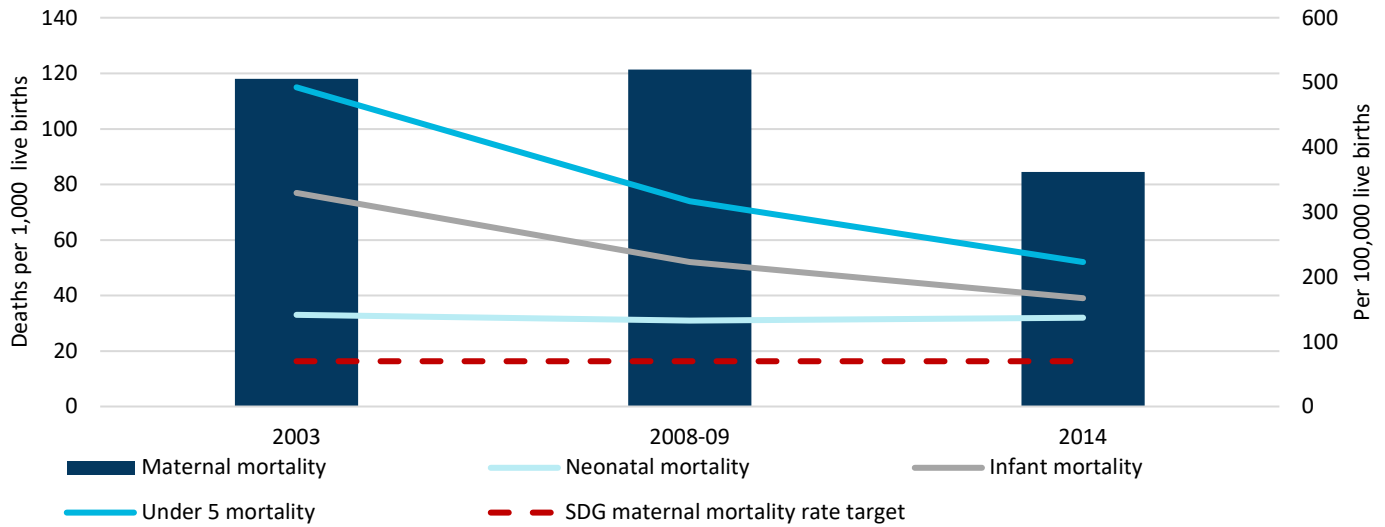


Under the SP4PHC project, ThinkWell collaborates with key government stakeholders in Kenya to strengthen purchasing policies and practices at the national and county levels that can improve delivery of maternal, newborn and child health (MNCH) services. One of these programs is the Linda Mama publicly-funded universal entitlement program. Below are some key MNH statistics in Kenya.

While maternal, neonatal, and infant mortality rates have been steadily declining in Kenya, they are still well above the targets Kenya set for the Sustainable Development Goals (SDGs); for example, the maternal mortality rate was at 362 deaths by 100,000 live births in 2014 compared to a target of 147 by 2015.

Trends in MNCH Mortality Rates (2003-2014)

