FINANCIAL INCLUSION insights

APPLIED RESEARCH FOR digital financial inclusion

A PATH TO IMPROVED HEALTH CARE SERVICES IN KENYA

July 2015

Research of health clinics and patients, conducted September-November 2014

InterMedia

KENYA

PUTTING THE USER FRONT AND CENTER

The Financial Inclusion Insights (FII) program responds to the need identified by multiple stakeholders for timely, demand-side data and practical insights into digital financial services (DFS), including mobile money, and the potential for their expanded use among the poor.

The FII team conducts regular survey and qualitative research in Kenya, Tanzania, Uganda, Nigeria, India, Pakistan, Bangladesh and Indonesia to:

- **Track access to and demand** for financial services generally, and the uptake and use of DFS specifically;
- **Measure adoption and use** of DFS among key target groups (females, BOP, rural, unbanked, etc.);
- **Identify drivers and barriers** to further adoption of DFS;
- **Evaluate the agent experience** and the performance of mobile money agents; and
- **Produce actionable, forward-looking insights** to support product and service development and delivery, based on rigorous FII data.

The FII program is managed by InterMedia. Visit the FII Resource Center to learn more: www.finclusion.org.

CONTENTS

BACKGROUND

Health care in Kenya: A historical perspective

- Kenya experienced drastic improvements in health care between 1963 and 1989, largely due to a rapid expansion of taxpayer-funded programs. As a result, the mortality rates decreased and life expectancy increased.
- In December 1989, budgetary constraints and declining donor funding (including foreign donors) led the government to introduce patient registration fees (20 KSH at district hospitals and 10 KSH at health clinics) to be paid at the time of admission for outpatient services. This precipitated a sharp decline in the use of outpatient services. Collins et al (1996) reported a 27% decline in provincial hospital admissions, 46% decline in district hospital admissions and a 33% decline in health center admissions in outpatient services, by September 1990.
- In September 1990, just 10 months after their introduction, outpatient registration fees were suspended due to implementation-phase failures.
- The outpatient fee was reintroduced in June of 1992 as a "per item treatment fee" to be paid to the service providers only if the service/drug was available at the time of patient admission. This was implemented in phases over a two-year period so that the government could test and make refinements during each phase and at each level of implementation. The fees were first implemented at Kenyatta National Hospital in June 1992, followed by seven provincial clinics, then by district and sub-district clinics, with final implementation at health centers in March 1993.
- In 1994, a Kenya Health Policy Framework paper was adopted by the government. The paper outlined the government's vision for providing health care, and called for "quality health care that is acceptable, affordable and accessible to all" by 2010. This objective was to be implemented through two, five-year national health sector strategic plans (NHSSP1 1999-2004 and NHSSP2 2005-2010).

Current status of the health care sector in Kenya

- In November 2004, Parliament adopted new health financing reform that established the National Social Health Insurance Fund (NSHIF) for all Kenyans. The purpose of the NSHIF was to ensure that Kenyans, especially the poor, could access outpatient and inpatient health care at reduced out-of-pocket costs.
- The Kenya Constitution 2010, article 43 (1) (a), states that "every person has a right to the highest attainable standards of health which includes right to healthcare…" The new government's program, called Vision 2030, aims to progress towards offering all Kenyans this constitutional right by creating a globally competitive and prosperous country, with a high quality of life, through effective and accessible public services.
- In a June 1, 2013, speech, President Uhuru Kenyatta announced that, effective from that day, all expectant mothers would have access to free maternity services in all public health facilities. To enable all Kenyans to have access to primary health care services, he also announced, moving forward, all health care services at dispensaries and health centers would be administered free of charge.

METHODOLOGY

Research goal and objectives

Overall research goal:

- Inform government and donor stakeholder strategies for improving the provision of health care services to consumers.

Objectives:

- Explore clinics' and patients' sources of money and modes of payment for services.
- Understand the financial barriers faced by health clinics and their patients when delivering, accessing and paying for services, and to learn whether digital financial services (DFS) are helpful.
- Explore the potential role of health credit (a purposeful credit line offered by health clinics or financial institutions) in reducing barriers to patients receiving timely treatment.

Study design

Description:

- In-depth research with health clinics and patients receiving care at clinics to assess experience and needs

Sample:

- The study was carried out in two areas of Kenya: Nairobi (urban, n=49) and Kitui (rural, n=51).
- Participating health care facilities (health clinics) were selected randomly from the current (at the time) master list of all licensed health facilities in Kenya, obtained online from the Ministry Of Health (MOH). The accuracy of the list was confirmed with MOH.

Data collection activities:

- The data for the study was collected through two activities: Semi-structured, face-to-face interviews with managers of 100 clinics and exit interviews with 476 patients of those 100 clinics.
- All interviews were administered through paper and pen.
- The sample was not nationally representative; however, the findings are indicative of health clinic operations and patient behavior in the two selected areas.
- The study was conducted September-November 2014.

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

- **The Kenyan government is making progress in reducing the gap in health care provision between rural and urban areas, and recent history shows it has made a concerted effort to ensure poor Kenyans have access to health care.**

  -- In 1994, a Kenya Health Policy Framework paper was adopted by the government, outlining a vision for quality, affordable health care accessible to all by 2010.

  -- In 2004, the Parliament adopted a health financing reform to ensure Kenyans, especially the poor, could receive medical care at a reduced patient cost.

  -- In a continued effort to achieve the government's goal of providing all Kenyans with health care, the current president made a major announcement on June 1, 2013, giving all expectant mothers access to free maternity care through public clinics, and making health care services at dispensaries and public health centers free of charge to all Kenyans.

  -- Among rural clinics surveyed in this study, 76% are established and owned by the Kenyan government.

- **Clinic ownership is a critical factor in clinical operations, service offers and financial viability.**

  -- Publicly owned rural clinics are prescribed to offer a number of services to their patients free of charge, including TB and HIV/AIDS management, pre/post natal care and child-delivery. Because a large number of their services are free, rural/public clinics depend on government funding to sustain their operations; they also tend to have fewer staff than private clinics. Most of them suffer delays in receiving funds (up to 7 months), and rural medical staff regularly use their own money to buy supplies. Not surprisingly, rural/public clinics rarely offer services on credit and prefer receiving payments, in cash, from their few paying clients so they can replenish their cash flow.

EXECUTIVE SUMMARY (cont.)

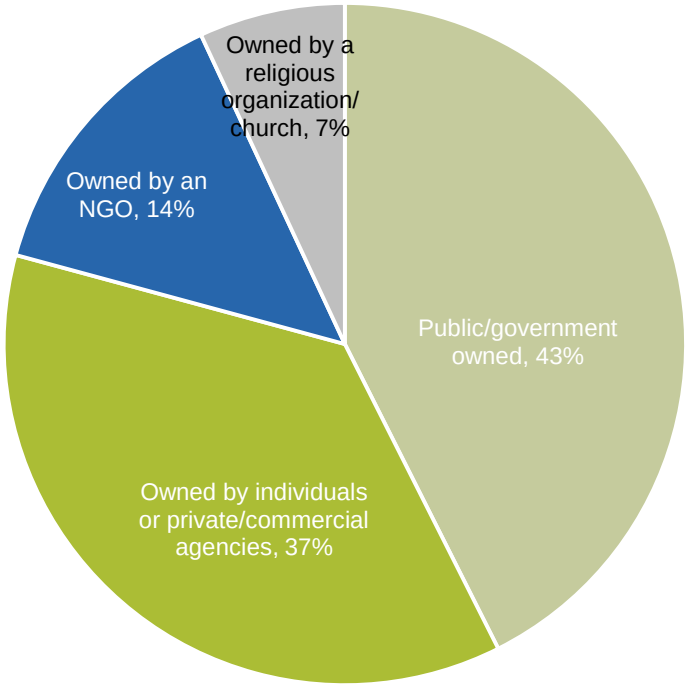
- Privately owned urban clinics offer fewer services mostly focusing on fee-based outpatient treatments. Yet many of their patients (in urban slums, in particular) cannot pay any or part of the fees right away. Hence, urban clinics are more likely than their rural counterparts to offer services on credit in the hope of receiving at least some of the owed money, and to reduce the number of patients who just walk out without paying. Nevertheless, patients' indebtedness remains a challenge, with some clinics reporting, on average, 20,000 KSHS in patient debt at any given time.
- Over half of urban clinics and 75% of rural clinics say the quality of their services has been diminished by financial shocks in the 12 months prior to the survey.
- Of the clinics that are profitable (23%), three-quarters of those are urban, private clinics.
- Nevertheless, most of the clinics manage to deliver services to the clients' expectations – only 13% of patients said they were not able to receive all the services they needed at the clinic on the day of the interview. This finding, however, might be indicative of (a) the fact that patients only ask for services they know the clinic can deliver, and (b) patients have relatively low expectations of the quality of clinic services as over half of them are regular visitors.
- Patient debt and market competition, as a result of multiple clinics in the same area offering free services, (e.g., government-run public clinics) are the top challenges faced by urban clinics.
- Delays in receiving government agency funds (up to five to seven months) is the top challenge reported by rural clinics.

