



MeTA INTER-COUNTRY MEETING REPORT
HELD ON 21ST JANUARY 2020
AT FOUR POINTS BY SHERATON, JKIA-NAIROBI





Glossary

ASRH	ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH
AtMP	ACCESS TO MEDICINES PLATFORM
CHMT	COUNTY HEALTH MANAGEMENT TEAMS
CIDP	COUNTY INTEGRATED DEVELOPMENT PLAN
CoG	COUNCIL OF GOVERNORS
CSOs	CIVIL SOCIETY ORGANIZATIONS
FGF	FEMALE GENITAL FISTULA
FGM	FEMALE GENITAL MUTILATION
HAI	HEALTH ACTION INTERNATIONAL
ICPD	INTERNATIONAL CONFERENCE ON POPULATION & DEVELOPMENT
LPGW	LOWEST PAID GOVERNMENT WORKER
MeTA	MEDICINES TRANSPARENCY ALLIANCE
MgSO₄	MAGNESIUM SULPHATE
MoH	MINISTRY OF HEALTH
MOU	MEMORANDUM OF UNDERSTANDING
NCPD	NATIONAL COUNCIL FOR POPULATION DEVELOPMENT
RH	REPRODUCTIVE HEALTH
RMNCAH	REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD, & ADOLESCENT HEALTH
SDGs	SUSTAINABLE DEVELOPMENT GOALS
SGBV	SEXUAL & GENDER BASED VIOLENCE
SRH	SEXUAL AND REPRODUCTIVE HEALTH
SRHC	SEXUAL AND REPRODUCTIVE HEALTH COMMODITIES
TIYO	TINADA YOUTH ORGANIZATION
UHC	UNIVERSAL HEALTH COVERAGE



Medicines Transparency Alliance Inter-Country Forum

21st January 2020

Four points by Sheraton-JKIA

Agenda

Objectives

1. Learning and sharing of best practices and outcomes
2. Sustainability models for multi-stakeholder engagement in Kenya
3. Showcase of MeTA Inter-country work with demonstrable outcomes on SRHC policy and dialogues

Day 1: HSA and SRH Stakeholders forum

Session One Chair: Dorothy Okemo

Introductions and opening

8.30-9.30	Arrival and registration	Secretariat-Mwanaisha
9.00-9.10	Welcome remarks	Dr. Tim Reed, ED-HAI
9.10-9.20	Objectives and introduction of the agenda	Dorothy Okemo, MeTAKenya
9.20-9.40	Introduction to participants	All
9.40-9.50	Opening remarks by MoH/CoG rep	MoH representative /CoG Representative
9.50-10.10	Kenya presentation, achievements:	Dorothy, MeTA Kenya Coordinator
10.10-10.30	MeTA Uganda, Tanzania and Zambia	MeTA staff/Council member Tanzania, Uganda, Zambia, Kenya

10.30-11.00 Coffee/Tea Break and group photo

Session Two Chair: Eve Odette

Success stories: Outcomes of engagement

11.00-11.25	Youth interventions for successful advocacy interventions success stories from Narok county	Narok Youth SRHR Network Cate Mootian
11.25-11.50	SRHR interventions for youth, women and policy makers, success stories from the Lake	The MeTA Kenya Lake Basin CSO Alliance



	basin counties	Beryl Moraa
11.50-12.15	Successful policy engagement: Kakamega county	RH Coordinator-Kakamega county Jessica Koli
12.15-12.30	Engagements with the counties to advance SRHR from policy to action	Mebor Abuor-Council of Governors Secretariat
12.30-13.00	Plenary discussions and Q & A	

13.00-14.00 LUNCH BREAK

Session Three Chair: Denis Kibira

Policy to Action

14.00-14.20	The SRH landscape: priorities of MoFA for transforming policy into action - Lessons from the MASP	Senior P.O Strategic Partnerships Embassy of Netherlands, J. Kuya
14.20-14.40	SRH, Maternal and Child health: from Advocacy to implementation	Country manager Amref Health Africa
14.40-15.00	The Global Landscape of SRHR	Tim Reed ED-HAI
15.00-15.30	Plenary, Discussions, Q&A	

15.30-16.00 Coffee/Tea Break

Session Four Chair: Gaby Ooms

Research outcomes, lessons learnt and closing

16.00-16.20	Presentation on findings of Research on SRH Commodities (Kenya, Uganda, Tanzania, Zambia)	(Mwanaisha, Jackie, Radhia, Zindaba)
16.20-16.50	Feedback from countries (Kenya, Uganda, Tanzania, Zambia) Lessons learnt over the last 3 years: What worked and what did not	
16.50-17.00	Closing remarks Country manager-Amref Executive Director-HAI MeTA Kenya council member- JP	



Introduction and Opening

The 3rd MeTA inter-country forum was organized and hosted by MeTA Kenya on 21st January 2020 as part of the work of the Health Systems Advocacy Partnership. The meeting that is traditionally held in Uganda, brought together MeTA members from Kenya, Uganda, Tanzania and Zambia as well as representatives from Health Action International with participation from the MeTA Kenya council members, Amref Health Africa, MeTA Kenya grassroot CSO partners, a representative from the Council of Governors secretariat, and a representative from the Embassy of the Kingdom of the Netherlands in Nairobi.

