

**Reproductive,
Maternal, Newborn,
and Child Health in
a Devolved State:**
The Kenya Context





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About the MACS project: The Mobilising Advocates from Civil Society (MACS) project aims to mobilize and strengthen civil society's engagement in the implementation and monitoring of government commitments in order to contribute to the improvement of reproductive, maternal, newborn, and child health (RMNCH) and to the achievement of MDGs 4 and 5. In Kenya, the project strengthens national RMNCH advocacy alliances and civil society's capacity to advocate for and monitor the fulfilment of national commitments to RMNCH.

About the Kenya RMNCH Advocacy Network: In May 2012, a network of Kenyan civil society organizations was established to strengthen advocacy for the realization of RMNCH commitments. The network provides a forum for civil society organizations to build on their synergies, share information, avoid duplication of efforts, and harmonize ways of working with the Government and other stakeholders.

In Kenya, the process of devolution is still evolving; information presented in this brief is current as of December 2013.

Introduction

The past two years have witnessed unprecedented global support and visibility for reproductive, maternal, newborn and child health (RMNCH); a number of global and regional initiatives (see Box 1), including the United Nations (UN) Secretary-General's Global Strategy for Women's and Children's Health and the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), provide a platform for accelerating action to improve the health and well-being of women and their children.

Box 1: International and regional initiatives and partnerships which support RMNCH

1. Millennium Development Goals (MDGs)
2. Global Strategy for Women's and Children's Health
3. UN Commission on Life-Saving Commodities for Women and Children
4. Commission on Information and Accountability for Women's and Children's Health
5. Child Survival Call to Action/A Promise Renewed
6. MDG Acceleration Framework
7. Family Planning 2020
8. Abuja Declaration
9. Maputo Protocol
10. Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA)
11. Maputo Plan of Action

The Government of Kenya has endorsed a range of these global initiatives, including the Global Strategy for Women's and Children's Health and the Millennium Development Goals (MDGs), specifically emphasizing MDGs 4, 5, and 6 (focusing on maternal health, children's health, and HIV/AIDS), and has made specific commitments to achieve them.

At the regional level, Kenya is implementing the Maputo Plan of Action (Maputo PoA) for the Operationalization of the Continental Policy Framework for Sexual and Reproductive Health and Rights and The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (better known as the Maputo Protocol), and CARMMA, among others.

Nationally, Kenya has a sufficient and strong legal and policy framework that governs RMNCH; the country has a number of good policies that support RMNCH and provide strategic direction and, in some cases, identifies targets which can be achieved within a medium-term implementation framework (see Box 2). These include: the Constitution of Kenya (which was revised and ratified in 2010), Vision 2030 (a national long-term development agenda which includes a component on health), the Poverty Reduction Strategy, the Kenya Health Policy (2012-2030), and the National Health Sector Strategic Plan. However, many of these policies do not identify mechanisms of accountability.

Box 2: National policies and strategies for RMNCH

1. Kenya Health Sector Policy Framework 1994-2010
2. National Health Sector Strategic Plan I 1999-2004
3. National Health Sector Strategic Plan II 2005-2010
4. Kenya Health Policy 2012-2030
5. Kenya Health Sector Strategic & Investment plan 2012-2018
6. National Reproductive Health Strategy 2009-2015
7. Guidelines on the Management of Sexual Violence 2009
8. Adolescent Reproductive Health and Development Policy Plan of Action (2005-2010)
9. National Guidelines for Provision of Adolescent Youth-Friendly Services in Kenya
10. National Road Map for accelerating the attainment of the MDGs related to Maternal and Newborn Health in Kenya 2010
11. National Family Planning Guidelines for Service Providers: Updated to reflect the 2009 Medical Eligibility Criteria of World Health Organization
12. Child Survival and Development Strategy 2008-2015
13. Policy Guidelines on Control and Management of Diarrheal Diseases in Children below Five Years in Kenya 2010
14. Minimum package for reproductive health and HIV integration 2009
15. Gender Policy in Education 2007
16. Taking the Kenya Essential Package for Health to the Community: A Strategy for the Delivery of Level One Services 2006
17. Vision 2030
18. The Constitution of Kenya 2010
19. Reproductive Health Policy 2007

In 2013, the Constitution introduced a devolved system of government which aims to enhance access to health services by all Kenyans, especially those in rural and hard to reach areas (Republic of Kenya 2012).

