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Power, Politics, and Progress: Navigating Power Dynamics in Kakamega's Maternal Health Service Redesign Reform

Background

Since 2021, Kakamega County in western Kenya has implemented a Maternal and Newborn Health (MNH) service delivery redesign aimed at improving survival rates by concentrating deliveries in adequately equipped facilities rather than dispersing them across lower-level centers with limited capacity. This reform represents the first county-level implementation of a deliberate system-wide reorganization of maternal health services in Kenya, making it a critical case study for understanding how political economy factors shape health system transformations. However, implementing such system-wide reforms is not solely a technical undertaking; it is also shaped by socio-economic and political factors that influence every stage of the reform process.

The implementation of SDR demands engagement from multiple stakeholders, coordination across various health system domains (including clinical care, financing, transport, and human resources), and navigation of inevitable contestations over power and resources. Political economy analysis (PEA) offers valuable insights into these processes by examining why certain changes occur or fail to materialize, who benefits and who loses from reforms, and how those with vested interests may resist change.

This study employed a political economy analysis (PEA) to understand how politics influences the SDR policy adoption and implementation process in Kakamega County. The research examined the complex relationship between actors, interest groups, and formal and informal institutions that influenced the agenda-setting, adoption, implementation, and sustainability of the reform. Data collection involved document analysis, stakeholder mapping, key informant interviews, focus group discussions, and observations of implementation activities. By analyzing how structural factors and stakeholder interests have shaped this pioneering initiative, we aim to provide valuable lessons for policymakers and implementers pursuing similar system-level reforms in comparable settings.

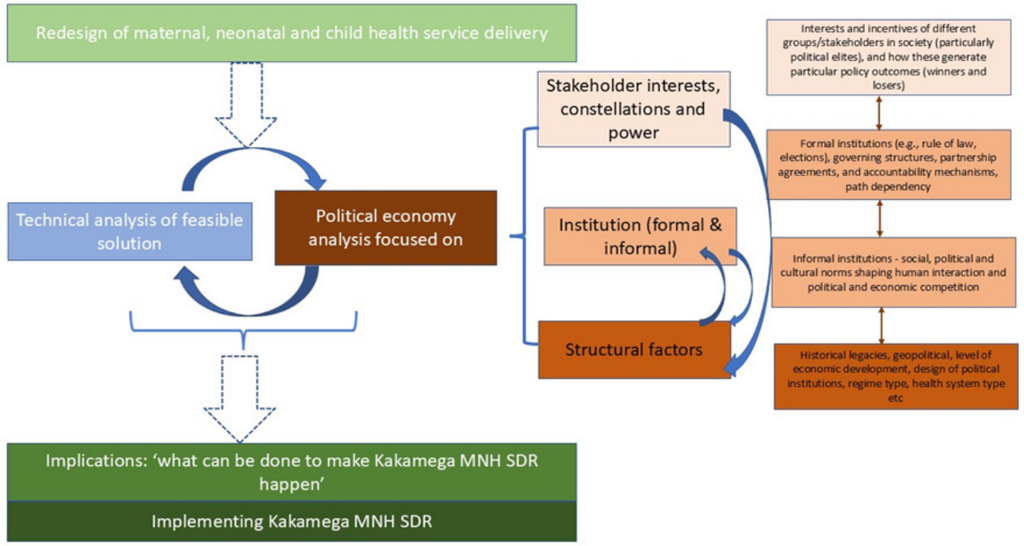

Figure 1: The Kakamega MNH SDR political economy analysis framework

Stakeholders' Power and Influence

INTEREST

MEET THEIR NEEDS • Engage and consult • Increase/Maintain the level of interest • The aim is to move them to the right • Could be a risk to your idea *Low power and high interest (Subjects) Head of Health products and technology, Health facility in charge, Nursing Officer In charge, Sub-County Pharmacists, Blood Bank Manager, Lab Manager, Head of Health Information Management Systems, County Community Health Strategy Coordinator	**KEY PLAYER** • Manage closely • Involve in projects and decisions • Engage regularly and work to maintain the relationship *High power and high interest (Players) Governor, Members of County Assembly (MCAs), CEC Health, Director of Health, Chief officer of Economic Planning, Former Acting Directors of Health, County reproductive health coordinator, Sub-County reproductive health coordinator, and Former County partnerships coordinator, etc.
LOW PRIORITY • Monitor • Communicate generally to keep updated • Aim to move to the right *Low power and low interest (Crowd) County HR officer, County Architect	**KEEP INFORMED** • Make use of interest through involvement • Consult on their area of interest • Can be a supporter/ambassador *High power and low interest (Context setters) County Health Administrative Officer, Acting Director Planning and Administration

POWER

Figure 2: The Kakamega MNH Stakeholders Power interest grid

Summary Findings

Executive Leadership Dynamics

Executive Leadership Dynamics shaped the SDR implementation in significant ways. Governor(s) played a crucial role, with their support lending legitimacy to the initiative while their political interests sometimes complicated implementation.

