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STRATEGIC GOVERNANCE PRACTICES AND PUBLIC SERVICE DELIVERY IN KENYA: A CASE OF MINISTRY OF HEALTH HEADQUARTERS

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ABSTRACT

Effective strategic governance significantly impacts public service delivery, particularly in health care. Strategic governance aligns political, social, and economic objectives, creating a structured basis for setting organizational goals, developing strategies, and monitoring performance. This study used a descriptive approach guided by the Resource-Based View, Stakeholder, and Stewardship theories to examine how strategic governance practices influence service provision at the Ministry of Health Headquarters in Nairobi. A stratified random sample of 318 individuals, drawn from 1,560 residents and managers, completed structured and unstructured questionnaires. Reliability was confirmed with Cronbach's Alpha (>0.7). Quantitative data were analyzed using descriptive statistics and inferential methods, including correlation and multiple linear regression, while qualitative data underwent content analysis. Findings indicate that public service delivery is positively and significantly influenced by organizational structure and resource allocation. Correlation analysis showed organizational structure ($r = 0.230$, $p = 0.000$) and resource allocation ($r = 0.662$, $p = 0.000$) strongly associated with service delivery, whereas stakeholder collaboration ($r = 0.256$, $p = 0.027$) was positive but not statistically significant. Regression analysis revealed a high explanatory power (adjusted $R^2 = 0.768$, $R = 0.883$), with organizational structure ($\beta = 0.724$, $p = 0.000$) and resource allocation ($\beta = 1.198$, $p = 0.000$) significantly predicting public service outcomes. Stakeholder collaboration ($\beta = 0.155$, $p = 0.547$) was not significant. The study recommends that the Ministry of Health continually review its organizational structure to clarify roles and responsibilities. Future research should explore broader strategic governance dimensions and their effects on institutional performance across other government ministries in Kenya.

Keywords: *Strategic Governance, Organizational Structure, Resource Allocation, Stakeholder Engagement, Public Service Delivery, Ministry of Health Kenya*

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INTRODUCTION

Strategic governance provides organizations with the structures, processes, and accountability mechanisms that link long-term goals to daily managerial choices and stakeholder expectations (Aguilera, Filatotchev, & Jackson, 2021; Hendry & Kiel, 2019; Johnson, Scholes, & Whittington, 2021). By integrating board oversight, performance monitoring, and risk management, such systems create transparency, sustain value, and guide executives toward coherent, future-focused decisions. Evidence from developed economies demonstrates the tangible benefits of this approach. In the United States, well-structured governance frameworks have sharpened accountability and raised operational efficiency in both private and public agencies, leading to better service outcomes (Lynall, Golden, & Hillman, 2020). The United Kingdom's corporate governance codes and public-sector reforms emphasise strategic planning, stakeholder engagement, and ethical compliance, while China's insistence on rigorous board oversight, regulatory compliance, and performance evaluation has produced measurable efficiency improvements in state and private enterprises alike (Zahra & Pearce, 2023). Together, these cases illustrate how coherent governance aligns strategy with sustainable success. Consequently, scholars increasingly view strategic governance not as a peripheral compliance exercise, but as a core driver of institutional resilience and innovation.

Similar patterns are emerging across Africa, where reforms have begun to reverse chronic inefficiencies. South Africa's Public Finance Management Act and successive King Reports reduced bureaucratic waste and strengthened departmental accountability, prompting measurable improvements in service delivery (Huse, 2022). Nigeria has combined ethical compliance with innovative stakeholder engagement to boost performance in health and education institutions (Johnson, Scholes, & Whittington, 2020), while post-genocide Rwanda has embedded transparency and data-driven oversight within its governance architecture, raising citizen confidence in public programmes (Huse, 2021). Botswana and Ghana offer additional proof that clear accountability lines and systematic performance reviews translate into efficient resource use and reliable services, whereas countries that neglect these elements continue to struggle (Aguilera et al., 2019). Within East Africa, Uganda's Office of the President drives a reform agenda centred on supervision, appraisal, and citizen participation; Tanzania tracks performance and reallocates resources through similar mechanisms; and Kenya has pursued structured organisational frameworks, strategic planning, and rigorous monitoring to meet rising public expectations (Hendry & Kiel, 2022; Zahra & Pearce, 2022). These regional experiences reinforce the argument that transparent, strategically aligned governance is indispensable to responsive public services.

