INFLUENCE OF RESOURCES ON STRATEGIC PLAN IMPLEMENTATION:THE CASE OF PUBLIC HEALTH CENTERS IN ADAMA CITY

A Thesis Submitted In Partial Fulfillment For Degree Of Masters In Business Administration

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Adama, Ethiopia

June, 2015

Declaration

I, Bezawit Lema, hereby declare that thesis work entitled “Influence of resources on strategic plan implementation: the case of public health centers in Adama city” submitted to Adama science and technology university, department of management in a partial fulfillment degree of masters in business administration is an original piece of work done by me and has not been published or submitted elsewhere for any other degree or diploma in full or in part. Mean while, all sources of materials used for the study have been appropriately accredited.

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THESIS APPROVAL FORM

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Thesis Title: Influence of Resources on Strategic Plan Implementation: The case of public health centers in Adama city

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We, the undersigned, recommended that the thesis stated above is accepted in partial fulfillment of the degree requirement.

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Chairman Person	Signature	Date

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Head of department	Signature	Date

Acknowledgement

My warmest gratitude and appreciation goes to my advisors Eyob Haile and Nebiyu Bogale (PhD candidate), for their professional assistance, patience and understanding enabled for the completion of this study. Indeed without their unreserved dedication, the successful completion of this study would have been difficult.

Then, I wish to express my deepest thanks to Dr. Ayele Abebe and Dr. Bekele Shibru who dedicated much of their tight time in advising and encouraging me during the preparation of this study.

I would like to thank also Adama city health office who allowed me to do this study and coordinated the city public health centers. Especially, Ato. Adugna Zeleke who work on planning, budgeting, and monitoring & evaluation position. Public health centers in general coordinated employees and management to fill the questionnaire and provided me the necessary documents as respondents.

I owe my deepest gratitude to my mother, Seble Mekonon. She has made her support in a number of ways and this academic success is achieved at the expense of her.

Great appreciation is also extended to all those who helped me while conducting the study.

Table of Contents

LIST OF TABLES

LIST OF FIGURES

Acronyms

ACHC: Adama City Health Center

ACHO: Adama City Health Office

FR: Financial Resources

HC: Health Center

HO: Health Office

HR: Human Resources

MR: Material Resources

NGO: Non Governmental Organization

PHC: Public Health Centers

PHCs: Public Health Centers

RBV: Resource-Based View

SP: Strategic Plan

SPI: Strategic Plan Implementation

SPSS: Statistical Package For Social Science Software

WHO: World Health Organization

Abstract

The study was designed to assess the influence of resources on strategic plan implementation in public health centers in Adama city. A sample of 118 professional and supportive staff including employees and management of four public health centers was taken for the study using simple random sampling technique. From the distributed 118 questionnaires 98 were returned. The data collected through questionnaire is analyzed using both descriptive and inferential statistics (Pearson's product moment correlation coefficient and Multiple Linear Regression Model). The empirical finding elucidated that resource related factors that influence strategic plan implementation include; human resources, material resources, and financial resources has statistically significant relationship and positively influence strategic plan implementation of PHC in Adama city. The finding further indicate that, the existence of linear and positive significant, ranging from weak to strong relationship was found between independent variables and dependent variable. Based on the findings suggestions to HCs and HO, and recommendations for further studies were forward.

CHAPTER ONE

1. Introduction

1.1 Background of the Study

A great deal of knowledge about what works in human and social services has been amassed in recent years. Outcomes for clients, however, have not improved in line with these advances in knowledge. This deficit has become known as the 'implementation gap', and refers to the difference between the evidence of what works in theory and what is delivered in practice. In policy, this often refers to the gap between the intentions of policymakers and policy as delivered via services for citizens. Implementation bridges this gap between what is known and what is done (Burke, Morris, & McGarrigle, 2012).

In order to implement issues and make the right choices, it's essential that researchers and practicing managers should place themselves in a position where they can make informed judgments about the process of strategy implementation, rather than following ready-made solutions (Okumus, 2003). According to Okumus (2003), To be able to do this, managers and researchers are advised to employ a holistic approach to viewing the formulation and implementation of strategy, and then evaluate how the implementation factors interact with each other and how they impact on the process.

Zagotta & Robinson (2002) advocate that real value of strategy can only be recognized and accepted through execution. Hrebiniak (2006) also supports the opinion that without effective implementation of strategies no business strategy can succeed. In addition to this, Kaplan & Norton (2008) states that managers have always found it difficult to balance their near-term operational concerns with long-term strategic precedence. They further maintain that such pressure comes with the job and is an intrinsic tension that managers cannot avoid, yet must be addressed on a continuous basis. This view also supported by Corboy and O'Corrbui (1999), who argue that it is equally imperative to understand that strategy being applied and executed along with daily operations.

Many managers are more familiar and have major proficiency in strategy formulation than strategy execution. They recognize much more about "planning" than "doing," which grounds

major troubles for strategy to work. A strategy which might look fine and effective on papers, may fail to take off for a basic reason as employees might not like the change and resist it by going around its basic set requirements. Implementation of strategy may also fall short as of inadequate accessibility and availability of required resources. Derisory communication and training can play a major role for poor implementation. Similarly if people do not understand the basic essence as what is to be done or do not enclose the required knowledge, skills and expertise it become difficult for the strategy to implement and work as expected (Bhatti, 2011).

According to Bhatti (2011), strategic implementation is an elemental step in revolving a company's vision and objectives into reality. To implement strategies successfully is critical for not only public but also for private organizations. Without proper implementation, even the most superior and fine strategy would not make the grade as established. In last few decades, a number of articles have been published to understand the significance of strategy implementation. Presenting not only models for better execution of strategies, as well highlighting factors that affect effective strategy implementation (Bhatti, 2011).

While there are many arguments in the literature in terms of factors contributing to strategic plan implementation, this paper looks at one of the factors i.e. resources.

According to (David, 2011), even if an agency has all the pre-requisites of effective strategic planning and takes due account of the legal, institutional or political constraints, it is unlikely that it will be able to effectively reach its strategic objectives if it does not have adequate resources to implement its strategy.

Resource constraints can influence strategic planning in two principal ways. first, resource constraints can influence the process of strategic planning itself. Second, resource constraint can influence the possibility to implement the strategy and to attain the objectives set out therein (Network, 2010).

According to David (2011), resource allocation is a central management activity that allows for strategy execution. Strategic management enables resources to be allocated according to priorities established by annual objectives. Nothing could be more detrimental to strategic management and to organizational success than for resources to be allocated in ways not

consistent with priorities indicated by approved annual objectives (David, 2011). Hence, this paper attempt to look into the association between different types of resources and strategic plan implementation outcome of health centers in Adama city.

1.2 Statement of the Problem

Strategic plan implementation is the sum total of the activities required for the execution of the strategic plans through which strategies and policies are put into action. That is why Strategy execution is a critical cornerstone and an ally in building a capable organization and the use of appropriate levers of implementation could be the crucial turning point in the development of an organization (Crittenden & Crittenden, 2008). According to Raps (2005), the concept of strategic plan implementation is concerned with action beyond putting the strategy on paper. That is why the implementation of a crafted strategy could have a huge impact on an organization's overall success, thus a strategy can only add value to the organization if it is successfully implemented.

Today global competition forces managers to decide more carefully. In many occasions, business competitive atmosphere cannot stand even small mistakes and it is not surprising that a strategic decision, which is not adopted rightly and comprehensively, causes the decline and even the fall of an organization. Therefore, it is necessary that managers achieve a proper recognition of effective factors on their decisions' success and failure since awareness of key variables related to the results of strategic decisions will help them to achieve more desired results for their organization **(**Kalali, Anvari, Pourezzat,& Dastjerdi, 2011). According to Al-Ghamdi (2005), planners should place more emphasis on implementation issues while they are drafting their plans. Most of these obstacles are avoidable if they have been accounted for during the formulation stage. It is obvious that many strategic plans fail to realize the anticipated benefits due to problems & difficulties faced during implementation.

Different studies have been conducted concerning the influence of different strategic plan implementation drivers (Resources as one factor with other variables) on strategic plan implementation as factors affecting strategic plan implementation, failures of strategic plan implementation, and analysis of strategic plan implementation with different dimension and methodologies and they reach with different findings. But none of them (to the extent of the researcher's knowledge and access) conduct a research by separating resource as main issue from

other SPI drivers towards its influence on SPI. Because, this variable needs more focus as stated by David (2011), as resource allocation is a central management activity that allows for strategy execution.