Meeting Objectives

The meeting objectives were to:

1. Learn and share best practices and outcomes
2. present sustainability models for multi-stakeholder engagement in Kenya
3. Showcase MeTA inter-country work with demonstrable outcomes on SRH Commodities policy and dialogue.

The MeTA Kenya Coordinator started by welcoming the participants and conveying greetings and apologies from the Deputy Director of Health, Dr. Gondi who had a Ministry of Health engagement in Naivasha and was officiate at the opening. She then briefly took the participants through the objectives of the meeting and the agenda. She pointed out that this would be a forum with a difference as all presentations will focus on the outcomes of all the interventions over the last three years. She pointed out that MeTA Kenya had lined up exciting presentations from its CSO networks from Kisumu and Narok Counties as well as a presentation from Kakamega County Reproductive Health Coordinator who would also present on the outcome of the partnership with MeTA Kenya.



Dorothy Okemo: MeTA Kenya Coordinator



She further added that colleagues from the other countries would also be sharing outcomes of their work providing an opportunity for scaling up lessons learnt. The participants will also get an opportunity to review the results of the study conducted in 2019 in Kenya, Uganda, Tanzania and Zambia on Availability, Affordability and Stock-out of Sexual and Reproductive Health Commodities covering Maternal, Newborn and Child, Contraceptives and STI treatment. The study was done across the public, private and mission sector facilities across all the four countries using the WHO-HAI methodology.

She wished the participations fruitful deliberations and hoped that they would enjoy this year's MeTA Forum and be able to learn some lessons that would help each organization adopt some of the strategies presented over the course of the day.

Opening Remarks

John Paul, member of MeTA Council, welcomed the participants and expressed his excitement that the forum be looking at the outcomes achieved over the years, an indication that the MeTA family was on track to achieving its long term outcomes within the Health Systems Advocacy Partnership. He noted that this was a key meeting that provided a platform to continuously look at the policy pathway by tracking what had been done, how it had been done and what changes needed to be put in place to achieve even more. He gave context by indicating that in the inception phase he had been part of HSAP and being able to now be part of a forum that looks at what has been achieved over the years was very encouraging. He reiterated that translating policies into actions was very important in creating sustainable links in advocacy work.



Opening remarks by MeTA Kenya council member -John Paul



He further noted that given the participation at the forum there was opportunity for North-South, South-North learning as well as creating sub-national and national linkages. He further mentioned that Kenya was moving towards strengthening and putting structures in the countrywide roll of UHC having first piloted in 4 counties in 2019. He added that the idea of UHC, which is reducing catastrophic health expenditure, should not be lost even as the country rolls out UHC. It was therefore imperative to align our work with the national priorities and contribute to UHC conversations, rollout and implementation to ensure that it benefits the most vulnerable and improves access to commodities, information and services. He finalized by saying that UHC need only not look at access but also ensure issues of equity and quality. The onus was on civil society organizations to continuously play their accountability role, ask the hard questions on the UHC package, know what is being implemented at county level and monitor for effective implementation.

He then declared the meeting officially opened.

MULTI-COUNTRY ACHIEVEMENTS 2019

1. KENYA

Overview of 2019 Achievements-Dorothy Okemo, MeTA Kenya Coordinator

The MeTA Coordinator started her presentation by highlighting the key activities undertaken and drawing a link of how they contributed to the outcomes of MeTA Kenya. She added that all the work we did was centered on research which informed the advocacy, capacity strengthening and multi-stakeholder engagement work that we did. The key activities and outcomes she stated included:

1. Dissemination of the 2018 study results on availability, affordability and stock outs of SRH commodities for contraceptives, maternal health, New born and child health, STI treatment as well as SRH devices and instruments. The findings were presented at the national UHC conference, AHAIC conference, CSO capacity strengthening workshop and various county stakeholder engagements in Kakamega, Isiolo, Kwale, Kisumu, Nakuru and Narok.
2. Commissioning and rolling out data collection for the 3rd SRH Commodities study in 10 counties across 222 facilities in the public, mission and private sectors.
3. Trained 28 grassroots youth and women led CSOs capacity building on budget cycle tracking, budget advocacy and social accountability in June 2019. This training tied in to the 2018 training on policy advocacy and how to sustain this with budget advocacy and effective public participation in decision making processes.
4. Joint stakeholder engagements with national CSO partners in targeted counties to share the results of our study to inform decision making.



