



Shifting to SHIF: Time for a health check

Kenyan citizens' experiences and opinions of health services and health insurance

1. Introduction

With the introduction of the Social Health Insurance Fund (SHIF), due to launch in July 2024 by the government, it is a significant moment to take stock of citizens' experiences of healthcare services to date. It's time to conduct a health check of the sector, including the current most widely accessed form of health insurance, the National Health Insurance Fund (NHIF).

The SHIF has been described by the government as aiming to provide comprehensive coverage to all Kenyans, and as representing a significant milestone on the journey towards Universal Health Coverage (UHC). Under the scheme, vulnerable populations will gain access to a broad spectrum of benefits, including screening, some transplants, essential medications, and access to vital medical equipment.

This brief presents data on citizens' experience and opinions on health services and health insurance in Kenya before the SHIF is launched. What do citizens see as the main challenges facing the health sector? What form of health insurance – if any – do they currently have, and what are their views about the quality of these services? Do citizens prefer to seek treatment at public or private health facilities? And are they satisfied with the services that they are currently able to access?

Data for the brief come from Twaweza's *Sauti za Wananchi* mobile-phone panel survey. The panel was created by randomly sampling from an existing database of over 250,000 citizens' contacts to establish a nationally representative panel. We also boosted the panel in Nairobi and various other counties

- Specifically, the sample is representative in the counties of Nairobi, Elgeyo Marakwet, Laikipia and Vihiga, and in two additional groups of counties: Tana River, Marsabit and Turkana (labelled "TR-Mar-Tur" in charts); and Garissa, Wajir and Mandera (labelled "Gar-Waj-Mand").

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Sauti za Wananchi



of interest², so that the panel is also representative in those areas. For this brief, data were collected from 3,603 respondents in the eleventh round of the special *Sauti za Wananchi* panel, conducted between January 23 and February 7, 2024.

Key findings include:

- Family decisions on health matters are made equally by women and men
- Citizens highlight unavailability of medicines and the cost of healthcare as the biggest challenges currently facing the sector
- Half of Kenyan citizens have some form of health insurance
- NHIF members like that it provides quality and affordable services, but complain that it doesn't cover all ailments
- When in need of medical services, most citizens turn to government health facilities
- Citizens are more likely to be satisfied with key aspects of their health facility today than they were in 2017
- 1 out of 3 citizens knows of an ambulance that can be called to their neighbourhood
- Significant numbers of those entitled to free treatment do not receive this entitlement in practice
- Most citizens are aware that the government has established community health workers across the country

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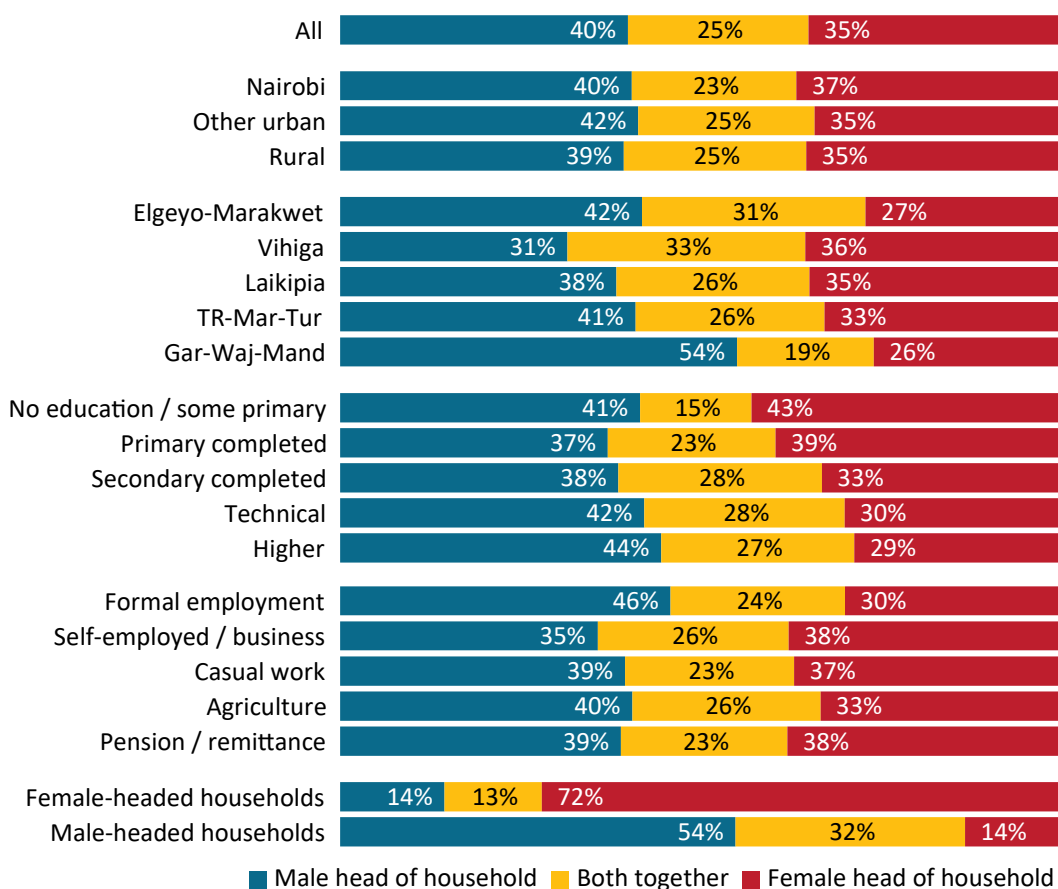
2. Nine insights on Kenyan citizens' experiences and opinions on health services

Insight 1: Family decisions on health matters are evenly split between women and men

When it comes to making decisions around family health care matters, households are fairly evenly split between those where a senior male household member takes the decision (40%) and those where a senior female household member does so (35%). In the remaining households (25%) the decision is shared.