PARTICIPANT OVERVIEW: CLINIC AND PATIENT DEMOGRAPHICS

KENYA

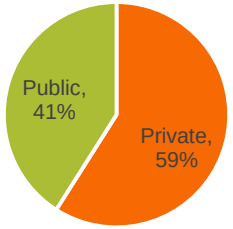
Rural clinics tend to be government-funded; urban clinics are mostly privately owned

Ownership structure of the clinics
(Shown: Percentage of all clinics, N=100)

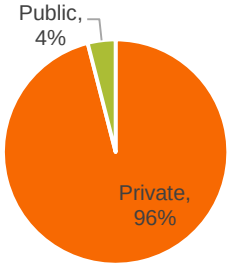


Ownership structure of the clinics, by location
(Shown: Percentage of each subgroup)

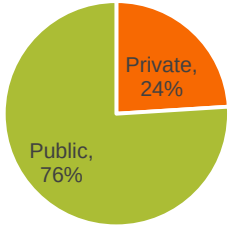
All clinics (N=100)



Urban clinics, Nairobi (n=49)



Rural clinics, Kitui (n=51)

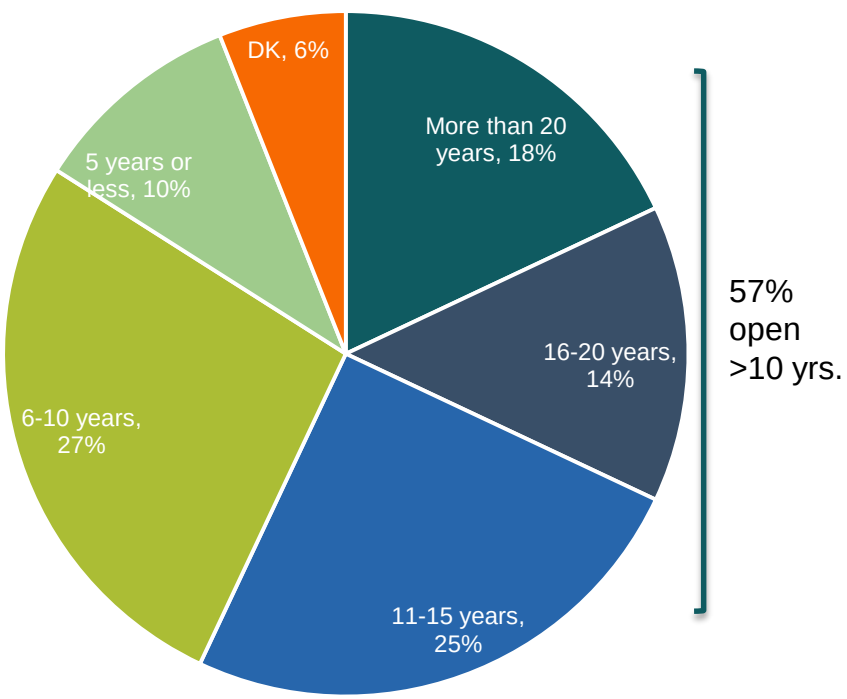


Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

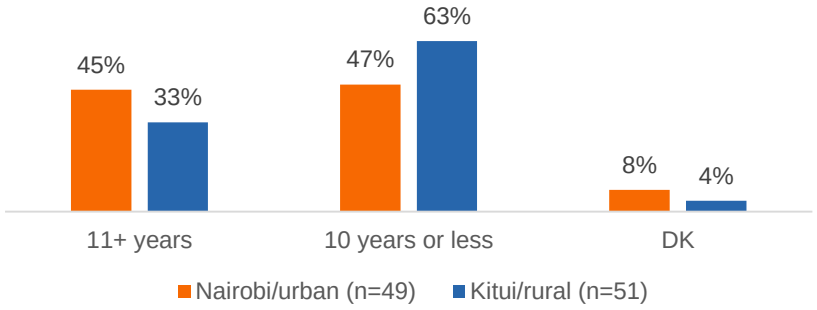
KENYA

Years in operation vary across clinics; there's a greater number of new rural and public clinics

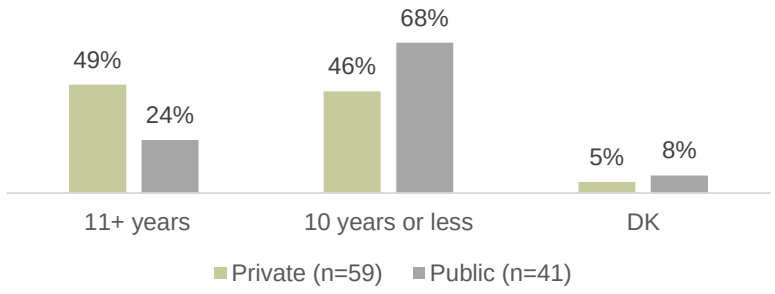
Years the clinics have been in business
(Shown: Percentage of all clinics, N=100)



Years the clinics have been in business, by location
(Shown: Percentage of subgroups)



Years the clinics have been in business, by ownership
(Shown: Percentage of subgroups)

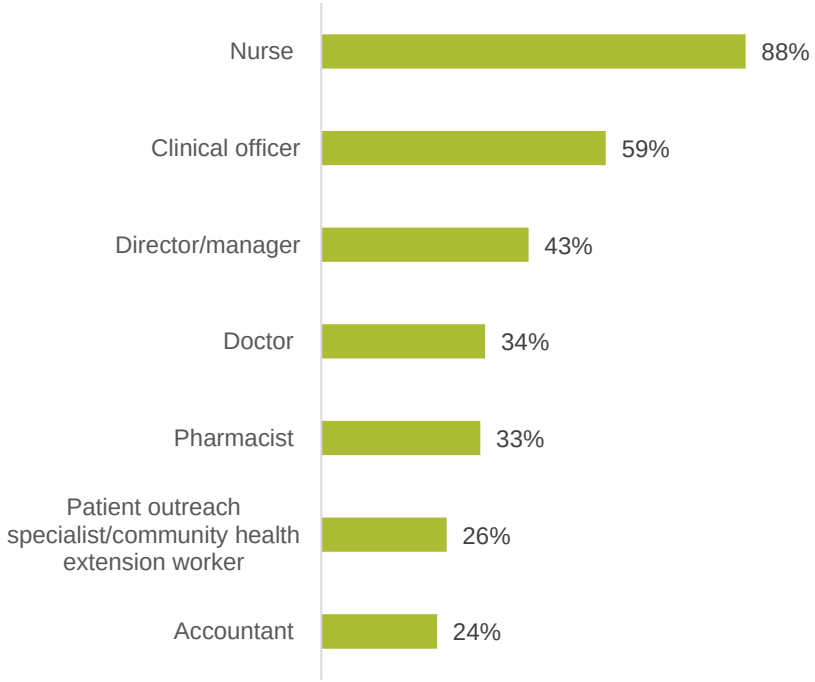


Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

KENYA

Nurses play an essential role in the function of a clinic, and sometimes the only staff member

Which of these staff members do you have?
(Shown: Percentage of all clinics, N=100)



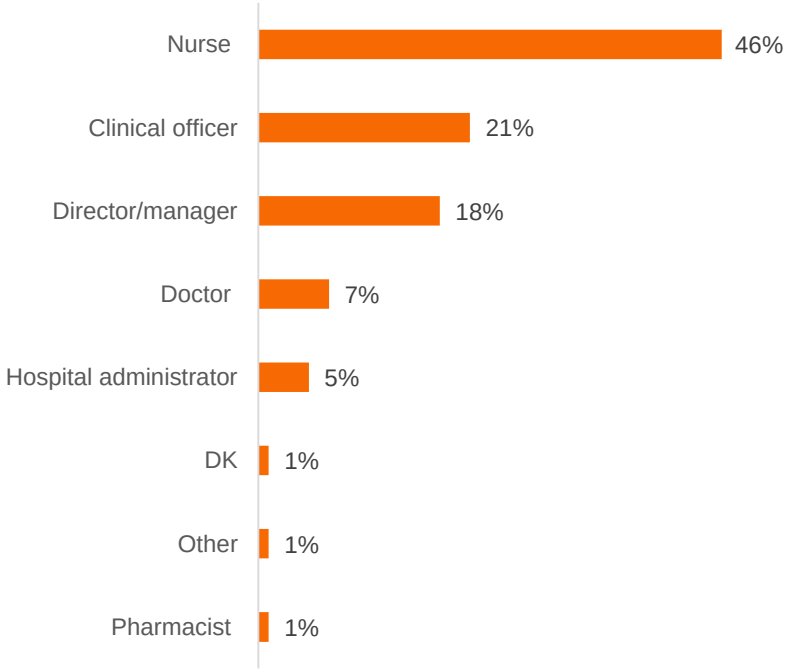
- On average, clinics have four staff members:
  - 38% of the clinics have only 1-2 staff members
  - 16% have 7-9 staff members
- Clinics that have only one staff member are most likely to have either a nurse (77%) or a clinical officer (15%).
- Government-owned clinics tend to have fewer staff than clinics owned by NGOs, religious organizations and other private/commercial individuals/agencies.
- The top combinations of staff:
  - a nurse only
  - a nurse and a pharmacist
  - a nurse, a doctor and an accountant

Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

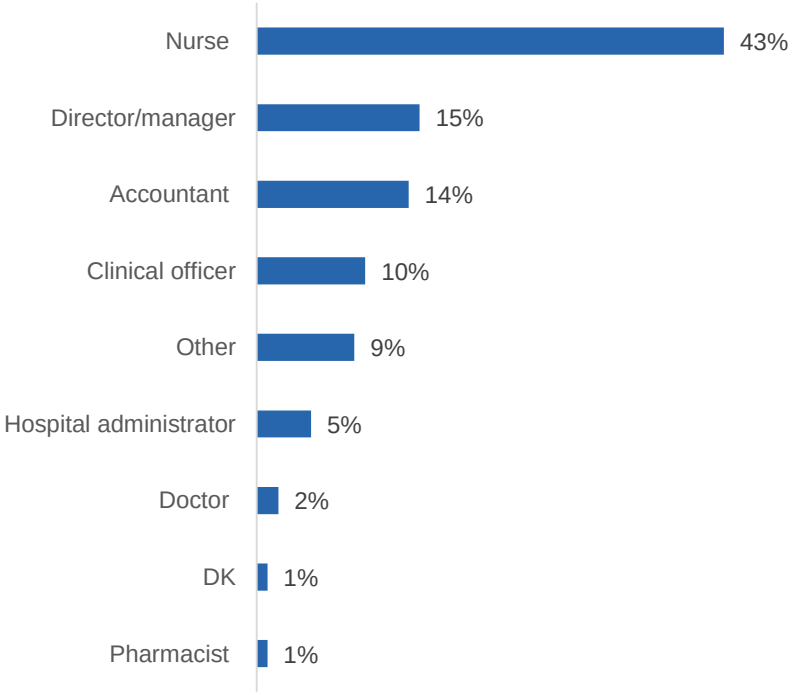
KENYA

Running medical operations and overseeing finances often fall in the nurses' domain

Which of these staff members is responsible for the daily operations of the clinic?
(Shown: Percentage of all clinics, N=100)



Which of these staff members is responsible for the clinic's finances?
(Shown: Percentage of all clinics, N=100)

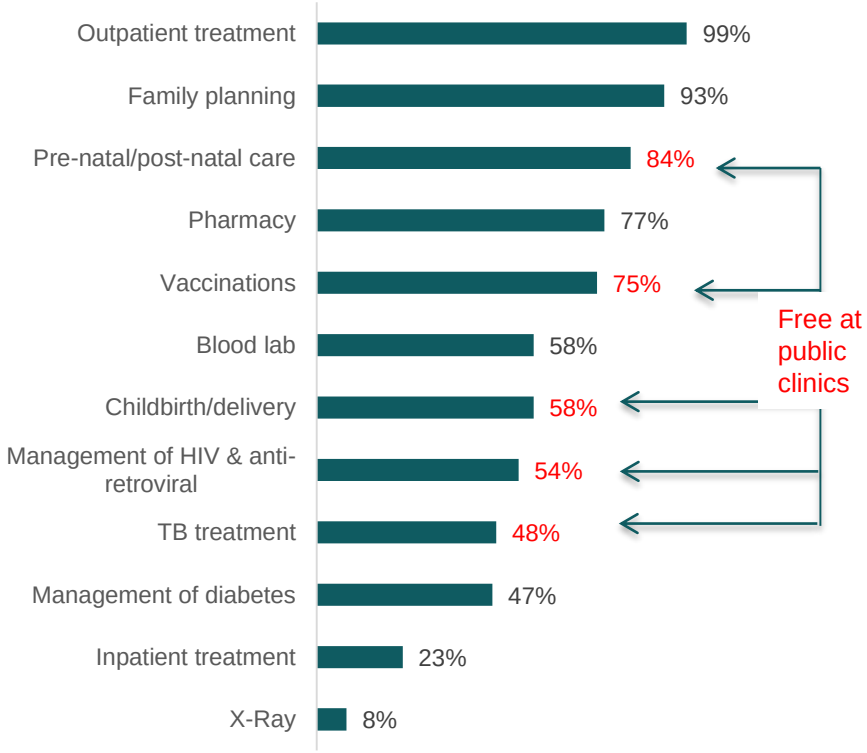


Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

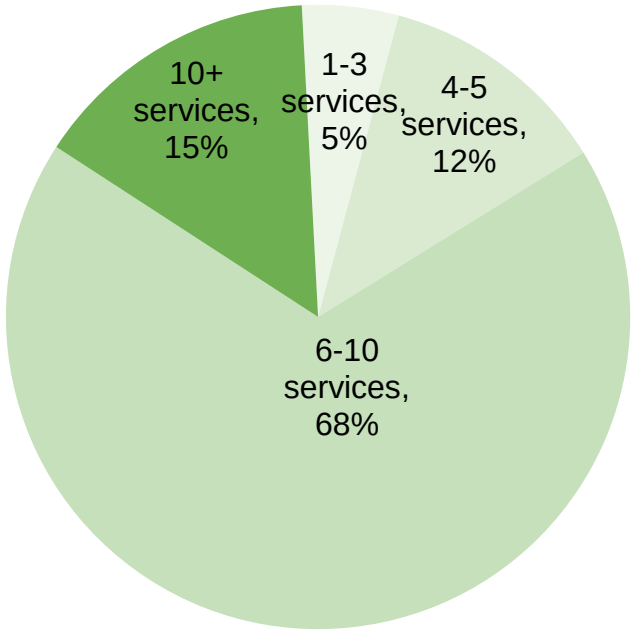
KENYA

Clinics typically offer between six and 10 services; outpatient treatment, family planning and pre/post-natal care are standard

Type of services offered by clinics*
(Shown: Percentage of all clinics, N=100)



Number of services offered by clinics
(Shown: Percentage of all clinics, N=100)



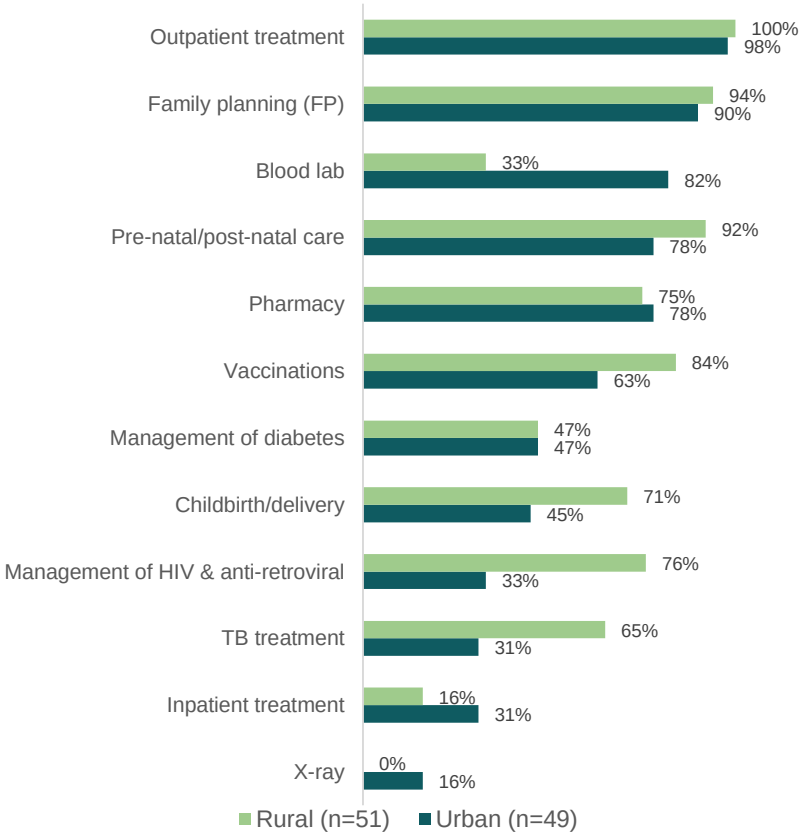
Each clinic manager was offered a list of options for clinic services and had to mark the services the clinic provides.
Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

KENYA

More rural, public clinics offer TB, HIV/AIDS treatment, family planning, pre/post-natal care and child-delivery; urban, private ones are more likely to have labs and inpatient care

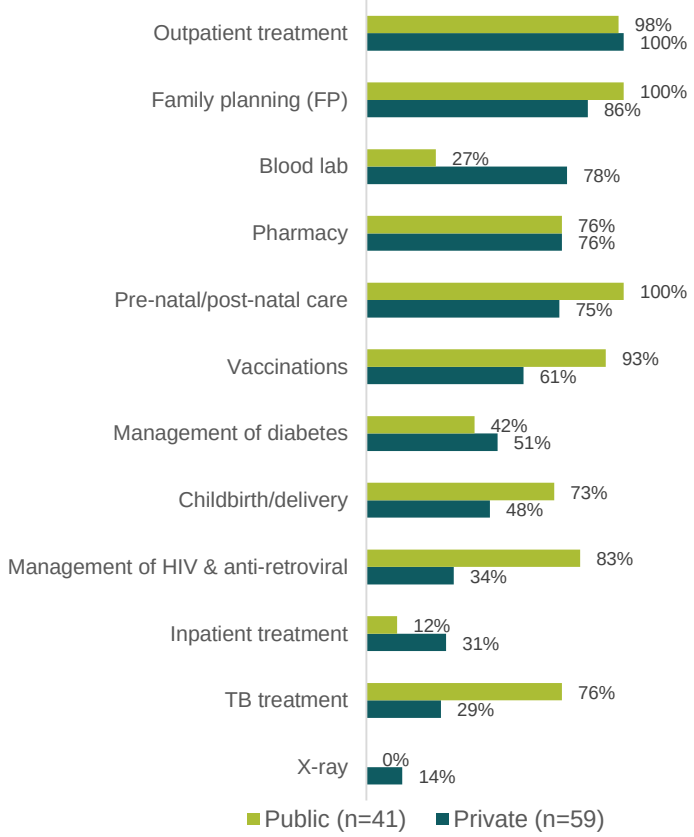
Type of services offered by clinics, by location

