



## **EFFECTS OF FINANCING ON OPERATIONAL PERFORMANCE OF PUBLIC HEALTH INSTITUTIONS IN KISII COUNTY, KENYA**

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### **Abstract**

This research report presents the effects of sources of financing on operational performance of public health service provision in Kisii County. This research study sought to establish whether inequity in budget allocation affect financing of health care provision. Since the county government of Kisii came into power in 2013, it has managed to allocate five percent (5%) in 2013, seven percent (7%) in 2014 and 2015 of the county budget to financing of medical care. By highlighting the effects of funding health services, ministers of health and finance will be made aware of the nature of project challenges and this will influence application of strategies that influence delivery of quality health care. The study findings indicate that health facilities are fairly funded by donors, county and central governments. It also indicates that most people seeking health services are willing to pay for health care but, corruption in the county government is the major factor affecting financing of county health care therefore contributing to poor operational performance. Once the county government enforces laws that lead to equitable health care greater operational performance can be achieved. The study recommends that governance of Public health institutions should be strengthened and professionalized to improve the level of service delivery. Proper mechanisms should be installed for checks and balances on both internally generated funds and funding from various organs so that one function does not over burden or rely on the other function to deliver more.

*Keywords: Decentralization, Health Care Providers, Operational Performance, Public Health Finance*

## **1. Introduction**

Universal coverage relates to creating an entitlement for everyone to be protected against the costs of health services and to assuring access to needed health services of sufficient quality to be effective. Social solidarity requires that there are both income cross-subsidies from the rich to the poor so that payments towards financing health services are based on the ability to pay, and risk cross-subsidies (from the healthy to the ill) to ensure that everyone is able to access health services based on need and not ability to pay.

The 2010 World Health Report (World Health Organisation, 2010) unequivocally states that it is not feasible to achieve Universal coverage through voluntary enrolment in health insurance schemes. Voluntary health insurance should be seen as having a specific and limited role in the financing of health services, generally as complementary or supplementary to universal entitlements funded through mandatory pre-payment financing mechanisms.

Many African countries have introduced fee removal policies, either for specific services (most frequently child and maternal services) or all services. These policies have had mixed outcomes; while in all countries, service utilisation has increased as financial barriers to health services have been reduced (Lagarde and Palmer, 2011; Deininger and Mpuga, 2004), in some cases there have been unintended adverse consequences (Gilson and McIntyre, 2005; McPake et al., 2011). In particular, as the utilisation of services increases, if additional resources are not made available, there can be widespread drug stock-outs in facilities and dramatic increases in staff workload, contributing to declining staff morale (Burnham et al., 2004; Gilson and McIntyre, 2005; Nimpagaritse and Bertone, 2011). This can reduce quality of services within public sector facilities, which may mean that patients have no alternative but to seek services from private providers on an out-of pocket basis (Nabyonga Orem et al., 2011).

In response to constantly reported financial crisis in the health sector, the Kenyan government has gradually shifted from the old method of financing health services through general taxation to a new system of user charges in public health facilities. Implementation of the new system started in 1988 and was concluded during the first quarters of 1993 (Collins et al., 1996). Under the new system, health insurance has assumed prominence as a possible mechanism for cushioning households against risk of financial ruin in the event of catastrophic illnesses or inability to afford medical care.

Government financing of health care delivery in Kenya is inadequate in budget allocation, and there are no prospects for improving it in the short run (World Bank, 2001 and 2003). In the face

of increasing demand of publicly provided health care, Kenya, like most other African countries, has over the last decade allocated only between five to seven percent of the national budget to the financing of health care.

Kenya faces three sets of key challenges in health financing: access to services for individuals and households is fragmented by coverage scheme, while the poor and vulnerable are largely excluded; the fragmentation of health financing schemes also brings inefficiencies in service provision and investments and finally a diverse set of challenges exist that are related to health systems and public governance issues. Key among these challenges is lack of an effective quality assurance mechanism and ineffective corporate governance and accountability mechanisms which has led to a trust-deficit in Kenyan health financing institutions. All areas need to be addressed urgently to make significant progress towards universal health care.

