

SECURING COMPREHENSIVE MATERNITY PROTECTION IN KENYA

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 - Challenges and opportunities for expanding coverage
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Current context



NHIF Kenya manages currently several schemes to cover the costs of prenatal care, delivery and post-natal care, while there is no public income support scheme in place.

Scheme	Intended beneficiaries	Package of health interventions	Maternity income protection	Estimated % of pregnant women annually (ILO)
NHIF «Enhanced scheme»	Civil servants, public servants, national police, and prisons staff	NHIF benefit package plus extra services for inpatient / outpatient care	Employer's liability	5%
NHIF mandatory scheme	Formally employed	NHIF benefit package	Employer's liability	
NHIF voluntary scheme	Households in the informal economy who are identified as poor or vulnerable	NHIF benefit package	No scheme	4%
NHIF subsidized scheme	Poor and vulnerable groups	NHIF benefit package	No scheme	
Linda Mama	All pregnant women not already covered by another scheme under NHIF	Pre-natal, delivery, post-natal care	No scheme	52.5%

38.4% of pregnant women are not covered with financial protection against costs of medical care (according to ILO)

Only 5% of pregnant women are legally entitled to paid maternity leave (based on employer liability)

Coverage gaps

Health care

- Despite efforts to expand coverage and the fact that all pregnant women not already covered by NHIF are eligible for Linda Mama, the ILO estimates that 38.4% of women delivering are not benefiting from financial protection against the costs of prenatal care, delivery and post-natal care under any of the existing schemes.

Maternity income support

- At the moment, there is no public mechanism for income support during pregnancy / after birth. Even workers in formal employment can only rely on their employers, which creates a risk for discrimination in the workplace and is difficult to be enforced.

Financing architecture of existing health schemes

Scheme	Intended beneficiaries	Financing sources
NHIF «Enhanced scheme»	Civil servants, public servants, national police, and prisons staff	Government contributions
NHIF mandatory scheme	Formally employed	Payroll contribution from workers (no employer contribution)
NHIF voluntary scheme	Households in the informal economy who are identified as poor or vulnerable	Contributions from households: 6,000KES annually per household
NHIF subsidized scheme	Poor and vulnerable groups	Government is paying 6,000KES annually per subsidised household from General government revenues
Linda Mama	All pregnant women not already covered by another scheme under NHIF	General government revenue

NHIF amendment bill to move towards employer contributions & higher contributions for high earners & making NHIF mandatory for all Kenyans – blocked in court

Maternity cash benefit

Attach benefit
to current
NHIF schemes

Universal benefit
(fixed amount)

Challenges and opportunities for expanding coverage



Opportunities

- Women are mostly employed informally and spend considerably more time on unpaid care work
 - Importance of affordable, adequate and accessible public services, in particular child care and health care
- Linking maternity income support to existing schemes could increase coverage of social health insurance schemes (NHIF & Linda Mama) – would reduce maternal and child mortality.
- Maternity cash benefit could increase exclusive breastfeeding (currently at around 60%).
- NHIF has tried to pass bills to make the social health insurance scheme mandatory for the entire population.
- MPESA simplifies channelling funds to beneficiaries.

Challenges

- Men in Kenya responded that they do not want to pay for the maternity cash benefit.
- Workers and employers in the formal sector resist a transition out of the employer liability.
 - Workers are afraid the level of benefit would decrease;
 - Employers are afraid the social security contributions would increase.
- NHIF amendment act stuck in court – NHIF hesitant to include formal sector
- Financing additional social protection programmes will require fiscal space in an environment that is highly constrained / contradicting priorities

Guidance from international social security standards:

- ▶ Maternity cash benefits shall be provided to all pregnant women (universality).
- ▶ Such benefits should be provided through compulsory social insurance or social assistance and financed collectively (by both men and women).

Lessons learned & discussion



Design of maternity cash benefits



Scheme design

Mandatory or voluntary?

Contributory, non-contributory, partially contributory?

Universal or targeted?

Means-tested, benefit-tested or universal?

Benefit design

Benefit level?

Linked to other related benefits?

Lump sum or periodic payment?

Duration?

Institutional design

Implementation planning

Institutional set-up

Technology

Communication

Linking income support to existing healthcare schemes?

Linking income support to existing healthcare schemes?

- NHIF partner as infrastructure and schemes fit well with target group
 - Use existing schemes / capacities and
 - Incentivize enrolment to existing healthcare schemes

BUT

- Risk to reproduce coverage gaps;
- Risk to reproduce / reinforce a complex financing architecture
- Might retain the employer liability provisions to ensure benefit levels for workers in the formal economy.

Alignment of development partners

- Challenges to link partners supporting health and social protection;
- Duplications of efforts of partners;
- Difficulties to build an integrated agenda for advocacy to get fiscal space for social policies across both health and social protection programmes.



Thank you for your attention !

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