



funded by the UK Department for International Development

MANI Learning Series

HUMAN INTEREST STORY

July 2016

# Improving access to safe deliveries using transport vouchers

## Maternal and newborn health in Kenya

While improvements have been made in recent years, maternal and infant mortality rates in Kenya remain unacceptably high; 362 maternal deaths out of every 100,000 live births, and 39 infant deaths out of every 1,000 live births (Kenya Demographic Health Survey, 2014). It is estimated that 7,700 Kenyan women die each year because of pregnancy related causes. This translates to approximately 21 women every day and almost one Kenyan woman per hour (Ministry of Health, 2010).

Bungoma County lies far behind the national average for the uptake of maternal and new born health services. Only 41 percent of births in Bungoma are conducted by a skilled attendant, compared to the national average of 62 percent. Bungoma is ranked 43rd out of the 47 counties in Kenya for skilled birth attendance (KDHS, 2014).

The county is home to an estimated 1.6 million people. Many of the reasons for the high number of maternal and neonatal deaths are related to challenges in accessing facility based services, such as women's lack of power in decision making, relatively high costs of transport to health facilities, and long distances to the nearest health facility.

## What we do

The MANI (Maternal and Newborn Improvement) Project in Bungoma is working with the County Health Management Team (CHMT) to improve the survival of mothers and newborns. MANI is strengthening the health system to deliver high quality maternal and newborn health services, and supports women to access these services. Part of this project is a voucher scheme, in which pregnant women who would otherwise not afford transportation are given a transport voucher for facility delivery.

Affordable transport has been identified as a key obstacle for poor women in Bungoma in accessing maternal and newborn services. Most communities are served by motorised vehicles (boda bodas, cars, matatus) but the cost of transport continues to contribute to life threatening delays in accessing care.

With support of the MANI project, community health volunteers register local transport providers and identify poor women to receive a transport voucher. When they are due to deliver, the mother contacts a registered driver who takes her to the nearest health facility. The health worker records the voucher and once verified, MANI sends a mobile money payment to the transporter.

The transporters are available 24 hours a day, seven days a week. Using local transport, such as boda bodas, communities are leveraging their own resources to save the lives of women and their babies.



# 6,183

pregnant women received a transport voucher for facility delivery

as of 31 July 2016



MannionDaniels



## Nakhumicha's story

Nakhumicha was 13 years old when she had her first child. She is now 20 and has been pregnant eight times. Sadly two of her children died of malnutrition before they reached the age of one.

Neither Nakhumicha nor her husband completed primary school and Nakhumicha doesn't work. Her husband earns a bit of money by helping with casual jobs, for example farming, washing clothes and looking after domestic animals; on average the family lives on less than \$1 a day.

Nakhumicha gave birth to seven of her children at home, with the assistance of a traditional birth attendant for two of them. She delivered the other five by herself. Scared and alone, she was afraid to seek medical care afterwards for fear of being reprimanded by the health workers.

For some of her pregnancies, she attended one antenatal care visit to get the mother-baby booklet. But she didn't attend postnatal care or the child welfare clinic.

When she was pregnant with her eighth child, Nakhumicha had access to the voucher scheme.

The voucher enabled Nakhumicha to deliver her baby at the nearest health facility, Karima Dispensary. When she went into labour, a registered boda boda (motor-bike) took her to the health clinic and her baby was born that night.

Nakhumicha was happy with the services at the facility; previously, she had bled for days after delivering because she could not access medical care. But the treatment she received meant she stopped bleeding more quickly. Her baby was given vaccinations and they were both checked on regularly. She was also given advice from the health worker on family planning and how to best care for her baby.

The voucher scheme played a critical role in the safe delivery of her baby because it enabled her to pay for transport to take her to the health clinic when she went into labour, and receive proper care from a trained health worker.

Michael Maruti is a Nursing Officer in Charge at the Karima Dispensary. He says:

"Karima village has poor roads, hilly terrain and poor access to the main roads from households. This makes transport to and from the clinic expensive, especially for the poor. The voucher scheme is increasing the number of institutional deliveries, especially for poor women. It also gives community health volunteers the opportunity to share health messages and additional services to mothers and babies. These additional deliveries also result in increased income for our facility through a Free Maternity Service."

Nakhumicha and her children



"The transport subsidy is extending help to the poor mothers to access delivery services at the health facility."

## Claire's story

Claire is 28 years old and lives in Kiminini, Tongaren. Her husband is a casual labourer who mainly supports construction work and Claire does not have a job. On average they live on less than \$1 per day.

They have four children; three were born at home and one in a hospital. During her first three pregnancies Claire didn't attend any antenatal clinics, because she could not afford the transport to the nearest health facility which is 7km away.

Whilst she was pregnant for the fourth time, the community health volunteer told Claire about the MANI voucher scheme, and the importance of a hospital delivery. When Claire went into labour, she used her husband's phone to call the community health volunteer who put her in touch with a registered driver. She used the transport voucher to pay for her travel to Ndaluh health centre, where she gave birth to her fourth child.

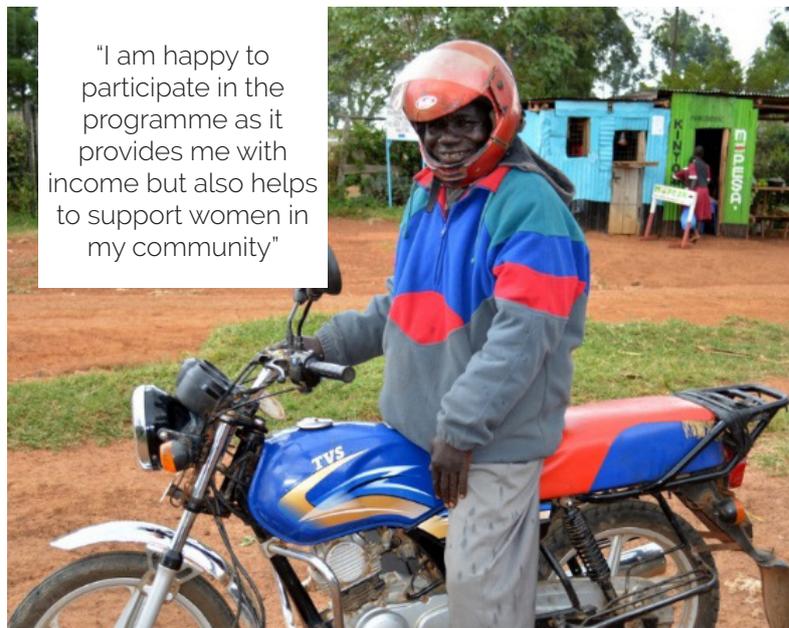


Claire (in orange t-shirt) with her children, field officers and the community health volunteer

Jane is the community health volunteer who has been working in the area for 20 years. She says:

"The voucher scheme strengthens community referral to the facility especially for poor expectant mothers. It complements the work we do by providing a realistic solution to problems of affording transport to the health facility. The subsidy also provides some income to community health volunteers once a voucher client delivers in the health facility. Though not very much, this income is able to meet some basic needs of the community health volunteer as we do not have a salary."

Registered boda boda driver



"I am happy to participate in the programme as it provides me with income but also helps to support women in my community"