

Entrepreneurial Sustainability and Performance of Community Based Health Financing Schemes in Informal Settlement in Nairobi County, Kenya

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Abstract: Community-based health financing (CBHF) aims to empower communities to meet their health financing needs through pooling of resources to pay for healthcare as a group. CBHF schemes share the goal of finding ways for communities to meet their health financing needs through pooled revenue collection and resource allocation decisions made by the community. The purpose of this study is to evaluate entrepreneurial sustainability and performance of community based health financing schemes in informal settlement in Nairobi city county, Kenya. The specific objectives of this study was, To establish policy guideline for sustainable performance of CBHFs, to determine how innovative practices influence sustainability and performance of Community Based Health Financing schemes in informal settlement in Nairobi County, to evaluate how dimensions of creativity and proactiveness influence sustainability of Community Based Health Financing schemes at in informal settlement in Nairobi County, to examine how innovations by Community Based Health Financing Schemes of Kibera informal settlement in Nairobi County influence their sustainability and continued performance. The study shows that innovative practices, dimensions of creativity and proactiveness, and innovations by Community Based Health Financing Schemes influence sustainability and performance of Community Based Health Financing schemes. It is evident that creativity, proactiveness and innovation enhances performance of CBHFs, however it was identified that there exists a gap for sustainable CBHFs. The study failed to identify effective and sustainable framework among the government and non government organisations. The study identified non effective and unclear guidelines into effective management and control of CBHFs and their future sustainability. The study therefore recommends that the government should formulate policy documents that should guild and sustain growth and development of CBHFs. Accordingly as innovative practices, creativity and proactiveness by Community Based Health Financing Schemes is enhances, its recommended that unclear and unsound sustainable strategies should harmonised to endure future growth and sustainability CBHFs.

Key words: entrepreneurship; sustainability; community based health financing schemes

JEL codes: A10

1. Background of the Study

An organization is considered to be sustainable when it has the ability to survive for a long time and at the same time to fulfill its mission (Klaus, 2010). Components of sustainability are influenced by numerous internal and external factors such as financial viability, performance, financial adaptability, financial capacity and external

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environment for example rules set by government agencies among others (Klaus, 2010). Financial sustainability can be gauged by an organization's net income (the surplus of revenues over expenses); liquidity (the cash available to pay bills) and solvency (the relationship of assets and debt or liabilities (USAID, 2001). Financial sustainability can therefore be seen as that aspect of sustainability that focuses on financial planning and control for future survival of an organization Sustainability is the capacity of the system to continue its normal activities well into the future. The two commonly used notions of sustainability are financial and institutional sustainability. Financial sustainability is the capacity of the health system to maintain an adequate level of funding to continue its activities (for example, ability to replace donor funds from other sources after foreign assistance is withdrawn) (USAID, 2001).

Health systems have multiple goals. The World Health Report 2007 defined overall health system outcomes or goals as: improving health and health equity, in ways that are responsive, financially fair, and make the best, or most efficient, use of available resources. There are also important intermediate goals: the route from inputs to health outcomes is through achieving greater access to and coverage for effective health interventions, without compromising efforts to ensure provider quality and safety.

A stronger health system is fundamental to sustaining health outcomes achieved by the health system. Sustainability typically cannot be guaranteed through changes at the local level only. For example, health providers can be trained at the local level, but if these providers cannot be retained or supervised or if medicines and supplies are not available, then health gains will be limited. Sustainability of health programs can be addressed on several levels: institutional, program, community, and health outcomes (Islam, 2007).

In Kenya the principal Healthcare financing agents are the households which belong to the community based health financing schemes through out-of-pocket (OOP) payments (45%), followed by MOH, which handles (35%) of the total funds from the sources (National Council for Population and Development, 1999). Given the social, physical and demographical infrastructure, community based health financing schemes become an integral aspect of informal settlements. The socioeconomic status characterized by poverty, poor housing and inaccessibility to basic healthcare underpin the essence of assessing the sustainability and performance of community based health financing schemes. Community based health financing schemes endeavour to remedy poor healthcare status.

