

**IMPLEMENTATION OF USER FEE POLICY IN PSYCHIATRIC
HOSPITALS IN KENYA: A CASE OF MATHARI NATIONAL TEACHING
AND REFERRAL HOSPITAL, NAIROBI**

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DECLARATION

I declare that this research report is my original work and has not been presented for a degree in any other university.

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ABSTRACT

User fees have been described globally as a catalyst in utilization of healthcare services. They have been shown to bar needy populations from seeking health care services. In sub-Saharan Africa, equity for Maternal and Child Health programs is measured by the ability to pay for services. These policies are regulated to ensure affordability yet moderated to limit misuse by the general public. In Kenya, user fees were implemented as a form of cost sharing to lessen the financial burden of health financing on Kenyan patients. This occurred in 2004. The Kenyan Ministry of Health offers a financing mechanism through risk pooling to the greatest extent possible in order to achieve universal coverage for mental health care. The use of services is based solely on need for care, with no additional tax funding or required health insurance; contributions are determined by ability to pay. Diseases such as mental health have been on the rise in Kenya due to a change in lifestyle and as a result of other emerging diseases. In Kenya, the high expense of healthcare continues to be a major obstacle to receiving timely, high-quality medical care. Despite the increase in prevalence of diseases related to mental health, the government's user fee policy has not been able to keep up with inflation. The purpose of this study was to identify the variables affecting the application of user fee policy in Kenyan psychiatric hospitals. The study was guided by objectives that were seeking to determine the utilization of user fee policy at Mathari National Teaching and Referral Hospital; to establish how hospital policies influence user fee policy implementation at Mathari National Teaching and Referral Hospital; to establish how the waiver process influences the implementation of the user fee policy in Mathari National Teaching and Referral Hospital, and to establish how collection of patient user fees influence the implementation of the user fee policy at Mathari National Teaching and Referral hospital, Nairobi. A cross-sectional study design was used. Questionnaires were administered and the data collected from a total of 177 respondents who represented 93% of the response rate. Data collected was analyzed using SPSS version 10 and presented in tables and charts. Findings from this study established that utilization of the user fee policy at Mathari National Teaching and Referral hospital was aligned to the existing hospital policies. There was need to streamline the waiver process and continuously improve the structures that govern collection of user fees in order to achieve universal health coverage. In conclusion, this study highlights that the utilization of user fees policy as highly influenced by the asymmetric information between the health care providers and the patients. Information provided on the hospital wall charts and on the job training can foster the implementation of the user fee policy. A structured approach that involves the training and development of standard operating procedures for health care providers should be put in place. This research recommends further studies to be done to establish how the mental health act of 2023 is being implemented in referral hospitals in the country. This will guide health policy planners in determining the best way possible in developing the requisite management systems that would ensure accessibility, equity and quality mental health care. Private health care givers should also assess their utilization of their payment policies to improve performance especially in psychiatric health care.

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ABBREVIATIONS AND ACCRONYMS

DALYs	Disability Adjusted Life Years
DFP	Direct Facility Funding
GDP	Gross Domestic Product
GOK	Government of Kenya
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
KES	Kenya Shillings
KNDP	Kenya National Development Policy
KHP	Kenya Health Policy
KHSSP	Kenya Health Sector Strategic and Investment Plan
KNCHR	Kenya National Commission on Human Rights
MDGs	Millennium Development Goals
MOH	Ministry of Health
NHIF	National Hospital Insurance Fund
OECD	Organization for Economic Cooperation Development
SDP	Service Delivery Points
SDG	Sustainable Development Goals
SOP	Standard Operating Procedures
SPSS	Statistical Packages for Social Science
THE	Total Health Expenditure
UN	United Nations
WHO	World Health Organization

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

The complete wellbeing which includes overall physical, mental, and social, emotional, and spiritual well-being are the broad definitions of health (Mental Health Atlas, 2020). For the provision of health care to be sustained, there must be sufficient resources. The Kenya Health Policy Framework 2015-2030 (Ministry of Health [MoH], 2015) and the Kenya Mental Health Act (Government of Kenya [GOK], 2023) have recognized several approaches as significant means of supporting health care in the nation, including donor monies, user fees, taxes, and health insurance. These procedures were primarily designed to consider the expenses associated with providing services and the population's capacity to pay for those services. The Kenyan government's Vision 2030 seeks to deliver egalitarian and high-quality health services by, among other things, lowering patient financial burdens. For primary health facilities, exorbitant and variable user fees were eliminated in 2004 and replaced with flat rate costs of KES 10 for dispensaries and KES 20 for hospitals (Chuma & Maina, 2019).

The Kenya user fee policy states that money collected from user fees should be used to maintain and grow health facilities, as well as to supplement the government's declining spending on health care services. It also aims to ensure that drugs and medical equipment are supplied. Kenya's 2004 health sector reforms resulted in the implementation of a 10/20 user fee policy, which was designed to fulfill the country's health sector policy objective of offering all Kenyans efficient, cost-effective, and accessible healthcare. The Kenyan government allayed widespread concerns that the health reforms would prevent the poor and vulnerable from receiving healthcare by introducing a system of waivers into the user fee policy prior to the implementation of the 10/20 user fee policy. Certain patient types were automatically exempt from user fees under waivers. These included individuals in need of family planning, kids under five, people with STDs, and those afflicted with HIV/AIDS. Waivers on the mentally ill were not considered as necessary because it was believed that the mentally ill could raise user fees (Marangu, 2020).

Waivers were designed to assist people who are unable to pay for medical services, so hospital staff and social workers handled patients who were unable to pay. They were tasked with determining their financial situation and waiving all or part of the patients'

bills. This study determined the variables affecting the user fees policy's implementation in Mathari National Teaching and Referral Hospital in accordance with Kenya's "Health for All" health policy goal. According to the Kenya Universal Health Coverage Policy 2020–2030 (Ministry of Health [MoH], 2020), one of the leading causes of Disability Adjusted Life Years (DALYs), or time lost because of disability resulting from illness, is unipolar depressive disorders. This is because it is widely accepted that "Living with Schizophrenia and Unipolar Depressive Disorders" sheds light on a serious category of mental illnesses for which sufferers are frequently disregarded by friends, family, and the general public because of the stigma associated with the condition. The Kenyan cabinet secretary for health stated during his remarks on World Mental Health Day that schizophrenia is a chronic illness that frequently has relapses and begins early in life, generally in adolescence. This frequently causes problems for the patient in their social and professional lives, which results in poverty (Molyneux et al., 2020).

Eliminating payments at the point of service for health services gradually promotes equity and access to care for mentally ill individuals who do not have the financial means to pay for their care, particularly for underprivileged and marginalized communities. Mathari National Teaching and Referral hospital is a government hospital and can be referred to as a state psychiatric hospital.

According to Kwobah et al. (2023), these types of state psychiatric hospitals have considerably decreased in numbers the world over because of policies that deinstitutionalize mentally ill patients and the unavailability of psychotropic medication. The requirements to pay before service provision could lead to barriers in quality health care services and preventive health therefore greatly affects the quality of care given to psychiatric patients. Despite the governments' efforts to ensure health care for all, it is important to establish whether the user fee policy in Kenya is adhered to as stipulated. Studies conducted in countries like Armenia show that protection mechanisms do not always work well with the poor. It would therefore be important to establish whether this is the case for the mentally ill, who due to their health condition cannot engage themselves in reasonable employment or entrepreneurial activity (Zeng, 2021).

1.2 Statement of the Problem

The user fee policy is not adequately utilized in African Countries (Marangu, 2020). This is because of the complexity of the diseases. In his findings on mental health care Sarikhani et al. (2021) states that most of the psychiatry departments in Africa usually work as standalone offices, often with little government support. According to Marangu (2020), there is not enough time for psychiatric hospital staff in Kenya to meet with representatives from the national social welfare, education, employment, police, prisons, courts, and non-governmental organizations to make sure that mental health issues are properly incorporated into hospital policies and plans.

The Kenya National Commission on Human Rights (KNCHR, 2011) reported that 10 million of the 30 million Kenyan citizens suffer from mental disorders. Of the 10 million mentally ill citizens, 8.5 million do not receive treatment. Only 1.5 million receive treatment. These statistics depict that mental illness is a major public health concern. Therefore, mental illness makes it more difficult to fulfill other goals related to health and development, increases poverty and vulnerability, and imposes enormous financial and social costs on the individual, their family, the community, and the society.

People who are mentally ill may not have the financial capability to seek health care (Marangu, 2020). The hospital is therefore prone to enormous waivers on user fees. Therefore, it's critical to determine how the Mathari National Teaching and Referral Hospital grants exemptions and how patient charge collection affects how the user fee policy is applied. The user fee policy was created to address issues with the delivery of health care, including declining spending in the health sector, inefficient use of resources, rising rates of sickness, and deepening poverty. There is a gap in the user fee policy's implementation in Kenya, as studies to determine the difficulties encountered in its implementation have not been conducted, at least not in Kenya. In addition, Chuma and Maina (2019), state that there is need for research incorporating impact analyses into the methodologies and process of user fees systems implementation. Russell and Gilson (2018) point out in their study that there aren't many studies that try to figure out what influences the user fee policy's ability to function as a policy that directs the finance system.

Mathari National Teaching and Referral hospital is a psychiatric hospital located in Nairobi Kenya. It houses over 675 patients and has faced numerous challenges in

management of psychiatric patients since it is the only National psychiatric referral hospital in Kenya.

1.3 Purpose of the Study

The purpose of this study is to establish the factors influencing the implementation of user fee policy in psychiatric hospitals in Kenya.

1.4 Objectives of the Study

1. To determine the utilization of user fee policy at Mathari National Teaching and Referral Hospital, Nairobi.
2. To establish how hospital policies influence user fee policy implementation at Mathari National Teaching and Referral Hospital, Nairobi.
3. To establish how the waiver process influences the implementation of the user fee policy in Mathari National Teaching and Referral Hospital, Nairobi.
4. To establish how collection of patient user fees influence the implementation of the user fee policy at Mathari National Teaching and Referral hospital, Nairobi.

1.5 Research Questions

1. How does Mathari Hospital utilize the user fee policy?
2. How do the hospital policies influence the user fee policy implementation at Mathari Hospital, Nairobi?
3. How does the waiver process influence the implementation of the user fee policy in Mathari Hospital, Nairobi?
4. How does the collection of patient user fees influence the implementation of the user fee policy at Mathari hospital, Nairobi?

1.6 Justification of the Study

This study was premised on the fact that unlike other illnesses, mental health illness provides a barrier to care because mentally ill patients can barely afford to pay for health care services. Besides their inability to pay for their care, there is much stigma pegged on mentally ill patients that lead families to disown their very own in referral hospitals (Marangu, 2020). This therefore creates a need for waiver of fees charged to such patients. Because mentally ill patients cannot pay for themselves and Mental health

indicators have continued to lag behind despite the emphasis made in improving overall health conditions in Kenya (Mental Health Atlas, 2020).

Governments in developing countries have not taken care of the worsening state of mental health and allocate resources efficiently. This happens as a result of decisions about the provision of healthcare being made exclusively based on the hospital's private production costs as opposed to societal taxes (Obare et al., 2018). This means that the hospital should invent policies to aid the delivery of care while adhering to the user fee policy (Obare et al., 2018)

According to studies conducted in Kenya, the percentage of total patient spending on medications and medical supplies has dropped significantly since a flat rate user charge policy was implemented (Chuma & Maina, 2019).

These days, hospitals have a reserve money. There is insufficient money even with the reserve fund. It is simpler to secure funds and address major problems like poor services when the health service sector is viewed as a modern industry. However, this perspective ignores minority groups, such as the mentally ill (Mental Health Atlas, 2020). It is crucial to comprehend how the user fee policy is applied, the waiver process, how hospital policies affect how the policy is implemented, and how user fee collection affects how the policy is implemented because health is a major economic driver and frequently the largest employer, builder, and buyer of goods and services.

1.7 Limitations of the Study

A self-administered structured questionnaire was used primarily as the data collection instrument. To avoid self-reporting of the sample population, the researcher used good interpersonal approaches during the face-to-face encounter with the respondents and emphasis was laid on the value of the study for them to reply objectively.

1.8 Delimitation

This study looked at the user fee policy and checked for its implementation as stipulated. The study was limited to only finding out how health care providers at Mathari Hospital implement the user fee policy. This is because majority of the targeted respondents have

access to the user fee policy and provide psychiatric care. Patients and their families or next of kin were not enrolled in this study. The study focused on Mathari Hospital which is a National Referral Hospital.

