

**DETERMINATION OF THE EFFECTIVENESS OF STRATEGIES USED
BY HEALTH NON-GOVERNMENTAL ORGANIZATIONS TO PROVIDE
QUALITY SERVICES IN NAIROBI CITY COUNTY, KENYA**

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DECLARATION

This research Project is my original work and has not been submitted for any award in any university.

Sign.....Date.....

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D61/67786/2011

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

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DEDICATION

This research project is dedicated to the health NGOs sector in Kenya that aim to improve the quality of life of the Kenyan people.

ACKNOWLEDGEMENT

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ABSTRACT

In a dynamic environment, organizational success can be determined by strategies the Organizations use to cope with the competitive environment. This means that organizations must understand how changes in their environment are unfolding in order to adopt effective strategies for quality service provision. The new strategies provide organizations with an opportunity to attract and retain clients in a competitive environment. This study focused on the factors that influence client satisfaction in health NGOs, focusing on employees' capacity, use of technology in health NGOs, psycho social support in service provision and responsiveness of staff, organizational culture. The objective of the study was to determine the effectiveness of strategies used by health non-governmental organizations to provide quality services in Nairobi, Kenya. The research design adopted was a cross sectional survey. The population of the study was 421 health NGOs situated in Nairobi City County. The study also used systematic sampling in which the researcher picked a sample of every 10th NGO ending up with 42 organizations. The study used primary data which was collected using drop and pick later questionnaires. Data was analysed using statistical package for social sciences based on the questionnaires. In particular, the descriptive analysis involved use of mean and standard deviations. The study established that NGOs that have employed technology to deliver services and increase the level of customer service are able to adjust the mode of service delivery to meet the customer expectation. Adoption of current technology has also helped in development of a system that allows all caregivers to have access to relevant information as soon as it is available. The study also established that the adoption of different communication channels has led to increased access to treatment, participation in preventive measures and also enhanced the ability for health professionals to meet their ethical obligations. The study established that buying and employing more modern equipment, health facilities and services strategically located, Organization practices to develop nursing empathy were necessary ingredients for quality service provision by health NGOs in Nairobi City County, Kenya.

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CHAPTER ONE: INTRODUCTION

1.1 Background of the study

Globalization and its forces have also led to increased awareness and made customers to put pressure for better value products and services thus necessitating development of service quality strategies through the understanding of quality as perceived by the consumers of the services and products. Some organizations deal with tangible products, others deal with services while others deal with both. Whether the ultimate product is a physical product, a service or both, its quality is a critical measure of organizational performance and achievement of its strategic objectives, (Kotler, 2003). Organizations that have goods and services perceived as being of high quality typically enhances customer retention rate, helps attract new customers through word of mouth advertising, increases productivity, leads to higher market shares, lowers staff turnover and operating cost and improves employee morale, financial performance and profitability (Smith *et al.*, 2006).

Organizations worldwide have heard the promise of performance excellence through quality and have responded by making quality a predominant strategy (Stafford, 2006). Health NGOs all over the world are facing difficult challenges. The public's expectation of them continues to rise. Yet as a result of fiscal constraints, often created by worsening economic conditions, they are expected to provide more, higher quality health services with fewer resources. NGOs and their managers are confronted with these realities. The challenge is to continue to maintain or improve the quality of the care provided and maintain, or even expand, the comprehensiveness of health service coverage, while introducing changes in care delivery or service mix necessitated by reduced budgets. The non-governmental health sector contributes substantially to the overall availability of health services in Kenya (Akumu, 2002). While in general all NGOs have nothing but good intentions, at times they do not have enough information, funding, flexibility or self-awareness to make the positive impact they intend. NGOs tend to have short-term time Tables, and therefore they can sometimes spend as much time becoming introduced to a community and then down-scaling their project before leaving as they spend implementing their work in full

force. Additionally, NGOs tend to come from outside the community they interact with. At its most simplistic level, this means that a group of people is working in a nation that they have little to no direct responsibilities to, which can heavily influence the actions an NGO decides to take; a misunderstanding of cultural norms could result in an NGO taking a misdirected approach when trying to help out with a specific problem.

1.1.1 The Concept of Strategy

Hiksen *et al.*, (2006) defines strategy as the decisions which are related to the long term performance and progress of the organization. Strategy is a combination of the set of decisions and actions which are viewed in the form of strategy formulation, implementation and control of plans designed to achieve a corporation's vision, mission and long term performance of the organization. Strategy is determination of the basic long term goals, objects and performance of the organization and taking actions, decisions and allocation of the resources essential to carryout goals of the organizations (Hax and Majluf, 2006).Johnson and Scholes (2002) have also defined strategy as "the direction and scope of an organization over the long-term; which achieves advantage for the organization through its configuration of resources within a challenging environment, to meet the needs of markets and to fulfil stakeholder expectations".

They conclude that strategy can be seen as the matching of the resources and activities of an organization to the environment in which it operates. This is sometimes known as search for strategic fit. The concept of strategy is therefore built around winning. Strategy helps to achieve success whether in business or otherwise, success in this context refers to the realization of objectives that are desired. Effective strategy is formulated around four factors. These are, the goals and objectives are simple, consistent and relate to the long term, there is profound understanding of the competitive environment, there is an objective appraisal of the resources available and that there is effective implementation (Ennew and Waite, 2007).

Strategy is the match between an organization's resources and skills and the environmental opportunities as well as the risks it faces and the purposes it wishes to

accomplish (Hofer and Schendel, 2009). It is meant to provide guidance and direction for the activities and direction of the organization. Since strategic decisions influence the way organizations respond to their environment, the purpose of strategy is to provide directional cues to the organization that permit it to achieve its objectives while responding to the opportunities and threats in the environment.

1.1.2 Quality of Service

Schneider and White (2004), define service quality as customers' assessment on the overall excellence or superiority of the services provided. Nejati, *et al.*, (2009) defined service quality as "the extent to which the service, the service process and the service organization can satisfy the expectations of the user". Gronroos, (1978) suggests that service quality is built of two components-technical quality and functional quality. Bakar *et al.*, (2008) offered a two-way approach to understanding the dimensions of service quality in healthcare. They distinguished between clinical quality and service quality. The former refers to activities of the healthcare process such as surgical skill, sufficient drugs, logistics and other factors that translate into better outcome. The latter on the other hand denote the multifactorial indicators of patients' experiences such as hospital comfort, support from providers, waiting time, appointment and visits and the physical environment of the facility. According to Ancarani and Capaldo (2001), control of service is an increasing prevalent trend in the context of public management. In most services, quality occurs during service delivery, usually in an interaction between the customer and contact personnel of the service firms. For this reason, Zeithaml *et al.*, (1988), posit that service quality is highly dependent on the performance of employees, an organizational resource that cannot be controlled to the degree that components of tangible good can be engineered.

Bitrana and Lojo (2003) argue that the quality of service depends not only on offering products that meet consumers' needs and delivering them efficiently, but also on creating an atmosphere and overall experience that is satisfying. Therefore, service quality is important no matter what market segment is targeted. Service quality determines the rate of customer satisfaction, customer loyalty and ultimately, the competitive advantage of an organization. Service quality is so important that

companies have gone to great efforts to evaluate and keep records of quality levels. It is essential to determine how to achieve high service quality and how to communicate its benefits. Service quality has been increasingly recognized as a critical factor in the success of any business, and effectiveness of customer satisfaction is attainable only after delivering the answers customers are seeking (Anderson, Fornell and Lehman, 2004). The structure of the delivery system (such as its funding level, the types and mix of health care workers, the types of equipment available and managerial expertise) can play a role in the quality of care delivered. However, a good structure alone does not ensure quality care. Structure is easiest to measure; so many early attempts to improve quality relied heavily on assessing the adequacy of structure to meet the mandates of the organization. The process by which care is delivered is also important, although a good process may not always lead to high quality outcomes.

