



Summary Report of the Assessment of UNFPA's Advocacy Campaign to End Preventable Maternal and New-Born Mortality in Kenya



List of Abbreviations

ANC	Ante Natal Clinic
BEmONC	Basic emergency obstetric and newborn care
CEC	County Executive Committee
CEMOC	Comprehensive Emergency Obstetric Care
CHS	Community Health Strategy
CHU	Community Health Unit
CHV	Community Health Volunteer
CHW	Community Health Worker
CHMT	Community Health Management Teams
CHMIS	Community Health Management Information Systems
CIDP	county Integrated Development Plan
CME	Continuous Medical Education
CSO	Civil Society Organization
CU	Community Unit
DHIS	District Health Information System
FBO	Faith Based Organization
FGM	Female Genital Mutilation
FIF	Facility Investment Fund
HSSF	Health Sector Service Fund
IEC	Information Education Communication Materials
KEMSA	Kenya Medical Supplies Authority
KQMH	Kenya Quality Model for Health
MCA	Member of county Assembly
MCH	Maternal Child reproductive Health
MPHS	Ministry of Public Health and Sanitation
MMR	Maternal Mortality Rate
MNCH	Maternal, Newborn and Child Health
MOU	Memorandum of Understanding
MOH	Ministry of Health
MTEF	Medium Term Expenditure Framework
OJT	On the Job Training
PSBs	Public Service Boards
RHC	Reproductive Health Coordinator
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
TBA	Traditional Birth Attendant
TWG	Technical working group
WHO	World Health Organization



1: Introduction and Background

1.1: Introduction

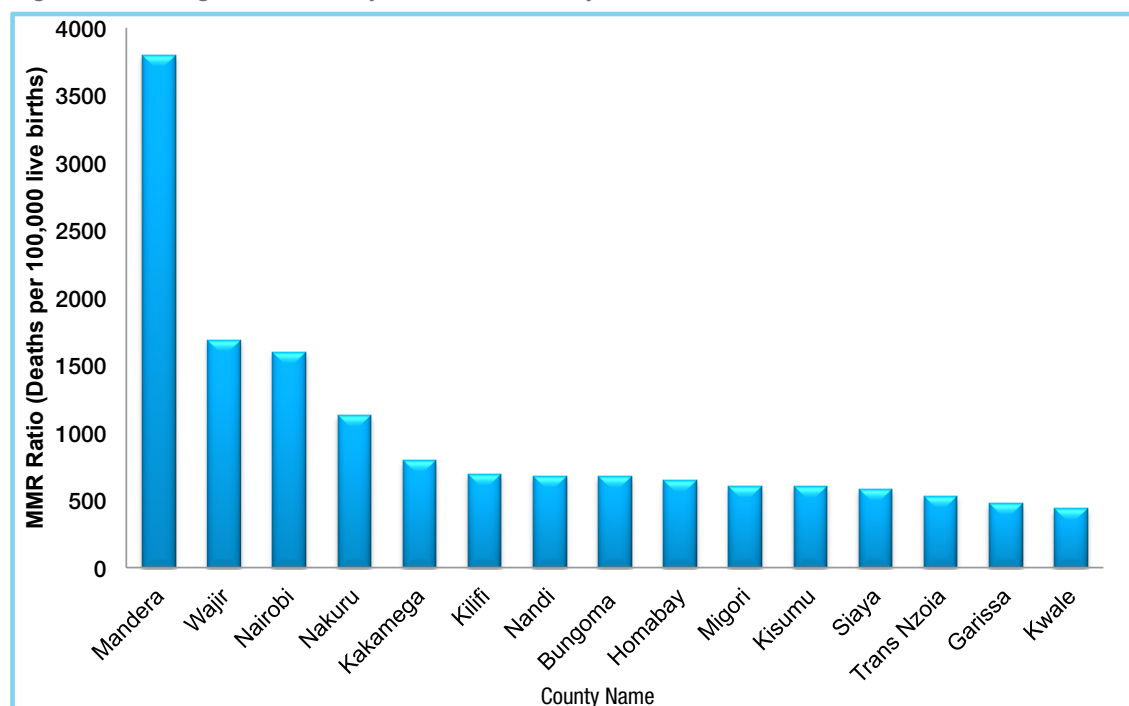
Kenya is among the countries with highest burden of maternal deaths in the world with huge disparities between the various regions within the country. To address this challenge and to reduce the number of preventable maternal mortality in Kenya, the United Nations Population Fund (UNFPA) initiated a wide scale advocacy campaign. The Campaign targets 15 highest burden counties which account for 98.7% of all maternal deaths in Kenya. The fifteen counties include Mandera, Wajir, Turkana, Marsabit, Isiolo, Siaya, Lamu, Migori, Garissa, Nairobi, Nakuru, Kakamega, Homabay, Taita Taveta and Kisumu. Nearly all these counties have faced high levels of poverty, insecurity, infrastructural challenges and inequity/marginalization leading to poor maternal and new-born health statistics.