1.9 Significance of the Study

This study is of great significance in health systems management because it is a basis in health policy making. The user fee policy is a channel to lower costs for the health care consumer, and it is necessary to identify the factors influencing its implementation. User fee is not an incentive in provision of health care services. This is because it affects a hospital's efficiency in production of health care services and in the development and adoption of better cost-reducing technologies. It would be crucial to conduct additional research on how low- and middle-income nations execute the user charge policy as a means of financing health care. This study reveals the variables affecting how the user fee policy is implemented.

1.10 Assumptions of the Study

The researcher assumed that the participants in the study gave accurate answers to the questions on the research instruments and that their replies gave a true picture of the variables affecting Kenya's implementation of the user charge policy.

1.11 Operational Definition of Terms

Cost sharing: This involves a ration of the health care charges where a portion is borne by the consumer and the other portion is borne by the health insurance, government or health care provider.

User Fee: This is an impost flat fee payment of KShs. 20 paid to the facility in order to access or use health care goods and services.

Mental Health: According to Mental Health Policy (GoK, 2015), this is a state of well-being in which the person is aware of their own talents, able to handle everyday stressors, able to work effectively and efficiently, and able to give back to the community.

Mental Illness: can be defined as any mental illnesses, diseases, impairments, disabilities, or handicaps, including mental impairment brought on by drug, alcohol, or substance misuse abuse.

Patients Health Seeking Behavior: Can be described as the willingness of people in seeking medical help. It is evident in the way people get health care services. Some people go readily for treatment, others only when in great pain and others when they are in advanced states of ill health.

Implementation: The practical and effective application of the laid-out user fee policy.

Hospital policies: These are general guidelines and standard operating procedures adopted by the Mathari hospital management as they carry out their day-to-day activities. The policies guide the entire hospital in offering medical services to the patients.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter outlines the available literature in user fee policy. It discusses literature on the utilization of user fee policy, how hospital policies influence implementation of the user fee policy and how the waiver process and collection of user fees influence implementation of the user fee policy. The conceptual framework and the theoretical framework that underpin this investigation are also defined in this chapter.

2.2 Utilization of the User Fee Policy

User fees have remained the most common means of generating income in health institutions, the world over (Molyneux et al., 2020). In the United States of America, user fees support programs of the Food and Drug Administration (FDA, 2024). These programs involve providing public health services, patient safety and transparency programs, scientific integrity and review of FDA regulated products (FDA, 2024). Studies done on these programs of the user fee depict it as a structured and useful way of making medication available to the public on time (Molyneux et al., 2020).

In sub-Saharan Africa, research has continued to show that there is need to align policies with everyday practice. This is because user fees lead to health inequities (Obare et al., 2018). Further, when user fees were evaluated in programs that support maternal and child health services, these policies depicted minimal influence on how women and children seek and acquire health care (Plouffe et al., 2020)

Financing of health systems in developing countries is usually a challenge because of the heavy disease burden (Chernew, 2008). Growing numbers of people in developing nations have created additional challenges because those who are most in need of medical assistance frequently lack the means to pay for it or to assess the quality of care they receive. The three primary components of health system financing are money collecting, money pooling, and the acquisition of quality medical treatment. Frequently, all three components fall short (Obare et al., 2018). The ability to collect taxes is not completely utilized in certain countries, while in others, tax payment and other contributions are practically optional due to inadequate infrastructure and enforcement mechanisms.

Majority of medical expenses are covered by a combination of private out-of-pocket payments and outside funding, usually designated for certain ailments. This has created difficulties for governments in deciding on the how to adequately finance health care and as such mental health. Due to inadequate funds, the health care provider is left to grapple with challenges that result from lack of resources (Molyneux et al., 2020).

Another reason why adherence to user fee policy can be deemed to have a role in failed health systems in developing countries is because of its autocratic nature (Jemal et al., 2022). The existence of these foreign funding sources, which are frequently unrelated to regional income-generating projects like user fees and community-based health insurance. Pooling resources is impractical due to several financing arrangements, and purchasing services from providers strategically is not possible due to the numerous separate transactions resulting from out-of-pocket payments. In fact, limited local resources fall short of covering gaps left by sponsors outside the region. This then possess a great challenge in the management of a health system in a country (Pagiwa et al., 2022).

Mental illness is highly disabling and has contributed to poverty and vulnerability of the populace. Massive financial and social costs have also been imposed on the affected person, their relatives, and society. On 10th October 2020, during the World Mental Health Day, the Mental Health Atlas (2020) projected that one out of four individuals would suffer a mental disorder in their lifetime. Inability of health care users to pay for their health has caused fragmentation in financing the health care sector. In addition, presence of the 10/20 policy in hospitals created an avenue to protect the consumer of health care services and such efforts like out-of-pocket payment and insurance coverage of patients caused the fragmentation of funding mechanisms when not carried out as stipulated in the 10/20 user fee policy. The total health care system's potential for income and risk cross-subsidies is diminished when care is fragmented. Therefore, this study looked at whether Kenyans are adhering to the user fee policy and whether it serves as a mechanism for guaranteeing equity and access to mental health services in Kenya. A person with a mental disease has the right to be shielded from exploitation, abuse, and dehumanizing treatment in all contexts, including physical, economic, social, and sexual (GoK, 2015).

2.3 Hospital policies and influence on the user fee policy

According to Masood et al. (2020), the health policy triangle describes the content, actors, process and context of the policy as the main factors that influence formation and implementation of the policies. The user fee policy like other policies is an interrelationship of the actors who comprise the medical practitioners, patients and donor/funders, government and the health care institutions. The policy triangle's methodology and substance were the main topics of this study. This is what the policy states: the goals of the user fee policy are to provide justice in the provision of healthcare and to lessen the enormous expenditures incurred by patients in need of care. The policy by the Ministry of Health, Kenya also stipulates the process in which the user fee policy should be implemented, and waivers accorded. The process entails the secondment by a local chief for persons requiring a waiver to the hospital superintendent who then authorizes treatment (Vilcu et al., 2020). Generally, patients are required to pay Kshs. 20 for them to receive medical assistance and be registered in the hospital outpatient logbook. Patients pay for the full costs of their in- patient treatment unless they are accorded a waiver (Chuma & Maina, 2019)

Evidence regarding community health seeking behavior and patient attendance in Africa is inconsistent (Mubyazi et al., 2006). Many developing nations have struggled financially in recent years to keep up with the rising demand for modern health care brought on by fast expanding populations and shifting epidemiological patterns. In response, a few governments have started working on health financing reform initiatives with the goals of increasing funding, enhancing service quality and efficiency, and empowering citizens to take greater ownership of their health care. The National Hospital Insurance Fund (NHIF), a mandatory government social insurance program that covers inpatient services for nearly one-fifth of Kenya's population, is one of the programs that will use the revenue generated by raising the nominal fees that are already in place, introducing new fees, and recovering the full cost of inpatient services for beneficiaries (Obare et al., 2018)

The National Health Insurance Fund (NHIF) and employment-based health insurance are the two concurrent subsystems that make up Kenya's health insurance system. When specific conditions are met, employees of businesses, organizations, and companies as well as their dependents are covered by employment-based health insurance. On the

other hand, the National Health Insurance Fund is a residential system that covers everyone else, including retirees, self-employed individuals, those without private insurance, and employees of small businesses. Two salient characteristics that serve as the foundation for this study are the distinctiveness of the Kenyan medical system, which may allow mentally ill patients to be isolated from their demands for care and the lack of responsiveness on the part of insurers and healthcare providers (Molyneux et al., 2020).

First, with universal coverage, patients in Kenya receive therapy and managed care that is frequently suggested by the healthcare professionals, giving them unlimited options when it comes to psychiatric medical providers. Second, private patients in Kenya have direct access to specialist treatment without passing through a gatekeeper or referral system, giving the specialist the authority to determine how much care will cost. Additionally, a patient is not restricted in the number of visits they may have. In contrast to the United States, where people without insurance use hospitals for primary care, patients in this country can visit either hospitals or clinics for outpatient visits and hospitals for admissions (Molyneux et al., 2020).

The user fee policy also stipulates that health care providers get paid according to the national fee schedule, which is based on the patient's condition and the treatment being administered. This is possibly even more significant. Physicians therefore as actors in the policy have many incentives to influence patients' demand and quality of psychiatric health care and overly affect the utilization of the user fee policy. From the standpoint of the physician, for instance, there are several reasons to postpone surgery until the patient has cleared the hospital or paid for their costs. This is because hospital reimbursements and user fees vary with nature of condition being treated and ability of patients to cater for the costs. The study's uniform fee schedule in the psychiatric hospital raises concerns about how waivers are granted to defaulters because it suggests that cost-shifting—a well-known cost-management practice in which healthcare providers charge private insurers higher rates in order to make up for losses from public health insurance beneficiaries—is unlikely to occur (Liu et al., 2021).

The first national health sector strategic plan (1999–2004) lists several difficulties facing the Kenyan health care system, including the absence of a well-defined, costed, and

prioritized strategic plan. Additionally, the industry is lagging in terms of evaluating the standard of care provided to mental patients due to a lack of funding and a low degree of responsibility (Capitman, 2019).

For many years, the Kenyan government has set aside a certain portion of its overall budget for health care. The Abuja Declaration states that the Ministry of Health should receive fifteen percent of the overall budget. This hasn't been feasible, though, as the Kenyan government uses budgetary monies that come from tax collections to support the ministry of health. However, given the current macroeconomic circumstances in Kenya, which include a high national debt, inflation, and slow economic growth, tax revenues are an unreliable source of funding for healthcare. This has led to health budget short falls with widespread lack of adequate pharmaceuticals, poor maintenance of equipment and facilities and staff shortages amongst others. Prevalent shortfalls have been reduced by the presence of the user fee policy.

In order to close the funding gap between the actual budget and the amount of resources required to support activities in the public health sector, the user fee policy was created. However, because of increased poverty situations in most developing countries, cost sharing policy often not been well implemented.

2.4 Establishing waivers on User fees

A waiver is a privilege granted to an individual that enables them to get medical care in specific facilities for free or at a discounted cost (Adesina & Ogaji, 2020). When a health system allows exemptions, it means that it will treat waiver holders differently from the general public. The expense of healthcare has been identified by many Kenyans as a barrier to timely and high-quality medical care.

Indeed, cost sharing in order to provide health care for the mentally ill is a daunting task. This is because majority of the mentally ill patients may not have adequate resources to attain health care and cannot be involved in economic activities that enable them to generate income. Health systems have historically been viewed as both a black hole and a black box, consuming resources without producing obvious effects. It is difficult to hold health institutions responsible for their actions without creating restrictive goals that sway people's behavior. It is simple to understand how initiatives and user fee

policies could be encouraged by the simplistic use of objectives to focus resources on resource generation where affluent customers are prepared to pay for services, potentially at the expense of people with less financial resources. Some income generating activities create pressure that has led to sacrifice of quality for quantity in most health care facilities (Kim & Look, 2019).

A provision in the Kenya User Fee Policy exempts the impoverished and covers emergency care regardless of the patient's ability to pay right away. The hospital has a criterion that looks at the patients' income, geographic location, or occupation, but it does not specify the criteria by which the impoverished can be determined. The policy directs health professionals, upon receiving approval from the local government, to exercise their discretion in granting exemptions to individuals who claim they are unable to pay fees. The facility subsequently requests a reimbursement from the government for the waivers granted. It doesn't seem like fee waiver programs have had much success in safeguarding the impoverished. This is the situation in Armenia, where the exemption programs seem to have underperformed in many instances and were expensive to manage, sometimes taking up to 25% of the entire income from health facilities (Masiye et al., 2021).

According to a Zambian study, the lack of user fee policies to routinely execute exemptions has resulted in the failure of such measures to protect the impoverished. According to the study's findings, waiver programs have not been successful because of several issues, including difficulties in accurately identifying the poor, a lack of knowledge about waiver programs among the poor, opaque waiver criteria and procedures that increase transaction costs and uncertainty for those requesting them, providers' reluctance to grant waivers due in part to a lack of incentive, and the poor's reluctance to seek waivers due to social stigma. Chuma & Maina (2019) In their study, they emphasize the need for user fee waivers to be adhered to as stipulated on the user fee policy.

