

**INFLUENCE OF RESOURCE AVAILABILITY ON THE
IMPLEMENTATION OF LINDA MAMA MATERNAL HEALTH
PROJECT IN KITUI COUNTY, KENYA**

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DECLARATION

This research is my original work and has not been presented for examination in any University.

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DEDICATION

This thesis work is dedicated to my husband, Kennedy, for his unwavering support and encouragement throughout my post-graduate studies. I am deeply grateful for his presence in my life. Additionally, this work is dedicated to my children, Genesis and Vision Kennedy, for their boundless love and for serving as shining examples of hard work and determination.

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ABBREVIATIONS AND ACRONYMS

ANC	:	Antenatal
CHVs	:	Community Health Volunteers
GoK	:	Government of Kenya
KDHS	:	Kenya Demographic Health System
KHSSP	:	Kenya Health Sector Strategic Plan
MDGs	:	Millennium Development Goals
MMR	:	Maternal Mortality Rate
MOH	:	Ministry of Health
NHIF	:	National Hospital Insurance Fund
PNC	:	Postnatal
SDGs	:	Strategic Development Goals
WHO	:	World Health Organization

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ABSTRACT

The Linda Mama project was established to eliminate financial barriers to accessing health services in public hospitals to encourage women to utilize facility-based deliveries hence ensuring safe deliveries and consequently the reduction of maternal and neonatal deaths. Andersen Health Behavior Model and the Health Belief Model and employed a descriptive research design. The study targeted mothers seeking maternal services from public hospitals, health professionals working in public hospitals in Kitui County and key informants (Nurse Managers in Charge of health Services). 94 human resource and 99 maternal health beneficiaries while purposive sampling was used to identify 5 Nurse Managers in charge of services. Self-administered questionnaires and key informant interviews were used to collect data. Findings of the study showed that public hospitals in Kitui County receive inadequate reimbursement of funds which are not disbursed on time affecting the ability of hospitals to cater for all the maternal healthcare services, provide the required supplies and plan for the provision of maternal services; Public hospitals have variety of qualified hospital staff, however there is a shortage of hospital staff resulting in a high workload and delays in attending to mothers; Even though public hospitals in Kitui County had essential maternal medical facilities, these facilities are inadequate in proportion to the number of women seeking maternal services resulting in congestion and sharing of beds. The study also found out that dissemination of information by the government through mainstream media has created public awareness on the Linda Mama Maternity project effectively increasing utilization of the service and health facility-based deliveries. The study established that the independent variables (financial resource availability, human resource availability, medical facilities and availability of information awareness) account for 82.9% variation in the implementation of the Linda Mama Maternal Project. This study recommends that the government allocates more resources to the ministry of health in line with its commitment of 15% of the national budget under the Abuja declaration of 2001; the National and County Government prioritizes the staffing of public hospitals to address the shortage of hospital staff; and ensure the availability of adequate, appropriate and functional maternal medical facilities in all public hospitals.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The reduction and elimination of maternal-related mortality is a key concern across the globe as the prospects of people in life depend on the well-being of mothers. By delivering a child, a woman is creating another life therefore neither her nor the child ought to lose their lives. Maternal deaths are preventable through proper medical surveillance and intervention. Delivering in a health facility with skilled health service provider has been identified as the most suitable intervention in the reduction and prevention of maternal and neonatal deaths (UNICEF, 2019). Use of health facilities by women has been linked to positive pregnancy outcomes.

UNICEF reports that in 2018, an estimated 289,000 mothers and 2.8 million newborns died annually due to a lack of skilled health providers. (KNBS) in 2015 shows that despite government efforts to increase skilled birth attendance several African countries have sought to eliminate economic barriers to maternal health services through the enactment of laws abolishing delivery fees on deliveries and the provision of pre and postnatal health for mothers and children. For instance, in 2004, Ghana introduced 3 programs leading to an increase in the utilization of maternal health services in hospitals; on the same year, Burundi enacted a services and health policy for children under the age of five, Zambia suspended fees for rural districts while Rwanda introduced community based maternal programs.

“Every person has the right to the highest attainable standards of health which includes the right to health services including reproductive health.” This meant that the country would not be in a position to attain the MDG 5 which aimed at 75% reduction in maternal mortality rates by 2015. The government of Kenya identified the high costs of delivery as the main hindrance to accessing quality maternal health services in the country. As a result, in June 2013, a presidential directive was issued abolishing fees payable by pregnant women in public health facilities (GoK, 2018). This was complemented by the First Lady beyond Zero Campaign which aimed at ensuring zero maternal mortality rates in the country (UNAIDS, 2019).

The Linda Mama maternal health project was initiated in April 2017 and the maternal Service was launched on the 1st of June 2013 following a presidential directive abolishing fees payable. The rationale behind the abolishment was the elimination of financial barriers to accessing health services in public hospitals. This would in turn encourage women to utilize skilled maternal health service providers in public health facilities hence ensuring safe deliveries. The service entitlements under the project include Antenatal (ANC), deliveries and Postnatal (PNC). Pregnant mothers and their newborns are entitled to these benefits upon activation of the benefits by the mother at a contracted NHIF facility (GoK, 2018).

The package covers both in-patient and outpatient including the management of conditions that may arise before pregnancy, during deliveries and postnatal including the treatment of the new born for a period of one year. It also covers ambulance costs for emergency referral cases (GoK, 2018). Hospitals are paid through reimbursement based on the quantity of health service provided (GOK, 2018). For normal deliveries, Level 2 and 3 public hospitals are reimbursed at the rate of KSHS. 2,500 while private hospitals at the same level are reimbursed KSHS. 3,500. Level 4 and 5 public hospitals are reimbursed at the rate KSHS. 5,000 while private hospitals at the same level are reimbursed KSHS.6, 000. For caesarian sections, level 4 & 5 public hospitals are reimbursed at the rate of KSHS. 5,000 while private hospitals are reimbursed KSHS. 17,000 (Appleford, 2018).

1.2 Statement of the Problem

Empirical evidence in the country has revealed that despite the implementation of maternal health projects in the country, there's been no significant change in maternal and neonatal deaths (KNBS, 2015). Statistics indicate that the number of hospital deliveries has risen; this has not been matched by a decrease in maternal related deaths.

The introduction of *Linda Mama* project sought to eliminate the financial barriers to accessing maternal health services through abolishment of delivery fee. However, this has not been matched by an improvement of the quality of service explaining the minimal impact on maternal and neonatal deaths. While the elimination of financial barriers is a commendable intervention in the

reduction of maternal and neonatal mortalities; cost is not the only factor. The abolishment of delivery fee increases the number of deliveries while at the same time compromising the quality of service due to increased pressure on the hospital facilities, supplies and the overwhelming responsibilities on health providers. Therefore, this study sought to examine the influence of resource availability on the implementation of maternal health project in Kitui County to determine factors that may enhance effectiveness of the project.

1.3 Purpose of the Study

The study aimed to investigate how resource availability affected the implementation of the Linda Mama Maternal health Project in Kenya.

1.4 Objectives of the Study

The objectives of this study were as follows:

- i. To examine the extent to which financial resource availability influence the implementation of Linda Mama Maternal Health project in Kitui County.
- ii. To establish the influence of human resource on the implementation of Linda Mama Maternal Health project in Kitui County.
- iii. To examine the influence of availability of medical facilities on the implementation of Linda Mama Maternal Health project in Kitui County.
- iv. To determine the influence of information resource on the implementation of Linda Mama Maternal Health project in Kitui County.

1.5 Research Questions

The research questions of this study were as follows:

- i. How does the availability of financial resources influence the implementation of Linda Mama Maternal health project in Kitui County?
- ii. To what extent does human resource influence the implementation of Linda Mama Maternal health project in Kitui County?
- iii. How does availability of medical facilities influence the implementation of Linda Mama Maternal Health project in Kitui County?

- iv. To what extent does information resource influence the implementation of Linda Mama Maternal health project in Kitui County?

1.6 Research hypothesis

The study was anchored on the following hypothesis:

H0₁: Financial availability has no significant relationship with implementation of Linda Mama maternal health project in Kitui County.

H0₂: Human resource has no significant relationship with implementation of Linda mama maternal health project in Kitui County.

H0₃: Availability of medical facilities has no significant relationship with implementation of Linda Mama Maternal Health project in Kitui County.

H0₄: Information resource has no significant relationship with the implementation of Linda Mama Maternal Health project in Kitui County.

