the effects of different policy measures as a strategic response to organizational environment?
vii. To what extent do technological responses as a strategic response affect the organizational environment?

i. What are the effects of awareness creation as a strategic response to organizational environment?

1.5 Limitations of the Study

The researcher was likely to encounter various limitations that might hinder access to information sought by the study.

1.5.1 Confidentiality of Information

The respondents were likely to be reluctant to give information relating to the policies on issue under study. However, the researcher assured the respondents that the information given would be treated with ultimate confidentiality.

1.5.2 Non-Cooperative Respondents

The respondents approached were likely to be reluctant in giving information fearing that the information sought would be used to intimidate them or print a negative image about them or the Ministry. The researcher handled the problem by carrying an introduction letter from the University and assured them that the information they gave would be treated confidentially and it would be used purely for academic purposes.

1.6 Significance of the Study

This study came in handy to provide an insight into the strategic responses to organizational environment where the focus was on the Ministry of Health response to non-communicable diseases like diabetes and cancer in Kenya and as a consequence pave way for possible approaches towards necessitating the realization of the social pillar of Kenya’s Vision 2030. As such this study would be significant to various stakeholders.

1.6.1 Ministry of Health

This study would be significant to the MOH as it would highlight their achievements in fulfilling their mandate in the strategic responses to NCDs and also point out the failures so that they can improve their approach.
1.6.2 Government of Kenya
The study would be beneficial to health care policy makers since it would help them formulate policies that seek to address the real needs of various strategic responses to non-communicable diseases. The GOK would also know on where to improve and put more resource mobilization in this sector. They would also use the findings to formulate future strategies of responding to various types of diseases in Kenya.

1.6.3 Researchers and Scholars
The study would highlight other important relationships that require further research; this would be in the areas of access, utilization and availability of strategic responses to NCDs in Kenya as well as in other developing countries. The results of this study would also be invaluable to researchers and scholars, as it would form a basis for further research. The students and academics would use this study as a basis for discussions on strategic responses to NCDs among healthcare facilities in developing countries like Kenya, the challenges faced and the possible solutions. The study would be a source of reference material for future researchers on other related topics; it would also help other academicians who undertake the same topic in their studies.

1.7 Scope of the Study
The study was about the strategic responses to organizational environment in Kenya. The study focused more on the ministry of health responses to NCDs like diabetes and cancer in Kenya. This study was limited to the Ministry of Health where special focus was on the headquarters in Nairobi. This involved collecting information from the management staff on the strategic responses to organizational environment where the focus was on the Ministry of Health response to non-communicable diseases like diabetes and cancer in Kenya. This was relevant in collecting the data required as time and distance are the limiting factors that inhibited collecting the data from all the institutions concerned with control of non-communicable diseases across the country.
CHAPTER TWO
LITERATURE REVIEW

2.1 Concept of Strategy

Strategies are a critical element in organizational functioning but whereas most organization has good strategies successful strategic management practices remain a major challenge. The notion of strategic management might seem quite straightforward. It involves formulation and implementation. Transforming strategies into actions is a far more complex, difficult and challenging undertaking and therefore not as straightforward as one would assume (Aaltonen and Ikavalto, 2001). Johnson and Scholes define strategy as the direction and scope of an organization over the long-term, ideally which matches resources to its changing environment and its particular markets, customers and clients, so as to meet stakeholders’ expectations.

Strategy refers to the machinery of the resources and activities of an organization to the environment in which it operates (Johnson and Scholes 2002). Pearce and Robinson (2005) defined strategic responses as the set of decisions and actions that result in the formalization and implementation of plans designed to achieve a firm’s objectives. According to Ansoff and McDonnell (1990), it is through strategic management that a firm will be able to position and relate itself to the environment to ensure its continued success and also secure itself from surprises brought about by the changing environment. He further argues that this can be done by firstly, positioning of the firm through strategy and capability planning in its rightful competitiveness, and secondly, use of real time response through issue management and thirdly, systematic management of resistance during strategic implementation.

Strategy represents managerial game plan for running an organization. It is nearly always, a blend of prior moves, approaches already in place, and new actions being mapped out. Thompson and Strickland (1993) add that crafting strategy is an exercise in entrepreneurship. Managers face an ever present entrepreneurial challenge in keeping the organization’s strategy fresh, responding to new and changing conditions, and steering the organization into the right business activities at the right time. Strategic response is the set of decisions and actions that result in the formalization and implementation of
plans designed to achieve a firm’s objectives (Pearce and Robinson, 2005). Strategic responses adopted by companies reflect the firm’s internal strengths and the opportunities faced in the external environment. Strategic responses are concerned with decisions and actions meant to achieve business objectives and purpose.

Strategic responses are concerned with decisions and actions meant to achieve business objectives and purpose. It answers the question on where does an organization want to go, where it is now and how to get to where it wants to go. The survival and success of an organization occurs when the organization creates and maintains a match between its strategy and the environment and also between its internal capability and its strategy. Strategic response is the reaction of a firm or an organization to environmental changes/turbulence. According to Pearce and Robinson (2005) it is through strategic responses that a firm is able to position and relate itself to the environment to ensure its continued success and also secure itself from surprises brought about by the changing environment.

This wider version of strategy is then honed down into a deliverable, measurable competitive strategy defined by Porter as “a broad formula of how the business is going to compete: what its goal should be and what policies are required to deliver those goals”. Most commentators, in the rational or behavioral schools of thought, accept that every organization has an implicit or explicit competitive strategy which it implements based on its understanding of the competitive forces it faces now and in the future. Furthermore, the organization has some understanding of the context within which it operates in terms of actual and perceived performance of its stakeholders - directors, managers, employees, public and customers - as well as its internal strengths and weaknesses in service terms and the external context which will shape market.

2.2 Historical Development of Concept of Strategy

Strategic management as a discipline originated in the 1950s and 1960s. Although there were numerous early contributors to the literature, the most influential pioneers were Alfred Chandler, Philip Selznick, Igor Ansoff, and Peter Drucker. Alfred Chandler recognized the importance of coordinating the various aspects of management under one
all-encompassing strategy. Prior to this time the various functions of management were separate with little overall coordination or strategy. Interactions between functions or between departments were typically handled by a boundary position, that is, there were one or two managers that relayed information back and forth between two departments.

Chandler also stressed the importance of taking a future looking long term perspective. In his groundbreaking work Strategy and Structure (1962), Chandler showed that a long term coordinated strategy was necessary to give a company structure, direction, and focus. He says it concisely, "structure follows strategy". Today we recognize that this is only half the story: strategy also follows from structure (see Tom Peters Liberation Management).

Philip Selznick (1957) introduced the idea of matching the organization's internal factors with external environmental circumstances. This core idea was developed into what we now call SWOT analysis by Learned, Andrews, and others at the Harvard Business School General Management Group. Strengths and weaknesses of the firm are assessed in light of the opportunities and threats from the business environment.

Igor Ansoff built on Chandler's work by adding a range of strategic concepts and inventing a whole new vocabulary. He developed a strategy grid that compared market penetration strategies, product development strategies, market development strategies and horizontal and vertical integration and diversification strategies. He felt that management could use these strategies to systematically prepare for future opportunities and challenges. In his classic Corporate strategy (1965) he developed the "gap analysis" still used today in which we must understand the gap between where we are currently and where we would like to be, and then develop what he called "gap reducing actions".

Peter Drucker was a prolific strategy theorist, author of dozens of management books, with a career spanning five decades. His contributions to strategic management were many but two are most important. Firstly, he stressed the importance of objectives. An organization without clear objectives is like a ship without a rudder. As early as 1954 he was developing a theory of management based on objectives. This evolved into his theory of management by objectives (MBO).
According to Drucker, the procedure of setting objectives and monitoring your progress towards them should permeate the entire organization, top to bottom. His other seminal contribution was in predicting the importance of what today we would call intellectual capital. He predicted the rise of what he called the "knowledge worker" and explained the consequences of this for management. He said that knowledge work is nonhierarchical. Work would be carried out in teams with the person most knowledgeable in the task at hand being the temporary leader.

2.3 Types of Strategic Responses

Strategic responses refer to the machinery of the resources and activities that an organization undertakes in reaction to the environmental changes in which it operates (Johnson and Scholes, 2002). According to Ansoff (1990) and Pearce and Robinson (2005), it is through strategic responses that a firm is able to position and relate itself to the environment to ensure its continued success and also secure itself from surprises brought about by the changing environment. He further argues that this can be done by firstly, positioning of the firm through strategy and capability planning in its rightful competitiveness and secondly, by use of real time response through issue management and thirdly, systematic management of resistance to strategic implementation.

When organizations see their environments as turbulent and complex they respond with more complex, organic structures which reflect the variety in the environment. Similarly, when organizations see the environment as stable and unchanging they organize in ways that are more simple and mechanistic. There are, however, organizations that see their environments as turbulent and complex, but in some cases choose relatively simple, mechanistic managerial responses and in other cases choose managerial responses that are more consistent with the characteristics of complex adaptive systems. In the former instance, organizations follow complexity reduction responses (Boisot and Child, 1999) and in the latter appear to follow complexity absorption responses (Boisot and Child, 1999).

One group of organizations chose internal organization arrangements that were consistent with complexity theory (Capra, 1996; Wheatley, 1992; Stacey, 1995), reflecting a
managerial view that organizations are complex adaptive systems and should be organized accordingly with multiple and conflicting goals, a variety of strategic priorities, increased connectivity among people, as well as structural variety intended to maximize the flow of information and meaning in the organization. The response of this group to environmental complexity follows the complexity absorption logic identified by Boisot and Child (1999). The other group of organizations chose internal arrangements that were grounded in more mechanistic understandings of the world with a higher value on control, predictability, and the pursuit of equilibrium even in the midst of complexity, chaos and change. These organizations appeared to use as a logic the development of more simplistic, single-minded approaches to complexity, a complexity reduction response (Boisot and Child, 1999).

2.3.1 Corporate Level Responses

The company’s corporate strategy should help in the process of establishing a distinctive competence and competitive advantage at the business level. There is a very important link between corporate-level and business level. According to Johnson and Scholes (2002), corporate level responses is the first level of strategy at the top of the organization, which is concerned with the overall purpose and scope of the organization to meet the expectations of owners or major stakeholders and add value to different parts of the enterprise. This includes issues of geographical coverage, diversity of product/services or business units and how resources are to be allocated between the different parts of the organization. At a general strategic level Ansoff (1990) suggests three reasons why firms diversify. The objectives cannot be achieved by continuing to operate in their existing market.