Health systems in developing nations have mainly remained underdeveloped despite multiple attempts by governments to finance health care, despite raising substantial amounts of money for necessary medical services. The ability of the entire system to gather, pool, and spend the funds required to become equitable and sustainable, to

provide appropriate, effective, and fair health care, to produce the required resources, such as a skilled workforce, and to provide the stewardship to ensure its efficient governance, is known as health systems strengthening. Although it is widely acknowledged that waivers are necessary to help developing nations with their health systems, there isn't yet a clear plan for how to go about implementing them (Obare et al., 2018) In fact, there is a chance that initiatives aimed at bolstering the health system will either exacerbate the current congested landscape of multiple financial assistance streams or will only add new sources of funding for the health system that operate in parallel to the government's pre-existing health system finance structures. This inadvertently affects the continuity of care accorded to health care patients.

2.5 Collection of patient user fees

Out of pocket payments as a method of financing health care has been used the world over. In Japan, payment of patient user fees has been used in addition to the health insurance plans to their lower expenditures. This has generated controversy since it has been demonstrated that charging user fees discourages the use of healthcare services and worsens health outcomes for a group whose health was susceptible to the application of incentives (Hitoshi & Fushimi 2018). Other studies show that payment of user fees is an effective method of managing health care finances. This is because payment of user fees has marginal effect amongst patients seeking care for serious symptoms.

User fees have a long history in Kenya. They were first implemented in 1989 as part of an endeavor by the Kenya Ministry of Health to establish a comprehensive health financing strategy that would guarantee social efficiency and the development of the health sector (Dennis et al., 2020). This cost sharing initiative required patients to pay a portion of their medical bill out of pocket. Several studies conducted on user fee utilization show that user fee has a role to play on the health seekers ability to get medical interventions. The health seeking behavior of users of health care services could change when the proportion of money they were to pay as user fees. In instances where patients are asked to pay more due to clinical events such as hospitalization were often associated with higher insurance copayments and lower patients' use of health care services.

In his study, Gaylor et al. (2022) suggests that it is important to find out whether there is clinical harm associated with non-adherence to user fee where medical interventions

lead to greater harm on patients. Presence of user fee policy can lead to patients overuse of hospital services or vice versa. In his study, Zeng (2021) found out that higher cost borne by the patients of health in terms of user fees can lead to a reduction in hospitalization rates and this could have an overall effect on quality of care because this creates an economic barrier to health care access.

User fees may require patients to pay all or part of the cost of their medical treatment. This is one among the policy alternatives that many developing nations have put into place to raise the money needed to meet the rising demand for healthcare services. It is true that providing high-quality healthcare has become almost difficult due to the expansive criteria for the forced admission of mentally ill people. In theory, user fees should assist low-income nations in resolving health sector issues by providing funding for better health care delivery. It is anticipated that user charge policies will increase equity when paired with fee exemption programs for the underprivileged. However, several empirical studies suggest that user fees will probably lead to a decline in the use of health care services, especially by the underprivileged (Dagrou, 2019).

The amount of money recovered from user fees seems to be quite small, leaving little money to enhance the delivery of health services and help the underprivileged. Zhang et al. (2022) in his study outlined how this data presents a significant challenge for lower-income nations in terms of devising strategies for the efficient execution of user fees policies that avoid unforeseen consequences. This criterion coupled with the financial obligations levied on third parties or mentally ill persons has made it nearly impossible to administer the user fee policy and similar initiatives as a means of health financing in some countries (Zhang et al., 2022).

2.6 Theoretical Framework

This research is guided by social protection theory (Chisholm, 2005). Social protection theory is an endeavor by both public and private actors that provides money to the impoverished for consumption or income, shields the weak from threats to their livelihood, and improves the rights and social standing of any marginalized group. Mentally ill patients suffer socio-economic inequalities due to their inability to participate in paid and non-paid income roles (Kinyanda et al., 2019).

According to studies conducted in Uganda and Ethiopia, there was a direct link of poverty to widening income inequalities and a major risk for depression (Shakya et al., 2021). Socio protection would enhance the economic outcomes of mentally ill persons, according to the United Nations' assessment of the progress made toward setting the Sustainable Development Goals on ending the cycle of poverty and debt around them (United Nations, 2015). This can be done by lowering the cost of accessing mental health as stipulated in user fee policy. The flat rate fees are provided to the community to enhance access and thus their social protection.

Hailemichael et al. (2021) states that while mental illness does not exclusively cause poverty, it does have more detrimental effects than most acute and chronic illnesses. These negative effects raise the possibility of poverty for mentally ill people, who experience a high burden of illness despite having poor social and economic outcomes. Social protection requires care to be decentralized to the primary health care level and be made more cost effective (Aceituno et al., 2019). In addition to Direct Facility Funding from the Central Government in Kenya, User fee remains a major mechanism through which hospitals raise supplementary funding in Kenya (Molyneux et al., 2020)

This theory is based on the fact that individuals or organizations optimize their goals such as health by reducing on risks. According to this view, user fees are therefore borne by the patient as well as the healthcare provider because upfront expenses for providing services and potential losses could exceed operating capital and necessitate funding from both public and private sources (Kim & Look, 2019). The variables in this theory include the cash and medical aid transfers which are monies and drugs which are directly paid by the state to the hospital to cater for the well-being of the mentally ill patients. The other variable in this theory is the social economic status of the patients which is their ability to pay the required user fees in order to access care. The social economic status of the patients is used as a main determinant in according to waivers to the patients.

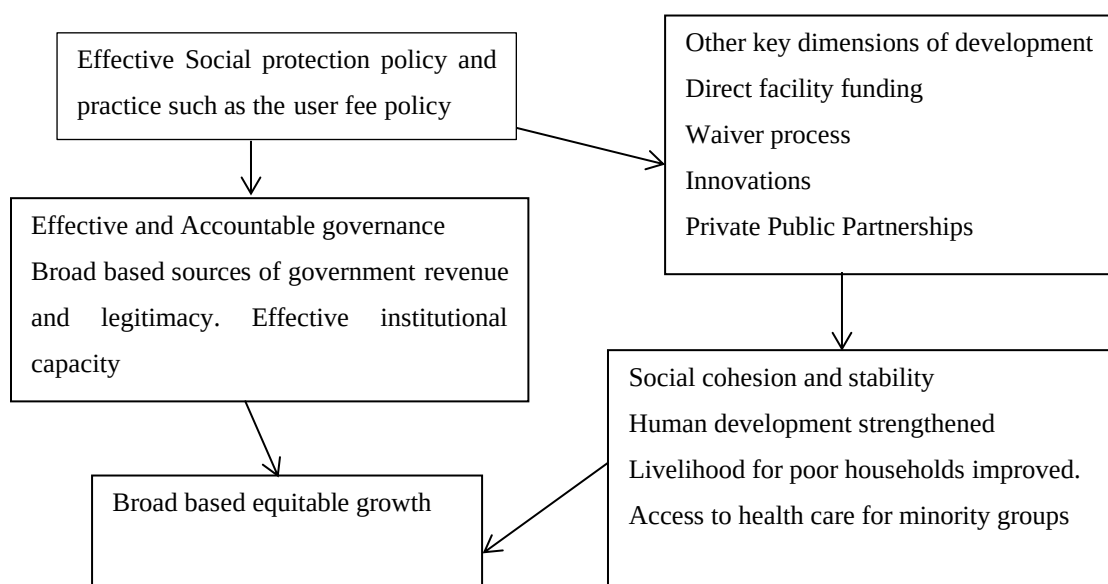
The health care provider or the patient may not know or may have misjudged the cost of providing or receiving the services stipulated in the contract, or they may occasionally be unable to handle the demands of multi-plan operations. As a result, the healthcare professionals or the patient may feel morally betrayed and may have to pay unexpected

expenses that the patient has postponed. In this theory, the user fee policy determines the waiver process, the efficiency, professional/organizational performance of the health care provider by influencing the specific innovations implemented (Alshreef, 2019).

Targeted payments have the potential to encourage additional behaviors, including following the user fee policy. However, the fee for service can also influence the number of waivers. Prospective systems that lead to reimbursement have put waiver process under the user fee policy. This can be achieved by using less expensive and ineffective treatments, as well as by decreasing the volume of healthcare provided, such as through hospital admissions of low-risk patients (Bukonya & Hickey, 2019). Strategies such as pay for performance have been employed to counteract the impact of incentives that can promote noncompliance with the user fee policy. This is because targeted payments are used to encourage hospitals to adhere to policy and thus improve health care (Pandey & Raina, 2019).

Figure 2. 1

Theoretical Framework Adopted from (Norton et al., 2001)

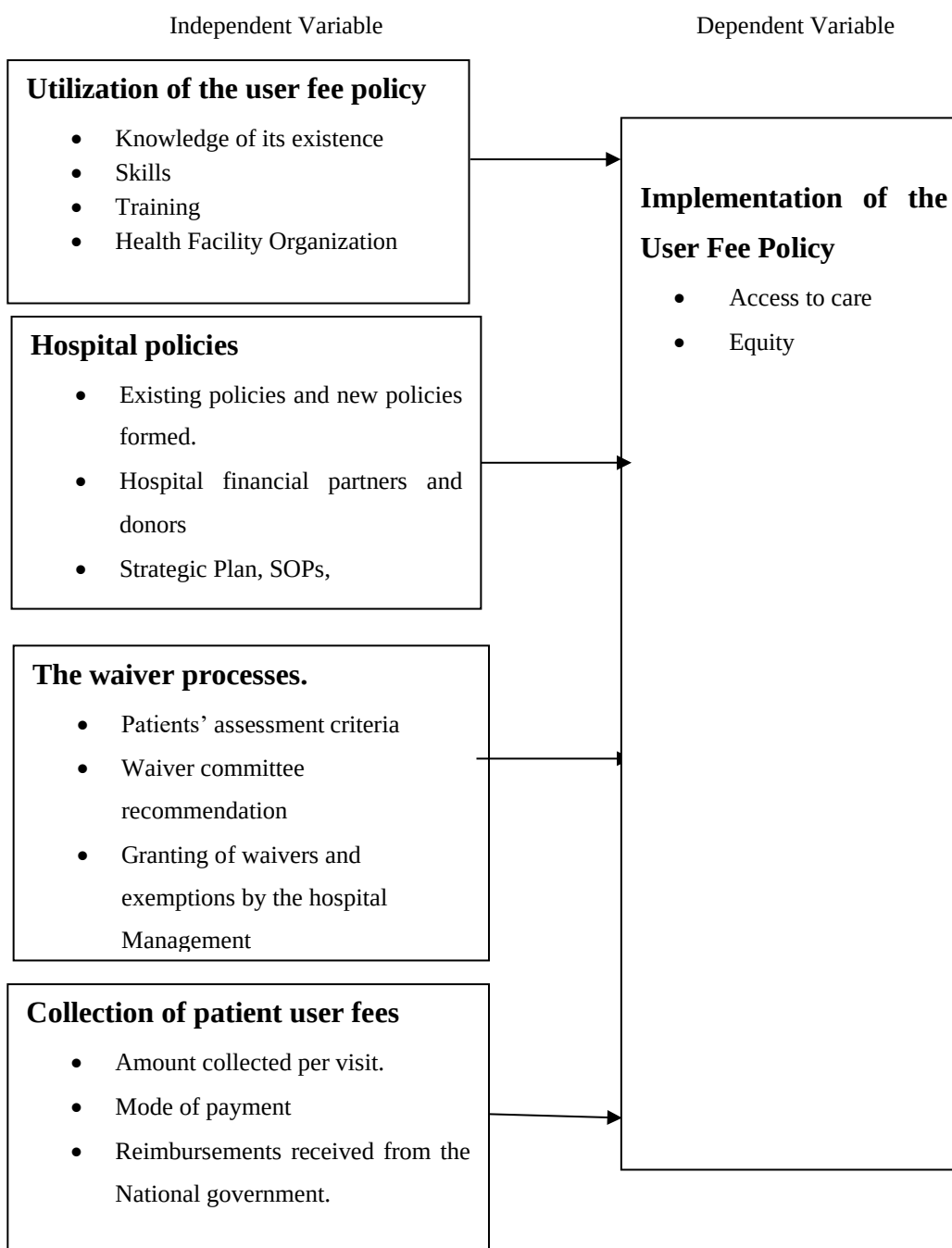


2.7 Conceptual Framework

This Conceptual framework outlines the utilization of the user fee policy, the hospital policies, the waiver process, and the collection of user fees as the independent variables and the role they play on the dependent variable which is the implementation of user fee policy.

Figure 2.2

Conceptual Framework



CHAPTER THREE: METHODOLOGY/ METHODS AND MATERIALS

3.1 Introduction

The methods the researcher employed to gather and analyze data in order to address the study challenge are described in this chapter. There includes a thorough discussion of the research design, sampling strategy, data gathering techniques, and data processing techniques.

