

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



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01 Executive Summary

Ensuring access to essential, quality-assured, maternal health commodities is fundamental to safeguarding maternal and neonatal health. MSD for Mothers partnered with 60 Decibels to understand women's experience in accessing these essential maternal health commodities¹ needed during childbirth in Kenya and Nigeria, and with a focus on awareness, availability, affordability, and challenges that women face.

Findings show that most women are required to source maternal health commodities themselves during childbirth, due to inconsistent availability and stockouts at health facilities. Improving awareness of these essential commodities, their affordability, and access to both public and private pharmacies could help ease the burden on women.

Methodology

The insights are based on interviews with ~800 recent mothers in four Kenyan counties (Nairobi, Kisumu, Bungoma, Makueni) and ~1,200 women across six Nigerian states (Bauchi, Bayelsa, Ebonyi, Kebbi, Lagos, Niger). The final sample included ~200 respondents per county/state, with a 70-30 split between those who gave birth at government vs. private facilities. Respondents were selected randomly, with additional participants referred by the initial group. Interviews were conducted in person.

The objective of this report is to generate evidence based on women's direct experiences. This report does not include a detailed policy analysis of the existing maternal health policy landscape across the two countries, and recommendations in this report have been based on the data collected from the women. While evidence for Kenya and Nigeria is presented together, the differences in health policies and historical contexts between the two countries are acknowledged, and the insights are not meant for direct comparison.



Key Findings

- 1 Essential commodities required during childbirth are not available to pregnant women through healthcare facilities, public or private. 73% of women in Kenya, and 94% in Nigeria must procure these life-saving commodities, though they do so with a doctor's prescription.
- 2 Nearly a quarter of all women, in both Kenya and Nigeria, visit more than one pharmacy to get all the medicines they need. 1 in 5 in both countries report that commodities are not available sometimes. In Nairobi, some women report visiting up to six pharmacies. Similarly in Nigeria (specifically Kebbi and Bauchi), some women visit up to seven pharmacies⁴.
- 3 Pregnant women often prefer private pharmacies for essential commodities, even when covered by public or private health schemes. In Kenya, 85% of women, and 55% in Nigeria, rely on private pharmacies, with only a small fraction reporting insurance coverage. Convenience, accessibility, and cleanliness are key reasons for this preference.
- 4 Insurance coverage for essential commodities is minimal, at 8% in Kenya, and 6% in Nigeria. Most women use savings (72% in Kenya, 71% in Nigeria), and others borrow money to pay for these commodities (24% in Kenya, and 37% in Nigeria).
- 5 Interestingly, women in urban and rural areas report similar experiences with access to and affordability of essential commodities. Similarly, there is no significant difference in experiences between women who gave birth in public and private facilities.

¹Throughout the brief, the term 'essential commodities' is used to refer to essential maternal health commodities that are needed during childbirth. These include prescription-based medicines like uterotonics, analgesics, antibiotics, vaccines, and medical supplies such as gloves, saline drips, sutures, and alcohol swabs.

²The term 'recent mothers' refers to women who gave birth in the last 12 months, as of the survey date.

³Given that respondents were more likely to have given birth at government facilities, 30% was selected as a minimum threshold for women who gave birth at a private facility.

⁴8 women we spoke to mention visiting up to 6 pharmacies. While this is still a valid experience for those women and speaks to challenges others may face, this may not be representative of the overall population.

02 Data at a Glance

Indicator	Kenya: % of women (n ~ 867)	Nigeria: % of women (n ~ 1200)
Women's Role in Procuring Essential Commodities for Childbirth		
Women who were asked to purchase essential commodities required during childbirth	73%	94%
Women who bought essential commodities themselves	71%*	38%*
Women who were given a prescription letter	90%	96%
Women reporting 'all or most of the information' shared by the doctor was easy to understand'	92%	86%

* The remaining women report assistance from a family member or a friend in purchasing maternal health commodities.

