

Report on Chogoria Hospital, Kenya

1999

Prepared by Research International E. A. Ltd. for MSH, AFS project and senior management staff of Chogoria Hospital

Kenya: APHIA Financing and Sustainability Project
Management Sciences for Health
165 Allandale Road
Boston, MA 02130
Telephone: (617) 524-7799
www.msh.org

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract Number 623-0264-C-00-7005-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

CHOGORIA HOSPITAL REPORT



**Prepared for MSH, AFS project and staff of
Chogoria Hospital
By Research International East Africa Ltd.**

1. EXECUTIVE SUMMARY.....	4
2. INTRODUCTION	7
2.1 BACKGROUND.....	8
2.2 RESEARCH OBJECTIVES	9
2.3 RESEARCH METHODOLOGY	10
3. LEVEL OF UNMET NEEDS FOR SERVICES/DEMAND FOR SERVICES	15
3.1 PERCEPTIONS OF HEALTH PROBLEMS.....	15
3.2 THE MOST IMPORTANT SERVICES THEY WANT PROVIDED FOR THEM	24
3.3 CLAIMED INCIDENCES OF DISEASES.....	25
4. CARE SEEKING BEHAVIOR AND PROVIDER PREFERENCE.....	26
4.1 PATTERN OF UTILISATION OF HEALTH CARE FACILITIES	26
4.2 WHAT THEY DO WHEN THEY GET SPECIFIC DISEASES.....	33
4.3 FACTORS AFFECTING CHOICE OF HEALTH CARE FACILITY.....	36
5. PERCEPTIONS OF HEALTH CARE FACILITIES	40
5.1 REASONS FOR VISITING DIFFERENT HEALTH CARE FACILITIES.....	40
6. OVERALL SATISFACTION WITH HEALTH CARE SERVICES OFFERED	42
COST OF SERVICES.....	42
QUALITY OF SERVICES OFFERED	42
STAFF.....	42
ACCESSIBILITY (EASY TO GET TO).....	42
7. WILLINGNESS AND ABILITY TO PAY FOR HEALTH CARE SERVICES	44
7.1 WHAT SERVICES RESPONDENTS PAID FOR THE LAST TIME THEY VISITED A HEALTH CARE FACILITY.....	44
7.2 WHAT RESPONDENTS ARE WILLING TO PAY FOR HEALTH CARE SERVICES	45
7.3 OPINION OF THE OVERALL COST OF OBTAINING HEALTHCARE SERVICES	45
7.4 SOURCE OF FUNDS FOR PAYING FOR HEALTH CARE SERVICES	46
8. COMMUNITY USE OF CHOGORIA HOSPITAL /SYSTEM.....	47
8.1 USE OF CHOGORIA HOSPITAL	47
8.2 MEDICAL SERVICES SOUGHT AT CHOGORIA HOSPITAL	48
9. COMMUNITY PERCEPTIONS OF CHOGORIA HOSPITAL.....	49
9.1 OPINION ABOUT THE AMOUNT PAID FOR SERVICES OFFERED AT CHOGORIA HOSPITAL	49
9.2 SATISFACTION WITH SERVICES OFFERED AT CHOGORIA HOSPITAL	50
9.3 OPINIONS ABOUT DIFFERENT DEPARTMENTS OF CHOGORIA HOSPITAL	51
9.4 RATING OF CHOGORIA HOSPITAL 'S PERFORMANCE ATTRIBUTES.....	55
9.5 LIKES AND DISLIKES OF CHOGORIA HOSPITAL.....	60
9.6 WHETHER THERE ARE OTHER HOSPITALS IN THE AREA THAT ARE BETTER THAN CHOGORIA HOSPITAL	63
10. DEMAND FOR INSURANCE.....	64
10.1 CURRENT SITUATION	64
10.1.1 MEMBERSHIP OF INSURANCE SCHEMES.....	65
10.2 REACTION TO CHOGORIA INSURANCE SCHEME	67
10.3 WHAT THEY LIKED ABOUT THE SCHEME	69
10.4 WHAT THEY DISLIKED ABOUT THE SCHEME.....	69
11. DEMAND FOR THE CHOGORIA PRE PAID INSURANCE SCHEME BY INDIVIDUALS	70
11.1 LEVEL OF INTEREST IN JOINING THE SCHEME AS AN INDIVIDUAL MEMBER.....	70
11.2 PREFERRED FREQUENCY FOR PAYING INTO THE SCHEME	70
11.3 EXPECTED PRICE FOR ADULTS AND CHILDREN.....	71
11.4 IDEAL PRICE RANGE FOR PAYMENT INTO THE SCHEME FOR ADULTS AND CHILDREN	72

12.	DEMAND FOR INSURANCE BY INSTITUTIONS.....	74
13.	DISCUSSION.....	81
14.	CONCLUSIONS.....	82
15.	APPENDIX.....	83

1. EXECUTIVE SUMMARY

This research project was conducted in the community surrounding Chogoria Hospital. It was designed to determine health services utilisation levels and consumers' attitude towards the services offered by the hospital. The research also aimed at investigating the communities' demand for a prepaid insurance scheme and their ability to pay for it.

A combination of research methods was used in this exercise. Focus group discussions were done among men and women in Nithi and Tharaka, who had visited the hospital in the past. In-depth interviews were conducted with managers of co-operative societies, schools and churches in the areas and random sample survey of households in the area also took place.

Level of unmet needs and demand for health care services

The results show that the main health problems perceived to affect the community in general are malaria and upper respiratory infections. There were no marked differences in terms of health problems perceived to affect the different sub groups of respondents interviewed. However, respondents' experience with malaria and upper respiratory infections seems to be higher than their perceptions. In general, children under five years are perceived to suffer more from upper respiratory diseases than malaria.

Type of health care services they want provided for them differs slightly between the two regions. Respondents' in Nithi said they already have a lot of healthcare facilities serving their area although they felt that these are not accessible to all people in the area because of the cost of services. They singled out Chogoria Hospital which they felt offers expensive services.

In Nithi, respondents were particularly concerned about lack of maternal and child health care services in the area. They also mentioned that the area is poorly served by government health care facilities.

Care seeking behaviour

Overall, respondents are aware of a wide range of health care facilities in their area. The category with the highest awareness was government facilities with 96% of respondents mentioning at least one facility spontaneously. Chogoria Hospital had the highest awareness cited by 74% of respondents. It is also the health care facility with the highest claims for visits with 44% of respondents mentioning it. Indeed Chogoria hospital is the most popular hospital in the area. Because of accessibility, respondents in Nithi are seen to visit the hospital more than respondents in Tharaka.

Among the government health care facilities, Chuka hospital is the most popular although it is lower popular when compared to Chogoria hospital. Like Community health workers and traditional healers, Chogoria clinics are not popular and are hardly visited by respondents. This could be due to lack of awareness that these clinics are run by Chogoria hospital and as such some of them could be confused with government dispensaries.

Respondents seem to have similar ways in which they treat different ailments. For treatment, most respondents claimed they sought treatment from mission hospitals although they could have tried self treatment at first then visited these facilities when they did not get well.

The cost and the general quality of services offered at the facility mainly determine choice of health care facilities. Although respondents said cost of service is important, Chogoria hospital had a higher level of utilisation yet it was perceived to be the most expensive hospital in the area. This could mean that it is the perceived value for money for services offered by a healthcare facility that attracts more people to itself rather than the cost of services in itself.

Overall quality and satisfaction with health care services

In general, respondents were not satisfied with the cost of health care services. Findings show that most respondents felt that health care has become a luxury and not a necessity as it should be. Poor respondents in Tharaka especially felt that because of the high cost of health care, most women in the area do not seek maternal health care services.

Poorer respondents in general were not satisfied with the quality of service offered to them. Because they are the ones who visit government facilities most, they are bound to feel dissatisfied with the quality of services offered to them since government health care facilities are reputed to offer poor quality of service.

Respondents had a positive attitude towards health care providers at private facilities and as such they are satisfied with staff at these facilities. Satisfaction with staff at mission hospitals, were found better than those at government facilities.

Willingness and ability to pay

In general, respondents have a rough idea of how much they should pay for different ailments. On average, respondents paid between Ksh.100 and Ksh.1000 for different health care services they received during their last visit to a health care facility. However they are willing to pay less than what they are currently paying. In terms of cost of seeking health care at any health care facility, 45% of respondents interviewed gave a rating of very good value for money. This is low compared with responses from other projects. This means that respondents are not happy with what they are paying for health care. Indeed, there were some who said they are forced to sell some of their assets to pay for health care.

Communities' perception of Chogoria hospital in terms of services offered at different departments.

Overall respondents felt that Chogoria hospital is the best health care facility in the area. It is the hospital utilised by most with a majority of them (67%) claiming they had visited the hospital in the past. The main positives were in the staff who are perceived to be qualified and experienced in treating a wide range of ailments. There was a general perception that the hospital has adequate medical facilities and as such it is treated as a referral centre by a number of healthcare facilities in the area. The main negative responses mentioned about the hospital was the charges which were felt to be too expensive and that the waiting time is too long.

Slightly above half of the respondents said they were satisfied with the services they received at the hospital. However, most of the poorer respondents said they were dissatisfied with the services offered at the hospital probably because they paid more than what they usually pay at government facilities.

The department that attracted the most positives was the pharmacy with (92%) of respondents mentioning positive things about it. The laboratory followed with 65% positive responses while the injection room, the maternity and out patient departments had 64%, 52% and 51% respectively. The child welfare attracted positive responses from 43% of respondents while the departments that had the least positive responses were dental care, the eye unit and occupational therapy because they are the departments that respondents had the least experience.

Demand for a renewed pre-paid (insurance) scheme.

A majority of respondents were aware of health insurance scheme but only a few claimed they have membership with such schemes. Among those who claimed they had health insurance, the main insurance scheme mentioned was NHIF which was disliked by most of its members because of its limited medical cover (covers only in patient costs).

Awareness of the Chogoria pre-paid insurance scheme was low (24%). Only 1% of all respondents claimed to have been members of the scheme in the past. The main reasons cited for non-membership of the insurance were lack of awareness, high premiums and lack of interest in the insurance scheme.

Overall the introduction of a renewed pre-paid insurance scheme was positively received by most. 63% of respondents said they were very interested to join the scheme. A majority of those interested in joining the scheme, said they preferred to pay monthly into the scheme. When asked to mention the price they expect to pay annually towards the scheme for adults and children, the expected price for an adult scheme was seen at price level Kshs. 2000 while that for a child was seen at price level Kshs. 1000.

The optimum price range for the adult and child scheme was found higher in Nithi than in Tharaka. In Nithi, the optimum price range was found to be Kshs. 1100-1600 for an adult and Kshs. 450-1600 for a child. Whereas in Tharaka the optimum price was found to be Kshs. 740-1400 for an adult and 450 –1600 for a child.

Similarly, respondents in the in-depth interviews showed interest in joining the insurance scheme. According to the managers of the institutions where the interviews were carried out, most said that they do not have any health care arrangements with health care offerers (except for a few who are members of NHIF). A few societies were said to have arrangements with their members where they give their members credit to meet medical costs. In general most were not happy with their current health care arrangements. These respondents welcomed the idea of the renewed pre-paid insurance scheme but they would like improvements done in the quality of services and waiting time at the hospital.

2. INTRODUCTION

The AFS project is currently providing technical assistance to Chogoria Hospital.

They identified a need to conduct a survey in the community surrounding the hospital to determine health services utilisation levels and consumers' attitude towards the services offered by the Hospital, and their ability to pay for a number of health insurance packages.

The findings from this survey will be used to design appropriate health services and financing packages to be offered to the hospital.

2.1 Background

Established in 1922, Chogoria hospital provides preventive and curative ambulatory in-patient services to approximately 450,000 people who live in the catchment area of South Meru District. The Chogoria hospital network includes a hospital, the community health department (CHD), comprised of a Family Planning/Maternal Child Health (FP/MCH) clinic on the hospital grounds and 30 rural community clinics, groups of community volunteers, a nursing school and several non-health related projects.

The main hospital has suffered a decline in the utilisation of services, both in-patient and out patient over the last few years. The decline is much larger in the outpatient department (in 1997, workload was 44,000 patients vs. an average of 57,000 from 1993 to 1996) than in the in patient department (in 1997, workload was 12,000 patients vs. an average of 13500 from 1993 to 1997).

Established in 1971, the CHD attended only 191,000 in 1971 compared with an the average of 246,000 served between 1992 and 1996 (high 261000 and low 225,000). The community clinics provide a mix of health education, primary health care, reproductive health and basic outpatient curative services.

It is suspected that for both the Hospital and the CHD, this decline in utilisation may be due to fee increases, and/or competition from small private clinics and private practitioners. Also it is unknown if the community still views Chogoria Hospital as a "high quality" health institution from which they are willing to purchase services.

In addition, Chogoria developed a rural health insurance scheme for individuals living in Chogoria catchment area. The membership grew rapidly at the beginning of the project, with total membership (paying persons) totalling over 1200 at the end of 1993. Currently total membership is 268 members, all employed at Chogoria hospital. It is suspected that rising premiums may be the main reason for this loss of membership. However, one key issue that is unknown is whether consumers in Chogoria community are able and willing to pay for a pre-paid health scheme.

Chogoria hospital has expressed interest in expanding the health insurance scheme, through redesigning and marketing. The hospital would like to recreate the original objective of having a pre-paid health insurance plan which is affordable to a wide cross section of the population, though offering a lower premium, than the present.

In order to explore these issues, Research International East Africa Ltd., was contracted to conduct research in Chogoria area. This document is the report of main findings.

2.2 Research Objectives

Specifically the survey was conducted to determine the following:

To identify level of unmet needs for services/demand for services

The five most important health problems of men, women and children in their area
The most important health services that people want provided to them.

To understand care seeking behaviour and provider preference

How consumers choose a health provider when they fall sick
Which Health care provider they use specifically
Where they go for deliveries, immunisations and other preventive services
The criteria that people use to decide where to go for treatment (e.g., type of illness, geographic accessibility, cost of services, availability of medicine, perceived quality)
The pattern of utilisation of government, NGO, private and traditional health services.
Do people seek health care from several providers simultaneously or do they seek providers sequentially
Who is visited first, second and after, reasons for this.
How they perceive the role of community health providers.

To understand overall quality and satisfaction with services offered

How people perceive the health services intended for them in terms of cost, hours, quality of service and care, and staff
Perception of staff friendliness
Whether people comfortable with the health facility's staff they currently go to
Accessibility of services.

To assess willingness and ability to pay.

What people pay for health care
What is paid for, including formal and informal costs.
What are the people willing to pay for curative and preventive services.
What are the pattern of borrowing and pawning assets for health care
Whom do they borrow from

To understand the community's perceptions of Chogoria hospital

Perception of Chogoria hospital in terms of services offered at different departments

To identify the demand and the characteristics for a renewed pre-paid (insurance) scheme for two market segments in two different geographical and socio-economic locations (rich zones of Nithi) and lower (poor one of Tharaka).

To determine Institutions and individuals current situations relating to health care and its costs as well as their interest for a pre-paid insurance

2.3 Research methodology

Stage I Preliminary in-house investigation

In order to become completely familiar with the specific health care services and the information needs in the hospital a preliminary investigation was done by RI staff. To understand the Hospital's background, a detailed briefing from hospital staff/managers of the hospital was needed. In order to effect this, focus group discussions and in-depth interviews were conducted with departmental heads at the hospital.

Specifically the aims of the preliminary exercise were

- ◆ To assist the research team to become completely briefed on the services and products currently in place at the hospital.
- ◆ To obtain information from the service providers themselves on their beliefs about their consumers/patients. This was to assist in;
- ◆ drawing hypotheses on which the target group discussion guide could be framed.
- ◆ getting the staff input into the research process.
- ◆ identifying any real institutional problems, to help in designing the questionnaire and interpreting the research results.

Stage II Qualitative phase

Following the in-house research, qualitative research was done among men and women in Chogoria hospital's catchment area who have used the hospital in the past. The aim of this phase was to explore the objectives outlined above. It was also to assist the research team in developing appropriate questions for the quantitative phase.

From this phase, understanding was gained on the following:-

The range of behaviour in the area.

The range of attitudes in the area.

Reasons behind specific behaviour and attitudes which were too complex to ask about in the quantitative research and which are difficult for respondents to verbalise.

Design of the concepts for testing, in this case for Chogoria hospital insurance scheme.

An important element of the research was the exploration of what customers look for in terms of service. The qualitative research was used to identify both the areas of service which customers notice (i.e. staff friendliness) and how they identify if the service was good in this area (i.e. it may be important for the staff to smile, or to explain diagnosis clearly or to act sympathetically). These are some of the customer or service areas and levels of service that were tested in the quantitative survey.

Sample structure for the qualitative survey.

Although the group structures did not cover all the possible demographic variations, the group discussions were able to highlight all the key issues. In each group respondents had visited Chogoria Hospital for their own purpose or for treatment of their family members.

The following is the composition of the groups.

Group	Area	Type	Gender	Socio-economic Group	Age	Date
1	Tharaka	Individual consumer(no opportunity for institutional membership of health care scheme)	Unmarried females	D	18-24	10/11/98
2	Tharaka	Institution member/ employees of company/organisation.	Male	C2	25-34	10/11/98
3	Tharaka	Individual consumer-have used Chogoria hospital in the past	Female, married with children	C2	25-34	11/11/98
4	Nithi	Institutional member/ employees of company/organisation	Female	C2D	25-34	11/11/98
5	Nithi	Individual consumer-have used Chogoria Hospital in the past.	Male	C2D	35+	12/11/98
6	Nithi	Have visited Chogoria hospital recently, and have attended over the years.	Female	C2	25-34	12/11/98

Interviewers experienced in recruiting respondents to groups and explaining the purpose of the research did the recruitment for the above groups. All the respondents were randomly selected from their homes in the research areas.