## **2. Statement of the Problem**

The problem of financing public health service provision is of special interest to Kenya because apart from the inadequate budget allocation to health services, larger population of Kenya people lives below the poverty line where access to good health care provision at an affordable cost is very vital. Since the county government of Kisii came into power in 2013, it has managed to allocate five percent in 2013, seven percent in 2014 and 2015 of the county budget to financing of medical care. This has resulted to major under funding of medical services and poor health service provision in Kisii County, as opposed to the proposed 15 % budget allocation (WHO, 2009). This study therefore, seeks to assess the effects of sources of financing on the operational performance of public health institutions in Kisii County, Kenya.

## **3. Objectives of the Study**

The purpose of this research was to examine the effects of sources of financing on operational performance of public health service provision in Kisii County. The study was guided by the following specific objectives:

- i. To establish the extent to which internally generated sources of funds influence operational performance of public health institutions in Kisii County.
- ii. To establish the extent to which external grants as a source of financing influence operational performance of public health institutions in Kisii County.
- iii. To determine the extent to which funds from County government as a source of financing influence operational performance of public health institutions in Kisii County

- iv. To determine the extent to which funds from central government as a source of financing influence operational performance of public health institutions in Kisii County

The theoretical literature related to the variables of the study was directed by the conceptual framework

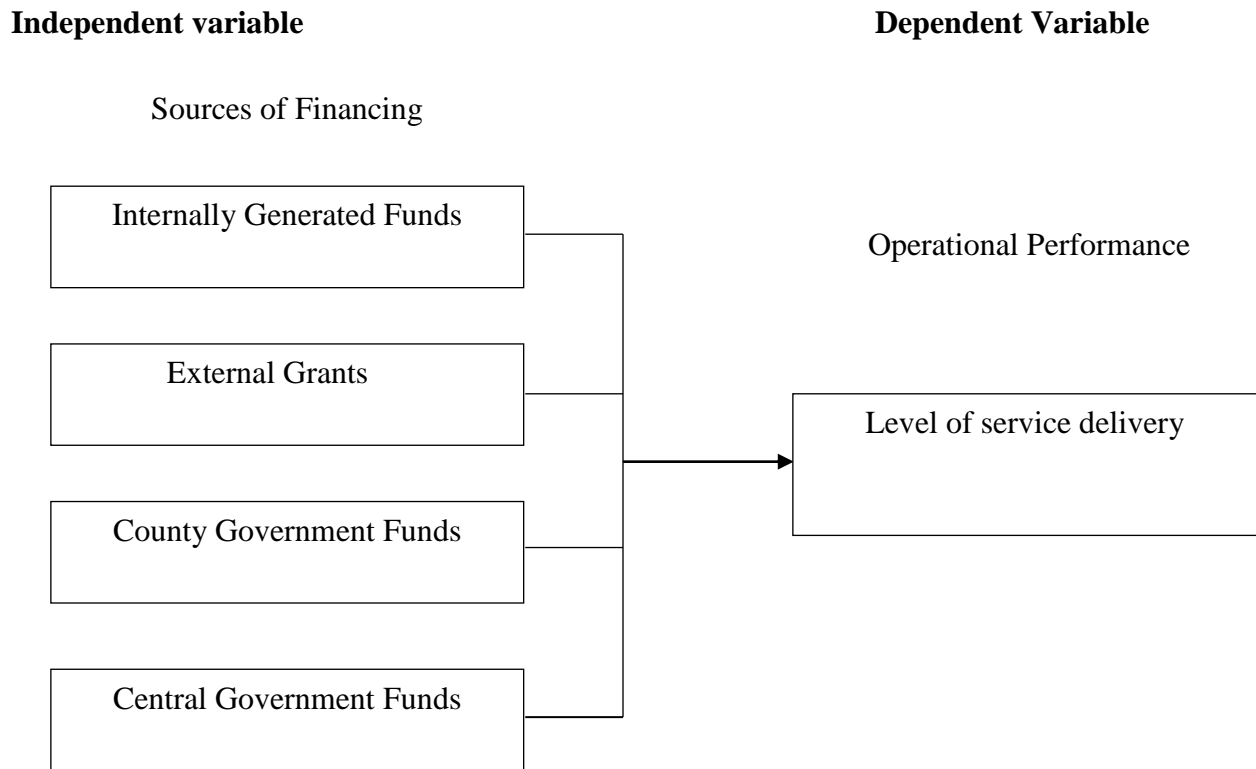


Figure 1 Conceptual Framework

#### 4. Research Methodology

The study adopted a case study design with a target population of 120 respondents consisting of nurses, clinical officers, doctor and administrators. A structured questionnaire relevant to the research was the main instrument of data collection and data collected was analyzed using descriptive statistics as presented below.

