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# Community Health Insurance Schemes and Access to Quality Health Services in Rural Areas: A Case of Kasaana Sub-County, Sheema District, Uganda

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**ABSTRACT :** The study assessed the effect of community health insurance schemes on access to quality health services in rural areas in Kasaana Sub-County, Sheema District, Uganda. It was guided by the following objectives; to find out the effect of health infrastructure insurance scheme on the accessibility to quality health services, to determine the extent to which medical materials insurance scheme influence the accessibility to quality health services and to find out the extent to which financial resource insurance scheme affect the accessibility to quality health services.The researcher used a correlation and cross sectional designs. The researcher used both purposive and stratified random sampling techniques to sample respondents and the sample size was 310 respondents. Pearson Correlation Coefficient was also used first to examine associations between variables, presented in a correlation matrix style. Finally, a sequence of Multiple Regression Analyses was employed to test the hypothesis and to identify the nature and extent of relationship. The study findings revealed that effectiveness of health infrastructure has a strong, positive and significant impact on people's accessibility to quality health services (R-value of 0.983; Beta value of 0.983 and significant value of 0.00). The study findings also revealed that availability of medical facilities or material at health centers have a positive impact on the accessibility of quality health service to people (r-value of 0.979 and Beta value of 0.979 at significant value of 0.00). It was also revealed that availability of financial resources insurance schemes have a strong, positive and significant impact on people's accessibility to quality health services (r-value of 0.998, Beta value of 0.998 and significant value of 0.00.) This study concluded that effective health infrastructure insurance has a strong, positive and significant impact on the people's accessibility to quality health services. The government should ensure that laboratories at all heath facilities that are well equipped with facilities such that patients can access laboratory related services easily

***KEY TERMS:*** *Community Health Insurance Schemes, Quality Health Services, Kasaana Sub-County, Sheema District, Uganda*

## I. INTRODUCTION

A Community Health Insurance Scheme is any program managed and operated by a community-based organization, other than government or a private for-profit company that provides risk-pooling to cover the costs of health care services (Odeyemi, 2014). Community health insurance scheme can be initiated by health facilities, NGOs, trade unions, local communities, local governments or cooperatives and can be owned and run by any of these organizations (Chan, 2013).CBHIs can be initiated by health facilities, NGOs, trade unions, local communities, local governments or cooperatives and can be owned and run by any of these organizations (Jutting 2002). They may be organized around geographic entities (villages, cities), professional bodies (i.e. cooperatives or trade unions) or around health care facilities.

Community Health Insurance is also designed to be accessible to their members (DeVoe and Sears, 2013). They are run and operated near their client base, simply because the poor or the rural population have neither the means nor the time to travel from their place of residence to distant insurance service centres.Therefore the existing gap is the high cost of healthcare services Kasaana parish, in Sheema district and the entire Uganda leading to: exclusions, catastrophic expenditures and undesirable copying strategies by the rural and urban poor

in Uganda (Ssennyonjo, 2013). The poor in Uganda pay more for health care compared to their richer counterparts. Besides those who have bad experiences with health insurance facilities and those who do self-medication, some people try the health insurance facilities first when a case of sickness strikes. The option to start with the health insurance scheme is driven by the fact that the services are free. In reality though, patients wait for very long hours even if they rarely get the services they need at these health insurance facilities.
For those who return home without drugs, the cost could be death or the worsening health conditions. The ones who buy drugs at small drug shops rarely cure, as the effectiveness of such medicines is highly doubted due to poor storage facilities at the shops and clinics (Khanna, 2012). The people who use private health facilities have a cost too, in these facilities; these facilities enjoy a high-quality perception. Because of this perception, most Ugandans wish to always seek medical treatment from the recognized private health facilities, even most of them are excluded due to the high costs involved but even for those who get excluded, they give up after all possible means available to them are exhausted.
Health insurance has a history dating back in Uganda way back in 1996 after the abolition of user fees in health care providers as result of that many Ugandan especially rural based were affected because they did not have money to pay direct out pocket to private health care providers as a result of deterioration of services in the health insurance scheme providers (Huang et al., 2017). It was from this back ground that some faith-based hospitals especially in the south western Uganda and central Uganda with help from western donors established health insurance schemes to help the rural poor to access affordable, quality and timely health care with a membership of about 150,000 people.

