NHIF
Afya Yetu. Bima Yetu

IMPLEMENTATION MANUAL
for
PROGRAMME MANAGERS

December 2016

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PREFACE

Kenya's long-term national development agenda as outlined in Vision 2030 is to transform into a globally competitive and prosperous middle-income country by 2030. Achieving this goal requires a healthy and skilled population.

Over the years, considerable gains in improving the health and well-being of Kenyans have been made. Specifically, tremendous progress has been recorded in maternal and child health in the last decade. By end of Millennium Development Goals (MDG) period in 2015, both maternal and child health indicators had improved. Maternal Mortality ratio now stands at 362 per 100,000 live births down from 488 per 100,000 live births in 2008/09. In addition, Infant Mortality Rate (IMR) has reduced from 77 per 1,000 live births in 2003 to 39 in 2014 and Under-five Mortality Rate (UMR) has reduced 115 per 1000 live births in 2003 to 52 in 2014. However, neonatal mortality has remained a major contributor to infant mortality, accounting for about 35% of infant deaths.

This status clearly defines the priorities for the health sector with a focus on the national commitments on ensuring affordable and quality health care for all, as well as global commitments for sustainable development.

In June 2013, His Excellency the President of Kenya affirmed the government's commitments to Kenyans and announced the immediate removal of maternity fees in public health facilities country-wide. Cumulatively over three years, this action has enabled over 400,000 additional women to deliver in public health facilities as a result of elimination of financial barriers to accessing maternal care services.

LINDA MAMA is an ambitious programme that seeks to improve efficiency and performance of the government's initiative on maternal and child health care. Under the programme, women will access an expanded package of benefits comprising of antenatal care (ANC), deliveries, postnatal care and care for the newborn in accordance with the National Guidelines, within the one year period

under the programme. These services are critical to effectively address maternal and child mortality.

The programme has been designed within the framework of Universal Health Coverage (UHC) with a strong focus on equity, access, affordability and quality of services.

Dr. Kioko Jackson K., OGW
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ACKNOWLEDGEMENT

The preparation of this implementation manual is the result of close collaboration between the Ministry of Health (MOH), National Hospital Insurance Fund NHIF) and other stakeholders in the health sector.

The compilation of this manual would not have been successful without the professional input and dedication on the part of those involved. To this effect, we recognize the leadership of the technical teams from both the MOH and NHIF.

From the Ministry of Health, the Department of Policy, Planning and Health Financing and the Maternal and Neonatal Health Unit were responsible for the technical content in this manual.

The NHIF team; drawn from Operations, Communications and Marketing, Information & Communication Technology (ICT) and Legal Sections, worked tirelessly to define the implementation framework comprising of registration of beneficiaries, contracting and payment of service providers under the LINDA MAMA Programme.

Special thanks to the insightful technical inputs provided by parties outside the MOH and NHIF. We acknowledge technical and financial support provided by USAID's Health Policy Plus Project (HP+), World Bank Group and Japan International Cooperation Agency (JICA).

We also wish to extend our deep appreciation to Alexander Forbes and the International Finance Corporation (IFC) for actuarial analyses inputs to the process.

It is our sincere hope that parties involved in the implementation of the LINDA MAMA Programme will find the information contained in this manual useful.

Geoffrey Mwangi
Chief Executive Officer
National Hospital Insurance Fund

Contents

LIST OF ABBREVIATIONS

ANC	Antenatal care
FBO	Faith Based Organization
ID	National Identification Card
IFC	International Finance Corporation
JICA	Japan International Cooperation Agency
MDG	Millennium Development Goals
MOH	Ministry of Health
NHIF	National Hospital Insurance Fund
NGO	Non-governmental Organization
PNC	Postnatal care
SDG	Sustainable Development Goals
UHC	Universal Health Coverage

1. BACKGROUND

The Constitution of Kenya 2010 under Article 43 provides the overarching legal framework to ensure a comprehensive rights-based approach to health services delivery. It provides that every person has a "…right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care …." ; and that the State shall provide appropriate social security to persons who are unable to support themselves and their dependents.

On June 1st, 2013, The President of the Republic of Kenya announced the abolishment of fees payable by mothers seeking maternity services in public health facilities country-wide; thus, effectively launching the Free Maternal Care Programme. To compensate the health facilities for lost revenue, the Government provided a budgetary allocation of KES 3.8 billion in the 2013/14 Financial Year, increasing to KES 4.0 billion and KES 4.3 billion in the 2014/15 and 2015/16 Financial Years respectively.

The abolishment of maternity fees was informed by the need to eliminate financial barriers to accessing maternity services in public hospitals. This would encourage women to give birth in health facilities with assistance from skilled providers, and therefore contribute to improvement of pregnancy outcomes, including maternal and neonatal deaths. In addition, the initiative would also secure household incomes for other economic activities with a potential positive impact on poor households.

Under the programme, public health facilities providing maternity services are assured of revenues to supplement their usual budgetary allocations; and therefore, effectively address quality gaps in the provision of services.

