

UNIVERSAL HEALTH CARE ON HEALTH AND WELFARE OF RESIDENTS OF MAKUENI COUNTY: A CASE STUDY OF MBOONI SUB COUNTY HOSPITAL, MAKUENI COUNTY

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Abstract

Kenya implemented UHC as part of its key priority agendas with aspiration to have it achieved across the nation by 2022. This influenced the establishment of Makueni Care that is a vital health financing program that allows registered households to access free services at public hospitals. The purpose of this study was to assess the effects of Universal Health Care on health and welfare of residents in Makueni County, using Mbooni Sub County Hospital as a case study. The study was to determine whether implementation of Universal Health Care (UHC) had any effect on the health and welfare of residents of Makueni County. The literature review covered both local and international researches on the topic. Critical analysis was done on the similarities and differences in the approaches used in local and international researches related to the study. The study used descriptive research design. The target population was all the residents of Makueni County. The study limited itself to 416 patients of Makueni County who visited Mbooni Sub county Hospital between January to April 2018. Stratified random sampling was used to select the participants for the study. Strata was divided into; Inpatients and outpatients. From each stratum 30% of participants were selected using simple random sampling technique. A total of one hundred and twenty four (124) patients participated in the study. A questionnaire on effects of UHC on health and welfare was developed by the researcher for the study. Pilot study was done to ensure validity and reliability of the research instrument. Simple Linear regression was used to analyze effects of UHC on health and welfare of Makueni residents. Descriptive data was analyzed using frequencies and percentages and presented through tables and figures. The research established that the achievement of UHC in Mbooni sub-county had played a significant role in enhancing the economy of the region by ensuring that the residents are able to set aside funds to cater for their needs. It has also alleviated poverty and contributed to the sustainable development of the region. Additionally, the implementation of UHC was vital in enhancing job opportunities since it attracted individuals with the needed skills. The UHC programme played a fundamental role in alleviating the suffering of the people of Mbooni sub-county. The study concluded that Universal Health Care ultimately guarantees financial protection by providing a shield against the catastrophic and impoverishing consequences of out-of-pocket expenditure. The research recommendations of the study were that the programme needed to involve local communities as a means of achieving true accountability and ensure real access to information. It is recommended that the money allocated to the health sector and how it is spent should be accounted for to the communities. It was also recommended that the capital expenditure should be focused on enhancing the quality of healthcare by building new facilities or purchasing equipment to care for more people in the future. It is also recommended that the system should primarily invest in and direct resources towards building the capacities of the public health sector, not in creating opportunities to generate private profits. Since this was a case study, another study should be conducted for all the hospitals of Makueni County.

Introduction

Background of the Study

According to WHO, approximately half of the globe's population lack access to full coverage of crucial health services (WHO, 2019). Additionally, more than 100 million are subjected to extreme poverty because they have to cater for their health care needs. The report also notes that more than 930 million people spend approximately 10% of their household incomes to cater for health care. As a result, all UN member states came to an agreement to attempt and achieve Universal Health Coverage (UHC) by 2030 as part of their SDGs (WHO, 2019). UHC ensures that communities receive health services they require without experiencing financial hardship.

Africa has experienced strong economic growth that has been vital in minimizing the poverty rate (World Bank, n.d.). However, the region has also experienced a rise in the overall health expenditure. This rise has been influenced by out-of-pocket expenditures by individuals on health. Consequently, this has subjected millions of Africans to fall into poverty due to the high health payments. A report by the World Bank notes that financial protection is low in Africa subjecting patients to cater for their health services from their household incomes (World Bank, n.d.).

Kenya has made significant efforts towards UHC as witnessed in the policy reforms that have been implemented in the nation since independence (Okech, & Lelegwe, 2016). However, millions of Kenyans are subject to financial turmoil due to the fact that they have to cater for their health care needs from their household incomes.