Access to Essential Commodities		
Where women are buying their essential commodities	<ul style="list-style-type: none"> > Private pharmacy: 85% > Public health facility: 15% 	<ul style="list-style-type: none"> > Private pharmacy: 55% > Public health facility: 45%
Women reporting their pharmacies are 'somewhat or very far'	19%	16%
Women who had to visit more than 2 pharmacies to get all the medicines they needed	24%	27%
Maximum number of pharmacies visited to get all medicines needed	6	7

Affordability of Essential Commodities		
Women who were covered by insurance	8%	6%
How women paid for the essential commodities	<ul style="list-style-type: none"> > Savings: 72% > Borrowed from a friend / family member: 24% 	<ul style="list-style-type: none"> > Savings: 70% > Borrowed from a friend / family member: 37%
Affordability - % reporting 'somewhat or very expensive'	32%	30%

Challenges and Experience at Pharmacies		
Women who report challenges with acquiring all the medicines they needed	20%	19%
Condition of the pharmacies - % reporting 'Good'	55%	54%
Condition of the pharmacies - % reporting 'Very good'	39%	36%
Proper equipment for storage - women who say 'yes'	79%	81%
Women who report medicines are sealed - % reporting 'Most of the time'	90%	84%

03 Recommendations

Access to quality-assured essential maternal health commodities during childbirth in all facilities is key to improving maternal and newborn health outcomes in Kenya and Nigeria. Stocking essential commodities in health facilities will help minimize the burden on women having to procure these for themselves. Additionally, while private pharmacies play a crucial role in helping women access these commodities, there are steps to be taken to help make these essential commodities more affordable to women. The following are key considerations for policymakers, healthcare providers, and stakeholders to explore in this regard.

Expanding the Provision of Essential Commodities Within Public Health Facilities

Exploring ways to improve stock management and strengthening supply chains could reduce the burden on women to procure essential commodities themselves and improve timely access to life-saving drugs. Ensuring sustainable investment in commodities management—training personnel, building expertise, strengthening infrastructure, and processes, including ICT, and ensuring required financial flows for stock replenishment at government-run health centers could help address the gap in medicine availability.

Enhancing Insurance Coverage and Financial Protection

The low levels of maternal health insurance coverage suggest a need for mechanisms to make essential commodities more financially accessible. There is also a critical need for transparency in state provision of free maternity care for women, so women and families understand what commodities should be provided to them and what aspects they must consider spending on. In line with this, expanding insurance schemes for maternal medicines could alleviate the financial strain on families and reduce their reliance on out-of-pocket spending. Strengthening public awareness of existing financial support options may also help improve utilization.

Strengthening Public-Private Collaboration

Since private pharmacies are often well-stocked and accessible, it may be helpful to explore how

public facilities can adapt or work with the private sector to improve service delivery. A multi-stakeholder approach involving relevant government agencies, private sector partners, and community organizations could play a role in addressing challenges beyond the provision of essential commodities. Broadly, public-private collaboration can help strengthen policy implementation to ensure reliable access to quality-assured medicines and other essential commodities.

Improving access to maternal health medicines requires a collaborative, multi-stakeholder approach that strengthens supply chain management, financial protections, and public-private partnerships. While interventions have been introduced at sub-national, national and federal levels in Kenya, Nigeria, and similar countries, their impact has been limited due to persistent healthcare system challenges such as stock outs and insufficient financial protection mechanisms that force many women to pay out-of-pocket for life-saving drugs. Additionally, inconsistent implementation of free maternity care policies further limit access to quality maternal healthcare.

To address these gaps, further exploration of women/mothers' lived experiences in Kenya, Nigeria, and other settings can provide critical insights into how these challenges affect maternal and newborn health outcomes. Initiatives such as What Women Want Campaign⁵ led by the White Ribbon Alliance and recent reports such as Nigeria Health Watch: Quality Maternal Health Medicines⁶ highlight key maternal health challenges and advocate for stronger, more responsive healthcare systems.

Sustainable progress will depend on reinforcing governance frameworks, improving accountability, and scaling data-driven interventions to ensure equitable access to maternal health medicines. Continued dialogue and collaboration among stakeholders—including governments, healthcare providers, and the private sector, especially women—will be essential in shaping effective, long-term solutions that benefit both women and healthcare systems.

⁵ What Women Want | WRA Kenya, 2019, p.2

⁶ Evidence For Change—Bridging the Evidence Gap For Access to Quality Maternal Medicines | Nigeria Health Watch, 2022



Appendix

Deep Dive of Insights: Kenya

01

3 in 4 women report that they are asked to procure essential maternal health commodities by their facilities (public or private).

In 2013, the Kenyan government introduced the Free Maternity Services Policy (often referred to as the "Free Maternity Care Policy"), under which the cost of delivery is waived at public health facilities; however, it is not clear whether the policy also encompasses free access to essential commodities at these facilities.

