

# Researcher-Managers' Collaboration in Facilitating Real-Time Research Uptake for System Strengthening: Lessons from Kilifi County, Kenya

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**KEMRI** | Wellcome Trust

# Introduction

- Recent literature has underscored the value of embedded Health Policy and Systems Research (HPSR) as an intervention for health systems strengthening

*Lehmann & Gilson 2014, Scott et al 2014, Gilson et al 2017*

- This discourse has highlighted the role of researchers-policy makers' collaboration as an important conduit for real-time research translation for health systems strengthening.

*Gilson et al 2014, Tsofa et al 2017*

# Background

- Kenya adopted a new constitution in August 2010
  - Created 47 **semi-autonomous** counties since March 2013
- Health **service delivery function** assigned to county governments
  - Fast tracked transfer of functions to counties
  - Presented a new set of **challenges** and/or **opportunities** on county level health sector decision makers
- Kilifi county is one of the counties found in the Kenyan Coast

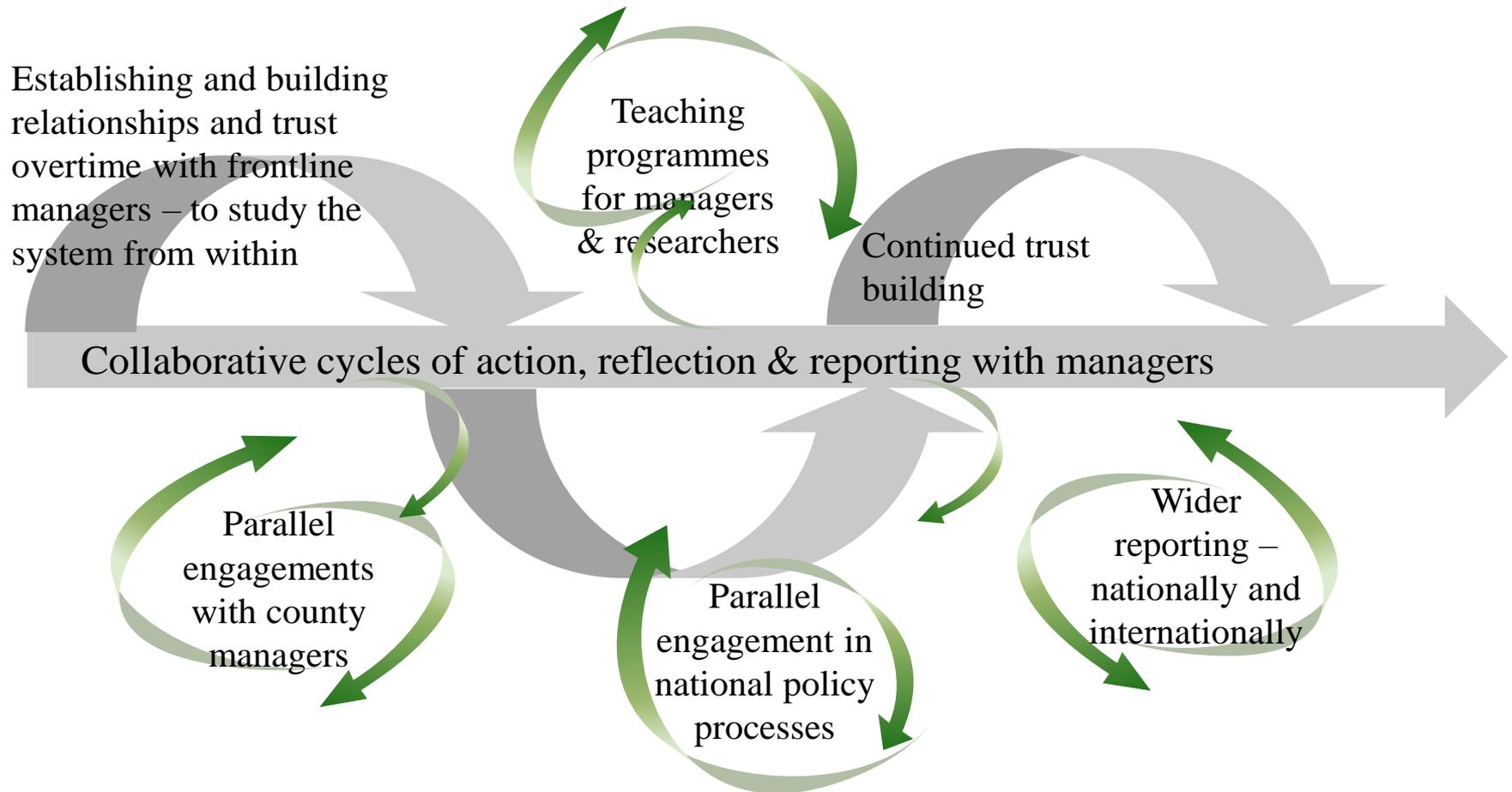


# Research Approach

- Established a health system governance learning site in Kilifi county
