EXPERIENCE OF WOMEN SEEKING ANTENATAL CARE WITH FREE MATERNITY HEALTH CARE SERVICES - A CASE OF WOODLEY CLINIC, KIBERA SUB COUNTY, NAIROBI CITY COUNTY

BY

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A Research Project Report Submitted in Partial Fulfilment of the Requirements for the Award of the Degree of Master of Arts in Gender and Development of University of Nairobi.

2018

DECLARATION

This Research Project Report is my original work and has not been presented for a degree or any award in any university.

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N69/79915/2015

This Research Project Report has been submitted for examination with my approval as the university supervisor.

Dr. Geoffrey Muga ______________________ Date _______________________________

DEDICATION

This Research Project Report is dedicated to my late loving mother Yewagnesh Gilagzi (Public health nurse)

ACKNOWLEDGEMENT

I would like to express my appreciation to my supervisor Dr. Geoffrey Muga for his constructive criticism and support throughout this study.

I also wish to thank my husband Lawrence Monda for all his support especially taking care of our two young children during weekends when I am away from home to work on my project.

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LIST OF ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
CDF	Community Development Fund
FMHCS	Free Maternity Health Care Services
HDU	High Dependency Unit
IDI	In-depth Interview
IPTp	Intermittent Preventive Treatment of Malaria
ITNs	Insecticide Treated Nets
KII	Key Informant Interview
KDHS	Kenyan Demographic Health Survey
KNBS	Kenya National Bureau of Statistics
MDG	Minimum Development Goal
MMR	Maternal Mortality Rate
MNT	Maternal and Neonatal Tetanus
MOH	Ministry of Health
PMTCT	Prevention of Mother-to-child transmission
SDG	Sustainable Development Goal
STI's	Sexually Transmitted Infection
SP	Sulfadoxine -Pyrimethamine
TBA	Traditional Birth Attendant
UNFPA	United Nations Populations Fund
UoN	University of Nairobi
WHO	World Health Organization
WSAC	Women Seeking Antenatal Care

1.0. BACKGROUND TO THE STUDY

1.1 Introduction

Antenatal care refers to a woman's health during pregnancy period (WHO, 2016). Antenatal care not only seeks to ensure that the mother is not subjected to health or death risks but also ensure that the pregnancy results in safe and healthy delivery of a baby (Say et al., 2014). Improvement of maternal health was the fifth goal of Millennium Development Goals (MDG-5) and the third goal in Sustainable Development Goals (SDG-3) adapted by the United Nations member states whereby countries aspired to reduce maternal rates of mortality rates by (75%) by 2015(UNDP, 2008) and by the year 2030 respectively (UNSDG media, 2015).

Globally, an average of 1000 maternal deaths occurs every day from preventable causes and 99% of which occurs in the developing countries. Sub-Saharan Africa accounts for over 50% of these deaths (WHO, 2017).

High maternal mortality and morbidity rates have for long experienced in Kenya. According to (KDHS 2014), recent statistics puts the rate of maternal mortality at 362 deaths per 100,000 live births which exceeds the MDG proxy of 147 per 100,000 by 2015. A study by Bourbonnais, (2013) argues that for each woman who succumbs to death during child birth, the number of those who suffer serious disability or injury as a result of complications during delivery or pregnancy range from 20-30. A report by KDHS, (2014) puts the number of deliveries done in the country away from health care centres at 57% of total deliveries in the hands of the traditional birth attendants who lack the capacity to handle obstetric emergencies.

A key strategy of reducing both maternal and foetus morbidity and mortality is to improve and promote a "health facility centred child birth" where expertise of qualified and skilled health providers manages labor and complications plus availability of effective referrals systems for specialized care when needed (Filippi et al., 2006). In line with the 2010 constitution and vision 2030, the Kenya health sector formulated a Health Policy to act as a driver towards the attainment of long-term goals. The main goal of this framework is attainment of the highest possible health care standards in the most responsive way. This goal will be achieved through advocating for equitable, high-quality and affordable health and related services (KHSSP 2014). However, the major reason why most mothers seek the services of TBA has been described as the perceived quality of care they offer. Pain relief through massaging during labor, politeness and providing hot drinks after delivery has driven most expectant mothers to the TBA's. Social, financial, geographical and cultural barriers to health care access in these facilities have significantly resulted to maternal morbidity and mortality (Kitui et al., 2013).

In addition to providing free Antenatal Care (ANC), the public health sector should also focus on quality of care by adopting the Donabedian model's measurement categories structure, process and outcome which demonstrate the different attributes of healthcare services (McDonald et.al., 2007). Through this the health sector may realize increased health facility deliveries and improved patient outcomes. In respect to ANC, this includes the number, skills, training and development of the health work force, the number of equipment available, functional and in use, the laboratory testing capabilities, availability and stock out of important medical supplies and referral capabilities.

The ultimate goal of free maternity health care is to achieve safe motherhood. Safe motherhood entails a series of initiatives, protocols, service and practices delivery frameworks that seek to ensure that women are given high-quality gynaecological, prenatal, family planning, delivery and postpartum care, to keep the mother, fetus and infant safe during pregnancy, birth and postpartum (UNDP, 2016). In addition, safe motherhood ensures that women receive the required health care and remain healthy during pregnancy and childbirth. This, therefore means attending to all aspects that put pregnancy at risk (Khisa, 2010).

To solve unfortunate tragedy that influences not only the women, but also their communities, families and entire society. In 1987, WHO in collaboration with other agencies initiated the Safe Motherhood Program (UNFPA and Engender Health, 2003). In 2004 the initiative was strengthened to form the Partnership for New Born Health and Safe Motherhood with the goal of improving the health new born babies and mothers, especially among most vulnerable population and mitigation of consequences of pregnancy-attributed injury, illness and death (UNFPA, 2005).

The international organisations concerned with women's health proposed interventions and strategies for reduction of maternal deaths which include:

- Family planning
- Antenatal care
- Obstetric care
- Postnatal care
- Post-abortion care
- Sexually Transmitted Infection/HIV control (WHO, 2017).

Providing solutions to the above these complex issues, depends on dealing with specific issues that determine whether women can get the required healthcare required - women's inequity, availability of health care and they get empowered to become self-spoken and change established behavioural patterns.

The free maternity health care services obviously attract upsurge of numbers of pregnant women seeking maternal healthcare services. This may potentially strain the health facilities in terms of physical infrastructure, human resource, and financial resources, thereby affecting the processes' compliance which may eventually affect the maternal healthcare outcomes. This study's objective explored the experience of women seeking ANC with free maternity health care services in Nairobi, Kenya. Findings provided a better understanding of the challenges in delivering quality care and form the basis of developing policies to support and sustain provision of up to the standard ANC with free maternity services.

1.2 Problem Statement

Improving women's maternal health is incorporated in the third goal out of the 17 interrelated SDG's adopted by the United Nations member states that included Kenya. These countries committed themselves to reducing the maternal mortality to less than 70 per 100,000 live births by the year 2030 (UNDP, 2015).

Before the year 2015 these goals were known as Millennium Development Goals (MDGs) which was adopted by the United Nations member states which also included Kenya. According to Bourbonnais (2013), Kenya is among the countries with the highest maternal death instances with maternal mortality ratio of 362 per 100,000 live births.

Taking in to consideration the above and to address the obstacle women meet and to increase access to ANC in the public health facilities, the Kenya Government introduced the free maternity healthcare services on June 1, 2013 through a presidential directive.

Since the introduction of free maternity health care services in government hospitals health care facilities in Kenya, fewer studies, if any have been done to explore the experience of women who are seeking ANC with free maternity health care services in Kenya. Therefore, there is need to understand the experiences of women who are seeing ANC with free maternity health care services.

The introduction of free maternity services (FMS) increased the access to maternal services but the health care systems were not strengthened and thus lowered quality of care and lack of trust in the system. There is therefore the need to undertake a study to establish the quality level of FMS since its introduction.

The introduction of the FMS recorded a 22% increase in maternal services' utilisation (MOH 2015). There was minimal input of new physical and organization resources from the government before and after the implementation of the FMS. This may have compromised the quality of the maternity care due to the utilization of the available resources at the hospital level and this could have undermined the MOH health sector strategy of lowering the MMR through increased health facility based deliveries.

The study sought to answer the following research questions:

1. What are the types of services provided to women who seek ANC under Free Maternity Health Care Services (FMHCS) at Woodley Clinic?
2. How do the services provided at Woodley Clinic meet the needs of women who seek ANC under Free Maternity Health Care Services (FMHCS).
3. What are the challenges faced by Woodley Clinic in its strive to meet the needs of women who seek ANC under FMHCS?

1.3 Objectives

1.3.1 General Objective

The general objective was to explore the experience of women seeking ANC with FMHCS in Woodley Clinic, Kibera Sub County.

1.3.2 Specific Objectives

1. To describe the services provided to women seeking ANC services under FMHC services at Woodley Clinic, Kibera.
2. To establish the extent to which FMHC services meet the needs of women seeking ANC at Woodley Clinic .
3. To identify the challenges Woodley Clinic faces in meeting the needs of women who are seeing ANC under FMHC services.

1.4. Assumptions of the Study

1. Women receive multiple FMHC services including ANC at Woodley Clinic.

2. The ANC services provided under FMHCS at Woodley Clinic meets the needs of women who seek ANC services.

3. There are facility based challenges in the provision of FMHCS to women who are seeking ANC at Woodley Clinic.

1.5. Justification of the Study

The findings of this study aid in improving delivery of FMHCS to women who are seeking ANC at the public health facilities by taking in to consideration the standards of ANC delivery models to women who are seeking ANC especially in Kibera, Woodley estate where the study carried out.