5. Participated in national and international level stakeholder engagement to increase visibility of the organization.
6. Supported review and finalization of the Maternal, Adolescent and Child health National RH IEC materials as part of a nationwide campaign to disseminate in counties to support demand and awareness creation.

Outcomes of MeTA Kenya engagements

1. Joint activity with Health Rights Advocacy Forum (HERAF)- The feedback meeting between the County Health Management Team (CHMT) and CSOs on the implementation of Universal Health Coverage(UHC) and access to Sexual and Reproductive Health(SRH) commodities in Isiolo county led the county to request for county specific data so as they can implement recommendations. We got commitment from a member of County Assembly Health Committee to sponsor a motion to set aside funds for 2 Youth friendly centers- which was part of our recommendations in the 2018 study.
2. Reviewed and provided input to National Council of Population and Development(NCPD) plan of action for population policy for national development 2018-2022 to ensure the whole spectrum of SHR issues are prioritized.
3. Reviewed and provided input to NCPD Coordination strategy for implementation of the population policy and programme in Kenya 2018-2022 and ensured SRH was prioritized
4. Supported MoH-RMHSU review of long acting contraceptive methods trainers manual which has been obsolete for some time.
5. Held a concurrent session with DRMH-Ministry of Health at International Conference of Population and Development (ICPD 25) on prioritizing and accelerating quality and integrated Reproductive, Maternal, Newborn and Child Health(RMNCH) services within Universal Health Coverage. Met the director general who expressed his interest to continue working with MeTA Kenya.
6. Increasingly receiving requests for county level data of the SHR commodities study from stakeholders in different counties to enable them implement recommendations for instance Narok, Isiolo and Kakamega.
7. Trained CSOs have been able to form cross county CSOs learning and sharing networks e.g. Kiambu and Nakuru.
8. Supported Tinada Youth Organization(TIYO) to undertake research on Mental health treatment and care in 4 counties. The findings Finalised the documents and tangible evidence findings shared with presidential task force on mental health.

As she delved into her presentation, Dorothy also took the participants through the outcomes realized specifically at the county level as a result of interventions by our local CSO partners.

In Kwale county:

Following our CSO training on budget advocacy, budget cycle tracking and social accountability one of our local CSO partners who participated in the training, the Pepea Innovation hub, undertook community sensitization and established a network on maternal child health and SRH advocacy.



The network managed to champion for a 20% increase in the health budget in 5 wards whereby the increment was to support infrastructural development to upgrade of maternity wings and purchase delivery equipment (level 2 & 3 facilities). The network also prioritized community trainings to be conducted at every dispensary (level 1), every month to provide SRH education and sensitization of good maternal and child health.

On presentation of the research tool as part of seeking permission to collect SRH commodities data in Kwale County, The Governor of Kwale county not only approved the research but also requested for the findings to be presented to the cabinet for recommendations to be taken up. This was very important considering Kwale county was an additional county where data was collected for the first time in 2019.

In Kiambu County:

Following the capacity strengthening training for our local CSO partners on budget advocacy, budget cycle tracking and social accountability, our CSO, Youth Alive Kenya, trained 50 youths, formed social accountability forums and administered community scorecards in the 6 sub counties in Kiambu county. They were also able to provide civic education by training the community on county planning, devolution, county budgeting, public participation and social accountability. Through the outreaches, citizens were able to present petitions that facilitated changes in budget estimates. In addition to that, the CSO partner won an award for social accountability champion in the county.

In Kajiado county:

Our CSO partner ADEO, who also participated in the capacity strengthening training, post the training advocate4d for the county to designate a one stop youth friendly center at Rongai social hall that would be equipped to offer health services for youth and key populations and groups in Kajiado North. Kajiado is also among the counties that expressed interest for SRH data to be collected in their county.





Dorothy Okemo presenting on MeTA Kenya outcomes

Direct outcomes of 2018 recommendations of the study on availability, affordability and stock-outs of SRH commodities.

The MeTA Kenya Coordinator presented the action points and outcomes that had been achieved based on the findings and recommendations of our SRH commodities study that had been shared with the counties as follows:

COUNTY	OUTCOMES
• Isiolo	- Member of County Assembly(MCA), health committee undertook to sponsor a motion to set aside funds to build 2 youth friendly centers and therefore improve access to SRH services and commodities to youth. This was after MeTA Kenya presented findings to the County Health Management Team.
• Kisumu	- 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 ongoing
• Kakamega	- 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	- CSOs are currently working on the health budget which seeks to allocate more funding to SRH commodities and services as well as establishment of Youth Friendly Centers (YFCs)

2. ZAMBIA

Outcomes for MeTA Zambia - Zindaba Ngwenyama

In his presentation, Zindaba, assistant coordinator- MeTA Zambia summarized the outcomes from inception up to date as below:

2017 OUTCOMES

- “ A Medicines Transparency Alliance Council and Forum representative of different stakeholders was constituted
- “ Internal capacity-building of Health Systems Advocacy(HSA) partners
- “ MeTA secretariat improved internal capacity to efficiently and effectively execute the HSAP agenda
- “ Dissent and dialogue space created through evidence based advocacy through open discussions with stakeholders (e.g. Ministry of Health, MSL, ZAMRA, public & private sectors).