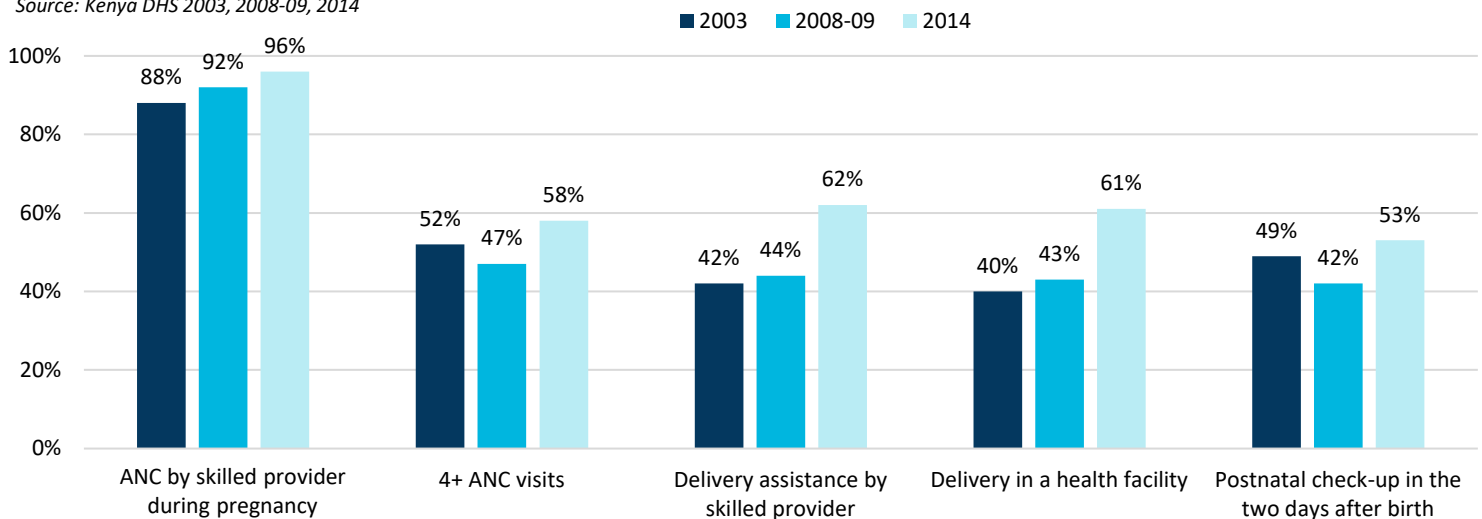
Source: Kenya DHS 2003, 2008-09, 2014



Most MNCH coverage indicators improved over the last few decades. Almost all women who had a live birth in the five years before the 2014 survey received antenatal care (ANC) from a skilled provider. Almost 6 out of 10 women had 4 or more ANC visits. The number of deliveries in a health facility has increased considerably from only 43% in 2008-09 to 61% in 2014.

Key MNCH Trends (2003-2014)

Source: Kenya DHS 2003, 2008-09, 2014

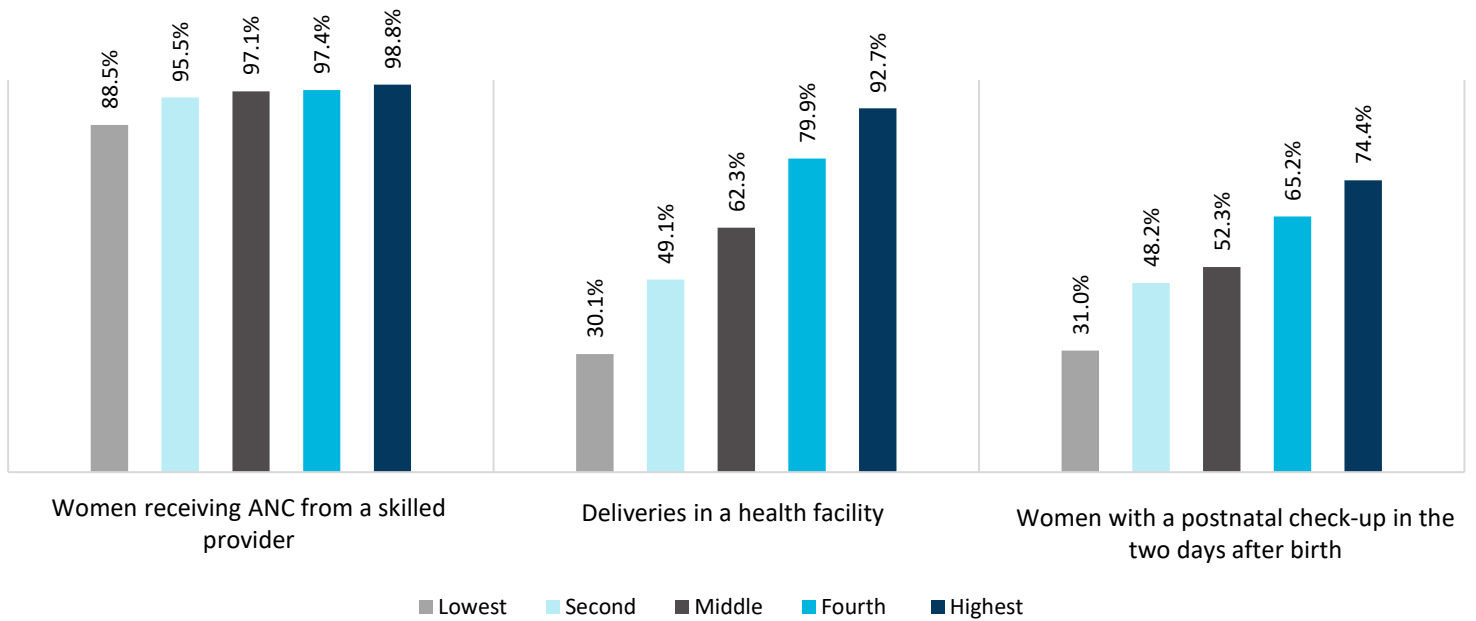


Even as MNCH coverage has improved in the aggregate, there is a dramatic wealth gradient. While 93% of women from the highest wealth quintile delivered in a health facility and were assisted by a skilled provider, only about a third of women from the lowest wealth quintile delivered in a health facility and were assisted by a skilled provider, respectively.