The findings of this study add to other academic studies that have investigated the underlying causes of maternal mortality in Kenya. The study also provide useful information to humanitarian/philanthropic organizations to organize resources and direct funds where it is critically needed in the maternal health sector. Given the lack of resources on implementing free maternity health care services, the study provided information to the ministry of health and other interested stakeholders on the area which needs primary attention on achieving standard of quality in free maternity health care services.

The study provided information and can be an input to the donor community interested in funding this and other similar projects. In addition to this, the study gave feedback to the county government body which is responsible for monitoring and evaluating the free maternity health care program in the county.

1.6. Scope of the Study

The study explored the experience of women seeing ANC with free maternity health care services at the Woodley Clinic hence it focused on government institution only. Specifically, it

looked at the ANC needs of women and the specific issues they have been facing while seeking FMHC services.

The study was conducted in Nairobi and was based on the experiences and opinions of participants to deduce the societal perception on the impact of free maternity health care services.

The study was guided by Anderson health care utilization model and, was cross-sectional and exploratory in nature. This is likely to limit the generalizability of the findings, but the study yielded rich qualitative data which can be used by other researchers to replicate the study in other health facilities.

1.7 Limitation of the Study

The main challenge was respondents' reluctance to provide information due to fear that that information provided may be used against them. This was mitigated by ensuring the informants are assured of remaining anonymous during reporting. The study was limited to time and financial cost required to carry out comprehensive study on ANC services with FMHCS in Nairobi county. This was mitigated by centrally focusing on Woodley clinic as it is capable of providing all data needed for this study.

1.8 Definition of Key terms

ANC: Antenatal care is the care women receive from healthcare professionals during their pregnancy. This care can be provided by a team that can include a doctor, a midwife, and usually with a doctor who specializes in pregnancy and birth (an obstetrician).

Free maternity health care program: A program focusing on non-payment for services offered to mothers i.e. antenatal, delivery and post-natal services.

Maternal mortality rate: The number of registered maternal deaths due to birth- or pregnancy-related complications per 100,000 registered live births.

Free antenatal care: A project focusing on non-payment for preventive healthcare with the aim of providing regular check-ups that allow midwives and doctors to treat and prevent likely health problems during pregnancy while encouraging healthy lifestyles that benefit both the child and the mother.

Maternal Mothers: In this study, mothers referred to females aged 18 years and above who delivered baby/babies. They comprised the population of females in the child-bearing age who had used free maternity health care during pre and post pregnancy in government facilities.

Safe motherhood: This encompasses several initiatives, protocols, practices and service delivery guidelines that seek to give mothers high-quality gynaecological, prenatal, family planning delivery and postpartum care, to provide the best health for the mother, foetus and infant at the time of pregnancy, childbirth and postpartum.

2.0. LITERATURE REVIEW

2.1 Introduction

The literature review provides the context of free maternity health care in Kenya as compared to other African countries and the world. This chapter discusses the issues of free maternity health care in Kenya and efforts that have been made by various stakeholders for its success and sustainability.

The chapter further analyses the socio-economic advantages/benefits and limitations of free maternity health care. The chapter also presents literature on quality investments in the health sector. Finally, the chapter presents the theoretical framework that will be used and its relevance to the study.

2.2 Free Maternity Health Care in Kenya

The government of Kenya in collaboration with the ministry of health have in the recent years formulated various initiatives to address different challenges experienced in the health sector and overall reproductive health in particular (MoH, 2005).

The government made a milestone on June 1, 2013 by introducing Free Maternity Services in a function that was flagged by the president. The main goal of this program was to offer skilled delivery services countrywide and thus reduce infant and maternal mortality (MOH, 2015).

Kenya has for long experienced high mortality rates and maternal morbidity. The latest statistics on the maternal mortality rate stands at 362 deaths per 100,000 live births (KDHS 2014) which exceeds the MDG estimate of 147 per 100,000 as at 2015. It is estimated that for every woman who passes during childbirth in Kenya, another 20-30 women experience serious injuries or

disabilities as a result of complications resulting from pregnancy or delivery. The mortality rates have remained high despite recent advancements in other health indicators. This has been attributed to inaccessibility to quality maternal health services such as ante-natal, delivery, and post-natal services. Although a tremendous growth has been witnessed in the health sector infrastructure over the past decade, access to health facilities remains a challenge to most women who cannot facilitate maternal services or constrained by other factors from accessing quality care.

Ideally, only 44% of Kenyan births are delivered under the care skilled birth attendants which falls far below the 90% target of total deliveries as at 2015 (MoH, 2016). The rest are done by traditional birth (28%), friends and relatives (21%) and self-effort (7%) (KDHS, 2014).

2.3 Challenges facing the Free Maternity Health Care in Kenya

The Government's current allocation to health care is Sh. 95 billion. This constitutes to only 5.7% of total budget which is far below the 15% proposed in the Abuja Declaration by the Kenyan government (Kitui et al., 2013). This goes contrary to the Jubilee's manifesto that made a pledge to heighten the health budget to 15%. The current budget is actually a decline from (7.2%) in 2010, (6.1%) during 2011, and (5.9%) in 2012. It does not also meet the Ministry of Health's 2012 task force report of Sh. 217 billion three year health stimulus package (Ministry of Health and Sanitation, 2012).

Concerns have also been raised by doctors and several stakeholders regarding the Sh. 60 billion health allocation to county governments since the resources could be diverted to other priorities like salaries, infrastructure and development of local projects (Nicole, 2013).

In recent years, we have seen prolonged doctors and nurses' strike throughout the country's

government medical facilities as the salary and benefits did not meet the promised amount. This caused mothers to miss their scheduled ANC care which may lead to complication during delivery.

The mandate of health care sector is to promote accessible and accessible health care in Kenya. The government has initiated several strategies and policies that seek to strengthen Kenya's health care system. Some steps have been made to address the issue of equity such as reduction of user fees at local health care facilities, removal of maternity fee from all public facilities and development of health financing strategies.

There was a significant increase in the proposed allocation for health care from Ksh. 46.8 billion in 2013/2014 to 47.4 billion in 2014/15. However, these allocations fall way below the allotments of two previous financial years and thus it can be concluded that allotment for devolved health care functions is wanting. Despite the rather seemingly increasing budget allocation, its share of government's total budget remains constant at 4.5%, which fails to hit the Abuja target of 15%. Based on selected determinants, the sector's performance has indicated substantial variations over the past few years which could be attributed to reduced HIV prevalence rates, reduced maternal mortality rates and reduced infant mortality rates (Ministry of Health and Sanitation, Budget Guide 2014/15).

Kenya failed to attain the MDG 5 goal of 147 per 100,000 live births as at September 2015 (UNFPA, 2015). Nearly 37% of all maternal deliveries in Kenya happen outside health care facilities with most being undertaken under care of traditional birth attendants (TBAs) who lack equipment, knowledge and facilities to manage obstetric complications (Macro, 2010). A key strategy of reducing both feto-maternal mortality and morbidity is to improve and promote delivery at health facilities; where expertise of qualified and skilled health providers manages

labor and complications (Filippi et al., 2006). According to Muga et al., (2005), the government owns approximately 51% of the total health care facilities which has increased access to health care facilities by expectant mothers thus reducing feto-maternal morbidity and mortality.

2.4. Benefits of Free Maternity Health Care

According to the 2014 KDHS, less than half (47%) of pregnant women make four or more antenatal care visits and only 15% access antenatal care while in the first trimester of their pregnancy. The report adds that about half (52%) receive care before the 6th month of pregnancy (Barnet and Lesser, 2003). The median number of months of pregnancy at first visit is above the first trimester at 5.6 months.

Reproductive health education is information about women's reproductive health during pregnancy period in order to make informed decisions when to seek these services. Health education programs during antenatal clinic should educate women about sexuality, reproductive health, nutrition, malaria, family planning and HIV/AIDS etc. (WHO, 2017).

Tetanus vaccinations play a big role to maternal and neonatal health as tetanus has no cure (WHO, 2014). Tetanus is a devastating disease that claims thousands of lives. This disease is caused Clostridium tetani bacteria which release toxins that cause both maternal and neonatal tetanus (MNT). MNT has no cure and accounts for about 110,000 deaths annually in the Sub-Saharan Region. New born succumbs within seven days once infected. However, immunization of women during the child bearing age could be used for prevention of MNT or basic precautionary measures during delivery. The bacteria is transmitted when contact is created between the bacteria and dead tissues or broken skin for instance when an infant's umbilical cord

is cut (Burns and Groove, 2013). Lack of access to sterilized childbirth delivery tools, Poor hygienic conditions, limited access to health services and unhygienic practices increases the chances of contracting MNT during childbirth. Approximately 5% of neonatal tetanus cases are reported from well-structured surveillance systems. Therefore, deaths exceed the figures indicated. Africa bears I6 countries out of the estimated 28 countries with the highest numbers of MNT cases thus accounting for 90% global neonatal tetanus cases. These are Burkina Faso, Angola, Chad, Cameroon, DR Congo, Cote d'Ivoire, Ethiopia, Guinea Bissau, Ghana, Mali, Mauritania, Liberia, Niger, Mozambique, Senegal and Nigeria (WHO, 2014).

