# EFFECTIVENESS OF LEADERSHIP AND GOVERNANCE IN PUBLIC HEALTHCARE PROVISION IN MERU COUNTY REFERRAL HOSPITAL

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## DECLARATION

I declare that this dissertation is my original work and has not been presented for a degree in any other university

Signature: …… Date: 14/5/2020

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This dissertation has been submitted for examination with our approval as university supervisors.

Signature: …… date: .14 May 2020.....

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# DEDICATION

I dedicate this work to almighty Allah for giving me the wisdom, knowledge, the strength and the patience to do it and to my two beloved uncles Abey and Idle Hussein, the pillars of my life, for their unwavering support and love**.**

# TABLE OF CONTENTS

# LIST OF FIGURES

# ABSTRACT

The achievement of sustainable development goal number three SDG3 requires strengthening of all the six pillars for health system which includes leadership and governance; health financing; health information; health service delivery; human resource for health; medicines and technology. Leadership and governance is considered the most important pillar in realizing the successful implementation of the universal health coverage (UHC) and quality healthcare services delivery in public facilities. Kenya is in the process of implementing UHC as part of the "Big 4" agenda. Since devolution of health to the county governments in 2013, successful implementation of UHC will depend on effective health governance at the county level. For the health board to be effective in its leadership and governance mandate, its adherence to the *"Mwongozo"* code of conduct guidelines is not only of necessity but ultimately vital. "*Mwongozo*" addresses the matters of effectiveness of Boards, transparency and disclosure, accountability, risk management, internal controls, ethical leadership and good corporate citizenship. This study sought to investigate effectiveness of leadership and governance as an enabler of public healthcare provision at the only county hospital with a management board, that is, Meru Teaching and Referral Hospital, in Meru County. Purposive sampling technique was employed with target population being all 13 board and 11 committee members of Meru Teaching and Referral Hospital, out of which 11 board members and 10 committee members responded to the interview. Data was collected through structured in-depth interview guides, transcribed, organized and analyzed thematically in respect to study objectives. Findings showed no mention of "*Mwongozo*" code of governance as a guiding by board and committee members which means they are not well acquainted with the values of board members. The study findings revealed some board members had no idea of the important needs of residents of Meru County which is likely due to misrepresentation of residents in the board and could render the board ineffective. There was lack of clear framework for induction programme and no benchmarking activities for the board and committee which greatly undermines the efficacy of the board. The women in the board are less than 33%; there is low youth representation and no representation of people with disability. Study revealed among the challenges to be addressed to strengthen leadership and governance in Meru County: fund the health sector adequately, minimize political interference, increase communication between policy makers and implementers, facilitate good feedback mechanisms, and allocation of enough resources for the training and recruitment of healthcare workers.

# ABBREVIATIONS

| | |
|---|---|
| FBO's | Faith Based Organizations |
| GDP | Gross Domestic Products |
| KIPPRA | Kenya Institute for Public Policy Research and Analysis |
| MoH | Ministry of health |
| NGO's | Non-governmental organizations |
| NHIF | National Hospital Insurance Fund |
| OECD | Organization for Economic Co-operation and Development |
| OOP | Out of pocket payments |
| SDGs | Sustainable development goals |
| SPSS | Statistical Package for Social Sciences |
| SSA | Sub-Saharan Africa |
| UHC | Universal Health Coverage |
| UK | United Kingdom |
| UNDP | United Nations Development Program |
| UNICEF | United Nations International Children's Emergency Fund |
| USA | United States of America |
| WHO | World Health Organization |

# CHAPTER ONE

# INTRODUCTION

## 1.1 Background of the Study

The sustainable development goals (SDG's) outlines 17 global goals enacted by the United Nations general assembly in 2015, whose aim is transforming the world by 2030 (UNDP, 2017). According to United Nations Development Programme (UNDP) the SDGs goals cover economic and social development issues such as universal health coverage. The sustainable development goal number 3 (SDG 3) focuses on ensuring healthy lives and promote wellbeing for all ages by increasing life expectancy, and reducing factors associated with child and maternal mortalities. The World Health Organization (WHO) outlines six building blocks for a health system whose performance needs to be optimized if countries are to achieve the goals of SDG 3 and UHC. Of these pillars, Leadership and governance is the most important. Good leadership is an enabler of good governance, management, service delivery and overall improvement of population health

In March 2018, HE President Uhuru Kenyatta launched the "Big 4' Agenda, as a platform for facilitating accelerated priority development. The areas of focus are Food Security, Affordable Housing, Universal Health Coverage (UHC), and Manufacturing (GOK, 2018). Food security is being achieved through construction of irrigation dams and subsidized organic inputs, affordable housing is being achieved through construction of low cost housing for middle and low income earning class, and the UHC implementation is aimed at facilitating healthcare access based on need rather than ability to pay (GOK, 2018). In the program, access based on need rather than ability to pay is being implemented through increased budget allocation, enrollment to social insurance (National Hospital Insurance Fund) and other donor supported programs such as beyond zero campaigns. Achieving UHC aim is realizing "100% cost subsidy on essential health services" and reduction of medical out of pocket expenses by 54% as a percentage of household expenditure. The strategy is adopting the primary healthcare approach whose aim is scaling up "immunization services, maternal and child health services including family planning, skilled delivery, and antenatal and postnatal care services" (MOH, 2018). Health sector being devolved function of county government, there is a need to assess the current leadership and governance in the county government and how it affects public healthcare service delivery in county governments.

According to World Health Organization (WHO), good health is an imperative factor to the prosperity of a society. A well-developed healthcare system improves community's ability to receive quality healthcare services needed for them to live healthy and productive lives. However, good health doesn't necessarily mean the absence of diseases but also a true indicator of social and mental well-being of the community. The UHC as a sustainable development agenda aims at providing equal access to the highest standards of health and healthcare to all members of the community despite their social or economic status. Despite the SDG3 outlining the need for UHC, in the recent years, there is a glaring evidence of healthcare access inequalities in different parts of the world, most of which are in the sub-Saharan Africa (OECD, 2017). One of the factors that accelerate achievement of SDG3 is effective health leadership and governance.

Globally, data from the UNDP 2017 reveals that 40% of world population lack social protection and 21% of world population live in delicate life setting of poor governance combined with a weak institutional capacity to deliver basic healthcare services. Despite under five mortality rates decreasing from 78 to 41 death per 1000 live births between 2000 and 2016, it remains a key area of target in the SDG to reduce it from 41 deaths per 1000 live births to 25 deaths per 1000 live births (WHO & UNICEF, 2017). On maternal mortalities, though the ratio declined by 37% between 2000 and 2015, the SDG3 aims to reduce these mortalities to less than 70 deaths per 100,000 live births. The way to reduce both maternal mortality and under-five mortality and promote good health for all is to ensure availability and access to essential vaccines and medicines (WHO, 2015).

There are increased attempts by national governments, especially in sub-Saharan Africa, to improve public healthcare service delivery. Data from OECD 2016 show that national governments with higher budget allocation to healthcare yields higher life expectancy and lower mortality rates since all members of the society can access health services when they need them despite their ability to pay. According to Bokhari *et al* (2007), a 10% increase in government health expenditure per head reduces maternal mortality rates by 4.2-5.2% and under-five mortality by 2.5-4.2%. However, without proper government dedication and a well-established governance structure, increasing access to healthcare is unlikely to be successful.

In Ghana, a country with higher levels of success toward achieving access to quality healthcare relative to other African countries, the success is attributed to strong political will, effective collaboration across sectors, good information systems to monitor and evaluate health services to

ensure quality and equity, and a good working relationship between policy makers and the community (Javadi et al. 2013). In Tanzania, there is good public-private partnership especially the use of media to create public awareness and accreditation of drug dispensing outlets to ensure standard and quality medical products and services which has improved access to healthcare. However, there is low budgetary allocation to health sector and poor structure of accountability (Javadi *et al.*, 2013). In Nigeria, there is inadequate government financing, weak governance and enforcement, household poverty, and inadequate infrastructure (Wright and Schellekens, 2013). However, these studies were done at national level and have not identified issues of public healthcare service delivery in county governments.

In Kenya, there have been several attempts to increase access to public healthcare service delivery. The National Hospital Insurance Fund (NHIF) which is a social insurance fund is growing in new registrations and there are vertical health programs such as "beyond zero" campaigns seeking to reduce maternal and infant mortalities. In 2018, the Kenya government launched "the BIG FOUR AGENDA" where the third agenda is enhancing the universal health coverage to the entire population by 2022. However, some health system challenges needs to be overcome if UHC is to be successfully rolled out throughout the country by 2022. Some of these challenges include increased medical staffs strikes, dilapidated health infrastructure, and sloppy human resource management. There are also several reported cases where patients pay more for the services they receive and are often sent to buy medical supplies from the private providers notwithstanding their charges which continue to impede access to public healthcare (Okech and Lelegwe, 2016).

Following devolution of provision of health services to the counties, the role of the Ministry of Health is supposed to be policy formulation and setting of standards. . However, there is a gap between policy formulation by the ministry of health and implementation of the same policies in the devolved system of government. There is also dearth of literature on success of county government on resource allocation efficiency and healthcare budget utilization by the county management. More importantly, most counties have inadequate systems for effective leadership and governance to support health systems. This study helped identifying gaps in leadership and governance and how to address them in health facilities in one of the counties, Meru. In particular, the study assessed the influence of leadership and governance in preparing the County to implement the universal health coverage in Meru County.

### 1.1.1 Leadership and Governance

The leadership and governance pillar (Figures 1.1 & 1.2) is one of the most important pillar for successful implementation of UHC. Thus, when people who govern, managers, service providers, patients and community member consistently practice good leadership, this will ultimately result to a healthier population (English & Todd, 2011; Nzinga et al., 2013; Rice, 2014).

This pillar helps government devise policy frameworks, strengthen oversights, regulations, coalition building, attention to system design and accountability. An optimal performance by this pillar brings in new organization practices and policies, effective utilization of available resources and medical staffs, and ensures satisfaction of patients and service providers (Manyazewal, 2017). According to WHO (2016) the governance pillar presents a people voice mechanism, promotes use of available and data to improve access to quality health services, strengthens research and development and a collective action partnerships a proper leadership and governance framework also warranties transparency, participation of all stakeholders, accountability, integrity and capacity for system performance. Despite a clear outline of leadership and governance pillar in the WHO health systems framework, and despite the fact that good governance helps in achieving equal access to health services and improves efficiency (WHO, 2018), there is dearth of literature on the current leadership and governance effectiveness in the county governments. The WHO outlines the leadership and governance pillar as a strong foundational pillar for health system overall performance. This pillar ensures that a government has a strategic policy framework, with attention given to the design, oversight and accountability (WHO, 2010). A study reviewing the implementation of UHC in several African countries found effectiveness of leadership and governance as the most essential building block for successful healthcare service delivery (Javadi *et al.*, 2013). Effectiveness of health boards can be evaluated by checking their leadership and governance. However, there is scarcity of literature on the effectiveness of leadership and governance and how it affects public healthcare delivery.

### 1.1.2 Public Health Sector governance structure

The Leadership and Governance structure of the Kenyan Health sector is shown in figure 1.3.

