THE INFLUENCE OF DEVOLUTION IN STRATEGY IMPLEMENTATION OF HEALTH CARE SERVICES IN KENYA: A CASE STUDY OF EMBU COUNTY

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Abstract

The constitution of Kenya (2010) introduced a devolved system of governance which entrenches health as a right for every citizen, to the highest attainable, standard of health. It Include the right to reproductive health. Further, it also designates the health services functions of the national and county governments as well as principles under which such services should be provided. Following the first general elections under the constitution of Kenya (2010) and creation of county governments, the need to address the administration, planning and management of health care services in response to the changes became imminent. The aim of this study was to establish the effects of devolution in strategy implementation of health care services. The specific objective was to establish the influence of devolution in strategy implementation of health care services. The study adopted a descriptive and explanatory research design since these tools allow the use of the gathered primary and secondary data. A simple random sampling was used for the study. Population can be defined as "any group of people, or observation, or test in which we happen to be interested (Bell 1997). Embu County has a total of 74 public health facilities; however for this study 24 health facilities were selected. The data obtained was analysed using descriptive and inferential, statistical analysis. The study established that devolution of health care services plays a significant role in implementing the primary health care strategy of increased responsiveness of health systems to local needs. It recommends that county governments should establish an enabling environment that is marked by the will and commitment of all health stakeholders, cogent strategy that addresses well articulated building blocks and a well thought out implementation process.

Key words: *Devolution, Health Care Services, Strategy implementation, County Governments*.

1.0 Introduction

1.1 Background of the study

Although agreement about the need for quality improvement in health care is almost universal, the health care industry constantly faces the challenge of how to do more with less. An ideal health system must be accessible, of high quality, efficient and sustainable. Quality health care is defined as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge|" (WHO).

The demands for increased performance and accountability in health care arise from increasing expectations for improved service and higher standards of care by patients, the public, government and policy makers (Singer and Shortell, 2011). Health care workers must do more than practice medicine and play increasingly more demanding roles of leading and building teams effectively allocating resources and ultimately addressing the needs of the people they serve. (A – Touby S. S. 2014).

Providing accessible, affordable and equitable health care has been the role of the national government since independence in Kenya. In this role, the government has overtime experimented with free health care policy which unfortunately has not worked due to financing challenges. As such Kenyans have had to contribute to their health through a cost sharing policy. Cost sharing limits access and affordability to health care and compromises equity.

Health infrastructure, personnel, drugs and medical supplies are important inputs in delivering quality health care but they require sufficient funding. Funding by the national government to the health sector have averaged about 6% of the government budget which is far below the county's global financing commitment, such as the Abuja declaration target of 15% of government budget.

1.2 Statement of the Problem

The health care services in Kenya were devolved in a special gazette issue 1795 of the Kenya Gazette supplement No.116, Legislative No.51 and legal notice No.137. The health care services were disrupted by staff unrests and strikes due to unpaid salaries and allowances, staff shortage, lack of drugs in the facilities, poor financing and other myriad nature of problems are slowly threatening to undo the gains that had been achieved (K.M.P.D.U., 2013). The fourth schedule of the Constitution of Kenya (2010) (articles 185(2), 186(1) and 187(2) established the distribution of functions between the national government and the county governments with the national

government managing referral facilities and health policy, while county governments will manage county health services. These will include county health facilities and pharmacies, ambulance services promotion of primary health care, licensing and control of undertakings that sell food to the public, veterinary services, cemeteries, funeral palours and crematoria and refuse removal (ROK, 2013). According to WHO (1990), decentralization can be defined in general terms as the transfer of authority or dispersal of power in public planning, management and decision making from national to sub national level.

According to the Public Finance Management Act 2012, all revenues collected (including FIF collected by hospitals) and received by the counties shall be deposited into the County Exchequer bank accounts. Budgets will then be approved and prioritized by the County Governments and assemblies before approval by the national controller of budget. It is yet, to be established whether the leaderships in the various counties have the requisite capacity to provide vision, advocacy, establish relevant priorities, set overall policy direction and other guidance on health strategy and programming. (Mwamunye and Nyamu, 2014). The onset of health functions to the devolved units in 2013 witnessed unprecedented muscle flexing between governors and health workers.