Following the completion of the qualitative phase, all the responses were coded and analysed. The findings are included in this report. The qualitative discussion guide is appended.

Stage III In-depth Interviews at corporate institutions

This phase was conducted in Chogoria area only and ran concurrently with the focus group discussions. Its purpose was to determine the interest in and demand for group membership of the Chogoria insurance scheme among institutions in the area.

In each institution, in-depth interviews were carried out with:

The Chairman/Managing director

Those responsible for managing benefits and who are aware of costs of health care (e.g. personnel officer.)

The specific objectives of this phase were to obtain the following information:-

Determine the number of members/employees

Determine how the institution manages payments from members

Determine institutional arrangements for savings and pre payment schemes(i.e. agricultural inputs, school fees, others)

How much they spend on health care

Current health care arrangements

How health care arrangements are managed.

Level of satisfaction with current health care arrangement.
 Whether they have arrangements with NHIF and how satisfied they are with it.
 Interest in joining the Chogoria insurance scheme
 Features they would like Chogoria insurance scheme to have.

A total of 20 interviews were carried out at 10 institutions. These were conducted by research assistants working in the Research International business to business team. These are experienced in arranging and conducting interviews with senior persons within an organisation. The interview guide is appended.

A breakdown of the sample interviewed is summarised in the table below.

Institution	Number of interviews
<u>Schools</u>	
Chogoria Girls' High school	2
Chogoria Girls' boarding school	2
Chogoria boys' High school	2
Chogoria junior school	2
<u>Government organisations</u>	
Agricultural finance corporation	2
<u>Co-operative societies</u>	
Kiriani farmers co-operative	2
Mutindwa farmers co-operative	2
Iruma/Nguruki farmers co-operative	2
Meru south farmers (SACCO) societies	1
Chogoria farmers co-operative societies(liquidated)	1
<u>Churches</u>	
St. Pauls' Catholic church	2

Stage IV Quantitative Phase

This research phase was conducted in Chogoria Hospital's catchment area. Chogoria Hospital staff provided the catchment area, which are Tharaka and Nithi districts. The survey is representative of all households of the two districts.

Sample Selection.

The sample was randomly selected down to the household level. The sub-locations were randomly selected proportionate to population size and within sub-locations, sampling points were chosen using maps. Interviewers followed random routes using the left-hand rule and interviewed every fifth household. At the household level the head of household or person responsible for decision making in the household was selected to be interviewed. Interviewers made up to three visits to the household to attempt to interview the selected person. If this person was not available for interview the respondent was then substituted with a respondent of the same gender, socio-economic group and similar age along the random route.

Sample size

A representative sample size of 1000 respondents was selected from the two districts.

Sample Structure for the quantitative survey

The following table gives a breakdown of the sample structure.

	Total sample	Area		Socio-economic group					Gender		Age			
		Nithi	Tharaka	AB	C1	C2	D	E	Male	Female	15-19	20-29	30-39	40+
Percentage(%)	100	72	28	3	13	29	41	14	50	50	20	30	20	30
Absolute numbers	1000	717	283	34	127	289	414	136	500	500	204	302	198	296

Socio-economic group summary descriptions

The socio-economic group has a strong correlation with income. It is based on the occupation of the head of household as follows:-

AB: Owners of large farms, fully qualified professionals, senior managers, senior government officer, and professor/lecturer/graduate and secondary teacher

C1: Owner or manager of medium- sized farm, junior/middle manager, foreman, senior clerk, senior supervisor, qualified technicians e.g. laboratory, nursing: non-graduate (P1 and S1) teacher.

C2: Owner of small farm, skilled manual worker, e.g. mechanic, carpenter, etc: part time qualified technician, e.g. laboratory, nursing, etc, non-graduate (P2, P3 or untrained teacher): junior clerks.

D: Owner of small plot selling some produce, seem -skilled/pat time trained manual worker e.g. apprentice or learner mechanic, etc: house servant; waiter/steward; shop assistant; forestry worker; game scout

E: Subsistence farmer (may own small plot but sells very little or no produce). Rural unskilled, e.g. labourer, casual, rural watchman, sweeper etc.

Universe concerned

The total population covered is 245880 adults in Nithi area and 100698 adults in Tharaka. The populations have been projected from the 1989 population figures.

Questionnaire Design

Following the qualitative phase, the questionnaire was designed. Experience from other customer service, concept testing and pricing studies was used. The questionnaire covered both the general objectives and the specific issues for Chogoria Hospital. It was translated to Kiswahili for ease of interviewing. Where respondents could not understand Kiswahili, the interview was conducted in their local language by interviewers familiar with the language.

Selected field interviewers were trained on the questionnaire and a pilot study was done using the trained interviewers. The pilot study was done to test the questionnaire, improve the design and to check any interviewing problems. Following the pilot interviews the questionnaire was modified.

Field Control

While in the field, interviewers were accompanied by team supervisors who back-checked at random 15% of the interviews. Supervisors also checked all questionnaires while at the sampling points to correct any errors by revisiting the respondent.

3. LEVEL OF UNMET NEEDS FOR SERVICES/DEMAND FOR SERVICES

In this section, respondents' perceptions of health problems that affect children, women and men in their community and in their own families and which health care services were most important to them were sought.

3.1 Perceptions of health problems

Health problems affecting people in the community in general

Qualitative findings

In the qualitative research, the main health problems mentioned were;

Malaria, which they felt is becoming very common in both Nithi and Tharaka areas in recent years. They cited some of the conditions causing this problem.

“There is stagnant water that brings Mosquitoes” Male, D, non-institutional employee, Nithi.

“People do not have money to buy mosquito nets, or other prevention measures. They have very little income.” Male, C2, 25-30, Institutional employees, Tharaka.

“People underdose themselves and never get treated soon enough.” Male, C2, 25-30, Institutional employees, Tharaka.

In general there was a good level awareness of reasons for the increase in Malaria cases.

Amoeba was also said to be common in both Nithi and Tharaka and they thought it is caused by drinking untreated water.

“It is water related because we do not have tapped water here.” Male., Nithi, C2

“The tap water is not treated and people do not boil it before drinking.” Male, C2, institutional worker, Tharaka.

Typhoid was also felt to be common in both areas because of the same reasons that cause Amoebae, although it was not as widely mentioned as amoeba.

Sexually transmitted diseases are also felt to be becoming quite common especially in Nithi. Female respondents felt it is more common among men than in women. This is because they say men are more promiscuous.

Rheumatism was mentioned in Nithi only. Respondents felt the disease is mainly found among tea pickers and they attributed this to exposure to cold conditions while picking tea in the morning.

In Tharaka **snakes** are felt to be prevalent in the area and as such snake bite incidences were said to be quite common.

Other diseases mentioned but not considered common are **cholera, worms** and **tuberculosis**.

Health problems perceived to be affecting children under five years in the community

In both the qualitative and quantitative research, respondents' views were sought on their perceptions of health problems that affect children under five years of age in their communities.

Qualitative findings

In the qualitative research, adults in both areas perceive pneumonia, measles, upper respiratory infections, coughs, diarrhoea and vomiting, worms, common colds, skin diseases and cholera to be the most common ailments affecting children.

Pneumonia was mentioned more in Nithi because of poor living conditions.

“Pneumonia because most houses around are damp and poorly ventilated. Children do not get proper air from their houses.” Male, D, non-institutional worker, Nithi.

Malnutrition was mentioned as a problem among children in Tharaka because of poor diet and ignorance among mothers.

“There is malnutrition because of lack of proper diet. The problem is how to prepare the food. Some people do not have time to prepare food for children. Children eat the same food adults are eating. They do not have a special diet for children.” Male, C2, institutional worker, Tharaka.

Because of malnutrition, **marasmus** and **kwashiorkor** were felt to be quite common in the area.

“In fact these are the most common ailments among children under five years in the area.” Male, C2, institutional worker, Tharaka.

Diarrhoea was also felt to be more common in Tharaka because of the way food is prepared.

“The food is not prepared in hygienic conditions.” Male, C2, institutional worker, Tharaka.

Again because of drinking untreated water, respondents are concerned about **cholera** outbreaks in Tharaka area and these were thought to affect children more than adults.

Quantitative findings

In the quantitative research, respondents were asked to list the health problems that affect different categories of people. The question generated many responses that were coded into different categories for ease of analysis. The diseases were coded into seven different categories namely, Malaria, upper respiratory infections, lower respiratory infections, diarrhoea diseases, skin infections, measles and others. The list of the diseases and the way in which they were coded is appended.

The main health problems that adults perceive are suffered by children in their community are upper respiratory infections, malaria, diarrhoea diseases and lower respiratory infections. (See table 1 below)

Across the different sub groups of respondents interviewed, there were no significant differences in response. However it is worth noting that there was a greater percentage of responses for upper respiratory infections among the AB socio-economic group than the other groups. This is presumably because they have high awareness of the diseases in the community.

Table 1 below summarises the perceived health problems faced by children below five years in the community by area, Socio-economic group and income groups.

Table 1 (Q. 1 a) Health problems perceived to affect Children in the community

Health problem	Total	Area		Gender		Socio -economic group					Income group			
		Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10000-15000
Total responses	4362	3083	1279	2187	2175	151	545	1314	1789	563	530	1687	1361	580
Percentages	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Upper respiratory infections	20	18	20	19	21	30	18	18	20	21	21	20	18	20
Malaria	20	20	19	20	19	19	20	19	20	19	21	20	19	19
Diarrhoea diseases	17	17	17	17	17	17	18	17	17	15	16	16	18	17
Lower respiratory infections	17	18	16	17	16	17	17	17	16	18	14	17	17	17
Skin infections	3	2	4	3	3	1	2	4	3	3	2	3	3	3
Measles	3	4	3	3	3	4	2	3	3	2	2	3	3	3
Others	21	21	21	21	21	21	22	21	21	22	22	21	21	21

Health problems affecting children under five years in their families

In the quantitative research, respondents' experience with health problems that affect children, women and men in their own families were sought. Health problems that respondents mentioned as affecting the community, tells us their perceptions of health problems. Whereas health problems affecting those in their families is a closer indicator of the actual problems affecting them.

Table 2 (Q.1b) Main health problems affecting children under five in their own families

Health problem	Total	Area		Gender		Socio -economic group					Income group			
		Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10000-15000
Total responses	1676	499	1177	806	870	72	222	532	666	184	173	623	536	263
Percentages	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Upper respiratory infections	29	30	26	28	30	32	29	29	28	30	30	29	27	30
Malaria	27	26	29	28	26	27	28	27	27	26	33	26	26	29
Lower respiratory infections	18	18	19	19	18	23	21	17	18	17	15	19	19	19
Diarrhoea diseases	13	13	11	11	14	9	13	12	14	13	12	12	15	11
Skin infections	2	2	1	2	2	n	1	2	2	3	4	2	1	2
Measles	1	1	n	1	n	-	n	2	n	-	-	1	n	1
Others	11	10	13	11	10	8	8	12	10	12	6	12	13	8

Upper respiratory infections and malaria came out as the most common ailments adults said affect children in their family (see table 2 above). Some differences are seen when we compare health problems perceived to affect children under five years in the community, to those that affect children in their families. There was an increase in the percentage of responses for upper respiratory diseases, perceived by 20% to be a problem in the community, but claimed by 29% to have affected children in their own families. Malaria is also more widely reported to have affected children than it is perceived to be present in the area.

Health problems perceived to be affecting women in the community

In both qualitative and quantitative research, respondents' perceptions of health problems that affect women in their communities were sought.

Qualitative findings

In the qualitative research, the main problems mentioned were **pregnancy related**. This was felt to be a result of poor maternal care.

“During childbirth, women are attended to by untrained midwives, which results in other illnesses. At times the women bleed to death.” Male, C2, institutional worker, Tharaka.

“We only have Dispensaries here, which offer limited ante-natal care.” Male, C2, institutional worker, Tharaka.

They mentioned, high blood pressure, backaches, lower abdominal pains, poor nutrition and nausea as the main pregnancy related problems.

Others mentioned **stress** as a contributor to many health problems affecting women. They mentioned ulcers, high blood pressure and depression as such problems.

STI's including HIV/AIDS were felt to have become common in both areas but most thought they are more common in Nithi because it is more urban and because of the presence of **commercial sex workers** in the area. AIDs cases were not seen as a major problem in Tharaka.

“The reported cases are very few, so I do not think it is a major problem.” Male, C2, institutional worker, Tharaka.

Quantitative findings

In the quantitative research, (see table 3 below) more or less the same diseases as those perceived to affect children were mentioned. However women are perceived to suffer more from malaria than children.

Respondents across all the different demographic groups cited malaria as the most common disease affecting women. The same was reported for upper and lower respiratory diseases.

The pregnancy related problems mainly mentioned were backaches, high blood pressure, lower abdominal pains and vomiting.

The table below shows a summary of health problems perceived to affect women in the community by area, gender socio-economic group and income group of respondents

Table 3 (Q.1a) Health problems perceived to affect women in the community

Health problem	Total	Area		Gender		Socio -economic group					Income group			
		Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10000-15000
Total responses	4419	3182	1237	2195	2223	154	554	1300	1815	595	592	1721	1361	580
Percentages	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Malaria	21	21	21	21	21	21	21	21	22	21	22	21	21	21
Upper respiratory infections	19	19	18	18	19	19	17	19	19	18	20	19	18	19
Lower respiratory infections	18	18	19	18	18	20	19	19	19	19	17	18	19	18
Diarrhoeadise ases	18	18	18	18	18	17	19	18	17	17	15	17	19	19
Skin infections	2	2	1	2	2	1	1	2	2	2	2	2	1	2
Others	22	23	22	22	22	22	23	22	23	23	23	23	22	22

Health problems affecting women in their families.

There were no major differences between health problems perceived to affect women in the community and those that affect women in their families although malaria is more widely mentioned as experienced by women in the respondents' families (see table 4 below).

Table 4 (Q.1a) Health problems perceived to affect women in their families

Health problem	Total	Area		Gender		Socio-economic group					Income group			
		Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10000-15000
Total responses	2879	2045	834	1328	1551	111	387	848	119	342	314	1116	925	395
Percentages	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Malaria	27	27	28	28	27	28	27	27	27	28	31	27	26	27
Upper respiratory infections	23	24	21	22	24	24	21	23	23	24	26	24	21	23
Lower respiratory infections	18	18	20	18	18	21	17	19	18	20	18	19	20	16
Diarrhoea diseases	11	11	12	12	11	12	14	11	11	11	9	10	14	14
Skin infections	1	1	1	1	1	-	n	1	2	1	1	2	1	1
Others	19	19	18	19	18	15	20	18	20	15	16	19	19	19

Health problems perceived to affect men in the community*Qualitative findings*

In the qualitative group discussions, respondents reported that men do not suffer from as many health problems as women do.

Most said the health problems suffered are mainly related to stress and STI's including AIDS.

“We have venereal diseases because the town is growing and we get many visitors from everywhere and they come with the disease. Also the economy is very bad. There is poverty and there are sex commercial workers who have to earn their bread, and in the process people get infected.” Male, D, Individual consumer, Nithi.

Quantitative findings

In the quantitative research, however, respondents felt that men suffer from almost the same ailments that are perceived to affect women in the community. (see table 5 below)

The table below shows a summary of health problems perceived to affect men in the community by area, gender, socio-economic group and income group.

Table 5 (Q.1a) Health problems perceived to affect men in the community

Health problem	Total	Area		Gender		Socio-economic group					Income group			
		Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10000-15000
Total responses	4203	1165	3038	2138	2065	146	538	1227	1713	580	556	1615	1272	562
Percentage	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Malaria	22	22	22	22	22	21	22	21	22	22	22	23	21	20
Lower respiratory infections	18	18	20	19	18	20	19	18	18	19	17	18	19	19
Upper respiratory infections	18	18	17	18	18	19	17	17	18	18	20	18	17	18
Diarrhoea diseases	17	17	17	17	17	15	18	19	17	16	17	16	19	18
Skin infections	2	2	1	2	2	1	2	1	2	1	2	2	1	2
Others	23	23	23	23	23	23	23	23	23	23	22	23	23	22

Across the different sub groups of respondents interviewed, there were no significant differences in the percentage of responses for each health problem mentioned.

Health problems affecting men in their families

The following table below shows a summary of health problems perceived to affect men in their own families by area, gender, socio-economic and income groups (see table 6 below).

Table 6 (Q.1a) Health problems affecting men in their families

Health problem	Total	Area		Gender		Socio-economic group					Income group			
		Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10000-15000
Total responses	2663	1890	773	1465	1198	109	355	732	94	372	332	1038	832	366
Percentages	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Malaria	29	29	29	28	29	27	28	28	29	31	29	29	28	28
Upper respiratory infections	23	24	21	23	24	24	22	23	23	25	29	23	22	24
Lower respiratory infections	18	18	19	18	18	19	18	20	16	19	18	17	18	18
Diarrhoea diseases	12	11	12	12	11	13	13	12	12	10	10	10	14	13
Skin infections	1	1	1	1	1	1	2	1	1	1	2	1	1	1
Others	17	17	18	18	17	17	18	16	19	15	13	19	17	18

There were no significant differences in health problems affecting men mentioned by respondents across the different sub groups of respondents interviewed.

Comparison between men and women and children under five

The table below is a summary of the most common problems perceived to affect Men and Women in the community.

Table 7 (Q1a) Comparison of health problems perceived to affect men and women and children in their families

Health problem	Men	Women	Children under five
Total responses	2663	4419	4362
Percentages	%	%	%
Malaria	29	21	20
Upper respiratory infections	23	19	20
Lower respiratory infections	18	18	18
Diarrhoea diseases	12	18	17
Skin infections	1	2	3
Others	17	22	21

The number of responses for each category of people is different because each of them attracted different number of responses for the question.