According to the World Bank, a number of Community Based Health Insurance Schemes (CBHIs) are growing rapidly; however, they caution that many schemes do fail (Fadlallahm et al., 2018). John Ataguba argues that many African countries, including Nigeria, Tanzania, Kenya, Uganda, and Cameroon have community-based health insurance schemes that offer protection for the poor but are unsustainable because poor people can't contribute enough premiums to maintain the schemes. Community based health insurance provides free health services to its members. For any type of illness, members are requested to get freely health care services by paying premiums excluding transportation and other self- administration costs. CBHI helps members to think themselves as protected from any risk of illness (Mulupi et al., 2013). They are highly interested to check up from its start for any unhealthy conditions. This increases health care service utilization.
Although significant progress has been made, Kasaana Sub-County, Sheema District, Uganda have encountered difficulty in meeting their obligation of increasing accessibility of Health services to the people (Gelsdorf et al., 2012). Constraints related to inadequate funding, housing of personnel, high rates of turnover of recruited staff, heavy work load resulting from combining clinical and health management functions.Standards and processes that are developed at the national level in the Ministry of Health are sometimes unknown or ineffective by the time services are rendered at the district level. There needs to be greater accountability on the part of both central-level and district leaders to make sure national policies translate to district outcomes.
In Kasaana Sub-County, Sheema District for example, it is still practically impossible for most of the population to access health service. This has been prompted by Community Health Insurance Schemes of investigation in this research. Many local women find it hard to access family planning, antenatal and post-antenatal services. Many of them still deliver at home and are attended by untrained or lowly trained personnel (Musoke et al., 2014). Effects of some Community Health Insurance Schemes supported facilities towards accessibility of health services are still not clear. This has caused a lot of challenge to the area at large since some of the patients die for example women during and after their labor. In some cases, the children delivered tend die due to ignorance of those women about the availability of health services/ information.
Concerning sexually reproductive health, that is youth focused health service, it has been revealed that very few of them access such services (Bender & Fulbright, 2013). This has increased chances by the youth in the area to contract or get HIV/AIDS; a disease that is likely to deprive the area of its youth as well as affecting social and economic development of the area. The low degree reflected in accessing the quality health services in the proposed area of the study therefore prompted the need for an investigation into what could be the health insurance schemes affecting the accessibility to quality health service in the area while focusing mainly on the health input systems such like; Health infrastructure, and medical materials in Kasaana Sub-County, Sheema District. This promoted the researcher to carry out the study on Community Health Insurance Schemes and access to quality health services in rural areas: a case of Kasaana Sub-County, Sheema District, Uganda.
Community Health Insurance face constraints related to their small size, limited access to management and technical insurance skills, and by the quality and accessibility of local health care service providers (Twikirize & O'Brien, 2012). The health care and health status indicators for Uganda have remained poor, and the existence several barriers and challenges to the use of health servicedelivery, including distance, transportation, bribery, informal costs or low perceived quality (Biggeri et al., 2018). Despite all efforts and strategies by the government and other NGOs toward health service improvement in all five (5) health centres in Kasaana Sub-County, the accessibility to such quality health services by the masses has remained relatively low particularly

in rural setting.Management of community health insurance schemes provide different services to the community of Kasaana Sub-County, Sheema District, Uganda so as to achieve the quality of health services such as improving environment for reproductive health, improving supplies the community sector health system structure, reducing the mortality rate, improving maternity and child care services and others. According to the information provided by the HSSP II (2009/2010-2017/2018), approximately 40% patients access health services in day who seek for health services in Kasaana Sub-County, Sheema District. The level at which people access quality health services is generally low. Therefore, this background evidence with gaps compelled an assessment of community health insurance schemes and access to quality health services in rural areas: a case of Kasaana Sub-County, Sheema District, Uganda

Objectives of the Study were:

(i) To determine the relationship between health infrastructure insurance scheme and accessibility to quality health services in Kasaana Sub-County.

(ii) To determine the relationship between medical materials insurance scheme and accessibility to quality health services in Kasaana Sub-County.

(iii)To deermine the relationship between financial resourceinsurance scheme and accessibility to quality health services in Kasaana Sub-County.

