Not yet Linda Mama: Refining the Maternal Health Financing for Outcomes

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Key Messages

1. There are estimated 1.8 million births annually in Kenya, which contribute to high levels of hospitalization.

2. The Kenya government contributes nearly half of all funds for maternal health services, followed by households which contribute about one-third of the resources.

3. The Total Health Expenditure for Reproductive Health increased by 39 percent between FY 2016/17 and FY 2018/19 (KSh 64 billion (USD 624.8) in 2016/2017 to KSh 88.7 billion (USD 877.3 million) in 2018/2019).

4. Despite the high investments made towards maternal health and the increase in deliveries under skilled care, maternal deaths remain high at 92 deaths per 100,000 deliveries in 2019/20.
Context /Background

By 2019, Kenya had an annual population growth rate of 2.2%, equivalent to 1.8 million births per year. The country is projected to experience sustained increase in demand for reproductive and maternal health services, which requires increased investments in maternal health interventions. The 2014-2030 Kenya Health Policy targets to reduce overall Maternal Mortality Rate from 488 deaths per 100,000 live births to 113 by 2030. However, improving maternal health, including reducing maternal mortality, remains a major challenge. Prevention of death from complications associated with pregnancy or childbirth requires access to skilled health workers backed up by a functional referral system to eliminate delays.

Family planning also contributes to positive outcomes for maternal health. Contraceptive use prevented approximately 44% of maternal deaths around the world in 2008 (Ahmed et al, 2021). Contraceptive use reduces the number of high-risk and high-parity births that result in maternal mortality and also prevents unwanted pregnancies, some of which result in unsafe abortions—one of the leading causes of global maternal deaths.

Ensuring access to skilled attendance at birth coupled with timely access to quality and effective emergency obstetric care and an effective referral mechanism are the most effective ways to avert maternal deaths. However, unregulated direct out of pocket (OOP) is a major access barrier to seeking health care.

Kenya is well positioned to have significant reduction of out of pocket expenditure for maternal health. In 2013, Kenyan government introduced free maternity services program (Linda Mama) which waived user fees for maternity services in public health facilities. The Government of Kenya channels Linda Mama funds through the National Health Insurance Fund (NHIF).
Methodology

This policy brief was informed by findings from the National Health Accounts (NHA) 2021 for Financial Years 2016/17 to 2018/19 and other publications on access to maternal and newborn health services. It also drew on evidence from other health sector studies, including the Kenya Demographic and Health Surveys (2008/09, 2014), the Public Expenditure Tracking Survey (PETS) (FY 2017/18, FY 2018/19), the Health Sector Mid Term review (2020), the Kenya RMNCAH Investment Framework (2015/2020), Maternal and perinatal death surveillance and response report MPDSR (2017/18), and the Kenya Household Health Expenditure and Utilization Survey (KHHEUS) (2018-unpublished).

Results/Findings

General patterns in maternal health financing

The Total Health Expenditure (THE), (comprising of current health expenditure plus capital formation), in Kenya was KSh 497.7 billion (USD 4,920 million) in 2018/19, from KSh 442 billion (USD 4,315 million) in 2016/17, representing an increase of 13 percent increase. Reproductive health is the second highest consumer of total health expenditure accounting for 15 percent, 17 percent and 18 percent in the years 2016/17, 2017/18 and 2018/19 respectively. Maternal Health was the main driver of reproductive health expenditure compared to other components as shown in Figure 1. The Total Health Expenditure for Reproductive Health was KSh 88.7 billion (USD 877.3 million) in 2018/2019 up from KSh 64 billion (USD 624.8 million) in 2016/2017 representing a 39 percent increase.

![Figure 1: Break down of total health expenditure on Reproductive Health, by RH select type, 2016/17 to 2018/19 (in Ksh billions)](image)

Institutions Funding Maternal Health

Maternal health is mainly financed through domestic resources with the Government and households being the main sources of revenues accounting for 49.2% and 31.9% of the revenues in 2018/2019 as reflected in Figure 2. In absolute amounts, Government and households have been increasing their contributions over the years. In the year 2018/2019 Government contributed KSh 27.5 million up from KSh. 19 billion in 2016/2017. Similarly, households increased their contribution from 14.5 billion in 2016/2017 to 18.8 billion in 2018/2019.

![Figure 2: Sources of funding for maternal health services (%)](image)
Households and Insurance schemes manage the largest proportions of maternal health funds

The largest proportion of maternal health expenditures in FY 2018/19 were managed by social health insurance (42%) and households through direct out of pocket spending (29%) as shown in Table 1. Although maternal health is also funded through Linda Mama program, the out-of-pocket expenditure (at points of service), remains high.

<table>
<thead>
<tr>
<th>Financing Agents</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Health –National</td>
<td>4%</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>County Department of Health</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Social Health Insurance Agency</td>
<td>32%</td>
<td>44%</td>
<td>42%</td>
</tr>
<tr>
<td>Commercial insurance companies</td>
<td>26%</td>
<td>20%</td>
<td>19%</td>
</tr>
<tr>
<td>Parastatals</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Private employers</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Non-profit institutions serving households (NPISH)</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Households</td>
<td>31%</td>
<td>32%</td>
<td>29%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Most of the out of pocket expenses in maternal care are spent on supplies and laboratory services

Figure 3 shows the services that clients paid for out of pocket, and their share of total OOP costs. Other items (cotton wool, gloves, spirit and syringes) and laboratory tests were the main drivers of OOP payments for delivery and ANC clients respectively.

Figure 3: OOP share of services among clients that incurred OOP to access maternity services
Maternal deaths still high, despite investments in care

While Kenya has invested heavily in providing resources for skilled deliveries in health facilities, maternal deaths are still high. As shown in Figure 4, there has been a general decline in facility-based maternal mortality ratio (maternal deaths per 100,000 deliveries) over the past five years, but the decline lags behind the expected trend, compared to trend in skilled deliveries. A subnational review of KHIS data on facility maternal and new born deaths, which is reflected in the UHC indices (Figure 5), shows that the counties with high skill delivery utilization / coverage tend to record a high number of maternal deaths, especially if their access indices are low. These subnational disparities may be masked by general national outlook.

**FIGURE 4: TRENDS IN FACILITY MATERNAL MORTALITY RATES AND SKILLED BIRTHS ATTENDANCE**

![Trends in Facility Maternal Mortality Rates and Skilled Births Attendance](image)

- **No. of maternal deaths in health facilities per 100,000 deliveries**
- **% of skilled Deliveries conducted in Health facilities**

**Figure 5: UHC Indices**

(a) Service coverage index  
(b) Service access index  
(c) Service quality index
Recommendations

- The MOH should establish institutional governance frameworks and ensure their implementation to link investment flows to inputs and outcomes for maternal health through a formal policy or by leveraging UHC policy.
- Households should be encouraged to pay for reproductive health care services through pre-payment mechanisms.
- There is need for targeted increment in financing of required inputs for Comprehensive Obstetric & Newborn Care (CmONC) along the continuum of care.

References