Role of County Health Governance in Implementation of Social Insurance National Scheme in Selected Counties in Kenya

Eunice M. Mwangi[1*], Wanja M.Tenambergen[1], Job Mapesa[2], and Samuel K.Wairia[3]

[1]*Department of Health Systems Management, Kenya Methodist University*
[2]*Department of Public Health, Human Nutrition and Dietetics, Kenya Methodist University*
[3] *Nakuru County Department of Health*

[*]Correspondence email*:* eunicelucki@yahoo.co.uk

Abstract

Health care financing (HCF) is one of the building blocks of a health system. Kenya envisions to have Universal Health Coverage (UHC) by 2022. To achieve this, the National Hospital Insurance Fund (NHIF) was identified as a vehicle towards the realization of UHC. NHIF collects revenue, pools risks, and purchases health services for its members. NHIF uses capitation as a strategic purchasing model to provide primary care health services (PCHS). This study aimed to establish the role of County Health Governance in implementation of the NHIF national scheme. Specifically, the study sought information on NHIF's communication with the County Health Management Team (CHMT), CHMT knowledge of NHIF national scheme guidelines, suitability of county health facility Infrastructure , adequacy of NHIF capitation funds, NHIF accountability and how they all influence provision of NHIF primary care health services. This was a cross sectional research. All 120 County and Sub-County Health Management Team members were purposively sampled from Nakuru and Nyandarua Counties, a 96% (115) response rate was achieved. Results showed that, 64(56%) of respondent said NHIF was accountable to the population, 73(63%) said the county health facility infrastructure was adequate and 67(58%) said there were guidelines directing implementation of NHIF PCHS. However, 66(57%) said patients were not accessing NHIF primary care health services, 70(61%) said capitation funds were not adequate and 59(51%) said communication from NHIF to them was inadequate. Chi square results indicated that all variables, NHIF communication $\chi^2 = 5.364$, $p < 0.05$, availability of guidelines $\chi^2 = 10.447$, $p < 0.05$, suitability of county health facility infrastructure $\chi^2 = 13.199$, $p < 0.001$, adequacy of NHIF capitation funds $\chi^2 = 6.956$, $p < 0.05$ and NHIF accountability $\chi^2 = 10.982$, $p < 0.05$ were scientifically significant and influenced implementation of the national scheme outpatient services. The study concludes that there is minimal participation of the CHMT in NHIF decision making and this hinders successful implementation of the NHIF National scheme. The study recommends that 1) NHIF improves communication with the CHMT members, so as to involve them in the implementation of NHIF national scheme, 2) NHIF to raise awareness of the strategic purchasing function in order to promote a shared understanding which will enrich knowledge of the roles and responsibilities of all the players including the County and National governments, NHIF, Citizens and providers.

Key Words: *Universal Health Coverage; Social insurance; NHIF National Scheme; County Health Management, Kenya*

IJPP 7(2); 1-14

Introduction

Primary Health Care, is the foundation of a health care system, it is the act of providing as much care as possible at the first point of heath care, (World Health Organization, 2007).Universal access is one of the principles of primary health care, and is also an intermediate goal of all health systems others being coverage, quality and safety. Access to primary care services remains a global challenge.

The Government of Kenya (GoK) is committed towards achieving Universal Health Coverage (UHC) as a means of realizing the right to health as enshrined in the Constitution of Kenya 2010. Universal Health Coverage is one of the Kenyan's government Big Four Agendas to be achieved by 2022. In order to enhance access to health care as a step towards UHC, the government has identified NHIF as a means to this end. NHIF, the sole social health insurer, has been in existence since 1966.

This study focused on the NHIF primary care health services under NHIF National scheme, which was launched in July 2015. This scheme has no exclusions for all medical conditions except cosmetic procedures, no upper age limit for members to join, and no limitation on the number of declared dependents (NHIF, 2019). NHIF is mandated to provide access to quality and affordable health care for all Kenyans. NHIF collects revenue, pools and purchases health services for its members. As a purchaser, the NHIF conducts some form of 'strategic' purchasing by accrediting and contracting public and private health providers country wide for a defined benefit package. According to Tangcharoensathien et al., (2015), if strategic purchasing function is well managed, it contributes to achieving UHC goals of equity and financial risk protection. According to Figueras, Robinson, and Jakubowski, (2005), key actions in promoting strategic purchasing actions by both National and County governments include; establishing clear policy and regulatory structures for purchaser(s) and providers, which includes ensuring availability of services to, and financial protection of, the population served. Secondly, building infrastructure where gaps exist, thirdly ensuring adequate resources are raised to meet service entitlements and finally ensuring accountability of purchasers to government and citizens, especially where public funds are used.

