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ORIGINAL RESEARCH

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Promoting delivery of reproductive health services through legal support and capacity development of healthcare providers in a health provider network in Kenya

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Abstract

Background: Health provider networks (HPNs), an innovation in the private sector, is a service delivery model that has improved access to health services. However, there are no known studies or empirical evidence to support their effectiveness in Kenya.

Objective: To determine the influence that legal support and provider capacity building have on providing quality reproductive health services in a healthcare provider network in Kenya.

Methods: A cross-sectional study design was used. The study was carried out among Reproductive Health Network Kenya (RHNK) healthcare providers spread all over 42 counties in Kenya. The target population was 457 health care providers within RHNK. A sample of 252 health care providers was drawn using simple random sampling. A structured questionnaire was used to collect data from the 252 health care providers in the network. Quantitative data were analyzed using the IBM SPSS software, version 23, for descriptive and inferential statistics, and results were presented in tables.

Results: A total of 252 respondents were included in this study; 52% (n=132) were male. Forty-six percent (n=117) of the respondents were between 41-50 years. Nurses were the majority at 73%(n=184), and 31% (n=78) of the respondents owned nursing homes. Fifty-one percent (n=127) of the respondents were diploma holders, and 28%(n=70) had 16-20 years of work experience. The bivariate analysis reported that legal support (r=.235**, p< .05) and capacity building (r= .213**, p< .05) had a positive and significant influence on the provision of quality reproductive health services in the provider network.

Conclusion: Legal support and capacity building through training, mentorship, and coaching significantly impact reproductive health services quality in a provider network.

Keywords: reproductive health services, health provider networks, legal support, capacity building, Kenya

Introduction

Health systems consist of all persons and activities whose principal intent is to promote, restore or maintain health (1). A health system's six essential building blocks include service delivery, health workforce, information, medical products, vaccines and technologies, financing, and leadership and governance (2). In addition to the six pillars, Kenya has identified two more building

blocks: infrastructure and research and development (3). The provision of health services should be integrated to encompass the management and delivery of quality and safe health services so that people receive a continuum of promotive, preventive, curative, and rehabilitative health services through various levels and sites and during their entire life. Integrated health services can be delivered within a network of providers (2). A network is an organization that provides equitable, comprehensive, integrated, and continuous health services to a defined population and is willing to be held accountable for its clinical and economic outcomes and the health status of the population served (4). Healthcare networks are implemented widely in cancer control programs in Canada, and the networks promote integrated care and enhanced patient outcomes (5).

Health provider networks exist in Kenya to provide a continuum of quality health services. Some of the known networks of providers in Kenya include Tunza, AMUA, Reproductive Health Network Kenya (RHNK), Christian Health Association of Kenya (CHAK), and Kenya Conference of Catholic Bishops (KCCB). Tunza, AMUA, and RHNK offer reproductive health services. Collective and collaborative health care provider networks are assumed to address healthcare issues in excellent ways compared to previous service-delivery models (6). Strengthening health systems and, in particular, the provision of reproductive health services remains a crucial area of concern. Many governments have no sufficient resources to support both public and private health facilities (7). Therefore, privately organized provider networks are vital in supporting private practitioners in building their capacity and providing legal advice to improve the quality of health services. Although there has been growth and support for innovations by networking approaches to public health systems, little is known on improving population health (6). There are no known studies or empirical evidence to support the effectiveness of the networks in the delivery of these reproductive health services in Kenya. Therefore, this study sought to determine the role healthcare provider networks play in promoting the delivery of reproductive health through the provision of legal support and capacity development among its members.

Methods

Study design and setting

This was a descriptive cross-sectional study. The study was carried out among RHNK healthcare providers spread all over 42 counties in Kenya. Kenya has 47 counties, and each county has an autonomous healthcare system. The Kenyan healthcare system is categorized into public, commercial, private, and faith-based organizations (FBOs). The public sector is the largest, followed by the commercial private sector and FBOs. The study respondents were providers from the commercial private sector who are spread across urban and rural areas.

