Maternal Cash on Delivery Fieldwork

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Overview

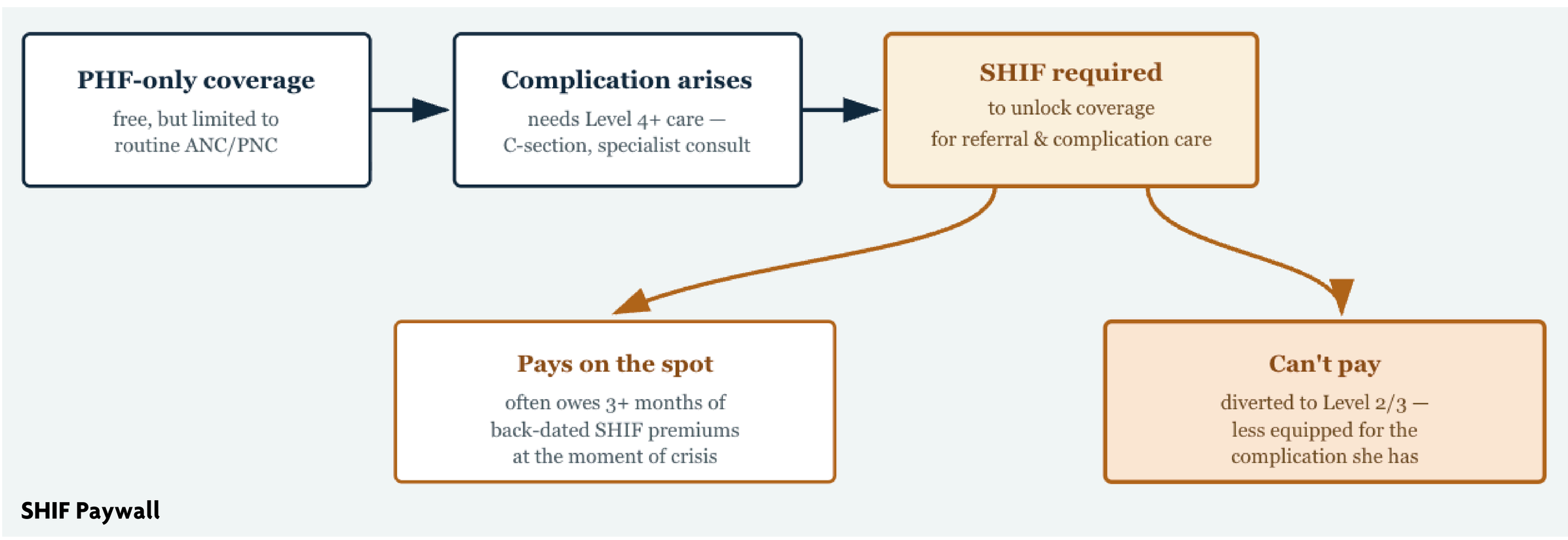
In Bungoma roughly one in five births occur outside a health facility at significant consequence to maternal and infant health outcomes. Antenatal (ANC) and postnatal care (PNC) are similarly underutilized. The Maternal Cash on Delivery (MCoD) project seeks to scale up proven conditional-cash-transfer (CCT) infrastructure contingent upon facility attendance to incentivize early ANC engagement, assisted deliveries, and infant immunizations.

Fieldwork Methods

While in Kenya, I met with local county officials in Bungoma and Vihiga, interviewed local researchers working closely with health financial diaries, and visited Level 2 and 3 health facilities to investigate on-ground conditions that could be relevant to the execution of this project, particularly focusing on conditions that have developed or have been in flux since January, 2025.

Existing Evidence

A Vihiga RCT (Grepin et al., 2019) found conditional cash payments raised facility deliveries by 12 percentage points. Kakamega and Vihiga's subsequent UNICEF-backed scale-ups show improved outcomes but design gaps in payment timing and targeting. Supporting evidence includes a Nigerian CCT immunization trial, GiveWell's top-rated New Incentives charity, a World Bank CCT synthesis, and links between early ANC attendance and childhood immunization.



SHIF Paywall

Digitlization

Bungoma is rapidly digitizing health data via whitelisted devices, facility-level HMIS systems (consolidating toward tibERbu), and community-level eCHIS for CHPs, all feeding into a national Health Information Exchange meant to unify records into a single longitudinal patient record. Adoption is mandatory for SHA reimbursement eligibility. Yet actual reliability and functionality on the ground remain unverified and warrant further investigation.

Acknowledgements

I am deeply grateful to the Laidlaw Foundation for supporting my research and enabling a transformative summer working with the gui2de team in Nairobi.

I want to thank Professor Billy Jack for his mentorship and his modeling of dedication to impactful work in the service of others.

And I want to thank Colleen Dougherty and Lauren Tuckley at Georgetown's Center for Research and Fellowships for their mentorship and belief in me.

SHA

SHA, Kenya's national public health insurance, splits coverage into two funds: PHF, free upon registration but limited to routine care, and SHIF, a paid tier required for complications and Level 4+ referrals. Registration itself is quick and largely free, yet most informal-sector women never pay into SHIF. That paywall delays emergency care, pushes at-risk mothers toward under-equipped facilities, and fuels mistrust driving a sharp ANC attendance decline.