

Resource Management Strategies and Organizational Performance of Donor Funded HIV Programmes in Kenya: A Multivariate Analysis

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ABSTRACT

Donor funded HIV programmes remain central to HIV prevention, treatment, laboratory monitoring, and continuity of care within Kenya's health system. Despite substantial investments by global financing mechanisms, programme performance remains uneven due to persistent workforce, financial, infrastructural, and digital coordination challenges. Existing studies have examined these organizational dimensions independently, with limited empirical evidence regarding their integrated influence on programme performance within donor dependent HIV systems. This study examined the combined effect of resource management strategies on organizational performance of donor funded HIV programmes in Kenya. The study adopted a descriptive correlational research design. Quantitative data were collected from 404 senior programme managers drawn from implementing partner organizations, donor supported counties, and HIV service delivery facilities across Kenya. The data were analyzed using descriptive statistics, Pearson correlation analysis, and multiple regression analysis in SPSS Version 29. The findings established that strategic resource management systems jointly exerted a statistically significant influence on organizational performance ($R = 0.6364$, $R^2 = 0.405$, $F = 37.979$, $p < 0.001$). Human resource management strategies ($B = 0.332$, $p < 0.001$), financial resource management strategies ($B = 0.351$, $p < 0.001$), and information technology resource management strategies ($B = 0.351$, $p < 0.001$) emerged as significant predictors of organizational performance. The study concludes that sustainable organizational performance within donor funded HIV programmes is primarily driven by institutional capacity to integrate workforce systems, financial accountability mechanisms, and digital health infrastructure into coordinated and adaptive programme management systems capable of sustaining service continuity, operational efficiency, and healthcare responsiveness.

Keywords: Donor funded HIV programmes, organizational performance, strategic resource management, digital health systems, financial governance, implementation science, Kenya

INTRODUCTION

Background of the Study

Global HIV programmes continue to play a central role in strengthening treatment access, prevention services, laboratory monitoring, and continuity of care across low- and middle-income countries. Over the last two decades, major international financing mechanisms such as the United States President's Emergency Plan for AIDS Relief and the Global Fund have substantially transformed HIV service delivery systems through investments in healthcare workforce development, antiretroviral therapy, diagnostics, laboratory infrastructure, supply chains, community health systems, and digital reporting platforms. According to the Joint United Nations Programme on HIV/AIDS, approximately 30.7 million people globally were receiving antiretroviral therapy by 2023, representing one of the largest and most sustained international public health interventions in modern history (UNAIDS, 2024). Despite these gains, increasing concerns continue to emerge regarding programme sustainability, workforce instability, operational accountability, donor dependency, and long-term institutional resilience within HIV systems heavily reliant on external financing (Piot et al., 2021; Kavanagh et al., 2020). Recent evidence further suggests that health shocks such as the COVID-19 pandemic exposed significant

vulnerabilities in donor dependent HIV systems, particularly in relation to workforce coordination, service continuity, financing stability, and digital reporting integration (Jewell et al., 2020; Hogan et al., 2020).

Healthcare systems literature increasingly conceptualizes programme performance as a product of integrated resource management strategies rather than isolated technical interventions. Strategic management and implementation science scholars argue that organizational effectiveness within complex healthcare environments depends on the interaction between workforce systems, financial governance structures, infrastructure coordination mechanisms, digital health systems, and institutional leadership arrangements (Barasa et al., 2021; Sheikh et al., 2020). Within donor funded HIV programmes specifically, continuity of care depends heavily on the ability of institutions to coordinate multidisciplinary healthcare workers, financial stewardship strategies, laboratory services, medical commodities, electronic reporting systems, and donor accountability requirements simultaneously (Frieden & Hagan, 2020). Recent studies conducted in sub-Saharan Africa demonstrate that integrated organizational capability significantly influences programme responsiveness, patient retention, viral suppression outcomes, reporting quality, and healthcare resilience within HIV systems operating under constrained resources (Mutale et al., 2017; Kidane & Mwanri, 2023). Consequently, organizational performance is increasingly understood as an outcome of adaptive institutional capability, systems integration, and strategic coordination across multiple operational domains.