1.1.3 The NGO Sector in Kenya

Kenya has a pluralistic health system. Health services are provided by the government and a host of non-governmental providers which includes religious organizations, the for-profit private sector, pharmacies/chemists, traditional healers and community health workers. From the late 1980s, the country has witnessed unprecedented rise in number and activities of these types of organizations. The growth rose in tandem with the deepening of the crisis of the 'developmental state'. The capacity of the Kenyan state to provide development was on decline. Its vision for national development was also blurred and animated by competing neo-patrimonial interests. Opening of political space through political and economic liberalization in the 1990s also contributed to the growth of many organizations that sought to facilitate democratization and good governance (Kanyinga, 2004).

The NGO sector in Kenya has made enormous contributions to the development process. NGOs are in all development sectors of the economy providing basic services that include education, economic employment, environment and natural resource conservation, agriculture, health, training and credit facilities, technical co-operation, training and awareness. Kamari-Mbote (2002) reported that NGOs agenda and existence has been multifaceted and the following specific societal changes have

spurred the formation, growth and development of NGOs; worldwide economic recessions, emergence of new diseases, recurrence of armed conflict, environmental degradation and climate change and dwindling job opportunities due to population explosion.

1.1.4 Health NGO's in Nairobi City County, Kenya

Nairobi is one of the 'capitals' of the international community and international and local Non-Governmental Organizations (NGOs) worldwide. Probably no other city hosts so many organizations that are operating within humanitarian agendas, such as relief work, slum upgrading, community services, schooling, employment, empowerment and emancipation, environmental preservation or refugee activities (Bowman, 2007). These organizations are playing a fundamental role in the economic development of the country. For instance, since the enactment of the NGO Act, Kenya has experienced a general increase in the economic importance of NGOs as providers of health, educational, food, social, and environmental services. There are 1425 registered NGO'S in Nairobi according to the NGO council of Kenya (2011). Out of these 421 are offering health services.

The NGOs play a significant role in providing health services in Kenya as measured by the number of health facilities NGOs run, the utilization of NGO services and financing. However, the role of NGOs is larger in Kenya. These may be explained by a number of historical, political and socio-economic factors. For instance, nearly all the NGO health services in Kenya are religious-based which emanates from the history of missionary' colonization in the country (Gilson et al., 1994). Given their large participation, it is clear NGOs cannot be ignored in efforts to decentralize the healthcare system.

1.2 Research Problem

Most modern organizations have to cope with new or intensified challenges in their environment which includes increased customer influence, intensified competition, shortened product life cycles, continuous and accelerated technological change

(Hammer and Champy, 2003). These challenges have created new levels of dynamics and complexity, both in profit and not-for-profit organizations, the difference being the time it takes for an organization to be held accountable for not responding to the challenges. Quality is such an important aspect that it is considered a really major concept in our real life. It is considered as a strategic weapon and the vital need of increasing service organizations and advancing their services necessitates the measuring of service quality. The peer competitions have made the hospitals to provide superior services in order to retain in the competitive environment. Hospitals provide the various types of services but with different quality if the therefore quality can be considered as one of the important as one of the important strategy to create the competitive advantage. Mohamed and Shirley (2010) emphasized that NGOs have to care about the quality of their services since this quality is considered core of strategic competition. HealthCare consumers are increasingly becoming aware of their right to quality healthcare. Many health sector stakeholders, government agencies/institutions and healthcare consumers are now emphasizing service quality delivery a mechanism to avoid adverse treatment outcomes and to meet consumer demand and value for money (Smith *et al.*, 2006).

Chew and Osborne (2009) in their study advocates the need for charitable and non-charitable organizations to enter into strategic partnership with other organizations to leverage its competitiveness, identify central direction for the organization's core positioning strategy and pursue the same, target primary target audience (users/beneficiaries) and guides the development of its positioning dimensions. Moreover, it was found that the strategic positions of the parent charities were anchored in their charitable missions, helping them avoid mission drift as they embarked on increasing levels of commercially orientated activities. Locally, a study by Ong'ondo (2013) who researched on the effect of capacity management strategies on service quality in Safaricom limited retail outlets. The findings of the study was that implementation of capacity management strategies by Safaricom limited at its various retail outlets throughout Kenya enhanced the provider's quality of service provision. (Gatimu (2012) undertook a study on implementation of Quality Management Strategies in HIV/AIDS CD4Testing Laboratories in Nairobi City

County, Kenya and established that a large number of HIV CD4 testing laboratories have not implemented HIV/AIDS CD4 testing IQC and EQA quality management strategies. This non-adherence to good quality management procedures means poor quality and unreliable results. Arising from the above it is evident little if anything has been done on the strategies used by NGOs to provide quality health services. This study therefore seeks to determine the effectiveness of strategies used by health NGOs to provide quality service. This study is guided by the question; how effective are the strategies used by health NGOs to provide quality service?

1.3 Research Objective

- i) To determine the strategies adopted to improve quality health care provision by NGO's in Nairobi City County, Kenya
- ii) To establish the effectiveness of strategies used by health NGO's to provide quality service

1.4 Value of the Study

The study will be of value to the management of NGOs as they will potentially identify a number of basic elements, from the study's findings, that are necessary to boosting the corporate image in the provision of quality service to their customers and general public. Secondly, the community members who readily access the facility will benefit from revised ways of operations that add quality at each stage of the service.

The findings of this study will benefit other health institutions by providing valuable insight on the effective strategies that can be adopted in order to provide quality services to their customers. The government and regulators will also find invaluable information on the strategies to be adopted in order to improve the quality of services in public hospitals and as a result put in place policies that will guide and encourage other firms within and without the industry in adopting policies that would ensure quality service provision. The recommendations of this study shall form part of the action plans that will help in enhancing good service delivery at Kenya's public

organizations. This is because management will be able to make informed decisions on issues of manpower development and quality of service delivered.

The findings of this study are expected to contribute to research and practice, by elaborating the relationships among strategies adopted and quality of service. Practitioners, on the other hand, can benefit from the insights into the effectiveness of strategies and firm quality service. This study is expected to increase body of knowledge of the scholars on service delivery and especially make them in touch with the strategies that affect the quality of services offered by health organizations.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter is focused on the review of literature related to the topic of study. This encompasses an overview of theoretical foundation of the study, the service quality in health sector, the strategies adopted to improve the quality of health and finally the chapter ends with the analysis of the effectiveness of strategies used to provide quality of service in the health industry.

2.2 Theoretical foundations of the study

This section reviews the theories that the study is anchored in explaining motivations and necessary strategies adopted by the health sector NGOs. Although these theories were mostly developed with companies in mind, they were equally applicable to relationships with other organizations, such as NGOs (Ebrahim, 2003). The theories covered in this section include the consistency, assimilation, contrast and gap theory.

Consistency theories suggest that when the expectations and the actual product performance do not match the consumer will feel some degree of tension. In order to relieve this tension the consumer will make adjustments either in expectations or in the perceptions of the product's actual performance.

Assimilation theory is based on Festinger's (1957) dissonance theory. According to Anderson (2003), consumers seek to avoid dissonance by adjusting perceptions about a given product to bring it more in line with expectations. Consumers can also reduce the tension resulting from a discrepancy between expectations and product performance either by distorting expectations so that they coincide with perceived product performance or by raising the level of satisfaction and minimizing the relative importance of the disconfirmation experienced. This theory suggests that if performance is within a customer's latitude (range) of acceptance, even though it may fall short of expectation, the discrepancy will be disregarded – assimilation will operate and the performance will be deemed as acceptable. If performance falls within

the latitude of rejection, contrast will prevail and the difference will be exaggerated, the produce/service deemed unacceptable (Hui1, Chern, and Othman, 2011).

