

Abstract

Introduction

In spite of the critical role of Emergency Obstetric Care in treating complications arising from pregnancy and childbirth, very few facilities are equipped in Kenya to offer this service. In Malindi, availability of EmOC services does not meet the UN recommended levels of at least one comprehensive and four basic EmOC facilities per 500,000 populations. This study was conducted to assess priority setting process and its implication on availability, access and use of EmOC services at the district level.

Methods

A qualitative study was conducted both at health facility and community levels. Triangulation of data sources and methods was employed, where document reviews, in-depth interviews and focus group discussions were conducted with health personnel, facility committee members, stakeholders who offer and/ or support maternal health services and programmes; and the community members as end users. Data was thematically analysed.

Results

Limitations in the extent to which priorities in regard to maternal health services can be set at the district level were observed. The priority setting process was greatly restricted by guidelines and limited resources from the national level. Relevant stakeholders including community members are not involved in the priority setting process, thereby denying them the opportunity to contribute in the process.

Conclusion

The findings illuminate that consideration of all local plans in national planning and budgeting as well as the involvement of all relevant stakeholders in the priority setting exercise is essential in order to achieve a consensus on the provision of emergency obstetric care services among other health service priorities.