Female-leadership on family health matters is higher among households with lower levels of education, and much higher in female-headed households. Otherwise, the even split is fairly consistent across different parts of the country.

Figure 1: Who is the main decision maker in your household when making health care decisions for your family?



Source: Sauti za Wananchi mobile phone survey, special r11 (Jan-Feb 2024)

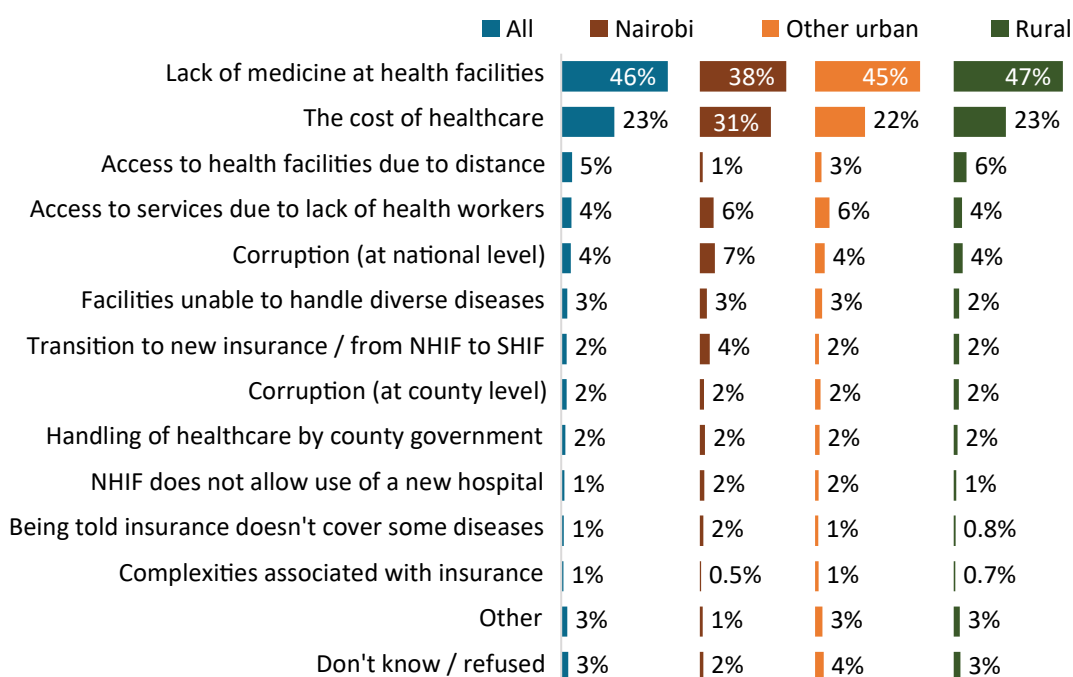
Base: all respondents (n=3,603)

Insight 2: Citizens highlight the unavailability of medicines and the cost of healthcare as the biggest challenges currently facing the sector

Citizens point to the lack of medicine available at health facilities as the biggest challenge currently facing the sector, cited by close to half of citizens (46%). This is followed by the cost of healthcare, cited by one out of four citizens (23%). Other concerns are cited much less.

The list of concerns is similar across Nairobi, other urban areas and rural communities.

Figure 2: What would you say is the most pressing problem facing the health sector in Kenya today?



Source: *Sauti za Wananchi* mobile phone survey, special r11 (Jan-Feb 2024)

Base: all respondents (n=3,603)

