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STRATEGIC LEADERSHIP PRACTICES AND SUSTAINABLE HEALTH SYSTEMS: A CASE OF MOI COUNTY REFERRAL HOSPITAL TAITA TAVETA COUNTY, KENYA

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ABSTRACT

This study investigated the effect of strategic leadership on sustainable health systems in Taita Taveta County. The study was guided by the following objectives: to determine the influence of shareholder involvement on sustainable health systems, to establish the influence of financial allocations on sustainable health systems, to determine the influence of laws governing processes on sustainable health systems, and to investigate the influence of policy formulation on sustainable health systems in Taita Taveta County. The Institutional Theory and the Human Resource Theory formed the basis of theoretical framework for the study. The study employed descriptive research design. The study targeted a population of 662 people. Purposive and simple random sampling were used to sample 199 participants, which was 30% of the target population. Subject experts ascertained the content validity of the research instruments, whereas reliability of the questionnaire was ascertained through half-split method, a Cronbach alpha coefficient of 0.84 was obtained and this confirmed that the questionnaire was reliable. Qualitative data was analyzed thematically, while descriptive statistics such as frequencies, percentages and means were used to analyze the quantitative data. Further, the Pearson Product Moment of Correlation and regression analysis were used to test the hypotheses. The study established that shareholder involvement had a significant influence ($p=0.001<0.05$) on sustainable health systems, financial allocations had a significant influence ($p=0.002<0.05$) on sustainable health system, laws governing procedures had a significant influence ($p=0.001<0.05$) on sustainable health systems and policy formulation had a significant influence ($p=0.002<0.05$) on sustainable health systems. The study concluded that shareholder involvement, financial allocations, laws governing procedures and policy formulation had a significant effect on sustainable health systems in Moi County Referral Hospital in Taita Taveta County. It recommended that the Ministry of Health should devise an intensive in-service training of hospital managers on strategic leadership to empower the leaders with skills and knowledge on shareholder involvement, management of funds, formulation and implementation of policies. The County government of Taita Taveta should increase the amount of funds allocated to the hospital to enhance quality of care. The hospital leadership should also ensure proper management practices and effective supervisory functions in the hospital by ensuring that all laws governing the procedures in the hospitals are observed by all employees. The hospital leadership should revise policies and SOPs to be up to date with the current operations in the hospital.

Key Words: *Economic Sustainability, Environmental Sustainability, Financial Allocation, Laws Governing Processes, Policy Formulation*

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INTRODUCTION

Global health system challenges are linked to a deficit in the effectiveness of strategic leadership. According to Garcia-Basteiro and Abimbola (2021), these deficits may include financial shortages, underdeveloped physical structure, historical and socio-structurally underpinning and human resource limitations. According to Ghiasipour, Mosadeghrad and Jaafaripooyan (2017), organizational effectiveness and efficiency of hospitals are contingent on strategic leadership. Therefore, when strategic leadership faces challenges, work nature, human resource management, organizational structure, regulation and programs all fail which can be detrimental to the sustainability of health systems in a country (Ghiasipour et al. 2017).

Hoffman and Cole (2018) express this expansion regarding the number and diversity of actors operating within the global health systems. According to a publication on the healthcare market performance global healthcare markets grew from an estimated 6 billion to 7 billion indicating the rapid speed with which the global health systems is growing (Healthcare Services Market Size, 2022). As the various entities of the global health system continue to grow, the primary focus of these systems includes governance, human resource for health and healthcare financing. However, despite the commonality in the expansion rate, global health systems differ due to varying combinations of components that a country can consider for their setup. Therefore, organizations such as World Health Organization (WHO) compare the various health systems using performance as the focal point to determine the difference in global health systems.