Against this continental backdrop, public service delivery itself has been defined as the provision of essential goods and services to citizens in a manner that is efficient, reliable, accessible, and accountable (Boyne, 2003; Talbot, 2010). Effective delivery not only improves quality of life and fosters trust in government but also stimulates economic development and ensures prudent use of public funds (Boyne, 2016; Mlambo, 2019; Milliman & Kim, 2018). Kenya's Ministry of Health, the central authority in the national health system, embodies these imperatives by supervising professionals, formulating policy, and coordinating programmes aimed at universal health coverage (Ministry of Health, 2022). Recent governance initiatives at the headquarters focus on leadership accountability, stakeholder engagement, robust organisational structures, and evidence-based resource allocation. A flagship example is the Social Health Authority (SHA), created under the Social Health Insurance Act of 2023 to replace the National Hospital Insurance Fund. When the SHA began operations on 1 October 2024, enrolment accelerated, reaching approximately 19.3 million Kenyans by mid-February 2025—a milestone that signals substantial progress toward affordable, accessible care. Complementary policies that upgrade

infrastructure, widen access to essential services, and institutionalise monitoring and evaluation further demonstrate the Ministry's commitment to strategic governance (Ezzamel & Willmott, 2018; Ministry of Health, 2023). As Kenya strives to align health outcomes with citizen needs, these integrated governance mechanisms illustrate the transformative potential of well-designed systems to enhance public sector performance.

Kenya's health sector continues to absorb large public outlays without delivering timely, satisfactory care, a failure attributed to sluggish strategy execution, weak governance, and limited monitoring at the Ministry of Health Headquarters in Nairobi (Mugo & Oketch, 2020; Mutua, 2020; Ngugi & Wafula, 2021). International studies link robust strategic governance to better outcomes, yet many public institutions still suffer from poor accountability, wasteful resource management, and muted stakeholder voices, eroding citizens' welfare (Mbaku, 2020). This study will analyse how three core elements of strategic governance influence service quality at the Ministry: first, the organisational structure that sets roles and lines of authority; second, the practices that guide resource allocation and utilisation; and third, the degree and effectiveness of stakeholder participation in planning and oversight. Understanding these relationships can identify practical levers for faster, fairer, and more efficient health-service delivery in Kenya.

LITERATURE REVIEW

Theoretical Review

The study anchors each independent variable in a distinct theory to explain how strategic governance shapes health-service outcomes at Kenya's Ministry of Health. The resource-based view (Wernerfelt, 1984; Chandler, 1972; Williamson, 1975) argues that organisations outperform when they control valuable, rare, and hard-to-imitate assets; later work (Cooke et al., 2005; Marvel et al., 2013) extends this logic to human and technological capabilities. Applied to resource allocation, the theory implies that the ministry must mobilise financial transfers from the National Treasury into scarce but mission-critical inputs such as specialised staff, digital records, and diagnostic equipment. By investing in training, retaining seasoned clinicians, and protecting funds for frontline facilities, the ministry can convert intangible expertise into a sustainable service advantage, directly raising the quality and timeliness of public service delivery.

Stewardship theory (Donaldson, 1990; Donaldson & Davis, 2011; Contrafatto, 2014) links organisational structure to performance by portraying senior officials as guardians whose intrinsic motivation aligns with institutional goals. When hierarchies are clear and authority is delegated, stewards can act swiftly, coordinate complex programmes, and balance national health priorities with county-level realities. Thus, an agile structure—characterised by transparent reporting lines, integrated planning units, and empowered facility managers—should strengthen accountability and accelerate strategy execution, enhancing delivery outcomes even when resources are constrained.