1.7 Significance of the Study

The study findings of this study are valuable to the Ministry of Health and the Kitui County Department of Health in evaluating factors that can enhance the quality of the project as the study will establish the factors that enhance the efficiency of service delivery. It is expected that through the findings and recommendations of this study, the Ministry of Health can develop and implement various regulations and policies for quality and efficient program in Kenya.

The findings of this study will also be instrumental source of information for managers of public hospitals in decision making. The findings will show various aspects in public hospitals that affect implementation of the projects and propose ways on how the efficiency can be enhanced in these hospitals to ensure quality service delivery.

The study is also beneficial to the targeted beneficiaries of the Linda mama project. Women utilizing maternal services in Kitui County can benefit from the findings of this study owing to the improved quality of services as a result of recommendations made thereof. This study is also beneficial to researchers as it will act as an empirical source of reference for future studies in addition to suggesting areas for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Chapter two examines written materials as well as concepts related to variables being studied to establish a foundation for the research. The literature is evaluated in accordance with the study objectives.

2.2 Empirical Literature Review

The introduction of health project was meant to eliminate users' fee and promote utilization health services hence reduction of maternal mortality rates. This section provides a comprehensive review of these factors mainly: Financial resource availability, human resource, medical facilities and information resource of the maternal health project.

2.2.1 The Influence of Financial Resource Availability

Numerous empirical studies have revealed that inadequate financing of the health projects compromise the quality of health service defeating the very purpose of its establishment of reducing maternal and neonatal deaths. Delayed disbursements of funds led to shortage of supplies resulting in situations where women have to buy drugs by themselves and the continued levying of user fee on women. A study by Pearson et al., (2011) on user fees and services in Ethiopia revealed that even though there is a government decree against charging for services, 65% of hospitals still charge for some aspect of like drugs and supplies. This is attributed to the fact that health facilities are usually not reimbursed for the services by the government and this make it harder for the services to be carried out.

Resource allocation remains a major constraint in the Kenyan health sector. An assessment of the implementation of the health project shows that government funding to the health sector is inadequate which could seriously affect the implementation of the project ((Bourbonnais, 2013). The government has not been able to fulfill its promise of progressively increasing the budget allocation to reach 15%. Competing priorities at the county government level makes it difficult to allocate adequate funds for health projects. The impact of the inadequate funding is felt in the Health Project where health facilities receive insufficient reimbursement (Bourbonnais, 2013).

The situation was further compounded by the devolved county governments which have significantly changed the financing protocol in the health sector. This protocol poses a risk of county governments diverting maternal health funds to other projects due to competing needs and financial constraints. Diversion of such funds may compromise the quality of delivery services offered by the health facilities as this may cause shortage of supplies in the hospitals (Gitobu et al., 2018).

A study on the Linda Mama project in Bungoma County has revealed similar issues to those found by Pyone et al. in 2017. The study found that while claims submission for reimbursement by public hospitals have risen significantly by the first quarter of 2018, slow reimbursement and procedural errors pose a significant risk for providers. The reimbursement process is known to be characterized by delays or incomplete reimbursements, which negatively impacts the planning and availability of essential supplies in public hospitals. Furthermore, the reimbursement rates were considered inadequate by many providers, particularly those in the private sector, and lack of reimbursement for other complications in delivery or the costs of treating sick expectant mothers and infants (Appleford, 2018) has led to financial shortages, compromising the quality of maternal health services in public hospitals.

A study by Bourbonnais (2013) when the programme was being initiated had similar findings indicating that the government has not been keen on changing the situation. The study which sought to examine the implementation of maternal health in Kenya revealed that the programs was characterized by insufficient and slow distribution of funds which affected the effective implementation of the programme.

2.2.2 The Influence of Human resource

Health human resource refers to medical practitioners providing maternal health services including doctors, nurses, clinical officers and surgeons who perform caesarian section deliveries. The provision of high-quality maternal healthcare, which is crucial for reducing maternal and neonatal deaths, relies on the presence of sufficient and qualified personnel. However, many countries in Sub-Saharan Africa struggle with a shortage of skilled healthcare workers. Research has

consistently demonstrated that a lack of staff negatively impacts the delivery of maternal healthcare services in medical facilities.

The abolition of user fees, which are fees charged to patients for healthcare services, can lead to an increase in patients seeking medical attention. This can put additional pressure on healthcare professionals, who may already be stretched thin due to a lack of adequate compensation or staffing. When healthcare professionals are overworked, they may have difficulty providing the same level of care to each patient. This is particularly concerning in the case of maternal and neonatal care, where the health and lives of both the mother and the newborn are at stake. In public healthcare facilities, nurses are often responsible for caring for multiple mothers in a ward at the same time. If they are overworked and unable to provide adequate care to each patient, this can put mothers and their newborns at risk of maternal and neonatal complications. This can include serious conditions such as pre-eclampsia, sepsis, and hemorrhage, which can lead to maternal death. Therefore, it is important to ensure that healthcare professionals have the necessary resources and support to provide quality care to all patients, especially mothers and newborns.

A research study by Makathimo in 2015, which focused on identifying factors that impact the quality of services at Chuka General Hospital in Tharaka Nithi County, found that human resource capacity was one of the main obstacles affecting maternal health programs, in addition to inadequate hospital infrastructure and insufficient health financing. The study discovered that the availability of qualified staff, including the number of hospital employees, their skill level, and the number of patients treated per day, posed a significant challenge for the successful implementation of maternal health initiatives in the county. The study revealed that the number of patients exceeded the capacity of the available skilled healthcare workers (Makathimo, 2015).

2.2.3 The Influence of Medical Facilities

Medical facilities play a critical role in providing maternal health services and ensuring the well-being of both mothers and infants. The availability and quality of medical facilities can have a significant impact on maternal health outcomes, including maternal mortality and morbidity, as well as morbidity. Tama et al. (2018) found that the availability of medical facilities, specifically obstetric care facilities, is positively associated with reduced maternal mortality. The study, which was conducted in Ethiopia, found that the odds of maternal death were significantly lower in areas

with at least one obstetric care facility compared to areas without such facilities. This highlights the importance of providing access to medical facilities for maternal health services.

Kumbakumba et al. (2018) conducted a study in Uganda and discovered that the presence of medical facilities, particularly comprehensive emergency obstetric care (CEmOC) facilities, is correlated with a decrease in maternal mortality. The study found that the odds of maternal death were significantly lower in areas with at least one CEmOC facility compared to areas without such facilities. Additionally, the study found that the distance to the nearest CEmOC facility was positively associated with reduced maternal mortality, highlighting the importance of proximity to medical facilities for maternal health services.

A study by Makathimo (2015) on the factors impacting the quality of services at Chuka General Hospital in Tharaka Nithi County found that poor infrastructure and inadequate human resource capacity and financing were major challenges facing the hospital's programs. According to the study, hospital infrastructure which includes basic equipment, specialized equipment and referral facilities is barely catered for by the maternal health policy. The study found that 75% of women reported having shared beds with other women, and 71% of infants shared incubators due to a shortage of these machines in public hospitals. Kenyatta National Hospital, for example, had only 12 functioning incubators for the 1300 deliveries that took place in the 34 months between May 2014 and August 2017. Furthermore, concerns were raised about the cleanliness of public hospitals.

2.2.4 The Influence of Information resource

Information resource refers to the public knowledge of the health project in terms of where the services are offered, service entitlements, requirements for registration and the benefits health facility deliveries over home deliveries. Effective decision making on where and when to seek maternal health services is made when one has information on where the services are offered, the nature of the services and the costs involved. The public also needs information on why health facility deliveries are preferred over home deliveries. The information should also indicate the costs of the services being offered. Similarly, the government should strive to ensure that the public has information on the Linda Mama health project to enable them utilize it. They need to know the hospitals offering the services whether public or private, what services are offered under the

package, the requirements for them to register and access the service as well the period covered by the policy.

Otieno (2014) conducted research to determine the ways in which pregnant women in Kenya obtained information about maternal health services offered in public hospitals. The study found that 38.3% of the respondents learned about these services through relatives, 34.6% during antenatal clinic visits and service charter at the hospitals, and only 14.8% through the media. Additionally, the majority of respondents (82.8%) felt that the government had not adequately implemented methods for informing the public about maternal health services and necessary requirements.

2.3 Theoretical Framework

The theoretical framework provides the researcher with a perspective on the problem and guides the design and interpretation of the study. It can be based on existing theories or be developed specifically for the study. The theoretical framework helps to link the research question and the data collected, and provides a logical and coherent structure for the study.