Free pregnancy supplements given in public hospitals include folic acid and iron. The World Health Organization (WHO) recommends daily iron and folic acid supplementation for pregnant women. The recommended daily dose is 60mg of iron, and 0.4 mg of folic acid. Doing so reduces the risk contracting a pregnancy invaded with neural tube defects, spina bifida, reduces the risk of having babies with low birth weight and iron defects. The supplements also reduce the risk of maternal anaemia (WHO, 2014).

According to Ong'ech (2009), most Kenyan prenatal care facilities offer physical care. These include measurement of blood pressure, height and weight. Vagina and cervix could also be tested to ascertain any form of abnormalities. Cervical cancer is tested using the pap smear test and changes in size of uterus and cervix helps and is useful in determining pregnancy stage.

Pregnancy related laboratory services are free in public hospitals. Many hospitals in Kenya have proper prenatal care facilities. The safety of the pregnancy is ascertained using Rhesus factor and Blood-blood type. Pregnant mothers are also unconditionally subjected to HIV tests to help

positive mothers to begin Prevention of Mother to Child Transmission program early enough. Urine test and STI tests is also conducted to ascertain whether the kidney or bladder is infected and all these practices are healthy for the development of the foetus (Stwart Witter, 2009).

2.5. Measurement of Quality Health Care

Quality attainment is a continuous and systematic process improvement and not a one day activity. Measurement, assessment and improvement are three primary quality management activities. The Healthcare organizations track structures of care (Settings) processes of care delivery and care co-ordination health outcomes performance through various measurement activities to gather information about the quality of patient care and support functions. The results are then evaluated in the assessment step and compared with the expected performance. If performance is acceptable, then continuous measurement is advocated to avoid deterioration and if not acceptable appropriate action is undertaken and then continuously measured to detect any improvement or none (Makimoto, 1999).

Structural measures evaluate the organizational and physical resources put in place to support the delivery of health care and thus and indirect performance measure. Health of the workforce is a major organizational resource. According to KHSSP (2014), the health workforce is described as the summation of all individuals engaged in actions that basically seek to improve health. Maternal care quality level is could be measured using maternal morbidity and mortality. Sri Lanka is a small nation that has achieved high success in the reduction of maternal morbidity and mortality rates. The introduction of free maternal healthcare services and facilitation of facility deliveries with skilled birth attendants' supervision has significantly reduced mortality associated

with birth. According to (Haththotuwa et al., 2012), approximately 98% of deliveries take place in health facilities with the aid of skilled birth attendants.

The promotion of facility based deliveries under skilled birth attendants also requires major investment in the physical infrastructure. Availability of operating theatres, wards to avoid bed sharing and general clean environment will improve the quality of care. Quality of maternal healthcare services also requires availability of functional equipment. These include radiological obstetric ultrasounds, Doppler scans and laboratory testing capabilities including blood transfusion. Quality of maternal healthcare services require an effective and efficient referral system with necessary logistical support provision such as mechanically sound and equipped ambulances, drivers, fuel and communication channels.

Others include equipped operating theatres, intensive care units and medical waste disposal capabilities. In respect of maternal healthcare, these include the available and use of standard clinical guidelines and protocols to manage obstetric complications such as haemorrhage, pre-eclampsia and sepsis. The availability and use of pantographs to monitor progress of labour, use of infection prevention protocols and maternofoetal clinical audits are also important process measures. Measures of outcomes evaluate the results of healthcare services the effect of structural and process (Spath, 2009). In respect to maternal healthcare, these measures include the maternal death rates, number and types of complications, the average length of inpatient stay and customer satisfaction or patient experience. The recent implementation of the free maternal healthcare services in the Kenyan public health facilities was a top-bottom policy directive. Availability of adequate numbers of functional and in use equipment that are easily accessed. Availability of adequate essential supplies to support quality patient care is paramount.

Laboratory tests support to make diagnosis and patient progress including the availability of blood and blood products especially in emergency situations. Health workers are a key component of structural measures that includes the training and development, skill mix, adequate numbers, for example nurse to patient ratio. A de-motivated and overworked healthcare workforce will affect the quality of care. The availability of all these resources must be evaluated against the expected standards (Kitui et al., 2013).

Governments through the relevant ministry responsible for healthcare or/and the medical professional organizations have developed clinical practice protocols and guidelines. These guidelines and protocols are described as systematically developed structures that aid patient and practitioners' decisions regarding suitable healthcare for selected clinical cases (Institute of Medicine, 1990). Guidelines and protocols are important to health care quality improvement since they can reduce variations in practice and change physician behaviour to promote use of interventions supported by the best evidence available based on current medical research and professional consensus (Spath, 2009). Adherence to these clinical protocols and guidelines is a vital measure of quality of health care.

In Kenya, the ministry of health in collaboration with other stakeholders such as private sector players and universities are responsible for formulation of national clinical guidelines and protocols. National clinical guidelines exist in the maternal health care sector on the management of postpartum haemorrhage, puerperal sepsis band eclampsia which are the main causes of maternal morbidity and mortality (WHO, 2017).

Proper patient management requires proper documentation of patient history i.e. complains, technical examination findings, treatments given or procedures performed, investigations ordered and results and any encountered complications. Measurement involves evaluation of efficiency of this documentation such as filling informed consent, use of photograph and compliance forms Complying to these protocols and clinical guidelines are a true quality care measure. Outcome measures to determine the efficiency of healthcare services in terms of processes and structure. These are complications (morbidity) and patient mortality (deaths) rates to seek room for improvement.

Healthcare services' utilisation could also be established using outcome measures such the average cost of treatment and as the average length of hospital stay. More emphasize on patient-cantered healthcare has led to measurement of different patient experiences. This model was applied to execute the first assessment Kenyan FMS in Sep 2014 (MOH, 2015).

2.6 Theoretical Framework

2.6.1. Health Care Utilization Model

The Andersen's Health Care Utilization Model advanced in 1960 argued that individual access to health services is a prerequisite of factors which impede or enable use, their predisposition to use services and need for care which provides a way of conceptualizing these variations in consumption and utilization of medical resources. This model splits the use of services into three main components: need, predisposing and enabling factors. Need factors account for most variations in physician use including perceived health care needs of an individual and health status indicator. Factors such as self-reported number of symptoms, restricted activity, activities of daily living and number of bed days are part of perceived need for health care of the patient.

Finally, predisposing factors include socioeconomic status, demographic variables, beliefs and attitudes. Even though this model predicts use of services, predisposing factors might be necessary but not sufficient enabling resources. From this perspective, assuming the presence of enabling and predisposing conditions, the subject should perceive illness as a need for health services' utilisation. Perceived includes different aspects such as perceived health, overall quality of life, depression, psychosocial distress, daily living undertakings and other psychological variables were huge predictors of physician visits and hospitalisation (Andersen, 1960).

2.6.2 Relevance of the Theory to the Study

Health behaviour model is relevant because of its connectedness to this study and the objectives. The study views free maternity health care as a postulate with different components; it is a strategy devised to reduce maternal mortality rate by addressing the real issues by providing free maternity health care services to create success in reducing the number of deaths because of shortage of financial resources to seek for professional medical assistance and support during pregnancy and pregnancy and child delivery.

For the government to effectively implement free maternal healthcare services, it requires political goodwill for allocation of more resources to health ministry. The Kenyan government and international bodies have records of the number of women who succumb to birth related causes standing at over 500,000 women which translates to one woman per minute is dying somewhere from this preventable cause (Nicole, 2013).

Out of the 17 interrelated Sustainable Development Goal's number 3is incorporates reducing maternal mortality. Thus, implementation of free maternal health care will therefore help in

reducing deaths as more women will be able to do the required ANC and will give birth in hospital under the supervision of skilled birth attendants (Anderson, 1960).

2.6.3 Conceptual Framework

The focus of the study is to explore the experience of women seeking ANC with free maternity health care services taking into consideration the relationship between the dependent and independent variables; In this study, the independent variable being free maternity healthcare program whose indicators are free maternal health care which incorporates free antenatal care, free delivery care, free emergency services, free postnatal care. The dependent variable is maternal mortality rate whose indicators are number of successful deliveries, healthy mothers and number of healthy babies delivered.

