



SP4PHC

Strategic Purchasing for
Primary Health Care

LINDA MAMA PROGRESS IN MAKUENI COUNTY

Linda Mama is the Government of Kenya's flagship universal entitlement program for free maternity services. It is funded by the Ministry of Health and managed by the National Health Insurance Fund (NHIF). As part of the Strategic Purchasing for Primary Health Care project (SP4PHC), ThinkWell has been supporting the County Government of Makueni to track and improve the implementation of the scheme in its public facilities. This brief provides an overview of the performance of the Linda Mama scheme in the county in fiscal year (FY)¹ 2020/21 compared to FY 2019/20. It also discusses additional measures the County Government of Makueni can take to further improve the scheme's performance.

BACKGROUND

Linda Mama is a publicly funded scheme managed by NHIF that aims to ensure that all Kenyan women and their infants have access to high-quality and affordable maternal and child health services. Any pregnant woman can register for Linda Mama for free at any NHIF service center, participating public or private providers, a *huduma* center that offers government services countrywide, NHIF registration portal, or by using a mobile phone. The benefit package includes antenatal care (ANC), normal delivery, caesarean section (C-section), and postnatal care (PNC). NHIF reimburses providers directly for services utilized by scheme beneficiaries based on claims submitted by providers² (NHIF n.d.).

The County Government of Makueni, supported by ThinkWell, has been closely tracking the implementation of Linda Mama in the county, which has led to substantial improvements in the scheme's performance. [ThinkWell documented the progress on Linda Mama implementation in Makueni County in FY 2019/20](#). This brief provides a follow-on review of the scheme's performance in FY 2020/21.

METHODOLOGY

The purpose of this brief is to document the performance of the Linda Mama scheme in Makueni County in FY 2020/21 compared to FY 2019/20. The brief has drawn on data obtained between August and November 2021 from the following sources:

- Reports from 160 facilities empanelled by NHIF (12 hospitals, 39 health centers, and 109 dispensaries) that submitted claims for Linda Mama services in FY 2020/21.
- Facility-level maternal health services summary forms. The data from these forms were cross-checked with the District Health Information System 2 (DHIS2) records for individual facilities to assess any discrepancies in the data reported.
- Twenty-nine interviews with the County Health Management Team (one interview with the county planning director, one interview with the county health administrator, and five interviews with accountants) and facility managers (12 interviews with medical superintendents of hospitals, five managers of health centers, and five managers of dispensaries).

¹ The Kenyan FY runs from July 1 to June 30 of the next calendar year.

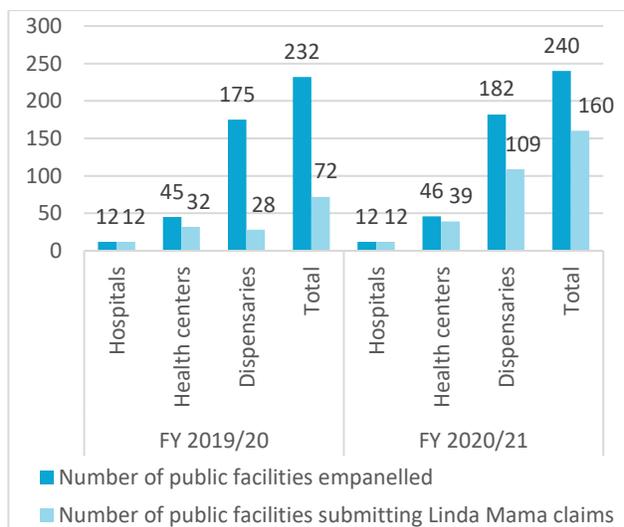
² Linda Mama reimbursement rates vary by facility level and by sector.