In general the diseases most widely perceived to affect children and adults are similar. However, men are more widely perceived to be suffering from malaria than women and children.

Five most common health problems perceived to affect people in the community

In this section respondents perception of the five most important health problems that affect people in the community were sought.

The table below shows a summary of the perceived five most important health problems by area, Socio-economic group and income group.

Table 8 (Q. 1c) Five most common health problems perceived to affect people in the community

Health problem	Total	Area		Gender		Socio -economic group					Income group			
		Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10000-15000
Total responses	3406	244	958	1722	1684	124	447	10121	1378	444	440	1330	1033	436
Percentages	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Malaria	27	27	27	27	27	25	27	26	27	28	28	27	26	26
Upper respiratory infections	24	24	23	23	25	24	23	24	24	25	25	24	23	24
Lower respiratory infections	18	18	20	19	18	21	18	20	17	19	17	18	19	18
Diarrhoea diseases	12	12	12	13	11	12	14	11	12	10	10	10	15	14
Skin infections	1	1	n	1	1	n	1	1	1	1	2	1	n	1
Others	18	18	18	18	18	17	17	17	19	16	17	19	17	17

This confirms that malaria is considered the most common problem in Nithi and Tharaka.

Overall, the health problems perceived to be common in the general population of both areas are malaria and upper respiratory problems.

3.2 The most important services they want provided for them

Qualitative findings

In the qualitative research respondents opinions on the most important health services they want provided for them were sought.

Respondents cited several healthcare services that they want provided to them.

Curative services

Under curative services they mentioned treatment for the most common ailments in their area.

Antenatal and Postnatal

The health of a pregnant mother and careful management of childbirth are important factors in the longevity of life of both the mother and the child. The expectant mother's attendance at antenatal clinics ensures that problems and complications are dealt with early.

Respondents in Tharaka were particularly concerned about inadequate antenatal and post natal services in their area. They attributed this to high maternal mortality rate in the area. Female respondents in the focus groups admitted they do not go for post natal services because they did not see it as a necessity especially when they had a normal delivery.

Child welfare

Respondents in Tharaka were also concerned about the high incidences of malnutrition cases among their children. They felt it was very important to have accessible child welfare clinics where their children's growth is monitored and mothers are educated on child nutrition.

Maternity services

Proper delivery by mothers where medical attention and hygienic conditions exist greatly reduces the risk of complications and infections, which can also cause death or serious illness to mothers and or baby.

In Tharaka most respondents in the qualitative groups reported they delivered their children at home. During delivery most were assisted by non medical professionals. However most of the mothers in Nithi said they delivered at Chogoria hospital.

Family planning

This service was seen to be very important and female respondents said they need to have access to the service. They cited the current economic problems as having enhanced the need to have smaller families. In Nithi, respondents said they are getting family planning services at Chogoria hospital. In Tharaka female respondents said this service is provided by community based distributors. They were however not happy with the way the service is offered because of the indiscriminate way in which family planning methods were offered to women including school children in the area. They would like to have the services offered in a more organised way.

Laboratory

Respondents mentioned that laboratory facilities are crucial in treatment of different ailments. Lab facilities was one of the factors that respondents mentioned influence the choice of healthcare facility. This facility is important especially for treatment of STI's which was mentioned as an important service.

In summary respondents want to have all health care services made available to them.

3.3 Claimed incidences of diseases

Quantitative findings

In this section respondents experience with different ailments was sought.

The following table gives a summary of the top five diseases respondents claimed they had suffered from in the past.

Table 9 (Q. 2) Claimed incidences of diseases

Health problem	Total	Area		Gender		Socio-economic group					Income group			
		Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10000-15000
Total no. of respondents	1000	283	717	500	500	34	127	289	414	136	136	392	295	127
Percentage	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cough/flu/comm cold	77	72	79	76	78	82	77	75	76	80	80	77	75	73
Malaria	73	68	86	74	72	82	75	73	70	77	75	74	71	77
gastro-enteric diseases	52	51	55	54	50	68	54	53	48	57	49	51	55	56
Pneumonia	35	36	33	37	33	32	45	34	34	32	29	33	43	28
Rheumatism	14	12	16	13	14	21	13	12	14	14	7	14	17	13
backache	7	7	10	7	8	6	12	7	7	7	5	7	9	7

The health problems with the highest claims among respondents, were coughs/flu/colds and malaria. There is a strong correlation between health problems respondents claimed they had suffered in the past and their perceptions of health problems the community.

4. CARE SEEKING BEHAVIOR AND PROVIDER PREFERENCE

4.1 Pattern of utilisation of health care facilities

4.1.1 Spontaneous awareness of health care facilities in the area

In this section respondents' awareness of health care facilities was sought. Awareness of health care facilities is an indication of the facilities' success in creating a high profile in the community. Spontaneous awareness is the proportion of respondents able to mention a facility without prompting from the interviewer.

The following table is a summary of spontaneous awareness of health care facilities in the area.

Table 10 (Q.4a) Awareness of health care facilities in the area.

Health facility	Total	Area		Gender		Socio-economic group					Income groups			
		Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10001-15000
Number of respondents	1000	717	283	500	500	34	127	289	41	13	136	392	295	127
Percentages	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Government facilities (%)	96	97	93	96	96	100	97	98	94	94	99	95	97	95
Chuka District Hospital	66	66	64	62	70	58	60	66	66	71	74	65	65	60
Meru General Hospital	53	52	56	54	52	69	57	54	51	50	45	53	58	57
Embu District Hospital	3	3	4	3	4	-	3	1	3	10	5	6	1	2
Mission hospital(%)	76	79	69	77	75	79	79	81	74	70	76	72	81	79
Chogoria Hospital	74	74	74	73	75	73	82	77	72	69	82	68	82	80
Consolata Nkubu Hospital	46	46	45	47	44	50	50	53	41	40	41	38	54	53
Chuka Consolata Hospital	18	19	17	18	18	21	17	18	18	21	20	21	15	14
Kiini	5	6	1	5	5	2	6	3	7	4	8	4	4	1
Materi Hospital	3	1	7	2	3	5	-	2	3	6	2	3	2	5
Private facilities (%)	71	72	67	70	71	72	76	75	67	69	62	69	79	63
Woodlands	16	16	15	16	16	37	23	18	13	9	9	15	18	26
Milimani	9	9	9	9	9	13	14	11	7	6	11	8	8	16
Samaritan	5	6	-	4	5	5	3	7	4	4	4	5	6	1
Chogoria clinics(%)	11	10	14	11	10	11	15	11	10	9	14	10	8	17
Kanwa	2	n	7	2	2	5	1	2	3	1	2	4	1	3
Traditional healers (%)	13	13	12	11	14	12	13	10	11	21	13	13	12	13
Community health workers (%)	4	5	2	3	4	1	5	4	4	3	4	4	3	7

Government facilities

Across the different groups there was very high awareness of government facilities, 96% of them mentioned at least one spontaneously. The main facilities mentioned were Chuka District Hospital (66%) and Meru General Hospital (53%).

Mission hospitals

These were mentioned by 76% of the respondents, with the highest recalls being from the upper income groups. The hospital mentioned most in this category by all groups was Chogoria Hospital (74%). It was followed by Consolata Nkubu Hospital, which was recalled by 46%. Others mentioned Chuka Consolata Hospital (18%) and Materi Hospital (3%) which was particularly well known in Tharaka.

Private healthcare facilities

These facilities were mentioned by 71% of respondents. In this category, Woodlands (16%) had the highest awareness followed by Milimani Hospital (9%). There was no significant difference between Tharaka & Nithi. However, most recalls were among the upper Socio-economic groups (ABC1) and income groups (10,000 – 15,000). The men and women interviewed, reported similar patterns.

Traditional healers

Traditional healers were mentioned by 13% of respondents. These were more widely mentioned than community health workers. There were similar levels of recalls among respondents of different income groups in both areas, but subsistence and semi subsistence Farmers (E socio-economic group) were significantly more likely to mention traditional healers than others. It is likely that this underestimates actual awareness of traditional healers since they may be perceived not to fit into healthcare category.

Community Health workers

Awareness was among 4% of total respondents. There were very low recalls among respondents in both areas. Family planning workers were also mentioned by only 1% of respondents. Recall was highest among age group 30-39, and was lower in the better off respondents.

Chogoria clinics

Out of the 32 clinics run by the hospital, 27 of them were mentioned. In total, 11% of respondents, were aware of at least one. Higher awareness was found in Tharaka, and among upper income groups. Among the clinics mentioned, Kanwa clinic had the highest recall by 2% of the respondents interviewed.

4.1.2 Health care facilities ever visited

In this section, respondents' were asked to name the facilities they had ever visited in the past for whatever reason.

The table below shows a summary of health care facilities ever visited by respondents.

Table 11 (Q.4b) Health care facilities ever visited

Health facility	Total	Area		Gender		Socio-economic group					Income groups			
		Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10001-15000
Number of respondents	1000	717	283	500	500	34	127	289	414	136	392	295	127	
Government facilities (%)	69	67	73	69	69	81	71	67	69	69	59	68	74	71
Chuka District Hospital	41	38	42	38	43	42	35	35	45	45	44	41	44	32
Meru General Hospital	25	29	24	29	21	42	36	25	22	20	14	23	28	37
Mission hospital(%)	48	51	42	49	47	57	48	58	43	40	43	42	55	48
Chogoria Hospital	44	47	38	42	46	61	59	49	40	29	31	39	52	61
Consolata Nkubu Hospital	24	24	27	25	24	26	29	31	19	23	19	19	29	29
Chuka Consolata Hospital	10	12	7	12	9	17	10	13	9	9	5	12	11	7
Private facilities (%)	44	41	52	47	41	51	49	48	41	40	27	42	54	43
Woodlands	3	2	6	3	3	17	4	5	1	-	1	1	4	8
Milimani	2	2	4	2	3	7	5	4	1	-	1	2	3	5
Samaritan	3	4	-	3	3	5	1	4	4	1	2	3	6	-
Chogoria clinics(%)	5	4	5	5	4	6	6	4	5	4	7	14	13	7
Iriga	1	1	-	1	1	-	1	1	1	1	-	1	1	1
Weru	1	n	2	1	1	-	1	-	1	1	2	1	1	-
Mukuuni	1	n	2	1	n	-	1	1	-	-	-	2	n	1
Kanwa	1	n	2	1	1	-	1	-	1	-	-	1	1	-
Traditional healers (%)	2	3	2	3	2	-	5	2	1	6	5	1	4	3
Community health workers (%)	1	4	-	1	n	-	1	1	n	-	-	n	1	1

Government facilities

Among the different health care facilities, government facilities had the highest mentions. In this category, 69% of respondents mentioned they had visited a facility in the past.

There was no significant difference in frequency of mention between Tharaka (73%) and Nithi (67%)

The main facilities mentioned were Chuka District Hospital, which was mentioned by 41% of respondents, followed by Meru General Hospital which had 25% of respondents mentioning it. There were very low mentions for government dispensaries.

There was very little difference in the level of visiting Chuka District Hospital across the different demographic groups and regions. Visitors to Meru General Hospital are skewed up-market. The better off are more likely to have visited there than the less well off.

Mission hospitals

In total 48% of respondents claimed to have visited mission facilities in the past. More mentions were among respondents in Nithi (55%) than those in Tharaka (42%).

In this category, the highest levels of visits were reported in Chogoria Hospital with 44% of respondents mentioning it. This makes Chogoria Hospital the most widely visited hospital in the region, even if some respondents will have visited once or twice. Consolata Nkubu Hospital came second with 24% mentions. Chuka Consolata Hospital followed with 10% of respondents mentioning it.

Generally, there was no significant difference between the levels of men and women who said they had visited Chogoria hospital. However there were more mentions among respondents in the ABC1 socio-economic groups than the others,. Indeed it has one of the most up-market profile visitors. Because of proximity more respondents in Nithi than in Tharaka had visited the hospital.

Chuka Consolata Hospital was mentioned by 10% of respondents. Again those in the ABC1 socio-economic group were more likely to have visited than those in the C2DE groups.

Private facilities

There were 44% of respondents who claimed to have visited these facilities, which is similar to that found in the mission hospitals. The main facilities mentioned were Samaritan and Woodland, each by 3%. However, there were very low mentions for individual health care facilities in the private facility category.

There was no significant difference between Tharaka (52%) and Nithi (41%). However respondents in the AB Socio-economic group reported more visits than the other classes. Most are probably small and serve a limited geographical area. In general private facilities are visited most by the better off.

Chogoria Hospital clinics

In total 5% of respondents had ever visited a Chogoria clinic. 14 different ones were mentioned, with iriga, Weru, Mukuuni, and Kanwa being the most visited, but each by only 1%

Traditional healers

In this category, 2% of respondents mentioned they had visited in the past. There was no clear pattern of difference across the sub-groups.

Community health workers

Like in the qualitative research, there were almost negligible mentions for these facilities. Only 1% of respondents claimed to have visited these facilities. Across the different sub groups, there more mentions by the older (40+) respondents. All visitors were found in Nithi.

4.1.3 Health care facility last visited

In this section, the facilities visited last by respondents were sought. The facility visited last tells us the level of utilisation of facilities in the area. Respondents were allowed to name only one facility.

The table below is a summary of the health facilities visited last by area, socio-economic group and income group.

Table 12 Q. 5a) Health care facility last visited

Health facility	Total	Area		Gender		Socio-economic group					Income groups			
		Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10001-15000
Number of respondents	1000	717	283	500	500	34	127	289	414	136	136	392	295	127
Government facilities (%)	29	28	30	31	27	32	24	28	31	28	25	232	26	29
Chuka District hospital	15	15	15	13	16	11	8	11	18	19	13	18	13	10
Meru General Hospital	8	9	5	10	5	13	9	9	8	3	6	6	9	12
Mission hospital(%)	30	35	17	15	16	32	30	37	26	25	29	24	34	38
Chogoria Hospital	14	17	7	13	14	14	16	19	12	5	10	13	14	26
Consolata Nkubu Hospital	6	8	3	6	7	7	6	9	4	9	5	4	10	5
St. Anne	3	1	4	2	3	7	3	2	4	1	3	2	6	1
Chuka Consolata Hospital	2	2	4	3	2	5	3	4	1	3	-	3	1	4
Private facilities (%)	19	16	28	19	19	26	17	20	18	21	12	20	20	21
Woodlands	1	n	2	1	1	5	2	1	-	1	2	n	1	2
Samaritan	1	1	-	n	1	5	-	2	n	-	2	-	1	n
Chogoria clinics(%)	2	2	1	2	2	-	n	2	2	4	5	1	2	1
Iriga	1	1	-	1	n	-	-	1	-	1	-	n	1	-
Weru	1	n	1	1	N	-	-	-	1	1	2	n	1	-
Traditional healers (%)	1	1	-	1	n	-	1	-	n	3	3	-	1	-
Community health workers (%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Government facilities

There were 29% of respondents who reported they had visited government facilities in their last visit to a health care facility. There was no significant difference in the level of reported visits across the different groups. Similar levels were reported in Tharaka (30%) and Nithi (28%). In this category, Chuka hospital had the highest frequency of mentions, with 15% of respondents mentioning it, with little difference across the different sub-groups. Meru General Hospital followed with 8%. The hospital was visited more by respondents in the higher socio-economic groups than the others. There were no significant differences between Tharaka and Nithi.

Mission hospitals

There were 30% of respondents who said they visited these facilities in their last visit to a health care facility. More of the visits to mission facilities were reported in Nithi than in Tharaka, among the upper socio-economic group and upper income groups.

In this category, Chogoria hospital had the highest mentions of 14% followed by Consolata Nkubu Hospital which had 6% mentions. St. Annes and Chuka mission hospitals followed with low mentions of 3% and 2% respectively.

Chogoria hospital was visited more by respondents in Nithi than in Tharaka. There were more mentions among respondents in the upper income groups and Socio-economic groups than in the lower income groups.

There were no significant differences in frequency of mentions for the other facilities across the different income groups.

Very low levels of visits were reported for **Chogoria clinics** and **traditional healers** while there were no mentions for community health workers.

Private facilities

Among respondents, there were 19% who said they visited private facilities in their last visit to a health care facility. More mentions were found in Tharaka (28%) compared to Nithi (16%). These facilities seem to be frequented more by younger respondents in the sample but the levels of visits by men and women are seen to be similar.

There were very low mentions for individual facilities because of the large number of facilities in this category. The main facilities mentioned were, Mwenda Andu (1%), Kithongo (1%), Samaritan (1%) and Woodlands(1%). Samaritan and Woodlands are seen to be visited more by those in the higher income groups.

4.1.4 Last time visited health care facility.

The following table is a summary of the last time respondents visited a health care facility.

Table 13 (Q. 5b) Last time visited a health care facility

	Total	Area		Gender		Socio-economic group					Income groups			
		Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10001-15000
Number of respondents	1000	717	283	500	500	34	127	289	414	136	136	392	295	127
Percentage	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Less than three months ago	43	35	46	39	48	40	41	44	43	44	40	46	41	39
More than three months ago	31	35	49	31	30	34	33	30	30	30	26	25	35	43
More than one year ago	14	18	12	16	13	12	15	17	12	14	14	17	13	10
A long time ago	9	9	10	11	7	9	9	6	12	9	18	10	8	4
Don't know/Can't remember	3	2	3	3	2	5	3	2	2	4	3	2	2	4

Most of the respondents had visited health care facilities recently (last 3 months). There were more women who reported this than men probably because women are the ones who take care of sick members of their families more than men do.