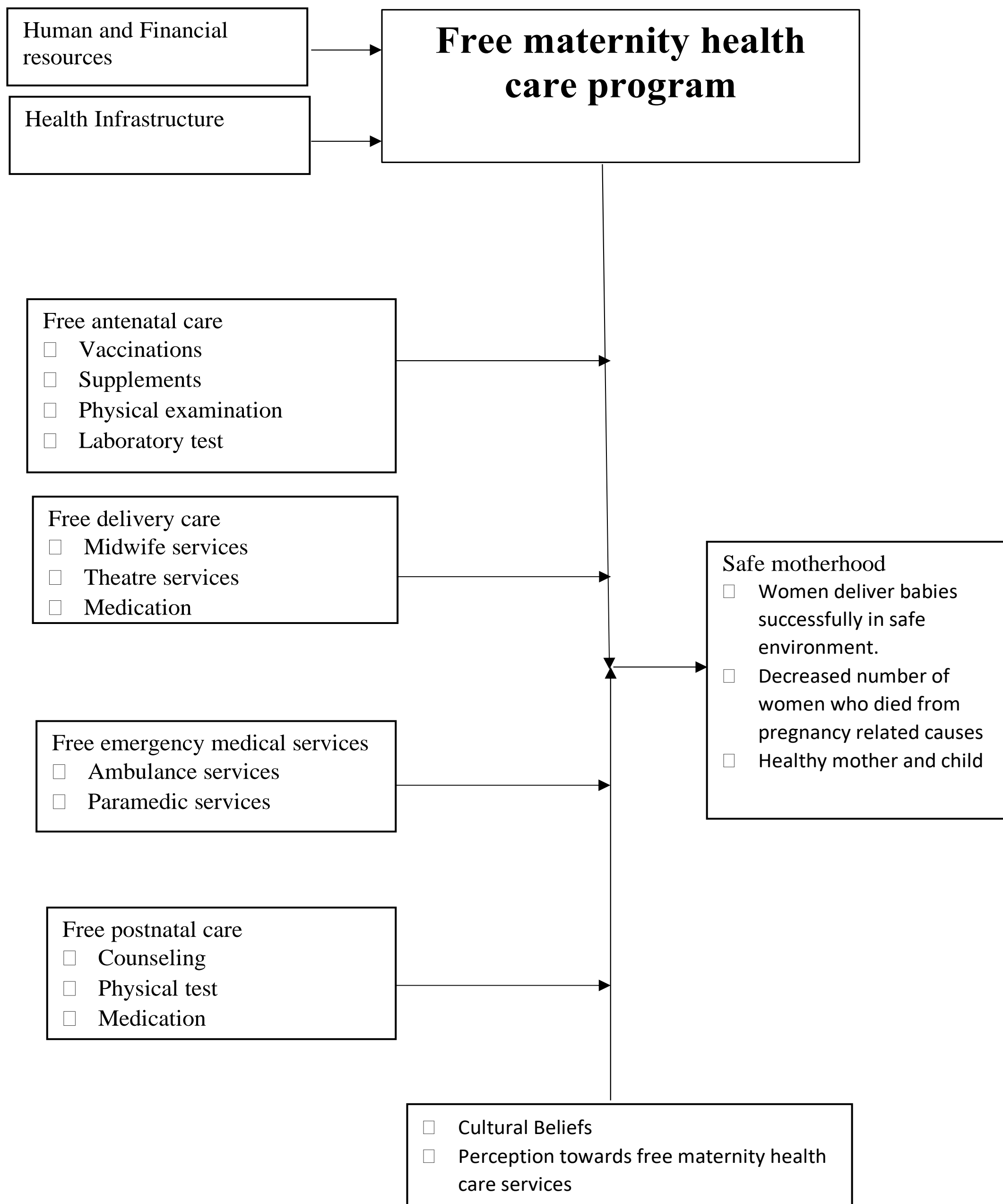

Fig 2.1 Conceptual Framework

3.0. RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research methodology. It provides information on the research site, research design, study and sample populations, and methods of data collection and data analysis.

3.2 Research Site

3.2.1 Location

The research carried out in Woodley Clinic which is located in Woodley estate Mugo Kibiru in Nairobi county, the capital city of Kenya which has a population of 3,138 369 of whom 1,533,139 are female and 1,605,230 are male. Out of the 1.5m female half of the women are in reproductive age group (KNBS, 2013).

Nairobi is located on the Nairobi River in the central highlands, in the south-central part of the country. The city lies on the central Kenyan plateau at an altitude of about 1,680m (Google, 2011).

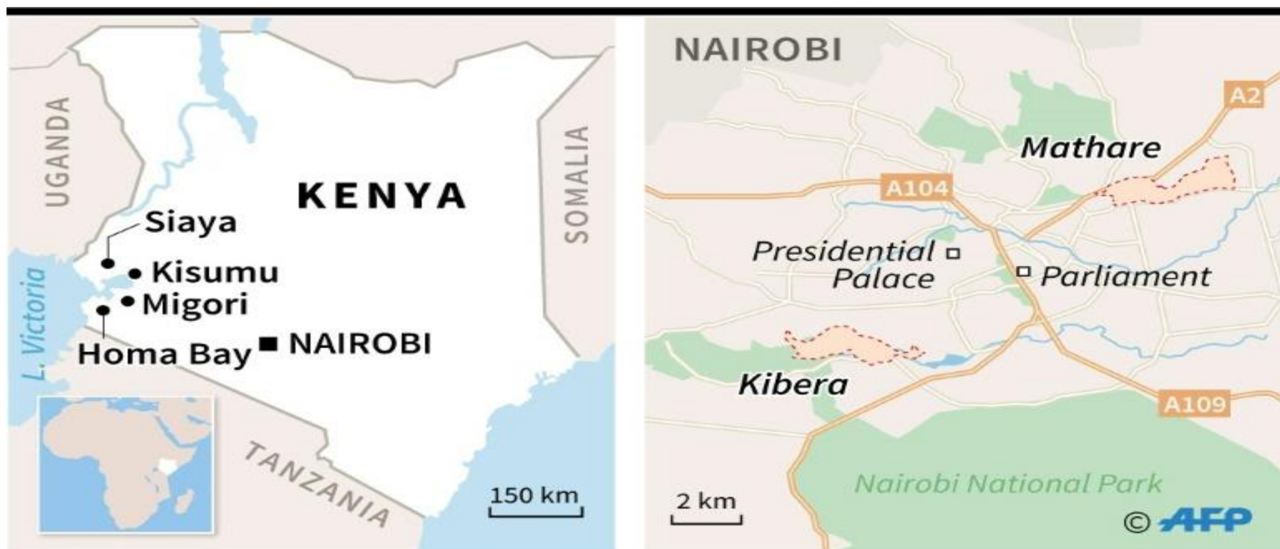

Figure 3.1: Map of Kenya Showing Kibera Sub County
Source (Google map, 2014).

3.2.2 Economic activities

Nairobi is now one of the most prominent cities in Africa, politically and financially, and has people from all aspects of life. The city commands the largest share of modern sector wage employment in Kenya and with basic minimum wage of Kshs. 9,461 in 2009 (KNBS, 2010:71-80). Most of the city dwellers earn their living from various informal employments.

3.2.3 Reproductive Health

Within the framework of WHO's definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life (WHO, 2017).

The maternity health care needs of Kenyan women are still not met. Nairobi has 45% of women some of which are not aware of contraceptives or free maternity health care or do not use any contraceptive in their reproductive health age (KNBS, 2010).

Maternity hospital caters for expectant parents'; the mother's and baby's health is monitored, maintained and optimized to ensure a healthy pregnancy, safe delivery and post delivery period. They helps to detect problems during pregnancy and arrest them so that they do not affect the health of the mother and baby (KNBS, 2010).

3.2.4 Education

Level of education is higher in Nairobi City County than in other parts of the country. For example, Nairobi has 15.4% attainment of secondary school education followed by Central Province which is at 5% (CBS et al., 2004). Academic level is useful interims of rating the perception of the informants in terms of understanding procedures and general knowledge of free maternal health care. The literacy level impacts on ability to engage in discussion on existing laws and access to information that impacts on women's life.

3.2.5 Health Facilities

Besides Kenyatta National Hospital which is a referral hospital, Nairobi has a total of 80 government health facilities all offering free medical services. These include Pumwani Maternity that offers free maternity services to mothers, Mama Lucy and Mbagathi Hospitals which have transitioned to the Nairobi County Health Services. Among the 80, there are 52 immunizing facilities, 38 centres offering curative services and three facilities which were built using CDF and have been handed over to the County Government. There are also special clinics offering diabetes treatment, elderly and epilepsy clinics.

The County Government has made investments in upgrading Pumwani maternity hospital. Increased the number of ambulances at the maternity, digitization of birth records, a first in Kenya, and the construction of a High Dependency Unit (HDU) and a third theatre which is in progress. A borehole is also sunk which will provide clean water.

The county government partnered with the University of Nairobi to develop a new design for the construction of a new 150-bed facility with 4 theatres at Pumwani to enhance the free maternity services provided.

3.3. Research design

The research design was cross-sectional and descriptive. In the study, qualitative data collection methods were employed to address the stated research questions. Specifically, data was collected using semi structured interviews, case narratives and key informant interviews.

The study started by conducting semi structured interviews with informants who are seeking FMHC services. Case narratives was also included to give detailed experiences of the women

who are seeing ANC with FMHS. Once information collected using semi structured interviews and case narratives, key informant interviews was conducted to bring expert opinions on the objectives of the study but also to clarify some of the issues raised by women who seek ANC with FMHCS.

The data which was collected was translated then transcribed. Thematic analysis was followed in line with the specific study objectives. In the presentation, verbatim approach was adopted, to amplify the informants' voices direct quotations was used.

3.4. Study Population and Unit of Analysis

The study population consist of women seeking ANC of reproductive age and attending free maternity health care services varying from 18-45 years in Nairobi City County. The individual woman who attended ANC with free maternity care were the unit of analysis.

3.5. Sample Population and Sample Procedure

A total of 21 women were conveniently selected from Woodley Clinic for the study. Those who are available and willing to take part in the study were recruited as study participants. The inclusion criterion was limited to only those who seek ANC under FMHCS at Woodley Clinic.

To get key informants' input, three key informants were purposively selected for interviews based on their work with FMHCS two from the Woodley Clinic, one from the county health bureau. The informants to case narratives; numbering two were purposively drawn from Woodley clinic. They were sampled based on the length of time they have been using FMHCS, their experience during the encounters they have had with public health facilities while seeking ANC with FMHCS and their willingness and availability to delve more in to discussing FMHCS at Woodley Clinic, Kibera Sub County.

3.6. Methods of Data Collection

3.6.1. Semi-Structured Interviews

Semi-structured interviews were conducted with 21 women in Woodley clinic. The method was important in digging out data from the women on their experiences of ANC with FMHCS. The semi structured nature was important in probing deep in to the specifics of their experience.