According to Mathauer, Dale, and Meessen, (2017), the governance function is an enabler of strategic purchasing, through governance, roles and responsibilities of the different stakeholders, specifically purchasers, health providers, respective associations, society and the beneficiaries/citizen, are set.Despite strategic purchasing mechanism, cases of NHIF members paying for health services at the point of care, lack of essential drugs and long waiting times, continue to be reported.

These challenges imply deficiency in strategic purchasing, therefore raising a need to assess the role of the governance function. Mathauer, et al, (2017) states that through governance, roles and responsibilities of the different stakeholders in strategic purchasing are set.The health system in Kenya is devolved with responsibilities of providing and financing health care being shared between the National (Ministry of Health) and the county Governments. According to (Kenya Ministry of Health, 2014), one of the mandates of the counties is to oversee county health facilities and pharmacies and promote primary healthcare, this oversight responsibility is undertaken by the County/Sub county Health Management

Team (CHMT/SCHMTs). This study therefore focused on the role the CHMTs/SCHMTs are playing in the implementation of the social insurer's primary care health services.

This study aimed to assess the role of County Health Governance in the implementation of the National Scheme under the NHIF. Specifically, the study sought information on NHIF's communication with the County Health Management Teams on the National Scheme implementation, CHMTs knowledge of NHIF national scheme guidelines ,suitability of county health facility Infrastructure , adequacy of NHIF capitation funds , NHIF accountability and how they all influence implementation of NHIF primary care health services.

Material and Methods

This was a descriptive cross sectional research employing triangulation of various data analysis designs. Descriptive design was adopted so as to generate summary statistics, correlational design was used to generate the correlation matrix, quantitative design was used for inferential statistics. Data was collected using semi structured questionnaires from the County Health Management Teams (CHMTs) and Sub County Health Management Teams (SCHMTs).

The study area was Nakuru and Nyandarua Counties. The study focused on Nakuru as an urban county in the rift valley region and Nyandarua as a rural county, in the central Kenyan region, Kenya National Bureau of Statistics, (2012). The variations in the social economic status of the populations in the two counties influences the purchasing power of the population and how populations access primary care health services. Nakuru had 20 CHMTs and 55 SCHMTs, while Nyandarua had 20 CHMTs and 25 SCHMTs, making a total of 120. A census was found appropriate for this study given the small sample size.

A total of 120 questionnaires were administered, the questionnaire had Psychometric Likert of 5 (5-Strongly agree, 4-Agree, 3-Not sure, 2-Disagree, 1-Strongly disagree) based questions. Data was was analysed using both Descriptive and inferential statistics using SPSS version 23. Bivariate analysis using both logistic regression and Pearsons Chi square was carried out to determine the effect of each independent variable and the dependent variable. Multivariate analysis was carried out using logistic regression to correlate the independent variables (NHIF Communication, NHIF National Scheme Guidelines, County Health Facility, NHIF Capitation Funds and NHIF Accountability) and the dependent variable (patients' access to quality health services) in a combined relationship.

An adjusted odds ratio at 95% confidence was used to test the strength of association. Logistic regression is used when the dependent variable is categorical. In order to undertake the bivariate and multivariate analysis the Likert based questions were recoded from five point Likert scale to binary variables. This was guided by the dependent variable which was access to NHIF PCHS, It was assumed that the patients can have access or no access to PCHS, therefore the 3-Not sure, 2-Disagree, and 1-Strongly disagree responses were recoded into (0) indicating no access, while else 5-Strongly agree, 4-Agree responses were recoded into (1) implying access. Similar recoding was done for all the independent variables.

Ethical Approval

This was obtained from the Kenya Methodist University Scientific, Ethics, and Review Committee (approved 24th January, 2017) and from the National

Commission of Science and Technology and innovation (NACOSTI/P/17/79210/15823). Approval was also obtained from the County Director of Health in both counties. Informed consent was sought from the respondents, participation in this study was on voluntary basis.

Results and Discussions

The demographic characteristics of respondents are presented in **Table 1**.