Mbooni Sub-county is composed of six wards that are Tulimani, Mbooni, Kithungo/Kitundu, Kiteta/Kisau, Waia/Kako, and Kalawa Ward. The Makueni UHC programme received a Sh 100 million funding boost from the Ministry of Health to increase the supply of essential medicines and supplies (Gathara, 2018). The funding, which were to be disbursed annually through Kenya Medical Supplies Authority, was to complement the county's essential medicine and supplies budgetary allocation to ensure that all the public health facilities were sufficiently stocked.

According to the deal, the county also received two special portable medical clinics to provide medical services within the informal settlements and hard to reach areas within the county. The Ministry of Health, as part of the agreement, was to facilitate the placement of 107 interns through the Public Service Commission in collaboration with the Makueni County Public Service Board, to offer services at Level 2 and 3 facilities. Therefore, the purpose of this study was to assess the effects of Universal Health Care on the health and welfare of the residents of Makueni County.

Statement of the Problem

According to Gathara (2018), UHC coverage is crucial to the provision of quality healthcare. Its achievement by 2030 is fundamental in ensuring that all individuals have access to health services without the risk of fiscal turmoil. Facilitating Makueni residents with access to quality health care is vital in enhancing the nation while ensuring the achievement of UHC. Research has been done on provision of Universal health care in Makueni County but none has been done on the effects of UHC on the health and welfare of Makueni residents hence the research gap in this study.

Research Question

1. What are the effects of Universal Health Care (UHC) on health and welfare of the residents of Makueni County?

Literature Review

Universal Health Care Implementation in Kenya

Kenya implemented UHC as part of its key priority agendas with aspiration to have it achieved across the nation by 2022 (Dr. Wangia. & Kandie, 2019). Its success will ensure that all individuals will be able to utilize the essential services that they require for their wellbeing and health. As a result, the achievement of UHC has been a main focus for counties across the nation for several years. This achievement is crucial to the envisioned sustainable development.

Health is crucial human welfare that leads to sustained social and sustained economic development. Individuals who have poor health and lack decent health services are susceptible to poverty.

The implementation of UHC is vital in enhancing job opportunities since it attracts individuals with the needed skills. It is also vital in enhancing research, development and innovation to support its achievement. It is crucial to unlock the financial and intellectual resources while developing technical solutions that are capable of enhancing access to health care services. In 2016, the County Government of Makueni launched Makueni Care (Makueni, 2018). This universal health program aims to improve access to promotive, preventive, curative and rehabilitative health services and reduce the population's high out-of-pocket expenditure (Think Well, 2019). This program is meant to complement the other existing programs in the county.

Development of Makueni Care

The development of the Makueni Care benefit package was guided by various national and county plans and policies including the Kenya Health Sector Strategic and Investment Plan 2014-2018, Kenya Health Policy (2014-2030), Kenya Essential Package for Health, Makueni County Vision 2025, and the County Integrated Development Plan. The County Government also considered criteria such as cost-effectiveness, cost, burden of disease, fiscal impact, etc. The benefit package includes both inpatient and outpatient services as follows:

- Inpatient services: Nursing care, daily bed fee, ward consumables, drugs, daily consultations, investigations (both laboratory and radiological) and blood transfusions;
- Outpatient services: Dental services², minor operations, ambulance services from community to county hospitals, laboratory services, occupational therapy, physiotherapy, routine orthopedic services, pharmacy services and imaging.

A range of services are excluded from the Makueni Care benefit package. Makueni Care does not cover auxiliary devices and cost of surgical implants, forensic services, post-mortem services and specialized services such as computerized tomography, intensive care unit services, dialysis and non-routine medical reports. Makueni County are not covered as well (Mohammed, Cyrus, and Wabuge 2018). However, in FY 2019/20, the County Government plans to expand the Makueni Care benefit package to include consultation fees in specialized clinics; ear, nose and throat and ophthalmological services, and ambulance services from county hospitals to any referral destination.

