COMPETING MULTIPLE ACCOUNTABILITY MECHANISMS AND PUBLIC ADMINISTRATORS' RESPONSES IN THE HEALTH SECTOR IN KENYA

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DECLARATION

Student's Declaration

This research project is my own original work and has not been presented to any university for an award of a degree.

Signature ……..……..Date ……

KENNETH KAMAU KARUMBA

Registration Number: C51/68536/2013

Supervisor's Declaration

This research project is presented for examination with my approval as a University Supervisor.

Signature ……..…. Date ……..……

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DEDICATION

I dedicate this research project to the men and women in the Public Service in Kenya who serve with respect, honour and integrity.

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ABSTRACT

The concept of accountability in the public sector is complex and has generated debate in the history of public administration. This study focused on accountability of public administrators under normal conditions and crisis situations where it is unclear which of the four mechanisms of hierarchical, professional, legal and political accountability dominates responses of hospital administrators in the public health sector in Kenya. Literature has pointed to existence of complex and competing multiple accountability mechanisms that often creates cross-pressure in public administration leading to negative consequences. However, these studies have been conducted in other public service jurisdictions outside Kenya. Besides, these studies have not conducted empirical research targeting hospital administrators. This research project, adopted the Principal-Agent theory and Romzek and Dubnick (1987) and a case study design to assess the multiple accountability mechanisms and responses of hospital administrators in Kenya. The study targeted hospital administrators from 36 public hospitals in 14 Counties in Kenya. Primary data was collected using a self-administered questionnaire posted through email. Secondary data was obtained through desk review of relevant documents in the Kenya's public service and the health sector. Study findings demonstrated the existence of the four mechanisms of accountability and how they operate in ensuring hospital administrators are held accountable. Additionally, findings showed that professional accountability seem to be given precedence over the other forms of public accountability in ordinary conditions and hierarchical accountability under crisis situations. The study concluded that the four mechanisms of accountability exist and operate distinctively in the health sector and as result hospital administrators are confronted by all the four mechanisms, but their intensity on accountability vary.

LIST OF ACCRONYMS

CAJ	Commission on Administrative Justice
CDH	County Director of Health
CEC	County Executive Committee member
CME	Continuous Medical Education
CO	County Officer
CPD	Continuing professional development
EACC	Ethic and Anti-Corruption Commission
KNCHR	Kenya National Commission on Human Rights
MCA	Member of County Assembly
MP	Member of Parliament
MoH	Ministry of Health
NASA	National Aeronautical Space Agency
NPM	New Public Management
OAG	Office of Auditor General
SSA	Sub Sahara Africa

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Public administrators throughout the world are expected to be accountable in their discharge of official duties. It is important that public administrators are held accountable since they are contracted to perform vital and essential functions that are relied on by both the citizenry and the state. The public depend on effective and efficient execution of administrative duties that constitute service delivery. These services include social services such as health, education, justice, security and utility (electricity, water and waste management). On the other hand, the state depends on provision of aforementioned services and many others to gain legitimacy (Mandefro, Noor & Stel, 2012). Consequently due to this central role played by public administrators in the management of public affairs, efforts have been devoted at ensuring that public administrators are held accountable in the course of their work.

Accountability is one of the concepts that has evaded a clear definition and has been associated with terms such as "transparency, equity, democracy, efficiency, responsiveness, responsibility and integrity" (Boven 2007:449). From a Principle-Agent point of view, accountability is a process of defining rules and regulations and the employment of various mechanisms to ensure compliance (principle perspective) and a duty to provide information and to explain and justify administrator's actions (agent perspective).

A number of mechanisms have been put in place to guarantee public accountability in the public service. These accountability mechanisms imposed by principles include hierarchical, professional, legal and political accountability. (Romzek & Dubnick, 1987; Romzek & Ingraham, 2000; Jos and Tomkins, 2004; Dowdle, 2006; Kim and Lee, 2010; Salminen and Lehto, 2012). Hierarchical accountability is administered through a clear chain of command where accountability tools such as performance management are utilized to enforce accountability (Jarvis, 2014). Professional accountability is exercised through establishment of codes of conduct and professional bodies to guide ethical behaviour among public administrators (Cendón, 1999). This mode of accountability depends on internalized sense of what constitutes the right conduct. Legal accountability is fulfilled through implementation public duties as dictated by regulations, statutes, convections, court rulings, conventions and agreements (Johnston & Romzek, 1999). The aim of legal accountability is to secure

individual and corrective rights of citizen and institutions, and to guarantee compliance with contractual, legislative and constitutional mandate. Political accountability constitutes public administrators being subjected to scrutiny by elected leaders, the community, media or the international community over their conduct in public offices and on the quality of services delivered by their institutions (Boven, 2007).

Public accountability has been studied globally in different jurisdiction from multidimensional approaches (Blind, 2011). These approaches include, what accountability consists of (prescriptive), to whom accountability is rendered (descriptive), where and how accountability operates (operational) and when accountability occurred (longitudinal).

In Kenya, approaches to public accountability have been longitudinal consisting of assessment of accountability from the colonial period (Ndege, 2009) to post-colonial period (Odhiambo-Mbai, 2003). The other approach is prescriptive focusing on accountability as a desired quality in the context of state of declining standards of accountability due to weak, insufficient or poorly enforced mechanisms and the struggle to enforce and build stronger institutions of accountability.

This study focuses on descriptive approach to public accountability in relation to whom the hospital administrators in the health sector are accountable during normal conditions and crisis situations within the context of multiple accountability mechanisms. This context presents accountability as a complex issue because of its ubiquity nature. However much accountability is perceived to be fundamental in pursuit of good governance, on the flip side of it is a problematic concept in the public sector including health sector (Brinkerhoff, 2003, Tello & Baez-Camargo, 2015). For public administrators, "it remains unclear how to deal with cross pressures of accountability and what to do with the often-conflicting prescriptions all claiming to improve accountability" (Dubnick & Yang, 2011, p.3).

1.2 Statement of the Research Problem

The increasingly complex public sector functions have led to the introduction of diverse mechanisms to hold public administrators accountable. In Kenya, several initiatives have sought to perfect public accountability in the public service including the health sector. This has included a number of constitutional amendments and later on, adoption of a new constitution. Others initiatives include a series of public sector reforms, strengthening of independent institutions and growing clarion call for accountability from pressure and lobby

groups, members of opposition parties and media. As a result a blend of accountability mechanisms have been developed to fulfil the ever growing desire for public accountability. These mechanisms are hierarchical, legal, professional and political accountability.

The existence of the above multiple mechanisms of accountability have posed a challenge in respect of response by public administrators when confronted by the four mechanisms simultaneously. Under such environment, public administrators tend to give priority to one or two accountability mechanisms over the others mechanisms (Kim and Lee, 2010; Bovens, Goodin & Schillemans, 2014 and Kim 2014) leading to a debate on the best way to hold public administrators accountable. This age-long debate has divided scholars since the formative years of the discipline of Public Administration. Friedrich (1940) argued that the key to bureaucratic responsibility is professionalism, while Finer (1941) argued that external controls, primarily democratic control are better suited to guarantee accountability. Maass and Radaway(1959) proposed that administrators are responsible for conforming to their coordination activities and agencies' heads priorities, while Dimock and Dimock (1969) argued that accountability is a legal and moral duty.

Thus, given the above differing opinion over the most appropriate or dominant mechanism of accountability within the context multiple accountability framework, it not clear what mechanism public administrators respond to under normal conditions in Kenya's Health Sector. Is there one mechanism of accountability that is given precedence by hospital administrators? If so, which one and why? Additionally, the health sector is riddled with frequent crisis. These crises attract rigorous attention and fervent emotions tend to induce equally intense activities associated with public accountability mechanisms (Kuipers and **'**t Hart**,** 2014). Hence, under crisis situations do public administrators in the health sector still respond to the same accountability mechanisms or does a different mechanism come into force and why?

1.3 Research Questions

The study sought to find answers to the following research questions:

1. How do the four mechanisms of hierarchical, legal, professional and political accountability enforce accountability in the health sector in Kenya.

2. Is there one mechanism of accountability that is given precedence by hospital administrators in normal conditions?

3. Under crisis situations, do public administrators still respond to the same accountability mechanism or does a different mechanism of come into force?

1.4 Objectives of the study

The general objective of this research project is to explore multiple accountability mechanisms and public administrators' dynamic response under normal and crisis environments in Kenya's the health sector.

The specific objectives of the project are to:

1. Describe how the four mechanisms of hierarchical, legal, professional and political accountability in the health sector ensure hospital administrators are held accountable.

2. Establish which among the four multiple competing accountability mechanism is accorded priority by administrators in normal situations in the health sector and why.

3. Determine which among the competing multiple accountability mechanisms do public administrators respond to in instances of crisis in the health sector and why.

1.5 Justification of the study

Public accountability is a central theme in the discipline of public administration. While extensive research has been undertaken on public accountability from governance and reforms perspectives, there has not been any literature on analysis of multiple accountability mechanisms in the public sector in Kenya from a competing perspective and on influences that lead administrators to choose one mechanism of accountability over the other mechanisms.

The public health sector in Kenya is one of the largest sectors in the country and is critical to the lives of ordinary citizens. It is also one of the biggest beneficiaries of national and county government budgetary allocations. In the financial year 2015-2016 the national and county governments were allocated Ksh 59 billion (3.9 %) and Ksh 85 billion (23.4 %) respectively (Ministry of Health, 2016). Besides this allocations, health facilities charge user fees running into billions shillings per annum. Accounting for the proper use of these public funds is a priority. The health sector in Kenya is chosen as an ideal public sector to test this typology

because the sector interacts with citizens directly and is often prone to crises. Additionally, the sector is very bureaucratic, heavily regulated and consist of highly specialized services delivered by a wide range of professionals.

An understanding of public sector accountability in the health sector may help address the challenges faced by the sector. For example, a question such as: Is there sufficient accountability mechanisms to prevent maternal death during labour? A review of such question and recommendation thereafter may assist in rescuing women from maternal deaths.

This study and its outcomes have a potential to bridge knowledge gaps on public accountability in the health sector in Kenya. In addition, this research will benefit administrators and supervisors in the health sector by creating awareness about the nature of competing accountability mechanisms and its pitfalls. Study findings and recommendations may assist administrators to be better prepared to identify and therefore handle accountability dilemmas and become better managers of public affairs.

Accountability is a key component of public policy implementation and management. Such is its importance that a number of public sector reforms undertaken by various regimes in Kenya in the past 30 years focused on improving public accountability. An understanding of accountability in the health sector is key in designing and implementing policies on anti-corruption, health decentralization, reforms, health equity, quality and access.

1.6 Scope and Limitation

The study focused on multiple accountability mechanisms and public administrators' dynamic responses under normal and crisis environments in Kenya's health sector in 2016. This study assessed how the multiple mechanisms of accountability ensure accountability in health sector and how public administrators respond to multiple demands for accountability. These public administrators included hospital administrators from public hospitals across 14 Counties in Kenya reflecting the generalization of the findings to the national context. The hospital administrators include professionals appointed in the post of hospital administrators and medical doctors appointed into administrative positions. The study excluded doctors and other health workers not appointed as administrative heads of the hospital, patients and community members in the survey. The strength of this study based on the conclusions in relation to prioritized accountability type is limited due to the sample size used in the study. The study covered 14 Counties out of 47 and 36 public hospitals out of 269 tier 3 and 4

hospitals nationwide. This limitation was as a result of inadequate resources to a mount large study.

1.7 Definition of Terms

Accountability

Accountability is a key concept and the focus of this research study. Accountability refers to answerability by hospital administrators on performance of task and activities originating from a variety of principals.

Competing multiple accountability

Competing multiple accountability refers to existence a diverse accountability relationships consisting of hierarchical, legal, professional and political accountability mechanisms where hospital administrator's response is judged based on different behavioural standards.

Hierarchical Accountability

One of the four mechanisms of accountability that has been used in this study to refer to answerability by hospital administrators to tasks associated with priorities of those at the top of a hierarchical structure and the coordination activities of public hospitals.

Legal accountability

One of the four mechanisms of accountability that has been used in this study to represent answerability by hospital administrators to tasks associated with compliance with legal obligations of public hospitals.

Professional accountability

One of the four mechanisms of accountability that has been used in this study to refer to answerability by hospital administrators on decisions made based on professional judgment, ethics and code of conduct as prescribed by various professional guidelines.

Political accountability

One of the four mechanisms of accountability that has been used in this study to represent answerability of hospital administrators to constituencies outside the hospital and public sector hierarchy. This includes the patients, general public, elected officials, the legislature and special interest groups.

Public Health Sector

Public health sector means aggregated and coordinated units for delivering health services operated by the Government of Kenya.

Hospital Administrator

A hospital administrator is a public administrator appointed to the position of health administrative officer and medical officers performing administrative functions in a hospital (medical superintendent).

Public Administrator's Dynamic Response

Public administrator's response refers to reaction by public administrators when called to account by multiple principles and the priority accorded to each of the four mechanism of accountability during normal conditions and in crisis environment.

Normal Condition

Normal condition refers to hospital administrator operating environment characterised by day to day discharge of administration duties as prescribed in job descriptions and performance targets.

Crisis Situations

Crisis situation refers a mishap occurrence in hospital operation including but not limited to unexpected patient death such as maternal and newborn death, health professional malpractices, discovery of misappropriation of funds and acute shortage of medical supplies including drugs.

1.8 Proposed Chapter outline

The proposed chapter outline will be as follows:

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CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter explores literature on the past and present studies with a view to evaluating their contribution to understanding the problem of multiple and competing nature of accountability mechanism and public administrators dynamic responses in the health sector in Kenya.

This literature review is organized both chronologically and thematically. The first two paragraphs discuss the historical development of the concept of multiple accountability mechanisms in the public sector. Thematically this chapter highlights how other studies have approached the concept of multiple accountability. Firstly the discussion explores the positive and negative effects of multiple accountability mechanisms. Secondly, the dynamic nature of the concept of multiple accountability mechanisms including what mechanisms of accountability are given precedence. Thirdly, the structural and models influencing preference of one mechanism of accountability over the other mechanisms. Finally, outcomes of multiple mechanisms of accountability in terms of public administrator behaviour.

