

Women's Experience Accessing Essential Maternal Health Commodities Needed During Childbirth: Kenya

MSD For Mothers

March 2025



Welcome To Your 60dB Results

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Headlines



Project Overview

Access to quality-assured essential maternal health commodities is vital for ensuring safe childbirth and protecting the well-being of newborns. Drugs such as uterotonics, antibiotics, and pain relievers play a crucial role in preventing complications like postpartum hemorrhage (PPH) and infections. Unavailability and delays in accessing these commodities is a driving factor of high maternal mortality rates.

The recommendations in this report have been based on the data collected from the women and does not include a detailed policy analysis of the existing maternal health policy landscape across the two countries.

60 Decibels partnered with MSD for Mothers to speak to recent mothers in Kenya and Nigeria to understand their experience accessing quality-assured essential maternal health commodities required during childbirth.

This report seeks to answer the following questions:

- 1 Are women provided with quality-assured essential commodities required during childbirth by their health facilities?
- 2 What information is a woman provided about the commodities needed and where to purchase them?
- 3 Where do women purchase commodities and are proximity of pharmacies, and affordability of commodities a burden to women?
- 4 What are the challenges women face while acquiring these commodities?

Who We Spoke With

The insights are based on interviews with 867 recent mothers in four Kenyan counties (Nairobi, Kisumu, Bungoma, Makueni) and 1,246 women across six Nigerian states (Bauchi, Bayelsa, Ebonyi, Kebbi, Lagos, Niger). These counties and states were selected based on initiatives such as Women Want Campaign¹ led by the White Ribbon Alliance Kenya and recent reports like the Nigeria Health Watch: Quality Maternal Health Medicines² to add to existing literature.

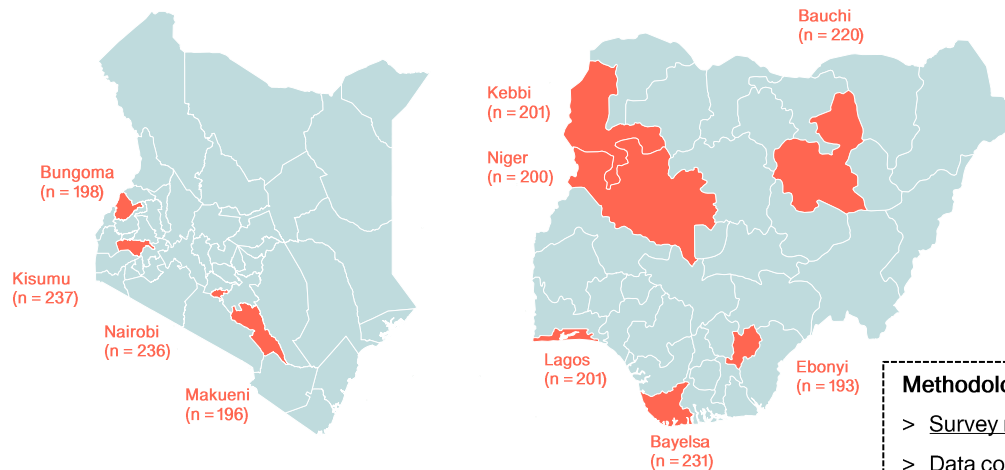
The final sample of respondents included a stratified sample of approximately 200 respondents from each county/state, and a 30% minimum threshold for respondents who had given birth at a private facility (since respondents we spoke to were more likely to have given birth at government facilities).

¹ [What Women Want](#) | WRA Kenya, 2019, page.2

² [Evidence For Change—Bridging the Evidence Gap For Access to Quality Maternal Medicines](#) | Nigeria Health Watch, 2022

Between November and December 2024, 60 Decibels trained researchers spoke to 2000 recent mothers in Kenya and Nigeria to understand their experience with essential commodities* needed during childbirth.

Respondent Sample – County / State and Sample Size



*Throughout the brief, the term 'commodities' is used to refer to prescription-based maternal health commodities that are needed during childbirth. These include medicines like uterotonics, analgesics, antibiotics, vaccines, and medical supplies such as gloves, saline drips, sutures, and alcohol swabs.

Methodology:

- > Survey method: In-Person
- > Data collection: 5-7 weeks
- > Survey length: 25 minutes
- > Languages: English, Swahili, Hausa, Yoruba

Focus: Kenya

The following sections of this report focuses on insights on access to essential commodities of recent mothers in Kenya. 60 Decibels has drafted a similar report for Nigeria



Top Insights

1 3 in 4 women report that they are asked to procure essential maternal health commodities across public and private facilities.