Saidi and Makau (2014) conducted a survey on factors influencing implementation of competitive strategies on insurance industry in Kenya, with the objective of determining the effects of resource allocation with other variables on the implementation of competitive strategy. To determine whether resource allocation influence implementation of competitive strategies a chi-square was used. Their finding was, there is a statistically significant relationship between the two variables. Implementation of competitive strategy is dependent on the resources allocated. Meant that for competitive strategies to be implemented the effective resource allocation in the organization is very essential. And another authors Achterberg, Schoonhoven, & Grol (2011), finds that resource allocation affected competitive strategy implementation through budgetary allocations, financial controls, conducive resource allocation policy for equitable opportunity for staff development and revenue efficiency. Kiptoo, and Mwirigi (2014) study finding showed that human resource is an integral part for the success of implementing strategic planning in any organization.

Lack of enough attention to managerial decisions in health service sector is accompanied with undesired results which is not comparable with other industries in terms of importance and impacts; decisions made in the senior management level are related directly to human beings' mind and body and they may lead to death or survival of someone. Therefore, paying serious attention to identifying effective factors on the failure of strategic decisions implementation is vital (Kalali et al., 2011).

All the above studies were conducted within a context of other countries and there is no study (to the extent of the researcher's knowledge and access), which is conducted in Ethiopia related with the influence of resources on strategic plan implementation in broad-spectrum and mainly different types of resources (human resource, financial resource, material resources) separately from other SPI drivers. Hence, lack of theoretical and empirical evidence in our country is what initiated the researcher to undertake this research. Recognizing this gap, this study tried to fill the gap by investigating the influence of resources on strategic plan implementation.

1.3 Research Questions

The study tries to answer the following basic research questions:

- How do human resource influence strategic plan implementation?
- How do material resource influence strategic plan implementation?
- How do financial resource influence strategic plan implementation?
- Which factor (financial, human, and material resource) has more influence on strategic plan implementation than the remaining?

Research Hypotheses

H1. Human resources positively influence strategic plan implementation.

H2 . Material resources positively influence strategic plan implementation.

H3. Financial resources positively influence strategic plan implementation.

Ho1. Human resources negatively influence strategic plan implementation.

Ho2. Material resources negatively influence strategic plan implementation.

Ho3. Financial resources negatively influence strategic plan implementation.

1.4 Objectives of the Study

1.4.1 General Objective

To examine how resources influence strategic plan implementation in public health centers in Adama city, Oromiya region, Ethiopia.

1.4.2 Specific Objectives

Specifically, the study aimed to:

- Examine the influence of human resource on strategic plan implementation.
- Assess the influence of material resource on strategic plan implementation.
- Examine the influence of financial resource on strategic plan implementation.
- Identify a factor (financial, human, and material) that has a great influence on strategic plan implementation than others.

1.5 Significance of the Study

Studying the possible resource related factors which influence strategic plan implementation in public health centers in Adama helps to identify the pressing problems in relation with resources on SPI. Consequently, the findings of the study are significant for the following motives: As the strategic plan period ends at the end of this year, Adama health office can use the findings of the research to develop the next future years strategic plan of the city's public health centers with improved concern of resources, a more effective method of allocation as well as utilization of resources. Nongovernmental organizations (NGO's) which have interest in assisting the city public health centers with technical, financial, and material support in the area can use the research outcomes as a reference. In addition, the study will also make clear the senior and middle management as well as professional and non professional staffs of health centers, the importance of resources to achieve goals through strategic plan implementation; and understanding of it helps them to protect the strategy from failure by working on resource. Finally, the study findings will serve as a reference for future researchers to carry out another research on the influence of resources on the strategic plan implementation.

1.6 Scope of the Study

The study focus only on examining the influence of resources on strategic plan implementation in the case of public health centers in Adama city. Factors other than resources, other city out of Adama, and other than public health centers were not included in this study due to time and financial constraints. Thus, there are six public health centers in Adama city, but two of them were excluded from the study. Because, the five year SP period ends at June, 2015 but, they have less experience with it, they are established after June, 2010 G.C. and (Hawas health center, and Dembella health center were established on 2014, June 9 and on 2014, September 26 respectively).

1.7. Limitation of the Study

Due to the use of questionnaires as data collection tool its trustworthiness depends on the respondent's feedback. Respondents may make bias. Factors other than resources (human, material, and financial) related to the influences on strategic plan implementation were not covered during this study.

1.8. Organization of the Study

This study report organized into five chapters: Chapter one is the introductory chapter and presents the back ground of the study, statement of the problem, objectives of the study, research question, significance of the study, scope of the study, limitations of the study, and the organization of the study. Chapter two contains the review of related theoretical and Empirical literature as well conceptual frameworks. Chapter three presents the methodology that was used to answer the research questions and objectives. Chapter four contains data presentation, analysis and discussion of the result. Chapter five presents summary of the finding, conclusion and recommendation.

CHAPTER TWO

2. Literature Review

The rationale of this literature review is to clearly identify the influence of resources as independent variable on the overall strategic plan implementation based on previous study results, and show whether there is potential utility to the current body of knowledge to justify conducting further research. Based on these fundamental assumptions of research, the following literature is reviewed in an effort to increase the understanding on the factors that contribute to strategic plan implementation.

2.1. Theoretical Overview of Strategic plan Implementation

2.1.1. Concept

Researches use strategic plan implementation and strategy execution interchangeably and others differently. Li1, Guohui1, and Eppler (2008) states that, as far as the terms execution or executing in the strategy context are concerned, most of the 60 articles reviewed, use strategy implementation as a key word or as a part of the title and only very few use the term strategy execution. There are no articles differentiating strategy implementation from strategy execution in the 60 articles that are reviewed, consequently, we will not distinguish strategy implementation from execution. So for this study the researcher use implementation/execution interchangeably.

There is no universally accepted definition of strategy implementation. Different viewpoints are used to define strategy implementation term. Strategy implementation may be viewed as a process including various forms of organizational learning, because both environmental threats and strategic responses are a prime trigger for organizational learning processes (Lehner, 2004).

Strategy is defined by Johnson & Scholes (2006) as, the direction and scope of an organization over the long-term which achieves advantage for the organization through its configuration of resources. Daft (2012) defined strategy formulation as the assessment of the external and internal environment and integrating the results into goals and strategies.

Strategy implementation explained as an iterative process of implementing strategies, policies, programs and action plans that allows a firm to utilize its resources to take advantage of opportunities in the competitive environment (Harrington, 2006).

Li1 et al. (2008) defined strategy implementation as a dynamic, iterative and complex process, which is comprised of a series of decisions and activities by managers and employees affected by a number of interrelated internal and external factors to turn strategic plans into reality in order to achieve strategic objectives.

According to Crittenden & Crittenden (2008), strategic plan implementation defined as the sum total of the activities required for the execution of the strategic plans through which strategies and policies are put into action. That is why Strategy execution is a critical cornerstone and an ally in building a capable organization and the use of appropriate levers of implementation could be the crucial turning point in the development of an organization

David (2011) defined strategic plan implementation as a means of change. In addition to this, the concept of strategic plan implementation is concerned with action beyond putting the strategy on paper. That is why the implementation of a crafted strategy could have a huge impact on an organization's overall success, thus a strategy can only add value to the organization if it is successfully implemented (Raps, 2005).

According Noble (1999), Strategy implementation can be broadly defined as "the communication, interpretation, adoption, and enactment of strategic plans" . In his view Strategy implementation also includes on-going modification of the strategy through the implementation process.

2.1.2. Nature of Strategic Plan Implementation

Strategy implementation takes place when a firm adopts organizational policies and practices that are consistent with the strategy (David, 2003). In addition to this, Shah (2005) states that strategy implementation is the most complicated and time consuming strategic management component, as it cuts across all facets of managing. It needs to be initiated from many levels and areas inside the organization.

Topic of implementation is a neglected and overlooked area in strategic management literature. Published research reveals emphasis on strategy formulation. Strategy formulation and implementation are complementary and logically distinguishable areas of strategic management and part of the overall process of planning executing and adapting. More Research on implementation has been done in organizational theory and development than in strategic management. Implementation research needs to be interdisciplinary. According to Hough, Thompson, Strickland, & Gamble (2008), task of executing a strategy is primarily an operations-driven activity, revolving around the management of people and business processes. Successful execution thus depends on performing a good job with and through others, building and strengthening competitive capabilities, motivating and rewarding people in a strategy supporting manner. In addition to this, Hough et al. (2008) states that Strategy implementation entails finding answers to the question "how?" the specific techniques, actions and behaviors needed for a smooth strategy-supportive operation.