The first year of implementation of the programme was marked by a sharp increase in number of women delivering in public health facilities; from 461,995 deliveries in 2012/13 to 627,487 deliveries in 2013/14, a 35% increase. Subsequently, the number of deliveries in public health facilities has

continued to increase and was estimated to reach about 900,000 for the 2015/16 financial year. This trend is summarized in Table 1 below.

Table 1: Cumulative number of deliveries in public health facilities

Financial year	2012/13	2013/14	2014/15	2015/16	Cumulative number of beneficiaries
Number of deliveries in public facilities	461,995	627,487	811,645	900,000	2,801,127

The increased utilization of maternity services in public health facilities has contributed to the overall increase of deliveries in health facilities from 44% in 2012/13 to the current 62% by end of the year 2014. The target for 2016/17 is 70%.

The Government of Kenya of Health recognizes the potential of the programme to effectively place the country on the pathway towards achieving Universal health Coverage, and therefore realization of the right to health.

Learning from the past three years of implementation, a review of the programme implementation arrangements has been carried out with a focus on improving efficiency, accountability and effectiveness. This will ensure that the programme realizes the intended social goals.

2. PURPOSE OF THE MANUAL

This manual lays out the implementation framework for the Free Maternal Services programme through the National Hospital Insurance Fund (NHIF), branded "LINDA MAMA Programme".

The components of this framework include:

a) Service entitlements under the LINDA MAMA Programme
b) Registration of beneficiaries
c) Contracting of service providers
d) Reimbursement mechanisms
e) Implementation arrangements
f) Monitoring and Evaluation
g) Client feedback mechanisms
h) Roles of the different stakeholders
i) Communication activities

3. SERVICE ENTITLEMENTS

The service entitlements under the LINDA MAMA Programme comprises of an expanded package of benefits **to pregnant women and their newborns for periods of one year,** commencing on the date of activation of the benefits by the mother at a NHIF contracted health care facility. Under the programme, both public and private health providers in Kenya will be contracted to provide services, with a target of about 80% of pregnant women and their newborns benefiting in the first year of implementation. The package of benefits comprises of **antenatal care (ANC), maternity deliveries and postnatal care (PNC)** in accordance with the national guidelines. The package further includes both outpatient and in-patient management for conditions and complications during pregnancy, delivery and postnatally; as well as treatment for the newborn baby within the one year period under the programme.

These services are critical interventions to address maternal mortality and child survival.

The package of service entitlements is summarized in Table 2 below:

Table 2: Service entitlements under LINDA MAMA Programme

Services for all pregnant women and newborns, for a period of one year	
Antenatal care (ANC)	-ANC Profile including Hemoglobin levels, Blood group, Rhesus, Serology, screening for tuberculosis, HIV counseling and testing and urinalysis -Preventive services including tetanus toxoid, intermittent preventive treatment for malaria, deworming, iron and folate supplementation -Prevention of Mother to Child Transmission of HIV (PMTCT)
Delivery	-Skilled delivery (including caesarean section) in public facilities and accredited not-for-profit and for-profit private health institutions. -Neonatal care including costs related to pre-term births
Postnatal care (PNC)	-Within 48 hours after birth: Analsegics, vitamin A, iron and folate supplemetns, long lasting instecide nets, family planning, PMTCT for HIV positive mothers, treatment or refer any complications for mother, and care for newborn (tretracycline eye ointment, Vitamin K, immunization and birth polio, Infact prophylaxis for HIV if indicated, treat or refer any complications). -Within 1-2 weeks after birth (mother and baby): Screening for cervical cancer, sexually transmitted infections and tuberculosis; and treatment/preventive measures if not previously adminstered -Within 4-6 weeks after birth: Family planning services, screening for cervical cancer, STIs and tuberculosis among others; and immunization as per schedule and early infant diagnosis of HIV -Within 4-6 months after birth: Family planning services, screening for cervical cancer, STI and tuberculosis among others; and immunization as per schedule and vitamin A supplementation
Emergency referrals	-Ambulance service
Conditions and complications during pregnancy	-Outpatient treatment in in accreditted public, faith-based and selected low-cost private-for-profit facilities -Inpatient treatment in accreditted public, faith-based and selected low cost private-for-profit facilities
Children under 1 year	
Care for the infant*	-Outpatient services including treatmet and child welfare clinics in accreditted public, faith-based and selected low-cost private-for-profit facilities -Inpatient services in accreditted public, faith-based and selected low cost private-for-profit facilities

*Care for the infant is within the one year period in the programme.