The discussion flows from global to local highlighting the gaps in literature and how this research project will fill the gaps.

2.2 Review of Literature

The concept of accountability in the public sector is complex, ambiguous and has often generated a significant debate in the history of public administration. The question about to whom and to what public administrators are held accountable has lingered in the mind of scholars in public accountability studies and often generated an enduring debate over the years as argued by Denhardt & Denhardt (2007), Byrkjeflot, Christensen & Lægreid (2013), and Romzek& Ingraham (2000).

The scholarly debate about public accountability originated from claims of Woodrow Wilson (1887) during the formative years of the public administration. Wilson argued that administrative accountability could be answered by viewing the tasks of public administrators as “objective and business like-and completely separate from politics” (Denhardt & Denhardt, 2007, p. 121). Later on, the debate was renewed after the crumble of much talked about politics/administrative dichotomy as a result of pressure from the increasingly complex governmental functions. Central to this renewed debate was the exchange between Carl

Friedrich (1940) and Herbert Finer (1941). Friedrich argued that the key to bureaucratic responsibility was professionalism while Finer contended that external controls were best suited in ensuring accountability of public administrators in a democracy. The former advocated for administrative discretion while the later advocated for its limitation as much as possible.

Since then, various studies have explored and suggested the existence of competing multiple accountability mechanism that often creates "cross-pressure" in public administration. The central theme of these approaches is the potential negative consequences associated with competing accountability demands in the public sector (Kim & Lee, 2009; Dubnick &Yang, 2011). In general, multiple accountability mechanisms may lead to dysfunctional public institutions at organizational level (Koppell, 2005). Specifically, according to Romzek and Igraham (2000), the cross-pressure of accountability in the military officials find themselves when entangled in a mesh of accountability relationships culminated in a military airplane crash known as Ron Brown plane crash. Similarly, in Romzek and Dubnick (1987), cross pressure led to explosion of space shuttle, the Challenger while in Jin & Song (2015), cross pressure resulted in disjointed Korea Coast Guard rescue mission during the Sewol Ferry Accident in 2014. These studies however did not survey public administrators; they relied on systematic review and analysis of reports

However, Boven and Schillemans (2011) did not view the concept of multiple accountability mechanisms as necessarily complex and with negative outcomes. In their assessment of overload and redundancy effects of multiple accountability in the public sector in the Netherlands using the principal-agent theory, the authors highlighted some positive view of the effects of multiple accountability. They suggested that the positives effect of multiple accountability mechanisms include increased availability of information and an opportunity to entrench legitimate values embodied in public policies. Despite this positive angle, Boven and Schillemans (2011) still identified negative effects multiple accountability to include opportunity cost and blame game.

Kim and Lee (2010) also highlighted positive outcomes of multiple accountability in their quest for empirical evidence of the impact of competing accountability demands on performance in non-profit agencies in the United States. They argued that competing accountability may not be a problem for organizational effectiveness as long as performance expectations are met. However the authors identified negative effects of multiple and

competing accountability mechanisms to consist of existence job tension in an organization and declined performance. Views from Boven & Schillemans (2011) Kim & Lee (2010) looked at the effect of multiple accountability on the public agency level; they did not put public administrators at the centre of multiple accountability argument.

However Romzek and Dubnick (1987) assessed multiple and competing mechanisms from a dynamic perspective and focused on individual public administrator's action. To contribute to this argument, the two scholars devised and utilized a typology of accountability relationships incorporating bureaucratic, legal, professional and political relations in the assessment of challenges public officials find themselves in, when operating in an environment characterized by a web of accountability demands. This study used organizational theory in the analysis of accountability dynamics at the United States National Aeronautics and Space Administration (NASA) that surrounded a space shuttle disaster know as the Challenger. This theory categorizes agencies into levels of technical, organizational and institutional. Through the use of interviews with stakeholders, supplemented with review of investigation reports, the study revealed that political and bureaucratic accountability were inappropriate in a technological oriented organization such as the United States National Aeronautics and Space Administration (NASA). This study found out that hierarchical lapses led to the plane crash hence emphasizing the importance of hierarchical accountability in the smooth running of an agency.

In a related study, Romzek and Ingraham (2000) analyzed the gap between managerial reforms in the public service and the reality of accountability expectation through the New Public Management theory. This study focussed on aftermath of another accident this time in a military air crash disaster known as the Ron Brown crash. The result of this inquiry found out that while management reforms in the public service encourage entrepreneurial behaviour and discretion in decision making (professional accountability, according to Lægreid, 2014) the administrative reality emphasises hierarchical accountability during and after crisis moments within an agency.

The two disaster studies above focused on mishap and did not take into account the day to day routine that build to hierarchical accountability. Apart from focusing on accountability in aftermath of a disaster, this research project will also focus on competing multiple accountability during normal situations. In addition Romzek and Ingraham (2000) study outlined how the mechanisms of accountability operate in NASA and by extension the

American public sector. This description is unique to the targeted institution and may not be necessarily the same situation in Kenya.

Mulgan (2003) assessed on most preferred accountability mechanism from a different perspective. He did not view preference of one mode of accountability over the other based on events or tasks. For him, the choice of accountability is sequential allowing accountability to progress from one stage to the next. This was informed by the argument that total control of agents by the principal is impossible and that the latter have to allow, at first, professional accountability through discretion and personal responsibility. But since this first line of accountability is dependent on agents' own consciousness, the principles have devised other ways of ensuring accountability. Hierarchical accountability is proposed as the second line of accountability where tools such as financial reporting and performance management are used to check on public administrators. At the periphery, Mulgan proposed institutions representing legal and political accountability. These institutions play the roles of scrutinizing and monitoring public agencies and administrators.

While advancing the theory of New Public Service, Denhardt and Denhardt (2007) argued that the preferred public accountability mechanism depended on which stage of public administration among the three stages he postulated. These three stages are the Old Public Administration, the New Public Management and the New Public Service, each with specific accountability institutions and demands. In the Old Public Administration, public administrators were directly held accountable by political officials. In the transitional stage of New Public Management, administrators are held accountable based on private sector indicators of efficiency, responsiveness to market forces and cost-effectiveness. In the New Public Service framework, which was a criticism of the New Public Management, public administrators ought to be accountable to the citizenry. Similar views on public administrators accounting to citizens are held by Day & Klein (1987) as well as Behn (1998).

Mc Garvey (2001) adopted multi-perspectives framework for analyzing accountability. This framework consisted of traditional, democratic, professional, managerialist, governance, and regulatory frameworks. Under traditional perspective, public administrators operate in traditional weberian system of administration where bureaucracy is accountable to elected representatives and ultimately to the public. In the democratic perspective, emphasis is on representative and participatory forms of democracy as the main avenue for holding public

administrators to account. In the professional perspective, the source of evaluation is from peers while in managerialist the tool for accountability is performance management. Under governance perspective, public administrators are accountable to networks and partners outside an agency and finally in regulatory perspective focus of accountability is on regulatory institutions such as audit office. The author however did not assess which accountability perspective takes precedence.

While the 3 articles by Mulgan, Denhardt and Denhardt, Mc Garvey proposes model that bring fresh approaches in the competing multiple accountability studies, their assessment did not constitute a survey of public administrators. This research project will survey public administrators.

To discuss at length the competing nature of multiple accountability mechanisms, there are instances where the four mechanisms undermine each other. Byrkjeflot, Christensen &Lægreid (2013) demonstrated the existence of tension among the multiple accountability mechanisms. This study surveyed accountability across three institutions of social services, immigration and hospitals in the public sector in Norway after the introduction of administrative reforms in the three welfare services. In social services for example social accountability (arising from social stakeholders, public, interest groups) was perceived to undermine political accountability (reporting to elected official, ministers and parliament). In the immigration, a combination of professional and legal accountability seemed to overshadow political accountability while in the hospital reforms, professional accountability seemed to challenge political accountability. For example, the findings suggested that:

> The problem of 'political drift' can occur when agencies make decisions that are at odds with what the political executive wants. This might easily give rise to conflicts between political accountability, efficiency, the rule of law, professional considerations and responsiveness to users. (Byrkjeflot, Christensen &Lægreid, 2013, p.189)

This article assessed accountability from resulting from an incidence in reforms, in this research we went beyond a outcome of a single intervention in public service to address day to day dynamics of multiple accountability.

Kim and Lee (2010) offered further insights on the competitive nature of various accountability demands. This study assessed the impact of competing accountability demands on performance, the study conclusions were that the competing accountability may not be a challenge for an agency as long as administrators "can effectively address multiple

performance expectations"(p.115). The two found out that employees in non-profit sector tend to put more weight on professional accountability over compliance based accountability, consisting of hierarchical and legal accountability, while attempting to fulfil organizational missions. This survey was conducted in the United States in non-governmental sector; the outcome may not be generalized in the public sector or a Sub-Saharan Africa country. In this research project we addressed this by surveying public administrators in the public sector in Kenya, SSA country.

Salminen and Lehto (2012) evaluated the question relating to whom the Finish public administrators account to from multiple accountability perspective of citizen, legislators and the city managers using the new public management theory. His findings revealed that citizens prefer city managers to be directly accountable to them. Similarly, the legislators prefer to be the source of accountability for the city managers. City managers (public administrators) prefer to be accountable to citizens followed by municipal boards, both representing political accountability. This article focussed on city managers. City managers from the context of their operations are more prone to political accountability that other mechanisms of accountability. To bring a more balanced focus for the multiple accountability concepts, this research project identified hospital administrators as a respond in the survey on multiple accountability mechanisms. Hospital administrators tend be confronted by the four mechanism of hierarchical, professional, and legal, political accountability in their regular operations.

While most studies reveal political, hierarchical and professional accountability as dominant sources of accountability (Kim and Lee, 2010; Byrkjeflot, et al, 2013; Romzek and Ingraham, 2000; Jin & Song, 2015; Friedrich, 1940; Finer, 1941; and Dunne &Legge, 2000) within a multiple accountability framework, legal accountability has also been cited as a dominant form of accountability elsewhere. In an analysis of challenges of implementing new public management reforms in China and the United States, Chan and Rosenbloom (2010) argued that rule of law and legal control mechanisms override all aspects of New Public Management (NPM) reforms that promote market based forms of accountability. Like Byrkjeflot, Christensen &Lægreid (2013), Chan and Rosenbloom (2010) used the reform incidences to assess accountability.

Accountability is not an end in itself, but a means for directing and controlling administrative behaviour. Romzek and Ingraham (2000) assigned types of accountability to expected

bureaucratic behaviour. The authors associated hierarchical accountability with obedience to organizational directives, professional accountability to 'deference to individual judgment and expertise', legal accountability to 'compliance with external mandates' and political accountability to responsiveness to key external stakeholders. Against this analysis, the authors concluded that reforms may try to encourage entrepreneurial behaviour associated with discretion, although a mesh of "accountability dynamics continue to reinforce risk-averse rules and process orientations" (p. 241). This paper also assessed accountability from a NPM and reform perspective. A strategy to filling this gap has been discussed elsewhere in this chapter.

Dubnick (2003) provided a similar association with his conclusion that ethical behaviour requires external accountability. The author attempted to depart from the institutional approaches associated with the accountability behaviour to a sociological perspective. This theoretical view stresses "the forms and functions of accountability as processes (mechanisms) that impact on social actors as situated pressures for account-giving behaviour." This led Dubnick to analyze accountability behaviour from the perspectives of "answerability, blameworthiness, liability and attributability" (p. 407). Dubnick approaches accountability from a sociological perspective that puts accountability obligation in the hands of public administrators and consequently negates the contractual context within which accountability mechanisms impose themselves as outlined in the Principal-Agent theory. This research project highlighted the latter strategy as a means of ensuring accountability.

Behn (1998) identified behaviour associated with accountability of public administrators to include decision making, responsiveness, discretion and innovation in an assessment of theoretical shift of public trust on government's probity to trust on performance. This assessment used the new public management theory. Behn concludes that though the theory encourages accountability through results, political accountability question cannot be brushed aside. Using the same NPM theory, Wang (2002) identified public administrator accountability behaviour to include responsiveness, stakeholders trust and public consensus, whereas for de Graaf (2010) accountability behaviour include quality service delivery, value for money, responsiveness, strategic operation and striving to improve organizational reputation. These studies used the NPM theory to assess public accountability; this research project has adopted Principal-Agent theory. The disadvantages of the former and advantages of the latter in public accountability studies are highlighted in section 2.3 below on theoretical framework.

Within the African region and in Kenya, studies from multiple accountability perspective are limited and literature is much older. Munishi (1989) analyzed multiple accountability in Tanzania from a model of politics of bureaucratic feudalism, which was a popular model for analyzing political context in Third World countries. He identified the four mechanisms of hierarchical, legal, professional and political accountability. The study acknowledged the mechanisms do overlap in the process of accountability. Munishi argued a system where individuals were appointed to the public service due to political connection as opposed to professional competency seemed to promote political accountability to the detriment of the other mechanisms of accountability:

> Political accountability is given priority over hierarchical and professional accountability because it can, to a large extent, be held responsible for the underdevelopment of the other forms and eventually for the advent of the politics of bureaucratic feudalism. (Munishi, 1989, p. 159)

Just like some of the studies highlighted earlier in this chapter, Munishi, 1989 did not survey public administrators in his article. This research project intends to survey public administrators.

In Kenya existing literature has assessed how mechanisms of hierarchical accountability (Minja, 2013 and Nyamu, 1975), professional accountability (Odhiambo-Mbai 2003 and Kimiru 2014), legal accountability (Sihanya, 2012; Gicheru, 2007 and Mbote &Aketch 2011) and political accountability (Butler, 2010 and Tettey, 2006) have operated in silos to ensure accountability in Kenya's public service. The main theme of accountability studies in Kenya has been on genesis and history of accountability mechanisms (Odhiambo-Mbai and Wanyande, 2001) accountability deficits (Odhiambo-Mbai, 2003) and on financial accountability (Minja, 2003). The later noted that accountability in the public sector in Kenya focuses on "balancing the books as opposed to demonstrating accountability to citizens".

