

# Advancing Maternal and Newborn Health in Kenya: Strengthening Collaboration and Accountability Through Enhanced Multi-Stakeholder Engagement

## Understanding the ENAP and EPMM Frameworks: Foundations for Maternal and Newborn Health Progress

The Every Newborn Action Plan (ENAP) and the Ending Preventable Maternal Mortality (EPMM) frameworks were introduced in 2014 and 2015, respectively, providing specific guidelines and targets for reducing maternal and newborn mortality rates, including stillbirths. These initiatives aim to support countries in achieving the Sustainable Development Goals (SDGs), particularly goals 3.1, 3.2, and 3.7, which focus on reducing maternal and child mortality and advancing sexual and reproductive health.

ENAP and EPMM share complementary strategic objectives, coverage targets, and milestones, which are jointly managed by a team from the World Health Organization (WHO), United Nations Children's Fund (UNICEF), and United Nations Population Fund (UNFPA). The recently published joint ENAP-EPMM progress report, *Improving maternal and newborn health and survival and reducing stillbirth: Progress Report 2023*, presents an important opportunity to evaluate progress at both the country and global levels, and to stimulate renewed, coordinated action toward achieving the targets and milestones set by both initiatives.

## Key Takeaways

1. **The Need for Accelerated Progress:** Kenya has made little progress in reducing maternal mortality and stillbirth rates, despite increasing coverage of key interventions, and investing in health infrastructure.
2. **Address Gaps in Implementation, Accountability, and Quality:** Kenya has numerous policies, plans, and accountability initiatives to improve MNH outcomes, some with strong multi-stakeholder engagement. However, gaps remain in amplifying community voices, collaborating with media, data collection and monitoring, and access to quality care.
3. **Multi-sectoral Approaches and Financing for MNH "Best Buys" :** Advocates, policymakers, and stakeholders should work cohesively together on strengthening policy implementation, increasing investments in MNH best practices and evidence-based solutions, and addressing disparities in care, to accelerate progress toward SDG targets for MNH in Kenya.

## Overview and Purpose of the Brief: Target Audience and Goals

This summary provides a concise analysis of progress made toward enhancing maternal and newborn health (MNH) outcomes in Kenya, in line with the goals of ENAP and EPMM. It offers a snapshot of the current multi-stakeholder landscape for MNH advocacy and accountability, highlighting the vital contributions of civil society, parents, and communities in developing plans, policies, and budgets, monitoring progress, and spurring action.

This brief serves as a valuable resource for governments, advocates, and other stakeholders\* – both in Kenya and globally – to inform the design, coordination, and monitoring of policies, services, and initiatives aimed at improving health outcomes for mothers and newborns. It builds on existing efforts and lessons learned, pinpoints gaps and obstacles hindering progress, and underscores the necessity of a multi-sectoral approach that encompasses climate change, education, nutrition, women's rights, and other relevant factors.

\* Stakeholders include government decision-makers (national and sub-national), UN agencies, advocates and civil society, healthcare professional associations, community and parent voices, academia, and private sector

# Progress and Challenges in Attaining ENAP-EPMM Targets in Kenya

Globally, there is an urgent but under-recognized crisis leading to 4.5 million maternal and newborn deaths and stillbirths annually. Complacency is, in fact, the leading cause of these fatalities. Maternal and neonatal mortality and stillbirths remain too high in Kenya, at 378 per 100,000, 18 per 1,000, and 19 per 1,000 respectively (see Box 1).

Maternal mortality has seen virtually no improvement since 2014, despite improved coverage of essential MNH interventions, such as antenatal care (ANC), postnatal care (PNC), skilled birth attendance (SBA), and emergency obstetric and newborn care (EmONC). And progress toward ENAP-EPMM targets is uneven, with disparities between regions and subpopulations. Inequitable access to quality MNH care, differences in ANC coverage between urban (92%) and rural (76%) areas, along with varying skilled health personnel attendance at births between the wealthiest (93%) and poorest (43%) quintiles contribute to these disparities.