Within this new context of devolution, the implementation of these health policy commitments will now shift: some policy issues will continue to be addressed through national mechanisms; while implementation of health policy issues will now be addressed at the county level with the full involvement of local policy makers and health officials.

This policy brief provides guidance on policy structures and decision-making in the devolved context. Designed specifically for civil society organizations (CSOs), the brief identifies avenues and opportunities for advocacy in a context where health is devolved.

Defining Advocacy and Accountability

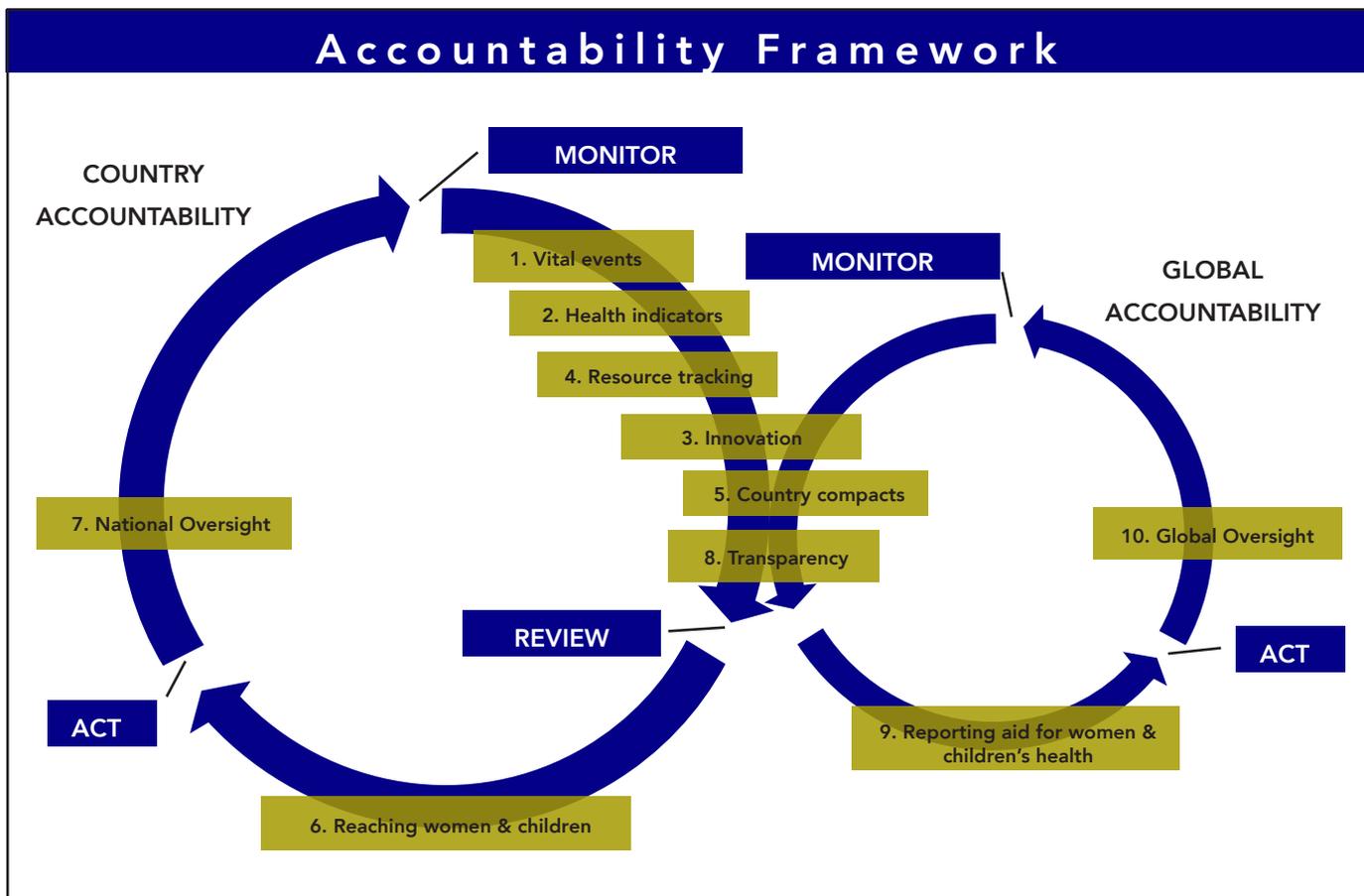
Advocacy is the process of informing or influencing decision makers in order to change policies and/or financial allocations, and to ensure their effective implementation. Advocacy plays a critical role in ensuring that national commitments translate into concrete action; civil society groups in particular can hold governments and other stakeholders accountable to these commitments by demanding that policies are reformed and implemented, funds invested and tracked, and health outcomes measured and published. To ensure that CSOs are conducting effective advocacy, advocacy strategies and messages need to be informed by, and respond to, the new decentralized context.