Table 1: Demographic Characteristics of Respondents

Demographic Characteristics	**(n)%**
Gender	
Male	60(52)
Female	55(48)
Age Bracket (23-59 years)	
<30 years	17(15)
31-40 years	29(25)
41-50 years	42(37)
51-60 years	27(23)
CHMT Level	
County Health Management Teams	26(23)
Sub-county Health Management Teams	89(77)
Highest Level of Education	
Certificate	3(3)
Diploma	52(45)
Graduate	48(42)
Master & above	12(10)

A response rate of 115(96%) was achieved. More than half of the respondents 60(52%) were male and 55(48 %) were female. Results show that there was no gender difference among the respondents in this study. Most of the respondents 42(37%) were aged between 41 and 50 years and 29(25%) were aged between 31 and 40 year. In addition, 27(23%) of the respondents were aged 51-60 years. The level of education was considered an important factor in broadening the management capacity of the respondents. Results show that the respondents had a relatively high level of education with majority having diploma qualification and above. This could imply that the respondents had relevant knowledge in their areas of operation within the Counties. (Gadenne, 1998), cites level of education to be a critical success factor in delivery of services.

Implementation of Primary Care Health Services under the NHIF National Scheme

To determine the implementation of the National scheme outpatient services, a proxy indicator of patients' access to NHIF primary care health services was used. Access to healthcare services indicators included patient, providers and process factors (**See Table 2 and Figure 1).**

Table 2: County Health Management Perception of Access to NHIF Primary care Health Services

Access to Primary Care		Disagree	Not Sure	Agree
		n (%)	**n (%)**	**n (%)**
i.	NHIF outpatient services are always available	47(41)	21(18)	47(41)
ii.	NHIF prescribed medicine(s) are always available	75(65)	24(21)	16(13)
iii.	Most NHIF members have registered with facilities close to their home	34(30)	38(33)	43(37)
iv.	The cost/fare to the facilities is affordable to majority	52(45)	36(31)	27(23)
v.	Sometimes NHIF patients are asked to pay for registration, medicines, lab, or x-ray services	30(26)	23(20)	62(53)
vi.	The waiting time is often not long	41(36)	25(22)	49(43)
vii.	Patients are always treated with courtesy	15(13)	29(25)	43(37)
viii.	Our patients have access to ALL NHIF outpatient services	32(28)	25(22)	21(18)

Most of the respondents 32(28%) disagreed and 25(22%) were not sure if patients under NHIF National Scheme had access to all NHIF outpatient services. There was an even number between those who agreed 47(41%) and those who disagreed 47(41%) as to whether NHIF primary care health services were available to the patients. Majority 75(65%) indicated that the prescribed medicines were not always available.

More than half of the respondents 62(53%) said patients were asked to pay for services such as laboratory, x-ray, and medicines, despite having prepaid for services through NHIF. Less than half of the respondents agreed that the patients' waiting time was not long 49(43%) and that the patients were treated with courtesy 43(37%). The findings suggest that the County Health Management teams were not satisfied with the provision of Primary Care Health Services under the NHIF National Scheme. The reasons for dissatisfaction were unavailable drugs, payment for services at point of access, long waiting time and patients not being treated by health workers with courtesy. Levesque, Harris, and Russell (2013), describes access factors to include supply, demand and process factors determining how access is achieved.

The study results indicated that the NHIF outpatient services are not always available and affordable. This finding were similar to a study in Iran by Abolghasem et al., (2018), who established factors affecting strategic purchasing as inaccessibility, unaffordability and unavailable services. In this study, the patient waiting time was said to be often long and these findings are similar to a study by Kironji, Tenambergen, and Mwangi, (2019) in Kenya, where patients had long waiting time at NHIF accredited outpatient facilities.

