



ADDIS ABABA UNIVERSITY

COLLEGE OF BUSINESS AND ECONOMICS

DEPARTMENT OF PUBLIC MANAGEMENT AND POLICY

**ASSESSMENT ON CHALLENGES OF GOOD GOVERNANCE IN
HEALTH CENTRES OF JIJIGA: A CASE OF KARAMARA PUBLIC
HOSPITAL IN SOMALI REGIONAL STATE**

BY: BASHIR AHMED KHALIF

JUNE, 2019 G.C

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DECLARATION

I, the under signed, declare that this thesis is my original work, prepared under the guidance of Bersisa Kocha (PhD). All source of materials used for the thesis have been duly acknowledged. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

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Signature & Date

ENDORSEMENT

This thesis has been submitted to Addis Ababa University, College of Business and Economics, Department of Public Administration and Development Management for examination with my approval as a university advisor.

Advisor

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ABBREVIATIONS / ACRONYMS

AU	African Union
WB	World Bank
IMF	International Monetary Fund
UNDP	United Nations development Program
FGM	Female Genital Mutilation
DPs	Development Partners
UN	United Nations
NEPAD	New Partnership for Africa's Development
OECD	Organization for Economic Cooperation and Development
ADB	Asian Development Bank
IFAD	International Fund For Agricultural development
AfDB	African Development Bank
GAP	Governance Action Plan
AU	African Union
OAU	Organization of African Unity
FDRE	Federal Democratic Republic of Ethiopia
FMOH	Federal ministry Of Health
RHBs	Regional Health Bureaus
NGOs	Non-Governmental Organizations
HSDP	Health Sector Development Program
DHS	Democratic Health Survey
UNESCFAP	Unites Nations Economic and Social commission For Asia and the pacific
COMESA	Common Market for Eastern and Southern Africa
ECOWAS	Economic Community for West African States
NCDs	Non Communicable Diseases
ACDC	African Centre for Disease Control

ABSTRACT

This study was conducted to assess the challenges that health centers of Jijiga are facing on good governance practices by taking the variables responsiveness and transparency. Provision of effective, efficient and quality service to the clients or users is an indication of improving good governance practices. For this rationale, the Karamara general public hospital was purposively selected. A total of 445 set of questionnaires were distributed to both in-patients and out-patients of the hospital, the number of questionnaires used for data analysis was 384 with probability simple random sampling technique of the respondents from the selected hospital of Jijiga city. In order to gather the necessary data from the sample respondents, questionnaire and interview were used as data collection tools. In this regard descriptive statistics of central tendency with mean, percentages were employed to analyze the data obtained via questionnaire. Both qualitative and quantitative data analysis techniques were used accordingly. The findings of the study show that there is lack of accessibility of information, limited Capacity (competence) of the hospital towards human power, lack of sufficient capacity of the hospital to handle all the patients, increasing number of patients year after year, shortage of material resources, administrative, financial and political challenges, lack of openness and low satisfaction from the service users and irresponsiveness are considered the main hindrances' of good governance in the city in general and the selected public hospital in particular. Thus, generally the research outcome indicates: assessment of needs and demands of the society, installation of Hospital management system, improving attitudes and skill of staff through leadership, training and commitment is pertinent to responsiveness and transparency of the hospital.

Key words: challenges of good governance, health service provision, transparency and responsiveness

CHAPTER ONE

INTRODUCTION

1.1. Background

Good governance” as an issue of development is being widely used for improvements in socio-economic outcomes and for aid effectiveness and considered as the effective tool for overcoming multidimensional challenges existed in both developed as well as developing countries of the world and it has generated increasing attention and debate both at the national and international level over the past two decades. Uddin (2010).

The agenda good governance was originally developed by the World Bank in the early 1990s in response to the failure of structural adjustment programs introduced by the World Bank (WB) and the International Monetary Fund (IMF) in Africa, Asia and Latin America. According to the World Bank, good governance consists of a public service that is efficient, a judicial system that is reliable, and an administration that is accountable to the general public.

According to Uddin (2010) the good governance issue was commenced after Cold war as the concern of the development practitioner. In the aid issue “good governance” becomes the most notable paradigm within which to direct all political reform efforts. Aid was used simply as a carrot to assist this objective. The motives were questionable and less transparent. In relation to this as argued by (ibid), the World Bank had originally go on board upon utilizing the concept of governance as it come to grips with the challenge of why aid is not successful . Accordingly, it focused inward to the institutions governing the economy and the implementation of structural reform. It found the problem to be Africa’s governance that is the management of a country’s economic and social resource endowments.

The concept of ‘good governance’ conveys the qualitative dimension of governance that indicates effective, efficient, participative, or democratic form of government which is responsible for transparent and accountable management of human, natural, economic and financial resources for equitable and sustainable development. Addition of the adjective ‘good’ to governance has given a sense of enhancement and almost become an obsession in the recent debates on international development and public administration in developing countries.

A synthesis of current definitions provided by donor organizations such as the World Bank, the UNDP, international agencies and multilateral donors yields a more complex concept of governance. Governance is a complex and holistic system of interactions among structures, traditions, functions (responsibilities), and processes (practices) manifested by three key values of accountability, transparency and participation Fuhr, (2000).

Governance is about power, relationships, and accountability—who has influence, who decides, how citizens and other stakeholders have their say, and how decision-makers are held accountable (Schacter, 2010). The governance concept combines ideas about political authority, the management of economic and social resources, as well as the capacity of governments to formulate sound policies and perform their functions in an effective, efficient, and equitable manner (Smith, 2007).

From the View of UNDP, ‘Governance’ is defined as the exercise of economic, political and administrative authority to manage a country’s affairs at all levels and the means by which states promote social cohesion, integration, and ensure the well-being of their population (UNDP, 1997). It comprises the mechanisms, process, and institutions through which citizens and groups articulate their interests, exercise their legal rights, meet their obligations, and mediate their differences (UNDP, 1997). Thus, in general Good governance is the process and institutions that produce results that meet the need of the society, while making the best use of resources at their disposal. It also defined as the rule of the rulers typically within given set of rules. It is “among other things participatory, transparent and accountable.

The other most important tool to insure good governance is decentralization. According to Meheret (2007) Since the 1990s, decentralization and governance reform in Ethiopia have centered on changing political, administrative and fiscal systems. The reform aims to empower local authorities and communities, institutionalize decision-making process at the grassroots level, with the view to enhance local participation, promote good governance, and improve decentralized service provision at each level of administration.

With regard to the target area of this study, its pertinent to highlight the research area. Jijiga is geographically situated in the Eastern part of Ethiopia, 650kms east of Addis Ababa,140 kms east of Dire Dawa and 105 kms from Harar, with good infrastructure and access to communications facilities and it is the capital city of Somali Regional State. Based on figures from the Central Statistical Agency in 2017, Jijiga has an estimated total population of

250,000 of whom 123,422 are men and 126,578 are women. The current population of this city is 250,000. The 1997 census reported this town had a total population of 65,795 of whom 33,266 were men and 32,529 women.

At the regional level it is the key administrative, social, economic and political center. At the local context Jijiga is the main market center for all the surrounding rural population and that of the smaller towns and considered by many as a dry port and an outlet for the nation to neighboring countries, Jijiga District, (2012).

Good Governance in Health Sector: Experience around the world has demonstrated that the attention to governance is important to the ability of health systems to fulfill essential public health functions. Health governance concerns the institutions and linkages that affect the interactions among citizens/service users, government officials and health service providers. There is general agreement that good health governance is characterized by responsiveness and accountability; an open and transparent policy process; participatory engagement of citizens; and operational capacity of government to plan, manage, and regulate policy and service delivery. However, explorations of health system strengthening through the governance lens are few. Thus health decision-makers and international assistance agencies have few examples of how to incorporate health governance into system strengthening.

Moreover, government health officials have increasingly realized that resources allocated to health will not achieve their intended results without attention to governance. This is more so when government is injecting huge amounts of funding targeting specific diseases and improving health care delivery system. However, weaknesses in health system governance threaten to undermine the effective utilization of the funds and derail the intended objectives. The acknowledgement that successful healthcare delivery requires effective institutions and management has led government officials, academics and international donors alike to emphasize governance as a key element in the quest for practical solutions for strengthening health systems. However, Regardless of how funds are collected and pooled, any publicly organized financing scheme faces the challenge of “prudent purchasing, Kramer (2012). That is, how to spend the available means in a way that satisfies concerns around responsiveness, quality, equity and efficiency while preserving clinical autonomy and allowing for developing innovative forms of diagnosis and treatment. Governing fund pooling, resource allocation, health service purchasing, together with health service provision is an important element in achieving such critical, and, at times, conflicting aims.

Governance is a priority area in the move towards achieving universal healthcare as well as improving quality, efficiency, effectiveness, and responsiveness of health systems. Mechanisms of establishing good governance practice and measuring its impact has been an issue of ongoing debates with some commentators focusing on structures, while others preferring to concentrate on the health outcomes. Lewis M, Pettersson G (2009)

With this regard the challenges that **Karamara** public hospital encounters are as many as the following, insufficient capacity to deal with a huge number of patients in the town in general, increasing and huge number of both in-patients and out-patients, lack of appropriate beds in the hospital, old and insufficient laboratory equipment, lack of clarity of departments and divisions in services and administrative challenges inadequate financial resources, weak health systems in terms of access, quality, etc.

1.2.Statements of the Problem

Despite obvious challenges and problems of good governance in many government institutions, health centers and offices in Somali region and in that specific city towards the characteristics or features of the term good governance such as Participation, rule of law, transparency, responsiveness, consensus orientation, equity, effectiveness and efficiency, accountability and access to information are either lacking or poorly functioning.

Undeniably, most researches that had been undertaken in the health sector so far in Somali region (state)) like that of conducted Mohammed Abdullahi (2017) on the prevalence of hypertension and its associated factors among adults attending outpatient department in Jijiga Karamara Hospital. Effective and efficient service provision of health centres to the general public is, of course, important and one manifestation with regard to good governance in national, regional and also local administrations, but he did not take into account other dimensions of good governance such as responsiveness and transparency challenges towards health services delivery

On the other hand, Kiros Gebremicheal (2018), conducted research on Sequela of female genital mutilation on birth outcomes in Jijiga town. FGM is the collective name given to several different traditional practices that involve the partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or non-therapeutic reasons . The World Health Organization (WHO,1995) classified FGM into four broad

categories: namely Type I or Clitoridectomy, removal of the prepuce with or without excision of the clitoris.; Type II or Excision:, Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora; type III or Infibulation, excision of labia minora and/or labia majora, with or without excision of the clitoris and stitching of the exposed walls of the labia majora together leaving only a small hole for the passage of urine and menstrual flow; and type IV or unclassified, refers to any other damage to the female genitalia including, pricking, piercing, incising, scraping and cauterization (WHO, 2008). The practice is carried out by various religions including Muslims and Christians. Type I and type II are the two most common forms of FGM practiced among Ethiopian women and girls, type II being the most common. Type III, the most drastic form of FGM, is high prevalent among Afar and Somali, but it is also practiced to lesser extent in Harari. Type IV is carried out mainly by the Amhara population.

Even though there are international and local efforts to end FGM, its prevalence rate is still very high in some countries, especially in Africa, Asia and the Middle East. WHO estimated that globally up to 140 million girls and women have been subjected to some type of FGM (UNICEF, 2005). In Africa (Sub-Saharan Africa, Egypt and Sudan), about three million women & women & girls are mutilated every year. Almost half of these women & girls are from Ethiopia and Egypt.

In Ethiopia, FGM affects 23.8 million women and girls with the highest adoption being in Afar region (91.6%), Dire Dawa (92.3%) and Somali region (97.3%), (Central Statistical Authority2001). Even though enough success has not been gained so far, the country has made a promising improvement in reducing the practices of FGM. For instance, the prevalence of FGM was reduced from 80% in 2000 to 74% in 2005, demonstrating that the practice is declining gradually. Although FGM is not undertaken with the intention of inflicting harm, its damaging physical, sexual, and psychological effects make it an act of violence against women and children. The fact that FGM counted usually as the most valued and highly orchestrated cultural practice and social norm, women apart from being victimized, they also take part in its perpetration making FGM unique among all other forms of violence with gender base. The ill effects of mutilation is sound occurring at different phases of a of women's life when suffering starts as a child at the time of the operation, through their marriage and at the event of child bearing. Traditions as FGM have been

regarded as violating of basic human right of women particularly the right to life free from discrimination, ill treatment and torture.

FGM is often motivated by a variety of beliefs endorsing it for perceived health and hygiene benefits, traditional, religious requirement and gender related reasons.

However, in Ethiopia, female genital mutilation (FGM) remains a serious concern and has affected 23.8 million women and girls, with the highest prevalence in Somali regional state because of poor health infrastructure and lack of good governance system in Jijiga and the whole region with regard to health service delivery to the community in need. In that particular point, he focused only on female genital mutilation and its effects in the area on the effectiveness and efficiency criteria perspectives of good governance. But, neither Mohammed nor Kiros considered other good governance criteria that contribute allot to the elimination or the existence of many diseases to that particular region having the highest female genital mutilation in Ethiopia and the prevalence of hypertension and its associated factors among adults in Jijiga and elsewhere in the region and both studied good governance on effective and efficiency criterion side. Without considering two important indicators of good governance criteria responsiveness and transparency without which of them it is very difficult to prevent the health effects associated with them psychologically and physically. Because of the conditions of health services in that particular city and the implication of poorly functioning or the absence of the above indicators.

Unlike the above mentioned papers this paper researched on good governance of one of the health centers in Jijiga town (e.g, Karamara public hospital) and the services it provides to the community of the town at large. While considering responsiveness and transparency as indicators taken into account for the assessment of the challenges of good governance in health service provision.

However, due to the above arguments there exist unfilled gap which requires further research to be done on health perspectives of Jijiga town. With this respect, the researcher , is highly motivated to conduct a research. On this matter, the purpose of this research is to identify and assess the challenges facing Jijiga health centers specifically Karamara public hospital towards good governance while taking two of good governance criteria as indicators, these are transparency and responsiveness for the assessment of the challenges facing at the hospital.

1.3. Research Questions

- 1) What is the level of Good Governance of the Hospital as measured by its selected indicators, transparency and responsiveness?
- 2) How does good governance issue is challenged in health service provision at the Hospital?
- 3) What are the major challenges that karamara Hospital is facing to provide community health services?

1.4. Objectives of the study

1.4.1 General Objective

The general objective of this study is to measure the level and identify the main challenges facing Jigjig city health centers on good governance (responsiveness and transparency) with specific consideration of Karamara public hospital.

1.4.2 Specific objectives

- a) To assess the level of good governance of karamara Hospital with regard to health service provision
- b) To assess the issue of good governance challenges on health service provision
- c) To assess the major challenges that karamara hospital faces in the provision of health services

1.5 Significance of the study

- ✓ The study and the investigation of good governance in this research have significance for health administrators as well as the community and academicians and researchers
- ✓ The study give an insight to the extent to which good governance has developed and the hindrances' that the city health centres face in the path towards promoting of good governance
- ✓ For health administrators and the respective health service providers the study may have a significance in that it may help them to recognize and implement the policies and strategies devised by the policy makers from top which helps them to provide (deliver) health services effectively and efficiently transparent and in responsive manner to the community at large.

- ✓ It will also help local community better recognize and understand their rights of getting efficient and effective health service provision from their respective health centers so as to articulate their interests and health concerns as citizens.
- ✓ For academicians and researchers the study shall provide a better direction to undertake in an academic research on good governance, since the concept of good governance is difficult in nature that cannot be coped with only in this research paper, especially at the lower tier of government services. Therefore, the research shall encourage academicians as well as other researchers with similar areas of studies to conduct different research activities in relation to the issue on hand and by taking into consideration the existing gap.

1.6 Scope of the study

Theoretically, the scope of the research was limited to the challenges of good governance of Jijiga health centres in Somali regional state by taking into account some key features (indicators) of good governance such as responsiveness and transparency towards health service provision.

Geographically, the research was limited to Jijiga city health centres in Somali regional state specifically Karamara General Public Hospital and other health centres were not included due to access of information, time and budget constraints.

1.7 Limitations of the Study

A thorough scrutiny of the issue of good governance demands the incorporation of the various manifestations of good governance. In any examination of governance undertakings it is obvious for everyone that there is no absolute way of methodological means of obtaining and analyzing data because it has holistic (comprehensive) nature and the study may have methodological, geographical and theoretical limitations. Theoretically, the study had a limitation in that good governance agenda is comprehensive which cannot be fully addressed by taking only two key indicators that are responsiveness and transparency. Geographically, the study had a limitation in that it was confined to the city of Jijiga, so the surrounding areas and villages were excluded and also it is difficult to generalize (conclude) the issue and practice of good governance by taking only one city. The study had also some other limitations such as time constraints and also financial problems.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents the definitions of key terms of governance, conceptual definitions of governance, different concepts of good governance, good governance as a concept,

governance theories and practices, dimensions of good governance, the issue and practice of good governance in Africa, good governance and its practice in Ethiopia, attributes (key indicators) of good governance, empirical literature review and the conceptual framework. The reviews of literature led to draw significant conclusion and served as a guide for the study.

2.2 Governance

In recent years the word governance has become a very fashionable term and is being used in a variety of ways and that covers a large number of organizations both in public and private domains. For our purposes, however, we are confining governance only to public domain.

No theory of governance would be intelligible unless it is seen in the context of its time. In the beginning of the 21st century, it has become evident that those who want minimal government are having an upper hand against the advocates of the paternalist welfare state. One thing has emerged clearly. An efficient, effective and democratic government is the best guarantor of social justice as well as an orderly society. Similarly, there is also emphasis on the fact that the administrative system has to be country specific and area specific taking in view not only the institutions of governance and its legal and regulatory mechanisms but also its market, its civil society and cultural values of the people. The principal response of the state, therefore, would be to facilitate, to enable, and to coordinate. Neither the market nor the civil society can perform this role as effectively as the government and thus they cannot become substitutes for the government. Uddin (2010).

There is no accepted definition of governance. There is divergence of opinion about the meaning of governance between the conservatives and the liberals, between socialists and the communists. The World Bank, for example, has sought to take a middle position by defining governance particularly as the traditions and the institutions by which authority in a country

is exercised. This includes (i) the process by which governments are selected, monitored and replaced; (ii) the capacity of the government to effectively formulate and implement sound policies; and (iii) the respect of citizens and the state for the institutions that govern economic and social communications among them.

Moreover, in 1989, the World Bank declared that ‘a crisis of governance’ underlay ‘the litany of Africa’s development problems’ (World Bank 1989: 60-61).

The 2005 Paris Declaration’s commitment to ‘national ownership’ has further focused the attention of donor agencies on good governance. As Hyden (2008: 267) notes, for instance, ‘by channeling direct budget support to partner governments the DPs [development partners] are forced to think about governance as an integral part of their *modus operandi* (a particular way or method of doing something).

