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Influence of Direct Government Funds on Service Delivery in Primary Health Care Facilities in Kenya

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Abstract
Introduction: *Financing health care services is a global problem for all governments even among the developed countries. The problem is even more magnified in low and middle income countries with struggling economies and competing demands for financial needs; which has adversely affected the delivery of health care services to citizens. In Kenya, research to inform policy development and procedures in healthcare funding has been limited. This research focused to understand the effect of direct government health funds on service delivery in primary health facilities of Meru County, Kenya.*
Method*: This was a cross-sectional study design. A total of 400 respondents from the community, 30 health providers and 30 facility health management team participated in the study using questionnaires and observation. The questionnaire covered five thematic areas. Data was descriptively analyzed using statistical software STATA version 12. Highlighting challenges in health sector funding and facility management and the role of the community in the management of the facility fund.*
Results: *Direct funding at the primary health facilities in Meru County did not have a direct effect on service delivery. Respondents working in the government funding reported that they don't receive funds regularly and no specific times of receiving funds, other majority indicated that the budget approval request was not acted upon promptly. Furthermore, there was an inadequate audit trail and utilization of funds in most cases was diverted to other expenses believed not to have a direct influence in service delivery. Most funded facilities still experience drug shortage causing delays of service delivery and thus influencing clients to opt for alternative sources of care. The modality of the funds, role played by county health management team (CHMT) and health facility management team (HFMT) are still insignificant in promoting quality of care during service delivery.*
Conclusion: *There has been an overwhelming proof that the funding from the government has helped facilities in Buuri become more effective and serve more people, especially in buying equipment as well develop infrastructure in the facilities and remuneration of human resource (casual labors). Nonetheless, the recipients of the fund feel that there is still more to be done to improve the function of the Health Sector Services Fund (HSSF), in service delivery such as ensuring transparency and facilitating proper planning and timely delivery of the fund.*
Recommendations: *The CHMT should educate the community living around the facilities on their role and functions of the facility management committee through seminars and workshop. The health management committee should also develop an information management system where all the people who use the facility could get information about the facility, its management and the funding sources.*
Key Words: *Health Sector Services Fund, county health management team, health facility management team, service delivery, primary care, Kenya*

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I. Introduction

Governance and financing are the most fundamental building blocks for a strong health system (WHO, 2007). Globally Governments are faced with the challenge of adequately funding healthcare services to improve service delivery amidst competing demands for scarce resources from other priority sectors. The evidence is more pronounced in developing countries. In Kenya, the budgetary allocation to the health sector averages only about 6% of the country's Gross Domestic Product (MOH, 2015). In order to ensure proper utilization of scarce resources at health facilities there is need to ensure accountability and participation of local communities for ownership. This has been a constitutional requirement In Kenya for public involvement development programs (Kenya Constitution, 2010). Although studies have shown there is a gap in role played by community members in ensuring performance of the rural health facility (Maureen, 2006). In Kenya, the introduction of direct government health funds also known as Health Sector Services Fund (HSSF) initiative was to provide direct and

reliable sources of funding to improve primary healthcare service delivery. With the aim to promote access and utilization of health care services at primary health facilities which serves about 80% of the population of Kenya according to KPMG (2014). In order to enhance prudence management of the fund and achieve the intended results the fund policy integrated local communities in the fund management through the health facility management committees. This was envisaged to create a sense of ownership among communities, influence better management of the facilities, improve healthcare service delivery and increase utilization (MOPHS, 2010).

However, despite the government providing direct funds to primary health facilities and establishing management committees to improve service delivery, complaints continue to be reported from service consumers on the poor quality of healthcare service delivery at these facilities (CREHS, 2011). The performance audit report on the Fund rated only 22% of the beneficiary health facilities as satisfactory (Resyst, 2013). For example, in Meru County which is among the major recipients of the government health fund due to the high number of health facilities, the County Government Development Plan (2017) indicates that delivery of quality health services is still facing a major challenge despite the direct government health funds. This puts the direct government funding program in danger of collapse affecting primary health facilities that provide health services to about 80% of Kenyan population (KPMG, 2014). Literature review reveals that no study has been conducted focusing on effects of direct government funding on service delivery at the primary health Facilities in Meru County. Several researchers have stressed the fact that many policy reforms fail because of poor formulation or implementation. It is on this basis that the researcher intends to conduct a study to find out the influence of direct government funding on service delivery at the primary health facilities in Meru County.