9 in 10 women report being given a prescription for these essential maternal health commodities. In terms of the instructions they receive, 3 in 4 report women do not have proper guidance regarding proper storage of commodities, understanding potential side effects, and verifying quality or authenticity of commodities.

4 1 in 5 women report challenges in acquiring maternal health commodities.

For women who report challenges, top challenges include high costs and unavailability of commodities. When it comes to conditions at pharmacies, most women report good conditions at both public and private pharmacies: 9 in 10 women report that public and private pharmacies have 'good infrastructure' and 3 in 4 say pharmacies have the 'proper equipment' for storing essential commodities.

2 Women are more likely to purchase essential commodities from private institutions than public health facilities

85% of women buy essential commodities at private pharmacies or private health facilities and the rest (15%) purchase them at public health facilities. Interestingly, preference is influenced by factors such as convenience of location and the cleanliness & maintenance of private pharmacies, as indicated by qualitative data.

5 Women in Kisumu are more likely to experience difficulties acquiring maternal health commodities

Compared to other counties, a larger proportion of women in Kisumu report that pharmacies are far away and that commodities are expensive. They are also more likely to report challenges, when compared to other counties. These challenges are similar to other counties - high costs and unavailability of commodities. Additionally, fewer women report being covered by insurance in Kisumu.

3 9 in 10 women pay out-of-pocket to purchase their maternal health commodities, and most dip into their savings to do so.

Only 8% of women report being covered by insurance to pay for maternal health commodities. Most women (7 in 10) use their savings to purchase essential commodities, and a few (2 in 10) mention borrowing money from friends or family. 1 in 3 report that essential commodities are 'somewhat' or 'very expensive.'

6 Surprisingly, there were no significant differences in experience acquiring maternal health commodities based on where women gave birth.

Overall, there was no significant difference between women who gave birth in public and private facilities with access to, and affordability of essential commodities. Similarly, there were no significant differences between women in urban and rural areas.

Voices of Recent Mothers

Here are some voices that stood out from our conversations with recent mothers.

Experience with Acquiring Commodities

77% report their experience was 'good' or 'very good' (see [page.26](#) for more)

“The pharmacy in the facility was well equipped with variety of medicines. It was affordable and they also gave me instructions of using the medicine before selling it to me.”

- Age 22, Bungoma

“The insurance paid for everything and didn't have to use cash for anything. And all the medicines were there.”

- Age 38, Kisumu

Ease of Understanding Instructions

9% report they understood only 'some' of the instructions shared (see [page.14](#) for more)

“I only understood the use of the pain killers as I already knew them. The rest of the drugs I didn't know much about them.”

- Age 35, Kisumu

“I didn't understand the instructions at all. The pharmacist is the one who explained it to me.”

- Age 24, Kisumu

Experience with Acquiring Commodities

14% report their experience was 'poor' or 'very poor' (see [page.26](#) for more)

“I was supposed to be given the medicine for free in the hospital but there was no availability for that medicine.”

- Age 19, Bungoma

“Because the pharmacy was very far from the facility, I didn't have anybody to send for getting the drugs. I had to struggle myself and purchase the drugs.”

- Age 26, Nairobi

Challenges with Acquiring Commodities

20% report facing a challenge (see [page.24](#) for more)

“I did not have enough money to buy the full dosage, so I would buy half the dose first, then the next day I bought the other half.”

- Age 26, Bungoma

“I was told to buy anti-D after delivery and it was a bit hard to get the medicine, it was not available in most pharmacies.”

- Age 24, Nairobi

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Detailed Results



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Demographics

We spoke to 867 women from 4 counties in Kenya – Kisumu, Nairobi, Bungoma and Makueni. The average age of a woman we spoke to was 27 years old and was from a family of 5.

Overall, the final sample included 44% women from rural locations, and 28% who gave birth at a private facility. Of the women who gave birth at private facilities, 6% visited faith-based facilities.

The reasons why women choose to give birth at public or a private facilities are mostly similar. Top reasons for both groups of women include professional and caring staff (45%) and ease of access (32%).

Apart from these reasons, women who give birth in government facilities are also more likely to mention affordability and insurance coverage as reasons for their preference.

About the Respondents We Spoke With

Data relating to respondent characteristics

	Overall	Kisumu	Nairobi	Bungoma	Makueni
Sample Size (n)	867	237	236	198	196
Rural (proportion)	44%	32%	0%	70%	85%
Gave birth at a Government Facility (proportion)	71%	79%	67%	60%	79%
Gave birth at a Private Facility (proportion)	28%	21%	33%	39%	22%
Average Age (in years)	27	27	28	27	28
Household Size (average members)	5	5	4	5	4
Completed Upper Secondary Schooling (proportion)	46%	33%	54%	39%	54%
Completed Tertiary Education (Proportion)	32%	23%	36%	25%	42%

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Provision of Essential Commodities

Of the 73% of women who were asked to acquire essential commodities themselves, 9 in 10 women report being given a prescription and most women receive their prescriptions from a doctor or a nurse.