(Shown: Percentage of each category)



Type of services offered by clinics, by ownership

(Shown: Percentage of each category)



Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

KENYA

Patients tend to be women, poor and employed; there's a balance of regular and occasional visitors

Patient demographics
(Based on patient exit interviews)

Demographics	% of patients (N=476)
Males	42
Females	58
Age: 18-65	100
Employed	65
Unemployed	35
Income: Only covers basic expenses	34
Income: Comfortable	66
Regular users: 3+ visits in the past 12 months	48
Occasional users: 1-2 visits in the past 12 months	52

Patient demographics, based on interviews with clinic managers
(From management survey)

Demographics	% of patients, as reported by managers
Males	2
Females	77
Equal split	21
Below the poverty line	51
Above the poverty line	13
Equal split	36
Regular users	72
Occasional users	1
Equal split	27

Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

CLINICS' SERVICES: PATIENTS' FEEDBACK

Patients mostly get what they need from their visits; when the visits require payment, patients use earnings or savings

87% received all the services they needed, including necessary medications and tests.

44% did not pay for their services, although the services they received were not free.

72% of those who paid for services out of pocket were able to use their earnings or informal savings to cover the treatment.

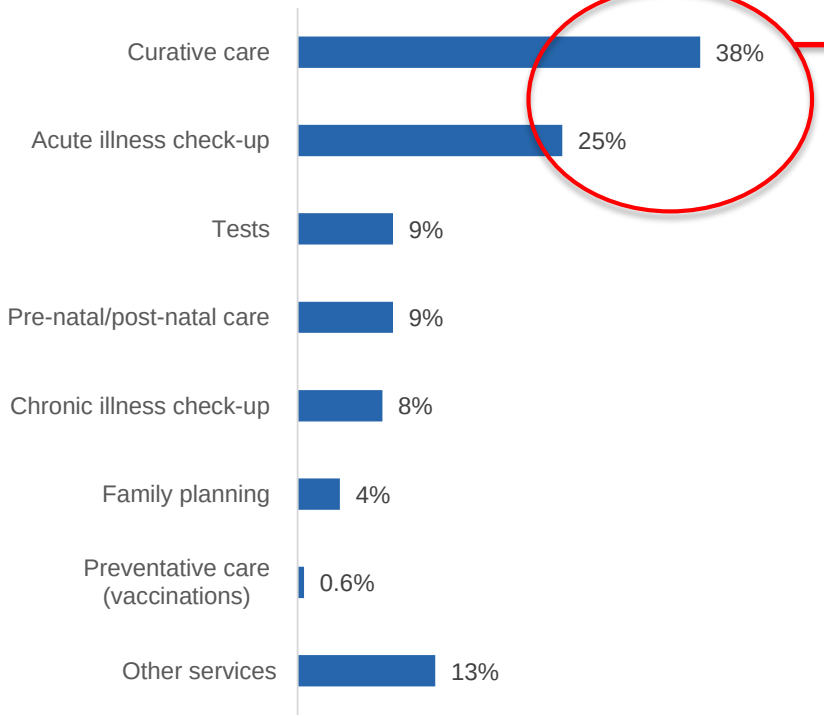
96% said they were somewhat or very likely to visit the same clinic again.

Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

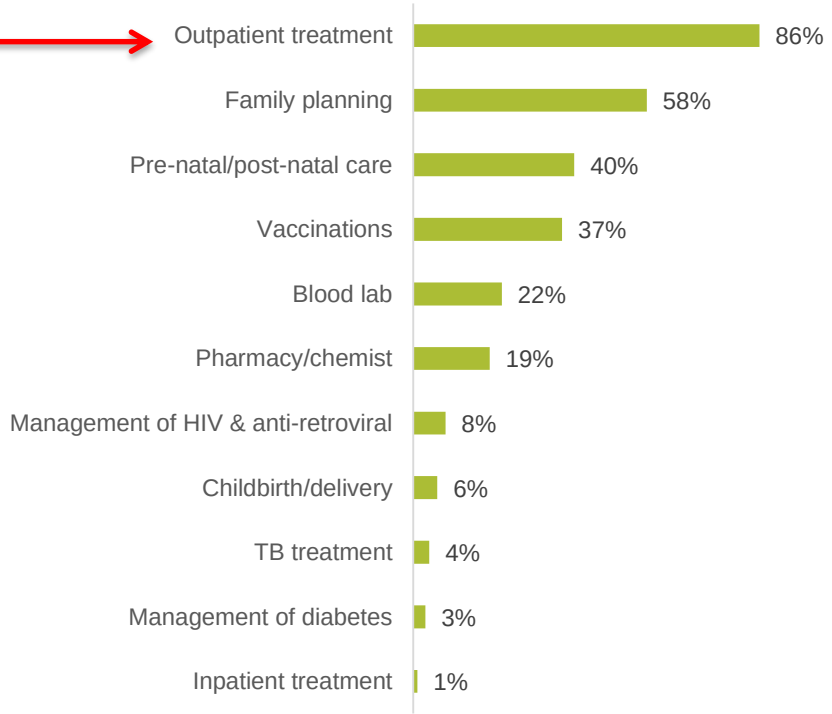
KENYA

Most patients went to a clinic for paid services such as curative care or acute illness check-ups

Patients' perspective: Why did you come to the clinic today?
(Shown: Percentage of all patients, N=476)



Clinics' perspective: What are your most popular services?
(Shown: Percentage of all clinics, N=100)

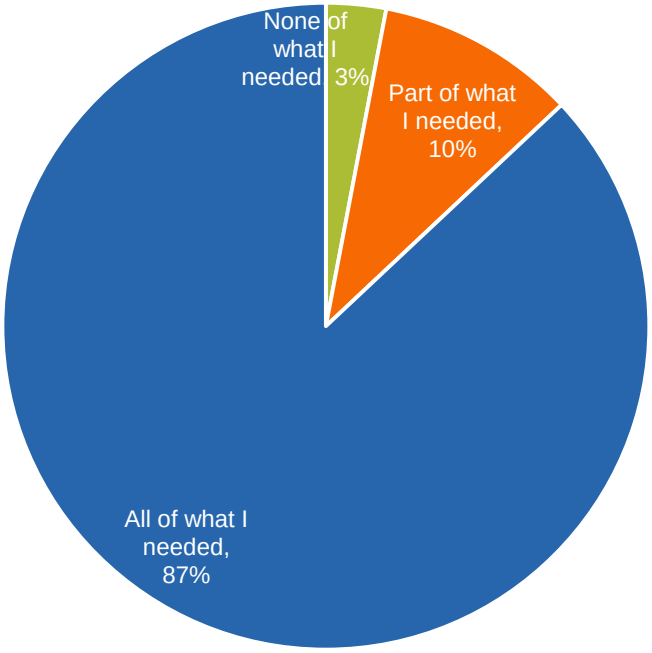


Both questions allowed for multiple answers. Each patient and clinic manager could select up to 14 options.
Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

KENYA

Most patients received all the services they needed during their visit; Clinics are unable to serve only a very small portion of its patients

Did you receive all of the medical care you needed, including medications?
(Shown: Percentage of all patients, N=476)



13% of patients did not receive some or all of the care they needed

Top reasons patients did not receive (all) necessary care
(Shown: Percentage of patients who did not receive full care, n=61)

- 5% - The clinic did not have required medications
- 3% - The patient didn't have enough money
- 3% - The clinic did not have a specialist on staff

Top services not received or not administered in full during the visit
(Shown: Percentage of patients who did not receive full care, n=61)

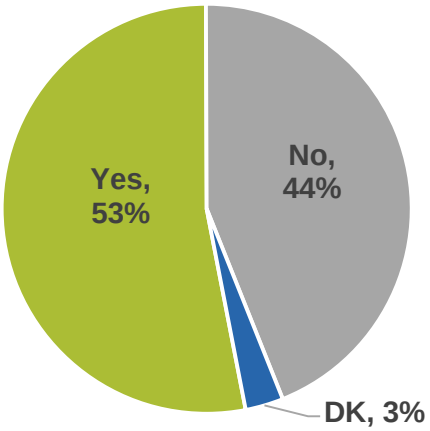
- 4% - Curative care
- 3% - Acute illness check-up
- 3% - Chronic illness check-up

Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

KENYA

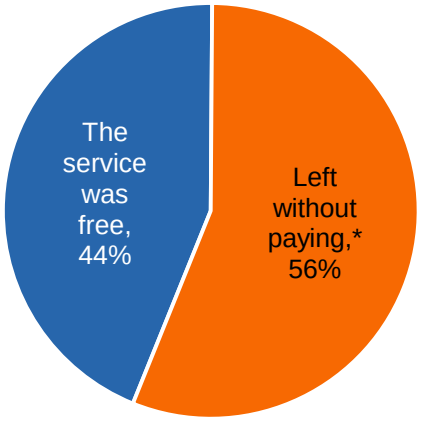
Almost half of the patients did not pay for their visit; some used a fee-based service, but walked away without paying

Did you pay for your visit today?
(Shown: Percentage of all patients, N=476)



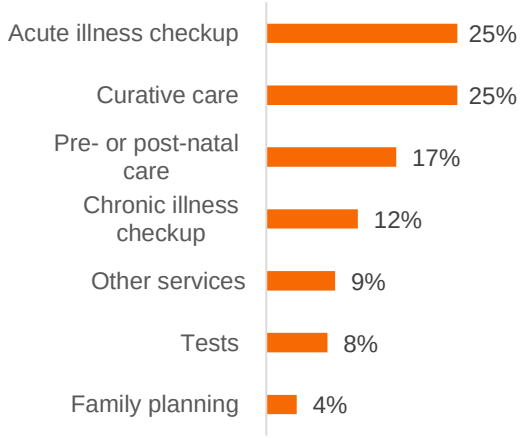
NO

Why did you not pay?
(Shown: Percentage of all patients who did not pay, n=211)



*Clinics' staff managers confirm that patients, especially in poor urban areas, receive services and then walk away without paying, promising the clinic they will pay later, but never do. This happens even at clinics that do not officially offer service credit.