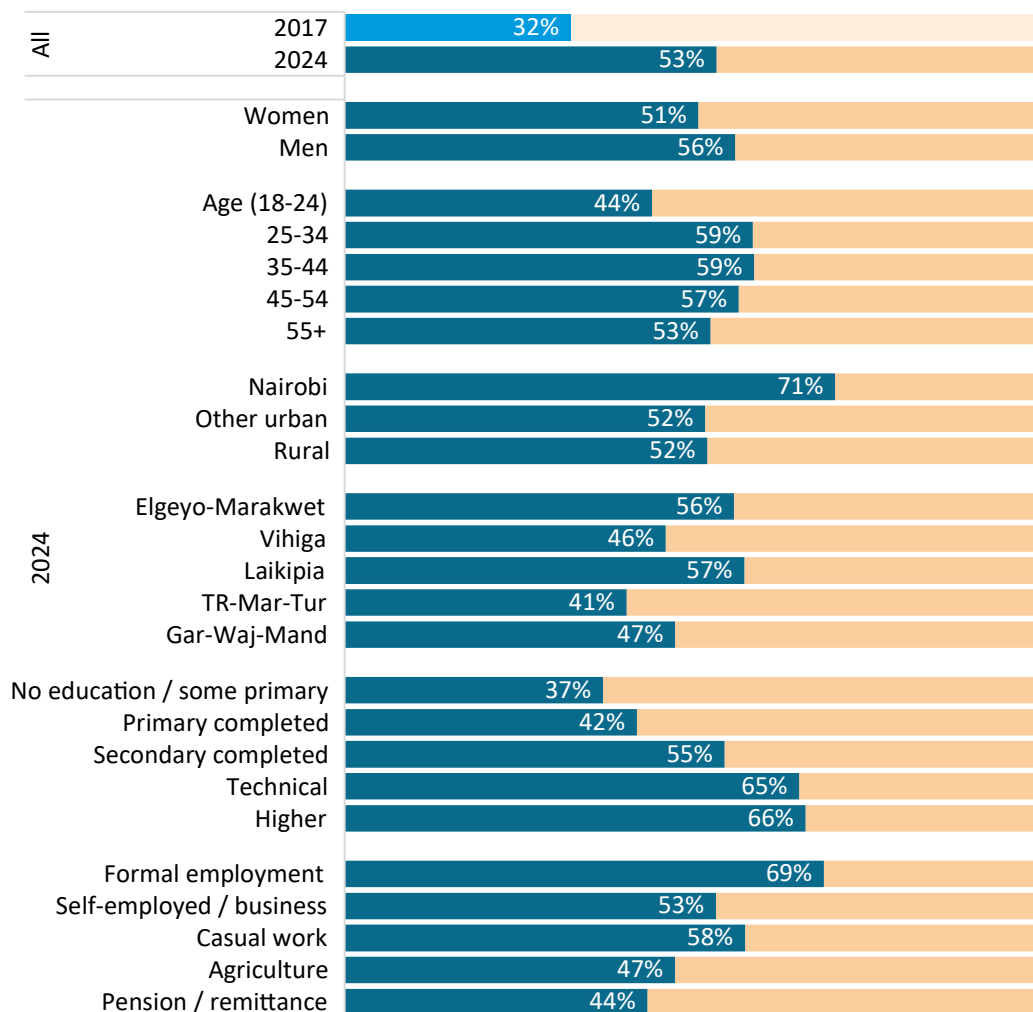
Insight 3: Half of citizens have some form of health insurance

Half of citizens (53%) have some form of health or medical insurance. This is a significant increase from three out of ten (32%) in 2017³.

Access to health insurance is slightly higher among men than women, and slightly lower among younger and older citizens. It is markedly higher in Nairobi compared to other urban areas or rural areas, and it is strongly associated with education levels and employment status: better-educated citizens and those in formal employment are more likely to have health insurance.

3 The question in 2024 specifically mentioned the National Health Insurance Fund (NHIF), while the 2017 question did not, which may have affected the jump in reported access over this period.

Figure 3: Percentage who personally have health or medical insurance:



Source: *Sauti za Wananchi* mobile phone survey, special r11 (Jan-Feb 2024)

Base: all respondents (n=3,603)

The most widespread form of health insurance is the National Health Insurance Fund (NHIF, held by 51% of citizens), while small numbers also have access to employer-provided schemes (3%) and/or private insurance bought by an individual or group (2%). (Not shown in charts).

The main reason given for not having health insurance is cost, cited by one out of three citizens (33%). Other reasons given include not understanding how it works (3%) and a lack of awareness of any such provision (3%). (Not shown in charts).

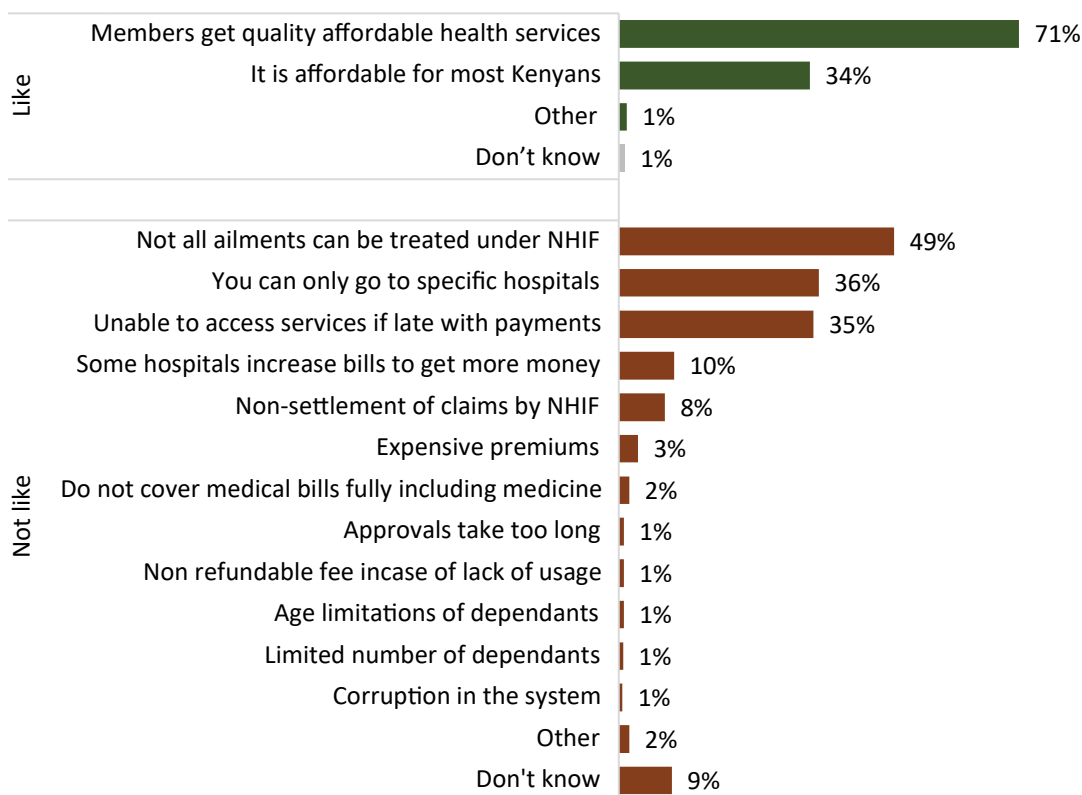
Insight 4: NHIF members like that it provides quality and affordable services, but complain that it doesn't cover all ailments