Dealing with rapid, complex and discontinuous changes require leadership and for Kenya to have a successful health system, the leaders in the counties must understand the nature and implications of change, have the ability to develop effective strategies that account for change and the will as well as the ability to manage the momentum of devolution (Mwamunye and Nyamu, 2014). According to the Ministry of Health report (2010), 61% of health managers felt inadequately prepared for their current roles due to lack of skills in leadership and health systems management. A 2010 review of the health situation in Kenya, performed by the Ministry of Medical Services and the Ministry of Public Health and Sanitation, revealed that improvements in health status have been marginal in the past few decades and certain indicators have worsened (Rok, 2010). The Maternal Mortality Rate (MMR), 31 in 1000 life births and Neonatal Mortality Rate (NMR) 488 in 100,000 have worsened, while Infant Mortality Rate (IMR) 57 per 1000 have only marginally improved. (WHO, MOH, KDDHS, 2008-2009). Disease burden as a result of Malaria, tuberculosis, and HIV/AIDS, which together account for almost 50% of all deaths in the country have received the most attention, with government and

donors focusing on prevention, treatment and eradication efforts. While infectious diseases such diabetes, cancer, cardiovascular disease and high blood pressure are on the rise (ROK, 2010 – uploaded in DHIS).

According to the World Bank Report (2012) the index of access to health services indicates a critical shortage of health care workers in Kenya. This shortage is markedly worse in the rural areas where understaffing levels of between 30% and 50% were documented at the then provincial and the rural health facilities. This study sought to establish the influence of devolution on strategy implementation in health care facilities in Kenya.

1.3 Objectives of the Study

The study addressed the following specific objectives; to establish the influence of devolution in strategy implementation of health care services in Kenya.

1.4 Hypothesis

H_0: Devolution is not significantly related to strategy implementation.

2.0 Literature Review

2.1 The Independent Variable: Devolution

The Black's Law dictionary defines devolution as the act or an instance of transferring one's rights, duties or powers to another. It is the practice in which the authority to make decisions in some sphere of public policy is delegated by law to sub-national territorial assemblies (e.g. a local authority) and entails transferring governmental or political authority. It is a political device for involving lower – level units of government in policy decision making on matters that affect those levels. Devolution is premised on the rationale that institutions close to the citizens are the most likely to meet and properly articulate needs of the citizens.

The promulgation of the constitution of Kenya on 27th August, 2010 was a major milestone towards the improvement of health standards (MOH, GOK, 2012). Citizens high expectations are grounded on the fact that the new constitution states that every citizen has a right to life, a right to the highest attainable standard of health including reproductive health and emergency treatment, right to clean, safe and adequate water and a reasonable standards of sanitation and the right to a clean healthy environment (constitution of Kenya, 2010). The Kenyan Constitution seeks to ensure a right based approach to health is adopted and applied in the delivery of health services.

The health function is critical to the welfare and prosperity of any nation. (KPMG, 2014). The way the health sector is run largely determines the effectiveness of service delivery.

Devolution presents opportunities and challenges to the health sector that together determine the effectiveness of service delivery and the character of the overall health system.

According to Kenneth O., (2014) devolution allows county government:

i.   The space to design innovative models that suit the terrain of their unique sector needs.

ii. Sufficient scope to determine their health system priorities

iii. And the authority to make autonomous decisions on sub sector resource allocation and expenditure.

On the other hand, devolving health care services presents equity, institutional and resource challenges that must be dealt with to assure effective and sustainable health care. It requires harmony in planning, budgeting, monitoring and evaluation at national and county levels. According to Kenneth O. (2014), while devolution presents opportunities to improve health indicators in Kenya, it could also fuel inefficiencies, exacerbate existing inequalities and precipitate policy and structural discord in the sector. For example, according to Shaikh et, al (2012), district administrators in Pakistan failed to prioritize health hence limiting resource allocations and hence health care delivery stagnated despite

devolution. The World Bank warns that poorly and hastily implemented devolution can affect health care services delivery (WB, 2012).

According to a World Health Organization Report, (2009) decentralization of health care has had positive results in the Latin American Countries of Angentina and Brazil. For example the Family Health Programme in Brazil has helped reduced infant mortality by 13% between 1999 – 2004. It has also resulted into a huge decline in maternal and child mortality rates. In Chile, devolution of health care have resulted in quick management decision.