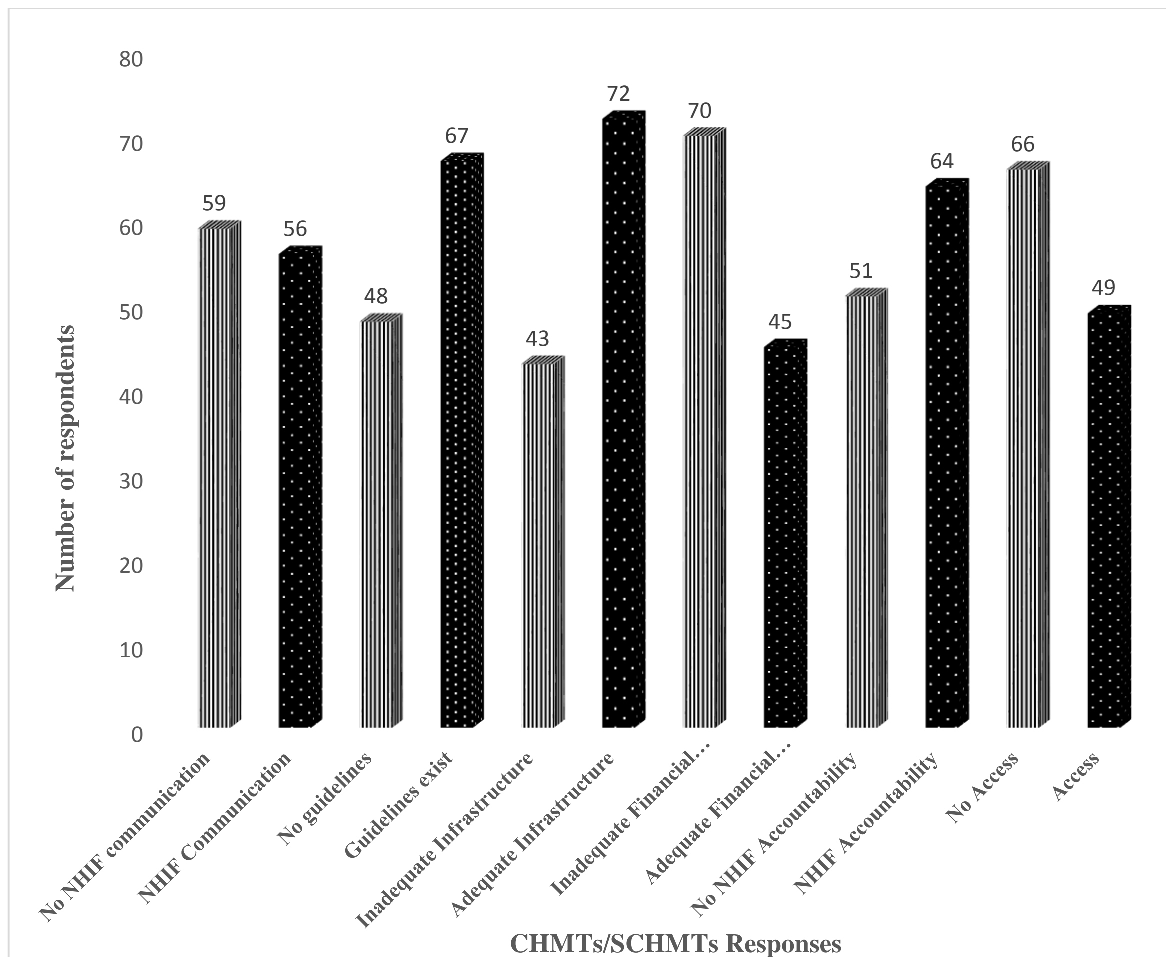

Figure 1: County Health Management perception on implementation of NHIF National Scheme Primary Care Health Services

The study indicates that majority said NHIF communication was not adequate 59 (51%), the capitation funds are inadequate 70(61%) and that patients have no access to primary care health services 66(57%). However, majority also said that there guidelines which direct implementation of the National scheme 67(58%), there is adequate health facility infrastructure 72(63%), and that NHIF is accountable to the citizens 64(56%).

The study revealed that there was inadequate understanding of the role to be played in purchasing by the health department in a County government. The governance function is a critical enabler for strategic purchasing, since it shapes roles and responsibility of different actors and players (Mathauer et al., 2017). According to Honda, McIntyre, Hanson, and Tangcharoensathien, (2016), government and regulators are expected to guide and provide stewardship to enable purchasers to undertake strategic purchasing and to ensure society priorities and preferences are addressed in purchasing decisions.

NHIF Communication with County Health Management on the National Scheme

Responses were sought on extent to which the County Health Management receives communication from NHIF on the implementation of the National scheme. Out of 115 respondents, 37(33%)

disagreed, 30(26%) were not sure while 48(41%) agreed that NHIF provides the County staff with all the information they require to make decisions on the provision of outpatient services. There was an agreement that NHIF provides the citizens with adequate information on the benefit package 55(48%). Respondents also agreed that NHIF regularly communicates to the County staff on any updates 39(34%), however a number 43(37%) disagreed on this indicator. Results indicate that more than 20% of the respondents were not sure of NHIF communication with the county management and the citizens.