LINDA MAMA PROGRESS IN MAKUENI COUNTY

Sixty-seven percent of the public facilities empanelled by NHIF in FY 2020/21 were actively claiming reimbursements for the Linda Mama services rendered (Figure 1). Of note, all 240 public health facilities (i.e., 12 hospitals, 46 health centers, and 182 dispensaries) were empanelled by NHIF compared to 232 in FY 2019/20. All hospitals that were claiming reimbursements for services rendered under the Linda Mama scheme in FY 2019/20 continued to do so in FY 2020/21. Sixty percent of dispensaries and 85% of the health centers were submitting claims in FY 2020/21, compared to 16% and 71%, respectively, in the previous year. This can be attributed to the ongoing efforts by the County Department of Health (CDOH) to achieve its target of 100% submission of claims in all facilities.

The value for claims submitted by health facilities in Makueni County in the FY 2020/21 was similar to the previous year (KSh. 94 million/US\$0.88 million compared to KSh. 93 million/US\$0.87 million). Hospitals were responsible for 82% of the value of claims in FY 2020/21 (Figure 2), with 8% less than in FY 2019/20. Dispensaries and health centers accounted for the rest of the value of claims (i.e., 18%, representing a 64% growth compared to FY 2019/20).

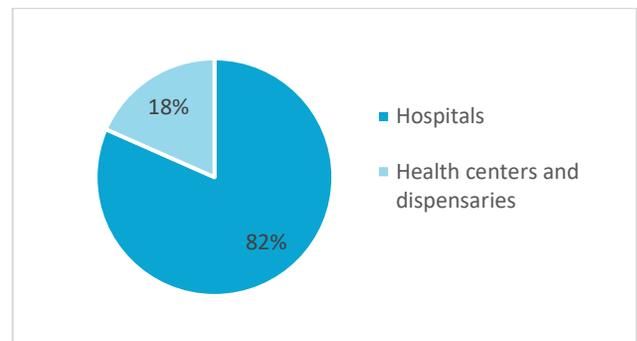
Figure 1. Public facilities empaneled vs. public facilities submitting Linda Mama claims, FY 2020/21



Source: NHIF Local Branch Makueni 2021; CDOH Makueni 2021

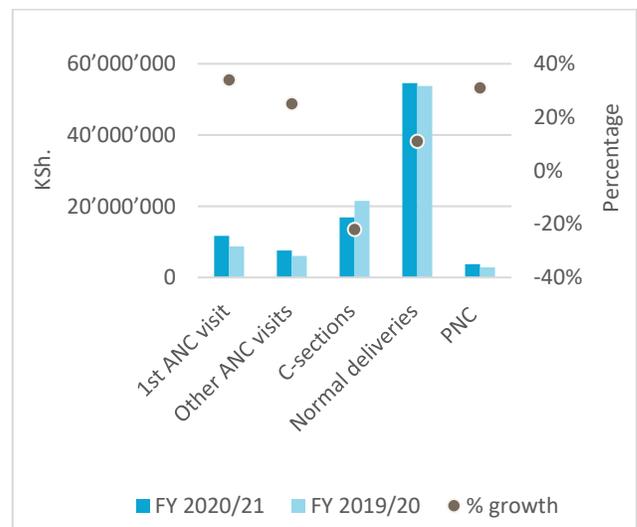
The value of claims increased for all services, except C-sections, in FY 2020/21, compared to FY 2019/20 (Figure 3). The value of claims for C-sections decreased by 22% over the analyzed period, most likely due to the pressure put on the health system by the COVID-19 pandemic. However, the value of claims for first ANC visits and PNC both increased by around a third (34% and 31%, respectively) over the same time period. This can be attributed to CDOH's efforts to increase the number of claims raised for ANC and PNC following sub-optimal performance in FY 2019/20.

Figure 2. Contribution to value of claims submitted by facility level, FY 2020/21



Source: CDOH Makueni 2021

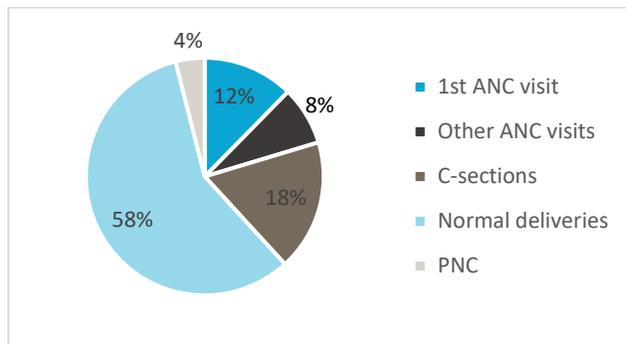
Figure 3. Value of claims submitted by type of service, FY 2019/20 – FY 2020/21