This brief uses the tenets of the accountability framework created by the Commission on Information and Accountability for Women’s and Children’s Health (COIA) to define the opportunities for tracking progress of RMNCH indicators; identify mechanisms of accountability at national and county government levels; and highlight the avenues that exist for advocacy. Accountability entails the procedures and processes by which one party is held responsible for its actions by another party that has an interest in the actions (Emanuel and Emanuel 1996). The Accountability

Framework (see Figure 1) uses three key processes:

- **Monitor:** providing critical and valid information on what is happening, where and to whom (results) and how much is spent, where, on what and on whom (resources);
- **Review:** data to determine whether RMNCH has improved, and pledges, promises, and commitments have been kept by countries, donors, and non-state actors.
- **Act:** using the information and evidence that emerge from the review process and doing what has been identified as necessary to accelerate progress towards improving health outcomes, meeting commitments, and reallocating resources for maximum health benefit.

This framework is based on the right of every woman and child to access the highest attainable standard of health without discrimination due to gender or poverty (WHO 2011). It links accountability for resources to the results, outcomes, and impacts they produce; places accountability at the country level, with active engagement of governments, communities, and civil society; and establishes strong links between country and global mechanisms (WHO 2011).



Source: WHO, 2011

National-level Accountability Structures

The national government provides stewardship for health policy and management of national referral health facilities. Table 1 outlines the key national actors and their main areas of responsibility. For example, the Cabinet Secretary for Health has the overall responsibility for addressing the national health agenda; the Principal Secretary for Health is the principal accounting officer for the Department of Health including public and non-public resources. The Director General, Health Services is the technical officer for both public and non-public resources (Republic of Kenya 2013).

The senior health sector management team (comprising the Director General, Health Services; heads of the Directorates; and heads of all sector departments, including those in Semi-Autonomous Government Agencies (SAGAs) and Heads of Units) is responsible for operational, priority setting, implementation follow-up, and monitoring processes. Each Directorate has departments within it, which are aligned to addressing the health agenda as outlined in the Kenya Health Policy.