With the increasing challenges for healthcare service delivery despite the intervention of the government through direct funding program, there is therefore need to understand if direct funding translates to better service delivery at the primary health care facilities in Meru County; Various interacting factors could be contributing to this scenario including the amount of monies disbursed, the existing funding modalities, functionality of health facility management committees and the oversight role of the County Health Management Teams which the study will focus on.

The study will provide evidence that will enable the Ministry of Health to formulate policies and guidelines that could better improve the management of direct government funding of primary health facilities programs it will also contribute to the existing knowledge in the field of Health Systems Management and provide information that could be used to strengthen and increase the level of involvement of local communities in the management of direct government funding program in Kenya and particularly in County of Meru County.

II. Methods

Setting of the study

The study was carried out in Buuri Sub County of Meru County in the Republic of Kenya which lies at the extreme end of North West of Meru County.

Study population

The study targeted the three categories of population who have a stake in matters pertaining to service provision, management and utilization of the services in the primary health care facilities. The service providers at facility level at the dispensary and health Centre. Facility management committee members' representatives to provide credible information in regard to the financial and operation of the health facilities. And patients who received services from the facilities above the age of 18 and have lived in the catchment area for 4 years, years which is the duration the HSSF program became operational.

Sample size determination and Sampling Criteria

The list of all health facilities benefitting from direct government funding program in the study area formed the study sampling frame and availed in an alphabetical order. Since the study area, Buuri Sub-county of Meru County has few primary health care facilities, it was convenient to register all the facilities as the sample size (census). According to the HSSF policy facility management committees are required to have nine members. Therefore, in all the facilities, three facility committee members i.e. the chairman, secretary and the community representative were selected for interview. The Ministry of Health staffing norms require primary health facilities (dispensary and health Centre) to have minimum 7 staff members. Likewise, three staff members were selected for interview from among all the facilities. A total of 400 respondents from the community, 30 health providers and 30 facility health management team participated in the study using questionnaires and observation.

The study adopted simple random sampling method to first select the health facilities then adopted a purposive sampling technique to select a representative sample of each of the targeted respondents in the study criteria. The list of the all health facilities benefitting from the direct government funding program were used as

sampling framework; since there are few facilities in Buuri Sub-county of Meru County all the facilities were included. From all the facilities three representatives of facility committee members were selected for an interview; Chairman, secretary and community representative and clients who have accessed the facility. Three facility staff were also selected purposively; clinical officer, nurse and a public health officer were administered a questionnaire and in areas where a certain cadre was not found efforts were made to identify an equivalent.

Data collection

The questionnaires were administered to three respondents including a clinical officer, a nurse and a public health officer and where a certain cadre cannot be found effort will be made to look for an equivalent. Questionnaires for clients accessing services were administered at the facility level in specific days that the researcher was collecting data from that facility. However, those who were under 18 years of age, deaf, dump and those mentally challenged the caretakers acted as the proxy respondents.

Data was collected using semi-structure and structured questionnaires were used to collect data from the members of the health facility committees, health workers attached to the facility and community members. The questions in the questionnaire tackled issues ranging from funding modalities, governance or functionality of the management committees and the role of the County health management team. A separate form to capture the records of the funds received and their sources, services provided and the disease patterns to answer research questions of the study.

Both primary and secondary data was collected for this study to triangulate the information provided from the different sources. Secondary data was collected through the review of existing relevant records at the health facilities including audited books of accounts, patient attendance records, minutes of Health Facility Committees and any other relevant material on the HSSF at the health facilities. Primary data was collected through, questionnaires with the facility staff, facility committee members and adult community members and clients who have accessed the facility.

Statistical analysis

Quantitative data analysis was done by use of STATA Version 12 while qualitative data content was analyzed under themes and subthemes emerging from coded transcripts. Frequencies and proportions were used for the descriptive analysis while coefficient variation of 30% (0.3) and a standard error of 5%.was used to compare dependent and independent variables.

Ethical considerations and data management

Ethical approval was sought from the Scientific, Ethics and Research Committee of Kenya Methodist University. Research permits were sort from the National Council for Technology, Science and Innovation (NACOTSI), County Department of Health and management of the health facilities. Verbal informed and written consent was obtained from all respondents. Confidentiality of the information collected was observed. The filled questionnaires were scanned and stored in indelible format to retain their integrity and reliability and only permitted photographs where necessary to be taken.

III. Results

The research data from the government-funded facilities were compared with non-government-funded facilities. The data was collected from 10 primary health facilities in Meru County, 5 of those that received HSSF from the government and 5 that received from other sources of funding. In each facility 3 health workers, 3 Health Facility Management Committees, and 40 community members were interviewed. The total population added up to 460 correspondents of which 30 were health workers, 30 facility management committee, and 400 community members.

