

Interim findings

Social protection through maternal health programmes

The research project on 'Inclusive growth through social protection in maternal health programmes in Kenya' aims to compare the cost-effectiveness of the maternity voucher system with the free maternity services scheme in Kenya. The objective is to develop appropriate policy recommendations to enhance social protection in maternal health. Qualitative data on perceptions of the two schemes, out-of-pocket payments by mothers, and costs in health facilities were collected from Kilifi county. The following are the interim findings and policy messages.

Interim findings:

- Total out-of-pocket expenditure for delivery in public health facilities ranged from no payment, to KES 3,991 and up to KES 75,000 in private hospitals. Furthermore, 13% of mothers said that they use their savings or mobilize resources from their family and social network to pay for deliveries. Not all pregnant women are cushioned against depleting their savings, even when they benefit from free maternity services.
- Knowledge about the existence of the two maternity schemes is similar among mothers, at 64%. More women expressed a preference for free maternity services (56%) than maternity vouchers (34%). Only half of the women who knew about the maternity voucher system made use of it, compared to nearly all of the women who were aware of the free maternity services scheme. Despite the availability of these schemes, the rate of home deliveries still exceeds 20%, with a much higher rate for the poorest quintile (41%), compared to the richest quintile (5%).
- Whereas the maternity voucher system targets poor pregnant mothers, the free maternity services scheme can be used by the general population and is, therefore, regarded as more accessible. However, if indirect costs are considered, women pay less for a delivery under the maternity voucher system than under the free maternity services scheme.
- There were more birth complications for mothers delivering in public hospitals (59%) than in private facilities (40.9%). The reason for more birth complications in public health facilities, which are used by the majority under the free maternity services, is yet to be properly documented.

Policy messages:

- **Improve the quality of public healthcare services:** Maternity services may be more accessible under the free maternity services scheme in public health facilities, but there are challenges with inadequate facilities, bed space and supplies. Furthermore, the free maternity services scheme does not currently provide sufficient financial risk protection for the very poor, partly because of insufficient supplies. The quality of public health services must be strengthened to make social protection approaches in health effective.
- **Mobilize resources to improve maternity health services in public hospitals:** To ensure that the social protection goals for pregnant mothers are met, the Kenyan Government needs to improve maternity health services in public hospitals so that an adequate level of quality services are provided, without externalizing costs to the users of free maternity services.

- **Close the gap for the poorest:** The free maternity services scheme is costly, as it covers all pregnant women, including those with the resources to meet the cost of services and/or buy health insurance. However, strategies to replace free maternity services with insurance schemes should be considered with caution. Insurance fees and sometimes also the maternity vouchers are too expensive for the poor; from a community perspective, integrating free maternity services into the National Health Insurance Scheme, which requires users to pay insurance fees, is not a promising option. Maternity vouchers with cost exemptions for the very poor, covering a broader service package than the free maternity services scheme, may be a better way to close the gap for the poorest, who cannot pay for services not covered under the free maternity services scheme and who cannot afford health insurance. Cost-effectiveness considerations at the health system level are yet to be analysed.

Knowledge products:

Miroro, O (2015) Inclusive growth through social protection in maternal health programmes in Kenya (SPIKE), Inception workshop report, <http://includeplatform.net/research-update-inclusive-growth-through-social-protection-in-maternal-health-programmes-in-kenya-spike>

Contact:

Dr Sonja Merten, research project leader, Sonja.Merten@unibas.ch

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<http://includeplatform.net/research-group/inclusive-growth-through-social-protection-in-maternal-health-programmes-in-kenya/>