3.6.2. Key Informant Interviews

These were semi-structured interviews which were carried out with health professionals amongst them: the head nurse, the nursing officer of Woodley clinic and the district medical officer of health, Langata district.

Key informant interviews were conducted to collect expert information from professionals who have had direct or indirect engagement with women who experienced ANC with free maternity health care. These key informants shared their experience and the challenge that they face in delivering free maternity health care.

3.6.3. Case Narratives

Some of the women who seek ANC with FMHCS longer than others and may have multiple experiences. The case narrative carried out with two women who were willing to discuss more about their experiences with FMHCS. Basically, the narrative focused on the experiences of women who seek ANC with FMHCS.

3.7. Data processing and analysis

Data was obtained from interviewees using audio recording which was then transcribed into word document. This was cleaned for analysis. Qualitative data was analysed using thematic

content analysis technique. The themes were grouped and then analysed to reveal how they answer the research questions.

3.8. Ethical Consideration

A clear explanation of the purpose of the study was given to all informants. A written and informed consent obtained from each informant before, during and after data collection. Strict confidentiality and anonymity were ensured and maintained. All referrals to persons is anonymous. The study will adhere to the principle of ensuring no harm to the informants.

Obtained authorization from Lan'gata district health office since Woodley is managed under Lan'gata district. Also obtained authorization from department of Human Resources Development.

4.0. EXPERIENCE OF WOMEN SEEKING ANC SERVICES WITH FREE MATERNITY HEALTH SERVICES

4.1 Introduction

This chapter presents findings of the study that has been analysed from the research questions. The purpose of the study was to find out the experiences of women seeking antenatal care with free maternity health care services.

A total of 24 respondents were interviewed. Out of the 24 respondents, 21 were WSAC (Women Seeking Antenatal Care) at Woodley clinic. Two of them were health professionals from the same clinic and one from the district health bureau.

4.2 Demographic Information

The study sought to establish demographic information of respondents who attended ANC at Woodley clinic. These included age, educational level and marital status.

4.2.1 Respondents age

In the study, it was deemed important to understand the relationship between the age of women who are seeking antenatal care with FMHC and their experience in receiving FMHCS. The findings indicate that 19% of the women seeking antenatal care with FMHCS were aged between 15-20, 33% were aged between 21-25, 38% were aged between 26-30 and 10% were between age 30-40.

Below is a table (4.1) showing the age of the women seeking antenatal care with FMHCS and who participated in the study.

Table 4.1 Respondents Age

Age Category	Number	% of WSAC with FMHCS
15-20	5	19%
21-25	6	33%
26-30	8	38%
31-40	2	10%
Total	21	100%

The above table shows that a majority of the WSAC were aged between 21 and 30 years old (71%). This finding is corroborated by that of a key informant who expressed;

> *"Most of our clients are aged between mid-twenties and mid-thirties. This may be due to several reasons such as the believe that one is ready to take care of a family. However, whatever the reason, it is worth noting that most of our clients within active reproductive age" (KIR # 3).*

4.2.2 Respondents Level of Education

The education level of (WSAC) was important in the study so as to understand the level of knowledge of WSAC on the effects and benefits of FMHCS that they receive at the health facility as well as their perceptions on the quality of the services.

Table 4.2 Respondents Level of Education

Level of Education	Number	% of WSAC with FMHCS
Primary level	8	38%
Secondary level	6	29%
Tertiary level	7	33%
Total	21	100

As it is shown on the above table (4.2) most of the WSAC had primary level of education. Most of these women seemed not to be aware of the contents or packages of ANC even though they understood its benefits. Below are examples of responses they gave when asked to explain the types of services that they received at ANC clinics.

"They took HIV test, blood test and many other tests. I don't know what they call those tests" (WSAC #9 primary level of education).

"I was given a few drugs. I do not know what they are for but I know one of them was the blood booster drug and they also checked the movement of the baby in the womb" (WSAC #4 primary level of education).

Some of the women did not clearly understand the benefit of undertaking the laboratory tests requested by the nurses. Since the tests are not done at the Woodley clinic, most of them fail to go for the tests when they are referred to other clinics. One WSAC stated that when she had her second child she did not take the test as it was not available in the same clinic.

"I was given a paper to go and do some laboratory tests elsewhere however, I did not have the money and I did not understand why I should do it as I have seen other ladies having babies without undergoing these tests. I already did the HIV test here that is the most important one" (WSAC #13 primary level of education).

4.2.3 Marital status of the respondents

The marital status of the respondents is vital in knowing the support that they get from their partners in implementing the counselling and teaching that they received especially during HIV counselling, testing, health and wellbeing sessions during their pregnancy, child birth and post-natal visits.

"My husband brought me here when I was four months pregnant with our child and we both attended the health education and HIV sessions. Since then, he gives me money to buy fruit and vegetable as he is informed how balanced diet contributes for a healthy family" (WSAC # 8 tertiary level of education)

Table 4.3 Respondents Marital Status

Marital Status	Number	% of WSAC with FMHCS
Married	5	24%
Single	8	38%
Separated/Divorced	8	38%

As per table 4.3 most of the women who seek free ANC services are without partners (76%). Most of the women appreciated that the service is free. Those without partners found the free services cheaper since they solely rely on their own income for transport to the clinics. They mentioned that it would have been difficult to attend clinic every month or even four times before delivery since they cannot leave their income generating activities and spend a day or half a day every month to visit ANC clinic. If ANC was to be charged at a fee, it may not have been possible for most of the women to access the services considering that they are the sole bread winners for the family.

> *"I wouldn't be able to attend clinic leave alone every month even once if it were not free" (WSAC #1 single women).*

> *"In the current living condition, if it were not for free, I would have just gone to the hospital or clinic when my time comes to give birth. Even for delivery, I may have considered the option of using traditional birth attendants as I can pay them later when I get money. It is difficult to pay school fees, clothing and food then clinic every month or so would have been a burden" (WSAC #11 single women).*

4.3 Experience of women seeking ANC services with FMHCS at Woodley Clinic

All the women interviewed agreed that the ANC services provided at Woodley clinic are good. All emphasized the efficiency, that is service without delay and the general treatment by the health professionals who handled them with dignity and respect hence preferring the Woodley Clinic as opposed to any other FMHC clinics.

> *I was recommended Woodley clinic by my neighbour, at first, I was not sure if I wanted to come here as I imagine that all government clinics are all the same. But once I decided*

and come here, I found out that the service was good and it is much less congested than any other government clinics that I visited. The nurses are good, they talk to us in respect and they take time to educate us to the extent what we should eat how we should take care of ourselves and our children's health (WSAC # 7).

The above finding confirms that if the number of mothers who are being attended by the health professionals is manageable (with in the capacity of the health professional) the quality of the service being provided will be up to the standard. Health professionals will not be overworked and are in a good motivation level to serve the mothers who are seeking ANC services under FMHCS regardless of the amount of remuneration they get.

Each day, per average we attend eight (8) to twelve mothers. This gives us ample time to examine, evaluate, council, educate and do the required tests for each mother without any pressure or time constraint. The mothers are happy, relaxed and free to ask any question that they have. This gave us the freedom to entertain any questions and concerns the mothers have in related subjects (KIR # 2).

4.3.1. ANC Services provided under FMHC services at Woodley Clinic

Findings showed that women's descriptions about the services that were received focused on the experience on procedures, such as receiving injections or tablets, rather than their aim or purpose. Most women focused on palpation, receiving 'blood booster' tablets, injections, checking the position of the baby, checking the birth canal, checking the weight, checking blood pressure, health education and education of healthy eating; women were generally less familiar with other procedures, their purpose or the package to expect under ANC.

Antenatal care (ANC), along with family planning, skilled delivery care and emergency obstetric care, is a key element of the FMHCS package of services aimed at improving maternal and new-born health. In light of evidence from 2001 systematic review, the World Health Organization (WHO) began promoting a new model of ANC for low-income countries, moving away from the traditional model developed largely in the West. The updated model, based on 'reduced but goal-

orientated clinic visits' is the so-called 'focused' ANC, consisting of (at least) four visits to a health facility during an uncomplicated pregnancy (WHO 2016).

At Woodley Clinic, ANC services are provided with the help of four medical professionals from Monday to Friday 9:00 A.M to 5:00 P.M. Most of the time women visits the clinic in the morning hours. The clinic strives to provide most of the WHO recommended services Which are registration, provision of mother and child health handbook, provision of supplements, immunization physical examination and antenatal profiling.

Study findings indicate that ANC services provided under FMHCS includes several tests, injections and drugs that address a number of illnesses and conditions associated with pregnancy. Details are captured in the quotations below:

> *"We do the registration; enter them in the daily register, and do the measure of blood pressure, height, weight and also history taking, this includes previous pregnancies, whether she has been operated, any medical or surgical illness family history- whether there are non-communicable diseases like diabetes, hypertension, TB, or family history of twins. We also check if a mother has delivered through CS before, you would be keen with that mother. She must be near a theatre at the time of delivery, if the mother had a transfusion before you must be keen to maintain both the mother's and the child's health" (KIR #2).*

> *"We have to palpate the baby, how baby is laying, check any scar in the abdomen if the mother has ever been operated then the ascotation; It's listening to the heart of the baby. We also send these mothers for Ultra-sound to know the normality of the baby; to check if there is any abnormality, like the baby can have the cord around the neck which the Ultra-sound helps to detect. Therefore the baby cannot not die under CS . We also refer them for antenatal profile as we don't have that here" KIR #1"*

The above finding is supported by what was stated in the literature review section which was mentioned from Say; which states that antenatal care not only seeks to ensure that the mother is not subjected to health or death risks but also ensure that the pregnancy results in safe and healthy delivery of a baby (Say et al., 2014).

