CRISIS AND RESILIENCE AT THE FRONT LINE
Coping strategies of Kenyan primary health care managers in a context of devolution and uncertainty

Introduction
Primary health care (PHC) plays a vital role in maintaining population health, preventing suffering and providing coverage of essential services. For many people, PHC services are the first point of contact with the formal health care system and their experiences of using these services can shape their health seeking behaviour at referral services and in the future.

In Kenya, primary health centres and dispensaries are often managed by the most senior clinical staff member at the facility who is responsible for performing both clinical and managerial duties. PHC managers, also known as in-charges, play a key role in the functioning of health services on a day-to-day basis.

Decentralisation of health service delivery to the district or county level is intended to strengthen primary health care services in sub-saharan Africa; however, associated disruption can also exacerbate, or even cause, challenges faced by PHC managers.

KEMRI-Wellcome Trust has conducted research in one of the 47 counties in Kenya to better understand the role and responsibilities of PHC managers and their coping strategies within the context of devolution and uncertainty. The key findings from the research are set out in this brief, as well as recommendations to support PHC managers.

KEY MESSAGES
- PHC managers carry out a variety of tasks to ensure facilities can function effectively. These include: developing annual workplans, ensuring coverage and delivery of services, providing leadership and management to frontline staff.
- In carrying out their roles, managers face numerous challenges including demanding reporting requirements and a scarcity of resources, and they are often required to come up with inventive solutions to cope with different shocks and strains.
- Despite the challenges faced by PHC managers in the period since devolution, facilities remained open and functioning. A key support system for in-charges was the sub-county managers, some of whom had played the role of line managers to in-charges for decades.
Roles and responsibilities of primary healthcare managers

Whilst there is no clearly laid out job-description or terms of reference for PHC managers, they carry out a wide range of tasks to ensure that the facilities can function effectively. Their responsibilities include:

- Ensuring coverage and delivery of services, including through planning patient flows.
- Overseeing facility staffing, budgets, drugs, equipment, infrastructure, including making orders, monitoring stocks and quality.
- Hiring casual workers, setting salaries and making recommendations to the sub-county for technical staff.
- Developing annual workplans (with key local stakeholders) which outline the activities and resources needed to achieve facility targets.
- Being responsible for all data and records, including submitting quarterly reports on health data and budget spending.
- Attending meetings and training.
- Leadership and management of staff at the facility.

PHC managers’ roles require engagement with, and management of, a complex web of people within facilities, communities and with managers and administrators at higher levels of the health system (see Figure 1).

Key challenges faced by primary healthcare managers

In carrying out their responsibilities, PHC managers face regular strains and shocks, some of which have been exacerbated, or even caused, by devolution.

1. Lack of preparedness for and clarity in role

Whilst facility in-charges have formal training for their clinical role, they have little preparation and training for their leadership and management responsibilities, which are often not clearly set out in advance. Managers are required to learn new skills on the job such as accounting, and many felt overwhelmed by these additional tasks.

“I didn’t know what I was expected to do. I thought I was coming here to do nursing, but when I came here there were so many things to do.”

2. Demanding reporting requirements

PHC managers are required to produce multiple reports on expenditures and indicators to both government line managers and donors. Whilst these reports were recognised to be important for resource allocation and supervision, heavy reporting requirements meant that managers often had to work overtime. Further, they rarely received feedback on the issues raised through reports, and following

Figure 1: Network of actors that a primary healthcare manager is accountable to

The arrows show the direction of the relationship among actors, with dotted lines describing informal accountability

- Develop plans and provide reports on needs, healthcare provision and expenditure
- Receive support supervision

County health management team (CHMT)

Sub-county health management team (SCHMT)

Donors

Professional bodies

Peers

Local elected leaders

Community

Service users

Facility health committees (FCH)

PHC MANAGER

- Oversee staffing, budgets, drugs, equipment, infrastructure;
- Build and maintain a strong team
- Ensure coverage and delivery of services
- Facilitate and respond to community and patient inputs
- Develop plans; provide reports
- Develop plans and provide reports on needs, healthcare provision and expenditure
- Ensure coverage and delivery of services
- Facilitate and respond to community and patient inputs
devolution were unclear whether the reports were for County or National level purposes. Devolution also introduced a new cadre of powerful local politicians in the form of Members of the County Assembly, in some cases linked to facility health committees.

3. Financial constraints

Resource scarcity and a lack of money has long been a challenge for primary public facilities in Kenya. Since devolution, facilities have faced additional financial challenges: they lost funds from the national level through the suspension of Health Sector Service Fund (HSSF), and also following the removal of user fees in 2013. As a result, one of the four facilities was unable to pay its casual workers and had its water and electricity disconnected (see Box 1).