The detailed package of benefits is presented in Annex I

4. REGISTRATION OF BENEFICIARIES

a) Eligibility

All pregnant women who are Kenyan citizens are eligible to benefit from the programme (Annex IV).

b) Registration of beneficiaries

Registration will be done through the following access points:

i) Dedicated mobile platform to be accessible to clients with mobile phones, as well as the providers of ANC services, through a USSD code

ii) NHIF registration portal (www.nhif.or.ke/healthinsurance/registeronline/)

iii) Contracted health facilities. High volume institutions may set-up registration desks to be manned preferably by persons living with disabilities and women;

iv) NHIF Service centers. Currently, there are currently 96 branch and field offices country-wide. A mix of registration platforms (in house NHIF system, mobile platform and web based system) are available in all such centers;

v) Huduma Centers countrywide: All platforms are available.

c) Registration requirements

i) Pregnant women of age 18 years and above: Registered using their national identification cards and the Antenatal care records.

ii) Pregnant women under 18 years: Registered using their guardians' national identification cards and Antenatal care records.

iii) Pregnant women without national Identification cards: Registered using the Antenatal care records.

On completion of registration, the beneficiaries of the programme will be assigned a unique identification number and a membership card issued.

d) Verification and Activation of Benefits

Verification and activation will be done when the beneficiary seeks services at the contracted health facilities.

The verification and activation will be done upon either:

I. Presentation of the Unique identification number assigned on registration;
II. Presentation of the client's national ID/guardian's national ID; and
III. Confirmation of pregnancy including gestation stage.

OR

I. Presentation of the Unique identification number assigned on registration; and
II. Confirmation of pregnancy including gestation stage.

Access to benefits under the programme will be activated at the point of contact when accessing antenatal care or maternity services at the contracted health facilities.

5. CONTRACTING HEALTH CARE PROVIDERS

Current Ministry of Health data shows that there were 9,362 registered health facilities in the country in 2015; of which 46 percent are public, 14 percent are FBOs and 40 percent are private (Master Facility List 2015) .

Of the 6,566 health facilities that provided antenatal care services, 4,108 were public and 2,458 were private (FBOs and for – profit).

In total, 5,073 health facilities provided maternity (deliveries) services; out of which 2,422 were public while 2,651 were private.

Facilities licensed to operate by the Ministry of Health either directly (public facilities) or by the relevant regulatory bodies (private facilities) will be contracted to provide the services under the LINDA MAMA Programme.

The entry to the programme will be through antenatal care clinics and maternity units. Consequently, all the 6,566 health facilities providing antennal care services will be contracted by NHIF to provide services under the programme.

6. REIMBURSEMENT ARRANGEMENTS

Health facilities will be reimbursed based on the quantity of health services provided. Three services will be reimbursable under the scheme:

i. Services provided on an outpatient (ambulatory) basis i.e. services that do not require overnight stay;

ii. Services that require formal admission to a health institution. Such services include maternity deliveries; and

iii. Ambulance service i.e. transport costs for emergency referrals for pregnancy related conditions and complications.

a) Reimbursement for outpatient services

Outpatient services will initially be paid for through capitation arrangements where facilities providing the services under the scheme will be paid in advance at a fixed rate for each client registered.

In the case of referrals, the referring contracted facility shall be required cater for the following costs:

i) Transport costs to a higher-level facility for management of emergencies arising from pregnancy related conditions.
ii) Costs for outpatient services which the referring facility is unable to provide e.g. Laboratory, imaging services (ultra sound) etc.

With time, the capitation payment method will be transitioned to a capped fee for service arrangement.

b) Reimbursement for inpatient services

Inpatient services at contracted health institutions will be paid for on a fee for service basis. Health institutions providing inpatient services shall lodge claims through existing NHIF systems. The providers will then submit returns to NHIF for payment.

c) Reimbursement Rates

Re-imbursement rates have been determined on the basis of average direct costs, including medical and other related supplies consumed for provision of services under the programme. In addition, the rates also acknowledge the dichotomy of major sources of funding between public providers (government budgets) and private providers.

i. Capitation rates for outpatient services will be similar to the NHIF's National Scheme, currently pegged at KSh.1, 200 per beneficiary. This rate is inclusive of transport for emergency referral.

ii. For delivery, the rates will be KSh. 2,500 and KShs 5,000 for public health primary health facilities and hospitals respectively. The initial rates for not-for-profit and for-profit private providers will be negotiated within the range of KShs 3,500 - 6,500, taking into consideration the private investments for provision of services under the programme.

Co-payments for services under the programme shall not be allowed.

In future, the re-imbursement rates will be harmonized with the applicable benefits under the NHIF maternity cover.

iii. Inpatient services will be reimbursed as per the applicable NHIF rebate rates.

These rates and payment mechanisms will be revised periodically.

Table 2 is a summary of re-imbursement rates for services under the programme.

Table 2: Reimbursement Rates

Service		Unit of Reimbursement	Rate	Remarks
1. Outpatient care		Number of beneficiaries	KSh. 1,200	Risk adjusted
2. Inpatient care	Deliveries	Event	KSh. 2,500 and KSh. 5,000 (public primary care facilities and hospitals)	Reimbursement for delivery package.
	Inpatient	Days	Rebate	Reimbursement for services
3. Ambulance service		Number of services	Fixed rate	Transport for emergency referrals.

