

Achieving even reduction in maternal mortality rate in post-devolution Kenya by 2025

By

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There is an urgent need to achieve even reduction in Maternal Mortality rate in all Kenyan Counties by 2025. Some parts of Kenya are far more affected than others.

Introduction

Maternal death has been described by the World Health Organization (WHO) as the demise of a woman due to pregnancy related causes or within six weeks of termination of pregnancy from any reason including management related. To accelerate the scale-up of Reproductive Maternal Neonatal Child Adolescent Health (RMNCAH) services, the Ministry of Health in Kenya developed the Kenya RMNCAH Investment Framework with a vision where no woman, new born child dies of preventable cause, and every pregnancy is wanted (Alvarez et al, 2009). Some counties in Kenya are however, more affected than others.



Devolution of Health Services in Kenya

The government of Kenya transferred important duties from the national level to county level in 2010 to improve its citizen's direct access to care (Wamalwa, 2015). This is what is referred to as post-devolution. Although there has been a considerable reduction in Maternal Mortality Ratio (MMR) in Kenya due to several laudable government measures, there is still a lot of gaps and inequalities in the provision of maternal health service in Kenya, hence there is the need to monitor the progress in Maternal Health following devolution of health services in Kenya.

The 2014 Kenyan Demographic and Health Survey estimated a lower MMR (362 per 100,000 live births) and lifetime risk of a maternal death (1 in 67) in pre-devolution Kenya. For instance, the 2008-09 Kenyan Demographic and Health Survey recorded Mander County's MMR as the highest at 3,795 deaths per 100,000 live births, a rate that surpasses that of wartime Sierra Leone (2000 deaths per 100,000 live births) and far above Kenya's national average in that year (448 deaths per 100,000 live births) (Alkenbrack et al, 2015).

Key Findings

- County based temporal trend analysis revealed a great reduction in maternal mortality rates from 2014 to 2018 after devolution of health services in Kenya.
- Our findings revealed that although there has been continuous improvement of relative equity over the last quarter century in all the 47 counties in Kenya, uneven coverage remains within the country.
 - There appears to be some progress in MMR in Kenya in post devolution Kenya.
 - Figure 1 shows results in ten prominent counties.

- Maternal Mortality Rate was highest in Mandera County in 2014 but it has drastically reduced in post-devolution era.

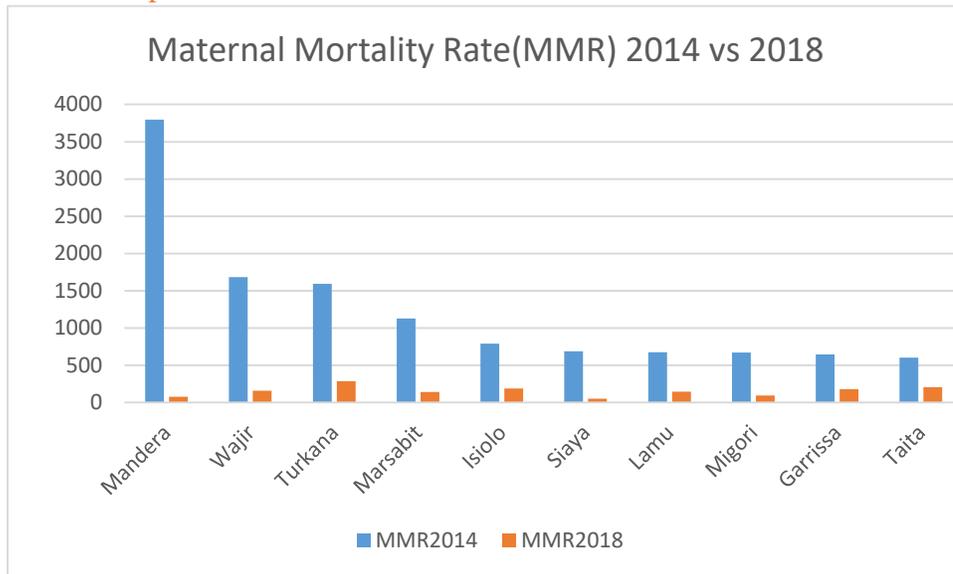


Figure 1: Comparison Between MMR in Ten Prominent Kenyan Counties.

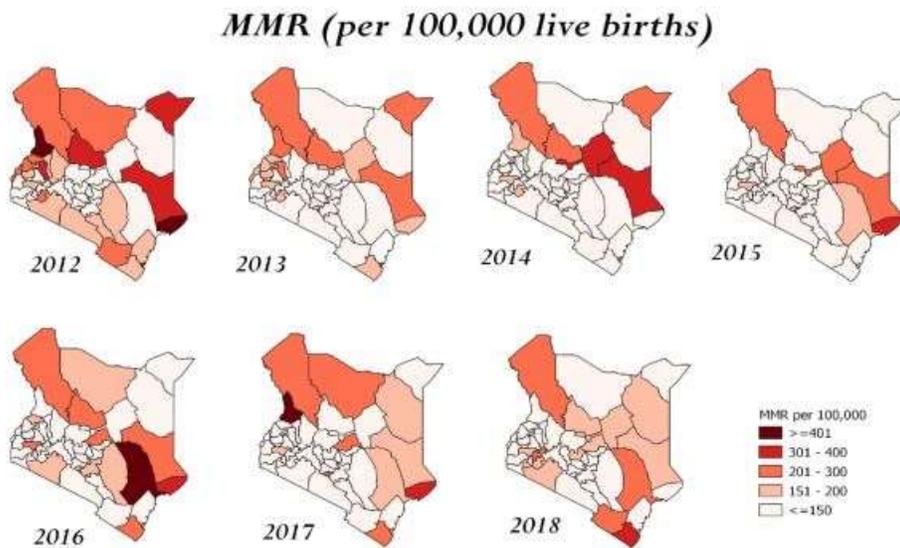


Figure 2: Spatial Maps of MMR in Kenyan Counties (2012-2018).

Implications

- These results provide important information about maternal mortality in Kenya and they are useful for donors and policy makers in Kenya.
- Some counties are badly affected than others.
- Post-devolution of health services have really helped to reduce maternal mortality rates.
- These reduction can be heightened by 2025 and there can be equity in reduction.
- Policy makers in the affected counties can adopt policies adopted in the successful counties.

Recommendations: Policy makers should intensify policies that would prevent pregnancy-related mortality in affected counties by ensuring that all women have access to proven life-saving maternal health services and prompt management of complications related to pregnancy and childbirth in all Kenyan Counties.

References

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Tackling High Maternal Deaths in Kenya <https://www.afidep.org/download/research-briefs/policy-briefs/Aneceta-Gacheri.pdf>