Study population

The study population was 457 health care providers within RHNK. A sample size of 252 healthcare providers was selected. The RHNK provider network was purposively selected, while the 252 providers were sampled using a simple random sampling method.

Data collection and management

Data were collected using a self-administered structured questionnaire with a five-point Likert scale from the 252 providers within the RHNK network. The Likert scale ranged from strongly agree (SA)=5 to strongly disagree (SD)=1. The mean score was then calculated for each statement. A mean score of 3.4 was the borderline for agreeing and disagreeing. The questionnaires and an informed consent form were distributed via email to the selected participants. Those who agreed to be included in the study signed the consent form, then filled the questionnaire and sent it back to the researcher. The data collection instrument was pretested with 45 health care providers from TUNZA and AMUA networks. The pretest results were used to improve the reliability and validity of the final data collection tools. The results from the pretest sample of 45 respondents were not included in the final results of the 252 respondents.

Data analysis

Descriptive design was adopted to generate summary statistics and inferential statistics. Data from the questionnaires were cleaned, coded, and analyzed using the IBM statistical package for social sciences (SPSS), version 23, for descriptive and inferential statistics, and results presented in tables.

Ethical consideration

Ethical approval was sought from the Kenya Methodist University Scientific and Ethics Review Committee (registration number KeMU/SERC/HSM/22/2021). A research permit was also sought from the National Council of Science and Technology (NACOSTI/21/10704), the RHNK Board (001/007/2021RHNK/LTI), and the 252

institutional authorities targeted for the study. Each study participant gave informed consent to participate in the study before data collection.

Results

The response rate in this was 100% (n=252). A majority, 52% (n=132), of the respondents were male. Forty-six percent (n=117) were between 41-50 years. Nurses were the majority, 73% (n=184). Fifty percent (n=127) were diploma holders, and nearly a third, 28%(n=70) of all respondents had 16-20 years of work experience. Thirty-one percent (n=78) and 13%(n=33) were from nursing homes and hospitals, respectively. Fifty-six percent (n=141) had been network members for 1-5 years (Table 1).

In this study, the provision of quality health services was the primary outcome variable as a measure of the mandate of the provider network. Nearly all the respondents agreed with the statements on the benefits of belonging to a provider network on providing quality healthcare services. The majority of the respondents agreed that being a member of the provider network provided them with an opportunity to refer their patients easily (mean 4.87), that the quality of care that they offer had improved since they joined the provider network (mean, 4.92), that they have a clear network referral strategy at their facility (mean, 4.95), and that they can consult their fellow members in the network anytime for patient care (mean, 4.89) (Table 2).

Legal support to healthcare providers in a network was one of the two independent variables in this study. A majority of the respondents agreed that the process of registration with the provider network was obvious to them (mean, 4.92), that the benefits of joining the membership were well explained to them (mean, 4.90), and that the registration process takes a short time (mean, 4.27). However, the respondents disagreed that the provider network was always ready to provide them with support in renewing their professional and practicing licenses (mean, 3.22). The respondents were asked about their opinion on the provider network support to comply with the laws concerning statutory compliance. Most of the respondents agreed that the provider network was constantly updating them on new policies (mean, 4.53), that the provider network was always ready to interpret policies or laws for them (mean, 4.59), and that the provider network often supports the health workers with legal representation in case of need (mean, 4.81) and that the provider network was always ready to convey their views to the Ministry of Health at both national and county levels (mean, 4.06) (Table 3).

Table 1: Demographic characteristics of the study respondents

Characteristics	Responses	
	Frequency (n=252)	Percent
Gender		
Male	132	52
Female	120	48
Age		
28-40	65	26
41-50	117	46
51-60	58	23
Above 60	12	5
Profession		
Nurse	184	73
Clinical Officer	51	20
Doctor	16	6
Professor	1	1
Facility type		
Clinic	73	29
Health center	68	27
Nursing home	78	31
Hospital	33	13
Level of Education		
Certificate	25	10
Diploma	127	50
High diploma	44	18
Degree	56	22
Work Experience		
4 – 9	11	4
10 – 15	57	23
16 – 20	70	28
21 – 25	45	17
26 – 30	39	16
31 – 35	17	7
36 – 40	11	4
41 – 50	2	1
Practicing license		
Yes	251	99
No	1	1
Network Membership (Years)		
1 – 5	141	56
6 – 10	106	42
11 – 13	5	2