In sub-Saharan Africa only a few countries are able to spend the 34-40 dollars a year designated by WHO for primary health care (Azevedo, 2017). According to Azevedo (2017), this trend could be because African countries pay little attention to the vital interface between education and good health. Similarly, the poor health care in Africa can be attributed to inadequate human resources, poorly maintained healthcare system infrastructure and poor resource allocation. These shortcomings fall under strategic leadership, which depicts its important role in the continent's successful growth and improved performance of health systems. Therefore, Agyepong (2018) suggest that countries should develop and nurture leadership capacities at all levels to strengthen African health systems. The achievement of this feat is feasible given that there is numerous leadership program, such as the Doctor of Public Health is a professional which is an interdisciplinary degree that is focused on strong strategic leadership skills (Agyepong, 2018). However, despite the need for urgent reconstruction and reinvention of health systems in Africa, such programs are not given keen attention in Africa.Nevertheless, significant steps have been taken towards this goal in recent years. For instance, in the last five years, WHO has launched a leadership program for health transformation in Africa, which is meant to provide improved strategic leadership skills to executive managers and other authoritative players in the continent's health sector. The roadmap for the transformation started in Ghana and is gradually spilling over to the member nations.

East Africa faces critical health challenges as many people succumb to preventable deaths ranging from childbirth, malnutrition, malaria and HIV/AIDS. According to Global Health East Africa Regional U.S. Agency for International Development (2022), each country in the region faces challenges to meet the needs of their most vulnerable people. For example, in a recent fund audit of Uganda's health systems, Global Fund audit (2016) uncovered extensive stock outs on HIV, Tuberculosis and malaria. The stock outs can be attributed to funding and management challenges. Further causes for these healthcare mishaps in Uganda have been attributed to challenges facing strategic leadership such as adequate disbursement and absorption of funds, human resource management and effective use of clinical protocol (Global Fund audit, 2016). To mitigate the issue, investing in healthcare development, increase in domestic funding for health care and boosting efficiency will be essential as they have a significant part to play on the sustainability of Ugandan and East African health sector.

In Kenya, the healthcare system encompasses tenets such as health facilities and centers under the ministry of health. The health centers are further broken down into district hospitals, teaching and referral hospitals,

private maternity and nursing homes, voluntary counseling and testing (VCT) facilities and private clinics (Ministry of Health, 2014). These facets of health systems are found throughout the Country among the various counties. In 2010, Kenya initiated devolvement of governments and initiated 47 semi-autonomous county governments that would be responsible for key management functions. The transition meant that the health function just like other functions was devolved, allowing counties to implement legislations and policies (Barasa et al, 2021). As such, county governments had autonomy over budgets. This was done with the spirit of embracing sustainable health services by providing quality, accessible and affordable health care services to common citizens at the grassroots. However, reports have highlighted substantial inefficiencies, wastage of resources and poor quality of healthcare in healthcare facilities in majority of the counties including Taita Taveta County (The Daily News Paper, 2018: Moses, 2021). Scholars have associated the healthcare challenges to insufficient funds in the counties, however, no study has delved to establish how strategic leadership can help foster sustainable health systems in the devolved governments. Therefore, to better understand how strategic leadership affects sustainable health systems, this study sought to establish the effect of strategic leadership in fostering sustainable health systems in Taita Taveta County.

Purpose of the Study

The general purpose of this study was to establish the effect of strategic leadership in fostering sustainable health systems in Taita Taveta County. The study was guided by the following specific objective;

- To establish the influence of financial allocations on sustainable health systems in Moi County Referral Hospital.

Research Hypotheses

H_{01} Financial allocations do not affect sustainable health systems in Moi County Referral Hospital.

LITERATURE REVIEW

Financial Allocations and Sustainable Health Systems

In research conducted by Liaropoulos and Goranitis (2015) on healthcare financing and the sustainability of the health system, the economic crisis of 2008 brought unprecedented attention to the issues of health system sustainability. However, the authors maintain that when it comes to financial sustainability, the discussion is limited to traditional financial constraints such as quality of care, patient involvement, and cost-effectiveness. Liaropoulos and Goranitis (2015) further note that in a globalized economy, employment contribution as a source of health financing is incompatible with rising life expectancy, quality of services rendered by health systems, and universal coverage. The imbalance is brought by the continued decrease in the share of labor relative to that of capital. When this happens, wage becomes increasingly small to cover the cost of cover associated with healthcare costs. Therefore, to promote economic sustainability in health systems, Liaropoulos and Goranitis (2015) suggest that governments should try general taxation, which not only promises to boost economic growth and foster financial sustainability but also achieve significant non-health objectives such as responsiveness during the economic plunge, equity, quality, and financial protection through increased competitiveness.