This summary report presents the key results of the assessment of the advocacy campaign and policy dialogue work done by UNFPA in Kenya. The assessment was carried out by Deloitte from August 2015 to January 2016.

1.2: Background

Over the last decade the Maternal Mortality Ratio (MMR) has statistically remained almost the same despite dropping from 590 in the 90s to 488 in 2008/09, and now the latest 362 per 100,000 live births in 2014. While the decline in national average MMR appears impressive, the regional disparities show gaping inequalities. Between 5,000 and 7,000 women die every year due to complications during pregnancy or related to childbirth. While the decline in national average MMR appears impressive, the regional disparities show gaping inequalities. For example, a situational analysis done by UNFPA on the burden of maternal deaths and their distribution in Kenya (2014), found that 15 out of 47 counties accounted for 98.7 % of the total maternal deaths in Kenya. Figure 1 below shows the ranking of counties by maternal mortality ratio for the 15 most burdened counties.

Figure 1: Ranking of counties by maternal mortality ratio for the 15 most burdened counties



Source: [http://countryoffice.unfpa.org/kenya/2014/08/13/10333/counties with the highest burden of maternal mortality/](http://countryoffice.unfpa.org/kenya/2014/08/13/10333/counties%20with%20the%20highest%20burden%20of%20maternal%20mortality/) Kenya's maternal mortality rate of 362 deaths per 100,000 live births remains well above the global rate of 210 and the Country's MDG target of 147 per 100,000.

1.3: Policy context

The advocacy efforts undertaken by UNFPA and partners was done in relation to a number of on-going projects, initiatives and policy discussions which were all taken into account in planning the campaign. These include:

- The Constitution of Kenya 2010
- Kenya's international commitments (CARMMA, SDGs/MDGs, EWEC)
- The Kenya Vision 2030
- The Kenya Health Sector Strategic and Investment Plan (KHSSPI) July 2013-June 2017
- The county integrated development plans
- County health sector plans
- National adolescence sexual reproductive health policy 2015

The Government of Kenya adopted the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) launched by the African Union in November 2010.

The main objective of CARMMA is to promote accelerated and intensified implementation of the Maputo Plan of Action to ensure universal access to comprehensive integrated Sexual and Reproductive Health and Rights (SRH&R).

CARMMA uses policy dialogue, advocacy and community social mobilisation to enlist political commitment and increase resources and societal change in support of maternal health. The current 8th UNFPA country programme is aligned to the CARMMA goals.

The constitution establishes the right to the highest attainable standard of health including reproductive health and emergency

treatment. It also devolves the function of health services to Counties. Health care services and initiatives in Kenya are also guided by the Kenya Health Policy which is aligned to the 2010 Constitution. The Kenya Health Sector Strategic and Investment Plan 2013 - 2017 provides a medium term strategic direction for the health sector.

1.4: Overview of the Advocacy Campaign

As presented previously little progress had been made on the MDG 5, and huge disparities and barriers exist across the country. To address this, the UNFPA country office in Kenya initiated the advocacy campaign and mobilised resources for the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) project in the six of the 15 highest burden counties.

The RMNCAH project initiative supports Kenya in its ambition to improve maternal healthcare for its citizens by advocating for formulation and adoption of national population, gender and reproductive health policies; sensitization of county governments and repositioning of family planning as a development agenda, all in a bid to reduce the maternal mortality rate in the country. The objectives of the RMNCAH project are:

1. To increase availability and utilization of maternal and new-born health services in the counties;
2. To generate demand for reproductive, maternal, new-born, child and adolescent health (RMNCAH) services;
3. To strengthen monitoring and evaluation system for RMNCAH services;
4. To strengthen institutional capacity for delivery of quality RMNCAH services.