## II. Literature Review

**The relationship between health infrastructure insurance scheme and accessibility to quality health services**

The health infrastructure insurance scheme components support the delivery of quality health services (Croft and Parish, 2013). However, there is a mismatch between construction and the capacity to make these health services facilities. Ministry of health report as at 30th June 2005 stresses that construction of 118 operating theatres and 130 doctors houses were completed, 78 theatres were equipped and 134 health centre IV's were provided with multipurpose vehicles. However, there is inadequate accommodation facilities for health workers at health centre IV's IIIs and IIs most of the staffs have to hire accommodation outside the duty stations, services such as maternity. Therefore health insurance scheme should provide accommodation facilities to health workers.

Jacobs et al., (2012) further urge that effective health service delivery requires a network of functional health facilities that accessibility improved from 49% to 72% by 2015. This was however a national average, it cannot concussively be taken for all parts of the country, this therefore creates need to find out the percentage for Kasaana Sub County, Sheema District, Uganda.

Infrastructure is basic system and services that are necessary for a county or organization (Friedman et al., 2017). These include among others buildings, transport, water, power supplies and administrative systems. Health centre facilities especially offer more than medical care to the sick. Health centres hosts many community health reference laboratories, contribute to the diagnosis and prevention of illnesses, signal and early warning of communicable diseases, serve as resources. This called for health insurance scheme to improve infrastructure.

**The relationship between medical materials insurance scheme and accessibility to quality health services**

Resources are the key inputs for health (Muhia et al., 2017), she adds that availability of drugs and supplies in appropriate quantities at the appropriate time should therefore be an important responsibility for health administrators. Availability of drugs (medicine) is one of the national indicators. The indicator should report the percentage of the health units without any stock out of health sector strategies plan indicator drugs annual Health sector performance report 2017/2018.

Health community is achieved when every client is able to choose, obtain and use health products whenever he/she needs them. However this may not be true to most health centres where it was reported in annual Health sector performance report 2014/2015 that 37% of the Health centres had stock outs. Due to the above, the researcher was prompted to conduct a research of finding out the extent to which medical materials insurance scheme influence the accessibility to quality health services.

Resource management specializes in the development and implementation of plans and strategies disguised to help organizations and individuals meet their goals (World Health Organization, 2012). Finances resources management understands the advantages of using sound proven and innovative financial strategies in achieving the desired results. Health system to be sustainable, it must be able to pay for investment in building and implement, training and remuneration of personnel and for drugs and other consumables. This aims at summarizing the issues of considering how funding systems can be designed in order to achieve policy objectives.

**The relationship between financial resource insurance scheme and accessibility to quality health services**

In establishing the influence of financial resources insurance schemeon accessibility to quality health services in many developing countries, Jacobs et al., (2012)indicated that many health insurance schemes in development countries find it difficult to fully finance some of the health supplies and services especially those related to HIV/ AIDS. This suggests that the budget allocation for improvement of health sector in many developing countries is still low. This results to poor health or medical facilities in community health centers. Thus the result of inadequacy of health or medical facilities is that many people cannot effectively access community health services hence limiting accessibility to community health services by people in developing countries including in Uganda.

Another studies by Pallas et al., (2013), it was also noted that insufficient funding of community health centers and poor payment of health workers reduces the moral of the workers many developing country. According to this study, low payment to community health workers due to low budget allocation for the sector encourages absenteeism, neglect of patients, and poor attention to patients and sometimes, staff may refuse to be transferred to high-prevalence regions within a country. This leads to high death rates, stress and suffering of patients hence making them discomforted and discontented about the community health centers. This kind of experience makes them reluctant to get health services from the community health centers and hence leading to low accessibility to quality health services by people.

Furthermore, Serbanescu et al., (2019)also noted that financial resources are very important health insurance schemes affecting the accessibility to quality health services both directly and indirectly in Uganda. In his explanation, Serbanescu et al., (2019)noted that treatments to HIV / AIDS and reproductive health can only be effectively done under sufficient financial resources since they need special facilities. If financial resources are insufficient it means that facilities for treating HIV / AIDS and offering reproductive health are insufficient. This demoralizes health professionals and makes their caring for AIDS patients and those with reproductive health problems demanding and stressful for community health workers. Thus, this leads to low services delivery on the side of health workers hence discouraging accessibility to quality health services by people in community health centers especially in relation to HIV / AIDS and reproductive health.