Source: CDOH Makueni 2021

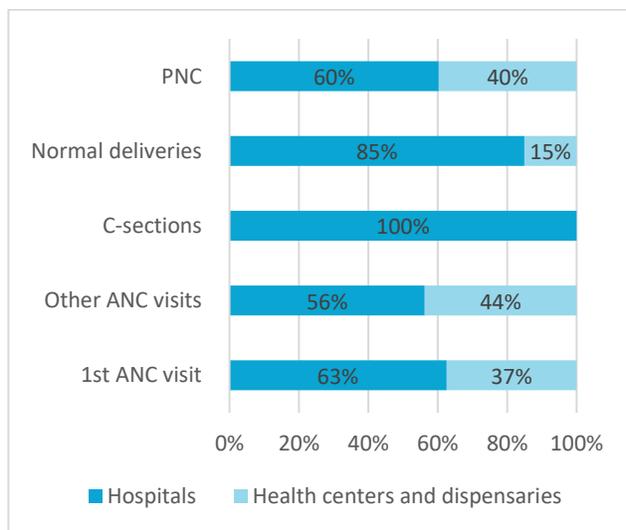
In FY 2020/21, the value of claims submitted for normal deliveries accounted for 58% of all claims made, followed by C-sections at 18% (Figure 4). The first ANC and subsequent ANC visits contributed to the value of claims with 12% and 8%, respectively. PNC contributed the least to the value of claims (4%), similar to FY 2019/20. Hospitals accounted for 85%, 63%, and 60% of the value of all claims submitted in the county for normal deliveries, first ANC visits, and PNC, respectively (Figure 5).

Figure 4. Contribution to value of claims submitted by type of service, FY 2020/21



Source: CDOH Makueni 2021

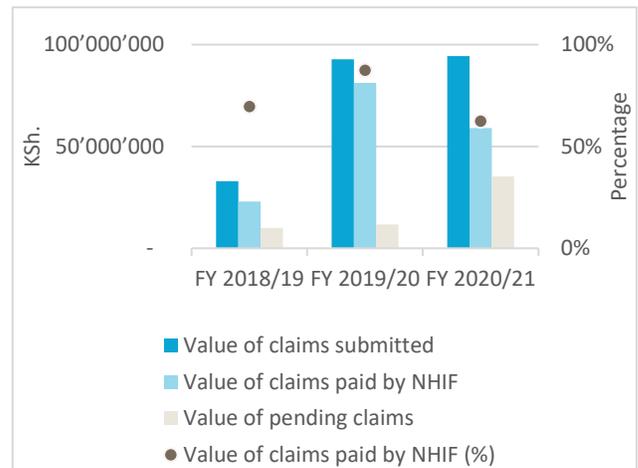
Figure 5. Contribution to value of claims submitted by service type and facility level, FY 2020/21



