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REFUGE POINT

Transforming Refugee Response: RefugePoint's Impacts

Vol. 8: Securing Refugee Inclusion in Kenya's National Health Insurance Fund

Quick summary: *Through persistent advocacy and direct negotiation with the government, RefugePoint secured the inclusion of refugees in Kenya's National Health Insurance Fund for the first time and worked with UNHCR to subsidize enrollment for thousands of urban refugees in Nairobi. This has resulted in more than 20,000 refugees in Kenya gaining health insurance coverage for the first time.*

Description of the systems change

In March 2014, RefugePoint brokered an agreement with the Government of Kenya allowing for refugees to be included in the National Health Insurance Fund (NHIF). The main activity that drove this change in policy and practice was the persistent advocacy by a RefugePoint staff member toward mid-level officials in the Kenyan Ministry of Health (MoH) and NHIF administration by a RefugePoint staff member. After almost two years of sustained engagement, the policy finally changed, opening the door to health insurance coverage for refugees for the first time in Kenya's history. RefugePoint sponsored the first 35 refugees enrolled, and, soon after, UNHCR allocated funds to expand enrollment further. By year-end 2022, the total number of refugees supported by UNHCR to enroll in the fund was 22,445.[2]

Why change was needed

Before refugees could register in the NHIF, they experienced many barriers to accessing health care at public, faith-based, and NGO-run health facilities, often facing high costs. Without stable incomes, refugees often turned to local community donors and crowdsourcing from friends and family to cover basic and specialized medical fees, or they went without.[3] Further, access to medical services often depended on the individual's legal status and documentation. Although on paper, refugees had the right to essential health care services under Kenya's Refugee Act of 2006, even with proper documentation (for example,

1 Kania, J., Kramer, J., & Senge, P. (2018). "The water of systems change."

2 NHIF & UNHCR Partnership Regional Knowledge Exchange Group Meeting on Social Protection & Forced Displacement, 5th April 2022 Presented by Ms. Juliet Maara Social Protection Specialist, NHIF Kenya.

3 RefugePoint (2015) NHIF article (on file with agency).

ABOUT THIS SERIES

RefugePoint partners with refugees to access life-changing solutions and transforms how the world supports them. This series showcases examples of how RefugePoint contributes to systems change, which we understand as changing one or more of the factors that keep existing refugee response systems from serving refugees adequately and equitably. These factors include policies, practices, resources, relationships between actors, distributions of power, and mindsets (beliefs and ideologies).[1] This brief presents the results of an externally-led, participatory evaluation that draws on extensive interviews with RefugePoint partners, colleagues, and other stakeholders, participatory sense-making activities with RefugePoint staff, and document review. The brief summarizes what has changed, why change was needed, how change came about, RefugePoint's unique role, and the relevance of the change for refugees.

a refugee identity card issued by UNHCR or the government), refugees could be denied services or face long delays and high costs. Moreover, refugees in urban areas had to navigate heavily overburdened hospitals and clinics. Refugees in Nairobi and other urban hubs faced (and thousands still face) severe limitations to often life-saving medical care.

Levers of change

Levers of change are relatively small changes that actors such as RefugePoint can make that can bring about a bigger change in the overall system.[4] The evaluation identified the following as the most important levers used by RefugePoint to help bring about a change in the system.

Highlighting an unmet need: RefugePoint's Medical Unit Manager, Esther Kamau, brought attention to the fact that refugees in Kenya were effectively unable to access their rights to health care in part due to the enrollment policies of the NHIF. At the beginning of Esther's advocacy efforts in 2012, the key NHIF official with whom she engaged gave little hope that the policy would change. But the discussion evolved over time, and, by the end of 2013, his position began to shift. He said the NHIF could open the enrollment to refugees but only to those who possessed a Department of Refugee Affairs-issued refugee identity document (as opposed to one issued by UNHCR). This change took effect in March 2014. Although this was a landmark change in the policy, it still did not address the needs of vulnerable refugees who lacked government-issued documentation. Through sustained engagement, RefugePoint successfully lobbied for an expansion of the new policy to include those who carry UNHCR Mandate Letters, drastically increasing the number of eligible refugees.[5] "*This development followed two years of persistent negotiation and advocacy by Esther and her entire medical team.*" (RefugePoint staff)

Evidence-based advocacy: In its efforts to lobby and build trust, RefugePoint used evidence-based advocacy to advance its policy change proposal. From as early as 2005, RefugePoint had worked with local government entities and medical facilities, hosting medical outreach events about three or four times per year. RefugePoint had an in-house clinic from its inception staffed by a doctor and nurse, focusing on the healthcare needs of urban refugees facing extreme vulnerabilities who fell through the cracks of existing programming. Of particular focus initially were HIV+ refugees who were awaiting waivers for resettlement to the United States, some of whom did not survive the long wait due to lack of access to antiretrovirals. In addition to providing these needed medicines, participants spoke of how RefugePoint was at the time sponsoring refugees to access major life-changing medical procedures on a case-by-case basis. Finally, RefugePoint had launched a program to train and deploy refugee Community Health Workers (CHWs) in refugee neighborhoods within and beyond Nairobi. These CHWs were trained and accredited by the MoH on the national health curriculum, which helped build a strong relationship with the MoH. Therefore, RefugePoint had built up a great deal of credibility on the health needs of refugees, which staff used to advance their lobbying of the NHIF.