Table 1: National-level Roles and Responsibilities

WHO IS ACCOUNTABLE	AREA OF RESPONSIBILITY
Cabinet Secretary for Health	Management of health agenda
Principal Secretary for Health	Overall accounting for health
Director General, Health Services	Technical aspects of health
The senior health sector management team	Operational, priority setting, implementation follow-up and monitoring processes
Heads of Semi-Autonomous Government Agencies (SAGAs) and Directorates	Developing the strategic policies for each unit, including defining outcome targets and required investments
Curative & Rehabilitative Services	Clinical Services, Child and Adolescent Health
Preventive and Promotive Services	Reproductive Health Child and Adolescent Health
Standards and Quality Assurance	Health Norms and Standards
Policy, Strategy and International Health	Performance Contracting Health Information System
Administration & Finance	Gender Mainstreaming Human Resources for Health

Policy Opportunities for Civil Society Advocacy

In this new devolved context, there are a number of policy windows at the national level that CSOs can utilize to support advocacy and accountability for RMNCH. In particular, this brief provides an overview of, and potential advocacy opportunities related to, the policies listed in Box 2: National Road Map for Accelerating the Attainment of the MDGs Related to Maternal and Newborn Health in Kenya; Child Survival and Development Strategy; Adolescent Reproductive Health Policy Plan of Action; and Reproductive Health Policy. Many of these policies are being updated or revised to align to the devolved system of governance.

These four policies individually address at least one of the components of RMNCH, and together, provide CSOs with potential advocacy opportunities along the full continuum of care. One challenge for advocates is obtaining copies of these policies. At this time there is not a central website where they can be found, nor is there clear guidance on individuals within the Ministry of Health advocates should contact to obtain these policies. It is critical to ensure that policies are available to all Kenyan citizens.

National Road Map for Accelerating the Attainment of the MDGs Related to Maternal and Newborn Health in Kenya (August 2010)

The National Road Map was a strategy borne out of a review of the 2007 WHO report, "Millennium Development Goals Status Report for Kenya" that showed almost no progress had been made in Kenya to reduce maternal and newborn mortality and morbidity. The Road Map's overall goal is to ensure acceleration of the reduction of maternal and newborn morbidity and mortality. It identifies the causes for slow progress towards meeting the MDG goals and outlines the following objectives:

- Increase the availability, accessibility, acceptability and utilization of skilled attendance during pregnancy, childbirth and the postpartum period at all levels of the health care delivery system;
- Strengthen the capacity of individuals, families, communities, and social networks to improve maternal and newborn health (MNH);
- Strengthen data management and utilization for improved MNH.

Opportunities for Advocacy

In the section, Roles and Responsibilities, the Ministries are charged with allocating necessary resources for the implementation of the Road Map. Given that a budget is not included in the Road Map, advocacy efforts can focus on asking the Ministry of Health to provide information on what government funding is being used to support the implementation of priority actions and interventions.

Child Survival and Development Strategy (2008-2015)

The Child Survival and Development Strategy is a seven-year strategy developed by the Ministry of Public Health and Sanitation and the Ministry of Medical Services. The Strategy was informed by a situational analysis on the state of child survival and nutrition in Kenya. As noted in the introduction of the Strategy, the 2003 Demographic Health Survey findings showed an increase in both under-five mortality, as well as infant mortality, between 1988 and 2003. Overall the purpose of the Strategy is to respond to these mortality trends. The strategy's overall goal is to support the Kenyan health sector to achieve MDG 4. Specific objectives include:

- To provide a framework that all partners can support to scale up and accelerate child survival and development in Kenya
- To advocate for increased political will and financial commitment for child survival and development in Kenya

Opportunities for Advocacy

In the Budget section, advocates can follow-up with the identified responsible persons (or department) for each activity. Since one of the key roles of the government is to ensure adequate resources (including financial and human), advocates can specifically follow-up with government about the level of resources set aside for child survival.