In the health sector emphasis of financial accountability is also explored by Brinkerhoff (2003). The other major attention is the quality of health service delivery (Cornwall, Lucas, Pasteur, 2000). In Kenya, Atela (2013) assessed mechanisms of accountability in rural health facility. This study identified health committee and hospital services charter as mechanisms of accountability. Other accountability themes in the health sector in Kenya focused are lack of accountability mechanisms leading in loses of funds (Transparency international, 2006) leading to corruption (KACC, 2010). Integration of social accountability

in health care delivery is another angle adopted by several studies (Gachie and Iravo, 2016; Machira, 2015; Friis-Hansen and Ravnkilde, 2013).

Whereas the Kenyan and the health sectors studies were centred on important themes of accountability, they did not adopt the concept of multiple accountability as a single unit of analysing public accountability. Additionally they have not highlighted accountability in the light of a crisis.

In conclusion this part has presented the chronology and thematic discussion of articles on the competing and multiple accountability mechanisms and public administrator's responses. Some of the gaps identified include lack of survey or interview on public administrators on this topic. Those that have conducted interview have done so in other jurisdiction rather than public sector in Kenya and specifically the health sector. Those studies focusing on Kenya have not approached the topic of accountability using the competing multiple accountability model. Thus, this research project filled the gaps by providing and understanding of the operation of the four mechanisms of accountability in the health sector and by surveying hospital administrators. Further details on the strategies used are discussed in next chapter.

2.3 Theoretical Framework

From the review of literature various authors have used different theoretical approaches to examine public accountability. The Principal-Agent model has been employed by several authors (Boven, 2007; Boven & Schilleman, 2011 and Mulgan, 2003) to explain public accountability. This model is rooted in a setting where some actors (agents) pursue an action on behalf of another group referred to as the principals, who are in a position to structure incentives for the former. The principal-agent discussions on accountability are primarily geared towards controlling behaviour of subordinates (O'Connell, 2006). Thus, the principal-agent theory problem is that of ensuring that agents or their representatives do what they are required to do by the principals. Principal-agent model is driven by two assumptions. The first assumption presumes an existence of a goal conflict between principals and the second that the agents tend to promote their own interest resulting in agency cost where an agent promotes decisions and activities that maximize their benefits at the expense of the principals. For example an agent may channel public finances in non-beneficial projects that offer kickbacks as opposed to allocating funds to projects that benefit the public. The principal has therefore to design a contract that is attractive to agents but maximizes the benefits of the

principals. This contract practically, is a contract of employment where administrators are compensated for their work but they are bound by accountability clauses that ensure the interests of agents are guaranteed. Dubnick and Yang (2009) elaborated that principals in the public sector have instituted accountability to ensure that they are guaranteed control, ethical behaviour, performance, integrity, justice and legitimacy as a way of reducing agency self-interest.

Additionally, the Principal-Agent theory has been criticized for its silence in the event of introduction of multiple principals with externalities and also its inability to explain bureaucratic behaviour:

> *…the principal-agent model offers no clear resolution about which principals should be responded to and which should be ignored. More importantly, unlike the bureaucratic politics or advocacy coalition approaches, it cannot explain actual bureaucratic behaviour because it has no way to establish any hierarchical relationships among the principals.* (Waterman & Meier, 1998, p.180)

The theory assumes both principals and agents are singular actors hence its limitation in explaining events characterized by multiple and competing principal or even agents.

The New Public Management (NPM) theory has been employed by Denhardt & Denhardt, (2000), Byrkjeflot, Christensen &Lægreid (2013), Romzek and Ingraham (2000), Mulgan, (2003), Aucoin and Heintzman, (2000) and Behn (1998) to answer the question of what and to whom public administrators should be held accountable. The NPM theory emerged in the 1980s from the mixed foundation of economic theories consisting of ideas of market solutions contracts, economic performance and the managerialist school of thought focusing on management of bureaucracy. The central components of this theory are competition, disaggregation, use of incentives, standards of performance, hands-on professional management, and emphasis on output control and private-sector management techniques (Lægreid, 2014).

With regard to accountability, NPM theory is rooted in reinvention and public sector reforms and tends to focus more on individual managerial accountability as opposed to collective accountability. It also shifts focus on accountability from processes and compliance to output. Furthermore, the NPM theory subscribes to market accountability where public administrators possesses "ability to recognize and accommodate market signals" and citizens are viewed as customers with service delivery focusing on individual benefits. As a result, the

relationship between a citizen and a public agency is primarily commercial rather than political signalling a departure public policies, divergent opinions and interests as basis for administrative action.

NPM has been criticized by its opponents who have argued that the theory ignores political accountability. NPM is anchored on business efficiency and accountability for performance with little attention to political accountability. Its tenets for efficiency are not a guarantor of political goodwill and social judgement (Gregory, 1998). Radin, (2000) questioned whether accountability for performance fits political institutional framework. He argued that principles of public entrepreneurship and neomanagerialism erode democratic and public values of fairness, justice, representation, and participation (Denhardt & Denhardt, 2007). The theory has also been criticized for lacking in emphasis for public law and democratic norms. As Gilmore and Jensen noted:

> Because private actors are not subject to the same constitutional, statutory, and oversight restrictions as governmental actors, delegation of public functions outside the bounds of government profoundly challenges traditional notions of accountability, making it all the more difficult . . .” (p. 248).

Democratic theory has also been used to analyze public accountability. The theory associated with Robert Dahl has its roots in the representative and participatory democratic methods as means of holding public administrators accountable. The theory holds that the source of public administrators’ authority is citizenry and that the former are employed to exercise authority on behalf of the later. Dunn and Legge (2000) argued that the general notion and methods that explain accountability and responsibility are fundamental to democratic theory because they determine how public policy and administration are responsive to the priority of citizens. Similarly, King and Stivers (1998) suggested that public administrators ought to seek responsiveness and citizen trust. Thus public accountability demands that public administrators interact and listen to citizen in a manner that empowers and reinforces their role in democratic governance (Denhardt & Denhardt, 2007).

A critique of the democratic theory was offered by Maass and Radaway (1959) who argued that public administrators should not be held directly accountable to the citizens but rather to a representative category consisting of pressure groups and legislature.

Though there is lack of a perfect model of accountability (Jos and Tompkins, 2004 and Weber, 1999), this study on multiple accountability mechanisms and public administrators’

dynamic responses under normal and crisis environments in the health sector in Kenya is anchored in the principal-agent theory. This theory is a better suited paradigm to analyze public accountability (Gailmard 2012, Waterman & Meier 1998, Schillemans & Busuioc, 2014). To quote Gailmard:

> Principal-agent theory has become a widely used paradigm for analyzing public accountability. This is because it provides a flexible framework for modeling innumerable variations in institutional arrangements, and comparing their potential for inducing desirable behavior by agents (p.2)

Thus this research project, adopted the principal-agent theory and Romzek and Dubnick (1987) multiple and competing accountability framework to assess accountability mechanism(s) prioritized by public administrators under the two conditions of normalcy and during crises in the Kenyan heath sector.

2.4 Research hypothesis

1. Whereas the multiple mechanisms of hierarchical, legal, professional and political accountability exist in the entire public sector they operate rather distinctively in ensuring accountability of hospital administrators in the health sector in Kenya.

2. When public administrators in the Kenya's health sector are simultaneously confronted by multiple mechanisms of hierarchical, legal, professional and political accountability they tend to prioritize one mechanism of accountability over the other mechanisms.

3. Under normal conditions public administrators in the health sector in Kenya tend to prefer hierarchical accountability over the other mechanisms of accountability.

4. Under crisis situations public administrators in the health sector in Kenya tend to rely on legal accountability over the other forms of accountability.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research design used for this study on multiple accountability mechanisms and public administrators' dynamic responses Kenya's health sector. The chapter also defines the study population, sampling, data collection procedures, data analysis and interpretation data presentation details of the study and ethical consideration.

3.2 Research Design

This study employed a case study research design to assess the multiple accountability mechanisms and dynamic responses under normal and crisis environments in the Kenya's health sector. This study relies on the Principle –Agent theory and Romzek and Dubnick competing multiple accountability model theoretical approaches. Case study research designs are useful for testing whether a specific theory and model actually applies to phenomena in the real world.

3.3 Population and Sampling

This study targeted hospital administrators from 36 public hospitals in 14 Counties in Kenya. Hospital administrators run operational services in government hospitals in the country. Hospital administrators are included in this study because unlike other professionals in the health sector in Kenya, their tasks and answerability allows for testing multiple accountability model consisting of the four mechanisms of hierarchical, professional, legal and political accountability. Thus other cadre and the community are excluded from this study.

The study adopted a non-probability convenience sampling where the hospital administrators from 36 hospitals in researcher's contact list were included to participate in the study. This sampling method was chosen because of its usefulness in research studies where population is large making it difficult for randomization and secondly, because the researcher had limited resources, time and personnel to mount large studies with a capacity to reach many hospitals and administrators spread across the country.

The sample size consisted of 36 individuals for Hamel, Dufour, S. & Fortin, D (1993) and Yin (1994), parameter establishment and research objective setting are far more important in case study method than a big sample size. A total of 21 individuals responded to the

questionnaire, representing a response rate of 63 per cent. A response rate of 60% and above is considered a very good response rate for emailed/mailed questionnaire (Nulty, 2008 and Baruch, 1999). We therefore did not consider this as a limitation.

3.4 Data Collection Procedures

Primary data was collected using a self-administered questionnaire. This questionnaire was loaded into Google Form, a web-based platform that allows sharing of questionnaire through a variety of computer and mobile phone communication applications. The web-based questionnaire was emailed to respondents and feedback was received through the same Google Form application platform. Email reminders and phone call follow ups were adopted to increase response rate. This method of data collection was chosen because of the researcher's limited resources, time and wide geographical coverage. This data collection method is effective and efficient because of its potential to reach many and diverse respondents and it involves minimal cost and time. The email addresses and telephone contacts were obtained through the researcher's institution's databases and from the Association of Health Administrators databases. Consent to access the contact was granted by the Program Manager of a health managers leadership research grant where medical superintendents contacts were domiciled and from the Coordinator of the Association of Health Administrators.

Secondary data was obtained through desk review. Relevant documents with insight into the nature of public administration in Kenya's public service and the health sector were examined specifically to explain existence, applicability and enforcement of the four mechanisms of accountability. Collection of data was guided by a data abstraction form consisting of sections with the four types of accountability. Details about principals and tools for accountability and their interaction with agents were obtained from the textual data. Documents reviewed included the Constitution of Kenya 2010, relevant Acts of Parliament, public service guidelines including the code of regulation, the Ministry of Health strategic plan and relevant institutions' websites.

3.5 Data Analysis and Interpretation

The identification and measure of importance of types of accountability was facilitated by the development of a list of 28 activities that consist of responses to all the four mechanisms of accountability (see table 1). The survey measurements were developed based on an index by Kim & Lee (2010) and from literature review. The index was customized to measure public

accountability in the Kenyan context through a desk review of existing documents on accountability. To establish which among the four multiple competing accountability mechanisms is accorded priority by administrators under normal conditions in the health sector and why, frequency of responses from each accountability type were computed and compared using mean.

To determine which among the four multiple competing accountability mechanisms is accorded priority in instances of crisis in the health sector and why, the study developed a list of a case scenario of possible crisis situations that may arise in a hospital setting and suggested a list of possible responses assigned to a specific accountability type. Responses were computed and frequency compared using percentages.

Quantitative data analysis from the survey was first analyzed using Google Forms application to obtain frequencies. This data was also loaded on SPSS version 20 to run further frequencies and also to obtain and view results through tables.

Qualitative data analysis of key documents consisted of content analysis which was performed manually. Data was analyzed as it was being collected. Analysis was guided by a data abstraction criteria consisting of the four mechanisms of accountability where principles and tools for accountability were reviewed.

Interpretation of results was guided by the study objectives.

3.6 Data quality and validation

Data was validated for quality through consistency checks in which data was checked for its consistency with corresponding field. Additionally through cross-system consistency checks, data in the Google Form platform and SPSS was cross checked to ensure consistency.

Table 1: Measurement of four mechanisms of accountablity

Participant was asked indicate how frequently, if at all, you are involved in the following as the head/administrator of health sector? (1 = never, 2 = rarely, 3 = sometimes, 4 = rather often, 5 = all the time)

Hierarchical Accountability

A1: Duty to obedience and loyalty towards superior's directions
A2: Increasing work productivity and observing performance targets
A3: Compliance with administrative rules and procedures
A4: Financial and expenditure control
A5: Thinking about of administrative aspects that might bring audit queries
A6: compliance with hospital strategic planning, management & governance
A7: Implementing decisions of the hospital board

Legal Accountability

A8: Duty to abide by the Constitution
A9: Maintaining and servicing annual contract with suppliers and other agencies
A10: Answerability to court processes
A11: Legality of administrative decisions
A12: Entrenching recommendations/guidelines from Commission such as EACC, Ombudsman, Human rights
A13: Compliance with Public Procurement and Disposal and Public Financial Management Acts

Professional Accountability

A14: Compliance with professional norms practices and set standards
A15: Ensuring administrative decisions are fair and reasonable
A16: Compliance with Public Service Code of Conduct and provisions of Public Officers Ethics Act
A17: Duty to neutrality, impartiality and integrity
A18: Duty to discretion (autonomy to carry out your duties as a public administrator)
A 19: Duty of using appropriately public resources
A20: Consideration of peer's contribution/criticism
A20: Dedication to the mission of the Ministry/Hospital
A22: Achieving professional credentials (licenses, certification& CPDs)

Political Accountability

A23: Achieving performance based on the satisfaction of patients and community
A24: Citizen Participation in decision making and upholding public trust
A25: Keeping in mind the expectation of elected authority (MCA, MPs, Senators, Governors, Presidents
A26: Implementing collective will of community members in relation to health service delivery
A27: Working with advocacy groups civil society in improving health services
A28: Working with other state agencies in improving health services
A29: Maintaining a good relationship with the public and media

3.7 Ethical Considerations

Appropriate institutional approvals were sought and granted before undertaking this study. This included permission to carry out research on the topic from the Department of Political Science and Public Administration. Research permit was granted by the National Commission for Science, Technology and Innovation. Access to contacts for the participants in this study was obtained with permission from Program Manager of a health manager's leadership research grant where medical superintendent's contacts were domiciled and from the Coordinator of the Association of Health Administrators. Survey Data was obtained though informed consent. All the respondents participated in the survey voluntarily through informed consent. The survey instrument contained sufficient information about the study. The study also incorporated the principles of respect for anonymity and confidentiality of the respondents. In the report this study has given appropriate credit for the work of others through citations. This was validated through an anti plagiarism software, a requirement for research project at the University of Nairobi.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.1 Introduction

This chapter presents both qualitative and quantitative data and discusses results on the study on multiple accountability mechanisms and public administrators' dynamic responses under normal and crisis environments in the health sector in Kenya.