3.2 Research Design

The cross-sectional descriptive survey design used in this study aims to identify the elements impacting the user charge policy's implementation in Nairobi's Mathari National Teaching and Referral Hospital. Saunders et al. (2009) point out that combining different designs in a study enables triangulation while increasing credibility and validity of findings because descriptive studies describe the characteristics of a particular group as they are, it will be appropriate for this study (Nachmias & Nachmias, 2020). Information gathering from the key informants was done over a period of one month. These are both in close and open-ended format.

3.3 Target Population

In Kenya, this study was carried out at the Mathari National Teaching and Referral Hospital. It is Kenya's sole mental health referral hospital. The target population was all the personnel working at the hospital and involved in psychiatry care. They are 405 members of staff at Mathari National Teaching and Referral hospital. The hospital has 41 members of staff who provide support services. They will not be involved in this study. The target population is therefore 364 members of staff. The distance between Mathari National Teaching and Referral Hospital and the city center is around 8 kilometers to the north. The facility can accommodate 700 beds, with an average occupancy rate of 650 beds. It is split into two sections: the civil section, which has 34 amenity (private) beds and 316 beds for ordinary patients, and the maximum-security unit, which has 350 beds and is intended for mentally ill offenders who are referred for assessment and treatment within the criminal justice system or who are accused of capital offenses.

3.4 Sampling procedure

The Yamane (1967: 886) simplified formulae for finite populations was used to calculate the sample size. This formula is adequate for populations between 50 -1000. This formula assumes a 95% confidence level.

$$n = \frac{N}{1+N(e)^2}$$

Where;

n = Sample size

N = Population size (364)

e = Level of precision or sampling error (0.05)

$$n = \frac{364}{1+364(0.05)^2}$$

$$N = 191$$

The study targeted 191 respondents.

3.5 Distribution of the sample size

The study employed both purposive sampling and stratified sampling in distribution of the sample size. Purposive sampling involved a census of the senior management of the hospital, the hospital registrars, the unit heads, hospital accountants, the clinical officers, social workers, methadone clinic staff and the waiver committee. This is because the nature of their job makes them custodians of information about the user fee policy and its implementation in the hospital. All the eight members of the social work department were involved in the study as they are the primary contact persons between the hospital and the patients in issues relating to arrangement of their health care finances. Members of the hospital waiver committee were also involved. The respondents were divided up among the hospital's different units using stratified random sampling. 10% of the sample size was thought to be sufficient for stratification of a homogeneous group in a descriptive study, according to Mugenda & Mugenda (2003).

Table 3.1*Distribution of sample size*

Department	Explanation	Strata (10%)
Inpatient general male ward Nurses =50	The nurse in-charge and five other nurses in the unit	6
Inpatient general Female ward Nurses = 50	The nurse in-charge and five other nurses in the unit	6
Outpatient unit Nurses = 18	The nurse in charge and two other nurses	3
Maximum security male Unit = 50 nurses	The nurse in charge and five other nurses	6
Maximum security Female unit 30 nurses	The nurse in charge and three other nurses	4
Amenity wing unit = 12	The nurse in charge and two other nurses	3
Units where a census will be conducted.		
Consultant Psychiatrists = 11	All the consultant Psychiatrist will be involved	11
Methadone clinic=9	All the health care givers in the clinic were involved	9
Psychiatry Clinical Officers =40	All the clinical officers were be involved.	40
Hospital Management = 6	All the members of the hospital management committee were involved	6
General Doctors/registrars = 60	All the registrars were involved	60
Hospital Social workers =8	All the social workers were enrolled for the study	8
Hospital Waiver Committee =16	The entire waiver committee were enrolled for the study	16
Hospital accountants, administrators, secretaries =13	All the hospital accountants and cashiers were enrolled in this study.	13
Total respondents = 364		191

From the total population involved in psychiatric care, a sample of 191 respondents was involved for the researcher to have a grasp on the implementation of the user fee policy in Mathari Hospital, Nairobi.

3.6 Instrumentation

The researcher used a questionnaire to gather information from the respondents. Questionnaires were chosen because of the nature of respondents. The respondents are medical personnel who have high levels of literacy about managing the psychiatric patients at Mathari National Teaching and Referral Hospital. In addition to being able to offer a fast data collection option, questionnaires were used because of their effectiveness to measure the behavior and opinions of the research participants.

3.7 Methods of Data Collection

Before data collection, the researcher conducted a pre- test of the instruments using ten psychiatric doctors and nurses who work at Meru Level five hospital psychiatry unit. The psychiatric doctors and nurses were involved in the pilot. The instrument was then checked for completeness and clarity and adjusted accordingly for data collection. The questionnaire was administered to the respondents. Each of the respondents received guidance from the researcher in answering the questionnaire on any areas they needed further clarification.

3.8 Operationalization

This part gives the variables definitions, breaks them down into quantifiable components, and enables both empirical and quantitative measurement.

Table 3.2

Operational definition

Objective	Construct	Measurements	Data Collection Method	Data Analysis
To determine the utilization of user fee policy at Mathari National Teaching and Referral Hospital, Nairobi.	Independent Variable	Knowledge of its existence (skills and training) Health Facility Organization Wall charts and billboards in the hospital	Questionnaire	Inferential and Descriptive statistics
To establish how hospital policies influence user fee implementation at Mathari	Independent Variable	Presence of practice guidelines Existing and new hospital policies Standard operating procedures	Questionnaire	Inferential and Descriptive statistics

National Teaching and Referral Hospital, Nairobi.		Hospital financial partners and donors		
To establish how the waiver process influences the implementation of the user fee policy in Mathari National Teaching and Referral Hospital Nairobi.	Independent Variable Waivers processes entrenched in hospital operations. Waiver committee adheres to user fee policy. Patients awarded user fee waivers get receive Psychiatric Care	Duration of engagement in the hospital (patient and health care providers) Patient assessment Criteria The waiver processes. The percentage of waivers accorded to defaulters per annum	Questionnaire	Inferential and Descriptive statistics
To establish how the collection of patient user fees influence the implementation of the user fee policy in Mathari National Teaching and Referral Hospital, Nairobi.	Government subsidies Income generating streams.	Amount collected per patient. Subsidies and reimbursements received from the National Government Donors and financial partners in the hospital Mode of payment for services Payment for services before access	Questionnaire	Inferential and Descriptive statistics

3.9 Data Analysis Technique

Data collected was coded for confidentiality. Data was analyzed using SPSS version 10. Descriptive statistics were computed to generate a general understanding of the

hospital and respondents' characteristics. Inferential statistics were computed as stage two of the analysis. The purpose was to ensure the generalizations of the findings are appropriate. Statistical techniques used were simple and multiple regressions. The data was then presented in tables and charts.

3.10 Ethical Consideration

Prior to beginning the study, the researcher received approval from the Kenya Methodist University Ethical Review Committee, an introduction letter from the university, and a research permit from the National Commission for Science, Technology, and Innovation. These documents were required before the researcher could enter the field to gather data.

The researcher ensured that the data gathered would stay anonymous by encrypting the tools used to gather it. Before being allowed to participate in the study, each responder was asked to sign a consent form. They were briefed on the aim of the study and that they need to agree to be enrolled as research participants before they can be enrolled in the study. Information gathered from the study was used to only address the objectives of the study.

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents the results and discussion of findings on the implementation of user fee policy in Mathari National Teaching and Referral Hospital, Nairobi. The research was conducted on a sample of 191 respondents. Frequencies on single response questions were used in the study. The study employed a Likert scale for collecting and evaluating data on multiple-choice questions; the means and standard deviations were calculated on a 5-point Likert scale. After that, the findings were explained and shown in tables, graphs, and charts as appropriate.

4.2 Respondents response rate

177 respondents completed and returned the questionnaire dully filled and this represented a response rate of 93% as seen in Table 4.1.

Table 4.1

Respondents Response Rate

Category	Target Strata (-10%)	Response rate	Percentage of response rate
Administration	6	6	4%
Nurses	84	78	44%
Medical Officers	30	25	15%
Social Workers	8	8	5%
Clinical Officers	40	31	18%
Psychiatrists	20	12	7%
Accounts Office	13	13	7%
Total respondents	191	177	100

This high response rate was acquired by the researcher visiting the respondents in their places of work, constantly reminding them of their role in completing the study. From the response rate above, the nursing department represented the highest number of respondents at 78 (44%), while the medical officers and the clinical officers were represented at 25 (15%) and (31) 18% respectively. (12) 7% of the respondents were

psychiatrist, (13) 7% were from the account's office, and (8) 5% from the social work department and (6) 4% represented the hospital management.

4.3 Reliability Test Results

According to (Taber, 2018) The Cronbach's alpha values must be above 0.70 for the variables to be reliable. The findings from this study were above 0.7 and thus reliable.

Table 4.2

Reliability test results

Variable	Cronbach Alpha Values
Utilization of User fees policy	0.942
Hospital policies	0.943
Waiver process	0.965
Collection of patient use fees	0.924
Implementation of user fee policy	0.985

4.4 Socio-demographic characteristics of respondents

The purpose of the study was to gather details on the respondents' backgrounds in several areas. Their employment terms, department, gender, education, and job experience. The purpose of this data was to assess the respondents' suitability for responding to inquiries about the user charge policy's implementation at Mathari National Teaching and Referral Hospital.

Table 4.3*Socio demographic characteristics of the respondents*

Socio demographic characteristic	Frequency	Percentage
Gender of the respondents		
Male	50	28%
Female	127	72%
Age		
21-30 Years	20	11%
31- 40 Years	121	68%
41-50 Years	26	15%
Above 50 Years	10	6%
Department		
Nursing	78	49%
Medical Officer	25	15%
Clinical Officer	31	18%
Psychiatrist	12	7%
Accountants	13	7%
Social workers	8	5%
Hospital Management	6	4%
Terms of Employment		
Casual	19	11%
Contractual	50	28%
Permanent and Pensionable	108	61%
No of years worked at Mathari National Teaching and Referral Hospital		
1-5 years	37	21%
5-10 years	32	18%
10-20 years	96	54%
>20 years	12	7%
Education level		
Certificate	19	11%
Diploma	92	52%
Graduate	65	37%

4.4.1 Gender of the respondents

Of the respondents interviewed in Mathari Hospital, (127) 72% were female while (50)28% were male. This is because of the larger female numbers in the nursing fraternity and the figures also compliment the Mathari hospital human resource staff numbers of the male versus female in the organization. The respondents' gender had an impact on how the user fee policy was implemented. While 25% of the male

respondents mentioned referring to the user charge policy while providing care to patients, 60% of the female respondents stated that they did so prior to doing so (76).

4.4.2 Age distribution

The largest group of hospital personnel, (121) 68% of the respondents, were between the ages of 31 and 40, according per the data. Twenty-one percent of the respondents were between the ages of 21 and 30, and twenty-six percent were between the ages of 41 and 50. Merely (10) 6% of the participants were 50 years of age or older.

4.4.3 Level of education of the respondents

From the findings, (92) 52% of the respondents are diploma holders, (19)11% hold a certificate while (65) 37% of the respondents are graduates from different units of work.

4.4.4 Number of years worked at Mathari Hospital

The respondents were asked about how many years they had worked in Mathari hospital. The respondents had worked in the hospital for 10 - 20 years, at (96) 54%. It was noted that the number of respondents who had worked in the hospital for more than 20 years were at (12)7% while (37) 21% of the respondents had worked for 1-5 years. The number of years of employment affects how the user charge policy is implemented. Staff who worked in one station for a longer period understood the work requirements in various departments and understood the working procedures and policies governing departments where they were called to work. It was noted that by (108) 61% of the respondents that access to care and equity in health care service delivery is often influenced by the level of experience of a care giver and organization of the mental health care services. Thus, the longer the duration of staff service in a facility directly impacts health care delivery because the more informed the health care giver might be and hence lead to implementation of the user fee policy.

4.4.5 Terms of employment of the respondents

Many of the respondents at Mathari hospital are on permanent and pensionable terms at (108)61% while (50) 28% of the respondents are on contractual terms. The hospital also has (19) 11% of the respondents on Casual terms of engagement.

This formal kind of engagement shows that the respondents can give information about the operations of the hospital due to their lengthy engagement period. The Casual form of engagement was for the less skilled jobs while the staff on contractual and permanent and pensionable positions were on administrative and clinical care roles in the hospital. Formal engagement of staff has been shown to influence their work performance. Affective commitment is favorably correlated with contractual fulfillment, which lowers the likelihood of turnover (Smith, 2021) The nature of employee engagement such as engagement of health care workers on permanent and pensionable terms increases their motivation and enhances commitment to their work engagement roles. Putting employees on Permanent and Pensionable terms has been shown to be an adequate incentive for health care worker retention (Smith, 2021).