Source: CDOH Makueni 2021

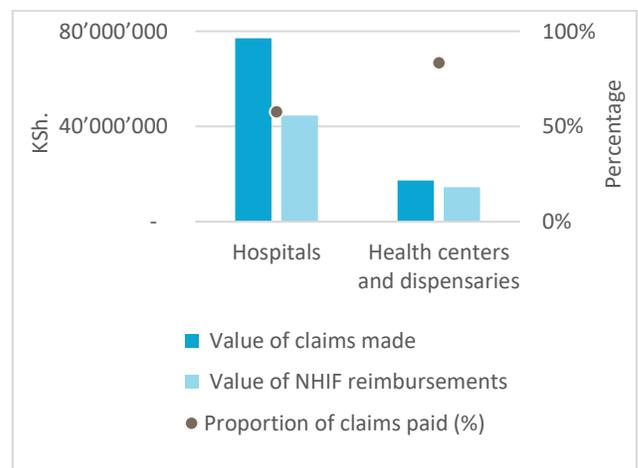
NHIF paid only 63% (KSh. 59 million/US\$0.55 million) of the claims made in FY 2020/21, which represents the lowest level of payment in the last three years (70% in FY 2018/19 and 87% in FY 2019/20) (Figure 6). This means that the value of pending claims (i.e., unpaid claims) rose from approximately KSh. 11 million/US\$0.10 million in FY 2019/20 to KSh. 35 million/US\$ 0.33 in FY 2020/21. The NHIF local branch attributed this to delays in receiving funds from the Treasury to meet the value of submitted claims. While health centers and dispensaries received reimbursements for 84% of the value of all claims made, only 58% of the value of claims made by hospitals was paid by NHIF (Figure 7).

Figure 6. Value of claims paid by NHIF, FY 2018/19 – FY 2020/21



Source: CDOH Makueni 2021

Figure 7. NHIF reimbursements by facility level, FY 2020/21

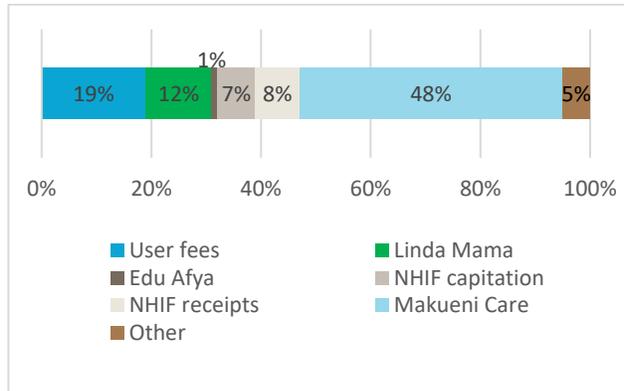


Source: CDOH Makueni 2021

Linda Mama was the third biggest contributor to hospitals' revenue in FY 2020/21 (Figure 8).

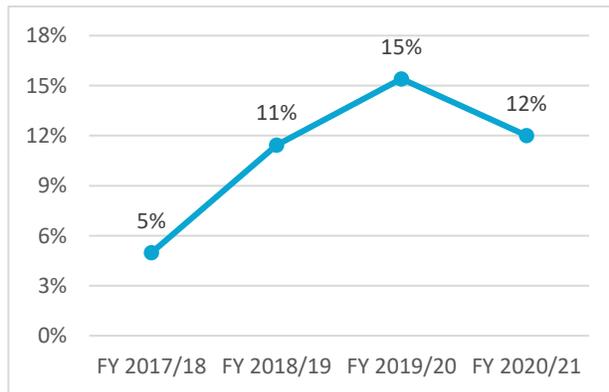
Although the scheme's contribution increased from 5% of hospitals' total revenue in FY 2017/18³ to 15% in FY 2019/20,⁴ it has decreased to 12% in FY 2020/21⁵ (Figure 9). This decrease can be explained by the low level of NHIF reimbursements in FY 2020/21.

Figure 8. Hospitals' revenue by source, FY 2020/21



Source: CDOH Makueni 2021

Figure 9. Linda Mama revenue as a share of hospitals' total revenue, FY 2017/18 – FY 2020/21



Source: CDOH Makueni 2021

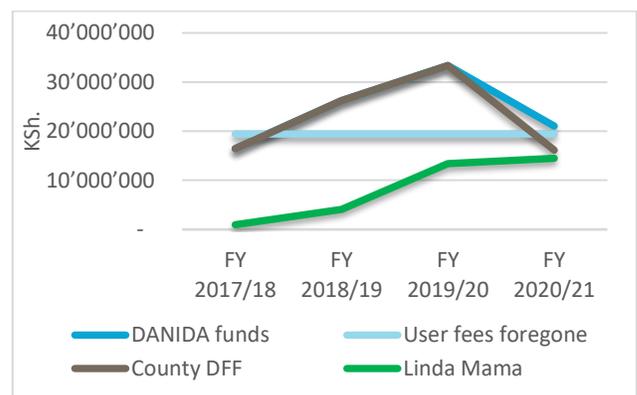
Linda Mama revenue in health centers and dispensaries grew from less than KSh. 1 million/US\$0.01 million in FY 2017/18 to KSh. 14 million/US\$0.14 million in FY 2020/21 (Figure 10).