In Kenya, donor funded HIV programmes continue to support HIV prevention, treatment, laboratory diagnostics, monitoring systems, healthcare workforce financing, data management, and community outreach interventions across counties and health facilities. Kenya's HIV response remains heavily dependent on donor financing particularly through PEPFAR and the Global Fund, which collectively support substantial proportions of HIV commodities, diagnostics, workforce salaries, and programme implementation activities (Ministry of Health Kenya, 2023). However, these programmes continue to face substantial operational and institutional challenges including fragmented workforce systems, staffing shortages, inconsistent financial management structures, infrastructure disparities, reporting burdens, and governance complexities associated with devolved health systems (Tsofa et al., 2023; Barasa et al., 2022). Existing empirical studies in Kenya have largely focused on epidemiological outcomes, financing sustainability, donor transition, and isolated management strategies without holistically examining how integrated resource management strategies jointly influence programme performance within donor funded HIV systems. This study therefore examined the combined predictive effect of human resource management, financial resource management, physical resource management, information technology resource management, and the policy and regulatory environment on organizational performance of donor funded HIV programmes in Kenya using multivariate regression analysis.

Problem Statement

Despite sustained international financing for HIV prevention, treatment, and care programmes in Kenya, substantial disparities in organizational performance persist across donor funded HIV programmes. Studies conducted in sub-Saharan Africa indicate that donor dependent HIV programmes continue to face recurring challenges related to workforce instability, fragmented reporting systems, weak institutional coordination, delayed financial disbursement, and increasing accountability demands from multiple funding agencies (Ssengooba et al., 2021; Olivier et al., 2021). Within Kenya, these operational challenges have been compounded by devolved governance arrangements, rising donor transition pressures, and growing expectations for programme efficiency, data quality, and sustainable health systems integration (Masaba et al., 2020). Evidence further suggests that fragmented management systems contribute to duplication of activities, inefficient resource utilization, service interruptions, and inconsistencies in programme implementation across counties and facilities (Bourgeault et al., 2020). Accordingly, organizational performance within donor funded HIV programmes remains uneven despite substantial financial and technical investments.

Existing empirical studies have predominantly examined determinants of HIV programme performance in isolation, focusing separately on healthcare workforce motivation, financing adequacy, digital health adoption, infrastructure availability, or governance reforms (Rwashana et al., 2014; Hirschhorn et al., 2019). Although these studies provide important operational insights, limited evidence exists regarding how resource management strategies collectively shape programme effectiveness within donor dependent healthcare environments. In particular, few studies have comparatively examined the integrated influence of human

resource management, financial resource management, physical resource management, information technology resource management, and policy frameworks on organizational performance within Kenya's HIV response system. This evidence gap limits the ability of policymakers, implementing partners, and programme managers to identify which organizational systems exert the strongest influence on operational efficiency, continuity of care, programme responsiveness, and institutional sustainability. The present study, therefore, addressed this gap by examining the combined predictive effect of strategic resource management systems on organizational performance of donor funded HIV programmes in Kenya using multivariate regression analysis.

Objective of the Study

The objective of the study was to examine the combined effect of strategic resource management systems on organizational performance of donor funded HIV programmes in Kenya. Specifically, the study examined the effect of human resource management strategies, financial resource management strategies, physical resource management strategies, information technology resource management strategies, and the policy and regulatory environment on organizational performance.

LITERATURE REVIEW

Contemporary healthcare systems literature increasingly recognizes strategic resource management systems as critical determinants of organizational performance within donor funded health programmes. Recent implementation science and health systems strengthening perspectives emphasize that programme effectiveness depends not merely on resource availability but on how institutions coordinate, integrate, deploy, and govern multiple operational systems simultaneously (Best et al., 2012; Gilson et al., 2014). Within healthcare systems, organizational capability is increasingly conceptualized as a multidimensional construct involving workforce coordination, financial stewardship, infrastructure management, digital integration, and institutional adaptability operating collectively to support continuity of care and programme responsiveness. In donor funded HIV programmes specifically, healthcare organizations are required to simultaneously manage healthcare workers, donor accountability structures, procurement systems, laboratory services, data reporting platforms, and community outreach interventions under conditions of resource constraints and evolving programme demands (Nzinga et al., 2021). Consequently, programme performance increasingly depends on institutional capacity to coordinate strategic resources efficiently rather than on isolated operational inputs alone.