Among NHIF members, seven out of ten (71%) like that it provides them with quality affordable health services, and a substantial number (34%) add that it is affordable for most Kenyans.

However, NHIF members also say that they don't like the fact that not all ailments can be treated under NHIF (49%), that members can only attend specific hospitals (36%) and that they are unable to access services if they were late with payments (35%).

A very small number of NHIF members (1%) point to corruption in the system as something they do not like about NHIF.

Figure 4: What do you like / not like about NHIF? (n=2,059)
(multiple responses permitted)

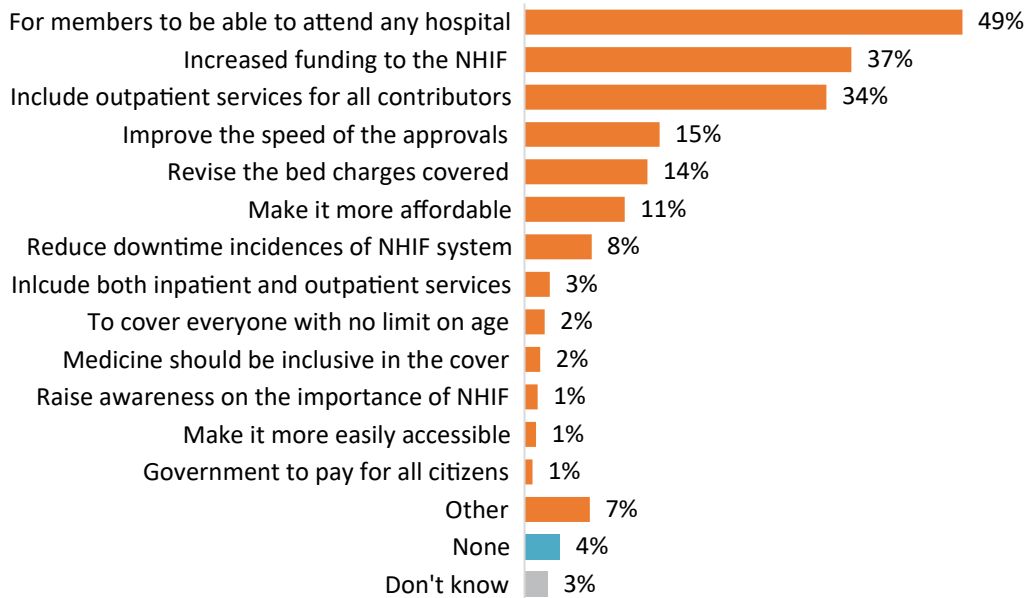


Source: *Sauti za Wananchi* mobile phone survey, special r11 (Jan-Feb 2024)

Base: those with NHIF membership/dependents (n=2,059)

Among all citizens, the top suggestion for how the NHIF could be improved is for members to be able to visit any hospital for treatment (49%). This is followed by increasing the funding available to the NHIF (37%) and including outpatient services for all contributors (34%).

Figure 5: What three things would you like to be changed for NHIF to be better?
(multiple responses permitted)

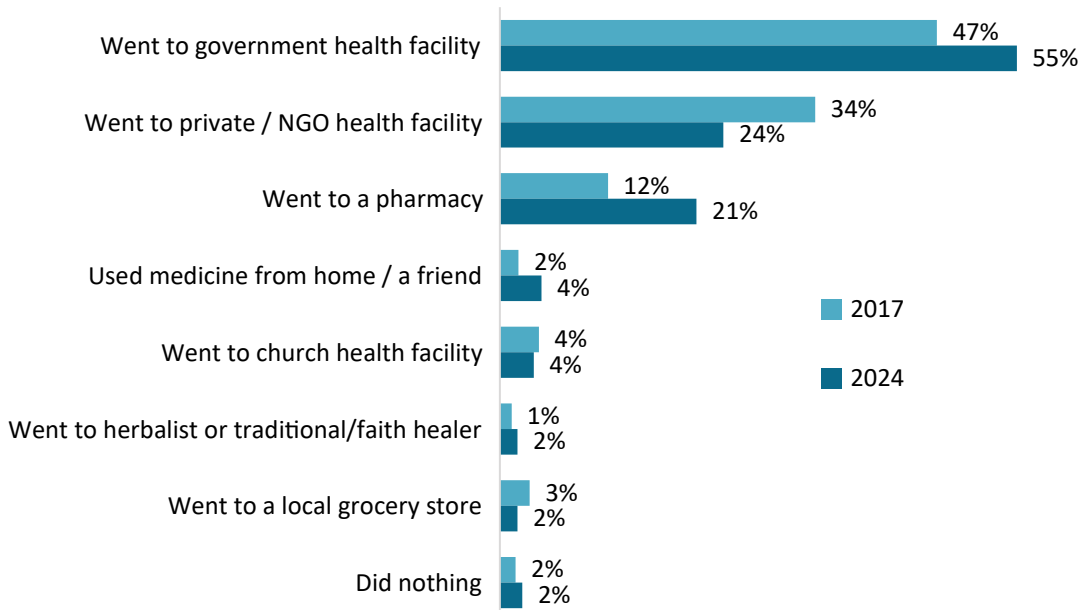


Source: *Sauti za Wananchi* mobile phone survey, special r11 (Jan-Feb 2024)
Base: all respondents (n=3,603)

