



ACCESS TO MEDICINES PLATFORM

“Health Systems Strengthening
for Universal Health Coverage”



ADVOCATING FOR AVAILABILITY
AND AFFORDABILITY OF
COMMODITIES & SERVICES FOR
MATERNAL, NEWBORN, CHILD,
CONTRACEPTIVES AND STI
TREATMENT IN KENYA

Annual
Report
2019

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Abbreviations and Acronyms

AtMP	Access to Medicines Platform
AHAIC	Africa Health Agenda International Conference
AYSRH	Adolescents and Youth Sexual and Reproductive Health
CS	Civil Society
CHMT	County Health Management Team
SCHMT	Sub-County Health Management Team
CSOs	Civil Society Organizations
UHC	Universal Health Coverage
SRH	Sexual and Reproductive Health
SRHC	Sexual and Reproductive Health Commodities
SRHR	Sexual and Reproductive Health and Rights
MoH	Ministry of Health
HSAP	Health Systems Strengthening Partnership
KMPDU	Kenya Medical Practitioners and Dentists Union
MeTA	Medicines Transparency Alliance
RH	Reproductive Health
TWGs	Technical Working Groups
ACHEST	Africa Centre for Global Health and Social Transformation
SDGs	Sustainable Development Goals
DRMHU	Division of Reproductive and Maternal Health Unit
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
FAQs	Frequently Asked Questions
OSIEA	Open Society Institute for East Africa
HERAF	Health Rights Advocacy Forum
OAY	Organization of Africa Youth
WHA	World Health Assembly
WHO	World Health Organization
STIs	Sexually Transmitted Infections
IEC	Information Education and Communication
ODK	Open Data Kit

Forward

Access to Medicines Platform in a span of just 2 years has grown in leaps and bounds. Having only been formally registered in 2018, the organization has managed to not only make inroads in the health systems strengthening space but also bringing on board community based youth and women led organizations from the different counties of Kenya to rightfully play their watch dog role in policy and budgeting making processes.



The biggest project we have implemented is the Health Systems Advocacy Partnership on behalf of Health Action International (HAI), who are our key strategic and financial partners, based in the Netherlands. This partnership has strengthened Civil Society Organizations and other multi-stakeholder engagements in Kenya, Uganda, Tanzania, Malawi and Zambia to advocate for strengthened health systems to improve Sexual and Reproductive Health (SRH) and Rights and access to SRH commodities. The Partners in this consortium are Health Action International, Amref Health Africa, ACHES and WEMOS. Through its Chief Executive Officer, Access to Medicines Platform has been the lead for this partnership in Kenya since 2018. This partnership is also funded by the Dutch Ministry of Foreign Affairs and Trade.

We also supported other projects on Mental Health care and treatment where we oversaw research in 4 pilot counties to establish the levels of care, knowledge, attitudes, treatment and rights of persons with mental health illnesses including their care givers. We have also supported the HAI project on Neglected Tropical Diseases focusing on Snakebites where we undertook research and collected data on incidences and treatment of snakebites in 6 pilot counties in Kenya. We were also able to engage with the communities through focused group discussions and households surveys to not only gauge their knowledge on snakebites but also sensitize them on first aid measures for snakebites and the do's and don'ts in case of a snake bite.

All these three projects have been well received, our interventions are largely community driven, we believe the bottom up approach to inform policy and backed by data is what has given us a lot of success in the past one year. Policy makers at county level have embraced the findings of our research by implementing some of the recommendations. The programs, activities and outcomes we have achieved over the last 12 months are well highlighted in this annual report.

This being our very first Annual Report, we have really focused our content on our programs, delivery of programmes, engagement strategy and our outcomes. We hope that this Annual Report will serve as a learning tool and especially for the Community Based Organizations especially those in Narok, Kisumu, Kakamega and Kajiado who have been invaluable implementing partners.

We wish you all a Happy read and look forward to receiving your feedback, views, input! We would like to thank our Staff, Board of Directors, partners, supporters, friends and network members for their commitment and dedication in ensuring 2019 was a success. We also welcome new partnerships and alliances that advance our quest for strengthened Health Systems that are resilient enough to withstand both foreseen and unforeseen health challenges. This cannot be any more true with the world still battling COVID-19 many months on.

Happy Reading!

Dorothy Okemo

Executive Officer

Word from Partners



I wish to appreciate the support provided by Access to Medicines Platform in terms of evidence generation for sexual and Reproductive Health Commodities (SRHC). The Research provides key data on availability, affordability and Stockouts of SRHC in 2019, we used the data to develop an advocacy concept on financing of SRH commodities and the project was funded by Women Deliver. The data also informed so much in the development of the Kisumu Family Planning CIP 2020.

Victone Onyango
Director-Inuka Success Organization & Member of
MeTA CSO Lake Basin Alliance



The MeTA Lake Basin CSO Alliance on SRHR has been receiving support from Access to Medicines Platform through continuous capacity strengthening and funding of grassroots and County SRH advocacy activities that have created an effective platform for joint action in advocacy, information sharing, building bridges for mutual SRH partnerships and creating synergy for diversity of the member organizations for SRHR advocacy and sustainable development within the region"

Douglas Otieno
Coordinator-MeTA Kenya Lake Basin CSO
Alliance



Kakamega County has received a lot of support from Access to Medicines Platform (AtMP) in matters around RMNCAH, Commodity Security and dissemination of findings on a survey conducted on availability, affordability and Stockouts of Sexual and Reproductive Health Commodities in 2019, thanks to AtMP, I was able to advocate, plan and sensitize the county on matters of SRH thus increasing access and create demand for SRH commodities and services.

Jessica Koli
RH Coordinator - Kakamega County



On behalf of the Narok Youth SRHR Network, I would like to pass our sincere gratitude to Access to Medicines Platform for taking some of the members through intensive training which was of great benefit not only to them but the entire network. Thanks to the skills gained during the training, we can now engage the county government for increased budgetary allocations to SRH and hold leaders to account through social accountability mechanisms learnt. We can also monitor delivery of services at County Government level."

Catherine Mootian
Narok Youth SRHR Network



My sincere thanks for giving me the opportunity to attend your 2019 CSOs capacity building workshop. The training was very informative and educative. It will go a long way to improving skills for organization for Health education & Research Services (OHERS) and the Kakamega MNCH CSOs Alliance. I look forward to working with you to further improve the MNCH Alliance advocacy efforts in Kakamega County and the other counties."

Nellie Luchemo
E.D OHERS Kakamega



I would like to thank Access to Medicines Platform Kenya for awarding me the opportunity to do my industrial attachment that ran from June to August 2019. I was given enough room to exercise creativity while undertaking public relations strategies. This helped me in gaining knowledge on SRH. Being a president of a UN affiliated club in the university, I was able to spark talks and eventually embark on projects to ensure proper SRH is maintained in the communities around the university."

Gabriel Moyi
Communications Intern



About Us

Access to Medicines Platform (AtMP Kenya) AtMP has been working in Kenya since October 2016 and formally received its registration to operate as Non-profit Organization in January 2018. Our mandate is to improve the reproductive health outcomes in Kenya for women, children and vulnerable groups. Our general objective is to strengthen health systems to ensure women, girls and vulnerable groups have access to safe, quality and effective health commodities and particularly reproductive health and other life-saving commodities and devices. During 2019, AtMP implemented three programs:

1. The Health Systems Advocacy Partnership (HSAP)

Over the last four years, Access to Medicines Platform has been the implementing partner of Health Action International (HAI) as part of the Health Systems Advocacy Partnership (HSAP). This partnership has strengthened Civil Society Organizations and other multi-stakeholder initiatives in Kenya, Uganda, Tanzania, Malawi and Zambia to advocate for strengthened health systems to improve Sexual and Reproductive Health and Rights and access to SRH commodities.

Access to Medicines Platform has supported this partnership in Kenya that has led to the realization of many outcomes that have improved access to Sexual and Reproductive health services, information and commodities. We have based our work on evidence generation, sub-national and national multi-stakeholder engagement, increasing the capacity of grassroots CSOs to effectively lobby and advocate for policy changes and policy implementation and empowerment of communities particularly women and girls to be part of decision making thereby increasing their access to quality and affordable reproductive health services and commodities for maternal health, newborn and child health, Sexually Transmitted Infections (STIs) treatment and contraception.

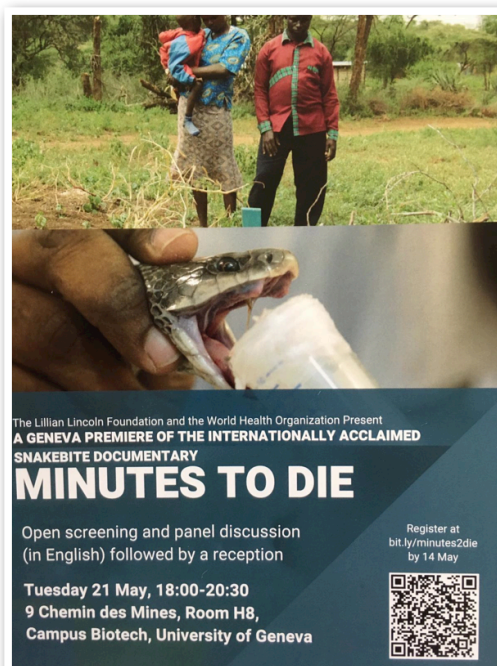
2. Mental Health Project

Tinada Youth Organization (TIYO) has been at the forefront in implementation of Mental Health Integrated Program within Western Kenya in partnership with ON THE MOVE (German Based NGO). The organization has been running a community campaign on awareness and sensitization education on mental illness and how it can be managed through local radio shows, community meetings and public forums.

In 2019, Access to Medicines Platform worked with and supported Tinada Youth Organization to undertake evidence based advocacy to improve mental health policy formulation and implementation. AtMP was responsible for supporting inputting of the proposal, development of research tools, training of research assistants, data collection and analysis and report writing. The research was conducted in Kisumu, Vihiga, Kakamega and Bungoma counties with the goal of supporting mental health rights, resource and funding allocation and advocacy to advance human rights approach for improved mental health status in Kenya.

Research objectives:

1. To establish comprehensive mental health baseline survey to determine level of mental health care, service delivery, financing and rights violations, outcome evaluations and cost effectiveness assessments in the focus counties.
2. To assess existing knowledge, attitude, practices, systems and structures that enhance delivery of promote fundamental human rights of persons with mental disorders towards meaningful engagement and access to integrated health services within Vihiga, Kakamega and Bungoma Counties in Kenya.
3. To establish the status of laws that support a human rights approach to mental health
4. To establish the funding and financing gaps and commitments on mental health,
5. To Map out CSOs and stakeholders working on mental health issues and to Map local, National and International partners for mental Health financing.