This growth can be attributed to CDOH efforts to ensure that all facilities in the county submit claims for reimbursement for all the Linda Mama services rendered.

There was a marginal decrease of 1.8% on the value of unclaimed services, from approximately KSh. 33 million/US\$0.32 million in FY 2019/20 to around KSh. 32.5 million/US\$ 0.30 million in FY 2020/21. On the one hand, the value of unclaimed normal deliveries almost doubled during these two years (Figure 11), with 41% of normal deliveries not claimed due to the pressure put on health facilities to respond to the COVID-19 pandemic. On the other hand, the value of unclaimed ANC visits and C-sections dropped significantly (Figure 11).

Primary health facilities, namely dispensaries and health centers, were responsible for 83% of the value of unclaimed services. Furthermore, 92% of the value of unclaimed normal deliveries came from these facilities (Figure 12). The same applies to all other services, underscoring the need for dedicated support to dispensaries and health centers to optimize submission of Linda Mama claims.

Figure 10. Health centers and dispensaries' revenue by source, FY 2017/18 – FY 2020/21



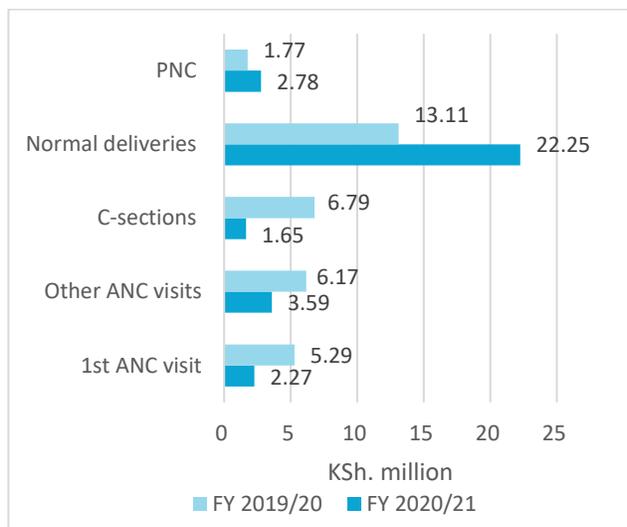
Source: CDOH Makueni 2021

³ KSh. 14 million/US\$0.13 million out of KSh. 274 million/US\$2.6 million.

⁴ KSh. 73 million/US\$0.67 million out of KSh. 476 million/US\$4.4 million.

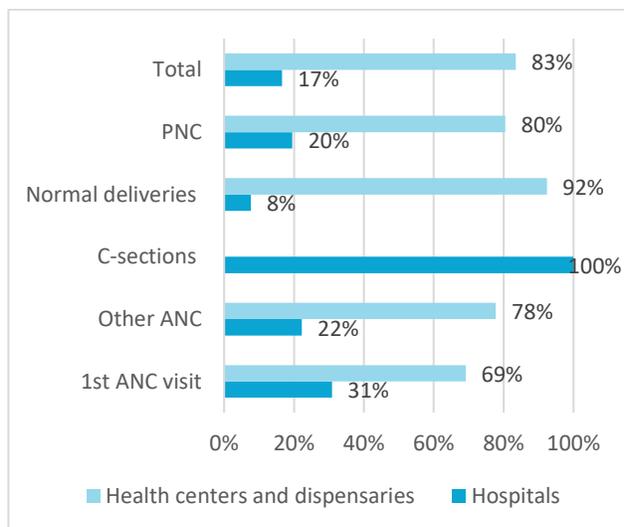
⁵ KSh. 45 million/US\$0.42 million out of KSh. 375 million/US\$3.5 million.