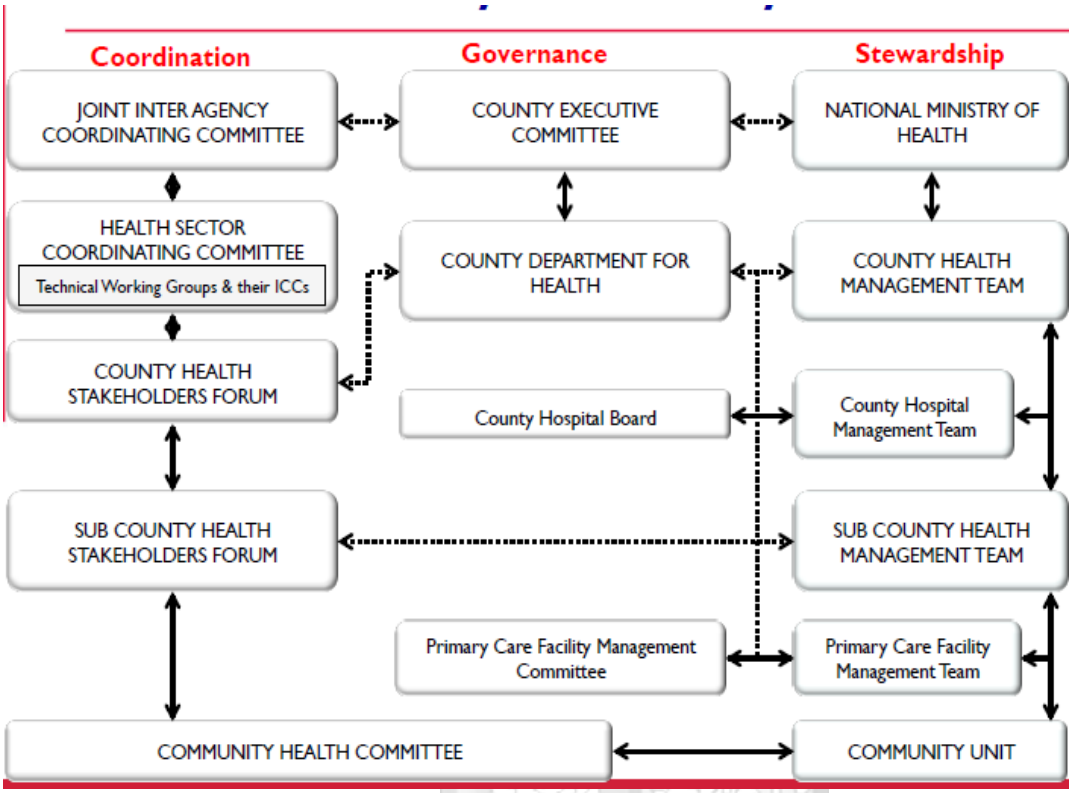


**Figure 1.3: Leadership structure of Kenyan health system**

(Source: Kenya Health Sector Strategic and Investment Plan, KHSSP, 2012-2017)

The Kenya public healthcare system is organized in a stepwise manner such that any complicated cases in a lower level is referred to a higher level. From the lowest level to the highest, the Kenya public healthcare system is organized as Dispensaries, Health centers, county referral hospitals, and national referral hospitals (MOH, 2018). The national government is primarily responsible for the healthcare provision in the national referral hospitals which form the highest level of hospital in the public health sphere and the county government are responsible for the Dispensaries, Health centers, and county referral hospitals (MOH, 2018). The county referral hospitals which are former level 4/5 and district and sub county referral hospitals plays a key intermediary role in the county to the national referral hospitals (MOH, 2016). These facilities oversee the implementation of all health policies in the county level such as leadership and governance and coordinate county health activities. To have a strong health system in the county, the leadership and governance of county referral hospitals must well established in accordance to the stipulated guidelines. However,

currently there is no organized way of assessing the effectiveness of county health leadership and governance, and how it may affect provision of healthcare services.

### 1.1.3 State of healthcare in Meru County

Meru County health facilities can be classified into public (63.4%), faith-based (24%), private (11%) and NGO's (1.6%) (MOH, 2016). The County has one level V hospital, 23 level 4 hospitals, 39 level 3 health facilities (health centers, nursing homes, and maternity homes), and 435 level 2 facilities (clinics and dispensaries) (Meru county, 2018). The goal of the Meru county health sector, as stated in the County Health Strategic plan (2018) is to ensure residents have access to and utilize affordable quality health services to improve health outcomes.

Meru County has a functional health department whose primary mandate is to ensure universal access to quality health services for all county residents. The highest county referral hospital is Meru teaching and referral hospital. The county government aims at upgrading level IV and V hospital to the next level in the short term. The first Meru County integrated development plan 2013-2017 indicated that leadership and governance in health sector would be formulated using public health act which provides the creation and operations of county, sub-county and facility health management board. In 2018, the top county management launched a new hospital management board for Meru level V and level IV hospitals in attempt to promote good governance in public health facilities and ensure efficiency (Meru County, 2018 *"Mwongozo"*).

Meru teaching and referral hospital (MeTRH) is the only level 5 and county referral hospital in Meru County. The technical efficiency in public health facilities in Meru County is below average (Makheti, 2017) and was found less prepared for devolution (Barker et al., 2014) indicating a gap on the compliance of the county government with guidelines on leadership and governance which are meant to improve technical efficiency and enhance devolution implementation. These guidelines are outlined in the *"Mwongozo"* code of governance (2015). These guidelines provide a framework for evaluating leadership performance with regard to healthcare provision *"Mwongozo"*.

## 1.2 ""*Mwongozo*"": The Code of Governance for State Corporations in Kenya

The ""*Mwongozo*"" is a code of governance for state corporations and a policy guide issued by Public service commission and state corporation advisory committee (SCAC, 2015) to ensure all public corporations are well managed by instilling best practices in the management and ensuring

the public sectors are constituted with institution and technical capacity to deliver required services to the citizens. The ""*Mwongozo*"" governance principles provide guidelines on terms and conditions, remunerations, and recruitments of service of board chairpersons, board members, Chief Executive Officers, and other management staffs. The guidelines are meant to ensure state corporations adopt modern business management practices such as having a clear vision, mission, goals, objectives, set of desirable values and effective and efficient management which is transparent and accountable. For the health board to be effective in its mandate, it has to be formed in accordance to the *""Mwongozo"* code of conduct guidelines. *"Mwongozo" "addresses the matters of effectiveness of Boards, transparency and disclosure, accountability, risk management, internal controls, ethical leadership and good corporate citizenship. These practices are at the core of the values and principles of Public Service as enshrined under Article 232 of the Constitution of Kenya, 2010. "Mwongozo" further provides a platform for addressing shareholder rights and obligations and ensuring more effective engagement with stakeholders. More importantly, "Mwongozo" will ensure that sustainability, performance and excellence become the hallmark of management of State Corporations*" (SCAC, 2015). The "Mwongozo" code is being implemented using a methodology of *"comply or explain"* which means state corporations must adhere to it. *Health system being an open system, its health boards must be formed in accordance with Mwongozo code and therefore necessary* to evaluate whether the current governance in the public healthcare is constituted in accordance ""*Mwongozo*"" code of effective governance.

### 1.3 Problem Statement

There are two main problems with health in Kenya. These are a) insufficient funding, and b) inefficient use of available resources. Unless these problems are addressed, Kenya will find it difficult to implement UHC. Leadership and governance is a key pillar for a health system to address these problems and help, among other things, to achieve UHC. The UHC as a sustainable development agenda aims at providing equal access to the highest standards of health and healthcare to all members of the community despite their social or economic status. Globally, data from the UNDP (2017) reveals that 40% of world population lack social protection and 21% of world population live in delicate life setting of poor governance combined with a weak institutional capacity to deliver basic healthcare services. However, without proper government dedication and a well-established governance structure, increasing access to healthcare is likely to be successful.

The WHO outlines the leadership and governance pillar as a strong foundational pillar for health system overall performance. To ensure the county leadership and governance facilitates access to public healthcare there is a need to evaluate whether the current governance in the public healthcare.

Kenya is committed to the implementation of UHC by 2022. However, the health system is ineffective and inefficient in most counties. The inefficiency is mainly "technical", meaning that available resources are not optimally used. The available studies on effectiveness of leadership and governance in developing countries have shown low score even though these studies have been done from heterogeneous settings. Some studies show existence of poor political will, inadequate commitment among stakeholders, vague strategic plans, ineffective national health policies, inadequate technical commitment, and lack of strong monitoring tools (Gonani and Muula**,** 2015). A study on technical efficiency in Meru County showed that the technical efficiency is below average (45.2%), and that this may be attributed to poor leadership and governance (Makheti, 2017) and inadequate county government health system preparedness for devolution (Barker et al, 2014). However, with the "*"Mwongozo"*" code of governance for state corporations in 2015, it would be expected that problems of governance in the Counties would be addressed. There was a need, therefore, to assess the effectiveness of leadership and governance in public healthcare provision in Meru county referral hospital, and use this information to propose remedial measures.

## 1.4 Study Objectives

### 1.4.1 Broad objective

The main objective of this study was to assess effectiveness of leadership and governance in public healthcare provision in Meru county referral hospital

### 1.4.2 Specific Objectives

i. To evaluate effectiveness of health boards leadership and governance in Meru county referral hospital
ii. To determine the leadership and governance policy gaps in Meru county referral hospital health boards

## 1.5 Research Questions

i. What is the status of Meru county referral hospital health board effectiveness in leadership and governance?

ii. What are some of the policy gaps in leadership and governance of Meru county referral hospital?

## 1.6 Significance of the Study

The leadership and governance is a key pillar of the Health System Building blocks, and a major requirement for the success of UHC implementation. Strong leadership is the foundation of effective health systems. Understanding the county health department leadership and governance would help strengthening of health institutions. Therefore, information gathered from this study assists Meru county referral hospital to strengthen its health system through appropriate board training in preparation for the implementation of UHC.

The findings of this study are of importance to the policy makers. The findings and results of this study provide invaluable insights on the effectiveness of health board's leadership and governance and identify policy gaps that needs to be strengthened. The policy makers also help understanding on the current formulation of counties health boards and areas of concerns.

The findings of the study are also of importance to scholars. It contributes to the existing literature on the influence of effectiveness of leadership and governance in public healthcare provision in county governments.

## 1.7 Scope of the Study

The study was limited to Meru County referral hospital and focused on leadership and governance in the hospital board. The study participants included board and committee members of Meru Teaching and Referral Hospital. The study investigated health board effectiveness in leadership and governance and policy gaps in leadership and governance. The study was conducted between June and August 2019.

# CHAPTER TWO

## LITERATURE REVIEW

### 2.1 Introduction

This chapter presents theoretical foundations, empirical literature and conceptual framework.

### 2.2 Theoretical Foundations

#### 2.2.1 Leadership and Governance Definitions

Leadership is defined as the processes of initiating, enabling, implementing, and sustaining change in an organization (Mackenzie, K.D. (2006). Health leadership also known as stewardship has three components, areas directly under ministry of health (stewardship in health), strategic management of health system (stewardship of health) and broader social, political and economic environment within which health sector operates (stewardship for health) (WHO, 2002). The term governance refers to "creation, execution, and implementation of activities backed by the shared goals of citizens and organizations, who may or may not have formal authority or policing power" (Asaduzzaman and Virtanen, 2016). This definition is more liberal compared with older definition and theories which defined governance as "how people are ruled and governed; and how state affairs are administered ad regulated" (Landell et al., 1991) because it focuses on the creation, execution and implementation of activities as opposed to power and control. Graham *et al.*, (2003) defines governance in three terms "power, relationship and accountability" which simply means who has the most influence, who is responsible in making key decisions and how the decision makers are held accountable. This definition also clearly demonstrates the role of citizens and stakeholders in decision making in the tenet of relationship and accountability. The World Bank (1994), on the other hand, defines governance as a "manner in which power is exercised" in the management of resources, while OECD (1995) defines governance as "public administration and the institutions, methods and instruments of governing and also incorporates relationship between government and citizen (including business and other citizen groupings) and the role of the state". According to the World Health Organization, leadership and governance are associated with the role of the government in health and its relation to other actors whose activities have an impact on health; this involves overseeing and guiding the whole health system in order to protect the public interest (WHO 2007). From these definitions its quite clear leadership and governance has to do

with conduct of those in power and their interactions with stakeholders. However, the big question is what makes leadership and governance effective given these liberal definitions of power, relationship and accountability? The answer to this question normally lies in the stipulated code of conduct of those in leadership and governance that contributes to the efficient and effective administration which ends up improving quality of life of all people. This study has embraced two major theories or frameworks of leadership and governance from world leading scholars: Mintzberg (1996) five models framework and stakeholder's theory by Freeman (1984), backed by theoretical principles of good governance and theoretical principles of measuring board's effectiveness.