3. Snakebite envenoming

Health Action International (HAI) has been at the forefront of a global movement to put snakebite envenoming at the top of the global health agenda. In Africa, there are an estimated 435,000- 580,000 snakebites annually needing treatment, resulting in about 32,000 deaths and 6,000 amputations for sub-Saharan Africa, alone. HAI successfully campaigned for the inclusion of snakebite envenoming on the WHO's 'Category A' list of Neglected Tropical Diseases in 2017, and for the adoption of the resolution on snakebite in 2018. HAI also provides technical and advocacy support to the WHO's NTD Department, as well as Member States, around the development and implementation of the WHO roadmap. In 2019, Access to Medicines Platform supported Health Action International with its snakebite envenoming project to undertake research and collect data in select Kenya counties: Kajiado, Kilifi, Nyandarua and Kirinyaga on snakebite incidences, treatment of snakebites and facilities preparedness.

The goals of the project are:

- Empowered communities: Communities independently reduce the number of snake- bite cases through awareness and education tools.
- Mandatory snakebite reporting: Government authorities make snakebite a notifiable or reportable disease by law.
- Treatment available for all: Health authorities take steps to ensure anti venom is provided to everyone and is safe, effective, and affordable.
- Effective healthcare interventions: Evidence from the project to encourage proper training of healthcare workers, including tools for rehabilitation and disability services.

AtMP also supported the dissemination of first aid IEC material and Frequently Asked Questions on snakebites in the relevant counties. In addition to that, the Executive Officer, Dorothy Okemo made a poster presentation mapping the current state of snakebite care at the national Neglected Tropical Diseases(NTD) conference that was held in December 2019, Nairobi, Kenya.



AtMP Executive Officer, Dorothy Okemo, making a presentation at the Neglected Tropical Diseases(NTD) conference.

Some of the findings from the snakebite research include:

- **Cases:** A total of 801 snakebite cases were recorded in 108 of 145 health facilities over the last 12 months. 37 of 145 health facilities couldn't provide information on the number of snakebite cases treated.
- **Patient profile:** Patients suffering from snakebite most commonly ranged between the ages of 19–30 years old and 31–45 years old. The rates between male and female snake-bite cases were comparable with 45% of surveyed healthcare workers stating that they believed there was no difference between genders, 35.8% believing males were more likely to get bitten and 19.7% believing females were more likely to get bitten.
- **Activity:** Farming, herding, collecting firewood and walking were the most common activities undertaken at the time of a snakebite. Also, 20% of respondents reported that patients were performing activities inside their home or dwelling at the time of being bitten.
- **Traditional healers:** Half of the HCWs (50.4%) surveyed believed that patients with a snakebite visited a traditional healer before coming to the health facility.

4. Learning and Linking Project

In advancing the implementation and achievement of long term outcomes for the HSA partnership per country context, the learning and linking concept was developed to help support efforts by context lead around coalescing and consolidating activities that contribute to better outcomes.

AtMP led the learning and linking project and worked hand in hand with all the HSA partners in Kenya i.e. Amref Health Africa and ACHES with the view of ensuring that all the SRH components on commodities, human resources for health, governance and finance are well covered in the county learning and sharing forums, events and workshops. This project was implemented through a joint county engagement strategy with visits to targeted county teams with joint initiatives like domestication of relevant SRH bills and identification of areas of possible collaboration with the counties that are in line with Health Systems Advocacy Partnership (HSAP) objectives and contextualized Theory of Change (TOC).

Other key collaborators in this project included the Ministry of Health, the County government health officials (County Directors of Health, Reproductive Health Coordinators, County Pharmacists and County health Promotion Officers) and local CSOs in the target counties. Some of the activities supported by this project include:

- Review of the 10 year Kajiado Health bill whose draft was endorsed by Civil Society Organizations and County Health Management Team. The bill will address various issues facing the county and solutions for Kajiado county.

- Sensitization of health workers on dignity and ethics at Siaya County referral hospital. The forum aimed at sensitizing health workers on dealing with burn out due to addressing overwhelming cases, how to handle patients, how to uphold ethical standards at all times and restoring confidence of patients in health care providers. Close to a hundred health care workers attended the forum including KMPDU National Chairman, Dr. Oluga and KMPDU Chairman, Nyanza region Dr. Kevin Osuri.



KMPDU Chairman, Nyanza Region Dr. Kevin Osuri addressing Health Care Workers during Siaya Sensitization Meeting

- County integrated commodities Security Technical Working Group in Kakamega. Through this platform, the findings of the SRH commodities study were shared and contributed in adoption of best approaches to handle commodities in the county.
- Kajiado inception meeting with County Executive Committee, Chief officer and County Director of Health to discuss joint engagements and collaboration as well as brief the county executives on work done by the Health Systems Advocacy Partnership. In addition to that, AtMP's Executive Officer also disseminated key material on SRH Commodities study and snakebite posters. The County expressed their interest in the SRH commodities study and requested to be included in the next annual SRHC study.



- World contraceptive day celebrations hosted by the county first lady and county health management team in Nabakholo, Kakamega County. This provided a platform for demand creation and awareness on use of contraceptives to the residents of Nabakholo as per the SRH commodities study recommendations.

World contraceptive day event that we supported in Nabakholo, Kakamega county

- Sensitization of Kajiado health workers on improving Maternal and Perinatal Deaths Surveillance and Response (MPDSR) as a way of reducing maternal mortalities and reporting of the same. Some of the outcomes of the sensitization meeting were:
 1. A total of twenty participants from three sub counties of Kajiado County were sensitized on the MPDSR guidelines 2016 and this is expected to enhance knowledge and skill to improve coverage, quality and use of MPDSR. The participants included CHMT, SCHMT, Hospital Medical Superintendent and Nursing officers.
 2. The teams were taken through data tools and the importance of availability of the Audit and Notification forms at the facility level. This aimed at improving their understanding on essentials of quality data.
 3. Dissemination of the Confidential Enquiry into Maternal Deaths 2017 Report findings which enabled the team to pick gaps that applied to Kajiado County.



HSA Partners' visits to MeTA Kenya CSOs Alliance



HSA Partners' visit to the MeTA Kenya CSOs Alliance in Kisumu county

Our Vision, Mission Goal and Core Values

Vision

We envision a country where everyone enjoys optimum health and rights particularly Sexual Reproductive Health and Rights.



Mission

To strengthen policy implementation particularly SRHR through evidence generation, advocacy and empowerment of communities for access to the highest attainable information and services.



Goal

A Kenya where everyone everywhere has access to quality, affordable and effective health services, information, commodities and instruments particularly sexual and reproductive health in attaining the highest quality of health and wellbeing by 2030.



Core Values

TRANSPARENCY:

At Access to Medicines Platform we are committed to conducting our work in an honest, transparent and ethical manner and advancing open, transparent and accountable interactions, discussions and engagements.

SOCIAL JUSTICE:

We believe that all people, regardless of their socioeconomic status or geographic location, gender, sexual orientation or ability, deserve equal economic, political and social rights and opportunities

INCLUSIVITY

We work for the attainment of a just and inclusive society where the rights of everyone are protected and upheld.

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INTEGRITY:

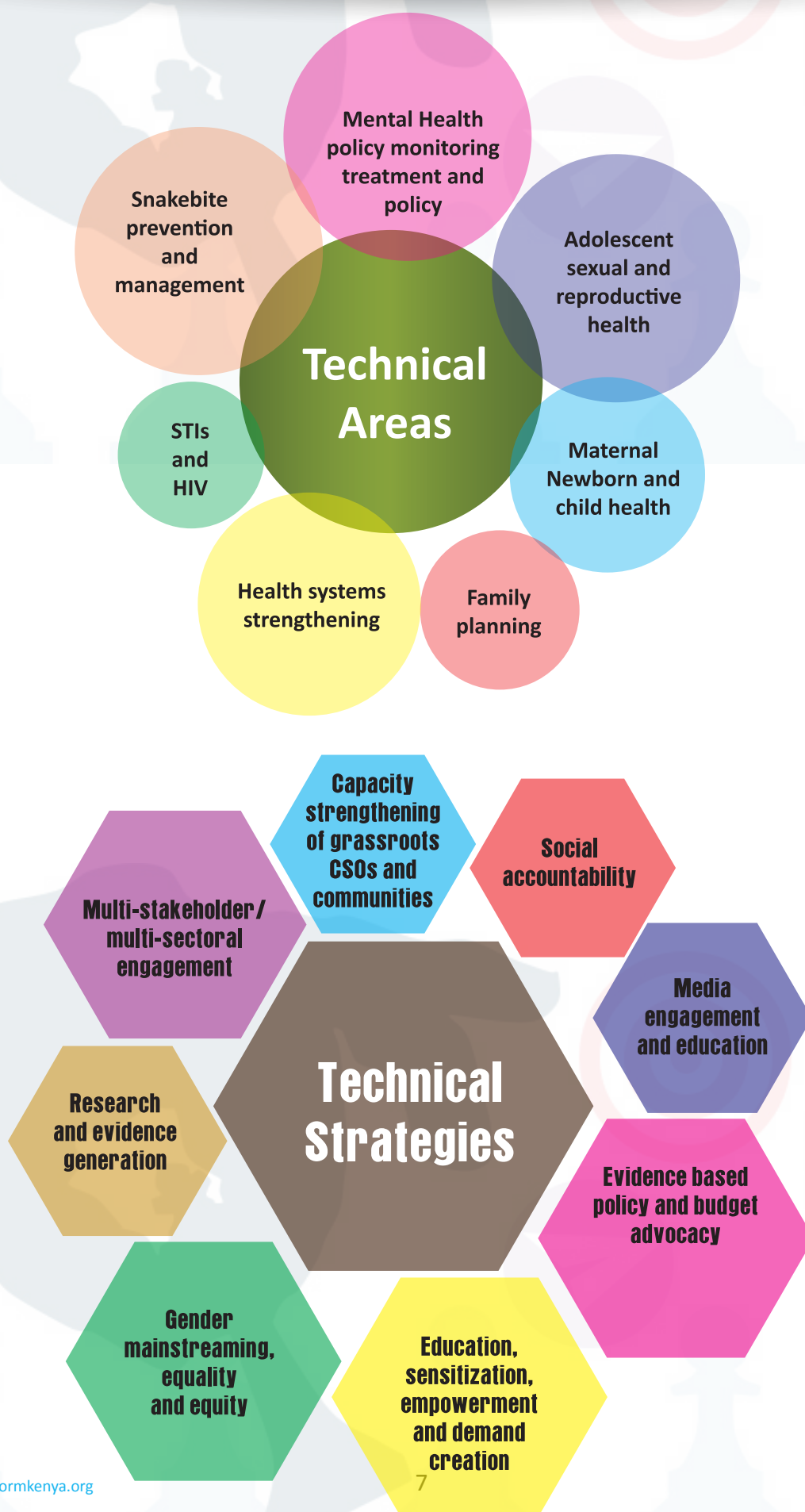
We are committed to holding each other accountable for excellence in all our work, nurturing the highest standards from our staff, partners and volunteers and safeguarding our objectivity and integrity by protecting ourselves from conflicts of interest.