Dawes *et al.*, (2002) define contrast theory as the tendency to magnify the discrepancy between one's own attitudes and the attitudes represented by opinion statements. Contrast theory presents an alternative view of the consumer post-usage evaluation process than was presented in assimilation theory. It states that post-usage evaluations lead to results in opposite predictions for the effects of expectations on satisfaction. While assimilation theory posits that consumers will seek to minimize the discrepancy between expectation and performance, contrast theory holds that a surprise effect occur leading to the discrepancy being magnified or exaggerated (Jamal and Naser, 2002). According to the contrast theory, any discrepancy of experience from expectations will be exaggerated in the direction of discrepancy. If the firm raises expectations in his advertising, and then a customer's experience is only slightly less than that promised, the product/service would be rejected as totally un-satisfactory. Conversely, under-promising in advertising and over-delivering will cause positive disconfirmation also to be exaggerated (Ifinedo, 2006).

According to Brown and Bond (2005), "The gap model is one of the best received and most heuristically valuable contributions to the services literature". Gap analyses were used to identify the causes of service quality shortfalls in each or all of the dimensions. Customers build an expectation of the service to be received depending on four factors. Gap theory contends that the size of the gap between what a customer expects and what they receive is the key determinant of customer satisfaction (Jain and Gupta, 2004). Therefore, those internal service providers that are best able to match customer expectations with the actual service provided will enjoy higher levels of perceived service quality and internal customer satisfaction, and this in turn can increase the profit of an organization. Cronin and Taylor (2002) noted that even if service quality is the gap between expectation and performance; service quality should be conceived as customers' attitude towards the service. They argued that conceptualizing service quality as an attitude makes it practicable for service quality to be measured by evaluating the importance of the specific aspects of a service that are relevant to customers' perception of service quality or by evaluating customers perceived performance about specific facet of a service.

2.3 Service Quality in Health Sector

The SERVQUAL instrument developed by Parasuraman et al. (1985) comprised of 22-items representing five dimensions had been widely used in health care to measure the service quality and in health care literature. According to Brawley (2003) for the client the most important dimensions of quality are technical competence, interpersonal relations, accessibility, and amenities. The interaction between the provider and the client comprises the category of interpersonal relations. 'SERVQUAL' is considered the most reliable and valid measurement of perceived service quality (Kilbourne et al., 2004).

Zeithaml (1990) states that service quality are the consumer's judgment about an entity's overall excellence or superiority. It is a form of attitude and results from the comparison of expectations to perceptions of service received. Bitrana and Lojo (2003) argue that the quality of service depends not only on offering products that meet consumers' needs and delivering them efficiently, but also on creating an atmosphere and overall experience that is satisfying. Therefore, service quality is important no matter what market segment is targeted. Achieving and maintaining customer perceived service quality is an essential strategy in today's competitive environment. The measurement of perceived service quality is common place in service industries today since it is fundamental for the long term survival of service providers.

In healthcare organizations, service quality and patients satisfaction is getting considerable attentions and this issue is key in their strategic planning process. Patients' perceptions about the services provided by particular health care organizations affects the image and profitability of the hospital and also significantly affects the patient behaviour in terms of their loyalty and word-of-mouth (Andaleeb, 2001). Moreover, increased patients expectations about the service quality had realized the healthcare service providers, to identify the key determinants that are necessary to improve healthcare services that causes patients satisfaction and it also helps the service providers to reduce time and money involved in handling patient's

complaints (Pakdil and Harwood, 2005). In the healthcare industry, service quality has become an imperative in providing patient satisfaction because delivering quality service directly affects the customer satisfaction, loyalty and financial profitability of service businesses. In healthcare, service quality can be broken down into two quality dimensions: technical quality and functional quality (Dean and Lang, 2008). While technical quality in the health care sector is defined primarily on the basis of the technical accuracy of the medical diagnoses and procedures or the conformance to professional specifications, functional quality refers to the manner in which the health care service is delivered to the patients.

2.4 Strategies Adopted to improve Quality of Health

Effectiveness of a firm is determined by the way it delivers customer service. Quality of service is very important especially for the growth and development of service sector business enterprises. The improvement of health services quality necessitates the adoption of strategies that includes hiring of employees with capacity, technology, psycho-social support, responsiveness and culture.

2.4.1 Employees' Capacity

Zeithaml, Parasuraman and Berry (1990) indicate that one of the prime causes of poor performance by service firms is lack of knowledge by these firms of their customer expectation. In case of services, loyalty can only be placed with the provider of the service rather than the service itself. Hogg and Gabbot (1998) observe that individual loyalty is built up from a series of successful service encounters with the same provider. Aggregating consumers with successful encounters build the reputation of the service provider. Evidently the continued relationship also produces a sense of ownership over the service with consumers referring to "my surveyor", "my accountant" or "my doctor". Guarantees provide an important part in providing customer security.

Highly skilled physicians, nurses, administrators, and ancillary staff are critical to producing high-quality outcomes and effective quality improvement hence hospital growth (Argote, 2000).

Palmer (2001) presents the case that assurance is associated with competence, courtesy, credibility and security. Hospitals quality of service often fails because of the sum total of seemingly inconsequential events arising from employees lack of capacity as in itself service delivery requires specific skill levels and experience which must be continuously learned (Cohen and Levinthal, 2001). According to Markgraf (2002), one of the keys to small business success is making sure that the customer gets that which he expected when he purchased the product or service and which he paid for. Ensuring that he gets this level of service has three different parts' to start with; it has to be clear what level of quality the customer expects. There is need for selective hiring of qualified staff. Successful recruitment and retention of staff is tied to empowerment of staff that must be treated as full partners in the hospital operation and given opportunities for advancement (Brown and Duguid, 2003). The hospitals need to place great emphasis on recruiting and retaining top-level physicians and nurses, accompanied by an effort to encourage these professionals to form working teams, including case managers, pharmacists, social workers, and others, to promote quality (Brown and Duguid, 2003).

Moreover, Zineldin (2006) defines assurance as knowledge and courtesy of employees and their ability to convey trust and confidence. To facilitate service quality and growth, hospitals must implement effective human resource strategies involving selective hiring, and retention of physicians and nurses, monitoring of doctors on staff (or with privileges) and ensuring that they must continue to meet certain performance and practice standards to retain credentials. To improve efficiency in service delivery, hospitals must build the capacity to attract and employ an adequate number of high-quality nurses.

2.4.2 Technology

Technology for harnessing of Information and data play a critical role in the quality service delivery in hospitals (Allen, 2001). Nerenz and Neil (2001) recommends the kinds of quality-related Information Technology investments that the hospitals need to make include: Moving to a paperless system that provides information at the right time (electronic medical records, e-hospital notes with input at bedside); Moving toward bar-coded medications and automatic dispensing; Coordinating patient

admissions with bed capacity, immediate tracking of filled beds and daily changes in nursing needs (MacAuley, 2001). This is not a one-time process, but one that must engage clinicians and administrators to adapt and refine systems over time. A proprietary information system that shapes the culture, patient mix, and staffing of the hospital and engaging physicians and nurses in developing or adapting information technology serves to ensure that the resulting system meets the needs of clinicians (Blas, and Limbambala 2001). Investments in Technology that facilitate service assessment and improvement process is essential. The hospital must show four main commitments: a willingness to invest in information technology; investments in information technology and in quality insurance departments with qualified staff that abstract medical records, analyse data, and facilitate the quality insurance process (Cibulskis and Hiawalyer, 2002). Successful technology strategy that needs to be employed by hospitals and this must involve four main commitments: a willingness to invest in information technology, working with physicians and others to customize an information system to meet specific needs and culture of the institution; nurturing and encouraging buy-in so new systems will be utilized and their benefits will be realized and devising information technology systems that provide real-time feedback to providers as they are caring for patients. The main ingredients of a real-time system involve its timeliness.