Proportion of Women by Wealth Quintile, Receiving MNCH Services Across the Continuum of Care (2014)

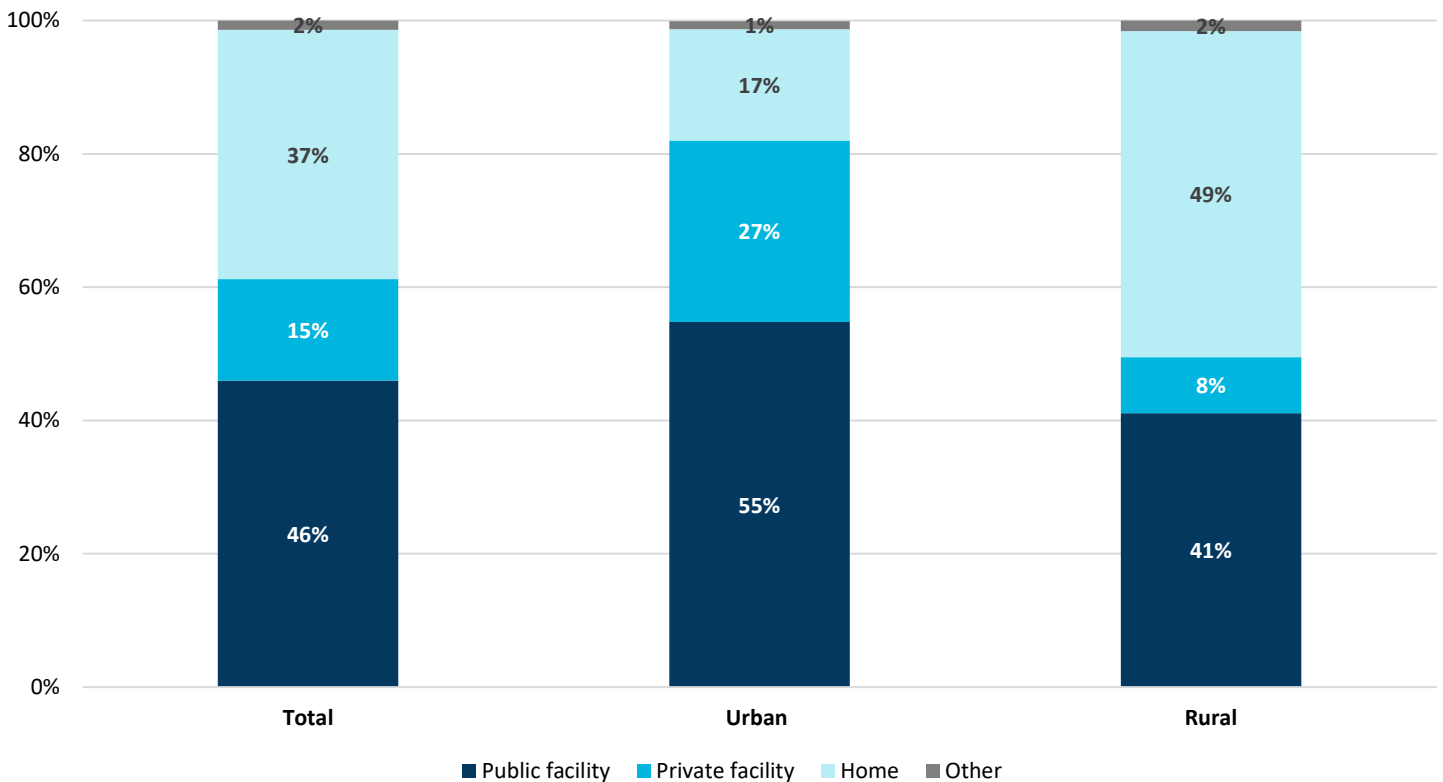
Source: Kenya DHS 2014



Sixty-one percent of women who had a baby in the five years before the 2014 survey delivered at a health facility, up from 43% in 2008. However, there is a big urban-rural gap in facility births: 82% of women living in urban areas deliver in a public or private health facility, compared to 49% of women living in rural areas.