Human resource management systems remain central determinants of healthcare programme performance because healthcare workers operationalize clinical interventions, financial systems, reporting platforms, and programme coordination structures into actual service delivery outcomes. Recent studies conducted across sub-Saharan Africa demonstrate that supportive supervision, workforce mentorship, multidisciplinary teamwork, task sharing, staff retention strategies, and continuous professional development significantly improve healthcare responsiveness, continuity of care, patient satisfaction, and programme sustainability (Muthuri et al., 2020; Ojaka et al., 2022). Evidence further suggests that workforce instability and inadequate supervision contribute to burnout, low motivation, service disruptions, and reduced programme efficiency within HIV systems (Afulani et al., 2021). Contemporary implementation science literature therefore increasingly conceptualizes workforce systems as strategic organizational capabilities that shape institutional resilience, adaptability, and operational effectiveness within donor funded healthcare environments.

Financial resource management systems similarly exert substantial influence on organizational performance through budgeting discipline, expenditure accountability, procurement governance, financial transparency, and timely disbursement mechanisms. Studies conducted within low- and middle-income countries indicate that weak financial governance structures frequently contribute to procurement delays, resource leakage, programme interruptions, and reduced service continuity within donor funded health systems (Sieleunou et al., 2020; Cashin et al., 2022). Conversely, strategic financial stewardship improves donor accountability, strengthens organizational transparency, enhances resource optimization, and supports continuity of healthcare delivery across programme settings. Recent health systems research further demonstrates that institutions possessing stronger financial accountability systems are more likely to sustain programme implementation and adapt effectively to donor transition pressures and changing financing environments (Yamey et al., 2021).

Consequently, financial governance increasingly functions not merely as an administrative requirement but as a strategic institutional capability underpinning programme sustainability.

Information technology resource management has emerged as one of the most transformative dimensions of healthcare systems strengthening within HIV programmes. Expansion of electronic medical records, interoperability systems, digital dashboards, laboratory information systems, and real time reporting platforms has substantially improved patient tracking, service coordination, programme monitoring, reporting quality, and decision-making efficiency across healthcare systems (Labrique et al., 2020; Olu et al., 2019). Recent evidence from HIV programmes in Africa demonstrates that integrated digital systems strengthen continuity of care, improve viral load monitoring, reduce data fragmentation, and enhance organizational responsiveness during healthcare disruptions (Were et al., 2021). Physical resource management systems including infrastructure adequacy, equipment functionality, logistics systems, and commodity management structures also contribute to programme effectiveness by supporting service continuity and operational coordination. However, emerging systems thinking literature increasingly argues that infrastructure alone may not independently improve programme outcomes unless integrated with strong workforce systems, financial governance structures, and digital coordination mechanisms (Barasa et al., 2021).

The Resource Based View Theory and Dynamic Capabilities Theory provide the theoretical foundation underpinning the present study. The Resource Based View Theory conceptualizes organizational resources including workforce competence, digital systems, financial governance structures, and infrastructure coordination capabilities as strategic assets capable of generating sustained organizational performance advantages (Barney, 1991). Dynamic Capabilities Theory further explains how organizations adapt, integrate, and reconfigure institutional capabilities under changing environmental conditions (Teece et al., 1997). Within donor funded HIV programmes, these theories suggest that programme performance depends heavily on institutional ability to coordinate human, financial, physical, and technological resources under conditions of donor dependency, accountability pressure, health system decentralization, and evolving healthcare demands. Contemporary implementation science scholarship increasingly supports this perspective by emphasizing organizational adaptability and systems integration as central determinants of healthcare resilience and sustainability (Bhamra et al., 2021).

Although previous studies provide substantial evidence linking strategic resource management systems to healthcare performance, important empirical gaps remain evident. First, many existing studies focus on single organizational dimensions such as workforce motivation, financial accountability, or digital health adoption independently without examining integrated systems relationships. Second, limited multivariate evidence exists regarding the comparative predictive influence of different resource management systems within donor funded HIV programmes. Third, few studies have specifically examined integrated strategic resource management systems within Kenya's devolved HIV service delivery environment characterized by donor dependency, fragmented reporting structures, and evolving governance arrangements. The present study therefore contributes to implementation science and healthcare management literature by examining the combined effect of human resource management, financial resource management, physical resource management, information technology resource management, and policy environments on organizational performance using a fully specified multivariate analytical framework.