Insight 5: When in need of medical services, most citizens turn to government health facilities

The last time they experienced an illness or injury, half of citizens (55%) attended a government health facility. This is a little higher than in 2017 (47%). Conversely, in 2024, fewer said they have attended a private / NGO health facility (24% in 2024, down from 34% in 2017).

Figure 6: Last time you suffered an illness/injury, what action did you take to find relief?
(multiple responses permitted)

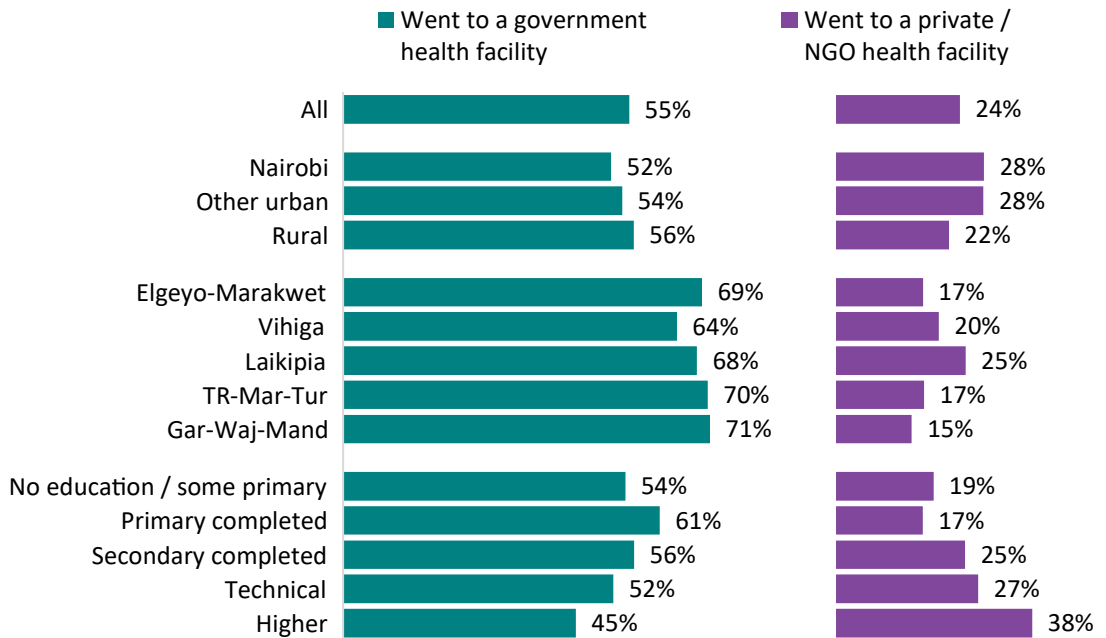


Source: *Sauti za Wananchi* mobile phone survey, special r11 (Jan-Feb 2024)
Base: those who have experienced and illness or injury at some time (n=2,700)

Those in Nairobi and other urban areas are a little more likely to attend a private / NGO health facility than those in rural areas. There is a strong link with education levels – a proxy indicator for wealth – with those having higher levels of education more likely to attend private or NGO facilities.

In the focus counties, all of which are predominantly rural, residents are considerably more likely to attend a government health facility in the event of a medical need. It is likely that this is at least in part due to fewer alternatives being available in rural settings.

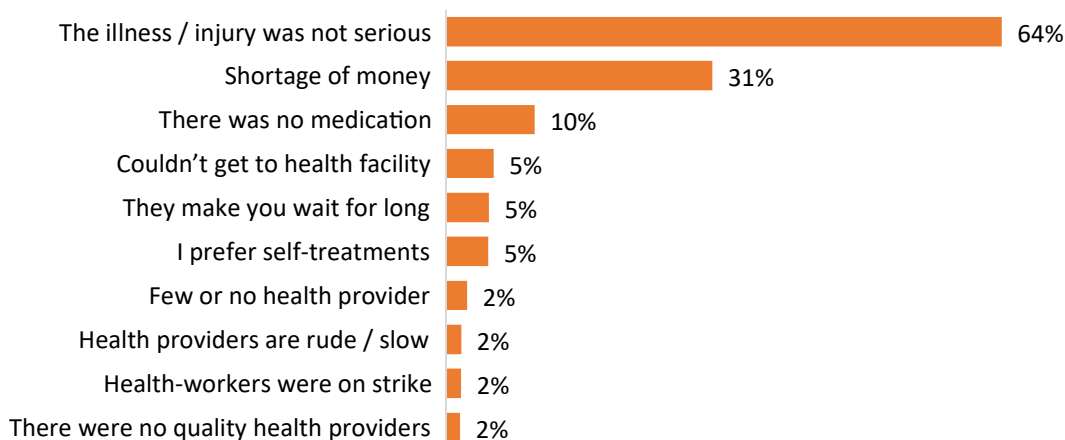
Figure 7: Last time you suffered an illness/injury, what action did you take to find relief?
(multiple responses permitted)



Source: *Sauti za Wananchi* mobile phone survey, special r11 (Jan-Feb 2024)
Base: those who have experienced an illness or injury at some time (n=2,700)

Among those who did not attend a health facility of any kind, the most common reason given is that the illness or injury they experienced was not serious (64%), followed by limited money available to pay for medical services (31%).