The findings of the research is also supported by Ong'ech (2009). Most Kenyan prenatal care facilities offers physical care. These include measurement of blood pressure, height and weight. Vagina and cervix could also be tested to ascertain any form of abnormalities.

Woodley has enough space for the ANC services that they are providing. Though they have all the laboratory equipment, they are unable to conduct the antenatal profile (laboratory test) due to lack of a laboratory professional.

> *Here, even if I appreciate that I do not have to wait to be seen by a health professional, they do not have all the services. If we are required to do laboratory test we are sent to another clinic (WSAC #5, 30-year-old).*

Even if at present they do not conduct the antenatal profiling at Woodley clinic, the health staff encourage and advise the women on the benefit of the test to them and their baby so as to make sure that they come back with the result in their next visit. The nurses give the mothers the list of clinics which conduct the test for free.

> *"ANC profiling entails HB tests; blood group; and the Rhesus factor; VDRL which is looking for Syphilis; we also do urinalysis which checks any bacterial infection; also we perform HIV test here in the facility and this happens in various stages during the first contact, then 4th visit at 3rd trimester. It is also done during delivery and 6 weeks after. Then we undertake preventive measures like for three years we have been discharging negative babies when the mother is positive; So long as the mother and the partner are given the right instructions, everything becomes easy" (KIR #2).*

> *"We also give the women Tetanus Toxoid which depends on the pregnancies; if the mother has had one child, she will only have one; if that is her first child she will have two, if this is the third child then she had already completed the dose she doesn't get any. They are also given Hypherus or Folic Pherus they are part of the package. It depends on the HB, ones one is introduced to it she receives them every month though we normally give it to all mothers regardless of the HB as the folic prevents abnormalities" (KIR #2).*

"We also correct Anemia and give health education. We educate the women on the danger signs of pregnancy and we also review their birth plan to know when the mother will deliver" (KIR #2).

Therefore, one of the key services provided at Woodley clinic is HIV testing and counselling. At Woodley, just as is the case in other FMHC facilities, HIV testing is not situational but one of the basic tests that is conducted to all the mothers with the consent of the women. The health professionals are trained by the University of Maryland on counselling.

"We normally also do counselling services. You can just tell even as one walks in and we are trained on how to asses if someone is stressed and needs counselling services, some even cry while talking to you but since the client trusts you, she will be open enough may be she says she was beaten up. Counselling just happens in the same room as clients enter individually. We therefore have a lot of time to talk to them. We also do mental assessment especially for those with HIV/AIDS you know at times the mental status is not ok. We talk to them, you know when someone is depressed, they can just enter here and keep quiet and look at you. Some are accompanied by their relatives. Others come while they are hot tempered. Mental assessment comes with the adherence counselling since there must be a reason as to why the client does not adhere to drugs. If the client doesn't take the drugs well the viral load will tell you. When it is suppressed the client is taking the drugs well, when it's high the client isn't taking the drugs well hence you try to find out the reason why. For example, does the Client hide the drugs because the house is full of people, is the client too busy? You have to know the cause and correct it" (KIR #2).

The current WHO recommended focused ANC package incorporates a range of interventions (Table 4.4). Clinical research investigating the contribution of components of ANC to improving maternal mortality is ongoing, but still ANC interventions have been shown to be effective for the detection, treatment or prevention of conditions associated with serious morbidity or mortality, monitoring of chronic conditions, anaemia, for example; screening for and treatment of infections, including sexually transmitted infections; prevention of mother-to-child transmission of HIV (PMTCT); insecticide treated bed nets (ITNs); intermittent preventive

treatment of malaria (IPTp) with sulfadoxine-pyrimethamine (SP) and maternal and neonatal tetanus (MNT).

Antenatal care is also viewed as an important point of contact between health workers and women and an opportunity for provision of health education including how to detect pregnancy complications – and development of a birth plan to ensure delivery at a health facility (Carroil G. et al., 2001).

Table 4.4 WHO recommended focused ANC package

Essential	**Situational**
Confirmation of pregnancy	HIV testing and counselling
Detection of problems complicating pregnancy (e.g. anaemia, hypertensive disorders, bleeding, malpresentations, multiple pregnancy)	Intermittent preventive treatment of malaria (IPT) and promotion of insecticide treated nets (ITN)
Respond to other reported complaints	Deworming
Tetanus immunization, anaemia prevention and control (Iron and folic acid supplementation).	Assessment of female genital mutilation (FGM)
Information and counselling on self -care at home, Nutrition, safe sex, breastfeeding, family planning and healthy life style	
Birth planning, advice on danger signs and emergency preparedness	
Recording and reporting	
Monitoring of progress of pregnancy and assessment of maternal and foetal well-being	
Syphilis testing	

Source: World Health Organization (2010) IMPAC Integrated Management of Pregnancy and *Childbirth WHO Recommended Interventions for Improving Maternal and New-born Health. Geneva: World Health Organization.*

The findings revealed that descriptions of the services received by the mothers under FMHCS focused on the experience of procedures, such as receiving injections or tablets, rather than their aim or purpose. Many women focused on palpation, receiving 'blood booster' tablets and injections and were generally less familiar with other procedures or their purpose (such as Intermittent preventive treatment IPTp).

All the mothers who were interviewed at the Woodley clinic stated that the reason why they are coming to this particular clinic even if they do not live nearby, is that they have heard or experienced the services and the health professionals are very good; the staff treats them with dignity and respect and the place is very clean.

> *"There is a close by clinic where I live but I chose to come here because I like the way they talk to me. In addition to this, I do not need to wake up early to be served early. Here I immediately see the nurses when I arrive without delay". (WSAC #21, 25-year-old).*

Because of the location of the clinic, the clinic doesn't have so many clients compared to other government clinics. The finding revealed that one of the contributing factors is its location. Woodley clinic is situated in Woodley estate where middle class government officials live. Most of the Woodley clinic clients come from the neighbouring Kibera slum and as far as Ngong.

> *"At Woodley we are four of us, we used to be five with the laboratory technician but the county bureau took the laboratory technician therefore now we are four of us. We see every month 100 plus women. We organize ourselves if one of us need to go for a training and if another one is feeling sick and unable to report to work. We manage to examine women as they arrive without a wait or delay. I think that is one of the reasons that we see women coming here as far as Ngong and Kwangware even if there are clinics nearby" (KIR # 2)*

4.3.2 Interaction with Health Professionals at the ANC Clinics

Almost all of the women described that most of the nurses and employees of government clinics, particularly those in ANC clinics are not receptive and friendly. They think that this is happening because the nurses serve a large number of mothers per day. This may be one of the reasons why government clinic staff particularly the nurses are reported in various media platforms as being always in a bad mood and not receptive.

> *"I have never met this person in my life before. But the minute I got into her office even before I sat down and before even looking at me she instructed me to lie down on the bed provided. I was so surprised that I did not expect to get such treatment from someone who is educated" (WSAC #7, 27 year old).*

Most of the mothers stated that they do not blame the nurses or the health professionals in other busy ANC clinics for such treatments as the health professionals in most of other ANC clinics remain overwhelmed every day. The number of women who seek for ANC service vis-a-vis the number of health professionals is not balanced. The below finding was revealed with the interview held with the third key informant interviewee who works in the district mother and child clinic.

> *"Every working day in average 500 women come to our clinic seeking ANC services, we have only 10 health professionals. If you take this in average every health professional is expected to see 50 women, this is a very huge number for one health professional per day. There are days that we return women back home without providing any service" (KIR #3).*

The above finding well supported by Makimoto, 1999 as stated in the literature review; When service is free, the demand increases and the quality of service will be compromised.

4.4. ANC services offered at Woodley Clinic under FMHS meets needs of women.

All ANC services listed on the mother and child health handbook are provided at Woodley clinic to the mothers during their ANC visits. The services provided are: provision of the booklet, registration, history taking, physical examination, provision of supplements, immunization and antenatal profiling.

The services provided at Woodley described by the mothers as follows: They gave us blood booster, told us to stand on the weighting scale, took our blood pressure, checked the babies position by pressing our stomach and checked the birth canal.

The interviewed mothers who had visited private clinics stated that the services that they receive at Woodley is the same as the one that they have received during their visit to the private clinics. The only difference between Woodley and other private clinics is that they are required to pay at the private clinics whereas at Woodley all the services are provided for free. Similarly, when they visit other FMHC clinics, they are expected to wait for a long period of time due to the large number of mothers seeking ANC services while at Woodley, they get the ANC service without delays.

The findings show that all the ANC services are being provided for free at Woodley clinic and the interviewed mothers and the key informants also communicated the same. The only glitch is that at Woodley they do not have the laboratory technician even if they do have all the equipment, the mothers are forced to visit other clinics for the same. As other clinics have many customers, some mothers opt to visit private clinics to beat the wait; therefore, they are required to pay for the test. Some mothers communicated that because of this reason they believe that the service is not 100% free.

