

## Free Maternity Services (Linda Mama Programme)

### Background

About 21 pregnant women die every day in Kenya due to complications from childbirth. These deaths occur because pregnant women either do not receive appropriate care during pregnancy or are unable to deliver their babies with the help of health professionals. Lack of money is one of the major reasons that prevent women from seeking skilled care during labour and birth.

### Purpose

The purpose of the programme was to comprehend the free maternity policy including reimbursement of costs to health facilities by the government. The target counties were Nyeri, Embu, Kilifi and Kwale.

### Free Maternity Services

In July 2013 Ministry of Health (MOH) introduced a Free Maternity Services (FMS) program that removed user fees for maternity care in public health facilities nationwide. This was intended to lower Kenya's maternal mortality rate.

The management of this programme was transited from MOH to National Hospital Insurance Fund (NHIF) towards the end of 2017 under the banner of Linda Mama Programme. The strategy of free maternity care was the beginning of a wider scheme for ensuring equity in maternal health with the ultimate goal of achieving the Universal Health Coverage (UHC). Under UHC all Kenyans should have access to quality and affordable health care services without

suffering financial hardship. UHC is one of the agenda 4 that the government is committed to achieve. Kenya targets to have all citizens on UHC by 2022 and already the government is piloting the programme in 4 counties, namely, Kisumu, Nyeri, Machakos and Isiolo. Lessons learnt in this pilot stage will inform the national rollout.

### The Linda Mama Programme

The Linda Mama Programme is public funded health scheme that is enabling pregnant women and infants to have access to quality and affordable health services. The benefit package includes both outpatient and inpatient services for the mother and newborn for a period of one year after enrolment. Among the services included are Antenatal Care, Delivery, Postnatal Care and Emergency referrals for pregnancy related conditions as well as complications. To access services under Linda Mama, pregnant women who have no medical cover are required to register in their nearest accredited health facility. In order to register, one is required to produce their national identification card; or a guardian's identification card for pregnant women under 18 years. Upon registration, all pregnant women are issued with unique cards for identification and for records purposes.

The scheme expanded the network of health service providers to include faith based facilities through a direct re-imbursement mechanism. It pays for the number of deliveries reported to health insurance plan administered by NHIF.

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<sup>1</sup> APHRC, 2017

## **Key Successes of the Programme**

- 1. Positive Reception by Stakeholders.**  
The implementation of the free maternity programme has been supported by almost all stakeholders across the three counties. Despite the challenges, it was hailed as a step in the right direction to tackling maternal, newborn and child mortalities across the country as it gives mothers an opportunity to seek skilled health care. Before the introduction of the programme health related costs were a barrier to women's access to facility deliveries.
- 2. Increased revenue to facilities.** Most facilities prior to the programme had no direct funding opportunities. However, the introduction for the programme provided the facilities with a steady source of income based on their performance. Reimbursements were made based on number of deliveries conducted.
- 3. Improved health outcomes.** The programme covers ANC and PNC which means there was an increase in number of women accessing ANC and completing the 4 ANC visits. Most mothers failed to deliver in health facilities due to costs, however the programme cushioned them hence increase in number of assisted deliveries and immunized children as it covered PNC.
- 4. Increased number of accredited facilities.** There have been more facilities accredited to offer services. For example, in Kilifi County, there are 108 public and 4 private and faith based health care facilities offering care. They resulted in increased utilization of services in the

county. There were about 11,048 registered women on Linda mama program in the County. In Nyeri County there are 113 public facilities and 3 private and faith based facilities and 94 public and 4 faith based facilities accredited by NHIF. This has seen 4,969 and 902 expectant mothers registered in Nyeri and Embu Counties respectively among the facilities interviewed.

- 5.** The programme has created job opportunities as some facilities have employed data clerks to do registration of mothers and lodge claims. It is hoped as more resources are generated by the rollout, more persons are likely to be recruited to fill in more slots.
- 6.** There has been increased accountability through efficient Monitoring and Evaluation systems. Prior to disbursement of claims, NHIF has to ascertain that in deed the services were rendered and this minimized wastage in the sector.

## **Challenges and Lessons Learnt**

- 1.** Lack of awareness. Though there has been community sensitization, it has mainly targeted expectant mothers visiting the health facilities. There have been little or no outreach activities to inform and educate the community about the programme. Some of the clients were not aware of the requirements for registration such as identification cards, Alien Card, Passport, in the event of minors or undocumented persons, they are expected to use a guardian's (spouse, parents, sibling) identification.