Figure 8: Why didn't you go to a health facility?
(multiple responses permitted)



Source: *Sauti za Wananchi* mobile phone survey, special r11 (Jan-Feb 2024)

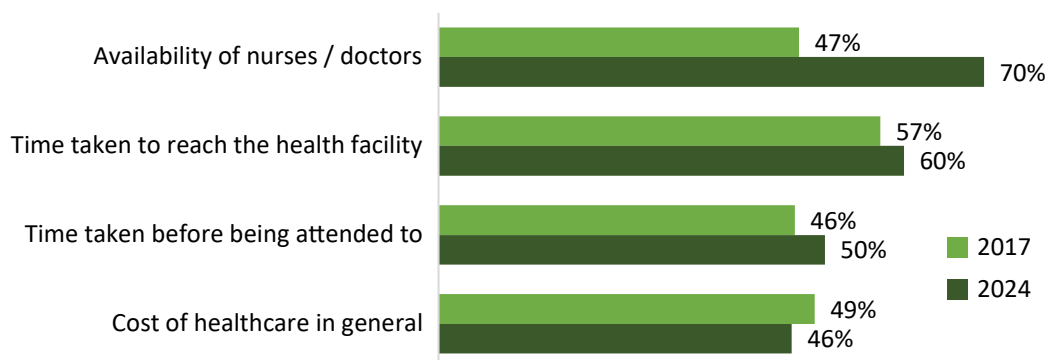
Base: those who have suffered an illness/injury but did not go to a health facility (n=885)

Insight 6: Citizens are more likely to be satisfied with key aspects of their health facility today than they were in 2017

Seven out of ten citizens (70%) are currently satisfied with the availability of nurses and doctors in the health facility that they visit most often, up from half (47%) in 2017. On other aspects of the health facility, citizens' levels of satisfaction have also seen modest increases. This includes the time taken to reach the facility (60%, up from 57%) and the time taken before being attended to (50%, up from 46%).

However, on the cost of healthcare, slightly fewer citizens are currently satisfied (46%) than was the case in 2017 (49%).

Figure 9: Percentage who say they are satisfied/very satisfied with the health facility that they mainly visit in terms of the following areas:

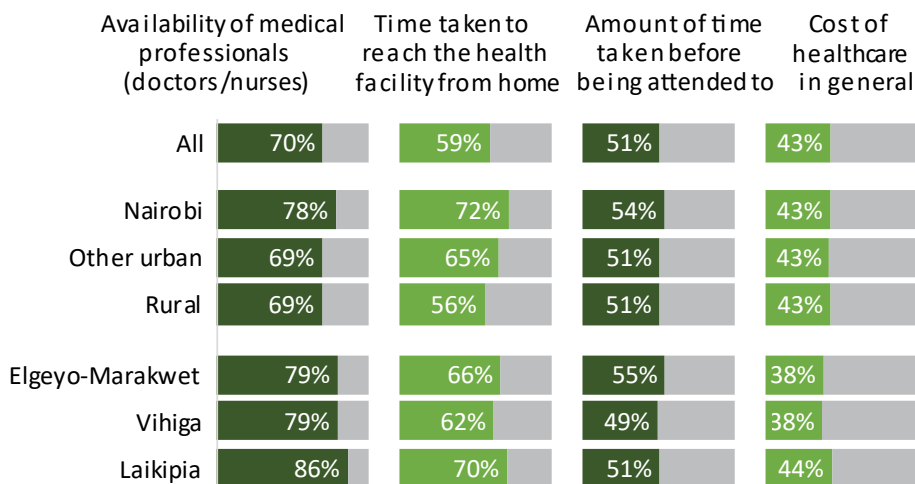


Source: *Sauti za Wananchi* mobile phone survey, special r11 (Jan-Feb 2024)

Base: all respondents (n=3,603)

There are some significant differences between counties when it comes to citizens' satisfaction with health services. In Nairobi and in the focus counties of Elgeyo-Marakwet, Vihiga and Laikipia, residents are more likely than elsewhere to be satisfied with the availability of health professionals and with accessibility of health services.

Figure 10: Percentage who say they are satisfied/very satisfied with the health facility that they mainly visit in terms of the following areas:

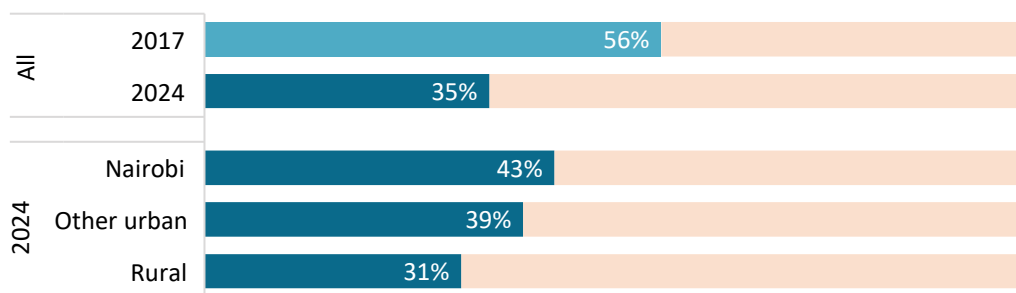


Source: Sauti za Wananchi mobile phone survey, special r11 (Jan-Feb 2024)
Base: all respondents (n=3,603)

Insight 7: 1 out of 3 citizens knows of an ambulance that can be called to their neighbourhood

One out of three citizens (35%) know of an ambulance that can be called to their neighbourhood. This is markedly lower than was the case in 2017, when most citizens (56%) were aware of such a service. Awareness of ambulance services is higher in Nairobi (43%) than in other urban areas (39%) or in rural areas (31%).

