Transforming health policy through citizen-led social accountability

Lessons learned from the Kakamega County Maternal, Newborn, and Child Health Civil Society Organizations Alliance

Members of the Kakamega County MNCH Alliance conducting an input tracking visit at Likuyani Subcounty Hospital. Photo: PATH.

Governments have long adopted policies committed to improving maternal, newborn, and child health (MNCH), and yet in many cases progress has remained slow. Robust policy is critical to achieving improved health outcomes—but too often, the action stops once a policy is developed and adopted. Policies are only as effective as the extent to which they are implemented, and poor policy implementation impedes equitable access to health services.

High-quality MNCH services are not possible unless governments follow through on implementation, including providing the necessary investments and resources to turn national commitments into established practices at the point of service delivery. Advocates equipped with the right skills and knowledge have the power to transform health care outcomes in their communities.

In Kenya's Kakamega County, citizen-led social accountability projects and data-driven advocacy led by the Kakamega County Maternal, Newborn, and Child Health Civil Society Organizations Alliance (MNCH Alliance), with support from PATH, have created a sustainable model for holding local decision-makers accountable and significantly improved health outcomes and quality of care for women and children in the county.

Strength in numbers

Recognizing advocacy's potential to impact MNCH outcomes in Kakamega County, a group of civil society organizations formed the MNCH Alliance in 2016. With PATH's partial sponsorship and support in bringing together member organizations with a history of advocating for maternal and child health, these organizations built the Alliance to coordinate advocacy efforts and leverage their strengths for increased health resources for mothers and children in Kakamega County.

PATH is a global nonprofit dedicated to achieving health equity. With more than 40 years of experience forging multisector partnerships, and with expertise in science, economics, technology, advocacy, and dozens of other specialties, PATH develops and scales up innovative solutions to the world's most pressing health challenges.

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The MNCH Alliance has been instrumental in transforming the MNCH policy landscape in the county through direct engagement with county assembly leaders and decision-makers at the subcounty level. In 2017, 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, and a critical early victory for the MNCH Alliance members who advocated with county assembly leaders in support for the bill and participated in hearings in all 12 subcounties.

Holding decision-makers accountable to their citizens

Alliance members knew firsthand that policy can only have transformative impact when leaders are held accountable for their commitments. With the Maternal and Child Health and Family Planning Act in place, PATH partnered with the MNCH Alliance to strengthen the coalition's capacity to hold the county government accountable for their commitments to improve maternal and child health per the legislation. PATH facilitated training in citizen-led social accountability strategies, providing technical advice and supporting the development of action plans and tools the MNCH Alliance could leverage to reach critical advocacy goals.

The cornerstone of the MNCH Alliance's action plan is a series of social audits and community scorecards of primary health care (PHC) facilities in Kakamega County. PHC facilities are the recommended first contact providers for many in the county as patients seek to avoid the out-of-pocket expenditures experienced at hospitals and higher-level facilities; however, these lower-level PHC facilities and dispensaries are often inadequate for intrapartum care and poorly equipped to deal with complications. By auditing local facilities, the MNCH Alliance sought to understand how PHC facilities functioned and identify key gaps in services that were driving poor health outcomes.

The social audits were conducted using the following process: input tracking visits, community focus groups and conversations with patients and community leaders, interviews with health care providers, and stakeholder interface meetings. More information on each tactic is detailed in the table below.

Table 1. Tactics used in social audits of primary health care facilities in Kakamega County, Kenya.

	Approach
Input tracking visits at health facilities	Conducted an inventory of existing facility budgets, human resources, infrastructure, equipment, commodities, and other resources. These observations were then compared against Ministry of Health guidelines on thresholds recommended for that health facility's specific level to score the facility, document any gaps in resourcing, and identify advocacy priorities.
Community focus groups	Gathered information during focus group discussions with community groups and conversations with patients and community leaders about their experiences receiving care at the targeted facilities, the quality of care received, and their concerns regarding their local health services.
Health care provider interviews	Conducted interviews with community health workers, nurses, and clinical officers at community-level primary health care facilities, dispensaries, clinics, health centers, maternity homes, and subdistrict hospitals to assess the challenges service providers face in their facilities and receive input as to priority issues advocates could address with decision-makers.
Interface meetings	Held meetings with health facility representatives, patients from the community, local decision-makers, and facility health care workers to develop time-bound, trackable action plans to improve quality of care.

