

## RESPONSIBLE LEADERSHIP ACTIONS AND ACHIEVEMENT OF SOCIETAL PURPOSE: PERSPECTIVES FROM THE KENYAN HEALTH NGO SECTOR

**Angela C. Ng'etich, ORCID: <https://orcid.org/0009-0007-7979-8746>**

Deputy Team Lead-ALM Programme, Options Consultancy Services, Nairobi, Kenya

**Eric E. Mang'unyi, ORCID: <https://orcid.org/0000-0002-5035-104X>**

PhD, Doctoral Supervisor (Independent Contractor), UNICAF University

The Centre for African Epistemic Justice (CAEJ), Nairobi, Kenya

**Corresponding author: Eric E. Mang'unyi, [mangunyie@gmail.com](mailto:mangunyie@gmail.com)**

**Type of manuscript:** research paper

### Abstract:

*The primary goal of this study was to provide empirical evidence to improve understanding of how responsible leadership actions drive the societal purpose of health non-governmental organisations (NGOs). What impact have such efforts had on organizational performance in terms of achieving societal goals? Although researchers continue to investigate the domain of responsible leadership, none have focused on the health NGO sector, particularly in developing countries, and with a focus on providing evidence-backed adaptation practices for the future. A cross-sectional mixed study approach was applied, with positivist and constructivist phenomenological viewpoints being incorporated. The study respondents were sustainable health system experts working in health NGOs on a national and international scale as well as the health ministry. The perspectives of 33 randomly selected respondents were gathered using a cross-sectional questionnaire survey and 10 purposively selected key informants using open-ended interview questions were empirically and thematically analysed respectively. The findings indicate that responsible leadership embedded on organisational purpose benefits the organisation and adds value to society. Responsible leaders in the studied organisations built trust, used open communication, mindful actions and collective consciousness to positively and effectively engage with their employees. The prosection and future-orientation of responsible leaderships of health NGOs could stimulate adaptive responses in postmodern society, allowing them to deepen sustainable value for society. Leadership actions are an essential component of these NGO adaptation to change. That must be taken into account by managers for smooth adjustments to the changing context, allowing these NGOs to remain relevant and authentic to their organisations' societal purpose. Despite the fact that researchers are continuing to investigate the domain of responsible leadership, no one has focused on the health NGO sector in developing countries like Kenya. The empirical evidence in this article shows that responsible purpose-driven leadership, combined with responsible actions, has an impact on organisations' adaptation to contextual changes.*

**Keywords:** devolution; NGOs; responsible action; responsible leadership; societal purpose; sustainability.

**JEL Classification:** M10; M14; I15

**Received:** 8 October 2023

**Accepted:** 2 December 2023

**Published:** 31 December 2023

**Funding:** There is no funding for this research

**Publisher:** AR&P

**Cite as:** Ng'etich, A.C., & Mang'unyi, E.E. (2023). Responsible leadership actions and achievement of societal purpose: Perspectives from the Kenyan health NGO sector. *Health Economics and Management Review*, 4(4), 1-16. <https://doi.org/10.61093/hem.2023.4-01>.



Copyright: © 2023 by the author. AR&P, Germany. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

## 1. Introduction

Can responsible leadership actions drive the societal purpose of non-governmental organisations (NGOs)? How are organisational leaders demonstrating responsible leadership for contextual change adaptation? Are their actions helping to improve Kenya's health indicators? What impact do such actions have on the relevance and effectiveness of health NGOs in fulfilling their purpose? Trends in postmodern society to address the social demand for service delivery have inevitably propelled the phenomenal expansion of health service provision within the health NGOs sector. For organisations to achieve world-class standards of excellence, especially in turbulent environments, proactive and effective responsible leadership and decision-making skills are required (Shi & Ye, 2016). Leadership requires trust and responsibility, which are built through authenticity, integrity, transparency and respect (Cismas et al., 2016). Within this context, responsible leadership and leadership as a purpose help an organisation achieve its strategic goals, vision and mission by fostering responsibility and long-term value for society (Miska & Mendenhall, 2018).

The focus has been on the normative and ethical roles that leaders should assume when interacting with stakeholders inside and outside their organisations in the evolution of responsible leadership theory and its exponential expansion over time (Dinh et al., 2014; Yukl & Gardner, 2020). Balancing diverse stakeholder interests while pursuing mutually beneficial relationships, achieving long-term good for society, managing changes and new demands of business contexts remain key goals of responsible leaders (Fry & Egel, 2021; Lerutha & Steyn, 2021). As a result, leadership is fluid and applies to a specific point in time.

Leadership as purpose spreads the perspective of having a clear sense of purpose, which is synonymous with having a goal or a vision. Human beings can pursue and realise their goals for the welfare of society. As a result, a worthwhile purpose is one that connects to or responds to societal needs (Kempster et al., 2011). Effective leaders are those who act responsibly in order to achieve a societal goal. In this case, that purpose is for the betterment of human life, and happiness stems from faithfulness to a worthy mission (Winston & Patterson, 2006).

The NGOs are organisations that pursue a public interest agenda rather than commercial interests (Hall-Jones, 2006). As a result, NGOs activities can be local, national or international in nature. These organisations have aided the development of communities all over the world and are important partners for many governments while remaining independent of them (Abanyam & Mnorum, 2020; UN, 2003). They include a variety of groups and organisations such as watchdog activist groups, aid agencies to development and policy organisations. Thus, their focus ranges from a single policy objective to larger goals (Rath, 2019).

Non-governmental organisations play an important role in identification, deliberation and adoption of global health agendas. Health NGOs contribute to policy and planning processes at the national and sub-national levels, provide technical assistance on all aspects of health system strengthening, and enable stakeholders to contribute to improvement of health indicators (Health Policy Project, 2015; African Medical Research Foundation, 2013; World Health Organisation, 2007). The role of health NGOs in many developing countries has evolved in response to changes in their contextual environment (Health Policy Project, 2015; African Medical Research Foundation, 2013).

## Contextual dynamics that pose leadership challenges to Kenyan health NGOs

The Kenyan health sector has undergone numerous changes in the last decade, posing challenges to health NGOs. Devolution of the health function, for example, requires health NGOs to adapt their leadership strategies, structures and resources to remain relevant and useful in assisting national and county governments (Government of Kenya, 2014; Health Policy Project, 2015; Murkomen, 2012). Thus, health system devolution as a change and programming approaches present challenges in terms of skill requirements, reward and composition, highlighting the need for actions aimed at developing human capital (Martin, 2015) as well as optimising staffing levels, expatriate versus local balance, and skill mix (Figueroa et al., 2019).

Through the globalisation and internationalisation processes, the world is becoming increasingly interconnected. The intensification of competition for health financial resources, which has significantly reduced funding for health NGOs in Kenya, is a key challenge associated with globalisation. For instance, the World Bank (2015) designated Kenya as a lower middle-income country, resulting in a reduction in international aid, posing a funding challenge for NGOs. The emergence of new diseases is also linked to globalisation. As a result, leaders of health NGOs face challenges in dealing with reduced funding and emerging health issues (Figueroa et al., 2019).