Figure 11: Percentage who know of an ambulance that can be called to their village/area:

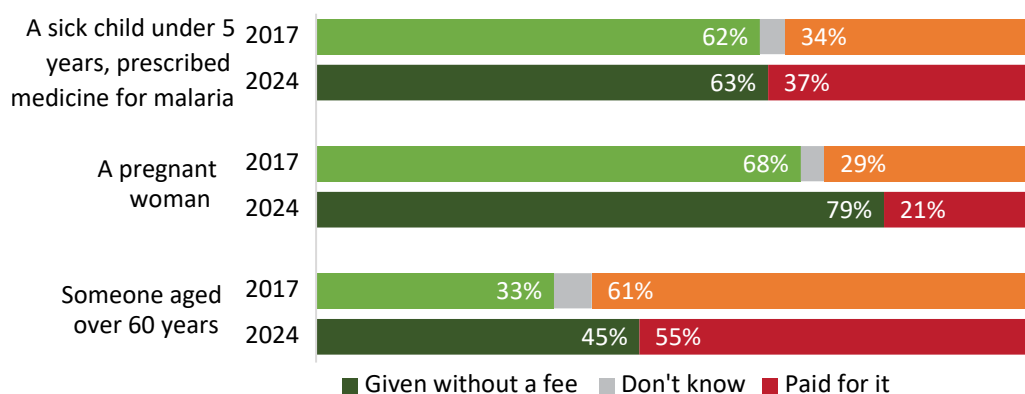


Source: Sauti za Wananchi mobile phone survey, special r11 (Jan-Feb 2024)
Base: all respondents (n=3,603)

Insight 8: Significant numbers of those entitled to free treatment do not receive this entitlement in practice

Among those entitled to free treatment under national policy – young children with malaria, pregnant women and the elderly – a significant proportion do not receive this entitlement in practice. The last time they sought treatment, four out of ten children with malaria (37%) did not receive free treatment, two out of ten pregnant women (21%) did not do so, and over half (55%) of those aged over 60 years did not get free treatment. Across all these types of cases, however, access to free treatment entitlements has increased since 2017.

Figure 12: The last time you or someone you know went to a government health facility with the following patient, did you/they receive it for free or pay for it?



Source: *Sauti za Wananchi* mobile phone survey, special r11 (Jan-Feb 2024)

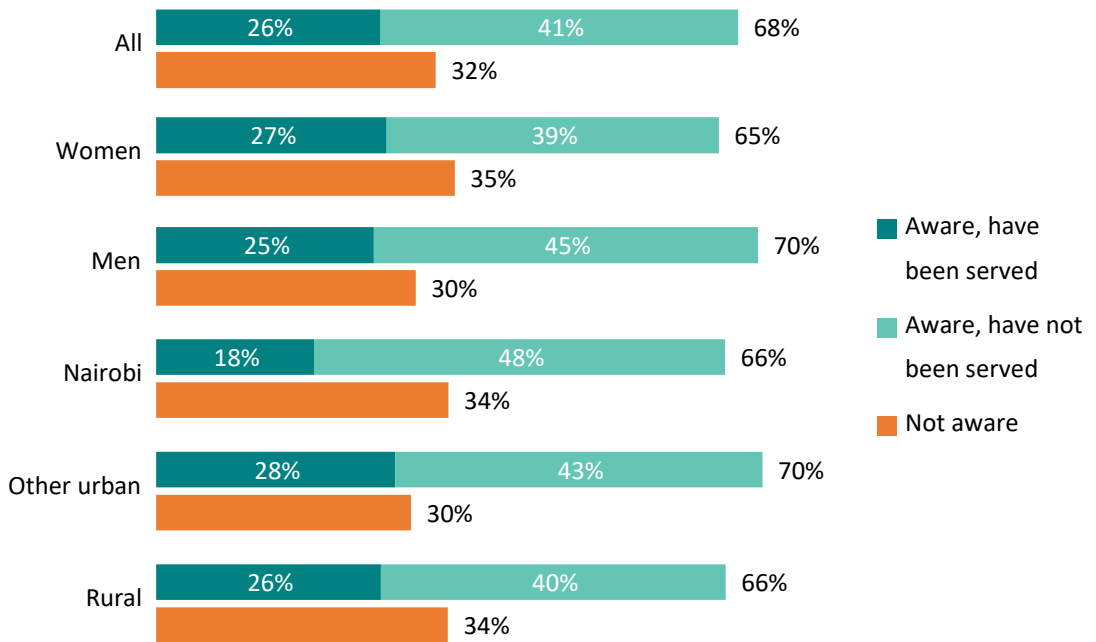
Base: all respondents (n=3,603)

Insight 9: Most citizens are aware that the government has established community health workers across the country

Seven out of ten citizens (68%) are aware that the government has established a network of community health workers across the country, and one out of four citizens (26%) has already received some form of service from the new health workers.

