The Strategic Purchasing for Primary Health Care (SP4PHC) project aims to improve how governments purchase primary health care (PHC) services, with a focus on family planning and maternal, newborn, and child health. The project is supported by the Bill & Melinda Gates Foundation and implemented by ThinkWell and partners in five countries: Burkina Faso, Indonesia, Kenya, the Philippines, and Uganda. In Kenya, the project is collaborating with key government stakeholders to strengthen health purchasing policies and practices at the national- and county-levels that can improve delivery of PHC, especially family planning and maternal, newborn, and child health services. This includes providing targeted technical support to county governments in Isiolo, Kilifi, and Makueni counties to improve the implementation of Linda Mama, Kenya’s free maternity services scheme.

Public facilities in Makueni county have faced challenges with submitting Linda Mama claims and receiving timely reimbursements from the National Hospital Insurance Fund (NHIF). Recently, the County Government of Makueni has been tracking the program more closely and addressing these gaps, which has resulted in significant progress. This brief provides an overview of Linda Mama implementation as of September 2019 and discusses how the SP4PHC team will be supporting Makueni to improve the uptake of the program in public sector facilities.

ABOUT LINDA MAMA

Linda Mama is a publicly funded scheme aiming to ensure that all Kenyan pregnant women and their infants have access to quality and affordable health services (NHIF n.d.). In 2013, the Government of Kenya removed all user fees at public primary care facilities. It also discontinued fees for all deliveries in the public sector under the Free Maternity Scheme. In 2017, the Ministry of Health transferred the Free Maternity Scheme to the NHIF, at which point it was renamed Linda Mama. Concurrently, the benefit package was expanded, and it now includes antenatal care (ANC), postnatal care (PNC), deliveries, and complications of the baby and mother. The scheme was also extended to include private providers at that point (NHIF n.d.).

All pregnant women who are Kenyan citizens are eligible to become members of Linda Mama and can benefit from services for a period of one year. Registration can be done through mobile phone, NHIF’s online registration portal, NHIF’s service centers, contracted health care providers, or other public health centers. Pregnant women are registered based on their national identification cards (or the guardian’s identification cards in the case of pregnant women under 18 years of age) and ANC records. Those without national identification cards are registered based on ANC records only. A membership card is issued once registration is completed (NHIF 2016). Despite the various alternatives for enrolment under the Linda Mama scheme, all registrations in Makueni county take place at facilities (CDOH Makueni 2019).
Table 1. Linda Mama reimbursement rates

<table>
<thead>
<tr>
<th>Facility level</th>
<th>Government facilities</th>
<th>Private &amp; faith-based facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Normal delivery rate</td>
<td>Caesarean section rate</td>
</tr>
<tr>
<td>Level II &amp; III</td>
<td>KSh 2,500 None KSh 600 for 1st visit then KSh 300 for each of the 3 subsequent visits</td>
<td>KSh 250 per visit</td>
</tr>
<tr>
<td>Level IV &amp; V</td>
<td>KSh 5,000 KSh 5,000 KSh 1,000 for 1st visit then KSh 300 for each of the 3 subsequent visits</td>
<td>KSh 250 per visit</td>
</tr>
<tr>
<td>Level VI</td>
<td>KSh 6,000 KSh 17,000 KSh 1,000 for 1st visit then KSh 500 for each of the 3 subsequent visits</td>
<td>KSh 250 per visit</td>
</tr>
</tbody>
</table>

Source: NHIF 2016; 2017; 2018

NHIF reimburses health facilities for providing Linda Mama services using fixed fees for service. NHIF contracts both public and private facilities for the scheme. Health facilities are required to submit copies of the national identification cards and ANC, delivery and PNC related records to get reimbursed for Linda Mama services. Reimbursement rates depend on the level of care and by sector as shown in Table 1. Reimbursements are transferred directly to the health facilities’ account.

METHODOLOGY

The purpose of this brief is to provide an overview of the Linda Mama implementation in Makueni county. This brief has drawn on data obtained from the NHIF local branch, the County Department of Health (CDOH), and selected health facilities in Makueni. In October 2019, the Council of Governors and CDOH conducted a data verification exercise for the Transforming Health Systems for Universal Care project jointly funded by the Government of Kenya and the Global Financing Facility. CDOH took this opportunity to assess implementation of the Linda Mama scheme within 22 selected public health facilities (one level IV hospital, one level V hospital, and 20 PHC facilities).