Hospitals want to develop a system that allows all caregivers to have access to relevant information as soon as it is available. To that end, the hospitals have or are adopting applications that do the following: Reduce time lags in getting laboratory and imaging results. Whether an information system is completely home-grown or purchased off the shelf, information technology must be customized to incorporate and meet the particular needs and circumstances of the hospital (Sun and Shibo, 2005). It also encourages buy-in, and helps create information technology champions among the staff, who then teach and encourage their colleagues to use the new system.

Hospitals need to develop a system that allows all caregivers to have access to relevant information as soon as it is available. To that end, the hospitals have or are adopting applications that do the following: reduce time lags in getting laboratory and imaging results; deliver information on test results, history, health status while

providers are treating patients so that treatment decisions can be made based on the latest information; and making user-friendly guidelines and recommendations readily accessible to physicians, based on the latest medical research on specific conditions, procedures, medications, hospitals places much emphasis on getting the right information to the right people at the right time, resulting in demonstrable quality improvements. The quality and timing of information should be tailored to the needs of decision makers. Information should not just include current and historic data, but also include projections for the future (Rust and Tuck, 2006).

2.4.3 Psycho-social support in service provision

According to Hogg and Gabbot (1998), service customization is often presented as a positive product attribute although the act of customizing a service presents consumers with a number of challenges. There is compelling evidence that communication challenges have an adverse effect on initial access to health services. These challenges are not limited to encounters with physicians and hospital care. Patients face significant barriers to health promotion and disease prevention programs: there is also evidence that they face significant barriers to first contact with a variety of providers ((Brown and Duguid, 2003). Furthermore, there is evidence that communication challenges may result in increased use of expensive diagnostic tests, increased use of emergency services and decreased use of primary care services, and poor or no patient follow-up when such follow-up is indicated (Irving and Dickson, 2004).

Payne (2006) indicates that communication challenges have a negative impact on: access to treatment, participation in preventive measures, ability to obtain consent, ability for health professionals to meet their ethical obligations, quality of care, including, hospital admissions, diagnostic testing, medical errors, patient follow-up, quality of mental health care and patient safety. Nitecki (2007) defines empathy as the caring, individualized attention the firm provides its customers. It is easy access, good communication and customer understanding. In order to impose customization upon a service product the customer must have a degree of product knowledge to know how much customization is required to meet their demands. Duggirala *et al.*, (2008), stressed that quality costs in service organizations depend on employee-customer

interaction, which means appraisal costs tend to account for a higher percentage of total quality costs than in manufacturing. In addition, internal failure costs tend to be much lower in manufacturing than service organization with high customer contact, which have little opportunity to correct an error before it reaches the customer. By that time, the error becomes an external failure.

Communication is the most important aspect of the service delivery as communication with patients is vital to delivering service satisfaction because when hospital staff takes the time to answer questions of concern to patients, it can alleviate many feelings of uncertainty. In addition, when the medical tests and the nature of the treatment are clearly explained, it can alleviate their sense of vulnerability. This component of service is valued highly as reflected in the in-depth interviews and influences patient satisfaction levels significantly.

The research indicates that there is a general pattern of lower use of many preventive and screening programs by those facing language barriers. Higher use has been reported for some emergency department services, and for additional tests ordered to compensate for inadequate communication.

2.4.4 Responsiveness of staff in service provision

According to Otautahi (1996), responsiveness is the second factor behind reliability in terms of importance to the provision of quality service. Employees should be willing and able to deliver timely and substantive response to inquiries and complains of customers. Service recovery and problem solving have long been recognized as important parts of service quality. The relative importance of timely versus substantive response (e.g. decision convenience, access convenience, and benefit convenience) differs between the social classes of customers. Such differences arise as a result of the relative value with which time is regarded in each of these social classes. Responsiveness is associated with promptness and helpfulness. An important aspect of service responsiveness is promptness of service, which brings time into the picture. Hogg and Gabbot (1998), state that services as a product class is particularly time sensitive both in their production and consumption and can even be classified by time. They add that individuals may not have a choice about when to consume the

service or how long it will take; therefore it will be difficult for a consumer to allocate time to the service. Considerable dissatisfaction with services can be traced to the unpredictability of the time taken to deliver a service. Services which require a fast cycle to deliver and end up being a slow service during delivery are at the greater risk of time prompted dissatisfaction. Ohaga (1999) showed that the disconfirmation of wait time expectations had the strongest relationship to acceptability of the waiting time. Weinstein and Johnson (1999) define responsiveness as willingness/readiness to provide service. It could be that customers go to hospitals knowing that they have to wait. More important is that they have in mind a certain duration. Services are produced in real time. If service fails, it is not possible to restore that time. For example if a teacher does not turn up for a class, that time is lost. Accordingly, some organizations now offer time guarantees.

According to Berry et al (2002), customers in the higher social class mostly characterize time as a limited and scarce resource; the term saving time implies reallocating time across activities to achieve greater efficiency. Time is considered as “money” and tries to use it as efficiently with a focus on the present. The goal is to strive towards completion without detailed scheduling. Thus, merely responding to a customer inquiry or satisfactorily resolving a customer’s complaint – a goal that is generally regarded as sufficient in its own end – tends to fall short of meeting customers’ expectation of quality service unless it’s addressed and resolved swiftly.

2.4.5 Corporate / Organizational Culture

Corporate culture has been an important theme in management and business research for the past few decades due to its potential to affect a range of organizationally and individually desired outcomes such as commitment, loyalty, turnover intent, and satisfaction. Robinson, (2000) observed that every organization has its own culture and that an ordinary organizational culture is similar to an individual’s personality. He suggests seven primary characteristics of an organization’s culture which include, innovation and risk taking, attention to detail, outcome orientation, people orientation, team orientation, aggressiveness and stability. These are great organizational attributes of culture that if embraced, the productivity of an organization. In performance,

competence, competitiveness, innovation, quality, customer service, team work, care and consideration for people.

There is also a consensus that corporate culture is a management philosophy and a way of managing organizations to improve their overall effectiveness and performance. This is very true since in today's business environment corporate culture is used as a powerful tool to quantify the way a business functions. In the organizational behaviour literature, corporate culture has been defined in many ways by various authors and researchers. However, many would agree that corporate culture can be referred to as a set of values, beliefs and behaviour patterns that form the core identity of organizations and that help in shaping their employees' behaviour. Corporate culture is just not any thoughts, values, and actions, but rather the unifying patterns that are shared, learnt, aggregated at the group level, and internalized only by organizational members (Stephen, 2007).

Norms are the unwritten rules of behaviour, the 'rules of the game' that provide informal guidelines on how to behave. Norms tell people what they are supposed to be doing, saying, believing, and even wearing. Norms refer to aspects of behaviour such as, how managers treat their team members, ambition, prevailing work ethics, power, performance, status, politics, loyalty, and approachability.

2.5 Effectiveness of strategies used to provide quality service

Different strategies have been formulated by organizations in different sectors in order to ensure that they attract and retain their customer and the key of it is to increase the service quality level. In the health sector, patients perceive very little difference in the services offered by hospitals as any new offering is quickly matched by competitors. Parasuraman *et al.*, (1985) noted that the key strategy for the success and survival of any business institution is the deliverance of quality services to customers.