### RESULTS AND DISCUSSION OF FINDINGS

#### 5. Financing of Public Health Institutions in Kisii County

The health sector has become too large for the line ministry to manage accordingly. It has however, become evident that the available government resources are insufficient to fully finance a basic package of cost-effective services. With increasing budgetary pressure, it has become a reality that the health sector is financially unstable as the governments could not fully support the health sector single-handedly.

This research established the level of financing of the health facility, measures needed to improve the sustainability and performance of health systems, and sources of financing public health care provision other than the budget allocation. These variables act as a pillars to the objectives of the study.

## 6. Level of Financing Public Health Care

Response to the question to state the level of financing public health care over the past 12 months, has been displayed in the following table.

*Table 1 Level of Financing Public Health Care*

	Frequency	Percent
Very High	10	22.2%
High	4	8.9%
Adequate	19	42.2%
Not adequate	12	26.7%
<b>Total</b>	<b>45</b>	<b>100.0%</b>

Table 1 shows that out of the 45 respondents 42.2% were in agreement that the level of financing public health care has been adequate, 26.7% felt that the level of financing has been low while 10 respondents think financing has been very high and 8.9% respondents felt that the level of funding has been high. The researcher can hereby conclude that public health care facilities have had adequate finances over the past 12 months since a combination of both high and adequate responses add to 73.3%.

## 7. Financing Sources and Performance of Public Health Institutions

Asked whether financing measures are imperative to improve performance of health system, the response in table 2 was relayed.

*Table 2 Financing Sources and Performance of Public Health Institutions*

	Frequency	Percent
Adequate budgetary allocation from the government	9	21.5%
Fees charged on services offered	8	16.7%
Health financing schemes	6	12.2%
User Fee	7	15.1%

Donor funding	2	4.5%
Insurance covers	5	11.1%
County government funding	8	18.9%
<b>Total</b>	<b>45</b>	<b>100%</b>

Majority 21.5% of the respondents according to the table above were of the opinion that, in order to improve sustainability and performance of the health systems, adequate budgetary allocation from the government should be put in place. 15.1% were in consensus that the factor needed for improvement was through fees charged on services offered and 12.2 respondents settled for health financing schemes.

Respondents who indicated that public health care is funded by the county government were 18.9. Respondents in view of user fees have 15.1 % while insurance covers have a response of 11.1. Donor funding has the least response as a means of funding health care with 4.5%.

Having established the extend of funding by either user fees, donors, insurance covers and government, this study further sought to categorise the funding as per the variables, that is internally generated funds, external grants, county government funding and national government funding. These variables have been determined in various ways in the proceeding paragraphs.

### 8. Internally generated funds and Performance of Public Health Institutions

The first objective of this study was to establish the extent to which internally generated sources of funds influence operational performance. This variable was addressed in two dimensions. Firstly, it was important to find out whether clients to facilities were willing to pay for health services and then establishing ways of easing the burden of paying for health care by sharing risk. Table 3 and 4 express the sentiments shared.

*Table 3 Respondents willing to pay for Health Services*

	Frequency	Percent
Yes	24	53.3%
No	21	46.7%
<b>Total</b>	<b>45</b>	<b>100.0%</b>

In reference to the table above, 53.3% of the respondents were confident that people in the county are willing to pay for health services whereas 46.7% feel that people are not willing to

pay for the services at the health centre. This is a clear indication that majority of the people who use health services feel the need to incur a cost for the services. This attitude is right for the hospitals to be able to generate funds internally.

### 9. Ways of easing the burden of paying for health care

The GOK has pursued a policy of cost sharing to bridge the gap between actual budgets and the level of resources needed to fund public health sector activities. The revenue from the cost-sharing programme has continued to grow in absolute terms and as a percentage of the recurrent government budget. In 2002-03, cost sharing contributed over 8% of the recurrent expenditure and about 21% of the non-wage recurrent budget of the MOH.

*Table 4 Ways of easing the burden of paying for health care*

	Frequency	Percent
Enacting Policy of health financing scheme for all people	18	40.0%
Improving health insurance scheme	24	53.3%
Increasing user fees	1	2.2%
Employees to increase funds for work man compensation	2	4.4%
<b>Total</b>	<b>45</b>	<b>100.0%</b>

Improving health insurance schemes is the main way of sharing risks or easing the burden of paying for health care having 53.3% respondents, enacting policy of health financing scheme for all people has 40% respondents whereas few respondents feel that increasing funds for work man compensation and increase in user fees are the least ways applied in sharing risks with 4.4% and 2.2% respectively.