After devolution of health care in the UK, there is strong evidence that efficiency had increased in health care delivery (Mays and Dixon, 2011). Farer et al (2009) also in their study concluded that reduction in hospital costs in England had been achieved by increased efficiency rather than reduction in quality. In Botswana, devolution of health care have had the benefits of greater and more effective community involvement, improved intrasectoral collaboration and faster and more appropriate handling of administrative issues.

2.2   Dependent   variable: Strategy implementation
The goal of any health system is to promote universal access to appropriate, efficient,

effective and quality health services in order to improve and promote people's health.

(Buston R. M. et al 2004). Health care systems are composed of numerous professional groups, departments and specialities with intricate non-linear interactions between them: The complexity of such systems is often unparalled as a result of constraints relating to different disease areas, multi-directional goals and multi-disciplinary staff. The Kenya health policy 2012-2030 has a goal "attaining the highest possible health standards in a manner responsive to the population need," (MOH Kenya 2012). The policy aims to achieve this goal through supporting provision of equitable, affordable and quality health and related services at the highest attainable standards to all Kenyans. The draft Kenya Health Sector Strategic and Investment Plan (KHSSP) July 2012 - June 2018 proposes a three framework for overall health sector leadership; that is partnership, governance and stewardship which together should address the health agenda towards the fulfillment of the right to health. The mission of this strategic plan is to "deliberately build progress, responsive and sustainable technologically – driven evidence based and client – centred health system for accelerated attainment, of highest standard of health to all Kenyans" (MOH, K, 2013).

Strategy implementation is "the process of allocating resources to support chosen strategies". This process includes the various management activities that are necessary to put strategy in motion, institute strategic controls that monitor progress and ultimately achieve organizational goals". For example, according to Steiner (2009), "the implementation process covers the entire managerial activities including such matters as motivation, compensation, management appraisal and control processes"

According to Buston R. M. et at (2004), the successful implementation of a plan in an organization requires a process of identifying organizational problems and solving them a process for providing ongoing education and training for all staff of the organization in principles, tools and tools of continuous improvement. Furthermore all staff within the organization should clearly understand the mission and vision of the organization and be committed to quality improvement as part of their daily routine activities.

According to the America Institute of medicine (2012), understanding the complexities involved in system change is key to success. The first and most important lesson about health care is that simple one – off solutions to complicated problems are invariably wrong or deeply suspect. According to the U.S. Department of

Health and Human Services (2011) strategy points to the overarching efforts to successfully position the health system to provide both quality services and sustainability. It can be described as the approach used by the health system to create value for its population and patients. Innovation is often an important element of a successful strategy. It involves doing something differently rather than doing the same thing expecting the same results. The first step in a general framework of strategy implementation is identifying the activities, decisions and relationships critical to accomplishing the activities. According to Ryszard. (2014) there are six administrative tasks that shape a manager's action agenda for implementing strategy.

One is building an organization capable of executing the strategy. The organization must have the structure necessary to turn the strategy into reality. Furthermore, the firms personnel must possess the skill needed to execute the strategy successfully. Related to this is the need to assign the responsibility to accomplish key implantation tasks for the right individual or groups.

Secondly is to establish a strategy supportive budget. If the firm is to accomplish strategic objectives, top management must provide the people, equipment, facilities and other resources to carry out its part of the strategic plan. Further once the strategy has been decided upon the key tasks to be performed and kinds of decision required must be identified, formal plans must be developed, the tasks should be arranged in a sequence comprising a plan of action within targets to be achieved at specific dates.

Thirdly is installing administrative support systems. Internal systems are policies and procedures to establish desired types of behaviour, information systems to provide strategy critical information on a timely basis and whatever inventory, materials management, customer service cost accounting and other administrative systems are needed to give an organization important strategy executing capability. These internal systems must support the management process, the way the managers in an organization work together as well as monitor strategic progress.

Fourth is devising rewards and incentives that are tightly linked to objectives and strategy. People and departments of the firm must be influenced through incentives, constraints control, standards and rewards to accomplish the strategy.

Fifth is shaping the corporate culture to fit the strategy. A strategy supportive corporate culture causes the organisation to work hard (and intelligently) towards the accomplishment of the strategy. Lastly is exercising strategic leadership. Strategic leadership consists of obtaining commitment to the strategy and its accomplishments. It involves the constructive use of power and politics in building consensus to support the strategy.