By applying these social audit tactics, the MNCH Alliance was able to identify the ways in which audited PHC facilities were often under-resourced or unequipped to deal with more severe maternal health complications, as well as compare that information with the health policy standards and recorded community experiences and priorities. With insights from these observations and interviews, the MNCH Alliance identified advocacy priorities that would have the biggest impact on improving MNCH services and outcomes in Kakamega County.

Following the first round of audits, the MNCH Alliance convened an initial interface meeting with community health workers, local decision-makers, and community members to share audit findings, discuss community priorities, and develop time-bound action plans to hold the government accountable for their commitments. These plans informed the next round of audits, creating a reinforcing and sustainable system whereby citizens can directly hold their local leaders accountable for community goals.

Today, the MNCH Alliance continues to conduct facility audits and hosts interface meetings every six months to discuss progress toward goals and develop updated action plans to ensure decision-makers continue to prioritize the MNCH services that will have the biggest impact on improving maternal and child health outcomes in Kakamega County.

The impact

The audits identified significant gaps in resources and quality of care at the PHC facilities. Service providers at these local clinics were often not resourced to provide care at the levels set in the Ministry of Health guidelines. Often under-staffed and under-resourced to deal with severe maternal health complications, this gap was exacerbated by weak referral systems between facilities, which made it very difficult to get an ambulance to the facility in time to save the patient’s life. Ambulance access stood out as a key priority for improving maternal health outcomes, so the MNCH Alliance advocates worked with local decision-makers to adjust the annual budget to include four new ambulances in Kakamega County and secure six more ambulances from the Kenya Red Cross.

Through consistent tracking of the implementation of MNCH-related policies and laws like the Maternal and Child Health and Family Planning Act of 2017 in local facilities, the MNCH Alliance transformed health care service delivery for their community in the following ways:

- Provided amenities such as couches and hot showers in rural PHC facilities.
- Improved facility access to health care supplies to avoid stockouts.
- Completed the construction of new maternity wings and added ultrasound machines to some facilities.
- Budgeted funds are now dispersed in a timely manner to the facilities.
- Secured a water tank for a facility that was lacking access to clean water.
- Deployed additional nurses to PHC facilities.
- Held regular maternal and perinatal death surveillance and response meetings at the facility level.
- Increased the number of women registered in the national Linda Mama program.
- Raised the level of a high-volume facility from a level 2 to a level 3 to bring in more skilled service providers and expand health care services to better support the community.

In addition, conducting interface meetings every six months helps to build relationships with policymakers who can become champions for PHC and MNCH services. This engagement strategy has helped build champion relationships with county and subcounty reproductive health coordinators, as well as county assembly members, who have been able to follow through on their actions to improve health outcomes in Kakamega County. It has also elevated the reach of the MNCH Alliance’s

technical expertise, as members have been asked by decision-makers to serve on county technical working groups.

> "We continue to fight to ensure access to quality reproductive health care services across Kakamega County. Everyone has a right to respectful and quality care, free from discrimination and violence." – Kristine Yakhama, Kakamega County Maternal, Newborn, and Child Health Civil Society Organizations Alliance

Looking forward

Maternal mortality indicators have greatly improved in Kakamega County, in part as a result of the MNCH Alliance's dedicated advocacy (Table 2).

Table 2. Performance on maternal mortality indicators in Kakamega County, Kenya.

	2014 performance	2022 performance
Percentage of women who attended at least four antenatal care visits	35%	73.3%
Percentage of live births delivered by a skilled provider	48.6%	96%
Percentage of babies delivered in a health facility	47%	90%
Infant mortality rate	39 per 1,000 live births	32 per 1,000 live births
Immunization coverage in children	73.1%	91%

Sources: 2014 and 2022 Kenya Demographic and Health Surveys.

The MNCH Alliance continues to use their social audit tactics to improve the quality of MNCH services at PHC facilities in Kakamega County. The strategy allows for frequent evaluation of goals that can be quickly adapted to address new community concerns as they arise. For example, the Alliance is presently focused on acquiring essential medical devices, such as pulse oximeters and electronic clinical diagnosis support algorithms for management of childhood illnesses. PATH continues to support the MNCH Alliance and looks to learn from their successes to scale the impact of citizen-led social accountability across other counties in Kenya.