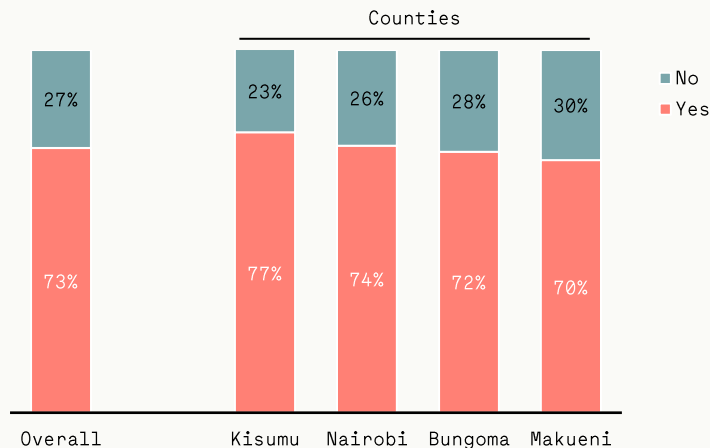
When asked whether they had any support with purchasing these commodities, 71% report procuring these commodities themselves, without assistance from a family member.

The commodities that women are most likely to be asked to buy are analgesics (73%), antibiotics (44%), uterotonics (17%), and medical supplies such as gloves, saline drips, sutures, and alcohol swabs (16%).

Nearly 3 in 4 women are asked to purchase essential commodities required during childbirth; in other words, they are not provided these commodities by their facilities.

Women Who Are Asked to Purchase Commodities

Q: Were you asked to purchase any prescription-based commodities or medical supplies required during your delivery, by the health facility or medical practitioner? (Kisumu = 385, Nairobi = 372, Bungoma = 340, Makueni = 269, | Overall = 1366)*



* The sample of respondents for this indicator is larger than for the rest of the study; this question was asked to all women who we approached to be part of the study, even if they chose to not complete our full survey. For the rest of the indicators, the sample reduces to 808 women (those who were asked to purchase commodities). For a detailed breakdown, see [Summary of Data Collected](#).

Information Provided to Women

1 in 4 women, or less, receive instructions regarding proper storage, side effects, and verifying quality of the commodities they buy.

Given that women are having to procure essential commodities for childbirth themselves, we sought to understand whether they have the necessary information and how well they comprehend it.

7 in 10 women report that doctors provide information about the brand, purpose, and dosage of the commodity. However, around 3 in 4 report not receiving instructions regarding proper storage of commodities, understanding potential side effects, and verifying quality/authenticity of commodities.

Encouragingly, 9 in 10 women say that 'All' or 'Most of the information' shared was easy to understand.

Instructions Relayed by Doctor Disaggregated by Type of Facility

Q: Did the doctor's instructions cover any of the following? % reporting 'yes'; Select all that apply

		Overall (n=808)	Private Hospitals (n=226)	Public Hospitals (n=582)
Product Information	What brand you are supposed to buy	87%	92%	85%
	What the commodity is meant for	70%	86%	83%
	Verifying the authenticity	4%	4%	4%
Usage Instructions	What dosage you are supposed to take	70%	75%	68%
	Checking expiry dates	16%	19%	14%
	Understanding potential side effects	18%	23%	16%
Procurement and Storage	Where you can purchase the commodities	37%	38%	37%
	How the commodity should be stored	25%	31%	23%
	Didn't receive any instructions	5%	3%	6%

Cells shaded in red indicate low percentages of women report receiving instructions

Brand Selection

Nearly 9 in 10 women report that they choose a particular brand based on recommendations from doctors.

We wanted to understand if women were influenced to buy any particular brand of the commodities, either by their doctors, pharmacists, or based on price and availability. From the data, 87% of women mention that they choose brands based on their doctor/nurse's recommendation.

We also asked women if they could recall names of the brands they purchased. 31% could recall some of these names.

Top brands include:

- Amoxicillin or Flagyl¹ (42%)
- Panadol or Ibuprofen² (37%)
- Brufen³ (20%)

¹Antibiotics

²Pain relief medicines

³Anti-inflammatory medicines

Factors Influencing Brand Selection Disaggregated by Type of Facility

Q: How did you choose a brand when buying commodities? Select all that apply

	Overall (n=808)	Private Hospitals (n=226)	Public Hospitals (n=582)
Doctor/ nurse recommendation	87%	92%	85%
Pharmacist recommendation	10%	8%	10%
Availability at pharmacy	4%	3%	5%
Price of the brand	4%	3%	4%
Recommendation by family or friends	1%	1%	1%
Others:	1%	1%	1%

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Where Women Buy Commodities

More than 3 in 4 women buy their commodities at private pharmacies or private health facilities. 15% purchase commodities at public health facilities.