LINDA MAMA IN MAKUENI COUNTY

Facilities providing Linda Mama services
In Makueni county, 255 health facilities are empanelled by NHIF to offer Linda Mama services. 87.5% of these facilities are public sector dispensaries and health centres (level II and III) that offer PHC services, while 3.5% are public hospitals (level IV and V) (Figure 1). Private for-profit facilities constitute 7.5% of the empanelled facilities, while faith-based and not-for-profit facilities account for 1.6% of contracted providers.
Linda Mama claims status (July-September 2019)
The value of claims submitted by health facilities in Makueni county reached the highest level between June and September 2019 (approximately KSh 33 million or USD 0.3 million). Although the majority of health facilities providing maternal and newborn services that qualify for Linda Mama are PHC facilities, hospitals were responsible for 91% of the total value of claims (Figure 2). This is partly because hospitals account for a higher share of deliveries which carry a higher tariff and because public hospitals have more capacity and experience with submitting claims to NHIF (discussed in later sections). Only 8% of payments were made to PHC facilities.

Figure 2. Value of claims submitted and paid by facility level, June-September 2019 (KSh)

Source: CDOH Makueni 2019

NHIF paid KSh 23 million (USD 0.2 million) between June and September 2019, which represents 70% of the value of total claims submitted by health facilities. This is a great increase compared to only around KSh 8 million (USD 0.08 million) that NHIF paid for claims submitted between January and May 2019. This is a result of facilities submitting more claims and tracking what happens to them, and both facilities and CDOH following up with NHIF to check on pending claims. The SP4PHC project has been supporting the county in these efforts.

Despite clear improvement in NHIF payments to facilities, the value of pending claims has increased. NHIF owed public facilities in Makueni approximately KSh 58 million (USD 5.8 million) in September 2019, up from KSh 43 million (USD 4.3 million) in May 2019 (the value of pending claims at the end of September includes unpaid claims carried from fiscal year (FY)¹ 2018/19 and first quarter of FY 2019/20). This is attributed mainly to the increased value of claims submitted between July and September 2019. Hospitals accounted for 88% of the value of pending claims (Figure 3). Regardless of the increasing value of pending Linda Mama claims submitted to NHIF, the number of claims processed and the value of claims paid by NHIF also increased between January and September 2019 (Figure 4).

Figure 3. Value of pending claims, September 2019 (KSh)

Source: CDOH Makueni 2019

¹ The Kenyan FY year runs from July 1 to June 30 of the next calendar year.
Linda Mama claims status in selected facilities
Out of 22 public health facilities visited in Makueni – all of them providing Linda Mama services – 45% were not submitting any claims. Among the remaining 55% of facilities submitting claims, only 42% and 25% were regularly claiming for ANC and PNC visits respectively (Figure 5). Hence, they lost significant revenues.

In addition, Makueni referral hospital lost approximately 11% of the total amount that could have been claimed for deliveries (Figure 7).

Makueni referral hospital claimed 50% and 14% of ANC and PNC visits, respectively (Figure 6). By either not registering mothers accessing the remaining services or not submitting those claims, the hospital “lost out” on KSh 2.8 million (USD 0.028 million) in revenue it could have generated through the scheme.

Out of the 20 PHC facilities visited, half of them were not submitting claims and forewent approximately KSh 0.8 million (USD 0.008 million) in revenue they could have claimed from NHIF (Figure 8).
Reasons for not submitting claims include:
- Lack of photocopier machines to get patient documents needed during the claim submission process;
- Competing tasks which make it difficult for staff at health facilities to file claims;
- Demotivation of staff at health facilities to take on ‘extra’ tasks associated with NHIF claims;
- Lack of electricity as indicated by two health facilities.

Notably, some health facilities reorganized their teams to share tasks associated with Linda Mama claims reimbursement.

CONCLUSION

Although Makueni county made significant progress to improve implementation of the Linda Mama scheme in the public sector, the County Government is focused on furthering these gains. The ThinkWell team working on the SP4PHC project are supporting the County Government to implement the following actions:
- Provide additional support to facilities - especially health centers and dispensaries - to optimize their capacity to submit and track claims (e.g. by improving access to internet and photocopier services).
- Reinforcing CDOH’s directive that the Makueni Care program will not pay hospitals for services that are covered by Linda Mama, as well as other NHIF schemes such as EduAfya and SupaCover.
- Collating and comparing data on NHIF payments against the District Health Information System (DHIS) and facility-level data to capture variance in claims.
- Including resource mobilization from all NHIF schemes in the key performance indicators for appraisal of facility in charges.
- Working closely with NHIF to ensure that any updates regarding the claim submission process are communicated to facilities in a timely manner through sensitization sessions.

Recommended citation:

SP4PHC is a project that ThinkWell is implementing in partnership with government agencies and local research institutions in five countries, with support from a grant from the Bill & Melinda Gates Foundation.

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

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REFERENCES