7. IMPLEMENTATION PHASES

Full implementation of the LINDA MAMA Programme will be realized in three (3) Phases. This approach allows time for testing the systems, as well as engaging key stakeholders, including The National Treasury, County governments and health service providers, among others.

Phase I & II will be implemented within the current 2016/17 financial year.

Phase I - January 2017 to March 2017

In this phase, private-not-for-profit (health facilities operated by Faith Based Organizations) and small to medium size private-for-profit health facilities will be contracted by NHIF to provide maternity (deliveries) services under the programme.

During this phase, the public health facilities will continue to provide maternity services under the current re-imbursement arrangements.

Phase II - April 2017 to June 2017

This phase will bring on board NHIF accredited public hospitals, and other lower level public facilities into the programme. Mothers will access maternity services (deliveries) and health facilities will be re-imbursed through NHIF.

Successful implementation of Phase I & II targets involvement of public and non-public health institutions in the provision of maternity services under the programme. In addition, the two phases focus on the shifting of re-imbursements for maternity deliveries from Ministry of Health to NHIF with the following immediate gains:

- Use of NHIF systems and branch networks to identify actual beneficiaries through registration, as well as verification of claims;
- Elimination of double claiming by facilities from both the Free Maternal Care Programme and NHIF, and other community based health insurance programmes; estimated to be about 20% of the total payments. These are largely re-imbursements to public health facilities for services to women already registered in available health insurance schemes;
- Eliminating intermediaries in the flow of funds, thus improve on efficiency;
- Expanding choice of providers by bringing on board the private and the FBOs facilities.

Phase III: From July 2017

This phase focuses on the expansion of the package of benefits. Implementation of this phase will lead to the realization of full package of benefits under the programme. During this Phase, all the over 6,000 health facilities providing antenatal care (inclusive of facilities providing maternity services in Phase I & II), the entry service to the programme; will be brought on board and contracted by NHIF to provide services under the programme.

8. CLIENT FEEDBACK MECHANISMS

An effective client feed-back system for complaints and complements will be operationalized by NHIF. This will include, but not limited to:

- A toll-free line and email address (info@nhif.or.ke) where complaints and compliments from beneficiaries and health providers shall be reported for action;
- Social media platforms like Facebook and Twitter;
- Direct reporting of complaints and compliments at NHIF service centers.

Actions and reports on complaints will be processed within the existing framework in the public service.

9. MONITORING & EVALUATION

A Monitoring and Evaluation framework based on Health Information System, as well as NHIF systems, has been developed to generate monthly, quarterly, and annual reports covering service utilization, including:

- Number of ANC visits;
- Outpatient visits;
- Inpatient bed days;
- Number and mode of delivery;
- Number of Post Natal Care visits.

Quality assessment of the services offered by facilities will be carried out on a regular basis. This will be done jointly by MoH and NHIF.

In addition, MOH jointly with NHIF shall conduct process evaluations for the three phases of implementation.

On successful roll-out of the programme, Joint Monitoring and Evaluation will be conducted semi-annually.

Client satisfaction surveys will initially be conducted semi-annually during the first year, and thereafter they will be conducted annually.

10. COMMUNICATION ACTIVITIES

NHIF in liaison with MOH shall implement a communication plan targeting all stakeholders. The plan includes activities that provide information to the beneficiaries, as well as the general public, health service providers, among other primary and secondary stakeholders. The aim will be:

1. To create awareness of the LINDA MAMA Programme
2. To endear health facility based maternity & newborn care to Kenyans
3. To encourage pregnant women to register and utilize services offered under programme;
4. To mobilize support and consensus for the initiative from all stakeholders involved.

Implementation of the communication activities will promote the successful implementation of the LINDA MAMA Programme.

11. ROLE OF STAKEHOLDERS

Actors	Roles
MOH	➢ Policy direction ➢ Standards, regulations and accreditation systems ➢ Resource mobilization ➢ Programme Monitoring and Evaluation ➢ Advocacy, communication and Social mobilization with a focus on social marketing for LINDA MAMA programme
The National Treasury	➢ Resource mobilization and budgetary allocation for the programme
Office of the Auditor General	➢ Statutory audits for the programme
NHIF	➢ Timely accreditation of providers in the short term ➢ Registration of beneficiaries ➢ Contracting of public and private healthcare providers ➢ Verification of identity numbers used for registration ➢ Quality assurance in the short term ➢ Timely payment of providers for services rendered (within 30 days of receiving the invoices) ➢ Financial reporting (claims and payments) and service utilization ➢ Complaints redress systems ➢ Management of service contracts with providers, including emphasis on service delivery activity reporting ➢ Publication of financial reports
County governments	➢ Public health service infrastructure and operations, including availability of human resources, equipment, medicines and supplies, utilities etc. ➢ Supportive supervision ➢ Ensuring quality of services including maternal deaths audits ➢ Service delivery reporting, monitoring and evaluation ➢ Social accountability
Service providers	➢ Provision of services that are responsive to needs of clients and in line with contracted terms ➢ Service delivery reporting
Development partners	➢ Financial and technical support
Beneficiaries	➢ Register with the NHIF (self-registration or health-worker assisted) ➢ Utilize services as per entitlements ➢ Provide feedback

ANNEX I: SERVICE ENTITLEMENTS UNDER LINDA MAMA PROGRAMME

ANTENATAL CARE SERVICES

It is recommended that pregnant women attend focused or targeted antenatal care, which refers to a minimum of four comprehensive personalized visits each of which has specific items of client assessment, education, and care to ensure prevention or early detection and prompt management of complications.