EMPOWERMENT:

We build capacity, share evidenced information and offer our research and advocacy expertise to other members of civil society especially those from marginalized, vulnerable and excluded communities to improve their skills in lobbying and advocacy to improve their access to quality and affordable medicines



Our technical Areas and Strategies



Our Main Interventions

ADVOCACY

Whereas the Ministry of Health of Kenya has put in place supportive sexual and reproductive health and rights policies, their implementation is constrained by a lack of prioritization, limited capacity to adopt and support counties to domesticate relevant policies and legislation. Another issue is the lack of earmarked resources of inadequate financing for effective policy implementation. We however recognize the important role that the division of Family Health plays in ensuring that SRH and RMNCAH remain firmly on the agenda of the priorities of the Ministry of Health in general.

We recognize the need to prioritize sexual and reproductive health and rights at all levels of policy formulation, implementation, planning and budgeting. This is likely to increase access to relevant and up to date SRH services, information and commodities to even the most vulnerable and marginalized communities. This is the basis of our advocacy interventions which are primarily implemented at both county and national level through:

- Research on Access to SRH commodities, Snakebite Antivenom and care and treatment for mental health
- Evidence based policy and budget advocacy
- Strengthening capacity of community based organization to advance the rights of the communities they serve and effectively engage with policy and decision makers
- Social accountability for public participation on decision and budget processes
- Multi-stakeholder engagement at all levels to ensure the voices of the communities and CSOs are part of the policy and decision making.

Summary of advocacy wins:

We implement our advocacy interventions in collaboration with our local community based organization and partners in various counties across Kenya whose capacity we have built in policy, budget advocacy, effective communication and use of research and social accountability. We have trained a total of 45 community based organizations from 12 counties in Kenya. Below are some of the outcomes we have achieved through implementation of our advocacy strategy through our trained CSOs:

- ✓ In September 2019, the county government of Kisumu increased the human resources for health from 24% to 28%. The alliance arbitrated between the county government of Kisumu and the doctors' union which saw the doctors agree to end their strike.
- ✓ The county government of Kisumu increased the number of integrated YFCs from 117 in 2018 to 214 in 2019.
- ✓ In March 2019, The Division of Reproductive Maternal Health reviewed guidelines for long term contraceptives which once printed will be disseminated to the counties for application.
- ✓ The County Government of Kisumu as a result of robust advocacy drafted, enacted and implemented various policies including enactment of the Kisumu County SGBV policy, drafting of the Kisumu County Health Information Systems bill; development and review of the Kisumu county health bill.
- ✓ Kakamega county Commodities Security Technical Working Group considered the HAI/MeTA Kenya SRH Commodities finding and recommendations on poor access and affordability of commodities and used this evidence to influence the health budget and County health work plan for 2020
- ✓ The County Government of Narok implemented the return to school policy that saw girls return to school after giving birth giving them an opportunity to complete their education.

- ✓ The county government of Kisumu in consultation with key stakeholder formulated the Kisumu County Sexual and Reproductive Health Policy to promote access to contraceptives among school going adolescent girls and young women to curb the rising teenage pregnancies in the county. In December 2019, teenage pregnancies were reported to have reduced by 2%.
- ✓ Trained CSO (Pepea Innovation Hub) on budget advocacy, budget cycle tracking and social accountability have been able to tackle issues of SRH and budget advocacy in health. The network has managed to champion for 20% increase in the health sector at 5 wards whereby increment will go to infrastructural sector of health department. A few wards will get upgrade of maternity wings and delivery equipment. They have also established community trainings to be conducted at dispensaries every month hence deal with SRH issues.



Members of MeTA Kenya CSOs Alliance and other stakeholders on the sidelines of Kisumu UHC Stakeholders forum



MeTA Kenya CSO alliance coordinator(right)- Roy Douglas participating in the development of Kisumu County Integrated Youth Development Plan (2019-2022)

Joint Stakeholder Engagements

Isiolo County

Access to Medicines Platform in collaboration with one of its national CSOs partners, Health Rights Advocacy Forum (HERAF) organized a joint stakeholder engagement, in Isiolo county. The forum was a multi-stakeholder engagement that discussed the roll out and gains made by the Universal Health Coverage program considering that Isiolo County was one of the pilot counties. The forum also discussed the findings and recommendation of our study on Availability, Afford- ability and Stockout of SRH Commodities in select counties in Kenya including Isiolo County. The Forum was attended by members of the County Health Management Team(CHMT) led by the Reproductive Health Coordinator, various local Civil Society Organizations, business associations and the media from Isiolo County. The forum provided an opportunity for the participants to have a candid discussion and point out the challenges faced in the implementation of UHC including sharing recommendations on what needed to be improved to ensure UHC lived up to expectation post the pilot phase.

There was discussion on how the Isiolo County CSO network could be made more vibrant and scale up advocacy efforts for inclusion of SRH commodities in the UHC Essential Benefits Package. On the sidelines of this engagement, the two partners met with a member of County Assembly Health Committee, Hon. Kunune who undertook to sponsor a motion to set aside funds for 2 Youth friendly centers as part of our recommendations in the 2018 study.



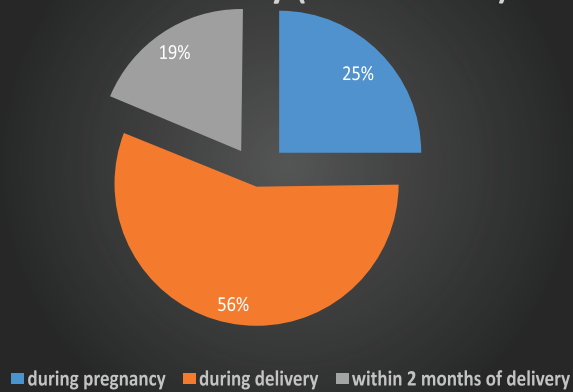
Participants of the Isiolo stakeholder engagement.



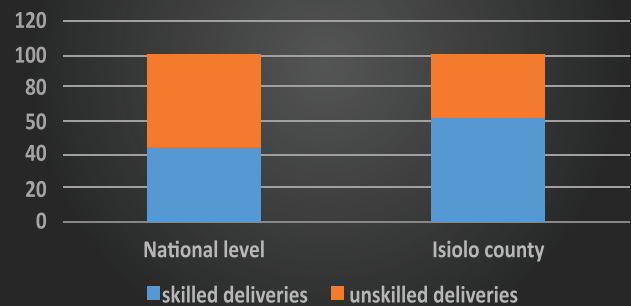
Isiolo engagement

The CSOs and media present came up with action points on mechanisms for accountability and monitoring of UHC implementation in Isiolo county. Some of the key health indicators for Isiolo county as shared by the CHMT were:

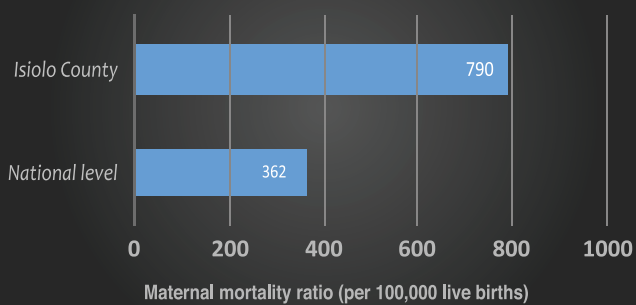
Maternal death burden in Isiolo county (UNFPA 2014)



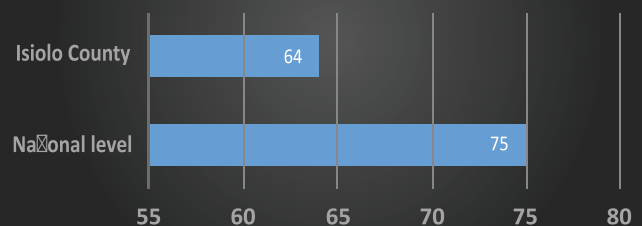
Comparison between National and Isiolo county skilled v unskilled deliveries in %



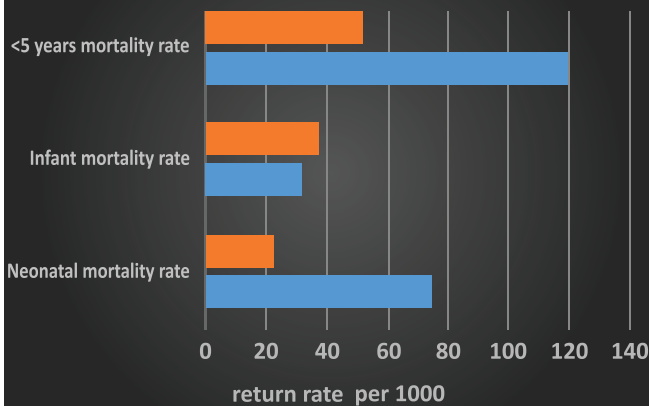
Maternal mortality ratio (per 100,000 live births)



Full immunization percentages (National v county)

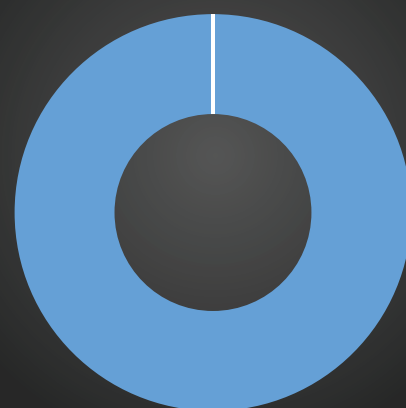


Isiolo County Child and Neonatal Deaths



Life expectancy in Isiolo County

Life expectancy in Isiolo 58.9 years



Media Engagement

To advance health systems strengthening, there is need to effectively engage with the media so as to improve health issues reporting and finding solutions to problems faced in the achievement of Sexual and Reproductive Health and Rights. Media plays a key role in disseminating information, educating the masses and health reporting on emerging issues of human interest. To this end and as part of the Health Systems Advocacy Partnership, The Lower Eastern Media Network on Health was launched by AMREF and Access to Medicines Platform to promote health reporting in the regions of Narok, Tharaka Nithi, Machakos, Meru and Makueni counties while providing an opportunity to interface with the county officers to support communication of key messages on various health priorities and interventions.

