There is no greater joy than that of seeing, hearing, and holding your baby for the first time, yet women and newborns are at greatest risk of infection at and around the time of birth, and infants born prematurely are especially vulnerable. High-quality health services during pregnancy, childbirth, and in the postnatal period can significantly improve maternal, newborn, and child health and nutrition (MNCHN) outcomes. However, equitable access to MNCHN interventions—including medicines, devices, and approaches—remains a challenge.

PATH’s MNCHN Asset Tracker was designed to provide advocates from civil society organizations (CSOs) with an innovative tool for data-driven decision-making. To ensure this new tool reached advocates who could benefit from it, PATH partnered with the Medicines Transparency Alliance (MeTA) Kenya, a program of the Access to Medicines Platform (ATMP), to disseminate the Asset Tracker to advocates from CSOs working in Kenya’s Lake Region Economic Bloc and train them in its use. As a result, CSO advocates have been better able to access data on MNCHN interventions in Kenya, identify gaps in the provision of services, and target their communications with decision-makers in their counties to achieve health outcomes and improve quality of care.

**Approach**

MeTA Kenya and PATH conducted two orientation sessions in 2022 for CSO advocates. Both trainings focused on introducing the participants to the Every Newborn Action Plan (ENAP) and Ending Preventable Maternal Mortality (EPMM) initiatives to increase their understanding of the global maternal mortality and newborn health objectives and milestones. Participants were then trained on how to navigate the various dashboards and explore the data on the 14 different interventions included within the Asset Tracker, demonstrating its value as a tool that advocates can use to drive their MNCHN advocacy and accountability programs.

The first training session was held in July 2022 for 28 CSOs. In addition to learning of the ENAP and EPMM goals and the Asset Tracker, the CSOs developed advocacy action plans to implement in their individual counties with the aim of using the Asset Tracker to support their advocacy efforts.

**About the MNCHN Asset Tracker**

High-quality MNCHN health services are not possible without access to essential medicines, devices, and interventions, or “assets.” Even though many of these assets have been around for decades, many still have not reached widespread use. An understanding of what barriers are preventing these assets from achieving scale is necessary for program decision-makers and advocates to address these challenges.

Seeking to fill this gap, PATH undertook a rapid and rigorous assessment of the access, uptake, implementation, and coverage of 14 proven MNCHN interventions across 81 countries.

The result is a data platform to inform global, national, and local strategies for MNCHN, compiled online into the Asset Tracker dashboard.

For more information on the project and to explore the data, visit [path.org/programs/primary-health-care/tracking-the-journey-to-scale/](http://path.org/programs/primary-health-care/tracking-the-journey-to-scale/)
participants requested an Asset Tracker reorientation session as part of those action plans.

A second session with practical guides on navigating the Asset Tracker was held in September 2022, bringing together 30 CSOs from the MeTA Kenya CSO alliance. This cohort learned how to use the Asset Tracker to improve reproductive health outcomes for women, children, and adolescents in 6 different counties from the Lake Region Economic Bloc—namely, Bungoma, Kisumu, Siaya, Homabay, Vihiga, and Kakamega Counties.

MeTA Kenya continues to track the implementation of these action plans while documenting the use of the Asset Tracker by the CSOs. This has formed the basis for follow-up engagement with the participants after the orientation sessions.

**Impact**

The Asset Tracker has provided a new tool in the use of evidence-based, data-driven interventions for the CSO advocates to use in their advocacy for improved MNCHN services in their various counties. While the data in the Asset Tracker are publicly available, they reside in disparate data systems and are not always easily accessible to CSO advocates.

> The MNCHN Asset Tracker has made it easy for us to access useful data at a click of a button, and this has supported our advocacy work both at national and county level[s]. – Joseph Ojuki, Organization of African Youth

The data generated from the Asset Tracker have been particularly useful for the CSOs when targeting the correct decision-makers that can help to address critical systems strengthening issues impacting MNCHN. In the case of Siaya County, the trained CSO advocates took it upon themselves to sensitize health management teams to ensure that they cascade the knowledge down to the dispensary level.

