Since 2016, PATH has supported the Kakamega County Maternal, Newborn, and Child Health Civil Society Organizations Alliance (MNCH CSO Alliance) to advocate with local policymakers to advance the health of women and children in Kakamega. PATH initially established the Alliance after working on several policy issues at the county level and recognizing an opportunity to share our advocacy and policy know-how with local advocates in a way that would amplify their voices and ensure important lived experiences and perspectives are heard and considered by critical decision-makers. With Kenya’s devolved system of government bringing power and decision-making closer to the people, PATH recognized an opportunity to enable local partners to lead advocacy efforts and demand accountability from their own governments. Over the past several years, the Alliance has been instrumental in strengthening the MNCH policy landscape in the county. PATH has strengthened the capacity of the Alliance to conduct key advocacy activities that have resulted in tangible improvements to the health system. Beginning in 2019, we took steps to transition leadership of the Alliance to a locally led organization who continues to lead the group today.

A challenge and an opportunity

Kakamega County—which has the largest rural population in Kenya—has one of the highest maternal and child mortality rates in the country. Having worked in the county for several years, in 2016 PATH recognized that efforts to accelerate progress on MNCH outcomes must be owned and led by the local community. There was an active advocacy community in the county; however, the impact of grassroots organizations was often constrained due to limited advocacy skills, the lack of a platform focused on women’s and children’s health through which they could raise a unified voice, and budgetary constraints limiting their ability to come together and build partnerships for advocacy and accountability. In response, PATH mobilized 20 local grassroots civil society organizations (CSOs), united in the belief that bringing community voices into discussions with decision-makers was critical to achieving advocacy goals around MNCH. Together we established the Kakamega County MNCH Civil Society Organizations Alliance whose goal is to advocate with local policymakers to advance the health of women and children.
Initially, PATH took the lead in getting the Alliance off the ground; we identified new members, supported drafting of the terms of reference and workplan, and facilitated advocacy trainings using our 10-part advocacy strategy development curriculum. This resulted in the Alliance jointly agreeing on its first major advocacy push—influencing the annual county budget process to improve access and quality of services for women and children. To support this advocacy goal, PATH strengthened the capacity of the Alliance on various technical topics including the county policy landscape, the status of women and children’s health in Kakamega compared to other counties, and the county budgeting cycle. PATH used these sessions to connect members of the Alliance to critical decision-makers such as the County Health Management Team (CHMT) and the County Assembly, ensuring the Alliance was invited to participate in critical county policymaking processes. Through continuous mentorship, PATH provided relevant health and budget analyses to inform advocacy tactics and provided various tools and templates that guided Alliance advocacy engagements. Additionally, PATH provided financial resources to support implementation of associated advocacy activities.

By establishing respect and trust from the beginning, the partnership provided mutual benefit and two-way learning: PATH benefited from member organizations’ local experience and perspectives on health issues and appropriate solutions to inform ongoing advocacy at national and even global levels, while member organizations benefitted from PATH’s technical expertise on women’s and children’s health and advocacy experience navigating the policymaking landscape.

The Alliance has been instrumental in strengthening the MNCH policy landscape through direct engagement with county assembly leaders and decision-makers at the subcounty level (see sidebar). A key early win took place in 2017 when the county governor signed into law the Maternal and Child Health and Family Planning Act, the first law of its kind in Kenya to allocate county-level resources to support access to critical health services for the most vulnerable mothers, newborns, and children. Specifically, the Act sets aside 3 percent of the county health budget for cash transfers to women who utilize recommended antenatal and post-natal services and reserves 1.5 percent of the county health budget to cover stipends for the community health volunteers that support these services, in line with national policy recommendations. Along with PATH, the Alliance members advocated with county assembly leaders in support for the Act and participated in hearings in all 12 subcounties.

By 2019, PATH and the Alliance agreed that it was the right time to achieve our ultimate goal—transition of Alliance leadership to a local organization.

**Implementing the transition**

In 2020, PATH put out a competitive bid for a subgrantee to run the Alliance. After competitively vetting organizations for their technical expertise, funding base, and existing partnerships, Matunda Jua Kazi, a founding member of the Alliance ultimately came out on top. By following PATH’s Six-S Model as shown below, PATH was able to support Matunda through a smooth transition.

Since its inception, the Alliance has:

- Leveraged county-level health and economic data to demonstrate the benefits of investment in MNCH
- Influenced county-level policies, including MNCH/FP Act 2017, integrated development plans, annual development plans, and the 2018-2023 investment plan
- Brought community voices to decision-making tables through county budget meetings and public hearings, collecting community views to inform budget memos, and engaging with the county assembly
- Conducted community outreach during the COVID-19 pandemic to share accurate prevention measures, highlight continuity of essential services, and promote uptake of COVID-19 vaccines
- Incorporated citizen-led social accountability methodologies to improve quality of PHC and RMNCH services
- Achieved tangible improvements in the county health system and contributed to improvements in MNCH health indicators
- Built and deployed champions and media to enhance RMNCH issue salience
Community voices emerge in MNCH decision-making

A key moment in the transition process was the Alliance’s flagship social accountability exercise undertaken during 2020. After a skills-building workshop provided by PATH, Alliance members conducted facility assessments and interviews in 12 health facilities across all the subcounties to evaluate the availability and quality of essential health services—including equipment, health care workers, and commodities—to identify potential gaps and barriers. The Alliance also held focus group discussions where they collected qualitative data from community members and health care workers around how well they felt the facility was performing and which issues they saw as most important. PATH supported the Alliance in synthesizing all the data and analyzing the findings to inform a scorecard for decision-makers to assess how their facilities are performing. The Alliance then brought together community members, health care providers, and policymakers for dialogue sessions to identify action plans for addressing the ten highest priority issues to improve services in the county. These conversations were very successful, providing stakeholders with evidence to guide decision-making, namely influencing priorities in the county budget for 2022 to 2023. Members of the Alliance had the chance to speak on local radio and TV stations about the findings, and they even engaged champions in the county assembly to speak publicly about the outcomes.