4.4.1. Perceptions of WSAC on the quality of services provided at Woodley Clinic

The study found out that half of the women who visited the clinic every month are both regular clients and clients who have been visiting other ANC clinics. The latter category of women expects to be served as fast as possible and get the service and go back to their daily routine. It is found out that as ANC service provided to the mothers visiting Woodley clinic meets the expectation of the mothers in terms of the services being delivered on time; therefore, the clinic meets the expectations of the mothers in service provisions. This finding is important since it reveals that delay in service provision may actually deter some mothers from attending ANC clinic.

> *"When I visit other clinics near my house in Kibera, I need to be at the clinic as early as 6: 00A.M otherwise my chances of being served that day are very slim as there are many women coming seeking for the same service" (WSAC #8).*

Competing priorities are the reasons behind each mother trying to reach the clinic early so as to get medical care and then go back to resume their daily income generating activities. For most clients, transport to and from the clinic is about Ksh 100.

> *"The day that I need to visit Woodley, I wake up relatively early in the morning, prepare meals for my family and help my children to get ready and dress. Then we can leave the house together. If I were to go to another clinic nearby, I needed to woke up very early and leave the house even before my children wake up as I need to rush and line up to be the one served first. Otherwise, I will spend the whole of my day at the clinic. (WSAC #1, 26 year old).*

Almost all mothers interviewed indicated that they are satisfied with the treatment services offered at the clinic. In addition, they expressed that staff at Woodley clinic are very receptive and supportive . They felt that they are given all the attention and care that they expect from the health professionals.

"It starts from the way they greet us, it is so welcoming, what else human being need more than being treated well. I feel so relaxed and tell them everything that I feel and ask them all the questions that I have" (WSAC #4).

Even though the mothers expressed satisfaction with the ANC services offered under FMHCS, they also said that the clinic is relatively small and does not provide all the services particularly tests that are expected to be provided to women who are seeking ANC services. Key informant interviews blamed this on shortage of laboratory staff and fund allocation from the government.

I wish all the services can be provided under the same roof. We are required to go to other clinics to do the laboratory tests and the stomach scanning. These two services are expensive unless we do them in the government clinics. Also, when referred to other clinics we would need to plan for another day to visit the clinic contrary to being attended to at once in one clinic. This would be different. They do not have the scan here. They used to have e laboratory services until the lab technician was transferred to another hospital. So, they send us to other clinics which is very costly and inconveniencing. (WSAC #4).

It is noted and obvious that since the service is free, many women start using the free maternity clinics for ANC and other maternity related health issues. However, the number of medical professionals, infrastructures, equipment and drugs are not provided as planned and promised by the government. Lack of resource and commitment from the concerned government body left these institutions in a compromised situation. Almost all the women who are interviewed indicated that there are a lot of women who are seeking for FMHCS in various clinics but the clinics are unable to meet the demand of the women.

"If I want to be served in another clinic, I need to wake up early and line up otherwise I may just go back home without being attended to because most of the time the number of women who come to be served are too many. Most of the time they run out of the medicines as well" (WSAC #10).

The other category of women is the first time mothers and they do not as such have expectation other than what they heard from their fellow women. But they are excited and happy about the service is being given for free.

"I was expecting the health professionals to use more equipment and do the tests here. The health professionals are very nice but I expected more than the injection, checking the baby in the belly and giving me the booklet" (WSAC #17).

Sometimes we may not even have the iron tablets so we ask them to buy. Sometimes we even run out of the "mother and child health hand booklet" so we ask them to come with note book. The booklet has a lot of vital information, even if they do not want to come back to the same clinic it has all their medical information; when and if they go to another clinic they can show that to the health professional and get the necessary assistance without going back to the basics again (KIR #2).

"Most of the time, they do not even have the medicine that we suppose to take so we are forced to buy from chemist. So, the service is not totally free" (WSAC #9).

Most women who are interviewed are satisfied with the ANC services provided at Woodley clinic under FMHCS except for the laboratory and shortage of supplements and medicines. However, when it is time for delivery, almost all of the women have unpleasant experience with the government institutions about the service, equipment, infrastructure and treatment that they received from the health professionals.

"Luckily it was normal delivery. But once I delivered, I was taken to the ward when I walk in, I noticed that it was full and I was wondering where I suppose to stay. I was told that I need to share bed with other mothers, one bed is shared with four to six women and their newly born babies. I have never experienced such a thing in my life, it is so uncomfortable and I do not think it is also healthy so I asked to be discharged the same day and I went home with my baby" (WSAC #9).

Some of the potential adverse outcomes of early discharge of mother and infant are delays in detecting and preventing maternal morbidities and neonatal pathologies, earlier weaning, lack of professional support, higher prevalence of postpartum depression and increased hospital readmissions for both mothers and infants (Brown S. 2009).

"The day that I gave birth to my first child. I was requested to share bed with other women who lost her baby, it was a very sad experience for me even if I have my baby on my hand I can't stay longer than one day" (WSAC #20).

"I refused to share bed with four other women and I requested to be sent home. But on the way I was not feeling well so I was forced to go to another clinic which was not free so I had to pay for one night accommodation and treatment" (WSAC #14).

Health professionals expect the women to attend their clinic on time, take the advice that they are given seriously, especially the counselling that they give them on HIV and AIDs, to come to the clinic with their mother and child health booklet and during their pregnancy time to give due attention to their diet.

"They should observe their diet, take the drugs we give them, follow the clinic attendance, but the women here are very good in case they are travelling they will let you know, so you get a chance to give them guidance because some of them might travel home and do away with the clinic services, so we give them information" (KIR 2).

Health professionals expect from the government to meet the promise which was given when the FMHCS declared.

"They should release the fund on time otherwise it is very difficult to serve the women without equipment, medicines, well-kept infrastructure with facilities for example clean running water; we do not have water tank. We would have given much better service if we were fully staffed unfortunately it has been a while since we stopped conducting antenatal profile here at Woodley as we do not have laboratory professional" (KIR 1).

4.5 Challenges facing Woodley Clinic in meeting women's needs seeking ANC services under FMH services

All the three health professionals interviewed agreed and ranked the challenges as stated below:

Financial challenges: KIR #3 indicated that they are responsible for the distribution of supplies to the FMHC clinics that they manage. However, most of the time as the budget is not released

on time it has been their number one challenge. They are unable to buy the supplies and distribute if finance is not disbursed.

Supplies challenges: The health professionals at Woodley clinics state that sometimes they borrow some of the supplies from other FMHC clinics in the effort not to return a mother without providing the services that she came for. For the iron supplement and other tablets that they are required to take, if they run out supply, they request the mothers to buy from chemist. The mother and child booklet, when they run out they ask them to come with an exercise book.

Staff shortage challenge: While Woodley clinic is well equipped to preform antenatal profiling for the mothers, they are unable to do the test because of staff shortage. The mothers are left to do the profiling either in private clinic or visit another FMHC clinic which should have been done at one visit.

Overwhelming work: At times for the health professionals taking leave and attending training becomes an issue as they do not have no one to cover. The staff member who will remain in the office will be overwhelmed. At this time, the mothers are expected to wait longer, or come another time.

The study found out that the major challenges faced by both Woodley clinic sand Lan'gata district clinic include, lack of motivation and inadequate funding which is partly caused by partial reimbursements from the government. Underfunding was a major cause of shortage of supplies which was a major implementation challenge. Staff shortages and overwhelming workload are major implementation challenges that result from government's failure to boost the human resource capacity to cope with increased utilization of maternal health services.

> *"It is really frustrating for the clinic staff and for the women seeking service that repeatedly we are out of stocks for the supplies we suppose to provide to the women for free, the only option that we remain in this situation is to tell them to buy from chemist; for most of the women this is not easy as it involves cost. Sometimes we try to borrow*

some of the supplies from the neighbouring clinics but this is not sustainable solution for the problem" (KIR # 2).

"As per my opinion, the root cause for all this challenge is lack of proper planning and implementation. The planning should be down up not the vice versa" (KIR 3).

The above stated problems are not limited to Woodley clinic but a problem throughout the country. The information that we see over various medias reflect the same. Health professionals strike many a times with in the past few years is a living example for this.

5.0. SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This study assessed the experience of women seeking antenatal care with free maternity health care services. Hence, the study undertook to establish the experience of WSAC with FMHCS by incorporating their experience, looking at the services being provided, the expectations of WSAC and the challenges in delivering ANC services with in FMHCS a case of Woodley clinic, Kibera sub county, Nairobi City county.

5.2 Summary

ANC services with FMHCS is contributing on delivering healthy baby as it helps early detection of danger factors during child delivery and the overall health of the mother. Most women have good experience with free ANC services provided and most of their expectations are met especially those mothers who attended ANC services at Woodley clinic.

Free ANC services have played a significant role in the health of the women and the baby. Some of the services provides at the FMHC clinics include maternal and neonatal tetanus (MNT), pregnancy supplements given in clinics which includes folic acid and iron. The World Health Organization (WHO) recommends daily iron and folic acid supplementation for pregnant women. Having free supplements encourages more women who would not have afforded it to access them. This reduces the risk of having a pregnancy affected with neural tube defects, reduces the risk of having babies with low birth weight and iron defects. The supplements also reduce the risk of maternal anaemia. Free physical exam is well done in most clinics that offer ANC in Kenya.

Of all the services, the following are a must in all ANC clinics: weight, height and blood pressure check-ups. The services may include the examination of reproductive organs for any abnormalities.

When pregnant women access free physical test then they are able to keep track of every stage in pregnancy and get medical help. In all FMHC clinics, the track of the pregnancy and mother's health kept in the mother and child health care handbook.