1.5: Assessment objectives

The overall objective was to assess UNFPA's advocacy campaign to end preventable maternal deaths in the 15 high-burden counties in Kenya. In order to achieve this, the specific objectives were:

1. To identify elements of the advocacy campaign that were effective
2. To identify the gains (prioritization, commitments and resource allocation) resulting from the advocacy campaign in the target counties
3. To determine the enabling and limiting factors of the advocacy campaign

1.6: Methodology

The assessment adopted a qualitative research method to collect data from the respondents. A purposive sampling technique was used to select institutions and organizations from which respondents were selected. Respondents were selected from these institutions based on their relevant experiences, exposure, and knowledge in the UNFPA advocacy campaign. Three data collection approaches were used:

- a. Document review was carried out to establish the campaign alignment to the national and county policies and strategies.
- b. Key Informant Interviews were conducted with policy makers and opinion leaders

- including Governors, Health Facility Administrators, UN agencies, DP, CHT, Beyond zero Campaign secretariat, Religious leaders, political leaders, NCPD and the public private sector partners including World Economic Forum, Merck/MSD, Kenya Healthcare Federation and United Nations Foundation
- c. Focus Group Discussions were conducted for women and CHVs at county level.

In addition, two different assessment checklists were administered to the UN family and the county health management team to check on the achievement of the campaign objectives as outlined in the implementation plan. A total of 74 people were interviewed.

Data was processed by identifying general issues mentioned in each category, clustered and summarized based on different themes in each objective. Content analysis was carried out to identify similarities, differences, relationships and linkages between issues across the themes. Findings were then triangulated with information from different sources for consistency.

2: Key Findings

The following present the key findings of the assessment of UNFPA's advocacy campaign to end preventable maternal deaths in the high-burden counties in Kenya.

2.1: Effective elements of the advocacy campaign

Several key activities were undertaken by UNFPA in Kenya to bring prominence on the issue of maternal and newborn health. The following approaches were employed:

2.1.1: Providing analytical evidence and recommendations to advance MNH

This advocacy campaign has demonstrated how evidence can be effectively used to drive advocacy to address reproductive, maternal, newborn and child health (RMNCH) challenges.

Before the start of the advocacy campaign UNFPA Kenya commissioned a situational analysis on the burden of maternal death and its distribution in 2014. The study ranked the 47 counties of Kenya based on their MMR, as per the 2009 National Population and Housing Census, and found that only 15 counties accounted for 98,7 % of the total maternal deaths in Kenya. Further analysis of these 15 counties identified six counties which accounts for almost 50% of all maternal deaths in Kenya

and stood out with significantly high needs and lack of attention from both government and other development partners.

With the above mentioned evidence in hand UNFPA began its upstream advocacy work by organising a series of high level meetings and conferences with key stakeholders including national and county governments, development partners, civil society, faith based & private sector to build strong alliances, advocate for implementation of MNH policies and scale-up MNH programmes. On the basis of scientific evidence, the campaign has among other things:

- Successfully organized high level policy dialogue forums to ensure buy in by the key decision makers and partners including county governors, religious leaders, senators, members of National Assembly, corporate sector leaders among others
- Designed RMNCAH project to catalyse delivery of quality service in the top six high burden counties
- Opened up opportunities for mobilization of funds and other resources to support the campaign to end preventable maternal mortality in six high burden counties
- Led to the signing of joined Communiqué by 15 highest burden county governors to end preventable maternal and newborn mortality and accelerate MDG 5
- Promoted strategic targeting of resources and investments to marginalized counties with greatest needs.



2.1.2: Forging strategic linkages with The First Lady's Beyond Zero Campaign

In early 2014, UNFPA began supporting the Beyond Zero Campaign spearheaded by HE Margaret Kenyatta, the First Lady of Kenya. The campaign advocates for increased resources to eliminate preventable maternal, new born and child deaths in Kenya with the clarion call of "No Woman should die while giving life". It also calls for abolishment of harmful practices

against women and girls such as female genital mutilation, sexual and gender violence, child marriages among others.