Rapid technological advancements have an impact on how businesses operate. The possibilities provided by technological advances in the health sector necessitate the need for health NGOs to improve their work, management of health information, delivery of quality health services and strengthening monitoring and

evaluation systems (Stoumpos et al., 2023). Human capital is critical for an organisation's competitiveness and influence.

Long-term development requires human rights protection based on a human-rights framework that advocates for development interventions grounded on universal human rights standards. The need to integrate rights-based approaches in health programming to empower communities with skills for non-confrontational engagement with duty bearers on health-related issues is a challenge for health NGOs' leadership (WHO Medium-Term Strategic Plan [MTSP], 2008-2013). The growing interaction of development and human rights, particularly in the work of NGOs, has significant implications for NGOs, donor agencies and governments. Three trends are at the heart of the growing interaction: a rights-based approach to development, joint advocacy by human rights and development NGOs and increased emphasis on economic and social rights by organisations (Cornwall & Nyamu-Musembi, 2004).

Given the foregoing, it is clear that health NGOs operate in a dynamic environment that constantly poses contemporary leadership challenges. Health NGOs must be adaptable to environmental dynamics to remain relevant and useful in contributing to the improvement of national health indicators. Responsible actions that balance the interests of stakeholders, maintain mutually beneficial relationships and pursue good purposes that benefit society drive an efficient change process. Notably, there is virtually no documented information on how leaders of health NGOs respond to and adapt to such contextual changes. The study needed to account for the inevitable tensions between responsible actions initiated by leaders of health NGOs and adaptations to contextual changes. Hence, *how have such efforts (if any) influenced organisational performance in terms of achieving societal purpose?*

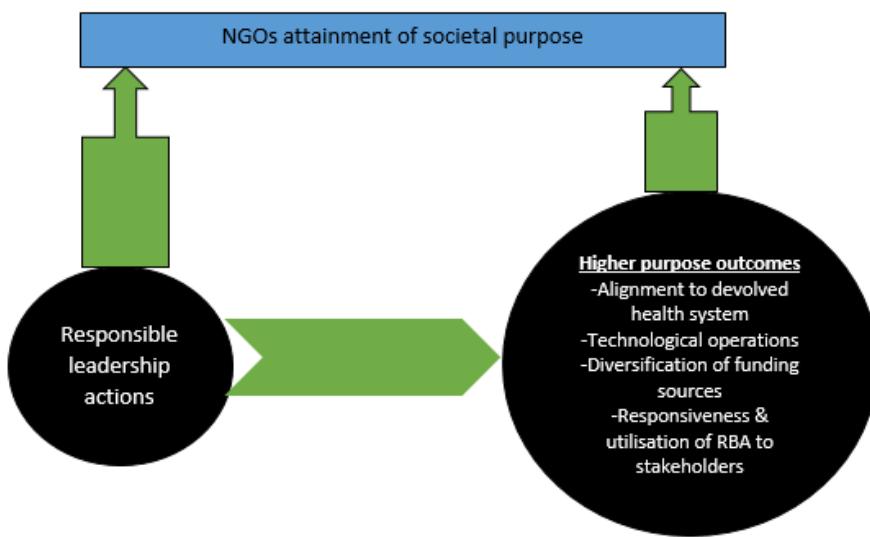
## 2. Literature review

### Defining responsible leadership

Pless & Maak (2011) define responsible leadership as relationship based on values and ethical principles that connects leaders and a multitude of stakeholders through a shared sense of meaning and purpose. The goal is raising one another to higher levels of motivation and commitment for long-term value creation and social change (Miska & Mendenhall, 2018). Therefore, quality relationships are at the core of leadership and entail high levels of trust which eventually lead to positive social change (Titus & Hoole, 2021). The emphasis is on the leader-stakeholder relationship rather than the traditional leader-follower one. Leadership, on the other hand, is inherent in all human beings, and that purpose is central to good human life (Kempster et al., 2011). As a result, humans can pursue and realise their purpose for the benefit of other beings in society, which is truly inspirational motivation. By implication, then, for responsible social change to occur, both transformational and responsible leadership facilitation are required (Miska & Mendenhall, 2018). The core tenets of transformational leadership theory, such as personal concern, rational inspiration, motivation and ideal influence, reinforce this study.

### Theoretical need for the study

Responsible leadership and leadership as a purpose are concepts that speak to the fulfillment of societal purpose through responsible actions (Miska & Mendenhall, 2018; Tan, 2023). Changes in the environment pose risks to operations and the ability of health NGOs to achieve their goals. Despite this, anecdotal evidence suggests that most organisations continue to operate as usual while others struggle to adapt to such contextual dynamics (Health Policy Project, 2015). Researchers are encouraged to apply the concept of responsible leadership in a variety of contexts, including the social sector (Miska & Mendenhall, 2018). As illustrated in Figure 1, it is suggested that NGO leadership takes responsible actions by aligning their organisations with the devolved health system, implementing technology in processes, diversifying funding sources and utilising RBA to better serve their stakeholders. As a result, they achieve their societal goal and thus remain relevant in a changing environment. This study adds to the existing literature by providing valuable resource for leadership scholars and practitioners in developing countries.



**Figure 1. This study theoretical foundations**

Source: Authors' own conceptualisation, 2023 (based on review of literature)

### Changing environment adaptation

Because change is unavoidable for any leader in a modern society, transformation is required to adapt to change. This transformation can occur at the individual, group, institutional or societal levels. According to a study conducted by Du et al. (2013) on the impact of managers' transactional and transformational leadership styles on organisations' corporate responsibility practices, leaders who are transformational are more likely to recognise multifaceted links among a firm's various stakeholders. As a result, they see the firm as interdependent with, rather than separate from, its community and natural environment.

Balchandani et al. (2019) argue in their study that the current operating environment for organisations necessitates leaders who are socially accountable and concerned with the needs of all stakeholders. This necessitates leaders providing a broader sense of purpose through commitment and environment adaptation. The study findings by Enslin et al. (2023) emphasise the importance of responsible leaders attaching themselves to the organisation's purpose, which serves to benefit both local and global society. Keller (2015) discovered, for example, that organisations where purpose had become a driver of strategy and decision-making had a greater ability to deliver on increased returns and drive successful innovation and ongoing transformation. Furthermore, companies with a strong sense of purpose were better able to transform and innovate. As a result, leadership as a goal can motivate managers to responsibly provide significant and unique value to stakeholders.

### The devolved health system reality

Devolution is the transfer of powers, responsibilities, functions and services (governance structures) from the national government to sub-national (county) governments (Constitution of Kenya, 2010; Health Policy Project, 2015). Counties that elect governors and other leaders increase revenue and have independent authority to make investment decisions (The Kenyan Section of the International Commission of Jurists, 2013). In the devolved system, health governance and leadership ensure comprehensive leadership that delivers on the health agenda. Health devolution happens for example, through a process of competently directing health system resources, performance and stakeholder participation toward the goal of saving lives while remaining explicit, responsible, fair and amenable to people's needs. The diagram below depicts healthcare devolution.