According to Shimizu (2008), the implementation task entails that coordination of a range of efforts expected to transform strategic intensions into actions. This challenges strategist's abilities to deal with various issues related with the implementation process. In addition to this, Strategy implementation also includes on-going adaptation of the strategy through the implementation process and naturally requires learning and adjustment in relation to the strategy.

2.1.3 Challenges in Strategic Plan Implementation

All organizations face a common challenge when implementing a new strategic initiative: how to successfully manage the changes that will occur as the new initiative is deployed. Some researchers note that organizations fail to implement up to 70 per cent of their strategic initiatives Although formulating a consistent strategy is a difficult task for any management team, making that strategy work implementing it throughout the organization is even more difficult (Hrebiniak, 2006). A myriad of factors can potentially affect the process by which strategic plans are turned into organizational action. Unlike strategy formulation, strategy implementation is often seen as something of a craft, rather than a science and its research history has previously been described as fragmented and eclectic (Noble, 2000). It is thus not surprising that after a comprehensive strategy or single strategic decision has been formulated, significant difficulties

usually arise during the subsequent implementation process. The best-formulated strategies may fail to produce superior performance for the firm if they are not successfully implemented. Pedersen (2008) states that, the gap between strategy formulation and strategy execution can be separated into two key challenges: The challenge of converting and adjusting the strategy from thought to action, and the challenge of avoiding certain lock-in effects that obstruct any chance of successful strategy execution these are called strategy execution syndromes.

The challenge is to learn from the process of implementing the Strategy to date, attending to the issues related to lack of an overall implementation plan, the existence of fraught relationships, unclear organizational roles, and inadequate incentives, whilst building on the evident progress associated with developing primary care infrastructure, addressing inequalities in health access and status, and making primary care a key factor in the wider health system (Smith, 2009).

According to Sorooshian et al. (2010), it is worth nothing that a successful strategy realization is identified by the coherence of decisions and actions of all employee resources at all levels of the organization and not simply by the people who originally described the strategy. A mechanism is required to direct all employee and other resources towards the same strategy implementation mainly for the purpose of ensuring that strategy is realized at all levels of the organization.

A strategy which might look fine and effective on papers, may fail to take off for a basic reason as employees might not like the change and resist it by going around its basic set requirements. Implementation of strategy may also fall short as of inadequate accessibility and availability of required resources. Derisory communication and training can play a major role for poor implementation. Similarly if people do not understand the basic essence as what is to be done or do not enclose the required knowledge, skills and expertise it become difficult for the strategy to implement and work as expected (Bhatti, 2007). Katie et al. (2012) described implementation as the carrying out of a plan for doing something. It focuses on operationalizing the plan the How, rather than the What. An Economist survey found that a discouraging 57 percent of firms were unsuccessful at executing strategic initiatives over the past three years, according to a survey of 276 senior operating executives in 2004 (Allio, 2005).

Achterberg, Schoonhoven, & Grol (2011) concludes that an analysis of relevant determinants for implementation should be performed to provide more operational and specific factors.

Overlooking or “short-cutting” this step can be tempting but will likely result in unsuccessful implementation. Considering the full range of alternative strategies to choose from and reviewing the evidence for the effectiveness of strategies from systematic reviews of previous studies can keep us from overlooking possible strategies and can help us consider strategies with known effectiveness. Identification of strategies that match determinants of the specific innovation, target group, and context however, is key to well-chosen strategies. Implementation strategies will be most successful where they match relevant determinants, are linked with relevant theoretical insights, and supported by evidence for either the theory or the effectiveness of the strategy itself (Achterberg et al., 2011).

2.1.4. Resources

Kalali (2011) defined resources as factors that influence strategic plan implementation are Money, material and human resources are insufficient for strategic decision implementation. Okumus (2001) viewed resource allocation as the process of ensuring that all necessary time, financial resources, skills, and knowledge are made available. It is closely linked with operational planning and has a great deal of impact on communicating and providing training and incentives. He indicates that key issues to be considered are procedures of securing and allocating resources for the new strategy, information, and knowledge requirements for the process of competitive strategy implementation, time available to complete the implementation process, political and cultural issues within the company and their impact on resource allocation.

Resources securing appropriate funding, staff with the requisite skills, and other necessary resources are all identified as key to successful implementation (Katie et al., 2012). According to the new resource based view of the firm, resources are described as the set of assets and capacities, both tangible and intangible, which competitively superior, scarce, and appropriate, have the potential to generate value from diversification (Collis and Montgomery, 2004). The term resources, generally known as core competencies, in fact includes a broader variety of assets which can contribute to the competitive advantage of various business. moreover, resources are referred as the criteria building blocks of strategy which identify both what a firm wants to do and also what it can do (Collis and Montgomery, 2004).

According to David (2011), all organizations have at least four types of resources that can be used to achieve desired objectives: financial resources, physical resources, human resources, and technological resources. Allocating resources to particular divisions and departments does not mean that strategies will be successfully implemented. A number of factors commonly prohibit effective resource allocation, including an overprotection of resources, too great an emphasis on short-run financial criteria, organizational politics, vague strategy targets, a reluctance to take risks, and a lack of sufficient knowledge. Johnson & Scholes (2006) states that strategy is 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 fulfill stakeholder expectations. In addition to this, Johnson, & Scholes (2006) states that tangible resources are the physical assets of an organization such as plant, labor and finance. In contrast, intangible resources are non-physical assets such as information, reputation and knowledge. Johnson, & Scholes, (2006) categorize an organization's resources under three broad categories:

Physical resources: such as the number of machines, buildings or the production capacity of the organization. The nature of these resources, such as the age, condition, capacity and location of each resource, will determine the usefulness of such resources.

The acquisition of physical resources should be driven by health/clinical necessity. To maximize the utility of these resources, countries need to monitor factors which influence their use within the context of their specific delivery systems or services. While it may be interesting to have a large number of indicators, given the complex issues involved in planning and managing physical resources, a parsimonious set that provides insights into the operation of the health system may be more feasible for health systems performance (WHO, 2002).

According to WHO (2002), physical resource defined as a combination of three broad categories: buildings/structures with auxiliary facilities (power generators, water pumps etc. depending on local conditions) ; medical equipment; and logistics including supply systems, transport, warehouses, and their logistic facilities.

Financial resources: concern the ability of the business to "finance" its chosen strategy. For example, a strategy that requires significant investment in new products, distribution channels,

production capacity and working capital will place great strain on the business finances. Such a strategy needs to be very carefully managed from a finance point-of-view (Riley, 2015).

Human resources: including the number and mix (e.g. demographic profile) of people in an organization. The intangible resource of their skills and knowledge is also likely to be important. This applies both to employees and other people in an organization's networks. In knowledge-based economies people do genuinely become the most valuable asset.

It is worth noting that a successful strategy realization is identified by the coherence of decisions and actions of all employee resources at all levels of the organization and not simply by the people who originally described the strategy. A mechanism is required to direct all employees and other resources towards the same strategy implementation mainly for the purpose of ensuring that strategy is realized at all levels of the organization (Sorooshian et al., 2010). Both Arnold (2010) ,and Ashton,& Morton (2005) agree by stating that effective management of human resources (talent management) is critical to facilitate the execution of strategies and that employees have different and unique characteristics that influence their behavior in the workplace and ultimately strategy execution.

According to WHO (2002), Classification of human resources for health systems is : Health professionals (Professionals Health professionals generated by the health care system in either full or part. Includes doctors, nurses, midwives, psychologists, pharmacists, dentists, and others) challenge they face includes The health system expects to employ 90% of the health care providers, which it generates. If this expectation is not met, shortages will follow. Competition for health care providers may be external – migration from developing to developed countries for example, or internal – from the public to the private sector. The other classification is Non health professionals (Those workers of health care system who are not health professionals) the challenge includes: The health system must compete in the wider labor market to employ non-health professionals (WHO, 2002).