The Country Office was also instrumental in nominating the First Lady as the UN person of the year in 2014 for her efforts in advocating for maternal health. This linkage has given UNFPA a unique platform to position the issues of maternal health at the highest level of political leadership and to mobilize support of the key stakeholders from both private and public sectors.



First Lady launching a Beyond Zero mobile clinic/ambulance

2.1.3: High level engagement with political leadership

In August 2014, UNFPA in partnership with the Ministry of Health convened the first high level stakeholder meeting graced by HE Margaret Kenyatta, and attended by the governors of the 15 counties. Also in attendance were ambassadors, high commissioners, UN agencies and other development partners. In November 2014, another meeting was held with Senators and Members of National Assembly from the 15 high burden counties to sensitize them on the support required to facilitate a multi-sectoral response to reduce the high maternal mortality in their counties. The meeting was concluded with commitment for financing

agreed interventions to accelerate reduction of maternal mortality.

From the two meetings a number of results were achieved. First, they motivated a strong desire, as demonstrated by the Joint Communique, among the highest burden county governors to work towards reducing and ultimately ending maternal and new born deaths. Besides the communique, two year partnership agreements with each of the six highest burden counties of Mandera, Wajir, Marsabit, Isiolo, Lamu and Migori were signed to improve RMNCAH service delivery in the respective counties. Secondly, the meetings successfully demonstrated that national and county governments can work together to address county specific priority issues.



Wajir Governor signs the communique, guided by the former Cabinet Secretary Ministry of Health.



Signed Communique of the 15 Counties



REPUBLIC OF KENYA

From promise to action:
**Ending Preventable Maternal and Newborn Mortality in Kenya:
 Accelerating MDG 5 in 15 Counties with the highest burden**
 Consultative Meeting of County Governors – 27 August 2014

COMMUNIQUE



MINISTRY OF HEALTH

COUNCIL OF GOVERNORS

We, the Governors of the 15 counties with the highest burden of maternal and newborn mortality in Kenya, met in Nairobi on August 27-28 2014, at the invitation of the Ministry of Health, the United Nations Population Fund and Kenya Red Cross, together with representatives from the World Bank Group, WHO, UNICEF, the donor community, NGOs, private sector, policy leaders and local authorities:

1. Recognize that Kenya has made substantial progress to achieve the Millennium Development Goals, with the exception of MDG 5 (maternal health). We are concerned that the maternal mortality ratio for Kenya of 488 maternal deaths per 100,000 live births has not shown any improvement over the last two decades.
2. Recognize the urgent need for scaled-up action and targeted interventions by improving access to quality healthcare for women, newborns and child health, particularly in the high-burden counties but subsequently to be rolled out across the country—in order to accelerate progress on MDG 5.
3. Recognize that maternal, newborn and child health, and the survival of mothers and their newborns, are central to development; the empowerment of women to make informed choices are critical to improving the health of women, families and communities; and that adolescent girls have a higher chance of dying in pregnancy and childbirth and face grave barriers to life-saving information and services.
4. Recall the Consensus Statement of the Global Country Consultation on Targets and Strategies for Ending Preventable Maternal Mortality (EPMM) of April 2014 in Bangkok, Thailand, that recognized EPMM is within reach, and that necessary acceleration of progress can be achieved by positioning maternal survival in the context of every woman's right to healthcare and the highest attainable level of health across the lifespan.
5. Recall the World Health Assembly Resolution of May 2014 on the Global Newborn Action Plan (WHA67.10) that commits to end preventable newborn deaths, and preventable stillbirths, through investments in high-quality care before, during, and following childbirth.
6. Recognize the urgent need to scale up action by improving access to quality healthcare for women, newborns and child health irrespective of the geographic location.
7. Build on the momentum of the First Lady's Beyond Zero Campaign that is about saving lives of Kenyan mothers and children.
8. Recognize that adolescent girls must be at the center of our policies and programmes; and we have the largest youth generation and we must empower them to become agents of change.
9. Share innovative and best practices implemented across countries and key strategies that County Governments need to undertake to accelerate the reduction of maternal and newborn deaths. We commit to collectively scale up support to and strengthen reproductive, maternal and newborn health systems in our respective counties where needs are greatest and reaffirm our commitment to stay focused on this unfinished MDG 5 agenda and reach those with least access — the most marginalized, disadvantaged populations, including women and girls.
10. Enhance high-level advocacy and sensitize local authorities on the urgency to improved and equitable access to maternal, newborn and reproductive healthcare, including the elimination of harmful traditional and cultural practices.
11. Increase county-level investments in healthcare and ensure adequate human and financial resources towards maternal and newborn health.
12. Uphold the principles of equity, human rights, gender equality that guide the provision and access of high-quality maternal and newborn healthcare for all.
13. Improve the healthcare infrastructure to support the delivery of emergency obstetric and newborn care services.
14. Strengthen data collection, analysis, documentation and information use for evidence in tracking progress in the implementation of maternal and newborn morbidity and mortality.
15. Undertake a multi-sectoral approach for the improvement of infrastructure to support access to roads and transportation, clean water and sanitation, and appropriate nutrition.
16. Strengthen public-private partnerships at all levels to leverage resources for addressing maternal and newborn morbidity and mortality.
17. Invest in the health and development of adolescents and youth, with a particular focus on successful transition of the adolescent girl to secondary level education.
18. Recognize that investment in Family Planning is the most cost-effective intervention for the reduction of maternal deaths, and population development.