These figures are broadly consistent across women and men but contact with community health workers has been lower in Nairobi (18%) than other urban areas (28%) and rural parts of the country (26%).

**Figure 13: Are you aware that the government has established community health promoters/ workers across the country?
If so, have you been served by one of them?**

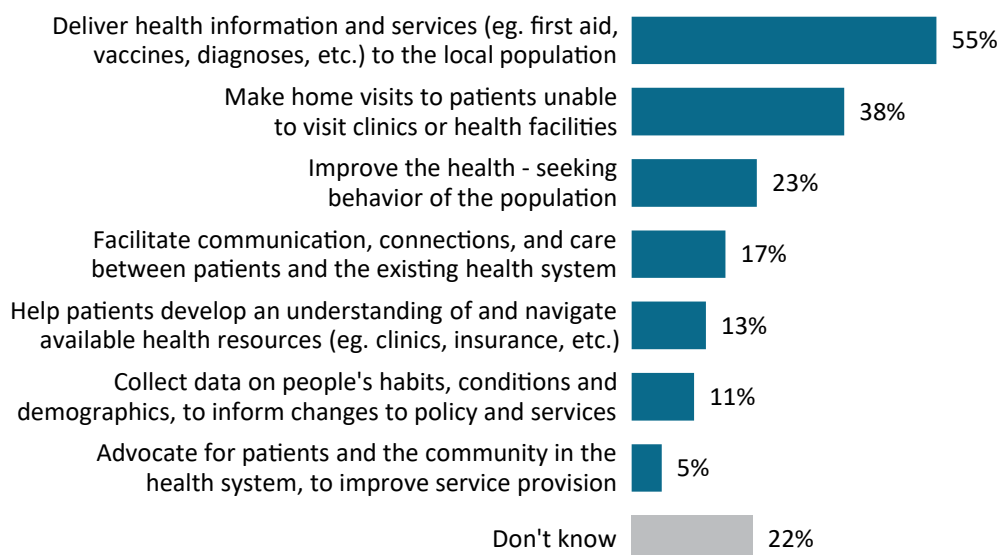


Source: *Sauti za Wananchi* mobile phone survey, special r11 (Jan-Feb 2024)

Base: all respondents (n=3,603)

Citizens' main understanding of the role of community health workers is that they are to deliver health information and services to the local community (55%), or to visit at home those who are unable to attend health facilities (38%). Other functions of the health workers are less well known, including health promotion (23%) and data collection (11%).

Figure 14: What would you say is the role of the community health worker/promoter?
(multiple responses permitted)



Source: *Sauti za Wananchi* mobile phone survey, special r11 (Jan-Feb 2024)

Base: all respondents (n=3,603)

3. Conclusions

As the country prepares for a major change in health services provision – the shift from NHIF to SHIF – this brief offers a check on the sector as it currently stands. The 57-year-old National Health Insurance Fund is set to be replaced by the Social Health Insurance Fund, as part of President William Ruto’s pledge to provide affordable healthcare to all Kenyans.

SHIF will reach much further than its predecessor by requiring that *all citizens* must become members⁴. Those households earning income from formal employment will have a fixed amount deducted from their salary payments, at a rate of 2.75% of their salary, not less than Ksh.300 per month, with no upper limit. (This has been controversial and unpopular with those on higher incomes, who are set to see significant increases in the amounts deducted from their salaries for insurance payments.) Households whose income does not come from salaried employment will pay an annual contribution equivalent to 2.75% of their income as assessed by a means-testing instrument. The government has stated that those on the lowest incomes will have their payments covered by the government.

At the time of writing, some details remain unclear – partly due to legal challenges to the new system. However, it is clear that the shift to SHIF is a major change that will radically alter how citizens interact with the health system.

⁴ <https://www.oraro.co.ke/highlights-of-the-social-health-insurance-fund-and-related-legislation/>

This brief highlights how substantial some of these changes might be. For example, it finds that at present, half of Kenyans have some form of health insurance, while half do not. If the new approach persuades – or forces, using the law – all citizens to become members of SHIF, and if the pledge to cover the cost for low-income households is fulfilled, then the number of citizens with health insurance is set to increase dramatically. This is the government’s intention, and is a worthy goal.

Many citizens currently cite the cost of healthcare as the biggest challenge facing the sector, and many cite a lack of money as the reason for not seeking treatment when needed or as the main reason for not currently having health insurance. Further, access to insurance is currently strongly linked to location, education levels and sources of income, all of which are proxy indicators for wealth. Extending the reach of insurance provision should be an effective way of spreading that cost over time, and enabling poorer citizens to access services that they could not previously afford.

Also noteworthy is that NHIF members are currently mostly positive about what the scheme provides for them: quality and affordable services. Perhaps surprisingly, given widespread media reports on corruption in the NHIF system, very few members highlight this as a problem.

While the shift to SHIF is bound to be challenging, the goal of achieving universal health care is a truly worthy one. The administrative challenge of registering over 50 million citizens, many of whom will require means testing to assess their income, will be considerable. And ensuring a smooth transition, and providing services without excessive bureaucratic friction will represent a major test. But the journey must be undertaken with care and determination.