Data is presented according to the study objectives.

4.2 Background findings

4.2.1 Hospital and County represented

The respondents chose to maintain anonymity about the specific hospital where they work but Counties details were provided as follows:

Table 2: County and regions represented in the study

	County	**Number of Respondents per County**
1	Bomet	1
2	Homa Bay	1
3	Kakamega	1
4	Kitui	1
5	Kisii	3
6	Kisumu	2
7	Laikipia	1
8	Nairobi	4
9	Nakuru	1
10	Nyeri	2
11	Nyandarua	1
12	Trans Nzoia	1
13	Taita	1
14	Wajir	1
	Total	**21**

Data was received from 21 hospital administrators representing 14 Counties as shown in table 2 above.

4.2.2 Professional background of the respondents

The professional background of the respondents is given in table 3 below:

Table 3: Professional Background of the respondents

Profession	**Percentage (%)**
Medicine	25
Social Sciences	53
Business and Accounting	22
Total	**100**

Majority of the respondents (53%) professional background is in social sciences followed by those with medical background (25%) and lastly those with business and accounting qualifications (22%).

4.3 Existence of Multiple Public Accountability mechanisms in Kenya's Health Sector

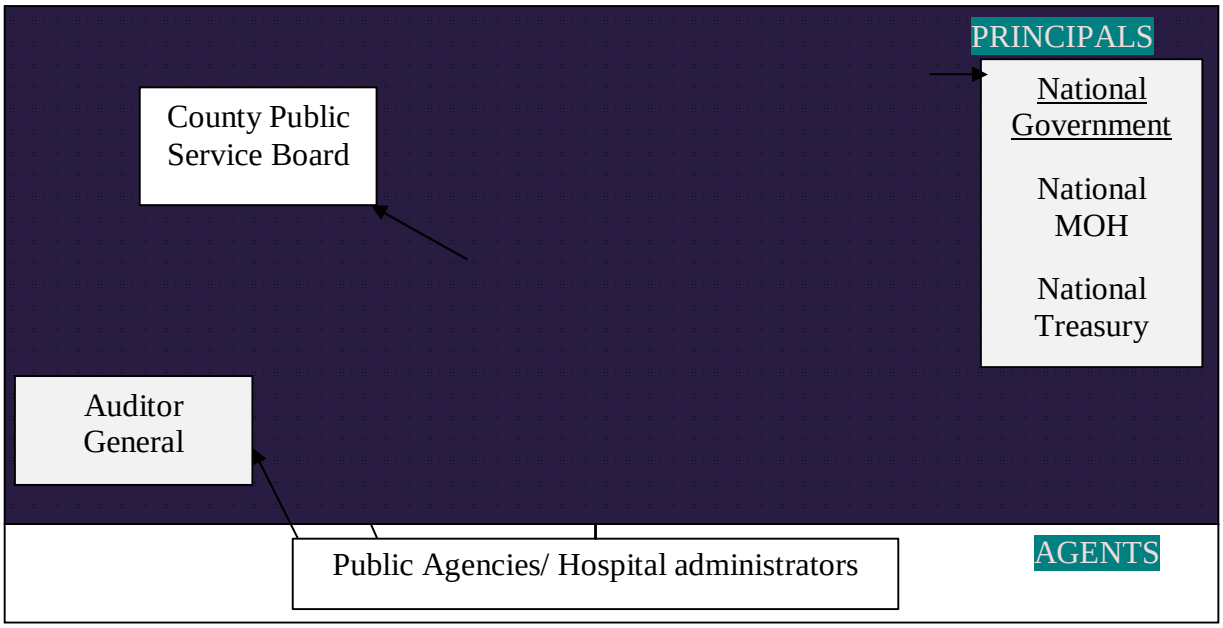
To assess and describe how the four types of accountability operate in health sector in Kenya, this study examined secondary data. This project reviewed actors, forums and tools used in the four types of accountability as guided by the Principal-Agent theory.

4.3.1 Hierarchical Accountability in the Health Sector

Hierarchical Accountability in the public health sector exists within a clearly defined chain of command under a devolved organizational structure as informed by the County Government Act (2012).

Figure 2 below outlines the hierarchical relationship between the agent who is a hospital administrator, and the various principals within the hierarchical structure. These principals are the sources of hierarchical accountability within the devolved health structure and at the national government. This outline shows the Governor as the principal accounting officer with a hierarchical structure as set out in the County Government Act, 2012 flowing down to hospital administrator at the base.

Figure 1: Hierarchical Accountability Relationship in the Health Sector



Source: Author, 2017

The hospital as an agency is directly accountable to the County Director of Health (CDH). In turn, the CDH accounts to the Chief Officer-Health, who accounts to the County Executive Committee member (CEC) for Health. The CEC-Health finally reports to the Governor. Hospital administrators are accountable for management and performance of the hospitals. Specifically this performance includes activities related to provision of preventive, promotive, rehabilitative and curative health services to the public. Tools used for this hierarchical accountability are monthly, quarterly and annual reports and performance appraisal where areas of performance achievement and adherence to rules, regulation and standards set are reported. Other tools of accountability include supervision visits from county and national health management teams (Agoro, Osuga and Adoyo, 2015). Apart from the health sector specific stream of reporting, the hospital administrators are accountable hierarchically to the County Treasury for the use of public funds according to the Public Finance Management Act, 2012, Sections 164-168. The health administration officers are also accountable for finances and systems efficiency to the Office of the Auditor General (OAG). The OAG initiates an annual auditing of public funds in the sector and may be invited from time to time in case there is gross misuse of public resources. Similarly, the hospital administrators report to the County Public Service Board for human resources management function. There are various mechanisms in place to ensure that hierarchical accountability is efficiently achieved. This is explained from the theoretical application of the

Principal-Agent Model. The principals in the health sector and in the county governments have several structured incentives and sanctions to ensure that hierarchical accountability exists. These incentives include salaries and promotions.

4.3.2 Professional Accountability in the Health Sector

The health sector is one of the sectors which relies on and has employed a large number of specialized professionals. These professionals comprise of specialists (obstetrician – gynaecologists, paediatricians, surgeons, physicians, ophthalmologists) medical officers, pharmacists, dentists, nurses, clinical officers, laboratory technologists, physiotherapists, and public health officers. These health professionals are guided by their training and professional standards, regulations and guidelines in discharging their duties. What they do in the process of discharging their duties is highly regulated and documented through Treatment Guidelines, protocol and Standard Operating Procedures. The health professional bodies that ensure professional accountability include the Nursing Council of Kenya (Cap 257), Kenya Medical and Dentist Practitioners Board (Cap 253), Pharmacy and Poisons Board (Cap 244), The Clinical Officers Council (Cap 260), Medical Laboratory Technicians and Technologist Act no 10 of 1999, and the recently enacted, The Health Records and Information Managers Act. No. 15 of 2016.

Apart from setting professional standards for various professionals in the health sector, the above Acts of Parliament have created various body corporate for respective professionals to regulate their conduct. These public regulatory bodies are highlighted below and the role each plays in enhancing professional accountability.

Table 4: Health professional Bodies and their role in professional accountability

Professional Body	**Health professional targeted**	**Role in professional accountability**	**Values and Standards**
Kenya Medical and Dentist Practitioners Board	Medical doctors Dentists	Conduct preliminary inquiries on professional conduct and medical malpractice; Hold and conduct Tribunal meetings on malpractices; and Conduct inquiry into the health and fitness of practitioners.	Integrity and professionalism, Respect for quality of human life and dignity, Ethical practice, Accountability, Timeliness, Honesty, Commitment to service delivery, Evidence based medicine, Non-discrimination

Nursing Council of Kenya	Nurses	**Accountability for conduct**: to have regard to the conduct of persons registered, and to take disciplinary action against members and to maintain a proper standard of conduct **Accountability for standards:** to have regard to the standards of nursing care and to take such disciplinary measures as may be necessary to maintain a proper standard of nursing care in health institutions	Transparency and accountability, Efficiency in performance, Integrity, Ethics, and Equality
Pharmacy and Poisons Board	Pharmacists and Pharmaceutical technologist	To establish a code of ethics for the two professions.	Patient safety and public confidence in the profession.
Clinical Officers Council	Clinical Officers	Continuing Professional Development Ensuring professional standards and ethics are observed. Summon , conduct disciplinary hearing and actions	Professionalism
The Kenya Medical Laboratory Technicians and Technologists Board	Laboratory Technicians and Technologists	Regulates the professional conduct of medical laboratory Scientists	Professionalism, Integrity, Accountability and transparency, Innovation, Ethical, Team work

In case of a malpractice, the professional bodies institute hearings against offending professionals with varying sanctions, if the professionals are found culpable. Some of the consequences include fines and deregistration.

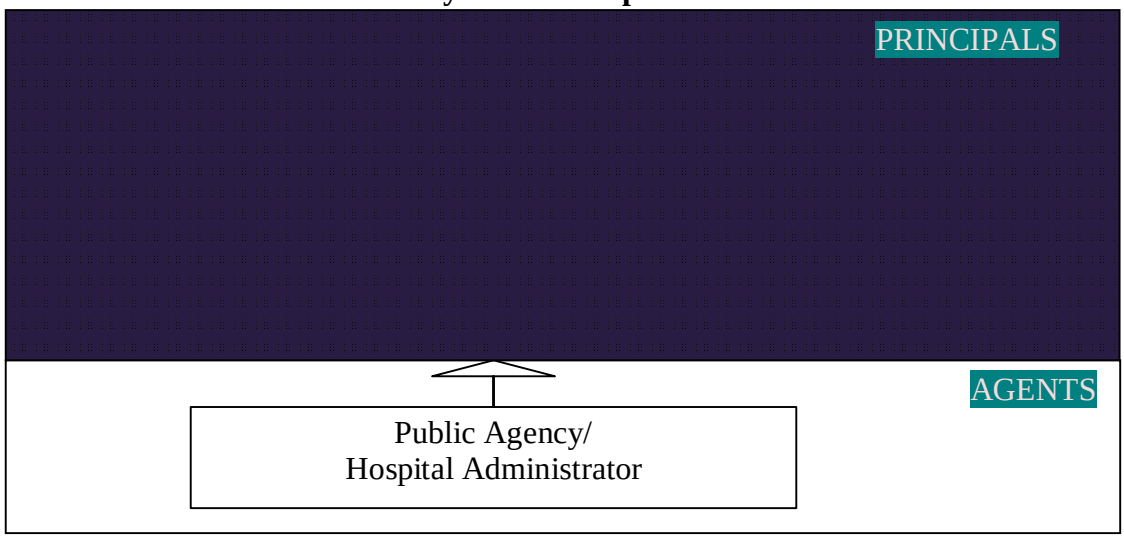
Besides the professional specific standards of practice for various professionals, the hospital administrators are subjected to several professional accountability standards. Article 232 of the Constitution of Kenya, 2010 provides for the values and principles of public service. Among the standards emphasized are public service ethics, efficiency, responsiveness, transparency and accountability. The Public Service (Values and Principles) Act 2015, operationalized Article 232 on the Public Service Values. The values are also stipulated in details in the Public Service Code of Regulations. Furthermore, the Act emphasizes the need for accountability for administrative actions.

Similarly, Article 75 of the Constitution of Kenya 2010 and Leadership and Integrity Act, 2012 provides for professional accountability of State Officers in relation to professionalism, public trust, financial integrity, moral and ethical requirements, conflict of interest, impartiality and neutrality.

Additional regulations on the conduct of public officers are contained in the Public Officers Ethics Act, 2003:

> The Public Officers and Ethics Acts provides for a general Code of Conduct and Ethics to be observed by all public officers in order to protect people's right to transparent, accountable, efficient and responsive service delivery"(EACC website, 2016).

Figure 2: Professional Accountability Relationship in the Health Sector



Source: Author, 2017

In figure 3 above, the principals in professional accountability include the professional bodies discussed above, professional peers, professional associations, the Ethics & Anti-Corruption Commission (EACC) and the Public Service Commission.

Professional peers play an important role in professional accountability. Deloen (1998) observed that professionals affirm expert knowledge to the exclusion of non-professionals such that their actions can be fully assessed by their fellow professionals. This peer review does not necessary have to be confined within the framework of regulatory bodies or professional associations. It takes peer-to peer review form where issues of clinical practice knowledge and quality of care are discussed in forums such as the Continuous Medical Education (CME) forums and through a formal validation process by peers after a process of self assessment. Professional associations play a similar role as peers except that their mandate is structured and constitute a larger group of peers. The Ethics and Anti-Corruption Commission is a public body created through Ethics and Anti-Corruption Commission Act (EACC), 2011. The EACC mandate is to promote integrity and combat corruption and economic crime in Kenya through among others, promotion of standards and practices of integrity, ethics and anti-corruption. The EACC ensures compliance with principles of ethical conducts of staff through investigation, education and monitoring.