We commit, together with partners, to improve the health and well-being of women and children, reduce poverty and advance sustainable development.

COMMITMENT BY:



H.E. Cynthia Okoro Aroti
Baringo County



H.E. Timothy Ina Abubala
Lamu County



H.E. Kinuthia Mbugua
Nairobi County



H.E. Dr. Pedro Kibira
Mandera County



H.E. Wyclif Oparanya
Kakamega County



H.E. John Mbatia Wihatu
Taita Taveta County



H.E. Zachary Oloo
Migori County



H.E. Jack Ranguma
Kiambu County



H.E. Nathani Jama Adam
Garissa County



H.E. Cornel Baranga
Siaya County



H.E. Umar Yasin
Morogoro County



H.E. Ahmed Abdullahi Mohamed
Wajir County



H.E. Josephat Koli Marok
Turkana County



H.E. Godana Doyo
Isiolo County



H.E. Ali Ibrahim Riba
Mandera County

WITNESSED BY:



Hon. James Wainaina Wachira
Cabinet Secretary, Ministry of Health



Ms. Nardos Thomas-Beliso
UN Resident Coordinator
UNFPA Representative









7



2.1.4: Mobilizing support from religious leaders for RMNCAH

Social and cultural practices and religious beliefs were identified as factors which influence the high MMR in Kenya. To engage key stakeholders on this, religious leaders were invited to a high level dialogue organised by UNFPA in partnership with the Government of Kenya. The meeting was officiated by HE Uhuru Kenyatta, President of the Republic of Kenya and attended by the UNFPA Regional Director and key donors.

At the meeting the religious leaders were sensitized on the status of maternal mortality in the country with specific focus on the 15 high burden counties. This was followed by discussions on harmful traditional practices

like FGM and Child marriage. The way forward was planned on how the religious leaders could help mobilize communities to improve maternal health in the 15 high burden counties. County-specific priority actions and strategies to reduce maternal mortality were identified by the religious leaders and faith-based organizations. The meeting was concluded by a signed Call to Action to End Preventable Maternal and Newborn Mortality in Kenya by the religious leaders and the Inter-Religious Council of Kenya (IRCK).

This forum opened avenues for dialogue with religious leaders to discuss and address very sensitive issues such as child marriages, family planning, and female genital mutilation/cutting among others.



H.E. the President with the Religious Leaders





FROM PROMISE TO ACTION: ENDING PREVENTABLE MATERNAL AND NEWBORN MORTALITY IN KENYA CALL TO ACTION BY RELIGIOUS LEADERS

We, the religious leaders gathered on 4th and 5th March 2015 at Windsor Golf and Country Club, Nairobi, Kenya, deliberated on our collective and individual responses to end preventable maternal and newborn deaths.