Proponents of the good governance agenda see it as a worthy goal not only in and of itself, but also as a means through which to impact a variety of other outcomes, particularly economic growth and development. In poorly governed countries, it is argued, corrupt bureaucrats and politicians badly hinder development efforts by stealing aid contributions or misdirecting them into unproductive activities. Less obvious but equally pernicious, governments that are not accountable to their citizens and with inefficient bureaucracies and weak institutions are unwilling or unable to formulate and implement pro-growth and pro-poor policies. In a well-cited quote, former United Nations Secretary-General Kofi Annan noted that, ‘good governance is perhaps the single most important factor in eradicating poverty and promoting development’ (UN 1998). Thus, proponents argue, good governance should be at the center of development policy: donors should not only provide positive support for governance reforms in aid-recipient countries, but also should incentivize better governance by taking into account the quality of governance in decisions about the distribution of foreign assistance. A large related literature focuses on measures and assessments of governance quality in particular countries and cross-nationally (see, e.g. Besançon 2003; Arndt and Oman 2006; Knack 2006; Apaza 2009; Thomas 2010), while another significant body of work addresses the relationship between governance and key outcomes such as economic growth (see World Bank 1989; Kaufmann et al. 1999; Resnick and Birner 2006; Keefer 2009;).

Opponents of the good governance agenda, on the other hand, raise strong challenges. Critics, especially in aid-recipient countries, argue that the use of governance criteria in the allocation of foreign aid effectively introduces political conditionality and imposes Western liberal models of democracy (see Nanda 2006; NEPAD 2007: 3-4). Grindle (2004) points out that the good governance agenda is a poor guide for policy because it is ad hoc, ‘unrealistically long’, and not attuned to issues of sequencing and historical development (see also Booth 2011). Along related lines, Andrews (2008: 380) notes that prevailing models of government effectiveness are ‘like telling developing countries that the way to develop is to become developed’ and that the ‘one-way-best model’ of governance ignores institutional variation across well-governed states. An active body of research also raises questions about the causal effect of the quality of governance on various outcomes, especially economic growth (Kurtz and Schrank 2007a, 2007b; Khan 2009).

Yet, despite the importance of the good governance debate to international development policy, there remains considerable confusion over a basic question: what is governance, and especially good governance? Indeed, few discussions of governance fail to note this definitional ambiguity (see, e.g. Weiss 2000; Doornbos 2001; Andrews 2008; Keefer 2009; Williams 2009; Grindle 2010). However, most studies simply proceed by selecting one definition among the many: in one of the more straightforward discussions of this, Keefer (2009: 439) notes that ‘there is no agreed definition of “governance”’ and thus that ‘for various sometimes necessarily arbitrary reasons’, his review focuses on the literature that links economic development with secure property rights, voice and accountability, and the performance of the bureaucracy. Therefore, the concept of governance is somehow difficult and cannot and would not be given an agreed definition about the nature of the term governance as the following definitions indicate.

2.2.1. Conceptual Definitions of Governance

Governance—In common usage, governance—as distinct from good governance—is often equated with ‘government’ or ‘the act or process of governing’. International organizations and scholars have adopted more extensive definitions of the term. As Keefer (2009: 439) notes, ‘there is no agreed definition of governance that would provide a convenient device for organizing the literature’. Weiss (2000), for one, lists several different definitions from as many organizations. According to the definitions listed in these sources, for instance, the UNDP (1997: 2-3) defines governance as ‘the exercise of economic, political and

administrative authority to manage a country's affairs at all levels', which 'comprises mechanisms, processes and institutions through which citizens and groups articulate their interests, exercise their legal rights, meet their obligations and mediate their differences'. For the IMF, it is, 'the process by which public institutions conduct public affairs and manage public resources. For the OECD, it is 'the use of political authority and exercise of control in a society in relation to the management of its resources for social and economic development,' which 'encompasses the role of public authorities in establishing the environment in which economic operators function and in determining the distribution of benefits as well as the nature of the relationship between the ruler and the ruled' (OECD, 2009).

Not only do definitions vary across organizations, they also vary within organizations. In the World Bank (2010) definition, for instance, governance is 'rule' (i.e., the act or manner of exercising authority), carried out by 'rulers' (i.e., those with power/authority), within 'a given set of rules' (i.e., a common society).the rulers, typically within a given set of rules. However, this minimal definition of governance suggests description, leaving open multiple possibilities of how, and towards what ends, power might be exercised within the community. For instance, it might be according to popular vote, by consensus, according to a set of universally applied laws, through the dictates of a supreme leader, or through physical force.

Key actors might include government agencies, elected officials, hereditary rulers, religious leaders, judicial authorities, or the voting public. The collective affairs of a community might include anything from national security to natural resources, from monetary policy to cultural affairs, from infrastructure development to educational and health standards.

2.2 Good Governance

2.2.1 Different Concepts of Good Governance

Good governance: working definitions and components

What is good governance? Working definitions of good governance and the quality of governance more generally, are notable in their diversity. Definitions given from the major multilateral agencies, including the UN, the multilateral development banks, African Development Bank, Asian Development Bank (ADB), the IMF and others. These definitions are drawn neither from each organization's current policy on (good) governance (e.g., the

IMF's Good Governance: The IMF's Role, published in 1997) or its most recent major public statement on the topic (e.g., the entry entitled 'Governance' on the UN's website). As the definitions presented in the above suggest, there are clear similarities across working definitions, but there are also major differences among them.

Working definitions of good governance from selected multilaterals United Nations 'In the community of nations, governance is considered "good" and "democratic" to the degree in which a country's institutions and processes are transparent. Its institutions refer to such bodies as parliament and its various ministries. Its processes include such key activities as elections and legal procedures, which must be seen to be free of corruption and accountable to the people. A country's success in achieving this standard has become a key measure of its credibility and respect in the world. Good governance promotes equity, participation, pluralism, transparency, accountability and the rule of law, in a manner that is effective, efficient and enduring. In translating these principles into practice, we see the holding of free, fair and frequent elections, representative legislatures that make laws and provides oversight, and an independent judiciary to interpret those laws. The greatest threats to good governance come from corruption, violence and poverty, all of which undermine transparency, security, participation and fundamental freedoms.

Source: UN website, 'Governance'

United Nations Development Program (UNDP) 'Good governance refers to governing systems which are capable, responsive, inclusive, and transparent. All countries, developed and developing, need to work continuously towards better governance. Good, or democratic governance as we call it at UNDP, entails meaningful and inclusive political participation. Improving governance should include more people having more of a say in the decisions which shape their lives'.

Source: Remarks by Helen Clark, Administrator of the United Nations Development Program, at the Fourth United Nations Conference on the Least Developed Countries High Level Interactive Thematic Debate on Good Governance at All Levels, Istanbul, 11 May 2011

Similarly, IFAD (1999) argued that Good governance incorporates the processes and structures that direct political and socio-economic ties in which the state go beyond it

by taking in the private sector and civil society, all of which are critical in sustaining human development in which good governance is unachievable solely by government effort and the institutions of governance in the state, civil society and the private sector must be designed to contribute to this sustainable human development by establishing the political, legal, economic and social circumstances for poverty reduction, job creation, environmental protection and the advancement of women. Good governance, therefore, also involves the state forging closer collaborations with the private sector and civil societies to improve basic public service delivery and bring about economic upliftment, because to bring about good governance the involvement of stakeholders is pivotal in which government solely cannot bring about good governance in a given society. Towards this end, governments are recognizing the full role of non-state actors in the development process by giving them the space for them to play their full roles in policy formulation, service delivery and empowerment of communities to demand services. It is also recognized that, to have credibility and legitimacy, non-state actors need be professional and have sound internal governance and leadership structures that guarantee accountability, transparency and performance for effective and efficient service provision for service users especially at the grass root level since good governance is not solely ensured by government effort (NEPAD).

World Bank ““In the last half-century we have developed a better understanding of what helps governments function effectively and achieve economic progress. In the development to community, we have a phrase for it. We call it good governance. It is essentially the combination of transparent and accountable institutions, strong skills and competence, and a fundamental willingness to do the right thing. Those are the things that enable a government to deliver services to its people efficiently” .—Paul Wolfowitz, World Bank President, Jakarta, 11 April 2006’

Source: World Bank, Strengthening the World Bank Group Engagement on Governance and Anticorruption, 21 March 2007, p. 1

African Development Bank ‘Good governance is defined in several ways. But, the one that matters at most is, according to the 2000 Bank Group Policy on Good Governance, governance is “a process referring to the manner in which power is exercised in the

management of the affairs of a nation, and its relations with other nations”. The policy identifies the key elements of good governance as: accountability, transparency, participation, combating corruption, and the promotion of an enabling legal and judicial framework’.

Source: AfDB, Governance Strategic Directions and Action Plan Gap 2008-2012(2008), fn. 1, p. 15 Asian Development Bank (ADB),

Among the many definitions of “governance” that exist, the one that appears the most appropriate from the viewpoint of the Bank is “the manner in which power is exercised in the management of a country’s economic and social resources for development. Although policy aspects are important for development, the Bank’s concept of good governance focuses essentially on the ingredients for effective management. In other words, irrespective of the precise set of economic policies that find favor with a government, good governance is required to ensure that those policies have their desired effect. In essence, it concerns norms of behavior that help ensure that governments actually deliver to their citizens what they say they will deliver and formulating an analytical framework for addressing governance issues, the Bank prefers to draw a distinction between, on the one hand, elements of good governance and, on the other, the specific areas of action (e.g., public sector management) in which they could be promoted or their existence enhanced. In line with this reasoning, and building upon the approach of the World Bank, the Bank has identified four basic elements of good governance: (i) accountability, (ii) participation, (iii) predictability, and (iv) transparency.

International Monetary Fund (IMF), ‘Good governance is important for countries at all stages of development. ... Our approach is to concentrate on those aspects of good governance that are most closely related to our surveillance over macroeconomic policies—namely, the transparency of government accounts, the effectiveness of public resource management, and the stability and transparency of the economic and regulatory environment for private sector activity’. (Michel Camdessus, IMF Managing Director, Address to the United Nations Economic and Social Council, 2 July 1997)

2.3.2 Good governance as a concept

Given the stated importance of good governance and the amount of work that has been done on the topic, the looseness of the working definitions described above is notable. For

instance, the World Bank's 2007 report, strengthening the World Bank Group Engagement on Governance and Anticorruption, which outlines its strategy on governance, provides no explicit definition beyond a brief quote from former Bank president Paul Wolfowitz. Likewise, the African Development Bank's Governance Strategic Directions and Action Plan GAP 2008-2012 defines good governance in a short footnote, while (NEPAD 2007). For instance, unlike its predecessor, the Organization of African Unity, the African Union explicitly recognizes 'respect for democratic principles, human rights, the rule of law and good governance' among its founding principles (African Union 2000).

The New Partnership for Africa's Development (NEPAD), launched by the AU in 2001, identifies 'peace, security, democracy, good governance, human rights and sound economic management' as 'conditions for sustainable development'. Definitional brevity is not in itself problematic, but it is so in this case because of the clearly contested nature of 'good governance' and the complexity of its components. None of the donor organizations discussed above fully address, for instance, why one particular component of governance rather than another is included in its own definition. Why does the ADB define good governance as accountability, participation, predictability, and transparency? Further, how exactly are these various terms defined? Should human rights be understood to refer to both civil and political rights and economic, social, and cultural rights as specified in the International Bill of Human Rights, or primarily to civil and political rights, as emphasized in most discussions? Does 'accountability' mean the same thing to the ADB as to the OECD, World Bank, AfDB, and UN? Does 'rule of law' refer to 'thin' or 'thick' variants? Is a country considered a democracy if it meets minimal Schumpeterian standards, or is democracy understood in its broader sense? If the latter, what are the major differences between 'liberal democracy' and 'good governance'?

In short, on the basis of working definitions, there is easily disagreement among donors in terms of which countries should be classified as well-governed and which as poorly governed. And, there is no clear basis upon which to argue the merits of one classification versus another or to evaluate the relative importance of various governance components. Moreover, the concept of good governance remains ambiguous and there is no agreed definition of what the term good governance is about.

2.3.3 Why Does Governance Matter?

Governance in today's context becomes a point of discussions in the country's economic, social as well as political changes and developments. Most governments of the world and international organizations incorporate the issue of good governance in their country affairs. According to the World Bank, good governance matters because, it entails sound public sector management (efficiency, effectiveness and economy), accountability, exchange and free flow of information (transparency), and a legal framework for development (justice, respect for human rights and liberties) in connection to this it "signifies a participative manner of governing that functions in a responsible, accountable and transparent manner based on the principles of efficiency, legitimacy and consensus for the purpose of promoting the rights of individual citizens and the public interest, thus indicating the exercise of political will for ensuring the material welfare of society and sustainable development with social justice" (UNESCO, 2006). A more concise definition of good governance is given by Hirst cited in UNESCO (2006) who propounds that it "means creating an effective political framework conducive to private economic action: stable regimes, the rule of law, efficient State administration adapted to the roles that Governments can actually perform and a strong civil society independent of the State (ibid, 2006).

2.3.4 Institutions and rules

Douglass North cited in (Bloom et al, 2004) has highlighted the importance of "the rules of the game in a society or more formally, the humanly devised constraints that shape human interaction " Along with institutions such as governmental bodies, political parties, civil society organizations and universities, these rules are increasingly recognized as important drivers of development and good governance.

2.4 Governance Theories and Practices

2.4.1 Network Management Theory

Networks have been widely recognized by both scholars and practitioners as a vital form of multi-organizational governance. The advantages of network coordination in both public and private sectors are considerable, including improved learning, more efficient utilization of resources, increased capacity to plan for and address complex problems, greater competitiveness, and better services for clients and customers (Bevir, nd). He also argued that

network as a form of governance approach considered networks as the unit of analysis. Network is viewed as an instrument of coordination, or what has often been referred to as network governance. Network theories argue that the key governance task is to manage networks effectively Stoker (2006) and Rhodes R.A.W (1997). Also argue that ‘governance is about managing networks’. And although there has been some abstract reference to ‘governing without government’ ,accordingly, most scholars agree that the core focus of attention is how a given government can interrelate within diverse organizations and also beyond the boundary of the state in order to attain its goals for the betterment of the general public (Rhodes,1997).

2.4.2 Social Interpretive Theories

They argue that the human nature is not easily manageable and that the design of governance measures is not an easy task which covers this school of thought (Wesley et al, 2008). It develops a more complex and nuanced perspective on how individuals and groups react to the challenges and difficulties of governance (Stoker, 2006).

2.4.3 Theories of delegation

Delegation theorists argue that key to effective governance is getting the structure of delegation right and when incentives are appropriately aligned then the desired outcome can be achieved is the basic assumption of delegation theorists. An understanding of how delegation works could provide a key element in understanding the operation of governance (Stoker, 2006).

2.4.4 The new public management theory

Proponents of this theory have the stand that incorporating the private sector and improving the incentive mechanism will boost and promote the efficiency as well as the effectiveness of a given organization. Applying the new public management theory principles to organizations would need running the organizations like a private business (Ibid, 2006). This theory basis itself on the governments mission oriented rather than that of rule bounded, results oriented, enterprising, anticipatory, and customer driven and government agencies and accordingly, the government should meet the needs of citizens rather than those of the bureaucracy which is managed by the bureaucrats (civil servants).

Pillar to this theory decentralization also given a special emphasis which is helpful for the ultimate attainment of the stated goals (Cheema and Rondinelli, 2005). In their book *Reinventing Government*, which reveal innovative reforms in the United States and influenced thoughts in other countries during the 1990s, David Osborne and Ted Gaebler cited in (Cheema and Rondinelli,2005) argue that national, state, and local government should be inventive, market oriented, decentralized, and focused on offering their “customers” the highest quality services. They and supporters of new public management argue that governments should “steer rather than row” and oversee service provision rather than deliver it directly; further, governments must encourage local groups to deal with their own problems by deregulating and privatizing those activities that could be undertaken by the private sector or by civil society organizations more efficiently or effectively than by public organizations.

2.5 Dimensions of Good Governance

Good governance assures that political, social and economic choices/decisions are made on the basis of wide consensus in community through elected representatives. Good governance should among other things be participative, transparent, equitable and accountable. Good governance should enhance institutional effectiveness and generate economic growth, which can lead to better living standards for the majority of any country’s population (Tangier, 2002). Good governance is perceived as a normative principle of administrative law, which obliges the State to perform its functions in a manner that promotes the values of efficiency, non-corruptibility, and responsiveness to civil society. It is therefore a principle that is largely associated with statecraft. While the government is not obliged to substantively deliver any public goods, it must ensure that the processes for the identification and delivery of such goods are concrete in terms of being responsive to public demands, being transparent in the allocation of resources and, being equitable in the distribution of goods (N.Chowdhur and Skarsted ,2005)In relation to this according to Report of the Commission on Global Governance (1995)Good governance is a notion that refers to, and is functional in, a number of domains, going from institutional development to non-state actors’ involvement. There are different dimensions of good governance. They will be presented as follows:-

2.5.1 Technical Dimension

Is part and parcel of economic governance, which shows the transparency of government accounts, the effectiveness of public resources management, and the permanence of the regulatory environment for private sector activity.

2.5.2 Political Dimension

Refers to “the legitimacy of government, the accountability of the political elements of government and respect for human rights and the rule of law” When it comes to participation, equity, inclusiveness, or transparency, minorities or grass root peoples need a specific approach with regard to good governance strategies in terms of their tie with the major stakeholders since their position in the society is most often fragile and too “minor” or less influential. It also refers to re-gaining the legitimacy of the government and of its decisions over the entire population (a major problem especially for multi-ethnic societies, where inclusiveness and transparency are two principles of more importance than anywhere else). In order to succeed in establishing a legitimate and transparent state, all groups have to feel represented, which can be accomplished if several guidelines are applied - either a “horizontal division of power” or “group autonomy and vertical division of power and forms of joint exercise of power through decentralization (ibid, 1995).

2.5.3 Security governance

Security problems prevails in all post-conflict societies, as do problems such as lack of exercising legitimate authority, inability of the legal institutions to control crime, erosion of the judiciary system, or use of force (by both the legally established and the underground organizations). With this regard citizens’ activities and the various functions need to be acknowledged and due emphasis need to be given and a separation of authority has to be operated properly, in order to ensure transparency through public control and regulation so as to create a secure environment for the people (ibid,1995).

2.5.4 Administrative Governance

This essentially looks at institutional capacities, effectiveness and accountability and economic management, and corporate governance World Bank, (2010). Contends that administrative governance a process of policy implementation conducted through a well-organized, autonomous, responsible and open public sector.

2.6 The Issue and Practice of Good Governance in Africa

An overview Cognizant of the vitality of good governance in a given society African policy-makers and leaders became more informed with the governance concept as a result of the debate within the OAU which was formed in 1963 during the early stages of Africa's independence campaign. Even if this is so the OAU could not able to consolidate and promote good governance in the continent .Following OAU, the AU comes up with a lot of measures and visions to bring about good governance and the commitments made through the international gatherings meetings (John k. Akokpar, 2004). In effect they started recognizing democracy, transparency, accountability, human rights, peace, security and stability as pivotal elements for good governance (Mekolo,2005). To consolidate and foster good governance in Africa a partnership program established between Africa and the G8 countries for the practice of good governance in Africa, NEPAD stresses on four dimensions of governance; namely economic and corporate governance; political governance; and peace and security.

