

## **Governance of rural health units in Fayoum Governorate**

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### **ABSTRACT**

This study aimed basically to achieving the following objectives: developing a quantitative, valid and reliable scale of the governance of rural health units, describing the degree governance by its different principles in the studied health units, identify the significance of the difference between the average degree the principles of governance of health units studied (from the point of view of both health unit managers and beneficiaries), measure the size of the gap between the real degree of governance in rural health units and the degree to which they should be, and finally to identify the barriers of the application of the governance and methods to overcome it in the studied health units.

Data were collected from 49 health units managers in Fayoum, Etsa and Youssef El Siddiq districts in Fayoum governorate. Beneficiary data were collected from 183 heads of households from the previous three districts. The data were analyzed using a number of statistical analysis methods. Spearman Brown, The split-half method, Guttman and Cronback methods to estimate the reliability coefficient of the governance of rural health units scale., as well as the use of the t / test and Step- Wise Multiple Regression Analysis.

The most important results were that the stability coefficients of the governance of health units' standard and its sub-principles were all relatively high, providing a great deal of confidence in using this measure. In the view of (61.7%) of the managers, the degree of implementation of the overall governance within the health units is medium and for the overall degree of governance of the rural health units, while this percentage dropped to (51%) among the beneficiaries of the rural health units. The gap between the degree of governance of health units has reached the optimum level (93 degrees) from the point of view of managers while the gap has increased to (122) from the point of view of beneficiaries. The value of (F) of 64.33 in health unit managers and 309.57 in beneficiaries of health units is significant in the two models of the relationship of sub-principles to the degree of governance of health units.