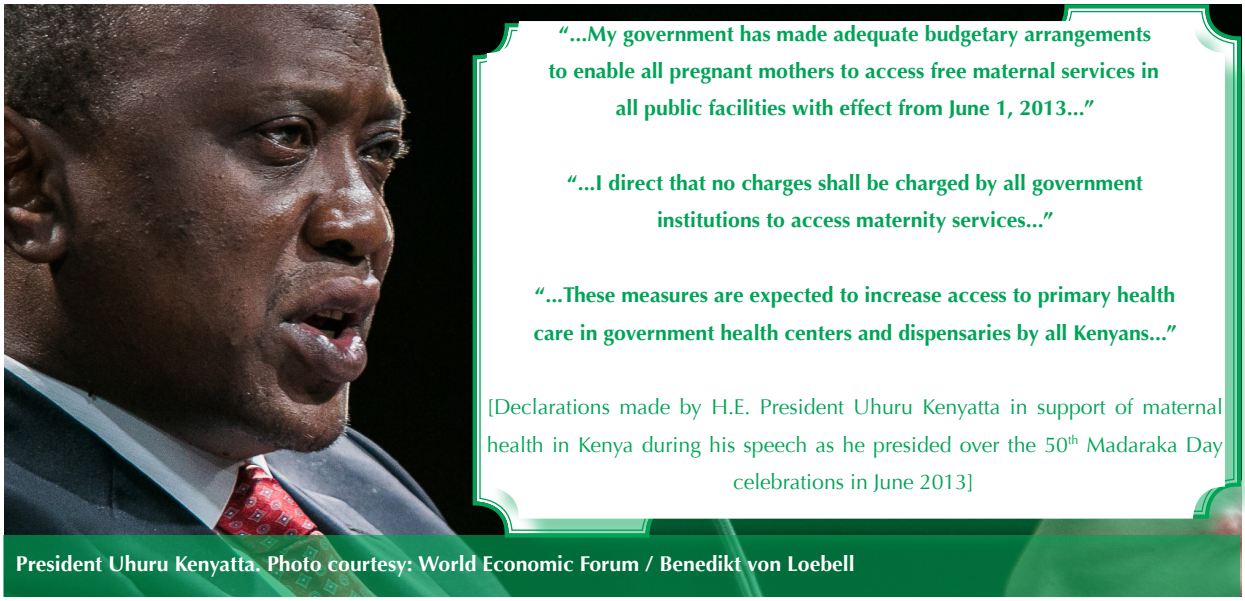
REPUBLIC OF KENYA

MINISTRY OF HEALTH

Science Policy Café Briefing

Improving the Implementation of the Free-of-Charge Maternity Services Programme in Kenya



"...My government has made adequate budgetary arrangements to enable all pregnant mothers to access free maternal services in all public facilities with effect from June 1, 2013..."

"...I direct that no charges shall be charged by all government institutions to access maternity services..."

"...These measures are expected to increase access to primary health care in government health centers and dispensaries by all Kenyans..."

[Declarations made by H.E. President Uhuru Kenyatta in support of maternal health in Kenya during his speech as he presided over the 50th Madaraka Day celebrations in June 2013]

President Uhuru Kenyatta. Photo courtesy: World Economic Forum / Benedikt von Loebell

Introduction

The Ministry of Health (MoH) through the Division of Health Research & Development under the SECURE Health programme organised a Science Policy Café that was held on February 12, 2015 to provide a platform where key stakeholders, including policymakers, researchers and implementers/practitioners deliberated on the progress made so far in implementing the free maternity services (FMS) presidential directive issued in 2013. The Café deliberated on the challenges being faced, lessons learn't and on how other countries have addressed the challenges, and possible recommendations on ways of improving implementation of the programme. The Café was moderated by a leading Kenyan development practitioner, Prof. Khama Rogo, and had 7 panelists including a researcher, and senior officials from the Ministry of Health, Nairobi and Kisumu counties, Kenyatta National Hospital, and UNFPA (see page 4 for list).

Poor maternal health remains a major challenge in Kenya, with an estimated 488 deaths per 100,000 live births. There are huge differentials in maternal mortality across the country's 47 counties, with 10 counties accounting for nearly 60 percent of all maternal deaths in Kenya[1]. Mandera county, for instance, has a maternal mortality rate of 3,700 deaths per 100,000 live births.

"Give women vouchers and let them decide where they want to deliver. This will allow competition among facilities and effectively improve the quality of services."

[1] Mandera, Wajir, Turkana, Marsabit, Isiolo, Siaya, Lamu, Migori, Garissa & Taita Taveta.