NEPAD represent a moral contract between African countries and the G8 under which the former strives to improve governance and promote democracy by undertaking political reforms and market friendly economic policies while the latter aimed at supporting Africans who take an initiation and come up with a good move towards good governance and NEPAD document originally presented a comprehensive view of governance (Akokpar,2004). As a result of this issue and agenda good governance has been incorporated in the objectives and policies of the African Union. Article 3(a) of the Constitutive Act of the African Union, adopted at Lome, Togo in July 2000, provides for the promotion of democratic principles and the prevalent institutions, popular participation which is inclusive and good governance. Similarly in accordance with this NEPAD also incorporated good governance as a remedy for development by strengthen accountability, transparency and participative governance for citizens (Mbao ,nd) In effect most African leaders started recognizing more and more that good governance is critical for economic upliftment and for the common good of the general public.

This connotes a good progress in the direction of greater convergence on good governance issues and not only is good governance seen as a result of an evaluation process, but also and more often is a pro-active leadership system referring to the efficiency and openness, and to the implementation of universal values and principles which guarantee a sound functioning of

the institutions thanks to competent human resources delivering the best quality services while being responsive to the people needs especially at grass root levels (Mekolo and Resta,2005). These examples of leaders' quotations below stand as an instances of this commitment and the fundamental aspects of good governance such as democracy, transparency , human rights and other elements of good governance .“....Some factors that are important for development are peace, security and stability.

Accordingly, the leadership of the African continent saw the importance of breaking the Vicious cycle of wars, conflict and instability which contributes to a very large degree, to the deep levels of poverty and underdevelopment...”(Thabo Mbeki, former President of South Africa, Johannesburg, 2004). On all these fronts, we are making real progress. In particular, we have made significant gains in good political and economic governance, despite the challenges and constraints of our recent history...” (Paul Kagame, President of Rwanda).

2.7. An Overview of Good governance and its practice in Ethiopia

The emergence and recognition of the idea of good governance can be accredited to more than its attractive characteristics and admirable policy goals, however to be sure, by the late1980s, a convergence of intellectual and experiential tendencies brought increased visibility to this idea. good governance incorporates ideas of equity and fairness, protection for the poor, for minorities, and for women, and a positive role for the state. For many others found along the continuum from right to left, the concept is attractive for its concern about order, decency, justice, and accountability (Grindle, 2010).The concept of good governance is comprehensive (holistic) because it incorporates various indispensable elements such as democracy, human rights and peace and etc. In the sphere of delivering State services to the public, good governance reforms promote human rights when they improve the State's capacity to fulfill its responsibility to offer public goods which are important for the protection of a number of human rights, such as the right to education, health and food.

Reform initiatives may include mechanisms of accountability and transparency, culturally, sensitive policy tools to guarantee that services are accessible and acceptable to all, and paths for public involvement in decision-making (United Nation,2007).Ethiopia had a decentralized governance system throughout much of its survival as a state. This decentralized system was distinguished by the co-existence of triple authorities: sovereign kings and provincial and local nobilities apply powers within their area while at the same time recognizing the imperial

throne as the central authority. Scholars up hold that the huge size of the country, its rugged and broken landscape, the economic and cultural diversity of its society, and the absence of a modern means of communication were the core causes of the decentralized system and structure. In the second half of the 19th century, however, Emperor Tewodros II (1855-1868) set the centralization process in motion by bringing an end to the autonomy of regional and local nobilities. This process of expansion and the centralization was followed energetically by Emperor Menelik II in which he shaped the country's current boundary (Zemelak, 2008).

With regard to governance history of Ethiopia authoritarian as well as dictators ruled the country for decades and there were not a conducive room for the practice of good governance so, historically there were not an experience and tradition of good governance. The situation changed during 1991 when the EPRDF regime over throw the Derg through insurgency. Accordingly, since 1991 the government has taken important measures to promote good governance and the FDRE Constitution adopted in 1995 establishes a multi-party parliamentary system of government and recognizes as well as legalizes most of the human rights elaborated under international law (Dessalegn et al, 2008)

2.8 Good Governance in the health Sector

The advent of global health governance means health administration that transcends national boundaries. In view of the interdependence of states and increasing movement of people, the spread of contagious diseases and the heightened complexity of global health issues make cooperation among countries to be indispensable. Unfortunately resourcing remains a critical challenge to effective health governance,(Lewis and Petterson, 2009: 2). The uncontrollable spread of Ebola in West Africa in 2014 is a good case example of the impact of limited financial and human resources in combating highly contagious diseases that are a potential global threat to human life. It is important to note from the onset that health governance borders on human rights, essentially the right to life. It is for this reason that health needs to remain a top priority for all nations, rich and poor. The disparity in terms of the quality of healthcare and health service provision in developed and developing countries is apparent.

‘Good governance in health systems promotes effective delivery of health services’ (Lewis and Petterson, 2009: 2). Sub-Saharan Africa's performance on health outcomes remains poor despite Sub-Saharan African nations' financial commitment, albeit limited, and foreign aid. There is widespread poor service delivery, poor procurement systems marred by

mismanagement and corruption, and poor health infrastructure. Many indicators for health outcomes show slow progress in Sub-Saharan Africa. Infant mortality rates per 1000 live births, for example, dropped slightly between 1990 and 2013 from 107 to 66 while comparatively for the Euro area they remained at a single digit (from 8 to 3) in the same period (The World Bank, 2010). There is also the challenge of inadequate resources, weak health systems in terms of access, quality, weak human and institutional capacities. These negative situations are exacerbated by brain drain to richer countries, natural calamities and manmade disasters, especially war. Poor funding by governments is a major contributing factor as the effectiveness of interventions on health is related to the availability of resources. In 2010, Sub-Saharan Africa spent 6.5% of the gross domestic product (GDP) on health which was below the world average of 10.5% of GDP.

Africa is faced by several other challenges such as conflict, poverty, unemployment, food security, climate change, inequality, industrialization, among others. This makes prioritizing health difficult due to competing demands. As a result, health outcomes tend to correlate with donor support. While international organizations should ideally be driven by member states' interest, the determination of health priorities by international organizations leads to an imbalance between the set priorities and prevalent health issues in various countries. Sub-Saharan Africa was the only region in the world with external resources incurred on health expenditure that ran in double digits. In South Asia, external resources amounted to only 2.3% of the 2010 health expenditure while for Sub-Saharan Africa it stood at 10.5% of health expenditure (USAID, 2011). The rest of the regions in the world received less than 1% of external resources for their health expenditure.

The key question is what is the role of national actors in global health governance? One may wonder whether the presence of cooperation and international organizations addressing health matters at a global level does not breed heavy reliance on such organizations and in turn result in diminished capacities for developing nation states. Second, one might ask if the assistance provided through global governance is sufficient. It is indisputable that epidemics such as HIV/AIDS, Swine Flu and Ebola could only be addressed through joint effort with the global community. However, it is also true that governments are the first stop, that is, it is the responsibility of the government of a state nation to provide health services to its people. Therefore, it is important that countries be capacitated to at least manage situations while awaiting aid from international organizations. Regional organizations such as the African Union (AU) and its related sub-regional bodies such as Common Market for Eastern and

Southern Africa (COMESA) and Economic Community for West African States (ECOWAS) should ensure that member states are capacitated to handle disease epidemics and other natural disasters such as floods that can spread contagious diseases. The coordination of this cooperation needs to be strengthened and availed the necessary resources and mandates to be able to effectively coordinate the control of communicable and NCDs.

The AU and its sub-regions should establish early warning systems about epidemics, natural disasters and other threats that may derail health governance in the region. Such an arrangement calls for closer coordination of national health policies in the sub-regions and in particular the ratification and domestication of health protocols. A healthy worker is a more productive worker, and if Sub-Saharan Africa leaders want to sustain the economic growth of their countries, then they have to increase health expenditure.

While it is important for individual countries to adopt measures specific to their circumstances, the AU and sub-regional bodies should adopt a new approach to dealing with donors. Instead of donors only strengthening bilateral relations with recipient countries, donor funding should be channelled through regional bodies to address challenges of a regional nature such as combating the HIV/AIDS pandemic, Ebola, Malaria and so on. The AU's decision in 2013 to establish the African Centre for Disease Control (ACDC) is a good initiative. However, a firm commitment to ACDC by the AU came only after the Ebola epidemic hit West Africa and notably after the US Centers for Disease Control and Prevention promised assistance in the form of technical expertise and advice. This development shows Africa's heavy reliance on foreign aid for initiatives that are of a strategic nature as this one.

Financial resources are not really a major challenge for Sub-Saharan Africa as it is usually perceived. According to the International Monetary Fund (IMF), Sub-Saharan Africa's economic growth remained robust at 5.2% in 2014, having been at 6.3% in 2013. The IMF further indicates that capital inflows to Sub-Saharan Africa made 5.3% of regional GDP in 2013, which was higher than the developing countries' average of 3.9%. Revenue from tourism also made significant financial contribution to the regions' balance sheet. Many countries in Africa spend heavily on arms due to internal conflicts (USAID, 2011). Of course, there are numerous threats to Sub-Saharan Africa's growth prospects, but notwithstanding these threats the region seems poised for better prospects. It would seem that the best strategy to consolidate the prospect of long-term sustained economic growth is through deepened

regional cooperation and entrenching good governance. The impact of Ebola on the economies of some West African countries is a present reminder of what disease outbreaks can do to economic growth. Health governance should be given the appropriate significance that it deserves if growth rates are to be sustained.

Furthermore, developing countries need to develop strategies of collaboration between governments and non-state actors. The question that arises is ‘are Sub-Saharan Africa countries adequately tapping on alternative sources of assistance?’ Many Sub-Saharan Africa countries still view non-state actors with suspicion. But those that have embraced them as development partners have reaped some positive results in the provision of health services.

Health system governance is crucial particularly for a developing country like Ethiopia in the face of increasing demand to demonstrate results and accountability in the health sector. This is more so when public continues to scrutinize the government spending and demand for greater accountability. However, since 1995 Ethiopia has been decentralizing functions, resources, and authority to the local level. A more decentralized health care system has been part of this movement. The first wave of decentralization resulted in the FMOH, Regional Health Bureaus (RHBs), and woreda health offices sharing the decision-making about the design, development, and implementation of the health system. The FMOH and the RHBs were expected to make policy, provide technical support, and manage hospitals, woreda health offices to manage and coordinate the operation of primary health care services at the woreda level. Even under decentralization, health care facilities, hospitals in particular, were directly accountable to the RHBs, and no mechanism existed to make the hospitals responsive to the needs of their local communities were not involved in making decisions about strengthening facilities to improve service quality or resource allocation and prioritization of activities based on local realities and needs.

Generally health governance is defined as the process of “competently directing health system resources, performance, and stakeholder participation toward the goal of saving lives and doing so in ways that are open, transparent, accountable, equitable, and responsive to the needs of the people” (Health Systems 20/20, forthcoming 2012). Governance in the context of the Ethiopian health sector presupposes how the development and implementation of the health sector plan is organized, managed, and communicated. This is not only about government – citizens, NGOs, and development partners also have a role to play. To achieve this, facility-level governance structures were introduced to deepen the decentralization

process and ensure that service delivery points respond to clients' needs. In Ethiopia almost all regions have endorsed the legal frameworks to introduce hospital boards and health centres governing bodies/management committees. As per the regional laws, hospital boards are accountable to RHBs or zonal health offices, depending on the level of the hospital.

Ethiopia's health sector – an improved policy environment and shift in government priorities toward human resource development have significantly improved access to and quality of health services. Health infrastructure and the health extension program expanded significantly under the Health Sector Development Program III (HSDP III). As of 2010/11, the health service coverage reached more than 90 percent of the population (FMOH 2011). HSDP IV aims to consolidate the expansion with a focus on maternal and newborn health and quality of health services. Ethiopia has been successful in improving certain health indicators: According to the Ethiopia Demographic and Health Survey (DHS) 2011 preliminary report, family planning coverage has reached 29 percent and infant mortality has decreased by 23 percent, from 77 to 59 deaths per 1,000 live births, while under five mortality has decreased by 28 percent, from 123 to 88 per 1,000 births (Central Statistical Agency and ICF Macro 2011). In addition, 10 percent of births were delivered in health facilities, doubling the level reported in the 2005 DHS. Nevertheless, Ethiopia's population still faces a high morbidity and mortality rate and overall health status remains relatively poor (HSDP IV). Overall, 24 percent of Ethiopian children are fully vaccinated, while 15 percent have not received any vaccination. Life expectancy in 2007/08 was 54 years (53.4 years for men and 55.4 for women). Preventable communicable diseases and nutritional disorders, including Anemia, continue to be the major health problems in the country.

However, even under decentralization, health care facilities, hospitals in particular, were directly accountable to the RHBs, and no mechanism existed to make the hospitals responsive to the needs of their local communities. Communities were not involved in making decisions about strengthening facilities to improve service quality or resource allocation and prioritization of activities based on local realities (FMOH 2011). In addition, the health sector effectiveness was constrained by an inefficient procurement system. Facility managers lacked the skills and authority needed to do effective planning. Inability to make good decisions at the point of service delivery made procurement of medicines, supplies, and services very complex and lengthy, because the facilities had to go through the bureaucratic channels of woreda health offices, zonal health departments, and RHBs.

However, in Somali Region the same is true and a large number of the community might have a little or no access at all to health services provision, due to shortage of health facilities in many parts of the region which in turn brings many people to large cities from the small towns in order to get some health services that they demand like karamara public hospital.

Therefore, this study is aimed to identify the main challenges that this hospital encounters at large with regard to health service delivery. While taking responsiveness and transparency into account and indicators of good governance practices of that particular hospital.

2.9 Attributes (key indicators) of Good Governance

Good governance is not merely for a type of government and its connected political values but also for certain kinds of additional elements. It implies government that is democratically organized within a democratic political culture and with efficient administrative organizations, plus the right policies, particularly in the economic sphere (Smith, 2007). At the constitutional level good governance needs changes that will reinforce the accountability of political leaders to the people, guarantee the respect for human rights, strengthen the rule of law and decentralize political authority. At another level which is administratively, good governance needs accountable and transparent public administration; and effective public management, including a capacity to devise good policies as well as to implement them (Smith, 2007). Without good governance the grass root development is more unlikely to be achieved. Corruptions, financial trouble, human rights violations, lack of accountability must be protected to attain all the elements of good governance that are needed at national, regional and local level public institutions (Uddin,2010).

Good governance” is a normative conception of the values according to which the act of governance is realized, and the method by which groups of social actors interact in a certain social context. Even if good governance is subjected to different conceptualizations there are common principles for good governance. The most often enlisted principles include: participation, rule of law, transparency of decision making or openness, accountability, predictability or coherence, and effectiveness. The international donor community generally shares the view that these principles stand at the foundation of sustainable development(Report of the commission on global governance, 1995). According to UNESCFAP (nd). Good governance has 8 major characteristics. It is participatory, consensus oriented, accountable, transparent, responsive, effective and efficient, equitable and inclusive

and follows the rule of law. It assures that corruption is decreased the views of minorities are taken into account and that the voices of the most vulnerable in society are heard in decision-making. It is also responsive to the present and future needs of society. They will be presented as follows:-

2.9.1 Participation

Within the issue of participation as one part and parcel of good governance Mezgebe (2007) argue that Participation by both men and women is a key cornerstone of good governance. Participation could be either direct or through legitimate intermediate institutions or representatives .Participation refers to the involvement of citizens in the development and governing process. Citizens could participate either directly or through legitimate institutions or representatives to effect decisions regarding their country's affairs. Participation by all citizens is pivotal to the existence of good governance.

All men and women should have a say in decision-making, either directly or through lawful intermediate institutions that stand for their wellbeing. Such wide participation is built on freedom of association and speech, as well as capabilities to participate constructively (UNDP, nd). Participatory governance offers citizens with access not only to information, but also to decision-making and power to influence public choices. It means access not only for a fortunate few, but for all, including those who are still too often excluded from the benefits of development, particularly the poor, the marginalized, and vulnerable groups. At the national level, it means increasing the very concept of governance, know that protection of the public interest is a responsibility not only of the government and the political process, but also of civil society and the private sector (UN,2005). The constitution of the Federal Democratic Republic of Ethiopia (FDRE) provides the legal basis for assuring Citizens' Voice and participation in socio-economic and political processes. Legal and institutional planning's aimed at ensuring interface between the governments and Ethiopians are stipulated in the Constitution. Article 43(sub-article 2) clarify that citizens have the right to participate in countrywide development and in particular, to be consulted with respect to policies and projects affecting their society (FDRE Constitution, 1995). Parallel with the above he also argued that Participation by all citizens is pivotal to the existence of good governance. For instance, among the 529 total seats of the House of Peoples' Representatives, 116 (22%) are occupied by women representatives .Considering the roughly one to one male to female ratio

in Ethiopia, a 22 percent female participation in the legislation process is a good start and it must be encouraged.

In contrast, as of 2007, the 110th United States Congress is comprised of 84 percent male, and 16 percent female (ibid, 2007). According to Kaufmann et al (2007) participation needs that all people have a say in decision-making, either directly or through legitimate institutions that represent their interests. They have also added that participation involves consultation, cooperation and collaboration, representativeness and interactive approaches to decision making, and is built on freedom of association and speech. By the same token Blair (2000) argues that participation creates representation, which is a key indicator of empowerment, and therefore the extents to which people have a say on issues that concern their future.

2.9.2 Rule of law

Good governance requires fair legal frameworks that are enforced impartially. It also requires full protection of human rights, particularly those of minorities. Impartial enforcement of laws requires an independent judiciary and an impartial and incorruptible police force (UNESCFAP). Good governance needs fair legal frameworks that are enforced impartially. It also needs full protection of human rights, particularly those of minorities and marginalized sections of societies. Impartial enforcement of laws requires an independent judiciary and an impartial and incorruptible police force (Negalegen, 2010). The notion of rule of law shows that everything is done consistently with the law, and that there exists a judicial system capable of assuring the impartiality of the law as well as the protection of the rights and freedoms of individuals and groups. The author defined the term rule of law as the capacity of legal rules, standards or principles to direct people in the conduct of their affairs, stability, the supremacy of legal authority for both citizens and government actors; and the availability of impartial institutions of enforcement (Singh, 2007).

2.9.3 Transparency

Article 8 of the Constitution asserts that sovereignty resides in nations, nationalities and peoples of Ethiopia who exercise this power through their elected representatives. Citizens are also legally authorized to recall their elected representatives if the latter's behaviors' and actions are contrary to their responsibilities and mandates (FDRE, 1995). To UNESCFAP transparency means that decisions taken and their enforcement are done in a manner that follows rules and regulations. It also means that information is freely available and directly

accessible to those who will be affected by such decisions and their enforcement. It also means that enough information is provided and that it is provided in easily understandable forms and media. According to Azfar (1999) access to information on the actions and performance of government is critical for the promotion of government accountability. Unless the public knows what goods and services are provided by the government, how well they are provided, who the beneficiaries are, and how much they cost, it cannot demand effective government.