Stakeholder theory (Freeman, 1984; Freeman et al., 2010) positions collaboration as the third lever. Because patients, providers, donors, and regulators all influence health results, effective governance demands systematic engagement in agenda setting, monitoring, and feedback loops. Empirical critiques note that poorly chosen or tokenistic participation dilutes impact (Laplume, 2008), yet evidence from change-management studies shows that early, substantive involvement improves implementation and legitimacy (Flak & Dertz, 2005; Laplume et al., 2008). For the ministry, embedding citizen forums, county consultations, and professional associations within

policy cycles should surface local bottlenecks, strengthen trust, and refine resource choices, thereby reinforcing the gains predicted by the resource-based and stewardship perspectives.

RBV explains why strategic investment in key assets drives efficiency, stewardship theory clarifies how an enabling structure converts those assets into coordinated action, and stakeholder theory shows that continual dialogue sustains relevance and accountability; their integration offers a coherent framework for analysing how resource allocation, organisational structure, and stakeholder engagement jointly influence public service delivery in Kenya's health sector.

Empirical Review

Strategic governance is widely recognized as a central determinant of public service outcomes, with organisational structure, resource allocation, and stakeholder engagement consistently highlighted in empirical research as the primary levers shaping efficiency, accountability, and responsiveness. Studies across diverse contexts converge on the finding that organisational structure provides the scaffolding for decision-making and performance management. Oludele and Tobiah (2018) found that in Nigerian industrial corporations, larger and well-defined boards improved public service contributions, while Onono (2018) reported that at General Electric Africa, clear hierarchies enhanced both decision speed and the internal learning culture. De Andres and Vallelado (2018) similarly emphasized that board members with multidisciplinary expertise positively influenced policy formulation and implementation. Latifi and Shooshtarian (2020) extended these insights, contrasting organic and mechanistic structures in Iran, showing that flexible, participatory frameworks foster trust and operational effectiveness, whereas rigid hierarchies may constrain adaptability. Collectively, these studies suggest that structure shapes not only procedural clarity but also organisational culture and accountability.

Resource allocation emerges as a second critical driver. Arias et al. (2018) highlighted that systematic human-resource planning enhances service delivery through assessment and verification. Ojha and Pandey (2017) showed that in India, e-government project success depended on innovative funding that ensured resource availability, facilitated decision-making, and distributed risk. Swedish studies by Lundin and Lund (2016) stressed that technical expertise only translates into improved outcomes when supported by coherent allocation plans, and Harrison et al. (2022) found that strategic resource management in U.S. firms predicted overall performance better than market conditions. Locally, Omollo (2017) and Lemarleni et al. (2017) demonstrated that in Kenya, efficient resource distribution improved corporate and police service outcomes, whereas poor allocation led to under-implementation and weakened service delivery. These findings collectively illustrate that resources are not merely inputs but strategic instruments that directly affect organisational efficiency and citizen satisfaction.

Stakeholder engagement represents the third crucial dimension. Njogu (2018) observed that in Nairobi's vehicle emission control projects, active stakeholder participation enhanced project monitoring and outcomes. Adan (2019) and Wamugu and Ogollah (2017) similarly found that in constituency development initiatives, early and continuous engagement improved planning, execution, and overall performance. Nyandika and Ngugi (2014) contrasted these findings in road projects managed by the Kenya National Highways Authority, noting that incomplete stakeholder involvement contributed to delays and inefficiencies. The combined evidence indicates that engagement amplifies legitimacy, contextual understanding, and adaptive problem-solving, particularly when integrated with strong organisational structures and disciplined resource allocation.

Figure 1 shows the study's conceptual framework based on the empirical and theoretical framework.

