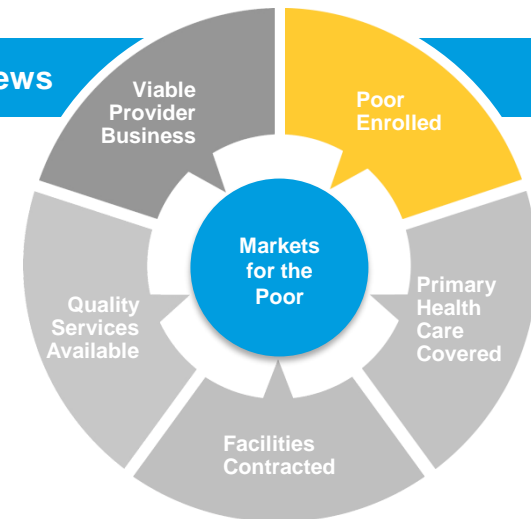


AHME Social Franchise Networks conducted a series of client exit interviews to learn more about National Health Insurance enrollment and usage patterns amongst their client base



This snapshot presents findings from client exit interviews conducted across three AHME social franchise networks in 2018, focusing on results around client enrollment in and usage of National Health Insurance schemes.



Intervention

Since 2014, AHME partners in Kenya and Ghana have promoted enrollment of the poor into National Health Insurance (NHI) schemes through advocacy, marketing, and outreach activities. AHME Social Franchise (SF) partners have also supported private providers through the NHI empanelment process, resulting in over 400 empaneled facilities across the three SF networks in 2018. The aim of these activities is to increase NHI usage by the poor in AHME franchise facilities, allowing the poor to access high quality private health services free at the point of delivery.

In order to assess NHI enrollment and usage rates amongst franchised facility clients, a series of client exit interviews were conducted during the period February- May 2018 across 120 facilities in the three AHME networks: Marie Stopes Kenya (MSK)'s Amua network (N=724), Population Services Kenya (PSK)'s Tunza network (N=604), and Marie Stopes International Ghana (MSIG)'s BlueStar network (N=1,509). In addition to NHI status, clients were asked questions on topics such as asset ownership, service use, and client satisfaction.



Evidence

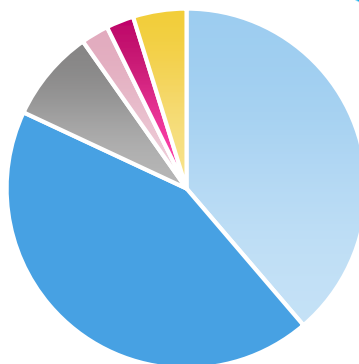
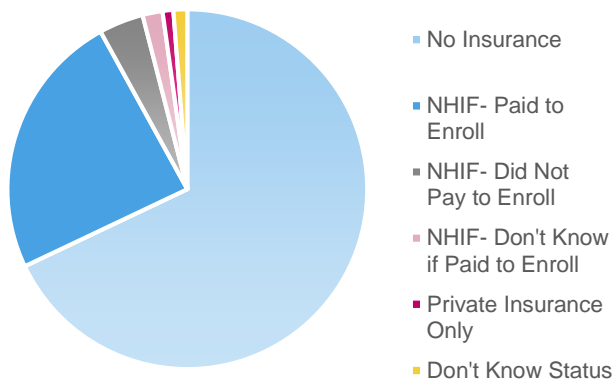
Analysis of the client exit interview results revealed noticeable differences in client NHI enrollment rates across the three networks. While 87% of MSIG SF clients reported current enrollment in Ghana's National Health Insurance Scheme (NHIS), only 54% of PSK SF clients and 30% of MSK SF clients reported enrollment in Kenya's National Hospital Insurance Fund (NHIF). In Kenya, clients were asked whether or not they had paid to enroll in NHIF, to estimate the proportion of clients enrolled under the Health Insurance Subsidy Programme (HISP), a free-of-charge NHI scheme targeted at poor households. Of those who reported NHIF enrollment, only 13% of MSK and 15% of PSK SF clients reported that they did not pay to enroll (see Fig 1).

When asked about usage, 74% of NHI-enrolled MSIG SF clients reported using NHI to pay for some or all of the services they received on the day of interview, compared to only 21% of NHI-enrolled SF clients at MSK facilities and 37% at PSK facilities.

The relationship between wealth and NHI membership was also examined. In Ghana, no significant association was found between client wealth and NHI enrollment status. However, in Kenya, both MSK and PSK SF clients who reported current NHI enrollment were found to be on average significantly wealthier than those who did not.

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Fig 1: Health Insurance Status of SF Clients in Kenya
 MSK SF Clients (N=724) PSK SF Clients (N=604)



Lessons Learned

Overall, the results of the client exit interviews showed a significantly higher rate of NHI enrollment and usage in Ghana than in Kenya. This may be due the fact that Ghana’s NHIS was established in 2003, while Kenya’s NHIF outpatient scheme was only launched in 2015. In addition, while 85% of MSIG’s SF network was empaneled in NHI at the time of the interviews, in both MSK and PSK the NHI empanelment rate was just under half, meaning those networks may have been less likely to attract NHI clients. The fact that in Kenya NHI-enrolled clients were on average wealthier underlines the fact that NHI schemes need to be more proactive in ensuring they are accessible to the poor. At the time of the survey, only 177,000 Kenyan households had been enrolled into NHI under the HISP programme. Poor households not included in the programme may have found NHI coverage cost prohibitive



Outlook

AHME partners will continue to focus on activities around NHI enrollment of the poor as well as NHI empanelment of franchised providers, with the objective of increasing access to high quality private health services for the poor. Another round of client exit interviews will be undertaken in early 2019 to measure changes in NHI enrollment and usage rates across the three networks. Interview data will also be analysed to examine whether the relationship between wealth and enrollment status has changed.