The resource base approach to strategy implementation assumes human resource as distinctive source of competitive advantages of the firm (Dunford, Snell, & Wright, 2009). scholars have declared that, there should be a relationship between a firm's strategy and the use of its human resources (Lee, Lee, & Wu, 2010.). The notion surrounding the significance of human resource

is particularly based on the idea that people management can be an essential source of sustained competitive advantage.

Such resources are certainly important; but what an organization does how it employs and deploys its resources matters at least as much as what resources it has. There would be no point in having state of the art equipment or valuable knowledge or a valuable brand if they were not used effectively. The efficiency and effectiveness of physical or financial resources, or the people in an organization, depends on not just their existence but how they are managed (Johnson, & Scholes, 2006).

The resource-based view (RBV) emphasizes the firm's resources as the fundamental determinants of competitive advantage and performance (Peteraf and Barney, 2003). They found that "performance differentials are viewed as derived from rent differentials, attributable to resources having intrinsically different levels of efficiency in the sense that they enable the firms to deliver greater benefits to their customers for a given cost (or can deliver the same benefit levels for a lower cost).

2.2 Empirical Literature Review

Numerous factors can be determinants of successful change or resistance to change in nursing. Knowledge and cognitions, attitudes, routines, social influence, organizational characteristics, and resources are often relevant determinants. Achterberg et al., (2011) and Saidi, & Makau (2014) finds that resources allocation affected competitive strategy implementation through budgetary allocations, financial controls, conducive resource allocation policy for equitable opportunity for staff development and revenue efficiency. The amount allocated for purposes of implementing strategic plans was hardly enough. This was partly caused by lack of funds since revenue collection was inefficient. Notably, however, financial controls were fairly well executed in quest of avoiding wastages and misallocations; there was also conducive resource allocation policy for equitable opportunity for staff development which is very important in staff motivation, gaining of skill and knowledge which enhance implementation process. it is concluded that organizational culture, structure, strategic leadership, and financial resources affected implementation of strategic plans Culturally, poor internationalization of mission and strategic content, lack of participation in making of rules and regulations, lack of operational

manuals, insensitive employee development policies, and highly structured downward communication effected employees‟ mobilization to executing strategic plans (Kirui, 2013).

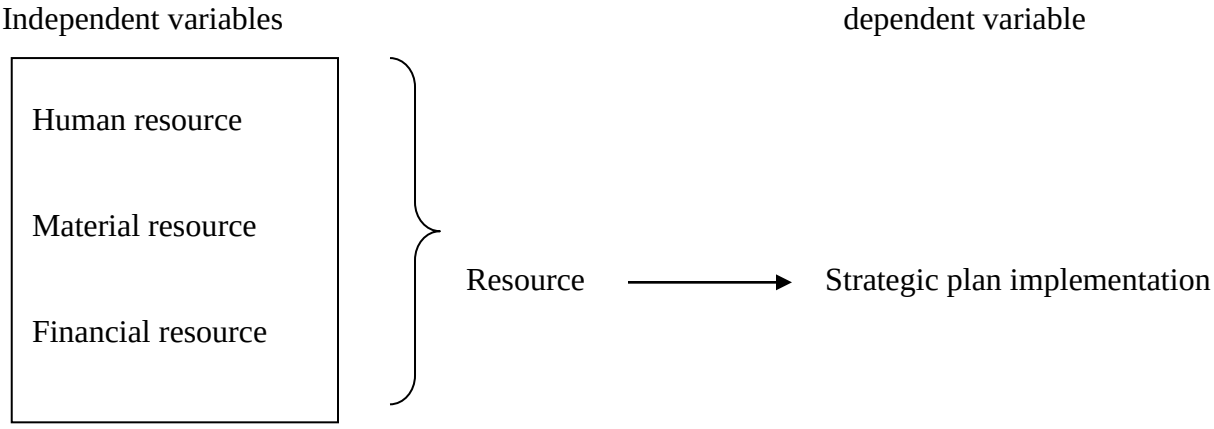
An organizations people and their skills ultimately determine the effectiveness of strategic plans, and its implementation. In its purest form, human resource is best suited for leveraging an organization's personal that implements the organizations strategic plans. In other words, human resources are what drive an organization's strategic process. By increasing the competencies of human resource, the department will increase its creditability and be integrated into a strategic role within the organization set up. When human resource measures itself from a business perspective and by the value it brings an organization, top management will not ignore human resource in the strategy process. Instead, top management will welcome human resource input because it will have a clear understanding of how human resource affects the bottom line from a business and or strategic plan. In the current environment, human resource managers are trained to be the focal point in organizations and in most cases they are the drivers of strategic planning in organizations. This means that human resource is an integral part for the success of implementing strategic planning in any organization(Kiptoo, Mwirigi, 2014).

The study conducted by Mukira (2011) used descriptive statistics for mean, mode, and standard deviation was performed to find the association between strategic plan implementation and resource allocation. And the results were maximum number of respondents with a mean of 3.56 agreed on the allocated resource were utilized as per the set of goals. About financial resources, respondents with a mean of 3.58 agreed its sufficient allocation. The respondents were respond with a mean of 3.14 about proper utilization of physical resources while for the availability of well trained human resource as well.

According to Caldwell, Chatman, O'Relly, Ormiston, & Lapiz (2008) health care organizations in the United States are under significant pressure from a variety of different sources, change is often difficult for these organizations. Professional standards, a unique organization structure, or resource constraints may limit an organization's capability to respond to these pressures. Successful change, particularly in health care organizations, requires shifts in resources or policies; however, successful change also requires a commitment on the part of employees to behave in ways to implement the new strategy. Implementation of strategic plans in

organizations is a research area that cuts across different fields of social sciences including strategic management, organizational theory, and organization development. According to Hitt, Freeman, and Harrison, (2006), the result of this intertwined complexity is rightly construed to activate a comprehensive investigative endeavor to bring forward a universal model concerning reality and ideal-think underpinning the concept of strategy implementation. Even though sensitive interests on formulation unlike implementation of strategic plans, there is an evident geographical bias when deciding most studies operational scopes. As a result, most of the generalizations regarding strategy implementation are based on populations extracted from developed economies and advanced organizational set-ups as opposed to small and developing contexts. This predict well for a subjective reference but adds little value if objectivity and exclusivity are the bases for conclusion (Hitt et al.,2006). In addition to this, almost all the studies focus on different factors with broad concept, which leads to ignorance of important details. Especially, resources were not found in detail in relation with strategic plan implementation. Based on the proposed design and methodology on the target population, it is highly anticipated that this study will induce a renewed debate and further researches on relationship between different types of resources and strategic plan implementation.

2.3 Conceptual Framework



Source: From literature review

Figure 2.1. Conceptual Framework

Operational Definitions of the conceptual frame work

As stated in the World Health Report 2000, human resources are the “most important of the health system’s inputs". Drawing from the wider definition of health systems from the World Health Report 2000, human resources can be defined as the stock of all individuals engaged in the promotion, protection, or improvement of health of population. This would include both private and public sectors, and different domains of health systems such as personal curative and preventive care, non-personal public health interventions, health promotion and disease prevention.

The category of physical resources covers wide range of operational resources concerned with the physical capability to deliver a strategy. Material resources together with human resources are an important part of health system's capital, which has been defined in the World Health Report 2000 as existing stock of productive assets. In the literature, physical resources normally encompass three broad categories: buildings/structures with auxiliary facilities (power generators, water pumps etc. depending on local conditions) ; medical equipment; and logistics including supply systems, transport, warehouses, and their logistic facilities . Physical resources are often referred to as health system infrastructure and technology/equipment. Physical

resources provide the material platform on which the delivery of care rests. Quality and numbers of staff as well as availability of drugs and consumables are of little value without adequately built and equipped facilities, just as the latter by themselves are of little utility without the former (World Health Organization, 2002).

Financial resources concern the ability of the business to "finance" its chosen strategy. For example, a strategy that requires significant investment in new products, distribution channels, production capacity and working capital will place great strain on the business finances. Such a strategy needs to be very carefully managed from a finance point-of-view (Riley, 2015).

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CHAPTER THREE

3. Methodology

3.1. Research Design

Both quantitative and descriptive research type were employed. According to Zikmund (2005), the major purpose of descriptive research is to describe characteristics of objects, people, groups, organizations, or environments. The researcher used descriptive and casual research design. Because descriptive type of research design helps to define and describe the real practice and what look like implementation of strategic plan within the organization. In addition, descriptive research design uses to determine whether the independent variables significantly influenced the dependent variable and to ascertain any association between these variables. Descriptive survey was appropriate for this study to the extent that it sought to describe the factors that influence the strategic plan implementation. Casual research design was used because of tests were made to approve hypotheses that tells about the influence of resources on strategic plan implementation.