Universal health coverage (UHC) is essential for achieving an equitable and sustainable health outcome while bettering the community's well-being (Kieny et a., 2017). On that note, Kieny et al. (2017) state that universal health coverage (UHC) is tethered to financial allocation in that it emphasizes the importance of all people having access to quality health services without risking financial hardship. A similar take on UHC is shared by Massuda et al. (2018), whose study focuses on the Brazilian health systems. According to Massuda et al. (2018), the unified health system has enabled sustainable progress toward UHC in Brazil. However, sustainable progress has been threatened by economic and political crises and structural weakness. In the study, the authors used secondary data from governmental sources from 2003 to 2017. The findings shared similar concerns as those of Liaropoulos and Goranitis (2015), whose research showed that financial allocation is still

a significant constraint in the sustainability progress of health systems. In Brazil, low public funding, limited resource allocation, and gaps in organization and governance have caused a significant derailment in the progress of the Unified Health Systems.

A sustainable health system can be achieved and improved through significant government investment, which is required to strengthen primary health care. The acquisition is needed across several sectors, including Sustainable Development Goals (SDGs) (3), centered around healthy lives and well-being (Stenberg et al., 2015). According to Tangcharoensathien et al. (2015), developing countries have displayed a trend of increased fiscal capacity, which has been aimed at long-term progress toward UHC following the requirements of SDGs. Research by Stenberg et al. (2015) supports this claim, as the authors note that an estimated $274 billion in spending on health is required per year by 2030 to progress toward SDGs (3). Therefore, through financial allocations and investments, by 2030, the ambitious SDGs (3) expect every person in low- and middle-income countries to achieve the ambitious primary healthcare between $ 41 to $ 58 per year. Similarly, Kabaniha et al. (2020) describe a renewed global commitment that aims to achieve a universal UHC through increased investment advocacy efforts and countries' efforts to amend and modify reforms that support this commitment. The approach is brought forth by the persistence of financial hardship that faces many stakeholders of the global health systems despite the remarkable advances made by many countries in the last half a century (Kabaniha et al., 2020).

Most researchers have noted how financial constraints are the root of most economic crises in health systems. At the same time, governments have shown willingness to rectify the issue by setting up investment plans that could help increase funds allocated for healthcare. However, little information has been provided on the impact of the funds. Therefore, this study focused on establishing the effect of the funds allocation on sustainability of health systems.

Theoretical Framework

This study applied the Institutional Theory and the Human Resource Theory. These theories have been analyzed comprehensively in the sections below.

Institutional Theory

Institutional theory focuses on the role of social, political and economic systems in which organizations operate in and gain their legitimacy. Therefore, when institutional structure is functioning appropriately, it can be integral in cost reduction, uncertainty and reduction of risk for entrepreneurs.

According to David et al. (2019), the institutional theory is a behavioral theory of organizations that encompasses a large, diverse body of theoretical and empirical work connected by a common emphasis on cultural understanding and shared expectations. The theory can be traced back to the writings of Max Weber on legitimacy and authority. Similarly, the theory can be linked to the works of Philip Selznick, Alvin Gouldner, and Talton Parsons on the relationship between the environment and the reorganization in the 1950s and 1960s. At this point, the theory focused on standard practices, a new form of organization, and written policies. However, in the 70s, the theory took a cognitive turn and was recognized as neo-institutional. The evolved theory was adopted by the latter researcher, who opted to use it in producing a one-to-one correspondence in institutional changes exemplified by studies of laws, occupations, and regulations.