According to Johnson and Scholes (2002), operational strategies are concerned with how parts of an organization deliver effectively the corporate and business level strategies in terms of resources, process and people. Companies adopt strategies directed at improving, the effectiveness of basic operations within the company, such as production, marketing, materials management, research and development, and human resources. Even though strategies may be focused on a given function, as often as not they embrace
two or more functions and require close co-operation among functions to attain companywide efficiency, quality innovation, and customer responsiveness goals.

2.3.2 Proactive Strategy

All organizations lend themselves to the external environment, which is highly dynamic and continually posing challenges as well as opportunities. Firms therefore need to develop capabilities to manage threats and exploit emerging opportunities. Pearce and Robison (2000) point out that this calls for a proactive approach to business and the formulation of strategies that constantly match capabilities to the environment. According to Ohmae (1992), to survive and prosper in an industry, a firm must meet two criteria; first, it must supply what customers want and second, it must survive the competition. Porter (1979) is of the view that it is very necessary for firms to understand the underlying sources of competitive pressure in its industry in order to formulate appropriate strategies and respond to competitive forces.

Firms are environment dependent in that they obtain inputs such as capital, raw materials and human resources from it and discharge their outputs in form of products and services into the environment. External factors influence a firm's choice of direction and action. The external environment comprises all conditions that effect a firm's strategic options but are typically beyond its control (Pearce and Robison, 2000). Changes in environmental conditions shape a firm's opportunities and challenges. A new environment necessitates the formulation of new strategy best suited to cope with change. According to Ansoff (1988) turbulent environments are characterized by unfamiliar rapid and unpredictable events.

2.3.3 Organizational Strategic Responses

Strategic responses implies that the entity as the ability to change according to its needs. Flexibility is the ability to adapt, in a reversible manner, to an existing situation, as opposed to evolution, which is irreversible. Strategy researchers have emphasized stability in a firm's pattern of resource commitments (Ghemawat, 1991). Through resource commitments, firms erect entry barriers, mobility barriers (Caves and Porter, 1977), and isolating mechanisms (Lippmann and Rumelt, 1982) that protect their
competitive advantages. Although such patterns of resource commitments provide a firm with competitive advantage, they can also become impediments to strategic reorientations (Dierickx and Cool, 1989).

In order to develop strong strategic responses capabilities a firm needs to have the three types of flexibilities, market flexibility, production flexibility and competitive flexibility (Yip, 1989). An organization can shift production from one base to another, in order to take advantage of the foreign exchange rate fluctuations and access the best factors of production (Porter, 1990). Similarly, the competitive flexibility of an organization arises from its ability to coordinate its global competitive moves. This helps the organization to have a large number of competitive points and a bigger strategic space to build appropriate offensive and defensive moves that may often include counter-parry, cross-subsidization and sequential competitive entries.

Aosa (1992) noted that the action of competitors have a direct impact on a firm’s strategy. He further stated that strategy will only make sense if the markets to which it relates are known; and pointed out that the nature of the industry in which the company operates needs to be understood. The structure of an industry and trend in that industry will help the current and future attractiveness of that industry. Porter (1980) noted that competitive advantage is the ability of the firm to outperform rivals on the primary performance goal profitability. Hines (1996) also argues that there is essence of business to create competitive advantage that comes in a number of ways such as low-cost production or market differentiation.

Pearce and Robinson (2000) says that there is need to adopt new strategies that match the challenges from the environment. Reengineering, downsizing, self-management and outsourcing are some of the dominant strategies that have been used for restructuring in the 1990’s. Ansoff and McDonnell (1990) asserts that the management system used by a firm is a determining component of the firm’s responsiveness to environment changes because it determines the way that management perceives the environment, diagnosis their impact on the firm, decides what to do and implements the decisions.
2.3.4 Adaptability Responses

Strategic responses imply that the entity has the ability to change according to its needs. Flexibility is the ability to adapt, in a reversible manner, to an existing situation, as opposed to evolution, which is irreversible. This notion reflects the ability to stay operational in changing conditions, whether those conditions are predictable or not, or completely different from conditions known in advance. This adaptability is required from firms that, for economic reasons, are currently turning to efficient techniques of organization and management of the zero stock, just in time and tight-flow type, which can make them fragile. Strategy researchers have emphasized stability in a firm's pattern of resource commitments (Ghemawat, 1991).

Through resource commitments, firms erect entry barriers, mobility barriers, and isolating mechanisms (Lowes et. al., 1994) that protect their competitive advantages. Although such patterns of resource commitments provide a firm with competitive advantage, they can also become impediments to strategic reorientations. In order to develop strong strategic responses capabilities a firm needs to have the three types of flexibilities: market flexibility, production flexibility, and competitive flexibility (Yip, 1989). Market flexibility deals with organizations, ability to have a high global market share, ability to sell its major products in a large number of international and geographic markets, and have a strong presence in those markets that are the home bases of global competitors.

An organization can shift production from one base to another, in order to take advantage of the foreign exchange rate fluctuations and access the best factors of production (Porter, 1990). Similarly, the competitive flexibility of an organization arises from its ability to coordinate its global competitive moves. This helps the organization to have a large number of competitive points and a bigger strategic space to build appropriate offensive and defensive moves that may often include counter-parry, cross-subsidization and sequential competitive entries. Aosa (1992) noted that the action of competitors have a direct impact on a firm’s strategy. He further stated that strategy will only make sense if the markets to which it relates are known; and pointed out that the nature of the industry
in which the company operates needs to be understood. The structure of an industry and trend in that industry will help the current and future attractiveness of that industry.

2.4 Strategic Responses as Organisational Responses to Non-Communicable Diseases

Prevention has the potential to yield meaningful results, because much of the rise in NCDs in developing countries is attributable to shared and modifiable risk factors such as physical inactivity, unhealthy diet (including excessive salt, fat, and sugar intake), tobacco use, alcohol abuse, and exposure to environmental pollution. Indeed, existing evidence suggests that more than half of the NCD burden could be prevented through a few key health promotion and disease prevention interventions that address such risk factors. Such interventions are also cost-effective and affordable (Stuckler et al, 2011). For example, in six major middle-income countries, the costs of a comprehensive prevention package including several population-based and one individual intervention, ranged from US$1.5 to US$4.5 per capita. This corresponds to a small fraction of their 2010 total per capita health spending ranging between 0.39 percent in Brazil to 3.38 percent in India, including values around 0.85 percent in South Africa Russia, China and Mexico.

In a recent report, the World Health Organization (WHO) has identified a series of population based and individual preventive measures whose costs-effectiveness is well proven. The optimal package of prevention measures, as well as the right strategic mix of prevention and cost-effective treatment options for any given country will depend on its epidemiologic and demographic profiles, the capacity of its health system, and the available resources. To achieve the greatest impact and value for money, a set of targeted population-wide preventive interventions and individual-based prevention measures aimed at groups at high-risk of developing an NCD should be undertaken(Rocco et al, 2011). This strategic mix,—four sets of population-wide and high-risk individual/group-based preventive interventions—was proposed as a strategic mix because it was estimated to leverage economies of scale and to deliver the greatest value for investments needed at different levels of available resources.
According to Mahal et al (2010), full implementation of the proposed combined set of interventions in China would cost about US$220 per high risk individual per year and could halve the total estimated NCD burden measured in averted healthy years of life lost. In many middle- and lower-income countries, intervention packages can be designed to deliver the greatest impact for each country-specific context. Moreover, implementation modalities may change over time, hence the need to evaluate outcomes on an ongoing basis. Currently, the main focus of health care for NCDs in many low- and middle-income countries is hospital centered acute care.

NCD patients present at hospitals when cardiovascular disease, cancer, diabetes and chronic respiratory disease have reached the point of acute events or long-term complications. This is a very expensive approach that will not contribute to a significant reduction of the NCD burden. It also denies people the health benefits of taking care of their conditions at an early stage. To ensure early detection and timely treatment, NCDs need to be integrated into primary health care. Expanding the package of primary health care services to include essential NCD interventions is central to any health system strengthening initiative. Evidence from high-income countries show that a comprehensive focus on prevention and improved treatment following cardiovascular events has led to dramatic declines in mortality rates. Similarly, progress in cancer treatment combined with early detection and screening interventions have improved survival rates for many cancers in high-income countries (Beaglehole et al, 2011). Survival rates in low and middle-income countries, however, remain very low. A combination of population-wide and individual interventions can reproduce successes in many more countries through cost-effective initiatives that strengthen overall health systems.

A strategic objective in the fight against the NCD epidemic must be to ensure early detection and care using cost-effective and sustainable health-care interventions: High-risk individuals and those with established cardiovascular disease can be treated with regimens of low-cost generic medicines that significantly reduce the likelihood of death or vascular events. A regimen of aspirin, statin and blood pressure-lowering agents could significantly reduce vascular events in people at high cardiovascular risk and is considered a best buy (WHO, 2008). When coupled with preventive measures such as
smoking cessation, therapeutic benefits can be profound. Another best buy is administration of aspirin to people who develop a myocardial infarction. In all countries, these best buys need to be scaled up and delivered through a primary health-care approach.

Cost-effective interventions are available across the four broad approaches to cancer prevention and control: primary prevention, early detection, treatment and palliative care. Early diagnosis based on awareness of early signs and symptoms and, if affordable, population-based screening improves survival, particularly for breast, cervical, colorectal, skin and oral cancers. Some treatment protocols for various forms of cancer use drugs that are available in generic form (Beaglehole et al, 2011). In many low- and middle-income countries, access to care, oral morphine and staff trained in palliative care are limited, so most cancer patients die without adequate pain relief. Community- and home-based palliative care can be successful and cost effective in these countries. At least three interventions for prevention and management of diabetes are shown to reduce costs while improving health. Blood pressure and glycaemic control, and foot care are feasible and cost-effective interventions for people with diabetes, including in low- and middle income countries.