In 2019, HSA partners convened another meeting with members of the Lower Eastern Africa Media Network on Health. This was an update and brainstorming meeting on issues and challenges facing the media sector, further their understanding on the SRHR objectives as well as discuss better ways of receiving feedback from journalists. The meeting brought together HSA partners: AMREF, ACHEST, Access to Medicines Platforms and representatives of Nation media, Standard media group, Mbaitu FM, Thokoa FM, KTN, K24 and KBC media houses. Lilian Kaivilu, editor at Impact Hub Media was also present to capacitate the journalists on solution journalism as the way forward in the connection of the media and CSO's on furthering the awareness of Sexual Relationship & Health Rights (SRHR) to the public. Solution journalism facilitates people and the government to be able to bench mark what's happening and working in other countries and if possible replicate it in their own economies and countries.

The meeting also provided a platform for the journalists to discuss some of the challenges they faced while reporting on health issues and how the partners can assist in solving them.

Challenges:

- The language used by NGOs on Sexual and Reproductive Health is too technical and full of abbreviations, thus making it difficult for journalists to report.
- Lack of protection from those in authority when making stories thus putting journalists lives in jeopardy
- Stiff rules and regulations by NGO's
- Absence of CSO's when asked for their commentary
- Lengthy processes of attaining simple information making it tiresome for journalists to pursue information



Lower Eastern Media Network journalists and HSAP representatives



Officials of the Lower AMNH Media Network

Recommendations and way forward:

1. Media committed to help hold the County government accountable to stabilize health service delivery where SRHR is key in the communities.
2. Media was challenged to keenly follow the contents in county budgets and subsequent expenditure to ensure that the county is actually investing adequately in the health systems and overall health service provision at the county.
3. Partners should work closely with County Assemblies to identify all the areas of weakness in terms of health care service delivery.
4. Media, CSOs and HSAP partners should make it an agenda to strengthen social accountability through media reporting

Kisumu Multi-stakeholder Engagement

The Kisumu county Sexual and Reproductive Health consultative forum to effectively advocate for SRH commodities access and financing was co-organized by Inuka Success Youth Organization. It brought together twenty-four (24) local CSOs, members of the County Assembly Health Committee, who are in charge of passing the county bills and policies as well as the County Health Management Team. Inuka Success Youth Organization's main focus area is on building young people's economic empowerment, Sexual and Reproductive Health and Climate change among others. In 2019, after realizing that access to SRH commodities was a big challenge to young people and making use of our training on budget advocacy Inuka success developed a concept note to Women Deliver by using the 2018 findings and recommendations of our study on Availability, Affordability and stock out of SRH Commodities with a focus on Kisumu county on advocacy for financing of SRH Commodities. The concept was funded by Women Deliver, whose vision is to support women and girls on issues related to Sexual and Reproductive Health, and activities ongoing. The stakeholder forum was one of the activities funded under this initiative. The main objectives of the consultative forum were:

- ✓ To advocate for increased budget allocation for SRH commodities
- ✓ To advocate for ring-fencing of sexual and reproductive health funds in the health budget
- ✓ To advocate for the establishment of at least one or more functional youth friendly centres in every sub-county.

Dorothy Okemo, Executive Officer, Access to Medicines Platform was invited in the forum to make a presentation on the budget cycle and budget tracking at both national and county level This was in an effort to educate the CSOs and how and when to engage in the budget making process to ensure that the communities priorities are captured and they are able to effectively take part in the public participation forums. She was later invited to participate in a panel discussion and share her experience in SRH financing and gaps that needed to be filled.



Panel discussion on financing of SRH commodities in Kisumu county.
From right to left: County ASRH coordinator, Chair of the county health committee, a CSO partner, AtMP Executive officer and Sospeter of Inuka Youth Organization.

Kisumu county focal person for Adolescent and Youth Sexual & Reproductive Health (AYSRH), Mr. Jacktone Okeyo and the County Health Promotion Officer Mr. Jeremiah Ongwara were also present to give an overview of AYSRH status of Kisumu County. This was to help the participants understand, internalize and conceptualize the county's performance and service delivery status. Some of the statistics shared with regards to AYSRH are summarized as below:

1. There was a significant decrease in contraceptive uptake among adolescents from 21% in 2018 to 11% in 2019. This translated to increased teenage pregnancies in various sub counties.
2. Among adolescents between the age of 15-24, HIV prevalence was at 19.3%
3. There was a total of 40 maternal deaths among adolescents aged (10-19yrs) in 2019
4. Concerning youth friendly services Centres, there were a total of 210 health facilities; 14 stand alone clinic based models; 0 school based models; 3 community based models; 2YFS Innovation models; 4 private clinic based models and that most facilities had integrated services in to the general services of the public.
5. There were 328 (32%) cases of SGBV presented within 72 hours between January and June 2019. During the forum, Hon. Seth Okum, Kisumu county Assembly Health Committee Member explained there was no policy specific for health in place in the county that was aimed at achieving SRH interventions other than the Health Act 2017.

He added that, the National Adolescent SRH Policy both of which were national documents that had just been domesticated by the county government.

He gave recommendations on policies that needed to be developed to increase SRH financing and access to commodities and service delivery as below while undertaking to sponsor the motions to pass by bills then they came to the floor of the house:

- Public and Private Partnership Bill should be introduced to push for accountability and synergy between the county and CSOs. He said that this bill would help in smooth and effective partnership between the county government and CSOs to see that there is proper resource mobilization and intervention/implementation mechanisms
- Formulation of Kisumu County Health Information System Management Bill to help provide similar data for advocacy. He said that there was no information system for the county, rather it was from the national government which misinformed county SRH Interventions.
- County Health Sexual and Reproductive Policy to promote access to contraceptives in schools to curb the rising teenage pregnancies in the county. He added that it was time stakeholders, parents, teachers, religious and community leaders acknowledged that teenagers engage in sexual intercourse and thus provide access to sex and sexuality information including the use of contraceptives to help them in making informed decisions.
- County health financing bill to help ring fence the county funds for SRH to prevent money meant for health intervention from being used in other county projects. He also added that this bill would improve reporting and scaling up of SRH activities in the county.

By the end of 2019, all the bills above had already been drafted and were at various stages of review and enactment.

Kajiado stakeholder engagement

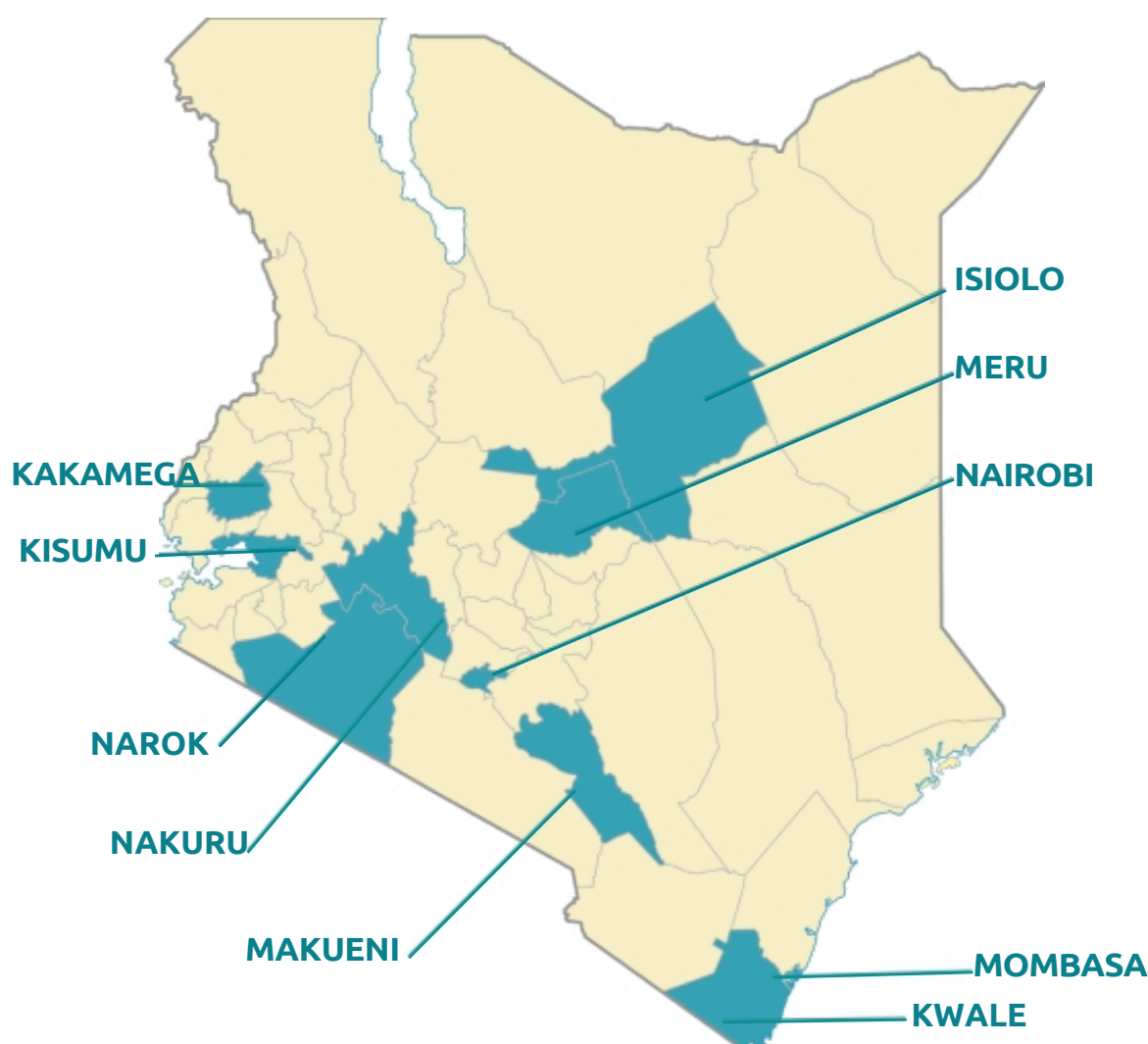
The Kajiado county stakeholder forum was held in 2019 to review and endorse the 10-year county health bill. Access to Medicines Platform was among the eight two Civil Society Organizations invited to give technical input in the bill. The bill will address various health issues facing the county, including sexual and reproductive health and provide solutions of the same problems.



The Kajiado County government, Ministry of Health top leadership and representatives from HSAP and the local CSOs

Research and Evidence Generation

Research is one of our key technical strategies for conducting evidence based advocacy interventions. Implementation of national and county level policies on medicine pricing, an efficient supply management system, integrated county procurement strategies as well as prudent budgeting and fair allocation for commodities are essential in ensuring medicines are affordable and available at every facility for everyone, whenever they need them. However, without reliable information on medicines prices and availability, governments are working in an evidence vacuum. This restricts their ability to construct meaningful policies and properly evaluate the impact of any policy interventions. To this end, we undertake annual studies on availability, affordability and Stockouts of Sexual and Reproductive Health Commodities in 10 counties across public, private and mission facilities as shown below. The findings and recommendations from this study that has been conducted between 2017 to 2019 is analyzed and packaged into various knowledge products including the full report, infographics, policy briefs, press releases, poster presentations, PowerPoint presentations and media briefings among others.