Which services did you use and did not pay for?
(Shown: Percentage of all patients who left without paying, n=115)



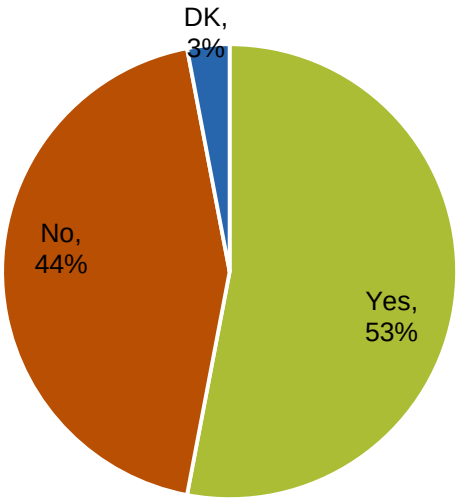
Some of the unpaid services are offered free at other clinics

Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

KENYA

Payment for services is typically out of pocket, using savings or earnings

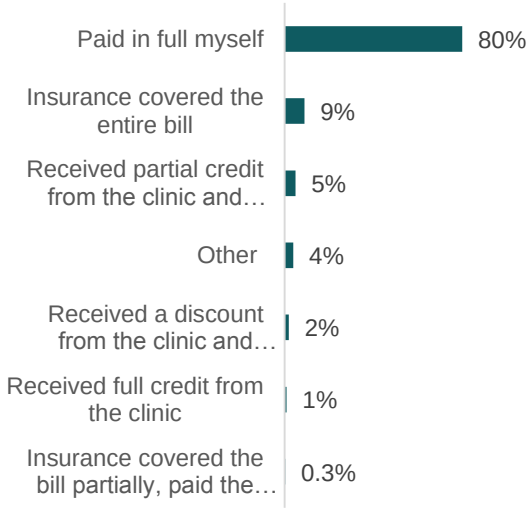
Paid for last visit
(Shown: Percentage of all patients, N=476)



*Median fee KSHS 450 / USD 5**

Fee range KSHS 5-19,870/ USD 0.5 - 216

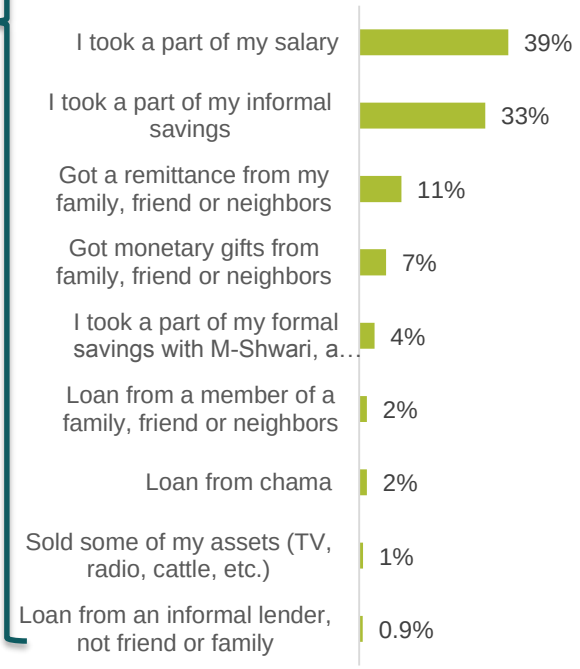
Form of payment
(Shown: Percentage of all patients who paid, n=254)



Patients will delay care until they have funds

Emergency visits more likely to qualify for credit

Source for out-of-pocket payments
(Percentage of patients who paid for the visit out of pocket, n=234)



Significant variability in service fees by clinic, location and type of service. At times, private clinic fees were lower or the same as those at public clinics.
Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

KENYA

Patients who borrow money from formal organizations have larger medical bills than those who use their own or informal-lender funds

Patients' perspective: Where did you get the money to pay for your visit today?
(Shown: Average cost for patients who paid for their visit out of pocket, n=234)

Source of money for paying a medical bill	Average amount KSHS (USD)
I took a part of my formal savings with M-Shwari, a bank, SACCO, etc.	1100 (11)
Loan from chama	900 (9)
I took a part of my salary	700 (7)
Got a remittance from my family, friend or neighbors	500 (5)
I took a part of my informal savings	500 (5)
Loan from an informal lender, not friend or family	350 (4)
Sold some of my assets (TV, radio, cattle, etc.)	300 (3)
Loan from a member of a family, friend or neighbors	200 (2)
Got monetary gifts from family, friend or neighbors	200 (2)

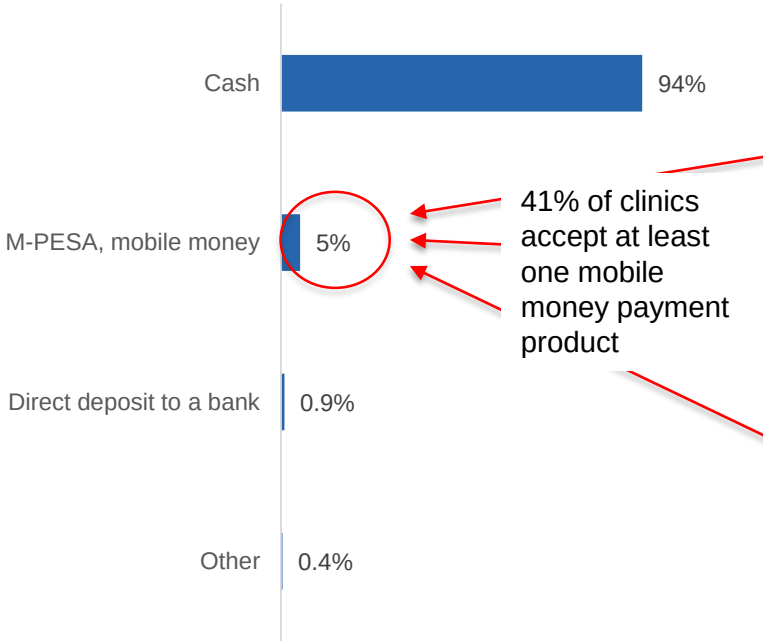
- Patients who **borrowed** from financial organizations paid the largest amounts for their treatments.
- Patients who **received gifts or loans** from other people tended to pay the smallest amounts.
- Anecdotal evidence shows that most people know how much, approximately, they will pay for a given medical service. Therefore, they prepare for the visit by choosing how they will pay for the treatment and when to schedule it.

Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

KENYA

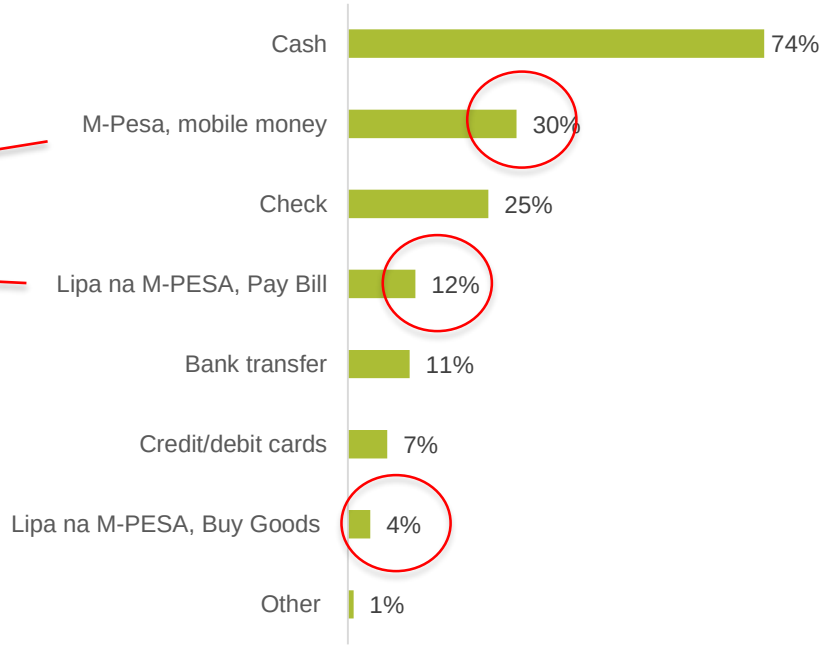
Clinics (mostly urban) accept a range of payment methods, but most patients continue to pay in cash