Table1: Characteristics of the Health Facility and source of funding

Health Facility	Facility Level	Ownership	Source of funds1	Source of funds2
Kiirua	Health Centre	GoK	HSSF	Service charge
Mboroga	Health Centre	GoK	HSSF	Service charge
Ontilili	Dispensary	Gok	HSSF	Service charge
Timau Catholic	Dispensary	NGO	Service charge	Sponsor
Maritati	Dispensary	NGO	Service charge	Sponsor

Ntirimiti	Dispensary	GoK	HSSF	Service charge
Machaka	Dispensary	NGO	Service charge	Harambees
MCK Ruiri	Health Centre	NGO	Service charge	Harambees
Ruiri Mission	Health Centre	NGO	Service charge	Sponsor
Gundua	Health Centre	GoK	HSSF	Sponsor

Funds provided different facilities was not commensurate to services provided, especially by the non-government funded facilities.

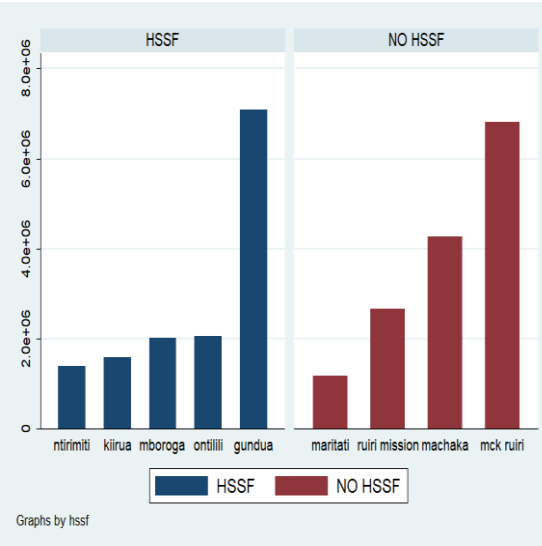

Figure 1: Funds Received Per Facility

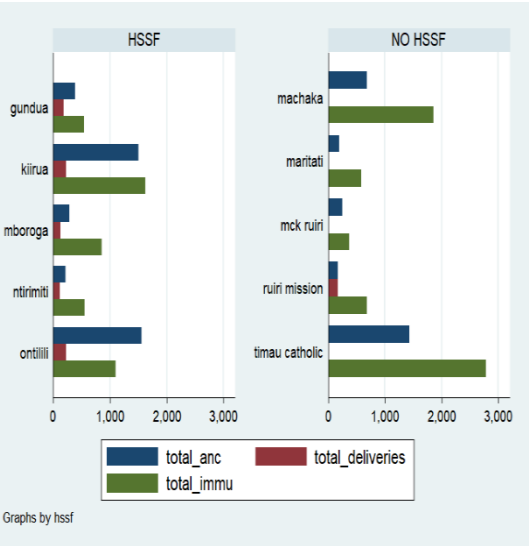

Figure 2: Services Delivered Per Facility

Socio-demographic Characteristics of the respondents

Health Facility Management Committee Members: Out of 30 respondents who were members of Health Facility Management Committee members, (30.0%) were female, (66.7%) 51 years of age and married, and (38%) served as community representatives. Half practiced either farming or were retired teachers.

Health workers:Out of 30 health workers where (52%) were females, (55.2%) were aged between 21-30 years , (83%) were married and 100% were professional health workers.

Community members: From 400 community members, (63%) female, (38.7%) were aged between 31-40 years old, (53.6%) were married, (41.3%) had their highest education level as secondary school, and (28.2%) reported the business to their main occupation. See Table 2.

Table 2: Socio-demographic characteristics

(%) of socio-demographics	**Providers**	**HFMT**	**Community members**
	n=30	**n**=30	**n**=400
Age			
Below 20	(0.0)	(0.0)	(7.3)
21-30	(6.7)	(0.0)	(12.8)
31-40	(53.3)	(20.0)	(38.8)
41-50	(36.7)	(13.3)	(30.8)
Above 50	(0.0)	(66.7)	(10.8)
Gender			
Female	(50.0)	(30.0)	(63.0)
Male	(46.7)	(70.0)	(37.0)