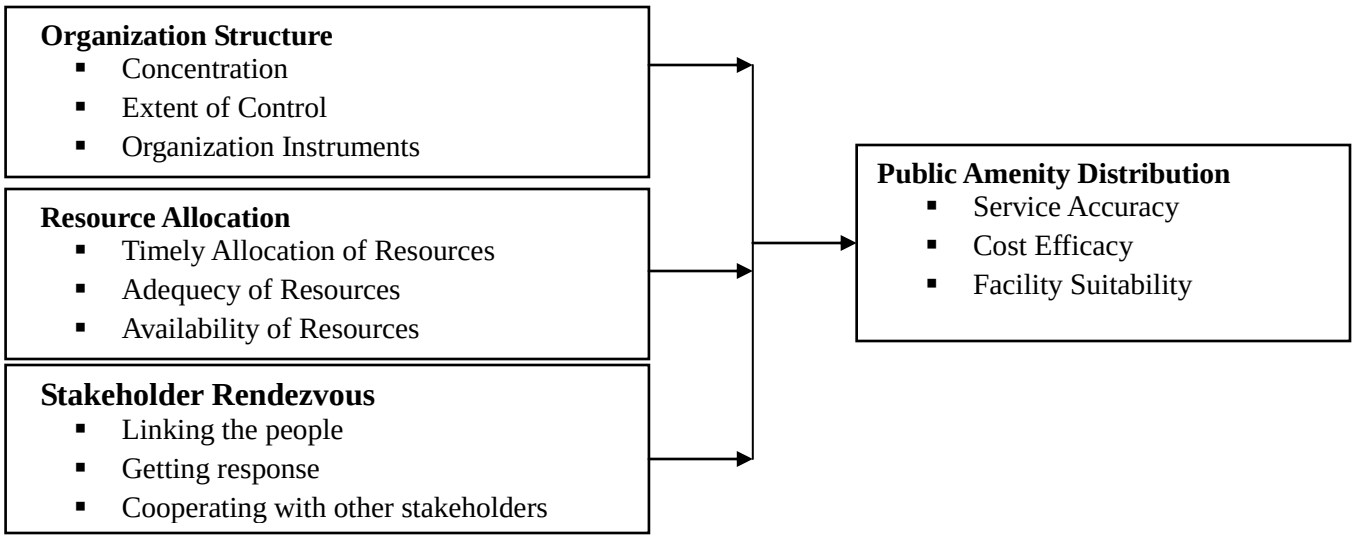

Figure 1: Conceptual Framework

METHODOLOGY

The study adopted a descriptive survey design to capture current practices and examine relationships among the three strategic governance variables, which are organisational structure, resource allocation, and stakeholder engagement, and their influence on public service delivery at the Ministry of Health Headquarters in Nairobi. The target population comprised 1,560 individuals, including top administrators, middle-level managers, and community representatives who routinely interact with ministry services. A stratified approach ensured balanced representation across these groups. Using Yamane's formula at a 95 percent confidence level and a 5 percent margin of error, a sample of 318 respondents was selected. Stratified random sampling allocated quotas to each group, and simple random sampling selected participants within each stratum. This multistage sampling approach produced a sample representative of both managerial and citizen perspectives on public service delivery.

Data were collected using semi-structured questionnaires. Section A captured demographic information, while subsequent sections assessed perceptions of organisational structure, resource allocation, stakeholder engagement, and service quality on five-point Likert scales. The instruments were reviewed by experts for content validity and piloted to improve clarity. Cronbach's alpha scores exceeded the 0.70 threshold, confirming internal consistency. Responses were cleaned, coded, and analysed using SPSS version 25. Descriptive statistics, including frequencies, means, and standard deviations, summarised participant responses. Multiple linear regression was applied to determine the individual and combined effects of the three independent variables on service delivery. Ethical approval was obtained from relevant authorities, informed consent was secured from participants, and confidentiality was maintained. Trained research assistants ensured that data collection followed standard procedures, safeguarding both accuracy and participant welfare.

FINDINGS

The findings are based on the results from the data gathered from 230 satisfactorily filled questionnaire.