Early in the transition, PATH supported the Matunda team in finding the rhythm of ownership of the work. We encouraged Alliance members to reach out to decision-makers directly and connected them to other local partners who might have government connections they could use. We continued to hold advocacy strategy development sessions and helped them develop specific strategies for
continuing work and finding funding beyond PATH support—all the while
cheerleading and encouraging them to take the lead.

**Achieving the goal**

By 2021, PATH was able to take a very light touch approach to our support. The
Alliance members were able to better leverage their technical knowledge of
MNCH issues in the county, convening meetings with decision-makers
independently, reviewing policies, drafting documents with clearly developed
advocacy asks, and continuing to grow their network and influence in the
county. They also carried forward the use of tools, templates, and methods
PATH had provided and used them to educate others about how they could be
deployed for advocacy. They expertly navigated the complexities of the budget
advocacy process, participating in priority-setting meetings, drafting and
submitting joint feedback memos with advocacy asks, and meeting with the
county assembly. Their advocacy contributed to an 83 percent increase in
allocations to the health sector (from 1.8 billion Kenyan shillings to 3.3 billion
Kenyan shillings between the financial years 2018-19 and 2020-21) and an
increase in the portion of those funds that support maternal and child health
from 2 to 6 percent in the same period, a major advocacy win. They conducted
follow-ups on the social accountability exercise and saw remarkable
improvements, ranging from couches and hot showers being added to facilities
to entire maternity wings built and increased disbursements from the treasury.
The Alliance’s advocacy has also contributed to increases in maternal and
newborn health indicators (see sidebar).

**Factors for success**

- **Communicating openly and transparently, especially about transition plans.** Coalition management requires open communication. It was very
  important to engage all members in coordination and to communicate about
  the transition plans up front. Addressing potential challenges early helped
  the group cultivate a transparent and amicable handover. Members
  ultimately felt trusted and heard throughout the process.

- **Developing a clear leadership framework and codifying Alliance membership documents before transition.** The joint development of
documents such as the terms of reference, code of ethics, conflicts and
resolution framework, and feedback mechanisms reassured everyone that
they would be treated fairly and that their opinions would be valued, no
matter who leads the Alliance.

- **Recognizing that growing pains are part of the process, and learning is a two-way street.** Based on our experiences working with coalitions and
  supporting transitions, we knew that growing pains were to be expected,
  and we were forthcoming about that with our partners. With mutual respect
  and trust from the beginning, we allowed Alliance members and PATH staff
  who initially acted as the secretariat to have space to correct missteps and
  assumptions, grow understanding, and ultimately be better advocates.

- **Identifying informal milestones to track progress.** While there is no
  standard yardstick for increased local ownership in advocacy, being able to
  remove ourselves as the “middleman” in engagements with policymakers
  was a crucial turning point.

- **Investing in dedicated, committed, and reliable organizations as Alliance leaders strengthens membership.** We agreed not to increase
the Alliance’s numbers from the outset, which allowed us to focus on deepening engagement with existing members. It also allowed us to amplify specific champions who could direct movement and cascade their skills to others. Regardless of the size, type, and funding of the members’ organizations, their voice was heard, respected, and considered in decision-making. This enabled members to feel that they jointly own the Alliance and are responsible for its growth. We augmented this sense of security with external support via county First Lady H.E Priscilla Oparanya signing on as the matron of the Alliance. We also ensured workplans were tailored to the individual strengths of each member organization to increase efficacy and satisfaction—and make each organization feel valued and recognized.

- **Exposing the Alliance to national and international platforms.** An effective tactic to bring the authentic voice of communities dealing with MNCH challenges to national and international platforms is also beneficial for creating confidence among members that their voice can be heard and help shape policies and programs. For example, we sponsored an Alliance member to share her experiences at the 2023 International Maternal Newborn Health Conference and to join a global taskforce for MNCH.

- **Providing templates, tools, and training isn’t enough—they need to be linked with opportunities to put them to use.** We focused on listening to members’ needs and filling gaps to ensure members had all the tools they needed in their toolbox—and could pass those tools on to others. In addition, breaking up our 10-part advocacy strategy development curriculum into consistent, one-hour refresher sessions reinforced skills learned in past workshops and helped them put those tools to use right away.

- **Maintaining a vibrant communication channel.** Leveraging a WhatsApp channel managed by zonal leaders and Matunda has enabled the members to rapidly share updates and intelligence, mobilize for action, and seek input on urgent issues.

- **Unified branding helps create shared identity, visibility and credibility.** Small steps like creating an Alliance logo and printing it on stationery, shirts, pens, and lanyards played a role in solidifying the Alliance as an entity separate from its leaders—and crucially, separate from PATH. These items were also useful as small incentives that went a long way in creating a sense of community. External to the Alliance, materials increased visibility and credibility when meeting with decision-makers.

**Looking forward**

Through the end of 2023, PATH continued to support the Alliance financially. To ensure the sustainability of the Alliance, we continue to share technical resources and tools and help identify funding opportunities. We will continue to leverage our participation in key decision-making spaces to champion for meaningful engagement of local CSOs and coalitions, like the Kakamega MNCH CSO Alliance, and to ensure that local voices drive the advocacy agenda and accountability for health priorities.