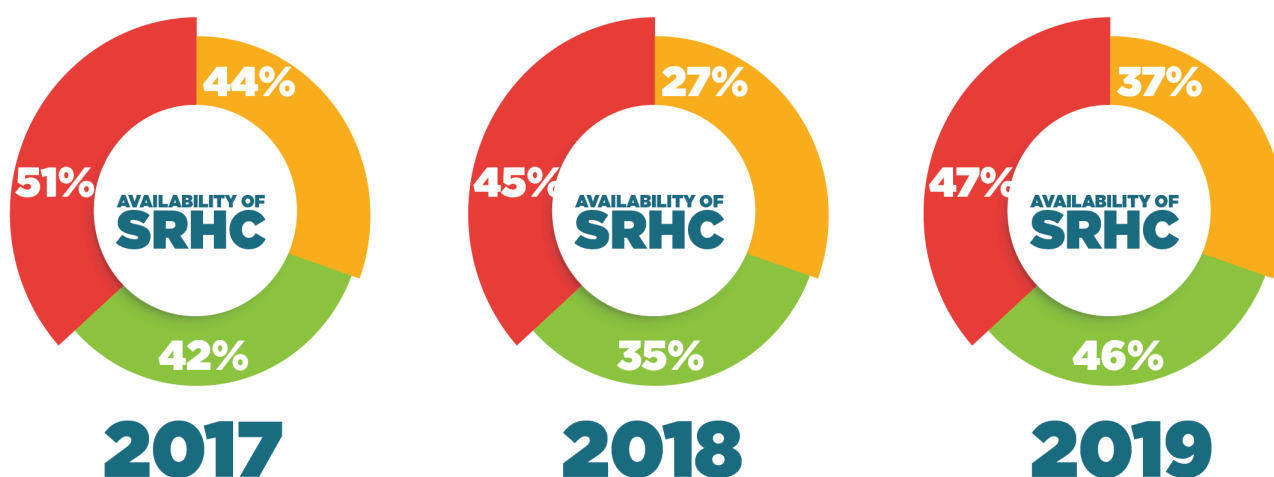
The data collected seeks to provide information on the following questions:

- » What price do people pay for SRH commodities?
- » Do the prices and availability of the same commodities vary across the public, private and mission sectors?
- » How affordable are the commodities for ordinary people?
- » What do health providers see as the main barriers to accessing SRH commodities?

Findings



AVAILABILITY OF SRHC





REPORT

SEXUAL AND REPRODUCTIVE HEALTH COMMODITIES: AVAILABILITY, AFFORDABILITY AND STOCKOUTS

In 2019, we increasingly received requests for county level data of the SRH commodities study from stakeholders in different counties to enable them to interrogate and implement recommendations relevant to their contexts.

We have used our research component to produce timely, reliable and actionable data as evidenced by actions taken by counties in considering the findings and recommendations of our SRH commodities study.

ISIOLO COUNTY

A member of County Assembly(MCA), health committee undertook to sponsor a motion to set aside funds to establish 2 youth friendly centers and therefore improve access to SRH services and commodities for the youth. This was after AtMP presented findings to the County Health Management Team. (CHMT)

KISUMU COUNTY

Our CSO partner from Kisumu, Inuka Success Youth Organization, used the 2018 report to develop a concept on advocacy for increased budget allocation for SRH Commodities in Kisumu county. This concept was funded by Women Deliver in 2019 and activities are ongoing.

KAKAMEGA COUNTY

The county used the recommendations in the 2018 SRH commodities report to make a case for increase of funds within the county health budget and work plan to improve poor access to and availability of SRH commodities.

NAROK COUNTY

CSOs are currently working on the health budget which seeks to allocate more funding to SRH commodities and services as well as the establishment of Youth Friendly Centers (YFCs).

Capacity Building



Executive officer, AtMP making a presentation on the study on Availability, Affordability and Stockouts of SRH Commodities during the training

Improving access to high quality of health and sexual and reproductive health commodities while advocating to good governance and equitable health financing might be challenging. It requires a vibrant, well informed and influential civil society to initiate discussions and reform. Developing and strengthening skills of civil society actors, especially those that operate at the lowest levels enables them to have the potential to serve as watch dogs and hold both private and public sector into account and represent the voices of the citizens who are unable to articulate realize their right to health.

To this end, Access to medicines platform, through the Health Systems advocacy partnership conducts annual capacity strengthening workshops targeting community based Civil Society Organizations operating within the counties with knowledge and

skills to conduct evidence based lobby and advocacy. In 2019, we strengthened the capacity of 24 CSOs in budget advocacy, budget cycle tracking as well as social accountability to enable them be at the centre of budget prioritization, allocation and utilization monitoring for health and particularly SRH services and commodities. This training brought together a total of twenty-eight local Civil Society Organizations working in 12 counties in Kenya, namely: Nairobi, Nakuru, Kisumu, Vihiga, Kakamega, Siaya, Narok, Bomet, Kwale, Mombasa, Kajiado, Isiolo. These CSOs represented organizations that work on Sexual and reproductive health, Gender based violence, women empowerment programs, youth and adolescents' networks, youth parliaments in Mombasa and Siaya as well as the media.



John Kinuthia of International Budget Partnerships (IBP) presenting on budget cycle



A CSO member from Kwale contributing to the discussion

Training objectives:

1. To sensitize and educate the participants on county functions and county budget making process.
2. To educate and empower participants on the avenues for participation in the budget process and how to engage with the county governments for increased budgetary allocations for SRH commodities in particular.
3. To build the capacity of CSO participants on the concept of social accountability and the various mechanisms for holding duty bearers to account and monitoring delivery of services at the county government level.
4. To build the capacity of CSO participants to effectively conduct policy and budget advocacy and tie to the social accountability and budget making mechanisms

The three-day training focused on imparting the participants with necessary knowledge and expertise to effectively engage in budget processes and effectively engage the county governments in order to improve prioritization of budgetary allocations to SRH services and commodities. The training also aimed to capacitate the CSOs to effectively hold the county governments and service providers accountable through monitoring of service delivery. The training was facilitated by experts in the field of budget processes and social accountability from; Health Rights Advocacy Forum (HERAF), National Tax-payers Association(NTA), International Budget Partnerships(IBP) and Kenya Legal and Ethical Issues Network (KELIN).



A participant of the CSOs capacity strengthening workshop receiving a certificate of participation and completion of 3 day training.

Impact of the training

As a result of capacity strengthening efforts, we have been able to realize a number of outcomes in collaboration with our trained CSOs partners. Below is a summary of the outcomes:

KWALE COUNTY:

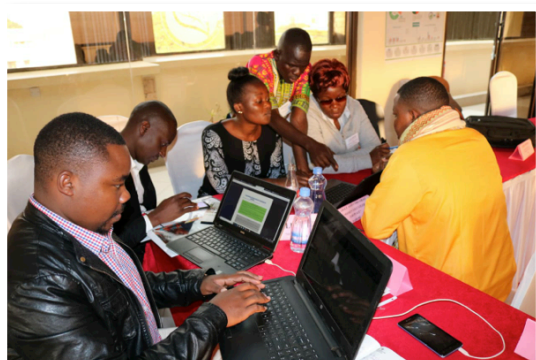
- ✓ Through trained CSO, Pepea Innovation hub, established a network on SRH Commodities and budget advocacy, community sensitization on Maternal and Child Health and Sexual and Reproductive Health Commodities.
- ✓ With the network established they managed to champion for a 20% increase in the health sector at 5 wards whereby the increment will be going to infrastructural of the health department. A few ward will get upgrade of maternity wings and delivery equipment.
- ✓ Establishment of community trainings to be conducted monthly at every dispensary. This would help ensure that issues of maternal and child health as well as sexual and reproductive health are well dealt with.

KAJIADO COUNTY:

- ✓ Through our trained CSO partner Youth Alive Kenya, more than 50 youths in the count were trained on budget advocacy and social accountability. As a result, social accountability forums were formed; administered community scorecards in the 6 sub counties in the county.
- ✓ They offered civic education to the community by conducting training on County planning, Devolution, County budgeting, public participation and social accountability. Through the outreaches, citizens have been able to present petitions that facilitated changes in budget estimates

KIAMBU COUNTY:

- ✓ Our trained CSO ADEO influenced the establishment of a one stop shop youth friendly center at Rongai social hall to equip and offer health services for youth and key population groups in Kajiado North.



CSOs training (In memory of Simpai)

In addition to the capacity strengthening training, we supported two CSO partners and one staff member to attend the Organization of Africa Youth (OAY) organized Training of Trainers (ToT) workshop on smart advocacy. OAY was the leading organization in the process of rolling out of the first ever adolescent health and well being advocacy tool kit and which formed the basis of the training. The training was also facilitated the ASRH manager from the Ministry of Health's Division of Reproductive Health Services.

The toolkit was endorsed by the Ministry of Health's vision to tackle the current and emerging issues of adolescents' health, provides guidance to youth networks on the development, implementation and monitoring of an effective national advocacy roadmap on adolescent health and well-being. In addition to that, it also aims to encourage meaningful engagement of youth and drive positive advocacy and accountability efforts to influence national health policy processes.

The training brought together a total of twenty one youth representing different civil society organizations in Kisumu, Busia, Bungoma, Thika, Narok, Nairobi, Kilifi and Mombasa counties. The organizations represented work around sexual and reproductive health and rights, sexual gender based violence, youth issues, research, mental health and governance. A team of experts in facilitation from different organizations focused on imparting the participants with necessary knowledge and expertise to effectively facilitate during their smart advocacy training sessions. Dr. Jeanne Patrick, Deputy Head of the Adolescent Sexual and Reproductive Health Program Manager Ministry of Health committed to assist the participants in every aspect to ensure they were in a position to drive positive advocacy.

Advocating for Change for Adolescents!

A practical toolkit for Young People to advocate for improved Adolescent Health and Well-being



ToT Trainers Manual

Ongoing session of the ToT workshop on smart advocacy

OTHER ACTIVITIES:

i. Joint Action Planning (JAP) Meeting

The last Joint Action Planning meeting for the HSAP was held in September 2019, in Naivasha Kenya. The meeting brought together all HSA implementing partners from Kenya, Uganda, Zambia, Tanzania and Malawi as well as policy makers and CSO partners in Kenya.

The objectives of the meeting were:

- Sustaining outcomes through: Learning, inspiring and planning from the HSA outcomes across partners, contexts and themes to direct the partnership activities for the year 2020.
- Operationalization of gender and inclusivity in our programs
- Learning and linking from best practices on how to engage with communities and youth and ensuring capacity strengthening of CSOs is based on needs
- Sharing and learning from research and outcome stories as inspiration on how our efforts are keeping government accountable for HSS that result in better SRHR
- Perspectives from the counties with presentations from a representative of the County Assembly, A County Director of Health, CEC Gender, RH Coordinator and local CSOs.