According to Meyer and Rowan (1977), the theory dictates that the institutional environment strongly influences organizational structure development. The influence on organizational structure surpasses that of market pressures. According to Burnett et al. (2016), the theory is applicable in healthcare as the influence on the organizational structure can prompt an increase in quality improvement skills within a hospital by creating a culture within which quality improvement becomes a priority alongside the reduction of cost to improve care. The institutional theory addresses the laws governing the hospital processes and the structures set.

Human relations theory

The theory was first used sometime between 1924 and 1932. The Massachusetts Institute of Technology (MIT) formulated the studies, but Elton Mayo and Fritz J. Roethlisberger from Harvard business school became the first to popularize the theory. The theory is represented as a school of organizational thought that focuses on worker satisfaction, informal workplace organization, and making workers more productive (Cooley, 2016). According to Cooley (2016), the three are focused on three components. First, the theory focuses on individuals in that it details the importance of valuing the workers and viewing them as an integral part of the organization. Second, the theory focuses on informal organizations in the workplace. Fostering these informal organizations entails learning what is important to workers and some of the best ways to influence their productivity. Therefore, by understanding this theory, leaders in health systems can employ its principles in influencing economic and social sustainability among the stakeholders and exercising inclusivity of the health workforce who are the internal stakeholders.

METHODOLOGY

Research Design: The study used a correlational study design. According to Creswell (2016), correlational design enables researchers to measure variables and examine the statistical relationship between them without changing the variables. This methodology aided the researcher in establishing a link between strategic leadership and sustainable health systems without any manipulation. As a result, the design was useful in determining whether the independent variables influenced the dependent variable.

Site of Study: The study was conducted in Moi County Referral Hospital. The Moi County Referral Hospital (MCRH) is a government hospital in Taita-Taveta county located in Voi along Hospital road near Voi Prison. It is a level 4 hospital with an average workload of 3000 patients monthly. It serves as a referral hospital for people living in the four sub-counties in Taita-Taveta-county, which include; Voi, Mwatate, Wundanyi and Taveta. On a daily basis it is approximated that nearly 200 patients are attended to in both out-patient and in-patient departments. It has a bed capacity of 130 beds with 4 general wards. The County has an estimated population of 345,800 people.

Target Population: This study targeted 20 members of the County Health Management Team, 22 senior and junior managers, 200 health workers, 120 support staff and 300patients in Moi County Referral Hospital. Therefore, the study will have a total target population of 662 respondents. This is illustrated in table 1.

Table 1: Target Population

Category	Target population
County Health Management Team	20
Senior and junior managers	22
Health Workers	200
Support staff	120
Patients	300
Total	**662**

Source: Health Services department HR office, Taita Taveta County (2023)

Sampling Techniques: The researcher utilized purposive and simple random sampling techniques to sample respondents who participated in the study. Purposive sampling technique was employed to sample participants from the County Health Management Team and hospital managers in Moi County Referral Hospital. The technique enabled the researcher to sample participants who were well-versed with health matters in the County and specifically in the selected hospital. In addition, simple random sampling technique was used to sample health workers, support staff and patients in Moi County Referral Hospital. Creswell (2013) asserts that random

sampling technique reduces the potential for human bias in the selection of cases to be included in the sample hence provides a sample that is highly representative of the population being studied.

Sample Size: The researcher sampled 30% of the target population. According to Mugenda and Mugenda (2003), a sample size of 10% to 30% of the target population is representative for a study. Therefore, the study had 199 respondents, which is 30% of 662. The sample size was illustrated in the table 2.

Table 2: Sample Size

Category	Target population	Sample Size
County Health Management Team	20	6
Senior Managers	10	3
Junior Managers	12	4
Health Workers	200	60
Support Staff	120	36
Patients	300	90
Total	**662**	**199**

Table 2 showed that the study sampled 6 members from the County Health Management team, 3 senior managers, 4 junior managers, 60 health workers, 36 support staff and 90 patients. The total sample size comprised of 199 participants.

Research Instruments: The study used questionnaires and interview schedules to collect data. A questionnaire with closed and open-ended questions was used to collect data from the health workers, support staff and patients. The instrument contained five sections (Part A-Part E). Part A presented items, which were used to collect demographic information of respondents. Part B of the questionnaire presented items that were used to collect information on shareholder involvement, part C presented items, which were used to collect data on financial allocations and part D had items that collected information on laws governing processes, whereas the last section, part E presented items that gathered information on policy formulation.

