

Interim findings

Maternity fee waiver in Kenya

The research project 'C2C-Comparing the impact and cost-effectiveness of two social protection interventions in Kenya: fee waiver versus social health insurance scheme' analyses the cost-effectiveness of the government's Free Maternal Care and Free Primary Care (FMC-FPC) programme and the Tanykina Community Healthcare Plan (TCHP), which offers affordable health insurance for dairy farmers in the informal sector. The objective is to investigate the long-term impact of these programmes on inclusive growth/development and compare their effectiveness in achieving health outcomes (i.e., geo-social targeting of the poor, quality of care, utilization rates, and out-of-pocket expenditure by households). The following are the interim findings and policy messages.

Interim findings

- There is a discrepancy between the concepts and measures for inclusive growth/development used by international organizations and scholars. While the literature focuses on income dimensions when evaluating the inclusiveness of development processes, less attention is paid to non-income dimensions.
- There is duplication and overlap between the FMC-FPC, TCHP and other healthcare programmes. These programmes interfere with each other, which has implications for their implementation and operation and ultimately affects their outcomes and impact. For example, because the FPC provides free primary healthcare, people in the TCHP catchment area are less interested in paying for insurance, because part of the insurance benefit package is already available at no cost.
- There is an overlap in the provision of maternal healthcare. The government offers free maternal healthcare in all public facilities and the TCHP provides maternity services in its insurance package. The National Hospital Insurance Fund (NHIF) also offers a maternal healthcare package. The contextual factors are still changing: for instance, from July 2017, FMC funds will be channelled through the NHIF; however, the NHIF is already offering an out-patient maternity package as part of its benefit package.
- The initial characteristics and healthcare-seeking behaviour of TCHP enrolees differ from those of non-enrolees, which needs further analysis. TCHP enrolees had significantly-higher healthcare expenditure at the baseline in 2011 than non-enrolees, which could indicate that they were ill more often (backed up by the fact that they reported significantly more chronic disease).
- The most important reason cited for enrolling in the TCHP was to save on health expenditure. The most important reasons cited for not having enrolling or dropping out of the TCHP were: not knowing about the TCHP, financial constraints and low milk production.
- Even though maternal health services are supposed to be free after the introduction of FMC, instances of clients being asked to pay for registration cards and buy some of basic care package, including a bathing basin, soap and cotton wool, were reported
- An overall increase in the utilization of maternal and child health services was reported.
- Delays in the disbursement of FMC reimbursement funds to participating facilities have been reported, which has affected the delivery of maternal health services and outpatient services at lower level facilities.

Policy messages

- **Consider possible interference with existing programmes before introducing new programmes:** Policy actors in the health sector should obtain a complete overview of the stakeholders and programmes in the country or area in which they wish to operate and conduct an analysis of the effect that their intervention will have on the various stakeholders (healthcare patients, health staff working in the area, managers, donors) before introducing a new intervention.

- **Understand how programmes are implemented on the ground:** Studying the effectiveness and cost effectiveness of the two social health protection programmes requires researchers to have a full understanding of the context. The communication and implementation of new policies often differs from what was intended. Consequently, implementation can differ in different locations. For example, one county may receive funds for FMC-FPC under the Free Health Policy, while another may receive nothing or only partial funds.
- **Ensure stakeholder consultation:** Stakeholder consultation is key to the successful implementation and ownership of policies.
- **Strengthen health information systems:** Routine national and county health information systems need to be strengthened to provide timely and quality information about the impact of policies on the quality and utilization of services to inform policy decision making.