1.1 Statement of the Problem

One of the most urgent and vexing challenges faced by many developing countries is how to provide health care for poor people who live in rural areas or work in the informal sector. The burden of disease in these countries stands as a stark barrier to economic growth and therefore must be addressed frontally and centrally in any comprehensive development strategy. It is further argued that illness reduces not only welfare but also increases the risk of impoverishment due to high treatment expenditure in the absence of health Financing. Subsequently, households often resort to leave the illness untreated or resort to the use of low quality care or self-medication (Mwabu, 2011).

There is a need for the health financing system to be developed within the particular macroeconomic, socio-cultural and political context of each country. It should create sustainability and quality of care. The collaboration between governments and development partners should follow internationally respected principles of the Paris Declaration of 2005 and thus ensure national ownership of the health development policies and processes, maximized use of limited resources and reduced transaction and management costs (Kampala Declaration, 2005).

In the past, these donor/NGO relationships generally worked well for non-profit, non-governmental

organizations. However, in recent years, NGOs in the developing countries have been witnessing a marked decrease in available grants and other funding from both overseas and local donors (Population Council and CMS 2002). Yet few NGOs are strategically positioned to deal with the recent trend toward economic reform and decentralization of public-sector funds- even when such reforms are designed to foster partnerships between government services and private sector entities, like the Sector Wide Approach (SWAp) programs in Africa (Population Council and CMS 2002). Community Based Health schemes as part of the Non-Governmental Organizations cannot afford to ignore these changes and trends evidently contributing to performance and contribution to the Growth domestic products by CBHFs. The need to have sustainable policies and collaborative framework is critical for future sustainable success performance of CBHFs, hence the need to look for entrepreneurial sustainability for their performance and to continue providing of health care services to its members. This study is therefore aimed at evaluating entrepreneurial sustainability and performance of community based health financing schemes in informal settlement in Nairobi city county, Kenya.

1.2 Research Objectives

The study seeks to evaluate entrepreneurial sustainability and performance of community based health financing schemes in informal settlement in Nairobi city county, Kenya.

The specific objectives of this study are:

- (1) To establish policy guideline for sustainable performance of CBHFs,
- (2) To determine how innovative practices influence sustainability and performance of Community Based Health Financing schemes in informal settlement in Nairobi County.
- (3) To evaluate how dimensions of creativity and proactiveness influence sustainability of Community Based Health Financing schemes at in informal settlement in Nairobi County.
- (4) To examine how innovations by Community Based Health Financing Schemes of Kibera informal settlement in Nairobi County influence their sustainability and continued performance.

1.3 The scope of the study

The research will study focus on the innovative practices that influence sustainability and performance of Community Based Health Financing schemes, the dimensions of creativity and proactiveness that influence sustainability of Community Based Health Financing schemes at in informal settlement in Nairobi County. The study will as well examine how innovations by Community Based Health Financing Schemes of Kibera informal settlement in Nairobi County influence their sustainability and continued performance.

1.4 Theoretical Literature Review

There are many concepts and rational thinking from some early scholars who explain the natural phenomena. This study will be guided by the following theories;

2. Componential Theory of Creativity

The componential theory of creativity as developed by Amabile (1996) is a comprehensive model of the social and psychological components necessary for an individual to produce creative work. The theory is grounded in a definition of creativity as the production of ideas or outcomes that are both novel and appropriate to some goal. In this theory, four components are necessary for any creative response: three components within the individual-domain-relevant skills, creativity-relevant processes, and intrinsic task motivation and one component outside the individual, the social environment in which the individual is working.

Domain-relevant skills include knowledge, expertise, technical skills, intelligence, and talent in the particular domain where the problem-solver is working such as product design or electrical engineering. These skills comprise the raw materials upon which the individual can draw throughout the creative process — the elements that can combine to create possible responses, and the expertise against which the individual will judge the viability of response possibilities.