Further, a semi structured interview schedule was used to collect data from the County Health Management Team and the senior and junior managers of Moi County Referral Hospital. The information from interviews provided detailed understanding on how strategic leadership affect sustainable health in the County.

Piloting: Piloting was done to test reliability and validity of the research instruments. To achieve this, the researcher purposively sampled ten (10) employees from Makueni County hospital. The sampled individuals participated in interviews and filling in the questionnaires. This exercise helped the researcher to ascertain the appropriateness of the tools before the actual exercise of collecting data.

Validity: The research instruments were subjected to content analysis to ensure they have the correct items in line with the objectives of the study. This helped the researcher to collect the right information in regard to meeting the purpose of this research. This was achieved by ensuring that the questions in the research instruments covered all the objectives and variables of the study. In addition, the researcher sought expert judgment from the supervisor and other professionals in research. The experts went through all the items in the tools and ensured that they were clear, relevant and adequate.

Reliability: The internal consistency of the questionnaires was ascertained through half-split method. Cronbach's alpha was computed and the results of the odd and even items compared. Cronbach's alpha coefficient of 0.7 is a commonly accepted rule of thumb that indicates acceptable reliability (Orodho, 2016). The study obtained a Cronbach's alpha of 0.84, this was considered adequate to confirm the reliability of the tool. (George & Mallery, 2009)

Data Collection Techniques: The data collection process commenced with administration of questionnaires to health workers, support staff and patients. The researcher guided the participants on how to fill in the tools. The participants were given a window period of two days to do the task, after which the researcher collected the tools. After administering questionnaires, the researcher conducted interviews. The interviews were carried out based on the agreed dates with the interviewees. Interviews provided an opportunity of collecting detailed information that may not have been captured by the questionnaires. The data collection exercise took a period of three weeks.

Data Analysis and Presentation: Data was analyzed using the Statistical Package for Social Sciences (SPSS) version 23.0. Descriptive statistics such as frequencies, percentages and means were used to analyze the data. After this, Pearson Product Moment of Correlation was employed to establish nature of association between dependent and independent variables of the study. Creswell (2016) contends that Pearson Product Moment of Correlation is a very useful way to measure statistical associations that exists between variables. Further, regression analysis was carried out to establish the extent to which each independent variable affected the dependent variable. Qualitative data was analyzed thematically; the obtained information was captured in the analysis to complement the quantitative data.

RESULTS

Financial Allocations and Sustainable Health Systems

The study sought to establish the effect of financial allocations on sustainable health systems in Moi County Referral Hospital. The information was collected from the respondents using questionnaires, the tools had statements which were rated on a five-point likert scale, 1-strongly disagree, 2-Disagree, 3-Undecided 4-Agree, 5-Strongly agree, against which the respondents were asked to tick the correct choice. In addition, some respondents were interviewed to collect in-depth information on financial allocations and sustainable health systems. The results are presented in respective tables;

Health Workers' Responses on Financial Allocations and Sustainable Health Systems

The study sought to establish the health workers' responses on financial allocation in the facility and leadership practices on management of allocated funds. Their results are presented in table 3.

Table 3: Health Workers' Responses on Financial Allocations

Measure	1	2	3	4	5	Mean
The hospital is allocated adequate funds for expenditure and development	11 (21.1%)	**16 (30.7%)**	13 (25.0%)	8 (5.4%)	4 (7.7%)	2.38
The hospital's financial resources are effectively managed and they are only utilized for the right purpose	2 (3.8%)	**27 (51.9%)**	10 (19.2%)	9 (17.3%)	4 (7.7%)	1.86
There is an established financial control checks which has enhanced performance	3 (5.7%)	12 (23.1%)	4 (7.7%)	**21 (40.4%)**	12 (23.1%)	2.53
Hospital leadership ensures transparency in procurement activities	7 (13.5%)	**19 (36.5%)**	14 (26.9%)	8 (15.4%)	4 (7.7%)	1.96
The hospital leadership ensures timely release of annual financial reports	11 (21.1%)	13 (25.0%)	**16 (30.7%)**	8 (5.4%)	4 (7.7%)	2.34
The hospital leadership ensures that accurate financial records are kept for auditing	9 (9.6%)	12 (23.1%)	**19 (36.5%)**	5 (9.6%)	7 (13.5%)	2.38