**Figure 2. An illustration of Kenya's healthcare devolved system**

Source: Adapted from Nyikuri et al. (2015)

Existing research stresses the positive outcomes of devolution, local governance and people's involvement in the health system and its delivery (McCollum et al., 2018). For example, positive effects on public ownership, accountability and participation have been observed in the United Kingdom and India while aspects of reduced inequities and increase community participation (McCollum et al., 2018), leadership development, effective monitoring, supervision and control, increased employee enthusiasm and ease of work for senior level administrative executives have been observed in many African and Latin American countries (Agrawal & Ribot, 2010).

Beyond devolution, civil society involvement and volunteerism are critical in improving healthcare delivery (Kanthor et al., 2014). Furthermore, civil society organisations have played an important role in increasing community participation in health service delivery (Greer et al., 2017). Organisations and socio-civic groups have the ability to mobilise communities for health-related activities and social action as well as generate resources and organise communities around health and development issues. Given the critical role that civil society plays in health service delivery, leaders of health NGOs in Kenya must align their organisations with the devolved health system to remain relevant and optimise their operations in order to achieve their societal purpose.

### Technological progress to healthcare improvement

The implementation of modern technology in organisational operations has compelled leaders to redesign organisational structures and work processes. Because technological advancements are occurring in all major industries, particularly the healthcare sectors (Junaid et al., 2022), resource allocation has become a major challenge for leaders. The glare of technology draws all sectors of the organisation, creating a tendency to request additional financial resources. According to Ortega-Navas (2017), the major benefits and savings achieved through the use of health technologies include increased efficiency and quality of patient care, lower administrative and operational costs, improved primary healthcare and optimised access.

According to a study conducted by Junaid et al. (2022), technology provides an opportunity for NGOs to advance their operations. For example, Internet as an interactive technology has a direct impact on the social, organisational and global environments in which NGOs operate. NGOs are beginning to recognise the importance of interactive technologies in broadening the web of social interaction, increasing its density and fostering new connections among diverse and dispersed social actors. Information provision remains a central function of many health NGOs which are learning to approach information as a commodity in order to improve sustainability (Besançon et al., 2022). The shift toward knowledge facilitation and value-added information services demonstrates how health NGOs are adapting to the changing political economy (Sharma, 2023). Some of the benefits include long-term viability, innovative capacity and transformative potential. For instance, results of a study by Dong & Zhong (2021) reveal that responsible leadership is positively related to innovative behaviour.

According to Thimbleby (2013), human factors will continue to be a major challenge to increased innovations and breakthroughs in healthcare delivery. Other challenges include increased professionalisation of the voluntary sector, commercialisation, proliferation of performance metrics and issues with accountability. NGOs are becoming sites of competing and co-existing evaluative principles, caught between business value systems (efficiency, solvency) and social mission value systems (adherence to principles, ideological agenda).

### Waning funding and health NGOs response

Recent funding trends show a declining pattern of commitment, particularly to countries that are not classified as low-income. The changing global dynamic, for example, the global recession, increasing competing demands for other situations such as emerging non-communicable diseases, climate change and the environment, all put donor funding at risk. The Credit Reporting System for Aid to Civil Society Organisations commitments show a decline in funding, for example, among the largest donors between 2010 and 2022 (OECD, 2022). This has put the vast majority of low- and middle-income countries, as well as their national health systems, under strain (Kermani & Reandi, 2023).

According to an East Africa Philanthropy Network (2020) survey, COVID-19 effects on philanthropy actors receiving funds from international sources decreased by an average of 4.5% in 2020 compared to the previous year. In a study conducted by the Institute of Fundraising on 550 charities in the United Kingdom, approximately 48% of charities faced a decline in voluntary income (Bond, 2020). With funding ties to globalisation and the global economy, national leaders must strike a balance between national and global

interests. Because ongoing changes in funding milieus have a direct impact on NGOs' day-to-day operations, both local and national organisations must compete for available donor resources. This is one global challenge that leaders of health NGOs must be more aware of and address.

To remain relevant, all actors in the health sector, such as health NGOs in Kenya working in various programming realms, must adapt to changes in declined funding. For example, one strategy is to persuade policymakers in national health sectors to increase their fiscal space in order to address financial sustainability (Ooms & Van Damme, 2008). Combining efficiency, industry expertise, public interest, accountability and broader government planning in funding adjustment strategies becomes ideal (Stroup & Murdie, 2012).

Though market distortions and competition in the NGO funding market eventually reorient missions toward donor priorities and away from NGO preferences (Witesman and Heiss, 2017), this results in gaps in the types of support and services provided. To secure funding, NGOs should not shift their priorities away from their core missions, values and constituents. To ensure that their organisations achieve their societal purpose, organisational leaders must reconsider this in their responsible action.

### Rights-based approaches to development programming

Commitment to human rights-based approaches (RBA) to development is now a top priority among NGOs (Kindornay et al., 2011). Rights is now a useful tool for determining priorities and allocating resources in development work (WHO, 2002). This presents leaders with a challenge in translating what this means for their organisations. Local leaders, for example, must raise their awareness of human rights, share that awareness with their immediate communities and take concrete steps to demonstrate their commitment to those rights (Schmitz & Mitchell, 2016).

In order for NGOs to receive funds primarily from private donors and governmental aid agencies, priorities and programming must conform to societal purpose articulation obligations in meeting human needs, upholding and promoting human dignity, self-sufficiency, community development and economic rights (Hoddy & Gray, 2023). It is therefore critical for Kenyan health NGOs to adapt to this reality in order to remain relevant in fulfilling their societal purpose, because development is a right and a goal, not a need or a gift. Recent research (e.g. Schmitz and Mitchell, 2016) emphasises the importance of developing an approach that is easily communicated to and understood by a large number of stakeholders who want to see the impact. This means that responsible leaders in NGOs require adjusting and promoting the incorporation of right-based approaches into their healthcare programming.

## 3. Research methodology

### Research design

The research study used a cross-sectional mixed study design with methodological pluralism, with data collected via a leadership questionnaire in survey format and interviews with key study participants.

### Sampling methods and size

A sample of 98 organisations was drawn from a local NGOs network database using Fisher's formula for determining sample size from finite populations, with the following parameters: variance = 0.5, precision = 0.05, confidence level = 1.96, design effect = 0.7. Fifty-four organisations were then sampled using a simple random sampling procedure. Three members of staff from each organisation were purposefully sampled based on the relevance of their positions to the targeted job categories for quantitative data collection. However, because respondents were required to provide information about their organisations and actions taken by their leaders, some of which were sensitive, the response rate was impacted because most organisations authorised only one person to respond to the questionnaire on their behalf. The data accuracy was not affected, because respondents were assured of the information confidentiality and their organisations. On the other hand, ten face-to-face leadership interviews were conducted in the offices of the relevant leaders.

### Data collection

Interviews with various selected leaders were scheduled for an hour and were conducted over a two-month period, whereas online self-administered questionnaires were sent to organisation employees to complete.