Descriptive Statistics

The descriptive statistical analysis examined public service delivery and strategic governance practices at the Ministry of Health. Data captured participants' perceptions of organizational structure, resource allocation, and stakeholder collaboration, forming the basis for understanding how these variables influence service outcomes. Likert-scale responses were averaged, and standard deviations calculated to quantify agreement levels, providing insight into the functioning and effectiveness of governance mechanisms within the Ministry.

Public Service Delivery

This section presented in Table 1 and explained the results of the Ministry of Health Headquarters' Public Service Delivery examination which was the dependent variable for the study.

Table 1: Public Service Delivery

Statements	Mean	Std. Deviation
In order to accomplish its goals for public service, the Ministry of Health makes efficient use of its resources.	3.86	.862
The Ministry streamlines procedures to reduce duplication and waste.	4.14	.724
To increase efficiency, the Ministry continuously evaluates and improves its operational processes.	4.05	.862
Better public health outcomes are a result of the Ministry's strategic governance approaches.	3.79	1.091
The public receives services from the Ministry of Health in reasonable amounts of time.	3.79	.909
The Ministry responds promptly to questions and complaints from the public, and its employees are sufficiently trained to carry out their jobs well.	3.54	1.078
The Ministry's strategic governance measures lead to improved public health results.	3.77	.991
Cumulative average	**3.83**	**0.94**

Table 1 shows that the Ministry's procedures are largely optimized to reduce waste and redundancy, with a mean score of 4.14. Operational processes are consistently evaluated and improved (means of 4.05 and 3.86), and public services are delivered within reasonable timelines (mean = 3.79). Timely responses to citizen inquiries scored lower (mean = 3.54), while staff training adequacy scored 3.77. Overall, the cumulative mean of 3.83 (SD = 0.94) indicates that participants agree the Ministry prioritizes effective public service delivery, although responsiveness and training require continued attention.

Organization Structure and Service Delivery

The study explored whether the organisational structure of the Ministry of Health influences the delivery and effectiveness of public services, with results summarised in Table 2.

Table 2: Organization Structure and Public Service Delivery

Statements	Mean	Std. Deviation
Decision-making authority is disproportionately vested in upper-level management.	3.788	0.1232
Important strategic governance decisions are made by senior management with little participation from lower levels.	4.732	0.966
Rules and procedures are constantly adhered to and have clear documentation.	3.992	1.123
The level of bureaucracy in the Ministry of Health affects how well public services are delivered.	4.422	0.777
Workers are given specialized roles that fit their areas of competence.	3.898	1.332
Workers are comfortable reporting problems to upper management.	3.999	1.121
Average Mean	**4.138**	**0.907**

Participants agreed that upper-level administration has a disproportionate amount of policymaking power, with a mean score of 3.788 and an S.D. of 0.1232. Senior administration makes important tactical ascendancy choices with little involvement from subordinate echelons, with a mean of 4.732 and a variance of 0.966. With a mean of 3.992 and a variation of 1.123, rules and procedures are well-documented and regularly adhered to. Employees feel comfortable reporting problems to upper management, according to the majority of respondents (mean=3.992, SD=1.121). According to the study's findings, workers are given roles that correspond with their areas of expertise. (M = 3.898, SD = 1.332). With a high mean of 3.999 and a S.D of 1.121, employees feel comfortable reporting problems to upper management. The results support Onono's (2018) assertion that a company's organizational structure influences both its internal learning and development culture and how quickly and accurately choices are made.

Allocation of Resources and Public Service Delivery

The study evaluated how resource allocation at the Ministry of Health Headquarters influences the delivery of public services, with results presented in Table 3.