Through HSAP activities, 334 outcomes had been reported which had led in change in behaviour from Media (7%) Civil society (14%) sub-national government (25 %) national government 23% and international institutions (8%). This resulted in 73 cases of improved implementation of health related policies.

The JAP meeting was officially opened with keynote addresses from: Frank van de Looij, Ministry of Foreign Affairs(MoFA) and the Deputy Director General for Health, Ministry of Health Kenya-Dr. Joel Gondi. In his opening remarks, Frank reiterated on the need to focus on partnership and collaboration while quoting a famous quote 'Go fast go alone, go together go slow '. Dr. Gondi also addressed the value of collaboration between different sectors i.e CSO's and Government and the need for each actor to play their role. In his opening remarks, he pointed out community empowerment, CSOs involvement and meaningful government engagement as key requirements in the achievement of UHC 2030 and improvement of sexual and reproductive health outcomes.



Dr. Joel Gondi- Deputy Director General, MoH Kenya giving opening remarks at the JAP meeting held in Naivasha in September 2019

The main topics of discussions that set the agenda of the 2019 JAP meeting included: Sustainability of outcomes achieved beyond the current project period, Learning researches which aimed at enhancing understanding of the approach to Health Systems Strengthening impacts to SRHR, Gender needs and equality whereby gender expert, Winnie Lichuma helped HSA partners understand how they could ensure their activities

contributed to improving gender equality and finally reflection on end evaluation. Over the past years, the partnership had achieved many results. Research on health systems were conducted, CSO networks built, the capacities of civil society to lobby and advocate were strengthened and jointly governments were held accountable to improving health policy implementation. However, there was need to ensure that the outcomes lasted and that those developments that sparked the outcomes continue even beyond the current project period.

Partners also presented inspiring stories about their work, including a podcast showing results of capacity strengthening of journalists, a photo essay from a campaign to combat preeclampsia in Uganda and how HSAP's work has had a sustainable impact on global health capacity of Zambian diplomats. For this particular segment, AtMP shared a documentary on access to sexual and reproductive health commodities. The documentary validated the findings that we had found through our research in the counties of focus which gave more credibility to the quality of research that we conduct.



Panel discussion at the JAP, from right Frank Van de Looij-MoFA Netherlands, George Oele-Amref, Karen Kramer –WEMOS, Ms Gaby Ooms-Health Action International and Dr. David Okello –ACHEST

ii. Increasing capacity of data collectors in use of Open Data Kit(ODK) and data analysis.

This training was held in Nairobi and it brought together two representatives from each of Health Action International country implementing partners namely: Medicines Research and Access Platform(Med-RAP) Zambia, UMATI Tanzania, HEPS Uganda and Access to Medicines Platform Kenya. This training that was conducted by the HAI Research Manager, Gaby Ooms, aimed at increasing local knowledge among research officers to conduct analysis on the SRH Commodities study. With the advancement of technology, modern methods of data collection have been embraced one of them being ODK which is an open source application which allows one to create a questionnaire form, fill it out on a mobile phone or tablet running the Android operating system, store and view the aggregated information on a central server, and retrieve the aggregated data to one's computer for analysis.

Data capture includes GPS coordinates for real time mapping of responses in Google Maps, or near real time once the surveyor has an Internet connection to send the collected forms back to the server and also verification of the data sites.

Two of our research assistants participated in the training where they in turn trained the other 18 research assistants enabling migration of data collection and analysis from a manual system to ODK in 2019.



Data Analysis and use of ODK training of researchers from four countries



HAI country implementing partners representatives and Kenya team research assistant at the ODK training

Our CSOs Networks

MeTA Lake basin SRH Alliance

The MeTA Kenya Lake Basin SRHR alliance was formed by individual CSO members who participated in our capacity strengthening training on policy advocacy, use of research and effective communication that was held in June 2018. The alliance which brings together CSOs from the Lake Region draws its membership from Non-Governmental Organization, (NGOs), Community Based Organization (CBOs), Faith-based Organizations (FBOs), and other community groups inform the Lake Region. This alliance provides a powerful voice with which the CSOs have been able to effectively engage with and enter into official relations with the county government of Kisumu to work together on SRHR issues.

In 2019, the alliance adopted a subscription membership model as a way of enhancing members' commitment which resulted in 15 CSO organizations paying up and registered as members of the alliance. The CSO alliance formalized its relations with the county government and was even coopted by the county government of Kisumu to be part of the planning committee for the national UHC conference that was held in Kisumu in May 2019.

With support from Access to Medicines Platform the alliance reached more than 750 youth with key messages of SRH education including distribution of sanitary towels and condoms through community outreaches. The alliance also conducted media advocacy at a local radio station to raise awareness on SRHR access among adolescent girls and young women and were able to reach 60 CSOs and policy makers with SRH needs in Kisumu County. Finally, they trained 30 CSOs peer educators on STI prevention mechanisms among the youth to enhance more awareness and reduce prevalence of STI and unwanted pregnancies among the youth.



Media advocacy at a local radio station



Participating in 16 days of activism and World Health Day to promote SRHR

Advancing Adolescent Sexual and Reproductive Health in Narok County

Many counties are grappling with implementation of the Adolescents Sexual Reproductive Health policies given the conservative nature of most communities and the powerful voice of the churches and religious organizations. This however remains an area that requires special attention now more than ever with teenage pregnancies soaring and Narok County leading from the front with almost 40% cases of the teenage pregnancies. Together with our CSO network in Narok and leveraging on the capacity strengthening training we provided to them we have adapted a number of approaches in partnership with the county government, the ministry of education and the office of the county first lady we have achieved the following outcomes:

Key achievements attributed to the trainings:

- ✓ Advocacy that led to implementation of the Adolescent Sexual Reproductive Health Policy in Narok County.
- ✓ Advocacy and engagement with decision makers that led to implementation of Return to School policy for teenage mothers.
- ✓ Formation of the Narok county Youth forum and public participation platform to address county budget process and planning.
- ✓ Establishment of continuous community forums to create awareness and sensitize the public on SRH policy, services and commodities offered.
- ✓ Conducted a Youth-Led SRH Research on Teen Pregnancies



Members of the Narok Youth SRH Network

Narok teen summit

Other Partners held the 1st ever teen summit with Support from AtMP, Narok Youth SRH Network, AFYAFRIKA, Office of the 1 lady, Office of the Women Rep, Ministry of health, Ministry of Education and other partners held the 1 ever Joint Teen Summit which took place in the month of November and December 2019 where activities were held in the 6 sub counties i.e Narok North, Narok East, Narok South, Narok West and Trans Mara East and west.

When it comes to issues of child protection there are four main challenges that young girls face in Kenya today namely; Menstrual hygiene Management, Teen/Child Pregnancy, Child Marriage and Female Genital Mutilation, these are issues that revolve around Sexual reproductive health and Rights.

Narok county is leading with the highest number of reported teenage pregnancy cases and as such calls for interventions to address this issue. Teenage pregnancy robs the child of their childhood and affects their education, health and wellbeing leading to wasted potential and opportunity. Other effects of teenage pregnancy include maternal deaths, mental illness, suicide, abortion, child marriage and school drop outs.



Narok Teen Summit

The summit attracted 580 teenagers across the county and sought to equip teens with social skills and knowledge to address challenges, under the theme 'I am engaged and empowered to protect my rights'. The program focused on imparting life skills through Behavioral Communication Change(BCC) and addressing socio -cultural factors through social change communication and modelling change by conducting an alternative rite of passage to FGM that will engage the community in dialogues unlocking the commitment of policy makers and key stakeholders in addressing issues of teen abuse.

The summit achieved the following objectives

1. To engage teenagers in safe dialogues and mentorship. 2. To share age-appropriate information and knowledge on Sexual Reproductive Health.
3. To design community and family level driven actions in support of ongoing efforts to reduce cases of child abuse
4. To strengthen partnerships to support Narok County Teenage Pregnancy Technical Working Group.
5. To have empowered teen's advocates against violation of children's rights and child pregnancy.
6. To sensitize and create awareness to children on the legal instruments on child protection
7. To provide a platform for partners to mobilize resources and jointly implement programs on child protection.
8. To unlock the commitment of policy makers and key stakeholders in implementation of key policies in child protection.

Teens were equipped with leadership and advocacy skills to be the voice and advocates of change among their peers, their schools and community. The program also created safe spaces for teens to talk about their SRH issues as well as provide psycho-social support for children survivors of abuse, to share age-appropriate information and knowledge on Sexual Reproductive Health and Inform children on the legal instruments on child protection (Children's Act, Adolescent and youths SRHR Policy, Prohibition of FGM Act and Return to school policy.



Teens Summit at a breakout session



ongoing session

Engagement and Collaboration with MoH

a) Review and finalization of the Maternal, Adolescent and Child Health national RH IEC material

As a key stakeholder, Access to Medicines Platform was invited by the Division of Reproductive and Maternal Health Unit of the Ministry of Health to support the process of reviewing and finalizing the standardized national Reproductive Health Information Education and Communication (IEC) materials. This process was important as the key IEC materials would be used for the roll out of the national campaign to increase awareness and improve the behavior change for the reproductive and maternal health services in Kenya within the thematic areas of family planning, sexual gender based violence, and maternal, child and adolescent health.



In addition to that, AtMP also supported the final review of family planning training manual. The manual would be used to train health care professionals on the long acting contraceptive method hence reduce the fertility rate and increase the Contraceptive Prevalence Rate(CPR) amongst women of reproductive age in Kenya.

We also participated in the inaugural SRH partners meeting convened by the Division of Reproductive and Maternal Health of the Ministry of Health. The meeting

brought together different partners working in the SRH space and provided them a platform to learn and share their experiences in Sexual and Reproductive Health. The meeting achieved the following objectives:

1. Understanding the current scope of implementation landscape for the partners working in the Sexual and Reproductive Health(SRH) space.
2. Identifying learning and emerging promising practices in the SRH space.
3. Building of consensus on the framework of engagement in the context of new reorganization and Ministry of Health priorities.
4. Setting of SRH priority action for 2020 work plan
5. Updating partners on the Committee of Experts(COE) teams and their Terms of Reference(TOR)

b) International Conference of Population and Development (ICPD 25)

In 1994, during the International Conference on Population and development(ICPD) held in Cairo, 179 governments adopted a landmark Program of Action which set out to empower women and their Sexual and Reproductive health. 2019 marked the 25th anniversary of the ICPD under the theme of “Accelerating the promise” made by leaders 25 years ago. From 12-14 November 2019, the governments of Kenya and Denmark co-convened the Nairobi Summit on ICPD 25, a high level conference to mobilize political will and financial commitments urgently needed to implement ICPD Programme of Action. The summit had the following objectives:

1. Obtain political reaffirmation of the ICPD Programme of Action, within the context of the 2030 Agenda for Sustainable Development and the SDGs.
2. Build political and financial momentum to fulfil the unfinished business of the ICPD Programme of Action.
3. Reinvigorate and expand the community of people necessary to push forward the ICPD agenda on all fronts.