In many low-income countries, drugs for inhalation use, such as inhaled steroids, are still not financially accessible. Countries could explore procurement of quality assured inhaled drugs at affordable costs. Lung health programmes developed to address tuberculosis might be integrated with interventions for chronic respiratory diseases. In order for low- and middle-income country health systems to expand individual healthcare interventions, they need to prioritize a set of low-cost treatments that are feasible within their budgets (Adeyi et al, 2007). Many countries could afford a regimen of low-cost individual treatments by addressing inefficiencies in current operations for treating advanced-stage NCDs. Experiences from maternal and child health and infectious disease initiatives show that health priorities can be rearranged and low-cost individual treatments improved with only a modest injection of new resources.
2.4.1 Stakeholder Interventions

When organizations choose managerial responses to complexity that are consistent with the characteristics of complex adaptive systems, they choose to absorb the variety and complexity of the environment into the organization. This means they hold multiple and sometimes conflicting representations of environmental variety, retaining in their behavioral repertoire a range of responses, each of which operates at a lower level of specificity. Such organizations would likely recognize multiple and emerging goals inside organizations and emphasize the importance of connections among parts of the system as a way of acknowledging and working out conflict that is created in part by the pursuit of multiple goals (Oliver, 2001).

Connections, especially rich connections, transmit information and enable meaning creation among subunits, thus providing systems with improved capacity to learn. One of the ways systems gather information about their surroundings and about themselves is through the use of connections inside the organizations. Dense connections represent multifaceted, multidimensional relationships which allow (even demand) organizational members to exchange more than specialized information. These relationships are ones in which not only all kinds of data and information are in play, but also there is consideration of the meaning of data. Ideas, and their unfolding meaning and use, will be amplified and expanded as a naturally occurring part of relationships. New ideas will more readily emerge as a consequence of an expanded data set and an expanded range of meaning (Scott, 2002). These new ideas are in turn set loose in the network of dense connections where they are subject to re-interpretation and modification and where a collective sense of what actions are needed can continually emerge. Thus, goal sets in organizations with more complex internal make-up are constantly expanding.

Connections that help interpret externalities and so enhance successful co-evolutionary prospects also enhance the system's capacity to self-organize. Self-organizing refers to the ability to reconfigure connections and activities. The agents in complex adaptive systems are self-organized because the agents themselves figure out how to organize to change (Brown and Eisenhardt, 1997). An example often used to illustrate the self-organizing properties of complex adaptive systems are flocks of birds, where there is no
single, organizing, bird leader. Rather a pattern of organization develops from local interactions among agents, apparently following simple rules. The benefit of self-organizing is a structure that is fluid and sensitive to the needs of connected elements. Self-organizing behavior is disorderly only by traditional management standards, because patterns of behavior and decisions emerge rather than result from specific plans (Capra, 1996).

In identifying the most appropriate combination of interventions, considered policy dialog is needed, particularly between economic and health policy makers. Consideration of the inherent tradeoffs with other competing development and health priorities will be critical in the context of finite resources (Nikolic et al., 2011). Many middle-income countries will face difficult tradeoffs between expenditures on prevention and treatment in the context of limited fiscal space. For many lower-income countries, tradeoffs between an unfinished MDGs agenda, which will remain a priority, and the launch of a comprehensive NCD prevention and control effort should be carefully assessed.

According to WHO (2011) strengthening health systems, particularly essential public health functions, (such as surveillance, public health regulation and enforcement), and exploiting potential synergies between the existing mechanisms to promote MDGs and the most cost-effective population-based measures to control NCDs will be an avenue to explore. For example, efforts to reduce low birth-weight and malnutrition in the first thousand days of life may be important for reducing the likelihood of diabetes and cardiovascular diseases later in life. Interventions to prevent NCDs on a population-wide basis are not only achievable but also cost effective. And the income level of a country or population is not a barrier to success. Low-cost solutions can work anywhere to reduce the major risk factors for NCDs. While many interventions may be cost effective, some are considered ‘best buys’ – actions that should be undertaken immediately to produce accelerated results in terms of lives saved, diseases prevented and heavy costs avoided.

2.4.3 Policy Measures

According to Pearce and Robinson (2005) it is through strategic responses that a firm is able to position and relate itself to the environment to ensure its continued success and
also secure itself from surprises brought about by the changing environment. Strategic responses adopted by companies reflect the firm’s internal strengths and the opportunities faced in the external environment. Strategy will also consider how best to deal with internal weakness and avoid external threats. Hill and Jones (2001) note that internal new venturing is a strategy employed when a company has a set of valuable competencies in its existing business that can be leveraged to enter a new business area. Science based companies use their technology to create market opportunities in related areas mainly through internal new venturing. A firm can also use this strategy to enter and compete in a new business area or an emerging market where there are no established players.

Legislation is an important mechanism for helping to reduce NCDs rates caused by tobacco use, excessive alcohol consumption and by diets high in fat, sugar and salt. Accurate data from countries are vital to reverse the global rise in death and disability from NCDs. But, according to WHO (2011) a substantial proportion of countries have little usable mortality data and weak surveillance systems and data on NCDs are often not integrated into national health information systems. Improving country-level surveillance and monitoring must be a top priority in the fight against NCDs. In low-resource settings with limited capacity, viable and sustainable systems can be simple and still produce valuable data. Three essential components of NCD surveillance constitute a framework that all countries should establish and strengthen. These components are: a) monitoring exposures (risk factors); b) monitoring outcomes (morbidity and disease-specific mortality); and c) health system responses, which also include national capacity to prevent NCDs in terms of policies and plans, infrastructure, human resources and access to essential health care including medicines.

The prevention measures and actions described here are typically underpinned by one or more policy instruments to enforce or encourage behaviour shifts by individuals or organizations. These policy instruments range from heavier to lighter government involvement and include command and control regulation, price based incentives such as taxes and subsidies, channel factors and nudges, and education and information programs. “Command and control” regulation, such as smoking bans or drunk-driving
legislation, tends to be most effective when compelling evidence and or social consensus exists on the importance of limiting risk factors (Stuckler et al, 2011).

Price-based regulations, such as taxes on tobacco or subsidies for clean cook-stoves, are often used to coax changes where there is insufficient societal consensus to support command and control regulation, or where it is not feasible to mandate behavior change. Channel or nudge factors use non-financial incentives and disincentives to influence behavior—examples being the placement of certain products in groceries and cafeterias to promote pro-health choices, or designing cities to promote exercise (Cecchini et al, 2010). Voluntary controls and agreements, as well as non-regulatory partnerships, are useful to ensure that there is buy-in of key stakeholders, for example to coordinate and promote exercise programs. Finally, education and the provision of information, such as awareness campaigns to promote health, can be used to beneficially modify attitudes.

2.4.3 Technological Responses

Technological change is now generally regarded as essential in achieving the next major advances in health service delivery. The World Health Organization/Health Action International Project on Medicine Prices and Availability has documented the limited availability and affordability of NCD medications in both the private and public sectors. Even for medicines that are off-patent, generic production is increasingly threatened due to demands by high income countries to include data exclusivity in free trade agreements. Of great concern is the insufficient research and development being carried out to adapt NCD health technologies to low resource settings.

As the global burden of chronic disease evolves in tandem with changes in population density and development, there is a continuing need for research and new technologies to better understand the relationships between NCDs and existing health priorities such as TB and HIV/AIDS, and inform the implementation of effective clinical and public health interventions against NCDs. In particular, research to understand how best to tailor NCD prevention and control programs to diverse resource settings should be promoted. The global community will get the greatest value from limited resources by sharing our knowledge and experience of what has worked in different settings. For example,
strategies to manage HIV/AIDS as a chronic disease in low resource settings can inform NCD efforts, and mobile health tools used to improve maternal and child health can be adapted to reduce NCD risk factors and improve quality of care.

From monitoring of infectious diseases that even grossly incomplete systems pick up rapid changes in incidence. Monitoring of NCDs may require better quality data, and using new technologies should be considered, especially web-based or cell phone technologies. Monitoring programs can use the experience from monitoring the Millennium Development goals – although none of these goals unfortunately addressed NCDs. Surveillance systems have to be used to identify areas in need of action or in order to monitor effects of interventions. Monitoring without available plans and funding for action is a waste of time and resources. Reducing the burden of NCDs is under the mandate of the UN and the WHO, but they will need the input of skilled experts who can set up the monitoring systems and support the research.

Gaps in the provision of essential services for NCDs often result in high rates of complications such as heart attacks, strokes, renal disease, blindness, peripheral vascular diseases, amputations, and the late presentation of cancers. This can also mean catastrophic spending on health care and impoverishment for low-income families. Strengthening political commitment and according a higher priority to NCD programmes are key to expanding health system capacity to tackle NCDs. Improvements in country capacity are particularly needed in the areas of funding, health information, health workforce, basic technologies, essential medicines, and multi sectoral partnerships.

2.4.4 Awareness Creation

NCDs are caused, to a large extent, by four behavioral risk factors that are pervasive aspects of economic transition, rapid urbanization and 21st-century lifestyles: tobacco use, unhealthy diet, insufficient physical activity and the harmful use of alcohol. The greatest effects of these risk factors fall increasingly on low- and middle-income countries, and on poorer people within all countries, mirroring the underlying socioeconomic determinants (Mahal et al, 2010). Among these populations, a vicious cycle may ensue: poverty exposes people to behavioral risk factors for NCDs and, in turn,
the resulting NCDs may become an important driver to the downward spiral that leads families towards poverty. As a result, unless the NCD epidemic is aggressively confronted in the most heavily affected countries and communities, the mounting impact of NCDs will continue and the global goal of reducing poverty will be undermined.

A major reduction in the burden of NCDs will come from population-wide interventions, which are cost effective and may even be revenue-generating, as is the case with tobacco and alcohol tax increases, for instance. But effective interventions, such as tobacco control measures and salt reduction, are not implemented on a wide scale because of inadequate political commitment, insufficient engagement of non-health sectors, lack of resources, vested interests of critical constituencies, and limited engagement of key stakeholders (Rocco et al., 2011). Despite abundant evidence, some policy-makers still fail to regard NCDs as a global or national health priority. Incomplete understanding and persistent misconceptions continue to impede action. Although the majority of NCD-related deaths, particularly premature deaths, occur in low and middle-income countries, a perception persists that NCDs afflict mainly the wealthy. Other barriers include the point of view of NCDs as problems solely resulting from harmful individual behaviours and lifestyle choices, often linked to victim ‘blaming’.