Place of Delivery (2014)

Source: Kenya DHS 2014



Linda Mama is a publicly-funded universal entitlement program managed by the National Hospital Insurance Fund (NHIF) that aims to ensure that all Kenyan pregnant women and their infants have access to quality and affordable health services. Any pregnant woman can register for Linda Mama for free at NHIF or a participating public or private provider. NHIF reimburses providers directly for a defined package of service utilized by program beneficiaries based on claims submitted by the providers.



Linda Mama Purchasing Profile

- Sources of revenue** National government allocation
- Population** Pregnant and postpartum women and their infants
- Providers** Public and private health facilities: dispensaries (level 2), health centers (level 3), primary hospitals (level 4), county referral hospitals (level 5), national referral hospitals (level 6)
- Provider Payments** Case-based payment*

Linda Mama Benefits Package

- ANC and postnatal care (PNC), conditions and complications during pregnancy
- Normal delivery and caesarean section (C-section), care for infant
- Post-partum family planning

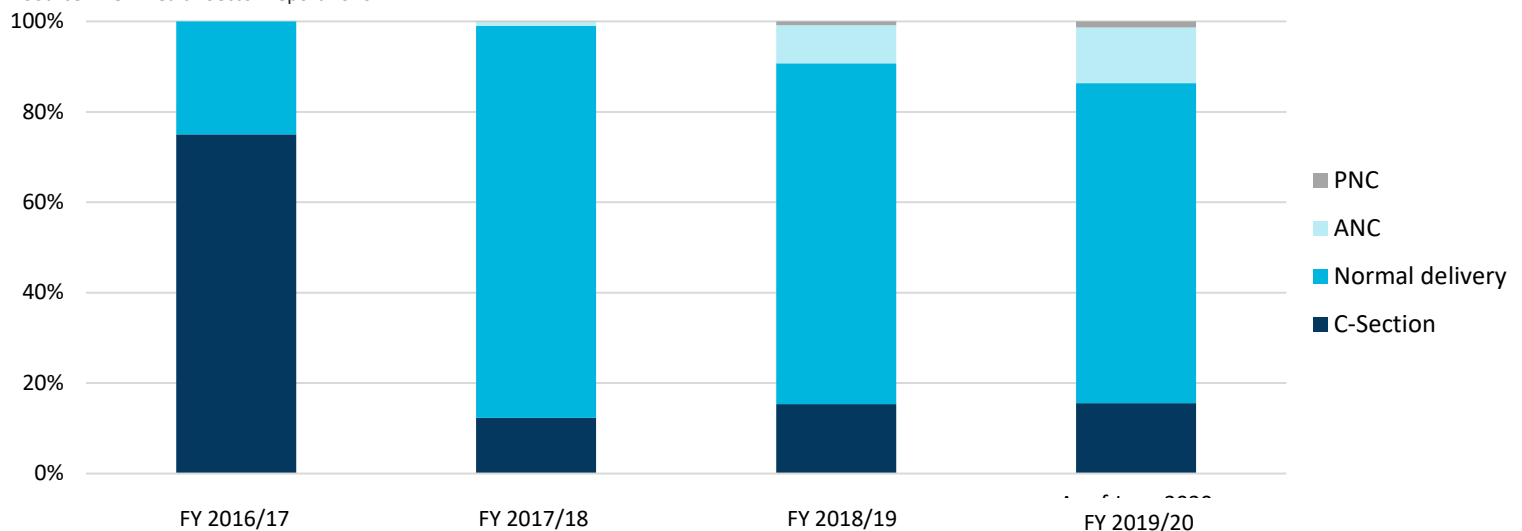
Note: Linda Mama reimbursement rates vary by facility level and by sector. Reimbursement rates for C-sections are higher than those of other services.

The number of Linda Mama deliveries more than doubled over the last three fiscal years (FY). In FY 2017/18, health facilities submitted claims only for normal deliveries and C-sections. However, over the next period, health facilities started submitting claims for other Linda Mama benefits, such as ANC and PNC, which accounted for approximately 14% of the value of claims paid by NHIF in FY 2019/20.