Creativity-relevant processes (originally called creativity-relevant skills) include a cognitive style and personality characteristics that are conducive to independence, risk-taking, and taking new perspectives on problems, as well as a disciplined work style and skills in generating ideas. These cognitive processes include the ability to use wide, flexible categories for synthesizing information and the ability to break out of perceptual and performance “scripts.” The personality processes include self-discipline and a tolerance for ambiguity.

Intrinsic task motivation is passion: the motivation to undertake a task or solve a problem because it is interesting, involving, personally challenging, or satisfying rather than undertaking it out of the extrinsic motivation arising from contracted-for rewards, surveillance, competition, evaluation, or requirements to do something in a certain way. A central tenet of the componential theory is the intrinsic motivation principle of creativity: People are most creative when they feel motivated primarily by the interest, enjoyment, satisfaction, and challenge of the work itself and not by extrinsic motivators. Because, as research has shown, salient extrinsic motivators can undermine intrinsic motivation, their presence or absence in the social environment is critically important. So, too, is the presence or absence of forces that can support intrinsic motivation.

The outside component is the work environment or, more generally, the social environment. This includes all of the extrinsic motivators that have been shown to undermine intrinsic motivation, as well as a number of other factors in the environment that can serve as obstacles or as stimulants to intrinsic motivation and creativity. Research in organizational settings has revealed a number of work environment factors that can block creativity, such as norms of harshly criticizing new ideas; political problems within the organization; an emphasis on the status quo; a conservative, low-risk attitude among top management; and excessive time pressure.

Other factors can stimulate creativity, such as a sense of positive challenge in the work; work teams that are collaborative, diversely skilled, and idea-focused; freedom in carrying out the work; supervisors who encourage the development of new ideas; top management that supports innovation through a clearly articulated creativity-encouraging vision and through appropriate recognition for creative work; mechanisms for developing new ideas; and norms of actively sharing ideas across the organization (Amabile, 2008).

Community Based Health Financing Schemes have in the recent past adopted creativity and proactiveness measures to safely accomplish the goals of the community based health facilities. Creativity and proactiveness are being adopted to facilitate the sustainability of the community based organizations as well as for their performance.

3. Open Systems and Public Relations Theory

Open systems view the environment as important to survival. Open systems continuously exchange inputs and outputs with the environment through permeable boundaries (Morgan, 1998). Organizations actively seek information from their environment, which is received as input into the organizational system. The open systems approach encourages congruency or fit among the different systems and the identification and elimination of any potential dysfunctions (Morgan, 1998). Open systems identify incongruence and respond to environmental

pressures that may affect the viability or survival of the organization (Witmer, 2006).

In open systems, public relations take on a functional approach that is concerned with two-way communication between the organization and the environment. This requires resources for organizations to not only monitor their environment and public opinion but also to build and maintain relationships with key organizations and stakeholders within the environments. These relationships are built on mutual and interests in bringing about a solution that meets the needs of all parts of the system (Cornelissen, 2004).

The influence of innovation on sustainability of health based projects is becoming increasingly popular in developmental circles worldwide and as a means of contributing towards rural development and poverty alleviation. It has been realized that sustainability of community projects continues suffering. Community Based Health Financing Schemes are used in the management of financial in the community based health organization for their performance and sustainability.

4. Schumpeterian Innovation Theory

A dynamic theory of entrepreneurship was first advocated by Joseph Schumpeter in 1949. According to Schumpeter, entrepreneurship is the catalyst that disrupts the stationary circular flow of the economy and thereby initiates and sustains the process of development. Innovation occurs when the entrepreneur introduces a new product into the market, introduces a new production method, opens up a new market, finds out a new source of raw material supply or introduces new organization in any industry. Innovation is seen as the source of the entrepreneurial rewards with profit as the key indicator. According to Schumpeter, innovation was substantially driven by intuition, the capacity of seeing the essential facts and discarding the unessential even though one can give no account of the principles by which this is done.