Figure 11. Value of unclaimed services, FY 2020/21



Source: CDOH Makueni 2021

Figure 12. Contribution to the value of unclaimed services by facility level, FY 2020/21



Source: CDOH Makueni 2021

BEST PRACTICES FOR LINDA MAMA CLAIMS PROCESS

The progress of implementation of the Linda Mama scheme at facilities in the public sector in Makueni County is a result of CDOH's and facilities' efforts corroborated with technical support from ThinkWell. These efforts include:

- Facility autonomy to raise, retain, and use own-source revenue. This motivates facility managers and other staff to optimize claims

reimbursements for Linda Mama and other NHIF schemes.

- The proactive involvement of facility's leadership and senior management in the claims submission process of Linda Mama and other NHIF schemes.
- Inclusion of revenue-raising targets through prepaid schemes in facility managers' performance contracts.
- Good documentation practices that facility managers, accountants, and clerks responsible for NHIF claims have adopted the culture of tracking revenue from prepaid schemes using standardized tools.
- Close collaboration between CDOH, facilities, and the NHIF local branch to fast-track claims processing and payment.
- Training of facility staff and managers on NHIF claims processes and regular performance meetings under the UHC technical working group.
- Introduction of innovative mechanisms to incentivize facilities to optimize claims. The county is now implementing a results-based financing provider payment method that includes Linda Mama revenue performance among the metrics to be considered when paying facilities. This incentivizes facilities to submit claims for reimbursements of services rendered.
- Improvements of information and communications technology and related infrastructure to support the claims process. CDOH ensured that almost all facilities across all levels have the infrastructure necessary to facilitate NHIF claims submission, including solar power installations where there is no electricity.

CHALLENGES LEADING TO SUB-OPTIMAL CLAIMS FOR THE LINDA MAMA SCHEME

Over the years, the Makueni CDOH made tremendous progress to optimize submission of Linda Mama claims. However, challenges remain:

- Most dispensaries have one or two health workers. This makes it difficult to split time between providing services to patients and

raising claims as well as submitting hard copies to the NHIF local branch.

- Dispensaries, especially those in most rural parts of the county, lack access to Internet services as well as computers and photocopier machines necessary for submission of claims. This impedes claims submission by these facilities.
- Health centers and dispensaries are excluded from revenue target-setting activity because they are not supposed to charge user fees. Therefore, they lack performance targets for Linda Mama and other NHIF schemes, compared to hospitals.
- While hospitals have dedicated clerical officers to support submission of claims reimbursements for services rendered under NHIF schemes, their number is insufficient. They are often overwhelmed by the workload, which reduces the proportion of the Linda Mama services claimed.
- NHIF's turnaround time for disbursement once the claims are approved is relatively long. Delayed disbursement affects quality of services, since funds may not be available to facilities when needed.

CONCLUSION

The CDOH's progress toward 100% claims for Linda Mama and other NHIF prepaid schemes is on track. However, there are actions that need to be taken to further reduce losses from not claiming reimbursements for rendered services:

- Support health centers and dispensaries facilities to optimize their claims. Dispensaries and health centers were responsible for 83% of lost revenue due to non-claiming. The focus should be specifically on deliveries, since 92% of all lost revenue from deliveries was recorded in these facilities. This should include addressing the challenge of facilities manned by one health care worker.
- Automate revenue tracking tools across all facility levels for real-time information to facilitate evidence-based decision-making. Although data are collected and analyzed periodically to assess performance, this process can be further improved if data tools and

visualization tools are used to provide useful information to managers in tracking revenue.

- Carry out a facility readiness assessment for e-claim migration, especially in rural facilities, to minimize losses that might occur during the transition period.
- Train facility staff, particularly those from rural facilities, on the e-claim system to ensure no facility is left behind.

All these efforts will facilitate health facilities' active participation in the universal health care program launched nationwide in February 2022. Under this program, NHIF reimburses health facilities based on the services that they provide.

Recommended citation

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For more information, please visit our website at <https://thinkwell.global/projects/sp4phc/>.

With questions, please write to us at sp4phc@thinkwell.global.

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