2.3.1 The Andersen Health Behaviour Model

The Andersen Health Behaviour Model (AHBM), created by Dr. Richard M. Andersen in the 1970s, explains how an individual's characteristics and surroundings impact their health behaviors. Predisposing factors are personal characteristics that make an individual more or less inclined to engage in a specific health behavior. These include demographic features like age, gender, and education level, as well as personal characteristics.

Enabling factors are the resources and opportunities available to an individual that facilitate or hinder their ability to engage in a particular health behavior. These include factors such as income, social support, and access to healthcare. Need factors refer to the individual's perceived need or motivation to engage in a particular health behavior.

2.3.2 Application of the Theory to the Study

The Andersen Health Behavior Model demonstrates the core factors which affect the implementation of the maternal project. In relation to this study, pregnant women attitudes towards health facilities and their cultural beliefs are intervening variables that may alter the

relationship between the major variables of this study. If pregnant mothers have a negative attitude towards health facilities based on perceived poor-quality service or previous bad experience, they are unlikely to utilize hospital deliveries even if they are. Similarly, if their cultural beliefs discourage health seeking behavior, then such mothers are unlikely to utilize the project.

Enabling factors form the basis of the three-core variable of this study: information resource, finance availability, medical staff & facilities. They also include availability of adequate income (finances) is crucial in providing the necessary resources for implementing project and affects the ability of pregnant women to afford transportation costs to health facilities while the NHIF cover provides the means for women to access the maternal health services. If beneficiaries and maternal health are aware of availability of such services, they will consequently seek the services in the health facilities.

Adequate health personnel and hospital facilities reduce the time taken to attend to pregnant mothers and ensure that they receive quality maternal services. Availability of qualified health providers will boost the confidence of pregnant and lactating mothers to seek medical services in such health facilities. The model also gives the rationale for the implementation of the maternal project. The rationale for abolishment of user fee was to eliminate financial barriers to accessing health services in public hospitals. This would in turn encourage women to utilize maternal health services in public health facilities hence ensuring safe deliveries and consequently the reduction of maternal and neonatal deaths. Timely reimbursement of insurance fees would on the other hand encourage health facilities offer crucial services to the pregnant and lactating mothers.

2.3.3 Application of the theory to the study

The model provides an understanding into health seeking behavior and is suitable in understanding factors that influence women in utilizing maternal health services. Pregnant mothers' action of seeking maternal health services in public hospitals is dependent on the benefits of hospital-based deliveries compared to home-based deliveries. The main barrier towards accessing maternal health services has been financial barriers. This has been eliminated through the abolishment of user fee under the Linda Mama maternal health project.

In relation to this study, this perceived susceptibility refers to the risk that mothers are exposed to as a result of unskilled traditional birth attendant in non-health facilities. Perceived severity in this case refers to the fear of a mother/infant dying from pregnant related complications which increases that maternal/neonatal mortality rates. Perceived benefits refer to the benefits of hospital-based deliveries that include provision of antenatal to ensure safe delivery without complications; skilled birth attendants, availability of emergency services in case of complications and postnatal to ensure healthy growth of the child. Perceived barriers include user fee, lack of information on the availability of services and inadequate hospital facilities and staff. If these barriers are removed through creation of awareness on availability of maternal health services, then beneficiaries will mostly likely seek the services for their benefit. If there is adequate qualified health providers and cost effectiveness of such services, then mothers will seek to access such services at health facilities.

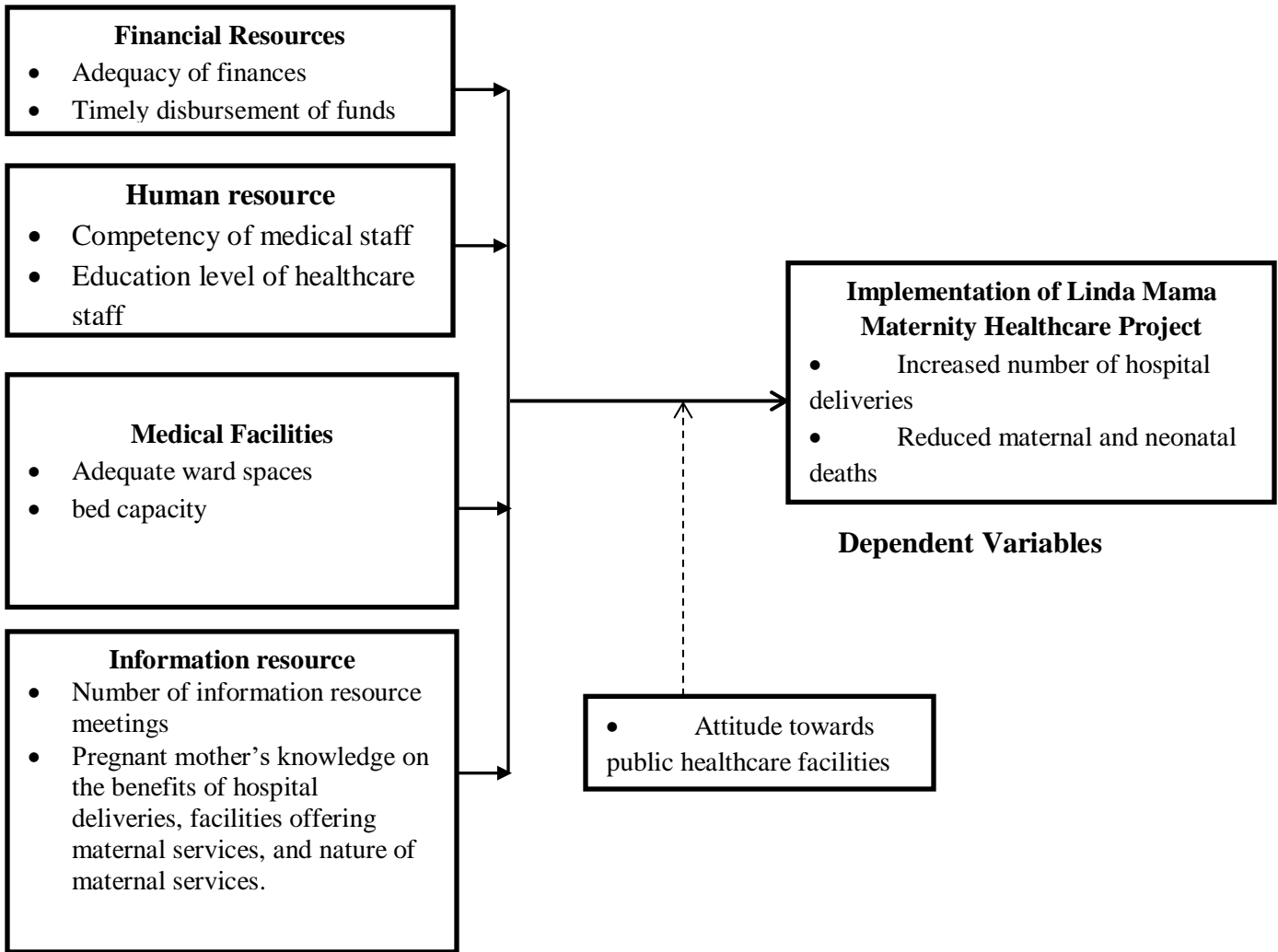
Cue to action is the removal of the user fee which prompts women to seek maternal health services in public hospitals. However, this requires that the public be made aware of the existence of these services and their benefits. Self-efficacy refers to the ability of the success of the Linda Mama project in reducing maternal and neonatal deaths to the recommended levels by the SDGs.

2.4 Conceptual Framework

The independent variables were the factors influencing the implementation of health project while the implementation of Linda Mama Maternal project was the dependent variable. The effective implementation of the project is dependent on adequate and timely disbursements of funds; the availability of adequate and skilled staff; adequate delivery facilities such as wards and incubators; and pregnant women's awareness of the maternal project.

Figure 2.1: Conceptual Framework

Independent Variable



Intervening Variables

2.5 Knowledge Gaps

Table 2.1: Knowledge Gaps

Author	Focus of the Study	Findings of the Study	Research Gaps
Mwangi, (2017)	Effect of the programme on the access and outcomes of maternal and newborn health	maternal health has reduced mortality rates; increase in maternal and neonatal deaths are due low level of education, poor quality, lack of facilities, and poverty	The effect of the project on the health workers and hospital facilities The role of information resource in utilization of services
Appleford, (2018).	Implementing Linda mama in Bungoma County	Delays in reimbursement and low rates of reimbursement affect planning and the availability of essential supplies especially in public hospitals; poor sensitization hinders utilization of services	How health human resource and facilities affect the implementation of Maternal Health project.
Bourbonnais, (2013)	Implementing Maternal Health in Kenya	The government does not allocate adequate funds for maternal health project; Kenyan public health facilities suffer from insufficient infrastructure, equipment and human resource.	The effect of insufficient funds, equipment and human resource on the quality of maternal health Other factors such as information resource.