There were more recent visits to healthcare facilities reported in Nithi (46%) than in Tharaka (35%), possibly because Nithi respondents have better access to facilities. However there was no significant differences across the different income groups and socio-economic groups.

4.2 What they do when they get specific diseases

In this section, respondents' behaviour in treatment of different diseases was sought.

Quantitative findings

Malaria

Respondents who claimed to have suffered from Malaria were 73 %. For treatment of the disease respondents reported they visit church/mission hospitals (47%), followed by a government hospital (39%). Others said they visit private clinics (22%), local dispensaries (16%) and a few go for self treatment from chemists (11%) and drugs from local dealers (9%). Very few people visit private hospitals and government dispensaries for malaria treatment. A few go for local herbs and these were mainly found in Tharaka.

Nithi respondents were seen to visit mission hospitals (55%) more than Tharaka respondents (31%). Tharaka respondents are seen to visit government hospitals more (39%). This is presumably because government hospitals are more accessible to the area and offer cheaper services compared to mission hospitals.

Gastro-enteric diseases

In total, 52% of respondents claimed they have suffered from these diseases in the past. There were more mentions among respondents from Nithi (70%) than in Tharaka (30%). Sufferers mainly sought treatment from mission hospitals (45%) and government hospitals (38%) others go went to private clinics (26%). While some prefer to visit local dispensaries (19%), a few treated themselves with over the counter medicine from chemists (13%) or from shops (3%). Like for Malaria treatment, 53% of respondents in Nithi visit mission hospitals for treatment, compared to (25%) in Tharaka where 42% of them visited government hospitals. Self-treatment was commonly mentioned in Tharaka than in Nithi.

Pneumonia

There were 31% of respondents who mentioned they had suffered from the disease in the past. There were little differences between claims by men and women. Most cases were mentioned among poorer respondents. For treatment of the disease respondents said they visited mission hospitals (57%) followed by government (35%) and private clinics (22%). A few mentioned they visited government dispensaries (4%). Compared to Malaria, there were low incidents of self-treatment. It seems that pneumonia is taken seriously by most. A few visited government dispensaries for treatment and they were mainly the poorer respondents.

Rheumatism

Of the total respondents, 14% mentioned they had suffered from the disease in the past. There was little variation in claims by men and women. However most cases were mentioned among the older respondents (40+ age group and lower socio-economic groups). Respondents said they visited government (37%), mission (31%) and private hospitals (23%). Unlike the other ailments mentioned, government hospitals are visited by most, while 12% of them also mentioned company dispensaries. Like in the case of pneumonia, self-treatment is low in rheumatism. Across the different socio-economic group groups, mission hospitals are visited mostly by better off respondents, while government hospitals, are preferred by the poorer respondents. Self-treatment was reported mostly among the respondents in the lower socio-economic group.

Backache

Respondents who claimed to have suffered from backaches in the past were 7%. More claims were by women than by men. There were fewer sufferers among the better off respondents. This disease is seen more in the lower socio-economic group because of the kind of work they do. For treatment, 38% of them said they visit mission hospitals, government hospitals, company dispensaries. Others visited private clinics (19%). Self-treatment was also mentioned by a few who said they visited chemists (19%) and local drug dealers (17%).

Self-treatment was mentioned more among women (25%) than men (11%), while private doctors were visited more by men (25%) than women (14%). Men seem to treat the ailment more seriously than women, presumably because they suffer less from the disease, whereas it is a common ailment among women because of their roles in society and as such they do not treat it seriously.

In summary, mission hospitals were visited more for treatment of these diseases compared to the other health care facilities. This could be because they are rated higher than other facilities and that they serve bigger geographical areas. It is likely that most visit chemists or drug stores first and then go to hospital if the Over the Counter treatment does not work. Respondents may also have reported the facility at which they got well when they got the ailment while they could have visited different facilities for treatment.

Qualitative findings

Most respondents reported self-treatment for ailments like malaria, headaches, colds and flu. Over the counter medicine from chemists and shops is sought and they only visit health care providers when they see no improvement.

“I buy medicine from the shop. If I have Malaria and only go to hospital if symptoms persist.” Female, C2,25-34, married with children, Tharaka.

“Sometimes the hospitals are very expensive , so most of us will first buy medicine from the shops . We go to the hospital when it gets worse.” Female, C2D, 25-35, Nithi.

“I run to dispensing chemists. You see, those running them chemists are doctors and nurses. So they know much.” Female, C2D, 25-35, Nithi.

There is a general perception among them that chemist workers are qualified doctors.

“They have left their work at the hospital and gone to do business. Especially in this area”. Female, C2D, 25-35, Nithi.

Others go for lab tests before seeking medication at dispensing chemists.

“....you see when you have a problem, first you go for a test then you can be sure what you are treating. you can go for a lab test then you go to the chemist.” Female, C2D, 25-35, Nithi.

“I go for tests then get medicine from the pharmacy.” Female, 18-24, unmarried, Tharaka

Traditional herbs are used but are not as popular as modern medicine.

“Some people go to traditional healers to find out if they were bewitched and before they realise they were not bewitched they die. I know of a woman who was diabetic and she believed she had been bewitched. Before she got to see the doctor she was already worse and she become paralysed”. Female, C2D, 25-35 Nithi.

Herbs are also used as first aid and when there are no drugs.

“It is the lack of money needed to pay at the hospital or buy drugs.” Female, C2, 25-34, married with children, Tharaka.

Male respondents admitted to the use of herbs for treatment of malaria.

“At first we are diagnosed at the hospital. If malaria is detected then you go for herbs.” Male, D, Nithi.

“When I am in the village and I get malaria, I use the herbal medicines “Muarubaini” and I get well.’ Male, C2,25-30, institutional worker, Tharaka.

Others use herbs as a last resort.

“It depends on how one is feeling. After taking so many drugs and they can’t help, then I turn to herbs.” Male, D, Nithi.

In Nithi most tend to go to private clinics before they go to Chogoria Hospital because the waiting time is shorter. However, in general males are seen to visit private clinics more than women do.

“You see at hospital, there are so many people and many processes that take long. By the time you get to see the doctor it is a long process. in private clinics you are treated quickly. Male, D, Nithi.

However men do go to Chogoria hospital for treatment of STI’s and amoeba because the hospital is perceived to have good facilities for treatment of the diseases.

Prayers are also a popular way of treating health problems.

“Some people go for prayers. They go early in the morning.” Female, C2D, Non institutional worker, Nithi.

4.2 Factors affecting choice of health care facility

Quantitative findings

In the quantitative research, respondents were asked to mention factors that influence their choice of health care facility.

The table below is a summary of factors that affect choice of health care facilities.

Table 14 (Q. 9) Factors affecting choice of health care facilities

Health problem	Total	Area		Gender		Socio -economic group					Income group			
		Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10000-15000
Total responses	1000	717	283	500	500	34	127	289	414	136	136	392	295	127
Percentages	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cheap/Affordable	67	66	69	70	65	39	64	61	72	76	74	72	66	56
Adequate medical supplies	55	59	45	56	53	60	60	61	50	50	48	48	57	71
Qualified staff	49	49	49	49	49	64	48	53	48	40	56	45	50	63
Proximity/accessible	49	49	47	50	48	25	52	43	53	49	55	53	46	42
Adequate equipment	28	27	29	28	27	25	29	32	25	26	19	25	30	33
Short waiting time	19	18	21	17	21	26	17	24	18	10	8	17	27	16
Helpful workers	14	17	18	14	14	22	10	18	17	15	14	18	18	22
Professional staff	14	14	14	13	14	17	21	13	14	9	5	12	19	15

Across the different sub groups of respondents interviewed there was no significant difference in the frequency of mentions of the factors mentioned. However the lower socio-economic groups and lower income groups were more concerned about the cost of service than better off. The upper income groups were more concerned about getting the medical services they required.

Qualitative findings

In the qualitative research, the following were mentioned as important factors that influence their choice of health care provider/facility.

Cost of health care service is considered to be the most important factor especially because of the prevailing economic conditions.

“We go to the hospital where we can afford. Some are too expensive and we do not even consider going there”. Female, C2, unmarried, non-institutional employee, Tharaka.

Although respondents mention cost, they mean value for money as we will see later that they will pay more for better service.

Being able to get the services they required at the facility was seen to be very important. Respondents mentioned they would even go to a far off facility if they are sure they will get treatment.

“Sometimes we even go to hospitals that are far away because we know we will get treatment.” Female, CD2, non-institutional employee, Tharaka.

Accessibility (easy to get to) especially for delivery and emergency cases was especially important to respondents in Tharaka.

“Accessibility especially if one gets sick in the night.” Female, C2, Tharaka, individual consumer. Married with children.

“Because of transport costs I go to the nearest place first.” Female, 18-24, Individual consumer, unmarried, Tharaka.

Respondents are also concerned about how qualified and experienced the staff treating them are.

“It is important that I am treated by someone who knows their job. In some private clinics you find the same person cleaning is the one treating you.” Male, D, non institutional employee,

Because people have other responsibilities to take care of, they want to spend the shortest time possible when seeking treatment.

“Short waiting time. Some of us are working and we go where we take the shortest time and go back to work.” Female , C2D, Institutional employee, Nithi.

With increasing demands for families' income makes people do not plan for medical costs. Being able to get credit facilities at health care facilities was mentioned as one of the factors influencing their choice.

“In private hospitals when I do not have enough money they will still treat me and I pay the balance later.” Female, C2, 25-34, married with children, Nithi.

The overall image and reputation of a facility contributes to attracting patients to itself.

“Also how famous a hospital is matters. People believe more in Chogoria Hospital than in Chuka. So you see people paying so much for transport to go to Chogoria while Chuka is nearer. Male, D, individual consumer, Nithi.

The general privacy of the patients and staff confidentiality was said to affect choice because people do like their health problems to be known. This was especially mentioned for STI's.

“When I am sick I would not like everyone to know what I am suffering from. You know venereal diseases are private diseases and people do not like talking about them.”

“I do not like other people to know about my disease. Sometimes we go to the hospital and the next day everyone knows what you were suffering from, so we go to private clinics because we are sure no one will be told.” Female, institutional worker, Nithi.

How friendly the staff is attracts people to health facilities because it makes them feel free to express their ailments

“The way they receive you and the language they use.” Female, C2D, 25-35, Institutional employees, Nithi.

“Where they talk to me well and help me when I ca not walk.” Female, C2, unmarried, Tharaka.

Having facilities for diagnosis was said to be important for certain ailments. Respondents may seek health care where they know they can have laboratory test done. This was especially mentioned for STI treatment.

With the high increasing cases of HIV infection, respondents are concerned with the safety of the medical supplies, and equipment used to treat them.

“ We prefer facilities that dispose the blades and syringes after using them to those that boil them.” Female, C2D, 25-35, Institutional employees, Nithi

In-patient facilities influence their choice when they have serious ailments.

“We do not go to some facilities because they do not have in-patient facilities. For cases that are not serious we go to the nearest facilities.” Female, C2D, 25-35, Institutional employees, Nithi

Respondents are aware of their rights when seeking medical services and they avoid facilities that do not practice medical ethics.

“In some clinics medicine is diluted so that they get more money so we avoid them” institutional employees, Nithi.

Type of disease determines where healthcare is sought.

“We also chose a hospital depending on the severity of the disease. Eg. If someone is very sick we go to Chogoria Hospital and not Nkubu Hospital because the services are faster and better in Chogoria.” Female, C2D, 25-35, Institutional employees, Nithi

“It also depends on the disease. I prefer Chogoria because it has better medical attention.” Female, C2, Tharaka, unmarried, non institutional member.

Doctor referrals are some of the reasons respondents would go to certain health care facilities. This was especially the case in treatment of complicated ailments.

4.3 Health care facilities they would most like to frequent for health care reasons

In this section respondents, in the quantitative survey, were asked what health care facility they would most like to visit for health care reasons for themselves and their family members.

The table below is a summary of health care facilities that they would most like to frequent, by area, gender, socio-economic group and income groups.

Table 15 (Q. 47) Health care facilities they would most like to frequent

Health care facility	Total	Area		Gender		Socio-economic group					Income group			
		Tharaka	Nithi	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10000-15000
Total no. of respondents	1000	283	717	500	500	34	127	289	414	136	136	392	295	127
Percentage	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Chogoria Hospital	55	35	62	56	54	57	61	58	54	41	46	50	61	60
Consolata Nkubu Hospital	15	19	14	13	17	10	14	19	14	13	15	15	15	14
Chuka District Hospital	11	17	9	13	10	-	9	6	15	18	15	14	10	3
Meru General Hospital	8	13	6	7	9	18	6	6	8	11	6	8	7	10
Chuka Mission Hospital	5	10	3	6	4	10	7	4	4	10	6	5	3	9

The most popular health care facility is Chogoria hospital, particularly among the better off section of the sample. A higher percentage of respondents in Nithi mentioned Chogoria than those in Tharaka, probably because the hospital is more accessible to them.

While Chogoria is most favoured by all groups, Chuka District hospital was mentioned most by those in lower socio-economic groups and lowest income bracket probably because it is the facility most affordable to them.

Meru General hospital was mentioned most by those in the AB socio-economic group than the other classes, again no doubt because of the profile of respondents who have access to it. Chuka Mission Hospital was the least favoured overall, which relates to lower awareness.

Even taking into account differences in awareness, Chogoria is the most favoured facility.

5. PERCEPTIONS OF HEALTH CARE FACILITIES

5.1 Reasons for visiting different health care facilities

Qualitative findings

In the qualitative research, respondents' reasons for visiting different health care facilities were sought.

Chogoria Hospital is preferred especially for treatment of children and because it is said to have the best facilities in the area and as such it is also visited for complicated ailments.

"...but those with children go straight to Chogoria hospital because they are specialists."
Female, C2D, 25-30, Nithi.

"Chogoria has good services. They have the best facilities compared to private clinics."
Female, C2D, 25-30, Nithi.

"We go there for treatment when the ailment becomes serious". ***Female, C2D, 25-30, Nithi.***

"Patients go there for surgery or if they have a dislocation. That is for big diseases."
Male, D, Nithi.

Female respondents in Tharaka said they visit the hospital for maternity services because they have no choice.

"I go to Chogoria when I am in labour pains. The hospital is near and I have no choice. There is nowhere else with a maternity." ***Female, C2, 25-34, married with children, Nithi.***

Findings also show that Chogoria Hospital is perceived to be visited by more women (for their own purpose and their children) than by men.

"We go to Chogoria Hospital for ante-natal, maternity, children clinics and for treatment of our children because it has the best facilities in the area." ***Female, non- institutional worker, Nithi.***

Indeed Chogoria hospital has a good reputation in this area.

Although Chogoria Hospital is preferred, private facilities are visited because of the short waiting time and flexible charges for their services.

"Some of us are working and at the hospital you line up for hours and you get late. So we go to private clinics where we are seen, and go back to work. If there are any tests done we go back for the results". ***Female, C2D, 25-30, Nithi.***

"You can't be treated without money at the hospital. At the private clinics you just talk to the doctor and there is room for negotiating." ***Male, D, Nithi.***

"At private clinics the doctors can give a discount, or you pay what you have . You continue being treated and after getting well you pay." ***Male, D, Nithi.***

Among them being able to get treatment when they have no money is very important. This is especially the case for those without a constant income.

Although private clinics are felt to have better facilities, they are thought not to be popular in Tharaka because they are said to be few and unaffordable.

“The clinics are not run by doctors or any nurses. Clinics in this area are like businesses. They are few and the charges are very high.” Male, C2, 25-30, institutional employees, Tharaka.

“We do not go to private clinics much because of the costs.” Female, C2D, unmarried, Tharaka.

Mobile clinics run by Nkubu Hospital (mission hospital) also serve Tharaka and are visited mostly by women because of the services they offer.

“We have mobile clinics here. They are available once or twice every month and they provide family planning services, children clinics and general treatment.” Female, C2D, institutional employee, Tharaka.

In Tharaka respondents reported that there are no government hospitals near the area.

“The nearest hospital is Materi and Nkubu Hospitals.” Female, married with children, non institutional worker, Tharaka.

For major ailments respondents in Tharaka said they visit Consolata Nkubu, Meru General and Materi Hospitals.

However government facilities are visited because they are cheaper.

“I go to Chogoria hospital, if I do not have money, I go Chuka General hospital or Kisiani dispensary.” Female, C2D, 25-30, Nithi.

“We go to dispensaries because they are the nearest and they offer free services.” Female, married with children, non institutional worker, Tharaka.

“People buy medicine and if the symptoms persist, they go to dispensaries.” Male, C2, 25-30, institutional employees, Tharaka.

Respondents also mentioned they hardly see community health workers in their areas. Generally there was a low opinion towards these health workers in their ability to provide health care services, because they are limited in the level of treatment they can give.

6. OVERALL SATISFACTION WITH HEALTH CARE SERVICES OFFERED

Qualitative findings

Cost of services

In terms of cost of health care services offered to them, respondents in the focus groups were generally not satisfied with the cost of seeking health care. They mentioned that getting health care is no longer a right for everyone but only those with money. Indeed the first thing they consider before seeking health care is whether they are going to afford the charges.

Quality of services offered

Quality of services offered to them is measured by whether they get well fast, whether they are treated by qualified personnel, whether the facilities used to treat them are safe and how they are treated. Respondents are generally not happy with the quality of care they get at government facilities (which are perceived to offer the cheapest charges). Private facilities and mission/NGO facilities were said to offer better quality of care at higher charges. In general, satisfaction with quality of care among the poorer respondents was lower because they visit government facilities, whereas satisfaction among the better off respondents was found to be higher because they can afford to visit private and mission/NGO facilities.