The Public Service Commission and the County Public Service Boards are mandated by the Public Service (Values and Principles) Act 2015 Section 13 to receive complaints from the public regarding conduct of a public officer including hospital administrators for professional misconduct. The commissions launch investigations upon receiving such complaints and take necessary action depending on investigations outcome.

4.3.3 Legal Accountability in the Health Sector

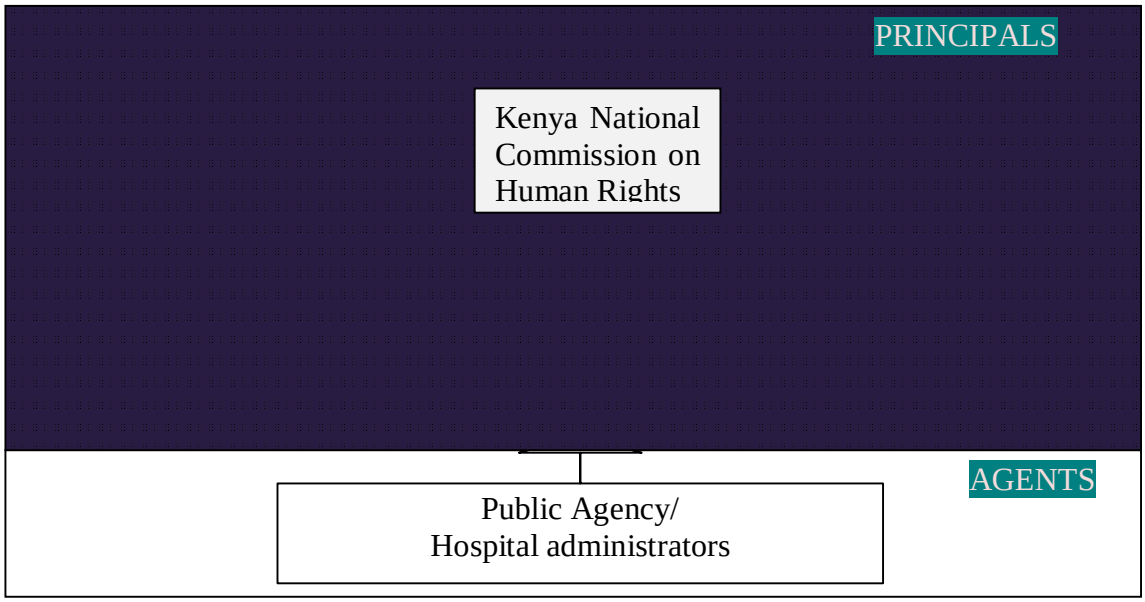
Various legal obligations are imposed on public administrators in the health sector. These legal requirements arise from the Constitution of Kenya, 2010, from various Acts of Parliament and from various contractual obligations with public agencies and private entities. The Constitution of Kenya 2010 under Article 43(1) (a) guarantees rights to health to every person, while Article 27 (4) provides for equity to access state services such as health. There are other constitutional provisions and legislation that are not necessarily related to health but hospital administrators are required to render account to. These acts are provided in table 5 below.

Table 5: Selected Acts of Parliaments likely to affect Hospital Administrators

	Act of Parliament	Accountability for
1	Public Finance Management Act (2012)	Public Finances Management
2	Anti-Corruption and Economic Crimes Act, 2003	Professional Ethics
3	The Public Health Act Cap 242	Health & Environment
4	Public Procurement and Disposal Act, 2015	Procurement, Public Finances
5	Public Officer Ethics Act, 2003	Professional ethics
6	The Public Service (Values and Principles) Act 2015	Professional ethics
7	Kenya. Employment Act 2012	Fair labour practices
8	Public Audit Act 2015	Public Finances
9	Leadership and Integrity Act,2012	Leadership & Professional ethics
10	The County Governments Act, 2012	Public Participation

Hospital administrators and their institutions are also accountable to public agencies with capacity to impose legal sanctions including the courts of law, the Ethics and Anti-Corruption Commission, Commission on Administrative Justice the Kenya National Commission on Human Rights and The National Gender and Equality Commission as shown in figure 4 in the below.

Figure 4: Legal Accountability Relationship in the Health Sector



Source: Author, 2017

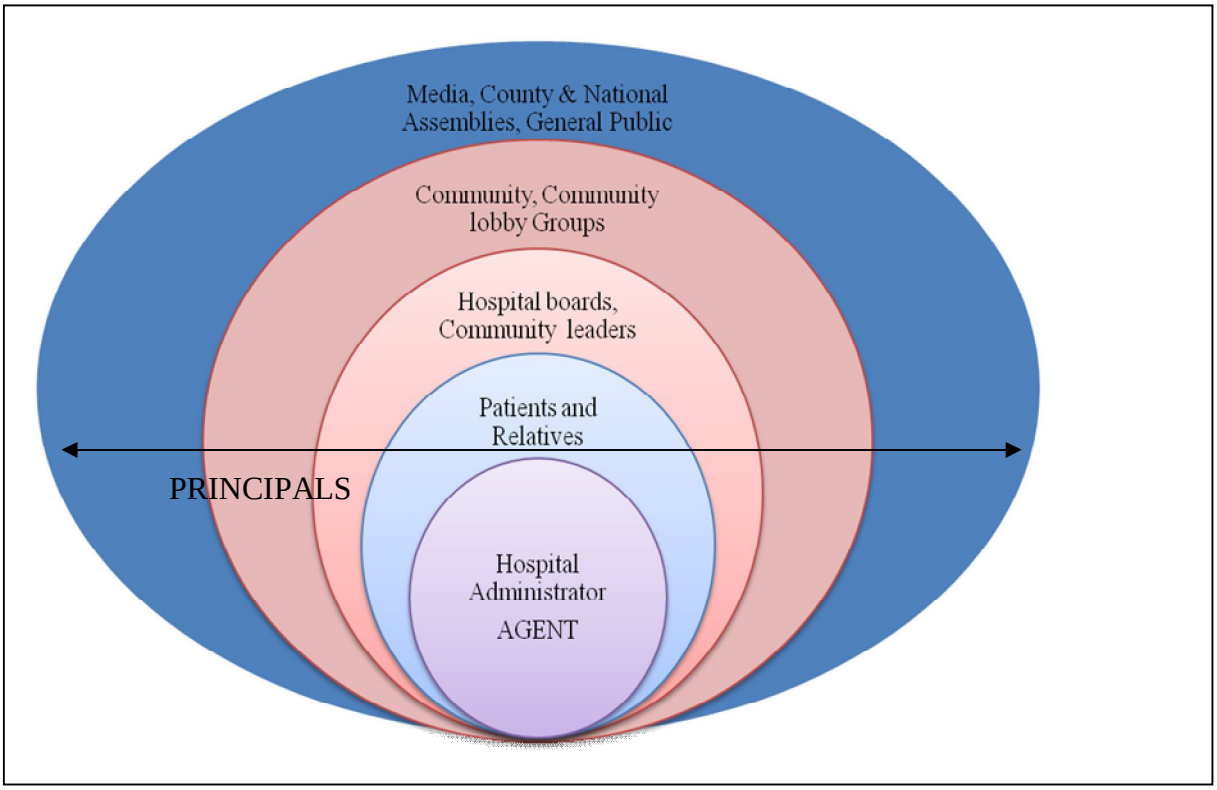
On some occasions, hospital administrators may be liable to a court process facilitated by the National Police Service as a result of illegal actions related to their duties and prescribed by law, for example, failure to observe procurement procedures.

Additionally, legal accountability traverses into contractual obligations entered into between hospital administrator's agency and other external organization for business purposes. These contractual obligations include cooperation agreements and business contracts. Under such arrangements, both parties are obligated to implement their part of agreements. Any violation of these agreements carries legal implications under the law of contract. Public hospitals also enter into agreements with suppliers and contractors to supply goods and services to the hospital. A purchasing order issued by an agency has similar legal status as any agreement under the law of contract.

4.3.4 Political Accountability in the Health Sector

Hospital administrators are accountable to various constituencies in the discharge of public duties. Figure 5 below shows the various bodies and groups that form part of the principals in political accountability.

Figure 5: Political Accountability Relationship in the Health Sector



Source: Author, 2017

Hospital administrators are first accountable to patients and their relatives then to the community around the hospital catchment area through a hospital management board. The hospital boards draw its representation from the community leadership, religious and women groups, local administration, business community and a person with experience in management of health systems.

Hospital administrators are accountable to the legislature, both at the county and at the national level especially when there is a major problem at the hospital such as death of patients due to negligence or serious mismanagement of resources. Table 6 below outlines some of the major public hospital issues probed by the National Assembly in the recent past. These accountability items have been highlighted by the print and electronic media prior to the probe by the National Assembly.

Table 6: Some of the health Issues that have been probed by Parliament recently

ISSUE	WHERE	DATE
Swapping of babies after birth	Pumwani Hospital	July 2015-March 2016
Probe into the KSh 5 billion Ministry Health scandal.	Afya House, MoH headquarters	November 2016
Unexplained sudden death of a number of infants	Kagundo District Hospital	September 2015
Referral of patients for bribes to India	Undisclosed hospitals	August 2016
Maternal deaths	Kakamaga Referral hospital	November 2015
Unauthorized increased user fee charges in hospitals	Hospitals in Central Kenya	July 2000
Mismanagement of Cost sharing funds	Undisclosed hospitals	June 2009

Source: Author, 2017

The public through various channels such as lobby groups or through public institutions such as CAJ and EACC may demand accountability from hospital administrators. The public may sometimes feel they have a final say in the running of the health affairs because the Constitution empowers them through the Bill of Rights. Sometimes the standards for holding public officers accountable by the public are vague and may conflict with hierarchical or official standards. According to Kweit & Kweit, (2004) the fact that citizens do not share the expertise of bureaucrats may prompt the bureaucrats to disregard input from the former in the bureaucrat-public accountability relationship. However, for the media and legislative

assemblies, this case is different. With their privileged informational positions and investigative capacity, these two institutions are able to bring the hospital administrators to account through motions and special house committee visits to health facilities.

4.4 Competing accountability mechanisms under normal situation in the health sector

Apart from describing how the multiple accountability mechanisms of hierarchical, professional legal and political operate in the Kenya's health sector, the research project also sought to find out which among the four accountability mechanisms is frequently responded to by public administrators in the health sector in Kenya under normal conditions. The result were derived from a Likert scale responses represented by "never"(1), "rarely"(2), "sometimes" (3), "rather often" (4) and finally "all the time"(5). Thus the stronger the mean the stronger the response to the accountability is.

4.4.1 Hierarchical Accountability

Hierarchical accountability was assessed through a list of tasks associated with this mechanism of accountability as listed in table 7 below. The table presents frequency of undertaking of tasks responsible for hierarchical accountability performed by hospital administrators.

Table 7: Responses for Hierarchical Accountability in normal conditions

Code	Responsibility	N	Mean	Std. Deviation
A1:	Duty to obedience and loyalty towards superior's	21	4.40	.828
A2:	Increasing work productivity and observing performance targets	21	4.47	.640
A3:	Compliance with administrative rules and procedures	21	4.60	.507
A4:	Financial and expenditure control	21	4.20	.676
A5:	Having in mind administrative aspects that might bring audit queries	21	4.40	.828
A6:	compliance with hospital strategic planning, management & governance	21	4.07	.799
A7:	Implementing decisions of the hospital board	21	4.20	.676

Compliance with administrative rules and procedures was the most frequently observed hierarchical accountability activity ($\bar{x}$= 4.60) followed by increasing work productivity and observing performance targets ($\bar{x}$= 4.47). Duty to obedience and loyalty towards superior's and having in mind administrative aspects that might bring audit queries tied at third with ($\bar{x}$= 4.20). Financial and expenditure control and implementing decisions of the Hospital Board came fourthly at ($\bar{x}$= 4.20). Compliance with hospital strategic planning, management & governance came third ($\bar{x}$= 4.07).

4.4.2 Legal Accountability

Similarly for legal accountability, a list of duties associated with legal accountability was generated as presented in table 8 below. Majority of respondents ($\bar{x}$= 4.73) were more concerned with compliance with Public Procurement and Disposal and Public Financial Management Acts followed by abiding by the Constitution ($\bar{x}$= 4.47), then followed by observing recommendation from commissions including the EACC, CAJ, KNCHR ($\bar{x}$= 4.33). This was followed by contract management and minding about legality of administrative decision ($\bar{x}$= 4.20) with answerability to courts being the least performed task ($\bar{x}$= 3.36).

Table 8: Responses for Legal Accountability in normal conditions

Code	Responsibility	N	Mean	Std. Deviation
A7:	Duty to abide by the Constitution	21	4.47	.516
A8:	Maintaining and servicing annual contract with suppliers and other agencies	21	4.20	.775
A 9:	Answerability to court processes	21	3.64	.929
A10:	Legality of administrative decisions	21	4.20	.862
A11:	Entrenching recommendations/guidelines from Commission such as EACC, Ombudsman, Human rights	21	4.33	.816
A12:	Compliance with Public Procurement and Disposal and Public Financial Management Acts	21	4.73	.458

4.4.3 Professional Accountability

Professional accountability was measured through a list of duties associated with this mechanism as shown in table 9 below. Fairness of administrative decision, compliance with

code of conduct and duty to neutrality, impartiality and integrity scored highly ($\bar{x}$= 4.67). This was followed by compliance with professional standards ($\bar{x}$= 4.53), then dedication to the mission of the Ministry of Health and Duty to use appropriately public resources ($\bar{x}$= 4.47). Consideration of peer's contribution/criticism ($\bar{x}$= 4.27) preceded duty to discretion ($\bar{x}$= 4.27). The least implemented activity was achieving professional credentials ($\bar{x}$= 4.07).