The influence of socioeconomic circumstances on risk and vulnerability to NCDs and the impact of health-damaging policies are not always fully understood; they are often underestimated by some policy-makers, especially in non-health sectors, who may not fully appreciate the essential influence of public policies related to tobacco, nutrition, physical inactivity and the harmful use of alcohol on reducing behaviours and risk factors that lead to NCDs (WHO, 2008). Overcoming such misconceptions and viewpoints involves changing the way policy-makers perceive NCDs and their risk factors, and how they then act. Concrete and sustained action is essential to prevent exposure to NCD risk factors, address social determinants of disease and strengthen health systems so that they provide appropriate and timely treatment and care for those with established disease.

While the magnitude of the NCD epidemic has been rising in recent years, so has the knowledge and understanding of its control and prevention. Evidence shows that NCDs are to a great extent preventable. Countries can reverse the advance of these diseases and
achieve quick gains if appropriate actions are taken in the three components of national NCD programmes: surveillance, prevention, and health care. NCD risk factors can rarely be modified through policies and interventions within the health sector alone. According to Meiro et al., (2011) prevention measures that address these risk factors typically embrace a range of different sectors including finance, agriculture, education, urban design and transport, along with civil society and the private sector. By way of illustration, the implementation of prevention measures to reduce tobacco use under the Framework Convention on Tobacco Control typically requires that: legislative arms of government enact laws and bans; ministries of revenue implement tax increases on cigarettes; agricultural policies limit tobacco growth; and industry associations adhere to guidelines on advertising and promotion of cigarettes.

To address poor diet and nutrition, on the other hand, the education sector can help to provide information in school curricula, the agricultural sector can design policies that encourage production of healthy food, while food manufacturers can voluntarily reduce dietary salt in products manufactured. Prevention measures to address physical inactivity can involve cities improving urban design to provide opportunities for exercise, as well as ministries of transport to develop more efficient transport systems that also provide the opportunity for commuters to cycle. To tackle an unhealthy environment, ministries of energy, transport, and industry can all undertake actions that limit potentially toxic environmental pollutants (WHO, 2011).

Selection and prioritization of the optimal package of interventions is also a key role for ministries of health, and an important basis for engaging other sectors and actors in dialogue leading to the prioritization and implementation of such interventions. For most countries, a strong focus on NCD prevention should be complemented by strengthening health care surveillance, delivery, and organization. An example might include reshaping primary care to include effective NCD interventions, which requires adapting from an acute to a chronic care model, while still retaining a strong focus on prevention (Puska, 2002). The health sector will also need to offer effective and cost-efficient treatment, and also aim to exploit, as much as possible, the interconnection between communicable
diseases and NCDs through synergies with existing programs (such as those addressing maternal and child health and communicable diseases).

In 2000 and 2010, WHO conducted surveys to assess capacity for NCD prevention and control in Member States. The surveys found that some progress has been made in the past decade. But progress is uneven, with advancements greatest in higher-income countries. More countries are developing strategies, plans and guidelines for combating NCDs and risk factors, and some countries have created essential components of the health infrastructure, as well as advances in funding, policy development and surveillance. Many countries have units within their health systems and some funding to specifically address NCDs. But in many countries, these advancements are either on paper only – not fully operational – or their capacity is still not at the level to achieve adequate interventions (WHO, 2011). And many countries still have no funding or programmes at all. However, the fact that some progress has been made in addressing NCDs shows that strengthening is possible. The delivery of effective NCD interventions is largely determined by the capacity of health-care systems.

Greater focus is required on expanding the package of essential services delivered in primary health care, particularly the cost effective NCD health-care interventions mentioned above. Adequate funding for this package of essential services is key to reversing the NCD epidemic. Supplementing domestic government funding – and in some countries expanding official development assistance (ODA) – through innovative non-state sector financing will help to bridge the existing funding gaps, which constitute the biggest stumbling block to strengthening primary health care and the response to NCDs (Engelgau et al, 2011). The World Health Report 2010 outlines numerous examples of innovative financing mechanisms that can be considered to complement national health budgets.

In this respect, there are examples of countries that have successfully implemented innovative financing through raising tobacco and alcohol taxes and allocating part of the revenue for health promotion or expanding health insurance services at the primary health-care level. In addition to capacity improvements in health systems, progress must also be made in advancing health policies in relevant non-health sectors. Embracing
action both within and beyond the health sector will be of critical importance in effective prevention efforts, and the health sector has a key role to play in facilitating and coordinating such efforts (World Bank, 2010). This role includes assessing the size of the problem and presenting this evidence to society at large; helping shape interventions with other actors; and monitoring and evaluating outcomes.

2.5 Conceptual Framework

Identifying the various ways in which the ministry of health responds to the increasing cases of non-communicable diseases can have long-term implications for economic development of individuals, organizations and nations in general. For the purpose of this study, a conceptual framework was developed to demonstrate the organizational responses to NCDs in Kenya. A conceptual framework is a basic structure that consists of certain abstract blocks which represent the observational, the experiential and the analytical/synthetical aspects of a process or system being conceived. It is a set of broad ideas and principles taken from relevant fields of enquiry and used to structure a subsequent presentation. In this section the study provides a design of the framework that shows the relationship between the independent variable and dependent variable. The independent variables in this study are priority control of non-communicable diseases, stakeholder involvement, policy instruments and role of health sector, while the dependent variable is control of non-communicable diseases as the undernoted diagram elucidates.
### Independent Variables

| Stakeholder intervention | Policy measures | Technological responses | Awareness creation |

### Dependent Variable

Control of non-communicable diseases

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**Figure 1.1: Conceptual Framework on Organizational Responses to NCDs**

### 2.6 Research Gaps

#### Table 2.1: Research Gaps

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Findings</th>
<th>Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheikh A. O. (2000)</td>
<td>A Study of Strategic Responses by Kenyan Insurance Companies Following Liberalization</td>
<td>Firms in the industry consider strategic plans as important for their companies</td>
<td>strategic planning as a strategic response</td>
</tr>
<tr>
<td>Kandie J. (2001)</td>
<td>The Strategic responses of Telkom Kenya in a competitive environment</td>
<td>Financial constraints and lack of managerial empowerment limited the capacity to respond to the environmental challenges</td>
<td>Role of managerial empowerment in strategic response.</td>
</tr>
<tr>
<td>Tanui, R. (2008)</td>
<td>The strategic responses to increasing competitive</td>
<td>A combination of generic strategies and approaches</td>
<td>Weak strategic approaches</td>
</tr>
</tbody>
</table>
challenges in the telecommunications industry in Kenya, a case of Telkom Kenya Limited lobbying for a level playing ground was used

From the foregoing literature review, there have been many studies on organizational responses to organizational environment. However, year after year both developed and developing countries continue to struggle with the burden of non-communicable diseases. This is despite the fact that the WHO as well as relevant countries health sectors have been actively in the forefront in providing data with regard to the costs and burden of these diseases. Yet there has been no study that has investigated the organizational responses to organizational environment with a focus on the Ministry of Health response to NCDs. It was in this light that the current study aimed to fill the existing academic gap by carrying out a study on organizational responses to organizational environment where the focus was on the Ministry of Health response to NCDs like diabetes and cancer in Kenya.
CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Research Design

This research problem was studied through the use of a descriptive research design to investigate the strategic responses to organizational environment where the focus was on the Ministry of Health response to NCDs like diabetes and cancer in Kenya.

3.2 Target Population

The target population composed of the 210 management staffs currently employed at the Ministry of Health in Nairobi. For purpose of this study the target population was stratified through top level, middle level and low level management.

<table>
<thead>
<tr>
<th>Sections</th>
<th>Population (Frequency)</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top management</td>
<td>26</td>
<td>11</td>
</tr>
<tr>
<td>Middle level management</td>
<td>79</td>
<td>38</td>
</tr>
<tr>
<td>Low level management</td>
<td>109</td>
<td>51</td>
</tr>
<tr>
<td>Total</td>
<td>210</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: (Ministry, 2011)

3.4 Sampling Procedure

Cooper and Schindler (2006) argue that if well chosen, samples of about 10% of a population can often give good reliability. Stratified random sampling technique was used to select a sample of 20% (42 respondents). The study selected a section and particularly the staffs who included departmental heads, assistant departmental heads and lower cadre staffs like the supervisors, accounts and other officers from the Ministry of Health since they are the ones conversant with the Ministry of Health response to NCDs like diabetes and cancer in Kenya.

<table>
<thead>
<tr>
<th>Sections</th>
<th>Population (Frequency)</th>
<th>Sample Ratio</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top management</td>
<td>26</td>
<td>0.2</td>
<td>5</td>
</tr>
<tr>
<td>Middle level management</td>
<td>79</td>
<td>0.2</td>
<td>16</td>
</tr>
<tr>
<td>Low level management</td>
<td>109</td>
<td>0.2</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>210</td>
<td>0.2</td>
<td>42</td>
</tr>
</tbody>
</table>

Source: (Author, 2012)
3.5 Data Collection Methods and Instruments
The study used a survey questionnaire administered to each member of the sample population. The questionnaire had both open and close-ended questions. The researcher administered the questionnaire individually to all respondents of the study. The researcher exercised care and control to ensure all questionnaires issued to the respondents were received and achieve this, the researcher maintained a register of questionnaires, which were sent, and which were received. The questionnaire was administered using a drop and pick later method.

3.6 Validity and Reliability
The researcher selected a pilot group of 10 individuals from the target population at the Ministry of Health to test the reliability of the research instrument. To establish the validity of the research instrument the researcher sought opinions of experts in the field of study especially the researcher's supervisor and lecturers in the department of strategic, planning and finance.