## III. Methods

The researcher used a correlation and cross sectional designs. Therefore, correlation design was chosen because it helped in the determination of relationship between the independent variables and dependent variable used in the study. Furthermore, the research design also helped in description of the degree or strength of relationship between health infrastructure, medical materials and financial resources to accessibility of health centers through the use or Statistical Package for Social Scientist (SPSS) in terms of mean, standard deviation, correlation matrix and regression analysis. The cross sectional design was also chosen to select specific health facilities in Kasaana Sub-County, Sheema District as representation for all other health centers.

The researcher used both purposive and stratified random sampling techniques to sample respondents and the sample size was 310 respondents obtained from a population size of 1600 involving health management committee, health facility in charges. The 310 sample size was determined using sampling table guide by Morgan and Krejcie (1970).

**The Population Category and the Sample Size**

| Category | Population size | Sample size | Methods of sampling |
|---|---|---|---|
| Health facility in charges | 4 | 4 | Purposive sampling |
| Save for Health Uganda committee members | 40 | 40 | Purposive sampling |
| Households | 1556 | 266 | Stratified random sampling |
| **Total** | **1600** | **310** | |

**Source: Researcher from Primary and Secondary Sources of data (2021)**

**Data Quality Control**

**Reliability of Research Instruments**

The reliabilities of items in the various constructs were retested using Cronbach Alpha (α) method provided by SPSS. Reliability for the items in the different constructs were attained at the benchmark of α = 0.70 and above. The items thus enabled collection of accurate data.

**Reliability Indices**

| Items | Number of Items | Cronbach Alphas |
|---|---|---|
| Health infrastructure | 5 | 0.875 |
| Medical materials | 5 | 0.775 |

| | | |
|---|---|---|
| Financial resource | 5 | 0.851 |
| Quality health services | 5 | 0.873 |

**Source: Primary Data (2021)**

**Validity of Research Instruments**

Validity of research instrument is the degree to which the tool measures what is intended to measure (Mohajan, 2017). Content Related Evidence of Validity method was used. It was determined using content related evidence of validity. A list of objectives, which guided the construction of the instrument and separate list of the items designed specifically to answer the research questions were given to two knowledgeable persons in the area of content.

These knowledgeable persons were independently asked to have a thorough inspection of the items and link each objective with respective item, assess the relevancy of the items to the content addressed to objectives. Two knowledgeable persons were asked to write each item on a 4 – point scale namely:- not relevant (NR), somewhat relevant (SR) quite relevant (QR) and very relevant (VR). The researcher then computed the level of agreement on the items between the two knowledgeable persons as inter-rater agreement (to what extent do these knowledgeable persons agree).

$$CVI = \frac{Number\ of\ items\ rated\ quite\ relevant\ and\ very\ relevant}{Total\ number\ of items\ in\ the\ quetionnaire}$$

$$CVI = \frac{n}{N}$$

Where:

CVI = Content Validity Index,
n = Number of items rated relevant
N = Total number of items in the questionnaire.

**CVI for Questionnaire**

| Raters | Items relevant (n) | Items not relevant | Total items (N) |
|---|---|---|---|
| Rater 1 | 16 | 4 | 20 |
| Rater 2 | 18 | 2 | 20 |
| **Total** | **34** | **6** | **40** |

**Source: Primary Data (2021)**

The CVI for the questionnaire:

$$= \frac{n}{N} = \frac{34}{40} = 0.85$$

A Content Validity Index of 0.7 and above according to Amin (2005) qualifies the instrument to be used. Therefore, basing on the results above, the CVI being 0.85 is above the minimum standard qualifying the instrument to be valid.

**Data Analysis**

After data collection, tallying of the information started immediately. Frequencies and percentages were used to determine the profile or demographic characteristics of respondents while basic descriptive statistics such as mean and standard deviation together with correlation and regression analysis was used to characterize the data. Pearson Correlation Coefficient was also used first to examine associations between variables, presented in a correlation matrix style. Finally, a sequence of Multiple Regression Analyses was employed to test the hypothesis and to identify the nature and extent of relationship between community health insurance schemes and access to quality health services in rural areas. The analysis was done using the Statistical Package for Social Sciences (SPSS).