Otieno, (2014)	Factors Influencing the Implementation of Maternal Health Services in Kenya	Hospital infrastructure; resources have a direct effect on Implementation of maternal health services in public hospitals.	Other factors such as public.
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CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

In this chapter, a comprehensive overview of the research methodology employed in the study is presented. The initial section outlines the study design, which provides an overall plan and approach to conduct the research. The subsequent section focuses on the group of individuals under examination and includes details regarding their characteristics, such as age, gender, sample size, and selection process. This section also outlines the number of participants included in the study and the methods used to select them from the study population. Furthermore, the data gathering techniques used in the study are discussed, including the tools utilized for data collection, their reliability, and validity. Additionally, any measures implemented to ensure the accuracy and quality of the data are described.

3.2 Research Design

A descriptive design was chosen for this study because it allows the researcher to observe and describe the current state of a phenomenon without manipulating any variables. Qualitative methods, such as interviews and focus groups, were used to gather in-depth information about the perceptions and experiences of project staff and community members related to resource availability and its impact on the project. These methods provide rich, detailed data that can be used to understand the complexities of the phenomenon being studied and to identify patterns and themes.

Quantitative methods, such as surveys and data analysis, were used to collect more objective data on the impact of resource availability on the project. These methods provide numerical data that can be used to measure the extent of the problem and to identify trends over time.

3.3 Target Population

Linda Mama beneficiaries and nurse managers in charge of services in each of the hospitals where the Linda Mama project is being implemented formed the target population. Linda Mama beneficiaries were chosen as the primary target population for this study because they are the primary recipients of the services provided by the project. Understanding their perceptions and

experiences with the project is crucial to evaluating its effectiveness and identifying areas for improvement.

The second group targeted in this study was nurse managers in charge of services in each of the hospitals where the Linda Mama project is being implemented. These nurse managers were chosen as key informants for this study due to their administrative role in maternal health services. They are responsible for overseeing the implementation of the project in their respective hospitals and have a unique perspective on the challenges and successes of the project. The target population for this study was 14,705 individuals. This number was calculated based on the number of Linda Mama beneficiaries and nurse managers in charge of services in the hospitals where the Linda Mama project is being implemented.

3.4.1 Sample Size

Yamane formula (1967) is a commonly used formula for determining sample size in descriptive research hence was used in this study. The formula is expressed as: $n = \frac{N}{1 + N [(e)]^2}$ where n is the sample size, N is the total population size, and e is the margin of error. In this case, the following values were used for the calculations: $N = 14,705$ for maternal health service beneficiaries, and $N = 1678$ for health professionals. A standard confidence level of 90% was used in this study, which resulted in a margin of error of 0.10 or 10%.

Using these values, the sample size for the study's maternal health service beneficiaries was calculated as follows: $n = 14705 / (1 + 14705 (0.10)^2) = 99$. The sample size for the study's health professionals was calculated as follows: $n = 1678 / (1 + 1678 (0.10)^2) = 94$

In addition to the 94 health professionals, the study also included five Nurse Managers in Charge of Services from the five targeted hospitals. Therefore, the total sample size for the study was 198: 94 health professionals, 5 Nurse Managers in Charge of Services, and 99 maternal health service beneficiaries from the five targeted health facilities.

3.4.2 Sampling Procedure.

In this study, the population of interest was divided into subgroups based on the health facility where the beneficiaries and health professionals were located.

Random sampling was then used to select a proportional number of beneficiaries and staff from each hospital to make up the sample of 94 health professionals and 99 beneficiaries. Key informants (Nurse Managers in Charge of Services in each of the hospitals) and maternal health beneficiaries were selected using purposive sampling. This helped to ensure that the sample included individuals who were most knowledgeable about the topic of interest.

3.5 Methods of Data Collection

This topic delved into the specific tools and methods that were utilized in the process of gathering information for research. The section covered the procedures that were followed during data collection, including how the data was collected, who collected it, and any challenges or issues that arose during the data collection process.

3.5.1 Instruments of Data Collection

This study used a combination of survey questionnaires and interview schedules to gather information from the participants. The questionnaires were distributed to healthcare professionals working in level 4 and 3 hospitals in Mwingi and to individuals receiving maternal services at these hospitals. Additionally, in-depth interviews were conducted with the Nurse Managers in Charge of Services at each hospital to collect qualitative data on the topic of the study.

3.5.2 Reliability of the Research Instruments

A Pilot study was carried out among 20 respondents (10% of the sample size) in local hospitals in Mwingi town to ensure that the questions in the tools are easily understood by the respondents and could be filled adequately. The 20 respondents were selected randomly among local hospital in Mwingi town and stratified into 2 groups. Questionnaires were subsequently administered to the two groups at different periods to pretest in the first group and retest in the second group. After the retest the researcher checked the items in the data collection tools and establish their suitability. Based on the retest study, any ambiguities in the instruments were cleared before commencement of the actual study.

3.6 Data collection procedures

Primary data is data gathered directly by the researcher through the use of questionnaires distributed using a drop and pick method, enabling respondents to complete the questionnaires at

their own pace. This method can be helpful in gathering data from individuals with limited time availability. After the questionnaires were filled out, the researcher collected them for analysis.

Secondary data is data that has already been collected by someone else and is available for the researcher to use. In this case, the researcher gathered secondary data from hospital records. This type of data was useful for providing background information or contextual information about the study population. It was also used to validate or supplement the primary data collected through questionnaires.

3.7 Methods of Data Analysis

Descriptive statistics were used to analyze the data, and the SPSS software was employed to generate frequencies, means, standard deviations, and percentages, as well as tabulate reports and distributions. For qualitative data, themes were identified and summarized using frequencies and percentages. Content analysis was used to uncover patterns and themes that aligned with the research objectives. The model was presented as follows:

$$Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3$$

Where:

Y = Implementation of the Linda Mama health project

α = constant (coefficient of intercept)

X_1 = Financial resources

X_2 = Hospital human resource

X_3 = Medical facilities

3.8 Operational Definition of Variables

Table 3.1: Operational Definition of Variables

Variable	Type of Variable	Indicators	Type of Analysis	Scale of Measurement
financial resource availability	Independent	The amount reimbursed for maternal services Reimbursement period	Descriptive Analysis	Nominal

Human resource	Independent	Number of human resources Education level & work experience of staff	Descriptive Analysis	Nominal Ordinal
Health facilities	Independent	Number of health facilities (delivery wards, bed & incubators) Presence of ultrasound machines, theatre, laboratory & ambulances	Descriptive Analysis	Nominal Ordinal
Information resource	Independent	Number of information resource meetings Number of women knowledgeable of the Linda Mama project	Descriptive Analysis	Nominal Ordinal
Implementation of Linda Mama Project	Dependent	Number of ANC visits Number of hospital-based deliveries Number of PNC visits	Descriptive Analysis	Nominal

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

1.1 Introduction

In this chapter, the author describes the steps and methods used to interpret the primary data obtained from the survey respondents. The chapter provides an overview of how the data was cleaned, organized, and analyzed using statistical techniques. To enhance the reader's understanding, the results of the data analysis were presented in tables. Additionally, the chapter concludes with an explanation of the findings, which offers insight into the research question and highlights the significant takeaways from the study. The purpose of this analysis is to identify the critical factors that affect the implementation of the Linda Mama Health Project in Kitui County.

4.2 Response Rate

The researcher targeted 94 health professionals, 99 pregnant mothers and 5 Nurse Managers in Charge of Services. 99 questionnaires were administered to mothers by the researcher where 76 were adequately filled for analysis. Out of 94 questionnaires administered to hospital staffs in the wing, 90 were filled adequately while 5 of the interviews were successful administered to Nurse Managers in Charge of Services in the five hospitals.

Table 4.1: Response Return Rate

Category	Sample	Response	Response Rate
Hospital Staff	94	90	96%
Mothers	99	76	77%
Nurse Managers	5	5	100%
Total	198	171	86%

4.3 Demographic Information of the Respondents

This section of the study looks into the demographic details of the participants, such as their gender, education level, professional field, and experience in the hospital. The findings are then presented in different sub-sections following this analysis.