It should be noted that some pregnant women may require more than four visits depending on the individual need.

1st ANC visit- Less than 16 weeks

1. Obtain client information- (History taking)
2. Perform physical examination
3. Antenatal profile
    - Hemoglobin levels (Hb)
    - Blood group tying (ABO and Rhesus)
    - Serology (VDRL/RPR)
    - Screening for tuberculosis (TB Screening)
    - HIV testing including counseling
    - Urinalysis for bacteriuria
    - Urine- Multiple dipstick for proteinuria, acetone, and sugar
4. Preventive services
    - Tetanus toxoid
        - T.T. 1- Given to primigravida or on first contact
        - T.T. 2- Given not less than 4 weeks after T.T. 1
        - T. T 3- Given during the second pregnancy any time before 32 weeks of gestation
        - T. T. 4- Given during the third pregnancy any time before 32 weeks of gestation
        - T. T. 5- Given during the fourth pregnancy and offers protection for life
    - Malaria prophylaxis
        - Given at 4 weeks interval from 16 weeks to term in malaria endemic areas.
        - Issue long lasting insecticidal net (LLIN)
    - Prevention of Mother to Child transmission (PMTCT)
        - For mothers who have tested HIV positive, administer ARVs to mother and baby as recommended
5. Nutrition
    - Asses nutritional status
    - Deworming
        - Mebendazole 500 mg given once in the second trimester
    - Iron and Folate

- Ferrous fumarate (Combined Tablet-60mg iron and 400 µg folic acid) or any other available
  - 1st visit- If below 16 weeks, give 90 tablets
  - 2nd visit- At 28 weeks, give 90 tablets
  - 3rd visit- At 32 weeks give 60 tablets
  - 4th visit- At 36 weeks give 30 tablets
- Counselling on the appropriate diet

6. Identify any complications and treat/ refer as appropriate
   - Severe anemia (HB > 7.0 g/ml)
   - Ante partum hemorrhage
   - High blood pressure < 140/90 mm Hg
   - Intrauterine growth restriction (IUGR)
   - Underweight
   - Polyhydramnios
   - Tuberculosis
   - Opportunistic infections/ AIDS
7. Asses the need for specialized care
   - Conditions requiring specialized care include, diabetes, heart disease, renal disease, epilepsy, drug abuse, family history of genetic disease.
8. Planning for labour and delivery
   - Assisting the pregnant woman to prepare individualized birth plan
9. Give advice on complications and danger signs during pregnancy, delivery, and in the postpartum period for both the mother and newborn.
10. Health promotion
    - This will involve offering advice and counseling on health-related matters that are expected to occur during the pregnancy and post-partum period as well as answering any queries the mother may have.

2nd ANC visit- 16 – 28 weeks

1. Obtain client information including any changes noted from the previous visit
2. Perform a physical examination
3. Perform the following tests,
   - Urine dipstick- For urinary tract infection, proteinuria, and sugar
   - Hemoglobin (Hb)- If previous Hb was < 7.0 g/ml or if signs of anemia are detected on examination
4. Preventive services
   - Tetanus toxoid- using the schedule as per guidelines
   - Administration of malaria prophylaxis in malaria endemic zones

5. Nutrition
    - Asses nutritional status
    - Deworming after 1st trimester
    - Iron and folate supplementation
    - Counseling on the appropriate diet
6. Identify any complications and treat/ refer as appropriate
    - Hb< 7.0 g/dl
    - Ante partum hemorrhage
    - High blood pressure < 140/90 mm Hg
    - Fetal growth restriction
    - Gestational diabetes
    - Reduced fetal movements
    - Polyhydramnios
    - Malnutrition
    - Opportunistic infections
    - Any other alarming signs and symptoms
7. Health promotion
    - This will involve offering advice and counseling on health relate matters that are expected to occur during the pregnancy and post-partum period as well as answering any queries the mother may have.