The Adolescent Reproductive Health Policy Plan of Action (2005-2015)

The Adolescent Reproductive Health and Development (ARHD) Policy Plan of Action was developed to ensure that young people, who make up a large percentage of the Kenyan population, have their sexual and reproductive health (SRH) issues addressed. The Plan of Action was jointly developed by the Department of Reproductive Health (DRH) and National Council for Population and Development (NCPD) and partners working in adolescent sexual and reproductive health (ASRH) in Kenya. The overall goal of the Plan of Action is to facilitate the operationalization of the Adolescent Reproductive Health and Development Policy through a national multi-sector approach. The Plan of Action spells out the main strategies that will ensure operationalization of the policy and identifies the priority areas of action to be addressed ahead of the 2015 MDG deadline. The Plan of Action also provides an avenue and rationale for resource mobilization and sustainable ASRH. Finally, the Plan of Action outlines a logical framework for implementing the Policy and provides a monitoring and evaluation framework. Four thematic areas are prioritized:

- **Advocacy:** Improved policy environment for effective implementation of adolescent reproductive health and development programmes

- **Health awareness and behaviour change communication:** Empowered young people able to develop, adopt and sustain healthy attitudes and behaviours towards reproductive health and development
- **Access to and utilization of youth friendly services:** Quality and sustainable youth friendly, reproductive health and development services provided
- **Management of programmes:** Enhanced capacity of key national coordinating agencies to manage the ARHD programmes

Opportunities for Advocacy

The Plan presents an opportunity for a multi-sectoral approach to adolescent sexual and reproductive health. Advocates can call for partnership with different government departments to help in the implementation of activities outlined in the Plan. Advocates can use the logical framework to track the implementation of the activities, as it clearly identifies what the indicators are, as well as the source. Advocates should also follow-up with the Ministry of Health to obtain further information about the financial resources needed to implement the plan for the second five years.

Reproductive Health Policy (2007)

The Reproductive Health Policy has the primary goal of enhancing the reproductive health of all Kenyans by ensuring equitable access, improved efficiency and effectiveness of service delivery, and better response to client needs. This Policy is anchored on the National Health Sector Strategic Plan which focuses on preventive rather than curative services.

The policy outlines a range of areas to be addressed as part of its objectives, including: maternal, perinatal and neonatal morbidity, unmet family planning needs, adolescent sexual and reproductive health, gender equality and equity in reproductive health, reproductive tract infections, HIV and AIDS, infertility, common cancers of the reproductive system, and reproductive health related needs of the elderly. The policy prioritizes the following four thematic areas:

- **Maternal and neonatal health:** Reduce maternal, perinatal and neonatal morbidity and mortality in Kenya
- **Family planning:** Reduce the unmet need for family planning, unplanned births as well as regional and socio-economic disparities in contraceptive prevalence rate
- **Adolescent/youth sexual reproductive health:** Improve the sexual and reproductive health of Kenya's adolescents and youth
- **Gender issues:** Promote gender equity and equality in decision-making in matters of reproductive health and to contribute to the elimination of harmful practices within a multi-sectoral and legal framework

Opportunities for Advocacy

Even though the strategies outlined in this Policy are broad and general, they identify key issues for improving reproductive health. Advocates should use this policy to ensure that the activities being implemented address these strategies. There is also strong language around ensuring that reproductive health is incorporated in all aspects of health care and requiring other non-Health Ministries to mainstream reproductive health into their core functions.

At the national level, there continue to exist avenues and mechanisms for ensuring accountability for RMNCH. The following table outlines key actors and their role and functions, as well as potential avenues and mechanisms for CSOs to hold national level government accountable to RMNCH commitments. Table 2 outlines potential avenues and mechanisms for accountability with national level actors and structures.