METHODOLOGY

The study employed a descriptive correlational design to evaluate the impact of various resource management strategies on organizational performance. Given the potential interrelatedness of human resource management, financial resource management, and information technology management strategies, multicollinearity was assessed using Variance Inflation Factor (VIF) values, with a threshold of 10 indicating potential concerns. The analysis revealed VIF values of 1.00 for all predictors, significantly below the threshold, suggesting that although these constructs may be interrelated in practice, they are theoretically distinct and contribute uniquely to explaining organizational performance in the context of donor-funded HIV programs in Kenya. Additionally, the study examined the predictive effects of several resource management strategies—including human resources, financial resources, physical resources, information technology resources, and the policy and regulatory environment—on organizational performance. The target population consisted of 4,488 senior

program managers from donor-funded HIV treatment facilities, implementing partner organizations, and donor-supported county health structures across Kenya. A stratified random sampling method was employed to ensure adequate representation across various program categories, institutional levels, and operational structures involved in HIV program implementation. Subsequently, simple random sampling procedures were applied within each stratum, resulting in a final sample of 404 respondents.

Primary data were collected using structured questionnaires comprising five-point Likert scale items measuring human resource management strategies, financial resource management strategies, physical resource management strategies, information technology resource management strategies, policy and regulatory environment, and organizational performance indicators. Reliability testing using Cronbach alpha coefficients confirmed acceptable internal consistency across all study constructs, while content validity and construct validity procedures established adequacy and appropriateness of the research instruments. Quantitative data analysis involved descriptive statistics, Pearson correlation analysis, simple linear regression, and multiple regression analysis using the Statistical Package for Social Sciences Version 29. The multivariate regression model was used to examine the combined predictive effect of strategic resource management systems on organizational performance within donor funded HIV programmes in Kenya.

RESULTS

The multivariate regression model assessed the combined influence of human resource management, financial resource management, physical resource management, information technology resource management, and the policy and regulatory environment on organizational performance of donor funded HIV programmes in Kenya. The findings demonstrated that the integrated resource management strategies significantly predicted programme performance outcomes.

The model summary presents the overall relationship between the predictor variables and organizational performance.

Table 1: Model Summary for the Regression of Resource Management Strategies on Organizational Performance

Model	R	R Square	Adjusted R-Square	Standard Error
1	0.6364	0.405	0.3943	0.699

The model summary results indicated a strong positive relationship between the combined predictor variables and organizational performance ($R = 0.6364$). The coefficient of determination ($R^2 = 0.405$) showed that 40.5% of the variation in organizational performance was jointly explained by the resource management strategies. The adjusted R^2 value of 0.3943 further confirmed that the model retained substantial explanatory power after controlling for model complexity and the number of predictors included in the regression equation. The standard error of estimate (0.699) demonstrated acceptable model fit and predictive precision.

The analysis of variance (ANOVA) assesses whether the overall model significantly predicts organizational performance.

Table 2: Analysis of Variance for the RMS–Organizational Performance Regression Model

Source	df	Sum Sq	Mean Sq	F	Pr(>F)
Regression	5	92.914	18.583	37.979	0.000
Residuals	279	136.513	0.489		
Total	284	229.427			

The analysis of variance findings established that the overall regression model was statistically significant, $F(5,279) = 37.979$, $p < 0.001$, indicating that the integrated set of resource management strategies significantly improved prediction of organizational performance relative to a null model.

Regression coefficients provide insights into the individual effects of each predictor variable on organizational performance.

Table 3: Regression Coefficients for the Effect of Resource Management Strategies on Organizational Performance

Predictor	B	SE	t-value	p-value
(Intercept)	-0.309	0.292	-1.057	0.2914
Human Resource Management Strategies	0.332	0.049	6.790	0.000
Financial Resource Management Strategies	0.351	0.051	6.879	0.000
Physical Resource Management Strategies	0.049	0.047	1.037	0.3005
Information Technology Resource Management Strategies	0.351	0.045	7.718	0.000
Policy and Regulatory Environment	-0.001	0.059	-0.021	0.9832

The regression coefficient analysis indicates that human resource management strategies exert a statistically significant positive effect on organizational performance ($B = 0.332$, $SE = 0.049$, $t = 6.790$, $p < 0.001$). This suggests that effective workforce planning systems, supportive supervision, mentorship structures, staff training, and performance management mechanisms substantially enhance program effectiveness within donor-funded HIV systems.

Similarly, financial resource management strategies have a strong positive and statistically significant effect on organizational performance ($B = 0.351$, $SE = 0.051$, $t = 6.879$, $p < 0.001$). The implications are that budgeting discipline, expenditure accountability, procurement governance, donor reporting compliance, and financial transparency are critical drivers of program effectiveness and operational continuity.