4.4.6 Findings from the socio demographic characteristics

The staff population at Mathari hospital is largely young and able to consult and learn on new guidelines that influence implementation of the user fee policy and care for their patients. The age of the hospital workforce has a direct influence on the implementation of the user fee policy. This finding concurs with the Smith (2021) report that showed that a younger staff population can enthusiastically consult, provide feedback and embrace new policies due to general higher morale and the sense of a shared purpose.

There is a high level of literacy in the hospital staff. The staff have the level of knowledge required to understand changes in policy, new trends in patient management and can participate in adding to the knowledge and skills required in the use of the user fee policy in the hospital. The education level of the respondents is also adequate for patient care and participation in user fee policy implementation. The social demographic characteristics at Mathari hospital influence the implementation of the user fee policy.

4.5. Utilization of the user fee policy

The first objective was to establish the utilization of the user fee policy at Mathari Hospital. The questionnaire had various indicators to establish this. Findings from the study revealed that the respondents had a general knowledge of the existence of the user fee policy. They explained that they had heard about its existence.

4.5.1 Knowledge of its existence

The respondents explained that they had heard about the user fee policy at (142) 80% while (35) 7% of the respondents had not heard of the policy.

This shows that most of the respondents were aware of the policy and could provide an explanation for how it was put into practice. The respondents explained at (174) 98% that the hospital administration would also offer the patients with letters that enabled them to go round the health care facility and points of care. These letters of introduction enabled the health care workers to offer care in the absence of payment receipts.

Findings from this study concur with similar findings from Vilcu et al. (2020). In their study, Chuma and Maina (2019) explain that many policies on paper and not in practice especially if the provider is expected to act in the best interest of the patients. Provision of knowledge also helps patients to prioritize their care options.

4.5.2 Skills of the health care workers

The respondents explained that they are skilled in their lines of service and were not skilled in administration of various policies of the hospital. They explained that relevant policies and guidelines reached them through government communication, official emails and on social media. The respondents explained that although they were well skilled in their lines of operation, they did not receive additional skills to enable them to manage the dynamic nature of their patients. The respondents often called the hospital chief administrator to guide them in execution of their duties when such cases came up. There is need for staff rotation, especially for medical staff stationed in the patient reception, wards and finance department. Cross learning amongst the departments would enable the hospital staff transfer skills and share experiences. Findings from the study are like findings by Pagiwa et al. (2022) who stated that the skills of the health workers are vital in implementation of revenue collection and user fee policy implementation. It is imperative for enterprises to consistently enhance the competencies of their workforce in order to ensure the smooth execution of the user fee policy.

4.5.3 Perceived Utilization of the User fee Policy

This study sought to establish the utilization of the user fee policy using various aspects in a 5-point likert scale, indicating to what extent the respondents agree to the statement, where 1= Strongly disagree, 2= Disagree, 3= Neutral, 4= Agree, 5= Strongly agree. Explain how the analysis was done and what the means mean (the interpretation of the means).

Table 4.4

Descriptive statistics on perceived of the user fee policy.

Attribute	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean	SD
Refer to the user fee policy when carrying out your duties	7(9.6%)	40 (22.6%)	100 (56.5%)	10 (5.6%)	10 (5.6%)	2.8	0.89
Believe they are well versed with the user fee policy	0	20 (11.3%)	15 (8.5%)	122 (68.9%)	20 (11.3%)	3.77	0.76
Patients are well versed with the user fee policy	20(11.3%)	57 (32%)	50 (28%)	30 (17%)	20(11.3%)	3.19	0.79
Adequate wall charts and flow diagrams with information on how to access care for the patients	0	10 (5.6%)	12 (6.8%)	102 (57.6%)	53 (29.9%)	4.2	0.57
Hospital management adheres to the implementation of the user fee policy	5 (2.8%).	12 (6.8%)	90 (50.8%)	40 (22.6%)	30 (16.9%)	3.12	0.9

The participants disagreed that they have referred to the user fee policy while implementing their duties (Mean =2.80) and that the hospital management adheres to the implementation of the user fee policy (M=3.12).). The respondents agreed that they were well versed with the user fee policy (Mean =3.77), that the wall charts and flow diagrams in the hospital were adequate (Mean=4.20).

Majority of the respondents noted that the major challenge facing utilization of the user fee policy was the “inability to pay by the patients. 80% of the respondents cited that abandoned patients at the hospital presented the largest challenge to utilization of the user fee policy. The respondents noted that the patients had no ability to pay for services and needed medication.

The respondents noted that the user fee policy can be optimized through continuous on the job training of staff. The key informants explained that they were aware of the

existence of the Kenya mental health policy 2015-2030 but did not have the resources to sensitize the members of staff on its utilization. (GoK, 2015). The respondents also noted that they had heard of the existence of a new mental health policy but had not seen it. They said that they did not look out for it because they believed that it was almost similar to their day-to-day routine work and that hospital management had not notified them of any required changes in roll out of their duties.

4.6 Hospital policies and implementation of the user fee policy

The second objective in this study sought to establish how hospital policies influence user fee policy implementation at Mathari Hospital, Nairobi.

4.6.1 Presence of practice guidelines

The respondents stated there were hospital operational and patient care guidelines that refer to payment of the user fees. (159)90% of the respondents noted that they were aware of standard operating procedures and guidelines that are related to the user fee policy. Some of the respondents said that they did not know any other policy that related to the user fee policy at (18)10%.

There were several practice guidelines in use by various departments in the hospital. All the respondents noted that they consulted their patient care and work guidelines regularly as advised by the hospital management. There were wall charts drawn on the hospital outpatient unit where all patients begin their search for medication in the hospital. The charts showed the flow of care for the inpatient and out-patient services. The cost of care was also illustrated in the hospital wall charts and drawings. Pagiwa et al. (2022) also notes that the capacity to administer and manage the user fee collection has been a major hindrance to effective implementation of the user fee policy in Botswana.

4.6.2 Guidelines related to implementation of the user fee policy.

The responses were further rated on a five-point likert scale indicating to what extent the respondents agree to the statements where 1= Strongly Disagree, 2= Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree. See Table 4.5.

Table 4.5*Descriptive statistics on hospital policies*

Attribute	Strongly Disagree	Disagree	Neutral	Agree	Strongly disagree	Mean	SD
Hospital guidelines are in line with the user fee policy	5 (2.8%)	80 (45%)	12 (6.8%)	60 (33.9%)	10 (5.6%)	2.38	1.53
Guidelines that stipulate courses of action in collection of user fees	30 (16.9%)	60 (33.9%)	48 (27.1%)	12 (6.8%)	27 (15.2%)	2.67	1.26
Presence of financial partners and donors who work closely with the hospital	0	0	50 (28.2%)	82 (46.3%)	75 (42.4%)	3.97	0.73
Adherence to the user fee policy by members of staff	20 (11.3%)	50 (28.2%)	57 (32.2%)	20 (11.3%)	30 (16.9%)	2.93	1.23

According to the findings, the most respondents disagreed that staff members adhere to the user fee policy (Mean = 2.93), that staff followed guidelines that stipulate courses of action in collection of user fees (Mean = 2.67), that the hospital guidelines were in line with the user fee policy (Mean = 2.38). The respondents agreed that were financial partners and donors who work closely with the hospital (Mean =3.97).

Similar empirical studies show that hospital guidelines focus on care and not on management of patients who can barely afford the user fees (Obare et al., 2018). Studies done in Africa indicate that user fees were well stipulated on where and when to be paid. The guidelines did not indicate the process flow for patients who were not able to raise the user fees. The patients depended on the good will of the clinicians to access psychiatric care. These findings relate well with studies done in Ethiopia that showed that adherence to the user fee policy was barely effective. Mathari hospital worked with various financial partners to run various psychiatric care clinics.

The following were listed as the main guidelines in use that had an influence with the implementation of the user fee policy. These guidelines include the Kenya Mental Health Act of 2023 that provided for free medical aid for all mentally ill patients regardless of whether they can afford care. Despite presence of this act, funds to foster its implementation and training on its contents have not been done. This was largely an aspect of the policy on paper and not yet implemented due to financial constraints.

The second care guideline used in the hospital that related to the user fee policy was care given to patients covered on the National Health Insurance Fund. The respondents noted that all the active patients covered on the National Health Insurance Fund were not required to pay admission and treatment fee up to a maximum of 500,000 Kenya Shillings per patient per year while they were required to raise the outpatient consultation fee and the drug fee for the outpatients.

4.7 Waiver processes and the implementation of the user fee policy

The respondents (175) 99% noted that they were aware that there was a waiver process in place at the hospital. They also explained that the waiver process was entirely dependent on the waiver committee. The waiver committee noted that they often referred to the user fee policy when giving out waivers.

Table 4.6

Descriptive statistics on waiver processes

Attribute	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree	Mean	SD
The waiver committee adhere to the user fee policy	30 (16.9%)	38 (21.5%)	52 (29.4%)	41 (23.2%)	16 (9.0%)	2.88	1.21
Patient's ability to pay for services assessed with guidance from the user fee policy	20 (11.3%)	20 (11.3%)	40 (22.6%)	30 (16.9%)	67 (37.9%)	3.61	1.37
Waiver process is entrenched in the hospital operations	32 (18.1%)	33 (18.6%)	38 (21.5%)	41(23.2%)	33 (18.6%)	3.1	1.36
Time it takes to grant waivers incentivize adherence to the user fee policy	0	18 (10.2%)	82 (46.3%)	25 (14.1%)	52 (29.4%)	4.05	0.83

The respondents disagreed that that the waiver committee adheres to the user fee policy at (Mean =2.88) and that waiver process was entrenched in the hospital operations (M=3.10). The respondents agreed that the patient's ability to pay for services was assessed with guidance from the user fee policy (Mean = 3.61) and that time it takes to grant waivers incentivize adheres to the user fee policy (Mean = 4.05).

Studies done on waiver and exemption processes for health services concur with findings from this study that indicate that the waiver processes are normally long and tedious processes that can lead to inequity in access to care. Whereas the aim of waivers and exemptions is to boost access (Plouffe et al., 2020) the lack of knowledge amongst health care users has made the use of exemptions unfavorable and often underutilized by the very poor. Waivers and exemption processes have also been categorized to have hidden costs such as long waiting time, private purchases for drugs and medicines (Parmar & Banerjee, 2019). A well-functioning and reliable system of exemption should be developed with some well-defined eligibility criteria for fee exemption (Parmar & Banerjee, 2019).

4.8 Collection of patient user fees and the implementation of the user fee policy

Collection of the patient's user fee influences the implementation of the user fee policy at Mathari hospital. The respondents noted that the collection of the inpatient fee and the out-patient drugs fee was a challenge to many of the patients. The key informants noted that there was a tendency for disease relapse in many of the patients because they were not able to purchase all the drugs.

Table 4.7

Descriptive Statistics on collection of user fee policies

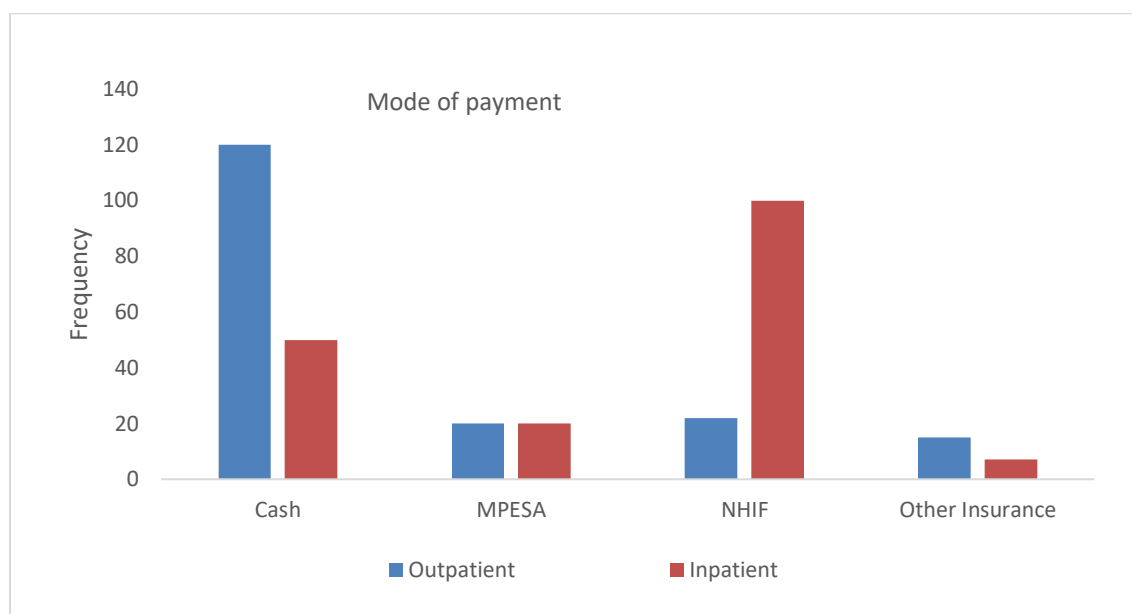
Attribute	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree	Mean	SD
Were all patients required to pay for user fees before they received care?	5 (2.8%)	80(45%)	12 (6.8%)	60 (33.9%)	10 (5.6%)	2.38	1.53
Did the mode of collection of user fees enhance patients access to care?	0	10 (5.6%)	67 (37.9%)	60 (33.9%)	40 (22.6%)	3.73	0.87
Did the amounts collected per visit influence the patients' health seeking behavior?	0	5 (2.8%)	26 (14.7%)	77 (43.5%)	69 (39%)	4.19	0.79

It was noted that not all patients were required to pay for services before they received care (M=2.38). While the mode of collection of user fees was seen to enhance the patients access to care (M=3.73). It was also noted that the amounts collected per each visit influenced patients' health seeking behavior (M=4.19).