Berry and Parasuraman (1992) posits that in order to exceed customer expectation, companies need to present a realistic picture of their service to customers by checking the promotional messages for accuracy, performing the service right to customers by

stressing to employees to provide reliable service, effectively communicating with customer to ascertain their needs by using the service delivery process as an opportunity to impress on customers and also continuously evaluating and improving their performance against customer expectations. Service operations and improvement strategies in enterprises are essentially complex analytical processes. Vandamme and Leunis (1993) measured service quality in a public hospital in Belgium and found that the most important dimensions explaining overall service quality included tangibility and assurance. Sohail (2003) assesses the quality of services provided by private hospitals in Malaysia and the study revealed that patients' expectations with regard to modern equipment, the visual appearance of facilities, and professional appearance were relatively low but their perceived performance were higher for all of these variables. Boshoff and Gray (2004) investigated the relationship between service quality, customer satisfaction and loyalty (as measured by purchasing intentions) among patients in the private health care industry in South Africa. The study revealed that the service quality dimensions of nursing staff empathy, assurance and tangibles, impact positively on patients' loyalty. Satisfaction with the cleanliness of the hospital and the ward, neatness of the buildings, décor in the wards and appearance of the nursing staff will impact on loyalty. In this study, the importance of the cleanliness of the hospital was confirmed.

With competitive pressures and the increasing necessity to deliver patient satisfaction, the elements of quality control, quality of service, and effectiveness of medical treatment have become vitally important (Friedenberg, 2007). Although the published literature contains many references to quality and customer perceptions of the medical profession from a clinical perspective, very little research has been conducted into non-clinical aspects of the quality of medical care.

Service quality has been increasingly recognized as a critical factor in the success of any business, and effectiveness of customer satisfaction is attainable only after delivering the answers customers are seeking (Magaud, 2007). The quality of services offered will determine patients' satisfaction and attitudinal loyalty (Ravichandran et al., 2010). Employees perceive services in terms of its quality and how satisfied they are overall with their experiences as thus; service quality is defined

as employee's perception of how well a service meets or exceeds their expectations. In context, perceptions of service encounters accumulate over time and an employee's relationship with an organization are a continuation of exchanges or interactions both past and present. When customers evaluate service, they compare their perceptions of the service they receive with their expectations. Employees are satisfied when the perceived service meets or exceeds their expectations. They are dissatisfied when they feel the service falls below their expectations.

In this current study, the overall expectations with regards to all items in the tangibly dimension were relatively high with the highest expectations for cleanliness of facilities and the general condition of equipment. It can be expected that the expectations and perceptions will differ between private and public hospitals.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

The chapter describes the proposed research design, the target population, data collection instruments and the techniques for data analysis.

3.2 Research Design

Research design is the plan and structure of investigation so conceived as to obtain answers to research questions. It expresses both the structure of the research problem and the plan of investigation used to obtain empirical evidence in relation to the problem.

The study adopted a cross sectional survey design. A cross sectional study looks at data collected across a whole population to provide a snapshot of that population at a single point in time. This kind of study was used to determine the effectiveness of different strategies used by health non-governmental organizations to ensure they attract and retain their customers through provision of quality services in Nairobi City County, Kenya. Descriptive design method provides quantitative data from a cross section of the chosen population. This design provided further insight into the research problem which looked at the different ways modern organizations have had to cope with the new and intensified challenges in the environment. These include increased customer influence, intensified competition and accelerated technological change. Quality is considered a major concept in real life and service organizations advancing their services necessitates the measuring of service quality.

3.3 Target Population

A population is the entire group of individuals, events or objects having common observable characteristics (Mugenda and Mugenda 1999). The population of the study consisted of all the health NGOs operating in Nairobi City County. As at the end of 2013 there were 421 health NGOs in Nairobi. NGOs play a significant role in providing health services in Kenya which is measured by the number of health

facilities they run. It is also clear that the health NGOs play a key role in the process of decentralization of services in the healthcare system. The selection of the health sector was necessitated by high strategic partnership with businesses in the sector and the push towards provision of quality service as quality is considered to be at the core of strategic competition. In the highly competitive environment, there has been a push towards NGOs delivering high quality services to its customers. All the organizations in the target population have their headquarters in Nairobi and thus it was relatively easy to for the researcher to collect adequate data for analysis.

3.4 Sampling Design

Sampling is the process of selecting a number of individuals for a study in such a way that the individuals selected represent the large group from which they were selected. The study used systematic sampling method to come up with a sample from the total population. Systematic sampling is a type of probability sampling method in which sample members from a larger population are selected according to fixed interval. This interval, called the sampling interval, is calculated by dividing the population size by the desired sample size. A major advantage of systematic sampling is that it is representative of a normal population, relatively easy to construct, execute, compare and understand. The entire population of 421 NGOs was arranged in alphabetic order then the researcher picked a sample in which every 10th event in the list was picked for the research and this resulted in a sample size of 41 NGO's being selected for the study (Appendix I).

3.5 Data Collection

The study used primary data collected through self-administered questionnaires. The questionnaires consisted of both open and closed ended questions designed to elicit specific responses for qualitative and quantitative analysis respectively. The questionnaire were administered through “drop and pick later” method. Respondents for the study were Technical Advisors or their acquaintance in the 41 health NGOs that were in the chosen sample list. The use of technical advisors as respondents was

key as some of the demographic areas covered were highest level of education and length of continuous service with the current health NGO.

3.6 Data Analysis

The data collected was analysed using descriptive statistics (measures of central tendency and measures of variations). Once the data had been collected, the questionnaires were edited for accuracy, consistency and completeness. However, before final analysis was performed, data was cleaned to eliminate discrepancies and thereafter, classified on the basis of similarity and consequently tabulated. The responses were be coded into numerical form to facilitate statistical analysis. Data was analysed using statistical package for social sciences based on the questionnaires. In particular, the descriptive analysis employed frequencies, Tables, and percentages were used to summarize the respondent answers.

CHAPTER FOUR: DATA ANALYSIS, RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents and discusses the analysis of the data collected from various respondents in the health NGO's operating in Nairobi. The data was interpreted according to the research questions and objectives. Data was analysed using descriptive statistics such as Tables and figures.

4.2 Response Rate

There was a high response rate of 93%. Out of the 42 targeted health NGO's, 39 technical advisors took part in the survey. They filled in and completed the questionnaires to the satisfaction of the research.

4.3 Demographics Analysis

The different demographic aspects considered in the study was the ownership of health NGO, highest level of education of the respondent staff, length of continuous service with the health NGO and period the health NGO has been operation in Kenya.

The study sought to look at the demographics of the sample as shown in Table 4.1:

Table 4.1 Demographic Analysis

		Frequency	Percentage
Ownership of the health NGO	Local	3	8%
	Foreign	5	13%
	Both local and foreign	29	73%
	Non Response	2	6%
Highest level of Education of the technical advisors	Post graduate level	22	56.4%
	University	17	43.6%
	Tertiary college	0	0%
	Secondary	0	0%
Length of continuous service with the current Health NGO	Less than 5 years	20	51%
	5-10 years	14	36%
	Over 10 years	5	13%
Length of operation in Kenya	Under 5 years	0	0%
	6-10 years	4	10%
	11-15 years	6	16%
	Over 15 years	29	74%

Source Author (2015)

As shown in Table 4.1, out of the 39 NGOs that took part in the exercise, only 3 were locally owned, 5 had foreign ownership, 29 had a mixed ownership of local and foreign and 2 were non-responsive on this question. We can therefore see majority of the health NGO's included in the survey were co-owned by locals and foreigners at (72%). In 22 of the NGOs, the highest level of education of the respondent was a post graduate education. This represents 56% of the total 39 organizations. The remaining 17 had university level education representing 44%. 20 of the organization's technical advisors had been serving at the current health NGO for less than 5 years. This represents 51% of the total number. Another 14 had been with their current NGOs for between five to ten years representing 36%. Only 5 had been with their current health NGO's for more than 10 years representing 13% of the total. Kenya has for years been home to many health NGOs for the much needed essential services. None of the organizations had been operational in Kenya for a period less than 5 years. 4 of the NGOs had been in Kenya for between 6-10 years representing 10%; another 6 had been operational in Kenya for a period of 11-15 years representing 16% and a majority had been in Kenya for over 15 years at a percentage of 74%.