### 2.2.2 Mintzberg (1996) Five Models Framework for Effective Governance

Mintzberg (1996) in his work "Managing government, governing management" outlines five basic theoretical framework for effective governance in attempt to understand how governance should be managed and led. The first model "the government as a machine model" clearly outlines government should be a machine that is purely dominated by rules, regulations and standards of all kinds to work effectively. The second model "the government as a network model" clearly suggests government should be an intertwined system and a network of temporary relationships which should be fashioned to solve problems as they arise. The third model "the performance control model" outlines government consists of different units which are assigned different responsibilities and are held accountable for their actions. The fourth is "the virtual government model" that assumes in order to provide better services to the people there is need to contract some goods and services to ensure there are no microstructures in government but such work should take place in the private sector. The fifth is the "normative control model" that seeks to have more values and norms oriented rather than structure and systems. The model further gives five important elements: selection: board members should be nominated due to their credentials, values and attitudes; Socialization: which ensures board members should be dedicated to an integrated social system; Guidance: "guidance is by accepted principles rather than by imposed plans, by visions rather than by targets"; responsibility where all board members share responsibility and should feel trusted and supported by experienced leaders; and judgment: "performance is judged by experienced people, including recipients of the service, some of whom sit on representative oversight boards".

### 2.2.3 Stakeholders Theory

Stakeholder's theory was proposed by Freeman (1984) in trying to model the values and morals in managing an organization. The theory defines a stakeholder as an individual normally affected or affects by the organization objectives i.e. "any group or individual who can affect or is affected by the achievement of the organization objectives". The purpose of organization in the theory is to manage stakeholder's interests, needs and viewpoints. Stakeholder's rights and participation in decision making should be well defined so that failure of directors to perform duty of care may be brought to action. Some of the stakeholders defined in the theory are: customers, employees, local communities, suppliers and distributors, general public, government, regulators and policy makers. Evan and freeman (1990) proposes two principles in use of stakeholder's theory in governance: the principle of corporate legitimacy and stakeholder's fiduciary principle. In the first principle, an organization governance should be geared toward benefits of its stakeholders and ensure they are part of decisions and the second principle leaders must act in the interest of the stakeholders as their agent to ensure survival of the organization. This means the core purpose of organization board members is to safeguard the welfare of the organization by making stakeholders satisfied with organization processes. Freeman (1994) argued stakeholders must be present in the governing board.

### 2.2.4 Theoretical Principles of Good Governance

According to World Bank (1994) corporate governance is "promoting fairness, transparency and accountability" while OECD (1995) defines it as "a system by which business organizations are directed and controlled". This means public healthcare should governed in a certain way to satisfy stakeholders. World Bank (1994) and OECD (1995) define good governance as participatory, transparent, accountable, effective and equitable. It should ensure that political, social and economic priorities are heard in decision-making. They establish three legs of governance that includes economic, political and administrative: the economic governance focuses on decision making processes; political governance is the process of decision making to formulate policy and administrative governance is the system of policy implementation (World Bank, 1994; OECD, 1995). Therefore, good governance should define structure and processes that guide political and socio-economic relationships. The principles of good governance includes openness, participation, transparency, effectiveness and efficiency, accountability and equity (World Bank, 1994; OECD, 1995; WHO, 2015). A well-functioning public health board should embrace these principles in

their board and operations. These principles are the basis on which any organization including health boards and committee are guided. A good board should exercise these practices to be effective in its function. A brief discussion of these principles is presented below.

***Openness***

The value of openness means the decision making units work in an open manner. This means, to improve public healthcare access, there should be openness in the health management and the county health departments need to ensure all stakeholders are involved in all health activities. Global Opening Governmental Survey (2017) reported that 61% of citizens want their government to be more open in the management and allocation of public resources. An open government is more inclusive, effective, manage and allocate public resources in a more transparent manner which is a desire of every patient. This means in public healthcare services provision, the governance should ensure stakeholders understand the direction of the county and become part of decision makers.

***Participation***

The value of participation means citizens are involved in issues relating public policies through representatives or collection of their opinions. All stakeholders affected by a programs should be involved in decision-making and all their concerns addressed prior to implementation (OECD, 2015). Citizen participation strengthens leadership and governance and there should be a regulatory framework in which stakeholder's participate in governance issues. The participation should also provide diversity of gender so that both genders have a voice in decision making. According to UNDP (2013) participation can be direct or indirect through legitimate representatives since people are not only the beneficiaries of development but also agents of development. Direct participation can be done through collecting public opinions, and indirect through electing representatives. Koon (2017) study seeking to understand public healthcare policies in Kenya, found lack of effective participation in the governance issues is a great impediment to the successful implementation of public programs.

***Transparency***

The principle of transparency ensures all the necessary information is available to the general public which simply means "built on the free flow of information" when enforcing policies. It also means stakeholders have the understanding on what the government is doing through public forums, media and stakeholder's participation (WHO, 2015). According to National Leadership

Council (2013) transparency means appointment and remuneration of directors is open and is based on merit, and there should be independent external assessor. This means organization has high regard to its reputation with the stakeholders and is committed to delivering its core mandate. As a way of partially achieving transparency, organization should hold formal board meetings in public and do publication of its papers.

***Accountability***

The accountability aspect of governance means the county government has to take responsibility of what it does and requires its activities geared toward public administration must be clear on the intended objectives (WHO, 2015). Further, all the county government activities are accountable to the public and are allowed to judge the effectiveness of those in power and has all the information to them (Asaduzzaman and Virtanen, 2016). Koon (2017) seeking to understand public healthcare delivery in Kenya found National Hospital Insurance Fund accountability is a major issue that thwart access to public healthcare. The pooling considerations which is the foundation principle for NHIF has never been evaluated and stakeholders has no full information of how pooling is used for UHC. There is little information on the public healthcare service provisions and how the county government has been accountable in resource allocation and administration.

***Equity***

The equity aspect of corporate governance ensures there is equitable access to public healthcare services to all members of the society. Equity of healthcare services ensures services are available to all despite of their age, sex, education, ethnicity, geographical area, income, disability or migrant status (WHO, 2015). This means all categories of individuals have equal access to prevention, treatment, promotion, rehabilitation, and palliative services. A study by Okech and Lelengwe (2016) analyzed "UHC and equity on healthcare in Kenya" and found there exists equity issues that have negatively affected utilization of quality services and curbing catastrophic spending. Some regions of the country are more marginalized in receiving healthcare services and social insurance are not accessible. The health leadership and governance should therefore ensure equity of healthcare services. However, there was a dearth of literature in Kenya on the equity of healthcare access even though government through social insurance, and the big 4 agenda is trying to bring equity in healthcare access.

### *Effectiveness and Efficiency*

The principle of effectiveness and efficiency means organization understand the needs and demands of the public and make best use of resources to produce results that meets these desired needs of the society (UNDP, 2013). National Leadership Council (2013) outlines five basic principles to improve board effectiveness: building board capacity and capability; embedding board discipline; delegating appropriately; exercising judgment and enabling corporate accountability. These principles are meant to deal with any issue thwarting board effectiveness and therefore public healthcare boards should devise policies in line with these principles of effectiveness and efficiency.

### *Board structure and Composition*

A good health board is essential to establishing and overseeing management of a health sector. According to Sikipa, Osifo-Dawodu, Kokwaro and Rice (2019) there are three major board development strategies: discovery, design and development. The discovery helps in mapping and identifying the gaps, structures and philosophies within a health system and the information collected should encompass basic demographic information to understand diversity and experience of board members. The design strategy focuses on development of board members through classroom learning; webinars; board meetings with speakers from the ministries of health, medical staffs and organization executive staffs; educational retreats; study tours to other health boards; and organizing reading materials, trainings and seminars from professional organizations such World Health Organization. The development strategy "implement case based learning programs, materials, and experiences that parallel new education tools and techniques used in executive development" because board members yet the board manages hospital set ups (Sikipa, *et al* 2019). According to Sikipa *et al.* (2019) great board should encompass gender diversity from various ages, shapes and sizes. It should represent varieties of "backgrounds, experiences, nationalities, languages, cultures, and attitudes, and with a range of knowledge, skills, and competencies."

In summary, the principles of good governance should provide an enabling environment of the functioning of health boards to help realizing universal health coverage for all members of the society. Abiding in these principles of good governance improves the chances of success in the administration and implementation of public health laws. However, there was scant literature on the effectiveness of public healthcare boards (exercising principles of good governance) which this study investigated.

### 2.2.5 Measuring Board Effectiveness

National Leadership Council (2013) outlines five basic theoretical principles of measuring board's effectiveness. The evaluation criteria of board effectiveness includes: building board capacity and capability; embedding board discipline; delegating appropriately; exercising judgment and enabling corporate accountability.

#### *Building Board Capacity and Capability*

Building capacity and capability involves activities in: board composition, knowledge, and skills; systematic attention to board learning and development; whole board and individual board members performance appraisal; and appointment and remuneration of board members.

The composition should not be so large but should be a balance of skills and experience. The appointment should be of two terms and re-appointments done through open competition. The board of directors must be qualified to discharge their duties i.e. setting strategy, managing and monitoring performance, and driving quality improvement. To ensure board composition, knowledge and skills are met, there is need of regular skills audit of the board members.

The board should create opportunities for its appraisal in order to understand its performance and effectiveness. The appraisal can be made formal or informal. In public health boards, the evaluation can be done through self-assessment, and sometimes use of internal and external stakeholders who experience the actions of the board such as healthcare providers.

#### *Enabling Corporate Accountability and Good Social Processes*

Boards are social systems and effective boards invest time and energy in the development of mature relationships. Board members should promote and protect the climate of trust, building cohesion by taking steps to know and understand each other's perspectives, skills and backgrounds.

#### *Embedding Board Discipline*

Embedding board disciplines includes a thorough determination of board's agenda planning and management with balance between finance, activity and quality, organization priorities and board discussion. Board should have full year plan that sets out a consistent programmes for all the formal board meeting, seminars and committee meetings. The timely availability of board papers, declaration of interest and resolution of conflicts, and transparency and openness.

***Delegating Appropriately***

The formal power of health boards allow the board to delegate some of its business to the executive and committee members. However, for the purpose of effectiveness and efficiency, the board should specify how the organization conduct business, provide details of financial responsibilities, policies and procedures adopted and reporting arrangement that warrants board has the overall oversight.

***Exercising Judgment***

This section on the effective of governance recognizes that the core of good governance is healthy debate on spectrum of issues. These issues requires good judgment by the board and therefore a necessary time is needed to debate and explore all available alternatives. However, it's worth noting good governance doesn't mean there are absence of mistakes but appropriateness of response when there is difficulty.

***The Rule of Law***

Finally, rule of law is an important principle of good governance. This principle means all board and committee members are accountable under the laws that govern public and board officials. Any violation of these laws should trigger a judicial process.

## 2.3 Empirical Literature on Governance

Wardhani et al (2017) studied "effect of good governance on performance of local government and whether good governance can strengthen the effect of government spending on performance" in Indonesia between 2009 and 2012. The study looked at five major aspects of governance: accountability, transparency, the culture of law, participation and fairness and equality. The results indicated increase in governance spending negatively influenced performance and service delivery, which means government, is inefficient in improving performance. However, the results showed good governance had a positive effect toward performance. Good governance was found to improve efficiency, accountability, the culture of law, and fairness and equality that improves efficient use of public resources and thus performance. From this study results it can be observed even though local government was inefficient in public spending which could not improve

performance, quality of governance solved the inefficiency in the local government and improved performance. Therefore, it is not public spending that leads to better outcomes but rather good governance which this study intends to investigate in county governments in Kenya. The study only relied on quantitative approach which sometimes is limited in understanding real world behavior therefore there is a need to conduct such study using qualitative approaches.

Shukla (2018) studied the "impact of a health governance intervention on provincial health system performance in Afghanistan" using a quasi-experimental study. Though the existing governance literature linked poor health outcomes to poor governance, there was scarcity of empirical literature linking good governance with health system performance. The study found the most significant indicators of leadership and governance influencing health sector performance included engagements, accountability, strategic direction, and stewarding resources responsibly. Good governance practices improved cost effectiveness and streamlined barriers that limited access to quality healthcare services. However, this study being a quasi-experimental study may not be generalizable in all low- and middle-income countries which means we cannot use to generalize it in Kenya counties scenario. Moreover, World Bank (2018) governance rating on a scale of 1=low to 6=high, Kenya has a score of 3 and Afghanistan has 2 showing governance inequalities. In addition, Kenya GDP is three times that of Afghanistan clearly showing economic inequalities to generalize the study finding.