## IV. RESULTS AND DISCUSSION

Demographic Characteristics of Respondents (n=310)

| Variable | Frequency | Percent |
|---|---|---|
| **Gender** | | |
| Male | 172 | 55.3 |
| Female | 138 | 44.7 |
| **Age Group** | | |
| 20-29 | 91 | 29.4 |

| | | |
|---|---|---|
| 30-39 | 66 | 21.3 |
| 40-49 | 65 | 20.8 |
| 50-59 | 53 | 17.0 |
| 60 + | 35 | 11.4 |
| **Education Level** | | |
| Primary | 78 | 25.1 |
| Secondary | 122 | 39.3 |
| Tertiary | 140 | 35.5 |

**Source: Primary Data (2021)**

Results in the above table indicate that 55.3 percent of men participated as respondents in this study and 44.7 percent of women participated as respondents. This suggests that both men and women were given fair and proportionate opportunity to participate in this study as respondents so as to obtain a fair study results. Much as the number of male respondents was more than that of their female counterparts, the gender gap between the two sexes was not large enough to affect the study findings. Sampling both men and women as respondents helped in that some of the information that one sex could not reveal properly could be indicated by the other sex. As regards respondents' age, the results in Table above indicate that most respondents were still in their early adulthood age of 20 to 39 years (51 %); followed by those in mid- adulthood 40 to 59 (38 %) and those from the age group of 60 and above were very few as they formed only 11 percent of the total participants. This implies that most of the respondents were still young and so could easily identify challenges affecting the accessibility to quality health services in Kasaana Sub-county based on current life standards. Having different age groups also helped in that what one age group could not clearly streamline could be specified by the other hence enabling variety of ideas for academic research.

Results in the above table also indicate that most of the respondents sampled in Kasaana Sub-county had at least dropped out of school in secondary school (39.3%); followed by those who had at least attained tertiary education (35.5%); and lastly, the least participants in this study were those who stopped in primary education. Different respondents from different education background were sampled since issues concerning accessibility to health services in the area concern all kinds of people regardless of their education level. Information obtained from respondents from different education level was very instrumental in the data analysis since people with different attitude and believes influenced by their education level had different ideology regarding accessibility to health service.

**Correlation Analysis between health infrastructure insurance scheme and Accessibility to quality Health Services in Kasaana Sub-County**

To establish whether there is a significant relationship between the level of effectiveness of health infrastructure insurance scheme and accessibility to quality health services in Kasaana Sub-County, and testify the research hypothesis that stated that health infrastructure significantly affects accessibility to health services in Kasaana Sub-County. To establish the nature of relationship, the stated research hypotheses were tested. The researcher correlated the overall mean average value of each of the independent variables with the overall mean average value of dependent variable. The results are indicated in the Table below:

**Relationship between Health infrastructure insurance scheme and accessibility to quality health services in Kasaana Sub-County**

**Correlations**

| | | Health infrastructure insurance scheme | accessibility to quality health services |
|---|---|---|---|
| Health infrastructure insurance scheme | Pearson Correlation | 1 | .773** |
| | Sig. (2-tailed) | | .000 |
| | N | 310 | 310 |
| accessibility to quality health services | Pearson Correlation | .773** | 1 |
| | Sig. (2-tailed) | .000 | |

| | | |
|---|---|---|
| | N | 310 | 310 |

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

**Source: Primary Data (2021)**

The value r=0.773 and sig. 0.00 implies that there is a positive significant relationship between the effectiveness of health infrastructure insurance scheme and the level of accessibility to quality health services to people in Kasaana Sub-County. According to the findings, the research hypothesis that stated that there is no significant effect of health infrastructure insurance scheme on the accessibility to quality health services in Kasaana Sub-Countywasrejected. In other terms, it can be said that the more effective health infrastructure insurance schemeis, the higher will be the people's accessibility to quality health services.

**Regression Analysis between health infrastructure insurance scheme and accessibility to quality health services in Kasaana Sub-County**

As the correlation analysis between health infrastructure insurance scheme and accessibility to quality heath service was found to be significant, there was need to confirm the findings using regression analysis. The finding regarding this are showed in the Table below;

**Regression Analysis between health infrastructure insurance scheme and Accessibility to quality health services**

**Coefficients[a]**

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | -2.785 | .305 | | -13.614 | .000 |
| | health infrastructure | 9.893 | .176 | .983 | 143.705 | .000 |

a. Dependent Variable: Accessibility to quality Health Service

**Source: Primary Data (2021)**

The presentation in the above Table illustrates that both regression model summary and coefficient values were used to determine the degree of relationship between effectiveness of Health infrastructureinsurance scheme and accessibility to quality health service to the people of Kasaana Sub-County. The degree of relationship between the effectiveness of health infrastructureinsurance scheme and quality accessibility to health services in the sub-county is generally high at 98.3 percent. This is indicated by the Beta value of .983 at level of significance at 0.00. This finding reveals that the state of health infrastructure insurance scheme has a positively and significantly affects people's accessibility to quality health services. This finding signifies that effectiveness in health infrastructure positively influences or impacts on the level of accessibility to quality health services as such when the health infrastructures are adequate and in good state, people are likely to find accessibility to health services more comfortable and this makes them like services in such health centers.