3.2. Data Sources

Data sources for this study was employees of the HCs both professionals and supportive staffs including personnel's who act as manager (director) at the same time work like other professionals by healing employees. Because these employees including directors and case team leaders plan for them self from cascaded SP of the HCs. They exert their effort for its implementation and they are expected to have a good knowledge regarding the topic.

3.3 Sample Design

3.3.1 Population and Sampling Frame

There are 6 health centers in Adama city, and there are 206 workers within this 6 heath centers. From those six health centers two of them were established recently (Hawas health center, and Dembella health center were established on 2014, June 9 and on 2014, September 26 respectively). These two health center do not spend even one year in the strategic plan period. Which means, it is not appropriate to include them in the target population, because they lack adequate experience with SP and may not provide adequate input for the research The remaining

four health centers were established before 2010, and employees within this health center were included to take a sample. There are 174 employees in the HC excluding workers who do not have direct relation to the implementation of SP. From total of 174 employees, four of them were not existed at the time, so the sample frame were 170 employees.

3.3.2. Sampling Technique and Sample Size Determination

According to the sample size determination table, with a confidence level of 0.05 the sample size for population of 170 is 118 (Sekranan 2010).

In order to determine the appropriate sample size, simple random sampling method was used. simple random sampling because under it bias is generally eliminated and the sampling error can be estimated (Kothari, 2004).

3.4. Data Collection Tools

The data were obtained from sample employees in the health centers by preparing and distributing structured questionnaire. A survey method of data collection was through questionnaires. According to Krishnaswami and Ranganatham (2007), the advantage of this method is that it is less expensive, permits anonymity and may result in more responses that are honest. Another advantage is that researcher does not have to be present; this eliminates bias due to phrasing questions differently for different respondents. In addition to this, this method of data collection is quite popular, particularly in case of big enquiries (Kothari, 2004). The questionnaire was pre-tested to check its appropriateness for gathering all the required information. The sampled employees were taken from those who are on work at the time of data collection. Enumerators, and who were familiar with the study area, and have prior experience were recruited and selected for the data collection purpose. Those enumerators were trained regarding the content of the questionnaire and data collection procedure.

3.5 Methods of Data Analysis

After the distributed questionnaires were collected, the survey data was encoded to MS-Excel file. Before transferring to SPSS version 20 for windows, the procedures of data classification and organization was set to validate the data for further analysis. After data classification and organization, the data was transferred to the SPSS and statistical analysis was performed in order

to accomplish the purpose of the study. According to Krishna and Ranganatham (2007) SPSS package which offers extensive data handling capabilities and numerous statistical analysis routines that can analyze small to very large data statistics.

Descriptive statistics (frequency and percentage) were used to present background information of respondents. And data from dependent and independent variables were described and summarized using mean (from measurement of central tendency), and standard deviation (from measurement of dispersion). Tabulation was used to the orderly arrangement of data in a table. From inferential statistics correlation were to analyze the relationship between SPI and different types of resources, and multiple regressions to evaluate the contribution of all the independent variables to the dependent variable.

Pearson's product moment correlation was used to first identify the relationship of each factor to SPI and multiple regression to quantify the contribution of each of the three factors to SPI. All the tests were carried out at alpha level of significance of 0.05.

The empirical analysis was carried out using multiple regressions. The multiple regression formulae used was:-

$$Y = a + b1X1 + b2X2 + b3X3$$

Where:

Y= strategic plan implementation

b = coefficient X2=financial resource

a= the constant X3=material resource

X1=human resource

3.6 Operationalization of the Study

a) Dependent Variable

Strategic plan implementation is concerned with action beyond putting the strategy on paper. To measure the performance of SPI, different types of measures are existed. From those types of measurement, Outcomes measures were used. These measures are the end result of whether services meet proposed targets or standards and demonstrate impact and benefit of activities (Erica Olsen). For this study, the outcome measure was derived from the general objective the city's public HC five year strategic plan. It includes: improved and quality patient service,

number of patients served by the health center, an improved customer satisfaction, prevention of disease, increased health extension service, and improved internal capacity.

Strategic plan implementation outcome were assessed using a 5 point Likert scale to identify the overall performance of SPI. The options were: 5=strongly agree, 4= agree, 3= neutral, 2= disagree and 1= strongly disagree.

b) Independent Variables

The following are the independent variables in this study:

Table 3.1.Measures of independent variables

Concept	Factors	Measures	No. of measure
Resources	Human resource	Allocation ,Capability, reward, capacity building, level of education, utilization	**7**
	Financial resource	Allocation, Availability, Time of budget, act of activities, Internal source of revenue, utilization	7
	Material resource	Availability of medical equipments, Availability of drugs, logistics, sufficient facilities, buildings, utilization	7

Source: from literature review

3.7 Instrument Validity

Before piloting the questionnaire validity was checked by 4 experts. the study supervisors was consulted extensively to help clarifying the concepts. Adjustments were made regarding readability, relevance, language and comprehension. Validity is the accuracy of a measure or the extent to which a score truthfully represents a concept (Zikmund, 2009).

3.8 Reliability

To confirm the internal reliability, the statistical software package, SPSS, was used to determine the Cronbach's alpha values. According to Davidson (1996), a score over 0.70 is considered appropriate. For this study, researcher pre-tested the instruments by using the pilot method where a set of questionnaire distribution were conducted on 25 respondents of Geda health center. The

reliability coefficients of Cronbach's alpha for the various factors are all above 0.7. It can therefore be concluded that all factors are internally reliable.

Then questionnaire was piloted and analyzed using the Cronbach's Alpha test to examine the internal consistency of the data. The scores were: SPI outcome (0.82%), human resource (0.79%), financial resource (0.75%), material resource (0.73%).

3.9 Ethical issues

The potential respondents were fully informed of the nature and purpose of the research, the procedures to be used, the expected benefits to the participant, organization. They were also informed that the feedback from any respondent is confidential and used only for research purpose. The respondents were given an opportunity to ask questions, which were responded to. The respondent's consent to participate in the research was obtained willingly.

3.10. Description of the study area

The term **"Adama"** was pointed to have originated from an Oromo word **"*Adaamii*"**. It is a name for tree types called "cactus" in English. According to local people, there were plenty of Adaamii trees in and around old Adama areas. Adama town is located at some 100 kilometers from Addis Abeba, the capital city of Ethiopia, on the southeast along the main road to Harar. With an area of 29.86 square kilometers. Adama lies in somewhat warm and lower badda dare Climate. Adama is situated within the Wonji Fault Belt, in the main structural systems of the Ethiopian Rift Valley. The city has one government managed hospital and a health centre. There are also privately owned 20 clinics and 12 pharmacies and drug vendors in July 2004. All medical institutions both government and private are managed according to rules and regulations set by the Regional Government and City administration.

Chapter Four

4. Data Presentation And Discussions

4.1 Introduction

This chapter presents the background information and results of the analysis that was made, and a discussion of the findings. The presentations follow the sequence of the research questions. Descriptive statistics are used to summarize the data and inferential statistics were used to establish the relationship between the independent variables and the dependent variables.

4.1.1 Response Rate

The questionnaires was presented to the respondents on a personal basis to increase the response rate, and from a total of 118 distributed questionnaires 98 were properly filled by respondents. The study achieved a response rate of 83.1%. Thus, 98 respondents are used for analysis.

4.1.2 Description of Respondents Background Information

Table 1. Description of Respondents Age and sex

Age				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
21-30 years	65	66.3	66.3	66.3
31-40 years	24	24.5	24.5	90.8
above 40 years	9	9.2	9.2	100.0
Total	98	100.0	100.0	
Sex				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
male	18	18.4	18.4	18.4
female	80	81.6	81.6	100.0
Total	98	100.0	100.0	

Source: survey result 2015

The above table shows that 66 (66.3%) of respondents age fall in a range of 21-30 years and 25 (24.5%) ranges from 31-40 years. The remaining 9 (9.2%) of them aged above 40 years. But, none of the respondents aged below 20 years.

According to table 4.1, from 98 respondents of the questionnaire, 18 (18.4%) of them were male and the remaining 80 (81.6%) are females. This shows that most of the respondents were female.