Inez (2014) studied the "impact of health system governance on service delivery in the public sector in Tanzania". Previous studies had only focused on accountability or corruption to study governance. This study applied both qualitative and quantitative methods to collect both primary and secondary data between 1999 and 2011. The findings showed among the governance issues affecting service delivery in public hospitals in Tanzania are 50% reported lack of accountability and overcharging of medicines and treatments. It was found 29% of the respondents reported there was frequent stock outs, which shows system failure. The study also found out due to poor governance, there were issues of medicines and drugs ordering, lack of transparency of the drugs and medicines delivery systems and a false reconciliation between delivered medical commodities and medicines consumed. These issues was presumed to be due to complex paper based system, inadequate government funding, excessive bureaucratic procedures and low participation of health workers in administration. The study recommended increase in accountability and transparency of the medical supplies delivery system. The characteristics in this Tanzanian study is different to

Kenyan scenario. There is automated procurement system in Kenya known as Integrated Financial Management Information System (IFMIS) which would makes study findings differ in Kenya even though World bank (2018) rates Tanzania governance higher than that of Kenya by 0.5 hence providing grounds to replicate such study in Kenya scenario.

The Kenya Institute of Public Policy Research and Analysis (KIPPRA, 2018) assessed the healthcare delivery in Kenya under the devolved system covering periods 2013-2017. The study focused on governance issues such as participation, accountability and efficiency. The study collected both qualitative and quantitative data, conducted interviews with key informant, and focused group discussion from devolved government managers, health policy makers, health workers, and community leaders. The results revealed that there is limited participation of citizens in health policy making, planning and budgeting and therefore social accountability cannot be achieved. The results also demonstrated there are several stock outs in county pharmacies, high staff turnover, non-conducive work environment, and not adequately trained human resource. The results of the findings informed this study on the need to conduct a more in-depth study on effectiveness of Meru county leadership and governance since Meru County was found to be among the top performing counties in the level of satisfaction of health services and drug availability index yet with low score on Health human resource index and Public participation index.

Okech and Lelegwe (2016) did an "Analysis Universal Health Coverage and Equity on Health Care in Kenya" using both primary and secondary data from the ministry of health. Primary data was collected through interviewing policy makers, researchers, implementers and health service providers. The results indicated there exists some leadership and governance concerns such as dysfunctional healthcare system, dilapidated health infrastructure, not adequately trained healthcare workers, minimal opportunities for continues medical education, stock outs of drugs and other medical supplies, high operational costs, and accountability. The study recommended county governments should improve governance, focus on customer needs and improve effectiveness and efficiency. This study was conducted in the formative stages of governance improvement through provision of ""*Mwongozo*"" is a code of governance for state corporations and did not examine key governance issues outlined in the principles of good governance. The study did not interview board members who are very fundamental on issues of governance and

would have answered the questions on why there were some governance concerns. This study included board members in the analyses hence providing key insights.

Gitonga and Keiyoro (2017) studied "factors influencing the implementation of healthcare projects in Meru County, Kenya" with specific objectives being how collaboration of communities, human resources and adopting best practices influence implementation of health projects. Data was collected from health staffs working in public hospitals (Doctors, clinical-medicine, nurses, and pharmacists), health civil society managers and county government non-medical staff. Data was collected using questionnaires and was analyzed using descriptive and inferential statistics. The study found collaborations with communities, distribution of human resources, and embracing good practices significantly influences successful implementation of healthcare projects. However, the study did not use standard governance good practices proposed by WHO. The study recommended a more in-depth study on how governance effectiveness influences health projects.

## 2.4 Research Gaps

The available theoretical foundations revealed the public healthcare could not be achieved without proper implementation of good governance practices/ethics. Despite available theoretical literature revealing the underpinning of good governance, there was dearth of empirical literature on extent to which county government in Kenya have utilized good governance practices in preparation towards achieving UHC which is a key policy agenda. Moreover, there was scant evidence on the status of county government health governance practices which directly influences its effectiveness. The empirical literature reviewed was found to be heterogeneous in nature and does not include corporate boards in their study populations. This study addressed these gaps by evaluating the effectiveness of health leadership and governance and examined how it would influence public healthcare service delivery in Meru County by interviewing Meru Teaching and Referral Hospital board and committees.

## 2.5 Conceptual Framework

The conceptual framework below demonstrates how principles of governance would improve board effectiveness and finally improving public healthcare provisions. These principles include board structure, board openness, board participation, board transparency, board accountability, board equity and board efficiency which when implemented in entirety would in turn regulate and

build up into an effective board. Principles of good governance and board effectiveness has been extracted from theoretical foundations and outcomes of board effectives has been extracted from the empirical literature The board effectiveness would then be characterized by board capacity building, enhanced corporate accountability, board discipline, proper delegation, exercising of sober and good judgment and upholding the rule of law. In effect, this could be viewed as the requisite foundation for accessing of quality, affordable and equitable Universal Health Care. The overall healthcare provision means universal health coverage. This relationship presented in figure 2.1 below.

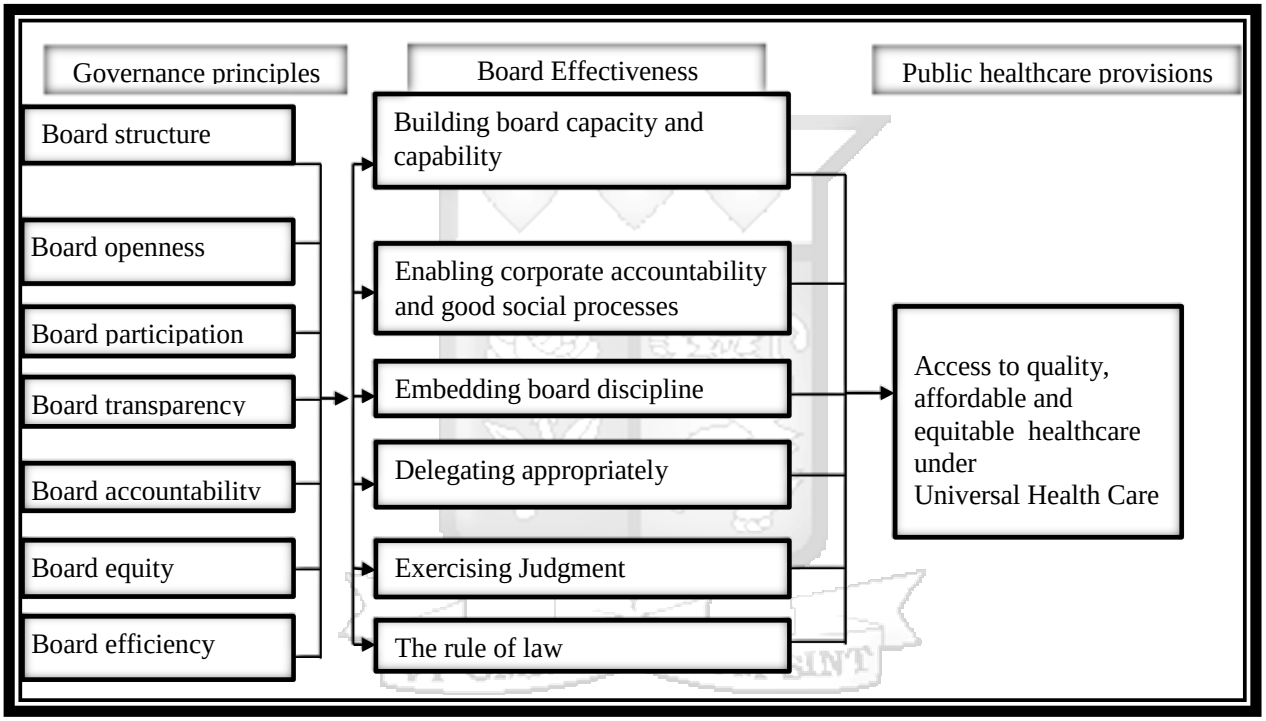


**Figure 2.1: Conceptual framework**

## 2.6 Chapter Summary

This chapter focused on theoretical foundation, empirical literature, research gaps and conceptual framework. The next chapter presents research methodology that helped achieving the main objective and address research gaps identified.

# CHAPTER THREE

# RESEARCH METHODOLOGY

## 3.1 Introduction

This chapter presents the research methodology that was followed to address the objectives of this study. It presents research philosophy and design, study participants, sampling technique, data collection methods and procedures, data analysis and presentation, and the ethical considerations that were observed.

## 3.2 Study Location Details

The study focused on Meru Teaching and Referral Hospital (MeTRH) board. MeTRH is the only level 5 and county referral hospital in Meru County serving 1.6 million people hence busiest facility. Meru teaching and referral hospital is also the only hospital in Meru County with officially constituted board by the county Government of Meru. Many health system resources in Kenya are focused on improving allocative efficiency: investing in a mix of health care goods and services that reflects the preferences of the populations. Fewer resources focus on technical efficiency: achieving better health outcomes using as few inputs, at as low a price as possible. The technical efficiency in public health facilities in Meru County is below average (Makheti, 2017) and was found less prepared for devolution (Barker et al., 2014) hence it was necessary to study the effectiveness of current leadership and governance and understand how public healthcare provision.

## 3.3 Research philosophy and Design



The study used interpretivist or constructivist worldview. The philosophy states that individuals seek understanding of world they live in. The study therefore rely on the views of the participants. In discussing constructivism, Crotty (1998) identified several assumptions: 1. Human beings construct meanings as they engage with the world they are interpreting. Qualitative researchers tend to use open-ended questions so that the participants can share their views. 2. Humans engage with their world and make sense of it based on their historical and social perspectives—we are all born into a world of meaning bestowed upon us by our culture. Thus, qualitative researchers seek to understand the context or setting of the participants through visiting this context and gathering information personally. They also interpret what they find, an interpretation shaped by the researcher's own experiences and background. 3. The basic generation of meaning is always social, arising in and out of interaction with a human community. The process of qualitative

research is largely inductive; the inquirer generates meaning from the data collected in the field (Creswell,). For this reason, the study used qualitative interviews to collect data. A descriptive cross – sectional research design was used. Respondents were interviewed using in-depth interviews and responses recorded. This research design was considered appropriate because it allows the researcher to study effectiveness of leadership and governance in public healthcare provision in the hospital at a certain point in time without manipulating study participants. i.e., description of the situation as it is for policies.

### 3.3.1 Management Boards and Committees Involved

The study focused on the board of the hospital that are responsible for the effective running of the hospital in provision of specialized services and oversee the implementation of health policies. Several technical committees assist this board.

### 3.3.2 Study participants

The participants were 11 board members and 11 committee members of Meru teaching and referral hospital. The study targeted everyone since this sample was small and qualitative approaches were used to present the data. To answer research questions views and perception of the all members was sought.

### 3.3.3 Data Collection Instruments

The study conducted through in-depth interviews using a questions (Annex 2) that highlighted the investigated objectives. Participants were asked to answer the questions freely and interrogated further. The researcher used audio recorders to capture every detail for transcribing. The tool used to answer the research questions is based on Mwongozo code of governance for state co-operations and can be reliably used in any health governance setting. The tool was designed based themes relevant to health board in Meru county referral hospital. The tools was assessing how well the board and committee members understood the board function to measure board effectiveness and policy gaps in health policy.

### 3.3.4 Data Collection Procedures

Prior to the interview, the study participants were required to sign consent form (Annex 1) agreeing voice recorded interviews. Since the board and committee members were diverse, their individual

views was sought through one on one interviews. The researcher made an appointment with the respondents requesting to conduct in-depth interviews. On the day of data collection, the researcher introduced the study, administered the informed consent and interviewed the respondents. Noted were taken alongside recording the conversation.

### 3.4 Data Analysis

The nature of research questions required qualitative responses and views of the participants to be recorded. The data reduction and coding was done during collection of data. The emerging conceptual categories and descriptive themes were interpreted according to the research objectives. The result was presented thematically within the respective research objectives using descriptive statistics to summarize the results.

### 3.5 Ethical Consideration

This research proposal was approved by the Strathmore University Ethics Committee (Annex 3), and the National Commission for Science and Technology (NACOSTI; Annex 4). Permission was sought through a request letter to the County Executive Council for health which was granted. During signing of the consent the respondents' rights such as right to privacy, confidentiality, and protection from discomfort, and right to withdraw from the data collection process were well explained and adhered to before data collection. Moreover, informed consent was obtained from all respondents and through a written consent form, and the respondents were given an option to decline or withdraw from participating in this study.