**Correlation between medical materials insurance scheme and accessibility to quality health service**

Similarly, correlation between medical facilities and accessibility to health services was also determined so as to establish the level of relationship between the two variables. The summary on the finding regarding this is presented in the Table below.

**Correlations**

| | | Medical materials insurance scheme | Accessibility to quality Health Service |
|---|---|---|---|
| Medical materials insurance scheme | Pearson Correlation | 1 | .798** |
| | Sig. (2-tailed) | | .000 |
| | N | 310 | 310 |
| Accessibility to quality | Pearson Correlation | .798** | 1 |

| | | | |
|---|---|---|---|
| Health Service | Sig. (2-tailed) | .000 | |
| | N | 310 | 310 |

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

**Source: Primary Data (2021)**

Further still, the Table below shows that there is a strong positive significant relationship between the effectiveness of medical facilities.insurance scheme and level of accessibility to quality health services to people in Kasaana Sub-County. This finding is confirmed by r-value of 0.798 and sig. value of 0.00. Regarding the research findings, the research hypothesis that stated that there is no statistical influence of medical materials insurance scheme on the accessibility to quality health services in Kasaana Sub-County isrejected and the researcher contends that effectiveness of medical materialsinsurance scheme significantly influences the accessibility to health service to the people of Kasaana Sub-County. In other words, it can be said that if medical facilities are available and adequate, there will be an improvement in accessibility to quality health services by people in the area of study.

**The extent to which financial resource insurance scheme affect the accessibility to quality health services in Kasaana Sub-County.**

**Correlation Analysis between financial resource insurance scheme and Accessibility to quality Health Services**

The relationship between financial resource insurance scheme and accessibility to quality health services was also determined using correlation matrix. The findings on this relationship are presented in the Table below.

**Correlations**

| | | Financial resource insurance scheme | Accessibility to quality Health Service |
|---|---|---|---|
| Financial resource insurance scheme | Pearson Correlation | 1 | .887** |
| | Sig. (2-tailed) | | .000 |
| | N | 310 | 310 |
| Accessibility to quality Health Service | Pearson Correlation | .887** | 1 |
| | Sig. (2-tailed) | .000 | |
| | N | 310 | 310 |

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

**Source: Primary Data (2021)**

The Table below also portrays that there is a strong positive significant relationship between the effectiveness of financial resources insurance scheme in health centers and the level of accessibility to quality health centers to the people of Kasaana Sub-County. This is pointed out by the r-value of 0.887 and sig. value of 0.00. According to the findings, the third research hypothesis that stated that there is statistical significant relationship between financial resource insurance scheme and the accessibility to quality health services in Kasaana Sub-County is accepted. Thus, the research finding asserts that if there is improvement in the level financial facilitation of health facilities, the level of accessibility to quality health services to the people is likely to increase since services will tend to be more effective.

## V. DISCUSSION

**Health infrastructure insurance scheme and accessibility to quality health services**

The description of findings using means showed that the respondents agreed on the effectiveness of health infrastructure in terms of good telecommunication systems, sufficient power, nearby water sources, have enough rooms for patients and well equipped laboratories and this was determined by average mean of 3.05.Relating this finding to what other reports, scholars and authors have noted regarding the effectiveness of health infrastructure in their own context, it can be noted that this findings is in line with Jacobs et al., (2012) further urge that effective health service delivery requires a network of functional health facilities that accessibility improved from 49% to 72% by 2015. The findings in the case of Kasaana Health Centers somewhat supports the reports of these various reports.

On the relationship between the two variables, it was found out from the study that effectiveness of health infrastructure has a strong, positive and significant impact on people's accessibility to health services in Kasaana Sub-county as indicated by the R-value of 0.983; Beta value of 0.983 and significant value of 0.00. The research finding on the relationship between health infrastructure and level of accessibility in the case of Kasaana is agreement with Ministry of Health-Uganda (2015) which indicated that one of the most pressing facilities in this regard is the aspect of health infrastructure. The report further noted that besides poor management and lack of long-term forecasting, various transport issues remain a great challenge in improving the level of quality health service accessibility in the country.