Table 3: Resource Allocation and Public Service Delivery

Statements	Mean	Std. Deviation
Decision-making authority is disproportionately vested in upper-level management.	4.675	1.112
Important strategic governance decisions are made by senior management with little participation from lower levels.	3.998	1.235
Rules and procedures are constantly adhered to and have clear documentation.	4.345	0.991
The effectiveness of public service delivery is impacted by the Ministry of Health's d egree of bureaucracy.	4.567	0.994
Workers are given specialized roles that fit their areas of competence.	3.897	0.777
Overall Mean	**4.296**	**1.0218**

Table 3 shows that respondents strongly agree the Ministry's resource allocation process is effective and minimizes delays (Mean = 4.675, SD = 1.112). Scheduled allocations are generally followed (M = 3.998, SD = 1.235), ensuring departments have sufficient resources to meet their needs (M = 4.345, SD = 0.991). Overall,

resource allocation supports the Ministry's strategic goals (M = 4.567, SD = 0.994), and subdivisions have access to necessary capitals (M = 3.897, SD = 0.777), producing an overall mean of 4.296 (SD = 1.0218). Open-ended responses revealed that allocations are guided by annual departmental plans, program needs assessments, and strategic priorities. Data-driven decision-making is central, with health indicators, service delivery statistics, and national targets informing the budgeting and distribution of funds and materials, reinforcing the link between timely resource allocation and effective public service delivery.

Stakeholder Collaboration and Public Service Delivery

The third objective assessed how stakeholder collaboration influences the delivery of public services at the Ministry of Health Headquarters in Kenya, with results summarised in Table 4.

Table 4: Stakeholder Collaboration and Performance

Statement	Mean	Std. Dev
The Ministry actively engages the public in the development and execution of health policy.	3.334	0.852
When developing policies and implementing programs, citizen feedback is routinely sought and taken into account.	4.414	1.015
To accomplish shared objectives, the Ministry actively works with various health organizations and agencies.	3.997	1.224
Collaborations with various stakeholders are successfully maintained and handled.	4.761	1.200
The Ministry disseminates the results of stakeholder input and any ensuing modifications.	4.668	1.111
Average Mean	**4.235**	**0.7778**

The results in Table 4 show that the Ministry of Health actively involves the public in the development and execution of health strategies, with a mean of 3.334 and a standard deviation of 0.852. Public participation ensures that interventions address local needs and context-specific priorities (WHO, 2021; Cornwall & Gaventa, 2001). Policy development and program implementation routinely incorporate citizen feedback (M = 4.414, SD = 1.015), reflecting the Ministry's commitment to transparency and participatory governance. Regular consultation enhances public trust and the relevance of health policies (Abelson et al., 2003). Partnerships with other stakeholders are well managed (M = 4.761, SD = 1.200), supporting the assertion that transparent feedback loops improve accountability and stakeholder engagement (Rowe & Frewer, 2005). The Ministry also communicates outcomes of stakeholder input and subsequent policy adjustments (M = 4.668, SD = 1.111), contributing to an average mean of 4.235.

An illustrative example is the Ministry's collaboration with the World Health Organization during the COVID-19 response. This partnership enabled rapid deployment of resources, coordinated national interventions, and the swift establishment of testing facilities, isolation centres, and PPE distribution in high-risk areas. Njogu (2018) supports that this strategic collaboration significantly reduced viral spread, while transparent communication with healthcare providers and community leaders facilitated real-time adjustments to policies, further enhancing the effectiveness of the public health response (Rowe & Frewer, 2005)).

Inferential Analysis

The inferential analysis will provide a description of regression coefficients, correlation, model summary and analysis of variance.

Table 51: Correlations

		OS	RA	SC	PSD
Organization Structure	Pearson Correlation				
	Sig. (2-tailed)				
	N	230			
Resource Allocation	Pearson Correlation	.450**			
	Sig. (2-tailed)	.550			
	N	230	230		
Stakeholder Collaboration	Pearson Correlation	.014	-.336**		
	Sig. (2-tailed)	.903	.503		
	N	230	230	230	
P	Pearson Correlation	.021	-.206	.920**	
	Sig. (2-tailed)	.000	.000	.027	
	N	230	230	230	230

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Table 5 shows that organisational structure has a strong and significant positive correlation with public service delivery (r = 0.230, p = 0.000), indicating that improvements in structure are associated with better service outcomes. Resource allocation also demonstrates a strong positive correlation (r = 0.662, p = 0.000), highlighting the importance of effectively distributing financial, human, and material resources. Stakeholder collaboration has a weaker yet statistically significant correlation (r = 0.256, p = 0.027), suggesting that while it contributes to service delivery, its effect is less pronounced compared to organisational structure and resource allocation.