Note: 1-strongly disagree, 2-Disagree, 3-Undecided 4-Agree, 5-Strongly agree

The results on Table 3 showed that majority of the health workers 16 (30.7%) disagreed that the hospital is allocated adequate funds for expenditure and development. Similarly, majority 27(51.9%) of the health workers disagreed that the hospital's financial resources are effectively managed and they are only utilized for the right

purpose as indicated by the response mean of 1.86. Additionally, the majority of the health workers 19(36.5%) disagreed that the hospital leadership ensures transparency in procurement activities as indicated by a response mean of 1.96. On the other hand, majority of the health workers 21 (40.4%) agreed that there is an established financial control checks which has enhanced performance as indicated by a mean of 2.53. However, majority 16(30.7%) of them indicated that they were not sure whether the organizational leadership ensures timely release of annual financial reports as indicated by a response mean of 2.34. Similarly, majority 19 (36.5%) were not sure if the hospital leadership ensures that accurate financial records are kept for auditing. Similar views were given during interviews as observed:

> *"The funds allocated are not adequate, definitely this has a direct negative impact on the services delivered in the hospital." Manager 1*
>
> *"I can confidently say that the services delivered are not of the expected quality and this is largely due to inadequate allocations, beside other challenges."* Manager 3
>
> *"The financial resources allocated for the hospital is not adequate hence average quality of service delivery"* Manager 4
>
> *No, we don't have enough funds, and this is public knowledge. But can we do? We can only work with what we have at hand, so that explains why the backdrops that ultimately affect the quality of healthcare."* Manager 5

The results demonstrate that the hospital does not receive adequate funds to cover the hospital expenses and development projects. Further, it is evident that the hospital has an established financial control checks which has enhanced performance, however, the hospital's financial resources are not managed effectively and there is no transparency in procurement activities. Lack of adequate funds and lack of transparency and proper management of finances by the hospital leadership will affect the quality of services offered in the facility thus affecting sustainability of the health systems. The findings concur with the findings reported by Liaropoulos and Goranitis (2015), whose research showed that financial allocation is still a significant constraint in the sustainability progress of health systems. The study posited that low public funding, limited resource allocation, and gaps in organization and governance have caused a significant derailment in the progress of the Unified Health Systems.

In a globalized economy, employment contribution as a source of health financing is incompatible with rising life expectancy, quality of services rendered by health systems, and universal health coverage, UHC. The imbalance is brought by the continued decrease in the share of labor relative to that of capital. When this happens, wage becomes increasingly small to cover the cost of cover associated with healthcare costs. Therefore, to promote economic sustainability in health systems, governments should try general taxation, which not only promises to boost economic growth and foster financial sustainability but also achieve significant non-health objectives such as responsiveness during the economic plunge, equity, quality, and financial protection through increased competitiveness.

On the same breath, Kieny et al. (2017) stated that UHC is tethered to financial allocation in that it emphasizes the importance of all people having access to quality health services without risking financial hardship. The Brazilian health systems have a unified health system that enables sustainable progress toward UHC in Brazil. However, sustainable progress has been threatened by economic and political crises and structural weakness. It is therefore evident that financial allocation is a key factor to sustainable healthcare systems.