Marital status			
Married	(83.3)	(66.7)	(52.5)
Single	(10.0)		(34.0)
Widowed	(3.3)		(7.0)
Divorced	(0.0)		(4.5)
Professional			
Formal employment	(100.0)	(60.0)	(20.3)
Farmers	(0.0)	(26.7)	(23.0)
Religious leader	(0.0)	(6.7)	(0.0)
Business	(0.0)	(0.0)	(26.3)
Casual Labour	(0.0)	(0.0)	(17.5)
Students/ Other	(0.0)	(6.7)	(13.0)
Education Level			
Primary			(17.3)
Secondary			(41.3)
Diploma			(32.3)
Graduate			(6.5)

Determine the effect of the amount of funds received on service delivery at the primary health facilities in Meru County

Service delivery was discussed at three levels the HFMC, health provider, and the community. HFMC serving in facilities in government-sponsored, stated that they receive funding only from many avenues but still inadequate, compared to the non-government-funded facilities that rely on service charges and sponsors to run their facilities. Government-funded facilities have higher funding and therefore have an edge over the non-government-funded ones. Although, to an insignificant extent there is an improvement in the quality of healthcare services due to provision of HSSF. (14 out of 15) respondents working in the government funding reported that they don't receive funds regularly, (9 out of 15) said that they have no specific times of receiving funds, other majority indicated that the budget approval request was not acted upon promptly and that there was an inadequate audit trail. According to the health workers interviewed in government-funded facilities, (60%) mentioned that they experience delays in approval by the CHMT which affects the delivery of quality services. (32%) of the health workers believed that the funds were spent on paying casual workers, maintenance of infrastructure and buying equipment. (100%) of the providers agreed there is a shortage of drugs despite receiving the money and regular auditing of the HSSF. Despite the reported improvement of infrastructure, only, (30%) of the respondents agreed that there was improved infrastructure at the government-funded facilities compared to (10%) in the non-government-funded facility.

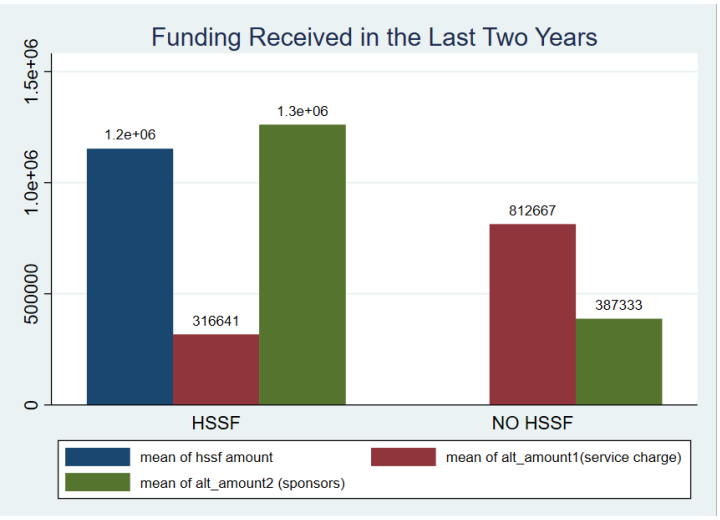

Figure 3: Funding received in the last two years by facilities supported by government - HSSF and not support - No HSSF

Among the community members, only (20%) had knowledge that the government provided funds to facilities for improve of care. An increase of (38%) and (18.5%) of the community members from the non-government facilities who reported that they had access to drugs and experience proper providers' attitude as opposed to government funded facilities. However, there was additional service charge by (36%) with a significant difference of (0.000) among non-government sponsor user facility compared to the government-funded facilities. as shown in Table 3.

Table 3: Satisfaction rate between non-government sponsored and government-sponsored (n=200)

Statements	Non-government sponsored (%)	Government sponsored (%)	P-value
Waiting time for services	65.0	40.5	0.006
Availability of drugs	79.5	41.5	0.000
Providers' attitude	89.5	71.0	0.536
Charges of the services	84.0	48.0	0.000
Information sharing by committee	43.5	33.5	0.35
Overall performance of the facility	70.0	45.0	0.422
Overall performance of the facility committee	58.5	64.0	0.054

Establish the existing funding modalities and their influence on service delivery at the primary health facilities in Meru County.

Government-funded facilities are required to have a bank account separate bank account, however, according to the health workers interviewed, (40%) of facilities that are not funded by the government operate an account, majority from both facilities agreed that they don't have a plan for disbursing funds, and almost all **(93%)** of the correspondent from government funded facility indicated that they have no access to the policy guidelines on management of HSSF.