## Box 1. National trends on selected indicators in Kenya

- MMR: 374 (2014, WHO) to 378 (2021, WHO) per 100,000 live births
- NMR: 23 (2014, UNIGME) to 18 (2022, UNIGME) per 1,000 live births
- Stillbirth rate: 19.8 (2019, UNIGME) to 19 (2021, UNIGME) per 1,000 total births
- Skilled personnel at childbirth: 62% (2014, DHS) to 70% (2016, KIHBS)
- Facility birth: 61% (DHS 2014)



## Collaborative Efforts Among Stakeholders to Improve Maternal and Newborn Survival Rates

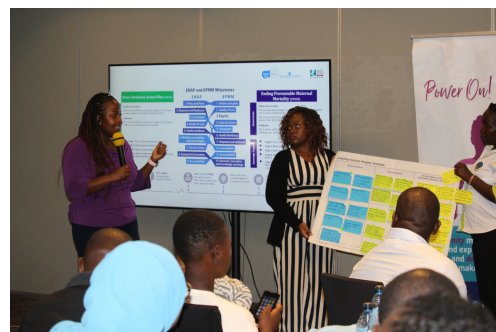
Diverse country partners offer valuable insights on effective, community-driven strategies to advance MNH in Kenya. Kenya showcases robust accountability platforms, mechanisms, and multi-stakeholder coordination efforts that warrant recognition and expansion. Examples of key initiatives, mechanisms, or platforms include:

- **Government-led health coordination, data, and review platforms:** The country has several platforms and initiatives to support MNH+S (stillbirth), such as the Kenya Health Information System (KHIS), the Health Sector Coordination Committee (HSCC), and the Health Policy and Systems Research (HPSR) initiative. This also includes the National Maternal and Perinatal Death Surveillance and Response (MPDSR) system and the Health Facility Assessment tool, which evaluates the quality of MNH services. The Health Sector Partnership and Coordination Framework aims to improve coordination and governance of the health sector in Kenya, including efforts to strengthen health information systems, improve health sector planning, and increase access to maternal and child health services.
- **Global Financing Facility (GFF) platforms:** The Kenya GFF civil society steering committee is convened by the Health NGOs' Network (HENNET), a network of health CSOs that advocate for increased investment in health, including MNH. The platform supports CSO engagement in the GFF process in Kenya and provides a forum for sharing best practices and aligning around advocacy priorities. The reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH+N) multi-stakeholder country platform, hosted by the government of Kenya, includes representation from Kenya's ministries of health, education, youth, gender, and social affairs; donors; UN agencies; the World Bank; CSOs; and the private sector. It was set up as a platform to drive progress for reproductive, maternal, newborn, child, and adolescent health (RMNCAH), and it could play a greater role in Kenya to collectively align, develop, and monitor RMNCAH strategies and health financing strategies, linked to frameworks such as ENAP-EPMM.[2]



The facility-in-charge at Milo Health Centre, Webuye West Bungoma County demonstrates how an adjustable bed in the maternity ward works. Women with disabilities were involved in community-led advocacy efforts that resulted in facility improvements, including the revamping of the maternity ward at Milo Health Centre in 2021.