3.8 Data Analysis and Presentation
Quantitative and qualitative data collected was analyzed by the use of descriptive statistics descriptive statistics using SPSS and presented through percentages, means, standard deviations and frequencies. The information was displayed by use of bar charts, graphs and pie charts and in prose-form. This was done by tallying up responses, computing percentages of variations in response as well as describing and interpreting the data in line with the study objectives and assumptions through use of SPSS. Content analysis was used to test data that is qualitative in nature or aspect of the data collected from the open ended questions. The data was broken down into the different aspects of strategic responses to organizational environment where the focus was on the Ministry of Health response to non-communicable diseases like diabetes and cancer in Kenya such as priority control of non-communicable diseases, stakeholder involvement, policy instruments and role of health sector. This offered a quantitative and qualitative description of the objectives of the study.
CHAPTER FOUR
DATA ANALYSIS AND INTERPRETATION OF FINDINGS

4.1 Introduction
This chapter focused on data analysis, interpretation and presentation. The purpose of the study was to investigate the strategic responses to organizational environment: a case of the Ministry of Health response to non-communicable diseases in Kenya. Having identified the problem of study in chapter one, reviewed existing literature and shown gaps of knowledge in chapter two, chapter three explained the methods that the study used to collect data. This chapter presents analysis and findings of the study as set out in the research methodology. The data was gathered from questionnaires as the research instrument. The questionnaire was designed in line with the objectives of the study. The study employs various statistical tools for extracting information on the strategic responses to organizational environment with a focus on the Ministry of Health response to non-communicable diseases in Kenya.

4.2 Response Rate
The study sampled 160 respondents from the target population in collecting data with regard to the strategic responses to organizational environment where the focus was on the Ministry of Health response to non-communicable diseases like diabetes and cancer in Kenya. The questionnaire return rate results are shown in Table 4.1.

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responded</td>
<td>33</td>
<td>78.6</td>
</tr>
<tr>
<td>Not responded</td>
<td>9</td>
<td>21.4</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Author, (2012)

From the study, 33 out of 42 target respondents filled in and returned the questionnaire contributing to 78.6%. This commendable response rate was made a reality after the researcher made personal calls and visits to remind the respondent to fill-in and return the questionnaires as well as explaining the importance of their participation in this study. This commendable response rate can be attributed to the data collection procedure, where
the researcher personally administered questionnaires and waited for respondents to fill in, kept reminding the respondents to fill in the questionnaires through frequent phone calls and picked the questionnaires once fully filled. This response rate was good and representative and conforms to Mugenda and Mugenda (1999) stipulation that a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 70% and over is excellent. The questionnaires that were not returned were due to reasons like, the respondents were not available to fill them in at that time and with persistence follow-ups there were no positive responses from them. The response rate demonstrates a willingness of the respondents to participate in the study.

4.3 Demographic Characteristics

The study targeted management staffs who included departmental heads, assistant departmental heads and lower cadre staffs like the supervisors, accounts and other officers from the Ministry of Health in collecting data on the Ministry of Health response to NCDs like diabetes and cancer in Kenya. As such the results on demographic characteristics of these respondents were investigated in the first section of the questionnaire. They are presented in this section under gender distribution of the respondents, age of the respondents, working experience, highest academic qualifications.

The research sought to find out the gender of the respondents. The respondents' distribution in terms of gender is shown in Table 4.2.

Table 4.5: Gender Distribution of the Respondents

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>19</td>
<td>57.6</td>
</tr>
<tr>
<td>Female</td>
<td>14</td>
<td>42.4</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Author, (2012)

From the study, majority of the respondents were male staffs, shown by 57.6%, while 42.4% of them comprised of female staffs. The findings show that the Ministry studied has both male and female members; however the majority of them are males. The
findings imply that the views expressed in this findings are gender sensitive and can be taken as representative of the opinions of both genders as regards to the strategic responses to organizational environment with a focus on the Ministry of Health response to NCDs in Kenya.

The level of staff involvement in various strategic directions taken by an organization may vary with the age of the respondents which goes hand in hand with various other factors like level of education and working experience. This study thus had to investigate the composition of the respondent in terms of age brackets to understand their familiarity with the Ministry of Health response to NCDs in Kenya. Table 4.3 shows the results of the findings on the age brackets of the respondents.

Table 4.6: Age Bracket

<table>
<thead>
<tr>
<th>Age bracket</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-35 years</td>
<td>5</td>
<td>15.2</td>
</tr>
<tr>
<td>36-45 years</td>
<td>24</td>
<td>72.7</td>
</tr>
<tr>
<td>Above 45 years</td>
<td>4</td>
<td>12.1</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Author, (2012)

According to the results depicted in table 4.3, majority (72.7%) of the respondents were aged between 36-45 years, 15.2% of them indicated that they were aged between 25-35 years, while 12.1% of the respondents indicated that they were aged above 45 years. From these results it is clear that the respondents were well distributed in terms of age and that they are active in technological advancements and productivity and hence can contribute constructively in the strategic responses to organizational environment with a focus on the Ministry of Health response to NCDs in Kenya.

The strategic decisions made within a given organization are vested in the hand of various staffs spread across the various departments within the organization. As such the study sought to establish the distribution of the respondents in various departments within the Ministry. Table 4.4 shows the results.
Table 4.7: Distribution of the Respondents by Department

<table>
<thead>
<tr>
<th>Department</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human resource</td>
<td>5</td>
<td>15.2</td>
</tr>
<tr>
<td>Finance</td>
<td>5</td>
<td>15.2</td>
</tr>
<tr>
<td>Strategic</td>
<td>9</td>
<td>27.3</td>
</tr>
<tr>
<td>Operations</td>
<td>8</td>
<td>24.2</td>
</tr>
<tr>
<td>Marketing</td>
<td>6</td>
<td>18.2</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Author, (2012)

From the study, majority of the respondents worked in the strategic department shown by 27.3%, another 24.2% of them indicated that they were working in the operations department, 18.2% of them worked in other departments like marketing and administration, 15.2% of the respondents indicated that they worked in the finance department as well as another 15.2% of those who worked in the human resource department. These results imply that the respondents were drawn from all the departments within the Ministry and thus are representative of the views of the various departments involved in strategic responses to non-communicable diseases in Kenya.

Further the study was interested to investigate the various managerial positions held by the respondents in their departments.

Table 4.8: Designation of the Respondents

<table>
<thead>
<tr>
<th>Job Position</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heads of departments</td>
<td>3</td>
<td>9.1</td>
</tr>
<tr>
<td>Assistant heads of departments</td>
<td>12</td>
<td>36.4</td>
</tr>
<tr>
<td>Supervisor</td>
<td>11</td>
<td>33.3</td>
</tr>
<tr>
<td>General staff</td>
<td>7</td>
<td>21.2</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Author, (2012)
According to table 4.5 36.4% of the respondents indicated that they were Assistant heads of departments, 33.3% of them were supervisors, 21.2% of them indicated that they were general staffs, while 9.1% of the respondents comprised of heads of departments. These findings show that the respondents that participated in the study were mainly those involved in the formulation and implementation of the strategic directions taken in responding to non-communicable diseases in Kenya.

The length of service/working in an organization determines the extent to which one is aware of the issues sought by the study. The study therefore sought to establish the length of time that the respondents had been working in the university. The results on this question are presented in Table 4.6.

### Table 4.9: Duration Worked in the Ministry

<table>
<thead>
<tr>
<th>Duration in Years</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 yrs</td>
<td>5</td>
<td>15.2</td>
</tr>
<tr>
<td>5-10 yrs</td>
<td>19</td>
<td>57.6</td>
</tr>
<tr>
<td>10-15</td>
<td>7</td>
<td>21.2</td>
</tr>
<tr>
<td>Over 15 yrs</td>
<td>2</td>
<td>6.1</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Source: Author, (2012)*

The study results depicted in table 4.6 reveal that 57.6% of the respondents indicated that they had an experience of 5-10 years in the Ministry, 21.2% of them had worked in the Ministry for a period of 10-15 years, 15.2% of them had a working experience of 0-5 years, while 6.1% of the respondents indicated that they had an experience of over 15 years. This shows that majority respondents had enough work experience in the Ministry. The respondents are conversant with the strategic responses adopted by the Ministry of Health to non-communicable diseases in Kenya.

The government ministries in Kenya employ staffs in different work stations hence different academic qualifications. This difference might contribute to differences in the responses given by the respondents. The study thus sought to establish the highest academic qualifications attained by the respondents. The responses on this question are depicted in table 4.7.
The study results reveal that 60.6% of the respondents had acquired a Bachelor’s or undergraduate degrees level of education, 24.2% of the respondents indicated that they had acquired college certificates or diplomas, while 15.2% of them indicated that they had acquired post graduate level. This results imply that majority of the respondents had at least an undergraduate degree and hence understood the information sought by this study. These findings further imply that all the respondents were academically qualified and also familiar with their duties and could dispense them effectively in terms of professional work ability and performance.

4.4 Strategic Responses to Non-Communicable Diseases

The main concern of this study was to investigate strategic responses to organizational environment: a case of the Ministry of Health response to non-communicable diseases in Kenya. This theme was investigated in the second part of the questionnaire where the study sought to establish how the respondents would rate the effectiveness of the Ministry of Health’s strategic responses to non-communicable diseases in Kenya. The results are as depicted in table 4.8.

Table 4.11: Effectiveness of Ministry's Strategic Responses to NDCs in Kenya

<table>
<thead>
<tr>
<th>Level of Effectiveness</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Effective</td>
<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td>Effective</td>
<td>17</td>
<td>51.5</td>
</tr>
<tr>
<td>Less effective</td>
<td>8</td>
<td>24.2</td>
</tr>
<tr>
<td>Very little effective</td>
<td>7</td>
<td>21.2</td>
</tr>
<tr>
<td>Not effective at all</td>
<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Author, (2012)
From the study, 51.5% of the respondents rated the Ministry of Health’s strategic responses to non-communicable diseases in Kenya to be effective, 24.2% of them indicated that the Ministry of Health’s strategic responses to non-communicable diseases in Kenya are less effective, 21.2% of the respondents rated them as being very little effective, while only 3.0% of them rated the Ministry of Health’s strategic responses to non-communicable diseases in Kenya to be very effective.

The study further sought to establish the extent to which the Ministry of Health has adopted the various strategic responses in responding to non-communicable diseases. As such a scale of 1 to 5 was provided where 1= no extent, 2= little extent, 3= moderate extent, 4= great extent and 5 is to a very great extent.