Staff

Overall respondents were clear on how they should be treated by health care providers. They are also concerned about how qualified the staff is. In general satisfaction with the way they are treated was mostly for staff in private facilities compared to staff at government facilities.

Accessibility (Easy to get to)

In Nithi respondents were generally satisfied with the accessibility of health care facilities in the area. They said there were several healthcare facilities in the area. In particular they mentioned Chogoria hospital, which was perceived to offer the best healthcare services.

***“For young children I go straight to the hospital because they are experts.”
Female, C2D, institutional worker, Nithi.***

“Chogoria hospital has good services and the best facilities compared to the private facilities.” Female, C2D, institutional worker, Nithi.

However most said they are not able to able to utilise the hospitals' facilities because of costs, long waiting time and poor treatment at some of the departments.

“We do not always go to the hospital because of cash. At the hospital we have to pay for the card, the clinical officer, tests, medicine, etc. actually before you get the drugs you have to pay Kshs. 200.” Female, C2, non-institutional worker, Nithi.

“At the hospital there are many people and the procedures take too long. By the time you see the doctor it's a long process. “ Male, D, individual consumer, Nithi.

Utilisation of the hospital is mainly for children ailments, maternal child health services and for severe ailments.

“We go
for check-ups and observations

when the ailment gets serious.” Female, C2D, institutional employees, Nithi.

There is a clear need among the respondents for an affordable health care facility that offers quality care. In deed respondents are spending more by visiting private clinics where they do not get quality care and then end up visiting Chogoria hospital when the ailment is too severe and they have no more money for treatment.

In Tharaka, respondents felt they have limited access to health care facilities. They said the nearest facilities to their area is Materu hospital (a branch of Nkubu hospital) and Nkubu hospital which takes Kshs. 200 (two-way transport) to reach it.

Others mentioned they have limited access to Chogoria hospital and Meru General hospitals, because they are quite far from their areas.

Female respondents reported they have access to government dispensaries, which offer almost free services but are limited and do not have drugs most of the time.

Other health care facilities are mobile clinics run by Nkubu Hospital which also offer limited services in family planning and curative services. These are available to them once every month and they get access to doctors.

“We are also provided with a mobile clinic run by Nkubu Hospital, and it offers family planning services and general treatment services which they pay for.

7. WILLINGNESS AND ABILITY TO PAY FOR HEALTH CARE SERVICES

Quantitative findings

In this section, respondents' experience with payment for health care services was sought, in order to understand their sensitivity to price.

7.1 What services respondents paid for the last time they visited a health care facility

The table below shows a summary of the services that contribute to the total cost of health care costs.

Table 16 (Q. 20) Services paid for the last time a health care facility was visited

	Total	Area		Gender		Socio-economic group					Monthly house hold income			
		Tharaka	Nithi	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10000-15000
Total number of respondents	1000	283	717	500	500	34	127	289	414	136	136	392	295	127
Percentage	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Drugs	88	94	86	91	85	83	89	86	88	93	82	90	86	90
Transport	49	47	49	49	48	57	56	53	45	41	40	45	56	59
Card	31	34	30	32	29	20	32	32	31	28	35	45	56	59
Injections	30	32	29	32	28	33	32	29	30	28	32	31	29	35
Lab tests	20	23	18	23	17	33	28	25	15	11	12	16	21	31
Admission	4	4	45	1	6	7	4	5	3	3	N	4	4	6
Supplies	3	5	3	4	2	-	2	3	4	1	3	3	3	2
Others	2	3	1	2	1	1	2	2	1	1	3	1	4	12

This table shows that the drugs are the highest contributors to health care costs among all respondents interviewed. Transport costs also came out as a very important factor. This varies little across the different groups.

In both research phases there were no mentions of under the table payments (bribery) made at health care facilities although a few who went to Chuka District Hospital mentioned such payments are made to facilitate faster services.

7.2 What is paid for different health care services

In the quantitative research respondents' experience with how much they paid for different services they had received were sought.

The table below shows the average prices in Kshs. paid for different services by gender, socio-economic groups.

Table 17 Mean price of different services paid for during the last visit to a health care facility

	Total	Area		Gender		Household monthly income				Socio-economic group				
		Tharaka	Nithi	M	F	0-1000	1001-5000	5001-10000	10000-15000	AB	C1	C2	D	E
Drugs	314	504	236	373	253	141	225	467	488	1173	304	486	194	170
Transport	65	91	55	65	66	55	63	65	80	120	68	72	57	52
Card	48	70	39	48	49	33	31	62	84	57	71	61	35	40
Injections	140	227	107	167	107	135	97	156	281	616	146	156	97	103
Lab tests	150	133	161	144	157	136	191	140	147	129	173	217	71	76
Admission	730	305	902	267	818	1200	1060	304	603	143	916	926	747	175
Supplies	83	129	63	95	19	90	84	110	20	-	38	14	120	-
Others	259	235	279	228	328	300	200	198	1000	300	188	288	169	500

7.3 What respondents are willing to pay for health care services.

In the qualitative research, respondents' opinion about paying for health care services was sought. Most said they would pay any amount of money to get well however they felt there should be limits set for treatment of different ailments. There are diseases/services that are perceived to cost more than others and respondents usually have a rough idea of how much they should pay for particular ailments. In particular they felt that treatment for rheumatism should not be more than Kshs. 200, that treatment for malaria and amoeba should not exceed Kshs. 200 and STI treatment was perceived to be more expensive because of the lab tests required and the type of drugs used. For these ailments they mentioned Kshs. 500 as a reasonable price.

7.4 Opinion of the overall cost of obtaining healthcare services

In the quantitative research, respondents in the sample were asked how they feel about the cost of obtaining health care. They were asked to rate the cost of obtaining healthcare services into five different categories namely, very good value for money, fairly good value for money, neither good, nor bad value for money, fairly poor value for money and Very poor value for money

45% of respondents interviewed gave a rating of very good value for money for the overall cost of obtaining services. Compared with responses, to this type of question in other surveys, this is a rather low value rating.

Tharaka and Nithi respondents shared similar opinions (45%). Similarly men (46%) and women (43%) in both areas had the same opinions.

Respondents in salaried employed gave a higher reading for very good (44%) than the others who had a reading of 35%.

7.5 Source of funds for paying for health care services.

In the qualitative research, most respondents reported they use their own income to pay for health care.

“ I get money form the sale of produce in my farm.” Male, D, Non institutional worker, Nithi

“I get money from my salary when I get sick.” Female, C2D, institutional worker, Tharaka.

Others get loans from their friends when they do not have money and then pay later.

“Sometimes you get sick and you do not have the money. I borrow from my friends then I pay later.” Male, Institutional worker, Tharaka.

A few mothers with young children keep some money aside for medical bills when their children fall ill.

“I keep some money aside in case my child gets sick. But sometimes I use the money for other purposes.” Female, C2, Institutional worker, Nithi.

In the quantitative phase, similar results came out. The main source of money for meeting their medical expenses was their own income (75%). This was the same among respondents in both areas, across the different income groups.

In both area relatives and friends play an important role helping to meet medical expenses. A few reported they have medical covers by their employers. These were mainly in the AB socio-economic group and upper income groups. Respondents in the lower income groups also mentioned they sell their assets and belongings or get loans from their co-operative societies to meet their medical expenses.

8. COMMUNITY USE OF CHOGORIA HOSPITAL /SYSTEM

The aim this section is to understand the communities' attitude towards the hospital and the services it offers. Only respondents who had experience with the hospital in the past were interviewed.

Quantitative findings

Out of the total respondents interviewed, 67% of them had visited the hospital for different reasons. Most claims for visits were among the better off respondents. There were little variations in claimed visits by men and women. More visits are reported by Nithi respondents (69%) than by Tharaka respondents (61%).

8.1 Use of Chogoria Hospital

The table below shows respondents' reasons for visiting Chogoria hospital.

Table 18 (Q.67) Reasons for visiting Chogoria Hospital

Reasons for visit	Total	Area		Gender		Socio-economic group					Income group			
		Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10000-15000
Total no of respondents	670	497	174	331	339	32	97	219	247	75	66	244	229	99
Percentages(%)	%	%	%	%	%	%	%	%	%	%	%	%	%	%
To see a medical person for treatment	53	57	40	59	47	70	57	56	49	41	58	46	53	66
To visit a patient in the hospital	33	30	42	26	30	17	26	32	37	39	27	44	30	18
To take a family member to see a medical professional	10	9	11	11	15	12	17	8	8	11	12	7	11	12
Other	3	2	5	3	5	1	4	3	3	2	4	1	3	5

Just over half of those who had ever visited the hospital visited the hospital for their own treatment. There were more women (59%) than men (47%) who reported this.

8.2 Medical services sought at Chogoria Hospital

This question was asked among those who had visited the hospital for own treatment. The following are the main treatment and or services sought for by respondents at Chogoria Hospital.

Table 19 (Q. 68) Medical services sought at Chogoria Hospital

Medical services sought for	Total	Area		Gender		Socio-economic group					Income group				
		Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10000-15000	
All who have ever sought medical services at Chogoria hospital															
Total no of respondents	353	283	70	154	199	23	55	123	31	31	38	112	123	65	
Percentages(%)	%	%	%	%	%	%	%	%	%	%	%	%	%	%	
Malaria	36	37	35	45	29	29	47	28	37	50	39	33	33	45	
Delivery	11	12	9	-	21	16	5	12	15	-	5	15	12	3	
Typhoid	4	4	2	6	2	-	5	1	3	17	10	6	2	n	
Amoeba	4	4	7	8	2	8	7	8	n	-	-	2	7	6	

Table 22 above shows utilisation of the hospital is mainly for treatment of Malaria and childbirth. Other services were sought for but at a lower level.

Whether have been admitted to Chogoria hospital.

Out of all the respondents who had ever visited the hospital at all for treatment and other reasons, 23% of them had been admitted at the hospital in the past. There were more women (28%) who said this than men (18%). There were a greater percentage of respondents in Nithi (34%) than in Tharaka (15%). In the socio-economic group category there was a greater percentage in AB socio-economic group (34%) than in the other classes, which had an average of 22%.

9. COMMUNITY PERCEPTIONS OF CHOGORIA HOSPITAL

9.1 Opinion about the amount paid for services offered at Chogoria Hospital

The table below shows a summary of respondents' opinion of amount they paid at Chogoria hospital

Table 20 (Q.65a)Opinion about the total amount paid at Chogoria hospital

Base: n=398 All who have ever visited Chogoria hospital for treatment	Total	Area		Gender		Socio-economic group					Income group			
		Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10000-15000
Total no. of respondents	398	293	105	247	152	16	66	117	157	43	41	133	146	55
Percentage	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Ver good value for money	27	28	27	29	24	44	26	28	29	16	22	32	23	31
Fairly good value for money	29	28	30	26	34	20	24	32	28	32	32	30	31	22
Neither good nor poor value for money	8	8	9	11	4	-	7	5	10	12	26	7	8	4
Poor value for money	7	7	5	6	7	-	3	10	7	4	5	6	7	10
Very poor value for money	1	2	-	1	2	-	-	-	1	8	24	1	1	-

The above table shows that most of respondents claimed they received either very good value or fairly good for money for services they received at hospital.

Among them, 27% felt they received good value for money. These were mainly respondents in the AB Socio-economic group and those and in the upper income groups. There was no difference between Tharaka and Nithi.

29% felt they got fairly good value for money, were mainly from the lower Socio-economic groups and income groups. Again there was no significant difference between Tharaka and Nithi.

Only 1% of the respondents said they got poor value for money. These were all from Nithi, and the lowest income groups and socio-economic group E.

This may indicate the that lower income groups feel the services offered at the hospital are too expensive, while those in the higher income groups feel the charges are reasonable.

Qualitative findings

In the qualitative research, some female respondents said they were not happy with the services they received at the hospital.

“We pay too much and its not worth it.” Female, C2, institutional worker, Nithi

Others said it is good value for money because they got well.

“If the treatment works it is worth it.” Female, C2, institutional worker, Nithi

9.2 Satisfaction with services offered at Chogoria hospital

Some are happy with the service they received at the hospital.

“Every time I take a patient to the hospital I am satisfied with their service.” Male, D, Nithi

Most respondents said they would consider to be admitted at the hospital again.

“It is the best hospital we have around. “ Female, C2D, non-institutional worker, Nithi.

Qualitative findings

In the quantitative research, respondents' opinion about the services they received at Chogoria hospital was sought. Respondents were generally satisfied with the services. Out of all the respondents who had ever been to the hospital, the majority (55%) said they were satisfied with the level of service they received. This was particularly the case among respondents in the AB socio-economic group and upper income group. There were no significant differences between Tharaka and Nithi respondents.

Only 1% of the respondents said they were very dissatisfied with the service they received at the hospital. These were mainly in the E Socio-economic group and lower income group. There was no significant difference between Tharaka and Nithi among those very dissatisfied. Respondents in the lower income groups are less satisfied with the services offered at the hospital probably because they have to pay for them, while those in the upper income groups are satisfied with the services offered at the hospital because they feel the charges are reasonable.

9.3 Opinions about different departments of Chogoria Hospital

In this section, only those who had visited the hospital for whatever reason were interviewed. A total of 670 respondents were interviewed.

Quantitative findings

Table 24 below shows the profile of respondents who have ever visited Chogoria Hospital in the past.

Table 21 (Q.67) All who have ever visited Chogoria hospital in the past.

Base: All who have ever visited the hospital	Total	Area		Gender		Socio-economic group				
		Nithi	Tharaka	M	F	AB	C1	C2	D	E
Total number of respondents	670	497	174	331	339	32	97	219	247	75
Percentage of respondents in the total sample(%)	67	69	62	66	68	92	76	76	60	56

Reception

There were 93% % of respondents who said they had experience with the department. This department had more positive responses than negative ones.

The main positive things mentioned about the department were the spaciousness, availability of recreational facilities, adequate and comfortable sitting lounge and orderliness. These responses were mentioned by 33% of respondents. There were more positive responses in Nithi (36%) than in Tharaka (23%). However, there was no significant difference between responses from men and women (both had an average of 33%).

Across the different Socio-economic groups there were no significant differences in positive responses. Negative responses about the department were from 21% of the respondents interviewed. The main negative thing mentioned was overcrowding which had 11% mentions.

There were no significant differences in responses from men and women from the two areas. Respondents in the C2 Socio-economic group had more negative responses than the others. No negatives came from the AB Socio-economic group.

Injection Room

Out of the respondents who had visited the hospital, 74% of them had experience with the department. This department had attracted more positive than negative comments. There were 64% d positive comments about the department. The main positives mentioned were adequate staff and facilities. In particular they mentioned that the department is well equipped with drugs and syringes and that it is adequately staffed with doctors and nurses. Some felt there were good services offered at the department.

Positive responses were fewer among the ABC1 socio-economic group than in the others. However there was no significant differences between men and women across the two areas.

Negative things were mentioned by 19% of respondents. The main aspects mentioned were that the room is old, untidy, too congested, has no privacy and that some staff are arrogant and hostile. Again there were similar levels of responses between men and women across the different Socio-economic groups in the two area.

Laboratory

There were 72 % of respondents who had had experience with the department. The department attracted 65% positive responses. Respondents mentioned that the department offered good services. In particular they mentioned that the services offered were quick, very efficient and reliable because of the accurate and clear results given. Others said the facility is well managed with no corrupt practices. The facility is also perceived as having modern equipment and to be the best in the area because people are referred to it from other facilities.

More positive responses were found in Tharaka (43%) than in Nithi (22%) presumably because Nithi respondents have a choice compared to those in Tharaka. However there were no significant differences in responses from men and women.

Class AB recorded the lowest reading of 16%, while the C1 class had a reading of 32%. An average of 41% was reported in the C2D socio-economic group, while class E recorded the highest percentage of 46%. This is probably related to numbers in each sub group having experience with the department.

The Negative responses came from 10% of respondents who felt the services are too expensive, the facilities to be too congested and that the staff do not explain the results to patients. There were no significant differences in negative responses across the different groups in the sample.

Occupational therapy

There were 18% of respondents who said they had had experience with the occupational department. This is low compared to the other departments because of the more specialised nature of services offered.

Positive responses came from 15% of respondents who mentioned that the staff are adequate, professional, experienced and friendly, the facilities are modern, adequate and clean, and the services offered are fast. Respondents felt positive about the recreational facilities offered at the department. More of the positive responses were found in Nithi (18%) than in Tharaka (6%). There were more positive responses in the upper socio-economic groups (because they are more aware of the department) than in the lower classes. Negative comments were mentioned by very few (2%).

Maternity

Those who had had experience with the maternity department were 67% of respondents. Positive responses about the department were given by 52% of the respondents. The main positives mentioned were that the department is spacious, clean, neat and comfortable, qualified and experienced staff, well equipped, private and well ventilated. Some mentioned there is good security for babies.

A few felt that, the services offered at the department are reasonably priced. There were no significant differences in positive responses across the different sub groups.

The Negative responses were given by 24% of the respondents. The main negatives mentioned were in the way the nurse treated patients. Some mentioned the staff is rude and harass patients. Others mentioned that bedding is inadequate because some mothers sleep on the floor and babies are not provided with clothing. There were some who felt that the wards are too cold. There were no significant differences in negative responses across the different sub groups.

Child welfare

There were 50% of respondents who said they had experienced the child welfare department. Out of the respondents interviewed, 43% of them had positive responses. The main positive responses were that the staff are helpful and friendly because they treat children with understanding and give them priority. Some said the staff are qualified and experienced. The department is said to be clean, well equipped and adequately staffed. There were no significant differences in responses across the different groups interviewed.

A tenth of the respondents mentioned negatives as aspects. The main ones mentioned were that the services are too expensive, there are no recreational facilities for children and that it is congested and dirty. There were no significant differences for negative responses across the different groups.