Linda Mama deliveries	FY 2017/18	FY 2018/19	FY 2019/20
Number of normal deliveries	292,659	618,920	659,940
Number of C-sections	28,454	62,108	64,523
Total	321,113	681,028	724,463

Linda Mama Funds Disbursed by Type of Service

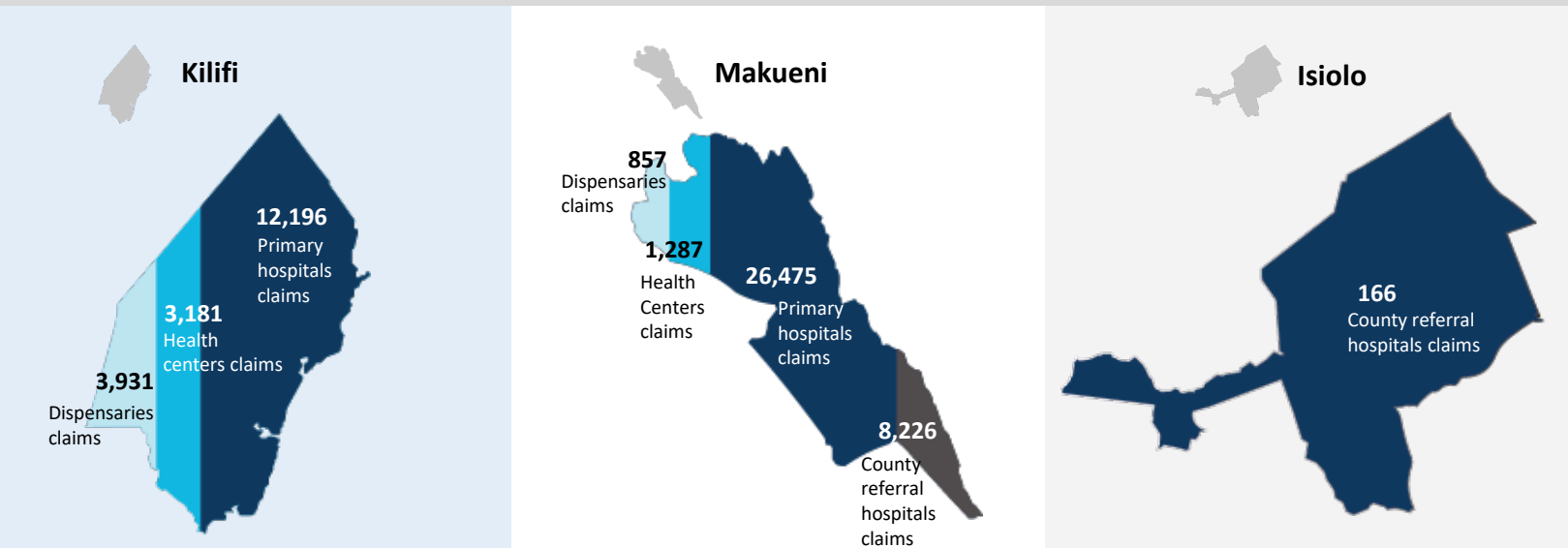
Source: MOH Health Sector Report 2020



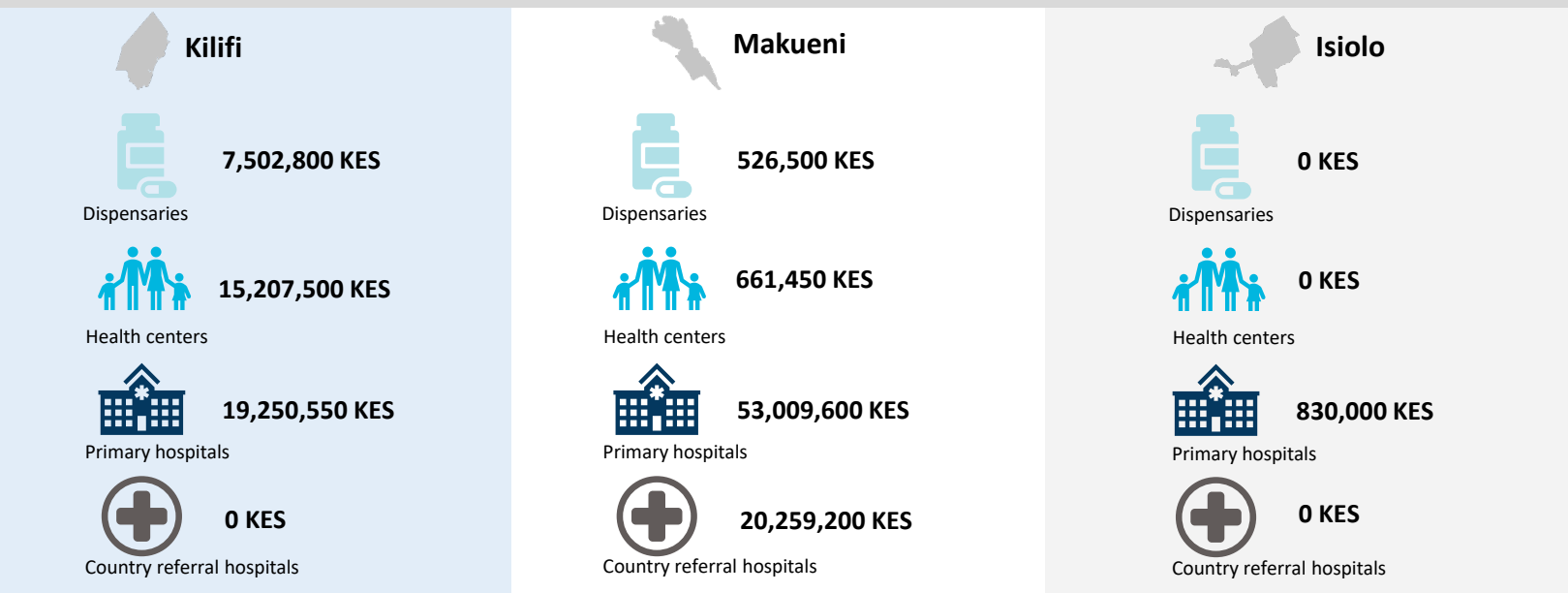
Primary health care facilities in the public sector can retain funds they collect from NHIF, but they are not fully utilizing this opportunity by registering beneficiaries to the Linda Mama scheme and submitting claims for reimbursement. ThinkWell has been providing technical support to the SP4PHC project in rural counties (Isiolo, Kilifi, and Makueni) to enable