This theory has been criticized as mainly applicable to large scale businesses and seems to disregard creative imitation that adapts a product to a niche market in a better way than the original innovation as happens in many developing countries on products innovated in the developed countries, rather than innovate to meet the bulk of market deficiencies (Desai, 2009; Saleemi, 2009). Dollinger (2008), also argues that other forces, other than the entrepreneur as averred by Schumpeter, may present potential shocks to the circular flow and may result in the creative destruction of capital, making it available for redeployment.

Like Schumpeter, Drucker (2007) avers that innovation is the real hub of entrepreneurship but unlike Schumpeter his view is that it is not confined to large scale enterprises and economic institutions but may happen in large or small enterprises, in private or public organizations. Unlike Schumpeter, Drucker's view is that entrepreneurship is the practice which has a knowledge base, the foundation of which lies in concept and theory rather than in intuition.

The neo-Austrian school challenged this theory by arguing that dis-equilibrium, rather than equilibrium, was the likely scenario for entrepreneurship. A typical entrepreneur, according to various economists of the Austrian school, is the arbitrageur, the person who discovers opportunity at low prices and sells the same items at high prices because of inter-temporal and inter-spatial demands, emphasizing that the entrepreneur is constantly alert to profitable exchange (arbitrage) opportunities and is the first to act when such opportunities appear. This emphasis complements many theories of entrepreneurship (Montaye, 2006).

Community Based Health Financing Schemes develop and adopt innovative practices which hopefully lead to better utilization of health care services and eventually lead to a sustainable and fully functioning universal

health care system.

5. Resource mobilization theory

Resource Mobilization Theory was developed by Buechler (1995). It emphasized on the ability of movement's members to: acquire resources and to mobilize people towards accomplishing the movement's goals. According to this theory, a core professional group in a social movement organization works towards bringing money, supporters, attention of the media and donors, alliances with those in power, and refining the organizational structure.

Social movements need resources in order to be effective because dissent and grievances alone will not generate social change this theory assumes that individuals are rational thus weigh the costs and benefits of movement participation and act only if benefits outweigh costs. It views social organizations as goal-oriented, but organization is more important than resources (Buechler, 2009).

In relation to the study, there is need for the interactions and relations between Community Based Health financial schemes and other organizations, businesses, governments, private sector, local communities and well-wishers. For the efficiency of a scheme, different types of resources are required, effective resource mobilization strategies and involvement of the local communities' contributions are key resources for the sustainability and performance of the Community Based Health financial schemes.

6. Empirical Literature Review

Abuor (2013) conducted a study on Health Care Financing Strategies and their Impact on Financial Sustainability (Case of Faith Based Hospitals in Kenya). The study was guided by these objectives; to determine the effect of patient revenue, health insurance, entrepreneurial activities and donor funding on financial sustainability in Faith Based Hospitals. The study also sought to determine the relationship between financial reporting, control environment practices and financial sustainability among Faith Based Hospitals. Survey was used to provide qualitative and numeric descriptions of the sample population. The study was conducted in Faith Based Hospitals in Central Province of Kenya owned by both Kenya Episcopal Conference-Catholic Secretariat (KEC-CS) and Christian Health Association of Kenya (CHAK) for protestant churches. Descriptive statistical method was mainly used for data analysis such as frequencies, percentages and averages. Qualitative analysis of the responses was done as responded in the questionnaires to analyze the relationship between health care financing practices and financial sustainability in Faith Based Health Institutions. The study found that the hospitals had policies and procedures, manuals and guidelines in areas such as financial management, human resource management, supplies and procurement, clinical protocols and various standard operating procedures. The proportion of the revenues from the hospitals came from user fees, that is, inpatient, out-patient, lab charges among others. The study noted that user fees, entrepreneurial activities, insurance, donor funding, the government amongst others provided revenues for the running of the hospitals. Insurance is one area that faith based hospitals should focus on so that people can put aside funds regularly to help them meet health needs when they are unwell.