BELIEVING in God our Creator and Sustainer of Life;

And

RECOGNIZING that ending maternal and newborn deaths is our moral responsibility that requires a multi-prong approach;

KNOWING that faith communities have the interest, motivation, moral authority, existing assets and outreach capability that can contribute to ending preventable maternal and newborn deaths;

AFFIRMING that religious leaders have the power to influence societal and structural factors that impede individuals' capacity to respond effectively to this issue;

And

ACKNOWLEDGING that:

- Kenya has made substantial progress towards achievement of the Millennium Development Goals, save for the MDG 5 (maternal health). Many women and girls are faced with severe pregnancy complications and deaths; gender based violence; discrimination and other forms of abuse.
- There are cultural practices and religious MISCONCEPTIONS that render women and girls more vulnerable to maternal death.
- Maternal, newborn and child health, and the survival of mothers and their new-borns, are central to development; the empowerment of women is critical to improving the health of women, families and communities; and that adolescent girls have a higher chance of dying in pregnancy and childbirth and face grave barriers to life-saving information and services.
- Adolescent girls at times must be at the centre of our response given numerical strength. We must empower them to become agents of change.

We rededicate ourselves to:

- Partner with the government both at the national and county level, the development partners in the development of effective policies, plans, programmes, partnerships, advocacy, prayers and research towards improving maternal and newborn health.
- Work with communities to have dialogue on the dangers of harmful traditional practices like FGM and child marriage and its impact on maternal and child health.
- Demystify myths and misconceptions on child spacing and avail correct religious teachings that promote maternal and child survival.
- Support interventions for creating demand towards maternal and child health services, with a particular focus on skilled birth attendance, birth spacing and timely referrals from community level to health facility.
- Facilitate social behaviour formation/change among young people through outreach programmes in schools, out-of-school and other religious educational institutions to foster good reproductive health outcomes.
- Identify and recognize champions among the faith communities and engage them in working with communities to end preventable maternal and newborn deaths.

We therefore resolve that:

Not in our name should any mother die while giving birth. Not in our name should any girl, boy, woman or man be abused, violated or killed. Not in our name should an immature, underage girl child be deprived of her education, be married, be harmed or abused. Not in our name should anyone be denied access to basic health care, nor should a child or an adolescent be denied knowledge of and care for her/his body. Not in our name should any person be denied their human rights.

In witness and with collaboration of following partners:

Signed by

Sheikh Adan Wachu,
Chairman, Inter Religious Council of Kenya

On behalf of the faith communities of Kenya.



2.1.5: Reaching the “unreached” and marginalized

The Campaign is focused on reaching those with least access — the most marginalized, disadvantaged populations, including women and girls. To achieve this UNFPA embarked on an aggressive fundraising campaign for the “top” six highest burden counties which had been traditionally neglected. In addition, the UNFPA has mobilized ambassadors, top private sector leaders, UN staff and the First Lady to visit and support counties in the Northern Kenya which have remained out of bounds for most international UN staff and diplomats due to insecurity.

These efforts have:

- Opened up frontiers that have high needs but which for a long time few partners were willing to address.
- Created more funding opportunities to support expansion and scale of RMNCAH in hard to reach areas;
- Increased high level political attention to RMNCAH needs of these areas;

- Created a sense of belonging of these marginalized counties to the national vision of ending preventable maternal and newborn deaths.

“To us the UNFPA effort has enabled the training of the Community Health Volunteers (CHVs) who in turn train mothers and assist them in seeking skilled help. The CHVs also work together with the Beyond Zero Mobile Clinics to provide health care services for the mothers in the rural areas in Wajir County.” Chief Officer, Health, Wajir County



The First Lady and UNFPA Executive Director with the Mandera Governor during their Visit to Mandera



2.1.6: Media Engagement

Media training and sensitization of journalists have been conducted leading to increased reporting and coverage of RMNCAH issues in print, electronic and social media platforms. Throughout the campaign the use of media including the use of local vernacular FM stations, TV and placement of opinion columns in the main newspaper outlets have played a key role in keeping attention on the maternal health issues and how they are addressed. Several stories have been published about maternal health issues, but also about UNFPAs work and efforts. The Campaign has also attracted interest from international media like BBC, CNN and Reuters. The UNFPA Country Representative, Mr. Siddharth Chatterjee has also positioned UNFPA as a thought leader on maternal health issues through blogs on Huffington Post and Reuters. Counties are also increasingly using social media such as WhatsApp, Twitter and Facebook to reach especially the young population with SRH messages.