> [In] Bungoma County, we have been using the Asset Tracker in generating evidence to inform decisions during our advocacy engagements. – Rahma Issa, Bungoma Reproductive, Maternal, Neonatal, Child, and Adolescent Health (RMNCAH) Network

The CSO advocates also indicated that the Asset Tracker has been useful in enabling them to identify the gaps in high-quality service provision and access to commodities. In the case of the Bungoma RMNCAH Network, their main mandate is to work to reduce maternal mortality, which is directly affected by antenatal care performance in the county. Accessing such key data from the Asset Tracker by the trained CSOs from this network has significantly supported their advocacy for increased budgetary allocations for RMNCAH to ensure that these essential commodities are always available for pregnant women, new mothers, and their newborns.
The MNCHN Asset Tracker highlights the performance of key commodities such as chlorhexidine, as well as iron and folic acid [IFA], which are usually recommended and prescribed to pregnant mothers during antenatal care visits. Therefore, having access to such useful information supports our advocacy in pushing for the county governments to allocate more resources to ensure that these essential commodities are always available in the health facilities. – Jeronim Obwar, Youth Empowerment on Strategic Advocacy and Mentorship

The Asset Tracker provides access to data on 81 countries that account for 90 percent of all child deaths and 95 percent of all maternal deaths worldwide, Kenya being among them. The CSO advocates noted this was crucial in understanding where Kenya is in terms of MNCHN performance compared to other countries. Additionally, they confirmed that a general picture of how a country is performing with regard to a particular intervention can be used as a reference to county-level performance. For instance, according to the Asset Tracker, the uptake of IFA among pregnant women is low in Kenya, which some advocates have reported as an issue in Kisumu County, in that some health dispensaries and health centers lack IFA, forcing women to purchase the supplements from the pharmacies.

One can rely on the information on the MNCHN Asset Tracker to get a view of how [one’s] county is performing in terms of coverage and uptake of essential commodities.
– Sawda Malik, Hype (Bungoma)

The Asset Tracker has been quite useful in enabling us to link the available data we have at [the] county level with the national data found in the Asset Tracker, thus using the findings to inform our advocacy asks.
– Elizabeth Gwaro, Manyatta Development is Power

The advocates noted some limitations of the Asset Tracker, including the lack of subnational data. PATH’s Asset Tracker project does include some subnational data for select geographies. In Kenya, however, subnational data are currently available only for Kisumu and Kakamega Counties. This is a limitation of large-scale data projects, as gathering subnational data is time intensive. PATH encourages advocates to supplement the Asset Tracker with other data sources, including, when possible, their own facility visits and data from their local county health management teams.
When you look at the Asset Tracker, it highlights the national performance of specific indicators. It doesn’t highlight specific county indicators, but as a county we have a source where we always get our information. So it is easy for us to compare how our county is performing together with the national government.”
– Rahma Issa, Bungoma RMNCAH Network

Participant recommendations

The Asset Tracker is indeed a key tool for advocates in supporting their advocacy for improved MNCHN. To scale up the impact of the Asset Tracker, the trained CSO advocates proposed the following:

- Sensitization of more CSO advocates to ensure that the knowledge is cascaded down to the grassroots level.
- Up-to-date data (at most, 6 months old) to ensure that the CSO advocates reference the most recent data in their various advocacy engagements.
- Disaggregation of the data to county and subcounty levels to further support advocacy at the county level and ensure prioritization in the face of devolved health systems.
- Synchronization of data with those available in other tools to ensure that there are no data gaps.
- Reduced use of jargon to ensure that the Asset Tracker is easily understandable by everyone, including the policymakers.
- Sensitization of health care workers and county health management teams to help address the gaps from the health-sector level.

Conclusion

Health goals such as ENAP and EPMM targets cannot be achieved without high-quality, equitable coverage of interventions at and around the time of birth. CSO advocates play a critical role in ensuring decision-makers prioritize funding and are held accountable for delivering high-quality MNCHN programs and services that address health inequities at the global, national, county, and local levels. Using tools like the MNCHN Asset Tracker helps advocates make data-driven decisions to shape their advocacy goals, effectively communicate evidence-based information to decision-makers, and target interventions to where they are most needed and can have the biggest impact in improving MNCHN outcomes.

About ATMP and MeTA Kenya

ATMP is a nonprofit organization working with partners and multi-stakeholders to contribute to achieving sexual and reproductive health and rights (SRHR) by creating a strong civil society that engages effectively with government at all levels, the private sector, and other stakeholders accountable for health systems to deliver equitable, accessible, and high-quality SRHR services.

MeTA Kenya brings together stakeholders in the medicines market to improve access, availability, and affordability of medicines with a specific focus on SRHR commodities.

atmplatformkenya.org

About PATH

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.

path.org