Wahome (2015) conducted a study on the contribution of community based health insurance on access to healthcare: Afya yetu scheme, Chehe sub-location, Nyeri county, Kenya. The objectives were to establish how sensitization of members influences access to healthcare; establish how risk pooling influences access to healthcare by members; assess how linkages with nearby healthcare providers contributes to access of healthcare

and to establish how the choice of an insurance benefit package affects access to healthcare. The study used a descriptive survey design chosen so as to enable the researcher to describe the state of affairs at the scheme. The unit of analysis consisted of a sample of 120 subjects systematically sampled from a target population of 289. The data was collected using a questionnaire which had both open and close ended questions. A pilot study comprising of 10 respondents was conducted in an adjacent sub-location and the output was used to ensure completeness of data collection instrument. Data collected was both qualitative and quantitative; qualitative data is analyzed using content analysis the quantitative data was coded and entered into statistical package for social sciences version 20 and analyzed using descriptive statistics. Findings of the study show that 66.7% of the leaders indicated that the awareness of members affects the way they seek healthcare while 82.5% of the contributors indicated that the knowledge gained by being in the scheme had changed the way they sought health care.

Batti (2007) conducted a study on the performance and Sustainability of Community Health centres in Kenya's Rural Areas: A Case study of centres Kathonzwani Division of Makueni. The study used both qualitative and quantitative research methods. The researcher purposively selected 3 sub-locations, namely Yinthungu, Mbuvo and Kanzokea within Kathonzwani Division because this is where the community based health centres exist. The health care centres were chosen purposively and the respondents chosen using cluster sampling. The researcher interviewed 114 respondents (96 households and 18 key informants). The main findings of the study were that the centres are providing essential services to the community by bringing health care services to the communities. There were moderate levels of community organization and engagement in the centres establishment and management despite facing challenges due to constant drought in the area. The non availability of essential services, adequate staffing, funds and sometimes drugs reduces the performance of the centres thereby affecting the utilization of the facilities. Development partners were seen to have a significant impact on the management and sustenance of the services being offered at the centres. The study revealed that there was over-dependence on one development partner and duplication of resources. The committee's management were doing a commendable job in managing the centres but gaps were identified in terms of resource mobilization, networking, access to health information and management skills. The performance and sustainability of the health centres is affected by external and internal factors. Secondly coalitions and community partnerships provided a means of pooling abilities, expertise and resources of numerous stakeholders to positively affect community health interventions.

Anagaw et al. (2013) conducted a Systematic Review on Community-Based Health Insurance Schemes in Netherlands. The study systematically reviewed the existing empirical evidence on three outcomes access to schemes, effect on health care utilization and effect on financial protection. The review shows that the ultra-poor are often excluded and at the same time there is evidence of adverse selection. The bulk of the studies find that access to CBHI is associated with increased health care utilization, especially with regard to the use of relatively cheaper outpatient care services as opposed to inpatient care. The schemes also appear to mitigate catastrophic healthcare expenditure. There are clear links between scheme design and effectiveness suggesting the importance of involving the target population in designing and implementing CBHI schemes.

Guy et al. (2013) conducted study on Community based Health Insurance Schemes in Developing Countries: facts, problems and perspectives. On sustainability, a number of reasons for poor financial viability were identified, including the small scale of a CHIs, the occurrence of adverse selection (leading to progressively smaller risk pools and higher costs) and important administrative costs. CHIs as they are running now are far from perfect. The low degree of population membership in many CHIs stands out as an important problem. Nevertheless, a number of

CHIs have also contributed to increased access and reduction of catastrophic health expenditure.

Sachi (2005) conducted an economic analysis of a community based health insurance scheme in B.P. Nepal, India. Descriptive quantitative study was conducted, with supplementation of secondary data from hospital records and reviews of papers was done with the help of processed data. The study found that burden of out-of-pocket had declined due to the community based financing schemes. The moral hazard, which is usually associated with insurance schemes, did not appear to be present in the BPKIHS scheme. However, adverse selection was present. Also, there existed some sort of cross subsidization existed between enrollees and non-enrollees and non-enrollees paid about 25-58% more than the cost price. However, the huge out-of-pocket expense incurred by the insured is a cause of concern, which needs more attention from the policy makers.