4.4 Adoption of the strategy on management of service provision quality

37 the technical advisors from the 39 different health NGO's included in the survey said that their NGOs had developed a strategy on the management of service provision quality. This represents 95%. Only 2 had not adopted any strategies representing 5%.

4.5 Analysis of strategies adopted to improve the quality of healthcare provision

The different strategies to improve quality of healthcare provision considered by the study were ranking of the health NGOs in service delivery and factors affecting service delivery in health NGOs.

The study sought to look at the ranking of the health NGOs in Nairobi City County, Kenya in terms of the service delivery as shown in the Table 4.2:

Table 4.2 Ranking of health NGOs in service delivery

Opinion	Frequency	percentage
Far below customer expectation	1	3%
Fall short of customer expectation	2	5%
Met customer expectation	35	89%
Surpassed customer expectation	1	3%
Total	39	100%

Source Author (2015)

As shown in Table 4.2, when asked to rank their respective health NGOs in terms of service delivery, 89% of the technical advisors interviewed felt that the health NGOs they worked with met their customers' expectations in service delivery. Only 3% felt that they fell way below customer expectation.

The study sought to look at the factors affecting the kind of service delivery in the health NGOs in Nairobi these were employee capacity, adoption of technology,

psycho-social support in service provision and organizational culture. The respondents answered as shown in the Table 4.3:

Table 4.3 Factors affecting the kind of service delivery in the health NGOs in Nairobi

Factor	Rating				
	Most common challenge	More common challenge	Common challenge	Less common challenge	Least common challenge
A lack of employee capacity to handle the challenge	10%	28%	4%	10%	48%
Application of inappropriate technology	13%	13%	31%	21%	23%
A lack of psycho-social support in service provision	3%	5%	18%	36%	33%
The rate of responsiveness of staff in service provision	5%	10%	8%	41%	36%
Inappropriate corporate culture	15%	21%		33%	31%

Source Author (2015)

As shown in Table 4.3 above, the responses of the different technical advisors interviewed on their opinion as whether the factors listed affected the kind of service delivery. These factors vary from employee capacity, inappropriate technology, lack of psycho-social support, responsiveness of staff in service provision and inappropriate corporate culture. With respect to lack of staff capacity to handle challenges the respondents answered as follows; 10% said it is the most common challenge; 28% said it was a more common challenge; 4% said it is a common challenge; 10% said it is a less common challenge and a majority with 48% feeling that it's a least common problem.

Probed further on the strategies adopted to improve different aspects of employee capacity affect service delivery, the results are shown in Table 4.4:

Table 4.4 Strategies to Improve Employee Capacity

Factor	Rating				
	Not at all	Small extent	Moderate extent	Great extent	Very great extent
Continuous Training	2.6	2.6	28.2	43.6	23.1
Enhanced employee capacity	7.7	10.3	33.3	30.8	17.9
Recruit highly skilled staff	2.6	0	23	43.6	30.8

Source Author (2015)

As shown in Table 4.4 above, the health NGO has continuously trained its staff to increase their competency to meet customer expectation. The continuous training has seen a remarkable improvement in employee capacity as we can see below that only 5.2% felt this has had no effect or only to as small extent. The majority felt there was an improvement ranging from Moderate to very great extent. Individual customer loyalty has improved due to the enhancement of employee's capacity to handle varied types of clients. Only 20% felt that the enhanced employee capacity has translated into an individual customer loyalty. We can see that a majority was positive ranging from moderate to a very great extent. The health organizations has endeavoured to recruit highly skilled physicians, nurses, administrators and ancillary staff who are critical to producing high-quality outcomes and effective quality improvement. The health NGO has adopted an effective human resource strategy that involves selective hiring and retention of physicians and nurses, monitoring of doctors on duty and ensuring that they continue to meet certain performance and practice standards to retain credentials.

The study sought to look at adoption of technology as shown in the Table 4.5:

Table 4.5 Adoption of technology

Factor	Rating				
	Not at all	Small extent	Moderate extent	Great extent	Very great extent
Technology to deliver services	0	15	28	26	31
Technology in service assessment and improvement	12.8	15.4	23.1	30.8	17.9
Access to relevant information	2.6	7.7	15.4	56.4	17.9
Quality and timely information for decision makers	7.7	12.8	17.9	30.8	30.8

Source Author (2015)

As shown in Table 4.5, investments in technology has facilitated service assessment and improvement process and therefore being able to adjust the mode of service delivery to meet the customer expectations. Adoption of current technology has helped in development of a system that allows all caregivers to have access to relevant information as soon as it is available and therefore adjust according to the demands of the customer. The information system developed allows quality and timely information that is tailored to the needs of decision makers. The information provision includes both current and historic data as well as projections for the future. The investments in technology has facilitated service assessment and improvement process and therefore being able to adjust the mode of service delivery to meet the customer expectations. Adoption of current technology has led to the development of a system that allows all caregivers to have access to relevant information as soon as it is available and therefore adjust accordingly to the demands of the customer. This

information system allows quality and timely information that is tailored to the needs of decision makers. The information provision includes both current and historic data as well as projections for the future.

The study sought to look at the role of psycho-social support in service provision as shown in the Table 4.6:

Table 4.6 Psycho-social support in service provision

Factor	Rating				
	Not at all	Small extent	Moderate extent	Great extent	Very great extent
Elaborate procedures for communicating	7.7	15.4	23.1	23.1	30.8
Adoption of different communication channels	0	7.7	15.4	41	35.9
Effective explanation of tests done	7.7	10.3	20.5	35.9	25.6
Adoption of proper communication	0	17.9	15.4	30.8	35.9

Source Author (2015)

As shown in Table 4.6 above, the adoption of different communication channels such as flyers, posters, mobile phones and electronic means has led to increased access to treatment, participation in preventive measures and also enhanced the ability for health professionals to meet their ethical obligations. The health NGOs have come up with elaborate procedure of communicating information to its customers and in so doing help management of diagnostic tests, increased use of emergency services and decreases use of primary care services and poor or no patient follow-up when needed. The health NGOs endeavor to explain effectively the medical tests and the nature of the treatment to be undertaken to the client and by so doing it helps in alleviating their vulnerability. Adoption of proper communication has helped in the increased uptake of preventive and screening programs by the customers due to the reduced language barriers.

The study sought to look at the role of organizational culture in service provision as shown in the Table 4.7:

Table 4.7 Organizational Culture

Factor	Rating				
	Not at all	Small extent	Moderate extent	Great extent	Very great extent
System that improves productivity	7.7	10.3	20.5	30.8	30.8
System that improves overall effectiveness and performance	2.6	5.1	20.5	51.3	20.5
Adopting the present day culture has led to improvements	5.1	10.3	33.3	38.4	12.8
Team members appreciation	0	10.3	23.1	43.5	23.1

Source Author (2015)

As shown in Table 4.7, organizations culture is geared towards embracing a management philosophy that will improve its overall effectiveness and performance. As a result of adopting the present day culture, the health NGO has registered an improvement in performance, competence, competitiveness, innovation, quality and customer service. The managers of the health NGO have made it a habit to appreciate the team members' ambitions, suggestion, and weaknesses and incorporate them in the organizations strategies.

4.6 Effectiveness of strategies used to provide quality service

The effectiveness of strategies used to provide quality service considered by the study were looking at the following aspects realistic picture of service to clients, buying and employing more modern equipment, health facilities and services strategically located, organization practices to develop nursing empathy and improvement of service quality control, quality of services and effectiveness of medical treatment.