Patients' perspective: Which method did you use to pay for your visit?
(Shown: Percentage of patients who paid for the visit out of pocket, n=234)



41% of clinics accept at least one mobile money payment product

Clinics' perspective: Which methods of payment does your clinic accept?
(Shown: Percentage of all clinics, N=100)



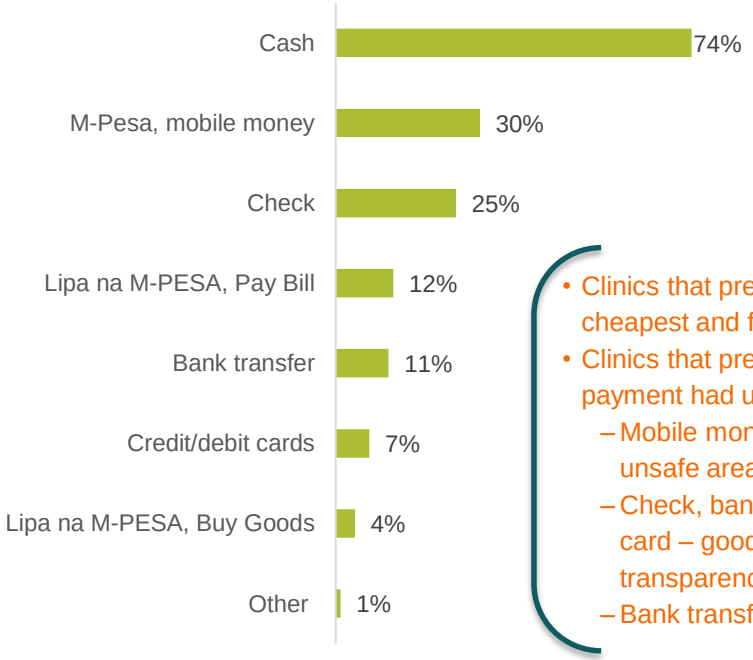
The clinic managers confirm that 47% of their patients use only one payment method per visit, most commonly cash; 20% use 2-3 payment methods.

Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

KENYA

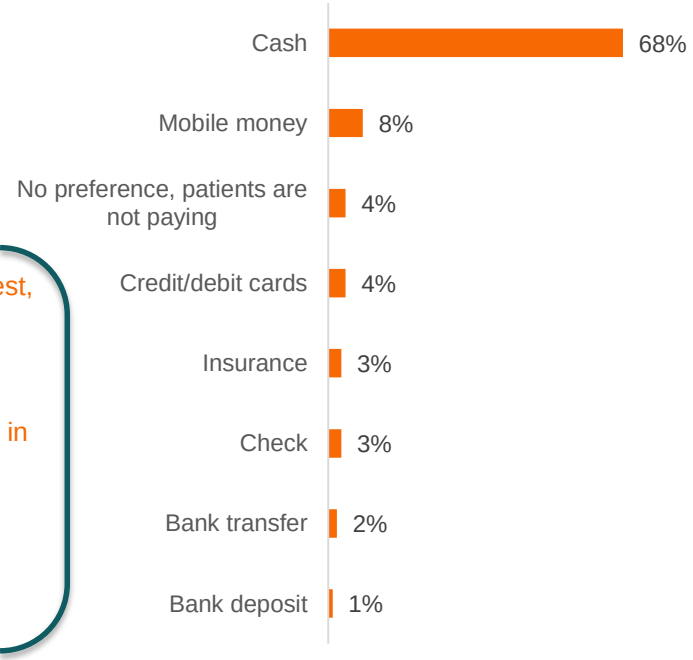
Clinics overwhelmingly prefer patients pay in cash, mostly so they can replenish cash flow

Clinics' perspective: Which methods of payment does your clinic accept?
(Shown: Percentage of all clinics, N=100)



- Clinics that preferred cash feel its the easiest, cheapest and fastest way to get paid.
- Clinics that preferred other methods of payment had unique reasons for each:
  - Mobile money – very secure, especially in unsafe areas and at night
  - Check, bank deposit and/or credit/debit card – good for recordkeeping and transparency
  - Bank transfer – no fee

Clinics' perspective: Which methods of payment would you prefer?
(Shown: Percentage of all clinics, N=100)

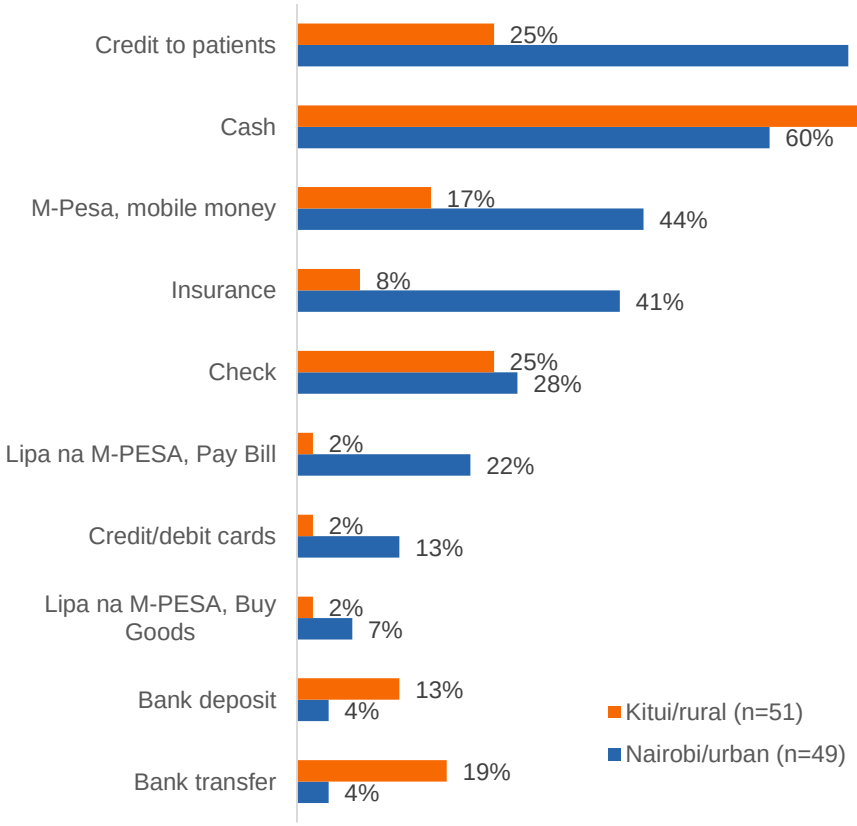


Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

KENYA

Urban clinics are more likely than rural clinics to offer their patients credit; they also accept a variety of payment methods

Which methods of payment does your clinic accept?
(Shown: Percentage for each subgroup)



- Urban clinics offer their patients a variety of methods to settle their bills, including mobile money payments, Lipa na M-Pesa, and digital banking options.
- Rural clinics mostly rely on cash payments, in part as an attempt to sustain their cash flow. However, a reliance on cash exposes rural clinics to financial shocks, including the availability of cash to enable the owner to pull from for other business purposes, or in case of issues such as theft/burglary.

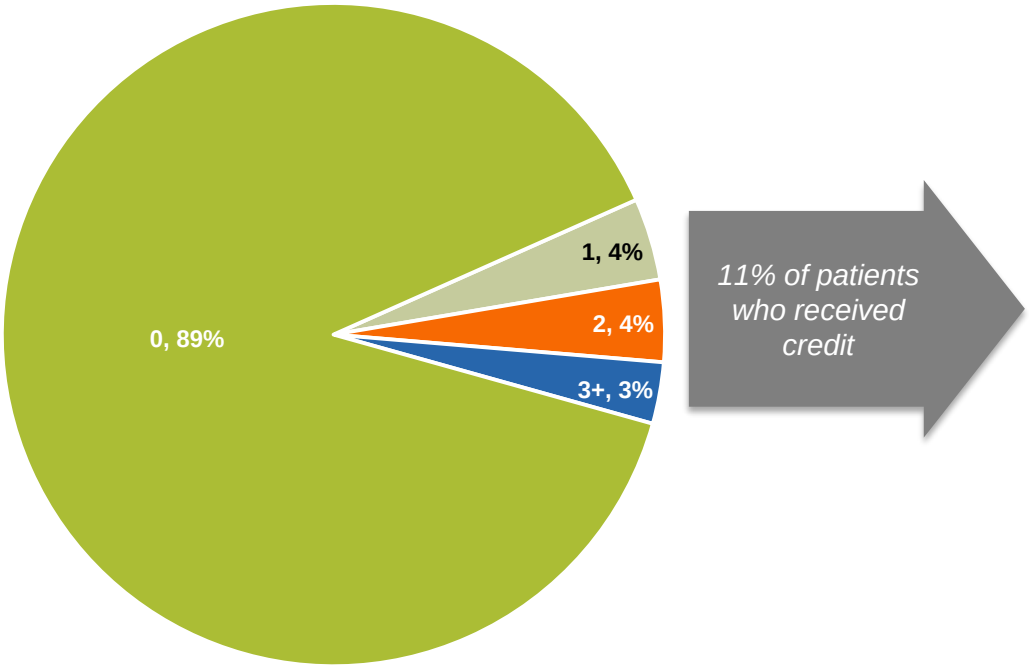
Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