Dental care

There were 92% of respondents who said they had experience with the department including 24% who gave positive responses. The main positives mentioned were the quality of services offered at the department. In particular, respondents mentioned that the treatment offered is effective, the services are quick and that there is adequate privacy. A few mentioned the department is spacious, clean and well equipped.

More of the positive responses were mentioned in the lower Socio-economic groups compared to the ABC1 socio-economic group. However, there were no significant differences across the other groups.

There were 72% of respondents who gave negative aspects. The main negative thing mentioned was that the department is not equipped with modern equipment. The other negatives mentioned were inadequate staff, unfriendly staff, inadequate medical supplies and expensive service. There were no significant differences across the different groups interviewed.

Pharmacy

There were 96% of respondents who said they had experience with the department. Most of the respondents had positive comments. Out of all responses mentioned, 92% of them were positive.

The main positive things mentioned were cleanliness of the facility, fast services offered, and the reasonable prices of drugs. Others mentioned were that there are adequate drugs, staff and equipment in the department and hence the services are efficient. The staff was said to be friendly, helpful and understanding. Similar levels of positive responses were reported across the different groups of respondents interviewed.

The negative responses were few. Some respondents felt that the drugs are too expensive, the facility is congested and has inadequate staff. A few mentioned that there were times when drugs were in short supply. There was a perception among a few that some of the staff are corrupt.

Eye Unit

There were 38% of respondents who said they had experience with the department. Out of all the comments, 19% were positive. The main positive responses were the modern facilities, well equipped, specialised and experienced doctors, effective services and the availability of all the services required. There were no significant differences in the level of positive responses across the different groups interviewed.

The negative responses about the department, were given more in Tharaka (26%) than in Nithi (16%), and totalled 19% negative overall. The main negatives mentioned were that the services are too expensive and the doctors are not always available. There were no significant differences in the levels of negative responses across the different demographic groups.

Out Patient Department

There were 80% of respondents who said they had experience with the department. Of all comments from respondents, 51% were positive. The main positives mentioned for the department were that the services are fast and efficient, the department is clean and spacious, the staff are friendly, qualified and adequate, and the waiting room is comfortable and has recreational facilities. A few mentioned the department has no discrimination because people are treated on a first come first served basis.

There were more positive responses in Nithi (53%) than in Tharaka (44%). Likewise there were more positive responses in the upper Socio-economic groups than the lower classes.

For this department, there were 35% negative responses. The main negatives mentioned were congestion, slow services, arrogant and inadequate staff. There were no significant differences in negative responses mentioned across the different groups in the sample interviewed.

9.4 Rating of chogoria hospital's performance attributes

In this section, only those who had ever visited Chogoria Hospital for whatever reason were interviewed, which formed 67% of the total sample.

A total of 64% of the respondents rated Chogoria Hospital in terms of **how qualified the staff are** as very good. There was a minor difference in percentages in Tharaka and Nithi regions (59% and 66% respectively). There was no significant difference in the Socio-economic group groups (an average of 58%). The lowest percentage in the income groups category (55%) was found in the middle income group. The percentages in the other groups ranged from 68% to 71%.

According to this attribute, 68% of respondents rated Chogoria hospital in terms of **punctuality of opening hours** as very good. In Nithi, respondents rated the attribute higher than Tharaka (74% and 49% respectively). This attribute was rated higher in the lower socio-economic group.

Of the total number of respondents, 62% rated Chogoria Hospital in terms of **the availability of medicine** as very good. There was no significant difference in opinion between Tharaka (63%) and Nithi (61%) respondents. The only marked difference in opinion in the monthly income bracket appears in the lower income group. There was no significant difference across the other brackets (an average of 62%). The highest opinion in the socio-economic groups was found in AB class, while in the other groups opinion ranged from 58% to 63%.

A rating of very good was given by 60% of the respondents interviewed who rated Chogoria Hospital in terms of **how adequate the facilities and equipment are** as very good. Tharaka and Nithi had close readings of 57% and 61% respectively. There were little variations in the opinions of the middle and upper income groups (an average of 60%). The only marked difference was in the lowest income group (79%). The AB socio-economic class had the lowest reading of 44% while C1s had the highest reading (67%). Followed by C2DE, which had an average reading of 56%.

The total number of respondents who rated Chogoria Hospital in terms of **the knowledge the medical staff have** as very good was 60%. Of these, the majority (62%) was found in Nithi, while 55% was found in Tharaka. The perception among the monthly income group earners was more or less the same (an average of 56%). The D socio-economic group had the highest number of people (66%) who said that the above attribute was very good, while the socio-economic groups AB and E shared the same percentage of 47%. There was no significant difference in perception between the organisation employees and other (an average of 68%).

Of the total number of respondents, 58% rated Chogoria Hospital in terms of **the cleanliness of the hospital** very good. The highest number of respondents in household monthly income bracket who gave a rating of very good were found in the lowest income group (71%). The middle income group had 45%. There was no significant difference in the other income groups (the average was 58%). No significant difference was observed in the socio-economic groups. Percentages ranged from 52 to 62%.

The total number of respondents who rated Chogoria Hospital in terms of **the cleanliness of the bedding** as very good were, 53%. There were more respondents in Nithi (57%) who shared the same opinion than those in Tharaka (40%). The highest number of people in the monthly income bracket (60%) was found in the lowest income. There was no significant difference across the other income groups (an average of 55%). The same rating of very good was not varied across the socio-economic group bracket (an average of 53%).

Of the total respondents interviewed, 56% of them rated Chogoria Hospital in terms of how **specialised the doctors are** as very good. Tharaka and Nithi areas showed a close rating (52% and 57% respectively). The range of percentages in the household monthly income group showed little difference beginning with 52% lowest earning income group and ending with 60% in the highest earning income group. The lowest percentage was noted in the highest socio-economic group of AB with 39%. No significant difference was seen across the others (an average of 58%).

Of the total number of respondents, 56% rated Chogoria Hospital in terms of **extent of medical supplies** as was very good. There was no marked difference in percentage in Tharaka and Nithi (55% and 57% respectively). In the monthly income groups there were major fluctuations in percentages - they varied from 50% in the lowest income group to 64% in the highest income group. There were no significant differences across the different socio-economic groups. A greater percentage was found among women (62%) than men (50%).

A total of 56% of the respondents interviewed rated Chogoria Hospital in terms of **the range of treatment given** as very good. Tharaka and Nithi respondents shared the same opinion. (55% and 57% respectively). In the income groups category, the lowest income group had a percentage of 61%, while the other groups had an average of 54%. Respondents in the D socio-economic group had the highest reading of 63%, while the others had readings ranging from 49% to 52%.

There were 51% of the respondents who rated Chogoria Hospital in terms of **how helpful the workers are** as very good. Tharaka and Nithi shared more or less the same opinion (49% and 51% respectively). In the income groups category, the only significant difference was found in the middle income group. had 45% of respondents, sharing the above opinion. The other groups' opinions ranged from 53% in the highest earning income group to 60% in the lowest earning income group. The AB and E socio-economic groups had a lower percentage (30% and 39% respectively) than the others who shared an average of 54

51% of the total respondent's rated Chogoria Hospital in terms of **the overall quality of the treatment help they received** as very good. In Nithi 41% of respondents interviewed shared the same opinion, while Tharaka had 54%. The lowest rating 39% was found in the lowest income group while the highest rating of 67% was found in the middle income group. The higher income group had a reading of 51%.

There were 49% of the respondents interviewed who rated Chogoria Hospital in terms of **how adequate the staff is** as very good. There was no significant difference between the two areas. (Tharaka 53% and Nithi 47%). A lower percentage (44%) was found in the lowest income group. There were no significant differences across the other groups (an average of 57%). The different socio-economic groups had little variation.

Of the total respondents, 48% rated Chogoria Hospital in terms of **the professionalism of the staff as** very good. The highest number of people in the monthly income category who shared the same opinion was found in the middle income group (Kshs. 5001 to 10000), which had a reading of 63%. The other income groups had an average of 55%. There was no significant difference in the upper socio-economic groups (an average of 54%). D Socio-economic group and the highest percentage (68%), while the others had a reading of 45%.

Out of the total number of respondents, 47% rated Chogoria Hospital in terms of **the Friendliness of the Staff** as very good. The highest number of people in the monthly income groups category who shared the same opinion was found in the middle income group (63%). The other income groups had an average of 55%. There was no significant difference in the higher socio-economic groups (an average of 54%). Respondents in the C2D socio-economic groups had an average of 68%. The E while socio-economic group gave the lowest rating (45%).

There was no significant difference among those who held the same opinion in Nithi and Tharaka (46% and 47% respectively). In the income groups category, the highest percentage of respondents was found in the middle income group (70%). The higher income groups had fewer people who shared the same opinion (an average of 46%). In the socio-economic group category, the rating of very good was shared more or less equally across the groups (an average of 48%).

Of the total number of respondents interviewed 48% of them rated Chogoria Hospital in terms of **in patient facilities (wards, sanitary blocks)** as very good. A significant difference was observed in Tharaka (38%) and Nithi (52%). In the monthly income bracket, the highest reading of 61% was noted in the lowest income group. The other groups had an average of 41%. In the socio-economic group category Es had the lowest reading of 30%, while the others had an average of 50%.

There were 46% of those interviewed who rated Chogoria Hospital in terms of **concern of staff for patients** as very good. Tharaka respondents who shared the same opinion were 38%, while Nithi respondents were 43% however, there were no significant differences across the different sub groups of respondents interviewed.

A total of 44% of the respondents rated Chogoria Hospital in terms of **the amount of privacy** as very good. 40% of Tharaka respondents interviewed shared the same opinion, while in Nithi the percentage was 45%. In the income groups category, the lowest percentage of 13% was found in the lowest group. There were no significant differences across the other groups (percentages ranged from 42% to 51%). In the Socio-economic groups, The different socio-economic groups shared more or less the same opinion. (ranging from 38% to 43%). The lowest percentage of 27% was found among the Es.

Out of the respondents interviewed, 42% of them rated Chogoria Hospital in terms of **the time staff take with** gave a rating of very good to the above attribute. There was no significant difference between respondents' opinions in Tharaka (43%) and Nithi (42%). In the socio-economic group bracket, the highest class of AB and the lowest Socio-economic group E had close readings (32% and 34% respectively). The others readings ranging from 48% to 50%.

There were 41% of the respondents who rated Chogoria Hospital in terms of **the fairness of the staff in treating all patients equally** as very good. 30% of Tharaka respondents interviewed said the same, while in Nithi the percentage was 45%. In the income groups category, the highest percentage of 59% was found in the lowest group. There was no significant difference in percentage in the other income groups (ranging from 38% to 42%) and across the socio-economic groups (an average of 38%).

There were 41% of the respondents who rated Chogoria Hospital in terms of **how spacious the buildings, wards are** as very good. There were 35% of respondents on Tharaka who shared the same opinion compared to those in Nithi (44%). The highest percentage was found in the lowest income group (52%). The other groups had percentages ranging from 31% to 47%.

A total of 37% of the respondents interviewed rated Chogoria Hospital in terms of **time taken to get a card** as very good. In Nithi, 80% of the respondents said that the time taken to get a card was very good, while 20% of the respondents in Tharaka felt the same. Respondents in the lower income groups gave a higher rating (an average of 65%) than those in the higher income groups (an average of 35%). However there was no significant difference among the socio-economic groups (an average of 39%).

36% of the total number of respondents rated Chogoria Hospital in terms of **extent of waiting time after being initially seen** as very good. A higher percentage of respondents was found in Nithi (41%) than in Tharaka (23%). There was no significant difference in opinion across respondents in the different income brackets (an average of 36%). The C1 socio-economic group had the highest number of people who rated the service as very good (42%). The other socio-economic groups had percentages ranging from 30 to 38%.

A total of 38% of the respondents rated Chogoria Hospital in terms of **the food** as very good. More people in Nithi (41%) than those in Tharaka (30%) shared the same opinion. The highest number of people (60%) fell in the group earning not more than Kshs. 1000. Lower income groups find the food very good compared to the better of respondents. In the socio-economic group category the lowest class (E) had the least percentage (23%). There was no significant difference in the other socio-economic groups (an average of 39%).

Of the total respondents, 36% rated Chogoria Hospital in terms of **speed at which they were seen by doctor in charge** as very good. Of those interviewed in Nithi, 41% shared the same opinion. Tharaka had fewer respondents who shared the same opinion (22%). In the monthly income bracket, the lowest percentage of 43% was found in the low-income groups, while among the high income groups there were little variation (an average of 36%).

33% of the total respondents interviewed rated Chogoria Hospital in terms of **punctuality in coming back from break** as very good. 36% of the respondents interviewed in Nithi shared this opinion, while the percentage of the Tharaka respondents was 24%. The highest percentage (50%) of respondents who said that the above attribute was very good was in the lowest income group. The other income groups shared similar percentages (an average of 34%). In the socio-economic groups category, there was no significant difference across the different groups (Percentages ranged from 32% to 38%) However, the lowest rating was in lowest social group E with 25%.

A total of 36% of the respondents rated Chogoria Hospital in terms of **emergency services in the day** as very good. A greater percentage (27%) was found in Tharaka than in Nithi 38%. The lowest earning income group also recorded the lowest reading of 29% while the subsequent income groups had an average reading of 37%. In the socio-economic group category, C1 respondents had the lowest reading of 29%, while there was no significant difference between the other classes.

There were 35% of the respondents who rated Chogoria Hospital in terms of **emergency services in the night** as very good.

Tharaka had 27% of its respondents saying the same, while Nithi had 37%. The highest reading of 41% was observed in the middle income group. The other groups had an average reading of 31%. However, there was no significant difference across the different socio-economic groups (an average of 38%).

A third (30%) of the total respondents interviewed rated Chogoria Hospital in terms of **the speed at which they were initially seen by a clinical officer or nurse as** very good. 35% of the Nithi respondents interviewed shared the same opinion, while in Tharaka 18% reported the same. In the monthly income bracket the highest percentage (68%) fell in the lowest income group earning not more than Kshs. 500. There was no significant difference among the other groups, having an average of 32%. There was no significant differences across the different socio-economic groups.(Percentages ranged from 25% to 35%).

Of the total respondents, 31% rated Chogoria Hospital in terms of **the convenience of the hospital in terms of easy to get to** as very good. Tharaka had lesser people who rated the opinion as very good (16%), than Nithi (36%). This is expected because Tharaka is quite far from the hospital. The highest percentage was found in the lowest income group (69%) compared to the other groups who had ratings, which ranged from 23% to 48%. In the socio-economic group category, the lowest rating of 19% was found among the in the ABs. The highest rating of 41% was found in the lowest socio-economic group (E). In the other groups, opinion ratings were from 26% to 34%.

A total of 30% of respondents interviewed rated Chogoria Hospital in terms of **cost of going to the hospital including transport and other costs** as was very good. A lesser percentage (16%) of these were found in Tharaka, than in Nithi (35%). The highest percentage in the monthly income bracket (50%) was found in the lowest group. There was no significant difference in the subsequent groups (an average of 28%). The opinions of the different groups in the socio-economic group category were not varied (an average of 26%).

Of the total number of respondents interviewed 25% of them, rated Chogoria Hospital in terms of **waiver of fees for those unable to pay** as very good. Tharaka had a reading of 18%, while Nithi had 27%. There was no significant difference across the different income groups (and average e of 27%). In the socio-economic group category, there were no significant differences across the different groups (an average of 25%).

9.5 Likes and Dislikes of Chogoria hospital

In the qualitative phase respondents' views on what they liked and disliked about Chogoria hospital were sought.

Qualitative findings

9.5.1 What they liked about the services offered at the hospital.

Respondents in particular like the good services offered at the hospital because they are perceived to be the best in the area.

“They have good treatment. Drugs are always available.” Female, C2, 25-34, married with children, Nithi.

Some like the fact that the hospital has the best facilities in the area.

“Chogoria is good and they are fast and efficient. You see Chuka general hospital is a government hospital and they don't attend the sick quickly.” Female, C2, 25-34, married with children, Nithi.

Some mentioned they like the way staff treat them.

“They are very good and very polite.” Male, D, non institutional worker, Nithi.

“The doctors have no problem with patients. The doctors are understanding.” Female, C2, institutional worker, Nithi.

Compared to female respondents, male respondents are seen to have a more positive attitude towards the staff.

“I am content with the staff. They are doing a tough job and they are good.” Male, D, Nithi

In the quantitative survey respondents generally liked the services offered at the hospital.

There were several comments made by respondents about what they liked about the services offered at the hospital. These were lumped together and are summarised in the table below.

Table 22 (Q76) What respondents liked about the services offered at Chogoria hospital

Base: n = 670 All who have visited Chogoria hospital	Percentage(%)
Likes	
Good and effective services	34
Friendly/helpful staff	31
Quick services	8
Qualified staff	5
Adequate medical supplies	2
Clean	2
Cheap and affordable	2
Cheap and affordable	1
Modern equipment/facilities	1
Good food	1
Do not know	36

Generally respondents liked the services they got at Chogoria hospital. There were more respondents who mentioned something they liked about the services they received than those who said they had nothing they liked. Good and effective treatment was mentioned more in Nithi (21%) than in Tharaka (9%). There were no significant differences in mentions across the different groups interviewed.

9.5.2 What they dislike about the hospital

In the quantitative survey the following dislikes were reported;

The main dislike mentioned was long waiting time.

“You have to wait even if you are seriously ill. You have to know somebody to get fast treatment.” Female, C2, institutional worker, Nithi.

“At lunch time they leave us on the line and go for lunch.” Female, C2, institutional worker, Nithi

Another important dislike was the charges for services offered. They felt charges are too expensive. They attributed this to the fact that the hospital has staff who are experts, and also because some patients do not pay their bills there by making the hospital charge more so as to recover this money through other patients .