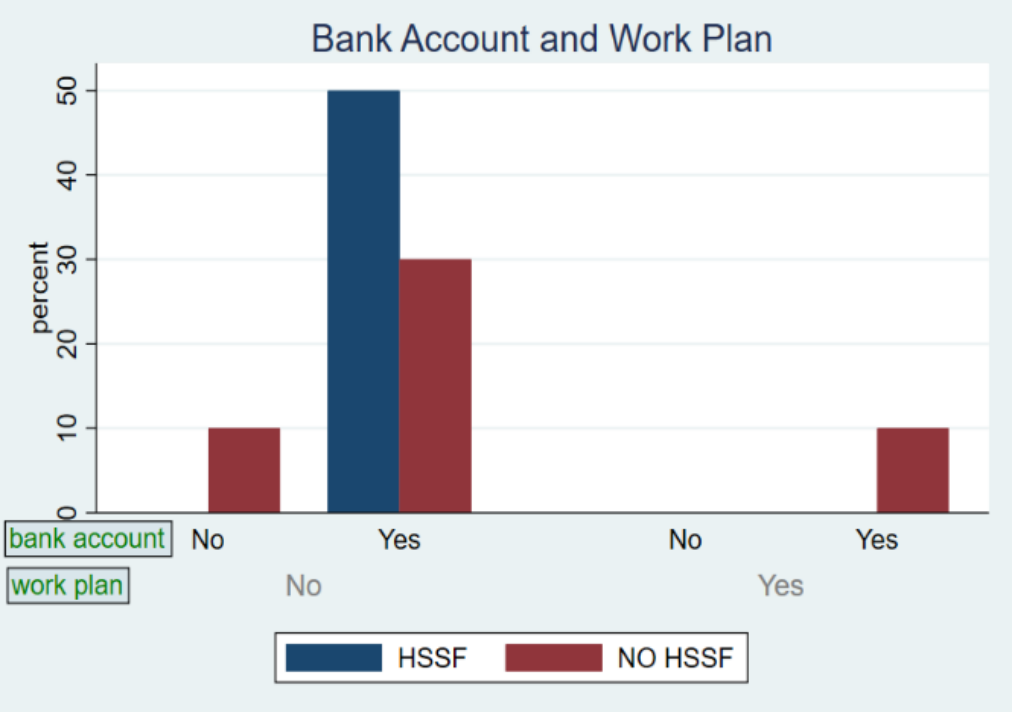

Figure 4: Overall facilities with Bank account and workplan

Respondents from government-funded facilities reported that they receive funds from multiple sources like; CDF, sponsorships, and government funds whereas non-government sponsored only received funds from

two sources, Harambee and sponsorship. Slightly more than half (54%) expressed concern of delays of funds which almost all the time (99%) forced clients to seek care from alternative sources. (60%) of the providers interviewed felt that government funding didn't have an impact on service delivery a good proportion was used to pay casual workers.

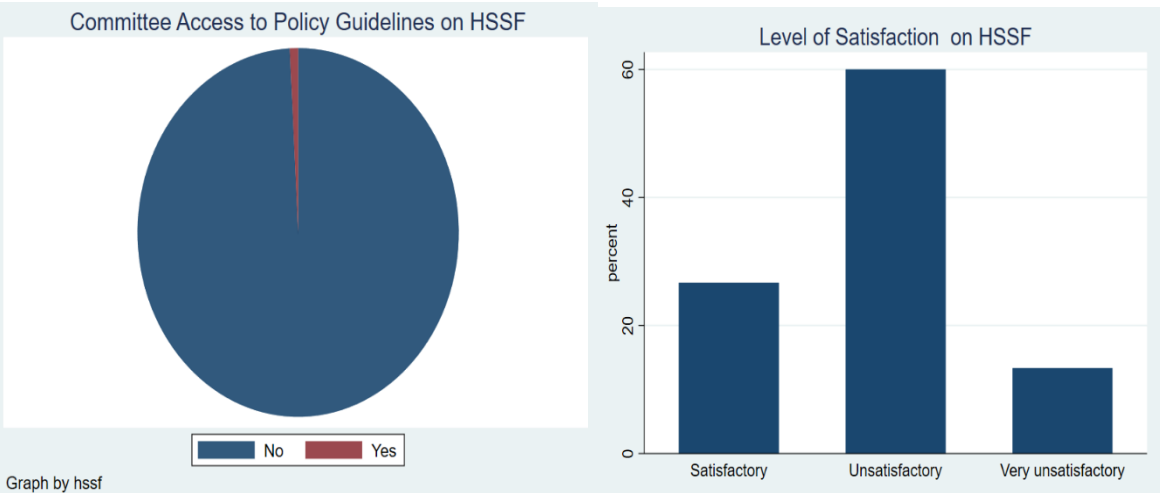

Figure 5: (%) Proportion of HFCM ١

Assess the functionality of health facility committees and its influence on service delivery at the primary health facilities in Meru County.