- **Advocacy and accountability initiatives** are led by CSOs and other key stakeholders, and play a critical role in bringing much-needed attention to MNH issues among communities and policymakers alike.
  - **MamaYe!**, which is focused on improving MNH outcomes through citizen engagement and social accountability mechanisms, has been successful in increasing awareness and demand for MNH services.[3]
  - **Community-Led Scorecards Initiative** seeks to engage communities in monitoring the quality of health services in Kenya. Social accountability empowers communities to hold service providers accountable for high-quality, respectful care.[4]
  - **Kakamega MCH Alliance** is a community-led initiative that seeks to improve maternal and child health outcomes in Kakamega County and includes member organizations with a history of advocating for investments in maternal and child health.[5]
  - **The Beyond Zero Campaign** was launched by the First Lady of Kenya in 2014 to improve maternal and child health outcomes in the country. The campaign focuses on increasing access to maternal and child health services, including ANC, skilled birth attendance, and PNC. This campaign ends in 2023. [6]
  - **ENAP-EPMM Accountability Forum** was hosted by White Ribbon Alliance Kenya in 2022, and attended by 25 partners from CSOs, professional associations, UN agencies, and research/academic institutions. The forum brought partners together to sensitize them about the ENAP and EPMM frameworks, and strategize together around targeted solutions to increase accountability and action for MNH in Kenya.



The regional women's maternal and newborn forum on ENAP-EPMM linking MNH priorities in Kakamega, Kisumu, Vihiga, Homa Bay, Siaya and Bungoma Counties to national and global accountability mechanisms in March 2023.



## Policy Ecosystem for Maternal and Newborn Health Accountability

Kenya has several key national policies and plans aimed at improving MNH+S outcomes and facilitating accountability and action, highlighted below. With a devolved health system, there are also subnational policies and plans, such as the Nairobi County Health Sector Strategic Plan 2019-2023. In addition, Kenya is developing an **MNH Acceleration Plan** to prioritize and coordinate stakeholder efforts, serving as a roadmap for achieving the country's ENAP and EPMM targets. The plan will be finalized after the International Maternal and Newborn Health Conference in May 2023 with additional stakeholder input.

- The **Kenya Health Policy 2014-2030** provides strategic guidance to attain the highest standard of health that is responsive and equitable to the needs of the Kenyan population. It guides the development of comprehensive health investments, health plans, and health service provisions within a vision for an overall strengthened health care system.
- The **National Reproductive Health Policy 2022-2032** aims to achieve universal reproductive health coverage through quality and comprehensive interventions across the country, which are responsive to communities' reproductive health needs and strengthening enablers for reproductive health, including aligning partnerships and collaboration.
- **Kenya's Health Sector Strategic Plan 2018-2022** is the overarching policy framework for MNH+S, which prioritizes improving access to and quality of MNH+S services, strengthening health systems, and increasing accountability for MNH+S outcomes, toward the attainment of universal health coverage (UHC).
- The government also created the **Joint Financial Management Improvement Program**, which aims to improve financial management and accountability in the health sector, including in maternal and newborn health programs.
- The **Linda Mama Programme** was created by the Kenyan government to offer free health insurance coverage for pregnancy, delivery, and postnatal care, particularly targeting women facing poverty. Unfortunately, the program has challenges, such as under-equipped facilities due to slow government reimbursements, leading women to purchase their own medical supplies for visits – an unanticipated cost that may hinder access.[8]



# A Call for Action

Despite some notable progress, Kenya's reduction in maternal and newborn deaths and stillbirths remains slow. There are complex factors at play including health worker shortages, particularly in rural areas; limited access to essential medicines and supplies; insufficient, unreliable data; inadequate community engagement; and insufficient funding and political will for MNH and stillbirth prevention. Solutions are known. Prioritizing investments and implementation, along with high-level leadership commitment and community-level social mobilization, are crucial for driving change.

## FOR ADVOCATES

- **Strengthen policy implementation and financing for MNH+S:** Advocacy should emphasize enhancing policies and guidelines for equitable maternal and newborn care, focusing on health care infrastructure, facility construction, medical equipment provision, and training health care providers to deliver high-quality services.
- **Foster multi-stakeholder engagement in MNH+S planning:** Cross-sector collaboration, involving government, civil society, development partners, and the private sector, is crucial for achieving MNH+S goals. Emphasize sustainable partnerships and align plans, strategies, and activities.
- **Amplify community, women's, and parent voices for change:** Prioritize community engagement and empowerment by fostering demand for MNH services and encouraging women's and parents' active involvement in decision-making. Utilize community education campaigns, community-based health programs, and mobilization efforts to enhance community participation in MNH programs.
- **Collaborate with media to showcase progress and address gaps:** Media engagement is crucial for raising MNH+S issue awareness, showcasing progress, and spotlighting challenges requiring attention.