“Some people get admitted and after receiving treatment, they still can’t raise the money. So they go home. The hospital makes sure that the other patients who can pay, pay enough to meet the cost of the patient who didn’t pay.” Male, D, Nithi.

They also felt that the hospital is taking advantage of them because it is a monopoly in its category.

“They know people will go even if they are expensive. They are alone.” Female, C2, 25-35, married with children, Nithi.

Some said the charges are expensive because the hospital’s capacity is under-utilised.

“Their wards for example have no people. yet doctors, nurses and cleaners have to be paid. They have to pay for electricity and other things being used. They have few patients and too many things to cater for. So they have to charge higher to be able to run.” Male, D, Nithi

Some suggested that the hospital should solicit for funds from donors instead of increasing charges.

“What can help the hospital is donations so that they are able to run the hospital. Otherwise they will chase people away until they can not run.” Male, D, Nithi.

Drugs sold at the hospital pharmacy are also felt to be more expensive than in private chemists.

“There is something else we do. We are prescribed in Chogoria hospital then we don’t buy their medicine. We go and buy from another chemist because their chemist is very expensive. Female, C2, institutional worker, Nithi.

Most however felt that because of the expensive charges, the hospital is losing a lot of patients.

“ The numbers visiting the hospital is becoming less everyday. They are very expensive and people can not afford.” Female, C2, institutional worker, Nithi.

A few respondents complained about the staff.

“A few of them are reluctant. My child was hospitalised for a week and I did not like it,” Female, C2, institutional worker, Nithi.

Others felt patients are not treated the same because some hold grudges against some patients.

“When they realise you are a teacher, you are mishandled. I do not know if they have a grudge or what.” Female, C2, institutional worker, Nithi.

There was a general dislike in the way some nurses and the junior staff treated them.

“At 5.00pm, when they are about to leave they are very rude to patients.” Female, C2, institutional worker, Nithi.

“The nurses go telling everybody about your confidential problem. At the end of the day everybody in Chogoria knows.” Female, C2, institutional worker, Nithi.

In the quantitative phase, respondents mentioned few dislikes.

The comments made by respondents about what they disliked about the services offered at the hospital were lumped together and are summarised in the table below.

Table 23 (Q.76b) What they disliked about services offered at Chogoria hospital

Base: n = 670 All who have visited Chogoria hospital	Percentage(%)
Likes	
Unfriendly	2
Inadequate staff	1
Expensive	1
Long waiting time	1
Congestion in wards	1
Unqualified staff	n
No uniforms for patients	n
Poor food	n
Do not know	96

Overall the dislikes for services offered at the hospital were very low. Most of the dislikes were mentioned in Nithi among respondents in the lower Socio-economic groups.

9.6 Whether there are other hospitals in the area that are better than Chogoria Hospital

79% of total respondents said there are no hospitals better in the area that provide in patient care. Those who felt that there are better hospitals are mostly those in the AB Socio-economic group and Tharaka respondents.

Those who said there are other hospitals in the area that offer inpatient services mainly mentioned;-

Consolata Nkubu (34%) mainly mentioned among the lower Socio-economic groups, but no significant levels of mention across the different income groups and between Tharaka and Nithi.

Chuka General Hospital (16%) mainly mentioned among the lower Socio-economic groups and lower income groups and slightly more in Tharaka than in Nithi

Chuka Consolata(15%) no significant differences in mentions across the Socio-economic groups.
more in Tharaka and among the higher income groups.

Woodlands(5%) mainly mentioned among the AB Socio-economic group. More mentions in Tharaka and among the higher income groups.

10. DEMAND FOR INSURANCE

66% of total respondents are aware of health insurance schemes. Higher awareness levels reported in Nithi(71% than in Tharaka(29%). In the socio-economic group category higher levels of awareness of insurance was reported among respondents in the ABC1C2 socio-economic groups (94%, 80%, and 77% respectively) and upper income groups (88%, 77%, and 58% respectively) compared to those in lower socio-economic groups (56% and 49% respectively). As expected most of those who reported they had no knowledge were in the lower D, E Socio-economic groups (44% and 51% respectively) and lower income groups(4%, 50%).

Again as expected upper income groups reported high awareness of insurance compared to lower income groups.

In the qualitative groups most respondents generally had a negative attitude toward insurance. This is because of the experience some of them or their friends/relative have had with insurance.

“It is not advisable to have insurance because the claiming process is usually too long and complicated.” Male, Tharaka, institutional worker.

“Insurance companies are not trustworthy. Because making a claim is very difficult.” Female, Tharaka

10.1 Current situation

10.1.1 Source of awareness of insurance

Among those aware of insurance, the main sources of their information were from their friends/word of mouth (28%), radio (21%) and employers(15%). Other sources include print media, insurance agents and TV. A few mentioned their source was Chogoria hospital staff and these were from all classes and income group.

Respondents reported that they are aware of a number of insurance schemes.

Among those aware of insurance, the scheme mainly known are NHIF(69%) which had a higher awareness among employed respondents. 12% of them are aware of the Chogoria/Apollo scheme and they were mainly from Nithi. Other schemes mentioned were AAR(6%), Medivac(3%) and farmer’s co-operative scheme(3%). Awareness of insurance schemes is seen to be higher among upper Socio-economic groups and income groups.

10.1.2 Membership of insurance schemes

In the qualitative groups membership was mainly reported for NHIF among Institutional workers.

“It is compulsory and premiums are deducted from our salaries.” Female, Tharaka, Institutional worker.

A few claimed they have education policies for their children with British America and Pan Africa Insurance. While some mentioned they have life insurance policies with Pan Africa.

In the quantitative research, 21% of total respondents claimed they are members of insurance schemes. Membership is seen in all Socio-economic groups but mostly among the ABC1 and among respondents in the income groups Kshs. 5000 and above.

The table below summarises membership among the different groups.

Table 24 Membership of health care schemes

	Total	Area		Gender		Socio-economic group					Income groups			
		Tharaka	Nithi	M	F	AB	C1	C2	D	E	0-500	1001-5000	5001-10000	10000-15000
Total no. of respondents	1000	283	717	500	500	34	127	289	414	136	136	392	295	127
Members(%)	21	19	22	23	20	49	48	33	7	10	8	10	30	49
Non members(%)	79	81	78	77	80	49	40	58	88	79	92	90	70	51

Table 25 Table (Q. 81) Type of health care schemes they are members of

	All who are members	Area		Gender		Socio-economic group					Income groups			
		Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10000-15000
No. of respondents	212	158	54	114	98	17	61	94	28	14	12	38	88	62
NHIF (%)	72	67	88	71	74	83	80	71	59	63	41	69	74	76
Apollo (%)	4	6	1	6	2	2	3	6	6	-	-	5	4	3
Medivac (%)	2	1	4	n	3	-	n	4	-	-	19	-	n	3
Co-operative (%)	2	2	1	3	1	-	n	4	-	-	-	-	2	1
Others(%)	20	26	6	22	20	16	15	14	35	37	40	34	20	17

NHIF is the main scheme respondents are members of because it is a requirement of the law for all employees to be members. Others are also voluntary members.

4% of those who claimed to be members mentioned Apollo. These were mainly from Nithi

10.1.3 What the schemes covers.

Generally the schemes are not covering all medical expenses incurred by respondents.

Most are paying for admission fees, part of the hospital bill and accommodation. Others mentioned their schemes are paying for drugs and other medical fees. All schemes had a limit beyond which respondents have to pay for themselves.

85% of those with medical schemes said the frequency of making payments towards their scheme was monthly. A few (4%) said they pay every time they deliver produce at their societies. These are the ones who are members of co-operative medical schemes. There was no marked difference between Tharaka and Nithi areas.

10.1.4 How they obtained membership

61% of insurance schemes members obtained membership through their employers, while 21% of them (most of them self employed) obtained theirs through other household members (see table 88).

In the two areas, there seems to be similar patterns reported in the way they obtained membership.

For most, employers are the main contributors towards the payments of the medical schemes. This is mostly the case among the C1C2 Socio-economic group categories. Most of those who are paying for themselves are in the AB Socio-economic group.

Most of those who are members of insurance scheme in Tharaka area seem to have their premiums paid by employers. In Nithi although most have their employers paying their premiums, there were quite a number who said they are paying for themselves. (see table 69%)

10.2 Reaction to Chogoria Insurance scheme

Awareness of Chogoria insurance scheme

Table 26 (Q. 93) Awareness of Chogoria insurance scheme

	Total	Area		Gender		Socio-economic group					Income groups			
		Tharaka	Nithi	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10000-15000
Total no. of respondents	1000	283	717	500	500	34	127	289	414	136	136	392	295	127
Percentage	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Yes	24	25	21	24	24	41	36	28	17	24	22	20	30	28
No	76	75	79	76	76	59	64	72	83	76	80	80	70	72

24% of all respondents said they are aware of the scheme. Most of those aware were found in the ABC1 socio-economic groups. Similar levels are shared in the two areas, while slightly higher levels are seen among respondents in the upper income bracket .

Membership of Chogoria insurance scheme

Although there were no interviews carried out with hospital staff or their family members, there were few respondents who claimed to be members of the insurance scheme. Currently membership consists of the Hospital's staff only. These were 2% of all respondents interviewed, mostly in the C1 socio-economic group and upper income group bracket. These could be respondents who were previous members of the scheme.

Reasons for not being members of Chogoria insurance scheme

The main reasons cited and the frequency of mention are summarised in the table below.

Table 27 (Q.95) Reasons for not being members of Chogoria insurance scheme

Reasons	All who are aware of Chogoria but are not members	Area		Gender		Socio-economic group					Income groups			
		Tharaka	Nithi	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10001-15000
No. of respondents	236	46	190	112	1254	8	19	76	109	24	32	96	75	20
Not aware	41	28	43	4	38	11	41	37	52	-	40	42	36	33
Premiums too high/can not afford	20	17	21	12	12	-	2	22	21	28	9	33	14	9
Uninterested/not thought of it	19	23	17	20	16	50	27	17	13	36	19	9	24	23
Member of another scheme	5	9	4	5	4	21	-	11	2	-	-	4	7	9
Not useful	4	6	4	5	3	7	18	2	3	7	7	4	6	1
Far from where I stay	4	5	4	5	3	-	9	8	2	-	6	3	8	
Not well run/corrupt	3	1	3	2	1	4	-	7	-	-	-	2	3	1
Withdrew membership	1	-	1			-	-	-	2	-	-	2	-	-
No reason	11	13	10			7	14	7	10	29	4 20	12	8	14

Lack awareness of the insurance scheme was the main reason cited by the different sub groups of respondents.

Respondents in the lowest income bracket also cited disinterest in the scheme as their main reasons for non-membership. In general AB respondents and those in the upper income bracket said they are not interested in the scheme as the main reason for not joining the scheme. This could be because they have other schemes and they have a choice.

A few said the scheme is not useful for them. These responses were mainly from Tharaka because they are far from the hospital and E Socio-economic group because they can not afford. There were some who thought the scheme is not well run and suspected it is corrupt. This was mentioned mostly in Nithi among the C2 Socio-economic group.

A few mentioned they were not members because they withdrew from the scheme.

10.2.1 Whether they have ever been members of Chogoria insurance scheme

Of all the respondents interviewed, a mere 1% (14 respondents) said they had been members of the scheme. Non was in the AB Socio-economic group, although in the previous section there were some who claimed to be current members. Some respondents may have confused the scheme with another scheme they currently are members of.

Those who claimed they had been members in the past were all from Nithi in the middle income bracket (500-10000). Most reported that they withdrew their membership between 1 and 2 years ago.

Who paid money into the scheme

Most premiums were either paid by the respondents(29%)or another household member(37%).

Frequency of payments

Payments for the premiums were done either monthly or yearly. All in the E Socio-economic group said they paid yearly, while most of those in the C1, C2 socio-economic group claimed they paid monthly. Some were not sure how often they paid.

Amount paid into the scheme on each occasion

The amount paid on each occasion by the different groups is shown in table 27 below.

Table 28 (Q.103) Amount paid on each occasion premiums are paid

Amount paid on each occasion in Kshs.	All who are former members of scheme	Area		Gender		Socio-economic group					Income groups			
		Thar aka	Nithi	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10001-15000
No. of respondents	14	-	14	4	10	0	2	2	6	4	0	6	5	1
Percentages	(%)	%	%	-	3	%	%	%	%	%	%	%	%	%
80	2	-	2	-	18	-	-	-	5	-	-	5	-	-
120	12	-	12	-	21	-	-	-	28	-	-	2	-	-
200	15	-	15	-	18	-	13	-	28	-	-	2	-	100
750	12	-	12	-	18	-	-	-	-	50	-	-	31	-
1000	12	-	12	-	30	-	-	-	-	-	-	-	31	-
Mean	486	-	486	-	486	-	200	1000	154	750	-	153	875	200
Can't remember	46	-	46	100	24	-	87	15	38	50	100	38	37	-

The average amount of money paid is high among those who paid yearly.(1000, 750).

10.3 What they liked about the scheme.

Lapsed members of the scheme had very little to say about what they liked about the scheme. The scheme was generally disliked. 44% of the lapsed members said they liked the scheme because it covered all their hospital bills and these views were shared across the different groups of respondents. Others (56%) had nothing they liked about the scheme.

10.4 What they disliked about the scheme.

Among the lapsed members of the scheme, 52% of them mentioned some dislikes. The main dislike cited by 25% of them was the fact that the scheme did not cover all costs. This was mentioned those in the C2,D Socio-economic groups. 15% (mostly among the upper income bracket) thought the services at the hospital were slow while 12% (lower Socio-economic group and income groups) were not happy with the increased premium fees.

48% did not have any dislikes to mention. This was the same across the different groups of respondents

11. DEMAND FOR THE CHOGORIA PRE PAID INSURANCE SCHEME BY INDIVIDUALS

Given that one of the objectives of this study was to identify the demand for a renewed prepaid insurance scheme for both individuals and institutions in Nithi and Tharaka, this section sets out the findings towards this idea.

The insurance scheme was described and explained to all respondents before their responses were elicited. Below is the way the scheme was described to them.

This idea is for a health insurance scheme, which provides outpatient treatment at Chogoria clinics. If necessary the patient can be referred to Chogoria hospital to see a doctor as an out-patient or get admitted at the private ward. The scheme also includes medicines or necessary operations.

11.1 Level of interest in joining the scheme as an individual member

In this section responses were elicited from all respondents, however we will restrict ourselves only to those who were very interested in joining the scheme. Those who said they are very interested would be more likely to join the scheme and their views will give a closer indication of how the insurance scheme should be presented, so as to be perceived to be reasonable and beneficial to them.

Without considering how much it would cost respondents level of interest in joining the scheme as individual members was sought.

63% of all respondents claimed they were very interested in joining the scheme while 23% of them said they were slightly interested. A few (5%) said they were very uninterested in joining. Of those who said they were very interested, there were no marked differences across the different groups. In the socio-economic group category an average of 64% level of those very interested was recorded, while in the two areas an average reading of 63% was reported. However in the income groups category, respondents in the lowest bracket reported a 30% level, while in the other brackets an average of 64% was reported.

11.2 Preferred frequency for paying into the scheme

Table 29 (Q. 122) Preferred frequency for paying into the scheme

Preferred frequency	All who are very interested in joining the scheme	Area		Gender		Socio-economic group					Income groups			
		Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10001-15000
No. of respondents	630	453	177	319	311	24	82	186	256	82	68	252	200	87
Percentages	(%)	%	%	-	3	%	%	%	%	%	%	%	%	%
Monthly	52	55	45	54	50	80	60	58	47	40	56	46	55	55
Yearly	34	29	46	30	38	15	36	27	37	42	25	37	33	35
Quarterly	8	8	5	8	7	4	1	11	6	10	6	10	6	8
Other	6	8	4	8	5	1	3	4	10	8	3	7	6	2

Respondents were asked to give the most convenient payment frequency for them. The highest frequency of payment mentioned was monthly (40%). This was mentioned more in Nithi (43%) than in Tharaka (33%). In Tharaka 50% of them reported they want to pay yearly while in Nithi, those who want to pay yearly are 35% of them.

The results indicate that most of those who want to pay monthly are in the AB Socio-economic groups. These are probably salaried employees who are paid monthly.

There were no significant differences across the different groups among those who want to pay yearly, however less are seen in the AB Socio-economic group and more in the lower income group.