On NHIF communication with the CHMT and SCHMT, the respondents 59(51%) indicated that the county health staff and the citizens are not provided with adequate information and updates by NHIF. See **Figure 1**. These finding are similar to Busse et al., (2007) who established that governing units often lack information about the conduct of purchasers and providers which inhibits adequate provision of health services.

County Health Management Knowledge of NHIF National Scheme Guidelines

The CHMTs were asked whether guidelines exist on implementation of the NHIF primary care health services (PHCS), and whether they (CHMTs) understood their mandate in the implementation of the PHCS under NHIF. Less than half 47(41%) of the respondents agreed that there exist guidelines on implementation of NHIF's Outpatient services, however 39(35%) were not sure if the existing guidelines are easily understandable to employees working in the County Health Offices (CHO).

Only 49(42%) agreed that the existing guidelines clearly explain the role of hospitals under NHIF outpatient scheme and 59(52%) agreed that employees in the CHO know what is required of them in supporting hospitals under NHIF outpatient. Another 46(40%) were not sure whether the NHIF guidelines were up-to-date. From the findings, it is clear that knowledge on the NHIF implementation of the outpatient services under the national scheme is still low.

Overall, the results revealed that most 67(58%) of the respondents, agreed that there exist guidelines that direct the CHMTs/SCHMTs on implementation of NHIF National Scheme. However, 48(42%) of the respondents were not aware these guidelines. See **Figure 1**. Knowledge of existence of and content of the purchaser guidelines may be inhibited by limited communication to CHMT/SCHMTs.

This finding was different from Busse et al., (2007) study that established that existing closed social networks between government officials, purchasers and providers may prevent implementation of legal agreements as stipulated in the guidelines. Despite the average agreement on knowledge of guidelines, most of the respondents knew their roles and the hospitals roles in delivering the primary care health services under the social insurance.

This finding supports Munge, Mulupi, Barasa, and Chuma, (2017), who established that the Kenyan health sector is broadly guided by a long-term Kenya Health Policy (KHP) 2014-2030, the Kenya Health Sector Strategic Plan (KHSSP) and the Kenya Constitution, all which spell on aspects of equity, quality and efficiency in strategic purchasing. The NHIF Act of 1998 outlines the mandate and functions of the NHIF but does not clearly address strategic purchasing, specifically how the key stakeholders (citizens, health care providers and the national and county governments) should be engaged.

Adequacy of County Health Facility Infrastructure

Majority 69(60%) agreed that not all public primary care facilities (dispensaries/health centres) were contracted by NHIF to provide outpatient services. Half of the respondents 58(50%) agreed that the county had adequate health facilities to deliver NHIF outpatient services, 53(48%) agreed that NHIF contracted public facilities attract extra funds through capitation and 48(42%) said NHIF capitation funds have been earmarked for particular programs. Majority 79(69%) agreed that the NHIF contracted public facilities have an advantage over those not contracted. Less than half 50(44%) agreed that the counties seems not to have recently taken any measures to improve the health facility infrastructure to provide outpatient services under NHIF National scheme.

Overall, the results indicated that majority 72(63%) of the respondents agreed that the counties have adequate health facility infrastructure to support delivery of NHIF outpatient services See **Figure 1**.This research indicates that despite most public primary health facilities being near the population, Counties have not requested NHIF to accredit all the facilities to provide outpatient services, this may be attributed to inadequate knowledge among the CHMTs on benefits of NHIF national scheme in improving access to quality healthcare for its citizens.

Results on health facility infrastructure showed that the counties have enough health facilities to provide outpatient services under NHIF, however not all public primary care facilities (dispensaries/health centres) are contracted by NHIF. Similar findings were reported by Munge et al., (2017), who established that NHIF's rigorous accreditation disadvantaged some facilities especially those in marginalized regions thus creating geographical barriers. According to Honda (2014), governments are supposed to build infrastructure where gaps exist, results indicate the counties have not recently taken measures to improve the infrastructure for NHIF outpatient services provision.

Adequacy of NHIF Capitation Funds

Overall, majority 70(60%) of the respondents indicated that the financial resources mobilized through capitation were not adequate to offer primary care health services for the patients under NHIF National Scheme. Most of the respondents 70(60%) agreed that the contracted health facilities under NHIF National scheme were receiving the capitation funds direct to their bank accounts, however, 68(59%) indicated that the patients lack drugs and supplies, and 63(55%) said patients are not reimbursed for supplies that are not available in the health facilities. It was evident that patients were asked to pay for NHIF outpatient services which hinders access to the services.