Table 2: Provision of Quality Reproductive Health services in the Reproductive Health Network Kenya

Statement	Min	Max	Mean	Standard Deviation
Being a member of the provider network provides me an opportunity to refer my patients easily	3	5	4.87	0.35
I have a large network of providers to refer my patients to	2	5	4.86	0.39
I can consult my fellow members in the network anytime for patient care	4	5	4.89	0.31
My colleagues in the network are always ready to offer services to my clients whenever I request them.	4	5	4.85	0.35
I have a clear network referral strategy at my facility	4	5	4.95	0.22
The members of the network are always available to be consulted	4	5	4.69	0.46
Being a member of the network ensures that my clients can always access health services from any member of the network	3	5	4.71	0.47
I often receive instant assistance from members whenever I need it	2	5	4.71	0.53
The quality of care that I offer has improved since I joined the provider network	4	5	4.92	0.27
The WhatsApp platform provides timely professional consultation and support among peers	3	5	4.83	0.39

Table 3: Legal support to healthcare providers in the Reproductive Health Network Kenya

Statement on access to Legal Support	Min	Max	Mean	Standard Deviation
The network registration process is obvious	4	5	4.92	0.28
The benefits of joining the membership are very well explained	2	5	4.9	0.35
The registration process takes a short time	2	5	4.27	0.97
The provider network is always updating me on new policies.	2	5	4.53	0.56
The provider network is always ready to interpret policies or laws for me	2	5	4.59	0.54
The provider network often supports the health workers with legal representation in case of need	2	5	4.81	0.43
The provider network is always ready to represent our views to the MOH at the national and county level?	2	5	4.06	0.84
The provider network is always ready to support me in renewing my professional and practicing licenses	2	5	3.22	1.10

Capacity building was the second independent variable measured using training, mentorship, and coaching as the indicators. Concerning training of healthcare providers, the majority of the respondents agreed that the network always provides regular training on clinical and legal protocols to its members (mean, 4.50), that the network regularly organizes leadership and management training to its members (mean, 3.80), that the network often informs them of available training that they can attend (mean, 4.54), and that the provider network always trains on the latest clinical protocols (mean, 4.57). Most

respondents agreed that the provider network regularly organizes scientific conferences where they can exchange ideas and learn from others (mean, 4.86), that members of the network organize workshops for learning/co-creating ideas (mean, 3.99), that the network provides continuous medical education through partners (mean, 4.43), that they are always encouraged to join the mentorship programs (mean, 4.42), that the mentorship programs provided are beneficial in upscaling their skills (mean, 4.45), that junior members are onboarded into the network through a mentorship orientation program that is organized by the network (mean, 4.29), and that the provider network connects members to senior members for support (mean, 4.66) (Table 4).

Legal support (X_1) had a positive and significant influence on the provision of healthcare services ($r = .235^{**}$, $P < .05$). This study also found a positive and significant influence of capacity building (X_2) on the provision of quality reproductive health services in the provider network ($r = .213^{**}$, $P < .05$). The study found that the more legal support and capacity-building opportunities the healthcare provider network provides, the higher the quality of reproductive healthcare services the provider network members offer (Table 5).

Table 4: Capacity building of healthcare providers in the Reproductive Health Network Kenya

Statement on access to Provider Capacity Building	Min	Max	Mean	Standard Deviation
The network always provides regular training on clinical and legal protocols to its members	2	5	4.5	0.54
The network regularly organizes leadership & management training for its members	2	5	3.8	1.07
The network often informs us of available training that we can attend	2	5	4.54	0.57
The network always trains on the latest clinical protocols	3	5	4.57	2.53
The network regularly organizes scientific conferences where we can exchange ideas and learn from others	2	5	4.86	0.4
Members of the network provide a workshop	2	5	3.99	0.84
The network provides continuous medical education through partners	2	5	4.43	0.55
The provider networks provide mentorship to all members	2	5	4.21	0.79
We are always encouraged to join the mentorship programs	2	5	4.42	0.65
The mentorship programs provided are beneficial in upscaling our skills	2	5	4.45	0.63
The provider network connects members to senior members for support	2	5	4.66	0.52
Junior members are onboarded into the network through a mentorship orientation program that is organized by the network	2	5	4.29	0.76