### 10. External Grants and Performance of Public Health Institutions

After establishing the role of internally generated funds in the operational performance, it was important to also establish the extent to which external grant as a source of financing influence operational performance of public health institutions in Kisii County. This variable has been approached by describing the level of donor funding, and how donor funding directly influences operational performance.

*Table 5 Level of External Grants*

	Frequency	Percent
Good	9	20.0%
Fair	27	60.0%
Poor	7	15.6%
Not Sure	2	4.4%
<b>Total</b>	<b>45</b>	<b>100.0%</b>

It is evident from the table above that 60.0% of the respondents were of the opinion that the current donor funding was fair while only 15.6% felt that the current donor funding was poor whereas 20.0% described the donor funding level to be good and 4.4% were not sure of the situation. From this statistics the researcher can conclude that the level of donor funding is well above average at 80%, being a combination of good and fair.

*Table 6 External Funding Influence Operational Performance*

	Frequency	Percent
Low donor funding does not support equity in health services	4	8.9%
Encourages corruption in Ministry of Health	19	42.2%
Encourages inadequate funding from the government	22	48.9%
<b>Total</b>	<b>45</b>	<b>100.0%</b>

Having established the level of donor funding, it was important to find out how this funding influences operational performance.

Inadequate funding from the government is observed to be the variable that has been affected by donor funding since 48.9% of the respondents are confident about their opinion, corruption in the ministry of health with 42.2% respondents whereas the low donor funding to support equity in health services has a least percentage of 8.9%.



### 11. County Government funds and Performance of Public Health Institutions

This variable has been addressed by three questions; What factors are affecting financing?; How can the county government better use their budget to improve operational performance?; and What political forces must be dealt with to achieve greater operational performance in health?

*Table 7 Factors Affecting Financing*

	Frequency	Percent
Corruption	21	46.7%
Budget deficit	8	17.8%
Mismanagement	16	35.6%
<b>Total</b>	<b>45</b>	<b>100.0%</b>

The table above indicates that corruption is the main factor affecting financing of the hospital by the county government with 46.7% response, mismanagement of resources with 35.6% was the second factor that the respondents felt had an effect on the financing of the hospital while budget deficit was the least affecting factor with 17.8%.

*Table 8 How can the county government better use their budget to improve operational performance?*

	Frequency	Percent
Increasing the number of Dispensaries and health centres	19	42.2%
Enacting health policy that is flexible to all	22	48.9%
Buy drugs for distribution	4	8.9%
<b>Total</b>	<b>45</b>	<b>100.0%</b>

The county government can better use their budgets to improve the level of performance by enacting health policy that is flexible to all, this is in reference to the descriptive table above where 48.9% respondents had this as the best option. 42.2% respondents were of the opinion that the county government should increase the number of dispensaries and health centres and 8.9% respondents thought that distribution of drugs to various health centres would improve operational performance.

Political forces must be dealt with to achieve greater operational performance in health care, the response has been addressed in table 9 below

*Table 9 Political forces to deal with to achieve greater operational performance in health*

	Frequency	Percent
Enacting laws that lead to equitable health care	28	62.2%
Facilitation in implementing free health care policy	7	15.6%
Enforcing Monthly contribution by everyone	10	22.2%
<b>Total</b>	<b>45</b>	<b>100.0%</b>

From the table above, it is evident that the political force that needs to be dealt with majorly in order to achieve greater operational performance is enacting laws that lead to equitable health care since 62.2% respondents agreed to it, 22.2% respondents expressed that by enforcing monthly contribution by everyone would led to achievement of greater operational performance. Facilitation in implementing free health care policy was the opinion of 15.6% respondents.

## **12. Central government Funding and Performance of Public Health Institutions**

It was also necessary to establish how the central government's funding affects operational performance in healthcare. In order to achieve this object, the current variable has been established through the following questions; How would you describe the current level of central government funding towards financing Kisii level 6 hospital?; What is the main strength of the Ministry of Health and Finance in financing of public health provision?; What is the major challenge faced by the Ministry of Finance towards financing Kisii Level 6 hospital?