4.3.1 Gender Distribution of the Respondents

In this section, the researcher aimed to determine the breakdown of respondents by gender by asking them to specify their gender. The findings are presented in Table 4.2:

Table 4.2 : Distribution of respondents by Gender

Gender	Frequency	Percentage
Male	34	38%
Female	56	62%
Total	90	100%

Table 4.2 indicates that 38% of the hospital staffs were male while 62% were female in Kitui County. This implied that there were more females working in the wing compared to men. Traditionally the role of birth attendant was allocated to women. Old and experienced women in birth attendance were responsible for assisting pregnant mothers during deliveries. Consequently, women got used to female birth attendants and were more comfortable with female health professionals. This social construction of gender roles is mirrored in the gender distribution of human resource where there are more women than men. However, with time, this gender construction has been broken and men are pursuing nursing and other maternal areas of maternal services. Hence the lesser number of men working in the wing compared to women.

4.3.2 Distribution by level of education

The goal of the study was to assess the educational attainment of hospital staff by asking participants about the highest level of education they have completed. The findings are presented in Table 4.3, which illustrates the educational level of staff members.

Table 4.3: Health professionals distribution by Level of Education

Gender	Frequency	Percentage
Diploma Level	15	17%
Degree Level	64	71%
Post graduate Level	11	12%
Total	90	100%

Table 4.3 shows that the majority of the hospital staff (71%) hold a degree level of education, while 17% hold a diploma level, and 12% hold a post-graduate level. The educational background of the hospital staff is an important factor. The results of the study suggest that the staff are well-qualified, as the majority of them have at least a diploma level of education.

4.3.3 Distribution by Work Experience

The study aimed to examine the professional experience of hospital staff in human resources by inquiring about the number of years they have worked in the hospital. The results are shown in Table 4.4, which displays the number of years of work experience of the staff members.

Table 4.4: Work Experience of Human resource

Gender	Frequency	Percentage
5 Years	14	16%
6-10 years	38	42%
11- 15 years	33	37%
16 years and above	5	5%
Total	90	100%

Table 4.4 illustrates that 42% of the human resource professionals have 6-10 years of experience, 37% have 11-15 years, 16% have 5 years, and only 5% have more than 16 years. This indicates that the majority of human resource professionals (79%) in Kitui County have 6-15 years of experience. Work experience equips the staff with practical skills and experience in maternal health services which enables them to provide quality health services to pregnant mothers. Work experience also implies that the human resource can give reliable information on maternal health services.

4.4 Availability of Financial Resources

The purpose of this section of the study was to examine the effect of financial resources on the execution of the Linda Mama Maternal Health project in Kitui County, which was the primary objective of the research. The findings are presented in different sub-sections that follow this analysis.

4.4.1 Adequacy and Timely Reimbursement of financial Resources

The researcher sought to establish if the amount reimbursed by the NHIF cover under the Linda Mama NHIF Cover is adequate to cover all the Maternal health services and if the funds were disbursed on time.

Table 4.5: Adequacy of Financial Resources

Response	Frequency	Percentage
YES	16	18%
NO	74	82%
Total	90	100%

Results shown in Table 4.8 above show that 18% (16) of the respondents were on the view that public hospitals in Kitui County receive adequate reimbursements from the NHIF cover which are processed and paid on time; 82% (74) were on the view that public hospitals in Kitui County receive inadequate funds which are often affected by delayed reimbursements. According to the nurse managers in charge of the wing in public hospitals in Kitui County, public hospitals often receive lower rates of reimbursement in comparison to what is incurred in providing maternal health services. Sometimes the payments do not correspond to the number of deliveries where there are high numbers of hospital deliveries but lesser amounts reimbursed to hospitals. Consequently, the hospitals have to make a decision on which services under the Linda Mama Package to forfeit resulting in a situation where women do not receive all the services as intended. In most cases, it is often antenatal visits and normal delivery services that are paid for. Complications arising out of the pregnancy are often paid for by the mothers out of their pocket. A case in point is caesarian section deliveries where the hospitals in most cases receive the same rate of reimbursement as normal deliveries. However, such deliveries are often expensive than normal deliveries hence pregnant mothers have to incur the extra expense.

There is also a challenge in the referral cases arising out of complications that could not be handled at Level Four public hospitals. However, bureaucracy in filing and processing of claims results in situations where the already incurred expenses at Level four are not paid for. Even though there is a clear procedure for referrals there often complications in claiming reimbursements.

4.4.2 Influence of financial resource availability on implementation of Linda Mama Health Services

Table 4.6: Influence of financial resource availability on the implementation of Linda Mama Health Project

Statement	Minimum	Maximum	Mean	Std. Deviation
The abolition of user fee has increased the number of hospital deliveries	1.00	5.00	4.149	1.371
Reimbursement of adequate amount of money ensures that all expenses incurred in the provision maternal health services are catered for	1.00	5.00	4.342	1.135
Timely reimbursement of expenses ensures proper planning of provision of maternal services	2.00	5.00	3.903	.514
Financial resources are needed to procure appropriate equipment and procure adequate supplies	1.00	5.00	4.701	.921
Composite Mean & Standard Deviation			4.274	0.985

Majority of the respondents strongly agreed that financial resources are needed to procure appropriate equipment and procure adequate supplies (Mean=4.701); reimbursement of adequate amount of money ensures that all expenses incurred in the provision maternal health services are catered for (Mean=4.342); the abolition of user fee has increased the number of hospital deliveries (Mean=4.149); and timely reimbursement of expenses ensures proper planning of provision of maternal services (Mean= 3.903). The implication is that abolition of user fee has increased the number of hospital-based deliveries which ensures safe deliveries for more women reducing the possibility of maternal and neonatal deaths. The increased number of deliveries therefore mean that adequate and timely reimbursement of financial resources are required by public hospitals to properly plan for and provide all the maternal services as envisaged in the Linda Mama Project.

4.5 Human resource

The second aim of this study was to evaluate the effect of human resources on the execution of the Linda Mama Maternal Health project in Kitui County. The analysis of these findings is presented in subsequent sections of the report.

4.5.1 Professional Qualification of Hospital Staff

The researcher sought to establish the availability of qualified human resource to provide maternal health services.

Table 4.7: Professional Qualification of Human resource

Gender	Frequency	Percentage
Surgeon	3	3%
Doctors (Gynecologist)	18	20%
Nurses	68	75%
Pediatrician	1	2%
Total	90	100%

The results show that 75% of the health workers were nurses; 20% were doctors; 3% were surgeons; and only 2% were pediatricians. This implies there is a variety of qualified human resource in public hospitals specializing in essential fields in maternal health in Kitui County. Nurses who provide most of the maternal services before, during and after delivery form the majority of the hospital staff. Given that nurses perform most of the duties; they should make up the bigger percentage of the human resource which is the case in Kitui County. Surgeons make a small percentage of the human resource (3%) as they handle surgeries and complications which are rare occurrence as most deliveries occur normally. Doctors form a slightly larger percentage (20%) as they are required for consultation, treatment and for purposes of prescription hence they are not needed in large numbers.

4.5.3 Influence of Human resource on implementation of Linda Mama Health Services

Table 4.8: Influence of Human resource on the implementation of Linda Mama Health Project

Statement	Minimum	Maximum	Mean	Std. Deviation
Skilled and experienced human resource ensures the provision of high-quality maternal health services	2.00	5.00	3.921	.482
Adequate human resource ensures pregnant mothers are attended to appropriately and on time.	1.00	5.00	4.658	1.062
Expert health providers are required to handle complications emerging out of the deliveries particularly caesarian section deliveries.	1.00	5.00	4.758	.839
The high number of women seeking maternal health services affects the ability of human resource to provide quality	2.00	4.00	3.825	.568
Composite Mean & Standard Deviation			4.290	0.738

Majority of the respondents agree that expert health providers are required to handle complications emerging out of the deliveries particularly caesarian section deliveries (Mean=4.758); adequate human resource ensures pregnant mothers are attended to appropriately and on time (Mean=4.658); skilled and experienced human resource ensures the provision of high quality maternal health services (Mean=3.921); and the high number of women seeking maternal health services affects the ability of human resource to provide quality (Mean=3.825). This implies that adequate, skilled and experienced staff is required to provide quality maternal health services while specialized staff is required to provide specialized services such as surgeries and other

complications that may arise during delivery. This has resulted in a situation where there are many mother seeking services while the human resource is limited effectively affecting their ability to provide quality maternal services. Information provided by the Nurse Managers in charge of services show that the workload is quite high in public hospitals in Kitui County with one nurse attending up to 9 mothers in a day at level four hospitals and 15 mothers at level 5 hospitals. Pregnant mothers corroborated this information. According to them it takes up between 15-30 minutes before a nurse can attend to them and at times, they have to share the nurses where a single nurse attends to two mothers simultaneously.