According to the American Institute of Medicine, in implementing a health services strategy a **STEEP** analysis should be carried out. This includes:

a) **Safety** – avoid injury to patients from the care that is intended to help them

b) **Timeliness** – reduce waits and harmful delay

c) **Effectiveness** – provide services based on scientific knowledge to all who could benefit and refrain them providing service to those not likely to benefit (avoiding overuse and underuse respectively)

d) **Efficiency** – avoid waste

e) **Equitably** – Provide care that does not vary in equality because of personal characteristics such as gender, geographical location and social economic status and

f) **Patient centeredness** – provide care that is respectful of and responsive to individual patient preferences, needs and value (s)

Implementing a health service strategic plan requires a clear delineated roles and responsibilities and accountability. Understanding the link between operations, continuous improvement, strategy, innovation enablers and constraints is fundamental to successful strategic execution.

3. 0   RESEARCH METHODOLOGY

3.1   Research Design

The research design used in this study was a descriptive and explanatory research design since these tools allow the use of the gathered primary and secondary data (mugenda & mugenda, 1999). Descriptive studies allow fact finding as well as result information with important principles of knowledge and solution. The design was appropriate since it allowed the use of research instruments like questionnaires.

3.2 Sample and Sampling procedures

Since the health facilities are well represented in the county, a simple random sampling was used in selecting the health facilities for the study. Simple random sampling is the best form of sampling as it allows all members of a population to have an equal and unbiased chance of appearing in the sample, (Gay 1992). For the case of this study, the list of the facilities was obtained from the District Health Information Systems (DHIS). All the incharges

of the selected facilities were included in the study because they are the principle controllers of the facilities affairs and their duties include ensuring that the facilities have adequate facilities for the provision of quality health care. The incharge is also aware of the dissemination of policy and the best placed to explain the quality and when resources are needed. The target sample comprised 24 out of 74 health facilities in the county. This constitutes 33% of the total population hence the selection for representative results. All the health facilities were assigned random numbers and any 24 was picked from the 74. The health facilities matching the selected numbers therefore comprised the sample.

3.3 Research Instruments & Data Collection and Analysis

Primary and secondary data was used for the study. Primary data was acquired by the use of questionnaires which was self administered to the respondents. The questionnaires were composed of close ended and open ended questionnaires.

Close ended questions were used since they are easy to use, analyze and capture data. The questions also enhance consistency of response across the respondents. The open ended questions on the other hand, were aimed at helping to capture the opinions of the respondents regarding the variables under investigation.

Once the questionnaires were received, they were coded and edited for completeness and constituency. Only duly filled instruments by the respondents were used.

The quantitative data was analyzed using descriptive statistical package for social services (SPSS). Descriptive statistics such as the means and standard deviations were calculated to summarize the data. According to Gupta (1996) this technique gives simple summaries about the sample data and present quantitative descriptions in a manageable form.

A correlation analysis was conducted to establish the relationship between the independent and dependent variables. They helped to test the hypothesis of the study and show the degree of relationship between the independent and dependent variables. A Pearson was used to determine if there was a significant positive association between devolution (independent variable) and strategy implementation (dependent variable). The hypothesis testing was done at 5% level of significance. Regression analysis was also used to find out of an independent variable predicts a given dependent variable. Linear regression is an approach to model the relationship between scalar variable Y and one or more variables denoted X. It helps to evaluate the contribution

of each independent variable in explaining the dependent variable (Fowler, 2014) when the other variables are controlled the R square value was obtained for each variable

4.0 Results and discussion

The response rate was 92% while the factor thresholds of variables were above the threshold of 0.33. It has become customary for loadings of 0.33 to be values to be interpreted; Kothari (2005).The objective of the study was to establish the influence of devolution in strategy implementation of health care services in Kenya.

4.1 Correlation Between Strategy Implantation with Devolution

Correlation was used to analyze the degree of relationship between devolution with strategy implementation. For the Study, the Pearson moment correlation(r) was used to determine there is a significant positive relationship and to show the degree of what relationship between the two variables.

The table I below shows that there is a positive significant linear relationship between devolution with strategy implementation. With a Pearson correlation coefficient of 0.589 and a P-Value of 0.02. These finding shows that devolution significantly affects strategy implementation of health care services. These

findings correspond and agree with research by Mays and Dixon (2011) which established a relationship between a devolution and efficiency in strategy implementation.

