

Evaluating Public Policy Communication Strategies in Kenya's Health Sector Reforms: An Analysis of the NHIF–SHA Transition in Kisumu County

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Abstract: This paper discusses the communicative success of the public policy in the community on local level in Kenya, considering specifically the case concerning the change of the National Health Insurance Fund into the Social Health Authority in Kisumu County. It is a well-known fact that effective communication is one of the most crucial factors of policy success as it defines the level of awareness, understanding, participation, and compliance among the citizens (Anderson, 2015). Based on the communication theory and policy literature, the paper will examine the channels employed in passing information, the level of community understanding, and structural and contextual issues including language barrier, low literacy rate, poor feedback system, and political interference. Empirical observations show that despite the use of various communication channels, there were still major gaps, which led to moderately high rates of enrollment and confusion among the population on the issue of eligibility and benefits. The results highlight the fact that communication is not just an enabling component of the policy implementation, but a key pillar of participatory governance. The research arrives at the conclusion that much better communication strategies that are people-centered are necessary to increase trust, accountability, and positive policy results on the grassroots.

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I. INTRODUCTION

Communication forms a part of the core aspect of governance and administration. Classical and modern theorists understand communication as an ongoing and systematic process of passing meaning by telling, listening, and understanding (Newman and Summer, 1977; Allen, cited in Ahmad, 2016). In the process of public policy making, communication plays the role of connecting the policy development process with the implementation process in the society. Following Lasswell (1951), the sciences of policy are oriented towards practical solutions to problems, which require directness and accessibility of messages in the public. Within the Kenyan setting, the shift between the National Health Insurance Fund and the Social Health Authority is a significant reform in health financing with the goal of furthering the development of universal health coverage. Nonetheless, in Kisumu County, it can be seen that the policy decisions were also announced formally, but significant parts of the population were not fully aware of the aims, processes, and the advantages of the reform. Anderson (2015) states that ineffective communication compromises participation of the citizens and ownership of the policy, and Mutibwa (2019) points out that a lack of access to information and the top-down models of

dissemination impedes the meaningful participation in the developing context. This research places the communication of the public policy in the overall context of the participatory governance, which states that to be viable, the public policy communication should go beyond merely exchanging information to include the dialogue, inclusiveness, and feedback. Through the evaluation of communication channels, degree of community awareness, and obstacles in this process, the paper sheds light on the importance of transparency and community friendliness in the communication process so as to facilitate successful execution of local health reforms.

➤ Problem Statement

Good communication is a key to the effective formulation, implementation, and evaluation of the policy by the citizens. Nonetheless, even in the case that good policies exist, local communities are usually ignorant of their goals, requirements, and advantages because of poor communication strategies. This means that this communication gap diminishes the citizen participation, policy ownership and constrains the overall effectiveness of the public policies at the grassroots (Anderson, 2015). In Kenya, as in most other developing settings, the accessibility of information, the use of too complicated language of policy, and the top-to-bottom communication

channels that do not reach citizens in a meaningful way are among the challenges the local communities have to deal with (Mutibwa, 2019).

As a result, there is a low level of public awareness, compliance and support to policies that are directed at dealing with acute social and economic problems like healthcare, education and environmental management. It brings up the question of the efficiency of communication tools that are used by policy makers and government bodies. The issue is, then, to comprehend the efficiency with which the messages of the public policies are delivered to the local community, what their obstacles are, and what measures can be taken to make people aware and involved in the policy programs.

This paper aims at exploring the effectiveness of public policy communication within local communities with an emphasis on discerning gaps in communication processes, the appropriateness of the channels of communication employed, and the degree of participation and awareness of the population at the end of such undertakings. The results will help to enhance the participatory governance and enhance the way the local level of government delivers and impacts the public policies.

II. RESEARCH OBJECTIVES

The general purpose of this paper is to assess the usefulness of public policy communication strategies to be used in the health sector reforms in Kenya specifically the transformation of the National Health Insurance Fund (NHIF) to the Social Health Authority (SHA). With Kisumu County as case study, the study seeks to identify the effects of government communication processes on the community level of awareness, understanding, participation and responsiveness to the new health financing policy. The research also aims at finding out to what degree the communication strategies will offer or limit the effective implementation of the NHIF-SHA reform in the local communities. The research aims to pose the following questions: What are the communication strategies that were applied to the community in question to share policies? What were the views and prospects of the locals towards the new policy? What were the obstacles to successful communication? What can be suggested to improve it?