Table 5: Factors influencing Provision of Quality Reproductive Health services

	Provision of quality reproductive health services (Y)	
Independent Variables	**Spearman's rho**	**P-Value**
Legal support (X_1)	.235**	0.001
Provider Capacity (X_2)	.213**	0.001

**. Correlation is significant at the 0.01 level (2-tailed).

Discussion

Health provider networks play a significant role in the delivery of quality reproductive health services. Healthcare providers get legal support and capacity development through these networks through training, mentorship, and coaching. Legal support to members in the network has been shown to

improve the quality of reproductive healthcare services. The legal aid is offered by a team of legal experts who help interpret laws and policies surrounding the provision of sexual and reproductive health services (SRHS) and ensure compliance with statutory requirements. In addition, a health provider can be represented in a court of law on a need basis. The network healthcare providers' views are conveyed to the Ministry of Health at the national and county levels. Capacity building of members in a health provider network improves the quality of reproductive healthcare services. Healthcare providers need continuous professional education to remain current. Healthcare providers access regular training on clinical and legal protocols, leadership, and management through the network. The provider network regularly organizes scientific conferences and workshops where members exchange ideas and learn from others. Through the network, mentorship programs are provided that are beneficial in upscaling members' skills. Junior members are onboarded into the network through a mentorship orientation program. Through coaching, the members connect with senior members for clinical and managerial support.

From this study's findings, the healthcare providers' views are clear on the benefits they derive from being members of the network. The results are similar to the benefits outlined by the Kenya Health Federation, which states that being a member of an association keeps members active and well informed on the current trends in the industry, new laws and policies and any advancement in technology (8).A health service delivery network, has a primary function of delivering organized health services to a population or a particular group of people. However the network, will likely have several other functions beyond the primary functions, such as sharing knowledge and information, learning, and capacity development. This study summarizes the possible benefits of networking as access to shared resources, shared risk, promoting efficiency, delivering service quality, coordination of activities, advocacy, learning, capacity development, innovation, flexibility and responsiveness to clients' needs (9). The respondents attributed these positive outcomes to being a member of a network.

Collaborative mentoring networks (CMNs) provide support to physicians; the networks have been seen to improve the competencies and confidence of physicians in caring for their patients (10). The CMNs give family doctors timely and continuous access to high cadres mentors and more outstanding clinical expertise. The CMNs have a more significant impact on junior physicians. Through the network, the junior physicians have increased capacity in family practice early in their careers; they can treat patients with complex medical conditions, have lesser referrals to specialists, and have more client retention. Mentorship interventions improve the management of infectious diseases, maternal, neonatal, and childhood diseases (11). Mentorship interventions improve managerial skills and competencies in accounting, human resources, monitoring and evaluation, logistics, and management of health organizations. Mentorship also led to improved accreditation scores and adherence of health professionals to guidelines, standards, and protocols.

Study strengths and limitations

This study's findings are based on primary data, therefore representing the perceptions of healthcare providers. One of the limitations of this study is that there are no known studies in Kenya on the role of the healthcare provider network in service delivery. This was overcome by borrowing concepts from other countries with similar models of organization and delivery of health services.

Conclusion

Legal support and capacity building through training, mentorship, and coaching significantly impact reproductive health services quality in a provider network. These practices help build on providers' knowledge, skills, and attitudes to promote quality health services.

Recommendations

The study recommends that i) the national MOH as well as County Health Offices should adapt the use of health provider networks to improve quality in the provision of primary care services in public facilities, ii) the health provider networks should consider providing access to legal services for their members which would include updating and interpreting laws and policies, and iii) the health provider network should provide capacity building through training, coaching and mentoring of its members to strengthen the provision of SRHS.

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Declarations

Conflict of interests

The authors declare no conflicts of interest.

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