7. Research Methodology

The study adopts a conceptual research where review of the existing empirical literature and theoretical review is done. Conceptual research focuses on the concept or theory that explains or describes the phenomenon being studied. The conceptual researcher did not conduct a field study but rather made use of observations by authors, the study focused and highly depended on the mass of data that the researchers have contributed.

8. Conclusion

The research revealed that, Kenya is gradually introduced a series of health financing policy changes. User charges had been in place as well but were later removed, inspired by concerns about social justice. However, user charges for health services were introduced more formally in 1989. Today, these user fees still exist and their impact on health care access has been the subject of several empirical studies. A National Hospital Insurance Fund (NHIF) was also introduced in 1965, but this was only compulsory for the formal sector workers and has been associated with an inadequate insurance benefit package. However, in November 2004, a new health financing reform was submitted to Parliament, involving the establishment of National Social Health Insurance Fund (NSHIF) with the intent to cover all of the Kenyan population. This policy is presenting innovative strategies to ensure sustainability of health financing in the current context of an expected decline of external funding in the health sector. It focuses more on domestic resources mobilization and private sector engagement in health.

The Health Financing Policy will ensure that different agencies implementing health programs integrate all the functions of health financing (resource generation, resource pooling, allocation & purchasing and social health protection), including costing, planning & budgeting, financial reporting, auditing & publication and monitoring & evaluation. Through the health financing policy, the GoK is committed to ensure quality health care access by all Kenyans without any financial barriers. Kenya is currently going through transformational changes in its health system with the ongoing devolution and strong commitment shown by the Kenyan Government to achieve Universal Health Coverage (UHC). The Kenyan Ministry of Health (MoH), in collaboration with the World Bank Group (WBG) and the United States Agency for International Development (USAID), convened the Kenya health policy high level forum (HLF) in March 2014 to share national and international experiences and find options for achieving UHC. The HLF specifically focused on four themes: (i) delivering services to improve health outcomes among women and children, with emphasis on poorer segments of the population; (ii) enhancing governance and effectiveness of the health system to deliver quality health care in a devolved setting; (iii) ensuring sustainable health financing to achieve UHC; and (iv) promoting client safety and quality of health care.

The research evidently revealed that innovative practices, dimensions of creativity and proactiveness by CBHFs influence sustainability and performance of Community Based Health Financing schemes. From the empirical literature reviewed, it is evident that creativity, proactiveness and innovation are essential in sustainability and performance of CBHFs. The study thus concludes that innovative practices, creativity and proactiveness influences sustainability and performance of CBHF Schemes.

9. Recommendations

From the research study it was found that the sustainability of Small and Medium Enterprises depends on among others good workable policies, good governance, organisation creativity, and innovation and creativity level. The study identified that a government and non government lack clear policies and policies control that would embrace sustainability of CBHFs. The study recommends that the government should develop a workable policy framework that would double the effort by non-government organisations to develop a continued sustainable support to CBHFs. The research also recommends that the government should create clear linkages with Non-government organisations that would encourage sustainable partnership by developing clear policies and outlining the role and responsibility of each for future sustainability of CBHFs. For example, The government should ensure that the intensive discussions taking place within government agencies regarding the phased implementation of the NSHIF, the inclusion of the poor population, and the allocation of government tax revenue to the overall financing of the NSHIF, as well as the contents of the health care package is done within short period so as to have the policy fully implemented.

The government through the Ministry of health in collaboration with donar community and through their supportive organization should recognize the objectives related to accessing health care and avoiding impoverishment due to direct health care payments from the start so that steady progress towards effective universal coverage across the population can be planned and achieved. The Ministry of Health and the CBHF schemes should Focus on improving the delivery of primary health care services with county health teams taking lead, working in close partnership with the National Government, to address specific gaps in service delivery for achieving Vision 2030 and Millennium Development Goals (MDGs).

The study recommends that Community Based Health Financing Schemes should adopt Innovative practices, be creative and proactive as well as adopt innovations that would enable them to be sustainable and enhance their performance. The Community Based Health based health financing schemes, should develop an investment case and seek additional resources, both domestic and donor, to make existing primary health care services fully functional.

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