Table 9: Responses for Professional Accountability in normal conditions

Code	Responsibility	N	Mean	Std. Deviation
A13:	Compliance with professional norms practices and set standards	21	4.47	.743
A14:	Ensuring administrative decisions are fair and reasonable	21	4.67	.488
A15:	Compliance with Public Service Code of Conduct and provisions of Public Officers Ethics Act	21	4.53	.743
A16:	Duty to neutrality, impartiality and integrity	21	4.67	.488
A17:	Duty to discretion (autonomy to carry out your duties as a public administrator)	21	4.20	.775
A 18:	Duty to use appropriately public resources	21	4.47	.640
A19:	Consideration of peer's contribution/criticism	21	4.27	.799
A20:	Dedication to the mission of the Ministry/Hospital	21	4.47	.743
A21:	Achieving professional credentials (licenses, certification & CPDs)	21	4.07	1.100

4.4.4 Political Accountability

Political accountability was assessed through a list of duties associated with this mechanism as shown table 10 below. The highest ranking political accountability activity was implementing collective will of community members in relation to health service delivery ($\bar{x}$= 4.47) followed with maintaining good relation with media and the public ($\bar{x}$= 4.29). Working with other state agencies in improving health services ($\bar{x}$= 4.20) preceded achieving performance based on the satisfaction of patients and community ($\bar{x}$= 4.13).

Table 10: Responses to Political Accountability in normal conditions

Code	Responsibility	N	Mean	Std. Deviation
A22:	Achieving performance based on the satisfaction of patients and community	21	4.13	.743
A23:	Citizen Participation in decision making and upholding public trust	21	3.36	.929
A24:	Keeping in mind the expectation of elected authority (MCA, MPs, Senators, Governors, Presidents	21	3.93	.799
A25:	Implementing collective will of community members in relation to health service delivery	21	4.47	.743
A26:	Working with advocacy groups civil society in improving health services	21	3.73	.961
A27:	Working with other state agencies in improving health services	21	4.20	.561
A28:	Maintaining a good relationship with the public and media	21	4.29	.469

Focusing on expectation of elected officials ($\bar{x}$= 3.93) followed next by working with advocacy groups civil society in improving health services ($\bar{x}$= 3.73) and finally citizen participation in decision making and upholding public trust ($\bar{x}$= 3.36).

4.4.5 Public Accountability mechanism accorded priority by Hospital Administrators in the health sector under normal conditions

Analysis of the data to reveal which accountability mechanism is preferred during normal day to day activities of hospital administrators is presented in table 11 below. Results in this table presents computed means of account rendering activities associated with each of the 4 accountability mechanisms namely: hierarchical, legal, professional and political. Analysis suggest that professional accountability accorded priority ($\bar{x}$= 4.42) followed by hierarchical accountability ($\bar{x}$= 4.36) then by legal accountability ($\bar{x}$= 4.26) and lastly political accountability ($\bar{x}$= 4.02).

Table 11: Presentation of Result for AccountabilityUnder Normal Conditions

Accountability Mechanism	N	Mean	Std. Deviation
Hierarchical Accountability	21	4.36	0.713
Legal Accountability	21	4.26	0.726
Professional Accountability	21	4.42	0.724
Political Accountability	21	4.02	0.744

4.5 Accountability mechanism accorded priority in instances of crisis

Participants in the survey were asked to rate which source of accountability they would prioritize in case a serious challenge/problem in the hospital is widely reported in the media, captures the attention of the nation or county and everyone is enquiring about the matter and there is a multi-agency probe. This question was designed to measure which among the four mechanisms of accountability mechanism is given priority in times of crisis. Table 12 below presents analyzed responses from the 21 respondents who participated in the survey.

Table 12: Accountability mechanism accorded priority in instances of crisis

Accountability Activities in Aftermath of Crisis	% of responses
Reports to county and national health officials	71.4%
Enquiry by the hospital board	64.3%
Probe by professional boards	42.9%
Engaging the media to respond or to clarify matters	28.6%
Probe by Commissions such as EACC, CAJ, KNHRC	21.4%
Response to public protests	21.4%
Initiation of legal process	14.3%
Probe by County Assembly/National Assembly /Senate	14.3%
Questioning from the Cabinet Secretary	14.3%
Audit by the Kenya National Audit Office	14.3%
Probe by Police	7.1%
Questioning by the area MP	7.1%
Questioning by the relevant Governor	7.1%

Hospital administrators in the health sector were asked what accountability activity is mostly applied in the aftermath of a crisis in their hospitals. Reporting crisis in the aftermath of a crisis to bosses in the hierarchical structure ranked high at 71.4 % followed by enquiry by hospital boards at 64.3 %. Probe by professional boards came third with 42.9%. Media engaging followed at 28.6% followed by response to probe by relevant commissions and

response to public protests which tied at 21.4 %. Initiation of a legal process, probe by legislature, cabinet secretary and Kenya National Audit followed with a tie at 14.3 %. Probe by police and questions from the area MP and the Governor came last with a tie at 7.1% .

4.6 Discussion of the Results

The study findings confirm the existence of the four types of accountability namely hierarchical, legal, professional and political accountability in Kenya's health sector. These four mechanisms are well established and entrenched in the health sector and in the wider public service in Kenya. Guided by the Principal-Agent theory which requires specification on who is supposed to be accountable to whom, this study was able to outline accountability structures with key players for each mechanism, confirming the viability of the principal agent theory in the analysis and evaluation of public accountability. However, the Principal-Agent Theory has not been very elaborate on the concept and consequences of existence of multiple principals and/or agents. The theory approach the topic from a precautionary perspective (Dubnick and Yang, 2009; Gailmard, 2012). Due to this limitation, the Principal-Agent Theory was complemented by the Romzek and Dunbick (1987) multiple accountability mechanisms model.

The four mechanisms of accountability have not been assessed together in the Kenya's public sector. Existing literature has assessed how mechanisms of hierarchical accountability (Minja, 2013 and Nyamu, 1975), professional accountability (Odhiambo-Mbai 2003 and Kimiru 2014), legal accountability (Sihanya, 2012; Gicheru, 2007 and Mbote & Aketch 2011) and political accountability (Butler, 2010 and Tettey, 2006) have operated individually to ensure accountability in Kenya's public service. Furthermore these studies have focused on the "accountability as a virtue" as opposed to "accountability as a mechanism". The former views accountability as a desired quality in the state, government agencies and in public or private institutions while the latter approaches accountability as a institutional arrangement where an agent is held to account by another institution as distinguished by Boven, Goodin and Schillermanns (2014).

The virtue versus mechanism accountability distinction connects this argument to the Finer-Friedrich debate where the concept of multiple accountability mechanism was first deliberated. Finer focused on the 'mechanisms' while Friedrich's attention on the 'virtues' of accountability. As a departure from this previous scholarly work in Kenya, this study has

highlighted the existence and operation of multiple accountability mechanisms on a single agent (hospital administrator) through the approach of "accountability as a mechanism".

At a glance, the schematic presentations consisting of individual mechanism of accountability in relation to the hospital administrator in the data presentation seems to bring out the complementary aspect of the multiple mechanisms. Each mechanism seems to work within its confine to secure accountability. Studies that have approached accountability from a complementarity perspective have adopted value stance and often argued that more accountability is better. For example, Odhiambo- Mbai (2003) argued that the country's (Kenya) yearn for higher standards of accountability resulted in formulation of "various legal instruments and established a number of watchdog institutions for regulating and monitoring the ethical behaviours of its public officials" (2003:13).

However contrary to the views about complementarity nature of multiple mechanisms of public accountability, a number of researchers (Romzek and Dubnick, 1987; Romzek and Ingraham, 2000; Dunn and Legge, 2000; Bardach and Lesser, 1996; Kopell, 2005, Jing & Song 2015; Boven & Shillerman , 2015 Byrkjeflot el al, 2013 and Kim & Lee, 2010) have approached the concept of multiple accountability from a competing perspective where the multiple mechanisms of accountability create conflict at the agencies where public administrator work. Kopell (2005) viewed it as a "multiple accountabilities disorder". Romzek and Ingraham 2002 identified the conflict as a challenge of determining who the master is in an accountability relationship. Boven and Schillemans, (2015) termed multiple accountabilities as overlapping and their requirements often generating a circus. Kim and Lee (2010) viewed the concept of multiple accountability mechanisms as competing pressures of accountability. Several of these studies have gone further to analyze the effects of multiple accountability to public organizations, which in some instances, resulted to disaster.

This study focused on the competing accountability and the resultant preferred accountability mechanism under normal conditions. The study expected public administrators in the health sector to prefer hierarchical accountability over the other mechanisms of accountability namely legal, professional and political. This expectation is based on the assumption that the public health sector and by extension, the public sector is ordered based on the Weber's Ideal-Type bureaucracy where duties are fixed, positions are arranged hierarchically, and where a system of rules dominates operations. However contrary to our expectations, our data showed that professional accountability ($\bar{x}$= 4.42) seem to be given precedence over hierarchical

accountability ($\bar{x}$= 4.36), legal accountability ($\bar{x}$= 4.26) and political accountability ($\bar{x}$= 4.02) mechanisms of public accountability in normal conditions. This revelation supports the classical argument by Friedrich (1940) that professional accountability was the single most effective tool to guarantee public accountability because (hospital) administrators possess specialized knowledge lacking among the general citizenry. Health administrators, in their career in the management of hospital are professional in a more technical sense.

Additionally, Friedrich (1940) argued that professional accountability has been necessitated by the need for discretion due to the enlargement of the public sector, specialization and also as a result of increasing "government problems". Friedrich seemed to share similar views with Weber's Ideal-Type Bureaucracy. With the enlarged government, Weber foresaw the importance of professional accountability and viewed it as an outcome of a more rational bureaucracy where control would be "exercised on the basis of technical expertise" (Tomkins, 2005:43). This arrangement is propagated through selection and promotion of administrators based on their competence to perform specific or specialized duties. The health sector in Kenya is ordered in Weberian Ideal-type Bureaucracy,

In an attempt to explain why professional accountability is the most common form of public accountability, Boven (2007) argued that this mechanism is an individualized kind of accountability. Using the tag "each for himself" he asserted that individual accountability occurs when "each individual official is held proportionately liable for his (her) personal contribution to the infamous conduct of the organization" (p.459). Therefore, based on the findings this study makes an interpretation that individual administrators pay attention to professional accountability because each individual is judged on the basis of individual contribution as opposed holding to accountable the entire organization collectively. The administrators through their induction and experience are aware of the implication of personal liability in the public sector arising from their acts of omission or commission. They are also cautious of the implication of such acts as professional negligence and the damaging effect it can have on one's career and standing in the society. Consequences of acts contravening professional accountability include; dismissal, surcharging and even prosecution (Public Service Code of Regulation, 2006).

The superiority of professional accountability can also be traced and viewed from the historical context and from public sector reform perspectives. The modern public services across the world and in Kenya have experienced reforms from the old bureaucratic public

service to New Public Management that has embraced private sectors entrepreneurial ideals. According to Lægreid (2014), the New Public Management is "about hands-on professional management, explicit standards of performance, a greater emphasis on output control, and private-sector management techniques" (p.2). At the heart of emphasis on output of performance is a well trained professional who is able to utilize expertise and resources to deliver public services (Table 9, code A.18, $\bar{x}$= 4.47). This ideal of appropriate use of public resources was ranked equally as compliance with professional norms.

Several other studies support this conclusion on preference for professional accountability in other jurisdictions. Among them, Byrkjeflot (2013) singled out professional accountability as the dominant accountability over political accountability, a traditional source in his analysis of NPM reforms in the hospital context in Norway. Similar conclusions were reached by Romzek and Dubnick (1987) where a space shuttle accident was attributed to disregard for professional accountability.

The next and final section of our study concentrated on the consequences of a crisis from an accountability perspective. Of particular interest to us were observations by Schwartz and Sulitzeanu-Kenan (2004) that "It seems quite reasonable to expect shifts in administrative values in response to crisis or disaster situations."(p. 80). In agreement with this perspective, our study expected a shift from hierarchical to legal accountability as a mechanism that is accorded more priority than the other mechanisms of accountability by public administrators in the health sector in Kenya in crisis situations. However, contrary to this position, our study findings revealed that hospital administrators leaned towards hierarchical accountability. In the aftermath of a crisis 71.4 and 64.3 per cent of the hospital administrators would focus on providing accounts and reports to county and national ministry of health executives and the hospital boards respectively (table 12). These two channels of reporting represent hierarchical accountability. No other source of accountability achieved more that 50 per cent response rate in the event of a crisis.

Preference of hierarchical over the other 3 mechanisms of accountability during crises is affirmed by Romzek and ingraham (2000) where they concluded that:

> We find that while institutional rhetoric and managerial conditions encouraged entrepreneurial behaviour and initiative, the administrative reality still emphasized a risk-averse, rules-oriented approach to accountability when things went wrong. (p.250)

Similarly from the Kenya's health sector context, the hospital administrators are encouraged to step out of compliance based accountability mindset to adopt innovations, entrepreneurial spirit that focuses on performance based accountability in service delivery. This has been encouraged during induction, in the annual performance contraction sessions and in various leadership development courses. However during disasters such as preventable maternal and newborn deaths, the hierarchical mechanisms that include death audit (performed by ad hoc inter professional team) to check on compliance with protocols, rules and guidelines are involved as first activity among a chain of activities including questioning from the authority in the chain of command. The ultimate responsible persons in the chain of command include the CEC Health at the County level and the Cabinet Secretary Health at the national level. In the Kenyan governance model, ministers take personal responsibility for the actions of their juniors in the ministries they head. This is close to Westminster model of ministerial responsibility pointed out by Mulgan (1997). In this form of hierarchical accountability, the administrators may also receive senior teams from both the county and national government who normally conduct fact finding mission in order to design appropriate measures such as accurate media briefing and remedial administrative measures. Alternatively, such teams request for reports of the occurrence to be sent to them urgently.

Apart from Romzek and Ingraham (2000) several scholars on public accountability in the aftermath of crisis reached similar conclusion on the importance of hierarchical accountability. For example Jin and Song (2015) in the assessment of accountability after the 2014 ferry disaster in South Korea, singled out incidences where the lower ranking officials looked upon those higher up in the bureaucracy for orders and that no lower ranking official took decision at the accident scene.