Table 2: Actors, Avenues and Mechanisms of Accountability at National level

Who to hold accountable	What they should be held accountable for	Avenues for accountability	Mechanisms for accountability
Cabinet Secretary for Health	<ul style="list-style-type: none"> -Strategic policy direction / liaison between the National Government and the County Executive Committee on health matters - Mobilization of resources for implementing the Health Policy agenda -Represent the health sector internationally at the highest level 	<ul style="list-style-type: none"> -National Health Sector Coordinating Summit -Health Sector Secretariat 	<p>Monitor</p> <ul style="list-style-type: none"> -Vital events (system for registration of births, deaths and causes of death) -Periodic review through social audits -Health information systems that combine data from facilities, administrative sources and surveys -Demographic health surveys -Other national surveys (Kenya AIDS Indicator Survey (KAIS)/Service Provision Assessment Survey (SPA))
Principal Secretary for Health	<ul style="list-style-type: none"> -Coordinating actions of SAGAs in the health sector/expenditure reviews on use of Government and external resources, including efficiency and value reviews -Coordination of financial management systems at the national level, and between National and County Governments -Value-for-money audits, sector-wide efficiency assessments and regular updating of costing data of funds supporting health activities in the sector -Availability of guidelines/commodities -Human resources /skill competencies -Coverage of services/adequacy of access/equity 	<ul style="list-style-type: none"> -Stakeholder forums for sector planning & review -Stakeholder consultations and participation in sector programs and processes -Management boards and stakeholder meetings for professional and regulatory bodies -Management boards & stakeholder meetings for SAGAs -Parliamentary Health Committee forums -Sector Budget Hearings -Health NGO Network (HENNET) forums for CSOs -Service Charters: MoH, SAGAs, National Referral Hospital client satisfaction surveys (annual) -Public Expenditure Tracking Studies (annual) -Civil society rights organizations -National Referral Hospital Management Boards 	<ul style="list-style-type: none"> - Health management information system (HMIS) integrated with national surveys -Budgetary allocation process -Tracer commodities for RMNCH -Indicators on RMNCH, disaggregated for gender and equity -Total health expenditure by financing source, per capita; and total RMNCH expenditure by financing source, per capita <p>Review</p> <ul style="list-style-type: none"> -Periodic analysis/collation of data -Development of citizen report card and citizen score cards <p>Act</p> <ul style="list-style-type: none"> -Advocate for commitments/targets not met -Advocate for financial support from other donors/non-state actors

Table 2 (continued)

Who to hold accountable	What they should be held accountable for	Avenues for accountability	Mechanisms for accountability
Director General, Health Services	<ul style="list-style-type: none"> - Guide the Cabinet Secretary on technical issues in health, for communication within Government, parliament, and other state organs and internationally -Provide the sector with technical direction in all matters relating to the strategic direction of the health sector -Act as a liaison between the National Government and County Directors of Health, to coordinate attainment of health goals -Manage a resource centre for health and related information for the County, including library, reports, internet presence, and other information sources -Coordination of health responses to disaster management actions -Chair the Health Sector Coordinating Committee, comprising technical heads for all agencies signatory to the Sector Code of Conduct 	<ul style="list-style-type: none"> -Management boards & stakeholder meetings for SAGAs -Parliamentary Health Committee forums -Sector Budget Hearings -Health NGO Network (HENNET) forums for CSOs -Service Charters: MOH, SAGAs, National Referral Hospital Client satisfaction surveys (annual) -Public Expenditure Tracking Studies (annual) -Civil society rights organizations -National Referral Hospital Management Boards -Facilitate greater civil society participation in appropriate national stakeholder consultations and forums -Kenya Health Services Commission (with consumer/civil society representation) -National Health Assembly (annual) -Promote development of national level health consumer rights and advocacy organizations, consumer protection organizations 	<p>Monitor</p> <ul style="list-style-type: none"> -Vital events (system for registration of births, deaths and causes of death) -Periodic review through social audits -Health information systems that combine data from facilities, administrative sources and surveys. -Demographic health surveys -Other national surveys (Kenya AIDS Indicator Survey (KAIS)/Service Provision Assessment Survey (SPA)) - Health management information system (HMIS) integrated with national surveys -Budgetary allocation process -Tracer commodities for RMNCH -Indicators on RMNCH, disaggregated for gender and equity -Total health expenditure by financing source, per capita; and total RMNCH expenditure by financing source, per capita <p>Review</p> <ul style="list-style-type: none"> -Periodic analysis/collation of data - Development of citizen report card and citizen score cards <p>Act</p> <ul style="list-style-type: none"> -Advocate for commitments/targets not met -Advocate for financial support from other donors/ non-state actors
Heads of SAGAs and Directorates	<ul style="list-style-type: none"> -Developing the strategic approach for the technical unit, including defining outcome targets and required investments -Monitor implementation of the strategic approach by different implementation units and achievement (or lack thereof) of agreed targets -Mobilize resources for the different implementation units -Develop annual targets, based on known resource envelope -Develop guidelines for service delivery by implementation units -Develop and facilitate implementation of a research agenda to ensure evidence based decision making 	<ul style="list-style-type: none"> -Management boards & stakeholder meetings for SAGAs -Parliamentary Health Committee forums -Sector Budget Hearings -Health NGO Network (HENNET) forums for CSOs -Service Charters: MOH, SAGAs, National Referral Hospital client satisfaction surveys (annual) -Public Expenditure Tracking Studies (annual) -Civil society rights organizations -National Referral Hospital Management Boards 	