Regardless of where they gave birth, at least 70% of women report visiting a private pharmacy outside their health facility to purchase all the commodities they needed.

In Kisumu, this proportion increases to 84% of women purchasing commodities from a private pharmacy.

Women in Makueni are least likely to report buying from a public facility (9%).

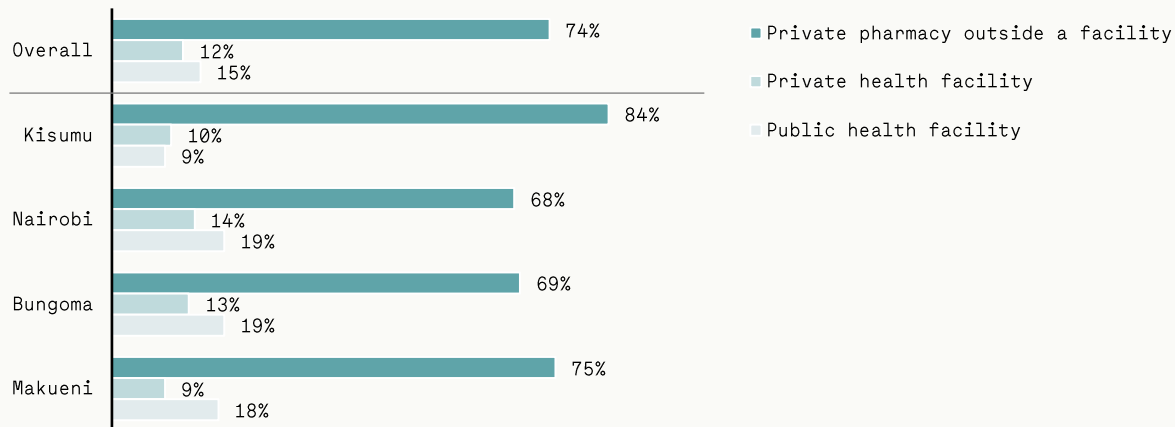
There are no differences in this metric between urban and rural samples of the women we spoke to.

Insight

Preference of purchasing at private facilities is influenced by factors such as convenience of location and the cleanliness & maintenance of private pharmacies, as indicated by qualitative data.

Women's Commodity Purchase Preferences

Q: Where did you purchase these commodities? (Kisumu = 223, Nairobi = 218, Bungoma = 178, Makueni = 189, | Overall = 808) *Select all that apply*



Proximity of Pharmacies

1 in 5 women say that pharmacies, both public and private, are not easily accessible, with the pharmacy being 'somewhat or very far' for them.

In Kisumu, 32% of women visiting private pharmacies find them to be 'somewhat or very far.'

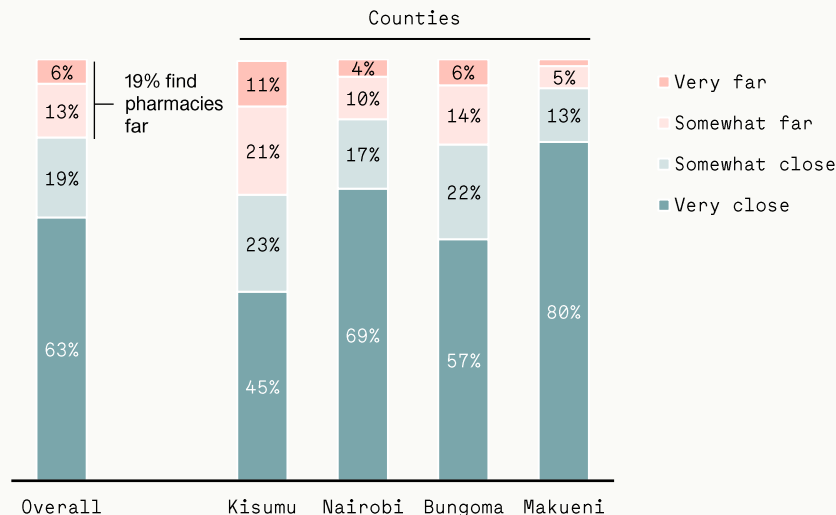
Compared to other counties, a larger proportion of women in Makueni (93%) report that pharmacies are 'somewhat' or 'very' close.