Support Staff's Responses on Financial allocation and Sustainable Health Systems

The support staff were also asked to indicate the extent to which they agreed with the statement's financial allocation and statements on various leadership practices on finances in the hospital. The results are presented in table 4:

Table 4: Support Staff's Responses on Financial Allocations

Measure	1	2	3	4	5	Mean
The hospital is allocated adequate funds for expenditure and development	6 (17.6%)	**9 (26.5%)**	8 (23.5%)	6 (17.6%)	5 (14.7%)	1.96
The hospital's financial resources are effectively managed and they are only utilized for the right purpose	2 (5.9%)	**18 (52.9%)**	2 (5.9%)	4 (11.8%)	8 (23.5%)	1.84
Hospital leadership ensures that accurate financial records are kept for auditing	3 (8.8%)	5 (14.7%)	**11 (32.4%)**	9 (26.5%)	6 (17.6 %)	2.34
There is an established financial control checks which has enhanced performance	2 (5.9%)	8 (23.5%)	**13 (38.2%)**	7 (20.6%)	4 (11.8%)	2.44
Hospital leadership ensures transparency in procurement activities	6 (17.6%)	**9 (26.5%)**	8 (23.5%)	6 (17.6%)	5 (14.7%)	1.96
The hospital leadership ensures timely release of annual financial reports	2 (5.9%)	4 (11.8%)	**11 (32.4%)**	10 (29.4%)	7 (20.6%)	2.34

Note: 1-strongly disagree, 2-Disagree, 3-Undecided, 4-Agree, 5-Strongly agree

Table 4 showed that majority of the support staff 9(26.5%) disagreed that the hospital is allocated adequate funds for expenditure and development as indicated by a response mean of 1.96. Further, majority of the support staff 18(52.9%) disagreed that the hospital's financial resources are effectively managed and they are only utilized for the right purpose as indicated by a response mean of 1.84. Similarly, the majority of the support staff 9 (26.5%) disagreed that the hospital leadership ensures transparency in procurement activities as indicated by a mean of 1.96. On the other hand, the majority11 (32.4%) indicated that they were not sure whether the hospital leadership ensures that accurate financial records are kept for auditing and whether they do timely release of annual financial reports as indicated by a response mean of 2.34. Finally, majority of the support staff 13(38.2%) also indicated that they were not sure whether there is an established financial control check.

It is evident from the above results that the hospital is not allocated enough funds by the County government. Further, the results demonstrate that the financial resources allocated are not managed effectively and they are not utilized for the intended purpose. It is also evident that there is no transparency in procurement activities and the financial records for auditing are not documented accurately. Lack of adequate funds and mismanagement of the available financial resources will negatively affect the quality of healthcare in the hospital. According to Stenberg et al. (2015), a sustainable health system can be achieved and improved through significant government investment, which is required to strengthen primary health care. The acquisition is needed across several sectors, including Sustainable Development Goals (SDGs) (3), centered around healthy lives and well-being.

Developing countries have displayed a trend of increased fiscal capacity, which has been aimed at long-term progress toward UHC following the requirements of SDGs. Research by Stenberg et al. (2015) supports this claim, as the authors note that an estimated $274 billion in spending on health is required per year by 2030 to progress toward SDGs (3). Therefore, through financial allocations and investments, by 2030, the ambitious SDGs (3) expect every person in low- and middle-income countries to achieve the ambitious primary healthcare between $ 41 to $ 58 per year.

Patients' Responses on Financial Allocations and Sustainable Health Systems

The patients were also asked to indicate the extent to which they agreed with the statements on financial allocation and management of funds in the hospital. The results are presented in table 5:

Table 5: Patients' Responses on Financial Allocations

Measure	1	2	3	4	5	Mean
The hospital is allocated adequate funds for expenditure and development	22 (28.2%)	**36 (46.1%)**	11 (14.1%)	6 (7.7%)	3 (3.8%)	1.84
The hospital's financial resources are effectively managed and they are only utilized for the right purpose	11 (14.1%)	**39 (50.0%)**	14 (17.9%)	8 (10.3%)	5 (6.4%)	1.78
There is an established financial control checks which has enhanced performance	5 (6.4%)	8 (10.3%)	12 (15.4 %)	**34 (43.4%)**	19 (24.3 %)	2.63
Hospital leadership ensures transparency in procurement activities	11 (14.1%)	22 (28.2%)	**36 (46.1%)**	6 (7.7%)	3 (3.8%)	2.42
The hospital leadership ensures timely release of annual financial reports	13 (16.7%)	9 (11.5%)	**33 (42.4%)**	12 (15.4%)	11 (14.1%)	2.32
Hospital leadership ensures that accurate financial records are kept for auditing	11 (5.9%)	12 (11.8%)	**33 (42.4%)**	13 (29.4%)	9 (20.6%)	2.32