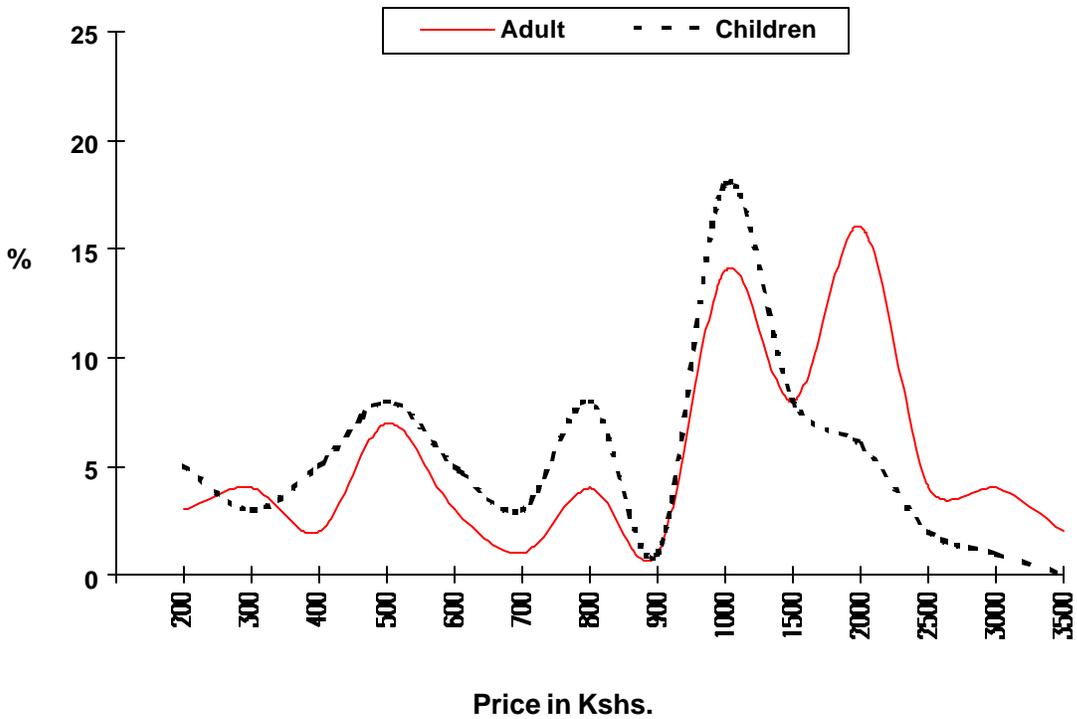
11.3 Expected price for adults and children

Respondents were asked to give the price they expected to pay annually towards the scheme for an adult and a child. The spontaneous prices mentioned by each of them were plotted against their frequency of mention and a graph was generated.

The graph below shows these responses against their frequencies for both the adult and child scheme.

The highest peak for expected price for an adult is seen at price level Kshs. 2000 while that of a child is seen at price level Kshs. 1000. However the population corresponding to these price levels is quite low (16% for adults and 18% for a child).

Expected annual payments for an adult and a child towards the insurance scheme



For the adult scheme the price of Kshs. 2000 had the highest mentions among all socio-economic groups but more of them in the AB class. There were slightly more mentions in Nithi (17%) compared to Tharaka (14%)

For the child's scheme the price of Kshs. 1000 had the highest mentions across all income groups but more among the middle income bracket (Kshs. 5001-10000). The Kshs. 2000 price level was mentioned more by respondents in the upper socio-economic groups than those in the lower group.

Both areas shared the same level of responses (18%) for this price level.

From the expected prices mentioned spontaneously by respondents', the mean price for each sub group was calculated.

Table 29 below shows the mean prices for the adult and children schemes by the different sub groups of respondents interviewed.

Adult scheme

Table 30 (Q.123) Mean prices for the adult scheme

All who are very interested in joining the scheme (630) 1455	Area		Gender		Socio-economic group					Income groups			
	Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10001-15000
	1570	1158	1420	1490	2131	1601	1587	1333	1191	1113	1137	1793	1747

Child scheme

Table 31 (Q.125) Mean prices for the child scheme

All who are very interested in joining the insurance scheme 943	Area		Gender		Socio-economic group					Income groups			
	Nithi	Tharaka	M	F	AB	C1	C2	D	E	0-1000	1001-5000	5001-10000	10001-15000
	1018	758	941	945	428	1005	995	891	769	848	775	1081	1137

11.4 Ideal price range for payment into the scheme for adults and children

A price sensitivity measure (**PSM**) was used to come up with the ideal price for the insurance scheme. PSM is a model that is used to come up with the optimum price and the ideal price range of a product. It looks at different prices that consumers can be exposed to. That is it shows the highest and the lowest price at which consumers are willing to pay for a particular service. Consumers are probed on different prices at which a product or a service can be priced and they are asked which prices they feel are TOO CHEAP, CHEAP, EXPENSIVE AND TOO EXPENSIVE. The information is put together and a graph is generated.

A PSM was done with all respondents in this study to come up with the ideal price range for the Chogoria insurance scheme.

The table below shows a summary of the optimum annual price range for an adult and child scheme in both Tharaka and Nithi.

Table 32 Ideal price range for the adult and children scheme

Optimum price range(Kshs.)	Adult			Child		
	Total	Nithi	Tharaka	Total	Nithi	Tharaka
	950-1600	1100-1600	740-1400	350-1600	450-1600	450-1600

In general, for both the schemes, there was a lower price range reported in Tharaka compared to Nithi. People in Nithi have a better access to the hospital and are the ones using the hospital more. Lower income groups are also the ones with lower incomes and are therefore not able to pay as much as those in Nithi. However the ceiling price was the same for the adult scheme in both areas.

The children scheme has a lower range than that of the adult scheme. This could be because children are treated free in government facilities and as such respondents are not willing to pay the same amount as for the adults. Indeed respondents in Tharaka mentioned in the qualitative research, they are getting free medical services for their children at government facilities they visit.

12. DEMAND FOR INSURANCE BY INSTITUTIONS

In this research phase, 20 in-depth interviews were conducted among managers of co-operative societies, heads of schools, and church leaders in Tharaka area.

Number of members and employees in organisation

Table 33

Institution	Number of employees/members
<u>Schools</u>	
Chogoria Girls' High school	Not specified
Chogoria Girls' boarding school	Not specified
Chogoria boys' High school	Not specified
Chogoria junior school	111 pupils, 7 teachers 6 supporting staff
<u>Government organisations</u>	
Agricultural finance corporation	10
<u>Co-operative societies</u>	
Kiriani farmers co-operative	3500
Mutindwa farmers co-operative	1600
Iruma/Nguruki farmers co-operative	2797
Meru south farmers (SACCO) Societies	Not specified
Chogoria farmers co-operative society (was undergoing liquidation)	119
<u>Churches</u>	
St. Paul's Catholic church	100

Table 34 Whether they have a health care arrangement with a health offerer

Institutions	Health care arrangement	How payments are made	Any proposed scheme
<u>Schools</u>			
Chogoria Girls' High school	Non They have a school nurse who takes care of pupils for minor ailments but sends them to Chogoria hospital if they do not improve	The school pays the bills for students then their parents are billed.	Non
Chogoria Girls' boarding school	Have an arrangements with Chogoria hospital	Pay medical bills at the end of every month. Medical care is included in school fees.	Non
Chogoria boys' High school	No agreement with health offerer. Students pay 150 per term To pay for medical cover. They are taken to Chogoria hospital for treatment.	Currently the school is spending 76000-10000 per term on medical bills.	Non
Chogoria junior school	No arrangement. Students go to hospital then the school pays from the medical fees, which are part of school fees.	Students go to hospital then the school pays from the medical fees that are part of school fees.	Non
<u>Government organisations</u>			
Agricultural finance corporation	Company medical scheme	Workers go to hospital then the hospital invoices the medical bills to the company.	Alico insurance company but the company was not interested
<u>Co-operative societies</u>			
Kiriani farmers co-operative	Members go clinics to clinics where they are treated on credit then the society is invoiced by the clinics. The society pays the medical bills of its members.	The society pays the clinics 2-3 months after they are invoiced. Then they deduct the amount from the farmers' produce.	Non
Mutindwa farmers co-operative	No arrangements Members have voluntary membership with NHIF	NA	Non
Iruma/Nguruki farmers co-operative	No arrangements Members have voluntary membership with NHIF	NA	Non
Meru south farmers (SACCO) societies	No arrangements Members have voluntary membership with NHIF	NA	Non
societies(liquidated) Chogoria farmers co-operative	No arrangements Members have voluntary membership with NHIF	NA	Non
Churches St. Pails' Catholic church	No arrangement for its members. Whenever a member falls sick and they are unable to pay their medical bills, the church members hold a fundraising to help.	NA	Non

Generally majority of the institutions had no health care arrangements for their staff or members. There is an opportunity for the hospital to introduce the scheme to managers of these. Members

of the different institutions make their own health care arrangements through voluntary membership of NHIF.

Table 35 Level of satisfaction with the current health care arrangement. Will they renew

Institution	NHIF	Others
<u>Schools</u>		
Chogoria Girls' High school	Amount covered is too low, if one admitted in private ward.	NA
Chogoria Girls' boarding school	Dissatisfied Would not renew if given an option	
Chogoria boys' High school	Dissatisfied Would not renew if given an option	
Chogoria junior school	Dissatisfied Would not renew if given an option	
<u>Government organisations</u>		
Agricultural finance corporation	Dissatisfied Only pays for accommodation and food. Does not cover out patient. Takes too long to claim Membership card takes too long Amount covered is too low, it needs to be revised. Would move out if they had an option	Dissatisfied with the company medical scheme Amount allocated to outpatient is too low and sometimes they foot their own bills. Does not pay for Dental, optical and STI treatment
<u>Co-operative societies</u>		
Kiriani farmers co-operative	Does not cover most important medical costs, drugs and doctors fees. Would renew but they are dissatisfied	
Mutindwa farmers co-operative	Dissatisfied because the scheme does not cover the most important medical costs. Not happy with the scheme although farmers still renew	
Iruma/Nguruki farmers co-operative	The scheme should cover all costs because they pay premiums every month.	Not satisfied with the scheme
Meru south farmers (SACCO) societies	Members of NHIF scheme are dissatisfied. Most would not renew.	
Chogoria farmers co-operative societies(was under liquidation)	No membership	
Churches St. Pails' Catholic church	No membership for NHIF	

Generally respondents are dissatisfied with the NHIF scheme which they feel it does not cover the most important medical bills (Drugs, medical supplies and doctors fees). Because the

scheme covers only accommodation and food for in-patients, respondents felt they are taken advantage of because most ailments are treated as out-patient. In particular they felt that most people end up paying the premiums for many years without any benefit.

Although they were not satisfied with the scheme farmers opted to become individual members of the scheme. There is clearly a need for an insurance scheme, which is currently not met by the NHIF scheme. Specifically respondents mentioned they want a scheme that covers both in patient and out patient medical costs.

Table 36 Interest in joining a new prepaid insurance health scheme with Chogoria hospital

Institution	Level of interest in joining
Schools	
Chogoria Girls' High school	Interested in joining because they do not have any health care arrangement with any offerer
Chogoria Girls' boarding school	Interested in joining because they
Chogoria boys' High school	Interested in joining because the school is currently spending more on medical bills than what students are paying.
Chogoria junior school	Interested in joining because it will be very convenient at times when there is no cash in the school to pay for medical bills. It will also help the teachers who sometimes have to borrow money to pay for medical bills
Government organisations	
Agricultural finance corporation	Interested but will depend on premiums charged willing to pay 300 per month per member Not interested because waiting time is too long and patients do not always get to see the doctor, mostly clinical officer. However company would save because the services are cheaper than where we go.
Co-operative societies	
Kiriani farmers co-operative	The managers were not very enthusiastic about the idea. They said they are interested but would like the scheme to cover all medical expenses . Interested but would like to negotiate the premiums.
Mutindwa farmers co-operative	
Iruma/Nguruki farmer co-operative	They are interested but they would like their members to be educated on what the scheme entails. They expect it to be affordable and cover all ailments.
Meru south farmers (SACCO) societies	Interested but would like the scheme to cover all diseases
Chogoria farmers co-operative societies(liquidated)	Not interested because the co-operative is winding up
Churches	
St. Pails' Catholic church	Not interested in joining. They have a negative attitude towards the hospital. They feel the level of care is low.

Table 37 What they would like to have in the Chogoria pre-paid health scheme

Institution	What would like to have in the scheme
<u>Schools</u>	
Chogoria Girls' High school	The scheme should be affordable to parents and give good services
Chogoria Girls' boarding school	Affordable to parents and provide better services
Chogoria boys' High school	They are willing to pay Kshs. 500-1000 per year.
Chogoria junior school	Would like affordable and fast and efficient services. Admission at private ward and access to doctors. The scheme should have a provision for bonus for those who do not use the facilities over the year.
<u>Government organisations</u>	
Agricultural finance corporation	To cover all medical costs Short waiting time - an hour or less Referrals to specialised doctors Guaranteed quality service Allowed to see doctor on every visit Cover use of other Health care facilities wherever the patient is. Cover the whole family Payment through check-off system
<u>Co-operative societies</u>	
Kiriani farmers co-operative	Members would like to join at a premium of below 5000 per year and should cover all diseases
Mutindwa farmers co-operative	They would like to pay premiums per season at 3000 per individual per year. The scheme should cover all diseases including STI's.
Iruma/Nguruki farmers co-operative	Would like to have access to all services and would like to pay Kshs. 100 per month.
Meru south farmers (SACCO) societies	Should cover all ailments and be affordable
Chogoria farmers co-operative societies(liquidated)	Not interested
Churches St. Pails' Catholic church	They find the hospital too expensive. But would be willing to pay premiums Kshs. 1000 per year

In summary respondents would like the scheme to cover all medical costs, be affordable and provide quality services to members.

13. DISCUSSION

The most prevalent type of health problems among respondents was Malaria. Care must be taken in comparing the incidences of the illness as reported on the survey with those which are diagnosed at health care facilities because of two reasons.

The element of perceived health problems in the study is different from doctors diagnosis. Secondly there are seasonal variations in some type of illnesses which are most prevalent at certain times in some areas than others due to whether changes.

The type of action taken when they fall ill depends on type of illness. Almost the entire population went to mission and government health facilities for treatment.

The main factors that affect choice of health care facilities is cost of service. Because of the current economic conditions, people do not go to any health care facility unless they are sure they will be able to pay. People also want to be assured to get well by getting the medical services required and that they will be treated by qualified personnel. Because of increases of non curable diseases like AIDs respondents are concerned about the safety of medical facilities and equipment.

People also want to be treated with dignity. They want to feel the staff care for them, the environment in which they are being treated is clean and comfortable and that they do not wait for too long before they get treated.

Payment for health care services seems to have become acceptable in the community. People are aware that they have to pay for healthcare. Because treatment has been free in the previous years, people are still not willing to pay so much. Although there were some who said they will pay what they are asked for to get well, there are those in the community who can not afford to pay. They are the people getting sick mostly because of their poor living conditions and poor nutrition. They are the ones who sell their assets or house hold goods to pay for health care.

Utilisation of health care facilities was highest for mission and government hospitals. Chuka and Chogoria hospitals are the hospitals with the highest utilisation in the area. Chogoria hospital is utilised by all people in the community but mostly by those who are better off. Chuka district hospital is utilised more by the poorer people in the community.

The idea of a prepaid insurance scheme was welcomed by most of the respondents. There were generally low opinions towards insurance because of lack of understanding of how insurance works rather than their experience.

Overall there was low awareness of the Chogoria scheme in the general population interviewed. Most recalls of the scheme were among in-depth interviews with institutional managers some of whom said they got to know about the scheme from meetings organised by Chogoria hospital staff to educate them on the scheme.

Respondents generally had a low awareness of the pre-paid insurance and there is need to educate the community on how insurance works. Most respondents reacted positively towards the idea of a pre-paid insurance scheme although they would like the hospital to improve in its weak areas before they can join the insurance scheme.

14. CONCLUSIONS

- ◆ The main health care needs of the community is primary health care education for malaria treatment, and prevention of gastro-enteric diseases, and amoeba which are the health problems perceived to be most common in the area.
- ◆ We feel that there is a need to educate the community on hygienic food preparation methods and drinking safe water. Malaria cases which could be treated early at lower healthcare facilities at lower costs are treated at hospitals at a high cost.
- ◆ The main factors that affect the choice of health care facilities is cost of service and the quality of services offered by the facility.
- ◆ Chogoria hospital came across as the best hospital in the area.
- ◆ The main strengths of the Hospital are
 - The staff because they are qualified and have a wide expertise and experience in treating a wide range of diseases.
 - Adequate facilities and equipment
 - Availability of drugs at its pharmacy

- ◆ The main weaknesses of the hospital mentioned were

- Waiting time too long
- Expensive charges
- Unfriendly staff
 - ➔ Unfair treatment/rudeness
 - ➔ Not confidential with patients' health problems

- Deteriorating standards of in patient care

The Hospital needs reassure the community on the quality of services offered at the hospital and disassociate itself from the negative perceptions.

- ◆ The reason cited most for not joining the Chogoria Hospital scheme, was lack of awareness. There is need to increase awareness of the scheme in the community.
- ◆ We feel that the scheme will attract more members in Nithi because they have better access to the hospital than people in Tharaka have and because they are better off. This is seen in the higher ideal price range reported in Nithi.
- ◆ To attract members the hospital has to educate the community on the benefits of the scheme. They will only join if they see benefits.

- ◆ There is a greater likelihood of the lower socio-economic group joining the scheme through group membership than as individual members because it would be cheaper for them and it is easier to mobilise their funds through a co-operative where they are members.
- ◆ The AB C1 socio-economic groups could join the scheme through individual membership but they need to see the benefits of joining the scheme over their current medical arrangements.
- ◆ There is a good opportunity for group membership of the scheme. From the in-depth interviews done, managers of institutions expressed interest in joining the scheme through group membership however they feel they should negotiate the premiums.
- ◆ From the price sensitivity measure, the ideal price range for Nithi is Kshs. 1100-1600 per annum for the adult scheme and 450-1600 for the children scheme. In Tharaka the ideal price range mentioned is Kshs. 740-1400 per annum for adults and Ksh450-1600 for a child scheme.

15. APPENDIX

List of appendices

APPENDIX I

Discussion Guide for focus groups

APPENDIX II

Discussion guide for in-depth interviews

APPENDIX III

Questionnaire for quantitative research

APPENDIX IV

List of diseases and how they were coded

APPENDIX I

DISCUSSION GUIDE FOR FOCUS GROUP DISCUSSIONS

APPENDIX II

DISCUSSION GUIDE FOR IN-DEPTH INTERVIEWS

APPENDIX III

QUESTIONNAIRE FOR QUANTITATIVE RESEARCH

APPENDIX IV

LIST OF DISEASES AND HOW THEY WERE CODED