Response drawn out of the sentiments expressed by the respondents is expressed in the tables next page.

*Table 10 Central Government Funding and Performance of Public Health Institutions*

	Frequency	Percent
Very Good	1	2.2%
Good	5	11.1%
Fair	26	57.8%
Poor	13	28.9%
<b>Total</b>	<b>45</b>	<b>100.0%</b>

The table above undoubtedly indicates that greater part, 57.8%, of the respondents said that the current level of central government funding towards the hospital was fair, a single respondent felt that that funding by the central government was very good, 11.1% thought that the funding was good and 28.9% respondents agreed that the current funding by the central government was poor.

*Table 11 Main strength of the Central Government Ministry of Health and Finance*

	Frequency	Percent
Enhanced donor funding	3	6.7%
Increased budgetary allocation to health care	26	57.8%
Extending health service provision to other hospitals	16	35.6%
<b>Total</b>	<b>45</b>	<b>100.0%</b>

The main strength of the Ministry of Health and finance in financing public health provision according to the table above is increased budgetary allocation to health care with 57.8% respondents approving, extending health service provision to other hospitals had a response of 35.6% respondents and 6.7% respondents felt that enhanced donor funding was the main strength of the Ministry of Health in financing public health provision.

With the ministry of finance playing a key role towards financing health care and subsequently operational performance of health facilities, a question towards the same aspect had been asked. Below is the response

*Table 12 Major challenge faced by the Central Government Ministry of Finance in Relation to Public Health Services*

	Frequency	Percent
Political interference	5	11.1%
Corruption in distribution of drugs	29	64.4%
Brain drain in the health sector	8	17.8%
User fees defaulters	1	2.2%
Inefficient health care services	2	4.4%
<b>Total</b>	<b>45</b>	<b>100.0%</b>

From the statistics in the table above it is clear that corruption in distribution of drugs is the major challenge that the Ministry of Finance is facing towards financing health care with 64.4% respondents consenting, 17.8% respondents settled for brain drain in the health sector as the major challenge and 11.1% thought that political interference was a challenge. The conclusion can be that the Ministry of Finance is highly hit by corruption in distribution of drugs when it comes to financing the hospital.

These findings concur with Chris and William, (2010) who state that the healthcare financing system is complex and fragmented with respect to how revenues are raised, managed, its payment mechanisms and availability of healthcare services. The GOK funds the health sector through budgetary allocations to the MOH and related government departments. However, tax revenues are unreliable sources of health finance, because of macroeconomic conditions such as poor growth, national debt, and inflation which often affect health allocations.

### **13. Regression Analysis**

Multiple regression analysis model has been applied to establish the relationship between independent variables and dependent variables.

Operational performance being the dependent variable has been addressed by three different aspects in form of questions which address the level of service delivery.

Output of this correlations is relayed in table 13 next.

*Table 13 Correlations Between Current Status of Public Health Provision Financing and Level of Financing*

		CSPHP	LFPH	PWPHS	CLDF	CLCGF
Pearson Correlation	CSPHP		.881	-.159	.061	.074
	LFPH	.881		-.237	.008	.061
	PWPHS	-.159	-.237		-.118	.078
	CLDF	.061	.008	-.118		.077
	CLCGF	.074	.061	.078	.077	
Sig. (2- tailed)	CSPHP	.	.000	.149	.346	.315
	LFPH	.000	.	.058	.479	.346
	PWPHS	.149	.058	.	.220	.306
	CLDF	.346	.479	.220	.	.308
	CLCGF	.315	.346	.306	.308	.

From the table above at least all four scales correlate with current status of public health provision;

- i. Level of financing public health at .881
- ii. People willingness to pay for health services has a strong negative correlation at -.159,
- iii. Current level of donor funding at 0.61 and
- iv. Current level of central government funding at .074 %.

This therefore indicates that the independent variables are related with the dependent variable.

The 2 tailed significance measure indicates that the variable of willingness of people to pay for health services is making a statistically significant unique contribution since it has a sig value of .58. All the other variables have no unique contribution to the prediction of current status of public health provision since they have sig value of more than .05. Therefore, this means that in a bid to establish the extent to which internally generated sources of funds influence operational performance of public health institutions in Kisii County, the willingness of people to pay for health services plays a key role.

