ABSTRACT

In Kenya, the maternal mortality ratio was 400/100,000 in 2013, about twice as high as the global maternal mortality ratio of 210/100,000. In Gem Sub-County, maternal mortality ratio is twice as high as the national maternal mortality burden.GemSub-County is also located in a region with a high burden of neonatal deaths. It has been documented that making maternal health services free can improve maternal and newborn health. The Government of Kenya introduced free maternal health policy in June 2013 with the aim of improving maternal health. However, the public health benefits of such interventions should never be assumed. In Kenya and specifically Gem Sub-County, there has been no assessment of the effect of free maternal health servicesin terms of certain indicators. The main study objective was to investigate the effect of the free maternal health policy on selected maternal and newborn health indicators in Gem Sub-County. The indicators that were assessed in this study were based on World Health Organization indicators. The specific objectives were: (1) to determine differences in uptake of 4^{th} antenatal care visits two years pre-and-post intervention;(2) to determine differences in uptake of facility deliveries two years pre-and-post intervention; (3) to determine differences in uptake of uptake of post-abortion care two years pre-and-post intervention; (4) to determine differences in occurrence of facility-based maternal and neonatal deaths two years pre-and-post intervention; (5) to assess women's perceptions of the quality of free maternity services and, (6) to examine the perspectives of healthcare workers on the free maternityservices.This was a mixed methods research utilizing interrupted time-series design, cross-sectional survey design and qualitative design. Secondary data were extracted from the District Health Information Software 2 (DHIS2). Segmented linear regression analysis was used to compare differences in the outcomes of interest pre-and-post intervention, with the significance level set at 0.05. In the post-intervention period:(1) 4^{th} antenatal care visits decreased by 0.6% ($p = 0.839$); (2) facility deliveries decreased by 1.6% ($p = 0.616$); (3) post-abortion care uptake increased by 54.4% ($p<0.001$); (4) maternal deaths increased by 10.1% ($p = 0.192$) whereas neonatal deaths decreased by 0.1% ($p = 0.466$); (5) two-thirdsof womendelivered at government health facilitieswithin two years post-intervention with one-third being dissatisfied with the quality of services; one-third also reported being charged for services that were officially free; and about one-third of pregnant women did not intend to deliver at government health facilities; and (6) healthcare workers reported long delays ranging from six to 18 months before refunds were disbursed to health facilities. The free maternal health policy had a significant influence on uptake of post-abortion care only. This study recommends that interventions targeting behaviour change should be implemented to influence early ANC attendance and supply side challenges inhibiting uptake of ANC and facility deliveries be addressed. Healthcare workers should also be trained on life-saving skills to handle maternal and newborn complications and their numbers increased to match service demand. The financing mechanism should also be reviewed and improved to ensure uninterrupted supply of resources for policy implementation. The results of this study may be used to trigger policy dialogues at the national level with a view to making improvements on the free maternal health policy.