Key Challenges

1. Lacking policy and guidelines to inform the programme delivery.
2. Delayed and inadequate reimbursements to service providers.
3. Inadequate health workers and infrastructure to effectively deliver free maternity services.
4. Exclusive focus on delivery leaves out critical postpartum child and maternal care needs and complications.
5. Poor quality of services in public health facilities.
6. Weak M&E system.
7. Double dipping by clients who also have NHIF coverage.

Key Recommendations

1. **Develop a policy and guidelines for implementation of FMS** – Formulate a policy and guidelines for enabling and ensuring effective implementation of the free maternity services directive.
2. **Urgently address all hurdles associated with reimbursement delays**.
3. Consider changing the financing system from supply-side financing to demand-side to improve on payment mechanisms. Give women vouchers and let them decide where they want to deliver. This will allow competition among facilities and effectively improve the quality of services.
4. **Put appropriate approaches & mechanisms in place to avoid double dipping, where a facility benefits from both the FMS reimbursements** & NHIF payment for same delivery service .
5. **Design and implement an effective M&E system linked to HMIS for the FMS programme** and continuously use emerging data and information to improve service provision.
6. In addition to FMS, **adequate attention should be given** to the other factors underlying high newborn and maternal deaths, including **quality of health care, health care personnel, and access to care.**

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Key Issues Deliberated

Café deliberations commended the President for prioritising maternal health through the presidential directive, which they noted would potentially increase the number of facility deliveries and reduce maternal deaths. They further commended the first lady for the Beyond Zero campaign, which has brought new momentum on the principle of not letting women "die while giving life". Participants also agreed to bring to the fore their expertise and resources to ensure that the strong political will and commitment on maternal health results into significant reductions in the country's high maternal mortality rates. After the panel presentations and heated discussions, participants at the Café made the following observations and recommendations.

1 Lacking policy and guidelines to guide the implementation of the FMS directive

Except for a circular sent to facilities on the free maternity services by MoH, there is no policy or guidelines that have been developed to inform the implementation of the directive. Thus, the directive is being implemented variedly depending on how health workers understand the directive. The MoH should urgently develop a policy and guidelines to provide proper guidance on the directive.

2 Financing free maternity

Consider changing the supply-side financing mechanisms to a demand-side mechanism

It was indicated that current supply-side funding of the FMS is not effective, i.e. funds are sent to facilities following the provision of services. Experts at the Café argued that the government should consider a different funding mechanism such as the demand-side mechanism, where vouchers are given to women and they decide which facility they want to deliver in. This would improve quality of services since facilities will have to improve their services to enable them compete to attract women.

It was also indicated that there is a lot of double-billing (also referred to as double-dipping), where a facility is reimbursed a delivery service, and if the mother is covered by NHIF, the same delivery is paid to the facility by NHIF, resulting in double payment. A mechanism where NHIF handles the FMS re-imbursement instead of MoH can be devised to solve this problem, and save more funds to cover other deserving medical cases.

Let those who can pay for services pay for services

Participants felt that the current blanket waiver of costs was unnecessary for those who can afford the service and in the face of the limited funds that the government is investing in FMS. Experts recommended that there should be proper market segmentation and targeting by letting those who can pay for maternity services pay through their insurance schemes, etc and only waive fees for the most needy, the poor.

Delayed and inadequate reimbursements to facilities

Facility managers argued that they not only experience delayed reimbursements, but also that the reimbursements only cover deliveries, leaving out other services such as the costs of complications experienced during deliveries. Also, Antenatal Care (ANC) and Postnatal Care (PNC) services are not covered. As such, facilities are not fully recovering their costs for these services, and effect is more felt by referral facilities such as KNH that deal with such complications from smaller clinics that claim the FMS funds.

Fund other costs that women incur outside the health facility

It was noted that women have to cover transport and other costs before getting to health facilities, which may hinder access to free services in cases of extreme poverty.

Enable proper coordination of donor contributions to FMS

County officials reported a challenge with coordinating donor contributions to the free maternity services programme, noting that donors were keen to work with the national government rather than county governments.

3 Poor quality of services in public health facilities

Poor quality of care in public health facilities was noted as one of the major challenges in Kenya's health care system. With increased deliveries resulting from the removal of user fees, the quality of services was noted to be deteriorating further partly because of increased workload for health workers. This issue was noted to have two main dimensions, i.e. the human resources crisis and lacking equipment and commodities:

Inadequate healthcare workforce

Experts noted that the current health human resources crisis (i.e. inadequate numbers and skills, poor remuneration, low motivation) remains a major barrier to the implementation of the free maternity services directive. MoH officials noted that an on-going training programme, that had so far trained 4,000 health workers in Emergency Obstetric Care (EmOC), was an effort towards addressing this gap. Some experts however decried too much focus on training leaving little time to implement the policy directive. Experts called on the government to institute special remuneration packages for doctors and other medical personnel who work in rural and marginalised regions in order to attract and retain health workers in these regions. Some experts also called for establishment of training centres of excellence to ensure top quality training for health workers.