3rd ANC visit- 28- 32 weeks

1. Obtain client information including any changes noted from the previous visit
2. Perform a physical examination
3. Perform the following tests,
    - Urine dipstick- For urinary tract infection, proteinuria, and sugar
    - Hemoglobin (Hb)- If previous Hb was < 7.0 g/ml or if signs of anemia are detected on examination
4. Preventive services
    - Tetanus toxoid- using the schedule as per guidelines
    - Administration of malaria prophylaxis in malaria endemic zones
5. Nutrition
    - Asses nutritional status
    - Iron and folate supplementation
    - Counseling on the appropriate diet
6. Identify any complications and treat/ refer as appropriate
    - Hb< 7.0 g/dl
    - Ante partum hemorrhage
    - High blood pressure < 140/90 mm Hg
    - Multiple pregnancy

- Fetal growth restriction
- Gestational diabetes
- Reduced fetal movements
- Polyhydramnios
- Malnutrition
- Opportunistic infections
- Any other alarming signs and symptoms

7. Health promotion
    - This will involve offering advice and counseling on health relate matters that are expected to occur during the pregnancy and post-partum period as well as answering any queries the mother may have.
    - During this visit, the individualized birth plan should be reviewed or developed if the pregnant woman did not have one.
    - Recommendation on contraception and post-natal visits should be addressed

4th visit- 32- 36 weeks

1. Obtain client information including any changes noted from the previous visit
2. Perform a physical examination
3. Perform the following tests,
    - Urine dipstick- For urinary tract infection, proteinuria, and sugar
    - Hemoglobin (Hb)- If previous Hb was < 7.0 g/ml or if signs of anaemia are detected on examination
4. Preventive services
    - Tetanus toxoid- using the schedule as per guidelines
    - Administration of malaria prophylaxis in malaria endemic zones
5. Nutrition
    - Asses nutritional status
    - Iron and folate supplementation
    - Counselling on the appropriate diet
6. Identify any complications and treat/ refer as appropriate
    - Hb< 7.0 g/dl
    - Ante partum hemorrhage
    - High blood pressure < 140/90 mm Hg
    - Fetal growth restriction
    - Gestational diabetes
    - Abnormal presentation
    - Multiple pregnancy
    - Reduced fetal movements

- Polyhydramnios
- Malnutrition
- Opportunistic infections
- Any other alarming signs and symptoms

7. Health promotion
    - This will involve offering advice and counseling on health relate matters that are expected to occur during the pregnancy and post-partum period as well as answering any queries the mother may have.
    - During this visit, the individualized birth plan should be reviewed or developed if the pregnant woman did not have one.
    - Recommendation on contraception and post-natal visits should be addressed
    - Schedule appointment if the mother may have not have delivered by 41 weeks

For the entire antenatal period, it is important to note that;

1. Complete clinic records should be kept at all visits.
2. A pregnant woman may require more than the four targeted visits depending on her needs. These visits should be addressed as ANC visits
3. Pregnancy related diseases other than the ones mentioned above may arise. Screening and treatment of these diseases should be managed as part of the ANC package
4. Some women may not attend ANC as recommended. The services indicated should however still be provided as appropriate.
5. Pregnant women who have complications or bad obstetric history should be advised/ referred to deliver in facilities offering Comprehensive Emergency Obstetrics Care.
6. Service providers are advised to refer to the Kenya National Guidelines for Quality Obstetrics and Perinatal care

DELIVERY

Health care facilities offering the maternity services, should be able to provide the signal functions of basic emergency obstetric care and comprehensive emergency obstetric care according to the level of the facility.

Basic Emergency Obstetric and Newborn Care signal functions

1. Administration of IV antibiotics.
2. Administration of magnesium sulphate.
3. Administration of parental oxytocics.
4. Performing manual removal of the placenta.
5. Performing removal of retained products.
6. Performing assisted vaginal delivery (e.g. by vacuum extraction).
7. Performing newborn resuscitation

Comprehensive Emergency Obstetric and Newborn Care signal functions

1. All BEmONC functions plus
2. Performing surgery (Caesarean section), including provision of emergency obstetric anesthesia.
3. Administration of blood transfusion.

POSTNATAL CARE

Postpartum period- From the time of expulsion of the placenta up to 42 days (6 weeks). Comprises of at least four focused personalized visits or assessments after birth to at least 6 months post-natal. Recommended as follows;

Within 48 hours after birth

- Mother
  - Analgesics
  - Vitamin A (200,000 iu)
  - Iron and folate supplements
  - Issue long lasting insecticidal net (LLIN)
  - Appropriate Family Planning method
  - If HIV positive, treat as appropriate
  - Treat or refer any complications
- Newborn
  - Administer Chlorhexidine for cord care
  - Tetracycline eye ointment (1%)
  - Vitamin K
  - Immunization (Immunization and birth polio)
  - Infant prophylaxis for HIV if indicated
  - Treat or refer any complications

Within 1- 2 weeks after birth

- Mother and baby
  - Screen for cervical cancer, Sexually transmitted infections, Tuberculosis,
  - Give treatment/ preventive measures if not previously administered
  - Treat or refer any complications

Within 4- 6 weeks after birth

- Mother
  - Family Planning method of choice

- Screen for cervical cancer, Sexually transmitted infections, Tuberculosis,
- Treat any complications as detected

- Infant
  - Immunizations as per schedule
  - Early infant diagnosis if mother is HIV positive
  - Treat any complications as detected

Within 4- 6 months after birth

- Mother
  - Offer Family Planning method of choice
  - Screen for cervical cancer, Sexually transmitted infections, Tuberculosis
  - Treat any complications as detected

- Infant
  - Immunizations as per schedule
  - Vitamin A supplementation

POST ABORTION CARE

Abortion is defined as the termination of pregnancy by any means, resulting in expulsion of an immature nonviable fetus of less than 28 weeks.