Both facilities have a management committee. However, with limited awareness and mandate to support the management of funds and what it was constituted by community members, by a reported higher difference among government-funded facilities users compared to non-government facilities by (23%) and (20.6%) respectively, with a significant difference of ($p<0.05$) as shown in Table 4.

Table 4:Awareness by community members

Awareness by community members	Non-government sponsored (%)	Government sponsored (%)	P-value
Of management committee	17.0	34.0	0.000
How were the committees formed	10.5	30.5	0.007
If the facility receives direct government funding	3.5	23.5	0.000
Whether community members get services needed at every facility visit	87.5	62.5	0.000

Both types of facilities faulted to acknowledge the support offered by the management committee in ensuring access to services and acquisition of drugs at the facility especially by the needy and lack a transparency system of information.

Table 5: Comparative analysis of facilities based on aspects and operations (n=15)

Responses by Health Providers	Non-government sponsored (%)	Government sponsored (%)
Committee composition in compliance with the government	(80.0)	(100.0)
HFMC access to policy guidelines on the management of HSSF	(0.0)	(13.3)
Facility have an annual work plan	(20.0)	(0.0)
Facility experience shortage of drugs	(80.0)	(100.0)
HFMC assist the needy patients to access drugs	(33.3)	(26.7)

HFMC involve the community in budget/activity planning	(40.0)	(20.0)
HFMC convenes regular meetings to give community feedback on operations	(60.0)	(26.7)
HFMC has put in place robust system of information sharing on service delivery	(33.3)	(26.7)

To establish the role of County health management committees and its effect on service delivery at the primary health facilities in Meru County.

40% of the government funded correspondents agreed that the visits from CHMT came at least once a year and 10% said that they had received ad hoc visits. Among all of the respondents from both types of facilities, agreed that the CHMT had not conducted or organized any seminars or training in their facilities. In the non-government funded facilities, it was noted that the management committee has caused an improved quality of service as noted by clients who obtained from facility. In both types of facilities, the customers said that the CHMT delayed in releasing the funds for the facilities. In government funded facilities for example, the committee approved funds in time but there were no funds to use.