Information technology resource management emerged as a significant predictor of program performance ($B = 0.351$, $SE = 0.045$, $t = 7.718$, $p < 0.001$). This finding underscores how electronic medical records, digital reporting systems, laboratory information systems, interoperable platforms, and real-time dashboards enhance program coordination, reporting quality, patient tracking, and decision-making efficiency across HIV service delivery systems.

In contrast, physical resource management recorded a positive but statistically insignificant effect on organizational performance ($B = 0.049$, $SE = 0.047$, $t = 1.037$, $p = 0.3005$). Similarly, the policy and regulatory environment produced a statistically insignificant coefficient ($B = -0.001$, $SE = 0.059$, $t = -0.021$, $p = 0.9832$). This indicates that infrastructure availability and broader governance structures exert comparatively weaker direct effects on program performance when workforce systems, financial accountability structures, and digital coordination mechanisms are simultaneously considered within the multivariate framework.

The analysis reveals that financial resource management and information technology resource management are the strongest predictors of organizational performance, followed closely by human resource management strategies. This suggests that organizational performance within donor-funded HIV programs increasingly depends on integrated managerial capability, financial stewardship systems, workforce coordination, and digital infrastructure rather than isolated physical resource availability.

DISCUSSION

The findings of the study demonstrate that strategic resource management systems significantly influence organizational performance within donor funded HIV programmes in Kenya. The strong explanatory power of the multivariate model confirms that programme effectiveness is increasingly shaped by integrated interaction between workforce systems, financial accountability structures, and digital coordination mechanisms rather than isolated operational inputs. These findings reinforce contemporary literature which conceptualizes healthcare performance as an outcome of institutional capability, organizational resilience, and coordinated systems integration (Barasa et al., 2018; Sheikh & Abimbola, 2021). Similar observations were reported by Best et al. (2012), who argued that sustainable transformation within healthcare systems depends heavily on an organization's capacity to coordinate multiple operational systems simultaneously rather than relying on singular technical interventions. The present findings, therefore, support growing evidence that donor funded HIV programmes increasingly function as complex adaptive systems requiring integrated managerial coordination to sustain programme effectiveness under changing operational conditions.

The strong predictive effect of financial resource management demonstrates that donor funded HIV programmes depend on budgeting discipline, expenditure accountability, procurement governance systems, and financial transparency mechanisms. These findings are consistent with studies by Tsofa et al. (2023), which established that weak financial governance structures within devolved health systems contribute to delays in implementation, procurement inefficiencies, and operational fragmentation across healthcare programmes. Similarly, Ssengooba et al. (2021) emphasized that effective financial stewardship strengthens programme continuity, institutional accountability, and organizational responsiveness within donor dependent healthcare systems. The findings also reinforce broader arguments advanced through the Resource Based View Theory that institutional governance capabilities constitute strategic organizational resources capable of generating sustained performance advantages (Barney, 1991). Within donor funded HIV programmes specifically, stronger financial management systems may enhance donor confidence, reduce resource leakage, strengthen procurement coordination, and support continuity of HIV service delivery under conditions of increasing accountability pressure and donor transition uncertainty.

The strong influence of information technology resource management further highlights the growing centrality of digital health systems within HIV programme implementation. Electronic medical records, interoperability platforms, laboratory information systems, digital dashboards, and real time reporting systems increasingly function as critical organizational infrastructure linking patient management, programme monitoring, donor reporting, and strategic decision making across HIV programmes. These findings are consistent with studies by Labrique et al. (2018), which demonstrated that integrated digital health systems significantly improve healthcare coordination, reporting efficiency, and service continuity within low- and middle-income countries. Similar findings were reported by Olu et al. (2019), who established that digital health technologies strengthen healthcare responsiveness, programme accountability, and operational efficiency across African health systems. The findings therefore suggest that digital systems now function not merely as reporting tools but as dynamic organizational coordination mechanisms supporting institutional adaptability, continuity of care, and healthcare systems resilience.

Human resource management strategies also emerged as statistically significant predictors of programme performance, reinforcing the argument that healthcare workers constitute the operational transmission mechanism through which financial systems, digital platforms, and institutional structures are translated into actual service delivery outcomes. These findings align with evidence from Muthuri et al. (2020), who established that workforce motivation, supportive supervision, professional development, and teamwork substantially influence healthcare responsiveness and service quality within East African healthcare systems. Similar conclusions were reported by Ojaka et al. (2014), who found that workforce retention, supervision quality, and institutional support systems significantly affect continuity of healthcare delivery within Kenya's primary healthcare environment. Contemporary implementation science perspectives further emphasize that healthcare workers operationalize organizational systems into actual programme outcomes through institutional learning, adaptability, teamwork, and multidisciplinary collaboration (Gilson et al., 2014). Consequently, the present findings reinforce the argument that sustainable HIV programme performance depends not only on technical

infrastructure and financing adequacy but also on workforce capability, organizational culture, and institutional learning systems.