There are no differences in this metric between private and public pharmacies or between urban and rural samples of the women we spoke to.

In addition to distance, unavailability of commodities presents further challenges in need of essential commodities, as seen in the following slides.

Distance to Nearest Pharmacy

Q: How far was the nearest pharmacy / health facility / shop where you purchased the commodities you needed during delivery? (Kisumu = 223, Nairobi = 218, Bungoma = 178, Makueni = 189, | Overall = 808)



Likelihood of a Stock-Out

1 in 5 women report that essential commodities are not available 'sometimes' or 'more than half the time'. 5% of women mention that they were not available 'all the time'.

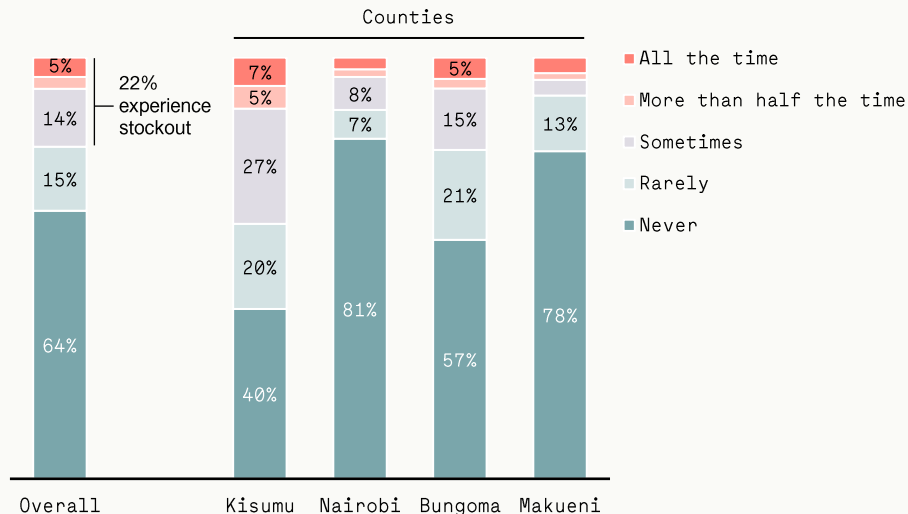
We also asked women how many pharmacies they visited to get all the commodities they needed. Nearly a quarter of all women (24%) say they visit more than one pharmacy to get all the commodities they need. In Nairobi, two women report visiting 6 pharmacies to get all the commodities they need.

1 in 3 women in Kisumu report that commodities are not available 'sometimes' or 'more than half the time', with 7% reporting commodities are not available 'all the time'.

There are no significant differences for this metric across other segments such as birthing location (private vs. public hospital) or urban vs. rural segments.

Likelihood of Not Finding Commodities

Q: How often did you encounter a situation where the commodity you were asked to purchase was not available? (Kisumu = 223, Nairobi = 218, Bungoma = 178, Makueni = 189, | Overall = 808)



Financing of Commodities

Women primarily depend on savings and borrowing from friends or family to purchase essential maternal health commodities. 8% use health insurance to pay for commodities.

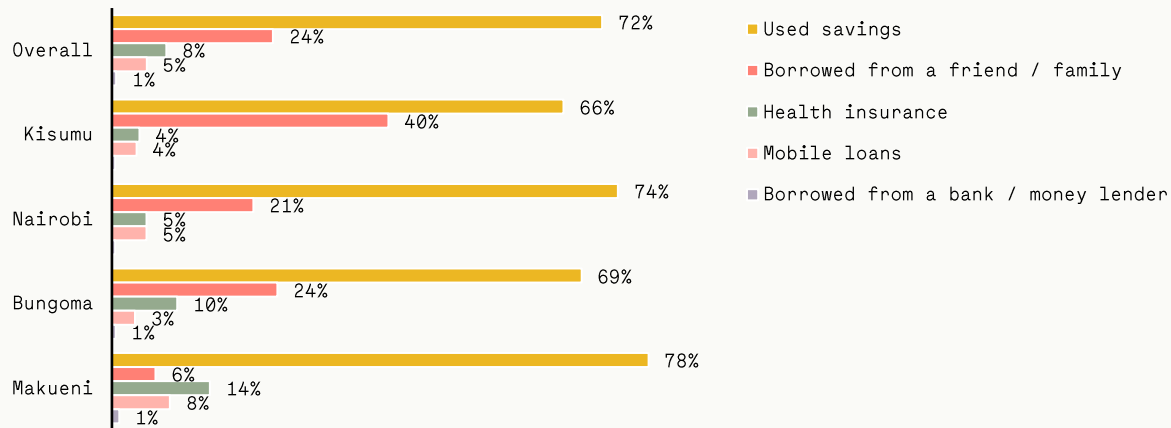
Women are more likely to borrow from a friend or a family member in Kisumu, and less likely to depend on savings when compared to other counties.