4.8.1 Mode of payment

Figure 4.3

Graph on the mode of payment for user fees



Patients preferred to pay by cash for the outpatient services at (120) 68% while other patients preferred to pay through mobile service (MPESA at (20) 11% through National Health Insurance Fund (22)12% and through other private insurance schemes (15) 8%. The preferred mode of payment for services was by cash for many of the outpatient service seekers. Payment by other means was not popular due to the charges involved in MPESA and the requirement to pre-register with a facility before seeking for care for the NHIF. The costs incurred when MPESA transactions were done made this option unpopular.

The National Hospital Insurance Fund was the preferred mode of payment for the inpatients. The patients preferred to pay by NHIF due to the heavy user fees required for inpatient services at (100)56% while cash payments were made by (50) 28% Mobile payments through MPESA were at (20)12% while other insurance schemes accounted for (7)4%. The other mobile money services such as airtel money was not used to pay for services as the hospital did not have an account with the service providers.

4.9 Access and equity in health care services during the implementation of user fee policy.

The user fee policy was adopted by the hospital to enhance its revenue base and increase collections made at the hospital and promote service delivery amongst the health care workers. Two indicators were used to establish whether the user fee policy was being implemented at the hospital. The table below describes access to health care services for patients and payment of the user fees.

Table 4.8

Exemption from the user fees

Attribute	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree	Mean	SD
Are patients able to get access to psychiatric care when they cannot raise the user fees?	70 (44%)	80 (45.2%)	10 (5.6%)	7 (4%)	10 (5.6%)	1.93	1.08
Were exemptions from user fees done fairly for all patients?	60 (33.9%)	90 (50.8%)	7 (4%)	10 (5.6%)	10 (5.6%)	2.01	1.08

4.9.1 Respondents views and suggestions

From the findings, most of the respondents suggested that the streamlining the waiver process (M=3.59) and staff training and development (M=4.36) would be of great help in strengthening the implementation of the user fee policy. The respondents also suggested that the management of Mathari hospital should come up with strategies that promote collection of the user fees (M=3.47) and also consider the mental health policy (3.29) by engaging with the government to make mental health carefree for all Kenyans. On improving performance of the user fee policy, the respondents suggested that the hospital should put up regular waiver committee meetings (M=3.89) to encourage discharge of treated yet abandoned or patients not able to pay their hospital bill and boost the nature of care given to the ill patients.

Table 4.9*Challenges facing implementation of user fee policy.*

Challenges in implementation of the user fee policy	Frequency	Percentage
Failure to collect all the prescribed drugs due to financial constraints	124	70%
Failure for the patient to raise the required admission fees	106	60%
Presence of patients not enrolled under the NHIF scheme	151	86%
Many numbers of the patients in the maximum prison wards did not get quality care	124	70%
Patients abandoned by their families in hospitals	53	30%
Interference in treatment regimen of the patient due to extrenous factors, patients escaping from hospitals,	36	20%

4.9.2 Access to care

Respondents were asked to establish if the user fee policy denied access to care for the mentally ill. The respondents noted at (128) 72% that the patients who were not able to raise the required user fees received mental health care albeit with some delays. Patients who were not able to raise the required KShs 50 to see a medical doctor, would be sent to the hospital administrator to seek approval to access care. Approval to receive mental health care by the hospital administrator entailed the review of the patient's background and the completion of the patient dependents and next of kin forms. The user fee policy was adhered to by the health care workers at (145) 82%. The respondents (163) 92% also noted that majority of the patients were repeat patients who were well known by the hospital management and had been previously advised on the requirements before they could access health care at the hospital. New patients were often walk in clients who were adequately informed by the reception desk officers of the user fee policy in place before they received care.

4.9.3 Equity

The researcher assessed the ability of the health care workers to provide care that does not vary in quality to the patients when they need it. It was established that waivers and exemptions from paying for the services was the only available avenue for the patients who were not economically able to receive services. The hospital also received Direct Facility Funding from the Ex-chequer. Feedback received from the senior management indicated that this funding was at (107)60% and only paid for partial services. Exemptions and waivers from paying for services required tedious processes that must be sought and approved before a patient was allowed to see a health care worker. These processes for health care delivery also presented inequities in care. The health care workers had also devised a procedure to care for the mentally ill who were neglected by their families. In these instances, the hospital would pay for National Health Insurance Fund for all the perceived neglected patients and claim a refund from the NHIF. These refunds were cited as avenues of income generation for the hospital as they enabled the facility to purchase medicines and pay for their running costs.

Because mental health care patients are often repeat patients, seeking care on a regular basis, the inequities of care were also presented by the percentage of patients who sought repeat care visa a vis the new patient entrant requiring health care. Availability of patients records in the facility provided coordinated and better patient flow while the new seekers of mental health care were required to wait in long queues to have their patient files opened. This inequity was addressed by providing the patients with information on flow of care. Charts and boards were provided in the entrance offices of the hospital, explaining the costs of care and the flow of health care in the hospital. The offices in the hospital were well labelled with arrows to nursing units, consultant's offices, pharmacies and hospital wards. The organization of health care services has been documented by (Kurian et al., 2019) as a catalyst to easier health care equity.

4.10 Correlation analysis

The link between each independent variable and the dependent variable was examined using correlation analysis. The utilization of user fees, hospital policies, exemption procedures, and user fee collection all have a positive and significant association with each other, as Table (11) shows. There is a significant positive link between all the

independent variables and the dependent variable. This suggests that there is a strong linear relationship between the dependent variable and each of the independent factors.

Table 4.10

Results on correlation analysis

Correlation results		Implementati on of user fee policy	Utilizati on of user fees	Hospit al Policie s	Exempti on processe s	Collectio n of user fees
Implementatio n of user fee policy	Pearson	1				
	Correlation Sig. (2-tailed)					
Utilization of user fee policy	Pearson	.801**	1			
	Correlation Sig. (2-tailed)	.000				
Hospital Policies	Pearson	.790**	.857**	1		
	Correlation Sig. (2-tailed)	.000	.000			
Exemption processes	Pearson	.826**	.929**	.804**	1	
	Correlation Sig. (2-tailed)	.000	.000	.000		
Collection of user fees	Pearson	.694**	.959**	.771**	.927**	1
	Correlation Sig. (2-tailed)	.000	.000	.000	.000	
**. Correlation is significant at the 0.01 level (2-tailed).						

4.11 Regression analysis

In addition to establishing the strength and direction of the relationship between the variables in the study, the regression analysis was done to investigate how each explanatory variable influences the dependent variable. Since, all the variables were in ratio scale and the dependent variable continuous simple linear regression was used. SPSS software version 10 was used to perform the regression analysis and the results are presented below.

4.11.1 Regression analysis of hospital policies and implementation of user fee policy

The second objective was to establish how hospital policies influence the implementation of the user fee policy in Mathari hospital Nairobi. The adjusted R square coefficient was 0.621 implying that 62% of the variation in implementation user fee policies was explained by the hospital policies. Durbin Watson value of 1.12 (less than 2) confirmed that autocorrelation was not a problem in this model.

Table 4.11

Model summary for regression analysis of hospital policies and implementation of user fee policy

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.790 ^a	.624	.621	.65931	1.12

a. Predictors: (Constant), hospital policies

b. Dependent Variable: Implementation of user fee policy

The significance of the model was evaluated using the ANOVA. As indicated the fitted model was significant. ($F = 289.886$, $p \text{ value} < 0.05$).

Table 4.12

Anova table for regression analysis on hospital policies and implementation of user fee policy

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	126.009	1	126.009	289.886	.000 ^b
	Residual	76.070	175	.435		
	Total	202.079	176			

a. Dependent Variable: Implementation of user fee policy

b. Predictors: (Constant), hospital policies

Table 4.13*Coefficient table for hospital policies and implementation of user fee policy*

		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
Model		B	Std. Error	Beta		
1	(Constant)	-2.389	.261		-9.164	.000
	Hospital policies	1.458	.086	.790	17.026	.000

Dependent Variable: implementation of user fee policy

Hospital policies have a substantial impact on the implementation of user fee policy. The p-value is less than 0.05 level of significance.

4.11.2 Regression analysis of waiver processes and implementation of user fee policy

The third objective was to establish how the waiver processes influence the implementation of the user fee policy in Mathari hospital Nairobi. The adjusted R square coefficient was 0.680 implying that 68% of the variation in implementation of user fee policies is explained by waiver processes. Durbin Watson value of 1.055 (less than 2) confirmed that autocorrelation was not a problem in this model.

Table 4.14*Model Summary for the regression analysis of waiver processes and implementation of the user fee policy*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.826 ^a	.682	.680	.60616	1.055

a. Predictors: (Constant), Waiver Processes

b. Dependent Variable: Implementation of user fee policies

The significance of the model was evaluated using ANOVA. As indicated the fitted model was significant. ($F = 374.973$, $p \text{ value} < 0.05$)

Table 4.15

ANOVA table for regression analysis of waiver processes and implementation of user fee policy

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	137.778	1	137.778	374.973	.000 ^b
	Residual	64.301	175	.367		
	Total	202.079	176			

a. Dependent Variable: Implementation of User fee policies

b. Predictors: (Constant), Waiver processes

The table above explains the coefficients of the model, implementation of user fee policy = $-0.028 + 0.670X_3$. A unit increase in waiver processes increases the implementation of user fee policies by 0.670 units.

Table 4.16

Coefficient table for waiver processes and implementation of user fee policies

Model	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	t	
(Constant)	-.028	.113		-.247	.805
Waiver processes	.670	.035	.826	19.364	.000

a. Dependent Variable: Implementation of user fee policy

Waiver processes have significant influence on the implementation of the user fee policy in Mathari hospital Nairobi.

4.11.3 Regression analysis on collection of patient user fees and implementation of user fee policy

The coefficient of adjusted R squared was 0.479 implying that 47.9% of implementation of user fees is explained by collection of patient user fees. Durbin Watson value of 1.039 (less than 2) confirmed that autocorrelation was not a problem in this model.

Table 4.17

Model Summary for the regression analysis of collection of user fees and implementation of the user fee policy

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.694 ^a	.482	.479	.77357	1.039

a. Predictors: (Constant), Collection of user fees

b. Dependent Variable: Implementation of the user fee policy

The significance of the model was evaluated using ANOVA. As indicated the fitted model was significant. (F = 162.691, p value < 0.05)

Table 4.18

ANOVA table for the regression analysis of collection of patient user fees and implementation of the user fee policy

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	97.357	1	97.357	162.691	.000 ^b
	Residual	104.722	175	.598		
	Total	202.079	176			

a. Dependent Variable: Implementation of user fee policy

b. Predictors: (Constant), collection of user fees

The table of coefficients represents the model, implementation of user fee policy = - 0.028 + 0.895 patient user fees. A unit increase in collection of user fees decreases implementation of the user fee policy by 1.654 units.

Table 4.19

Table of coefficients for regression analysis of collection of patient user fees and implementation of the user fee policy

Model		Unstandardized Coefficients	Std. Error	Standardized Coefficients	t	Sig.
1	(Constant)	-1.654	.290		-5.705	.000
	Collection of user fees	.895	.070	.694	12.755	.000

a. Dependent Variable: Implementation of user fees

CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary, conclusion and recommendations of the study in line with the purpose of the study aimed at determining the challenges and factors influencing implementation of the user fee policy at Mathari Hospital.