Table 4.12: Extent to which Ministry adopted Various Strategic Responses to NDCs

<table>
<thead>
<tr>
<th>Strategic Responses</th>
<th>Mean</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Level Responses</td>
<td>2.6970</td>
<td>.68396</td>
</tr>
<tr>
<td>Proactive Strategy</td>
<td>3.2727</td>
<td>.80128</td>
</tr>
<tr>
<td>Organizational Strategic Responses</td>
<td>3.3636</td>
<td>.69903</td>
</tr>
<tr>
<td>Adaptability Responses</td>
<td>3.6061</td>
<td>.60927</td>
</tr>
</tbody>
</table>

Source: Author, (2012)

Majority of the respondents indicated that the Ministry of Health has adopted adaptability responses to a great extent in responding to non-communicable diseases as shown by a mean score of 3.6061. They also reiterated that the Ministry of Health has adopted organizational strategic responses, proactive strategy and corporate level responses to moderate extents as shown by mean scores of 3.3636, 3.2727 and 2.6970 respectively.

The respondents were required to indicate the extent to which the Ministry of Health has concentrated on responding to various non-communicable diseases in Kenya.
Table 4.13: Extent to which the Ministry has Concentrated on Responding to NDCs

<table>
<thead>
<tr>
<th>Non-communicable diseases</th>
<th>Mean</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular diseases</td>
<td>2.9091</td>
<td>1.15552</td>
</tr>
<tr>
<td>Cancers</td>
<td>3.4848</td>
<td>.79535</td>
</tr>
<tr>
<td>Diabetes</td>
<td>3.3030</td>
<td>.88335</td>
</tr>
<tr>
<td>Chronic lung diseases</td>
<td>3.3030</td>
<td>.95147</td>
</tr>
</tbody>
</table>

Source: Author, (2012)

According to the study, majority of the respondents unanimously indicated that the Ministry of Health has concentrated on responding to cancers, chronic lung diseases, diabetes and cardiovascular diseases to moderate extents as shown by mean scores of 3.4848, 3.3030, 3.3030 and 2.9091 respectively.

4.5 Stakeholder Interventions

The first specific objective of this study was to investigate the effect of stakeholder intervention as a strategic response to organizational environment. Accordingly the respondents were required to indicate the extent to which the Ministry involves stakeholder interventions in responding to non-communicable diseases.

Table 4.14: Extent to which the Ministry involve Stakeholders in Responding to NDCs

<table>
<thead>
<tr>
<th>Extent</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Great extent</td>
<td>10</td>
<td>30.3</td>
</tr>
<tr>
<td>Moderate extent</td>
<td>10</td>
<td>30.3</td>
</tr>
<tr>
<td>Little extent</td>
<td>9</td>
<td>27.3</td>
</tr>
<tr>
<td>No extent</td>
<td>4</td>
<td>12.1</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Author, (2012)

The study results depicted in table 4.11 show that 30.3% of the respondents opined that the Ministry involves stakeholder interventions in responding to non-communicable diseases to a great extent, another 30.3% of them indicated to a moderate extent, 27.3% of the respondents indicated stakeholder interventions are involved to a little extent,
while 12.1\% of the respondents opined that the Ministry involves stakeholder interventions in responding to non-communicable diseases to no extent.

On the same the respondents were requested to rate their level of agreement with various statements about the role of stakeholder interventions as organizational responses adopted by the Ministry of Health to non-communicable diseases. A scale of 1 to 5 where 1= strongly disagree, 2= disagree, 3= neutral, 4= agree and 5 is strongly agree was provided.

Table 4.15: Agreements on Role of Stakeholder Interventions as Organizational Responses

<table>
<thead>
<tr>
<th>Role of stakeholder interventions as organizational responses</th>
<th>Mean</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder interventions enhance recognizing of multiple and emerging goals inside the organization</td>
<td>3.2727</td>
<td>1.15306</td>
</tr>
<tr>
<td>Stakeholder interventions emphasize the importance of connections among the players in the control of non-communicable diseases as a way of acknowledging and working out conflict that is created in part by the pursuit of multiple goals</td>
<td>3.4545</td>
<td>.90453</td>
</tr>
<tr>
<td>Stakeholder interventions create forums to transmit information and enable meaning creation among the players</td>
<td>3.4545</td>
<td>.86930</td>
</tr>
<tr>
<td>Stakeholder interventions improve capacity to learn about the control of non-communicable diseases</td>
<td>3.1515</td>
<td>.87039</td>
</tr>
<tr>
<td>Stakeholder interventions represent multifaceted, multidimensional relationships which allow (even demand) organizational members to exchange more than specialized information</td>
<td>3.1818</td>
<td>1.15798</td>
</tr>
<tr>
<td>Ideas on the control of non-communicable diseases are amplified and expanded</td>
<td>3.3333</td>
<td>.92421</td>
</tr>
<tr>
<td>New ideas emerge as a consequence of an expanded range of meaning</td>
<td>3.3939</td>
<td>.86384</td>
</tr>
<tr>
<td>New ideas are generated through stakeholder interventions which in turn are subject to re-interpretation and modification for actions aimed at controlling non-communicable diseases</td>
<td>3.4848</td>
<td>.66714</td>
</tr>
</tbody>
</table>

*Source: Author, (2012)*

Majority of the respondents indicated neutrality on that new ideas are generated through stakeholder interventions which in turn are subject to re-interpretation and modification for actions aimed at controlling non-communicable diseases as shown by a mean score of 3.4848, stakeholder interventions emphasize the importance of connections among the
players in the control of non-communicable diseases as a way of acknowledging and working out conflict that is created in part by the pursuit of multiple goals as shown by a mean score of 3.4545, stakeholder interventions create forums to transmit information and enable meaning creation among the players as shown by a mean score of 3.4545, new ideas emerge as a consequence of an expanded range of meaning as shown by a mean score of 3.3939, ideas on the control of non-communicable diseases are amplified and expanded as shown by a mean score of 3.3333, stakeholder interventions enhance recognizing of multiple and emerging goals inside the organization as shown by a mean score of 3.2727, represent multifaceted, multidimensional relationships which allow (even demand) organizational members to exchange more than specialized information as shown by a mean score of 3.1818 and stakeholder interventions improve capacity to learn about the control of non-communicable diseases as shown by a mean score of 3.1515.

4.6 Policy Measures

With regard to policy measures, the study sought to investigate the extent to which the Ministry of Health employs various policy measures in responding to non-communicable diseases.

Table 4.16: Extent to which Ministry of Health Employs Policy Measures to NDCs

<table>
<thead>
<tr>
<th>Extent</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>To a very great extent</td>
<td>2</td>
<td>6.1</td>
</tr>
<tr>
<td>Great extent</td>
<td>7</td>
<td>21.2</td>
</tr>
<tr>
<td>Moderate extent</td>
<td>15</td>
<td>45.5</td>
</tr>
<tr>
<td>Little extent</td>
<td>8</td>
<td>24.2</td>
</tr>
<tr>
<td>No extent</td>
<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Author, (2012)

From the study, 45.5% of the respondents rated that the Ministry of Health employs various policy measures in responding to non-communicable diseases to a moderate extent, 24.2% of them indicated that it employs various policy measures in responding to non-communicable diseases to a little extent, 21.2% of them indicated to a great extent,
another 6.1% of the respondents indicated to a very great extent, while 3.0% of the respondents rated that the Ministry of Health employs various policy measures in responding to non-communicable diseases to no extent.

The respondents were further required to indicate the extent to which various policy measures are used in the Ministry as a response to non-communicable diseases in the Country.

**Table 4.17: Extent to which Policy Measures are used in the Ministry to NDCs**

<table>
<thead>
<tr>
<th>Policy measures</th>
<th>Mean</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Price-based regulations</td>
<td>2.9697</td>
<td>1.01504</td>
</tr>
<tr>
<td>Command and control regulation</td>
<td>3.3939</td>
<td>.65857</td>
</tr>
<tr>
<td>Education and information programs</td>
<td>3.6364</td>
<td>.54876</td>
</tr>
<tr>
<td>Policy mechanism for helping to reduce non-communicable disease rates</td>
<td>3.2424</td>
<td>.83030</td>
</tr>
<tr>
<td>Gathering of accurate data to reverse the global rise in death and disability from NCDs</td>
<td>3.4242</td>
<td>.90244</td>
</tr>
<tr>
<td>Policies on surveillance systems</td>
<td>3.4242</td>
<td>.90244</td>
</tr>
<tr>
<td>Lifestyle habit monitoring policies among the most vulnerable</td>
<td>3.0606</td>
<td>1.27327</td>
</tr>
<tr>
<td>Setting of infrastructure to enhance response to these diseases</td>
<td>3.5152</td>
<td>.75503</td>
</tr>
<tr>
<td>Equipping the human resources with relevant skills</td>
<td>3.4242</td>
<td>.79177</td>
</tr>
<tr>
<td>Ensuring access to essential health care including medicines</td>
<td>3.3333</td>
<td>.77728</td>
</tr>
</tbody>
</table>

**Source:** Author, (2012)

According to the results, majority of the respondents indicated that education and information programs are used in the Ministry as a response to non-communicable diseases in the Country to a great extent as shown by a mean score of 3.6364 as well as setting of infrastructure to enhance response to these diseases as shown by a mean score of 3.5152. They further reiterated that gathering of accurate data to reverse the global rise in death and disability from NCDs, policies on surveillance systems, equipping the human resources with relevant skills, command and control regulation, ensuring access to essential health care including medicines, policy mechanism for helping to reduce non-communicable disease rates, lifestyle habit monitoring policies among the most vulnerable and price-based regulations are used in the Ministry as responses to non-
communicable diseases in the Country to moderate extents as shown by mean scores of 3.4242, 3.4242, 3.4242, 3.3939, 3.3333, 3.2424, 3.0606 and 2.9697 respectively.

4.7 Technological Responses

The third specific objective of the study was to investigate the effect of technological responses as a strategic response to organizational environment. On that the respondents were requested to indicate how they would rate the extent to which the Ministry of Health has adopted technological responses in responding to non-communicable diseases.