The required tests during ANC to ensure a healthy pregnancy are: Blood-blood type and the Rhesus factor. HIV test in Kenya for pregnant mothers is mandatory. This help especially if mother is HIV positive to start Prevention of Mother to Child Transmission program. Tests are also done for STI's. Urine test is also carried out to establish if the kidney or bladder infections as these are not good for foetal development.

Since majority of the women accessing ANC with FMHCS clinics were previously hardly able to afford the pregnancy related laboratory services they did not take the tests. Currently the situation is different as the tests are free. However, in some clinics like Woodley they are unable to undertake the tests because of shortage of professional staff.

Out of the many challenges which came for front are financial, supplies, staff shortage and overwhelming work were the top challenges. The greater challenge with in the FMHCS is the challenge the mothers face when the time for delivery comes. Most of the FMHC facilities which are qualified to conduct delivery services are often times are over congested and mothers are required to share beds with a number of other mothers who just delivered babies. To avoid this, mothers prefer to be discharged the same day that they delivered. This intern, leads to other complications on the mother and the new born babies. Some mothers who can afford decide to go to private clinks or other health facilities which attracts cost and this is not affordable by many women.

In general, women in Kenya are amenable to ANC and would be willing and even prefer to deliver in a healthcare facility. However, for this to happen, there is a need of investment to fund the FMHC policy. Yet creating demand for service will need to go alongside investment in antenatal services at organizational, staffing and facility level in order to meet both current and future increase in demand.

When women visit ANC clinics, they expect to get all of the above services under one roof for free with proper customer care and treatment. On the other hand, the health professionals expect

competitive remuneration, well equipped clinics and infrastructure for delivering good quality ANC services under FMHCS.

5.3 Conclusion

Women in Kenya will travel and do whatever it takes to seek or get good ANC services. Implementation of free maternity services policy in Kenya is facing challenges but there exist strategies, which, if implemented, will help address these challenges.

Investment in free antenatal care programs and encouragement of mothers by providing good services to attend would ensure a decrease in complications during delivery. The roles played by vaccines and physical tests given during the antenatal period go a long way to see not only delivery of healthy babies but healthy mothers too.

The study found out that a number of ANC services are provided under FMHCS at Woodley Clinic. This includes registering and providing the ANC booklet, measuring weight, taking blood pressure, providing iron supplement, checking birth canal for any infection and HIV status check-up.

The finding confirms the study assumption that a number of services are offered for free with in FMHCS at Woodley clinic. Even though they refer them for ANC profiling to other clinics. The study also found out that mothers are satisfied with the quality of services officer at Woodley clinic; they stated that the nurses are friendly. Mothers receive the required tests on time; the services are provided quick and the mothers do not wait long.

The study identified that the health professionals at the ANC clinics were well trained and had enough experience to deliver the ANC services. Most of the respondents expressed that they are satisfied with the service and treatment that they received at ANC clinic level. The frustration and un-satisfaction of the service were reported during and after delivery.

Finally though, there were a number of services offered under FMHCS mothers were satisfied with the same services, the study found out a number of challenges faced by Woodley clinic in

its strive to offer the services. These include; financial, staff and unavailability of laboratory services for ANC profiling.

This confirms the assumption of the study that Woodley clinic experience many challenges in its effort to provide services under FMHCS.

5.4 Recommendations

Regarding strategies for improving implementation, the study recommends that effective implementation strategies include:

Boosting the human resource capacity through employment of additional health workers to cope with increased workload and improved service delivery. This requires to look at the bigger picture of training qualified nurses and posting them to the health facilities to enable the government to implement its policies.

Motivation of health workers by improving their remuneration and working conditions to meet the expectation of Women seeking ANC services at ANC clinics. It is an obvious trained that experienced nurses are migrating to developed countries looking for greener pastures. As health is one of the priorities in the government's objectives, the government should give due attention to motivate health workers primarily by improving their remuneration and compensation

Improving supplies through increased funding and adequate reimbursements. Unless the FMHC clinics reimbursed on timely bases for the service that they provided, eventually the health professionals at the FMHC clinics will not be able to provide the service. The concerned ministry should look in to this and tackle the issue on time each physical year.

Improving infrastructure to increase the capacity of health facilities to cope with increased number of women. It is important to investigate and evaluate the status of each FMHC clinics infrastructures annually to maintain or replace as needed.

supportive supervision and training of health workers in conjunction with local and international training institutions. Refresher training need to be given to health professionals to update their knowledge. Supportive supervision can be done by reassigning some of the health professionals to the higher clinics for some time so that they can also learn from other colleagues to bring back and implement what they have learned to the smaller FMHC clinics.

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APPENDICES

Appendix 1: Informed Consent Form

Investigator: Mekdes Seifu Woldeabrham

Introduction

My name is Mekdes from the Institute of Anthropology, Gender and African Studies, University of Nairobi. I am conducting a study on:

Experience of Women Seeking Antenatal Care With Free Maternity Health Care Services a Case of Woodley Clinic, Kibera Sub County

Purpose

The study seeks to explore the experience of women seeking ANC with Free Maternity Health Care Services in Nairobi City County.

Procedure

If you agree to participate in the study, you will be asked various questions related to the study. Although you will be asked certain specific questions, you will be free to provide more information that is relevant to the themes being addressed.

Risk/Discomposure

There are no risks in participating in this study. However, you may experience discomposure or psychological distress because of the experience that you have had during your ANC. You are free to decline to answer questions that you are uncomfortable with. Further, the questions will be asked in nom-emotive way and you will be asked in a friendly way. In case of any psychological distress or discomposure, I have liaised with the clinic management so that you get the relevant help immediately.

Benefits

Although there will be no direct or immediate benefits for participating in the study, the investigator will assist in answering questions that you may have. Further, the study aims at exploring the impact and contributions of free maternity health care services in Kenya. The outcome of this study will provide useful information to humanitarian/philanthropic organizations to organize resources and direct funds where it is critically needed in the maternity health care sector.

Confidentiality and Anonymity

Your confidentiality will be maintained at all times during and after the study. The information provided will not be used for any other purpose than the one stated. The names or identifiers of participants will not be used in the report or publications which may arise from the study. True identification of participants will be concealed at all times.

Compensation

There will be no direct compensation for your participation in the study although you will be reimbursed your transport expenses.

Voluntariness

Participation in the study is voluntary. You will be free to withdraw at any stage of the study and doing so will not attract any penalties or discrimination whatsoever, However, I humbly request for your cooperation, which will be highly appreciated.

Persons to contact

If you have any questions regarding the study, you can contact Mekdes S. Woldeabrham through telephone number 0727507680.

You may also contact KNH/UoN/ERC Committee at 0735 274 288/ 0721 665 077.

I would like to know whether you have a question to ask, if no, would you like to participate in the study? If Yes, please sign below.

I ____ hereby voluntarily consent to participate in the study. I acknowledge that a thorough explanation of the nature of the study has been given to me by Mr./Mrs. ______________________________. I clearly understand that my participation if voluntary.

Signature ________________________________. Date ________________________________

Signature of researcher/assistant ______________. Date ________________________________

Appendix 2: Interview Guide for Mothers

1. **Demographic Information**

a) Age

(i)18-29 ___ (ii)30-39 ___ (iii)40-49___

b) Marital Status

(i)Single ___ (ii)Married ___ (iii)Separated ___ (iv)Widowed___

c) Have you ever used ANC before?

(i)Yes _______ (ii) No _______

d) Number of children delivered using free maternity health care

(i)One ___ (ii)Two ___ (iii)Three ___ (iv)Four and above ___

e) Level of Education

(i)Primary ___ (ii)Secondary ___ (iii)Tertiary ___ (iv)University ___

f) Occupation

(i)Formal Employment _________ (ii)Informal Employment ________

(iii)Business_________ (iv) Unemployed ____________

g) Religion

(i)Catholic ___(ii) Protestant ___ (iii)Muslim ___ (iv)Other Please state _______________

2. For how long have you been using ANC services? And what services are provided?

3. Is there a difference between delivering a baby with ANC and without? Please state your experience?

4. For how long have you been using free maternity health care services? Please state your experience?

5. Did you share your experience with fellow mothers and families? Or professional health care workers? Please state the reaction that you got?

6. Have you gone through any challenges when you use free maternity health care? Please state?

7. Did you get any consultation before you and your baby were discharged on what to expect and how to care for yourself and your baby before you go back to the clinic for the six weeks clinical visit?

8. In a scale of 1-5 (1 being the lowest and 5 the highest) how will you rate the quality of free maternity health care services? (1)______ (2) _____(3)_____(4)______(5)________

9. In your own view/opinion please state what other forms of care should be provided to make your experience of free maternity health care services better?

10. Is there any social and cultural behaviours influence for you not to use ANC services?

Appendix 3: Case Narrative Guide

1. In your own view/experience please state that if ANC services contributed for your safety during your pregnancy and after child birth?

2. Please narrate expected and unexpected challenges that you have faced when you seek ANC with free maternity health care services.

Appendix 4: Key Informant Interview Guide

Questions

1. What type of ANC services are provided with free maternity health care services for women?
2. What are the main constraints/challenges that you encounter not to implement successfully the free maternity health care serveries at your clinic?
3. what do you expect from the beneficiary women to achieve the goals of free maternity health care services successfully?
4. From your experience, what are the best practices on provision of ANC with free maternity health care services in your clinic?
5. From your experience and expertise, what is the roles of the beneficiary mothers and the professionals?
6. In your own opinion what do you think is the experience of woman seeking ANC with free maternity health care services, please elaborate?