4.6 Medical Facilities

The purpose of this section is to investigate the effect of medical facilities on the execution of the Linda Mama Maternal Health project in Kitui County.

4.6.1 Availability of Medical Facilities

The objective of this study is to assess the accessibility of crucial maternal health facilities. Participants were queried to report the existence of facilities in their respective hospitals.

Table 4.9: Availability of Medical Facilities

Medical Facility	Availability of Medical Facility	
	YES	NO
Wards	5 (100%)	0
Beds	5(100%)	0
Ultra sound Machine	2(40%)	3(60%)
Theatre room	5(100%)	0
Ambulance services	5(100%)	0
Incubators	5(100%)	0

Findings shown in Table 4.9 indicate that all the five hospitals have facilities including wards, beds, theatre rooms, incubators, and ambulances. However, only 40% (2) had ultra sound

machines. This implies that public hospitals have medical facilities required to provide maternal health services such as wards, beds, theatres, incubators and ambulances. All the hospitals have maternal wards and beds required for normal deliveries, theatre rooms for caesarian section deliveries, incubators for babies born before their time is due and ambulances for emergency cases. However, only two of the hospitals can perform imaging of the pregnancy to determine the sex of their children and the position of the baby. This means that there is a risk of ectopic pregnancy which may lead to death if it is not detected on time.

4.6.3 Influence of medical facilities on the implementation of Linda Mama Maternal Health Project

The study also sought to explore the effect of the accessibility of health facilities on the delivery of maternal health services.

Table 4.10: Influence of medical facilities on the implementation of Linda Mama Health Project

Statement	Minimum	Maximum	Mean	Std. Deviation
Adequate health facilities are required to provide quality maternal health services	1.00	4.00	3.842	.672
Incubators, theatres and laboratories are instrumental in providing specialized to newborns and mothers	1.00	5.00	4.754	.964
Ambulance services are required to provide emergency services as a result of complications arising during deliveries	2.00	4.00	3.859	.513

The high number of women seeking maternal health services cause strain on hospital facilities reducing the quality of services	2.00	5.00	4.657	.870
Composite Mean & Standard Deviation			4.278	0.755

Majority of the respondents agree that Incubators, theatres and laboratories are instrumental in providing specialized to newborns and mothers (Mean=4.754); the high number of women seeking maternal health services cause strain on hospital facilities reducing the quality of services (Mean=4.657) and ambulance services are required to provide emergency services as a result of complications arising during deliveries (Mean= 3.859). These findings imply that adequate and specialized equipment are required to provide quality maternal health services to pregnant mothers while ambulances to handle emergency cases.

Information provided by the Nurse Managers shows that even though public hospitals in Kitui County have basic medical facilities required to provide maternal health services, these facilities are not adequate in proportion to the number of women seeking maternal services. According to the nurse, maternal beds were the biggest challenge in reference to medical facilities. The bed capacity of public hospitals is very low in comparison to the number of hospital deliveries. The situation is further compounded by the influx of women following abolition of user fee resulting in situations where women are forced to share beds with others. Women who participated in the study corroborated this information.

According to the women, the wards are highly congested forcing two women to share one bed. Due to the limited space on the beds mother are forced to live their newborns on the bed while they sit or sleep in shifts. Congestion risks the spread of infectious diseases putting women and

newborns at risk of infection. The women said at time they prefer to be discharged before their due date to reduce the risk paused to them and their children.

4.7.1 Awareness Creation by the Government

The researcher sought to establish if the government done enough in creating awareness of the Linda mama health project. Pregnant mother seeking maternal health service were asked to indicate their opinion on whether the government was doing enough to create information resource.

Table 4.11: Awareness Creation by the Government

Response	Frequency	Percentage
YES	60	79%
NO	16	21%
Total	76	100%

Table 4.11 shows that 79% (60) of the mothers were on the view that the government had created awareness on the Linda Mama project while 21% (16) felt that the government had not done enough to create awareness on the project. This implies that the public were largely aware of the Linda Mama project hence increasing the chances of utilizing the services by pregnant women seeking maternal health services. Utilization of facility-based service reduces the risk associated with pregnant related complications reducing maternal and neonatal deaths. The high level of awareness among the public is seen in the influx of pregnant women seeking maternal health services and the high number of facility-based deliveries in Kitui County.

4.7.2 Sources of Information of Health Project

The researcher aimed to determine where patients were obtaining information about the Linda Mama services.

Table 4.12: Sources of Information

Facility	Frequency	Percentage
Human resource	8	11%
Television	26	34%
Radio	33	43%
Others (Word of Mouth & Posters)	9	12%
Total	76	100%

Table 4.12 shows that 43% of pregnant mother obtained their information of Linda Mama project from radio; 34% from television; 11% from human resource and 12% from other sources such as word of mouth from Community health volunteers and posters placed. Pregnant mothers obtained their information through adverts laced by the government in mainstream media followed by information from Community Health volunteers and posters and hospital staff. There exists a variety of sources of information for pregnant mothers in Kitui County making it easy for them to be informed about project.

Provision of information empowers the women where to seek services and the variety of services they can get under the package. This effectively increases their chances of utilizing the services.

4.7.3 Influence of Information resource on the implementation of Linda Mama Project

The researcher also aimed to investigate the impact of the information source on the adoption of the Linda Mama project.

Table 4.13: Influence of information resource on the implementation of Linda Mama Maternal Project

Statement	Minimum	Maximum	Mean	Std. Deviation
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Women awareness of the benefits/importance of facility-based deliveries increases hospital-based deliveries	1.00	5.00	3.140	1.450
Women awareness of the Linda Mama Maternal health project increases utilization of maternal services	2.00	5.00	4.728	.755
Dissemination of information to the general public by the government increases information resource of the Maternal service in public hospitals	1.00	5.00	4.631	1.138
Misinformation about the maternal health project leads to negative perception of the project	2.00	4.00	3.842	.541
Composite Mean & Standard Deviation			4.085	0.971

Findings in Table in Table 4.13 shows respondents strongly agree that information resource influences the implementation of Linda Mama Maternal project as shown by a composite mean and standard deviation of 4.085 and 0.971. Majority of the respondents agreed that women's awareness of the Linda Mama Maternal health project increases utilization of maternal services (Mean=4.728); dissemination of information to the general public by the government increases information resource of the Maternal service in public hospitals (Mean=4.631); misinformation about the maternal health project leads to negative perception of the project (Mean=3.842); and women's awareness of the benefits/importance of facility based deliveries increases hospital based deliveries (Mean=3.140). This implies that dissemination of information by the government creates information resource among women on the Linda Mama Maternal project which subsequently provides information on the project in terms of the services offered under the package and the requirements for registration. Consequently, women register for the NHIF cover enabling

them to access the services offered under the project. This effectively increases facility-based deliveries which in turn increases utilization of the Linda Mama Maternal project.

4.7 Regression Analysis

A multiple regression analysis was conducted to examine the impact of financial resources (X1), human resources (X2), medical facilities (X3), and information resources (X4) on the implementation of the Linda Mama Maternal healthcare Policy (Y).

4.8.1 Model Summary

The model summary shows how well the regression line explains the variation in the dependent variable, as presented in Table 4.14.

Table 4.14: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.914 ^a	.835	.829	.29946

a. Dependent Variable: Implementation of Linda Mama Maternal Health Project

b. Predictors: (Constant), Financial resource availability, human resource, medical facilities, Information resource.

From the determination coefficients illustrated by the model Summary in Table 4.14, there is a strong relationship between the dependent and the independent variable given that the Model has an R Squared Values of 0.835 and adjusted 0,829. This shows that the independent variables (Financial resource availability, Human resource, Health facilities and Information resource) account for 82.9% variation in the implementation of the Linda Mama Maternal healthcare Project.

4.8.2 Analysis of Variance (ANOVA)

The Analysis of Variance (ANOVA) was used to evaluate the significance of the regression model.

A one-way ANOVA was applied, and the results are displayed in Table 4.15.

Table 4.15: Regression of the ANOVA^a

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	49.357	4	12.339	137.601	.000 ^b
Residual	9.774	109	.090		
Total	59.132	113			

a. **Dependent Variable:** Implementation of Linda Mama Maternal Health

Project

b. **Predictors: (Constant),** Financial resource availability, human resource, medical facilities, Information resource)

The Analysis of Variance presented in Table 4.15 shows that the significance of the F statistics is 0.000 which is less than 0.05 and the value of F (137.601) hence the effects are statistically significant. This implies that all of the independent variables (Financial resource availability, human resource, medical facilities, and Information resource) have an effect on the dependent variable.