CLINICS AND CREDIT

KENYA

Patients say formal credit from a clinic is rare; few received formal credit in the past 12 months

Patients' perspective: How many times in the past 12 months has the clinic allowed you to pay for the services later?
(Shown: Percentage of all patients, N=476)



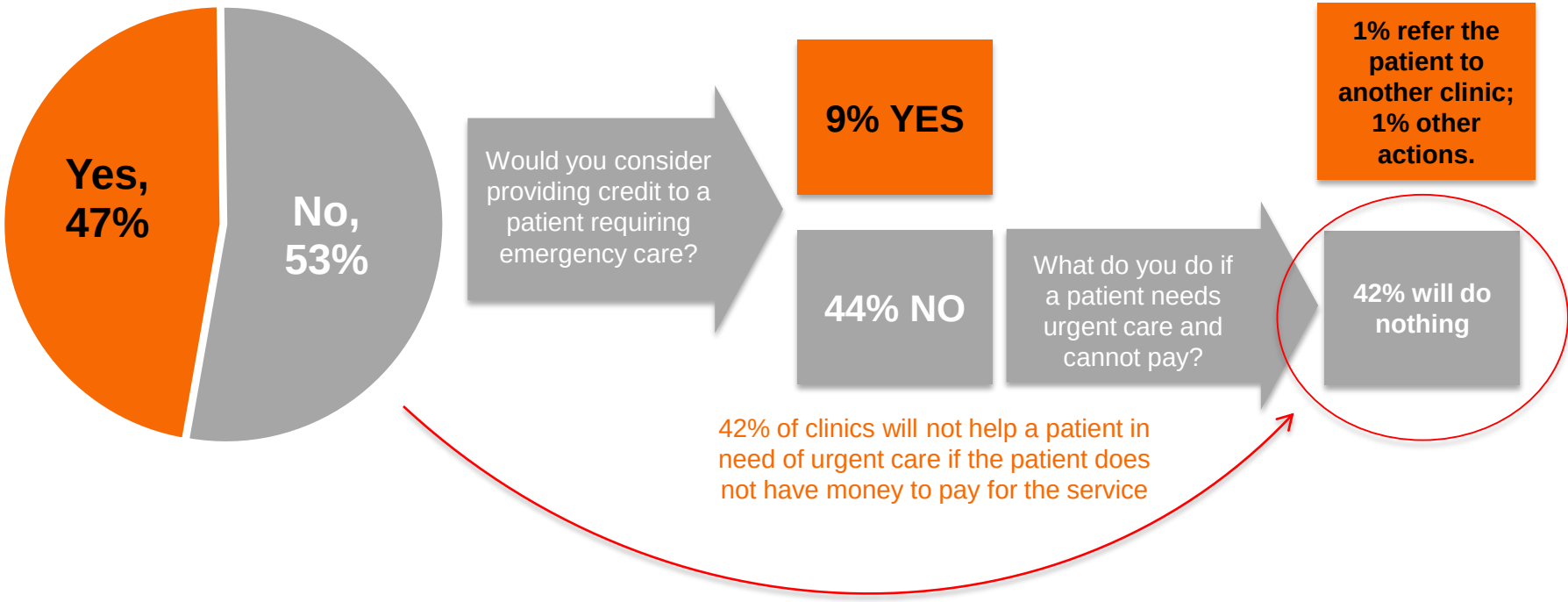
- Credit amounts range from 30 KSHS to 9,000 KSHS with an average of 500 KSHS.
- 88% of those who received credit did not provide any collateral; 8% used a clinic employee as a guarantor.
- 10% did not repay their debt, among those, 4% said the clinic forgave the debt.

Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

KENYA

Just under half of the clinics routinely extend credit to their patients; fewer allow credit for urgent care

Clinics' perspective: Do you allow patients to pay later/get the service on credit?
(Shown: Percentage of all clinics, N=100)

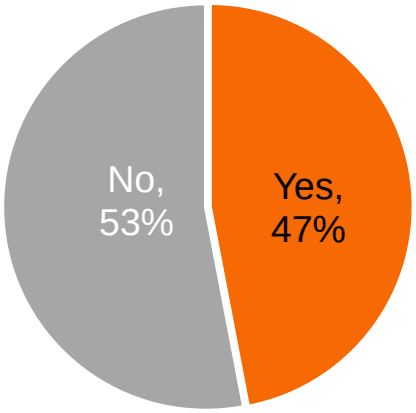


Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

KENYA

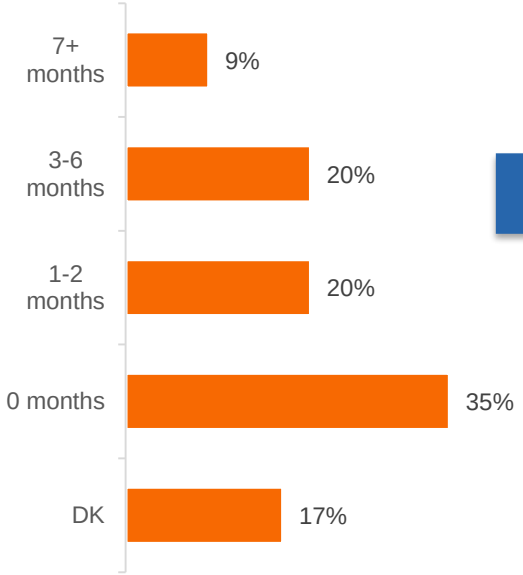
Half of the clinics that offer credit experienced a financial pinch at least once in the past 12 months; yet, just over a third stress about patient debt

Do you allow patients to pay later?
(Shown: Percentage of all clinics, N=100)

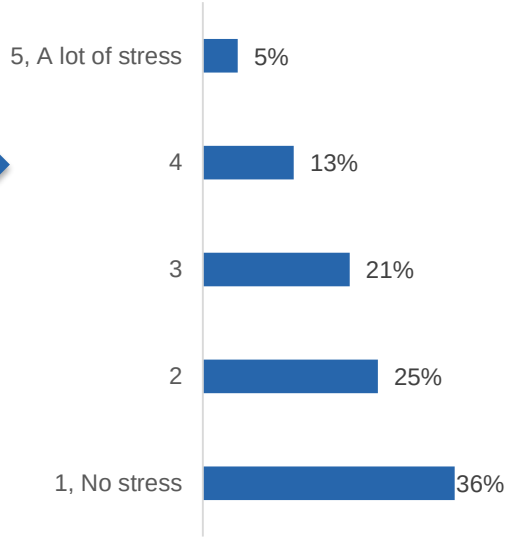


On average, at the time of the study, clinics were owed 20,000 KES/ 218 USD in patient credit/debt

How many months out of the last 12 months did you experience a financial pinch?
(Shown: Percentage of all clinics that provided credit to patients, n=47)



How much stress do you experience managing clients' debt?
(Shown: Percentage of all clinics that provided credit to patients, n=47)



Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

CLINICS' FINANCIAL CHALLENGES AND SURVIVAL STRATEGIES

Most clinics suffer severe cash-flow challenges

23% of all clinic managers said their clinics are profitable. Three-quarters of those are urban private clinics.

All clinics face financial challenges, at least occasionally, except clinics run by religious organizations and funded through donations. Rural and urban clinics are equally likely to struggle financially.

39% said they have to balance between just covering their costs and running losses.

41% of clinics depend on government funds for their operations, and struggle when funds are delayed.

52% of all clinic managers said, in the past 12 months, they experienced a financial shock that diminished the quality of the care they were able to provide.

Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

KENYA

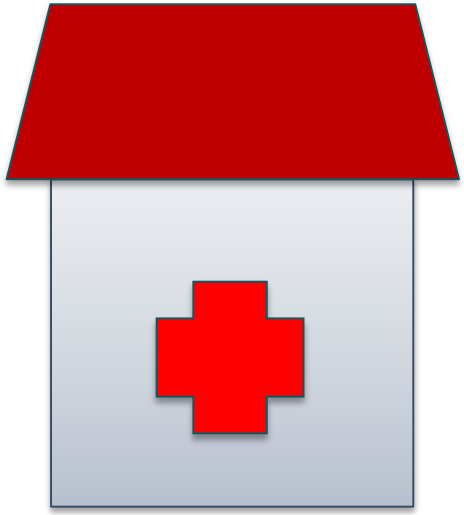
Clinics rely almost exclusively on revenue from patients; yet, clinic managers said over 40% of their patients are unable to pay

Clinics' monthly cash flow
(Shown: Percentage of all clinics, N=100)

On average, clinics treat 25 patients a day at 200 KSHS (2 USD) per patient

10% receive reimbursements from insurance companies at least once a month

4% receive reimbursements from the government at least once a month



Maintenance and operations:
On average, five monthly bills (power, waste removal, etc.) of varied amounts

Suppliers:
- 64% pay at least a part themselves
- On average, 2-3 suppliers and 2+ payments a month
- Median payment KSHS 27,000 (270 USD)

Staff payments
- 54% pay their staff themselves
- On average, 2 staff with varied monthly salaries

All clinics are in debt with their suppliers and employees.

Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

Patient debt and market competition are the top challenges faced by urban clinics

Top challenges reported by urban clinics (n=49)
1. Patients are not able to pay for services, yet they continue to come for more, especially in urban slums.
2. NGOs and the government invest in multiple clinics in the same area and offer free services. This creates stiff competition for all.
3. The number of patients is shrinking as fewer people can pay for health care.
4. Budgets, especially at branches, are restricted. If the clinic runs out of money, nurses and doctors pay for supplies out of pocket.
5. Insurance companies and government agencies often delay repayment.

Clinic managers say:

"Bad debt (is the main challenge)… We've just documented around 300,000 KES ($3,000) are owed to us by patients just in the past 3 months."

"In Kwangware area, there are six clinics. Each clinic has fewer patients, which leads to lower revenue."

"Eighty percent of our patients pay via insurance companies. Insurance companies often delay payment, which affects our cash flow."

Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

Rural clinic managers feel financial struggles are mostly due to delays in operational funds disbursements from government agencies

Top challenges reported by rural clinics (n=51)
1. Up to five- to seven-month delays in receiving funds from government agencies, including the National Social Security Fund (NSSF) and country offices.
2. Whenever they come, the funds from the government are not sufficient to run clinic operations.
3. Patient indebtedness is a problem, but only for a few clinics.

Clinic managers say:

"… I am not paid and now it's going to the fifths months.. I am forced to contribute my own money to pay for supplies. NSSF is supposed to send money every quarter but it does not do that."

"The money send from NSSF is not enough to cater for basic non-pharmaceutical products like towels… difficult to even budget for general maintenance."

"The amount we get from the government is not sufficient to run this facility. Casuals [staff attending to injuries/casualties] are poorly paid. Casuals earn 2,000-3,000 KSHS, yet the government says to be paid 7,000 KSHS."

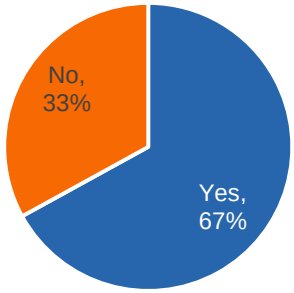
Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

KENYA

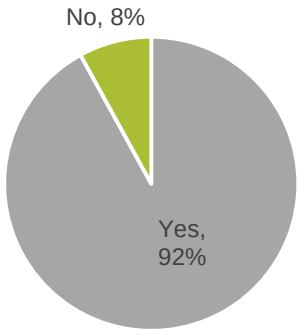
Rural clinics report more financial shocks, especially related to a cash-flow crisis

In the past 12 months, have you experienced a financial problem?
(Shown: Percentage of clinics, by subgroup)

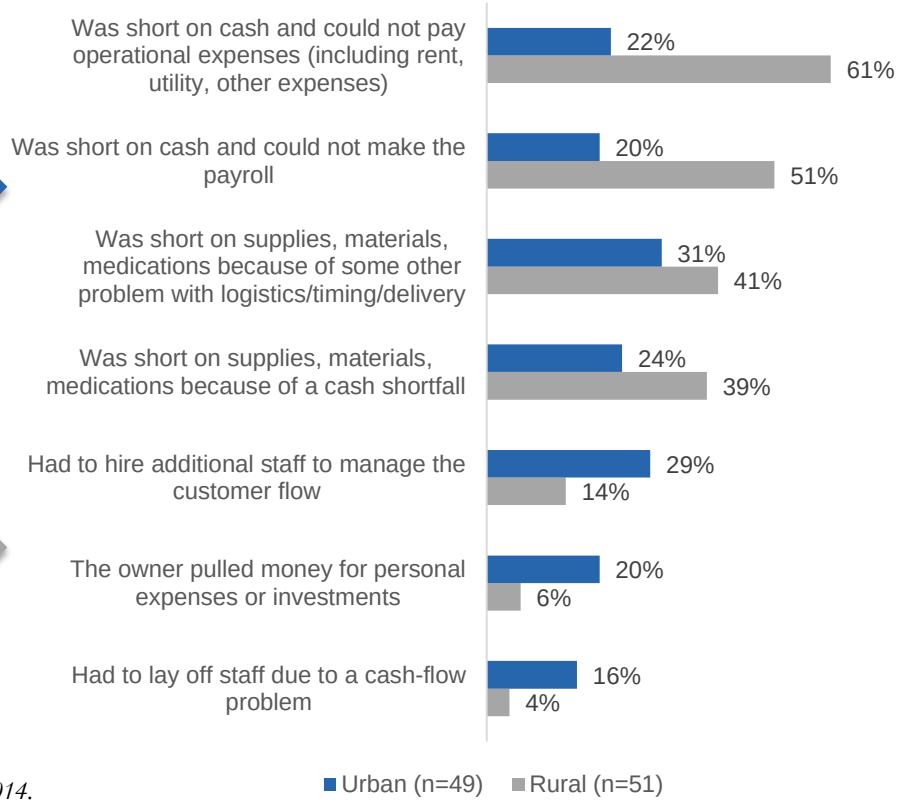
Urban clinics, Nairobi (n=49)



Rural clinics, Kitui (n=51)



Which problem have you experienced?
(Shown: Percentage of clinics, by subgroup)

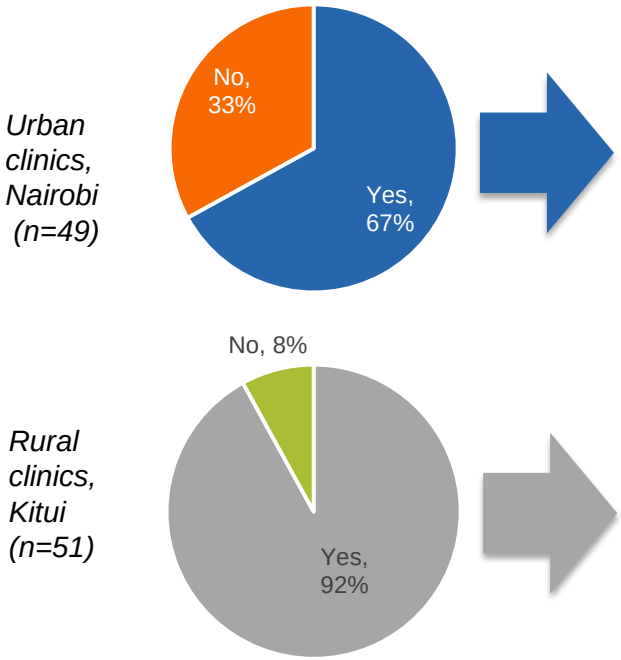


Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

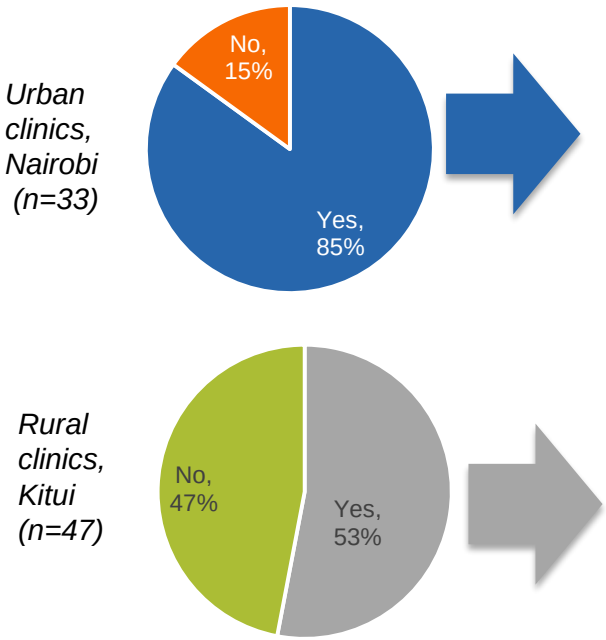
KENYA

Financial shocks hit rural clinics harder than urban; rural clinics are less likely to find the money to mitigate the problem

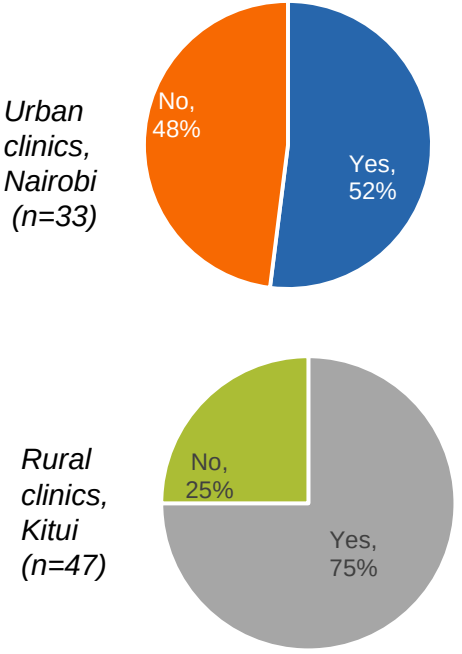
Have you experienced a financial problem?
(Shown: Percentage of clinics, by subgroup)



Have you found money to fix the problem?
(Shown: Percentage of clinics who experienced problems)



Did the problem diminish the quality of service?
(Shown: Percentage of clinics who experienced problems)



Only 24% of urban clinics and 13% of rural clinics borrowed money to cover financial shocks. Most used staff funds to fix the issue.

Source: InterMedia FII Health Clinics Study, N=100 clinics, September-November, 2014.

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