

CASE STUDY

Making the Global Financing Facility work for Kenya's women and children



Kenya has made great progress in strengthening reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) over the past decade. Despite this progress, the country is at risk of missing Sustainable Development Goal 3. There is still much work to be done.

For this reason, RMNCAH-N advocates were pleased when Kenya became one of four “front-runner” countries to join the Global Financing Facility for Women, Children and Adolescents (GFF). In 2015, the government developed the RMNCAH-N Investment Framework, forming the basis for financing essential health services for women, children, and adolescents. However, civil society organizations (CSOs) and other non-state actors were minimally consulted and transparency and accountability around setting and reaching goals has been limited. CSOs in Kenya have long been leading changemakers for national RMNCAH-N efforts. They bring deep experience and local, community-led solutions. PATH and its partners have called for the development of a multi-stakeholder country platform (MCP) to enable inclusive consultation into the GFF process.

Through political transitions and the COVID-19 pandemic, PATH and partners continued working to unite civil society and elevate maternal and child health on the national agenda. PATH leveraged its advocacy expertise at the national level and its global role as the civil society representative on the GFF Investors Group to connect global and local leadership and priorities for stronger RMNCAH-N. As a result, the government of Kenya established the RMNCAH-N multi-stakeholder country platform in January 2021. With high-level leadership and broad participation across sectors, the platform will be an accountability mechanism to ensure that investments and services meet the needs of all women, children, and adolescents in Kenya.

The challenge and opportunity

When the government of Kenya joined the GFF, a group of more than 15 CSOs—including HENNET, PATH, Jhpiego, Population Reference Bureau (PRB), AMREF, Christian Aid, White Ribbon Alliance, KANCO, WACI Health, and Living Goods—came together to create the Kenya GFF civil society steering committee, with HENNET as the natural convenor. PATH provided



Photo: PATH/Deogratias Agaba

The GFF is a multi-stakeholder global partnership housed at the World Bank. Founded in 2015, the GFF pioneers a sustainable financing model that puts governments in the lead, while bringing a range of other partners together to support efforts to ensure all women, children, and adolescents can survive and thrive.

PATH is a global organization that works to accelerate health equity by bringing together public institutions, businesses, social enterprises, and investors to solve the world's most pressing health challenges. With expertise in science, health, economics, technology, advocacy, and dozens of other specialties, PATH develops and scales solutions—including vaccines, drugs, devices, diagnostics, and innovative approaches to strengthening health systems worldwide.

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Date Published
March 2021

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financial support to ensure HENNET could effectively staff the effort for greatest impact.

While the government developed the RMNCAH-N investment framework with broad input, it relied on existing technical working groups to move the partnership approach forward. However, the technical working groups did not expand their terms of reference to accommodate this new role related to GFF, so gaps remained, including poor coordination, resource mobilization, and lack of mutual accountability for key partners in the RMNCAH-N response in Kenya.

Knowing that this approach would not be sufficient, the civil society steering committee advocated for establishing a substantive RMNCAH-N MCP to serve as an official, inclusive, collaborative space to oversee the development and implementation of RMNCAH-N policies.

Implementing the strategy

To realize this goal, the civil society steering committee drafted a concept note and terms of reference for the MCP, and PATH and HENNET worked with Kenya's Ministry of Health (MOH) to iterate on the concept note and refine the terms of reference. PATH provided technical assistance to ensure the national context aligned with GFF global principles and country implementation guidance.

PATH and civil society partners also convened a national consultative meeting in 2017, bringing all stakeholders—including the MOH, county government representatives, United Nations agencies, funders, the World Bank, and the GFF Liaison Officer—together to discuss not only the establishment of the MCP, but also critical issues and priorities for the GFF work including funding allocations and disbursement to counties.

Following this meeting, the civil society steering committee held regular meetings with key leaders in the MOH to continue advocating for the MCP and calling on the MOH to accelerate its establishment. In early 2020, PATH and partners convened another consultative meeting where an even broader group of stakeholders, including private sector, agreed to form the MCP. The effort was to be carried forward during a subsequent session in April—but in March, the COVID-19 pandemic spread across the world, dramatically shifting plans and priorities, and putting the conversation on hold temporarily.