1.8.3 Co-Efficient of Correlation

A multiple regression analysis was performed to investigate the correlation between four independent variables and the implementation of the Linda Mama Maternal Project, as presented in Table 4.16.

Table 4.16: Co-Efficient of Correlation

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.343	.349		3.847	.004
	Financial resource availability	.907	.075	.806	12.039	.000
	Human resource	.521	.071	.158	2.394	.000
	Medical facilities	.542	.066	.176	3.416	.001
	Information resource	.436	.050	.043	.853	.004

a. Dependent Variable: Implementation of Linda Mama Maternal Health Project

The implementation of the Linda Mama Maternal Health Project is influenced by a number of factors, including financial resources, hospital staff, medical facilities, and information resources. The study used a linear regression model to investigate the relationship between these independent variables and the implementation of the project, represented by the dependent variable Y.

The model used in the study is represented by the equation: $Y = 1.343 + 0.907X_1 + 0.521X_2 + 0.542X_3 + 0.436X_4$. Where X_1 represents Financial resources, X_2 represents Hospital Staff, X_3 represents Medical facilities and X_4 represents Information resource. The results of the study, as presented in Table 4.16, show that while holding the independent variables constant at zero, the implementation of the Linda Mama Maternal Health Project is equal to 1.343. The study also found that a unit increase in financial resources leads to a 0.907 increase in the implementation of the project ($p=0.000$). Similarly, a unit increase in hospital staff leads to a 0.521 increase in the implementation of the project ($p=0.000$), a unit increase in medical facilities

leads to a 0.542 increase in the implementation of the project ($p=0.001$) and a unit increase in information resource leads to a 0.4362 increase in the implementation of the project ($p=0.004$).

It can be inferred from the study that financial resource availability has the most significant influence on the implementation of the Linda Mama Maternal Health Project, followed by medical facilities, hospital staff, and information resources. The study also found that all independent variables have a significant impact on the implementation of the project, as the p-values of all variables are less than 0.05 at a 5% significance level and a 95% confidence level.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMEDATIONS

5.1 Introduction

The chapter provides a conclusion that summarizes the key points and highlights the main findings of the research. The conclusion presents the study's main findings and their implications for maternal health. The chapter also offers recommendations for future research, based on the limitations and gaps identified in the study. It suggests areas for further investigation that would enhance the understanding of maternal health and contribute to the development of effective interventions. These recommendations are aimed at guiding future research in the field, and they can be used to inform policy decisions and improve maternal health outcomes.

5.2 Summary of the Findings of the Research Study

This chapter provides a conclusion that summarizes the key points and highlights the main findings of the research. The conclusion presents the study's main findings and their implications for maternal health, and it provides an overview of the research objectives and how they were met.

The chapter also offers recommendations for future research, based on the limitations and gaps identified in the study. It suggests areas for further investigation that would enhance the understanding of maternal health and contribute to the development of effective interventions. These recommendations are aimed at guiding future research in the field, and they can be used to inform policy decisions and improve maternal health outcomes.

5.2.1 The influence of financial resource on the implementation of Linda Mama Maternal Health project

Findings show that financial resources influences the implementation of Linda Mama Maternal Health Project. The abolition of user fee has increased the number of hospital deliveries (Mean=4.149) which ensure the safety of the mothers and the newborns effectively reducing the risk of maternal and neonatal deaths. Therefore, reimbursement of adequate amount of money is

required to cater for all expenses incurred in the provision maternal health services (Mean=4.342) and to procure appropriate equipment and adequate supplies (Mean=4.701). These reimbursements must be made on time to proper planning of provision of maternal services (Mean= 3.903).

Findings of the study also established that 82% (74) were on the view that public hospitals in Kitui County receive inadequate funds which are often affected by delayed reimbursements while 18% (16) felt that public hospitals in Kitui County receive adequate reimbursements which are processed and paid on time.

This means that reimbursements for expenses incurred in the provision of maternal health service are lower in comparison to what is incurred in providing maternal health services. Hence the amount reimbursed is not adequate to cover all the maternal health services and provide the required supplies. Delayed reimbursements mean that public hospitals do not get time to properly plan for the provision of services.

5.2.2 The influence of human resource on the implementation of Linda Mama Maternal Health project

Human resource influences the implementation of the Linda Mama Maternal Health Project given that skilled human resource is needed to provide quality maternal health services to mothers (Mean=3.921) while expert human resource is required to handle complications emerging out of the deliveries (Mean=4.758). Hence adequate human resource s required to ensure pregnant mothers are attended to appropriately and on time (Mean=4.658).

The findings further established that there is a variety of qualified human resource in public hospitals specializing in essential fields in maternal health in Kitui County such as surgeons, doctors, nurses and pediatrician. However, there is a shortage of doctors and absence of surgeons in Sub County hospitals. The problem is further worsened by the increased number of hospital

deliveries without a corresponding increase in essential staff. This has resulted in a high workload where a nurse attends to 9 mothers in a day at level four hospitals and 15 mothers at level 5 hospitals. There are also delays in attending to mothers where they have to wait between 15-30 minutes before a nurse can attend to them. This compromises their ability to provide quality maternal services.

5.2.3 The influence of medical facilities on the implementation of Linda Mama Maternal

Health project

Findings of the study established that medical facilities influence the implementation of the Linda Mama Maternal project. Medical facilities such as incubators, theatres and laboratories are required to provide specialized to newborns and mothers (Mean=4.754) while ambulance services are required to provide emergency services as a result of complications arising during deliveries (Mean= 3.859). However, the high number of women seeking maternal health services have strained hospital facilities reducing the quality of services (Mean=4.657).

It was further established that public hospitals in Kitui County had essential medical maternal medical facilities required to provide quality services such as wards, be, theatre, incubators, and ambulances. However, there is a shortage of ultra sound machines which are available in 40% of the public hospitals. This means that imaging of the pregnancy to determine the sex of their children and position of the baby can only access this service at Kitui Level Five Hospital. Even though public hospitals in Kitui County have essential medical facilities required to provide maternal health services. There is a shortage of maternal beds which is aggravated by the influx of women following abolition of user fee resulting in congestion.

5.2.4 The influence of information resource on the implementation of Linda Mama

Maternal Health project

Findings of the study established that information resource influences the implementation of Linda Mama project. Dissemination of information by the government creates information resource among women on the Linda Mama Maternal project (Mean=4.631) creating awareness in terms of the services offered under the package and the requirements for registration (Mean=4.631). Consequently, women register for the NHIF cover enabling them to access the services offered under the project. This effectively increases facility-based deliveries (Mean=3.140) which in turn increases utilization of the Linda Mama Maternal project (Mean=4.728). However, misinformation about the maternal health project leads to negative perception of the project (Mean=3.842).

Findings of the study further established members of the public particularly mothers were largely aware of the Linda Mama Maternal project as seen in the influx of pregnant women seeking maternal health services and the high number of facility-based deliveries in Kitui County. Majority of the pregnant mothers (77%) obtained their information through adverts laced by the government in mainstream media followed by information from Community Health volunteers & posters (13%) and human resource (10%). Availability of information increases chances of utilizing maternal services.

5.3 Conclusions of the Study

The study concludes that:

The abolition of user fee has increased the number of hospital deliveries ensuring the safety of the mothers and the newborns. Therefore, effective implementation of Linda Mama requires that

adequate and timely reimbursement of finances to cater for all expenses incurred in the provision maternal health services, to procure appropriate equipment and adequate supplies and for proper planning of provision of maternal services. However public hospitals in Kitui County receive inadequate funds to cover all the maternal health services and provide the required supplies. The funds are delayed affecting the ability of hospitals to properly plan for the provision of maternal health services.

Adequate, skilled human resource is required to provide quality maternal health services, handle complications emerging out of the deliveries and ensure mothers are attended to appropriately and on time. However, the high number of women seeking maternal health services affected the ability of human resource to provide quality. Even though there is a variety of qualified human resource in public hospitals in Kitui County, there is a shortage of human resource resulting in a high workload and delays in attending to mothers which compromises their ability to provide quality maternal services.

Adequate and essential medical facilities are required to provide quality maternal services and specialized and provide emergency services as a result of complications arising during deliveries. Even though public hospitals in Kitui County had essential medical maternal medical facilities, these facilities are not adequate in proportion to the number of women seeking maternal services particularly maternal beds resulting in congestion and sharing of beds which increases the risk of infectious diseases putting the health of women and newborns at risk.