5.2 Summary of findings

The research was guided by three objectives:

1. To examine the utilization of user fee policy at Mathari Hospital, Nairobi.
2. To establish how hospital policies influence user fee policy implementation at Mathari Hospital, Nairobi.
3. To establish how the waiver process influences the implementation of the user fee policy in Mathari Hospital, Nairobi.
4. To establish how collection of patient user fees influences the implementation of the user fee policy at Mathari hospital, Nairobi.

5.2.1 Utilization of user fee policy at Mathari Hospital, Nairobi

According to the study, most respondents attested that Mathari Hospital was putting the user fee policy into effect and that most of its staff members were aware of it. Owing to the nature of their jobs and their areas of competence, medical professionals frequently sent patients who were looking for waivers or subsidies to the waiver committee and hospital administration. The hospital management did not encourage the patients to get waivers but instead purchased the National Health Insurance Fund which would cover for all the cost of medication and admission at the hospital. Similar studies done in Africa show that the main barrier to treatment of mental illness is the cost of mental healthcare. This is compounded by the fact that most insurance companies do not cover specific mental health therapies, making them unaffordable for patients to pay for out of pocket. Sometimes people with mental illnesses need care for extended periods of time, which causes them to use up their insurance coverage limits. Other people could not have health insurance, which can further increase the expense of healthcare.

It can be explained that the reason why the hospital management did not publicize existence of the user fee policy amongst the public was because of high cases of defaulters amongst families that could afford care. Studies that have been done show the same trend in the provision of other primary health care services. Relying entirely on the reimbursement from the government and the user fee policy in provision of mental health care has not borne fruit. According to Lusambili et al.(2020), there exists a disparity between policy and financing in developing nations, resulting in inadequate allocation and inefficient utilization of resources. This is because identification of the needy cases is a process that also requires finances to implement.

5.2.2 Hospital policies influence user fee policy implementation

There were various policies, standard operating procedures, that influenced implementation of the user fee policy. Financial and other structural obstacles were frequently mentioned in serious situations that were acknowledged. A sizeable section of the populace occasionally lacks health insurance, even in certain industrialized nations where it is necessary to pay for medical care (Obare et al., 2018).

Community-based services remain inadequate, there is a lack of integration with primary care in some Latin American countries where mental health reform has been implemented, and the number of inpatient beds has been lowered to a level that may not be sufficient to meet the needs (Plouffe et al., 2020). Population density, lack of skilled personnel, and physical remoteness from services in rural areas all contribute to service deficits in many middle-income and lower-income nations (Lusambili et al., 2020)

5.2.3 The waiver process and its influence on the implementation of the user fee policy

The waiver process utilized is not a one size fits all tool. No single threshold was adequate to adopt as patients presented unique requirements of care, livelihood and abilities to raise the cost-sharing allocations made on them. In some instances, the waiver process could lead to deleterious effects on health. This is because the patients often remained in hospital awaiting interview by the waiver committee. Priority should be given to health services that use the largest percentage of resources.

Studies show that performance of the waiver system relies largely on the timeliness of reimbursement (Obare et al., 2018). The hospital must determine which services are very low-value and permit revenue-neutral value-based cost sharing. Comparing the value of health care services and the best candidates for cost waivers may be best done by taking a complacent approach to evaluating the waiver process's worth, cost effectiveness, distributions among needy patients, equity considerations, and conflicts of interest, among other factors. There isn't currently a system in place to assess whether waiver committee choices are acceptable or a reliable way to control waiver committee decisions. Recurring incidences of some patients requiring waiver over and over may be addressed by developing an information technology infrastructure that identifies these patient groups and helps them join the national health insurance scheme. This kind of arrangement would be beneficial to the patient and the hospital.

5.2.4 The collection of user fees at Mathari hospital

The charges made for outpatient services at Mathari hospital were largely pegged on the agreed user fees. Even though the expenditures were frequently minimal, there were additional user costs (such lengthy wait times and private medication purchases) and hidden fees, which led to a low or unmet demand for care. Comparable research on user fee collection indicates that certain prices for higher quality treatment are preferable to low rates for subpar public services. Therefore, user charges below those in the private sector might be adequate to ensure that health services are affordable and accessible to the underprivileged. Research has also revealed that user fees bring in only a little amount of money (between 5 and 7% of ongoing expenses), that their elimination has little effect on facility revenue, and that it is unclear how much they contribute to increased efficiency (Dennis et al., 2020) Similar studies show that collection of user fees for the primary health care services and maternity care in Kenya has been zero rated. Mothers attending to pre-natal and post-natal clinics and children below 5 years of age do not pay for services. This is, however, not applicable in Mathare hospital. Mentally ill patients often rely on their families or on public health insurance to meet the cost of their health care. The absence of such a mechanism to shield them from high cost of care deters access to medical care. Initiatives for user fee collection and waivers must be supported by legislative and programmatic measures to remove additional

obstacles to health service access, particularly for those from economically disadvantaged backgrounds, if universal health coverage is to be realized.

5.3 Conclusion

Implementation of the user fee policy is influenced by other policies at the hospital, waiver processes and user fee collection mechanisms. Utilization of user fees policy is highly influenced by the asymmetric information between the health care providers and the patients. Information provided on the hospital wall charts and, on the job, training can foster the implementation of the user fee policy. A structured approach that involves the training and development of standard operating procedures for health care providers should be put in place.

Where user fees are levied amongst the mentally ill, it is important that the economic well-being of their families is considered and robust mechanisms for exemptions and waivers are accorded. This ensures that patients receive drugs and continued psychiatric care.

5.4 Recommendations

This study recommends that the management of Mathari hospital should streamline user fee collection by constantly providing on the job training to the employees. This training will enhance care provision and align with the Kenya Mental Health Policy of 2015.

Secondly, the management of Mathari hospital should have a continuous evaluation of the waiver and exemption process to ensure efficiency and to save the hospital from incurring further costs. The hospital user fee implementation process should include effective communication, enhancing staff participation in the process and avenues for consultation and feedback during decision making on user fee implementation.

5.5 Recommendation for further studies

This study explored some of the challenges of implementing the user fee policy at Mathari hospital, the research suggested that a comparable study should be conducted in Kenyan public county hospitals that offer mental health services to allow for generalization of findings regarding the difficulties in implementing the user fee policy and the effectiveness of these facilities in Kenya.

Secondly, because of the continued reforms of the mental health framework in Kenya, further studies should be done to establish how the mental health act of 2015 is being implemented in referral hospitals in the country. The private health care givers can also assess their utilization of their payment policies to ascertain whether they influence health seeking behavior and identify avenues for improvement

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APPENDICES

Appendix i: Consent Form

Kenya Methodist University

P. O Box 267-60200

MERU, Kenya

SUBJECT: INFORMED CONSENT

Dear Respondent,

My names are Winnie Munene..I am a Msc student in Health Systems Management at the Kenya Methodist University. I am conducting a study titled: Implementation of user fee policy in psychiatric hospitals in Kenya: A case of Mathari hospital, Nairobi. It is expected that the findings will be utilized to strengthen the health systems in Kenya and other Low-in- come countries in Africa. As a result, countries, communities and individuals will benefit from improved quality of healthcare services. This research proposal is critical to strengthening health systems as it will generate new knowledge in this area that will inform decision makers to make decisions that are research based.

Procedure to be followed.

Participation in this study will require that I ask you some questions and access all the hospital's department to address the objectives of the study. I will record the information from you in a questionnaire check list and a data extraction tool.

You have the right to refuse participation in this study. You will not be penalized nor victimized for not joining the study and your decision will not be used against you nor affect you at your place of employment.

Please remember that participation in the study is voluntary. You may ask questions related to the study at any time. You may refuse to respond to any questions, and you may stop an responding to the questionnaire at any time. You may also stop being in the study at any time without any consequences to the services you are rendering.

Discomforts and risks.

Some of the questions you will be asked are on intimate subject and may be embarrassing or make you uncomfortable. If this happens; you may refuse to answer if you choose. You may also stop the answering the questionnaire at any time. Responding to the questionnaire may take about 40 minutes to complete.

Benefits

If you participate in this study, you will help us to strengthen the health systems in Kenya and other Low-income countries in Africa. As a result, countries, communities and individuals will benefit from improved quality of healthcare services. This research study is critical to strengthening the management of psychiatric hospitals as it will generate new knowledge in this area that will inform decision makers to make decisions that are research based.

Rewards

There is no reward for anyone who chooses to participate in the study.

Confidentiality

The questionnaire should be completed in a private setting within the hospital. Your name will not be recorded on the questionnaire and the questionnaires will be coded for confidentiality.

Contact Information

If you have any questions, you may contact the following supervisors:

- i. Dr. Wanjia Mwaura, Head of Department of Health Systems Management, Kenya Methodist University, Nairobi campus on email: wanjamwaura@gmail.com or
- ii. Ms. Lilian Muiruri, Lecturer- Health Systems Management, Kenya Methodist University, Nairobi Campus on email: wambuikaburi@gmail.com

Participant's Statement

The above statement regarding my participation in the study is clear to me. I have been given a chance to ask questions and my questions have been answered to my satisfaction. My participation in this study is entirely voluntary. I understand that my records will be kept private and that I can leave the study at any time. I understand that I will not be victimized at my place of work whether I decide to leave the study or not and my decision will not affect the way I am treated at my workplace.

Name of Participant _____

Signature _____

Date _____

Investigator's Statement

I, the undersigned, have explained to the research participant in a language s/he understands the procedures to be followed in the study and the risks and the benefits involved.

Name of Researcher_____

Researcher Signature _____

Date_____

Appendix ii Questionnaire for general respondents

Section A: Background Information

1. What is your gender? Female ☐ Male ☐
2. What is your job title? _____
3. How many years have you worked at Mathari hospital?

4. Terms of employment i) Permanent ☐ ii) Contract ☐
iii) Part Time ☐
5. What is your job title?

Section B: Utilization of the user fee policy

6. Which section/unit of the hospital are you working in?

7. How long have you worked in this section?

8. Have you heard of the user fee policy in Mathari Hospital? Yes ☐
No ☐
9. Please explain _____
10. Have you been trained on the implementation of the user fee policy? Yes ☐
No ☐

Question 12 to Question 15?

Please indicate your level of agreement or disagreement to the following statements regarding the utilization of the user fee policy

Strongly Agree (S.A) =5, Agree (A) =4, Neutral (N)=3, Disagree(D)=2 and Strongly Disagree (S.D)=1

Question	Strongly Agree (S.A)=5	Agree (A)=4	Neutral (N)=3	Disagree (D)=2	Strongly Disagree

					e (S.D)=1
I refer to the user fee policy when carrying out my duties.					
I believe i am well versed with the user fee policy.					
Patients visiting Mathari hospital are well versed with the user fee policy.					
Mathari hospital has adequate charts and bill boards that provide adequate information on the flow of care to the patients.					
The hospital management adheres to the implementation of the user fee policy.					

10. What are the major challenges facing the utilization of the user fee policy in Mathari hospital, Nairobi.

11. Please list the way in which the user fee policy can be optimized at Mathari Hospital, Nairobi.

Section C: Hospital policies and how they influence the user fee policy implementation

12. Do you have any hospital operational and patient care guidelines that refer to payment of user fees?

Yes ☐ No ☐

13. If yes, Please name them.

14. Does the Mathari Hospital Strategic Plan guide on payment of user fees by patients?

Yes ☐ No ☐

15. If yes, please list the courses of action in your section.

Question 15 to Question 18

Please indicate your level of agreement or disagreement to the following statements regarding the hospital policies and the user fee policy. Strongly Agree (S.A) =5, Agree (A)=4, Neutral (N)=3, Disagree(D) =2 and Strongly Disagree (S.D) =1

Question	Strongly Agree (S.A)=5	Agree (A)=4	Neutral (N)=3	Disagree (D)=2	Strongly Disagree (S.D)=1
The hospital policies and guidelines provided in the hospital are in line with the user fee policy.					

The guidelines stipulates the courses of action in collection of user fees by patients.					
Mathari hospital has financial partners and donors who work closely with the hospital.					
Policies implemented in the hospital encourage the adherence to the user fee policy by members of staff.					