### Research instruments

A six-part leadership questionnaire was used for selected NGO staff. Leadership interviews were conducted on administrators/senior leadership of health NGOs, leadership (board and national coordinator) of

an NGO network and governmental health officers. The interviews were required to gain an understanding of the perspectives of leaders on leadership purpose and actions for value addition to societal purpose as well as to compile recommendations for responding to the perspectives. The split-half technique was used to test questionnaire reliability, and the inter-rater result was 0.956, indicating a high level of reliability. In addition, conducting interviews with leaders and collecting self-reported data provided some triangulation in terms of the validity and reliability of the results.

### **Analysis approach**

For this type of mixed study, two different data analysis methods were used. Firstly, using a thematic approach, information from key informant interviews and discussions was analysed from notes and recordings. Transcription allowed data to be clustered into nodes or texts for analysis and evidence of reliability and accuracy (Kotze & Hofmeyr, 2022). The Nvivo 10 software package was then used to assign codes to the transcriptions' phrases and comments. Secondly, quantitative data from the auto-generated sheet obtained from Google Docs were checked for completion in the case of missing data. MS Excel and the Statistical Package for Social Sciences (Version 12) were used for various descriptive analyses.

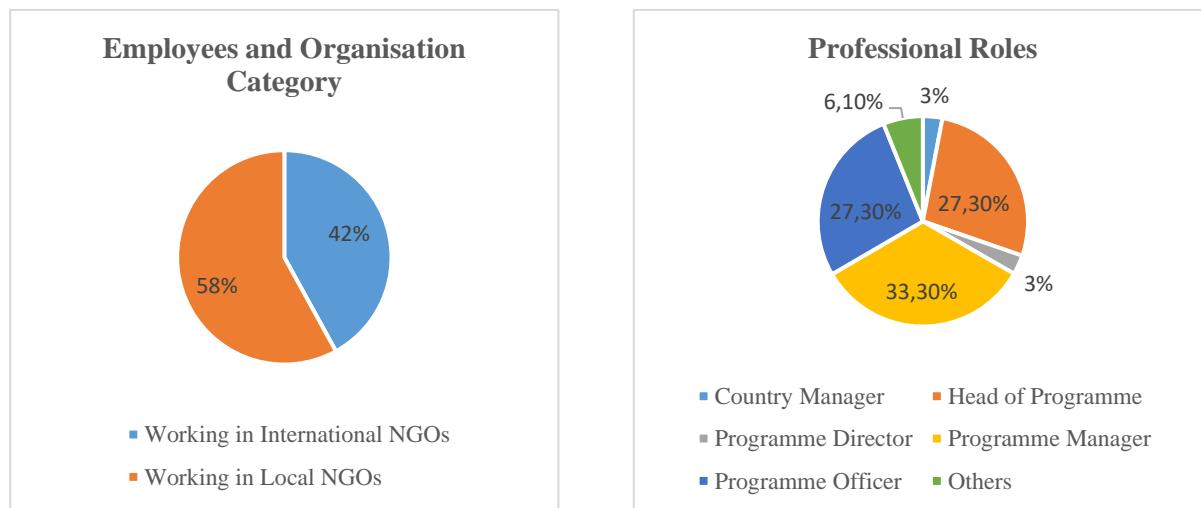
### **Ethical considerations**

Prior to the research start, the Institutional Review Board at a large UK public university provided ethical approval. A local research permit was also obtained from a national scientific organisation. The secretariat of a network of NGOs wrote introductory letters to each Key Informant's organisation. All participants signed consent forms that informed them of rights as research participants.

### **4. Findings and discussion**

#### **Sample description**

In total, 33 employees completed the questionnaire, with 42% of them working in international NGOs and 58% working in local organisations. The majority of these local organisations operated at both the devolved and central levels of government, while 7.1% of international NGOs only operated at the national level, compared to 15.8% of local NGOs (see Table 1). As a result of their familiarity with the devolved system of government, there was no significant difference in the organisations' category and operations scope ( $X^2 = 0.451$ :  $p > 0.05$ ). The roles of respondents varied, with over 90% being program managers and one being a country director. The median number of years of experience was 19. Ten interviews with members of health NGO leaderships, a network of NGO organisations and governmental health department officers were conducted. The leadership sample included 5 men and 5 women. All participants had been in positions of leadership for more than three years.



**Figure 3. Organisation Category and Employees Roles**

Source: Developed by the authors based on field data

Category of organisation	Scope of operations			Total
	County Level	National and County Level	National Level	
International NGO	Count	1	2	14
	Expected Count	.4	3.0	14.0
	% within Category of organisation	7.1%	14.3%	100.0%
Local NGO	Count	0	5	19
	Expected Count	.6	4.0	19.0
	% within Category of organisation	0.0%	26.3%	100.0%
<b>Total</b>	Count	1	7	33
	Expected Count	1.0	7.0	33.0
	% within Category of organisation	3.0%	21.2%	100.0%

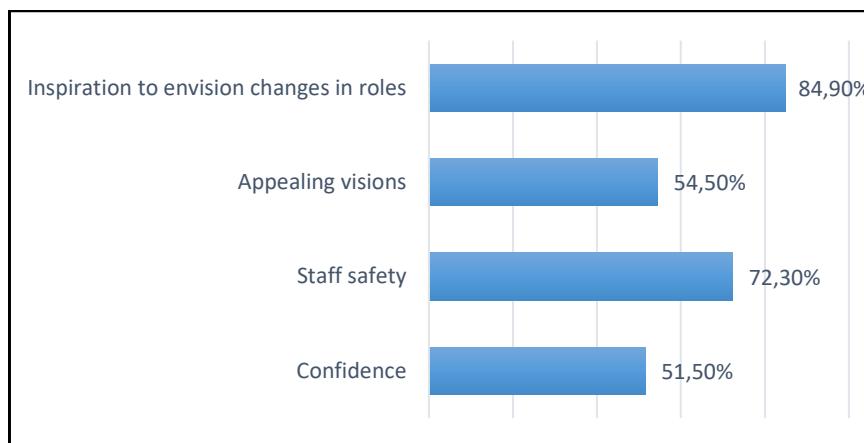
$X^2 = 2.636$ ; df = 3; p = 0.451

**Table 1. Category of Organisation and Scope of Operations Crosstabulation**

Source: Developed by the authors based on field data

#### *Leaders' responsible actions towards health devolution*

One goal of this study was to explore leaders' perspectives on changes brought about by devolution and how this influenced their organisations' contributions to the improvement of health indicators. Over 51.5% of respondents said their leaders exuded confidence in the changes brought about by devolution, demonstrating that organisations' leaders idealised influence by signifying confidence in devolution.



**Figure 4. Leadership actions on decentralisation**

Source: Developed by the authors based on field data

According to this statement from a Director of Programmes (DP), the participants (senior NGOs leaders) interviewed in this research implemented structural changes in their organisations to align with devolved health systems, which led to self-confidence and purpose.

