INCLUDE

Social Protection
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Interim findings
Social protection through maternal health programmes in Kenya

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. For this, a community-based survey of randomly-sampled recently-delivered mothers (N=1,596) was conducted in 50 villages in the catchment area of the 10 purposively-selected health facilities. The following are the interim findings and policy messages.

Interim findings

- From the household-level data, it appears that the maternity voucher system save more costs for households than the free maternity services scheme (as it is currently implemented). However, women prefer the free maternity services scheme (more poor women are accessing free maternity services than vouchers). The need to have cash available for a facility delivery - even under the free maternity services scheme - requires negotiations with family members, which may lead to delays in health seeking, if services can be accessed at all, with negative health consequences: "*I think I lost my child because I had to wait for my husband to come from town and give me some money and also to decide which hospital I was going to deliver our child"* (woman, Kilifi).
- Evidence from qualitative data suggests that free maternity services are not 'free' and catastrophic expenditure (such as the sale of livestock or land) is still common among poor families. Poor mothers still incur large expenditure when using the free maternity services scheme for things that are supposed to be provided free of charge. Poor mothers had different strategies for meeting these costs. For instance, one mother said: "*We had no money and there I was feeling very bad, so my husband borrowed from our neighbour but I will work on his farm once I recover fully. I do sometimes help him do some small work so when we don't have food he gives us"* (Kilifi, recently-delivered mother). Overall, 39% of the households needed financial support from either relatives or other people in their social network, and some incurred debt, to pay for maternity services.
- The qualitative data confirmed most of the other findings of the survey: Free maternity services are regarded as more accessible because the programme targets the general population and especially the poorest can access it. However, there are challenges, which are frustrating to both mothers and health staff: the increasing number of facility-based deliveries has increased the work load on health workers and facilities: "*More mothers come to deliver and we do not have enough space, nor beds to accommodate all, there is low equipment supply and lastly nothing more on human resource - no more hiring of nurses"* (hospital matron).
- The quality of health services in public facilities was often perceived by mothers as being lower than in private facilities. In some cases, this made women prefer the vouchers, as quality concerns were clearly less and more services were covered. However, the poorest still strongly preferred the free maternity services scheme, or, if there were hidden costs, to deliver at home.
- It also emerged that there is no psychosocial support services for mothers who lost their babies during birth.

- The health facility costing study reports the average cost per service for antenatal care, delivery and post-natal care. On average, the study found that it costs KES 985-4,331 to provide antenatal care services for expectant mothers in public health facilities under both the free maternity services scheme and the OBA voucher system. It costs KES 1,150-5,798 to offer the same in faith based organizations (FBOs) and private health facilities under the voucher system. On average, a normal delivery costs KES 2,230-4,424 in public health facilities and about KES 2,221-14,905 in FBOs and private health facilities. For complicated deliveries, in public hospitals (level 4 facilities), the average cost was KES 11,437-24,743, while in FBOs and private facilities it was KES 24,587-53,432. For post-natal care, across all facilities, the cost ranged from KES 808-5,443. It is imperative to note that post-natal care begins immediately after delivery for about 2 weeks (free maternity services) to 6 weeks (OBA) depending on the programme of coverage.
- From the average cost analysis, it appears that it is relatively cheaper to provide maternal health services at public health facilities than at FBOs and private health facilities. Complicated deliveries are quite a bit more expensive than normal deliveries in most facilities. If mothers had proper coverage, catastrophic expenditure may be avoided by vulnerable households. The paradox of voucher coverage in the provision of maternal services was the affinity of mothers towards FBOs and private health facilities, which might have led to ballooning costs under this system.
- The cost-effectiveness results indicate that, on average, it costs KES 2,230-4,424 per maternal life saved in public health facilities and KES 2,221-14,905 per maternal life saved in FBOs and private health facilities, if the intervention is a normal delivery. This indicates that it relatively more costly for the voucher system to save maternal lives in the absence of free maternity services at FBOs and private facilities. The results further indicate that, in public facilities, it costs about KES 11,437–24,743 per complicated delivery death averted, while in FBOs and private facilities, it costs about KES 24,587–53,432 per complicated delivery death averted. From this, we can construe that it is more cost effective for the voucher system and free maternity services programme to provide the services provided in public health facilities. Furthermore, the voucher system is spending more in FBOs and private health facilities to avert maternal deaths from complicated deliveries.

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 the costs to the users of free maternity services.
- Consider giving out unconditional direct health payments: Unconditional direct health payments may be the best option because the free maternity services option can never be provided fully. Moreover, people can always decide themselves on what to do. However, this requires close consultation with other stakeholders on how to organize and deliver such a payment scheme.
- Adopt a local community participatory approach: Community participation is needed on how a local cash insurance system can be set up, which would require a local discussion (local process of institution

building). Such a process might help in meeting the social protection goals for pregnant mothers and to restore trust in Kenya's health system.

- 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 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.
- Protect households from catastrophic health expenditure: The average costs indicate that maternal health services are relatively costly for households using both public and private health facilities. This may increase the vulnerability of households to poverty.

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

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