In the aftermath of Japan's nuclear disaster in Fukushima, Kim (2017) demonstrated that hierarchical accountability and ultimately political accountability are important than professional accountability.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter gives a summary and conclusion from the study on multiple accountability mechanisms and public administrators' dynamic responses under normal and crisis environments in the health sector in Kenya. This chapter also offers recommendations for future research on public accountability in the public sector in Kenya.

5.2 Summary

Traditionally and across jurisdictions, from a principal's perspective, accountability has constituted a process of defining rules and regulation and employment of various mechanisms to ensure compliance by public officials. From agent viewpoint accountability constitute a duty to provide information and to explain and justify agents' actions.

This study assessed how the four mechanisms of accountability namely hierarchical, professional, legal and political operate in Kenya's health sector. The research project also assesses which among 4 mechanisms of accountability in the public health sector in Kenya dominates account rendering behaviour of hospital administrators. Is there one mechanism of accountability that is given precedence by hospital administrators under normal conditions? If so, why? It is also known that in any administration associated with public service delivery, there tends to be a crisis and the health sector is not an exception. The vigorous attention and fervent emotion associated with crises tend to induce equally intense activities from the various accountability mechanisms (Kuipers and 't Hart, 2014). Hence, under crisis situations do public administrators still render account to the same accountability mechanism under normal condition or does a different mechanism come into force and why?

The main objective of this research project was to explore multiple accountability mechanisms and public administrators' dynamic response under normal and crisis environments in Kenya's the health sector. While extensive research has been undertaken on public accountability from governance and reform perspectives, there has not been any literature on analysis of multiple accountability demands in the public sector in Kenya from a competing perspective and on influences that lead to choosing one form of accountability over the other forms. This study and its outcomes have a potential to bridge knowledge gaps on accountability and bureaucratic behaviour in the health sector.

Literature has pointed to existence of complex and competing multiple accountability mechanism that often creates cross-pressure in public administration reading to negative consequences. Some authors found positive effects of complex and competing nature of accountability. Others authors have focused on explanation of why one or two modes of accountability are preferred over the other mechanisms. Literature in Kenya has focused on how mechanisms of hierarchical, professional, legal and political accountability have operated in silos to ensure accountability in Kenya's public service. The main theme of accountability studies in Kenya is on deficits of accountability and on financial accountability. Thus there has been no attention to accountability problems associated with the existence of all accountability mechanisms and the outcome of accountability mechanism choice amid crises or during situations of normalcy.

This research project, adopted the principal-agent theory and Romzek and Dubnick (1987) multiple accountability typology to assess accountability mechanism(s) prioritized by public administrators under the two conditions namely normal and crisis.

The study findings revealed the four mechanisms of accountability namely hierarchical, legal, professional and political accountability operate in Kenya's health sector. In addition to this, contrary to our expectations, data showed that professional accountability seem to be given precedence over the other mechanisms of accountability in ordinary situations. Under crisis situations the research found out the hierarchical accountability is given priority over the other mechanisms of accountability.

5.3 Conclusion

This study concludes that the Romzek and Dubnick(1987) model of analyzing multiple and competing mechanisms of public accountability is valid model of analyzing accountability in the health sector in Kenya. All the four mechanisms of accountability exist and operate in a distinct way to ensure hospital administrators are health accountable in the health sector in Kenya. Professional accountability is a dominant mechanism of accountability normal situation. During crisis situations hierarchical accountability becomes dominant.

5.4 Recommendations

This study proposes further research in public accountability in health sector in Kenya. Future research should focus on the effect of multiple and competing accountability on variables

such as performance, and on actual disasters. Other areas that might be considered include effectiveness of professional accountability probes such as medical board hearings.

This research project suggests further research using a larger sample size to draw conclusions in exploring the challenge of multiple accountability from a national perspective.

In the realm of policy, Van Belle & Mayhew (2016) observed that accountability is now generally acknowledged in the fields of health policy, health systems and global health. From policy perspective the study makes the four recommendations.

The study observed that among areas of accountability especially hierarchical accountability, there are shared function between counties and the national government. However the pursuit of accountability by the latter is weakened by the lengthy process introduced by the County Govenment Act 2012. The national government has to pass through the Council of Governors, an umbrella body for the 47 County Governments for an issue arising from within the county governments. This process is lengthy and may water down the pursuit of accountability by the national government. There is a need to review the Act to address this concern. This study proposes where necessary and in incidences of higher magnitude such as during crisis situations the national government ought to intervene directly.

Research findings have revealed dominance of professional accountability in the health sector. This means that health administrator and by extension other health professionals have been given higher autonomy to accomplish their duties. However during misfortune incidences in their agencies, other forms of accountability are invoked starting hierarchical accountability. Thus to improve accountability in the health sector relevant bodies tasked with ensuring professional accountability should be proactive in working with hospital administrators to promote accountability. In most incidences this professional bodies come into the scene after a crisis.

Under political accountability, the drivers of accountability especially during crisis include the media, the national and county legislative assembly and politician acting outside the houses. The community and patients are not given serious audience in political accountability as observed by Kweit & Kweit (2004). Patients, their relatives and the community ought to be given more say in holding hospital administrators accountable as envisaged under Chapter 4 on the Bill of Rights in the Constitution and in the County Governments Act, Article 87 on principles of citizen participation in counties affairs including hospital management.

Lastly, authorities vested with governance and oversight of health sector operations should ensure that accountability is enforced and their recommendations are acted on and appropriate consequences are implemented when hospital administrators fail to comply with various legislations on management of public affairs and in the delivery of health services.

REFERENCES

Agoro, O., Osuga, B., & Adoyo, M. (2015). Supportive supervision for medicines management in government health facilities in Kiambu County, Kenya: A health workers' perspective. *Pan African Medical Journal*, 20, 237-241. doi:10.1160 4/pamj. 2015.20.237.5872

Atela, M. H. (2013). Health system accountability and primary health care delivery in rural Kenya:An analysis of the structures, PROCESS, and outcomes. (doctoral thesis). https://doi.org/10.17863/CAM.16253

Aucoin, P., and Heintzman, R. (2000). The dialectics of accountability for performance in public management reform. *International Review of Administrative Sciences*, (66)1, 45-55. doi: 10.1177/0020852300661005

Bardach, E., & Lesser, C. (1996). Accountability in human services collaboratives—for what? and to whom? J*ournal of Public Administration Research and Theory*, 6(2), 197–224. doi:10.1093/oxfordjournals.jpart.a024307

Baruch, Y. (1999). Response rate in academic studies: A comparative analysis human relations, 52 (4), 421-438. doi:10.1177/001872679905200401

Behn, R.D. (1998). The new public-management paradigm and the search for democratic accountability. *International Public Management Journal*, 1(2), 131-164 doi: 10.1016/S1096-7494(99)80088-9

Blind, P.K. (2011) .Accountability in Public Service Delivery: A Multidisciplinary Review of the Concept. A paper for the Expert Group Meeting *Engaging Citizens to Enhance Public Sector Accountability and Prevent Corruption in the Delivery of Public Services* Vienna, Austria, 7-8 and 11-13 July 2011

Boven, M. (2007). Analysing and assessing accountability: A conceptual framework. *European Law Journal*, 13(4), 447–468. doi: 10.1111/j.1468-0386.2007.00378.x

Bovens, M., Schillemans, T., & 't Hart, P. (2014). Does public accountability work? An assessment tool. *Public Administration*, 86(1), 225–242. doi: 10.1111/j.1467-9299.2008.00716.x

Boven, M., & Schillemans, T (2011). The challenge of multiple accountabililty. does redundancy lead to overload. In M.J Dubnick & H.G. Frederickson, (Eds.), *Accountable governance: problems and promises*. (pp 3-21), Armonk, NY: M.E. Sharpe.

Brinkerhoff, D. (2003). Accountability and Health Systems: Overview, Framework, and Strategies. Bethesda, MD: The Partners for Health Reformplus Project, Abt Associates Inc Retrieved from https://www.who.int

Brinkerhoff, D. (2004). Accountability and health systems: Toward conceptual clarity and policy relevance. *Health Policy and Planning* 19(6): 371–379 doi:10.1093/heapol/czh052

Byrkjeflot H (2012). Hospital reforms: Consequences for accountability regimes in Denmark, Germany and Norway. DRAFT paper prepared for 22nd IPSA World Congress Madrid July 8-12, 2012 Thursday, July 12 ,13:00-14:45

Byrkjeflot, H., Christensen, T., & Lægreid, P. (2013). The many faces of accountability: comparing reforms in welfare, hospitals and migration. *Scandinavian Political Studies*, 37(2), 171-195.doi: 10.1111/1467-9477.12019

Cendón, A. B. (1999). Accountability and public administration: Concepts, dimensions, developments, openness and transparency in governance: Challenges and opportunities. unpan1.un.org/intradoc/groups/public/documents/.../unpan006506.pdf

Chan, H.S. & Rosenbloom, D.H. (2010). Four Challenges to Accountability in Contemporary Public Administration: Lessons From the United States and China. *administration &Society* 42(1S) 11S–33S doi: 10.1177/0095399710361851

Cornwall, A., Lucas H., & Pasteur, K. (2000). Introduction: Accountability through Participation: Developing workable partnership models in the health sector. *IDS Bulletin* , 31(1), 1-13. doi: 10.1111/j.1759-5436.2000.mp31001001.x

Day, P and Klein, R. (1987). *Accountabilities: Five public services*. London: Travistock

Deleon, L. (1998). Accountability in a "reinvented" government. *Public Administration*, 76, 539-59. doi: 10.1111/1467-9299.00116

Denhardt, R., & Denhardt, J. (2000). The new public service: Serving rather than steering. *Public Administration Review*,60(6), 549-559. Retrieved from http://www.jstor.org/stable/977437

Denhardt, R., & Denhardt, J. (2007). *The new public service: Serving rather than steering*. New York, NY: M.E. Sharpe, Inc.

Dimock, M. E., and Dimock, G.O.(1969). *Public administration* (4th ed). Hinsdale, IL: Dryden Press.

Dowdle, M. D. (2006). *Public accountability: Designs, dilemmas and experiences* Cambridge: Cambridge University Press.

Dubnick, M. J. (2003). Accountability and ethics: Reconsidering the relationships. *International Journal of Organization Theory and Behaviour*, 6(3),405-441 doi.org/10.1108/IJOTB-06-03-2003-B002

Dubnick M. J., & Yang, K. (2011). The pursuit of accountability: Promise, problems, and prospects. In D. Menzel & H. White (Eds.), *The State of public administration* (pp 171-86). Armonk, NY: M. E. Sharpe, Inc.

Dunn, D. D., & Legge, J.S., Jr. (2000). U.S. local government managers and the complexity of responsibility and accountability in democratic governance. *Journal of Public Administration Research and Theory*, 11(1), 73-88. doi: 10.1093/ 003495

Finer, H. (1941). Administrative responsibility and democratic government' *Public Administration Review,* 1(4), 335-50. doi: 10.2307/972907

Friis-Hansen, E., and Ravnkilde, C. M. (2013) *Social accountability and public service delivery in rural Africa*. Copenhagen: Danish Institute for International Studies, DIIS.

Gachie, M., and Iravo, M. (2016). Determinants of health care service delivery as a devolved function in level four hospitals in Kiambu County, Kenya. *Strategic Journal of Business Change*,3(12), 219-239.

Gailmard, S. (2012). Accountability and Principal-Agent Models. In M. Bovens, R.E. Goodin, & T. Schillemans (Eds.), *Oxford Handbook of Public Accountability*. (pp 34- 52) Oxford: Oxford University Press. doi: 10.1093/9780199641253.013.0016

Gilmour, R., & Jensen, L. (1998). Reinventing government accountability: Public functions, privatization, and the meaning of "state action". *Public Administration Review*, 58(3), 247-258. doi:10.2307/976565

Gregory, R. (1998). Political responsibility for bureaucratic incompetence: Tragedy at Cave Creek. *Public Administration*, 76: 519–538..doi: 10.1111/1467-9299.00115

Hamel, J., Dufour, S. and Fortin, D., (1993). *Case study methods*. Newbury Park, CA: Sage Publications

Jarvis, M. D. (2014). Hierarchy. In M. Bovens, R.E. Goodin, & T. Schillemans(Eds.), *Oxford Handbook of Public Accountability*. (pp 78-92) Oxford: Oxford University Press. doi: 10.1093 /9780199641253.013.0016

Jin, J., and Song, G. (2015). Bureaucratic accountability and disaster response: Why did the Korea Coast Guard fail in its rescue mission during the Sewol ferry accident?, 8(3), 2017, 220-243. doi: 10.1002/rhc3.12115

Johnston, J.M., & Romzek B.S. (1999). Contracting and accountability in state medicaid reform: Rhetoric, theories, and reality. *Public Administration Review*, 59(5), 383-399. Retrieved from http://www.jstor.org/stable/977422

Jos, P.H., & Tompkins, M.E. (2004). The accountability paradox in an age of reinvention: The perennial problem of preserving character and judgement. *Administration & Society*, 36 (3), 255-28. doi:10.1177/0095399704263479

Kenya Anti Corruption Commission., (2010). *Sectoral perspective on corruption: The case of Kenya public health service delivery.* Kenya Anti Corruption Commission. Retrieved from http://www.eacc.go.ke/default.asp?pageid=21

Kim, S.E., & Lee, J.W. (2010). Impact of competing accountability requirements on perceived work performance. *The American Review of Public Administration*, 40(1), 100-118. doi:10.1177/0275074008329469

Kim, Y. (2017). Analyzing accountability relationships in a crisis: Lessons from the Fukushima disaster. *American Review of Public Administration* 00(0), 1-18. doi: 10.1177/0275074017724224

King, C.S., & Stivers C. (1998). *Government is us. Public administration in anti-government era*. London: Sage

Kopell, J. (2005). Pathologies of accountability: ICANN and the challenge of "multiple accountabilities disorder" *Public Administration Review*, 65(1), 94-108. doi:10.1111/j.1540-6210.2005.00434.x

Kweit, M.G., & Kweit R.W (2004) Citizen participation and citizen evaluation in disaster recovery. *American Review of Public Administration* 34 (4) 2004, 354-373 doi:10.1177/0275074004268573

Kuipers, S., and 't Hart, P. (2014). Crisis management: Coping with the intolerable. In M. Bovens, R.E. Goodin, & T. Schillemans (Eds.), *Oxford Handbook of Public Accountability*. Oxford: Oxford University Press. (pp 589-602) doi: 10.1093/ oxfordhb/9780199641253.013.0016

Lægreid , P. (2014). Accountability and New Public Management. In M. Bovens, R.E. Goodin, & T. Schillemans (Eds.), *Oxford Handbook of Public Accountability*. (pp 241-259) Oxford: Oxford University Press. doi:10.1093/oxfordhb/ 9780199641253.013.0008

Maass, A. A. & Radaway, L. I. (1959). Gauging administrative responsibility. In C. Stivers (Ed.), Democracy, bureaucracy, and the study of administration,(pp 163-81). Boulder, CO: Westview Press.