2.1.7: Private sector engagement

To further support the 6 County Initiative, UNFPA is spearheading an innovative private sector collective action initiative bringing together private and public sector health care providers and enablers. By engaging with the private sector it has become possible to harness the strength, resources and expertise of the private sector to design, test and scale innovations for improving access, availability and quality of care, as for example by introducing Community Life Centres, Telemedicine and new solutions for Youth Friendly Family Planning information and services.



High Level Public Private Partnership Panel

It has also improved the advocacy efforts with both county and national governments. By attracting huge national and international companies to some of the most vulnerable counties in Kenya it supports the realization of Kenya's Vision 2030.

The private sector collective action initiative is harnessing global partnerships with Every Woman Every Child (EWEC), World Economic Forum (WEF), and the Global Financing Facility

(GFF) to make it a "best in class" PPP helping it to leapfrog RMNCAH in the 6 Counties.

The support from EWEC and WEF has strengthened the spotlight on Kenya for all stakeholders to collectively deliver on their responsibility on the SDG's related to RMNCAH and is helping to catalyse further support for the 6 County Initiative with the aim to leave no one behind.



2.2: Gains - Changes in county commitments and prioritization of RMNCAH as a result of the advocacy campaign

RMNCAH priorities are captured in the respective County Integrated Development Plans, the County Health Sector Strategic and Investment Plans where such have been developed and in their annual work plans. As a result of the advocacy campaign, there is remarkable change in the 15 high burden county governments' commitment and approach to RMNCAH. These commitments are contained in the joint Communiqué signed by the 15 county Governors to end preventable maternal and new-born mortality. The commitments include:

- Accelerating the reduction of maternal and new-born deaths;
- Scaling up support to and strengthening reproductive, maternal and new-born health systems;
- Staying focused on the 'unfinished' MDG 5 agenda;
- Reaching those with least access — the most marginalized, disadvantaged populations, including women and girls;
- Improving equitable access to maternal, new-born and reproductive healthcare, including the elimination of harmful traditional and cultural practices;
- Increasing county-level investments in healthcare and ensuring adequate human and financial resources towards maternal and new-born health;

- Investing in the health and development of adolescents and youth, with a particular focus on successful transition of the adolescent girl to secondary level education;
- Investing in family planning as the most cost-effective intervention for the reduction of maternal deaths, and population development;
- Improving the healthcare infrastructure to support the delivery of emergency obstetric and new-born care services; and
- Improving the health and well-being of women and children, reducing poverty and advancing sustainable development.

Since the signing of the Communiqué, the Governors have remained very committed to ending preventable maternal and new born deaths and improving RMNCAH services in their respective counties. This is evident in county efforts to:

- Set and track RMNCAH targets and indicators
- Create enabling policy and legal environment for RMNCAH
- Improve health infrastructure including establishment of blood banks
- Improve human resource capacity for RMNCAH including training, capacity building and recruitment of health personnel
- Strengthen community health system and structures
- Strengthen the referral system
- Expand and improve access to RMNCAH services in remote and marginalized areas.

2.3: Gains -RMNCAH financing and budget allocations

RMNCAH financing and budget allocation takes place at both national and county levels. At the county level the 15 highest burden county Governors in their Communique committed to increase county-level investments in healthcare and ensuring adequate human and financial resources towards maternal and new born health; and to invest in the health and development of adolescents and youth. Although most of counties were not able to quantify the actual budgetary allocations for RMNCAH, the counties stated that since the signing of the Communique, there is increased visibility and prioritization of RMNCAH related items in the county budgetary processes. This is demonstrated by:

- Increased county investment in developing, equipping and improving health facilities in support of the RMNCAH;
- Strengthening of the referral systems including purchase of ambulances;
- Building capacity, training and reorientation of health workers; and
- Increasing health workforce for RMNCAH.

Due to increased awareness of the high burden of MMR in the 15 counties, the affected county governments are also exploring alternative private sector financing opportunities for RMNCAH. In Lamu County for example, the Governor is engaging with an oil drilling company to support the construction of maternity health facilities and to improve maternal health services.