Table 4.2 Description of Respondents Educational level, Position in the organization, and Work experience

Educational Level				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
Below Diploma	3	3.1	3.1	3.1
Diploma	50	51.0	51.0	54.1
Bachelor Degree	45	45.9	45.9	100.0
Total	98	100.0	100.0	
Position In The Organization				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
Management	12	12.2	12.2	12.2
Professional staff	77	78.6	78.6	90.8
Supportive staff	9	9.2	9.2	100.0
Total	98	100.0	100.0	
Work Experience In The Health Care Center				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
0-5 years	52	53.1	53.1	53.1
6-10 years	25	25.5	25.5	78.6
More than 10 years	21	21.4	21.4	100.0
Total	98	100.0	100.0	

Source: survey result 2015

The table indicates that the educational level of 3 (3.1%) of respondents are below diploma, and maximum of respondents 50 (51%) are diploma holders. the remaining 45 (45.5%) of them have bachelor degree and no one is above bachelor degree.

Concerning the respondents position in the health center.12 (12.2%) of respondents are positioned at management level.77 (78.6%) are professional staffs who operate to achieve the objective of strategic plan directly, and the remaining 9 (9.2%) are supportive staff. According to data in the above table regarding position of respondents in the health center maximum number covers by professional staffs.

From total of 98 respondents 52 (53.1%) of them have 0-5 years experience in the health centers. number of respondents who have 6-10 years experience is 25 (25.5%), and the remaining 21 (21.4%) of respondents have more than 10 years experience.

4.2 Description of dependent and independent variable

Table 3. Strategic Plan Implementation

Items	N	Mean	Std. Deviation
Improved and quality patient service	98	3.99	.696
Increased the number of patients served by the health center	98	3.99	.634
Improved customer satisfaction in terms of service delivery	98	3.73	.754
Helps in prevention of disease in a great extent	98	3.97	.464
Increased health extension service	98	4.01	.419
Improved internal capacity to deliver health care service	98	3.87	.845

Source: survey result, 2015

Regarding the performance of strategic plan implementation, the general response was that participants were more likely to mention agreement than disagreement with the outcomes in relation with objective of the strategic plan. All the six items had above average mean score.

Six items included in the summary were: improved and quality patient service (mean=3.99, SD=.696), number of patients served by the health center (mean=3.99, SD=.634), improved customer satisfaction (mean=3.73, SD=.754), prevention of disease (mean=3.97, SD=.464), health extension service (mean=4.01, SD=.419), and improved internal capacity (mean=3.87, SD=.845). The item that received the highest rating was health extension service.

The above items in the table were used to measure strategic plan implementation outcome from the city health office strategic plan document. The items were derived from the general objective

of strategic plan to measure SPI. Certain strategic objectives related with resource received higher rating in terms of improvement with a mean above average. According to this data, the performance of the health centers has improved as a result of five year strategic plan implementation.

Table 4. Human Resource

Items	N	Mean	Std. Deviation
Allocation of sufficient human resources	98	2.54	1.017
Necessary capabilities	98	4.34	.973
The existed staffs were measured and rewarded for executing the plan.	98	2.70	1.114
Capacity building was done for existing staff towards strategic plan implementation	98	3.17	1.094
Adequacy of upgrading level of education	98	2.64	1.124
Utilization of human resource were adequate.	98	4.35	.863
Human resource has influence on strategic plan implementation	98	4.38	.891

Source: survey result 2015

Under human resource items included were about sufficiency of human resources (mean=2.54, SD=1.017) which indicates that most of respondents disagree the existence of sufficient HR in the health center; capability of employee (mean=4.34, SD=.973) in which respondents agree that the existed staffs have necessary capabilities; reward (mean=2.70,SD=1.114) in which most of the respondents disagree on the existence of reward based on their performance with in the health center; capacity building (mean=3.17, SD=1.094) were insufficient; upgrading the level of education (mean=2.64, SD=1.124) which indicates that upgrading the level of education was done inadequately; utilization of human resource (mean=4.35,SD=.863) in which respondents agree that even if there is no enough human resources the health centers use the existed man power adequately, and concerning the influence of human resource (mean=4.38, SD=.891); most respondents agree that human resource has influence on SPI .

The above data shows that available human resources for SPI were not sufficiently allocated. This leads to ignorance of activities under SP due to HR insufficiency. In addition to this, there is no adequate reward for employees that motivate them to exert their effort towards executing SP and the capacity building to make employees more capable of doing activities in SPI were insufficient.

Table 5. Financial Resource

Items	N	Mean	Std. Deviation
Allocation of sufficient financial resources	98	2.36	.777
Shortage of finance	98	3.83	.760
Activity ignored due to shortage of budget	98	3.23	1.208
Use financial resources according to the budget calendar	98	2.70	.987
Expanded internal source of revenue generation means	98	2.70	.987
Utilization of financial resource were adequate.	98	2.72	.906
Financial resource has influence on strategic plan implementation	98	4.65	.576

Source: survey result, 2015

Concerning financial resource, the items included were: allocation of sufficient financial resources (mean=2.36, SD=.777) which indicates that respondents disagree the existence of sufficient financial resource for activities to be done under five year SPI; shortage of finance (mean=3.83, SD=.760); they agree that there was shortage of finance due to insufficient allocation of financial resources; activity ignored (mean=3.23, SD=1.208); respondents closer to agree that there was an activity ignored due to shortage of finance; budget calendar (mean=2.70, SD=.987); which shows that most of the respondents closer to be neutral and disagreed which indicates that the health center couldn't use the allocated financial resource according to the budget calendar; expanded internal source of revenue generation means (mean=2.70, SD= .987); this item indicates that even though it is one part of the five year SP, internal revenue generation means were not expanded during the SP period; utilization of financial resource (mean=2.72, SD=.906); here respondents disagree the existence of adequate utilization of

financial resource; and influence of financial resource on SPI (mean=4.65, SD=.576); in which most of the respondents strongly agree on the influence of financial resource on SPI.

The above data indicates that the amount allocated for purposes of implementing strategic plan was almost not enough. This was partly caused by lack of funds since revenue collection was inefficient. Due to this there was overlooked of activities to be done. Thus, its insufficient allocation and utilization hinders implementation of SP.

Table 6. Material Resource

Items	N	Mean	Std. Deviation
Sufficient available medical equipments	98	2.48	.888
Adequately fulfilled with available drugs for diagnosis.	98	2.73	.969
Logistics including supply systems, transport, warehouses, and their logistic facilities are accessible.	98	3.03	.225
There is sufficient facilities like water and electric power	98	2.44	.909
The existed buildings are enough for giving service with supplementary facilities.	98	4.57	.642
The material resources available were properly utilized to deliver the required quality health care under strategic plan implementation	98	4.56	.539
Material resource has influence on strategic plan implementation.	98	4.73	.444

Source: survey result, 2015

concerning material resource, the items included were; available medical equipments (mean=2.48, SD=.888); which indicates that there is insufficient medical equipment in the health center; available drugs for diagnosis (mean=2.73, SD=.969); logistics including supply systems, transport, warehouses (mean=3.03, SD=.225);respondents disagree on the existence of this logistics; water and electric power (mean=2.44, SD=.909); which indicates that there is no sufficient water and electric power supply; buildings(mean=4.57, SD=.642);it is important to have appropriate buildings to deliver the expected service to the society, but according to the respondents the existing buildings were not enough to give the service; utilization of material

resources (mean=4.56, SD=.539); according to these data there is adequate utilization of resource in the health center; influence of material resource on SPI (mean=4.73, SD=.444) most of respondents agree on that material resource has influence on SPI.

Respondents feedback indicates that there is insufficient allocation of material resources (medical equipments, drugs, logistics including supply systems, transport, warehouses, and their logistic facilities are accessible) and this leads to inadequate SPI.

4.3 Relationship between selected factors and SPI

In this study, the Pearson's product moment correlation coefficient test is used to determine whether there exists statistically significant relation between SPI and different types of resources. in PHCs of Adama city. The results of the correlation test are summarized in Table 4.6 below

Table 4.7. Correlation Analysis Between Variables

		Human resource	Material resource	Financial resource
Human resource	Pearson Correlation	1		
	Sig. (2-tailed)			
	N	98		
Material resource	Pearson Correlation	.292**	1	
	Sig. (2-tailed)	.004		
	N	98	98	
Financial resource	Pearson Correlation	.596**	.280**	1
	Sig. (2-tailed)	.000	.005	
	N	98	98	98
strategic plan implementation	Pearson Correlation	.619**	.482**	.623**
	Sig. (2-tailed)	.000	.000	.000
	N	98	98	98

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

Source: survey result 2015

A correlation analysis between the dependent variables and the independent variable carried out to understand the association between all variables.

