

# **KENYA COMMUNITY BASED HEALTH FINANCING ASSOCIATION(KCBHFA)**

## **THE ROLE OF KCBHFA IN THE TRANSFORMATION OF NATIONAL HOSPITAL INSURANCE FUND (NHIF) TO NATIONAL SOCIAL HEALTH INSURANCE FUND (NSHIF)**

### PROFILE OF KCBHFA

The Kenya Community Based Health Financing association (KCBHF) is an association of network members who are in the field of community based health financing; the association was registered in Kenya in 2002. The association has 9 members with different capacities( Support for Tropical Initiative in Poverty Alleviation (STIPA), Inter-Diocesan Christian Community Services-(IDCCS), Western Region Christian Community Services-(WRCCS), Eldoret Christian Community Services (ELRECO), Jamibora, International Centre for Development and Research-(CIDR) as implementers, (CORAT) as training and Local support services, Great Lakes University of Kisumu GLUK (former TICH) as research institution and Christian Health association of Kenya (CHACK) as service provider

The goal of the association is to promote access to equable efficient quality health care to all Kenyans through CBHF mechanisms.

### KCBHFA Vision, Mission, and Core Values

#### Vision

KCBHFA envisions "Empowered communities accessing quality health care"

#### Mission Statement

To facilitate member organizations and key stakeholders to promote Community Based Health Financing initiatives that enhances community access to quality healthcare

KCBHFA Goal; to promote access to equitable, efficient, quality health care to Kenyans through community based health financing mechanisms

### KCBHFA Strategic Objectives

The Kenya Community based health financing association exists to pursue the following objectives

- § To act as a legal, non-profit making entity dedicated to promoting Community Based Health Financing [CBHF] for the people of Kenya.
- § To promote initiatives by organized groups/societies for purposes of accessing affordable and quality healthcare.
- § To educate members of the public on the advantage of health insurance as a way to minimize major financial hardships caused by unexpected serious or other illness.
- § To liaise with the Ministry concerned with Health Financing in Kenya and all donor agencies in the field of health financing on behalf of all participating health-financing schemes
- § To carry out research, feasibility studies and workshops on community health financing.

§ To supervise activities of community health finance schemes through the members of the KCBHFA, build the capacity of programme implementers as well as provide general technical assistance

### Core Values

Our operational environment is governed by a set of core values which constitute the desired NETWORK structure. These values are:

1. Participatory approaches: We will embrace participatory decision making at all levels for collective responsibility.
2. Accountability: We will uphold honesty, accountability and transparency at all times.
3. Respect: we will, at all times endeavor to respect and recognize our partners and other stakeholders.
4. Equality and equity: we will promote equality and equity in all our engagements.
5. Professionalism: we will uphold professionalism at all times.
6. Commitment: we will demonstrate commitment to the CBHF cause.
7. Integrity: we will embrace the virtue of integrity in all activities.
8. Team spirit: we will cultivate team spirit with all our partners and stakeholders.

### Core Business

- Technical support to member organizations and key stakeholders for the promotion of Community Based Health Financing initiatives.
- Coordinate member organizations at the national level.
- Advocates for community based health financing
- Undertake research in Community Based Health Financing

### Progress

- Nine institutions have been brought on board. Identification and mapping of other institutions are on going
- All the provincial hospitals have been linked to the scheme members by different network work organizations.
- In regions where member organizations are, Public District hospitals and Faith Based Hospital have been linked to the scheme
- Strengthened collaboration with NHIF in the central Province of Kenya where scheme members have joined NHIF, efforts are being made to have this done in the whole republic.
- all the CBHF project officers from the network organizations have been trained on CBHF concept, design, management and monitoring and evaluation at the national levels
- A total 204016 of members have been registered and 410997 are now benefiting.

### Summary of networks progress by May 2008

Name of the network	Coverage by Dist and prov		No of schemes	No of members	Service package(put a tick) In Out		Premium Kshs	No of beneficiaries	No of facilities linked to the scheme by level L2, L3, L4, L5, L6	Comments
	NoD.	NoP								
STIPA	3	1	5	390	√	√	300-600 PA	1170	2L2, 1L3, 3L4 & 1L5	Implementing organization
IDCCS	3	1	5	1663	√	√	600-1200 PA	3326	3L3,4L4,	Implementing organization
WRCCS	5	1	8	150		√	300-600 PA	600	6L2	Implementing organization
ELREC O	2	1	4	80		√	600PA	320	2L2	Implementing organization
CIDR	1	1	15	1530	√		2,400,1000,&600 PA	5378	3L4, 1L5 & 1L6	Research and implementing organization
JAMAII BORA	-	8	140	200,000	√		1500/= PA	400,000	All L4,L5,&L6	Micro credit and implementing
CHAK	-	8	N/A	N/A	N/A		N/A	N/A	Data to be computed	provider
GLUK	1	1	1	203	√	√	200 per delivery (subsidized by donor)	203	1L3,2L4,1L5	Research, training and implementing organization
CORAT	-	N/A	N/A	N/A	N/A		N/A	N/A	N/A	Training, and local support services(EED)
Total			178	204016				410,997		

#### The CBHF main objectives are to improve;

- Access to care
- Quality of care
- Efficient resource allocation and use to care
- Facilitate equity for care

*In an attempt to address these objectives in the light of transforming NHIF to NSHIF, KCBHFA as the mouth piece of the community should be accorded and be allowed to participate in the following*

- Be part of the national council for policy and guidance (board of trustees)
- Represent the maximum community participation at all levels
- Continue to strengthen the community initiatives for NSHIF
- Provide for community spirit of solidarity, mutual interest; enhancing risk sharing among all its members.
- Provide leadership in community mobilization and sensitization on SHI
- Facilitate ownership and representation of NSHIF to members at community level
- Participate in NSHIF product design, marketing and social marketing focused on the pro-poor communities
- Be the vehicle for Establishing and operational linkages between the free primary health initiative and the social health insurance programme

- Provide advocacy role in identification of substitute mechanisms to assure consultative mechanisms to ensure that the voices of communities and district representatives are heard
- Education campaigns for the general public particularly to the informal sector
- Identification of the poor
- Implementation research
- Training of the informal sector on SHI
- Advocacy on access, quality equity and efficiency on behalf of the communities/informal sector
- Involvement in the assessment of overall progress, with particular attention in:
  - Assessing the inclusion of the informal sector and the poor in the NSHIF
  - Assessment of methods of poverty identification and registration of the poor used at the level of pilot districts
- Review progress regarding the extension of coverage to the informal sector and the poor Participate in workshops with the NHIF Working Groups
- Interact with the Project Secretariat and to support the various Working Groups on the current and planned activities.
- Review of the Strategic Plan for the pilot districts and for the NSHIF as a whole, including of methods used to estimate revenue and expenditure
- Review of registration and membership card design
- Review of the accreditation process (quantitative and qualitative)
- Review of progress in publicity and education.
- Inclusion of CBHF assessment results to the development of NSHIF as the NHIF was assessed and its findings included in the development of NSHIF