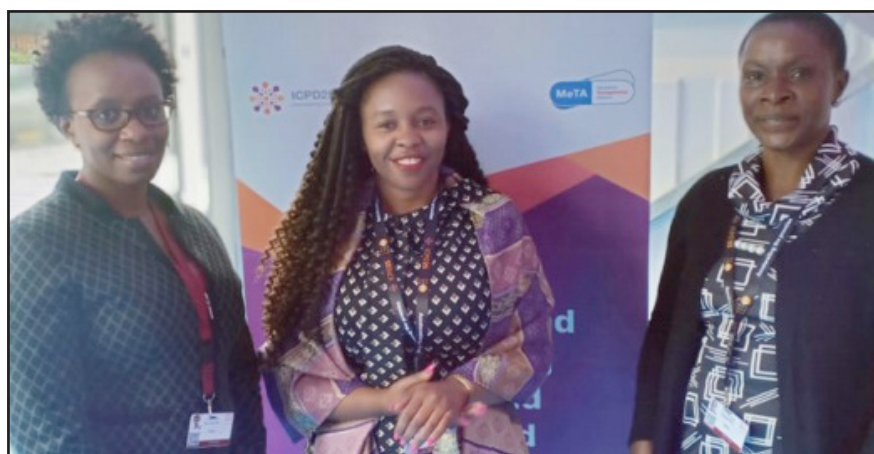
We supported a concurrent session by the Division of Family Health of the Ministry of Health at the International Conference of Population and Development that was held in Nairobi, Kenya in November

2019. The theme of the session was prioritizing and accelerating quality and integrated reproductive, maternal, new born and child-health services within the universal health coverage agenda and was attended by the Cabinet Secretary of Health, The Permanent Secretary of Health, The Director General of Health and the Head of the Family Health Division among other stakeholders.

This created a lot of visibility for important work done by MeTA Kenya Access to Medicines Platform. To this extent, the MoH committed to continue working with MeTA Kenya on joint activities and issues related to access to medicines and SRH commodities.



ICPD concurrent session banner at the ICPD 25



From left:

Advocacy officer, Division of Reproductive and Maternal Health of the Ministry of Health Mary Magubo, Executive Officer, Access to Medicines Platform, Dorothy Okemo and Kakamega county Deputy Reproductive Health Coordinator, Jessica Koli.



Head of Family Health Division at Ministry of Health, Dr. Mohammed Sheikh at the MeTA Kenya sponsored event ICPD 25

In addition to that, we also supported Kakamega county's Reproductive Health(RH) coordinator to attend the ICPD Nairobi summit. This was very crucial for the county not only because the county was not aware of the ICPD commitments and but also the RH Coordinator would on her return share her experience, the commitments and recommendations from the summit with the County Health Management Team members to accelerate scaling up quality of health services in the county in the wake of planned country wide roll out of Universal Health Coverage.

Partner engagements and collaboration



AtMP Executive officer making a presentation at AHAIC in Kigali



Donor visits to the MeTA Kenya CSOs Alliance



Group discussion session at the CSOs capacity building workshop



HSA partners reflecting on their outcomes at annual reflection meeting



Visit by HSA partners to the MeTA Kenya CSOs alliance



AtMP Executive Officer participating in HSA Country Management Committee meeting

Communications and media engagement

Communications is an integral component of our dissemination and information sharing strategy, an important role played by communications is provision of accurate and timely information to the right stakeholders using the right medium, in the right format at the right time with a particular outcome in mind. There are many mediums of communication that we use including reports, infographics, PowerPoint presentations, press releases, TV interviews, letters, memoranda, posters, website updates and use of our various social media handles including twitter, Instagram, Facebook and our YouTube channel. In 2019, information of the work we do was communicated through the following channels:

Television Interviews:

Through its affiliation and training offered to members of the African Media Network of Health, AtMP has had the opportunity to interview for various television and radio interviews to not only share findings and recommendations of our SRHC study findings and recommendations but also give expert comments on emerging health issues. Notable interviews include media interviews with three media houses on SRH commodities study findings that happened on the sidelines of the national UHC conference that was held in May, 2019 in Kisumu County. During this interview, Dorothy Okemo, Executive Officer highlighted the importance of having functional youth friendly centres to facilitate provision of Sexual and Reproductive Health for the youth. She reiterated that this was crucial in addressing the issue of teenage pregnancies and maternal deaths. She also explained how issues of supply affect availability of essential SRH commodities. In conclusion, she encouraged men to be involved in family planning decisions so as to support their spouses to make decisions regarding child spacing.



**AtMP
Executive
officer in an
interview**

Online Engagement

AtMP continued to expand and improve its digital media capacity through the existing platforms and through the new established platforms to reach even a broader audience.

We were able to meet positive engagement through our regular posts across the various social media platforms as evidenced by sharing of our posts by key stakeholders. Our website has also been an important avenue for dissemination of key information and material based on research and evidence. In addition to that, we have been able to use our website to showcase the work of our partners. The website has remained dynamic and user friendly in terms of fast loading times, access to information and well written and formatted content for visitors. It also has a testimonial section whereby partners, colleagues and stakeholders can share their experiences with AtMP and how they the organization's work has impacted and benefitted them.



<https://twitter.com/MeTAKenya2018>



<https://web.facebook.com/MeTAKenya/>



<https://www.instagram.com/metakenya2018/?hl=en>



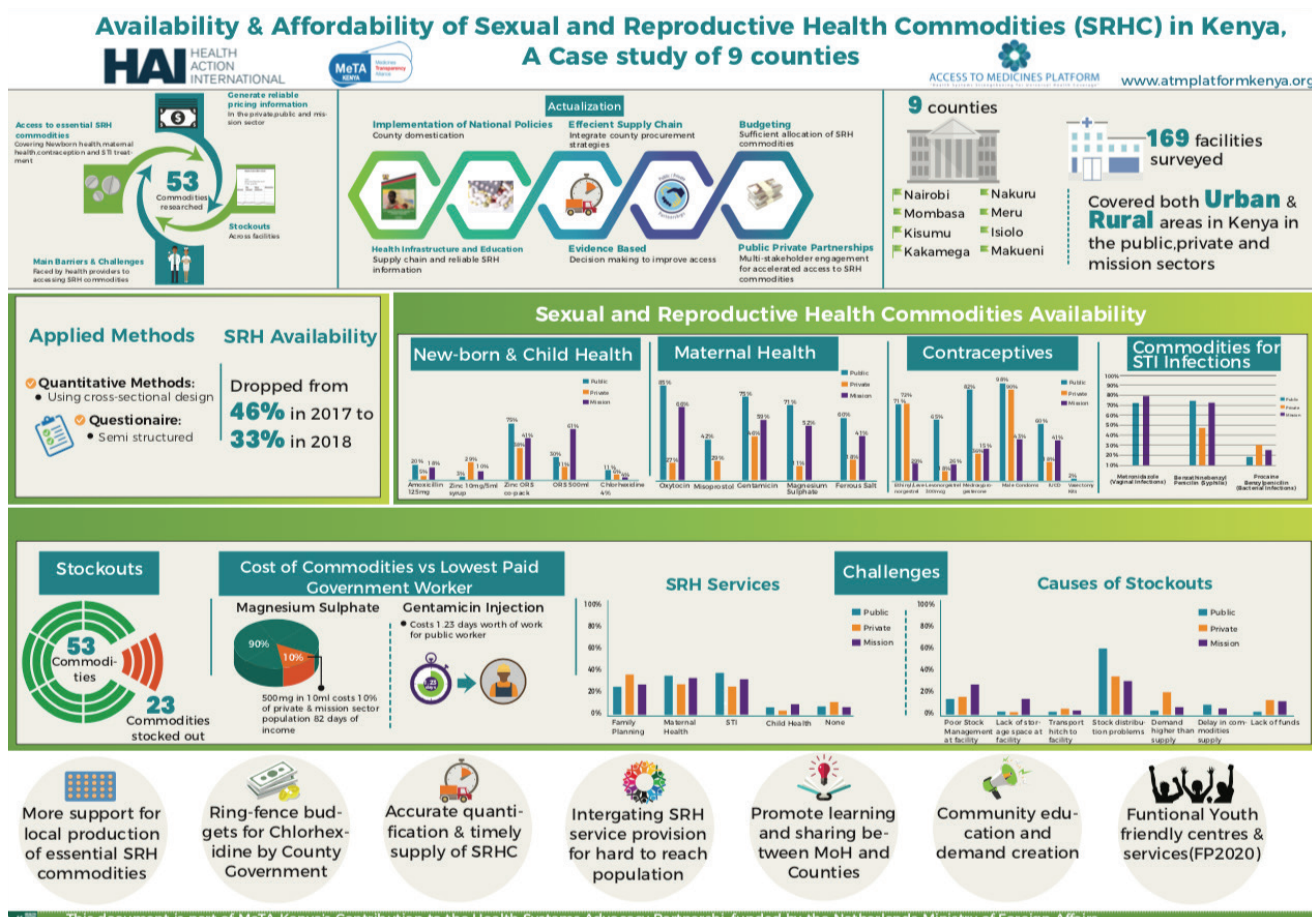
<https://www.atmplatformkenya.org/>



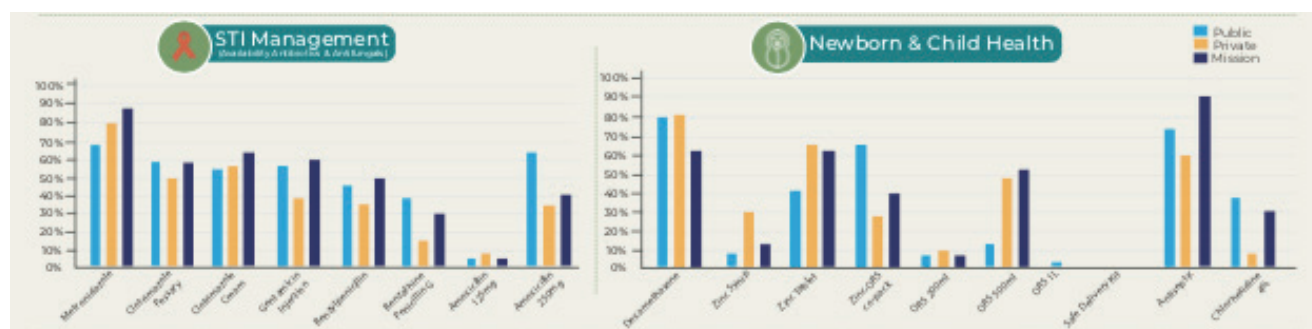
<https://www.youtube.com/channel/UCgw92NaV6J5Q7GhypMoupUg>