Machira, Y. W., & Nizam, R. (2015). Integrating social accountability in healthcare delivery: lessons drawn from Kenya. Kenya devolution; no. 4. Washington, D.C. : World Bank Group. Retrieved from

http://documents.worldbank.org/curated/en/249371467980514543/Integrating-social-accountability-in-healthcare-delivery-lessons-drawn-from-Kenya

Mandefro F., Noor, M., & Stel, N. (2012). Service delivery and state legitimacy: Multi-stakeholder processes in water and sanitation in Ethiopia. Maastricht School of Management Working Paper No. 2012/44 Retrieved from https://www.msm.nl/resources/uploads/2014/02/MSM-WP2012-44.pdf

McGarvey, N. (2001). Accountability in public administration: A multi-perspective framework of analysis. *Public Policy and Administration*, 16(2), 17-29

Mulgan, R. (2002). Public accountability of provider agencies: The case of the Australian 'Centrelink'. *International. Review of Administrative Sciences* , 68(1) ,45-59

Mulgan, R. (2003). *Holding Power to Account: Accountability in modern democracies.* London: Palgrave

Munishi, G.K. (1989). Bureaucratic feudalism, accountability and development in the Third World: The case of Tanzania. in J.G Jabbra. and O. P. Dwivedi (Eds.), *Public service accountability: A comparative perspective.*West Hartfort: Kumarian Press

Ndege, P.O. (2009). Colonialism and its legacies in Kenya. Lecture delivered during Fulbright- Hays Group project abroad program: July 5th -August 6th 2009 at the Moi University, Main Campus. Retrieved from http://africanphilanthropy.issuelab.org/resources/19699/19699.pdf

Nulty, D. D. (2008). The adequacy of response rates to online and paper surveys: what can be done? *Assessment & Evaluation in Higher Education,* 33(3), 301-314. https://doi.org/10.1080/02602930701293231

Odhiambo-Mbai, C., & Wanyande, P. (2001). Public service ethics in Kenya in United Nation (2001) Public service ethics in Africa, 2, New York, NY: United Nations.

Odhiambo-Mbai, C. (2003). Public Service Accountability and Governance in Kenya Since Independence. *African Journal of Political Science*, 8 (1), 113-145. Retrieved from URLhttp://erepository.uonbi.ac.ke/bitstream/handle/11295/38889/Fulltext?sequence=1

O' Connell, L. (2006). From solid waste policy in Kentucky emergent accountability in state-local relations: Some lessons. *Administration & Society,* 38, 500-513 DOI: 10.1177/0095399706290635

Radin, B.A. (2000). The Government Performance and Results Act and the tradition of federal management reform: Square pegs in round holes? *Journal of Public Administration Research & Theory*,10(1),111–135. https://doi.org/10.1093/oxfordjournals.jpart.a024260

Republic of Kenya (2006). *Code of Regulation*. Nairobi: Public Service Commission

Republic of Kenya (2013). Kenya Health Sector Strategic and Investment Plan (KHSSPI) July 2013-June 2017: Transforming Health: Accelerating Attainment of Universal Health Coverage. Nairobi: Ministry of Health

Romzek, B.S. (2000). Dynamics of Public Sector Accountability in an Era of Reform. *International Review of Administrative Sciences* 66(1), 21-44. https://doi.org/10.1177/0020852300661004

Romzek, B., & Dubnick, M. (1987). Accountability in the public sector: Lessons from the Challenger tragedy. *Public Administration Review* 47(3), 227-238. doi:10.2307/975901

Romzek, B. S., & Ingraham. P. W. (2000). Cross pressures of accountability: initiative, command, and failure in the Ron Brown plane crash. *Public Administration Review* 60(3), 240-253. Retrieved from http://www.jstor.org/stable/977466

Salminen, A., & Lehto, K. (2012). Accountable to Whom? Exploring the Challenge of Multiple Accountabilities in Finnish Public Administration. *Halduskultuur–Administrative Culture*,13 (2), 147-162. Retrieved from www.halduskultuur.eu/journal/index.php/HKAC/article/download/72/72

Schillemans, T. and Busuioc, M. (2014). Predicting public sector accountability: From agency drift to forum drift. *Journal of Public Administration Research and Theory*24(1), 1-25.doi:10.1093/jopart/muu024

Schwartz, R., &Sulitzeanu-Kenan, R. (2004). Managerial values and accountability pressures: Challenges of crisis and disaster. *Journal of Public Administration Research and Theory*, 14(1), 79–102 . https://doi.org/10.1093/jopart/muh005

Sihanya, B. (2012). The role of the Judiciary in the accountability and governance of the devolved Government structure. A Presentation to the Institute of Certified Public Accountants of Kenya (ICPAK) 20th Economic Symposium at the Hilton Hotel, Nairobi, February 24, 2012.

Tello, J., & Baez-Camargo, C (2015). Strengthening health system accountability: A WHO European Region multi-country study. Copenhagen: WHO Regional Office for Europe.Retrieved from : http://apps.who.int/iris

Tompkins, J.R. (2005). *Organization Theory and Public Management*. Belmont, CA: Thomson Wadsworth

Transparency International (2006). Transparency International Global Corruption Report 2006: Corruption In The Health Sector: Seeking The Cure. Report presented on February 1, 2006 at the University Club of Washington, D.C. University Hall, Second Floor 1135 16th Street, Northwest Washington, D.C.

Van Belle S., & Mayhew S.H. (2016). What can we learn on public accountability from non-health disciplines: a meta-narrative review. BMJ Open,6. doi:10.1136/bmjopen-2015-010425

Wang, X. (2002). Assessing Administrative accountability: Results from a national survey. *The American Review of Public Administration*, 32(3), 350-370 https://doi.org/10.1177/0275074002032003005

Waterman, R. W., & Meier, K. J. (1998). Principal-Agent Models: An expansion? *Journal of Public Administration Research and Theory* 8(2),173-202. https://doi.org/10.1093/oxfordjournals.jpart.a024377

Weber, E.P. (1999). The question of accountability in historical accountability. from jackson to contemparary graceroots ecosystem management. *Administrative & Society* ,31, 451-494

Yin, R., (1994). *Case study research: Design and methods* (2nd ed.). Beverly Hills, CA: Sage Publishing.

6.0 Appendices

Appendix 1: Departmental Approval

University of Nairobi
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES
Department of Political Science & Public Administration
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P.O Box 30197
Nairobi, Kenya.

Our Ref: C51/82555/2012

4th November 2015

Ministry of Education
National Commission for Science, Technology and Innovation
(NACOSTI).
Nairobi – Kenya

Dear, Sir/Madam

RESEARCH PERMIT- MR. KENNETH KAMAU KARUMBA – C51/68536/2013

This is to confirm that the above named is a bonafide student in this department, pursuing a degree course in Master of Public Administration . He has successfully completed his course work and defended his research proposal.

He is now set to begin his research titled "Assessing the Utility of Types of Accountability on Bureaucratic Behaviour in Kenya's Health Sector" Any assistance accorded to him will be highly appreciated.

DR. ADAMS OLOO
Chairman,
Department of Political Science and Public Administration

Appendix 2: Sample on Google form Questionnaire

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QUESTIONNAIRE FOR ASSESSING THE UTILITY OF TYPES OF ACCOUNTABILITY ON BUREAUCRATIC BEHAVIOUR IN KENYA'S HEALTH SECTOR

Job Title

Gender

- Male
- Female

County

Number of years in the current position

A. Please indicate how frequently, if at all, you are involved in the following as the head/administrator of health sector?

PART 1HA reply using 1 = never, 2 = rarely, 3 = sometimes, 4 = rather often, 5 = all the time)

A1: Duty to obedience and loyalty towards superior's

1 2 3 4 5

Never ○ ○ ○ ○ ○ All the times

A2: Increasing work productivity and observing performance targets

1 2 3 4 5

Appendix 3: Entire Questionnaire in Ms Word

Dear Sir/Madam,

My name is Kenneth Karumba, Master of Public Administration student at the University of Nairobi. I am conduction a Survey on **'**multiple accountability mechanisms and public administrators' dynamic response under normal and crisis environments in Kenya's the health sector. You have been identified participate in this survey as an Administrative head of a public hospital. I will be grateful if you could take around 15 minutes to respond to question below.

Title_____

County_____

Number of years in current position__

A. Please indicate how frequently, if at all, you are involved in the following as the head/administrator of health sector?

PART 1: Hierarchical Accountability (respond using 1 = never, 2 = rarely, 3 = sometimes, 4 = rather often, 5 = all the time)

A1: Duty to obedience and loyalty towards superior's __

A2: Increasing work productivity and observing performance targets

A3: Compliance with administrative rules and procedures

A4: Financial and expenditure control

A5: Thinking about of administrative aspects that might bring audit queries

A6: compliance with hospital strategic planning, management & governance__

A7: Implementing decisions of the hospital board

PART 2: Legal Accountability (respond using 1 = never, 2 = rarely, 3 = sometimes, 4 = rather often, 5 = all the time)

A7: Duty to abide by the Constitution __

A8: Maintaining and servicing annual contract with suppliers and other agencies__

A 9: Answerability to court processes__

A10: Legality of administrative decisions__

A11: Entrenching recommendations/guidelines from Commission such as EACC, Ombudsman, Human rights__

A12: Compliance with Public Procurement and Disposal and Public Financial Management Acts__

PART 3: Professional Accountability (respond using 1 = never, 2 = rarely, 3 = sometimes, 4 = rather often, 5 = all the time)

A13: Compliance with professional norms practices and set standards __

A14: Ensuring administrative decisions are fair and reasonable__

A15: Compliance with Public Service Code of Conduct and provisions of Public Officers Ethics Act __

A16: Duty to neutrality, impartialityand integrity __

A17 : Duty to discretion (autonomy to carry out your duties as a public administrator)__

A 18: Duty of using appropriately public resources__

A19: Consideration of peer's contribution/criticism

A20: Dedication to the mission of the Ministry/Hospital

A21: Achieving professional credentials (licenses, certification& CPDs)____

PART 4: Poitical Accountablity (respond using 1 = never, 2 = rarely, 3 = sometimes, 4 = rather often, 5 = all the time)

A22: Achieving performance based on the satisfaction of patients and community_

A23: Citizen participation in decision making and upholding public trust __

A24: Keeping in mind the expectation of elected authority (MCA,MPs, Senators, Governers, Presidents__

A25: Implementing collective will of community members in relation to health service delivery___

A26: Working with advocacy groups civil society in improving health services__

A27: Working with other state agencies in improving health services__

A28: Maintaining a good relationship with the public and media__

B. If there arose a major problem in the hospital such that its widely reported in the media, captures the attention of the nation or county and everyone is enquiring about the matter and there is a multi- agency probe. Who/ What would you prioritize?? (**Tick top 3 items)**

B1: Request for report/ supervisory visit by county and national health officials□

B2: Audit by the Kenya National Audit office□

B3: Probe by police□

B4: Probe by Commission such as EACC, Ombudsman, Human rights□

B5: Initiation of the legal process□

B6: Probe by professional boards □

B7: Concern for deregistration/fines by professional boards□

B8: Probe by County Assembly/National Assembly /Senate □

B9: Enquiry by the hospital board□

B10: Response to public protests□

B11: Engaging the media to respond or to clarify matters□

B12: Addressing or attending to questions from the area MP□

B13: Addressing or attending to questions from the Governor□

B14: Addressing or attending to question from the Cabinet Secretary□

Appendix 4: Guide for qualitative data for assessing the presence and operations of multiple accountability mechanisms

Hierarchical Accountability	**Legal Accountability**
Principals • Name of principal-individuals, offices, organizations _____ • Tools for accountability _____ • Organizational structure of reporting from agents to principal _____ • Rules, regulations, Acts of Parliaments and Chapters/Articles/Section of the constitution defining this form of accountability _____ Agent- Hospital Administrators	**Principals** • Name of principal-individuals, offices, organizations _____ • Tools for accountability _____ • Organizational structure of reporting from agents to principal _____ • Rules, regulations, Acts of Parliaments and Chapters/Articles/Section of the constitution defining this form of accountability _____ Agent- Hospital Administrators
Professional Accountant ability	**Political Accountability**
Principals • Name of principal-individuals, offices, organizations _____ • Tools for accountability _____ • Organizational structure of reporting from agents to principal _____ • Rules, regulations, Acts of Parliaments and Chapters/Articles/Section of the constitution defining this form of accountability _____ Agent- Hospital Administrators	**Principals** • Name of principal-individuals, offices, organizations _____ • Tools for accountability _____ • Organizational structure of reporting from agents to principal _____ • Rules, regulations, Acts of Parliaments and Chapters/Articles/Section of the constitution defining this form of accountability _____ Agent- Hospital Administrators

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