Similarly Mezgebe (2007) argued that transparency is a prerequisite for an effective enforcement of accountability. Attempting to implement accountability in the absence of transparency is the same as to shooting in the dark. By the same token Uddin (2010) argue transparency implies to the availability of information to the general public and clarity about government rules, regulations and decisions. Thus, it both harmonizes and reinforces predictability. The difficulty with ensuring transparency is that only the initiator of information may know about it, and may bound access to it. By the same token Mezgebe (2007) also argued that transparency refers to the accessibility of information to the general public and clarity about government rules, regulations, and decisions. The result: inhibition of corruption among public officials and reduction of distrust among their constituents. Adhering to the principles of transparency is no simple task, especially in developing countries such as Ethiopia. Moreover, in this era of national and international unrest, some information could be classified as sensitive, and may not be distributed to the public. However, the Ethiopian government seems to have recognized the importance of transparency for economic development, and has been doing its best to achieve that goal. The Constitution a covenant of governance is the guiding document for decision-making and enforcement (ibid,2007).In regard to transparency the experience in Ethiopia reveal problems of constraints on information access for service delivery, depicted as institutional and technical challenges. The rules of the public's appointment of authorities are still weak and rudimentary. The governance deficit has implications for the quality and reliability. Specifically, because information about government policies, behavior, and performance is typically generated in political environments that are polarized and contested, assures that information is not for narrow legitimation and propagandist ends is a central mystery in fostering good governance. While there are many similarities in the patterns of governance, the Ethiopian and Kenyan examples disclose sharp and distinctive modes of transitions to participatory, transparent, and responsive political systems. These transitions are central to

the debates on decentralization, privatization, and public-private sector partnership (Kpundeh and Khadiagala, 2008).

Transparency and accountability are interrelated and mutually reinforcing concepts. Without transparency, that is, free access to timely and dependable information on decisions and performance, it would be complicated to identify public sector entities to account. Unless there is accountability, that is, mechanisms to report on the usage of public resources and consequences for failing to meet stated performance objectives, transparency would be of small value. The prevalence of both conditions is a precondition to effective, efficient and equitable management in public institution (UNESCO, 2006). To UN (2005) transparent governance implies openness of the governance system through clear processes and procedures enabling good access by citizens to public information. High levels of transparency stimulate awareness of responsibilities and standards in public service through information sharing, which ultimately ensures the accountability of individuals and organizations that handle resources and/or hold public office for their performance. Transparency, or “open government” which provides citizens full information on what is being decided and how, is a kind of public accountability mechanism which only functions in systems which already have the basics of democratic accountability in place (Crook, 2005).

2.9.4 Responsiveness

With regard to responsiveness of government Mezgebe (2007) further argued that Good governance needs that institutions and processes try to serve all stakeholders within a reasonable timeframe. Responsiveness implies the receptiveness of institutions to the demands of their stakeholders. Institutions should be approachable to their clients and serve them within a reasonable time frame.

Responsiveness’ implies to how the state and other public institutions perform in responding to the requirements and rights of citizens. For instance, how does the state act in service provision? Are people treated equally? Or are certain needs prioritized over others? And responsiveness aims for governments to do the right things for the people and the services to be delivered must be consistent with the citizens desires and needs (Shah,nd). Good governance is credited for responsiveness to the preferences of the large population mainly the poor and vulnerable sections who normally benefit from pro-poor policies and

programmers. Equity and social justice are also pivotal principles under a democratic/well governed government (Sebudubudu, 2010).

Responsiveness can be measured in terms of public official's ability to listen the demands and voice of citizens, easy access of complaints for service users and whom to contact with the suggestion to change, the ability of councils decision to reflect the demands of public etc (Negalegn2010). It seems that the responsiveness of the local government is supposed by citizens to be particularly significant .The supposed responsiveness to complaints, for example, was largely interrelated with satisfaction levels. It also seems that those who are most likely to visit the local government are people of higher income, men, and older adults. Encourage the establishment of systems to collect and respond to complaints. These can be as simple as a sign on a door or the placement of a box that is clearly labeled "Complaints or Suggestions." Complaints should be logged and responded to in a timely manner.

2.9.5 Consensus oriented

There are several performers and as many perspectives in a given community. Good governance needs mediation of the diverse interests in society to reach a broad consensus in society on what is in the best interest of the whole community and how this can be achieved. It also requires a broad and long term perspective on what is needed for sustainable human development and how to achieve the goals of such development. This can only result from an understanding of the historical, cultural and social contexts of a given society or community (Negalegn, 2010). There are several actors and as many viewpoints in a given society. Good governance requires accommodation of the different interests in society to bring a consent in society on what is in the best interest of the whole community and how this can be attained. It also requires a broad and long-term perspective on what is needed for sustainable human development and how to achieve the goals of such development. This can only result from an understanding of the historical, cultural and social contexts of a given society or community (UNESCFAP, ND). By the same token a study conducted by (C. Misuraca,2007) shows that Good governance needs mediation of the different preferences in a given community to come up with a broad consensus on what is in the best interest of the whole community and how this can be attained. It needs a broad and long-term standpoint on what is needed for sustainable human development and how to attain the goals of such development. This can only results from an understanding of the historical, cultural and social situations of a given society or community. To UNDP (nd) Good governance mediates conflicting interests to

reach a broad consensus on what is in the best interest of the group, and where possible, on policies and procedures.

By the same token Robertson (2002) argued through broad-based-consensus-building processes, communities need to build up their own visions of good governance and intended to define which of the main features are most vital to them and what the best balance between the state, the market and society is for them. The bottlenecks for all communities is to create a system of governance that promotes, supports and sustains human development to realize the highest potential of everyone and the well-being of all, thus eliminating poverty and all other forms of exclusion.

2.9.6. Equity and inclusiveness

A society's well-being rely on ensuring that all its members feel that they have a stake in it and do not feel excluded from the majority of society. This requires all groups, but particularly the most marginalized, have opportunities to improve or maintain their well-being(UNESCFAP, nd). All men and women have chance to get better or maintain their well-being(UNDP, nd).

2.9.7. Effectiveness and Efficiency

Good governance means that processes and institutions produce results that meet the needs of society while making the best use of resources at their disposal. The concept of efficiency in the context of good governance also covers the sustainable use of natural resources and the protection of the environment (UNESCFAP, 2003).

2.9.8. Accountability

Accountability refers to the imperative to make public officials responsible for government performance as well as responsive to the body from which they get their authority (Waheduzzaman,nd). Accountability is a key requirement of good governance. Not solely governmental institutions but also the private sector and civil society organizations must be answerable to the public and to their institutional stakeholders (UNESCFAP, 2003).Accountability holds public officials responsible for government performance and make it essential for them to be responsive to the needs of the community. At the local level, it refers to the suppleness of structures that would allow recipients to enhance program/project design and implementation. It also entails the establishment of criteria to

measure the performance of local officials and the creation of supervision mechanisms to assure that standards are met (Manasanl et al,1999). Less clear but equally destructive, governments that are not accountable to their communities and with incompetent bureaucracies and weak institutions are unwilling or unable to devise and implement pro-growth and pro-poor policies Duvanova, (2008). Who is accountable to whom varies depending on whether decisions or actions taken are internal or external to an organization or institution.

In general an organization or an institution is accountable to those who will be affected by its decisions or actions. Accountability cannot be enforced without transparency and the rule of law. Therefore, to assess the level of transparency in Karamara Hospital towards health services, the criteria of transparency of health service provision in this study is analyzed by the two aspects accessibility and availability of public health services to timely respond the ever increasing demands of health

2.10. Empirical Literature Review

MaizatulAkmar (2016). Assessed good governance of the public sector in Malaysia. The study measured the status of current good governance practices in the public sector by assessing nine factors. Among these factors, risk management is practiced by the most number of people, whereas only a few implemented fraud control. Based on the intensity level of the practices of each variable. However, despite efforts to improve service delivery, criticisms and complaints toward public service remain to be heard. The public sector continues to face criticisms for its inefficiency, red tape, lack of flexibility, ineffective accountability, and poor performance for a long period of time (Siddiquee, 2006).The results from the study indicated that the public sector must be transformed into a reliable and efficient sector by ensuring good governance and implementing a proper assessment system. Enhancement of good governance practices can help achieve the aspirations of stakeholders. Departments and ministries should also exhibit ethics and integrity in activities they organize to cultivate good governance.

On the other hand, research conducted by Anna Elisabet on Governance and Health Systems Performance from Brunel University with three different projects in three different parts of the world.

The first project was a study conducted in the African region of the World Health

Organization with the aim of understanding how and to what extent measures of governance are statistically correlated with performance of health systems as measured by a key health outcome: the under-five child mortality. The second project was a case study from a high income country in Europe during the period in which it went through an economic meltdown, the focus being a qualitative analysis of the extent to which the response to economic crisis influenced public health policy making and short term performance of the health system. The third project was a policy analysis carried out in an upper middle income country in Asia and the focus was to examine how the long history of health financing reform has influenced the performance of the health system.

All research projects indicate an association between governance and health systems and the case studies provide empirical evidence of how health systems are affected by governance quality. The African study shows a statistically positive relationship between governance indicators and health outcomes, suggesting better governed countries to have lower child mortality. The European and the Asian cases suggest accountability, responsiveness, transparency and fair partnership to be important governance qualities for successful policy making and reforms. This evidence could be of use to current and future policy makers and others with the authority to configure and implement new public health policies. It indicates the importance of comprehensive analytical work prior to policy making with easy access to documents and fair participation with all stakeholders to increase the probability of reaching consensus oriented policy proposals followed by successful implementations.

The findings of the study suggested that there has been an increase in empirical evidence indicating an association between governance and health systems, indicating that better governed countries tend have healthier populations with better performing health systems. This is an important finding, as it could point to structural public health interventions having a greater impact on health systems performance than individually targeted interventions. The findings of the study suggested that the quality of governance may be an important structural determinant of health systems performance, and could be an indicator to be monitored. The congruence of findings regardless of study locations, the outcome measures used or types of methods applied have added to the growing evidence that there is a strong correlation between good governance and health systems performance and service provision in anywhere of the world.

In the case of Ethiopia, Mulat Chanyalew (2014), studied the Significance and Practice of Good Governance in Addis Ababa city, the findings of the study have indicated that good governance is somewhat practiced in the city. It also suggested that there is little space for societal demands and pressure to influence and shape policies and their outcomes. The absence or little space of civil society and interest groups in policy making and decisions that affect them has resulted vertical imbalances between citizens and policy beneficiaries that might hinder the process of good governance in the town specifically and generally in the whole country.

Likewise, Yirga, K. (2010). Assessed the prevalence of good governance in the public sector. The Case of Public Institutions in Debre-Birhan Town. Based on the result of this study, institutions assessed have not been found perfectly effective in any of the five good governance indicators used in the study. Instead they were found effective in some of the sub-indices of the indicators and ineffective in some other sub-indices of the indicators which indicates further work to be done to achieve good governance in that particular town and generally in Ethiopia.

On the other hand, R. Dayanandan(2013) researched Good Governance Practice for Better Performance of Community Organizations - Myths and Realities in Halaba district of Ethiopia. The overall findings of this study show that lack of members' involvement in business participation, lack of transparency and accountability, prevalence of corruption and lack of democracy, low commitment and unwillingness of committee members, shortage of training for both members and the board were observed in the sample cooperatives which leads to low performance of the community organizations.

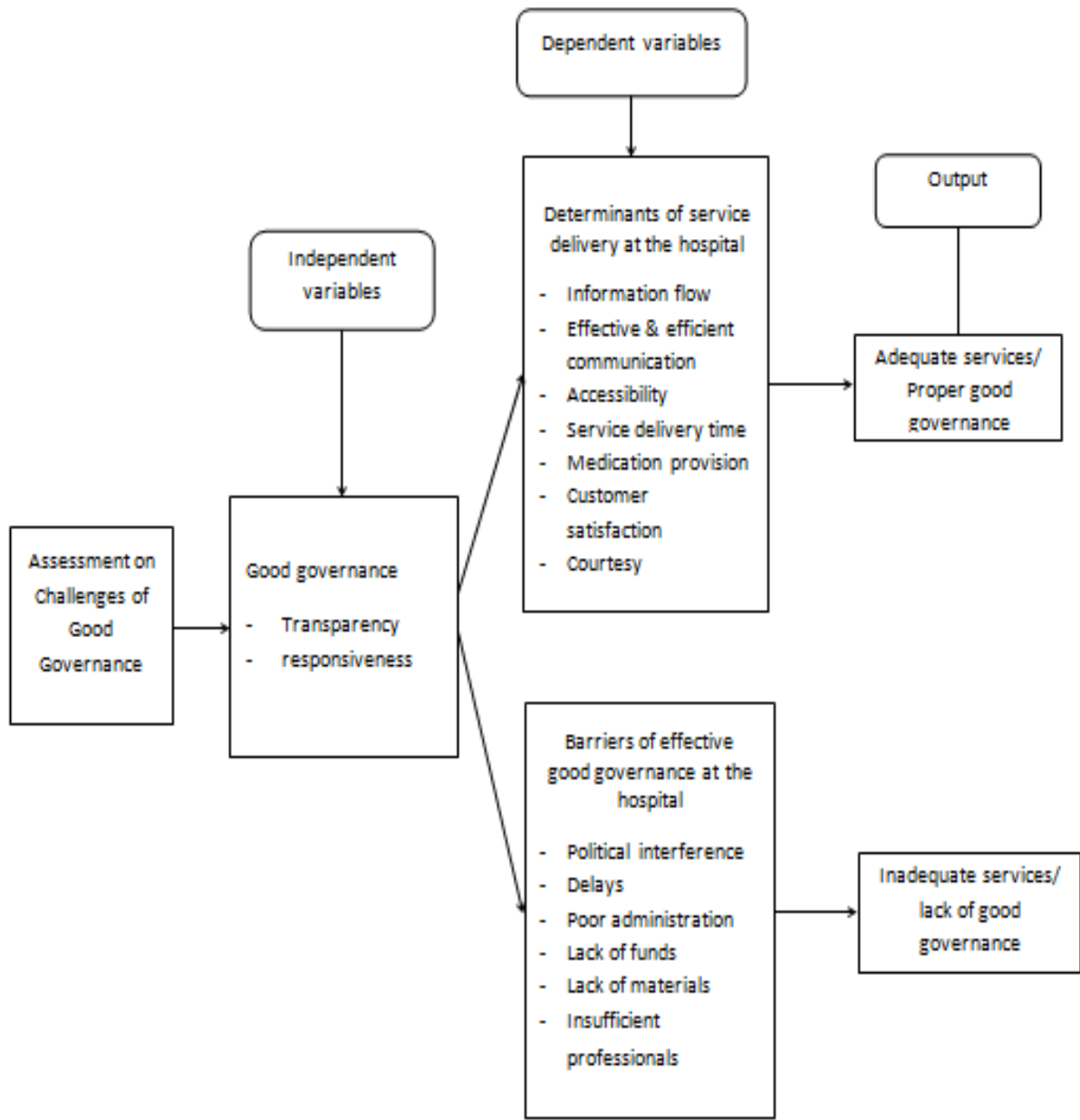
However, though some progresses have been made towards good governance in many parts of the country regarding basic social services including health service provision allot need to be done to reach the ultimate goal of good governance in many regions of the country, Particularly that of Somali region.

2.11. Conceptual framework

Conceptual Model

A conceptual framework is a structure which the researcher believes can best explain the natural progression of the phenomenon to be studied Camp (2001). Miles and Huberman

(1994, p.18) opine that conceptual framework model can be ‘graphical or in a narrative form showing the key variables or constructs to be studied conceptual framework is structured from a set of broad ideas and theories that help a researcher to properly identify variables that he/she is looking at, frame his/her questions and identify the relevant literature. A conceptual framework helps the researcher to clarify his research question and aims. In this view this, conceptual framework was developed as shown below.



CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

Research methodology refers to the way how a research problem can be solved systematically through exhaustive investigation (Kothari, 2006). This chapter presents the methodology that will be used in the study. It describes the research design, area of the study and study population, sample selection and data collection methods. It also discusses techniques for data analysis.

3.2 The Research Design

Research design is used to structure the research; to show how all of the major part of the research project the samples or group, work together in addressing research question. Due to the nature of the proposed study, the researcher used descriptive design. Descriptive research was used to help the researcher to study good governance with regard to health service delivery in Karamara public hospital in Jijiga of Somali Regional state. Descriptive research is according to Saunders et al. (2007) the research for which the purpose is to produce an accurate representation of persons, events or situation and that of the researcher has no control over the variables.

The research design is also a blue print of how to design and conduct a research, It contains clear objectives derived from the research questions and identifies the source from which the researcher intends or wants to collect data; the major purpose of this research therefore, was to identify the major challenges facing the health centers of Jijiga town, specifically Karamara public hospital. Both quantitative and qualitative analysis (or Mixed Method) were used to conduct this study; meaning, to reduce the limitation of single method, both qualitative and quantitative methods of data collection were deeply given a great attention. The quantitative approach was applied to identify the trends of challenges of karamara hospital and to measure the level of good governance in the hospital.

The investigator applied qualitative research method because qualitative research helped the researcher to interpret and better understand (conceptualize) the reality of a situation and the implications of quantitative data. Qualitative method of research was used to answer questions about the nature of phenomenon, often with a purpose of describing and

understanding the phenomenon from the participant's points of view. The research was conducted on the basis and point of views of the respondents on the situation (practice) of good governance and its practices in the given hospital of Karamara, qualitative method of research was considered as important as it tries to understand better a given situation unlike that of other methods of research.

3.3 Area of the Study

The study was conducted at Jijiga Karamara public hospital. Jijiga is geographically situated in the Eastern part of Ethiopia, 650kms east of Addis Ababa, 140 kms east of Dire Dawa and 105 kms from Harar, with good infrastructure and access to communications facilities and it is the capital city of Somali Regional State. Based on figures from the Central Statistical Agency in 2017, Jijiga has an estimated total population of 250,000 of whom 123,422 are men and 126,578 are women. The current population of this city is 250,000.

The reason of selecting Karamara public hospital was that it has been functioning for a long period of time and it is the only functioning public hospital in Jijiga city with a huge number of inpatients and outpatients those can provide the information that researcher intended to gather.

3.4 Study Population

Population can be defined as the totality of observation with which the study is concerned (Saunders et. al. 2007). In this study, the target population consisted of both inpatients and outpatients of the Karamara Public hospital as well as the staff and administration members of the hospital.

3.5 Sample size

Kothari (2006) defines sample as a collection of some parts of the population on the basis of which judgment is made. He stressed that a sample should be small enough to make data collection convenient and should be large enough to be a true representative of the population which is to be selected. Therefore, the sample size of this study used the following formula

$$n = \frac{z^2 (p) (1-p)}{C^2}$$

Valid where,

n = sample size

Z = the value on the Z table at 95% confidence level = 1.96, we assume the data is normally distributed or similar variance or desparation from the mean

e = Sampling error at 5%, margin of error

p = maximum variability of the population at 50%. i.e. (0.5) note that if p is given use p only if not to make conservative estimate use Q as equal to P which is 0.5

q = 1-p = 0.5 to make it a conservative estimate P=Q=1/2 or 0.5 (+ or-)

$$n = (1.96)^2 * 0.5 * (1-0.5) / (0.05)^2$$

$$n = 3.8416 * 0,25 / 0.0025$$

$$n = 384.16 \sim \mathbf{384}$$

3.6 Sampling techniques

Sample procedure is defined by Kothari (2006) as the process of selecting a part of the aggregate of the totality based on which a judgment or inference about the aggregate or totality is made. It is a process of selecting a group of people, events, behavior or other elements with which to conduct a study.

However, this research will apply probability sampling techniques that is, simple random sampling, is a sample of individuals that exist in a population, the individuals are randomly selected from the population and placed into a sample, because this method of randomly selecting individuals seeks to select a sample size that is an unbiased representation of the population.