Of the 8% of women who mention being covered by health insurance, 88% report that the insurance covered 'all or most' of the cost of the commodities.

Women in Kisumu and Nairobi are least likely (4% and 5%) to report using health insurance to pay for commodities. Women in Makueni are most likely to use health insurance to pay for commodities (14%).

Top Sources of Financing

Q: How did you finance the purchase of these commodities? (Kisumu = 223, Nairobi = 218, Bungoma = 178, Makueni = 189, | Overall = 808) *Select all that apply*



Affordability of Commodities

1 in 3 report that essential commodities are 'somewhat' or 'very expensive'; 13% report it is 'very expensive'.

In Kisumu, nearly half of all women (45%) find commodities expensive. In Makueni, this proportion falls to 21% of all women.

Affordability of Commodities

Q: How would you rate the affordability of the commodities you purchased? (Kisumu = 223, Nairobi = 218, Bungoma = 178, Makueni = 189, | Overall = 808)

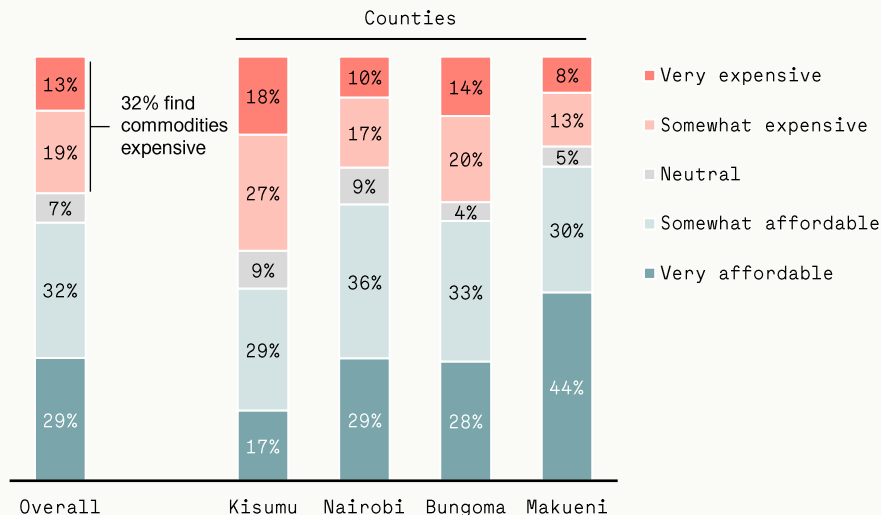


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Quality of Pharmacies and Commodities

Infrastructure, availability of storage equipment like refrigerators, and commodities being sealed – serve as proxies to understand the quality of essential commodities that women are accessing.

Compared to other counties, a fewer proportion of women in Bungoma (69%) report that their pharmacies, whether public or private, have proper equipment for storing drugs. Women in Makueni are less likely than other counties to report that commodities are ‘sealed and unopened’.

Women might not always have the awareness to gauge the quality of pharmacies and commodities, as they do not receive instructions around this (see page 14).

At least 8 in 10 women report that the pharmacies they visit, whether public or private, have good infrastructure and storage equipment. 9 in 10 say commodities are sealed and unopened.

Indicator	Overall (n=808)	Kisumu (n=233)	Nairobi (n=218)	Bungoma (n=178)	Makueni (n=189)
Overall Infrastructure - building structure, shelves, and storage % who report ‘good or very good’	93% 55% ‘v. good’	95% 51% ‘v. good’	93% 59% ‘v. good’	94% 58% ‘v. good’	92% 52% ‘v. good’
Equipment for storing drugs - refrigerators and power supply % who report ‘Yes’	79%	79%	81%	69%	88%
“Medicines were sealed and unopened” % who report ‘Yes’	92% 90% ‘most of the time’	97% 91% ‘most of the time’	97% 95% ‘most of the time’	99% 98% ‘most of the time’	75% 75% ‘most of the time’

Challenges Experienced

1 in 5 women report challenges with acquiring the commodities they need. The top challenge that women report is expensive medication.