**Medical facilities insurance scheme and accessibility of quality health service**

The description of using means to determine the effectiveness ofSterilization of syringes,Drugs availability, Bed sheets availability and drugs prescription are still moderate. This is confirmed by the overall mean average of 2.37which falls on moderate on the rating scale. This is a clear confirmation that medical facilities in those health centers were still moderate. The finding on effectiveness of medical material insurance scheme in the case of Kasaana Health centers was in agreement with Muhia et al., (2017) that resources are the key inputs for health, she adds that availability of drugs and supplies in appropriate quantities at the appropriate time should therefore be an important responsibility for health administrators. Availability of drugs (medicine) is one of the national indicators.

Concerning the correlation of availability of medical facilities insurance scheme and accessibility of quality health service to people in Kasaana Health facilities, it was also noted that availability of medical facilities or material at health centers have a positive impact on the accessibility of quality health service to people. This was verified by r-value of 0.979 and Beta value of 0.979 at significant value of 0.00. Thus, improvement in medical facilities insurance scheme at Kasaana Health facilities can significantly improve the level of accessibility of quality health service to people in there. This research finding is somewhat related to studies by Ahumuza et al., (2014) that under medical facilities that limits the accessibility to health services. Many patients cannot access health services properly because the money meant for procurement of medical facilities sometimes is not appropriately used or is embezzled. Even in some of the health centers, drugs get lost and many people are not held responsible. It is through this factor that medical facilities in Kasaana Sub-County are insufficient and that many patients fail to access quality health services.

**Financial Resources insurance scheme and Accessibility to quality Health services**

Concerning the description by the use of means on the financial resources availability (in terms of prioritized Spending, easily accessible of funds, Auditing, Budget allocation and proper spending of money. The research findings assert that the financial resource to support quality health services is moderate. This was confirmed by the mean value of 2.53 that falls under moderate in the rating scale. The research finding in regards to Jacobs et al., (2012) that many health insurance schemes in development countries find it difficult to fully finance some of the health supplies and services especially those related to HIV/ AIDS. Thus the result of inadequacy of health or medical facilities is that many people cannot effectively access community health services hence limiting accessibility to community health services by people in developing countries including in Uganda.

Further still, it was also noted that availability of financial resources insurance schemes have a strong, positive and significant impact on people's accessibility to quality health services in Kasaana Sub-County. This was confirmed by r-value of 0.998, Beta value of 0.998 and sig. value of 0.00. The description using means to determine the level of accessibility to quality health services indicates that the level of accessibility to quality health services by the people of Kasaana Sub-County is still moderate. This was indicated by the mean values 2.59 that fall under moderate in the rating scale. This research finding is in agreement with that of Jacobs et al., (2012) who urge that effective health service delivery requires a network of functional health facilities that accessibility improved from 49% to 72% by 2015.

## VI. CONCLUSIONS

From the above findings of the study in Kasaana health Centers, the researcher generated the following conclusions as per the study objectives.

This study concluded that effective health infrastructure insurance has a strong, positive and significant impact on the people's accessibility to quality health services.

Regarding the relationship between medical facilities and materials insurance scheme, this study concluded that availability of medical facilities and materials in health facilities have a strong, positive and significant impact on people's accessibility to quality health services.

In the same way, this study also concluded that availability of financial resources insurance scheme have a strong, significant and positive impact on people's accessibility to quality health servicesinKasaanaSub-county.

## VII. RECOMMENDATIONS

Basing on the findings of this study, the researcher recommends that in order to improve and increase the level of accessibility to quality health services by the people of Kasaana, different health service stakeholders should put emphasis on the following;

The government through the ministry of health in collaboration with health management committee should ensure that laboratories at all heath facilities that are well equipped with facilities such that patients can just access laboratory related services easily.

Laboratory attendants should also be closely monitored by the health management committee and district health officers such that issues related to shortage of beds that tend to discourage accessibility to health services can be rectified.

Local people should make sure that they are much involved in the financial management in the health facilities. Such strategies can significantly reduce cases of corruption and frauds in the health sectors. This can be done by demanding accountability from those managing health centers hence reducing cases of corruption and mismanagement of fund meant for medical facilitation.

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