According to Abolghasem et al., (2018), inadequate financial resources in relation to capacity and variations is a challenge in implementation of strategic purchasing. This is in agreement with results of this study where responses on adequacy of capitation funds by NHIF to the providers is not adequate. Similarly, Munge et al., (2017) established that NHIF has inadequate resources mobilized to support service delivery requirements, this has been occasioned by the low premiums which are not revised regularly.

NHIF Accountability Mechanisms

The respondents were asked the extent of agreement with NHIF accountability mechanisms including awareness of citizen representation in NHIF Board, public reporting mechanisms on use of funds, patients' rights and complain mechanisms. The results indicate that most 64(56%)

perceived NHIF to be accountable to the public (**See Figure 1**).

Half of the respondents 58(50%) were not sure of how the citizens were represented in NHIF board, 45(39%) were not sure of any public reporting mechanisms on use of funds by NHIF, and 45(39%) were not aware of any complain mechanisms NHIF has for the patients and the county employees to forward complains to NHIF. Less than half, 48(41%) disagreed that NHIF responds to public complains for the improvement of healthcare service provided.

The study shows that 63(51%) agreed that they knew their responsibility in supporting implementation of NHIF PCHS. The research shows that there is a concern on how the county health management perceives NHIF's accountability and therefore a need to address this in order to improve the implementation of the PHSC under the national scheme.

NHIF accountability was seen to positively and significantly influence implementation of the NHIF National Scheme. Similar findings were identified by Busse et al., (2007), who established that there is a challenge in determining which group best represents beneficiaries in purchasing boards. Honda (2014), established that one accountability instrument is for purchaser to report use of funds to the public, however majority of the respondents in this study were not aware of any public reporting mechanisms on use of funds by NHIF. Abolghasem et al., (2018), found that lack of sufficient transparency in financial resources is a major challenge in strategic purchasing. Majority disagreed to the statement that NHIF has a complaint mechanism and often addresses the complaints to improve service provision for their beneficiaries.

According to Munge et al., (2017) NHIF is accountable to citizens and government through a number of institutions including the Ministry of Health, but not directly to the County governments or citizens. Accountability is more concerned with financial performance than with other aspects of purchasing activities such as response of NHIF to complaints.

Results of a study in China by Honda et al., (2016) indicated that though accountability instruments, for example reporting and complaints systems are well established, most are non-functional. The authors also established that in the Philippines, systems to allow members to voice their preferences, needs and complaints were not well established.

County Engagement Factors and their Influence on the implementation of NHIF National Scheme

A bivariate analysis was conducted to determine whether holding all other factors constant, each of the independent variables in this study that is, NHIF communication (X_1), knowledge of NHIF national scheme guidelines (X_2), county health facility infrastructure (X_3), adequacy of capitation funds (X_4) and NHIF accountability (X_5) influences implementation of NHIF national scheme measured by access to primary care health services (Y). (See table 3)

Table 3: All independent variables had a significant association with dependent variables at (P<0.05), County Health Facility Infrastructure had the highest Odds ratio (4.722) and lowest was NHIF Communication (2.429)

Variable	B	S.E	Odds Ratio	P Value
NHIF Communication				
No Communication to CHMTS/SCHMTs (ref)			1.000	
NHIF communicates to CHMTS/SCHMTs	0.888	0.387	2.429	0.022
Knowledge of NHIF National Scheme guidelines				
Implementation guidelines do not exist(ref)			1.000	
Implementation guidelines exist	1.308	0. 414	3.700	0.002
County Health Facility Infrastructure				
Infrastructure not Available (ref)			1.000	
Infrastructure Available	1.552	0.444	4.722	0.001
Adequacy of Capitation Funds				
Capitation Funds not Adequate(ref)			1.000	
Capitation Funds Adequate	1.028	0.395	2.796	0.009
NHIF Accountability				
NHIF is not Accountable (ref)			1.000	
NHIF is Accountable	1.324	0.408	3.758	0.001

At P< 0.05 Level of Significance, we reject the null hypothesis that the independent variable does not influence the dependent variable Sample size= 115