The program is effective based on the fact that it has reached more than 45,000 households in the county that benefits Mbooni sub-county. Each household is expected to register its members with an annual fee of sh. 500. As a result, the individuals will be issued with a Makueni Care Card that confirms their eligibility for both out- and in-patient health services during the whole year. Individuals aged above 65 years will also be exempted from the annual fee and will receive free treatment. Moreover, persons who have lived in the county for a period of six months are qualified for the programme. Moreover, it was found that People who have lived in the county for at least six months also qualify for the programme. In addition, the county government caters for mortuary fees up to 10 days in case one dies at the county facilities.

Universal Health Care Implementation in Mbooni Sub-County Hospital

Makueni Care is a vital health financing program that allows registered households to access free services at public hospitals. This has greatly benefitted the people of Mbooni Sub County from an economic perspective. It was implemented as an effort by the County Government to expand access to health services to all of its residents (Makueni, 2018). However, the program faces a few challenges that warrant discussion and action. First, the program spends substantial resources for those who do not pay any premium, i.e. people over 65 years. Consequently, there are concerns about its long-term financial sustainability.

Second, the scheme runs the risk of attracting more people to access care at hospitals instead of lower-level PHC facilities (Think Well, 2019). While patients are meant to be referred by a lower-level facility, the purchaser has no easy way to enforce this. Moreover, service delivery gaps at the lower level will likely trigger an increase in referrals. More in-depth analysis is needed to map patient pathways to explore how the gate-keeping function can be strengthened.

Third, the program uses fee-for-service to pay providers, incentivising hospitals to over-provide services and favour more expensive interventions over simpler, less costly procedures.

Fourth, Makueni Care is one of many purchasing arrangements in use at the county-level (ThinkWell, 2019). Public hospitals receive supply-side financing from the county (for staff salaries, drugs, etc.). They accept payment under Makueni Care, and can also claim and receive reimbursement from NHIF for those who carry insurance. The CDOH is keen to generate revenues from national programs such as Linda Mama, EduAfya and SupaCover, all of which are managed by NHIF (ThinkWell, 2019). There is a need to ensure coherence across these provider payment methods. This is, even more, pressing given the immediate scale-up of the Universal Health Coverage pilot funded by the National Government, which also reimburses public hospitals for forgone user fees.

Research Methodology

Research Design

This study used descriptive research design. Descriptive research design was appropriate because it explored possible cause and effect on relationship among variables that cannot be engineered or manipulated by the researcher. This is because the researcher investigated the independent variable, Universal Health Care (UHC), in retrospect for possible relationship and effect on the dependent variable; health and welfare.

Study Variable

The study had two variables, Universal Health Care as the independent variable while health and Welfare, as the dependent variable.

Locale

The locale of the study was Mbooni Sub County hospital in MaKueni County. Mbooni sub County hospital was chosen due to its proximity to the researcher.

Target Population

The study targeted all the residents of Mbooni sub county who visited the hospital between January 2017 to 2018 April.

Table 1: Target population

Category	Target population	Percentage
Inpatients	300	72%
Outpatients	116	28%
Total	416	100

Sampling Techniques

Stratified sampling technique was used to select the participants for the study. The population was divided into two strata; Inpatients and Outpatients. Simple random sampling technique was used to obtain sample size from the different strata. Kombo and Tromp (2009) indicated that a sample size of 10% to 30% of the target population is adequate to provide valid results on any research study therefore this study was sample 30% of the target population since it was a case study.

Sample size

Category	Target Population	Sample Size	Percentage
Inpatients	300	90	72%
Outpatients	116	34	28%
Total	416	124	100

Research Instruments

The study used a questionnaire with open and closed ended questions to collect the data.

Data Analysis

The data collected was assessed to ensure that it was relevant to the purpose of the research. Descriptive data was analyzed using frequencies and percentages and presented through tables and figures.

Findings

Table 4.1: How patients would pay medical bills before UHC

	Frequency	Percentage
Sell land	74	59%
Funds drive	30	24%
Sell farm products	10	8%
Pay from savings	06	5%
Pay from salaries	03	3%
Others	01	1%
TOTAL	124	100%

As tabulated in above table, most of the patients relied on selling land to pay their medical bills (59%) and holding funds drive (24%) as well as selling farm products (8%). Very few paid their medical bills from their savings (5%) and through salaries (3%).