TABLE I: Correlation, Devolution and Strategy Implementation

		Strategy Implementation	Devolution
Strategy Implementtion	Pearson correlation	1	589
	Sig (2 – tailed)		
Devolution	N	24	24
	Pearson Correlation	589	
	Sig (2 tailed)	0.02	1
	N	24	24

Correlation is significant at the 0.05 (level (2 - tailed)

4.2 Regression Analysis Between Devolution and Strategy implementation

The researcher used regression analysis to find out if the independent variable (Devolution) predicts the given dependent variable (strategy implementation). Linear regression gives a statistic called coefficient of determination (R^2) and this is used to evaluate the contribution of the independent variable in explaining the dependent variable.

Here below table II shows that devolution has an R Square of 0.361. This means it contributes 36.1% to strategy implementation while 63.9% can be explained by other variables. This by

extension implies that devolution influences strategy implementation if its efficiently and effectively used.

Table II: Regression Analysis with Strategy implementation

Model	R	R Square	Adjusted R Square	Std error of the estimate
1	589	365	361	2409

    a) Predictors: (Constant), Devolution

    b) Dependent variable: Strategy implementation

As shown on table III below on the test of significance, the P-Value of 0.002 is less than the level of significance of 0.05 and this shows a significant linear relationship between devolution and strategy implementation. This implies that devolution significantly affects strategy implementation.

From the hypothesis

H_0: Devolution is not significantly related to strategy implementation.

H_1: Devolution is significantly related to strategy implementation

Thus since P-value at 0.002 is less than 0.05 (0.002 < 0.05) we reject H_0 and accept H_1 that there is a significant relationship between Devolution and Strategy implementation.

TABLE III: ANOVA

Model		Sum of Squares	df	Mean square	F	Sig.
1	Regression	5.752	1	5.020	79.028	0.002 a
	Residual	10.411	23	0.34		
	Total	16.163	24			

    a) Predictor: (Constant), devolution

    b) Dependent variable: Strategy Implementation: Y

From the regression findings as shown in table IV below, the substitution of the equation

$Y = \beta_0 + \beta_1 X_1 + e$ becomes $Y = 1.912 + 0.235 + e$

Where Y is the dependent variable (strategy implementation) X_1 is the independent variable (devolution).

From this table β_0 is 1.912 units which can be interpreted to mean that when devolution is not introduced the model predicts that strategy implementation will have 1.912 units. From this data, devolution has a positive B- value of (0.235) indicating a positive relationship and thus when devolution is introduced strategy implementation improves.

Also the b-value tells to what degree each predictor affects the outcome. The value $B_1 =$

0.235, indicates that as devolution increases by 1 unit, strategy implementation improves by o.235 units.

Table IV – Coefficients (a)

Model	B	Std. Error	Beta	t	Sig.
	Unstandardized Coefficients		Unstandardized Coefficients		
1 Constant) Strategy	1.912	0.85		21.463	0.002
Implementation	0.235	0.33	0.589	9.560	0.002

a) Dependent variable: Strategic implementation

This findings agree with other studies that there is a positive and statistically significant association between efficiency and effectiveness and successful strategy implementation (Mays & Dixon, 2011, Farar et al, 2009).

5.0 Conclusion and Recommendations

5.1 Conclusion

The study sought to determine the influence of devolution on strategy implementation of health care services in Kenya. From the findings the study concludes that devolution significantly affects strategy implementation. This is because it has a pearson correlation of 0.589 and a p-value of 00.2 which shows a significant correction between devolution and strategy implementation. The R-square value of 0.361 shows that it contributes 36.1% to strategy implementation while 63.9 can be explained by other variables.

5.2 Recommendations

Devolution of health care in Kenya should be viewed as a journey towards a "more perfect" health system therefore:-

i) Congent strategies and a well thought out implementation process marked by the will and commitment of all health stakeholders in the counties should be encouraged as the way forward.

ii) The leadership should be committed to the strategies and their accomplishments. This involve the constructive use of power and politics inorder to build consensus to support the strategies.

5.3 Suggestions for further Research

The study recommends further research on the role of the functional results leadership model advocated by AL-Touby 5.5 (2012), to determine its impact on Strategy implementation in a devolved health care delivery service.

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