public facilities to register mothers to Linda Mama scheme and claim reimbursements. ThinkWell's support has already contributed to progress made by Kilifi and Makueni counties, where public facilities are submitting more claims, and tracking whether claims have been paid or not.



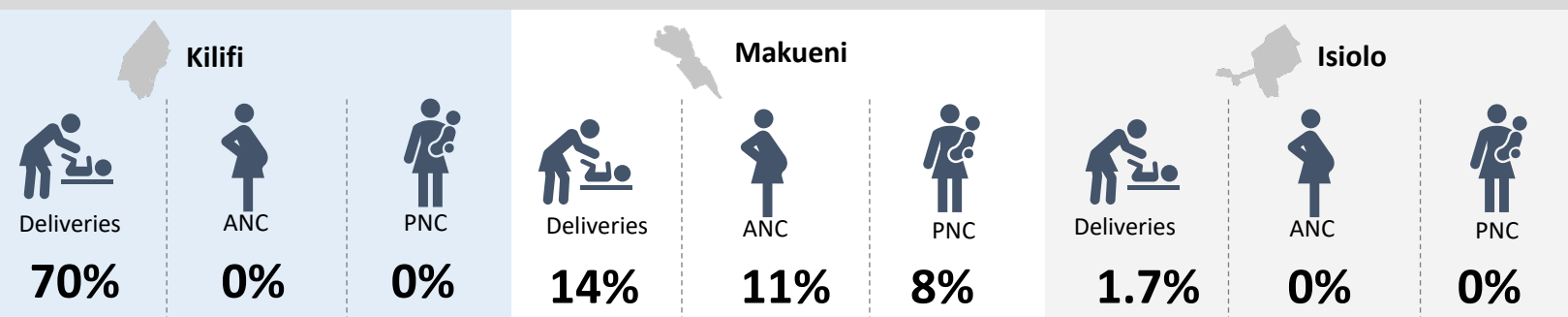
Linda Mama: Total Number of Claims in Public Facilities by Level, 2019



Linda Mama: Total Amount Claimed in Public Facilities by Level (KES), 2019



Linda Mama: Percentage of Public Facilities Claiming for Services, 2019



Note: Isiolo County Referral Hospital is a level 4 facility.

Source: Isiolo: The County Referral Hospital; Kilifi: NHIF; Makueni: County Department of Health