III. SPECIFIC OBJECTIVES

➤ *Channels Used in Communicating Public Policies to the Locals in Kisumu County*

Effective communication channels are essential for the dissemination of policy information and for ensuring that citizens are adequately informed about government initiatives (Anderson, 2015). Studies indicate that a mix of traditional and modern or digital communication media such as barazas, radio, social media, and print materials can enhance policy reach and comprehension (Mutibwa, 2019). To reach large numbers of the population, government relied heavily on radio, television, magazines and newspapers to pass information on the

introduction of SHA in Kenya. The media filters and analyses information from authorities to the citizens, and thus governments must take into account this "intermediary role" of the media when they seek to communicate with the population. More than ever, the credibility of the government and the acceptance of public policies depend on the degree to which it is open with the media administration (OECD, SIGMA Papers No.9)..A relationship that stresses a free flow of information between government and the media is necessary from the inception of a public policy. When the public is allowed to understand the development of a policy, it is then easier for government to build support and implement it and underlying objectives such as reform of the public administration (OECD, SIGMA Papers No.9).

➤ *Assesment of How Well Local Communities Understand Communicated Public Policies*

Understanding of public policy messages determines the extent to which communities can engage in and support policy implementation (McQuail, 2010). When messages are unclear or overly technical, communities may misinterpret policies, leading to weak participation and limited impact (Lasswell, 1951). According to Mercy Kahenda (The Standard, 2025) it was reported that most SHA officials admitted many Kenyans did not fully understand the scheme because of limited publicity and lack of awareness. SHA failed to sufficiently inform the public about what the scheme offers, how to register, and what benefits people are entitled to (Kahenda, The Standard, 2025). Many registered people didn't understand that only contributors to the fund qualify for the full benefits (while others only get limited coverage), yet this distinction was not communicated clearly to the general public, in most occasions this led to inconvenience to most patients upon reaching the hospitals where they would be struck with this information which was new to them. Over-reliance on digital/online registration and communication ignoring access gaps In some areas with poor internet or limited infrastructure (especially remote or rural areas), SHA's electronic registration and communication systems were not accessible, hindering effective outreach (Wanjiru, Capital Fm, 2025). Wendo Sahar (2025) said Electronic Communication Health Information System was a noble idea in terms of registering people to SHA but internet network coverage was a major impediment in far flung areas, this to a large extent hampered the communication of the new health policy and its effectiveness to the general public in Kisumu rural areas. Lack of clear communication between SHA and providers undermined trust and service delivery to the general public, it was reported that most hospitals reported confusion over payments, pre-authorizations, and reimbursement processes under SHA (Muganda, Peoples Daily, 2025). Most patients would go to hospitals only to be denied services as a result of poor communication and coordination between the service provider and the hospitals. Pre-authorization and reimbursement procedures were also not spelt out precisely and clearly to the public (SKF, 2025).

➤ *Identifying Barriers in Communication Between Policy Makers and Local Communities*

Communication barriers such as language differences, low literacy levels, political interference, and lack of feedback mechanisms often hinder effective policy dissemination (Ochieng, 2020). Identifying these barriers at the policy formulation stage is critical to enhancing inclusivity and accountability in policy processes. Most information on SHA was communicated only in formal or official language (English), many community members with limited literacy or whose first language differs may have failed to understand the policy. Language was also codified in legal and technical terms in the Acts and in subsequent regulations forgetting the public messaging which ought to have been citizen-friendly. Political actors such as legislators in parliament approved the bills in late 2023 in pursuit of an immediate UHC rollout, but public participation was minimal. In fact, a High Court review in July 2024 found that all three health Acts (Primary Health Care Act 2023, Digital Health Act 2023) were enacted without sufficient public participation (Kanyi et al., 2024). The court highlighted that only a three-day window had been given for the public to submit feedback on critical amendments, which it deemed woefully inadequate (Kanyi et al., 2024). Moreover, technical aspects of the policy were not preceded by broad sensitization, violating the principle that complex reforms should be

explained to citizens in accessible terms before passage (Kanyi et al., 2024).