County-level Accountability Structures

At the county level, the County Executive responsible for Health has been established to provide overall coordination and management of county health services in consultation with the Health Services Authority and the County Public Service Board. This department shall be answerable to the Governor and the County Assembly. Table 3 outlines the key health actors at the county level and their main areas of responsibility.

Table 3: County level Roles and Responsibilities

WHO IS ACCOUNTABLE	AREAS OF RESPONSIBILITY
County Executive responsible for Health	<ul style="list-style-type: none"> • Overall coordination and management of county health services including monitoring planning processes, and formulating and adopting policies and plans for county health services • Availability of legislative and policy documents for RMNCH • Budget allocation and tracking for RMNCH
Chief Officer for Health	<ul style="list-style-type: none"> • Technical coordination and management of county health services • Interpretation and integration of national health policy
Disease Prevention and Health Promotion Unit	<ul style="list-style-type: none"> • Eliminate communicable conditions • Promotion of primary health care including child health
County Assembly	<ul style="list-style-type: none"> • Passage of bills and setting the development agenda
Curative Services and Rehabilitation Unit	<ul style="list-style-type: none"> • Provision of essential health services; maternal health and nursing services
Planning and Monitoring Unit	<ul style="list-style-type: none"> • Organization & management of health service delivery and health planning
Procurement/Finance and Information Communication Technology (ICT) Unit	<ul style="list-style-type: none"> • Budgetary allocation for RMNCH <ul style="list-style-type: none"> • Transparency in procurements of essential commodities
Facility-in-charges and providers	<ul style="list-style-type: none"> • Availability of quality services /skilled competencies, including <ul style="list-style-type: none"> • Coverage of services • Adequacy of access/equity • Health promotion • Service efficiency and effectiveness

