Theme #1. Unclear authority of the Governing Board (GB)
- The GB doesn’t have authority to make decision on incentives.
- Decisions made by GB have not implemented.
- Even though hospital employees have ethical problems, the GB cannot take action because its role has not been clearly stated.
- The role of GB in hospital should be stated clearly.
- It would be good if the role and responsibility of GB and hospital management had clear demarcation.
- What has been decided by the GB has not fully implemented.
- The role of GB in taking actions on hospital employees when problems arise within in the hospital is not clearly stated.
- The GB do not have full authority for every activity that took place in the hospital and if problems arose in the hospital, [they] do not take corrective actions."

Ambiguity in authority between the GB and regional health bureau (RHB)
- The GB has been ordered direct procurement of drugs but the regional regulations did not allow that.
- The GB has limited authority to take corrective actions on employees. This is in the authority of civil service and health office.
- There is no autonomy; decisions made by the GB have been violated by the regional health bureau.
- The GB cannot participate in drug control and auditing because the role of GB in this regard is unclear, and this has resulted in drug wastage.
- Sometimes the regional economic and development bureau interfere in budgeting, which was the GB’s responsibility.
- It would be better if the CEO could report directly to the GB instead of regional health bureau.

Theme #2. Inadequate commitment and limited incentives for members to meet as a GB
- Even though it is good to have a GB, the GB members are busy with their actual work; hence they cannot have enough time for the GB.
- In our zone, one person chairs three hospitals, which is inconvenient for the chair because he does not have enough time to get to know all information about the hospitals.
- Most of GB members were high government officials; hence they do not give enough time to the GB committee.
- Most of the governing board members are high government officials [and they don’t dedicate] enough time to the governing board.
- The GB has not been meeting regularly.
- The GB has never met every month [as it was supposed to] based on the legislation.
- We have a shortage of time to monitor the hospital for we were busy.
- Community representatives have not attended meeting as needed because they have private businesses.
- The GB chair and members have been changed frequently.
- We have concern that some GB members may not be able to attend board meetings.
- Inadequate payment for GB members.
- Small GB members’ payment.
- Little incentive payment to GB members.
- There have been problems that the GBs were not performing well due to lack of payment.

Theme #3. Ineffective communication and collaboration between the GB and the RHB
- The GB and RHB have to meet at least twice a year (inferring they do not).
- It would be good if the GB authority was limited and had been controlled by the RHB.
- [There is] no relationship between GB and the RHB; hospital data have exclusively been reported to the RHB (rather than to the GB and then to the RHB.
- The GB reports to the RHB, so the RHB [should] work closely with the GB, follow reported to the RHB (rather than to the GB and then to the RHB.
- The role of GB in hospital should be stated clearly.
- Even though hospital employees have ethical problems, the GB cannot take action.
- Decisions made by GB have been violated by the regional health office.
- The GB has limited authority to take corrective actions on employees. This is in the authority of civil service and health office.
- There is no autonomy; decisions made by the GB have been violated by the regional health bureau.
- The GB cannot participate in drug control and auditing because the role of GB in this regard is unclear, and this has resulted in drug wastage.
- Sometimes the regional economic and development bureau interfere in budgeting, which was the GB’s responsibility.
- It would be better if the CEO could report directly to the GB instead of regional health bureau.

Theme #4. Unmet training needs for GB members
- Training should be given to GB members before they start work as GB members.
- Give adequate training to employees in order to help them provide the community with faster service.
- If GB members have received training on project designing… effective management style…how to give incentive to hospital staffs and retain them.
- If the GB could receive all of the above-mentioned trainings.
- [The GB needs] more capacity building training.
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Theme #5. Inadequate representation from community, district and zonal levels on GB
- If GB composition comprised more community representatives, [that would be better].
- It would be better if the GB composition comprised more community representatives.
- The GB members of district hospital are assigned by zone and reported to zone that implies the board [is not from the community] and does not have direct relationship with region and has less power.
- It would be better if the GB members were nominated from the district [more local] administration than from zonal administration.
- It would be better if the GB members for district hospital had been nominated from the district administration.
- The current GB comprises members from the same district administration, so it would be better if the composition could from different districts [that the hospital serves].
- According to the legislation GB chair for zonal/general hospital should have been from zonal administration, but due to distance from the zonal town and [because] the zonal administrators not were able to come for the GB meetings, the current GB is chaired by district administrator.

Theme #6. Ambiguity in authority between GB and hospital management
- The GB does not have authority to make decision on incentives.
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- It would be good if the role and responsibility of GB and hospital management had clear demarcation.
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