The study sought to look at whether health NGO had presented a realistic picture of their service to clients by checking the promotional messages for accuracy, performing the service right to customers by stressing to employees to provide reliable service. The results as shown in the Table 4.8:

Table 4.8 Realistic picture of services to clients

	Frequency	Percent
Not at all	1	2.6%
Small extent	6	15.4%
Moderate extent	14	35.9%
Great extent	7	17.9%
Very great extent	11	28.2%
Total	39	100%

Source Author (2015)

As shown in Table 4.8, 2.6% responded not at all, 15.4% responded small extent, 35.9% responded moderate extent, 17.9% responded great extent and 28.2% responded very great extent. From the results, majority of the respondents felt that NGO had presented a realistic picture of their services to clients by checking the promotional messages for accuracy, performing the service right to customers by stressing upon employees to provide reliable service to moderate extent. Different strategies were employed to ensure customers got a realistic picture of the health services provided.

The study sought to look at whether the organization had bought and employed more modern equipment's and facilities that are able to serve more clients, the response was as shown in the Table 4.9:

Table 4.9 Buying and employing more modern equipment

	Frequency	Percent
Not at all	2	5.1%
Small extent	4	10.3%
Moderate extent	12	30.8%
Great extent	19	48.7%
Very great extent	2	5.1%
Total	39	100%

Source Author (2015)

As shown in Table 4.9 above, 5.1% responded not at all, 10.3% responded to small extent, 30.8% moderate extent, 48.7% responded to great extent and 5.1% responded very great extent. From the findings majority responded to great extent that their organization had bought and employs more modern equipment's and facilities that are able to serve more client.

The study sought to look at whether the organization health facilities and premises were strategically located. The respondents answered as shown in the Table 4.10:

Table 4.10 Health Facilities and services premises strategically located

	Frequency	Percent
Small extent	9	23.1%
Moderate extent	7	17.9%
Great extent	16	41%
Very great extent	5	12.8%
Non-Response	2	5.1%
Total	39	100%

Source Author (2015)

As shown in Table 4.10 above, 23.1% responded that having the health facilities and services strategically located affected customer satisfaction to a small extent, 17.9% responded moderate extent, 41% great extent and 12.8% very great extent. 5.1% did not respond to this question.

The study sought to look at the organization’s practices to develop nursing empathy. The respondents answered as shown in the Table 4.11:

Table 4.11 Organization’s practices to develop nursing empathy

	Frequency	Percent
Not at all	2	5.1%
Small extent	4	10.3%
Moderate extent	10	25.6%
Great extent	17	43.6%
Very great extent	6	15.4%
Total	39	100%

Source Author (2015)

As shown in Table 4.11 above, 5.1% responded that an organization’s practice to develop nursing empathy did not at all affect customer’s levels of satisfaction, 10.3% responded to a small extent, 25.6% responded to a moderate extent, 43.6% responded to a great extent and 15.4% responded to a very great extent. From the response it implies that it has become a practice to a great extent for organizations to develop nursing empathy, assurance and tangibles attributes than enhance customer level of satisfaction.

The study sought to look at the organization’s effort to improve service quality control, quality of service, and effectiveness of medical treatment. The results were as shown in the Table 4.12:

Table 4.12 Improve service quality control, quality of service, and effectiveness of medical treatment

	Frequency	Percent
Not at all	1	2.6%
Small extent	4	10.3%
Moderate extent	13	33.3%
Great extent	10	25.6%
Very great extent	11	28.2%
Total	39	100%

Source Author (2015)

From Table 4.12 above, 2.6% responded that improved service quality control, quality of service and effectiveness of medical treatment did not at all affect the levels of customer satisfaction, 10.3% responded to a small extent, 33.3% responded to a moderate extent, 25.6% responded to a great extent and 28.2% responded to a very great extent.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter looks at the different factors that affect customer satisfaction and the strategies adopted by the health NGO's as revealed by the findings in the previous chapter. Conclusions are drawn from these and recommendations given.

5.2 Summary of findings

The objective of the study was to determine the effectiveness of strategies used by health NGO's to provide quality services in Nairobi City County, Kenya. The research design adopted was a cross sectional survey. This study focused on the factors that influence client satisfaction in health NGOs, focusing on employees' capacity, and use of technology in health NGOs, psycho social support in service provision and responsiveness of staff, organizational culture. With regard to if the NGO has developed a strategy on the management of service provision to improve on quality, majority of the respondents agreed that their NGOs had developed a strategy on the management of service provision quality. Ranking the service delivery majority agreed that the delivered services met customer expectations. On the various factors that affect service delivery the responses reflected that lack of employee capacity to handle the challenge was least common challenge; Application of inappropriate technology was a common challenge; Lack of psycho-social support in service provision was less common challenge; The rate of responsiveness of staff in service provision was less common challenge; Inappropriate corporate culture less common challenge.

The study show that the ownership of the NGOs varied with a majority being owned by both locals and foreigners. The NGO focus area was on health hence the need to ensure that there is quality healthcare provision for the clients they serve. The duration the NGOs have been in operation varied though majority of them have been in operation for more than fifteen years and therefore they understand the environment they operate in and challenges that the NGOs face in their day to day

operations which makes them good at what they do. The study found out that the majority of the respondents had a minimum of university education and more than half had a postgraduate education. They have worked in the NGOs for more than five years and therefore they understand the operations of the organizations and strategies employed to improve service quality. The value that the strategies employed offer to the organization is undoubtedly one of the most important contributing factors to its survival and success. The study found out that all the NGOs have enhanced employee capacity have had increased customer satisfaction, NGOs that have employed technology to deliver services and increase the level of customer service are able to adjust the mode of service delivery to meet the customer expectation. Adoption of current technology has also helped in development of a system that allows all caregivers to have access to relevant information as soon as it is available and therefore adjust accordingly to the demands of customers.

NGO's have come up with elaborate procedures of communicating information to its customers as part of psycho social support and in so doing helped in management of diagnostic tests, increased use of emergency services and decreased use of primary care services and poor or no patient follow-up when needed. Availability of health facility transport and ambulance services have been communicated to customers which is an important aspect for measuring client satisfaction. The adoption of different communication channels such as flyers, posters and electronic means has led to increased access to treatment, participation in preventive measures and also enhanced the ability for health professionals to meet their ethical obligations. Health NGO's endeavor to explain effectively the medical tests and the nature of the treatment to be undertaken to the client and by so doing it helps in alleviating their vulnerability. Adoption of proper communication has helped in the increased uptake of preventive and screening programs by the customers due to the reduced language barriers. According to Cameron and Quinn (1999), culture defines the core values, assumptions, interpretations and approaches that characterize an organization. In general, it has been claimed by many researchers that, success oriented organizational culture increase organizational effectiveness. Organizational culture is a system of shared assumptions, values, and beliefs, which governs how people behave in organizations. These shared values have a strong influence on the people in

the organization and dictate how they dress, act, and perform their jobs. The overall organizations culture is geared towards embracing a management philosophy that will improve its overall effectiveness and performance.

5.3 Conclusions

Adoption of strategies to improve service provision to clients NGOs has received attention in recent years. NGOs have had to develop new approaches towards client satisfaction and to keep up with the competition in the NGO sector. When deciding on the approach the organizations need to identify their real strategic needs. NGOs have had to develop new approaches towards client satisfaction and endeavour to have service quality control mechanisms in place. The implementation of these different strategies leads to achieving increased customer satisfaction, attracting and maintaining new customers. Successful service provision ensures quality service provision, increased client satisfaction and consequently enhanced organizational performance.

The implementation of quality service provision leads to achieving sustainable competitive advantage and other value for the organization over the competition. This ensures that the clients are satisfied leading to staff who are motivated and the organization consistently performs well in the operating environment as more and more time and resources are allocated to service provision with a particular emphasis on quality.