*Table 14 Coefficients of regression Current Status of Public Health Provision Financing and Level of Financing*

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	-.199	.387		-.513	.611
1 Level of financing public health care	.540	.097	.624	5.576	.000
Are people willing to pay for health services?	.072	.121	.038	.595	.555
Current Level of donor funding	.447	.148	.340	3.023	.004
Current level of central government funding	-.004	.089	-.003	-.048	.962

a. Dependent Variable: Status of public health provision financing

From the table above, the largest beta coefficient is .624. This means that the level of financing public health care makes the strongest unique contribution to explaining the dependent variable of status of public health provision financing and the least contributing variable is current level of central government funding.

*Table 15 Model Summary Current Status of Public Health Provision Financing*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.884 <sup>a</sup>	.782	.761	.537

a Predictors: (Constant), Describe the current level of central government funding, State the level of financing public health care, Describe the current level of donor funding, Are people willing to pay for health services

b Dependent variable; Current status of public health provision

The model summary above supports the strong relationship between the variables with adjusted R square of 76.1 percent.

## **14. Summary of the findings**

### **Influence of Internally Generated Funds on Operational Performance**

The study findings reveal that most people who use health services, 53.3 % are willing to pay for health services, which is a good attitude towards hospitals generating funds internally. The study further found that health insurance schemes are largely considered as the best way of easing the burden of paying for health care by 53.3% of the respondents. The positive responses indicate a positive influence of internally generated funds towards operational performance.

### **Influence on External Grants on Operational Performance**

The study found that there is well above average funding, 60% response, of health care from donors. Consequently this has led to inadequate funding from the government. The study also revealed that donor funding has had a negative influence towards government funding and also encouraged corruption. Therefore, external grants have a negative impact on the operational performance of public hospitals.

### **County Government Funds Influence on Operational Performance**

The biggest factor affecting level of service delivery in the health care is corruption at the county government. To counter this, the study found that enacting health policy that is flexible to all is the best way forward. Further, enacting laws that lead to equitable health care was found to be the best measure of political forces to deal with to achieve greater operational performance in public health services.

### **Central Government Financing Influence towards Operational Performance**

Funding from the central government was found to be fair, with the main strength of ministry of health being increased budgetary allocation to health care. However, the major challenge faced by the Ministry of Finance is corruption in the distribution of drugs. This has created a negative impact on the level of service delivery of health care.

## **15. Conclusions**

### **Internally generated funds**

The study concludes that with people willing to pay for health care services, a supplement of payment, which is insurance schemes, should be encouraged to supplement the payment of services. This will lead to a better level of service delivery.

## **External Grants**

There is need for a mechanism to separate donor funding from government funding so that one does not rely on the other leading to poor level of service delivery. The current level of donor funding indicates a negative impact to operational performance.

## **County government funds**

The researcher can hereby conclude that corruption in the county government is the major factor that is affecting financing of county health care therefore contributing to poor operational performance. This is in line with the Public Expenditure Tracking Survey of 2008 that shows that an average of 30% (range 0%-65%) of earmarked financial resources from government sources does not reach health centers and dispensaries notwithstanding the late disbursement.

Once the county government enforces laws that lead to equitable health care greater operational performance can be achieved in health care.

## **Central government funds**

From the statistics on central government funding influence towards operational performance, the researcher can conclude that funding by the central government is not up to the expected level. With a major function of health care having been devolved to the county governments in recently 2013, there are still pending issues as to which government should fund some functions. This confusion is probably a leading factor to the major response of fair funding of health care by the central government.

## **16. Recommendations**

Based on the findings and conclusions of objectives; establishing the extent to which internally generated sources of funds; establishing the extent to which external grants as a source of financing; determining the extent to which funds from County government as a source of financing; determine the extent to which funds from central government as a source of financing influence operational performance, the study recommends that;

- i. Hospitals should encourage a culture of creating internally generated funds as it is a reliable way of enhancing operational performance.
- ii. Donor funding should be monitored through separating the operations donor funds can perform so as to avoid reluctance and reliance of funding from the county and national governments.
- iii. Proper mechanisms should be installed for checks and balances on funding by the county and national governments so that one does not over burden or rely on the other.



## 17. Area of Further Study

This study was limited to health institutions in Kisii County.

The level of service delivery relies heavily on both internally generated funds and funding from various organs. The study points out that there is confusion between healthcare functions which should be supported by the county government and central government and recommends that the sufficiency of funding by the central government is suggested as an area of further study.

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