Results indicate that county engagement factors had a significant relationship with perceived access to NHIF PHSC ($p < 0.05$). County Health Facility Infrastructure had the highest odds ratio of 4.722 indicating that, where health facility infrastructure was available there was a 4.7 fold increase in the odds of accessing primary care services compared to where there was no health facility infrastructure. Chi square results indicate that NHIF Communication $\chi^2 = 5.364$, $p < 0.05$, existence of NHIF outpatient guidelines $\chi^2 = 10.447$, $p < 0.05$, county health facility infrastructure $\chi^2 = 13.199$, $p < 0.001$, adequacy of capitation funds $\chi^2 = 6.956$, $p < 0.05$ and NHIF accountability $\chi^2 = 10.982$, $p < 0.05$, were all scientifically significant and they influenced access to NHIF outpatient services. This implies that any improvement in awareness of NHIF outpatient guidelines (X_2), NHIF communication with the counties (X_1), county health facility infrastructure (X_3) adequacy of capitation funds (X_4) and NHIF accountability (X_5) will lead to an improvement in implementation of NHIF outpatient services and ultimately to

improved access to outpatient services for NHIF members.
A multivariate analysis was done on the five factors (communication, knowledge of guidelines, infrastructure, adequacy of capitation funds and NHIF accountability) to test their combined influence on implementation of the National Scheme. A logistic regression was performed to ascertain the effects of these variables and their likelihood that they will guarantee patient access to NHIF outpatient services. The results indicate that the logistic regression model was statistically significant, $\chi2$ (6) = 2.924, p >0.05, the Goodness-of-fit test had a p-value > .05. The model comprising of the five independent variables explained 24% (Nagelkerke R2) of the variation in access to the social insurance PCHS, and correctly classified 72% of those who perceived there to be access to NHIF primary care health services.

Table 4: Multivariate analysis indicate independent variables had no significant association with dependent variable, at P<0.05

Variable	B	S.E	Odds Ratio	P Value
NHIF Communication				
No Communication CHMTS/SCHMTs (ref)			1.000	
NHIF communicates with	-0.270	0.566	0.763	0.633
Knowledge of NHIF National Scheme guidelines				
Implementation guidelines do not exist(ref)			1.000	
Implementation guidelines exist	0.805	.532	2.237	0.131
County Health Facility Infrastructure				
Infrastructure not Available (ref)			1.000	
Infrastructure Available	0.920	.514	2.508	0.074
Adequacy of Capitation Funds				
Capitation Funds not Adequate(ref)			1.000	
Capitation Funds Adequate	0.723	.454	2.060	0.112
NHIF Accountability				
NHIF is not Accountable (ref)			1.000	
NHIF is Accountable	0.633	.535	1.883	0.237

At P< 0.05 Level of Significance, we reject the null hypothesis that the independent variable does not influence the dependent variable, at P> 0.05 we fail to reject the null hypothesis. Sample size= 115

The multiple regressions results in Table 4 indicate that in a combined relationship, none of the variables in the study was statistically significant (p>0.05). The value of the constant (Odds ratio of .145, p =0.001) indicating that implementation of the National Scheme will always exist at a certain minimum even without the five factors (Communication, guidelines, infrastructure, adequacy of capitation funds

and NHIF accountability) under investigation in this study. This can be explained by the fact that the county health management involvement in NHIF decision was not adequate, the capitation funds for the outpatient services were inadequate, communication by NHIF was not sufficient. The delivery of PCHS under the National Scheme by the county health office is guided by other policy documents and not directly by NHIF. Overall, information and communication strategies on policies and decisions are key if, implementation of the NHIF National Scheme PHSC is to succeed.

The results of this study indicate that the County Health Departments is not fully engaged in the implementation of the PHSC under the NHIF National Scheme. The County health management who were the respondents scored very low in determining what services, how the services and from whom the NHIF National Scheme services are purchased. The role of the County Health Governance in the implementation of the National scheme was not clear, these can further be explained by Busse et al., (2007) , who established that governments face multiple barriers including political, cultural, economic, and technical that affect their ability to undertake purchasing stewardship.

Moreover there are costs involved in monitoring purchasers' activities. Mathauer et al., (2017), established that governance function with respect to purchasing is often absent or under-developed. When the governance is weak, policy is often driven by what is good for the insured rather than what is good for the society. Results of an Indonesian case study identified that there were unclear organizational roles and accountability lines between the national purchaser and the Ministry of Health and local/district health offices, these unclear roles undermine the function of the purchaser (Honda et al., 2016).

Conclusion

Many stakeholders seem to relate NHIF purchasing to be a relationship between the National Social Insurer and the Kenya Ministry of Health and not the County Governments. There is need to redefine what an effective purchasing arrangement is in a devolved health system. The effectiveness of strategic purchasing of the Social Insurance National scheme should be based on the successful implementation and effective collaboration of all stakeholders.