# CHAPTER FOUR

# RESULTS

## 4.1 Introduction

This chapter presents research findings of the data collected from the study sample. The main source of the data is in-depth interview of the participants. The results are presented in relation to the research objectives stated in the study. Since data for addressing specific objectives were qualitative in nature, the data is presented in narrative/prose form. Descriptive statistics generated from background characteristics are presented in terms of frequencies, and percentages.

## 4.2 Study response rate

The study targeted 24 board and committee members of Meru teaching and referral hospital. However, 21 percipients responded to the interview within the defined time. One board member the secretary was out of the country on official duty while another board member and a committee member were unavailable because of other work engagement. This represented 87.5% response rate which is deemed adequate representation of views of the board and committee members of Meru Teaching and Referral Hospital. According to Jack Fincham (2008), a response rate of 60% for most researches should be the goal of researchers and are expectations of editors of journals.

## 4.3 Participants' Background Information

### Gender of the respondents

33.5% of the participants in this study were female and 66.7% were male. This was also representative of the board's actual composition in terms of gender which met the criteria set by the "Mwongozo" that requires that the selection be made in line with Article 27 clause 8 of the Kenyan constitution.

(Figure 4.1).

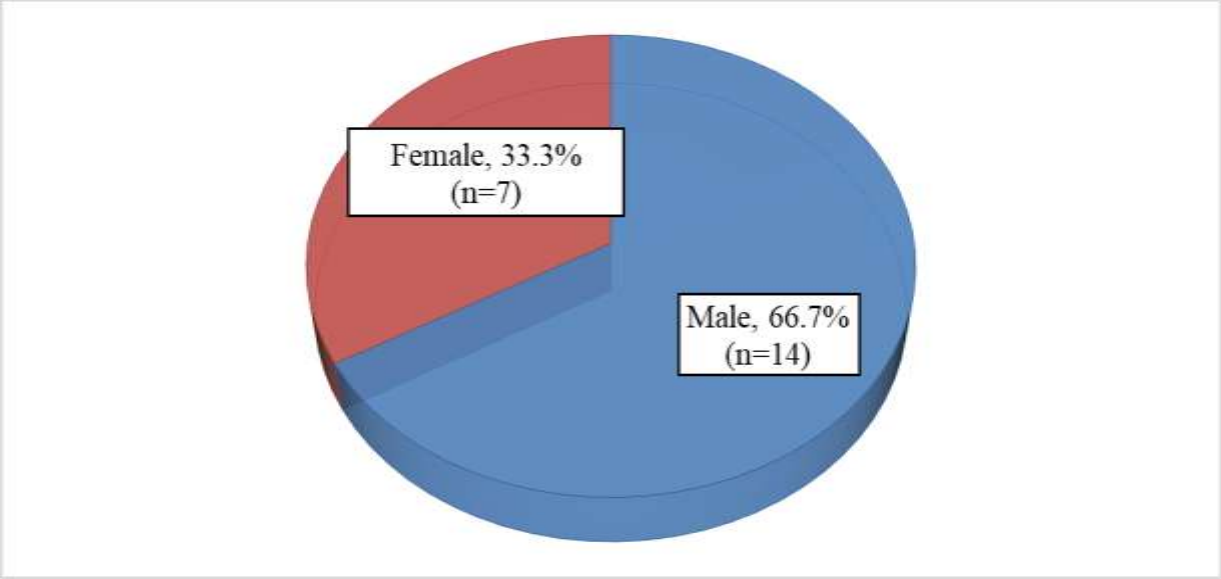


**Figure 4.1: Gender of the respondents**

**Board and committee members age in years**

Whereas "Mwongozo" is not explicit in its guidelines on the selection of the board in terms of age, this study used clause (4) of Article 27 as the guiding tool. Majority of board and committee members (57.2%) were between ages of 35 and 50 years, 9.5% were youth (25-35 years), while 33.3% were above 50 years of age. The board's composition in terms of age seemed well representative of all the ages and no sign of discrimination in terms of age (Figure 4.2).

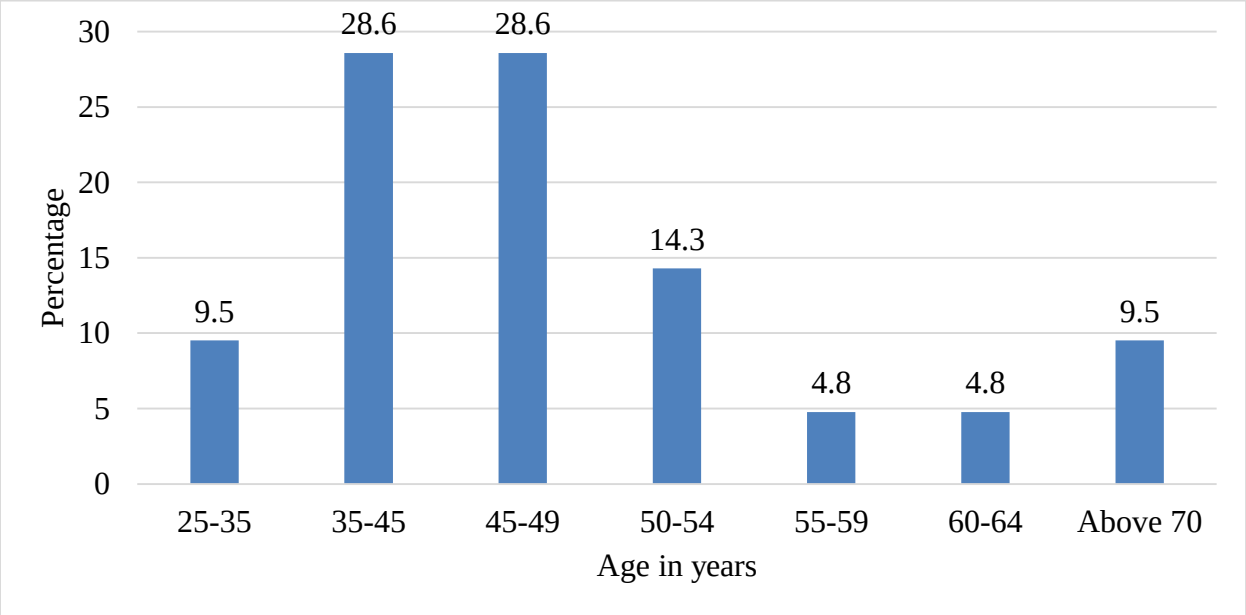

**Figure 4.2: Board and committee members age in years**

**County of birth**

The results revealed 66.7% (n=14) of the board and committee members were Meru County natives and 33.3% (n=7) not Meru county natives. (Figure 4.4).

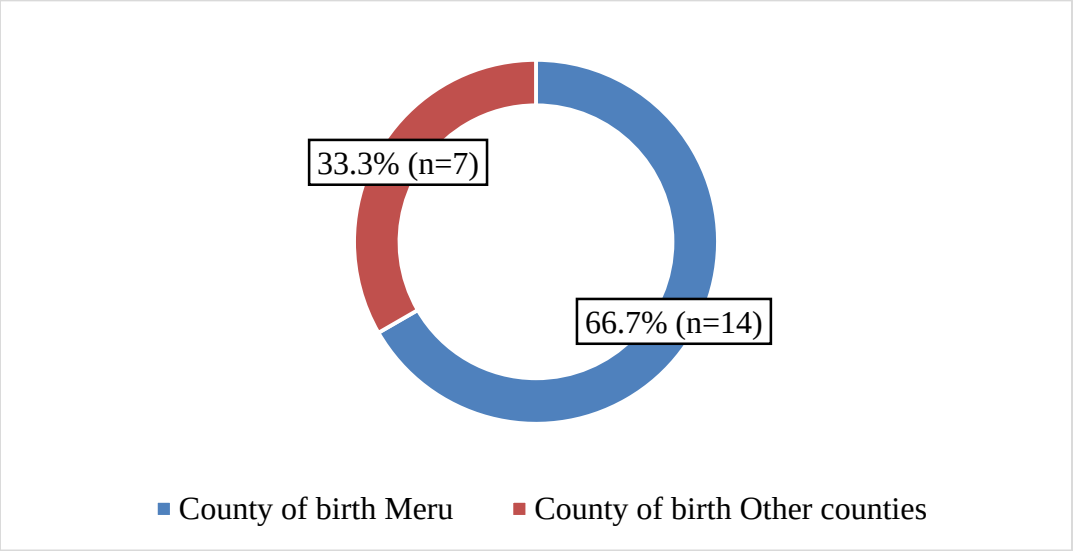


**Figure 4.3: County of birth**

**Highest education level**

Majority of the board and committee members (76.2%) had a degree, 19% were diploma holders and 4.8% had certificate level of education (Figure 4.5). The summary is presented in the bar graph below.

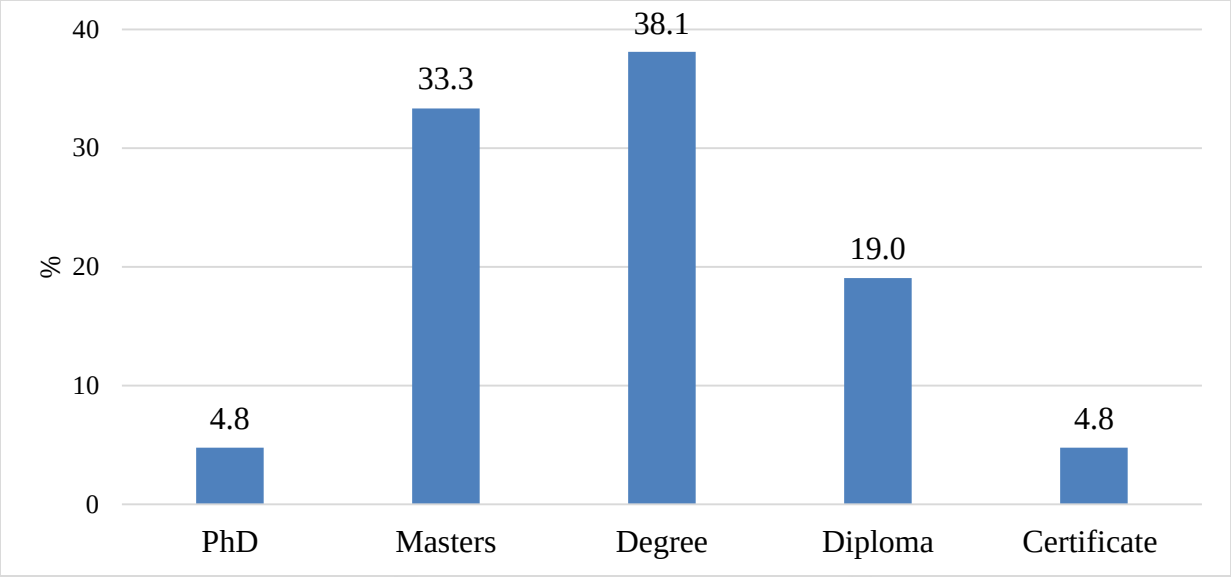


**Figure 4.4: Highest education level**

**Board and committee membership experience**

The study found 11 were board members and 10 were committee members. It was also found 12 out of 21 respondents were previous board or committee members of other institutions such as hospitals (10 out of 12) and schools (2 out of 12). The results are presented in figure 4.6.