“...Previously, we partnered with the national government to implement the majority of our programs in order to align ourselves with devolved governance. However, as our country moved fully toward a devolved governance system in 2013, we considered partnering with counties to implement our programs. As a result, we have aligned with county priorities. We have also worked with counties to develop county integrated and strategic plans, as well as county health sector strategic and investment plans, so that as we implement our programs, they are aligned with county priorities” (DP).

Lack of support during transitions can cause emotional distress (Kegan, 1994). According to the findings of this study, organisations were aware of this and worked hard to make it a reality. For example, as demonstrated in Figure 4, it emerged that staff members' safety during the change process was assured (72.3%), and that their leaders provided appealing visions of the organisation's roles (54.5%) and inspired staff to envision changes in their roles (84.9%), demonstrating inspirational motivation. A Senior Programme Manager (SPM) supported this as follows:

"What we have done is aligning the organisation structurally. As a local organisation, we must work at the county level, under regional structures that oversee several counties. So, at the county level, we have county coordinators who work to oversee all project implementations. So, the structures that work with county governments are primarily at the local branch level. This method of operation strengthens our presence at the county level" (SPM).

One of the most important aspects of senior leadership success, according to Martin (2015), is organisational alignment. Some participants believed that incorporating a transparent and collaborative approach to working with their staff made the team feel secure, inspired and in control of the process. Cismas et al. (2016) state that efficient leaders communicate openly with their teams and peers, and they understand how they are perceived. They are also sensitive to the needs of their followers. According to Keller (2015), companies with a strong sense of purpose are better able to transform and innovate, deliver on increased returns and successfully drive ongoing transformation. The following DP's quote exemplifies how this was accomplished:

"Yes, staff were taken through the new county governance system. They were given the opportunity to re-align their roles. We also had a complete organisational overhaul of job placements, which included changing job descriptions to fit with the new system and aligning staff accordingly. It was a very collaborative process between management and staff in order for them to contribute to how best they would fit into the county's systems" (DP).

Change expectations from organisations may be common. However, there is a level of change that can be managed by people within an organisation. Some NGO leaders expressed concern about the progress that has been made to support the improvement of health indicators. One participant expressed this in the following quote:

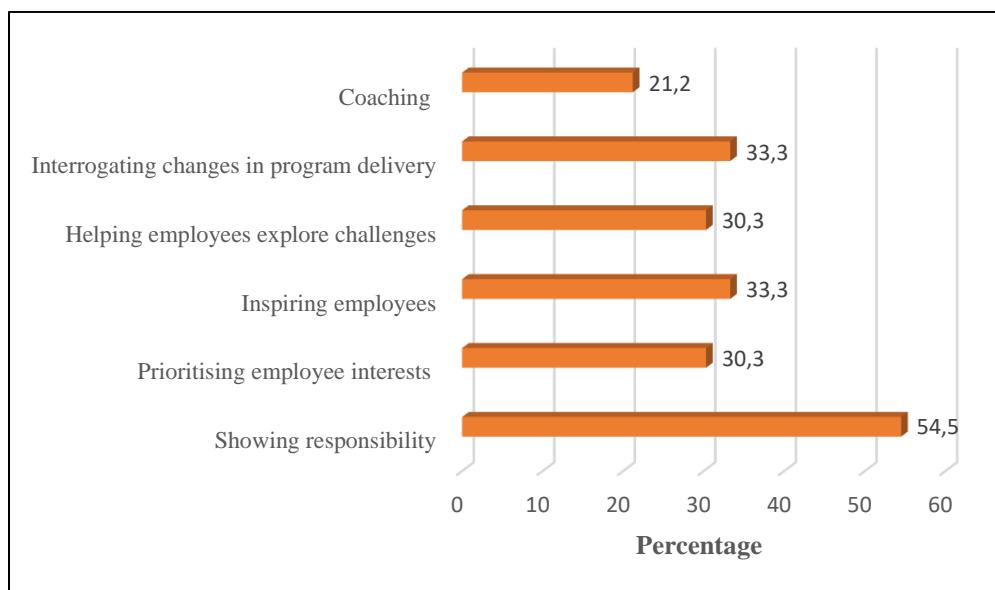
"I think devolution is a model for achieving any health indicator. I am not sure if this is the right time to envision the model of universal healthcare that we want to achieve and then move towards that in a stepwise fashion for the reason that, at the moment, there are challenges with coordination between the national government and the county government" (SPM).

Transitions are accompanied by a variety of dynamic shifts that have an impact on internal and external realities of leadership (Du et al., 2013). The ability of the interviewees in this study to demonstrate intellectual stimulation to staff by encouraging challenge identification (57.6%), interrogation (72.7%) and coaching (54.5%) presented by these shifting realities is a testament to their resourcefulness. It is arguably a part of the reason for their institutional attainment. Individual employee strengths, resilience and vitality are developed as a result of responsible leadership dynamics.

#### *Leader's responsible actions for technological advancements*

When asked what responsible actions leaders have taken in their organisations to advance technology and how this has contributed to the improvement of national health indicators, the answer was unanimously positive. Most respondents (54.5%) stated that they had "always shown responsibility" by prioritising staff interests (30.3%), inspiring them (33.3%) to explore challenges (30.3%) and critically interrogating changes in program delivery (33.3%). They also coach (21.2%) employees in the use of technology at work, demonstrating individualised consideration for employees. They have also implemented use of ICTs in the management of data for decision making and communication as said by a head of a health department (HOD).

“I think Kenya as a whole has a lot of technology. These include platforms such as our internet infrastructure and the availability of mobile technology. While working in this organisation, I have seen how we use some of the technology sector’s platforms to improve healthcare, with the majority of this centered on information management. Technology has ensured that information is managed well and used at the source to make an informed decision. For example, what happens in certain hospitals where there is basic electronic medical record files (EMRFs). Where you put in data, then you can get a dashboard where you go in as a health worker or as a health manager. You can see the key things that you need to do without necessarily struggling to do the analysis. EMRF has helped in simplifying the data volume management that is generated making work more efficient... and has also facilitated the whole aspect of data use for decision making” (HOD).



**Figure 5. Leaders’ technology development actions**

Source: Developed by the authors based on field data

The findings are consistent with previous research, such as Ortega-Navas (2017), which mentions the benefits of using health technologies, such as efficiency and improved services. Similarly, Junaid et al. (2022) state that technology allows organisations to advance their operations. A recent McKinsey & Company survey (Martin, 2015) highlighted the importance of receiving support from organisational leadership. As stated by a Programme Manager (PM):

“My organisation is well-equipped with various technological solutions for various functions. Nobody had attempted to connect the financial and programming operating systems when I joined this organisation. So, I asked the organisation to put in place a system that tracks the entire process cycle of program implementation, from planning to design, implementation to monitoring and evaluation, and can then inform future cycles. We can now see the overall program performance at each of those stages, depending on the level of operation. This system captures various types of programs. You do not need to do anything; simply click and the information appears” (PM).