The first factor HR has r (98) = .619, p<0.05 this significance correlation give strong evidence for the presence of significant relationship between human resource and strategic plan implementation. This indicates that to achieve the expected SPI objective human resource provides a great contribution in performing activities under the plan.

Regarding material resources, it has positive relationship with SPI. their relationship is significant at 0.05 significance level r (98)=.482, p<0.05). This indicates that significant correlation give strong evidence for the presence of significant relationship between material resource and strategic plan implementation. this may imply that in order to perform certain activities towards the achievement of strategic plan, material resource including building, different equipments, facilities and others are needed and SPI is going with the help of this resources.

The third factor financial resource has positive correlation with SPI. Their relationship is significant at 0.05 significance level (r (98)=.623, p<0.05). This indicates that financial resource provides that available potentials who perform activities (people), and things to do the activities towards the achievement of SPI. Overall, strategic plan implementation had a positive relationship with all resource types and the correlation is statistically significant.

Multicollinearity among the independent variables can lead to effects on the dependent variable. If there exist multicollinearity among independent variables it needs to be replaced each other For this a multicolinearity test was performed. The relationship between each independent variables is at a minimum r value, therefore there is no multicolinearity among the independent variables. The model did not violate the multicollinearity assumption hence there was no need for removing one of the highly inter-correlated independent variables from the model. Cooper and Schindler (2008) recommend a correlation value of 0.8 or greater to denote multicollinearity between two variables. From Table 4.7, none of the correlation values was 0.8 or greater, rendering the variables suitable for regression analysis.

4.4 Result of Multiple Regression

Table 4. 8. Multiple Regression

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.747[a]	.558	.544	.21313	
a. Predictors: (Constant), FR, MR, HR					

ANOVA[a]					
Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	5.400	3	1.800	39.627	.000[b]
Residual	4.270	94	.045		
Total	9.670	97			
a. Dependent Variable: strategic plan implementation					
b. Predictors: (Constant), Financial resource, Material resource, Human resource					
Coefficients[a]					
Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	.988	.363		2.725	.008
Human resource	.162	.043	.329	3.807	.000
Material resource	.420	.105	.289	3.995	.000
Financial resource	.293	.073	.345	4.009	.000
a. Dependent Variable: strategic plan implementation					

Source: survey result 2015

The model involving all the independent variables showed that the model accounts for 54.4% of the variation in the overall health centers strategic plan implementation (correlation coefficient=.747, coefficient of determination=.558, and adjusted coefficient of determination=.544).

In the ANOVA, it shows that the F value of 39.627 and the p-value is 0.000 which is less than ($p< 0.05$) so significant at the 0.05 level. In general the regression model with those independent variables of human resources, material resources, and financial resources were statically significant in explaining the variation in strategic plan implementation.

It was found that the b0=.988 with p value of 0.008 implies that not only human resource, material resource and financial resource had influence on SPI but other factors also have effect on it. Further, each of the elements make a positive contribution to the realization of strategic plan implementation (with a coefficient of b1=.162, b2=.420,and b3=.293) though all human resource, material resource, and financial resource were significant at significance level of 0.05 there p value<0.05.

SPI = .988+.162 X1+.420 X2+.293 X3

As table 6 indicates Human resource included in the study were subjected to regression analysis to test its influence on strategic plan implementation. From examining the coefficients, it is clear that human resource existed at certain maximum thereby signifying the positive constant (b0=.988, p=0.008). However, as the practice of human resource improves, there will generally be improved strategic plan implementation for the city's health centers (b1=.162, p=0.000).

The above table displays regression analysis relating material resource and strategic plan implementation. The coefficients were positive (b0=.988, b2=.420 where the p values in the first cases were ($p<0.05$) and for material resource($p<0.05$), indicating significance. This indicates that as material resource were fulfilled to provide adequate activities of preventing and healing diseases, there were improved chances of achieving higher strategic plan implementation.

Financial resource accounts for positive coefficients (b0=.988, b3=.293) where the p values for financial resource ($p<0.05$), indicating significance at 0.05 significance level. This indicates that as financial resource were allocated properly according to the activities requirement and utilized properly, there were improved chances of achieving higher strategic plan implementation.

To compare the different variables it is important that to look at the standardized coefficients, not the unstandardized ones. 'Standardized' means that these values for each of the different variables have been converted to the same scale so that you can compare them. If you were interested in constructing a regression equation, you would use the unstandardized coefficient values listed as B (Pallant, 2005). According to the result under regression analysis the standardized coefficient indicates that financial resource has a great influence on the dependent variable which is strategic plan implementation, at b3=0.345and followed by human resources at b1=0.329. Material resource placed at third for the contribution to strategic plan implementation at b2=0.289.

4.5 Hypotheses Test Results

Ho1: .Human resources has no statistically significant relation and negatively influence strategic plan implementation.

The above tests show that human resource has positive influence on SPI. All of the tests were significant. The hypothesis was tested at two levels. Firstly, correlation analysis between Human resource and strategic plan implementation outcome proved that human resource correlates positively with strategic plan implementation outcome at significance level of 0.05 ($r(98)=.619$, $p<0.05$). second, human resource was included under the multiple regression model, however, and it had still a positive relationship with strategic plan implementation which was significant at significance level of 0.05 ($b1=.162$, $p<0.05$).

The above results were positive, in that, multiple regression analysis was positive and significant while correlation analysis had positive coefficient. Therefore, human resource has statistically significant relation and positively influence strategic plan implementation of the city public health centers (HO1 is rejected and H1 accepted) .

According to Sorooshian et al., (2010), it is worth noting that a successful strategy realization is identified by the coherence of decisions and actions of all employee resources at all levels of the organization and not simply by the people who originally described the strategy. But, also a mechanism is required to direct all employees other resources towards the same strategy implementation mainly for the purpose of ensuring that strategy is realized at all levels of the organization (Sorooshian et al., 2010). This statement tells us human resource needs focus in

order to do activities as expected towards strategic plan implementation achievement. As the researcher predict by using the hypothesis human resource has effect on strategic plan implementation and it needs a great focus to lead strategic plan objective towards achievement. Hence, it can be concluded that human resource has influence on strategic plan implementation with the support of similar results according to study findings, with all positive effects on SPI.

HO2: Material resources has no statistically significant relation and negatively influence strategic plan implementation.

MR correlated with strategic plan implementation at 0.05 significance level (r=.482, p=0.000, n=98). The coefficient of material resource under multiple regression b2=.420, (p-value=0.000) which is significant and thus, the influence of material resources on strategic plan implementation had positive results according to the study findings. correlation analysis had positive result and significant. Therefore, material resources has statistically significant relation and positively influence strategic plan implementation of the city public health centers (HO2 is rejected and H2 accepted) .

HO3: Financial resources has no statistically significant relation and negatively influence strategic plan implementation.

Finally financial resource, under multiple regression model, the coefficient was (b3=.293, p-value=0.000), both coefficients being positive and significant at 0.01 significance level. The correlation coefficient was significant at significance level of 0.01 (r=.623, p=0.000). Therefore, Financial resource affect strategic plan implementation positively.

All the analysis indicates that there is significant positive relationships between financial resource and strategic plan implementation. Thus, financial resources has statistically significant relation and positively influence strategic plan implementation of the city public health centers (HO3 is rejected and H3 accepted) .

As stated by Saidi, and Makau, financial resources have influence on SPI as predicted by the researcher on the hypothesis and the hypothesis result also explain this. They express it as, resources allocation affected competitive strategy implementation through budgetary allocations, financial controls, conducive resource allocation policy for equitable opportunity for staff development and revenue efficiency. In addition to this, Kirui (2013) states that financial resources affected strategic implementation through budgetary allocations, financial controls, revenue efficiency, and external donor support.