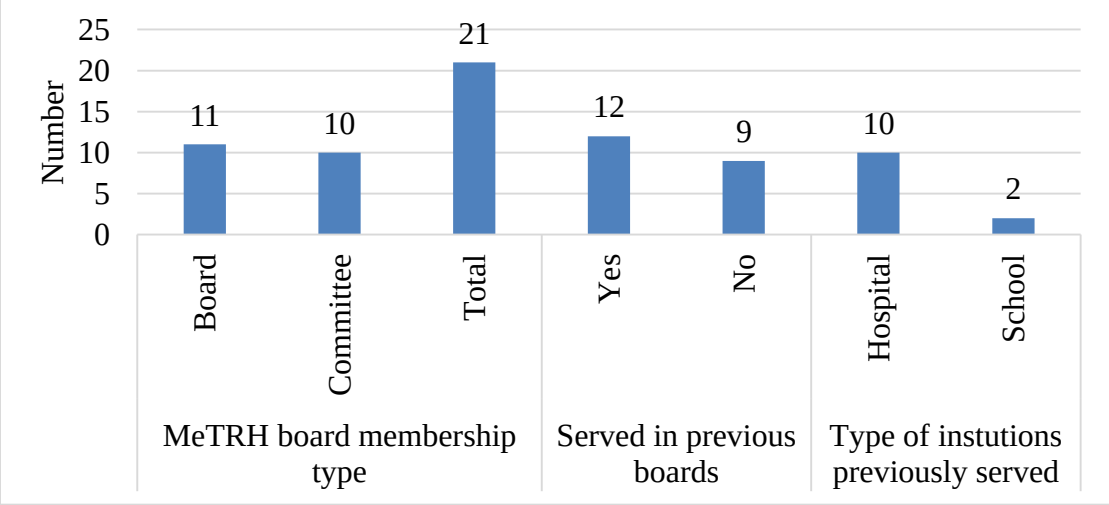


**Figure 4.5: Board and committee membership experience**

**Professional Background**

The study found majority (52.4 %) of board members had health background, 14.3% had business and economics background and 4.8% had IT or ICT related backgrounds or procurement and supply, with the rest having various professional backgrounds (Figure 4.7)

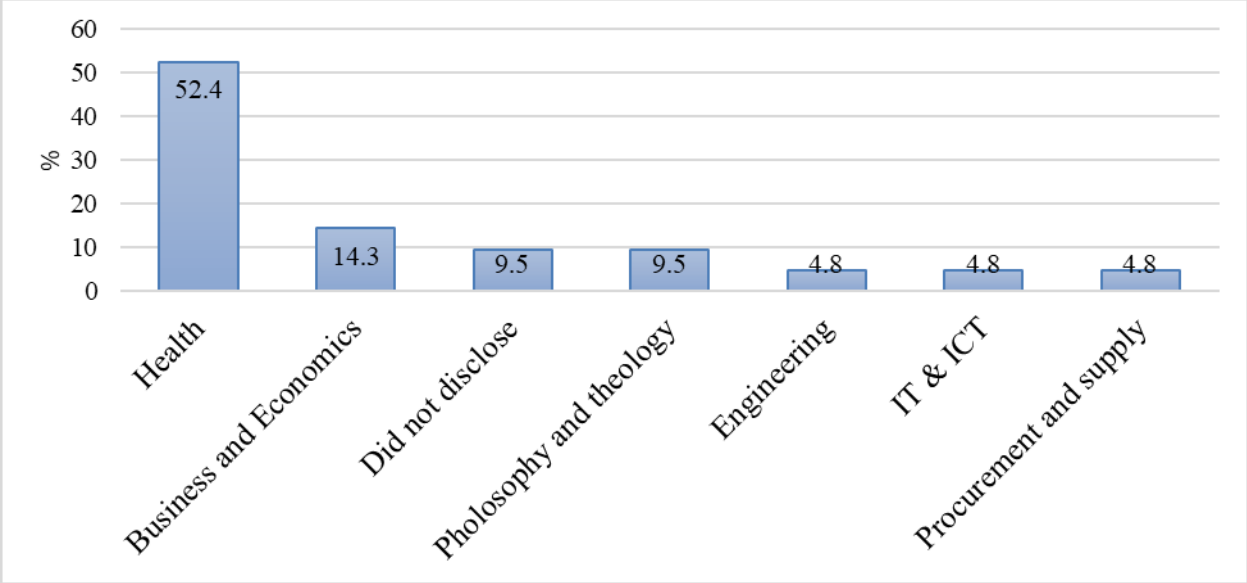


**Figure 4.6: Professional background**

The study found that an assessment of the board's selection composition is imperative in weighing the board's efficacy. Ultimately, the board's selection and composition in terms of gender, religion, age, representation of the minority groups, professional background, competency and skills are vital determinants in assessment of the board's effectiveness. The "Mwongozo" code of governance requires that the board's appointment be made as per the specifications of Article 27 of the Kenyan constitution. In this study, the background information was interpreted based on the following four *"Mwongozo"* governance principles:

- *The composition and size of the Board should provide a diversity of gender, competencies and skills required for the effective leadership of the organization*
- *The Board should provide strategic direction to the organization, exercise control and remain accountable to shareholders*
- *The Board should ensure that Board members are inducted and that their skills and knowledge are continually developed to enhance effectiveness.*
- *The performance of the Board, its committees and individual directors should be evaluated annually.* (SCAC, 2015)

The background information collected from the participants in the study who are also representative of the actual composition of the board seemed to meet all the criteria as laid out by the "Mwongozo" that requires that the selection is done in line with Article 27 of the constitution of Kenya and all its sub-clauses

## 4.4 Effectiveness of health boards leadership and governance in Meru county referral hospital

### i) Board Regulation

**Responses to question 1: Are the members of MeTRH board/committee bound by any formal rules and regulations?**

The study revealed 76.2% MeTRH board and committee members understand they are bound by various rules and regulations even though only 62.5% knew where these rules and regulations are contained.

Response Indexed 1: "*We are bound to Meru county government health act"*

Response Indexed 2: "*As board members were responsible for violation of rules contained in the Kenya constitution promulgated in 2010, and Meru county health bill".*

The respondents pointed out these rules and regulations relate to accountability, observation of professional ethics, openness, innovations, and privacy and confidentiality in the committee deliberations. This means as much as the board and committee member are aware of the ethical rules and regulations they do not have specific guide to refer. This guide should be Mwongozo code of governance.

**Responses to question 10: Under which circumstances can a board member be prosecuted in a court of law?**

The findings revealed 28.6% indicated under no circumstances could a board member be prosecuted by a court of law. However, 71.4% indicated indeed a board member could be prosecuted in the court of law especially due to integrity issues such as corruption and gross misconduct. Knowing the law applies to all citizens including board and committee members means they can uphold the rule of law and this improves effectiveness of the board as shown in conceptual framework.

Response indexed 20: "*This is just obvious, violation of constitution such as misuse of public funds or violating the public finance management of the public procurement and disposal act can lead to prosecution."*

**ii) Board Roles and Responsibilities**

**Responses to question 2: What are the specific board practices and responsibilities?**

Response Indexed 3: *"Our responsibilities are based on county government act which cover duties such as: setting policy and measure implementation; approve MeTRH strategies such as strategic plans and ensure their implementation; management risks; and ensure quality services are offered especially the procurement of goods and services*"

Response Indexed 4: "*As board members we oversee hospital management including budgets approval and development strategic direction; preparation and implementation of departmental budgets; and ensuring provision of quality services*"

Response index 5: *"Board members are watch dogs, we guard the hospital against corruption cases; we also participate in disciplinary issues; and supervise various departments."*

Response Indexed 6: "*As board/committee members we provide a link between hospital and county government and provide oversight to the management of the hospital including finances, approving budgets and developing hospital strategic plan."*

The board and committee members have adequate knowledge of the roles and responsibilities of the board. This makes the board more oriented and effective to executed its mandate

**iii) Board Governing Values**

**Responses to question 3: What are some of the values that govern board and committee members?**

The results revealed majority of MeTRH board and committee members does not have adequate knowledge on the values that guide them. Some of the governance values mentioned incudes: Integrity 38.1%, transparency 23.8%, accountability 19.0%, professionalism 19%, honesty 19%, teamwork 14.3%, service delivery 14.3%, leadership 9.5%, innovations 9.5%, customer satisfaction and community involvement 4.8% and non-discrimination 4.8%. This shows the board

and committee members are not well acquainted with values stipulated in the Mwongozo, transparency, accountability and risk management being top in the list. All members are required to have good orientation on what is expected of them. This would improve productivity of the members.

### iv) Board selection criteria

**Responses to question 4: How are board members' selection and appointment made at MeTRH?**

The question sought to understand how board members were selected and appointed into the MeTRH hospital board. The results revealed majority of the board and committee members (81%) reported to have undergone a competitive selection and appointment.

Response indexed 7: *"I believe I was nominated based on my skills, training, and previous experience."*

Response indexed 8: "*Our appointment is made based on our professional qualifications including education, sometimes our influence in the society*."

Response indexed 9 (Committee member): *"I believe am selected as a board member based on merit. The hospital management team has a technical team and requires representative members. I am the head of human resource advisor committee which is a subcommittee of HMT."*

Response Indexed 10 (board member): *"Yes I was selected based on professional qualifications, integrity records and past and present performance in corporate stewardship especially at KNH".*

Response Indexed 11 (committee member): "Am very influential in the community as a religious leader and therefore deserves to be a board member"

Response Indexed 12 (board member): *"I was nominated by the governor and the nomination was informed by my vast experience and competence."*

A good board should have range of knowledge, skills, and experiences to be effective (Sikipa 2019)

### v) Board Remuneration

**Responses to question 5: How board members are paid/compensated?**

Response Indexed 13: *"... receive a sitting allowance of 4000 which they termed as dismal and therefore needs to be reviewed."*

### vi) Board Oversight

**Responses to Question 6: How is board oversight done?**

The study found 38.1% reported board is offered oversight by the County Executive Committee Member (CECM), 38.1% reported CEO and health management committee and 23.8% did not indicate who oversees board. However, majority of the respondents, 76.2%, were able to understand MeTRH board offers oversight to ensure key functions of the health system.

The findings show that board and committee members do not know who oversees their function. This means they could be incapacitated to execute their duties as members hence ineffective.

### vii) Board representation and Understanding Healthcare needs of Meru residents

**Responses to question 7, 8 and 13:**

**Question 8: What are the primary healthcare needs of Meru county residents?**

The study findings revealed even though majority of board and committee members understood the needs of Meru county residents some few 23.8% indicated they had no idea of the important needs of residents.

Response Indexed 14: "*The important needs of Meru county residents include have a cancer care center in the hospital and a critical care by having an ICU and Meru county residents have a problem of affordability of medical services and fair pricing";*

Response indexed 15: "*Meru residents requires high quality specialized services such as ICU, cancer care, emergency response and HDU; there is shortage of medical staffs, and drugs in health facilities, hospital managements are poor"* ,

Response indexed 16 (Board member): "*The penetration of NHIF is less than 10% hence there is a need to develop strategies to increase NHIF coverage in this county."*

**Question 13: How are Meru residents represented in the board?**

There were 50/50 perception on whether residents are represented or not. Some of the board members argued Meru residents are represented through representatives who are nominated, others

though it was through public opinion and others did not know how the residents are represented in the board.

Response indexed 17: "*I think they are not represented seeing we have few women and there is no public participation".*

Response indexed 18: "*I think Meru county residents are well represented through nominated representatives since board members are recruited among people living with disability, business community, women representatives and health professionals; political leadership, church leadership, Muslim community, professional bodies, youth and women representatives, and community representatives"*

A representative board makes it effective. According to Sikipa, 2019, a good board should represent varieties of backgrounds, experiences, nationalities, languages, cultures, and attitudes.

**viii) Board Inclusivity, Openness and Transparency**

**Responses to question 9, 10, 11 and 14:**

The study sought to investigate the openness and transparency of the board to decision-making and its involvement of all stakeholders in the making of the major decision.

Majority of the respondents (86.9%) indicated that the board is open in its decision making while 81.2% reported that the board takes in all the stakeholders input. A further majority at 89.6% affirmed that the board was transparent in its allocation of resources. However very few of the participants understood how the board offers transparency in its activities.

## 4.5 Leadership and governance policy gaps in Meru county referral hospital health boards

The study wanted to establish whether board and committee members were aware of some of the policy gaps than needs to be addressed to improve board effectiveness. The study found very few respondents understood some of the policy gaps that needs to be addressed. Some of the areas includes:

**i) Board Skills and Competency**

**Responses to question 11: Board members' diversity, education and training**

The board has met 33% gender rule, and youths are not present in the board. The study found majority of board members 52.4% have health education background, 14.3% had business and economics background and 4.8% had IT or ICT related backgrounds or procurement and supply. The findings are in consistent with guidelines stated in the Mwongozo code of governance for state cooperation. Diverse and mixed skills are shown by these findings. This make the board more effective

### ii) Board Induction and Skills Development

**Responses to question 12: How are new board/committee members on-boarded?**

Onboarding of new board members includes induction through hospital processes, financing and budgeting.