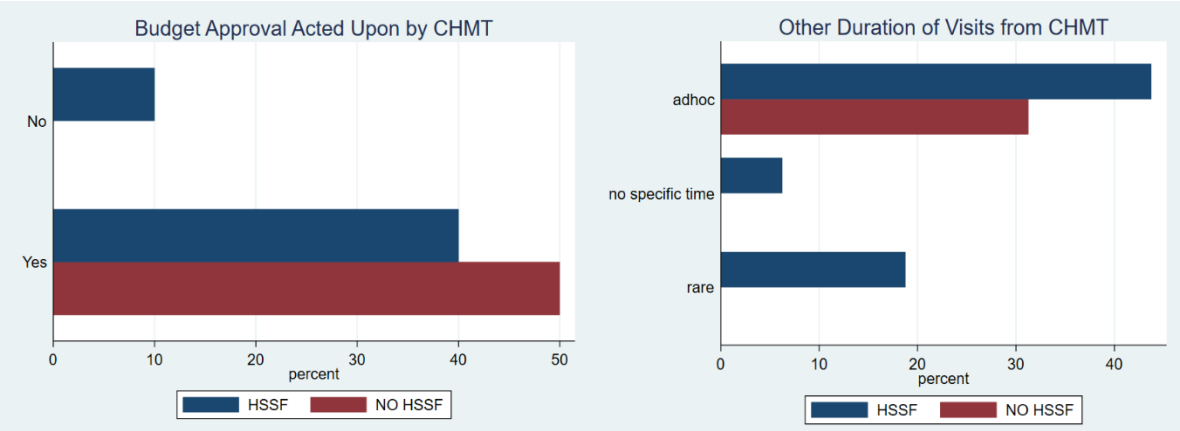

Figure 6 & 7: Budget approvals and duration of visits by CHMT

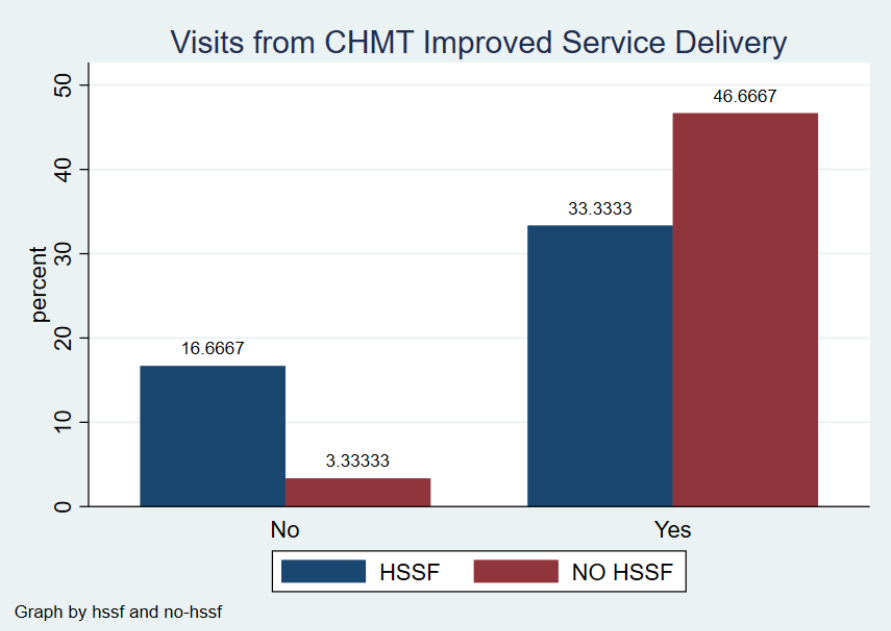

Figure 8: Whether CHMT visits are attributed to service delivery

Explore whether the health facility type affects service delivery at the primary health facilities in Meru County

Community members were satisfied with the waiting time at the government and non-government funded facilities. (20%) reported satisfaction with the time it took to acquire services in the government funded facilities and (32.5%) from the non-government funded said they were satisfied with waiting time. From the data there was a higher proportion of respondents from non-government facility user who expressed satisfaction as opposed to government users. 80% of the correspondent felt that the HSSF funds were not adequate enough to meet the financial needs to enable to run the health facility hence leading them to seek other means of funding. Also a (13%) difference higher of government funded facilities rated the overall as good.

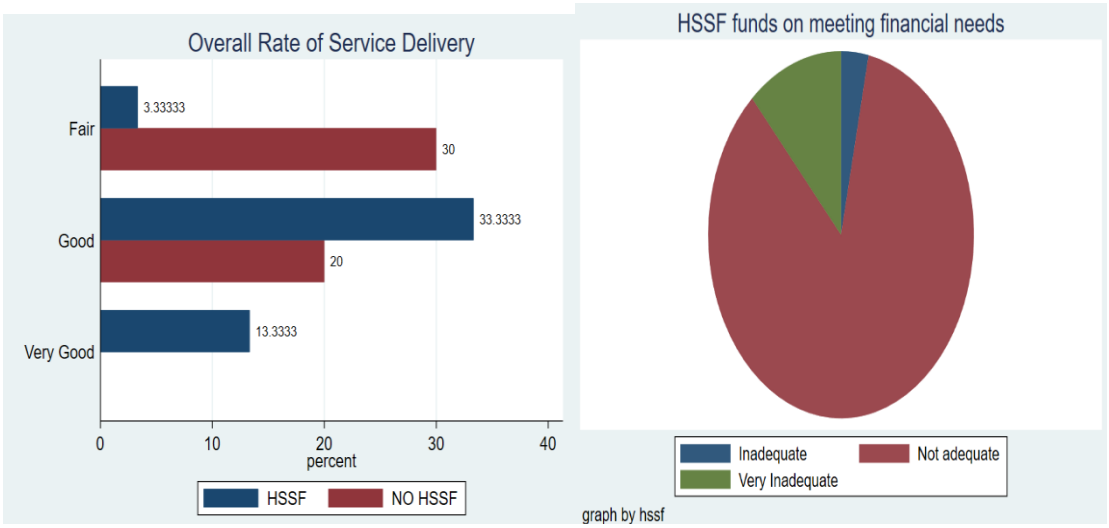

Figure 9 & 10: Overall rate of service delivery and Whether HSSF meet financial needs of facilities

IV. Discussion

On average, non-government funded facilities offered more services compared to government funded facilities. Data shows that amount of funds received on service delivery at the primary health facilities in Meru County did not have a direct effect, even with the several avenues of funds obtained and therefore putting the government facilities at a higher edge over non-government facilities, funds were said to be inadequate. Although, to an insignificant extent there is an improvement in the quality of healthcare services due to provision of HSSF with an improved infrastructure as agreed by (30%) of the respondents. Almost all, (93.3%) respondents working in the government funding reported that they don't receive funds regularly and other (60%) said that they have no specific times of receiving funds, other majority indicated that the budget approval request was not acted upon promptly. And delays were mostly caused by the CHMT which in most cases affected service delivery Furthermore, there was an inadequate audit trail.