The management will depend on the stage of abortion. Post abortion care (PAC) should be provided as indicated in the National guidelines. This will include,

1. Assessment
   - Detailed history
   - General physical examination
   - Pelvic examination
2. Investigations
   - Laboratory and radiological as required
3. Treatment
   - Emergency treatment of complications from a spontaneous or unsafe induced abortion such as shock, hemorrhage, and sepsis
   - Evacuation of the uterus depending on the stage of the abortion
4. Preventive measures
   - Counsel and provide contraception

REFERRALS

Emergency transport (ambulance) for treatment of pregnancy related conditions and complications to be included in the package.

ANNEX II: HEALTH FACILITY BY OWNERSHIP, KENYA - 2015

Health Facility by Ownership, Kenya - 2015

Ownership	Hospitals	Health Centres	Dispensaries	Maternity and Nursing Homes	Clinics	Total
Ministry of Health	295	789	2,976	-	-	**4,060**
Faith Based & Other NGOs	93	322	695	23	213	**1,346**
Other Public Institutions	6	55	126	-	32	**219**
Private	144	143	327	215	2,908	**3,737**
Total	**538**	**1,309**	**4,124**	**238**	**3,153**	**9,362**

Source: e-health (www.e-health.go.ke)

Health Facility by Ownership, Kenya - 2015

Ownership	Hospitals	Health Centres	Dispensaries	Maternity and Nursing Homes	Clinics	Total
Ministry of Health	54.8%	60.3%	72.2%	0.0%	0.0%	**43.4%**
Faith Based & Other NGOs	17.3%	24.6%	16.9%	9.7%	6.8%	**14.4%**
Other Public Institutions	1.1%	4.2%	3.1%	0.0%	1.0%	**2.3%**
Private	26.8%	10.9%	7.9%	90.3%	92.2%	**39.9%**
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Health Facility by Ownership, Kenya - 2015

Ownership	Hospitals	Health Centres	Dispensaries	Maternity and Nursing Homes	Clinics	Total
Public	55.9%	64.5%	75.2%	0.0%	1.0%	**45.7%**
Faith Based & Other NGOs	17.3%	24.6%	16.9%	9.7%	6.8%	**14.4%**
Private	26.8%	10.9%	7.9%	90.3%	92.2%	**39.9%**
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

ANNEX III: HEALTH FACILITIES OFFERING MATERNITY SERVICES BY COUNTY

County	Public	Private	Total
Baringo County	81	45	**126**
Bomet County	103	33	**136**
Bungoma County	73	66	**139**
Busia County	43	33	**76**
Elgeyo-Marakwet County	28	48	**76**
Embu County	22	35	**57**
Garissa County	45	37	**82**
Homa Bay County	38	164	**202**
Isiolo County	22	18	**40**
Kajiado County	75	59	**134**
Kakamega County	106	101	**207**
Kericho County	96	26	**122**
Kiambu County	72	87	**159**
Kilifi County	83	77	**160**
Kirinyaga County	52	22	**74**
Kisii County	43	107	**150**
Kisumu County	31	104	**135**
Kitui County	99	97	**196**
Kwale	65	6	**71**
Laikipia County	51	15	**66**
Lamu County	8	20	**28**
Machakos County	65	85	**150**
Makueni County	89	84	**173**
Mandera County	32	24	**56**
Marsabit County	45	39	**84**
Meru County	41	40	**81**
Migori County	29	140	**169**
Mombasa County	29	78	**107**
Muranga County	84	11	**95**
Nairobi County	25	180	**205**
Nakuru County	87	87	**174**
Nandi County	46	57	**103**
Narok County	72	45	**117**
Nyamira County	20	108	**128**
Nyandarua County	58	20	**78**
Nyeri County	29	27	**56**
Samburu County	33	21	**54**
Siaya County	30	116	**146**
Taita Taveta County	55	4	**59**
Tana River County	11	40	**51**
Tharaka Nithi County	34	2	**36**
Trans-Nzoia County	33	38	**71**
Turkana County	50	70	**120**
Uasin Gishu County	60	50	**110**
Vihiga County	35	38	**73**
Wajir County	44	43	**87**
West Pokot County	50	4	**54**
Grand Total	**2,422**	**2,651**	**5,073**

ANNEX IV: NUMBER OF DELIVERIES BY COUNTY, 2015 (SOURCE: MOH HIS 2016)