3.7 Methods/Instruments of data collection

The data collection method is described as the specific approach used to gather information and the choice of methods depends on research objectives and questions to be addressed. The data collection for the study comprised of both primary and secondary data. Therefore, to collect meaningful and the desired data depends more on the methods of data collection which is the most important part in any research, because incomplete or incorrect data may have an impact on the result of the study that may partially or totally loose the purpose of the study. For that sake, an attempt was made to ensure that data collected provide a meaningful picture to the purpose of the study. In this regard the study applied both above mentioned sources of data collection.

The primary method of data collection is the most original and authentic method of data collection. Primary data is actually unvarnished data that have never been manipulated before. Therefore, primary data are preferred in any research. Primary data increases the reliability and authenticity of research. However the information required in this study was collected in the following manner.

Questionnaires: The researcher used structured and unstructured questionnaires. By using this type of questionnaires respondents were expected to provide their perception, feeling, attitude etc. Questionnaires were administered in local languages for the sake of clarity and to make it easily understandable by the respondents. Questionnaires were distributed to the service users (or hospital visitors both inpatients and outpatient) from the selected hospital.

Interview: There are different types of interview. The researcher in this study used semi - structured interview for both administration and staff members of the hospital with open-ended questions.

Secondary data sources should also be collected from any available source such as books, journals, articles from the internet, annual reports and websites.

3.8. Validity and Reliability of the Research Instrument

Questionnaire is one of the most widely used tools to collect data in especially social science research. The main objective of questionnaire in research is to obtain relevant information in most reliable and valid manner. Thus the accuracy and consistency of survey/questionnaire forms a significant aspect of research methodology which are known as validity and reliability.

3.8.1 Validity

Validity is used to determine whether research measured, what it intended to measure and to approximate the truthfulness of the results. Validity is concerned with whether the findings are really about what they appear to be Saunders et al, (2009). Validity explains how well the collected data covers the actual area of investigation Ghauri and Gronhaug, (2005). The study ensured that valid questions only were asked for validity. A good sample was employed which was large enough to represent the population studied and strong research techniques of data collection were applied, to assure an appropriate level of validity. Increased

randomization was used to reduce a particular validity problem and to select individuals randomly by giving every and each individual a chance to be selected to protect bias.

3.8.2 Reliability

Reliability concerns the extent to which a measurement of a phenomenon provides stable and consist result Carmines and Zeller, (1979). Reliability is also concerned with repeatability. Reliability is the consistency of measurement or the degree to which an instrument measures the same way each time it is used under the same condition with the same subjects. Testing for reliability is important as it refers to the consistency across the parts of a measuring instrument Huck,(2007). To check for reliability test-retest technique was applied and a questionnaire was given to 120 people and after three days they were given the same questionnaire. The given responses were determined and found similar to responses of the previous questionnaire indicating good reliability, since there was no variation from the given responses of the two questionnaires.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1 Introduction

The analysis part includes seven components. The first part deals with back ground information of the respondents. The study is all inclusive in which respondents from sex, educational level, age level and duration of visit at the hospital were entertained from the sample. The second part deals with the perception of respondents in service provision regarding communication with doctors and nurses. The third part deals with the physical environment and pain management. The fourth part deal with medication communication. The fifth part deals with communication openness and customer satisfaction of service provision. The sixth part deals with perception of the respondents of how government issue is challenged towards transparency and responsiveness in health services provision of Karamara General Hospital. The seventh part deals with the perception of the respondents about the major challenges facing the hospital to ensure good governance.

4.2. General Demographic Characteristics of Respondents

The main intention of this study is to assess the practice of Good governance in and challenges facing health centers in Jijiga specifically Karamara general hospital. First hand data was obtained via questionnaire and interview. The demographic characteristics of the respondents such as their ages, sex, educational level and duration of visit at the hospital had been analyzed as following in the table.

Table1: Respondents profile classified by Age, Sex, Educational level and duration of visit at the hospital

Item	Description	Frequency	Percent
1.sex	Male	146	38.0
	Female	238	62.0
	Total	384	100.0
2.Age	20-35	174	45.3
	36-51	123	32.0
	52-60	37	9.7
	>60	50	13.0
	Total	384	100.0
3.Educational Level	Illiterate	53	13.8
	1-4	74	19.28
	5-8	122	31.77
	9-12	96	25.00
	Diploma	24	6.25
	Degree and	15	3.90
	Above		
	Total	384	100.0
4. Duration of visit at hospital	1 st time	25	6.5
	1-3	82	21.4
	4-6	105	27.3
	7-9	63	16.4
	10-12	74	19.3
	Above	35	9.1
	Total	384	100.0

The first section of the analysis part is concerning the demographic characteristics of the respondents .As shown in the above table 146(38.0%) of respondents were male whereas the remaining 238(62.0%) of the respondents are female. The overwhelming majority of respondents were female dominated. Most of the respondents lay in between the age of 20-35 who are an estimate of 174(45.31%).Accordingly regarding their educational level 53 (13.8%) of the respondents were illiterate and the remaining 331 (86.2%) were literate even if

there is a variation in their educational level. On average the majority of the respondents were literate.

Towards duration of visit at the hospital 25(6.5%) of respondents responded this the first time come to the hospital, while 82(21.4%) of respondents were coming at the hospital in three months time, whereas 105(27.3%) of the respondents said that they had a contact for about four to six months and 63(16.4%) of the respondents answered that they visited at this hospital in around seven to nine months time, while 74(19.3%) of the respondents reported that they had visited at the hospital for ten to twelve months and near 35(9.1%) of the respondents replied that they had visited at the hospital more than year(s). On average the majority of the respondents lie between one month to six months of visit and one can understand that they aware of the service provision of the hospital.

Source: researcher, (2019)

4.3 Assessment of the level of good governance regarding In-patient and Out-patient service provision and communication with doctors and nurses

Table 2: Perception of respondents on whether doctors and nurses treat courtesy and respect

Item	Description	Frequency	Percent
1. Doctors and nurses treat with Courtesy and respect	Never	166	43.2
	Rarely	84	21.9
	I cannot decide	71	18.5
	Sometimes	36	9.4
	Always	27	7.0
	Total	384	100.0

Communication between any two or more individuals in important to figure out and better deal with any issue on hand and the level of good governance either, for that sake respondents were asked how they perceive communication with doctors and nurses and that of courtesy and respect of the Karamara public hospital and as shown in table 2, with regard to the issue of communication of the hospital most of the respondents which are around

166(43.2%) of the sample respondents were replied that the doctors and nurses of the hospital never intended to treat with courtesy and respect with their patients as desired. Around 84(21.9%) of the sample respondents were reported that the hospital doctors and nurses with regard to treating with courtesy and respect is rare occasions and around 71(18.5%) reported that they cannot decide whether the hospital doctors and nurses treat with courtesy and respect with their patients or not and estimate of 36(9.4%) of sample respondents reported that doctors and nurses treat with courtesy and respect in sometimes whereas around 27(7.0%) replied that the doctors and nurses always treat with courtesy and respect.

Hence, on average the largest percentage of the respondents' responses lie within never and rarely regarding that the doctor and nurses of Karamara public hospital treat with courtesy and respect, so from this point one can understand that there is a problem of treating patients with courtesy and respect from the doctors side and that of nurses in that particular hospital. What the researcher understands from this is that. On average most of the respondents, believe that the hospital is largely lagging behind to be treating with courtesy and respect. This situation negatively affects for effective and efficient service delivery and the endeavor made for upgrading good governance and particularly that of transparency in the given city and the service users largely lose their confidence and trust on the respective service providers. In contrary to this a study conducted by UNESCFAP (2003) shows that transparency stipulates that decisions made by governmental and non-governmental authorities are openly communicated, and their enforcement is conducted in accordance with established rules and regulations.

Source: researcher, (2019)

Table 3: Perception of respondents on whether doctors and nurses listen carefully

Item	Description	Frequency	Percent
2. Doctors and nurses listen carefully	Never	154	40.1
	Rarely	91	23.7
	I cannot decide	57	14.8
	Sometimes	46	12.0
	Always	36	9.4
	Total	384	100.0

Listening carefully to a patient in order to understand better his/her problem of illness is important and doctors are concerned to listen in an appropriate way to those whom they treat. So, respondents were asked their perception and attitude towards whether doctors and nurses listen carefully or not and around 154(40.1%) responded that the doctors and nurses never listen carefully to the patient and about 91(23.7%) of the sample respondents answered that the doctors and nurses rarely listen carefully to the patient while in about 57(14.8%) of the respondents suggested that they cannot decide whether the doctors and nurses listen carefully or not to the patient, whereas 46(12%) of the respondents replied that doctors and nurses sometimes listen patient carefully and near 36(9.4%) of the respondents responded that doctors and nurses always listen carefully to the patient. Hence, on average the majority of respondents' responses lie between never and rarely and can understand that the doctors and nurses do not listen carefully to the patient.

Source: researcher, (2019)

Table 4: Perception of respondents on whether doctors and nurses explain things in understandable way

Item	Description	Frequency	Percent
3. Doctors and nurses explain things in understandable way	Never	114	29.7
	Rarely	102	26.6
	I cannot decide	86	22.4
	Sometimes	49	12.7
	Always	33	8.6
	Total	384	100.0

Doctors and nurses play a great role for the treatment of ill person and the way they explain things matters in some way or another and contributes allot to the recovery of the person. So respondents were asked their perception about the way doctors and nurses explain things to the patient and about 114(29.7%) of the respondents reported that the doctors and nurses never explain things in understandable way to the patient and around 102(26.6%) of the sample respondents said that the doctors and nurses rarely explain things in understandable way, whereas 86(22.4%) responded that they cannot decide whether doctors and nurses explain things in understandable way while 49(12.7%) of the respondents answered that

doctors and nurses sometimes explain things in understandable way and approaching 33(8.6%) of the respondents replied that doctors and nurses always explain things in understandable way to the patient. On average the majority of the respondents responded never and rarely implying lack of explaining things in an understandable way from the side of doctors and nurses.

Source: researcher, (2019)

4.4 Physical Environment of the hospital and pain management

Table 5: perception of respondents on in-patient and out-patient departments' cleanness

Item	Description	Frequency	Percent
1.In-patient and Out-patient departments are clean	Never	145	37.8
	Rarely	94	24.5
	I cannot decide	47	12.2
	Sometimes	58	15.1
	Always	40	10.4
	Total	384	100.0

Sanitation is necessary for health of people, so respondents' perception towards the physical environment of the hospital indicated. And around 145(37.8%) of the respondents suggested that the physical environment of hospital never become clean and about 94(24.5%) of the respondents answered that physical departments of the hospital are clean in rare occasions while 47(12.2%) of the respondents replied that they cannot decide whether the physical environment of the hospital is clean or not and approximately 58(15.1%) of the sample respondents reported that the physical environment of the hospital is clean in some times

Whereas 40(10.4%) of the respondents responded that the physical environment of the hospital is always clean. On average the majority of the respondents' responses lie between never and rare perceptions and one can say the physical environment of the hospital is not clean.

On the other hand key informants of interview explained their concern about the cleanness and sanitation of the hospital and indicate that the hospital needs to do more to make sure better sanitation and the cleanness of the hospital in a way that can satisfy all the service users.

Source: researcher, (2019)

Table 6: Perception of respondents of the cleanness of the hospital rooms

Item	Description	Frequency	Percent
2. Hospital rooms are kept clean	Never	124	32.3
	Rarely	113	29.4
	I cannot decide	47	12.2
	Sometimes	34	8.9
	Always	66	17.2
	Total	384	100.0

Respondents of about 124(32.3%) of the respondents replied that the rooms of the hospital never become clean and around 113(29.4) of the respondents said the rooms are clean in rarely whereas 47(12.%) of the respondents suggested that room argued that they cannot decide whether the rooms of the hospital are clean or not while 34(8.9%) of the respondents answered that the rooms of the hospital are sometimes clean and nearly 66(17.2%) of the respondents reported that the rooms are always clean. Hence, on average the highest numbers of the responses lie between never and rare occasions and one can suggest that the rooms of the hospital are not clean and do not fit the desired needs of the patient(s).

Source: researcher, (2019)

Table 7: Perception of the respondents of pain control

Item	Description	Frequency	Percent
3. Pain is well controlled	Never	131	34.1
	Rarely	114	29.7
	I cannot decide	45	11.7
	Sometimes	29	7.6
	Always	65	16.9
	Total	384	100.0

Respondents of around 131(34.1%) of the sample respondents said that pain never controlled and about 114(29.7%) of the respondents responded that pain control of the hospital to the patient is rare whereas 45(11.7%) of the respondents suggested that they cannot decide whether pain is controlled or not and near29(7.6%) of the respondents answered that the pain of the patient is controlled some times while 65(16.9%) of the respondents argued that the pain of the patient is always controlled.

Therefore, on average the majority responses of the respondents perception lie between never and rarely and the researcher understands that the pain control of the hospital to the patient not as desired.

Source: researcher, (2019)

Table 8: perception of respondents on whether the staff do everything they can to help the pain relief

Item	Description	Frequency	Percent
4. Staff do everything they can to help the pain relief	Never	111	28.9
	Rarely	124	32.3
	I cannot decide	51	13.3
	Sometimes	43	11.2
	Always	55	14.3
	Total	384	100.0

In relation to the above table respondents were asked whether staff do everything they can to help the pain relief and about 111(28.9%) of the sample respondents suggested that staff never do whatever they can to help the pain relief of the patient person and around 124(32.3%) of the respondents reported that staff do whatever they can to help the pain relief rarely, while 51(13.3%) of the respondents said that they cannot decide whether staff do everything they can to help pain relief of the patient person, whereas 43(11.2%) of the respondents replied that staff do whatever they can sometimes to help the pain relief of the patient, and an estimate of 55(14.3%) of the respondents argued that staff always do everything they can do to help the pain relief of the patient. Hence, on average the highest

numbers of the respondents attitude lie between never and rarely which indicates the lack of interest of the staff to help the pain relief of the patient people.

Source: researcher, (2019)

4.5 Medication Communication

Table 9: perception of respondents on whether staffs explain the medication

Item	Description	Frequency	Percent
1. Staff explain what medication is about	Never	80	20.8
	Rarely	95	24.8
	I cannot decide	61	15.9
	Sometimes	70	18.2
	Always	78	20.3
	Total	384	100.0
Item	Description	Frequency	Percent
2. Enough time is given to discuss medical problems the doctors/health officers or nurses	Never	112	29.2
	Rarely	101	26.3
	I cannot decide	53	13.8
	Sometimes	99	25.8
	Always	19	4.9
	Total	384	100.0
Item	Description	Frequency	Percent
3. Staff explain possible medical/drug side effects	Never	96	25.0
	Rarely	109	28.4
	I cannot decide	88	22.9
	Sometimes	51	13.3
	Always	40	10.4
	Total	384	100.0
Item	Description	Frequency	Percent
4. Information is given in an understandable way regarding symptoms or health problems	Never	120	31.3
	Rarely	72	18.8
	I cannot decide	63	16.4
	Sometimes	75	19.5
	Always	54	14.0
	Total	384	100.0

In reflection of the above table respondents were asked about their perception regarding staff explain to them what medication is about and around 80(20.8%) of respondents responded that staff never explain the given drug or medication and about 95(24.8%) of the sample respondents reported that staff rarely explain what the medical is all about, while 61(15.9%) of the respondents said that they cannot decide whether staff give medical explanation or otherwise, whereas 70(18.2%) of sample respondents answered that staff give sometimes explanation about the medication or the drug and an estimate of 78(20.3%) of the respondents replied that staff always give medical explanation in a good manner and understandable way.

So, on average the overwhelming majority of the respondents' responses to this point lie between never and rarely towards whether the staff give medical or the drug explanation to the patient. However one can comprehend that staff not explain and give details about the medication. According to key informants of interview also indicated the same story to that of respondents, arguing that, due to time constraints staff of the hospital do not explain medication in the desired way.

Towards question number two of this part, respondents were asked about their perception of whether doctors and health officers give enough time to discuss medical problems and about 112 (29.2%) of the respondents responded never while 101(26.3%) of the sample respondents replied rarely, whereas 53(13.8%) of the respondents reported that they cannot decide whether the doctors and health officers give enough time or not and an estimate of 99(25.8%) of the sample respondents answered that doctors and health officers give sometimes enough time to discuss medical problems and around 19(4.9%) said that the doctors and health officers give always enough time to discuss medical problems

So, on average the overwhelming majority of the respondents' responses to this point lie between never and rarely towards whether doctors and health officers give enough time to discuss medical problems. However one can comprehend that doctors and health officers not explain and give details about the medical problems to their patients.

On the other hand, respondents were also asked their attitude on whether staff explain possible medical or drug side effects and around 96(25.0%) of the sample respondents said that staff never explain medical side effects, whereas 109(28.4%) of the respondents responded that staff explain rarely medical problems and about 88(22.9%) of the respondents

reported that they cannot decide whether staff explain medical problems or not while 51(13.3%) of the respondents answered that staff sometimes explain medical or drug side effects and an estimate of 40(10.4%) of the sample respondents replied that staff always explain medical side effects.

Therefore, the majority of the respondents' responses lie between never and rarely which indicates that staff not explain medical side effects to their patients. So the researcher understands that staff doesn't give explanations of medical side effects to their patients.

Respondents were also requested to indicate their perception towards whether information is given in understandable manner regarding symptoms or health problems and about 120(31.3%) of the sample respondents responded that information never given in understandable manner, whereas 72(18.8%) of the respondents replied that information is given in understandable way rarely, while about 63(16.4%) of the sample respondents said that they cannot decide whether information is given in understandable way or not and an estimate of 75(19.5%) of the respondents reported that information is sometimes given in understandable manner and around 54(14.0%) of the respondents responded that information is always given in understandable way. Hence, on average the largest percentage of the respondents' responses lie within never and rarely regarding whether the information is given in understandable way, so one can realize that information provision to the patients from the staff is never and rarely occasions.

Source: researcher, (2019)

4.6 To assess the level of good governance of the hospital towards communication Openness and the satisfaction of services provision

This part deals with and assesses the overall condition and the level of good governance of the Karamara hospital regarding communication openness and the satisfaction of patients of the health services provision.

Table 10: perception of respondents on communication openness and the satisfaction of health services they receive

Item	Description	Frequency	Percent
1. Staff speak up freely and exchange information when something happen that may negatively affect patient	Never	145	37.8
	Rarely	110	28.6
	I cannot decide	42	11.0
	Sometimes	44	11.4
	Always	43	11.2
	Total	384	100.0

The exchange of information and explaining the situations freely as they occur within the staff members in any public institution particularly health service provision is a sign or indication of good governance, so respondents were asked about their perception of how staff of the hospital exchange information about their patients to care them in an appropriate way and protect any undesired effects when they make shifts and around 145(37.8%) of sample respondents reported that the staff never exchange information and speak freely about the patients and about 110(28.6%) of the respondents responded that staff exchange information in rare occasions while 42(11.%) of the respondents cannot decide whether the staff exchange information freely about the patients or not and around 44(11.4%) of respondents suggested the information is sometimes exchanged by staff members, whereas about 43(11.3%) of the respondents said that the information is always exchanged by staff. Hence, on average the largest percentage of the respondents' responses lie within never and rarely regarding the exchange of information and explaining the situations as they happen, so the researcher understands the exchange of information freely and the explanations of situations is limited to some extent. On the other hand key informants interview also suggested their views of information exchange and flow and indicate that there is a little flow information about health services. They mentioned both political and administrative reasons are beyond to limit the flow of information to the general public.