Utilization of funds was diverted to other expenses believed not to have a direct influence in service delivery, (32%) of the health workers stated that funds were used on paying casual workers, maintenance of infrastructure. Also, there was evident drug shortage agreed by (100%) of the providers agreed there is a shortage of drugs despite receiving the money and regular auditing of the HSSF. Modalities of funding had an insignificant effect on service delivery at primary health facilities. The government-funded facilities are required to have a bank account separate bank account, however, according to the health workers interviewed, (40%) of facilities that are not funded by the government operate an account. Also, majority from both facilities agreed that they don't have a plan for disbursing funds, and almost all **(93%)** of the correspondent from government funded facility indicated that they have no access to the policy guidelines on management of HSSF. Slightly more than half (54%) expressed concern of delays of funds which almost all the time (99%) forced clients to seek care from alternative sources.

On the functionality of health facility committees and its influence on service delivery at the primary health facilities in Meru County. Majority, (66%) of facility users were aware on neither their presence or mandate in quality of services with (p=<0.001). Both types of facilities faulted to acknowledge the support offered by the management committee in ensuring access to services especially in acquisition of drugs at the facility especially by the needy. Only (40% and 20%) of the community members from the non-government funded facilities and government funded facilities respectively said that they were involved in community budget/activity planning. Overall, a small proportion of (26.2%) acknowledged the role of HFMC as significant in-service provision.

To establish the role of County health management committees and its effect on service delivery at the primary health facilities in Meru County. Only 40% of the government funded correspondents agreed that the visits from CHMT came at least once a year and 10% said that they had received ad hoc visits. Among all of the respondents from both types of facilities, agreed that the CHMT had not conducted or organized any seminars or training in their facilities. In addition to that, their role in approving CHMT was downplayed which caused delays in service provision. Only (33.3%) and (46.7%) with HSSF and Non-HSSF facilitated facilities respectively. Interms of facility delivery at primary level between government funded and non-government funded facilities. there is still a higher preference to primary government facilities, with an overall good rate difference of (13%) compared to non-government facilities. However, (80%) of the correspondents felt that the HSSF was not adequate to meet their financial needs.

V. Conclusion

There is evidence that Government funding has helped facilities in the area of research area, especially in improving infrastructure helpful in running health facilities. However, in some cases, the facilities have inadequate planning on how they are going to use the funds, lack of transparency and experience delays in approvals and uncertainty in disbursement, according to slightly more than half of the study respondents. Further to this there was a feeling that the fund was not enough to serve the financial needs of the facilities because the fund for the government funded facilities get spent on recurrent expenditure like paying casual workers and buying oxygen tanks. They still experienced drug shortages which caused unnecessary delays in service deliveries and sometimes made client to seek care from alternative sources.

Health facilities are run under the management of a committee that was selected by the community yet the community has no idea of the existence of the committee and their role in service delivery with limited involvement in management of the of the facility. The CHMT conduct visits to both government and non-government facilities, and in some instances supported in conducting training and support supervision. Their significance in service delivery was perceived inadequate as was evidenced by delays in approving funds and general support of the facilities.

In this study, there has been an overwhelming amount of proof that the funding from the government has helped facilities in Buuri become more effective and serve more people. Especially in buying equipment as well develop infrastructure in the facilities and renumeration of human resource (casual labors). Nonetheless, the recipients of the fund feel that there is still more that can be done to improve the function of the HSSF fund, such as ensuring transparency and facilitating proper planning and timely delivery of the fund.

VI. Recommendations

The findings indicated that the funding has been effective in facilitating services in the facilities. It therefore recommended that the community living around the facilities should be educated on their role and functions the facility management committee. This should be done through seminars and workshop conducted by the community or the CHMT. It is also recommended that the health management committee should develop an information management system where all the people who use the facility could get information about the facility, its management and the funding sources. This is helpful in tracking the progress of the health facility and the management committee. More engagement of the beneficiaries through barazas and community open air meetings should be encouraged.

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