Dissemination of information by the government through mainstream media creates information resource among women on the Linda Mama Maternal project effectively increases facility-based deliveries ensuring the safety of pregnant women and their newborns reducing the risk of maternal and neonatal deaths.

At 5% significance level and a 95% confidence level, financial resource availability, human resource, medical facilities and information resource significantly affect the implementation of Linda Mama Maternal project. Financial resource availability has the most influence on the implementation of Linda Mama Maternal project followed by medical facilities, human resource and information resource.

5.4 Recommendations of the Study

Based on the findings of the study, the researcher makes the following recommendations:

1. The study recommends that National government allocates more resources to the ministry of health in line with its commitment of 15% of the national budget under the Abuja declaration of 2001. This will ensure adequate reimbursements of expenses incurred in the provision of maternal services. This would enable public hospitals to provide all the services under the Linda Mama Maternal project. There is also need to ensure timely reimbursements to ensure proper planning for provision of maternal services and procurement of necessary supplies.
2. The National and County Government prioritizes the human resource of public hospitals to address the shortage of human resource particularly doctors and nurses and ensure that the influx of women seeking maternal health services corresponds to the hospital staff. This ensures availability of adequate human resource to provide quality, reduce workload and ensures mothers are attended to promptly.
3. The government through the Ministry of Health should ensure the availability of adequate, appropriate and functional maternal medical facilities in all public hospitals. Availability of these facilities in all hospitals will address the shortage of medical facilities in lower level hospitals and reduce congestion. There is also need to ensure the procurement of

medical facilities is timely and tailored to the local needs of hospitals as these are critical in maternal health services delivery.

5.5 Suggestions for Further Research

1. There is need to undertake a similar study on the factors influencing the implementation of maternal projects in other counties in Kenya and in private hospitals.
2. There is also need to undertake a study on social cultural factors influencing the implementation of Linda Mama Maternal Project.
3. There is also need to investigate how factors relating to pregnant mothers affect the implementation of maternal health services.

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APPENDIX I: RESEARCH QUESTIONNAIRE

Questionnaire for Human resource

Instructions: Please complete the following questionnaire appropriately (Tick on the space provided and write on the provided space where applicable).

SECTION A: BACKGROUND INFORMATION

1. Name of the hospital _____
2. What is your gender?
Male
Female
3. What is your education level?
Certificate level
Diploma level
Degree level
Post graduate level
Other Specify
4. What is your professional specialization?
5. How many years that you have worked in this hospital?

- 5 years ()
- 6-10 years ()
- 11- 15 years ()
- 16 years and above ()

SECTION B: AVAILABILITY OF FINANCIAL RESOURCES

- 6. Is the amount reimbursed by the NHIF under the Linda Mama NHIF Cover adequate to cover Antenatal visits/, admission fees, hospital Deliveries, obstetric ultra sound, postnatal /visits (hospital after giving birth, and emergency transportation to referral hospitals? YES [] NO []
- 7. What is the effect of inadequate reimbursement on the provision of maternal health services?
.....
- 8. Are the reimbursements made on time? YES [] NO []
- 9. If NO, what are the effects of delayed reimbursement on the provision of maternal health services?.....
....
- 10. Please indicate the level of your agreement on the following statements on funding of Linda Mama Maternal health services in public health facilities which are measured in the Likert scale of 1-5 where 5 = Strongly Agree, 4 = Agree 3=Neutral 2= Disagree and 1 = Strongly Disagree

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The abolition of user fee has increased the number of hospital deliveries					
Reimbursement of adequate amount of money ensures that all expenses incurred in the provision maternal health services are catered for					
Timely reimbursement of expenses ensures proper planning of provision of maternal services					

Financial resources are needed to purchase appropriate equipment, employ adequate human resource and procure adequate supplies for maternal health services.					
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SECTION C: HOSPITAL HUMAN RESOURCE

11. What position do you hold in this hospital?

- Surgeon
- Doctor
- Nurse
- Pediatrician
- Laboratory technician

12. Is there adequate human resource to provide maternal health services to women in your hospital? YES NO

13. On average how many mothers do you attend to in this hospital?

14. What is the effect of inadequate human resource on the provision of maternal health services?
.....

15. Please indicate the level of your agreement on the following statements on hospital human resource funding in public health facilities which are measured in the Likert scale of 1-5 where 5= Strongly Agree, 4 = Agree 3=Neutral 2= Disagree and 1 = Strongly Disagree

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Skilled and experienced human resource ensures the provision of high quality maternal health services					
Adequate human resource ensures pregnant mothers are attended to appropriately and on time.					

Expert health providers are required to handle complications emerging out of the deliveries particularly caesarian section deliveries.					
The high number of women seeking maternal health services affects the ability of human resource to provide quality					

SECTION D: HEALTH FACILITIES

16. Are there adequate maternal health facilities/equipment to cater for the provision of maternal service? YES [] NO []

17. Indicate if the following facilities are available at this hospital:

- Ultra sound Machine []
- Theatre room []
- Laboratory []
- Ambulance services []
- Incubators []

18. What is the effect of inadequate maternal health facilities / equipment on the provision of maternal health services?

19. Please indicate the level of your agreement on the following statements on hospital facilities in public health facilities which are measured in the Likert scale of 1-5 where 5 = Strongly Agree, 4 = Agree 3=Neutral 2= Disagree and 1 = Strongly Disagree

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Adequate health facilities are required to provide quality maternal health services					

Incubators, theatres and laboratories are instrumental in providing specialized to newborns and mothers requiring special attention					
Ambulance services are required to provide emergency services as a result of complications arising during deliveries					
The high number of women seeking maternal health services cause strain on hospital facilities reducing the quality of services					

SECTION E: INFORMATION RESOURCE

20. Has the government done enough in creating awareness of the Linda mama Maternal health project? YES NO

21. What is the main source of information for patients on the Linda Mama Maternal services? Human resource Relatives posters TV Radio others

22. How does the lack of awareness by the public affect the Linda mama maternal health project?

23. Please indicate the level of your agreement on the following statements on information resource of Linda Mama maternal health project which are measured in the Likert scale of 1-5 where 5 = Strongly Agree, 4 = Agree 3= Neutral 2= Disagree and 1 = Strongly Disagree.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Women awareness of the benefits/importance of facility-based					

deliveries increases hospital-based deliveries					
Women awareness of the Linda Mama Maternal health project increases utilization of maternal services					
Dissemination of information to the general public by the government increases information resource of the Maternal service in public hospitals					
Misinformation about the maternal health project leads to negative perception of the project					

Appendix III: Interview Schedule - Nurse in-charge

1. Is the amount reimbursed for Linda Mama Maternal adequate to cater for the maternal health services provided in this hospital?
2. Are the reimbursement claims processed and paid on time?
3. How do inadequate and delayed reimbursements affect the provision of maternal health services in this hospital?
4. Do you have adequate human resource to provide maternal health services?
5. Are these staff adequately skilled in relation to the provision of maternal health services?
6. What is the nature of work load at the Maternal wing?
7. Does this hospital have adequate facilities to provide quality maternal health services?
8. If, No which facilities are inadequate or absent?
9. What is the effect of inadequate health facilities on the provision of maternal services?

10. Are the patients aware of the Linda mama maternal health services offered in public hospitals?
11. How does the hospital create awareness on Linda Mama health project?
12. How does creation of awareness affect utilization of maternal health services?
13. Has the introduction of maternal health services affected the quality of services offered in public hospitals?
14. What can be done to enhance effectiveness of the Linda Mama maternal health project?

Appendix IV: Questionnaire for maternal health beneficiaries.

1. Do you get awareness on availability of maternal health services?
2. What is the main source of information for mothers on the Linda Mama Maternal services?
Human resource [] Relatives [] friends [] TV [] Radio [] others.....
3. Has the government done enough in creating awareness of the Linda mama Maternal health project? YES [] NO []
4. How does the lack of awareness affect utilization of Linda mama maternal health project.....
.....
.....
5. Please indicate the level of your agreement on the following statements on information resource of Linda Mama maternal health project which are measured in the Likert scale of 1-4 where 4 = Strongly Agree, 3 = Agree 2= Disagree and 1 = Strongly Disagree

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
Women awareness of the benefits/importance of facility-based deliveries increases hospital-based deliveries				

Women awareness of the Linda Mama Maternal health project increases utilization of maternal services				
Dissemination of information to the general public by the government increases information resource of the Maternal service in public hospitals				
Misinformation about the maternal health project leads to negative perception of the project				