Another Programme Director (PD) demonstrated how anxiety among staff was dealt with as follows:

“Yes, there is a need to pay attention to individual needs. For example, when the GPRS mapping system was introduced, some of the staff were unfamiliar with the technology, which caused concern. We have implemented coaching to assist employees who are unable to use this technology” (PD).

Knowing each individual’s values and goals, as well as what they require from their leader, makes it easier to build a strong team in an organisation (Cismas et al., 2016). Leadership requires trust and responsibility, which are built through honesty, clarity and respect. Responsible leadership has recently been found to be

positively and significantly influential on knowledge sharing behaviour directly (Haider et al., 2022). This was supported by a participant's comment below. On the other hand, it appears that some leaders (15.2%) pay little and still worse no attention respectively to individual staff fears about technology.

"Technology has created numerous opportunities. In my organisation, for example, the use of digital online Program Monitoring, Evaluation and Learning platforms has made data more accessible in real time. That significantly contributes to the evidence generated in the development sector for learning, resource mobilisation and informed decision making" (PD).

Human factors continue to be a significant barrier to increased innovations and breakthroughs in healthcare programming (Thimbleby, 2013). Other challenges include the proliferation of performance metrics and accountability issues. These difficulties are possible in non-governmental organisations because they are becoming sites of competing and co-existing evaluative principles, caught between business value systems (efficiency, solvency) and social mission value systems (adherence to principles, ideological agenda).

#### *Responsible actions by the leader in the face of declined funding*

According to the findings of this study, leaders have a critical role to play in responding to dwindling donor funding for their organisations. Respondents stated that reducing emoluments or privileges had never happened before (63.6%), despite the fact that it was one of the options available. They provided clear direction to staff on the subject, stating potential benefits of expenditure adjustment (45.5%) in the face of funding uncertainties and directing them to adjust accordingly (30.9%). This demonstrated empathy and, in the end, helped build trust with their staff to alleviate personal fears, as demonstrated by a DP below:

"What we have done is openly communicate any changes in funding status to all staff so that everyone is aware of the situation. They are aware of when it is increasing and when it is decreasing. In addition, staff are hired based on the project's funding status. So, if a project lasts three years, the staff would be given a three-year contract. So, during program implementation, the staff can manage their expectations. In the case of a normal staff transition, we sometimes do not replace because, during times of reduced funding, we work with the staff we already have in the system, and any new opportunities that arise within the organisation are given priority. Also, in a situation where staff has to be let go, they receive compensation package to enable them better able to cope up as they look for the next available opportunities" (DP).

Kenya's classification as a lower middle-income country (World Bank, 2015) implies that she is no longer a priority for aid funding when compared to other more vulnerable countries. The devolved government system is now a more sustainable structure for funding health interventions at the lowest level, with the private sector, along with other key donors, showing a growing interest in funding the health sector as a part of their Corporate Social Responsibility. "*What remains the main challenge for health funding is weak accountability and transparency, as corruption is rampant,*" lamented a Programme Director. Health NGOs used a variety of strategies to raise funds, including involving staff in resource mobilisation initiatives, diversifying funding streams, capacity development and increasing community engagement for local contributions. Other studies have emphasised the importance of combining efficiency, industry expertise, public interest, accountability and broader government planning in funding adjustment strategies (Stroup & Murdie, 2012). Some of the interviewees noted the following:

"What we are doing as an organisation in this context is increasing local fundraising initiatives, diversifying funding streams and maintaining a strong results-driven approach track record as a foundation for attracting and retaining resources" (PD).

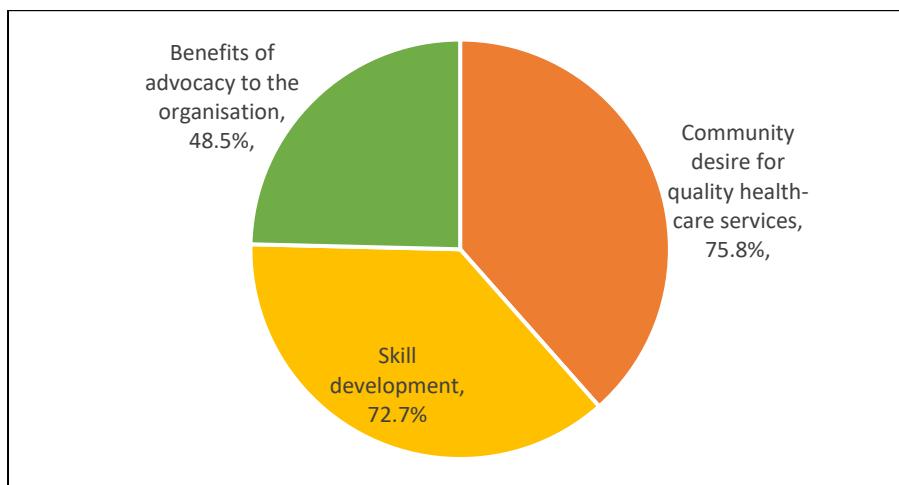
"... this is an ongoing process that includes ensuring staff are appraised on proper management of organisational resources and putting capacity development plans in place..." (SPM).

#### *Responsible leadership actions for rights-based health programming*

This question sought to elicit information about how leaders responded to needs for rights-based health programming. The following are the results of this research goal: the right of communities to demand quality

health services (75.8%), the empowerment of communities with skills (72.7%), and the benefits of advocacy to the organisation (48.5%). For instance, a key informant in the health ministry expressed the following:

“We have a lot of community-based advocacy where we educate communities on their rights, the constitution, and their right to quality healthcare services at the nearest healthcare facilities. We also educate them on the facts of the devolved healthcare system. We walk them through the budgetary allocations process so that they are better able to track their resources in the counties that are meant for health. So, they can monitor and find out where these resources are being spent on as well as the quality of the services they receive from their counties” (Programme Officer).



**Figure 6. Actions towards RBA**

Source: Developed by the authors based on field data

Recent research, such as Hoddy and Gray (2023), as well as Schmitz and Mitchell (2016), have demonstrated the demand for RBA and its importance in development work as a mechanism for influencing priorities and allocating resources. To remain relevant, health NGOs must be able to perceive and manage complexity in more integrated multi-sectoral programming. This was expressed by the highest-ranking executive of an NGO network as follows:

“The level of integration is important because the issue of population, health and environment is broad and requires our attention. This, I believe, will necessitate significant structural changes. Changing a structure necessitates a mental shift, and most people dislike leaving their comfort zones. Sometimes these changes necessitate a significant investment of time and effort. Sometimes, it takes a lot of patience and wondering in the dark to figure out what to do”.

The above quote typifies the growing calls from practitioners and scholars alike for a type of responsible leadership that considers societal concerns and incorporates them into development programming work such as healthcare services. According to Patzer et al. (2018), integrative responsible leaders are expected to demonstrate a broad sense of accountability toward diverse stakeholder groups whose interests they attempt to balance in order to achieve societal purpose.