Esther Kamau, then RefugePoint's Medical Unit Manager and a driving force behind opening NHIF enrollment to refugees, assists a patient in Nairobi, Kenya.

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4 Meadows, D. (2015). "Leverage points-places to intervene in a system."

5 RefugePoint. (2015). NHIF article (on file with agency).

Kenyan and refugee clients received health education and assessment from locum doctors and staff working with RefugePoint.
Photo by Jessica Masibo

Convening partners and stakeholders: RefugePoint staff worked behind the scenes and on the sidelines of government meetings, building trust and strong working relationships with key individuals in the MoH, NHIF, and within UNHCR. RefugePoint drew on its experience providing direct health services to refugees and medical outreach to communities and its close working relationships with local government entities, medical officers, and refugee community leaders to advocate for refugee access to health insurance. RefugePoint also used its strong working relationship with UNHCR to further expand refugee enrollment in the NHIF. Esther invited UNHCR's health coordinator to a meeting with NHIF. Seeing the breakthrough that had occurred, UNHCR decided to allocate unspent funds for more cases to enroll in NHIF, asking RefugePoint to compile a list of vulnerable refugees to enrol. In so doing, RefugePoint not only increased its direct support of vulnerable refugees but also helped UNHCR mainstream refugees into Kenyan national services rather than only supporting parallel health systems for refugees.

RefugePoint's unique contributions

What unique role did RefugePoint play in pulling the levers that helped bring about this change? Drawing on a typology of roles actors can play in advocacy work,[6] the evaluation found that RefugePoint served as the **sole actor** pushing for and leading the change to the NHIF policy. RefugePoint drew on the passion and commitment of staff and the organization's reputation to make a sustained appeal to a key government decision-maker. As RefugePoint Founder and CEO Sasha Chanoff put it, "*Esther was, like all of our staff, determined and passionate about the subject.*" This passion and dedication to the issue of refugee health in Nairobi led partners to describe RefugePoint as the "drivers" of the change in NHIF policy. "*They were the only actors driving this particular change and they didn't want any recognition for it*" (Partner organization staff)

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>
> Partner organization staff

Yet, despite the driving role that RefugePoint played, a RefugePoint staff member mentioned that a set of contextual factors coincided to make the policy change possible. A key one was that there was pressure on the MoH to increase enrollment numbers in the program. The lobbying efforts thus were well-timed and show that system change wins are very often the result of the interactions between structures (institutions), agency (of the NGOs and actors pushing for change), and the broader context.[7]

6 Coe, J., & Schlangen, R. (2019). "No royal road. Finding and following the natural pathways in advocacy evaluation." Center for Evaluation Innovation.
7 Green, D. (2024). *How Change Happens.* Oxford.

"We lobbied for the inclusion of refugees in the national health insurance scheme so they could access health services at par with the nationals."

Paul Karanja, RefugePoint

A key challenge associated with this system change has been ensuring access to health services even when refugees have the required documentation and NHIF enrollment status. Another challenge noted by a stakeholder was sustaining and securing the health care coverage of refugees in the midst of major changes at MoH, most notably the shift in 2024 from NHIF to a new Social Health Authority (SHA). "*We have paid the insurance coverage until the end of the year (2024), so refugees are still covered, after a lot of lobbying on our part. We're also assisting with refugees' needs on a case-by-case basis.*" (RefugePoint staff) As of the time of writing, it was still unclear how refugees in Kenya would be able to access coverage under the SHA, as the enrollment portal did not accept refugee ID documents.

Relevance for refugees

This system change has improved the lives of thousands of refugees by lowering the barriers to accessing affordable healthcare. This change provides refugees with a sense of security and dignity in their journeys toward greater self-reliance and social and economic inclusion in Kenya. The focus on changing the registration criteria for mainstream insurance rather than securing a special type of coverage for refugees shows how RefugePoint fights for equal opportunity for refugees in national systems, rather than for parallel programs. As one RefugePoint staff member based in Nairobi put it, "*We lobbied for the inclusion of refugees in the national health insurance scheme so they could access health services at par with the nationals.*" (Paul Karanja, RefugePoint) The next challenge will be to see that these gains for refugees in Kenya can be maintained and expanded as the new SHA system is rolled out further.

Acknowledgement

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Attribution

Ciara Aucoin Delloue and Walaa Abu Zaiter of Key Aid Consulting conducted and authored this evaluation. Patrick Guyer and Amy Slaughter served as editors and convenors of the evaluation.

Cover photo: RefugePoint holds regular medical outreach events in neighborhoods across Nairobi, Kenya where our refugee clients live. Clients receive medical checkups, medication, and even vision tests and eyeglasses.

Photo by Chris Jensen