CHAPTER FIVE

5. Conclusion And Recommendation

5.1 Conclusions

The study sought to understand influence of resources on strategic plan implementation and three factors were considered in relation to resources. These were human resource , financial resource and material resources. Concerning the outcome of strategic plan implementation, general and various specific objectives of the strategic plan of Adama city public health centers were included. From the study, using results of mean and standard deviation it can be concluded that even though, the five year strategic plan implementation leads Adama city public health centers to provide improved and quality patient service, increased number of patients served by the health center, helps in prevention of disease, increased health extension service, and improved internal capacity to deliver health service above average mean, there was problems faced during the implementation period in relation with different types of resources. The mean calculated under descriptive analysis based on the data collected from employees of the HCs reflects that there is a problem in allocation as well as utilization of resources. In addition to this, results from regression analysis leads to conclude that all those factors (human resource, financial resource and material resource) were found to have positive influence on strategic plan implementation. Which means improvements in this factors lead to better performance of strategic plan implementation and there insufficient allocation and poor utilization also leads to poor outcome of strategic plan implementation.

Finally, as indicated in the discussion part financial resources has more influence on SPI than other types of resources. This tells that for the existence of both human and material resources in the health centers as well as to make them work towards the achievement of SPI objectives financial resources play a great role. Thus, financial resources has more influence on SPI than other type of resources under study.

From the findings of this study, it is suggested that the following measures to improve the outcome of strategic plan implementation of the health centers:

1. ACHO is better if they allocate sufficient human, financial, and material resources to the health centers. This will help them to perform activities under strategic plan implementation towards achievement of strategic plan objectives and improve its performance

2. ACHC: strengthen their work on staff capacity building by upgrading their level of education and through continuous training and reward them up on their performance. This likely to help improve staff capability to provide their contribution to the SPI and improve their understanding of the strategic objectives and align their efforts towards attainment of those goals.

3. ACHC: build up and expand internal source of financing and improve utilization of financial resources. This will help them to have sufficient financial resource for performing SPI activities other than the budget they get from the city health office. And the existence of improved utilization of this resources will helps to put off activities ignored due to shortage of budget and to perform strategic plan implementation activities with improved performance under strategic plan period.

4. ACHO: provide available medical equipments and fulfill infrastructures. This will help health centers to deliver the required quality health service and to expand the health centers service to the society at all. The performance of this actions will help to improve the performance of Strategic plan implementation.

5.2 Recommendations

The following recommendations are made for future studies:

- While this study is quantitative regarding influence of resources on strategic plan implementation; a qualitative analysis be supposed to be undertaken in future study.
- It is not only those selected types of resources i.e. human, material, and financial resources rather there are other variables and judicious variables. So the researcher call attention to that if other researchers are doing research on this other variables in this area.
- Indeed, lack of secondary data on the approach resources conducted and their influence on strategic plan implementation of Adama city public health centers increases the demand for further studies in this area.
- Researcher utilized likert scale type questionnaire for this study and strongly propose other researcher to utilize different tools to study this area in detail.

- Likewise, future research could also be simulated to other sectors, including a comparison between health centers and hypothesis developed for this study could be expanded to include the influence of other factors on SPI.
- As observed from adjusted R square in this study resources take half plus part. Therefore, extra variables other than (human, material, and financial) needs to be study for future.

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APPENDIX

Appendix A. QUESTIONNAIRE

ADAMA SCIENCE AND TECHNOLOGY UNIVERSITY

SCHOOL OF BUSINESS AND ECONOMICS

DEPARTMENT OF MANAGEMENT

PROGRAM: MBA

This questionnaire is prepared to assist in collecting data relating to the influence of resource on implementation of strategic plan in case of health centers in Adama town. As one of the key identified respondents/informants, you are hereby requested to complete it. Any information given with respect to this request shall be treated with strict confidentiality and will only be used for the purpose abovementioned.

Section 1: Respondent Information

Please fill in appropriate answer/s to the questions below.

1. Age below 20 years ☐ 21- 30 years ☐ 31-40 years ☐

above 40 years ☐

2. Gender: Male ☐ Female ☐

3. Educational level:

diploma ☐ Bachelor degree ☐ Masters degree and above ☐

4. Position in the organization:

management ☐ professional staff ☐ supportive staff ☐

5. Work experience in the health care center

0- 5 years ☐ 6-10 years ☐ more than 10 years ☐

Section 2. use "X" symbol to answer five point likert scale questions.

1. Strongly agree -SA
2. Agree - A
3. Neutral - N
4. Disagree -D
5. Strongly disagree - SD

A. strategic plan implementation

NO.	Outcomes	SA	A	N	D	SD
1.	I think strategic plan implementation has led to an improved and quality patient service.					
2.	I observe that the implementation of strategic plan increase the number of patients served by the health care center.					
3.	I understand that strategic plan implementation led to an improved customer satisfaction in terms of service delivery.					
4.	I think strategic plan implementation helps in prevention of disease in a great extent.					
5.	I understand that the implementation of strategic plan implementation has led to increased health extension service.					
6.	I know that the implementation of strategic plan has led to improved internal capacity to deliver health care service.					

B. Human resources

NO.	Human resources	SA	A	N	D	SD
1.	I think the organization allocates sufficient human resources for strategic plan implementation.					
1	I think the employees who are involved in the strategy implementation has necessary capabilities.					
3.	I know that the existed staffs were measured and rewarded for executing the plan.					
4.	I know that capacity building was done for existing staff towards strategic plan implementation					
5.	I am confident that upgrading the level of education for human resources was done adequately.					
6.	I think utilization of human resource were adequate.					
7.	I understand that human resource has influence on strategic plan implementation.					

C. Financial Resources

NO.	Financial resources	SA	A	N	D	SD
1.	I think the organization allocates sufficient financial resources for strategic plan implementation.					
2.	I believe that there was shortage of finance to implement strategic plan					
3.	I think the health care center use financial resources according to the budget calendar.					
4.	I know that there was an activity ignored due to the shortage of budget.					
5.	I know that there was expanded internal source of revenue generation means.					
6.	I think utilization of financial resource were adequate.					
7.	I understand that financial resource has influence on strategic plan implementation.					

D. Material resource

NO.	Material resources	SA	A	N	D	SD
1.	I think the health care center has sufficient available medical equipments.					
2.	I understand that the health center was adequately fulfilled with available drugs for diagnosis.					
3.	I believe that logistics including supply systems, transport, warehouses, and their logistic facilities are accessible.					
4.	I know that there is sufficient facilities like water and electric power.					
5.	I think the existed buildings are enough for giving service with supplementary facilities.					
6.	I think the material resources available were properly utilized to deliver the required quality health care under strategic plan implementation					
7.	I understand that material resource has influence on strategic plan implementation.					

THANK YOU!!

Appendix B.Sample size determination (confidence level = 0.05)

Table for Determining Sample Size from a Given Population

N	*S*	*N*	*S*	*N*	*S*
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note.—*N* is population size.
S is sample size.

Appendix c.

Correlations Matrix

		Human resource	Material resource	Financial resource
Human resource	Pearson Correlation	1	.292**	.596**
	Sig. (2-tailed)		.004	.000
	N	98	98	98
Material resource	Pearson Correlation	.292**	1	.280**
	Sig. (2-tailed)	.004		.005
	N	98	98	98
Financial resource	Pearson Correlation	.596**	.280**	1
	Sig. (2-tailed)	.000	.005	
	N	98	98	98
strategic plan implementation	Pearson Correlation	.619**	.482**	.623**
	Sig. (2-tailed)	.000	.000	.000
	N	98	98	98

Correlations

		strategic plan implementation
Human resource	Pearson Correlation	.619
	Sig. (2-tailed)	.000
	N	98
Material resource	Pearson Correlation	.482**
	Sig. (2-tailed)	.000
	N	98
Financial resource	Pearson Correlation	.623**
	Sig. (2-tailed)	.000
	N	98
strategic plan implementation	Pearson Correlation	1**
	Sig. (2-tailed)	
	N	98

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

Appendix D. Regression Table

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Financial resource, Material resource, Human resource[b]	.	Enter

a. Dependent Variable: strategic plan implementation

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.747[a]	.558	.544	.21313

a. Predictors: (Constant), Financial resource, Material resource, Human resource

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5.400	3	1.800	39.627	.000[b]
	Residual	4.270	94	.045		
	Total	9.670	97			

a. Dependent Variable: strategic plan implementation

b. Predictors: (Constant), Financial resource, Material resource, Human resource

Coefficients [a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.988	.363		2.725	.008
	Human resource	.162	.043	.329	3.807	.000
	Material resource	.420	.105	.289	3.995	.000
	Financial resource	.293	.073	.345	4.009	.000

a. Dependent Variable: strategic plan implementation