

Abstract

This study was formulated from the premise that the known causes of maternal mortality, namely haemorrhage, sepsis, obstructed labour and abortion belie the more fundamental development problems that influence it, such as the state of local medical services, quality of care and the facilities' ability to respond to reproductive health emergencies. **OBJECTIVE:** To document some of the underlying problems and how they were found to influence maternal mortality in Kenya, with specific reference to a rural district. **DESIGN:** The researchers used the Prevention of Maternal Mortality Network (PMMN) methodology/study design to assess the current state of health facilities, their level of function, and factors influencing their utilisation. Both qualitative and quantitative methods of data collection tools were used. **SETTING:** Siaya District in the western region of Kenya. Data were collected from thirty facilities, which provide obstetric care in the district. **PARTICIPANTS:** Data were collected by nurse/midwives, nursing school tutors and social scientists with experience in qualitative research methods. Respondents included health service providers and managers at the 30 health facilities. Qualitative data were obtained through focus group discussions with health facility staff as well as community members. **RESULTS:** All the thirty facilities studied, were grossly wanting in terms of staffing, equipment, essential drugs and supplies. Both quality of care and record keeping were well below acceptable standards. **CONCLUSIONS:** The study findings are a sad but a fair reflection of our situation not only in Kenya but also in sub-Saharan Africa ten years after the declaration of the Safe Motherhood Initiative (SMI). The results indicate a predictable, widening gap in basic service provision that must be urgently bridged as a prerequisite to any serious and meaningful approaches to reducing maternal mortality in Africa