County/National	Est. Deliveries	Public Facilities	Private Facilities	Total Facility Deliveries	Home Deliveries	% Facility Delivery
Kenya	**1,521,250**	**740,688**	**179,186**	**919,874**	**601,376**	**60%**
Baringo	**24,246**	11,114	528	11,642	12,604	48%
Bomet	**31,324**	11,305	3,234	14,539	16,785	46%
Bungoma	**58,589**	32,601	2,127	34,728	23,861	59%
Busia	**28,137**	15,944	972	16,916	11,221	60%
Elgeyo-Marakwet	**16,275**	8,629	1,640	10,269	6,006	63%
Embu	**12,532**	9,432	2,140	11,572	960	92%
Garissa	**21,773**	9,224	1,133	10,357	11,416	48%
Homa Bay	**41,162**	22,133	1,318	23,451	17,711	57%
Isiolo	**6,154**	3,866	449	4,315	1,839	70%
Kajiado	**32,277**	9,590	4,200	13,790	18,487	43%
Kakamega	**63,407**	37,288	2,534	39,822	23,585	63%
Kericho	**32,947**	15,397	3,717	19,114	13,833	58%
Kiambu	**48,126**	38,334	15,758	54,092		112%
Kilifi	**46,178**	31,199	5,325	36,524	9,654	79%
Kirinyaga	**11,983**	7,786	2,420	10,206	1,777	85%
Kisii	**46,886**	28,841	2,107	30,948	15,938	66%
Kisumu	**37,590**	20,262	8,961	29,223	8,367	78%
Kitui	**42,444**	9,330	8,820	18,150	24,294	43%
Kwale	**26,442**	20,992	248	21,240	5,202	80%
Laikipia	**17,329**	10,534	915	11,449	5,880	66%
Lamu	**3,722**	2,637	15	2,652	1,070	71%
Machakos	**45,607**	17,740	7,584	25,324	20,283	56%
Makueni	**27,122**	14,357	466	14,823	12,299	55%
Mandera	**38,446**	9,725	-	9,725	28,721	25%
Marsabit	**13,315**	4,338	1,560	5,898	7,417	44%
Meru	**55,061**	19,676	8,986	28,662	26,399	52%
Migori	**42,813**	29,575	3,233	32,808	10,005	77%
Mombasa	**33,595**	21,566	5,561	27,127	6,468	81%
Muranga	**22,136**	13,520	1,780	15,300	6,836	69%
Nairobi	**142,962**	51,405	52,435	103,840	39,122	73%
Nakuru	**65,718**	37,007	8,038	45,045	20,673	69%
Nandi	**36,564**	11,737	1,085	12,822	23,742	35%
Narok	**39,055**	12,041	1,208	13,249	25,806	34%
Nyamira	**17,759**	14,096	1,488	15,584	2,175	88%
Nyandarua	**17,124**	7,978	1,840	9,818	7,306	57%
Nyeri	**14,443**	11,873	2,616	14,489	(46)	100%
Samburu	**9,412**	2,949	504	3,453	5,959	37%
Siaya	**34,173**	19,589	1,910	21,499	12,674	63%
Taita Taveta	**8,745**	6,470	169	6,639	2,106	76%
Tana River	**9,491**	4,335	92	4,427	5,064	47%
Tharaka Nithi	**14,252**	5,137	1,220	6,357	7,895	45%
Trans-Nzoia	**45,472**	13,087	1,988	15,075	30,397	33%
Turkana	**26,924**	5,522	2,384	7,906	19,018	29%
Uasin Gishu	**39,100**	20,693	3,426	24,119	14,981	62%
Vihiga	**19,667**	11,432	573	12,005	7,662	61%
Wajir	**32,424**	9,542	11	9,553	22,871	29%
West Pokot	**20,348**	8,860	468	9,328	11,020	46%

ANNEX V: HEALTH FACILITIES OFFERING ANTENATAL CARE SERVICES BY COUNTIES (SOURCE: MOH HIS 2016)

No.	County	Number of facilities
1	Baringo	173
2	Bomet	130
3	Bungoma	151
4	Busia	86
5	Elgeyo-Marakwet	103
6	Embu	114
7	Garissa	90
8	Homa Bay	208
9	Isiolo	49
10	Kajiado	178
11	Kakamega	219
12	Kericho	171
13	Kiambu	277
14	Kilifi	166
15	Kirinyaga	81
16	Kisii	157
17	Kisumu	156
18	Kitui	269
19	Kwale	99
20	Laikipia	88
21	Lamu	33
22	Machakos	213
23	Makueni	187
24	Mandera	57
25	Marsabit	87
26	Meru	182
27	Migori	181
27	Mombasa	152
29	Muranga	162
30	Nairobi	384
31	Nakuru	287
32	Nandi	145
33	Narok	132
34	Nyamira	130
35	Nyandarua	95
36	Nyeri	149
37	Samburu	66
38	Siaya	152
39	Taita Taveta	64
40	Tana River	55
41	Tharaka Nithi	74
42	Trans-Nzoia	86
43	Turkana	127
44	Uasin Gishu	144
45	Vihiga	74
46	Wajir	88
47	West Pokot	95
Grand Total		**6,566**

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