Dissemination of key knowledge products & publications from the annual SRH studies

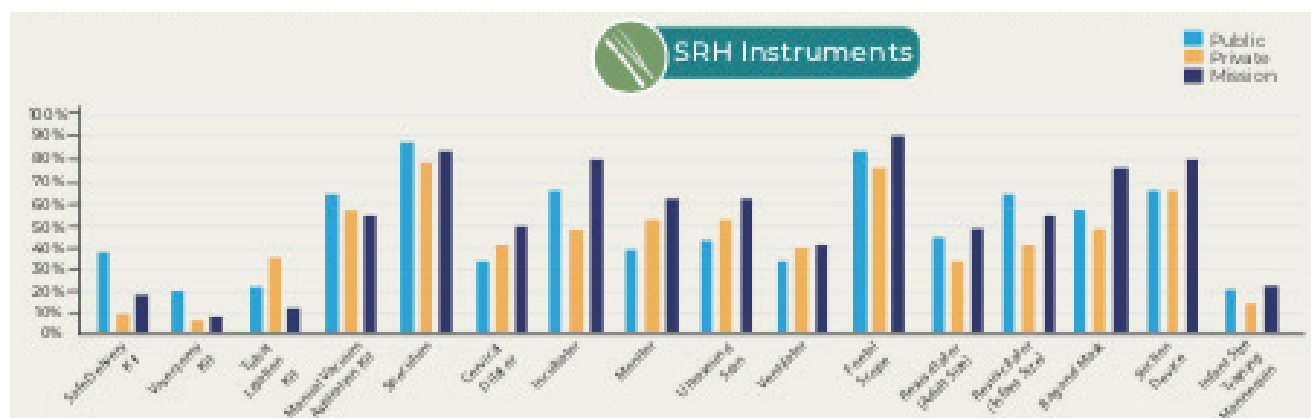
In order to implement sustainable evidence based programs and achieve results with our advocacy, high quality data collection, analysis and interpretation must be a key component in our work. The results and recommendations of the annual studies we conduct on availability, affordability and stock-outs of SRHC in the public, private and mission sector facilities are packaged and disseminated through reports and infographics and recommendations made aid in decision making at all levels.



One of AtMP's key implementation strategies is to prioritize, collect and package information based on evidence to aid in decision making at all levels. This information is then disseminated at both county and national level to help inform policy. In 2019, Access to Medicines Platform was invited to present and disseminate SRHC findings and recommendations at the national UHC conference in Kisumu as well as at the Africa Health Agenda International Conference (AHAIC) in Kigali. The results were well received which eventually contributed to MeTA Kenya receiving a lot of media coverage in terms of television and radio interviews.



In addition to that, we increasingly received requests for county level data from stakeholders in the different counties where the survey was undertaken to aid in the implementation of the recommendations. We also disseminated our SRHC reports at partners and stakeholder forums that we participated in such as the population stakeholder meetings hosted by National Council of Population Development (NCPD) and Partners Monitoring, Evaluation and Research meeting hosted by the Division of Reproductive and Maternal Health of the Ministry of Health, Kenya. This resulted to Africa Institute for Development Policy (AFIDEP) requesting for raw data for Mombasa and Nairobi Counties. The data requested for was to aid in secondary research on availability of family planning commodities for young people aged 15-24. We also disseminated our knowledge products to our trained CSOs and this resulted in a CSO partner, Inuka Success Youth Organization developing a concept on advocacy for increased financing for SRH commodities.



To facilitate community engagement forums through our local CSO partners, AtMP also ensured translation of infographics into Swahili language. These were disseminated in community engagement forums. Other publications include posters which we used for making presentations in different conferences and stakeholder engagements. Some of the conferences that we were invited to make presentation the research findings in 2019 include the Africa Health Agenda International Conference (AHAIC).



Executive Officer, AtMP making a poster presentation of SRHC study findings at the AHAIC

Media Documentaries

In 2019, AtMP commissioned a documentary on SRH Commodities with a focus on Kakamega and Vihiga counties, this documentary was aimed at getting first hand perspectives from communities, service providers and policy makers on the challenges they face in accessing SRH services and Commodities. This documentary validated the findings that we had found through our research in the counties of focus which gave more credibility to the quality of research that we conduct.

The community members in Kakamega and Vihiga counties were able to share their experiences of maternal health complications, perspectives of family planning, role of men as maternal health champions and even the cost of accessing medical care. Key interviewees featured in the documentary included the County Governor of Vihiga County, Dr Ottichilo, The Kakamega County First Lady, madam Oparanya Reproductive Health coordinators for both counties, Deputy Community Health Services (CHS)

Coordinator and Vihiga county pharmacist among others. The Kakamega County first lady Priscilla Oparanya, who is passionate about maternal health matters, shared her thoughts on unskilled birth and attributed home deliveries to fear amongst mothers to deliver in hospitals. She also acknowledged the great work done by the Traditional Birth Attendants(TBAs) who played the role of accompanying pregnant women to the health facilities. This really contributed significantly to reducing the number of unskilled births. The Deputy CHS explained that Vihiga County had trained community health volunteers on mapping out pregnant mothers and referring them to health facilities for them to access antenatal care profile.



Kakamega Deputy RH coordinator, Jessica Koli



Resident of Kakamega County

Kakamega County Deputy Reproductive Health Coordinator, Jessica Koli also shared statistics of what the county records in terms of skilled deliveries. She noted that the county recorded 66% skilled deliveries.

She attributed this to efforts by community health volunteers after receiving training on maternal and neonatal health module. This module was comprehensive package as it had nutrition, family planning, antenatal, post-natal and delivery.

The documentary also showcased two newborns, child and maternal health programs that are being implemented in Kakamega and Vihiga counties. Oparanya care program, implemented in 25 health facilities Kakamega county, sought to encourage pregnant mothers to give birth in health facilities by providing financial support to needy mothers through incentives. Every pregnant mother receives two thousand shillings after every cycle. In total, for complete six cycles a mother receives twelve thousand to cater for the nutrition of both the baby and the mother.

Similarly, in Vihiga County, the Ottichilicare maternal and child health program has seen more mothers give birth in health facilities. Vihiga county governor, Dr. Wilber Ottichilo pointed out that the program was not only aimed at improving maternal care, but also educate women on the importance of family planning and encourage people to have small families that they can be able to manage. Vihiga County Reproductive Health coordinator, Veronica Musieka, spoke of the importance of information sharing to pregnant mothers during pregnancy, labor and after delivery. She reiterated that this was important to enable mothers to make informed decisions concerning their reproductive health matters and family planning. While speaking on importance of information sharing, Veronica pointed out that they offered counselling services to mothers on family planning methods. She noted that most mothers preferred implants for family planning because it has less side effects and low hormonal content compared to injectables.

Dr. Oluhano Jerusa, The County Pharmacist of Vihiga county cited stock outs of new born health commodities as a major challenge for key commodities in some health facilities in the county. For instance, she pointed out the drug used for lung maturation for the new born babies was still on pending orders. She also noted that there were challenges in the supply of condoms.

In conclusion, male involvement in reproductive health matters including family planning was seen to slowly gain traction. The community health workers played a key role in speaking to both spouses when they went to home visits. Young men championing reproductive health matters have also been seen encouraging other men to support their spouses in reproductive health issues.



Vihiga County governor -Dr. Wilber Ottichilo



RH Coordinator, Vihiga County-Veronica Musieka



Deputy CHS-Stephen Anjeche



Vihiga County Pharmacist-Dr. Jerusa Oluhano



Kakamega County First Lady-Priscilla, discussing the Oparanya care health program.



Beneficiary of the Ottichilo care maternal & child health program

Networking & engagements

One of AtMP's strategies to pursuing its mission is by showcasing our work and advocacy efforts through participating in both national and international conferences. These are some of the conferences we participated in:

JANUARY

2nd annual MeTA intercountry forum in Uganda. The forum brought together MeTA intercountry partners who used the platform to showcase their work and share best practices.

JAN

MARCH

Africa Health Agenda International conference in Kigali. Made poster presentation on 2018 SRH commodities findings and recommendations.

HSAP Annual Reflection that brought together **Kenyan** Context team to reflect on some of their achievements, addressing organizational capacities and brainstorm on topics for collaboration between partners

MAR

MAY

MAY

UHC conference in Kisumu, Kenya. We shared our study report findings and had a television interview on the sidelines of the UHC conference. Theme: Revitalizing Primary Health Care for sustainable Universal Health Coverage

World Health Assembly in **Geneva** Executive Officer participated in the side events of snakebite initiatives and access to medicines agenda by Health Action International.

JUNE

Capacity building workshop for CSOs in **Nairobi, Kenya**
Annual Scientific Conference on youth and adolescent SRH in Watamu, Kenya.
Theme: Addressing the three zeros by advancing adolescents and young people SRHR

JUN

SEPTEMBER

HSAP joint action planning meeting in Naivasha, Kenya. AtMP supported planning logistics, made presentations and also invited MeTA CSO alliance to make presentation on their achievements.

SEPT

NOV

NOVEMBER

International Conference in Population Development Nairobi summit
Theme: Accelerating the promise
-Embassy of the Kingdom of Netherlands (EKN) Annual Partner Day in Nairobi, Kenya
The meeting sought to find solutions and strategies in different areas such as working in an inclusive manner and collaboration within a partnership.

DEC

DECEMBER

13TH Annual Neglected Tropical Diseases (NTD) Conference in Nairobi, Kenya
Executive officer made poster presentation on current state of snake bite care.

Our Donors & National Partners



Ministry of Foreign Affairs of the Netherlands

Access to medicines platform is grateful for the overwhelming support from our donors and partners. We look forward to strengthening these relationships to further contribute to achieving our objectives of improving maternal health, reducing child mortalities, advancing youth and adolescent health, increasing capacity of CSOs to lobby and advocate for better policies and improving access and availability of sexual and reproductive health commodities.

OUR LOCAL PARTNERS

We are grateful to all our partners for their cooperation and commitment they have shown towards advancing sexual and reproductive health at grassroots level. We look forward to further engagements through advocacy efforts and interventions in the coming year so as to realize our objective of health systems strengthening and being the voice of our communities.



Kenya Scouts Association
Creating a better world



Advocacy for inclusive perspective on differently abled persons



Turning the World Upside Down



YOUTH ALIVE! KENYA



Every Woman, Everywhere



Kenya Life for Development










MANYATTA YOUTH RESOURCE CENTER



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