Note: 1-strongly disagree, 2-Disagree, 3-Undecided, 4-Agree, 5-Strongly agree

The results on Table 5 showed that majority of the patients 34(43.4%) agreed that there is an established financial control checks which has enhanced performance as indicated by a response mean of 2.63. Contrary, majority of the patients 36(46.1%) disagreed that the hospital is allocated adequate funds for expenditure and development as indicated by a response mean of 1.84. Further, the majority 39(50.0%) of the patients disagreed that the hospital's financial resources are effectively managed and they are only utilized for the right purpose as indicated by a response rate of 1.78. On the other hand, the majority 36 (46.1%) indicated that they were not sure whether hospital leadership ensures transparency in procurement activities as indicated by a response rate 2.42. Also, the majority 33 (42.4%) indicated that they were not sure whether the hospital leadership ensures timely release of annual financial reports and accurate financial records are kept for auditing as indicated by a response mean of 2.32.

The results demonstrate that the hospital leadership has established financial control checks in the facility however, the hospital is not allocated enough finances and the available funds are not effectively managed and this affects the quality of healthcare. The findings are in line with the findings reported in Brazil by Liaropoulos and Goranitis (2015), whose research showed that financial allocation is still a significant constraint in the sustainability progress of health systems. The study posited that low public funding, limited resource allocation, and gaps in organization and governance have caused a significant derailment in the progress of the Unified Health Systems. This means that the County governments should consider increasing the financial allocations for hospitals to achieve sustainable health systems. According to Stenberg et al. (2015), a sustainable health system can be achieved and improved through significant government investment, which is required to strengthen primary health care.

Effect of Financial Allocations on Sustainable Health Systems

The researcher sought to establish whether financial allocations have an effect on sustainable health systems. To establish this, a correlation analysis was carried out between the two variables. Table 6 illustrates the results:

Table 6: Financial Allocations and Sustainable Health Systems

		Financial Allocation	Sustainable Health Systems
Financial Allocation	Pearson Correlation	1	.888
	Sig. (2-tailed)		.001
	N	164	164
Sustainable Health Systems	Pearson Correlation	.888	1
	Sig. (2-tailed)	.001	
	N	164	164

The results in Table 6 showed that financial allocations and sustainable health systems have a strong and positive correlation; this is indicated by the Pearson correlation coefficient of 0.888 which is close to 1. In addition, the results show that the two variables significantly affect each other; this is confirmed by the P-value of 0.001, which is less than the threshold of 0.05. This means that the financial allocations influence sustainable health care in Moi County Referral Hospital in Taita Taveta County. Based on the results, the study rejected the null hypothesis which stated that financial allocations do not affect sustainable health systems in Moi County Referral Hospital. Renewed global commitment should be aimed at to achieve UHC through increased investment advocacy efforts and countries' efforts to amend and modify reforms that support this commitment. The approach is brought forth by the persistence of financial hardship that faces many stakeholders of the global health systems despite the remarkable advances made by many countries in the last half a century.

CONCLUSION AND RECOMMENDATIONS

The study concluded that financial allocations had a significant influence on sustainable health systems in Moi County Referral Hospital. Additionally, the study concluded that the hospital was not allocated adequate funds by the County government. Also, there was lack of transparency on procurement process and poor management of finances.

For sustainability of health systems, hospitals should be allocated adequate funds and hospital administrators should be granted autonomy of the funds generated. This autonomy will enable administrators to make informed decisions based on their specific needs and priorities in their respective areas. Independence in resource allocation enables effective service delivery but this should be done in inclusivity with the stakeholders and user departments to ensure accountability and adherence to prescribed guidelines.

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