Table 4.18: Extent to which Ministry has adopted Technological Responses to NDCs

<table>
<thead>
<tr>
<th>Extent</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>To a very great extent</td>
<td>4</td>
<td>12.1</td>
</tr>
<tr>
<td>Great extent</td>
<td>9</td>
<td>27.3</td>
</tr>
<tr>
<td>Moderate extent</td>
<td>16</td>
<td>48.5</td>
</tr>
<tr>
<td>Little extent</td>
<td>4</td>
<td>12.1</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Author, (2012)

According to the results depicted in table 4.15, 48.5% of the respondents unanimously indicated that the Ministry of Health has adopted technological responses in responding to non-communicable diseases to a moderate extent, 27.3% of them rated it to be a great extent, 12.1% of the respondents indicated to a little extent, whereas 12.1% of the respondent unanimously indicated that the Ministry of Health has adopted technological responses in responding to non-communicable diseases to a very great extent.

The study also sought to establish the extent to which the respondents agreed with various statements on the technological responses adopted by the Ministry of Health in responding to non-communicable diseases.
Table 4.19: Technological Responses adopted by the Ministry to NDCs

<table>
<thead>
<tr>
<th>Technological responses</th>
<th>Mean</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are new technologies to better cope with NCDs and existing health priorities</td>
<td>3.0303</td>
<td>.88335</td>
</tr>
<tr>
<td>Technological advancements are in place for effective clinical and public health interventions against NCDs</td>
<td>3.4848</td>
<td>.83371</td>
</tr>
<tr>
<td>The Ministry has promoted NCD prevention and control programs to diverse resource settings</td>
<td>3.3333</td>
<td>.98953</td>
</tr>
<tr>
<td>Mobile technological health tools are used to reduce NCD risk factors and improve quality of care</td>
<td>3.4242</td>
<td>.70844</td>
</tr>
<tr>
<td>The Ministry is according a higher priority to NCD health system capacity programmes to tackle NCDs</td>
<td>3.3030</td>
<td>.95147</td>
</tr>
</tbody>
</table>

Source: Author, (2012)

Accordingly, majority of the respondents were in neutrality that technological advancements are in place for effective clinical and public health interventions against NCDs as shown by a mean score of 3.4848, mobile technological health tools are used to reduce NCD risk factors and improve quality of care as shown by a mean score of 3.4242, the Ministry has promoted NCD prevention and control programs to diverse resource settings as shown by a mean score of 3.3333, the Ministry is according a higher priority to NCD health system capacity programmes to tackle NCDs as shown by a mean score of 3.3030 and that there are new technologies to better cope with NCDs and existing health priorities as shown by a mean score of 3.0303.

4.8 Awareness Creation

The study further sought to investigate the effect of awareness creation as a strategic response to organizational environment. As such the respondents were requested to indicate the extent to which the Ministry of Health uses awareness creation in responding to non-communicable diseases.
Table 4.20: Extent to which Ministry Creates Awareness in Responding to NDCs

<table>
<thead>
<tr>
<th>Extent</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Great extent</td>
<td>7</td>
<td>21.2</td>
</tr>
<tr>
<td>Moderate extent</td>
<td>13</td>
<td>39.4</td>
</tr>
<tr>
<td>Little extent</td>
<td>8</td>
<td>24.2</td>
</tr>
<tr>
<td>No extent</td>
<td>5</td>
<td>15.2</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Author, (2012)

From the study, 39.4% of the respondents indicated that the Ministry of Health uses awareness creation in responding to non-communicable diseases to a moderate extent, 24.2% of them indicated to a little extent, 21.2% of the respondents indicated to a great extent, while 15.2% of them indicated to no extent.

The study further sought to establish the extent to which the Ministry of Health concentrates on creating awareness on the following behavioral factors in its fight against non-communicable diseases in Kenya.

Table 4.21: Extent to which Ministry Concentrates on Creating Awareness to NDCs

<table>
<thead>
<tr>
<th>Behavioral factors</th>
<th>Mean</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco use</td>
<td>3.4545</td>
<td>.83258</td>
</tr>
<tr>
<td>Unhealthy diet</td>
<td>3.6667</td>
<td>.73598</td>
</tr>
<tr>
<td>Insufficient physical activity</td>
<td>3.5152</td>
<td>.87039</td>
</tr>
<tr>
<td>The harmful use of alcohol</td>
<td>3.5758</td>
<td>.83030</td>
</tr>
</tbody>
</table>

Source: Author, (2012)

Majority of the respondents indicated that the Ministry of Health concentrates on creating awareness on unhealthy diet in its fight against non-communicable diseases in Kenya to a great extent as shown by a mean score of 3.6667, as well as on the harmful use of alcohol as shown by a mean score of 3.5758 and insufficient physical activity as shown by a mean score of 3.5152. They further reiterated that the Ministry of Health concentrates on Tobacco use in its fight against non-communicable diseases in Kenya to a moderate extent as shown by a mean score of 3.4545.
CHAPTER FIVE
SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction
This is the final chapter in this study which gives the summary of the findings, the conclusions and recommendations of the study based on the objective of the study. It comes after identifying the background, problem at hand and the objectives in chapter one, literature review was done in chapter two, chapter three set out the methodology that the study used to collect data and chapter four analyzed the data obtained from the study. The chapter finally presents the suggestions for further studies. The study sought to investigate the effect of stakeholder intervention as a strategic response to organizational environment; to investigate the effect of different policy measures as a strategic response to organizational environment; to investigate the effect of technological responses as a strategic response to organizational environment; and to investigate the effect of awareness creation as a strategic response to organizational environment.

5.2 Summary of the Findings
The study aimed at investigating the strategic responses to organizational environment: a case of the Ministry of Health response to non-communicable diseases in Kenya. The study found that the Ministry of Health's strategic responses to non-communicable diseases in Kenya are effective. The Ministry of Health has adopted adaptability responses to a great extent in responding to non-communicable diseases. Further organizational strategic responses, proactive strategy and corporate level responses had been adopted to moderate extents. The Ministry of Health has concentrated on responding to cancers, chronic lung diseases, diabetes and cardiovascular diseases to moderate extents as shown by mean scores of 3.4848, 3.3030, 3.3030 and 2.9091 respectively.

On stakeholder intervention, the study found that the Ministry involves stakeholder interventions in responding to non-communicable diseases to a great extent as indicated by 30.3% of the respondents. There was neutrality on that new ideas are generated through stakeholder interventions which in turn are subject to re-interpretation and modification for actions aimed at controlling non-communicable diseases, stakeholder
Interventions emphasize the importance of connections among the players in the control of non-communicable diseases as a way of acknowledging and working out conflict that is created in part by the pursuit of multiple goals, stakeholder interventions create forums to transmit information and enable meaning creation among the player, new ideas emerge as a consequence of an expanded range of meaning, ideas on the control of non-communicable diseases are amplified and expanded, stakeholder interventions enhance recognizing of multiple and emerging goals inside the organization, represent multifaceted, multidimensional relationships which allow (even demand) organizational members to exchange more than specialized information and stakeholder interventions improve capacity to learn about the control of non-communicable diseases.

With regard to policy measures, the study established that the Ministry of Health employs various policy measures in responding to non-communicable diseases to a moderate extent; education and information programs are used in the Ministry as a response to non-communicable diseases in the Country to a great extent as well as setting of infrastructure to enhance response to these diseases, while gathering of accurate data to reverse the global rise in death and disability from NCDs, policies on surveillance systems, equipping the human resources with relevant skills, command and control regulation, ensuring access to essential health care including medicines, policy mechanism for helping to reduce non-communicable disease rates, lifestyle habit monitoring policies among the most vulnerable and price-based regulations are used in the Ministry as responses to non-communicable diseases in the Country to moderate extents.

On technological responses, the study found that the Ministry of Health has adopted technological responses in responding to non-communicable diseases to a moderate extent as shown by 48.5% of the respondents. There was neutrality that technological advancements are in place for effective clinical and public health interventions against NCDs, mobile technological health tools are used to reduce NCD risk factors and improve quality of care, the Ministry has promoted NCD prevention and control programs to diverse resource settings, the Ministry is according a higher priority to NCD health system capacity programmes to tackle NCDs and that there are new technologies to better cope with NCDs and existing health priorities.
The study also found that awareness creation as a strategic response to NDCs in Kenya, 39.4% of the respondents indicated that the Ministry of Health uses awareness creation in responding to non-communicable diseases to a moderate extent. The Ministry of Health concentrates on creating awareness on unhealthy diet in its fight against non-communicable diseases in Kenya as well as on the harmful use of alcohol and insufficient physical activity and that the Ministry of Health concentrates on Tobacco use in its fight against non-communicable diseases in Kenya to a moderate extent.

5.3 Conclusion

The study concludes that the prospects for non-communicable disease prevention and control are improving gradually in the Country. It was evident that the Ministry of Health has adapted adaptability, organizational strategic responses, proactive strategy and corporate level responses to non-communicable diseases in Kenya. Accordingly these strategic responses are concentrated on cancers, chronic lung diseases, diabetes and cardiovascular diseases.

The study also concludes that the Ministry of Health involves stakeholders in responding to non-communicable diseases. This is where the ideas on the control of non-communicable diseases are amplified and expanded through incorporating other stakeholders like the NGOs, private sector and other government agencies. This involves benchmarking, generating and refining new ideas and the subjecting them to re-interpretation and modification for actions, stakeholder interventions emphasize the importance of connections among the players in the control of non-communicable diseases as a way of acknowledging and working out conflict that is created in part by the pursuit of multiple goals, they create forums to transmit information and enable meaning creation among the players and enhance recognizing of multiple and emerging goals inside the organization, represent multifaceted, multidimensional relationships which allow (even demand) organizational members to exchange more than specialized information and stakeholder interventions improve capacity to learn about the control of non-communicable diseases.
The study deduces that policy measures are also employed by the Ministry of Health in responding to non-communicable diseases. These include education and information programs, setting of infrastructure to enhance response to these diseases and gathering of accurate data to reverse the global rise in death and disability from NCDs. Other policies include installation of surveillance systems, equipping the human resources with relevant skills, command and control regulation, ensuring access to essential health care including medicines, policy mechanism for helping to reduce non-communicable disease rates, lifestyle habit monitoring policies among the most vulnerable and price-based regulations.

The study further concludes that technological responses are changing the landscape of non-communicable diseases prevention and control. The widespread availability of mobile technology, including in many of the least developed countries include technological advancements put in place for effective clinical and public health and mobile technological health tools.