Table 4.2: Effects of UHC on health and welfare of Makueni County people

	Frequency	Percentage
Alleviate poverty	65	53%
Increase in hospital visitation	40	32%
Saving	15	12%
Others	4	3%
TOTAL	124	100%

As tabulated in the table the UHC affected the health and welfare of the residents of Makueni County by alleviating poverty by (53%) and increased the number of people who sought medical services by (32%). The residents also increased their savings by (12%). This shows that UHC had positive effect on the health and welfare of the people of Makueni County.

Conclusion and Recommendations

Conclusion

According to the Makueni Governor, “When we took over in 2013, we realised that 40 per cent of the people of Makueni would sell land and exhaust family income to pay medical bills for relatives” (Gathara, 2018). This led to the introduction of the Makueni Care that supports the national government's free healthcare policy under NHIF that allows for seamless cover across the varying public health services. This UHC programme has alleviated the suffering of Makueni people, particularly Mbooni sub-county, most of whom would be detained in hospitals because of the inability to settle hospital bills.

In the period 2013-17 the county invested in health care staffing by recruiting additional staff and increased doctor to population ratio to 1:16,149 from 1:22,712 and increasing the nurse to population ratio to 1:1,502 compared to 1:1,932 in 2013. The government also launched the universal health care programme, which has led to reduced out of pocket expenditure in health care. A total of 78,219 households have registered for the programme. The aged (over 65 years) have access to free health care in the county which has led to reduction of dependency rate.

The county immunization coverage (under one fully immunized children) is 85% up from 62.26% in 2013 while access to contraceptive acceptance rate stands at 61% from 30.76% in 2013. The county has also invested in health infrastructure and equipment to increase access to quality health care, to this end, the county constructed a 200 mother and child facility at the County Referral Hospital and trauma centre in Makindu Sub County Hospital.

Illness leads to a substantial financial toll. According to the 2013 Kenya Household Health Expenditure and Utilisation Survey, medical expenses account for more than 40 per cent of non food bills in over half the counties in the country. Direct payments by citizens accounted for a third of the country's total health expenditure in the same year, according to Dr Izaaq Odongo, the head of the Department of Curative and Rehabilitative Health Services at the Ministry of Health, with the balance being made up by the government (36 per cent), donors (20%) and employers (10%) (Gathara, 2018). As a result, many Kenyans are forced to resort to selling of property, relying on networks of relatives and friends, or even making desperate appeals on social media to raise the necessary funds. Hence the large, and seemingly never-ending pleas all Kenyans make when clearing medical bills. Despite this, according to World Bank Country Director, Diarietou Gaye, the number of those thrust into poverty by medical expenses is close to one million.

It was established that Universal Health Care ultimately guarantees financial protection by providing a shield against the catastrophic and impoverishing consequences of out-of-pocket expenditure through the implementation of pooled prepaid financing systems. Ill health affects productivity and diverts households' income to seeking health services. The achievement of UHC in Mbooni sub-county means that funds set aside to cater for basic needs are left intact therefore alleviating poverty and contributing to sustainable development. However, Universal healthcare requires a substantial increase in the resources both levels of government commit to health.

Recommendations

It is crucial to focus on the provision of quality care. This is based on the fact that having more facilities will not necessarily improve health outcomes for the people of Makueni if the quality of care they provide begins to decline as a result of under investment. Further, especially as the county expands the number of Level 4 hospitals, one must wonder whether this is being done at the expense of funding primary healthcare.

The programme also needs to involve local communities as a means of achieving true accountability. Additionally, it is recommended that this is accompanied by real access to information as well as consequences for those who are implicated in wrong doing.

It is also recommended that the system should primarily invest in and direct resources towards building the capacities of the public health sector, not in creating opportunities to generate private profits. It should embrace a rights-based

approach that seeks to deal with health as a human right rather than an industry. That shifts the focus away from the needs of “investors” to those of citizens.

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