## 5. Limitations of the study

Firstly, this study had sampling limitations because, instead of the planned three, most organisations only authorised one person to respond to the questionnaire on their behalf during the study. This may limit its applicability. Secondly, the information was acquired solely from health systems strengthening practitioners. As a result, data generalisation is limited. Thirdly, the research was conducted in a single geographical location in Kenya and at a single point in time, exposing it to conditions that could have an impact on the study. As a result, the study cannot be applied to a continental scale.

## 6. Conclusion and suggestion

This paper underscores the significance of responsible leadership and further reveals mechanisms through which it fuels performance. Greater levels of responsible leadership, particularly in health NGOs, have the potential to provide significant societal benefits. Non-governmental organisations' leaders have demonstrated a greater degree of accountability by expressing confidence in the decentralised system of health governance and restructuring their organisations to align with the decentralised system. Furthermore, while most NGOs' leadership has implemented ICTs, they may need to inspire more and consider investing in people to further enhance staff intellectual capital, which is the driving force behind this technology. We recommend, for practical guidance, organisations to foster innovation through investment in responsible management practices.

To achieve responsible and ethical transformation, the RBA approach in program delivery in relation to the organisation must be well articulated. Additionally, it is necessary to invest in staff capacity building around this approach and to translate the RBA into their work for maximum effectiveness across the board. While there is a sense that NGOs are making a greater contribution to improving health indicators as a result of the many opportunities brought about by devolution, ensuring the implementation of relevant supportive policies and strategies is required to alleviate some of the obvious teething problems associated with the delivery process. This could be accomplished through integrated approaches that combine several responsible actions to improve the achievement of societal goals.

Due to the dwindling funding situation, other avenues of resourcing become available. However, leaders must be aware of the potential consequences of deviating from the organisation's societal purpose while competing for the available funds. We recommend that health NGOs leadership implement robust strategies in the face of dwindling funding. Leaders should also pay attention to global economic changes that affect funding market forces and implement responsible strategies as soon as possible.

We recommend that the findings of this study be used as a foundation for future research into how responsible leadership and organisational performance can benefit. It is also proposed that similar studies for various industries be conducted in the future.

**Conflict of interests:** The authors state that there is no conflict of interests.

**Authors' contributions:** Angela C. Ng'etich (ACN) conceptualised and carried out the research. The paper was derived from the Master's research of ACN, Department of Leadership & Management, Lancaster University Management School. Eric E. Mang'unyi (EEM) wrote the first draft of the article. The final draft was edited by EEM.

**Data availability statement:** The data that support the findings of this study are available upon reasonable request from the authors.

**Disclaimer:** The authors' views and opinions in this article, the product of professional research does not necessarily reflect the official policy or position of any organisation with which the authors are affiliated.

## References

1. Abanyam, N.L., & Mnorom, K. (2020). Non-governmental organisations and sustainable development in developing countries. *Zamfara Journal of Politics and Development*, 1(1), 1-17. [\[Google Scholar\]](#)
2. African Medical Research Foundation (2013). *Contribution of civil society organisations to health in Africa*. AMREF, Nairobi. [\[Link\]](#)
3. Agrawal, A., & Ribot, J. (2010). Accountability in decentralisation: A framework with South Asian and Africa cases. *The Journal of Development Areas*, 33, 437-502. [\[Google Scholar\]](#)
4. Balchandani, A., Baggio, A., & Cherny, A. (2019). Answering society's call: A new leadership imperative. *McKinsey Quarterly*. [\[Google Scholar\]](#)
5. Besançon, S., Sidibé, A., Sow, D.S., Sy, O., Ambard, J., Yudkin, J.S., & Beran D (2022). The role of non-governmental organisations in strengthening healthcare systems in low- and middle-income countries: Lessons from Santé Diabète in Mali. *Global Health Action*, 15(1), 2061239. [\[CrossRef\]](#)
6. Bond (2020). *How is Covid-19 affecting NGOs' finances and operations?* [\[Link\]](#)
7. Cismas, S.C., Dona, I., & Andreiasu, G.I. (2016). Responsible leadership. *Procedia – Social and Behavioral Sciences*, 221, 111-118. [\[CrossRef\]](#)
8. Cornwall, A., & Nyamu-Musembi, C. (2004). Putting the "Rights-Based Approach" to development into perspective. *Third World Quarterly*, 25(8), 1415-1437. [\[Google Scholar\]](#)

9. Dinh, J.E., Lord, R.G., Gardner, W.L., Meuser, J.D., Linden, R.C., & Hu, L. (2014). Leadership theory and research in the new millennium: Current theoretical trends and changing perspectives. *The Leadership Quarterly*, 25(1), 36-62. [\[CrossRef\]](#)
10. Dong, W., & Zhong, L. (2021). Responsible leadership fuels innovative behaviour: The mediating roles of socially responsible human resource management and organisational pride. *Frontiers in Psychology*, 12, 787-833. [\[CrossRef\]](#)
11. Du, S., Swaen, V., Lindgreen, A., & Sen, S. (2013). The roles of leadership styles in corporate social responsibility. *Journal of Business Ethics*, 11, 1-15. [\[CrossRef\]](#)
12. East Africa Philanthropy Network (2020). *Impact and implications of COVID-19 on philanthropy work in East Africa*. A survey report. [\[Link\]](#)
13. Enslin, C., Wolfswinkel, M., & Terblanche-Smit, M. (2023). Responsible leadership through purpose-driven brand building: Guidelines for leaders in Africa. *South African Journal of Business Management*, 54(1), a3427. [\[CrossRef\]](#)
14. Figueroa, C.A., Harrison, R., & Chauhan, A. (2019). Priorities and challenges for health leadership and workforce management globally: A rapid review. *BMC Health Services Research*, 19, 239. [\[CrossRef\]](#)
15. Fry, L.W., & Egel, E. (2021). Global leadership for sustainability. *Sustainability*, 13, 6360. [\[CrossRef\]](#)
16. Government of Kenya (2014). *Kenya health policy 2014-2030: Towards attaining the highest standard of health*. Ministry of Health, Nairobi, Kenya. [\[Google Scholar\]](#)
17. Greer, S.L., Wismar, M., Pastorino, G., & Kosinska, M. (2017). *Civil society and health: Contributions and potential*. World Health Organisation. [\[Google Scholar\]](#)
18. Haider, S.A., Akbar, A., Tehseen, A., Poulova, P., & Jaleel, F. (2022). The impact of responsible leadership on knowledge sharing behaviour through the mediating role of person-organisation fit and moderating role of higher educational institute culture. *Journal of Innovation and Knowledge*, 7(4), 1-9. [\[CrossRef\]](#)
19. Hall-Jones, P. (2006). *The rise and rise of NGOs*. Global policy forum. [\[Google Scholar\]](#)
20. Health Policy Project (HPP) (2015). *Devolution of Kenya's health system: The role of HPP*. New York: RTI International. [\[Google Scholar\]](#)
21. Hoddy, E., & Gray, J. (2023). Human rights leadership in challenging times: An agenda for research and practice. *The International Journal of Human Rights* 27(4), 635-658. [\[CrossRef\]](#)
22. Junaid, S.B. et al. (2022). Recent advancements in emerging technologies for healthcare management systems: A survey. *Healthcare (Basel)*, 10(10), 1940. [\[CrossRef\]](#)
23. Kanthor, J., Seligman, B., Dereje, T., & Tarantino, L. (2014). *Engaging civil society in health finance and governance: A guide for practitioners*. Health Finance and Governance. USAID. [\[Google Scholar\]](#)
24. Kegan, R. (1994). *In over our heads: The mental demands of modern life*. Harvard University Press, Cambridge, MA. [\[Google Scholar\]](#)
25. Keller, V. (2015). The business case for purpose. *Harvard Business Review*. [\[Google Scholar\]](#)
26. Kempster, S., Jackson, B., & Conroy, M. (2011). Leadership as purpose: Exploring the role of purpose in leadership practice. *Leadership*, 7(3), 317-334. [\[CrossRef\]](#)
27. Kermani, F., & Reandi, S.T.A. (2023). Exploring the funding challenges faced by small NGOs: Perspectives from an organisation with practical experience of working in rural Malawi. *Research and Reports in Tropical Medicine*, 1(14), 99-110. [\[CrossRef\]](#)
28. Kindornay, S., & Ron, J. (2011). Rights based approaches to development: Implications for NGOs. *Human Rights Quarterly*, 34(2), 472-506. [\[CrossRef\]](#)
29. Kotze, R., & Hofmeyr, K. (2022). Effecting successful shared value creation: The role of organisations in fence-line communities. *South African Journal of Business Management*, 53(1), a2992. [\[CrossRef\]](#)
30. Lerutla, M., & Steyn, R. (2021). African business leadership: Perspectives from aspiring young leaders. *SA Journal of Human Resource Management*, 19, a1467. [\[CrossRef\]](#)
31. Martin, J F. (2015). *Ascending to the C-suite*. McKinsey & Company, New York. [\[Google Scholar\]](#)