Box 1: Reintroducing user fees to keep facilities open

Four months after the removal of user fees, primary health facilities were facing a cash crisis. In one facility, casual workers and utility bills went unpaid, and outreach services could not be conducted. In the face of water and electricity disconnection, filthy facilities and imminent closure, one facility in-charge worked with her Management Committee to come up with a solution. Together, they agreed to re-introduce user fees until the Government paid the compensation promised to them.

This incident, which went against a Presidential directive, prompted a visit by senior County managers. During the visit, the in-charge and her Committee convinced the County managers of the need to maintain services through user fees, and this innovation became an official temporary solution for the whole country.

5. Remuneration challenges

PHC managers, as well as managers at other levels, had to deal with salary delays for health workers as part of devolution. These delays and ensuing job insecurities, led to relationship tensions and staffing shortages at facilities, and two years post-devolution, there was still anxiety and a heightened level of uncertainty.

4. Drug shortages

Devolution also exacerbated drug shortages following a change in the drug procurement system in the county from a pre-paid to a post-paid system. In the new system, supply depends on payments, and late payments by the county resulted in delayed deliveries and regular stock-outs at facilities.

In-charges coped with stock-outs in varying ways: one facility gave patients a prescription to purchase drugs from private chemists. In a rural facility, the in-charge brought the drugs himself to sell to patients at the market price in order to save the patients from transport costs, while another in-charge borrowed drugs from other facilities.

Demonstrating resilience in the face of chronic stress

Over the entire observation period, facilities remained open and functioning despite repeated strains and shocks, only some of which were exacerbated by devolution. A key support system for in-charges over this period was the sub-county managers, some of whom had played the role of line managers to in-charges in the county for decades. Sub-county managers often played a brokering role between facility in-charges and other new players in the system, offering advice and intervening to back up in-charges’ in their strategies to cope with daily stresses, such as drug shortages and remuneration challenges (see Box 2).

Box 2: The role of sub-county managers in supporting primary healthcare managers

Sub-county managers provide indispensable support for in-charges and often assist them in overcoming routine challenges and those bought about by devolution. Sub-county managers are in-charges’ line managers, and as part of their role they conduct monthly supervision visits to offer support, mentor, coach and provide training.

“When we have challenges they can assist us with counselling. If we have shortages they can help us get drugs... Support supervision is well done here and we appreciate it a lot.”
About the research

A RESYST learning sites approach

The research is part of a wider set of activities aimed at understanding changes under devolution in Kenya, conducted through an embedded approach to health policy and systems research called a learning site. A learning site is a geographical area in which a long-term process of collaborative research between health managers and researchers evolves; they build trust and familiarity through repeated interactions and decide together what key health system questions should be addressed.

The observations in this brief were identified through this process, and in particular from research conducted in one health centre and three dispensaries in Kilifi County using in-depth observational and interview work over the space of one year.

Conclusion and policy recommendations

To cope with the challenges of their job, PHC managers draw on different resources and capacities available to them including staff members, borrowing from other facilities, purchasing drugs on behalf of patients and increasing user fees. This enabled them to keep facilities open and functioning despite repeated shocks and strains.

Coping strategies were sometimes developed or supported through formal decision-making structures such as Facility Health Committees and sub-county managers. The strategies employed illustrate the importance of knowledge, skills and processes of decision-making in coping with challenges, and perhaps more importantly intangible assets such as relationships, communication practices, values and norms and intrinsic motivation in ensuring that services keep running.

To maintain resilience, PHC managers need adequate support. Sub-county managers in particular play a critical role in supporting facility managers, especially during change, and in enhancing motivation among front-line actors. Managers need to be reflective and continuously able to learn from their experiences, analyse and adapt to emerging challenges.

Recommendations for senior county health managers

- Ensuring role clarity and preparedness for in-charges: Job descriptions and clear processes and support systems are needed for clinicians who are posted to facilities, including training in administrative tasks, induction programmes, and mentorship initiatives.
- Reducing the burden on managers: Simplified reporting requirements and reduced repetition across tools is needed and potentially feasible in a devolved context, combined with strengthened feedback mechanisms based on submitted data.
- Building, maintaining and strengthening relations between PHC managers and county managers: these key actors in the system need to understand each others’ roles, responsibilities and challenges, including supervision and accountability requirements.
- Leadership development programmes: the importance of having health system leaders that are able to manage complexity is increasingly recognised in many different countries and settings. Developing locally relevant leadership training programmes that are based on and conducted in the workplace, potentially drawing on the growing experience of others would be potentially invaluable in working towards all of our recommendations. (see for example publication by Doherty and Gilson, 2015)

Related publications

Mary Nyikuri, Benjamin Tsofa, Edwine Barasa, Philip Okoth, Sassy Molyneux (2015) Crises and Resilience at the Frontline—Public Health Facility Managers under Devolution in a Sub-County on the Kenyan Coast. PLoS One


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