Response indexed 21: *"We normally have a board induction course which should be at least 3 days. Also, Board members need to be vetted by the appointing authority or by the county assembly with respect to chapter 6 of the constitution for all occupants of public officer".*

**Responses to question 13: Do board members' have educational retreats and tours to other health boards in other counties and institutions such as world health organization**

Response indexed 22: *"Education retreats should be very specific for the roles of the board committees and tailored for that purpose. They should major on financial management, healthcare organization leadership, audit and risk management, and public administration. However, this doesn't happen"*

The respondents also mentioned there is need to introduce benchmarking exercises, which will help improving the member's skills and competencies. Board meetings/trainings with speakers from the ministries of health, medical staffs and organization executive staffs; seminars from professional organizations such World Health Organization among others can also be very health policies.

**Responses to question 9: Please comment on the board/committee learning and development activities**

Majority of the respondents (66.7%) indicated there has been no learning and developmental activities for the board and committee members.

Response indexed 19: "*The only training done here was an induction training. Since then there are no other development activities but perhaps it is due to inadequate resources. However, we normally have retreats and workshops"*

**iii) Skills and Competency Development**

Response indexed 23: *"There is need to initiate education retreats and training especially the WHO since they have very good standards and guidelines for hospitals. This will help Meru county health board on the best practices"*

Response indexed 24: "*I don't think board tours can add value however, a coordinated county health board association with representation by the chair person may help streamline and generate regulations for all boards*".

**iv) Board Performance**

**Responses to question 32-37: how does Meru teaching and referral hospital perform in terms of service delivery?**

The study found 71.4% of board and committee members that argued MeTRH is performing well in terms of service delivery argued MeTRH has enough basic equipment and infrastructure. However, 86.7% still felt much needs to be done to increase UHC.

The 28.9% that argued MeTRH is not performing well argued:

Response indexed 25: *"There consistent fight between management, there is a poor linkage between resources and priorities, sector performance is hardly done appropriately due to poor monitoring and evaluation; allocation that is based on political interests rather than health system needs".*

Response indexed 26: *"To strengthen leadership and governance we need enough funding, non-political interference, and implementation of board resolutions."*

The issue of corruption was mentioned by the board and committee members in Meru County (8/21).

Response indexed 26: *"Corruption is a major issue in governance. It takes the form of misappropriation of funds, tender awards; there is no full disclosures at county levels which need to be addressed through legal channels to improve governance."*

Response indexed 26: *"…all procurement should be subjected to IFMIS introduce tenure of office, timely communication and dissemination of necessary information, there should be little or no political appointments"*

These are ways to help the board achieves its objectives. The board and committee members should be have a good and educative induction process. Regular training and educational retreats are essential to improve effectiveness of the board. Skills audits and performance appraisals are carried out to assess board and committee member's effectiveness.

# CHAPTER FIVE

# DISCUSSION OF FINDINGS, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

## 5.1 Introduction

The evaluation of the effectiveness of the MeTRH board of management was subject to the following criterion: building board capacity and capability; embedding board discipline; delegating appropriately; exercising judgment and enabling corporate accountability. This as outlined in the basic theoretical principles of measuring board's effectiveness by the National Leadership Council (2013). The use of in-depth interviews and recording of participants' responses provided the required grounds for achieving this assessment.

## 5.2 Discussion of the Findings

### 5.2.1 Effectiveness of health boards leadership and governance in MeTRH

**Board size, Selection and Composition**

The principle of effectiveness and efficiency advocates for the organizational understanding of the needs and demands of the public and make best use of resources to produce results that meets these desired needs of the society. The principle further contends that the selection process should be in accordance with a clearly laid out procedure prerequisite for effectiveness prior to discharging its mandate efficiently.

The selection of board members was merit based. They were selected based on skills, competency and profession background. The study wanted to understand how board members were selected and appointed into the MeTRH board. The results revealed majority of the board members believed they were nominated as board members based on merit. The responses indicated members believed were nominated based on skills, training, previous experience, professional qualifications including education, their influence in the society, and age. Looking at their skills and competencies, indeed the board members were appointment based on merit.

It was however notable that the board under investigation, MeTRH, was not formulated as per the guidelines of "Mwongozo" which directs that membership should be tween 7-9. Despite this drawback, in terms of gender composition the board was able to play by the two-third gender rule

constitutional requirement. The board further scores well for having right composition in terms of skills and competencies. It can however be said that these efforts are washed down by the board poor representation of the youth and a total lack of a justification for it unrepresentative of minority groups such as people with disability.

**Board Regulation and Values**

It was evident that majority of board members lack adequate knowledge of ethics and values required of them in discharging their duties. Some of them mentioned integrity, transparency, accountability, professionalism, honesty, teamwork, service delivery, leadership, innovations, customer satisfaction and community involvement and non-discrimination as the guiding values. This inadequacy can take a toll on the board in delivering of its constitutional mandates if not handled with urgency.

The study further revealed only 76% of MeTRH board and committee members understand they are bound by various rules and regulations even though only 62.5% knew where these rules and regulations are contained and what they say. The respondents pointed out that these rules and regulations relate to accountability, observation of professional ethics, openness, innovations, and privacy and confidentiality in the board and committee deliberations. The respondents argued some of the rules and regulations that guide them are derived from Meru county government health act, The Kenya constitution, and Meru county health bill. There was no mention of "Mwongozo" code of governance by board and committee members which means they are not well acquainted with these values as contained in the "*Mwongozo"*. It is this lack of mention of this vital guiding instrument that immensely undermines and is most likely to deal a great blow the board's quest for effective delivery of its statutory obligation to MeTRH. This would undoubtedly have an impact on the delivery of quality health services to the Meru County residents who rely heavily on the only level V in the county.

For a board to be effective in Kenya, it must be constituted according to "Mwongozo" code of governance for the state corporations that meet all the requirements of the Constitution of Kenya 2010 especially article 232 that addresses core values and principles of public service among other applicable laws. The evaluation of MeTRH board guided by the "Mwongozo" helps understand some of the flaws that would thwart its effectiveness in achieving strategic objectives.

The study revealed a lack of knowledge among the board of MeTRH of the existence of "Mwongozo" code of governance as a guiding instrument to good corporate governance. However, the board and committee members understand they are bound by certain rules and regulations stipulated in the constitution of Kenya which include accountability, professional ethics and conduct, openness, and confidentiality. It is important to note that this is the greatest impediment in as far as the board discharge of its mandate goes. The lack of knowledge and acknowledgement of this guiding instrument is one-step that should be fixed in urgency especially since the efficiency and efficacy of the board is dependent on its strict adherence to the set out guidelines of the "Mwongozo" in entirety.

**Responsibilities**

Respondents in the study indicated board responsibilities are based on county government act and cover duties such as: setting policy and measure implementation; approve MeTRH strategies such as strategic plans and ensure their implementation; management risks; ensure quality services are offered especially the procurement of goods and services; oversee hospital management including budgets approval and development of strategic direction; preparation and implementation of departmental budgets; ensuring provision of quality services; guarding hospital against corruption; participating in disciplinary issues; supervising various departments; providing a link between hospital and county government and providing oversight to the management of the hospital including finances, approving budgets and developing hospital strategic plan. These responsibilities also meet the criteria outlined by the "*Mwongozo*" code of governance.

**Oversight**

Board members understood they offered oversight to the hospital management (CEO), however they do not know to whom they are responsible. This evidenced by the response from majority who perceive the accountability as being to the CECM and the governor. This perception could be because the board is not regulated by the "Mwongozo" code of governance that clearly stipulates that all boards be under the oversight of State Corporations Advisory Committee and Ethics and Anti-Corruption Commission (EACC). The "Mwongozo" also state that the board and committee members owe their responsibility to the organization and not the nominating body (county government)

**Board representation and Understanding Healthcare needs of Meru residents**

The study findings revealed even though majority of board and committee members understood the needs of Meru county residents some few indicated they had no idea of the important needs of residents which is likely to thwart their effectiveness in the board. This could be because there was no concise way in which Meru county residents are represented in the board.

### 5.2.2 Leadership and governance policy gaps in Meru county referral hospital health boards

The study wanted to establish whether board and committee members were aware of some of the policy gaps than needs to be addressed to improve board effectiveness. The current board in not properly constituted it should at least be adequately constituted in four key skills-based areas: healthcare standards; finance matters and development matters; human resource and public administration; and audit and risk management. The women in the board are less than 33%; there is low youth representation and no representation of people with disability. There has been inadequate board induction for new board members and no continuous skills development or trainings facilitated by the board; there has not been any education retreats, and bench marking exercises, which can help improving the member's skills and competencies.

## 5.3 Conclusion

The study shows that the healthcare governance bodies in Meru County has not only been constituted as per the "Mwongozo" code of governance for State Corporation but that the board members did not have the knowledge of the existence of such a document to guide them. In basic terms, the board and committee members are not aware of the "Mwongozo" guidelines. This means the boards in Meru County may be incapacitated to carry out effective leadership and governance for healthcare services and ensure Meru county residents have access to quality and cost-effective healthcare services. This in turn is likely to deal a fatal blow all the attempts at realizing the successful implementation of the universal health coverage (UHC) and ultimately achieving the sustainable development goal number three (SDG3)

## 5.4 Limitations of the study

### 5.4.1 Sample Size

The sample size used during data collection for this study may not be conclusive for the entire Meru county healthcare system. However the decision to focus on the board and committee of the only Level 5 hospital in the county gives gravity to the participants response in as far as Meru County healthcare system goes.

### 5.4.2 Sample Profile

The sample profile mainly focused on the top management of MeTRH with a dismal consideration of the immediate subordinate staff answerable to the board. The same was the case with the other stakeholders. The decision to focus mostly on the board and committee members was informed by the limited time allocated for the study and submission of report.

### 5.4.3 Method

The method used for data collection for this study was majorly in-depth interview. However, some of the respondents who participated in the interview got uncomfortable answering some questions that in their view had political connation that called into question of their political affiliations.
The busy schedule of most of the board members limited the amount of adequate time necessary for the in-depth interviews and exhaustive investigation.

### 5.4.4 Financial Resources

The financial resources budgeted for in data collection and analysis during this study limited the number of participants interviewed during the process collection of data.

## 5.5 Recommendations

To strengthen healthcare governance bodies in Meru County this study recommends the following:
For Meru County healthcare board to exercise effectiveness of leadership and governance in public healthcare provision, it must be constituted according to the "Mwongozo" code of governance for the state corporations and partake to meeting all the requirements of the Constitution of Kenya 2010 especially article 232 that addresses core values and principles of public service among other

applicable laws. The Meru County healthcare board size and composition need to be reconstituted by reducing the board size to 7-9 members as it currently exceeds the required size and reduce the number of committees to recommended size. In-terms of board composition, youths, and people with disabilities needs to be represented. However, for this to be possible, the board members need to be trained on the "Mwongozo" code of governance and Kenya constitution (Article 10, article 73, article 75 article 99 (1) b, article 174 and article 232) and leadership and integrity act no 19 of 2012 of the laws of Kenya. It is only through the knowledge of the existence of a properly laid out guidelines on managing appointive boards that the board members can ultimately be in a position to efficiently deliver on their constitutional mandate. This would not just be a constitutional expectation obligation but a corporate one that is objective in provision of affordable and quality health care for Meru residents. Further notable was the fact that there has been inadequate board induction for new board members and no continuous skills development or trainings facilitated by the board which means these need to be implemented to improve member's skills and competencies. It is only in order that members are constantly subjected to continuous training and other skills development programs not just for the day-to-day running of the board, but also to ensure the board is up to date with the ever-changing management practices. The study also informed the following ways of strengthening leadership and governance in Meru County by addressing challenges in the health sector such as inadequate funding of the health sector and political interference. The study further recommends that Meru County government begins devising ways to increase enrollment for the NHIF through creation of awareness by mass media, ensuring full disclosures at county levels, increase communication between policy makers and implementers, timely communication and dissemination of necessary information, there should be good feedback mechanisms, and allocation of enough resources for the training and recruitment of healthcare workers.

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# ANNEXES

## Annex 1: Introduction Letter

My name is Ibrahim Hassan. I am a Masters student from Strathmore University. I am conducting a study to "assess effectiveness of leadership and governance in Meru County and its influence in public healthcare settings." The information will be used by the Meru county health department management and Ministry of Health to identify the gaps in leadership and governance and how to address them in health facilities.