32. McCollum, R. et al. (2018). Priority setting for health in the context of devolution in Kenya: Implications for health equity and community-based primary care. *Health Policy Plan*, 33(6), 729-742. [\[CrossRef\]](#)
33. Miska, C., & Mendenhall, M. E. (2018). Responsible leadership: A mapping of extant research and future directions. *Journal of Business Ethics*, 148(1), 117–134. [\[CrossRef\]](#)
34. Murkomen, O.K. (2012). *Devolution and the Health System in Kenya*: A paper presented at the devolution and health consultative meeting (24-26 October, Nairobi, Kenya). [\[Google Scholar\]](#)
35. Nyikuri, M., Tsofa B., Barasa, E., Okoth, P., & Molyneux, S. (2015). Crises and resilience at the frontline – Public health facility managers under devolution in a sub-county on the Kenyan coast. *PLoS ONE*, 10(12): e0144768. [\[CrossRef\]](#)
36. Ooms, G. & Van Damme, W. (2008). Impossible to “wean” when more aid is needed. *Bulletin of the World Health Organisation*, 86(11), 893-894. [\[Google Scholar\]](#)
37. Organisation for Economic Co-Operation and Development (OECD) (2022). *Aid for Civil Society Organisations Statistics Based on DAC Members’ Reporting to the Creditor Reporting System Database (CRS), 2019-2020*. [\[Link\]](#)
38. Ortega-Navas, M.C. (2017). The use of new technologies as a tool for the promotion of health education. *Procedia – Social and Behavioral Sciences*, 237, 23-29. [\[CrossRef\]](#)
39. Patzer, M., Voegtlin, C., & Scherer, A.G. (2018). The normative justification of integrative stakeholder engagement: A Habermasian view on responsible leadership. *Business Ethics Quarterly*, 28(3), 325-354. [\[Google Scholar\]](#)
40. Pless, N.M., & Maak, T. (2011). Responsible leadership: Pathways to the future. *Journal of Business Ethics*, 98, 3-13. [\[CrossRef\]](#)
41. Rath, N. (2019). *Sociology of Development*. Vani Vihar: Utkal University Press. [\[Google Scholar\]](#)
42. Schmitz, H.P., & Mitchell, G.E. (2016). The other side of the coin: NGOs, rights-based approaches and public administration. *Public Administration Review*, 76(2), 252-262. [\[CrossRef\]](#)
43. Sharma, S. (2023). Impact of innovation and digitalization in healthcare NGO in Zambia. *Open Journal of Social Sciences*, 11, 212-221. [\[CrossRef\]](#)
44. Shi, Y., & Ye, M.L. (2016). Responsible leadership: Review and prospects. *American Journal of Industrial and Business Management*, 6, 877-884. [\[CrossRef\]](#)
45. Stoumpos, A.I. Kitsios, F., & Talias, M.A. (2023). Digital transformation in healthcare: Technology acceptance and its applications. *International Journal in Environment Research Public Health*, 20(4), 3407. [\[CrossRef\]](#)
46. Stroup, S.S., & Murdie, A. (2012). There is no place like home: Explaining international NGO advocacy. *Review of International Organisations*, 7, 425-448. [\[CrossRef\]](#)
47. Tan, K-L (2023). Responsible leadership: A brief review of literature. *Journal of Responsible Tourism Management*, 3(1), 44-55. [\[CrossRef\]](#)
48. The Constitution of Kenya (2010). Nairobi: Kenya Law (National Council for Law Reporting). [\[Link\]](#)
49. The Kenyan Section of the International Commission of Jurists (2013). *Handbook on Devolution*. The Kenyan Section of the International Commission of Jurists, Nairobi, Kenya. [\[Google Scholar\]](#)
50. Thimbleby, H. (2013). Technology and the future of healthcare. *Journal of Public Health Research*, 2(3), e28. [\[CrossRef\]](#)
51. The World Bank (2015). *World Bank Update Says 10 Countries Move up in Income Bracket*. [Press Release]. The World Bank. [\[Link\]](#)
52. Titus, S., & Hoole, C. (2021). Exploring leadership as catalyst for unlocking social capital in the survival of a state-owned company. *South African Journal of Business Management*, 52(1), a2448. [\[CrossRef\]](#)
53. WHO (2002). *25 Questions and Answers on Health and Human Rights*. [\[Google Scholar\]](#)
54. WHO (2008). *Medium-Term Strategic Plan 2008–2013 and Proposed Programme Budget 2012–2013*. Geneva, Switzerland. [\[Link\]](#)

55. Winston, B.E., & Patterson, K. (2006). An integrative definition of leadership. *International Journal of Leadership Studies*, 1(2). [\[Google Scholar\]](#)
56. Witesman, E., & Heiss, A. (2017). Non-profit collaboration and the resurrection of market failure: How a resource-sharing environment can suppress social objectives. *Voluntas*, 28, 1500-1528. [\[CrossRef\]](#)
57. World Health Organisation (2007). *Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action*. WHO, Geneva. [\[Link\]](#)
58. Yukl, G.A., & Gardner, W.L. (2020). *Leadership in Organisations*. Upper Saddle River, NJ: Pearson. [\[Link\]](#)