On awareness creation, the study concludes that if awareness creation as a strategic response is applied effectively these chronic or lifestyle diseases could be significantly reduced and prevented, with millions of lives saved and untold suffering avoided, through proven and affordable measures that are often complementary to global health efforts already under way. This can be achieved by creating awareness on unhealthy diet in the fight against non-communicable diseases, fight on harmful use of alcohol and insufficient physical activity and fight Tobacco use.

5.4 Recommendations

From the study findings and conclusions, Non-communicable diseases are some of the leading causes of death and disease in emerging economies like Kenya. It is clear that sustained progress will occur when governments, relevant international agencies, non-governmental agencies, and civil society acknowledge that public health must include non-communicable diseases and their risk factors.

The study also recommends that stronger and broader alliances of major health professional bodies, consumer groups, enlightened industries, and academics are needed
to effectively prioritize prevention of major risk factors for non-communicable diseases. Multi-stakeholder and intergovernmental mechanisms and other non-binding measures are better options in fighting the menace of the non-communicable diseases.

The study further recommends that well-coordinated and effective response to scale up technical support in the Country. This can be achieved by incorporating non-communicable diseases into poverty-reduction strategies and relevant social and economic policies. On the same the Government should provide the right incentives and individuals must protect their own health. Civic groups and other organizations must maintain pressure for responsible marketing and business must produce healthier and more sustainable goods. Individuals should be encouraged to make smart choices by exercising, eating well, limiting alcohol consumption and not smoking.

5.5 Suggestions for Further Studies

The study has investigated the strategic responses to organizational environment: a case of the Ministry of Health response to non-communicable diseases in Kenya and established that stakeholder intervention, policy measures, technological responses and awareness creation are the main aspects of strategic responses that influence the control of non-communicable diseases. This study involved the Ministry of Health in Kenya where the head offices in Nairobi were visited to draw information expressed in this study. The public sector in Kenya however is comprised of various other institutions which differ in their way of management and have different settings all together. Further, the findings in this study elicited the views of the public sector stakeholders in the Ministry of Health response to non-communicable diseases in Kenya. However, the organization studied so far seem to have been faced with various challenges that need to be addressed to make the control of the non-communicable diseases a success. This warrants the need for another study which would ensure generalization of the study findings for all the institutions in Kenya and hence pave way for new policies. The study therefore recommends another study be done with an aim to investigate the strategic responses to non-communicable diseases in Kenya.
REFERENCES


Stuckler D, Basu S, McKee M. (2011) Commentary: UN high level meeting on non-communicable diseases: an opportunity for whom?


APPENDICES

Appendix I: Introduction Letter to the Respondents

Kenyatta University
School of Business
P.O BOX 43844-00100
Nairobi.
March 2012

Dear Sir/Madam,

RE: REQUEST TO COLLECT DATA FOR MBA RESEARCH PROJECT

I am a student at Kenyatta University pursuing a Masters of Business Administration program.

Pursuant to the pre-requisite course work, I am conducting a research project on THE STRATEGIC RESPONSES TO ORGANIZATIONAL ENVIRONMENT: A CASE OF THE MINISTRY OF HEALTH RESPONSE TO NCDS IN KENYA. The focus of my research will be on the Ministry of Health response to NCDs in Kenya and this will involve use of questionnaires administered to members of the management team.

I kindly seek your authority to conduct the research at this company through questionnaires and use of any other relevant documents. Your assistance is highly valued. Thank you in advance.

Yours faithfully,

Maureen Macharia
Appendix II: Questionnaire the Staff - Ministry of Health

Kindly answer the following questions by ticking in the appropriate box or filling the spaces provided. Information obtained will be used for academic purposes only and will therefore be handled with the highest level of confidentiality. Your corporation will be highly appreciated.

SECTION A: RESPONDENT DETAILS AND BIODATA

1. Please indicate your gender

   Male [ ]   Female [ ]

2. Indicate your age bracket

   Below 25 years [ ]   25-35 years [ ]
   36-45 years [ ]   Above 45 years [ ]

3. Your department:

   Human resource [ ]   Finance [ ]
   Procurement [ ]   Operations [ ]
   Marketing [ ]   Other (Specify .................)

4. What is your designation?

   Manager [ ]   Assistant manager [ ]
   Supervisor [ ]   General staff [ ]
   Other (Specify .................) [ ]

5. How long have you worked in this Ministry?
6. To date, what has been your highest formal qualification?

Secondary School Level [ ] Certificate/Diploma

[ ]

Undergraduate [ ] Post graduate level

[ ]

Other (Specify ....................................................) [ ]

SECTION B: STRATEGIC RESPONSES TO NCDS

7. How would you rate the effectiveness of the Ministry of Health’s strategic responses to non-communicable diseases in Kenya?

Very effective [ ] Effective [ ]

Less effective [ ] Very little effective [ ]

Not effective at all [ ]

8. To what extent has the ministry of Health adopted the following strategic responses in responding to non-communicable diseases? Rate on a scale of 1 to 5 where 1= no extent, 2= little extent, 3= moderate extent, 4= great extent and 5 is to a very great extent.

<table>
<thead>
<tr>
<th>Strategic responses</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Level Responses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proactive Strategy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizational Strategic Responses</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Adaptability Responses</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other (Specify ....................................................)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. To what extent has the Ministry of Health concentrated on responding to the following non-communicable diseases? Use a scale of 1 to 5 where 1= no extent, 2= little extent, 3= moderate extent, 4= great extent and 5 is to a very great extent.

<table>
<thead>
<tr>
<th>Non-communicable diseases</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic lung diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STAKEHOLDER INTERVENTIONS

10. To what extent does the Ministry involve stakeholder interventions in responding to non-communicable diseases?

- To a very great extent [ ]
- To a great extent [ ]
- To a moderate extent [ ]
- To a little extent [ ]
- To no extent [ ]

11. Rate your level of agreement with the following statements about the role of stakeholder interventions as organizational responses adopted by the Ministry of Health to non-communicable diseases. Rate using a scale of 1 to 5 where 1= strongly disagree, 2= disagree, 3= neutral, 4= agree and 5 is strongly agree.

<table>
<thead>
<tr>
<th>Role of stakeholder interventions as organizational responses</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder interventions enhance recognizing of multiple and emerging goals inside the organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stakeholder interventions emphasize the importance of connections among the players in the control of non-communicable diseases as a way of acknowledging and working out conflict that is created in part by the pursuit of multiple goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stakeholder interventions create forums to transmit information and enable meaning creation among the players</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Stakeholder interventions improve capacity to learn about the control of non-communicable diseases

Represent multifaceted, multidimensional relationships which allow (even demand) organizational members to exchange more than specialized information

Ideas on the control of non-communicable diseases are amplified and expanded

New ideas emerge as a consequence of an expanded range of meaning

New ideas are generated through stakeholder interventions which in turn are subject to re-interpretation and modification for actions aimed at controlling non-communicable diseases

12. What are the challenges of stakeholder interventions as an organizational response to non-communicable diseases?

13. To what extent does the Ministry of Health employ various policy measures in responding to non-communicable diseases?

To a very great extent
To a great extent
To a moderate extent
To a little extent
To no extent

14. To what extent are the following policy measures used in the Ministry as a response to non-communicable diseases in the Country? Use a scale of 1 to 5 where 1= no extent, 2= little extent, 3= moderate extent, 4= great extent and 5 is to a very great extent.

POLICY MEASURES

62
Policy measures

<table>
<thead>
<tr>
<th>Price-based regulations</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Command and control regulation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education and information programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy mechanism for helping to reduce non-communicable disease rates</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Gathering of accurate data to reverse the global rise in death and disability from NCDs</td>
<td></td>
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<tr>
<td>Policies on surveillance systems</td>
<td></td>
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<tr>
<td>Lifestyle habit monitoring policies among the most vulnerable</td>
<td></td>
<td></td>
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<tr>
<td>Setting of infrastructure to enhance response to these diseases</td>
<td></td>
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</tr>
<tr>
<td>Equipping the human resources with relevant skills</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensuring access to essential health care including medicines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. What are the effects of these policy measures on the fight against non-communicable diseases in Kenya?

16. How would you rate the extent to which the Ministry of Health has adopted technological responses in responding to non-communicable diseases?

- To a very great extent [ ]
- To a great extent [ ]
- To a moderate extent [ ]
- To a little extent [ ]
- To no extent [ ]

17. To what extent do you agree with the following statements on the technological responses adopted by the Ministry of Health in responding to non-communicable
diseases? Use a scale of 1 to 5 where 1= strongly disagree, 2= disagree, 3= neutral, 4= agree and 5 is strongly agree.

<table>
<thead>
<tr>
<th>Technological responses</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are new technologies to better cope with NCDs and existing health priorities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technological advancements are in place for effective clinical and public health interventions against NCDs</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Ministry has promoted NCD prevention and control programs to diverse resource settings</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Mobile technological health tools are used to reduce NCD risk factors and improve quality of care</td>
<td></td>
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<tr>
<td>The Ministry is according a higher priority to NCD health system capacity programmes to tackle NCDs</td>
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</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(Specify ..................................................................................................................)</td>
<td></td>
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</tr>
</tbody>
</table>

18. What are the effects of the technological responses on the fight against non-communicable diseases in Kenya?

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......

AWARENESS CREATION

19. To what extent does the Ministry of Health use awareness creation in responding to non-communicable diseases?

To a very great extent [ ]

To a moderate extent [ ]

To a great extent

To a little extent
20. To what extent does the Ministry of Health concentrate on creating awareness on the following behavioral factors in its fight against non-communicable diseases in Kenya? Rate on a scale of 1 to 5 where 1 = no extent, 2 = little extent, 3 = moderate extent, 4 = great extent and 5 is to a very great extent.

<table>
<thead>
<tr>
<th>Behavioral factors</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco use</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Unhealthy diet</td>
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<tr>
<td>Insufficient physical activity</td>
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<td></td>
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<td></td>
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<tr>
<td>The harmful use of alcohol</td>
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<tr>
<td>Others (Specify..........................)</td>
<td></td>
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</table>

21. What is the effectiveness of awareness creation as an organizational response on the fight against non-communicable diseases in Kenya?

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22. Give any other information with regard to organizational responses adopted by the Ministry of Health to non-communicable diseases.

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THANK YOU!!