Political patronage significantly influenced decision-making, as evidenced by the construction of a new level 4 hospital in Butere (the former governor's home area) rather than upgrading the existing level 4 sub-county hospital (Butere Subcounty Hospital) as originally planned. Additionally, gubernatorial transitions affected implementation continuity, with changes in priorities impacting resource allocation and project completion.

Legislative Engagement

The County Assembly's support was critical for enabling key legislative changes, such as the Kakamega Health Services Act (2022) that established the Facility Improvement Fund. Some Members of County Assembly (MCAs) resisted aspects of SDR that appeared to disadvantage their constituencies in terms of resource allocation, reflecting tensions between county-wide planning and ward-level interests.

Some stakeholders believed MCAs opposed moving all deliveries to Lumakanda Level 4 Hospital. As a result, SDR shifted deliveries to any Level 4 hospital in the region. Additionally, misconceptions about SDR's linkages to primary healthcare and Universal Health Coverage created resistance among some elected officials.

Bureaucratic Leadership

The County Health Management Team (CHMT) exerted significant day-to-day influence on SDR implementation and served as crucial "gatekeepers" for the health system.

Strong relationships between implementing partners and the County Department of Health facilitated implementation.

Health worker involvement varied, with challenges in engaging and retaining specialized physicians at sub-county hospitals and limited involvement of lower-level cadres like Community Health Promoters.

External Actors

External stakeholders, including NGOs (Jacaranda Health, Thinkwell, Thinkplace, and Rescue), the Bill and Melinda Gates Foundation, and national bodies like the Council of Governors, played important roles in agenda-setting and resource provision. Religious and community groups influenced service uptake, with some traditional beliefs deterring women from utilizing formal maternal health services.

Institutional Influence on Implementation

Formal Institutions

Memoranda of Understanding between partners and the county government provided frameworks for collaboration but faced challenges in resource allocation. New policies developed to support SDR, including a referral policy and the Facility Improvement Fund, strengthened the implementation framework. Budgetary constraints affected SDR sustainability, with inadequate funding for operational costs and reliance on reallocating resources from other areas.

Informal Institutions

Policy entrepreneurs played crucial roles in agenda-setting, connecting global ideas to local implementation through networks and relationships. Collective sense-making and relationship-building facilitated implementation when formal processes proved insufficient. External disruptions, including the COVID-19 pandemic and a doctors' strike, significantly impacted implementation progress.

Structural Context

Kenya's devolved health system shaped SDR implementation, with county governments managing health services while depending on national funding. Electoral politics and patronage influenced resource allocation and project prioritization, with health initiatives used for political gain. Economic constraints and Kenya's lower-middle-income status created a challenging budgetary environment, increasing dependence on external donors.

POLICY RECOMMENDATION

- Develop sustainable financing mechanisms for SDR implementation that reduce dependence on external donors and reallocations from other health programs. Dedicated budget lines and innovative financing approaches are needed to ensure long-term viability.
- Strengthen political engagement strategies that build support across political divides and election cycles. Programs should engage both executive and legislative branches early and continuously to ensure sustained political commitment.
- Align SDR communication with primary healthcare priorities to address misconceptions about SDR undermining Universal Health Coverage. Clear messaging should emphasize how SDR complements rather than competes with primary healthcare.
- Balance technical and political considerations in facility planning decisions to avoid situations where political interests override technical feasibility concerns.
- Create formal coordination mechanisms between implementing partners and county structures that outlast specific administrations or funding cycles.
- Implement comprehensive monitoring systems that track health outcomes and political economy factors affecting implementation to enable adaptive management of the reform process.
- Develop transition plans for external partner exit that systematically transfer responsibilities to county structures to ensure sustainability when donor funding ends.

ACKNOWLEDGEMENT

We acknowledge the research team, participants, and stakeholders who contributed to this important study on Power, Politics, and Service Redesign: A Political Economy Evaluation of Maternal and Child Health Reforms in Kenya

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