Table 4: Actors, Avenues and Mechanism of Accountability at County level

Who to hold accountable	What they should be held accountable for	Avenues for accountability	Mechanisms for accountability
County Executive responsible for health	<ul style="list-style-type: none"> -Availability of legislative and policy documents for RMNCH -Budget allocation and tracking for RMNCH 	<ul style="list-style-type: none"> -Stakeholder forums for health planning & review -Stakeholder consultations and participation in sector programs and processes -County Health Sector Coordinating Summit 	<p>Monitor</p> <ul style="list-style-type: none"> -Vital events -Periodic review through social audits -Health information systems that combine data from facilities, administrative sources and surveys.
Chief Officer for Health	<ul style="list-style-type: none"> -Management of public health facilities -Implementation of health issues from the County Executive Committee; -Interpretation and integration of national health policy; -Coordinating development and implementation of County Health Strategies and priorities; -Management of referral health services, in County, across Counties, and with the national Government. -Human resources/- professional competence -Commodities -Legal and ethical conduct - Service quality and responsiveness -Coverage of services -Adequacy of access equity -Health promotion 	<ul style="list-style-type: none"> -Project and program management committees -County Health Committees -Service Charters: county health management teams - Service Charters: County Health Departments -Facility Management board - Annual County Health Assembly -Development of county level health consumer rights and advocacy organizations -Consumer protection organizations 	<ul style="list-style-type: none"> -Demographic health surveys -Other national surveys (KAIS/SPA) - HMIS integrated with national surveys -Review budgetary allocation process -Tracer commodities for RMNCH -Indicators on RMNCH, disaggregated for gender and equity -Total health expenditure by financing source, per capita; and total RMNCH expenditure by financing source, per capita <p>Review</p> <ul style="list-style-type: none"> -Periodic analysis/collation of data -Generating citizen report card through desk review -Generating community score cards
Disease Prevention and Health Promotion Unit	<ul style="list-style-type: none"> -Promotion of primary health care including child health -Refuse removal; refuse dumps and solid waste disposal 	<ul style="list-style-type: none"> -Project and program management committees -County Health Committees -Service Charters: county health management teams/County Health Departments -Facility Management board - Development of county level health consumer rights and advocacy organizations -Consumer protection organizations 	<p>Act</p> <ul style="list-style-type: none"> -Advocate for commitments/targets not met -Advocate for financial support from other donors/from non-state actors

Table 4 (continued)

Who to hold accountable	What they should be held accountable for	Avenues for accountability	Mechanisms for accountability
Curative Services and Rehabilitation Unit	<ul style="list-style-type: none"> - Management of health facilities and pharmacies; cemeteries, funeral parlours and crematoria - Maternal health/Blood safety - Laboratory services - Pharmaceutical services - Nursing services 	<ul style="list-style-type: none"> -Project and program management committees -County Health Committees -Service Charters: county health management teams/County Health Departments -Facility Management board - Development of county level health consumer rights and advocacy organizations -Consumer protection organizations 	<p>Monitor</p> <ul style="list-style-type: none"> -Periodic review through facility inventories -Maternal/neonatal/child death reviews -HMIS -Review budgetary allocation process -Tracer commodities for RMNCH <p>Review</p> <ul style="list-style-type: none"> -Periodic analysis/collation of data
Planning and Monitoring Unit	<ul style="list-style-type: none"> - Organization & management of health service delivery - Health Planning/Sector Coordination - Health Information 	Project and program management committees	<p>Act</p> <ul style="list-style-type: none"> -Advocate for commitments/targets not met -Support through lobbying for funds from non-state actors
Procurement/ Finance and Information Communication Technology - ICT Unit	<ul style="list-style-type: none"> -Budgetary allocation for RMNCH -Transparency in procurements of essential commodities 	<ul style="list-style-type: none"> -Budget making forums -Tendering process 	
Facility-in-charges	<ul style="list-style-type: none"> -Availability of guidelines -Availability of commodities -Human resources/skilled competencies -Coverage of services -Adequacy of access/equity -Health promotion -Service quality and responsiveness - Efficiency and effectiveness of services 	<ul style="list-style-type: none"> -Health Facility Management Committees -Service Charters for health facilities: Community Health Committees (sub-county) -Facility health committees 	
Providers	<ul style="list-style-type: none"> - Service quality and responsiveness - Efficiency and effectiveness of services 	<ul style="list-style-type: none"> -Health Facility Management Committees -Service Charters for health facilities: Community Health Committees (sub-county) -Facility health committees 	

Conclusion

Kenya has a strong regulatory and policy framework for RMNCH. This framework provides many opportunities for advocacy, and for ensuring that the government is held accountable for commitments made in the context of devolution. While there are challenges with this new system of governance, civil society organizations have an important role to play at the national and county level to ensure that policies and commitments translate into improving the health and well-being of women and children in Kenya.

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For more information on advocacy resources, contact FCI/Kenya at fcikenya@fcimail.org





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