

Maternal & Newborn Health Care in Kenya

Policy changes to benefit women:

Ministry of Health implements free maternity services nationwide

Although more than 90 percent of Kenyan women receive antenatal care from a medical professional, fewer than half of all births take place in a health facility, according to the 2008-2009 Kenya Demographic Health Survey. The prevalence of home births plays a large role in the country's high maternal death rate—which has been rising in recent years.

On June 1, 2013, President Uhuru Kenyatta announced that the Jubilee Government had abolished maternity charges in public health facilities. In keeping with the promises made by the Jubilee Alliance during the election campaigns, the President said that scrapping of the fees would help all expectant mothers access maternal care and would also help reduce maternal deaths.

"This move by President Uhuru Kenyatta will improve maternal health, as most mothers will now deliver under skilled care," said Dr. Francis Kimani, the Director of Medical Services. "It will also lead to a reduction in birth-related complications such as haemorrhage and obstructed labour."

In Kenya, the Maternal Mortality Rate (MMR) is high, with 488 deaths per every 100,000 live births per year, largely because women do not give birth under the care of skilled health providers. These high rates of maternal deaths are attributed to well-known and preventable causes. They include obstructed labour, complications of unsafe abortion, infections, haemorrhage, and high blood pressure.

Most of these deaths could be avoided if the mother is managed at a health facility by a qualified health professional. During antenatal care visits to health facilities, pregnant women are screened for complications and given advice on a range of issues, including place of delivery and referral. However, the majority of women (56 percent) give birth at home.

Why women deliver at home

Why then do so many women choose to deliver at home or in the community? "Their reasons include lack of transport, fears about negative attitudes of health workers, long distances to health facilities, cultural preferences, and charges for services which are beyond what most women can afford," says Dr. Isaak Bashir, former Director of Reproductive Health in the Ministry of Health, and now team leader of the DFID funded Delivering Increased Family Planning Across Rural Kenya (DIFPARK) Project at Futures Group.

Government policies on fees

User fees at public health facilities were introduced in the late 1980s during a period of national structural adjustment to supplement government health allocations, which at the time no longer covered the full cost of many services. However, lower-income citizens, especially in rural areas, could not afford to pay these fees for medical care, leading to poor health outcomes for women in particular.

The new policy on health fees stems from the campaign platform of President Kenyatta's Jubilee Alliance, whose manifesto pledged to abolish user charges at public health centres and dispensaries and provide free maternal deliveries to promote greater health equity in the form of access to care.



With the removal of fees, many more women will be able to receive antenatal care services in health facilities

Millennium Development Goals targets

Currently, pregnant women who pay for healthcare incur high costs, which can negatively affect their socio-economic status. Others simply fail to seek care in health facilities. Overall, about 3 to 4 percent of Kenyans are pushed into poverty each year due to illness-related expenses. As a result, families suffer, and the nation suffers, making it more unlikely for Kenya to meet Millennium Development Goals (MDGs) targets by 2015.

The government's commitment to provide free maternal health services is expected to encourage more women to deliver at health facilities and to result in fewer maternal deaths. With the new policy, health facilities will be reimbursed by the government for

every delivery that they handle, at the rate of Sh.2,500 per birth at health centres and dispensaries, and Sh.5000 for every birth at public hospitals. This covers both normal deliveries, deliveries through caesarean, and complicated deliveries. These funds are paid directly to the facilities. In addition, no fees will be charged for antenatal and post-natal care up to six weeks after delivery, or for referrals made in the case of complications related to pregnancies. All fees charged for all types of health care services at dispensaries and health centres have also been abolished.

Technical Support

Such policy changes aim to promote the health of all Kenyans, and are best implemented with careful analyses of options and costs. In the case of the free maternal health policy the USAID-funded Health Policy Project (HPP) provided technical support to the Ministry of Health in initial analysis of the resources needed for the proposed policy to allow for it to be adopted and financed. These efforts began with the development of a concept note and a Cabinet paper. These analyses informed the government's decision to allocate Kshs.3.8 billion for the 2013-2014 fiscal year to compensate public health facilities for revenue lost due to the change. The Health Policy Project continues to provide technical support to implement the policy and develop cost estimates.

Regular monitoring of the success of the two policies is needed to respond to implementation issues and to relate the increased cost to the increase in achievement. To assess compliance, the ministry is in the process of putting in place a robust monitoring and evaluation mechanism around the two policies and has requested Health Policy Project's support



In Kenya, the Maternal Mortality Rate (MMR) is high, with 488 deaths per every 100,000 live births per year, largely because women do not give birth under the care of skilled health providers



Born under skilled professional care in health facilities

for the baseline assessment, monitoring, and periodic evaluation of the policies at the facility level. Health Policy Project will implement this work in collaboration with other partners and develop capacity among key MOH staff to continue the monitoring and assessment in the future.

Health Policy Project is also supporting the Ministry of Health to conduct the third round of the Kenya Household Health Expenditure Survey which started recently. The national survey will provide essential data that describes how households in Kenya use healthcare services, including choice of healthcare service provider, levels and trends of spending on health care, and the demographic and socio-economic determinants of access to health care by households. Data from the survey will also provide baseline information to monitor the progress of the implementation of the free maternal health policy.

For more information, see <http://www.statehousekenya.go.ke/government/health.htm> or <http://www.healthpolicyproject.com/kenya>.