Participation in this study will require that I ask you some questions/answer some set of questions and record the information in a schedule/questionnaire. Participation in this study is voluntarily. You may ask questions related to the study at any time and you have the right to refuse participation in this study. You may refuse to respond to any questions, and you may stop an interview at any time. You may also stop being in the study at any time without any consequences.

If you participate in this study, you will help us to learn how effective is the leadership and governance in Meru County and identify the gaps that needs to be addressed.

### Confidentiality

The interviews will be conducted in private sitting at convenient time. Your name will not be recorded on the questionnaire. The questionnaires will be kept in a locked cabinet for safe keeping. Everything will be kept private.

### Contact Information

If you have any questions you may contact primary researcher Ibrahim Hassan (0723859891)

### Participant's statement

The above information regarding my participation in the study is clear to me. I have been given a chance to ask questions and my questions have been answered to my satisfaction. My participation

in this study is entirely voluntary. I understand that my records will be kept private and that I can leave the study at any time.

Name of Participant……

Signature or Thumbprint _____ Date _____

**Investigators statement**

I, the undersigned, have explained to the respondent the language he/she understands, the procedures to be followed in the study and the risks and benefits involved

Name of Interviewer……

Signature or Thumbprint Date

**Annex 2: In-depth Interview Guide**

Background information

1. What is your gender?

- Male
- Female

2. What is your age bracket in years?

- 18-25 years
- 25-35 years
- 35-45 years
- 45-49 years
- 50-54 years
- 55-59 years
- 60-64 years
- 65-69 years
- >70 years

3. What is your marital status?

- Married
- Separated
- Divorced
- Never married

4. What is your county of birth _____
5. What's your highest level of education?

- PhD
- Master's degree
- Degree
- Diploma
- Certificate course
- Secondary level
- Primary level

i) What is your areas of study in the highest level of education?

_____

6. Are you a board or sub-committee members in this county

- Board member
- Committee members

7. For how long have your served in the above position in _____years_____ months
8. Have you served in the same capacity in this or any other board/committee?

- Yes
- No

i. If yes for how long _____and where _____

**Specific questions**

**The study wanted to understand effectiveness of leadership and governance in Meru teaching and referral hospital. You are required to respond the questions below.**

1) Are Meru teaching and referral hospital board or committee members bound by rules and regulations? (If yes, explain these rules and regulations)

_____
_____
_____
_____

2) Do you have specific assigned responsibilities of the board which you are held accountable for their actions?

_____
_____
_____
_____

3) What are some of the values that guide you as a board/committee member?

4) Do you believe you were selected as a board member or nominated due to your credentials? (Probes are selection process and reasons they think the qualify as board or committee members)

5) Who oversees the board?

6) Do you offer oversight to anyone? (Probe who or where, and the nature of oversight)

7) What are some of the public interests are you supposed to consider in your decisions?

8) What are the most important needs of Meru county residents that needs to be addressed by the health sector through this board?

_____

_____

_____

_____

9) Do you believe this board is open in its decisions? (Please explain in which ways have the board demonstrated openness)

_____

_____

10) Do you believe referral hospitals is open and considers all stakeholders in major decisions? (which stakeholders are involved in the decisions)

_____

_____

_____

_____

11) Do you think this board inclusive?

_____

_____

_____

_____

12) Are resources allocated in a transparent manner in this hospital? (please explain more)

_____

_____

13) How are Meru county residents represented in this board? (Probe: through representative or public opinions?)

14) In which ways does this board offer transparency in its activities (Probe public forums, media and stakeholder's meetings)

15) Is the appointment and remuneration of directors open and is it based on merit?

16) To whom are the board/committee members accountable to for their decisions?

17) Does the board lay down its core objectives at the beginning of the year and how are evaluations done?

_____

_____

_____

_____

18) Are there geographical areas more affected in provision of healthcare services? (What about in terms of sex, age, sex, ethnicity, disability

_____

_____

_____

_____

19) How are Meru residents protected to catastrophic spending? What of impoverishing spending?

_____

_____

_____

_____

20) What are some of the basic health needs of residents of Meru County?

_____

_____

_____

_____

21) Is the current board composition enough to deliver its mandate?

_____

_____

22) How frequent are there board learning and development activates

23) How frequent are individual board members performance appraisal done

24) Do you think this board has a balance of skills and experience?

25) How frequent is skills audit of the board members done

26) Does this board have full year's plan and would you explain it please?

27) Are there formal board meeting, seminars and committee meetings?

28) What is the process of delegating some board responsibilities?

29) Do you normally have debates to explore all available alternatives when making decisions?

30) As a board members can you be prosecuted in a court of law? (Probe under which circumstances)

b. To determine the leadership and governance policy gaps in Meru county referral hospital health boards

1. Performance
2. Utilization
3. Challenges

1. Do you think Meru teaching and referral hospital is performing well in terms of service delivery?

_____
_____
_____
_____

2. Do you think there is efficient utilization of public resources for health?

_____
_____
_____
_____

3. What are some of the challenges affecting health sector in Meru County?

_____
_____
_____
_____

4. Is corruption in health sector a major problem in Meru County?

5. Has there been complaints of stock outs medicines and drugs in Meru County?

6. Have you heard corrupt cases of procurement in Meru County?

7. How is Meru teaching and referral hospital infrastructure?

To establish ways to strengthen leadership and governance of Meru county referral hospital boards in preparation for the rolling out of universal health coverage

a) What are the current challenges and gaps to healthcare governance for healthcare in Meru County (capacity, resources, oversight activities, communication flow) and how can they be addressed as part of health system strengthening in this county?)

_____

_____

_____

_____

_____

_____

What are the challenges of healthcare governance?

1. _____
2. _____
3. _____
4. _____
5. _____

b) What are the proposed recommendations towards improvement of healthcare governance in your facility?

1. _____
2. _____
3. _____
4. _____
5. _____

What are some of the governance issues that need to be addressed to improve the health system?

1. Board members' diversity

2. Board members' professional education

3. Board members training

4. Onboarding of board members,

5. Board meetings with speakers from the MoH, medical staffs and organization executive staffs;

6. Board members' educational retreats.

7. Board members' skills and competencies.

8. Board tours to other health boards in other counties and countries;

9. Board meetings/trainings with speakers from the ministries of health, medical staffs and organization executive staffs;

10. Seminars from professional organizations such World Health Organization."

_____

_____

_____

_____

## Annex 3: Strathmore University Ethics Committee

Strathmore UNIVERSITY

9th July 2019

IBRAHIM H.A, MD,
MERU TEACHING AND REFERRAL HOSPITAL,
P.O BOX 8 60200,
MERU.
Email: ugaaska2012@gmail.com

Dear Dr Ibrahim,

**REF: SU-IERC0445/19 *(AMENDMENT)* PROPOSAL "Effectiveness of Leadership and Governance in Public Healthcare Provision in Meru County Referral Hospital"**

I make reference to your application for the approval of a proposed amendment submitted on 4th July, 2019

We acknowledge receipt of the following submitted documents for amendment;

a) Amendment cover letter date April 30, 2019
b) Study Proposal version 3 date April 30, 2019
c) Participant Information and Consent form version 3
d) Study Materials- Indepth interview guide, Study Questionnaires
e) Study budget
f) CV

The committee noted the following amendment:

1. ***There may be need for rewording the topic as per the suggestions gives. e.g. dropping " assessment of" and adding " Meru referral county hospital"***
2. ***In the objectives, have consistency with the broad aim of your study.***

The Committee concluded that the suggested amendments are justified and will not result in increased risk to the participants. The proposed changes have therefore been granted approval for implementation.

You may continue with your study.

You are required to submit any further changes to this version of the protocol to SU-IERC for review and approval prior to implementing any additional changes.

Thank you.

Yours Sincerely,

for: Prof Florence Oloo
Secretary; SU IERC

STRATHMORE UNIVERSITY INSTITUTIONAL ETHICS REVIEW COMMITTEE (SU-IERC)
09 JUL 2019
TEL: +254 (0)703 034 000
P. O. Box 59857 - 00200
NAIROBI - KENYA

## Annex 4: NACOSTI APROVAL

Strathmore UNIVERSITY
BUSINESS SCHOOL

Thursday, 06 June 2019

**The national commission for science and technology innovation,**
**P.O Box 30623-00100,**
**Nairobi.**

Dear Sir/Madam

**INTRODUCTION – IBRAHIM HASSAN**

This is to introduce Ibrahim Hassan, admission number MBA-HCM/101303/2017 who is an MBA HCM student at Strathmore Business School. As part of our SBS MBA HCM Master's Program, Ibrahim is expected to do applied research and to undertake a project. This is in partial fulfilment of the requirements of the Master of Business Administration. He would like to request for a research permit to help him finalize his research.

Ibrahim is undertaking a research project on **"Effectiveness of leadership and governance in public healthcare provision in Meru County Referral Hospital'.** The information obtained from the intended organization shall be treated confidentially and shall be used for academic purposes only.

Our MBA seeks to establish links with industry, and one of these ways is by directing our research to areas that would be of direct usefulness to industry. We would be glad to share our findings with you after the research, and we trust that you will find them of great interest, if not of practical value to your organization.

We very much appreciate your support and we shall be willing to provide any further information if required.

Yours Faithfully,

**Veronica Muniu,**
**Manager – Programs.**

Strathmore UNIVERSITY
Ole Sangale Road, Madaraka Estate
P.O Box 59857 00200 Nairobi, Kenya
Cell: +254 703 414867
Email: ...@strathmore.edu or Visit www.strathmore.edu
Twitter: @SBSKenya

**Annex 5: Study Budget**

| ITEM | QUANTITY | UNIT COST (KES) | TOTAL(Ksh) |
|---|---|---|---|
| Proposal Development | | | |
| Printing | 6 | 380 | 2,200 |
| Binding | 6 | 50 | 300 |
| Internet | 5,000 | 5,000 | 5,000 |
| Data collection Printing questionnaires | 390 | 18 | 7,020 |
| Training research assistants | 3 | 1,000 | 3,000 |
| Research assistants allowance | 4 | 10,000 | 40,000 |
| Airtime allowance | 4 | 500 | 2000 |
| Data analysis and report writing | 1 | 25,000 | 25,000 |
| Printing report | 10 | 500 | 5,000 |
| Binding | 6 | 50 | 5,000 |
| Transport and subsistence | | 50,000 | 50,000 |
| Contingency | | 4500 | 4,500 |
| **Total** | | | **149,020.00** |

## Annex 6: Timelines

| Objective | Schedule |
|---|---|
| **Phase Ia: Prewriting** | **8-10 weeks** |
| Review administrative proposal requirements of Strathmore university | 1 week |
| Create a 1- to 2-page preliminary statement | 1 weeks |
| Present preliminary proposal ideas to colleagues | 1 week |
| Research context, history, and background of research problem | 1-2 week |
| Develop and write problem statement and exploring questions and possible approaches | 1-2 weeks |
| Contact experts in the field concerning possible approaches | 1 weeks |
| Refine the research question | 1 weeks |
| **Phase Ib: Administrative Tasks** | **4 weeks** |
| Identify and contact any relevant sources of information | 1-3 weeks |
| Research budget needs | 1 weeks |
| **Phase II: Writing and Administration** | **5-6 weeks** |
| Create a document with problem statement, framework, and research design | 1-2 weeks |
| Gather any additional data required for literature | 1 week |
| Add any remaining details needed to complete the draft | 1-weeks |
| Consult supervisor and ask for more guidance | 1-4 weeks |
| Revise the rough draft | 1-2 weeks |
| **Phase III: Complete and Submit Proposal** | **3-4 weeks** |
| Review the proposal requirements and review and revise proposal appropriately | |
| Remind advisor(s) and faculty about letter of recommendation | 1 week |
| Assemble materials, review and finalize proposal | 1 week |
| Request a copy edit from colleagues | 1 week |
| Print final proposal copy | |
| Submit proposal | |

**Annex 7: Work Plan**

| Activity | TIME |
|---|---|
| Problem Identification<br>Review of Related Literature | January-April 2019 |
| Proposal writing, submission and defense | May-June 2019 |
| Data Collection | June-July 2019 |
| Data Analysis | August-October 2019 |
| Report Writing | January-March 2020 |
| Findings Defense | April-May 2020 |
| Submission of Report | May 2020 |
| Publication | June-December 2020 |