## FOR POLICYMAKERS

- **Scale up “best buys” for MNH:** This involves prioritizing equitable access to well-trained, equipped, and compensated skilled birth attendants, particularly midwives, as well as quality ANC and PNC services. It also includes providing consistent access to quality EmONC services, promoting breastfeeding and kangaroo mother care for preterm infants, implementing digital health solutions for improved data collection and management, and strengthening supply chain systems to ensure essential medicine and commodity availability.
- **Demonstrate political commitment to fund Kenya's MNH Acceleration Plan** in order to secure progress toward achieving agreed milestones. Ensure a shared understanding of the intersections of current national and subnational aims, efforts, and progress, and the outlined progress and gaps within the ENAP-EPMM frameworks.
- **Increase investment in MNH:** The Kenyan government must increase its own investment in MNH initiatives, and ensure that resources reach primary health care facilities. It is crucial for Kenya to continue augmenting domestic resources and to explore collaboration opportunities with the private sector.[9]
- **Address disparities in coverage and quality of care:** The Kenyan government must tackle disparities in care coverage and quality across the nation, which involves directing interventions toward the most marginalized communities. This effort should include enhancing community-based MNH initiatives and elevating health care quality in facilities. Additionally, addressing socioeconomic determinants of maternal and newborn health outcomes, such as poverty and gender inequality, is essential.
- **Improve data collection and monitoring:** The report advises the Kenyan government to enhance data collection and monitoring systems to track progress, pinpoint gaps, and promote data-driven decision-making and program planning.[10]

## Acknowledgements

This brief was created collaboratively by partners including: HENNET, PATH, White Ribbon Alliance Kenya, and Samasha, supported by the ENAP-EPMM Advocacy and Accountability Working Group and Global Health Visions. Special thanks go to authors, contributors, and reviewers: Angela Nguku, Cornelia Asiimwe, Esther Nasiky, Sandra Mwarania, Margaret Lubaale, Kristiana Bruneau, Caitlyn Mitchell, and Susannah Hurd.



1: Box 1 Sources: WHO (2023). [Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division](#); Bill & Melinda Gates Foundation (2022). [Goalkeepers 2022 Report: The Future of Progress](#). Countdown to 2030, [Kenya Country Profile](#) (Accessed 5/5/23)

2: PATH. (2021) [Making the Global Financing Facility work for Kenya's women and children](#).

4: MamaYe. (2023) Kenya: E4A-MamaYe. <https://mamaye.org/countries/kenya>

5: Onyango, D.O., Tumlinson, K., Chung, S. et al. [Evaluating the feasibility of the Community Score Card and subsequent contraceptive behavior in Kisumu, Kenya](#). BMC Public Health 22, 1960 (2022).

6: PATH. (2020) [Kakamega County MNCH CSOs Alliance: coordinating civil society advocacy for mothers and children in Kakamega County, Kenya](#).

7: UNAIDS (2019): [First Lady of Kenya visits UNAIDS to highlight Beyond Zero](#).

8: Orangi S, Kairu A, Ondera J, et al. (2021) [Examining the implementation of the Linda Mama free maternity program in Kenya](#). Int Journal Health Plann Manage. 2021;36(6).

9: Okoroafor SC, Kwesiga B, Ogato J, et al. (2022) [Investing in the health workforce in Kenya: trends in size, composition and distribution from a descriptive health labour market analysis](#). BMJ Global Health 2022;7.

10: PATH. (2023) [Advancing Data Driven Advocacy for Women and Children](#). <https://www.path.org/resources/advancing-data-driven-advocacy-for-women-and-children/>