There is need to raise awareness of the strategic purchasing function under the social health insurance, in order to promote a shared understanding which will enhance clarity of the functions of all the actors including the County and National governments, NHIF/Social insurer, citizens and providers. The lessons learnt from this exercise can be used to scale up the implementation of UHC in Kenya.

Recommendations

The County is in charge of primary care and it should provide stewardship role for all health services regardless of the purchaser or provider, therefore the engagement of NHIF and County health governance should be seamless. The county should ensure that the NHIF beneficiaries access quality services. The county should upgrade all public primary care providers and ensure they are accredited by NHIF to offer quality PCHS. This will promote geographical access to health services. Communication to the County health management should be enhanced and information exchange to County health management on how capitation works in the county should be promoted.

References

Abolghasem G. H., Shajari P.M., Shojaei, A., Keshavarzi, A., & Zare, H.(2018). The challenges of strategic purchasing of healthcare services in Iran Health Insurance Organization: A qualitative study. *Electronic Physician*, *10*(2), 6299–6306. https://doi.org/10.19082/6299

Busse, R., Figueras, J., Robinson, R., & Jakubowski, E. (2007). Strategic Purchasing to Improve Health System Performance: Key Issues and International Trends. *HealthcarePapers*, *8*(sp), 62–76. https://doi.org/10.12927/hcpap.2007.19221

Figueras, J., Robinson, R., & Jakubowski, E. (Eds.). (2005). *Purchasing to improve health systems performance*. Maidenhead: Open University Press.

Gadenne, D. (1998). Critical Success Factors for Small Business: An Inter-industry Comparison. *International Small Business Journal*, *17*(1), 36–56. https://doi.org/10.1177/0266242698171002

Kenya National Bureau of Statistics. (2012). *2009 Kenya Population and Housing Census: Analytical Report on Urbanization*. Retrieved from https://www.google.com/search?q=Urbanisation+by+County+in+Central+Kenya&ie=utf-8&oe=utf-8&client=firefox-b

Honda, A. (2014). *What is strategic purchasing for health. RESYST and Asia-Pacific Observatory on Health Systems and Policies*. Retrieved from http://resyst.lshtm.ac.uk/sites/resyst.lshtm.ac.uk/files/docs/reseources/Purchasing%20brief.pdf

Honda, A., McIntyre, D., Hanson, K., & Tangcharoensathien, V. (Eds.). (2016). *Strategic Purchasing in China, Indonesia and the Philippines.* Geneva, Switzerland: World Health Organization.

Kenya Ministry of Health. (2014). *Kenya Health policy 2014 to 2030*. Retrieved November 14, 2018, from http://publications.universalhealth2030.org/ref/d6e32af10e5c515876d34f801774aa9a

Kironji, K., Tenambergen, W., & Mwangi, E. (2019). Effects of Perceived Image of NHIF Outpatient Facilities on Utilization of Primary Care Services by Private University Employees in Nairobi County. *International Journal of Professional Practice*, *7*(1), 34–45.

Levesque, J.-F., Harris, M. F., & Russell, G. (2013). Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health*, *12*(18), 221–334.

Mathauer, I., Dale, E., & Meessen, B. (2017). *Strategic purchasing for universal health coverage: key policy issues and questions: A summary from expert and practitioners' discussions*. Retrieved from https://apps.who.int/iris/handle/10665/259423

Munge, K., Mulupi, S., Barasa, E. W., & Chuma, J. (2017). A Critical Analysis of Purchasing Arrangements in Kenya: The Case of the National Hospital Insurance Fund. *International Journal of Health Policy and Management*, *7*(3), 244–254. https://doi.org/10.15171/ijhpm.2017.81

National Hospital Insurance Fund. (2012). *National Hospital Insurance Fund Act No. 9 of 1998*. Retrieved June 20, 2019, from http://www.kenyalaw.org/lex/actview.xql?actid=No.%209%20of%201998

Tangcharoensathien, V., Limwattananon, S., Patcharanarumol, W., Thammatacharee, J., Jongudomsuk, P., & Sirilak, S. (2015). Achieving universal health coverage goals in Thailand: the vital role of strategic purchasing. *Health Policy and Planning*, *30*(9), 1152–1161. https://doi.org/10.1093/heapol/czu120

World Health Organization. (2007). *Everybody's business: strengthening health systems to improve health outcomes : WHO's frmaework for action.* Geneva: World Health Organization.