Achieving the goal

On January 14, 2021, after years of advocacy from PATH and other civil society partners, the government of Kenya officially launched the RMNCAH-N MCP. The platform has representation from Kenya's ministries of health, education, youth, gender, and social affairs; the National Treasury; donors; United Nations agencies; the World Bank; GFF; civil society; youth; the private sector; and faith-based organizations. PATH, HENNET, and Jhpiego are the civil society representatives. The platform is chaired by the Chief Administrative Secretary of Health, Dr. Mercy Mwangangi, who also serves as the government focal point for GFF, and co-chaired by Dr. Mohammed Kuti, Governor of Isiolo County and Chairperson of the Health Committee of the Council of Governors. Recognizing our leadership in making the MCP possible, the Ministry of Health appointed PATH and HENNET to the platform's central organizing committee.

“Coordination challenges have slowed RMNCAH-N progress in the past. The MCP allows an integrated approach, to ensure available resources are used effectively, and that women, children, and adolescents are able to live happy, healthy lives.”

– Dr. Andrew Mulwa, County Executive Committee Member for Health, Makueni County, Kenya

"Accountability is one of the missing ingredients in the RMNCAH-N sector in Kenya. The MCP will bring the stakeholders together to hold themselves accountable in pursuit of quality RMNCAH-N and services in the country."

- Dr. Mercy Onsando, CEO, HENNET

During the platform launch, RMNCAH-N MCP members identified the following issues for prioritization:

- Reviewing the status of RMNCAH-N in Kenya, assessing the impact of COVID-19, and connecting the dots between RMNCAH-N, universal health care, and primary health care for improved planning, financing, and service delivery.
- Strengthening the health system through targeted investment in primary health care including community-level services.
- Gender mainstreaming in RMNCAH-N as a critical part of addressing the health needs of women, children, and adolescents.
- Tracking social determinants of health.
- Engaging all players through inclusive partnerships at the county level to drive improvements in quality of care.
- Leveraging data to critically assess challenges, such as stunting, and the effectiveness of existing interventions.
- Reforming budgets and disbursement of funds for health to support efficiency and quality of services.

As advocates, PATH and HENNET pushed for terms of reference that prioritize clear mutual accountability to ensure that commitments translate into action and resources are utilized efficiently. This will require an action plan for member follow-up, as well as proper resourcing by government, including a government-led secretariat function.

Factors for success

- **Consistency and unity.** Civil society advocates consistently collaborated and aligned priorities and incentives, allowing the diverse sector to speak with one voice and call for a clear set of requests repeatedly until they were met.
- **Global leadership and expertise.** PATH and partners leveraged strong connections to global leadership and expertise to understand GFF priorities and mechanics in order to make the case for the establishment of the MCP.
- **Connections to high-level priorities.** As advocates, we drew meaningful connections between the RMNCAH-N agenda and President Kenyatta's efforts to achieve universal health care through his Big Four Agenda. We leveraged momentum from First Lady H. E. Mrs. Margaret Kenyatta, who is also a champion for maternal and child health, to rally leadership and political will for these important, interconnected health outcomes.

Looking forward

The MCP members are now working to develop an action plan by the end of March 2021, outlining clear roles and responsibilities for the diverse organizations. PATH will continue to support the development of the action plan and track its implementation. PATH will also continue to support civil society advocates and youth to raise their voices on issues of concern.

The establishment of the RMNCAH-N MCP is a milestone, but we cannot celebrate until we are sustainably implementing the agenda and seeing better outcomes for all. PATH and civil society partners will continue advocating for better lives for women, children, and adolescents.



PATH's 10-Part Approach to Advocacy Impact

Successful policy advocacy is guided by systematic analysis and pragmatic processes. PATH's 10-part framework, outlined below, is a methodical approach to policy change that has helped over 600 individuals in more than 100 organizations in countries around the world achieve health policy change.

- Identify the advocacy issue
- State the policy goal
- Identify decision-makers and influencers
- Identify the interests of the decision-makers and influencers
- Clarify opposition and potential obstacles facing your issue
- Define your advocacy assets and gaps
- Identify key partners
- State the tactics you need to reach your goal
- Define your most powerful messages
- Determine how you will measure success

For more information and resources, and to find out how we can help, visit <http://sites.path.org/advocacyandpolicy>.