19. Please state how the hospital policies influence implementation of the user fee policy

Section D: The waiver process

20. Is there a waiver process in Mathari hospital? ☐ Yes ☐ No

21. Do you know how waivers to the hospital bill are established at Mathari Hospital?

Yes ☐ No ☐

22. If ☐ yes, Please ☐ explain

23. Who authorizes the issuance of waivers at Mathari Hospital?

24. Do you offer exemptions to outpatients? Yes ☐ No

☐

If yes, please name the category _____

25. Do you offer waivers to inpatients? Yes ☐ No

☐

If yes, please name the category _____

Question 26 to Question 28

Please indicate your level of agreement or disagreement to the following statements **regarding the waiver process.** Strongly Agree (S.A) =5, Agree (A)=4, Neutral (N)=3, Disagree(D) =2 and Strongly Disagree (S.D) =1

Question	Strongly Agree (S.A)=5	Agree (A)=4	Neutral (N)=3	Disagree (D)=2	Strongly Disagree (S.D)=1
Patients at Mathari hospital are accorded adequate Psychiatric Care whether they have paid the user fees or not.					
Patients who are not able to pay the user fees are accorded a waiver on need basis.					
Patients who are not able to pay the user fees stay in hospital for longer periods.					

Section E: Collection of patient user fees

29. How much is the outpatient fee at Mathari hospital,

- a. For private patients

- b. For general patients

- c. For Methadone patients

Question 30 to Question 34

Please indicate your level of agreement or disagreement to the following statements regarding the collection of user fees. Strongly Agree (S.A) =5, Agree (A)=4, Neutral (N)=3, Disagree(D) =2 and Strongly Disagree (S.D) =1					
Question	Strongly Agree (S.A)=5	Agree (A)=4	Neutral (N)=3	Disagree (D)=2	Strongly Disagree (S.D)=1
Did the mode of collection of user fees enhance patients access to care (NHIF, MPESA, Cash, Other Insurance)					
Patients who are not able to pay the user fees stay in hospital for longer periods.					
Did the amount collected per visit influence the patients' health seeking behavior?					
Please state the mode of payment which was preferred by the patients					
a. Mode of payment for Outpatient services	Cash	MPESA	NHIF	Other Insurance	Any other
b. Mode of payment for inpatient services	Cash	MPESA	NHIF	Other Insurance	Any other

35. Please state the challenges facing the collection of user fees at mathari hospital.

36. Explain what can be done to optimize collection of the user fees at mathari hospital

Appendix iii: Key Informants Questionnaire

No	Item	Response (Please tick where appropriate or write your response in the space provided)	
Section A: Background Information			
1.	What is your name?		
2.	What position do you hold at Mathari hospital?		
3.	What is your gender?	Male	Female
4.	How long have you worked at Mathari hospital?		
5.	What are your main duties? Please list them. 1. 2. 3. 4. 5.		
Information on patients			
6.	How many patients were seen in Mathari Hospital, Nairobi in the financial year 2016 - 2017?	Male	Female
7.	What was the number of the in-Patients seen in the Financial year 2016/2017?	Male	Female
8.	What was the number of outpatients seen in the financial year 2016/2017?	Male	

9.	What was the number of outpatients from the Maximum Security unit?	Male	Female	
10.	What was the number of inpatients from the Maximum Security unit?	Male	Female	
11.	What was the number of patients from the Methadone clinic who were seen in financial year 2016/2017	Male	Female	
12.	How many of the Patients were escorted by a relative/guardian to the hospital in the 2016-2017 financial years?	Inpatient	Outpatient	Methadone patients
Utilization of the user fee policy		Yes		No
13.	Is there a user fee policy at Mathari hospital?			
14.	Are members of staff trained on the utilization of the user fee policy?			
15.	Does the hospital provide advice to the patients on the utilization of the user fee policy?			

16.	If yes, please explain how the hospital advises patients?					
17.	Please indicate your level of agreement or disagreement to the following statements regarding the utilization of the user fee policy Strongly Agree (S.A) =5, Agree (A) =4, Neutral (N)=3, Disagree(D)=2 and Strongly Disagree (S.D)=1					
Question		5	4	3	2	1
18.	All patients who come to Mathari hospital are able to see the doctors.					
19.	Patients were not able to see a doctor due to lack of user fees.					
20.	Patients who come to Mathari Hospital were able to purchase the drugs from the hospitals' pharmacy.					
21.	The hospital has directional charts and photos that advice patients on the flow of care.					
Hospital policies.		Yes		No		
22.	The existing hospital policies are in line with the user fee policy.					
23.	Are there new hospital policies developed in Mathari Hospital in the last one year?					

23	If yes, above, please list them.					
24.	Is there a strategic plan at Mathari hospital?					
25.	Does the Mathari hospital strategic plan factor in the implementation of the user fee policy?					
26.	Do the Standard Operating Procedures at Mathari Hospital factor in the user fee policy?					
27.	If yes to Q.26 above, please explain how.					
28.	Please indicate your level of agreement or disagreement to the following statements regarding the hospital policies and the user fee policy. Strongly Agree (S.A) =5, Agree (A)=4, Neutral (N)=3, Disagree(D) =2 and Strongly Disagree (S.D) =1					
	Question	Strongly Agree (S.A) =5	Agree (A)=4	Neutral (N)=3,	Disagree (D) =2	Strongly Disagree (S.D) =1
29.	The mental health policy, 2015 is in line with the user fee policy					
30.	Policies developed in the hospital factor in the user fee policy.					
Hospital Waiver Process						
31.	How does the hospital identify the patients due for a waiver on their user fee?					

32.	How many Patients were visited by the hospital social workers for the waiver process evaluation?	Male	Female			
33.	How many in patients were accorded a waiver on their hospital bill?	Male	Female			
34.	How many outpatients were accorded an exemption of their hospital bill	Male	Female			
35.	Reasons cited as why the waiver on the in-patient hospital bill was accorded?					
36.	Number of outpatients accorded an exemption on their hospital bill					
37.	Reasons cited as why the waiver on the in-patient hospital bill was accorded?					
38.	The amount in Kshs. accorded as a waiver in all instances in the 2016/2017 Financial Year?	Male	Female			
Collection of user fees						
39.	Number of out of pocket paying general patients in the year 2016/2017	Inpatients	Outpatients			
40.	Number of NHIF covered patients in the year 2016/2017	Inpatients	Outpatients			
41.	Number of amenity/ private patients in the year 2016/2017					
Please indicate your level of agreement or disagreement to the following statements regarding the hospital policies and the user fee policy. Strongly Agree (S.A) =5, Agree (A)=4, Neutral (N)=3, Disagree(D) =2 and Strongly Disagree (S.D) =1						
Question		Strongly Agree (S.A) =5	Agree (A)=4	Neutral (N)=3,	Disagree (D) =2	Strongly Disagree (S.D) =1
42.	Reimbursements by the National government cater for exemptions					

	granted by the National government					
43.	Other income generating sources provide alternative sources of revenue for the hospital					
44.	The user fee policy has provided access to medical care for the financially needy patients					
45.	How does the hospital deal with defaulters who fail to pay the user fees and do not qualify for a waiver?					
46.	How can the implementation of the user fee policy be optimized?					
47.	What are the main challenges facing the implementation of the user fee policy?					

Appendix iv. Introduction letter by Kenya Methodist University


KENYA METHODIST UNIVERSITY
Department of Health Systems Management

P. O. Box 45240-00100, NAIROBI, KENYA
Tel: 020-2247987, 020-2248172
Fax: 02-248160

Mobile: 0725-751878
0735 - 372326
E-mail nairobicampus@kemu.ac.ke

9th May, 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

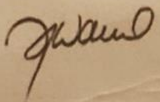
**RE: STUDENT ENROLLED FOR A MSc. – WINNIE KANANA MUNENE REG. NO
HSM-3-2148-1/2013**

The above named is a student in the department of Health System Management at Kenya Methodist University. She is seeking to collect data for her thesis

Topic: "Implementation of User Fee Policy in Psychiatric Hospitals in Kenya: A Case of Mathari, Nairobi"

Any assistance accorded to her will be highly appreciated.

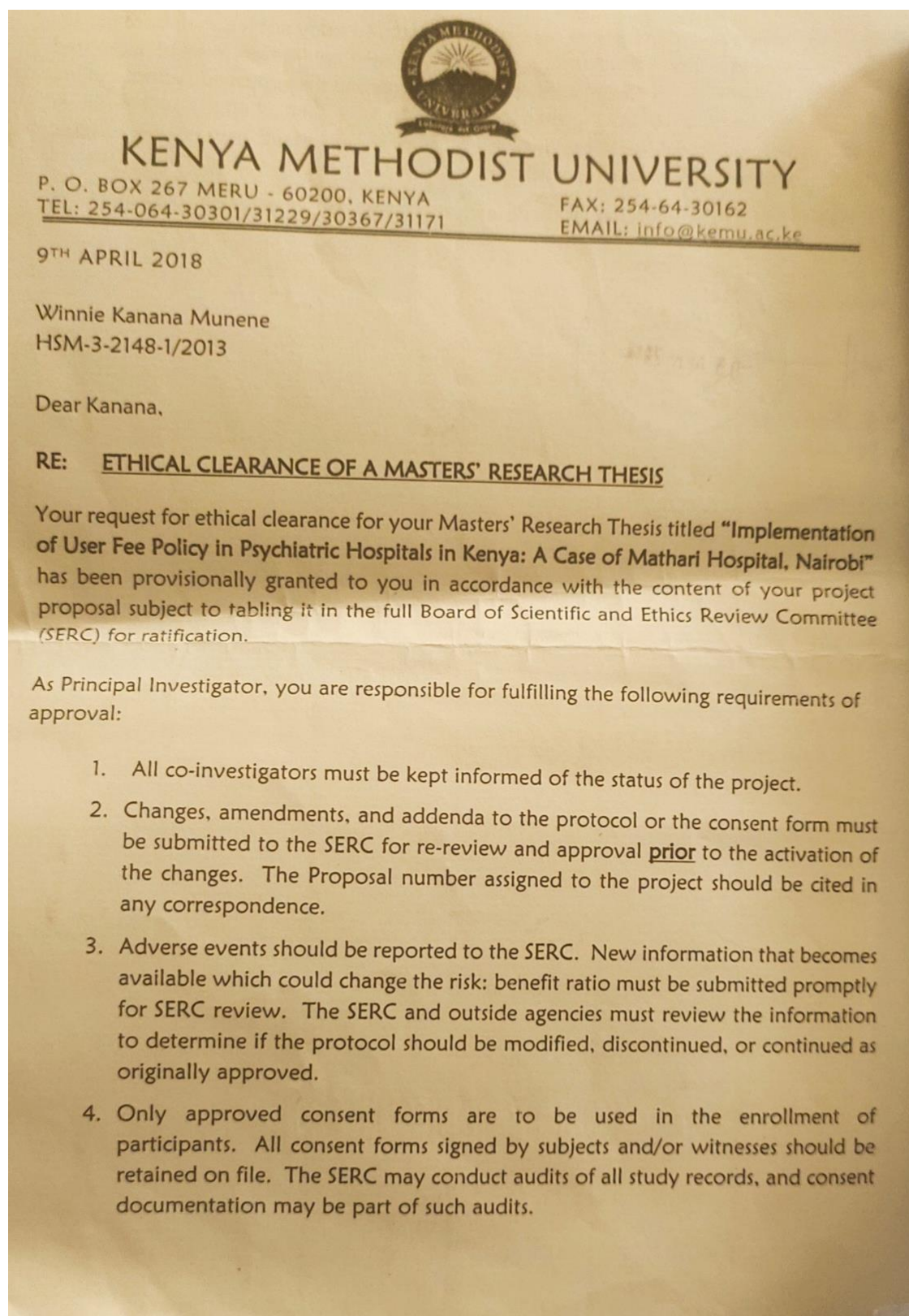
Yours Sincerely,





Dr. Wanja Mwaura- Tenambergen
Chairman, Department of Health Systems Management
Email: Wanja.tenambergen@kemu.ac.ke
Cellphone: +254-726 678020

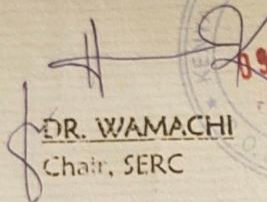
Appendix v: Ethical Clearance from Kenya Methodist University Ethics Review Board



5. SERC regulations require review of an approved study not less than once per 12-month period. Therefore, a continuing review application must be submitted to the SERC in order to continue the study beyond the approved period. Failure to submit a continuing review application in a timely fashion will result in termination of the study, at which point new participants may not be enrolled and currently enrolled participants must be taken off the study.

Please note that any substantial changes on the scope of your research will require an approval.

Yours sincerely


DR. WAMACHI
Chair, SERC



cc: Director, RI & PGS

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