MARIE STOPES INTERNATIONAL
Children by choice, not chance

The impact of NHIF accreditation on sustainability and contraceptive uptake

MSK

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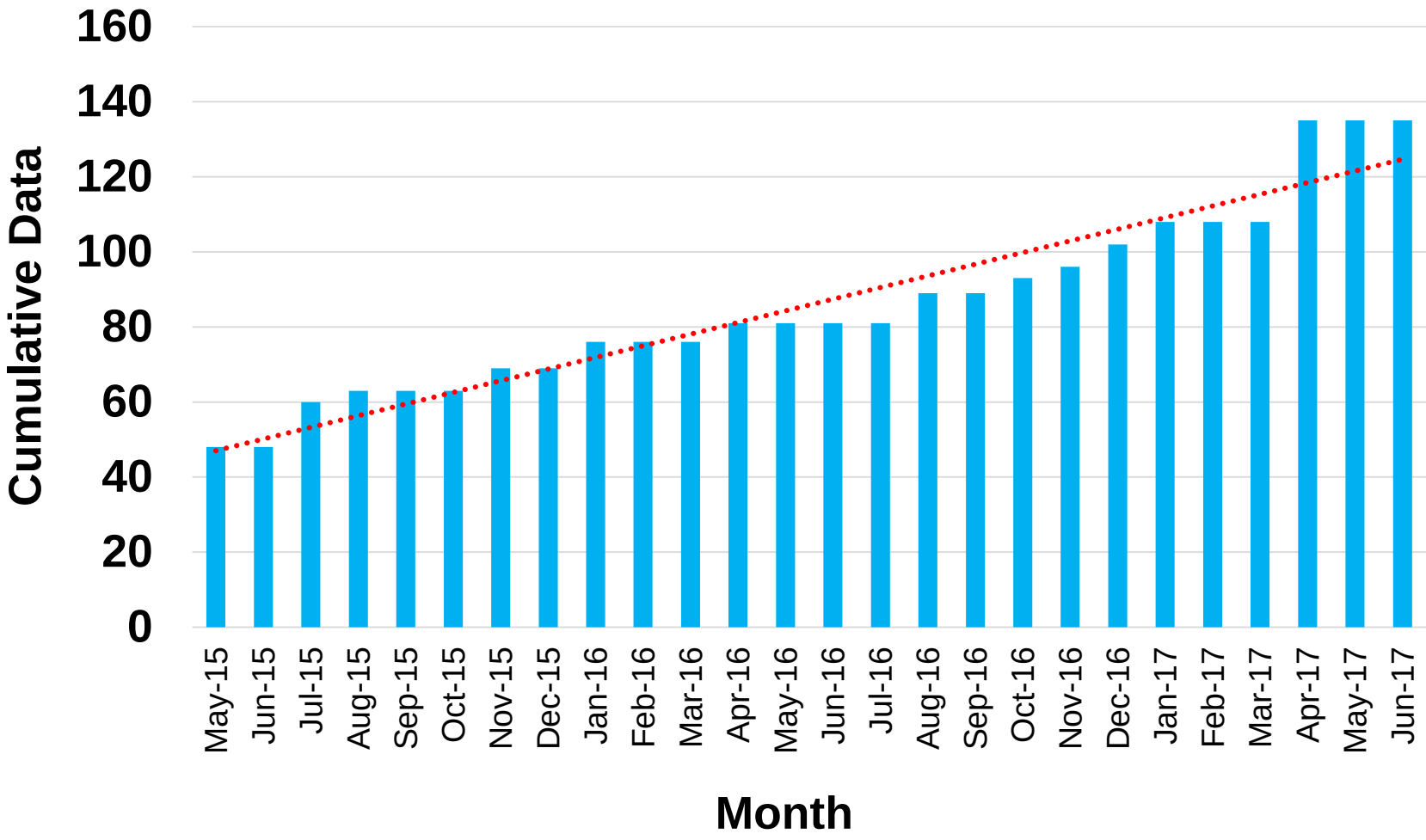
MSK’s value proposition

- MSK set up the Amua social franchise network in 2004.
- Offer private providers a relevant and compelling ‘value proposition’ in order to:
  - Motivate them to provide SRH services.
  - Build their capacity to provide quality SRH services.
- MSK supports franchisees with NHIF accreditation, e.g.
  - Acquisition of necessary licences and certificates.
  - Support with SLAs for waste disposal, pharmacies and lab companies.
  - Navigation of the process - NHIF Compliance Code/Certificate; Board approvals; facility gazettment and tracking.

NHIF accreditation of Amua facilities



NHIF’s impact on franchisee sustainability

Positive:

- Created opportunities for cross ‘selling’ services
- Improved provider reputation in their communities
- Improved provider status with other companies (e.g. insurance, workplaces, etc.)
- Client member volumes increasing, promoted through word-of-mouth by existing members
- Utilisation increasing, cited as a benefit but also a challenge
- Client confidence - NHIF as a sign of service quality
- NHIF management information system (MIS) - providers like the automated reporting and verification of client membership.

NHIF’s impact on franchisee sustainability

Negative:

- Increasing utilisation, including unnecessary visits (the Patient Moral Hazard).
- Influx of high risk clients / adverse selection i.e. chronic clients.
- Length of time to get empaneled
- Slow release of the capitation payments.
- Membership verification
- Provider changes
- Lack of scheme specificity

NHIF's impact on contraceptive uptake

- Capitation covers all but permanent methods.
- NHIF guidelines on FP is vague and contradictory.
- Situation exacerbated by branch offices:
  - Some branch managers unsure of the methods themselves.
  - Others specify that implants are too expensive to be included.
- Consequently most providers are not providing FP services under capitation.
  - Women are paying fees even if enrolled.
  - This is probably impacting on method choice – e.g. chose OCP over more expensive implants
- Providers benefit from Gov't supplies of FP commodities but this is unreliable and implants they are 'last in the queue' over public health facilities.
- Providers do not think it's feasible to provide FP, esp. LARC, under capitation.

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THANK YOU