Multiple regression analysis was applied to determine the effect of organisational structure, resource allocation, and stakeholder collaboration on public service delivery. Tables 6 to 8 present the results, showing the strength, significance, and predictive contribution of each variable.

Table 62: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.883[a]	.780	.768	1.51607

Predictors: (Constant), Organization structure, Resource allocation and Stakeholder collaboration

Table 6 shows the model explains 78 % of the variance in public-service delivery (R^2 = 0.780), confirming a strong collective influence of organisational structure, resource allocation, and stakeholder collaboration (R = 0.883). The adjusted R^2 of 0.768 shows this explanatory power holds after accounting for model complexity, while the standard error of 1.52 indicates reasonably precise predictions. Table 7 show the ANOVA.

Table 7: ANOVA

Model		**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
1	Regression	571.028	3	142.757	62.110	.000[b]
	Residual	160.892	226	2.298		
	Total	731.920	229			

a. Dependent Variable: P

Predictors: (Constant), Organization structure, Resource allocation and Stakeholder collaboration

The ANOVA results indicate that the regression model is statistically significant at the 5% level. The calculated F value of 62.110 exceeds the critical F value of 2.866, and the p-value of 0.000 confirms that organisational structure, resource allocation, and stakeholder collaboration collectively have a meaningful effect on public service delivery. Table shows the regression coefficients.

Table 83: Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	17.415	3.116		5.588	.000
	Organization structure	.724	.154	.305	4.717	.000
	Resource allocation	1.198	.134	.640	8.958	.000
	Stakeholder collaboration	155	.255	.096	.606	.547

a. Dependent Variable: Public Service Delivery

The regression results show that organisational structure and resource allocation significantly influence public service delivery, while stakeholder collaboration does not. Holding other factors constant, the model's intercept indicates a baseline service delivery score of 17.415 units. A one-unit improvement in organisational structure increases service delivery by 0.724 units ($p = 0.000$), confirming that a clear and functional hierarchy enhances performance. Similarly, a one-unit increase in resource allocation raises service delivery by 1.198 units ($p = 0.000$), highlighting the critical role of financial, human, and material resources in achieving efficient service outcomes. Stakeholder collaboration, however, has a coefficient of 0.155 and is not statistically significant ($p = 0.547$), indicating it does not independently predict changes in public service delivery within this context. These findings align with studies emphasizing structure and resource management as key drivers of service efficiency, while challenging previous research suggesting a strong direct effect of stakeholder engagement on performance.

CONCLUSIONS

The study concluded that organisational structure and resource allocation are key determinants of public service delivery at the Ministry of Health in Kenya, while stakeholder engagement has minimal impact. A well-defined hierarchy ensures clear decision-making and efficient coordination, supporting staff in fulfilling their roles effectively. Adequate allocation of financial, human, and material resources enables timely, equitable, and efficient service delivery, reduces waste, and strengthens program implementation. Conversely, stakeholder participation was found to be sporadic and poorly integrated, with inadequate consultation and feedback mechanisms limiting its influence on service outcomes.

RECOMMENDATIONS

The Ministry of Health should regularly review its organisational hierarchy, clarify roles, and streamline decision-making channels. Clear reporting lines, coupled with continuous staff training, will foster inter-departmental coordination and strengthen service delivery. Equitable resource allocation must remain a priority. Funds, personnel, and equipment should be distributed according to programme impact and regional need, with robust planning, tracking, and transparent audits to curb waste and reinforce accountability. Finally, stakeholder

engagement should be formalised through a comprehensive strategy that identifies key partners, defines their responsibilities, and establishes clear communication routines. Sustained, structured collaboration will enhance accountability and improve public-service outcomes.

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