Community Health Volunteer (CHVs) who are supposed to be the link between the community and health facilities exhibited lack of knowledge about the programme. The programme had not sensitized and equipped them as community resource persons about the programme. In some facilities, even the staff working outside the Maternal, Newborn and Child health department had no knowledge about the programme. For example, laboratory department, pharmacy.

2. Tedious registration process. Most of the facilities offering the services complained of the tedious process of registration. They were concerned with huge paper works that took long to be completed. Most of the facilities do not have adequate personnel who could deal with the registration process. The nurses offering services were same people who did the registration, thereby increasing their work load and delayed offering services to other clients. There instances when mothers were turned away and requested to come another day for registration due to heavy workloads. This frustrated mothers and some may have given up the registration, thereby forgoing the free services.
3. Lack of adequate infrastructure in the facilities. Some of the targeted facilities lacked basic equipment such as computers (desktops and laptops) or facility phones which could be used for the registration and for claiming reimbursements. For example, in Nyeri County 80 facilities lacked laptops, scanners and printers to enable them register and lodge claims

effectively. In addition, there were 8 facilities that were yet to be connected to the main power supply. In other instances, the health facility lacked stationery forcing the clients to seek for the photocopies from the local shops, thereby incurring some unexpected costs.

4. Delays in the reimbursement of funds. There was no time frame as to when each of the facilities would receive their funds. For some it took as long as six months, thereby hampering services delivery. As a result, clients in some facilities were asked to purchase hospital supplies such as cotton wool and gloves. This negated the whole idea of free maternity services.
5. Lack of training for the health care workers on how to conduct registration and lodge claims under the programme. In Kilifi Sub-County for example, the facility staff interviewed said they were yet to be trained but they had received a briefing about the process as they awaited facility based training. As a result, facilities had to rely on each other for support in either registration or lodging claims. The situation was similar across the other counties though there was supposed to have technical support by the NHIF team.
6. A high number of unaccredited health facilities – public, faith based and public. Not all the public health facilities were accredited to offer the services due to their poor infrastructural development. Community members called for more investments to ensure all public health facilities have the capacity to offer the MNCH services.

7. Exaggeration of costs and /or lodging of fraudulent claims by health facilities. One of the reasons advanced for delayed reimbursement by NHIF was exaggerated costs some bordering to fraud. It required time to counter check and verify before such payments were made.

8. Free maternity services funds not reaching health facility in time or in reduced amounts. Health services is a devolved function, thereby all funds should be played in the County Treasury which in return should transfer the funds to respective health facility. Despite, funds been reimbursed they got stuck in county treasurer and amount transferred was fraction of the amount reimbursed. Free maternity services were therefore treated a source of revenue; In deed this was confirmed in the counties that reimbursements from NHIF were treated as any other revenue to the county.

9. Reimbursing county facilities through the county revenue collection account. Though, this is the correct legal position, there is need to review this process in order to enable facilities to directly access their money for services rendered. This will reduce delays in reimbursing the money, avoid possible diversion or re-allocation of the funds and possible misappropriation. County health facilities have management committees and boards that should manage such funds and be accountable to the citizens. The county governments should play the role of policy and oversight. In Kilifi County the Assembly passed policy

to allow for direct reimbursement to the facilities, in Embu County, there is a bill at the Assembly which will allow direct reimbursement to the facilities. If these funds are reimbursed as anticipated, then facilities can use these funds for facility improvement and this will tackle some of the challenges that the programme has encountered such as purchase of equipment

10. No explicit direction on how the reimbursed funds should be utilized. Though health facilities have facility management committees there was no approval from the county governments on how they should manage the free maternity reimbursed funds. Often, decisions were made by County Health Management Teams and facility in charge. There is therefore, the need to strengthen policy guidelines for health facility management committees and empower them to make investment decisions of the funds realized.

11. As the country roll out Universal Health Coverage, opportunities, challenge and lessons learnt should inform the process. Awareness of the programme is critical, levels of health infrastructure, capacity of service providers and support staff and timely access to funds, drugs and supplies. The health facility management committees need to be strengthened empowered both in capacity and policy guidelines in order to make informed decisions including guaranteeing accountability.