Poor and inadequate infrastructure

This remains another hindrance to the implementation of free maternity services in many rural and remote public health facilities. It was reported that the MoH had already initiated the process of procuring basic equipment and distributing these to counties to enable safe deliveries. MoH was advised to also enable and/or strengthen networking between public and private facilities so that patients in public hospitals can benefit from facilities in private hospitals.

Ensuring essential commodities supplies

Ensuring effective commodity supply chain to all public facilities was noted as critical in enabling the provision of quality and life-saving services.

4 Weak M&E system to generate relevant data and information for decision-making

It was noted that despite having been in implementation for nearly two years, there had not been any M&E system put in place to monitor the implementation of FMS and assess its impact. MoH was called upon to design and implement an M&E system linked to HMIS for the FMS programme. More broadly the MoH was called upon to strengthen its Health Information System (HIS) to ensure real time quality data for decision-making, particularly as it relates to maternal health. A functional HIS system would ensure that Kenya can continuously learn and improve the design and implementation of the FMS directive.

5 Need to empower women to demand and/or choose quality

It was noted that women are at the centre of the free maternity services directive. As such, there is need to educate and empower women so that they can demand and/or choose quality services. The earlier suggestion of giving money/vouchers to women was noted as an important empowerment mechanism that would ensure that women seek services where they believe there is quality. The MoH was further called upon to engage women so that women's views can inform how MoH can reorganise services to meet women's needs.

6 Enabling increased access to, and uptake of other services that promote safe motherhood, including ANC and family planning services

It was noted that increasing access to, and uptake of, other services such as antenatal care (ANC), family planning (FP), and post-abortion care (or safe abortion where this is legal) were important interventions for reducing maternal deaths. Thus, a focus on FMS needs to go hand-in-hand with a focus on increasing access to, and uptake of, these services if these efforts are to reduce maternal deaths by considerable proportions.

7 Poor governance and lacking research use especially at county level

Finally, it was noted that poor governance was a major problem to the implementation of the FMS. Specifically, the issue of accountability both at county and facility levels in ensuring that FMS funds actually benefit women was highlighted as an area needing leadership and diligence. Furthermore, non-use of research evidence especially at county level was noted as a problem that meant that programmes at county level are not being informed by research evidence.

A young Maasai mother and her child. Photo courtesy: Ismael Alonso/Flickr

Participants engage in discussions at a Science-Policy Café hosted by AFIDEP and the Ministry of Health on the implementation of Kenya's free maternity services presidential directive in February 2015.

"A functional Health Information System would ensure that Kenya can continuously learn and improve the design and implementation of the FMS directive"

Moderator:

- Prof. Khama Rogo, Word Bank Health Initiative Africa

Panelists:

- Dr. Bartilol Kigen, Head, Reproductive and Maternal Health Unit, Ministry of Health
- Dr. Peter Kimuu, Head, Department of Health Policy, Planning & Healthcare Financing, Ministry of Health
- Dr. John Ong'ech, Assistant Director/Head Reproductive Health, Kenyatta National Hospital
- Dr. Dan Okoro, Programme Analyst, UNFPA - Kenya Office
- Dr. Leah Kirumbi, Principal Research Officer/Head, Reproductive Health Unit, Kenya Medical Research Institute (KEMRI)
- Dr. Charles Wanyonyi, Deputy Ministry of Health/Head of Clinical Services, Nairobi County
- Dr. Elizabeth Ogaja, County Executive Committee member, Kisumu County

The Science Policy Café was organised by the Ministry of Health (MoH) through the Division of Health Research & Development in partnership with the Strengthening Capacity to Use Research Evidence in Health Policy (SECURE Health Programme). SECURE Health programme is led by the African Institute for Development Policy (AFIDEP) and other implementing partners include: the East, Central and Southern African Health Community (ECSA-HC), FHI360, Consortium for National Health Kenya (CNHR-Kenya) and the College of Medicine at the University of Malawi.

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The *Science Policy Café Briefing* is a publication of the Ministry of Health through the Division of Health Research & Development that highlights key points emerging out of the Science Policy Cafés held quarterly to deliberate on urgent health policy issues in Kenya. The Science Policy Cafés are supported by the SECURE Health Programme.