Source: researcher, (2019)

Table 11: perception of respondents about the feeling of staff in relation with the decisions and actions of top authority and information flow

Item	Description	Frequency	Percent
2. Staff feel free to question the decisions and actions of those with more authority in relation of information flow service provision	Never	131	34.1
	Rarely	118	30.7
	I cannot decide	45	11.7
	Sometimes	34	8.9
	Always	56	14.6
	Total	384	100.0

Questioning the actions and decision that are not appropriate and fit the demands of service receivers of the top authorities in relation the flow of information is important, so respondents were asked about their perception and about 131(34.1%) of the respondents answered that staff never feel free to question the actions and decision of the top authorities and around 118(30.7%) of the sample respondents suggested that the staff rarely feel free to question the actions and the decisions of top authority whereas 45(11.7%) of respondents responded that they cannot decide whether the staff feel free to question the actions and the decision of the top authority while 34(8.9%) of the respondents said sometimes the staff feel free to question the actions and decisions of the top authority and nearly 56(14.6%) argued that the staff always feel free to question the actions and the decisions of the top authority.

To this point, on average the overwhelming majority of the respondents' responses lie between never and rarely regarding whether the staffs feels free to question the actions and decisions of top authority and one can conclude that the actions and decision of top authority are unquestionable by the staff.

Source: researcher, (2019)

Table 12: Perception of respondents on whether staff afraid of to question when something does not seem right

Item	Description	Frequency	Percent
3. Staff are afraid of to question when something does not seem right	Never	150	39.0
	Rarely	102	26.6
	I cannot decide	48	12.5
	Sometimes	54	14.0
	Always	30	7.9
	Total	384	100.0

Respondents were asked whether staff afraid of to question to those who have more authority than they have when something does not seem right and around 150(39%) of the sample respondents suggested never question to those above when something gone wrong and about 102(26.6%) of the respondents responded that staff rarely question about above authority when some wrong happen, while 48(12.5%) of the respondents said that they cannot decide on whether the staff can question the above authority or not, whereas 54(14%) of the respondents answered that staff sometimes not afraid of to question the above authority and nearly 30(7.9%) of the respondents reported that staff always can question to those above them. As far as the overwhelming majority of the responses on average lay in between never and rarely. From this survey the researcher understands that the hospital lags behind and that staff are unable to question the above authority giving proper services to the service recipients and the whole society of the region and particularly in Jijiga town residents.

Source: researcher, (2019)

Table 13: Perception of respondents on whether they get the service they need from the hospital

Item	Description	Frequency	Percent
4. Do you get the service you need from the hospital mostly?	Yes	174	45.3
	No	210	54.7
	Total	384	100.0

In this context the respondents of the sample were asked their views about the service provision of the hospital and how they get it and around 147(45.3%) of the respondents said

they get the needed service from the hospital, whereas 210(54.7%) of the respondents responded they did not get the needed service from the hospital most of the time. Meaning on average highest numbers of the respondents of the sample do not get service they demand from the hospital. Therefore, the researcher understands that the hospital needs to do more to provide health services to the community in an appropriate way that can satisfy and cover the demands of the general public at large

Source: researcher, (2019)

Table 14: Perception of respondents on the time it takes to get the service

Item	Description	Frequency	Percent
5. How long it takes to get the service from the hospital?	Very quickly	79	20.6
	Quickly	87	22.7
	Not Very quickly	92	24.0
	Not Quickly	104	27.0
	Not Quickly at all	22	5.7
	Total	384	100.0

Delivering services to the clients within reasonable time frame with regard to the procedures of workings is one manifestation of being responsive to the demands of the service recipients. In relation to this respondents were asked whether the service given timely to the community with regard to the procedures of workings. Accordingly an estimate of 79(20.6%) of the respondents said that the hospital provides services very quickly and around 87(22.7%) of the sample respondents suggested that they receive quickly the service provision of the hospital,

Whereas 92(24%) of the respondents replied that the receive services of the hospital not very quickly, while 104(27%) of the respondents reported that they services not quickly from the hospital and near 22(5.7%) of the respondents answered that they get the service of the hospital not quickly and timely at all. From this the researcher understands that the hospital lags behind in delivering effective and efficient services within reasonable time frame with regard to the procedures of workings. And this affects the governance system in the realm of service provision. In contrary to this survey Mezgebe (2007) argued that institutions should be approachable to their clients and serve them within a reasonable time frame.

Source: researcher, (2019)

Table 15: Perception of the respondents towards the satisfaction of the hospital service

Item	Description	Frequency	Percent
6. How much are you satisfied with the service of the hospital?	Strongly satisfied	58	15.1
	Moderately satisfied	44	11.4
	Satisfied	39	10.2
	Poorly satisfied	88	22.9
	Not satisfied at all	155	40.4
	Total		384

According to the satisfaction of the hospital services around 58(15.1%) of the sample respondents responded that they are strongly satisfied with the service of the hospital, while 44(11.4%) of the respondents replied that they are moderately satisfied, whereas 39(10.2%) of the sample respondents answered that they are satisfied with the hospital services and about 88(22.9%) of the respondents reported that they are poorly satisfied and an estimate of 155(40.4) of the respondents said that they are not satisfied at all with the service they receive from the hospital. So, the majority of the respondents lie between poorly satisfied and not satisfied at all and the researcher understands that there is no satisfaction of the services of the hospital. On the other hand key informants of interview were asked their perception of the quality of the service they deliver to the general public and also the satisfaction of the receivers of the service and suggested that the satisfaction of the hospital services to the point of view of service users is less than the way it is supposed to be, because challenges facing the hospital and its capacity to overcome to satisfy all the needs of service users.

Source: researcher, (2019)

4.7 Assessment on how government issues are challenging with respect of transparency and responsiveness

Table 16: perception of respondents on whether the hospital is open to its decisions

Item	Description	Frequency	Percent
1. The Hospital is open to its decisions	Never	125	32.6
	Rarely	104	27.0
	I cannot decide	57	14.8
	Sometimes	47	12.3
	Always	51	13.3
	Total	384	100.0

When respondents were asked whether the hospital is open and shares its decisions to the public around 125(32.6%) responded that the hospital never become open to its decisions whereas a number of 104(27%) of the sample respondents answered that hospital is open to its decisions rarely and about 57(14.8%) of the respondents reported that they cannot decide whether the hospital is open to its decisions or not.

While 47(12.3%) of the sample respondents replied that the hospital is open to its decisions in sometimes and around 51(13.3%) of the sample respondents suggested that the hospital is always open to its decisions towards the service provision. Therefore, the largest percentage of the respondents' responses lie within never and rarely regarding the decisions of the hospital and the public has little role to play. And as the key informants of interview also mentioned about the openness of the hospital decisions to general public and the share of information about the health services and issues it is less likely to happen because of the nature of the hospital administration which is not open to such activities although it has far reaching consequences and is a great challenge to achieve a good governance in public institutions of the region as a whole.

Source: researcher, (2019)

Table 17: perception of respondents on free flow of information to those affected by such decisions

Item	Description	Frequency	Percent
2.Information flow free or directly accessible on the issue of good governance to those will be affected by such decisions	Never	122	31.0
	Rarely	103	26.8
	I cannot decide	61	15.9
	Sometimes	51	13.3
	Always	46	12.0
	Total	384	100.0

The flow of information among community members is important and is also a sign of good governance which indicates the transparency of information to the public and how informed they are in many issues that affect them in one way or another, to this point about 122(31%) of the respondents suggested that the information is never easily become accessible to the general public and around 103(26.8%) of the respondents answered that information is rarely accessible to the society and those affected whereas 61(15.9%) were unable to decide whether the information is accessible to the public or not while 51(13.3%) of the sample respondents replied that the information is easily accessible to the community in sometimes.

And about 46(12%) of the respondents reported that the information is always accessible to the society and those affected.

Therefore, according to the perception of respondents about the easily accessibility of information the largest numbers are between never and rarely to access the enough information needed. From this one can comprehend that sample respondents were not provided with enough information. And the survey shows that they cannot decide upon themselves and participate in the decisions given by the authorities because they fail to be informed and awarded as a result of lack of enough information provision. And it also reveals that enough information was not provided to the general public in general and those who will be affected by decisions made by the hospital. In the study area people were not well informed and did not provided with enough information. So from this one can understand that people were not well informed and were not making informed decisions because they do not

have enough information which is helpful to them so as to make informed decisions and even they do not have ability to question on decisions made. Since the people were not having enough information, they were not capable of participating in the issue and practice and the endeavor made for good governance in the service provision and its related workings. In a similar way a study conducted by UNDP (2005) shows that information paves the way for empowerment.

Empowerment means that people can make informed decisions based on what information they gain, they will have knowledge and capacity to participate, and are able to question decisions which may affect them. Key informants of interview on their side also indicated that the flow of information on health issues is very limited and even if they are willing to provide and exchange information to the general public towards health services they are unable to do so because of many reasons the do not like to talk about.

Source: researcher, (2019)

Table 18: perception of respondents that hospital is ensuring that all information is accessible to the society

Item	Description	Frequency	Percent
3. The Hospital is ensuring that all relevant information is accessible to the society on the issue of good governance	Never	119	31.0
	Rarely	111	28.9
	I cannot decide	47	12.2
	Sometimes	57	14.9
	Always	50	13.0
	Total	384	100.0

Respondents were asked whether the hospital is ensuring that all relevant information is accessible to the society on the issue of good governance and around 119(31%) of the respondents responded that the hospital never ensures the accessibility of information to the society, whereas 111(28.9%) of the respondents answered that the hospital rarely ensures the accessibility of information to the public and about 47(12.2%) of the respondents said that they cannot decide whether the hospital ensures the accessibility of information or not while 57(14.9%) of the respondents reported that the hospital sometimes ensures the accessibility of

information to the community and an estimate of 50(13%) of the sample respondents replied that the hospital always ensures the accessibility of information to the people. From this the researcher understands that the overwhelming majority of the sample respondents lies within never and rarely which indicates the hardness of access of information to the society and one can say there is no easy accessibility of information in the hospital. Likewise, key informants of interview of the staff of the hospital also pointed out that the flow of information between the hospital and the community is not easy because of the limitations from the government officials and that of ministry of health of the region.

Source: researcher, (2019)

Table 19: Perception of respondents towards that the hospital provides enough information to the public

Item	Description	Frequency	Percent
4.. The Hospital provides enough information to the public towards the issue on good governance	Never	134	35.0
	Rarely	99	25.8
	I cannot decide	58	15.1
	Sometimes	49	12.7
	Always	44	11.4
	Total	384	100.0

Providing enough information for the public is one manifestation of transparency in which without it transparency cannot be ensured in the public institution and generally that of good governance. Information provision to the constituents plays a pivotal role to create informed citizens. Provision of enough information helps the service users to know what is going on in the public institution whatever that institution is. Providing enough information helps to deliver services in efficient and effective manner to the constituents. As it was shown in table 19 respondents were requested whether the hospital provides enough information for the service users .Accordingly around 134(35%) of the respondents replied that the hospital has never provided enough information for its service users and about 99(25.8%) of respondents responded that the hospital provides sufficient information rarely. On the other hand about 58(15.1%) of the respondents reported that they cannot decide whether the hospital the

hospital provides enough information to the society or not. While 49(12.7%) answered that the hospital provides enough information to the community at sometimes and remaining number of the respondents which are about 44(11.4%) replied that the hospital provides sufficient information to the public always and all time.

From this the researcher understands that the overwhelming majority of the sample respondents' responses lie within never and rarely. Provision of enough information for the public is crucial because it is pivotal in creating informed citizen. Especially it is very crucial for the constituents because they are directly affected by the decisions given from the above. From this survey the researcher understands that most of the service users with regard to the sample respondents were not provided with enough information. And the survey shows that they cannot decide upon themselves and participate in the decisions given by the authorities

Source: researcher, (2019)

Table 20: Perception of the respondents on whether information is communicated understandable easily

Item	Description	Frequency	Percent
5. The information is communicated easily in understandable manner on the issue of good governance	Never	110	28.7
	Rarely	89	23.2
	I cannot decide	54	14.0
	Sometimes	71	18.5
	Always	60	15.6
	Total	384	100.0

Information provision to the constituents' plays a pivotal role to create informed citizens. Provision of enough information helps the service users to know what is going on in the public institution. Providing enough information helps to deliver services in efficient and effective manner to the constituents. As it was shown in table 18 respondents were requested whether the hospital provides the enough information for the service users. Accordingly around 110(28.7%) of the sample respondents said information never easily communicated in understandable manner and about 89(23.2%) of the respondents answered that information is communicated easily in understandable manner rarely, whereas 54(14%) of the respondents

responded that they cannot decide whether information is communicated easily and understandable way, while 71(18.5%) of the respondents reported that information is communicated sometimes easily in understandable way and an estimate of 60(15.6%) of the respondents replied that information is always communicated easily in understandable manner.

From this the researcher understands that the overwhelming majority of the sample respondents' responses lie within never and rarely and one can argue that information not communicated easily in understandable way to the public. Similar to the result a study undertaken by Azfar (1999) mentions that access to information on the actions and performance of government is critical for the promotion of government accountability. Unless the public knows what goods and services are provided by the government, how well they are provided, who the beneficiaries are, and how much they cost, it cannot demand effective government. Key informants of interview indicated that information is not easily accessible to the society because of government policy restrictions and the nature of community.

Source: researcher, (2019)

Table 21: Perception of the respondents on whether the hospital has the capacity for the dissemination of information to the public about the health services and reform programs

Item	Description	Frequency	Percent
6. The Hospital has a capacity for the dissemination of information to the Public about the various health service provision reform programs and the issue of good governance	Never	121	31.5
	Rarely	97	25.2
	I cannot decide	51	13.3
	Sometimes	64	16.7
	Always	51	13.3
	Total	384	100.0

As shown in table 21 respondents were requested to display their attitude towards the capacity of the hospital in dissemination of information to the public in various health services provision and reforms and an estimate of 121(31.5%) of the sample respondents responded that the hospital has never had a capacity for the dissemination of information to the public in relation of health services and reforms, while 97(25.2%) of the respondents said that the hospital has a capacity to disseminate information to the public rarely about the various health services and reforms, whereas 51(13.3%) of the respondents suggested that they cannot decide whether the hospital has a capacity of dissemination of information to the public or not and around 64(16.3%) of the sample respondents answered that the hospital has sometimes the capacity to disseminate information to the public in health services and reforms and about 51(13.3%) of the respondents reported that the hospital always has the capacity to disseminate information to the public about the health services and reforms.

From this the researcher understands that the majority of the sample respondents lies between never and rarely, indicating that the hospital has no capacity to disseminate information to the public about the various health services and reforms. On the other hand key informants of interview also indicated their view about the capacity of the hospital to disseminate information to the public and suggested the same view to that of respondents provided.

According to Key informants of the interview there is a big problem which is related to both human and material capacity notably financial restraints, shortage of skilled human power, incapacitated man power, unbalance between the number of service users and the respective assigned staff and low capacity of follow up to service users. So, because of above listed challenges the hospital lacks enough capacity to undertake the responsibilities assigned to it.

Source: researcher, (2019)

Table 22: perception of respondents on time delivery service among the community

Item	Description	Frequency	Percent
1. The Hospital is delivering a timely service among the community	Never	141	36.7
	Rarely	107	27.9
	I cannot decide	52	13.5
	Sometimes	55	14.3
	Always	29	7.6
	Total	384	100.0

Providing any kind of service on time is sign of responsiveness and that of good governance, in relation with this respondents were asked their perception of whether the hospital provides health services on time or in delayed manner and around 139(36.2%) of the sample respondents responded that the hospital never provided health services on time while 83(21.6%) of the respondents reported that the hospital rarely provide services on a desirable time and about 49(12.7%) of the sample respondents said that they cannot decide whether the hospital provides health services on time or not, whereas 61(16%) of the respondents answered that the hospital sometimes provides health services on time and an estimate of 52(13.5) of the respondents replied that the hospital always provides health services on time.

From the responses of the respondents the majority of them lie between never and rarely and that indicates that the hospital is unable to provide health services on time and one can understand that an action must be taken to ensure on time services to general public. Key informants of interview suggested that, to deliver a timely health services needs the required resources to respond the demand of the community and also indicated the shortage of materials, human and financial resources the face as a hospital.

Source: researcher, (2019)

Table 23: perception of respondents on whether complaints are solved on time

Item	Description	Frequency	Percent
2. Complaints are solved on the specified time frame	Never	120	31.3
	Rarely	104	27.0
	I cannot decide	47	12.3
	Sometimes	61	15.9
	Always	52	13.5
	Total	384	100.0

Solving and taking into consideration the grievances and complaints of service users on a specified time frame is important task for the hospital to have the goodwill of its clients or in other words its visitors. Therefore, respondents were requested to give their perception on whether complaints are solved on time or not and about 120(31.3%) of the sample respondents responded that the complaints never solved towards specified time, while

104(27%) of respondents reported that the hospital rarely gets solutions for the complaints of users of the general public on time, whereas 47(12.3%) of the respondents said that they cannot decide whether the hospital solves complaints on specified time frame or not, while 61(15.9%) of the respondents answered that the hospital sometimes solves complaints on time and an estimate of 52(13.5%) of the sample respondents reported that the complaints of community are solved on time by hospital.

From sample the majority of the respondents lie between never and rarely and the researcher understands that the complaints of the community are not solved in specified time frame, but later if any rather than sooner. According to key informants of interview of the staff of the hospital said that dealing with complaints of the service users responding to them requires the availability and functionality of the needed resources which may prevent to respond timely if they are not available and operational. This further indicates that complaints are not met on specified time frame.

Source: researcher, (2019)

Table 24: perception of respondents on hospital services in terms of responsiveness

Item	Description	Frequency	Percent
3. How can you evaluate the level of the hospital services in terms of responsiveness?	Excellent	31	8.0
	Very good	42	11.0
	Good	51	13.3
	Poor	112	29.2
	Very poor	148	38.5
	Total	384	100.0

It seems that the responsiveness of the Government institutions is supposed by citizens to be particularly significant. Respondents were asked to know their perception on the level of responsiveness of the hospital to the community. Responsiveness is one critical component of good governance in which without responsiveness ensuring enough governance becomes unthinkable .As it can be shown in the above table 25 respondents rank the level of responsiveness in the given . Accordingly an estimate of 31(8%) of the respondents rank the level of the hospital responsiveness as it is excellent and around 42(11%) of the sample

respondents reported that the hospital responsiveness is very good on the other hand about 51(13.3%) of respondents replied that the hospital responsiveness is good, whereas 112(29.2) of the sample respondents said that the level of hospital responsiveness towards health services is poor and near 148(38.5) of the respondents answered that the level of hospital responsiveness is very poor in relation with the services provision to the general public.