At the national level, the advocacy campaign is supporting and leveraging on the National

Government's Free Maternity Services in public health facilities declared by HE President Uhuru Kenyatta on June 1, 2013. The President's initiative aims to promote free health care for pregnant women and children under five years. The national government's commitment to provide free maternal health care has been demonstrated by the progressive increase in budgetary allocation from USD 38 million in the fiscal year 2013/2014 to USD 46 million in the fiscal year 2015/2016.

2.4: Gains - Advocacy campaign contributing to and catalysing access to quality RMNCAH services

The advocacy campaign with the support of the RMNCAH project in the six high burden counties is contributing to increased access to quality services, increased demand for RMNCAH services and strengthened county health systems and institutional capacity. In this way, the advocacy campaign has supported county infrastructure to address RMNCAH by working with the county governments, NGOs, FBOs, private sector and communities up to the grassroots levels.

As a result, the six targeted counties have reported notable increase in the demand for, and utilization of RMNCAH services leading to increased:

- ANC attendance
- Facility deliveries and skilled attendance
- Community referrals in emergency situations
- Involvement of men in maternal health.



2.5: Enabling and limiting factors of the advocacy campaign

2.5.1: Enabling factors of the advocacy campaign

Most of the respondents were unanimous in their assessment that the advocacy campaign has been successful thus far. They attributed this success to a number of factors at various level as shown in the table below

Advocacy Campaign Enabling Factors

Environment	Enabling factors
Political	<ul style="list-style-type: none"> Kenya provides an extremely enabling political environment for the Campaign with almost guaranteed political support at the highest level.
Policy	<ul style="list-style-type: none"> The Constitution of Kenya 2010 The Kenya Vision 2030 Kenya's international commitments (CARMMA, SDGs/MDGs, EWEC) The Kenya Health Sector Strategic and Investment Plan (KHSSPI) July 2013-June 2017 National adolescence sexual reproductive health policy 2015 Community health strategyv
Partnership	<ul style="list-style-type: none"> The UNFPA Campaign works through a sound partnership framework with the H4+ partnership (UNFPA, UNICEF, WHO, UNAIDS, UN Women & World Bank) and private sector (Philips, Safaricom, Glaxo-SmithKline,Huawei,Kenya Health Federation and MSD) to support the target counties to accelerate reduction in MMR and improve maternal and newborn outcomes.
County	<ul style="list-style-type: none"> Devolution of health services The County Government Act The Public Finance Management Act The County Integrated Development Plans County health sector plans
Community	<ul style="list-style-type: none"> Community health structures including community health units which comprise of CH committees, CH volunteers, CH dialogue days, Birth companions (TBA) Champions, religious leaders

2.5.2 Limiting factors of the advocacy campaign

The following are the key limiting factors of the campaign:

- Resources gap in RMNCAH financing and limited financial resources to scale up the campaign to all the 15 highest burden Counties and ultimately to all 47 Counties.
- Security challenges in most of the high burden counties
- Inadequate technical and coordination capacity to effectively cascade the campaign to sub-county and community levels.
- Religious and cultural barriers which hamper the uptake of RMNCAH services.

Conclusion

The design, the approach and delivery of the advocacy campaign has effectively created high level political commitment to reducing and ending preventable maternal and newborn mortality in Kenya. Consequently, RMNCAH has become a priority of great policy significance in the 15 highest burden counties as reflected in increased county investment in RMNCAH services. The Campaign has also been instrumental in mobilizing development partners to direct their investments to the targeted high burden counties. Most significantly, the campaign has initiated an innovative public-private partnership mechanism that has the potential of building business models that will offer the best of both public and private sector in scaling-up the delivery of RMNCAH services in low-resource settings.

The UNFPA RMNCAH advocacy campaign has shown great potential for scaling up and replication not just in Kenya but also in other low and lower middle income countries.

Recommendations

1. Improve advocacy skills at County level to effectively engage the County assembly and executive to increase budgetary allocation for RMNCAH.
2. Build capacity of the county health team to provide strategic leadership for RMNCAH at all levels.
3. Improve coordination mechanism of the advocacy campaign at national and county levels for structured follow up after high level advocacy forums to ensure sustained actions and intensity of the advocacy campaigns. To facilitate this, the Country Office should support the government in the development of partnership engagement framework.
4. Develop a clear medium to longer term scale up plan of the Campaign from the current six counties to 15 high burden counties and ultimately, to all the 47 counties of Kenya.



References

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