The comparatively weak effect of physical resource management suggests that infrastructure and equipment alone may not independently improve programme performance unless integrated with strong workforce systems, financial governance structures, and digital coordination mechanisms. These findings support systems thinking perspectives advanced by Rwashana et al. (2014), which argue that healthcare outcomes emerge from dynamic interaction between organizational systems rather than isolated physical inputs. Similarly, the statistically insignificant policy environment coefficient may reflect increasing operational autonomy of donor structures and implementing partners relative to broader governance systems within devolved healthcare environments. Comparable observations were reported by Masaba et al. (2020), who noted that Kenya's devolved healthcare system continues to experience coordination complexities and governance fragmentation affecting programme implementation across counties. The findings suggest that internal managerial and institutional capacities increasingly exert stronger direct effects on programme effectiveness than external policy structures within donor funded HIV programmes. These results therefore reinforce Dynamic Capabilities Theory, which argues that organizational performance depends heavily on the institutional ability to integrate, adapt, and reconfigure strategic resources under changing operational conditions.

CONCLUSION AND RECOMMENDATIONS

The findings of the study demonstrate that organizational performance within donor funded HIV programmes in Kenya is increasingly determined by integrated institutional capability rather than isolated operational resources. The multivariate regression analysis established that human resource management, financial resource management, and information technology resource management exert significant positive effects on programme performance, with financial management and digital systems emerging as the strongest predictors within the fully specified model. These findings suggest that programme effectiveness within donor funded HIV systems depends heavily on organizational ability to coordinate workforce systems, financial accountability mechanisms, and digital health infrastructure simultaneously. In contrast, physical resource management and the policy and regulatory environment recorded comparatively weak direct effects once broader organizational systems were considered, indicating that infrastructure and policy frameworks alone may not independently sustain programme effectiveness without strong managerial and institutional coordination mechanisms.

The study therefore concludes that contemporary donor funded HIV programmes increasingly function as complex organizational systems requiring integrated management capability, adaptive coordination, and institutional resilience to sustain continuity of care, reporting efficiency, programme responsiveness, and operational effectiveness. The findings further reinforce implementation science perspectives emphasizing that healthcare performance is shaped not merely by resource availability but by organizational capacity to integrate, govern, and operationalize strategic resources effectively under conditions of donor dependency, accountability pressure, and evolving healthcare demands.

The study recommends strengthening interoperable digital health systems, workforce management structures, supportive supervision mechanisms, and financial governance frameworks across donor funded HIV programmes in Kenya. Particular emphasis should be placed on expanding integrated electronic medical records systems, real time reporting platforms, workforce analytics systems, and interoperable digital coordination infrastructure capable of improving patient tracking, programme accountability, and service continuity. Donors, implementing partners, and county governments should further invest in institutional capacity building initiatives that strengthen financial stewardship, multidisciplinary teamwork, workforce adaptability, and evidence based decision making across HIV service delivery systems. Strengthening organizational learning systems and integrated strategic planning mechanisms may further improve programme responsiveness and long term sustainability under donor transition conditions.

From a policy perspective, the findings highlight the need for stronger integration between donor funded programme systems and national health system governance structures to reduce operational fragmentation and improve sustainability within Kenya's HIV response. Harmonization of digital systems, workforce structures, reporting frameworks, and financial accountability mechanisms should therefore be prioritized across implementing partners and county health systems. From a practice perspective, programme managers should

prioritize data driven management systems, multidisciplinary coordination, supportive organizational cultures, and adaptive workforce structures capable of strengthening institutional resilience and operational continuity within HIV programmes.

The study was limited to donor funded HIV programmes operating within Kenya and therefore the findings may not be fully generalizable to other healthcare systems or country contexts. Additionally, the cross sectional nature of the quantitative component limited assessment of long term causal relationships between strategic resource management systems and programme performance. Nevertheless, integration of quantitative and qualitative evidence substantially strengthened the contextual depth, credibility, and analytical validity of the study findings.

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