From this survey one can understand that the hospital is lagging behind in ensuring the level of responsiveness because large size of respondents replied in between very poor and poor. In this regard, the level of responsiveness was undermined in the given public hospital. With regard to this, according to the key informants of interview also said that, at the hospital there is a problem of the level of responsiveness which is manifested by a problem of on time and proper (appropriate) response to the clients. Due to lack of material and human resources and also administration issues prevented them to respond timely. Others said there is a problem in which there were previously unsolved issues which in turn creates a big problem in solving them in the desired time frame and again they said even if this creates problem we are doing our best to deal with the prevailed problems. In relation to this argument Shah (nd) further argued that responsiveness aims for governments to do the right things for the people and the services to be delivered must be consistent with the citizens' desires and needs. With regard to the level of responsiveness which in turn determines good governance.

Source: researcher, (2019)

Table 25: perception of respondents on whether the hospital has a suggestion box

Item	Description	Frequency	Percent
4. Does the Hospital has a suggestion box in handling grievances	Yes	255	66.4
	No	129	33.6
	Total	384	100.0

Having suggestion box in a given institution is crucial since it helps to accept the suggestions given in the box and to entertain the diverse suggestions and opinions forwarded by the service users which is crucial to include the suggestions given in the plans and programs and more importantly to adjust (modify) the plans, programs and general workings of the institution by taking in to account the suggested ideas and it plays its role in fostering

responsiveness and generally that of enough governance. As the result in the above survey shows an estimate of 255 (66.4%) of the respondents that the hospital has a suggestion box while 129(33.6%) of the respondents said that the hospital has no suggestion box. So from the above result of the survey the researcher understands that the office has a suggestion box.

From this one can understand that the hospital has a mechanism of accepting the suggestions of clients using suggestion box.

But, the respondents said that even if this is so, the hospital did not see what was suggested in the box and collect it on the specified time frame. As a result of this it did not entertain the diverse suggestions given by the clients in the box. This situation has a serious implication in which it undermines the effective and efficient service delivery and also hinders the strive for enhancing enough governance and particularly that of responsiveness. On the other hand key informants of the interview also said suggestion box is always and every time available in the hospital to get and know the complaints and ideas and perceptions of the service users and to give answers towards their complaints and take corrections where necessary.

Source: researcher, (2019)

4.8 Major challenges facing the hospital to ensure good governance.

Table 26: perception of respondents on whether the hospital has adequate Material and human resources

Item	Description	Frequency	Percent
1. Does the hospital have adequate materials and human resources to respond community needs service provision effectively and efficiently?	Yes	151	39.3
	No	233	60.7
	Total	384	100.0

In any institution either it is a hospital or any other institution to function better it has to have adequate resources needed to deal with challenges it encounters at any point in time, unless otherwise, it is highly more unlikely to deliver services in an appropriate way.

In relation to this, respondents were asked whether the hospital has adequate resources to serve the general public and around 151(39.3) of the sample respondents responded yes, meaning that the hospital has adequate resources in order to deliver services to the community whereas 233(60.7%) replied that there are no enough resources for the hospital to function in a good manner for health issues of the society at whole. According to the informants of interview of the both staff and administrative members also indicated their concern of resources shortage and also having old and out dated materials, insufficient health professionals, financial shortages, political and administrative changes as well as the infrastructure of the hospital itself impose allot of challenges for the day to day activities of the hospital.

And key informants of interview were asked whether the hospital take measures when challenges and problems are encountered to ensure the level of good governance or not and suggested their views towards the actions and measures they take as a hospital, saying if the challenges are internal that is inside the hospital we try to solve and get solution to them, but, if they are external and beyond the capacity of the hospital to deal with, we inform to the federal and regional health ministries to get way out of them.

Source: researcher, (2019)

Table 27: Attitude of the respondents towards obstacles (challenges) that influence good governance transparency and responsiveness in the hospital in service provision

Item	Description	Frequency	Percent
2. Are there obstacles that influence good governance (transparency and responsiveness) in the hospital towards service provision? If yes, please list	Yes	257	67.0
	No	127	33.0
	Total	384	100.0

Respondents were requested to display their views in relation of whether there are challenges that influence good governance (responsiveness and transparency) in the hospital. Accordingly, an estimate of 257(67%) respondents reported yes, whereas about 127(33%) of the respondents responded, no, meaning that there are no challenges that the hospital faces. Therefore, the majority of the respondents suggested that the hospital has many challenges

that influence good governance (transparency and responsiveness). Among many the mentioned some of these challenges, like that of lack of sufficient capacity of the hospital to handle all the patients in an appropriate way, increasing number of patients year after year, shortage of material resources and that of human resources, etc. And so too, key informants of interview of the staff and administrative members of the hospital also indicated the same challenges that the hospital faces adding administrative, financial and political challenges further as greatest challenging forces that they face.

Because of negligence of both federal and regional governments for not providing all the necessary resources they need to deliver health services in a way which is equivalent to the demands of the general public. They also indicated how increasing number of patients month after a month and year after year is challenging to the hospital to deal with, because of its capacity to handle such a large and increasing number with no sufficient human, material and financial resources. From this the researcher understands that the hospital has a big problem of governance impediments as the majority of respondents suggested and also key informants indicated towards the service provision of the general public which was the reason of its establishment and what it stands for.

Source: researcher, (2019)..

Table 28: perception of respondents towards the major challenge of the hospital

Item	Description	Frequency	Percent
3. Which one among the challenges do you think is a major problem to the hospital to deliver health services?	Poor administration	89	23.2
	Lack of funds	75	19.5
	Political interference	81	21.0
	Lack of material resources	63	16.4
	Insufficient professionals	76	19.8
	Total	384	100.0

Respondents were requested to display their views in relation to the major challenge that the hospital is facing among the listed challenges and around 89(23.2%) of the respondents responded that the poor administration is the most challenging one, while 75(19.5%) of the sample respondents replied that lack of sufficient funds is the most challenging one to the hospital to provide health services properly, whereas 81(21%) of the respondents reported that political intervention is the major problem facing the hospital and an estimate of 63(16.4%) of the sample respondents said that lack of material resources is the major challenge facing the hospital and about 76(19.8%) of the respondents answered that insufficient professionals towards the service provision of the hospital is the main problem facing the hospital From this survey one can understand, the two main challenges that hospital is facing are poor administration and political interference and in turn create the other challenges. Key informants of interview also mention that intervention from the regional government prevent the hospital to function properly and also changing high level administration members (officers) of the hospital creates its own problem of day to day activities of the hospital.

Source: researcher, (2019)..

Table 29: attitude of the respondents in relation with the infrastructure of the hospital

Item	Description	Frequency	Percent
4. Does the infrastructure of the hospital a problem to deliver health services?	Yes	247	64.3
	No	137	35.7
	Total	384	100.0

Respondents were asked their perception on whether the infrastructure of the hospital is problem itself to deliver health services and about 247(64.3%) of the respondents responded yes and that the building of the hospital is old enough that makes hard many services to deliver whereas 137(35.7%) of the sample respondents replied no, indicating that the infrastructure of the hospital is not a problem to the health service provision. From the sample the majority of the respondents indicated the problem of the hospital infrastructure and the researcher understands that there is a problem due to hospital infrastructure. Key informants of interview strongly indicated the challenges that the hospital infrastructure imposes to the health service provision.

Source: researcher, (2019).

Table 30: Perception of respondents on whether there is electricity problem in the hospital

Item	Description	Frequency	Percent
5. Is there electricity problem in the hospital?	Yes	259	67.4
	No	125	32.6
	Total	384	100.0

Respondents were requested to display their view about the electricity of the hospital and whether it is available every time or not and around 259(67/4%) of the sample respondents said that there is a shortage of electricity in the hospital and they wait long hours to get the service because of electricity problems, while 125(32.6%) of the respondents responded that there is no electricity problem in the hospital. On average the highest number of the respondents suggested that there is electricity problem in the hospital that makes difficult to deliver health services properly and on time basis to the community. From the sample the researcher comprehends that the hospital has a problem of electricity in general.

Source: researcher, (2019).

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of findings, the conclusion and the recommendations. The main objective of the study was to assess the challenges that Jijiga health centres are facing on good governance specifically Karamara public hospital.

5.2 Summary of findings

- It seems that the responsiveness of the Government institutions is supposed by citizens to be particularly significant. Respondents were asked to know their perception on the level of good governance of the hospital to the community. Responsiveness is one critical component of good governance in which without responsiveness ensuring enough governance becomes unthinkable. As it can be shown in the above table 25 respondents rank the level of responsiveness in the given. Accordingly an estimate of 31(8%) of the respondents rank the level of the hospital responsiveness as it is excellent and around 42(11%) of the sample respondents reported that the hospital responsiveness is very good on the other hand about 51(13.3%) of respondents replied that the hospital responsiveness is good, whereas 112(29.2) of the sample respondents said that the level of hospital responsiveness towards health services is poor and near 148(38.5) of the respondents answered that the level of hospital responsiveness is very poor in relation with the services provision to the general public.

From this survey one can understand that the hospital is lagging behind in ensuring the level of responsiveness because large size of respondents replied in between very poor and poor. In this regard, the level of responsiveness was undermined in the given public hospital. With regard to this according to the key informants of interview said that, at the hospital there is a problem of the level of good governance which is manifested by a problem of on time and proper (appropriate) response to the clients. Due to lack of material and human resources and also administration issues prevented them to respond timely. Others said there is a problem in which there were previously unsolved issues which in turn creates a big problem in solving them in the desired time frame and again they said even if this creates problem we are doing

our best to deal with the prevailed problems. In relation to this argument Shah (nd) further argued that responsiveness aims for governments to do the right things for the people and the services to be delivered must be consistent with the citizens' desires and needs. With regard to the level of responsiveness which in turn determines good governance.

- Respondents were requested to display their views in relation of whether there are challenges that influence good governance (responsiveness and transparency) in the hospital. Accordingly, an estimate of 257(67%) respondents reported yes, whereas about 127(33%) of the respondents responded, no, meaning that there are no challenges that the hospital faces. Therefore, the majority of the respondents suggested that the hospital has many challenges that influence good governance (transparency and responsiveness). Among many the mentioned some of these challenges, like that of lack of sufficient capacity of the hospital to handle all the patients in an appropriate way, increasing number of patients year after year, shortage of material resources and that of human resources, etc. And so too, key informants of interview of the staff and administrative members of the hospital also indicated the same challenges that the hospital faces adding administrative, financial and political challenges further as greatest challenging forces that they face.

Because of negligence of both federal and regional governments for not providing all the necessary resources they need to deliver health services in a way which is equivalent to the demands of the general public. They also indicated how increasing number of patients month after a month and year after year is challenging to the hospital to deal with, because of its capacity to handle such a large and increasing number with no sufficient human, material and financial resources. From this the researcher understands that the hospital has a big problem of governance impediments as the majority of respondents suggested and also key informants indicated towards the service provision of the general public which was the reason of its establishment and what it stands for.

- Respondents were asked whether the hospital is ensuring that all relevant information is accessible to the society on the issue of good governance and around 119(31%) of the respondents responded that the hospital never ensures the accessibility of information to the society, whereas 111(28.9%) of the respondents answered that the hospital rarely ensures the accessibility of information to the public and about 47(12.2%) of the respondents said that they cannot decide whether the hospital

ensures the accessibility of information or not while 57(14.9%) of the respondents reported that the hospital sometimes ensures the accessibility of information to the community and an estimate of 50(13%) of the sample respondents replied that the hospital always ensures the accessibility of information to the people. From this the researcher understands that the overwhelming majority of the sample respondents lies within never and rarely which indicates the hardness of access of information to the society and one can say there is no easy accessibility of information in the hospital. Likewise, key informants of interview of the staff of the hospital also pointed out that the flow of information between the hospital and the community is not easy because of the limitations from the government officials and that of ministry of health of the region and that also the above limitations cause many problems on the issue of good governance in general.

To summarize, the findings of the study indicate that there is lack of accessibility of information, limited Capacity (competence) of the hospital towards human power, lack of sufficient capacity of the hospital to handle all the patients in an appropriate way, increasing number of patients year after year, electricity problems, infrastructure barriers, shortage of material resources, administrative, financial and political challenges as well as low level of skill and knowledge, lack of openness and low satisfaction from the service users and irresponsiveness are considered the main hindrances' of good governance in the city in general and the selected public hospital in particular.

5.3 Conclusion

Respondents were asked their perception on the practice of good governance with regard to the two key indicators of good governance that are transparency and responsiveness. Their perception on responsiveness and transparency in the given public hospital were assessed with regard to level of satisfaction on accessibility of information, clearness and openness from the public to the responsiveness and transparency of the given public hospital, to what extent were the visitors are satisfied by the public hospital with regard to service delivery, the main hindrances and challenges that undermine for the practice of good governance (transparency and responsiveness) and that of health service provision.

Accordingly, based on the already analyzed data in chapter 4, the following conclusions were drawn:-

For a given public hospital to be transparent in front of the service users it must be open for its actions and a responsibility which is help full to be trusted, faith full and have a confidence on the service providers. For the service users to be transparent in shouldering their rights and responsibilities in a transparent manner .Openness is one manifestation of transparency and plays a pivotal role in all aspects of good governance.

However, in the given study area Karamara public hospital lagged behind in ensuring openness as a measurement of transparency. Generally, the hospital did not do much to consolidate good governance in this regard. Accessibility of information which helps the public to have all important information on health service provisions. In short the hospital lacks to ensure good governance in this matter due to its insufficient capacity to perform its tasks which is related to lack of both human and material capacity notably financial restraints, shortage of skilled human power, incapacitated man power, electricity problems, infrastructure barriers, the imbalance between the number of service users and the respective assigned staff and. Because of these challenges the hospital lacks enough capacity to undertake the responsibilities assigned to it.

Responsiveness is one of the variables used to assess good governance. Responsiveness of government means that institutions and processes try to serve all customers within a reasonable timeframe. Responsiveness also implies the receptiveness of institutions to the demands of their service users and institutions should be approachable to their clients and serve them within a reasonable time frame. In the study responsiveness is used to assess timeless of response on problems and complaints in the realm of service provision and findings indicate that there is a problem of responsiveness in karamara public hospital which is manifested by a problem of on time and proper (appropriate) response to the clients demands and needs.

In the given study area the hindrances' of good governance (transparency and responsiveness) were also assessed. Accordingly, according to the respondents of the questionnaire said there are challenges that hinder for improving good governance and health services in the given hospital like that of lack of sufficient capacity of the hospital to handle all the patients in an appropriate way, increasing number of patients year after year,

electricity problems, infrastructure barriers, shortage of material resources and that of human resources, etc.

And so too, key informants of interview of the staff and administrative members of the hospital also indicated the same challenges that the hospital faces adding administrative, financial, political, as well as the infrastructure of the hospital itself further the greatest challenging forces that they face. Because of negligence of both federal and regional governments for not providing all the necessary resources they need to deliver health services in a way which is equivalent to the demands of the general public.

Generally, it can be concluded that the society in the given study area and hospital were not provided well the health services they demand as they deserve as it has to be, because of the above listed challenges and constraints which seems not to be solved any time soon.

5.4 Recommendations

Based on the findings of the study and conclusions made the following recommendations and policy implications are forwarded to different levels of decision makers and potential researchers in the area.

- Even though governance is the main responsibility of the government, it can't be effective without the synergistic relationship with all actors across the health system- communities, civil society, private providers, membership organizations, public health functionaries and development partners must work together with transparency to attain the desired health service provision in a timely responsive manner to the general public.
- But, to achieve a desirable health service provision depends more on how the hospital is equipped with adequate human as well as materials resources that can facilitate the effective and efficient service provisions. Therefore, Karamara public hospital should be equipped well all the necessary resources needed, as the same time structures of the workings of the hospital and administrative issues need to be adjusted in order to be suited with the services that are going to be delivered. Enough equipment can be provided by the regional and federal health ministries via aggressive mobilization of the community to contribute at large and other stake holders like NGOs, the hospital has to recruit and assign well trained and professionals that can deal with the

challenges as well as the provision of health services in an appropriate manner to the general public which is an appropriate answer of what they demand and expect to get from the hospital

- Maintaining skilled and knowledgeable staff through leadership, training, development and commitment to continuous improvement in the delivery of services which can be done via empowering and building the capacity of service providers which helps to assign the capacitated human power at the right place in the healthy centres by giving long and short term training that helps them for providing effective and efficient services, consistent, transparent and responsive decisions.
- The needs and demands of the society should be assessed in order to clearly satisfy the desires and demands of the constituents (service users) in which it can be carried out via meetings, by having suggestion box and the mere prevalence of this cannot guarantee it rather collecting the suggestions via meetings, panel discussions, questionnaire and suggestion box and giving quick response based on the specified time frame, through providing effective, efficient and quality services, by prioritizing problems, by preparing questionnaire so as to know the level of perception of service users on service provision and also through interview mechanisms whenever possible.
- As it has been discussed in the conclusion part, for a given hospital or institution to perform its tasks in general and to be transparent and responsive to its stakeholders and to the public in particular, it must be open for its actions and responsibilities to its service users. Provision of information is pivotal to make genuine decisions in health service provision to create an informed community in general. So there is a need to make information accessible, relevant and enough to the public.
- Finally, authorities of any government institution whether it is the above mentioned hospital or nay other institution must be responsible and accountable for their actions and duty assigned to them otherwise poor and vulnerable people are and will be those who suffer at most.
- Good governance agenda is comprehensive which cannot be fully addressed by taking only two key indicators of good governance that are responsiveness and transparency among other good governance criteria. The study confined to the city of Jijiga, so the surrounding areas and villages were excluded and also it is difficult to generalize(conclude)the issue and practice of good governance by taking only one city.

Policy implications

Assessing the challenges of health system governance in Somali Regional State and in that particular city has several policy implications. First, it raises awareness among policymakers and other external actors in the health system of the importance of governance and its influence of health performance. It also encourages a healthy debate to take place particularly in relation to the role government and non-government actors should play in promoting and enhancing the quality of governance in Ethiopia health care system, particularly in that region and hospital.

Second, there are strategic interventions that need to be implemented in regard to weaknesses in governing principles whether it is strategic vision, participation and consensus orientation, responsiveness, transparency and accountability.

Finally, improving health system governance requires political commitment. In addition to that, adequate financial and human resources should also take place if government is committed to improve its health performance. This also means monitoring at the federal, state, and local levels should be conducted regularly. The challenge that remains is to focus on comprehensive approach to improving health care governance and that include fostering a synergistic relationship between government agencies and other key actors in the health system.

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APPENDIX A: Questionnaire prepared for respondents

Dear respondents

The purpose of this study is to gather relevant data that can be used to assess the issue and practice of good governance in health service provision of Jijiga with regard to Karamara public hospital. Your participation is very much important and will allow the researcher to focus on critical issues related to the good governance practice in your town health services. Your responses have high importance for the research purpose and may be important in prescribing policies to improve the performance of health service provision and that of good governance in this public hospital.

This study is conducted as partial fulfillment of the requirement for the Degree of Masters in Public Management and Policy (MPMP). The main intention of this questionnaire is to assess the challenges and practice of good governance in the town of Jijiga health services with regard to the Karamara public hospital.

The study is purely an academic and might not affect your personality. Your genuine view, frank opinion and timely response are quite significant in determining the success of this study. Therefore you are kindly requested to extend your cooperation by providing relevant information for filling the following questionnaire.

General Guidelines

Instruction: Please use tick mark (✓) or mark (X) in the boxes provided to choose from the options given and answer in writing where appropriate. You don't have to write your name.

Thank you in advance. Have a nice time!