➤ *Recommendations on Ways to Improve the Effectiveness of Public Policy Communication in Local Communities*

UNDP, (2019) recommends participatory engagement, use of local languages, and integration of community feedback as ways of improving citizens’ trust, creating awareness, and compliance with policies. Recommendations from this study aim to guide policymakers toward more effective, citizen-centered communication frameworks. Simplifying policy language into local dialects. Using mixed communication channels (radio, social media, posters, Community Theater). Encouraging two-way communication through forums and feedback platforms. Training local leaders as policy communication intermediaries. Kisumu County’s SHA registration rate is 53 per cent, with only 600,000 individuals enrolled, despite government efforts to boost enrolment. Health PS Dr.Ouma Oluga speaking at a medical camp in Kisumu emphasized that the lakeside county was still far from registering over 1.2 million people, as most are not yet enrolled (KNA, 2025).Bringing on board the above recommendations, SHA enrolment in Kisumu County is projected go up 30 per cent in the coming years.

Table 1: Communication Failures and Impact-Social Health Insurance.

Communication Failure. (Stage)	Description & Evidence.	Consequences.
Language Barrier	Policy information was largely issued in English/Kiswahili without adequate translation into local/vernacular languages. This limited comprehension among communities with diverse linguistic backgrounds. Evidence from communication studies shows that language discordance reduces understanding and uptake of health information.	Misinterpretation of SHA procedures, low registration rates, spread of misinformation, and reduced trust in the new system.
Low Literacy levels	Many citizens struggled to understand technical terms associated with health financing, insurance contributions, and eligibility criteria. Research highlights that low health literacy severely limits the ability to interpret and act on health policy messages.	Public confusion about benefits and requirements, misinformed decision-making, and reduced participation in the scheme.
Political Interference	SHA communication was affected by political narratives, competing interests, and rushed messaging tied to political timelines. Kenyan policy literature shows political dynamics often distort or overshadow technical communication in health reforms.	Distrust in the reform, framing SHA as a political rather than public-interest initiative, and public resistance or skepticism.
Lack of feedback mechanism	The rollout lacked consistent channels for communities to seek clarification, ask questions, or report challenges. Studies on health policy dissemination emphasize that weak feedback systems undermine learning and adaptation.	Persistent misinformation, unresolved community concerns, limited responsiveness by SHA, and slow correction of communication gaps.

Table 2 : Kisumu County Sha Registration Population Representation.

Indicator	Value	Description
Total Registered under SHA.	598,000 People.	Number of Kisumu County residents who have enrolled in the Social Health Authority (SHA) System so far.
Percentage of County Population Registered.	52%	Represents slightly more than half of Kisumu's estimated population.
Estimated Total County Population (Derived).	=1,150,000 People.	Derived from: $598,000 = 52\%$ & Total Population = $598,000 / 0.52$.
Coverage Status.	Moderate Enrolment.	Indicates that while uptake is significant, nearly half of the population remains unregistered.
Implications for policy & Service delivery.	High need for outreach.	The remaining 48% highlight gaps in awareness, communication or accessibility In roll out.

IV. CONCLUSION

Public policy communication is present but not fully effective. Communities receive messages but often fail to internalize them due to barriers of language, literacy, and limited engagement. The experiences of Social Health Insurance Fund (SHIF) vividly illustrate the consequences of sidelining communication in policymaking. The well intentioned and ambitious policy was undermined by failure to involve the public and convey policy details meaningfully. During formulation, inadequate public participation and opaque messaging led to flawed legislation, evidenced by court interventions that deemed the health insurance law unconstitutional for lack of openness and equity. Stakeholders who should have been partners in design felt alienated and an early narrative around the policy was muddled or unconvincing. During implementation, these communication gaps manifested in widespread confusion, mistrust, and resistance: the health scheme saw low uptake and operational chaos. The public's response, from legal challenges and demonstrations to passive non-compliance, can be traced to feelings of exclusion and skepticism from poor communication. Moving forward, these case studies offer crucial lessons. Policies of such scale require a communication strategy as robust as the policy itself – one that includes citizens from the start, conveys clear and consistent information, addresses concerns empathetically, and adapts based on feedback. The Kenyan government's recent attempts to improve messaging are a step in the right direction. However, lasting change will require institutionalizing public participation and transparency as core components of governance, not as afterthoughts mandated by court orders. In sum, the Affordable Housing and SHIF experiences show that good communication is not merely an accessory to policy-making but a determinant of policy success or failure. Evidence from the analysis makes a compelling, evidence-based case that inclusive communication is crucial for achieving the very social goals these initiatives set out to meet.

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