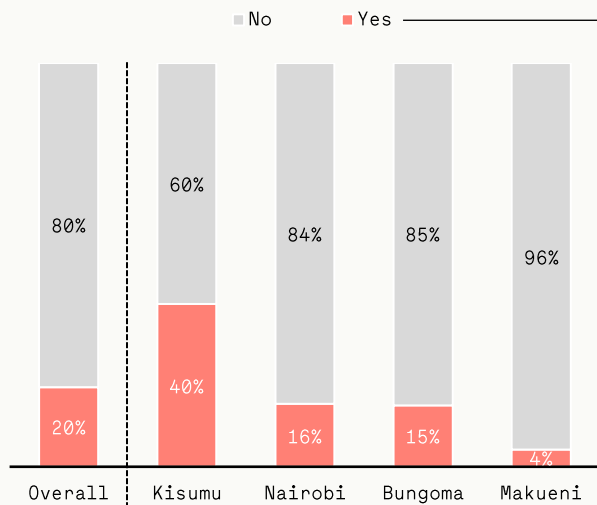
Women in Kisumu are more likely to report challenges, with 2 in 5 doing so. These women face the same challenges as those in other counties, including expensive medication, unavailability of commodities, and the need to borrow money.

Makueni has the lowest proportion of women reporting challenges at 4%.

There are no significant differences for this metric across other segments such as birthing location (private vs. public hospital) or urban vs. rural segments.

Challenges Reported

Q: Did you experience any challenges in acquiring the commodities you were asked to buy? (Kisumu = 223, Nairobi = 218, Bungoma = 178, Makueni = 189, | Overall = 808)



Most Common Issues for 20% of Women Who Say They've Experienced a Challenge

Q: What was the challenge(s) that you experienced? (n = 159). Open-ended, coded by 60 Decibels.

% reporting	Top Reported Issues
79%	Expensive medication
17%	Had to borrow money
15%	Unavailability across multiple pharmacies
5%	Distance to pharmacy

Experience with Acquiring Blood

2% of women were asked to purchase blood. Some of their challenges include finding donors and high costs associated with acquiring the necessary units.

Indicator	Overall (n=867)	Comments
Women required to purchase blood during delivery % who report 'Yes'	2% (15 out of 867 respondents)	No differences across segments
Experience with acquiring blood % reporting it was 'somewhat difficult' or 'very difficult' to find blood	54% (6 out of 15 respondents)	Top reported reasons for poor experience with services at the facility include: finding donors, and high costs associated with purchasing units of blood.

Additional Experience Metrics

1 in 10 women report a poor experience overall with acquiring essential commodities. Less than 10% say that their experience at their health facility was bad.

Indicator	Overall (n=808)	Comments
Overall experience with acquiring essential commodities % reporting 'poor' or 'very poor'	14% 4% 'very poor'	Top reported reasons for poor overall experience with acquiring commodities include: a lack of funds, high cost of commodities, and issues with accessing pharmacies. Women in Bungoma and Kisumu are more likely to report lack of funds as an issue when compared to other counties.
Experience with services at health facility % reporting 'bad' or 'very bad'	7% 1% 'very bad'	Top reported reasons for poor experience with services at the facility include: delays in receiving treatment, overcrowded facilities, and neglectful treatment.
Women's confidence in asking questions % who report 'not very confident' or 'not confident at all'	8% 3% 'not confident at all'	Women in Bungoma are the most likely to report not feeling confident at all in asking questions. Similarly, women in rural Kenya are also more likely to report the same.
Respectful treatment % who 'very much disagree' or somewhat disagree' that they are treated with respect from doctors	5% 2% 'very much disagree'	Sample size too small for further segmented analysis.
Availability of female healthcare providers % who 'very much disagree' or somewhat disagree' that there are enough female doctors / attendants	12% 5% 'very much disagree'	Women living in Bungoma are the most likely to disagree to having enough female doctors or attendants. Similarly, women who gave birth in public hospitals are also the more likely to disagree to the same.

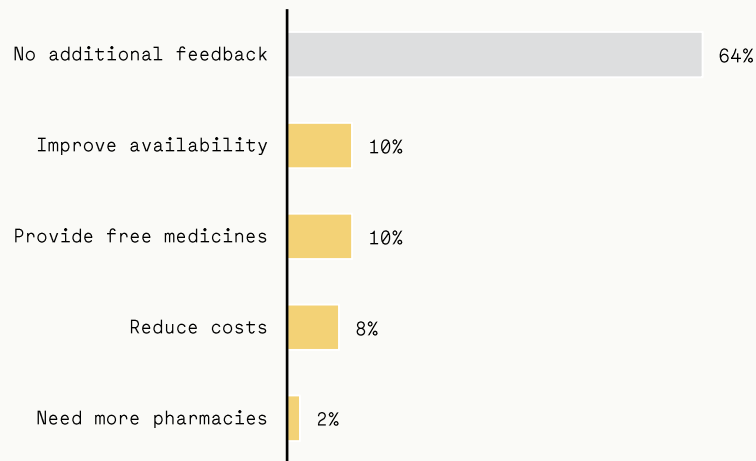
Additional Feedback

Of the 36% of women who had additional feedback, reducing costs and improving availability are the top themes that women share when asked about their experience with purchasing essential commodities.