Part One: Individual Characteristic of the Patients

1. Sex: Male Female

2. Age: ____

3. Education level

3.1 Never enrolled in school

3.2 Grade 1 to 4

3.3 Grade 5 to 8

3.4 Grade 9 to 12

3.5 Diploma

3.6 Degree and above

4. Duration of visit at this hospital?

1st time 1-3 months 4-6 months 7-9 months 10-12months above years

Part Two: Assessment of In-patient and Out-patient Service Provision regarding Communication with doctors and nurses

1. Doctors and nurses treat with courtesy and respect

Never Rarely I cannot decide Sometimes Always

2. Doctors and nurses listen carefully

Never Rarely I cannot decide Sometimes Always

3. Doctors and nurses explain things in an understandable way

Never Rarely I cannot decide Sometimes Always

Physical Environment and pain Management

Part Three: Physical environment and pain management

1. In-patient and Out-patient departments are clean

Never Rarely I cannot decide Sometimes Always

2. Hospital rooms are kept clean

Never Rarely I cannot decide Sometimes Always

1. Pain is well controlled

Never Rarely I cannot decide Sometimes Always

2. Staff do everything they can to help the pain relief

Never Rarely I cannot decide Sometimes Always

Part Four: Medication Communication

1. Staff explain what medication is about

Never Rarely I cannot decide Sometimes Always

2. Enough time is given to discuss medical problems the doctors/health officers or nurses

Never Rarely I cannot decide Sometimes Always

3. Staff explain possible medical/drug side effects

Never Rarely I cannot decide Sometimes Always

4. Information is given in an understandable way regarding symptoms or health problems

Never Rarely I cannot decide Sometimes Always

Part Five: Communication Openness and the satisfaction of hospital services

1. Staff speak up freely and exchange information when something happen that may negatively affect patient care

Never Rarely I cannot decide Sometimes Always

2. Staff feel free to question the decisions and actions of those with more authority in relation with information flow service provision

Never Rarely I cannot decide Sometimes Always

3. Staff are afraid of to question when something does not seem right

Never Rarely I cannot decide Sometimes Always

4. Do you get the service you need from the hospital?

Yes No

5. How long it takes to get the service from the hospital?

Very quickly

Quickly

Not quickly

Not very quickly

Not quickly at all

6. How much are you satisfied with the service of the hospital?

➤ Strongly satisfied

➤ Moderately satisfied

➤ Satisfied

➤ Poorly satisfied

➤ Not satisfied at all

Part Six: Assessment on how governance issues are challenging in the hospital with respect to transparency and responsiveness of the health service provision

1. The Hospital is open to its decisions.

Never Rarely I cannot decide Sometimes Always

2. Information flow free or directly accessible to those who will be affected by such decisions

Never Rarely I cannot decide Sometimes Always

3. The Hospital is ensuring that all relevant information is accessible to the society

Never Rarely I cannot decide Sometimes Always

4. The Hospital provides enough information to the public

Never Rarely I cannot decide Sometimes Always

5. The Hospital is delivering a timely service among the community

Never Rarely I cannot decide Sometimes Always

6. Public complaints are solved on the specified time frame

Never Rarely I cannot decide Sometimes Always

7. How can you evaluate the Hospital services in terms of responsiveness?

Excellent Very good Good Poor Very poor

8. Does the Hospital have a suggestion box in handling grievances

Yes No

Part Seven: Major challenges facing the hospital to ensure good governance

1. Does the hospital have adequate materials and human resources to respond community needs service provision effectively and efficiently?

Yes No

If the answer of Question no_6 is No, What are the reasons beyond the inadequacy of materials and human resources? Please, indicate the reasons if any _____

2. Are there obstacles that influence good governance (transparency and responsiveness) in the hospital towards service provision? If yes, please list

Yes No

3. Which one among the challenges do you think is a major problem to the hospital to deliver health services?

Poor administration

Lack of funds

Political interference

Lack of material resource

Insufficient professionals

4. Does the infrastructure of the hospital a problem to deliver health services?

Yes No

5. Is there electricity problem in the hospital?

Yes No

APPENDIX B: Interview for the staff of the hospital

1. What can you say about the situation (practice) and the level of good governance in your city administration regarding health services? How?
2. What are the main governance challenges of your city health services provision on the issue of good governance? Why?
3. Are complaints and grievances related health service provision responded on a given time interval to ensure the issue of good governance? How?
4. Are the decisions of this public hospital officials regarding health services and good governance issue open to the community? How?
5. How can you evaluate karamara hospital services in terms of responsiveness on the issue of good governance? Why?
6. How can you evaluate karamara hospital services in terms of transparency on the issue of good governance? Why?
7. Is information easily accessible and relevant to the people of the town in health situations for ensuring good governance? How?
8. What are the major challenges that karamara hospital faces for providing health services on the issue of good governance? Why?
9. In addition of being staff of the hospital, have you ever encountered such health Service provision challenges personally? If yes, For what reasons? If not, Why?
10. How do you weight the level of good governance in this hospital towards transparency and responsiveness? Why?
11. How does governance issue challenged in karamara hospital for providing health services? Why?
12. Are beds available and sufficient for in-patients to deliver both their demanded health services and issue of good governance implementation? Why?
13. Does the physical environment clean, quiet and fit to provide health services to surmount the challenges and ensure good governance?
14. Do doctors and nurses give sufficient time for patients in the discussion of medical and drug side effect problems towards services?
15. How the increasing number of in-patients year after year is problematic to the hospital to ensure the issue of good governance?
16. Does the hospital take measures whenever problems encountered to ensure the level of good governance with the selected indicators? How?

17. Does the hospital have enough resources to overcome challenges and to respond in an appropriate way? If not? Why not?
18. How do you assess the in-patient and out-patient service delivery from the doctors and nurses in the hospital and the level of satisfaction of visitors?
19. How the hospital is challenged to provide the demanded health services to satisfy its visitors? Please explain in detail.
20. Does the hospital have a suggestion box for complaints and grievances from its users to know their perception about the services on the issue of health challenges and governance? How it helps the community?

SU'AALO QORAALA OO LOOGU TALAGALAY JAWAAB BIXIYAYAASHA

Mudane/marwo jawaab bixiye

ujeedka daraasad-cilmiyeedkani waxaa uu yahay si loo helo xog ku saabsan loona qeymeeyo xaaladda dowlad wanaag iyo bixinta adeega caafimaad ee xarumaha caafimaadka ee magaalada jigjiga, gaar ahaan cusbitaalka guud ee KARAAMARDHA. Sidaa daradeed, waa muhiim in aad ka qeyb qaadatid si loo ogaado aragtidaada ku wajahan adeegyada caafimaad ee uu bixiyo cusbitaalka KAARAMARDHA iyo guud ahaan arimaha dowlad wanaag ee magaalada Jigjiga.

Sidaa awgeed , muhiimadda daarasad-cimiyeedkani waa sidii loo qeymeyn lahaa caqabadaha soo wajaha xarumaha caafimaad ee magaalada iyo guud ahaan arimaha la xiriira dowlad wanaaga

Fadlan calaamadee meelaha loo baneeyey adoo isticmaalaya calaamadda (√) ama lacaamadda (X) adoo ku muujinaya kaliya mid un ka mida santuuqyada si aad ukala dooratid fursadaha lagu siiyey ama qoraal isticmaalya meelaha ku haboon

Wadashaqeyn wacan, mahadsanid

QEYBTA KOOWAAD: Sifada Ruuxa(qofka)

1. Jinsi: Lab Dhadig

2. Da'da-----

3. Heerka waxbarasho

3.1 Abid aan iskool tagin

3.2 Darajada 1-4

3.3 Darajada 5-8

3.4 Darajada 9-12

Dhibloma(Diploma)

3.5 Dhigrii (Degree) iyo waxa ka sareeya

4. Waqti intee le, eg ayaad dhaqtarkaan la xiriireysay

5. Markii koowaad 1-3 bilood 4-6 bilood 7-9 bilood 10-12 bilood

in kabadan sanado

QEYBTA LABAAD: Qeymeynta bukaanka gudaha iyo kan dibada ee adeegga cusbitaalku bixiyo marka la eego xiriirka dhaqaatiirta iyo kal-kaaliyayaasha

1. Dhaqaatiirta iyo kal-kaaliyayaashu waxa ay u dhaqmaan si dabacsanaan iyo xurmo leh

Marnaba dhif iyo naadir magaran karo mar-mar inta badan

2. Dhaqaatiirta iyo kal-kaaliyayaashu si taxadar leh ayey u dhageystaa bukaanka

Marnaba dhif iyo naadir magaran karo mar-mar inta badan

3. Dhaqaatiirta iyo kal-kaaliyayaashu si la fahmi karo ayey bukaanka wax ugu sharaxaan

Marnaba dhif iyo naadir magarank aro mar-mar inta badan

QEYBTA SADDEXAAD: muuqaalka guud ee cusbitaalka iyo maareynta xumadda bukaanka haysa

1. Qeybaha dibedda iyo kuwa banaanka ee cusbitaalku waa nadiif

Marnaba dhif iyo nadir magaran karo mar-mar inta badan

2. Qolalka cusbitaalku waa nadiif

Marnaba dhif iyo naadir magaran karo mar-mar inta badan

3. Si wanaagsan ayaa shaqaaluhu isugu hawlaan in la xakameeyaa xummadda bukaanka haysa

Marnaba dhif iyo naadir magaran karo mar-mar inta badan

S4. Shaqaaluhu wax kasta oo ay ku caawin karaan qofka bukaanka ah ayey sameeyaan

Marnaba dhif iyo naadir magaran karo mar-mar inta badan

QEYBTA AFRAAD: xiriirka daawo bixinta ama siinta

1. Si wanaagsan ayey shaqaaluhu ugu sharaxaan bukaanka daawadu waxa ay tahay

Marnaba dhif iyo naadir magaran karo mar-mar inta badan

2. Dhaqaatiirta iyo kalkaaliyashuba waqti ku filan ayey siiyaan bukaanka uguna sharaxaan dhibaata daawadu yeelan karto haddii si qaldan loo isticmaalo

Marnaba dhif iyo naadir magaran karo mar-mar inta badan

3. Kalkaaliyayaashu si hagaagsan ayey bukaanka ugu faahfahiyaan ciladaha ka dhalan kara daawada (ama dhibaata ay keeni karto hadii sixad dhaaf ah loo qaato)

Marnaba dhif iyo naadir magaran karo mar-mar inta badan

4. Dhibaatooyinka iyo caqabadaha la xiirira caafimaadka si daahfurnaan iyo isfahan leh ayaa xogta la isugu gudbiyaa ama loo wadaagaa

Marnaba dhif iyo naadir magaran karo mar-mar inta badan

QEYBTA SHANAAD: Daahfurnaanta xiriirada xogaha iyo qaneecada adeegga cusbitaalku bixiyo

1. Shaaqaaluhu is xor ah yey uga hadlaan isuna dhaafsadaan xogta marka wax qalada oo saameynaya bukaanka ay dhacaan

Marnaba dhif iyo naadir magaran karo mar-mar inta badan

2. Shaqaaluhu si xor ah ayey u su'aalan madaxada ka sareysa hawlaha la xiirira isdhaafsiga xogta iyo adeeggaarsiinta bukaanka

Marnaba dhif iyo nadir magaran karo mar-mar inta badan

3. Shaqaaluhu waa ay ka cabsadaan ama ka baqan in ay su'aal ka keenaan marka wax qaldamaan

Marnaba dhif iyo naadir magaran karo mar-mar inta badan

4. Ma ka heshaa cusbitaalka adeegga aad u baahan tahay?

Haa

Maya

5. Waqti intee le'eg ayey kugu qaadataa in aad heshid adeegga aad u baahan tahay ?

Si degdeg badan degdeg degdeg badan aan lahayn magaran karo
gabiba aan degdeg (dhaqso) lahayn

6. Intee in le, eg ayaad ku qanacsan tahay adeegga cusbitaalku bixiyo?

Si xoog leh

Xoog leh

Waan ku qanacsanahay

Aad uguma qanacsani

gabi ahaanba kuma qanacsani

QEYBTA LIXAAD: Daraaseynta sida arimaha dowladnimo qabad ugu yihiin cusbitaalka marka laga eego xagga daahfurnaata iyo jwaab celinta adeegga uu bixiyo

1. Cusbitaalku si daahfuran ayuu go'aanada caafimaadka la xiriira u gaaraa ama ula wadagaa bulshada

Marnaba dhif iyo naadir magaran karo mar-mar inta badan

2. Si aan caqabad lahayn ayey xogta u helaan dadka ay saameynta ku yeelaneysa go'aanadasi

Marnaba dhif iyo naadir magaran karo mar-mar inta badan

3. Cusbitaalku si dhab ah ayuu u hubiyaa in bulshadu si siman u wadaagto xogta caafimaad

Marnaba dhif iyo naadir magaran karo mar-mar inta badan

4. Cusbitaalku xog ku filan ayuu u tabiyaa ama gaarsiyaa bulshada ee la xiriira adegyada u bixiyo

Marnaba dhif iyo naadir magaran karo mar-mar inta badan

5. Cusbitaalku waqtiga loogu tala galay ayuu ku bixiyaa adeegiisa caafimaad

Marnaba dhif iyo naadir magaran karo mar-mar inta

6. Waqtiga loogu tala galay ayaa lagu xaliyaa cabshooyinka dadweynaha ama bulshada

Marnaba dhif iyo naadir magaran karo mar-mar inta badan

Marnaba dhif iyo naadir magaran karo mar-mar inta badan

7. Sidee ku qeymeyn kari lahayd adeega cusbitaalku bixiyo adoo ka eegaya xaga jawaab celinta ?

aad iyo aad u wanagsan aad u wanagsan si wanagsan si liidata si aad u liidata

8. Cusbitaalku waxa uu leeyahay santuuq ay aragtidooda ku dhiiban karaan bulshadu

Marnaba dhif iyo naadir magaranaro mar-mar inta badan

QEYBTA TODOBAAD: Caqabadaha (dhibaatooyinka) ugu waa weyn ee soo wajaha cusbitaalka si uu u bixiyo adeega caafimaad una hubiyo dowlad wanaaga

1. Cusbitaalku waxa uu haystaa shaqaale ku filan iyo agabyadii kale ee uu u baahnaa si uu uga jawaabo baahida bulshada

Haa

Maya

Haddii jawaabta su'aasha 6 ay tahay maya, maxaad u maleyneysaa in ay tahay sababtu?

2. Ma waxaa jira caqabado saameyn ku yeelan kara dowlad wanaaga marka laga eego daahfumanta iyo jawaab celinta adeega cusbitaalku siiyo bulshada?

Haa

Maya

Haddii jawaabtaadu tahay haa, fadlan maxaa kamid ah

3. waa tee caqabadda ugu weyn ee haysata cusbitaalka marka aad eegtid dhibaatooyinka jira

Maamul xumo

Miisaaniyad darro(la'aan)

Faragalin siyaasadeed

Qalab yaraan

Shaqaale yaraan

4. Caqabad miyuu ku yahay dhismaha cusbitaalku bixinta adeega caafimaad ee bulshada?

Haa

Maya

5. Dhibaato koronto (leyr) yari ah miyaa haysata cusbitaalka?

Haa

Maya

WAREYSI FOOL KA FOOL AH

1. Sidee u aragtaa heerka dowlad wanaag ee magaalada guud ahaan, gaar ahaana bixinta adeegga caafimaad?
2. Waa maxay caqabadaha ama dhibaatooyinka ugu waa weyn ee maamul ama dowladeed ee idin haysta adoo ka eegaya xagga xaaladaha caafimaad ee guud? Maxaa sabab u ah?
3. Ma looga jawabaa cabashada dadweynaha ee la xiriira adeeggyada caafimaad si degdega ama ku haboon, isla markaana la dhowrayo dowlad wanaaga? Sidee?
4. Ma yihiin go'aanada caafimaad ee cusbitaal ahaan aad gaadhaan kuwo aad la wadaagtaan bulshada inteeda kale? Side ula wadaagtaan?
5. Sidee u qeymeyn lahayd adeega caafimaad ee uu siiyo bulshada cusbitaalka KARAMARDHA, adoo ka eegaya dhinaca jawaab celinta xalaada taagan markaas iyo dowlad wanaaga guud ahaan? Sabab?
6. Sidee u qeymeyn lahayd adeega caafimaad ee uu siiyo bulshada cusbitaalka KARAMARDHA, adoo ka eegaya dhanka daahfurnaanta ama xog isdhafsigu iyo dowlad wanaaga? Sabab?
7. Ma u fududahay bulshada ku nool magaalada in ay si fudud u helaan xogaha ama arimaha la xiriira adeega caafimaad ee aad bixisaan? Qaabkee?
8. Waa maxay dhibaatooyinka ugu waaweyn ee cusbitaal ahaan idin soo wajaha si aad u gaadhsisaan adeegiina caafimaad bulshada oo dhan, adoo la xiirinaya dowlad wanaaga?
9. Qof ahaan ma la kulantay dhibatooyinka adoo waliba ah hawl wadeenada cusbitalka ruux ka mid ah? Haddii ay ku qabsatay waa maxay sababtu? Hadiise aysan ku qabsan sababtu waa maxay?
10. Maxaad ku qeymeyn kartaa xaaladda cusbitaalka adoo eegaya xagga daahfurnanta ama xog isdhafsigu iyo jawaab ka bixinta adeegyada caafimaad ee aad bixisaan? Sabab?
11. Wax culeys ah miyaa idinkaga yimaada cusbitaal ahaan xagga maamulka dowlada oo ay ku xaqiijinayaan hufnaanta adeega aad bulshada siisaan?

12. Ma leeyahay cusbitaalku sariiro ku filan una diyaarsan in la jii fiyo bukaanka?
13. Waa side muuqaalka guud ee cusbitaalku marka laga eego nadaafada, buuq yarida iyo ku haboonaanta bixinta adeegyada bulshada uu gaadhsiiyo si uu uga guleysto caqabadaha hor yaala?
14. Ma siiyaan dhaqaatiirta iyo kalkaliyayaashu waqti ku filan qofka bukaanka ah si ay ugu sharaxaan waxa ay tahay daawada la siinayo iyo waliba ciladaha ka imaan kara haddi siqalada loo qaato?
15. Miyey siyaada ama korodhaa tirada dadka imaanaya cusbitaalka sanadba sanadka ka danbeeya?
16. Ma qaadaa cusbitaalku waxa talabooyin ah marka dhibaato soo wajahdo si looga gudbo loona saxo?
17. Ma haystaa cusbitaalku wax yaalihii uu u baahnaa oo dhan si uu ugu adeego bulshada si hufan, sida shaqaale ku filan, qalabkii loo baahnaa in uu ku shaqeeyo iyo miisaaniyad ku filan intaba?
18. Sidee kuula muuqataa ama u aragtaa in dadku ugu qanacsan yahay ama ula dhacsan yihiin adeega aad bixisaan? Hadiiba ay jirto?
19. Caqabado nooc ee ah ayaad la kulantaa sidii aan bulshada u gaarsiin lahaydeen adeeg hufan oo ay ku qanci karaan? Adoo fadlan sharaxaad ka bixinaya
20. Ma leeyahay cusbitaalku santuuq ay dadku ku soo gudbiyaan aragtiyadooda ku saabsan arin ama adeeg muhiim u ah bulshada oo aan jirin markaa ama cabashooyinkooda?