Close to three-quarters of women surveyed report having to procure commodities essential for childbirth, highlighting the fact that these were not provided to them by facilities (public or private). Additionally, 2 in 3 reported procuring these commodities themselves without assistance from a family member.

Encouragingly, 9 in 10 women report being given a prescription for these essential maternal health commodities. In almost all cases, a doctor or nurse offers these prescriptions. Additionally, over 90% of women report that the information on the prescription was easy to understand.

03

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. Health insurance coverage is lowest in Kisumu at 4%. Most women (7 in 10) mention using 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.' The proportion of women in Kisumu who find essential commodities expensive increases to nearly 1 in 2.

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“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, Kenya

02

8 in 10 women purchase essential maternal health commodities at private institutions.

Across Kenya, 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.

Regarding accessibility of pharmacies, 19% say private pharmacies 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.'

In addition to distance, the unavailability of commodities further affects the timely access to essential commodities - nearly a quarter of all women said they had to visit more than one pharmacy to get all the commodities they needed. 1 in 5 women say commodities were not available 'sometimes' or 'more than half the time'.

04

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

For women who report challenges, top challenges include high costs and unavailability of medicines. The lowest proportion of women reporting challenges is 4% in Makueni. The highest proportion of women reporting challenges is in Kisumu at 40%, and these women experience the same challenges as other counties (expensive medication, unavailability of medicines, and having to borrow money).

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', with 4 in 10 reporting it is 'very good'; 3 in 4 say pharmacies have the 'proper equipment' for storing essential commodities (refrigerators, power supply); Nearly 4 in 5 women say medicines they received were sealed and unopened.

Deep Dive of Insights: Nigeria

01

9 in 10 women report that they are asked to procure essential maternal health commodities by their facilities (public or private).

Most women are not being given essential commodities needed during childbirth at healthcare facilities across Nigeria - 9 in 10 women surveyed say they are asked to purchase these essential commodities themselves. Additionally, 1 in 3 reported procuring these commodities themselves, without assistance from a family member.

Encouragingly, 9 in 10 women report being given a prescription for these essential maternal health commodities. In almost all cases, a doctor or nurse offers these prescriptions. Additionally, over 90% of women report that the information on the prescription was easy to understand.

03

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

Only 6% of women report being covered by insurance to pay for maternal health commodities. Health insurance coverage is lowest at 2% in Ebonyi, Lagos and Niger. Insurance coverage is highest in Bayelsa at 17%.

Most women (7 in 10) mention using their savings to purchase essential commodities, and a few (2 in 10) mention borrowing money from friends or family.

3 in 10 report that essential commodities are 'somewhat' or 'very expensive.' In Ebonyi, nearly half of all women (47%) find essential commodities expensive.

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“The challenge was that the drugs they prescribed were out of stock and it took my family a lot of running before they could find these at a more expensive rate outside the hospital.”

- Age 32, Kebbi

02

1 in 2 women purchase essential maternal health commodities at private institutions.

Across Nigeria, women are more likely to purchase essential commodities from private institutions than public health facilities. 55% of women buy essential commodities at private pharmacies or private health facilities, and the rest (45%) 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.

Regarding accessibility of pharmacies, 16% say private pharmacies are not easily accessible with the pharmacy being 'somewhat or very far' for them. In Ebonyi, 33% of women visiting private pharmacies find them to be 'somewhat or very far.'

In addition to distance, the unavailability of commodities further affects the timely access to essential commodities - nearly a quarter of all women said they had to visit more than one pharmacy to get all the medicines they needed. . 1 in 5 women say commodities were not available 'sometimes' or 'more than half the time'.

04

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

For women who report challenges, top challenges include high costs and unavailability of medicines. The lowest proportion of women reporting challenges is 8% in Lagos.

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', with 4 in 10 reporting it is 'very good'; 4 in 5 say pharmacies have the 'proper equipment for storing essential commodities' (refrigerators, power supply); 4 in 5 women say medicines they received were sealed and unopened.



About 60 Decibels

60 Decibels is a global, tech-enabled impact measurement company that brings speed and repeatability to social impact measurement and customer insights. We provide genuine benchmarks of impact performance, enabling organizations to understand impact relative to peers and set performance targets. We have a network of 1,600+ researchers in 95+ countries, and have worked with more than 1,000 of the world's leading impact investors, companies, foundations, corporations, NGOs, and public sector organizations. 60 Decibels makes it easy to listen to the people who matter most.

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