  - is a geographic setting where researchers and health managers work together to co-produce knowledge on the functioning of the health system and routinely feed back to improve the system

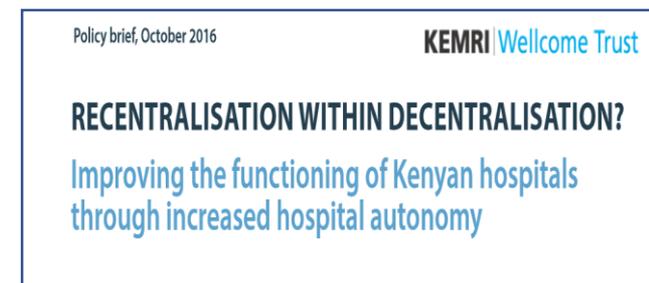
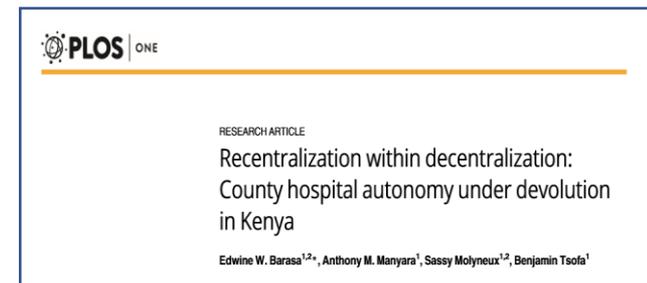
*Nyikuri et al 2015, Tsofa et al 2017*
  - Learning site activities include observations, formal interviews and reflective practice sessions
- Mixed methods
  - Case study approach
  - Qualitative and quantitative data collection

# Learning Site Embedded Process of Long-Term Multi-Level Learning and Action



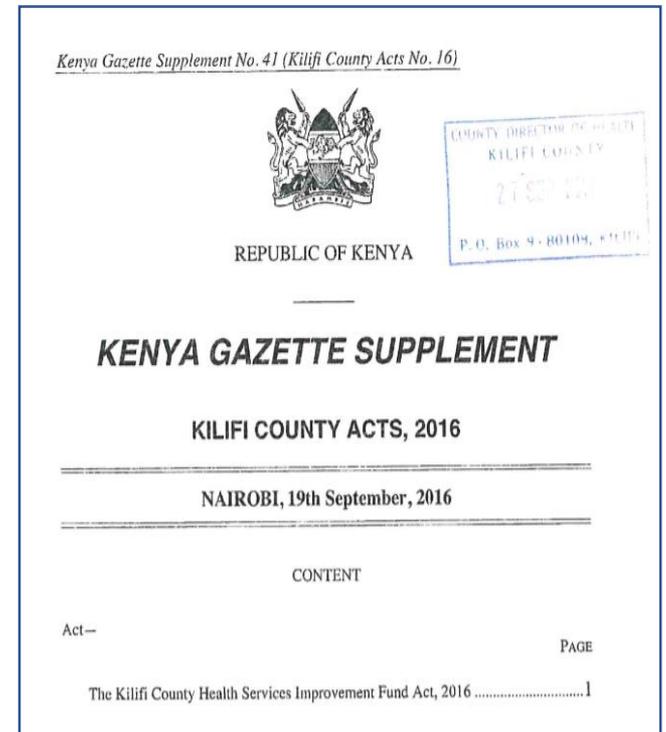
# Initial Learning

- Our initial findings highlighted the central role of hospital user fees in addressing critical day-to-day recurrent expenditure needs in county hospitals.
- This was because of the autonomy hospitals managers had over the management of these funds prior to devolution
- We later reported how the devolution laws had removed the autonomy of hospital managers over user fee management, by requiring that all revenues collected at the county level be pooled into one county revenue account, .
- This presented a challenge for hospitals to access and use these funds for paying their routine bills, procure emergency supplies and other recurrent needs.