5.4 Recommendations

This study makes the following recommendations. Using the top-performing per organization or the average performance level among organizations as standard of comparison.

5.4.1 Within sector comparison

This involves looking at results across health services delivery organizations in a given location, using the top-performing per organization or the average performance level among organizations as standard of comparison.

5.4.2 Cross-Country comparison

This involves looking at the practice from across your geographical coverage for an understanding of how they do their business. Collaboration and working with government, this involves working together and in partnership to compliment the already existing government provisions and infrastructure, targeting particular areas of service delivery and concentrating on them, rather than spreading too wide and too thin, and eventually less effective. Developing a comprehensive sustainability plan to avoid loss of benefit of health services delivered, or the possibility of client relapse back to ill health. Continuously seek to improve and update strategies and technological tools with changing time and culture. Organizations should create client-based strategies in order to improve service delivery and enhance customer satisfaction. Employment of staff should be based on the socio-culture of the community. Employing locals ensure that staff members are conversant with the area of operation. Organization management should invest more in motivational projects to its employees to improve their customer relations, for example, through team building activities. Focus should be capitalized on improvement of technology and communication systems to increase service delivery through creation of awareness, capacity building and information sharing.

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**APPENDIX I: LIST OF SOME OF THE HEALTH NGOs IN
NAIROBI**

1. Africa Harvest Biotech Foundation International
2. African population and health research centre
3. America Friends Service Committee
4. Arise Child Development Organisation
5. Action African Development and Emergency Organization (ADEO)
6. Aga Khan Foundation
7. Care International
8. Centre for Development of Enterprise (CDE)
9. Clinton Health Access Initiative
10. Crisis Pregnancy Ministries
11. DANYA International Kenya
12. Engender Health Ltd
13. Help Age
14. International Rescue Committee
15. ICL
16. JHPIEGO Kenya
17. Kenya Aids NGO's Consortium
18. Kenya Community Based Health Financing Association.
19. Kenya Voluntary Development Association
20. Kenyan-Heart National Foundation
21. Management Sciences for Health
22. Moraa new hope foundation

23. National council of NGOs
24. NPI Africa.
25. Olive Leaf Foundation
26. Oxfam
27. PACT Kenya
28. Pan Africa Climate Justice Alliance
29. PATH Kenya
30. Pathfinder International
31. Poverty Be History Organization
32. PSI- Kenya
33. RTI International
34. Save the Children
35. Separations International
36. Support For Tropical Initiative In Poverty Alleviation
37. The vision international
38. Ufadhili Trust
39. Undugu Society Of Kenya
40. WorldView Kenya
41. World Vision Kenya

APPENDIX II: QUESTIONNAIRE

Please give answers in the spaces provided and tick (✓) in the box that matches your response to the questions where applicable.

Section A: Demographic Information

1. Name _____ of _____ the _____ health
NGO.....

2. What is the ownership of the health NGO?

a) Local ()

b) Foreign ()

c) Both local and foreign ()

3. What is your highest level of education qualification?

a) Post graduate level () b) University ()

c) Tertiary College () d) Secondary ()

4. Length of continuous service with the health NGO?

a) Less than five years ()

b) 5-10 years ()

c) Over 10 years ()

5. For how long has your health NGO been in operation in Kenya?

a) Under 5 years () b) 6 – 10 years ()

c) 11 – 15 years () d) Over 15years ()

Section B: Strategies Adopted to improve the Quality of Health Care Provision

6. Has your NGO developed a strategy on the management of service provision quality?

Yes ()

No ()

7. According to your opinion, where do the health NGOs rank in service delivery to its customers?

- a) Far below Customer Expectation ()
- b) Fall short of customer expectation ()
- c) Met Customer expectation ()
- d) Surpassed customer expectation ()

8. What in your opinion would you attribute as affecting the kind of service delivery of the Health NGOs in Nairobi with one (1) being the most serious or most common challenge while (5) is the least common problem

MOST COMMON COMPLAIN	1	2	3	4	5
A lack of employee capacity to handle the challenge					
Application of inappropriate technology					
A lack of Psycho-social support in service provision					
The rate of responsiveness of staff in service provision					
In appropriate corporate culture					
Others (Specify).....					

9. Below are some of the strategies adopted to improve the quality of health service. To what extent do the following factors affect your organization? Use 1-Not at all, 2-Small extent, 3-Moderate extent, 4-Great extent and 5-Very great extent.

Employees Capacity	1	2	3	4	5
The health NGO has continuously trained its staff to increase their competency and meet customer expectation.					
Individual customer loyalty has improved due to the enhancement of employees' capacity to handle varied types of clients.					
The health organization has endeavoured to recruit highly skilled physicians, nurses, administrators, and ancillary staff who are critical to producing high-quality outcomes and effective quality improvement					
The health NGO has adopted an effective human resource strategies that involve selective hiring, and retention of physicians and nurses, monitoring of doctors on staff and ensuring that they continue to meet certain performance and practice standards to retain credentials					
Adoption of Technology					
The health organization has purposed to employ technology to deliver services and increase the level of customer service					
The investments in Technology has facilitated service assessment and improvement process and therefore being able to adjust the mode of service delivery that meet customer expectation					
Adoption of current technology has helped in development of a system that allows all caregivers to have access to relevant information as soon as it is available and therefore adjust accordingly to the demands of the customer					
The information system developed allows quality and timely information that is tailored to the needs of decision makers. the information provision includes both current and historic data as well as projections for the future					
Psycho-social support in service provision					
The health NGO has come up with elaborate procedure of communicating information to its customers and in so doing help management of diagnostic tests, increased use of emergency services and decreased use of primary care services, and poor or no patient follow-up when such follow-up					
The adoption of different communication channels such as flyers, posters and electronic means has led to increased access to treatment, participation in preventive measures and also enhanced the ability for health professionals to meet their ethical obligations.					

The health NGO endeavour to explain effectively the medical tests and the nature of the treatment to be undertaken to the client and by so doing, it helps in alleviating their vulnerability					
Adoption of proper communication has helped in the increased uptake of preventive and screening programs by the customers due to the reduced language barriers					
Organizational Culture					
The health organizations culture has been geared towards provision developing a system that improves productivity					
The overall organizations culture is geared towards embracing a management philosophy that will improve its overall effectiveness and performance					
As a result of adopting the present day culture, the health NGO has registered an improvement in performance, competence, competitiveness, innovation, quality and customer service					
The managers of the health NGO have made it a habit to appreciate the team member's ambitions, suggestions, weaknesses and incorporate them in the organizations strategies.					

Section C: Effectiveness of Strategies used to Provide Quality Service

10. Below are some of the strategies that are employed to provide quality service by the health NGO. Please indicate the extent to which you have used the following strategies in your health NGO.

Use 1-Not at all, 2-Small extent, 3-Moderate extent, 4-Great extent and 5-Very great extent.

FACTORS	1	2	3	4	5
The health NGO has presented a realistic picture of their service to its clients by checking the promotional messages for accuracy, performing the service right to customers by stressing to employees to provide reliable service.					
The organization has bought and employs more modern equipment and facilities that is able to serve more clients and therefore leading to a reduced cost of operations and replacement					
Our health facilities and service premises are strategically located to where our target clients are based and the interior décor of the same premises are high quality					
It has become a practice for the organizations staff to develop nursing empathy, assurance and tangibles attributes than enhance					

customer level of satisfaction					
The NGO has endeavoured to improve service quality control, quality of service, and effectiveness of medical treatment so as to attract more funding and help in the eradication of the diseases in the localities that we operate in					

11. As a staff member of the health NGO, what recommendations would you make to improve service delivery in the organization?

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Thank you for your time