Knowledge products

- Vu, T & Buzasi, K (2016) *The health dimensions of inclusive growth: the case of Kenya, internal report*, AIID, Amsterdam, The Netherlands.
- Vu, T (2016) *The impact of parental education on child health and nutritional status in Kenya*, master's thesis submitted to Vrije Universiteit Amsterdam, July 2016.
- Vu, T & Elbers, C (2016) *Social health programmes and transmission pathways to inclusive growth*, presentation by Thu Vu and Chris Elbers to PharmAccess and AIGHD, April 2016, Amsterdam, The Netherlands.
- Amendah, D (2016) *The scarcity of reliable and routine health data is harming us*, [web page post] 28 April 2016, <http://aphrc.org/the-scarcity-of-reliable-and-routine-health-data-is-harming-us/>
- Nelissen, H; Van der List, M; Brals, D; Beguy, D; Faye, CM; Juma, C; Wit, F; Elbers, C & Schultsz, C (2016) *Evaluation of the Community Healthcare Plan in Nandi North, Kenya: enrollment and dropout*. Report submitted to PharmAccess, March 2016.
- Nelissen, H; Van der List, M; Brals, D; Beguy, D; Faye, CM; Juma, C; Wit, F; Elbers, C & Schultsz, C (2016) *Healthcare initiatives in Nandi County: dairy farmers and their families' use of various healthcare initiatives, including the Community Healthcare Plan*, report submitted to PharmAccess, January 2016.
- Miroro, O. (2016) *Cost-effectiveness of free healthcare versus private health insurance in Kenya*, APHRC Research project update, 18 January 2016, <http://aphrc.org/research-update-cost-effectiveness-of-free-healthcare-versus-private-health-insurance-in-kenya/>
- Brals, D; Nelissen, H; Cheikh, F; Van der List, M; Juma, C; Wit, F; Boele Van Hensbroek, M; Beguy, D; Elbers, C & Schultsz, C (2015) *The impact of The Community Healthcare Plan, National Health Insurance Fund, and the Free Maternity Services Program on maternal and child healthcare utilization in Rural Kenya. A population-based study*, report submitted to PharmAccess, October 2015.
- Wubs, E (2015) *Home or hospital? Factors influencing the decision for home-based or facility-based delivery after implementation of Free Maternal Care in Nandi County, Kenya*, master thesis, VU Amsterdam and AIGHD.
- Elbers, C (AIID); Kyobutungi, C (APHRC); Sidze, E (APHRC); Amendah, D (APHRC); Maina, D (HPP); Veen M (PharmAccess Foundation); Fenenga, C (PharmAccess Foundation) & Van der List, M (AIID) (2015) *Assessing the impact and cost-effectiveness of Kenya's Free Healthcare Programmes and the Community Health Plan in Nandi County*, Research Brief No. 1, September 2015, http://aphrc.org/wp-content/uploads/2015/09/Wotro_2-pager.pdf
- Vu, T & Busazi, K (2017) *Social protection programs in health and Transmission Pathways to Inclusive Growth- the case of Kenya*, Power point presentation at the Africa Health Agenda International Conference.

- Sidze, EM; Fenenga, CJ; Amendah, DD; Maina, TM; Mutua, MK; Mulupi, SK; Van der List, M & Elbers, C (forthcoming, 2017) *Are free maternal healthcare services programs an impediment to quality care? An examination of the Kenyan experience.*
- Amendah, DD; Maina, TM; Sidze, EM; Fenenga, CJ & Elbers, C (forthcoming, 2017). *The costs of providing free maternity services in Kenya.*
- Sidze, EM; Mutua, M; Amendah, D; Fenenga, CJ; Maina, M; Mulupi, S & Elbers, C (forthcoming, 2017) *Are poor women benefiting from the free maternal care and free primary care programs in Kenya?*
- Maina, T, Mulupi, S, Amendah, D, Sidze, EM, Mutua, M, Fenenga, CJ and Elbers, C (forthcoming, 2017) *Estimation of out-of-pocket expenditure for maternal and child health services before and after the free maternal care and free primary care programs in Kenya.*

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<http://includeplatform.net/research-group/comparing-the-impact-and-cost-effectiveness-of-two-social-protection-interventions-in-kenya-fee-waiver-versus-social-health-insurance-scheme/>