

Helping to improve funding and financial autonomy of health facilities in Kilifi County, Kenya



In Kilifi County, Kenya, researchers highlighted the consequences of sudden changes to health facility and hospital funding, resulting in new county government legislation aimed at ensuring facilities have access to, and decision-making powers over, much needed funds.

Background

In 2013, the Kenyan Government abolished user fees at primary health facilities to reduce the cost of seeking care and improve access to health services, especially for poor people. However, these fees were retained at county and sub county-hospital level to serve as an additional resource for improving service delivery. At the same time, political devolution transferred overall government financial decision-making to the county level, paradoxically reducing the autonomy of (sub)-county hospitals.

These changes have resulted in an unanticipated challenge for health facilities and hospitals with regards to access and control over user fees, which had been a critical source of funding.

Findings

Researchers in Kilifi County, Kenya, held regular interactions with health managers at hospital, facility and county level to better understand the health system from within. Through these interactions, researchers and managers identified the challenge for health facilities and hospitals no longer being able to access user fee money (due to 're-centralisation' of financial decision making from hospitals to county level as a result of devolution) and failing to secure alternative funds. Just months after the removal of user fees, health facilities faced a cash crisis: in one facility visited by researchers, casual workers and utility bills went unpaid and outreach services could no longer be conducted.



Impact of the research

These observations were fed back formally and informally to county level policymakers and contributed to a meeting of the most senior county decision-makers from county department of health, county treasury and county legal offices. Very divided views on user fees were discussed and a consensus was drawn upon, eventually resulting in the [Kilifi County Health Facilities Improvement Fund Bill, 2016](#).

The Bill establishes a Fund for health facilities to spend on medical supplies and equipment to ensure basic operations and maintenance. It also gives decision making autonomy to hospitals to plan and manage the resources within their control, including user-fee revenue.

Publications and resources

- Policy brief: [Crisis and resilience at the front line: Coping strategies of Kenyan primary health care managers in a context of devolution and uncertainty](#)
- Policy brief: [Recentralisation within decentralisation: improving the functioning of Kenyan hospitals through increased hospital autonomy](#)
- Journal publication: [Everyday resilience in district health systems: emerging insights from the front lines in Kenya and South Africa](#)
- Key findings: [What is everyday health system resilience and how might it be nurtured?](#)