We asked women an open-ended question on whether they had anything else to share about their experience in purchasing essential commodities.

Feedback with Purchasing Commodities

Q: Do you have any other feedback at all around your experience with purchasing these commodities required during pregnancy? (n = 808). *Open-ended, coded by 60 Decibels.*



03

Appendix



Summary Of Data Collected

867 in-person interviews completed between November and December 2024.

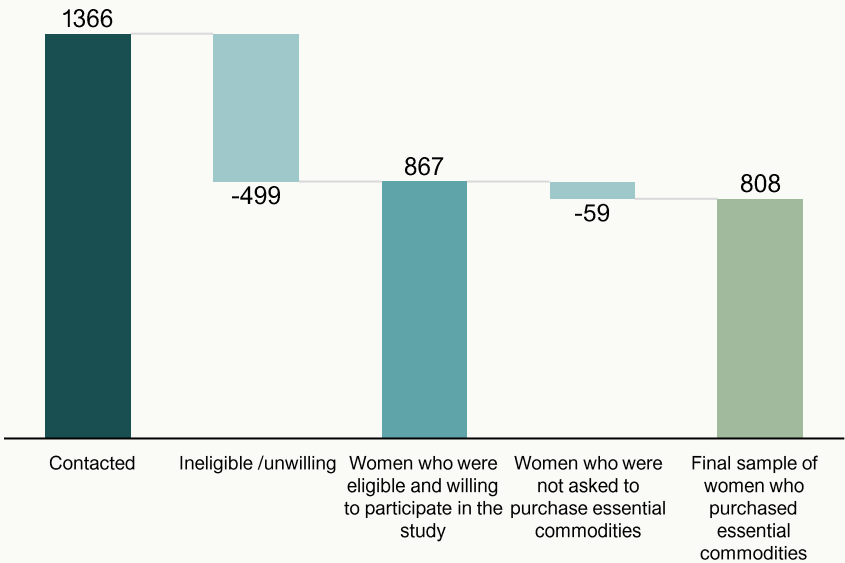
Country	Kenya
Languages	English, Swahili
Survey Mode	In-Person
Survey Length	40 questions

Recruiting Strategy:

We prioritized approaching areas such as daycare centers, community centers, and shopping centers, which are commonly visited by recent mothers, while also including residential areas. Subsequent respondents were identified through referrals from initial respondents.

Since women we spoke to were more likely to have given birth at government facilities, a minimum threshold of 30% was set for the sample of respondents who had given birth at a private facility.

Data Collection Funnel



Sampling	% sample	% minimum threshold
% rural	44%	30%
% who gave birth at a private facility	28%	30%

Accuracy

Confidence Level	90%
Margin of error	~6%

Responses Collected

Respondents	867
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Thank you for working with us!

Let's do it again sometime.

About 60 Decibels

60 Decibels makes it easy to listen to the people who matter most. 60 Decibels is an impact measurement company that helps organizations around the world better understand their respondents, suppliers, and beneficiaries. Its proprietary approach, Lean Data, brings customer-centricity, speed and responsiveness to impact measurement.

60 Decibels has a network of 1,600+ trained Lean Data researchers in 95+ countries who speak directly to respondents to understand their lived experience. By combining voice, SMS, and other technologies to collect data remotely with proprietary survey tools, 60 Decibels helps clients listen more effectively and benchmark their social performance against their peers.

60 Decibels has offices in London, Nairobi, New York, and Bengaluru. To learn more, visit 60decibels.com.

We are proud to be a Climate Positive company.



Your Feedback

We'd love to hear your feedback on the 60dB process; take 5 minutes to fill out our feedback survey [here!](#)

Acknowledgements

This report is supported by funding from MSD, through MSD for Mothers, the company's global initiative to help create a world where no woman has to die while giving life. MSD for Mothers is an initiative of Merck & Co., Inc., Rahway, NJ, USA. Thank you to Temitayo Erogbogbo, Tiwo Kanyenda, and Shristi Pandey for their support throughout the project.

I was able to buy the drugs just outside the hospital.
Everything was well explained, and I understood what to buy.
The pharmacy was clean, but they lack access to power.

Most of the
medicines were
provided

> free
> of
> charge

at the public
hospital.

Tripti Singh

Achyut Rokkam

Atul Sukumar

Mueller Bosire

Hargun Kaur

Ian Osuka

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