# Policy Action

- We shared these findings to a broader stakeholder audience within the county and triggered a policy dialogue
- This led to the development of county legislation to reinstate the autonomy that hospitals had over user fee collection and management.



# Not Without Challenges!

- Occasional adverse publicity of our work threatening the trust build over time with managers

- “.....The quality of health care in public health facilities has deteriorated to alarming levels under devolution.....”

- “.....County chiefs and bureaucrats are said to be recruiting illiterate relatives and friends as hospital support staff, while usurping the powers of hospital managers.....”

- Shifting roles and interests of actors leading to lengthy implementation process of the new law/policy

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SUNDAY, AUGUST 13, 2017 The Standard

**REALITY CHECK** Study compared quality of health services in public hospitals in recent years



**Health services in counties criticised**

**Study notes that the situation is so bad that the procurement of critical supplies takes up to three months and provision of basic services is wanting**

By Gadoye Sathiah, gadoye@standardmedia.co.ke

The quality of healthcare in public health facilities has deteriorated to alarming levels under devolution, a research study has found.

In the first comprehensive assessment of the public health system under devolution, a report by Kenya Medical Research Institute (KenyaRI) shows that maternity health care has worsened under devolution.

In the report, county chiefs and bureaucrats are said to be recruiting illiterate relatives and friends as support staff to the facilities while usurping the powers of hospital managers.

The experts listed what impact devolution has had on the health sector against several indicators: quality of care, workers' motivation, hospital management and the management of hospital and county finances.

**Quality compromised**

On all these counts, devolution was found to be failing. One in several maternity hospitals are no longer able to even fund an ambulance during emergencies. To procure supplies for the hospital may take up to three months even as emergency operations and concludes that things are bad.

The study led by Johnson Barasa of KenyaRI says the situation is so bad that things are bad.

**Sobering reality**

■ New structure has robbed hospitals of management autonomy

■ Hospitals cannot spend money raised from patients even for emergency services

■ It's hard to get supplies owing to bureaucracy

■ Hospital managers have less say

■ Doctors no longer interested in top management positions

■ Physicians employ private support staff

■ Health workers highly demotivated

■ Study involved researchers from Oxford University.

ation is so bad in some cases that doctors are no longer interested in the previously prestigious post of medical superintendent. Consequently, by the time top hospitals are experiencing high top staff turnover.

One hospital in Kilifi County, the study says, had not had a medical superintendent for two years.

"We have advertised the position but nobody responds. It's not even these days to get a hospital medical superintendent, a senior manager told the reporter.

The study, which also involved researchers from the University of Oxford, UK, had been carried out at various public hospitals in Kilifi County.

"However, the authors in the report published on August 8 in the journal PLoS One suggest the findings are a reflection of

Deaths and fresh employment staff.

In pre-devolution period hospitals would collect and bank user fees at their facilities and could with participation of the district treasury withdraw and utilize such funds.

However, after devolution, hospitals can only deposit funds in county government accounts but cannot access and use the funds.

**Power dynamics**

Hospital managers said they have now been usurped and high calibre staff who had worked in the county before are recruited by the county because they are no longer for permanent hospital management jobs.

The administrators also reported high indifference among subordinate staff who had worked in the county before are recruited by the county because they are no longer for permanent hospital management jobs.

The authors are calling for county governments to make legal provision giving hospital managers or public health workers a role in the county government to be easy going by the experience in Kilifi.

Two years ago health workers in Kilifi had indicated the county government to draft a law allowing hospitals to collect at source.

However, the law has never been formally adopted because of its impact at the county assembly.

"It is likely that power dynamics have and continue to play a role in this delay," says the study.

For example, before devolution managers or public health staff had the authority to spend user fees collected at the facility procure supplies independently employed by hospital administrators.

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# Conclusion

- Our example highlights how in small ways – the functioning of researcher – policy makers’ teams, using their relationships overtime can act together in real-time to address practical health system challenges.
- We are tracking the implementation process of the new policy/law and analysing the shifting roles of actors in the process

# Acknowledgements

- The Kilifi learning site colleagues
- Kilifi County Department of Health
- RESYST Colleagues

*<https://resyst.lshtm.ac.uk>*