- “ Conducted SRHC survey, report & policy brief

2018 OUTCOMES

- “ From dissemination of 2017 SRHC report & policy brief, recommendations & advocacy actions conducted by MeTA and other stakeholders, government contributed USD1.5 million towards SRHC budget from 2018
- “ The Ministry of Health took up the recommendation from 2017 SRHC study report to incorporate procurement in the new draft bill "Zambia Medical Stores Agency Bill" as one of the core functions of the new medical stores by signing a memorandum of understanding moving medicines procurement in Zambia from a push towards a pull system.
- “ MoH requested MeTA to scale up SRHC study from six to ten provinces in 2018 and 2019 following a presentation on the results and recommendations from the 2017 study to the MOH and other stakeholders.
- “ Local MeTA networks(LMN) were integrated into District Health Management structures in Zambia & independently advocate for the availability and accessibility of SRHC.
- “ The health budget increased from 8% to 9.3% of the budget total from 2010 to 2019 leading to slight improvement in accessibility, affordability and availability of essential SRH commodities from 34% in 2017 to 36% in 2019)
- “ Increased capacity of media to report and investigate independently on SRH issues resulting to increased media stories.
- “ Built capacity of CSOs to advocate for availability and accessibility of SRHC
- “ The Permanent Secretary of Ministry of Health used MeTA's presentation on the SRHC 2017 study and he committed to translate the recommended findings into policy in June 2018.
- “ Zambia Pharmaceutical Business Forum used the MeTA platform to convince the government not to increase statutory fees. As a result, the fees were not increased by the government.
- “ Local MeTA Networks in August 2018 independently advocated at a church in Kitwe for youths to access SRHC at their health centers as a result of a number of youth who felt facilities were not conducive for the youths because they were adult oriented.
- “ Following capacity building of media, a story on the use of traditional maternal methods was published by Phoenix radio in September 2018, which sparked a radio discussion with people calling in on the importance of visiting health centres in Ndola.

2019 OUTCOMES

- “ MoH took up recommendation of Central Medical Stores to procure commodities from the 2017 and 2018 report.
- “ On 28th June 2019 at Parliament building in Lusaka, Hon. Dr Christopher Kalila MP, Chairperson for Committee on Health and Hon. Howard Kunda MP,

Chairperson for Public Accounts Committee committed to address issues of teenage pregnancies in Zambia by coming up with policies that would help address this matter. An invitation was extended to MeTA to make submissions during the budget making process

- “ On 31st May 2019, the Council Chairperson & Mayor Mono Simakoloyi, committed to work with Kafue Local MeTA Network to sensitize the community on Sexual Reproductive Health and adolescent health. The Mayor pledged the Council hall as a location for this activity where members of the community could be invited to attend this activity.



Zindaba Ngwenyama, Asst. coordinator MeTA Zambia

- “ Since September 2019 MeTA Zambia has been conducting live facebook presentations on SRHC topics and this has sparked interactions on social media requesting to know more about SRHCs.
- “ On 6th June 2019, MeTA Zambia was invited by the European Union Team Leader, Mr Paul Thim, to present their 2018 SRHC findings during the Health Cooperating Partnership meeting at the EU headquarters. He also committed to sharing the 2018 SRHC study with collaborating partners who would have the capacity to stimulate conversations around such information and advocate for improved and strengthened health systems in the country.
- “ On 18th September 2019, Country Director for PATH Dr Nanthalile Mugala, commended MeTA for the study which she said is in line with Ministry of Health target of attaining Universal Health Coverage (UHC) and committed to look at how they can work with MeTA in championing SRHC issues.
- “ The Ministry of Commerce through the Permanent Secretary had pledged to work with Med RAP/MeTA Zambia on issues pertaining to the supply chain through the Ministries engagement of ZAMRA.
- “ On 15th November 2019, the World Health Organization Coordinator under the Malaria Support programme,



Dr Masaniga appreciated the contents of the 2018 SRHC report that it touched on critical points that needed urgent attention specifically by WHO. He also added that the report was a good addition to WHO to focus on issues highlighted in the report that have been sidelined at some point.

3. TANZANIA

MeTA Tanzania achievements- Radhia Mamboleo

Radhia Mamboleo, started her presentation by giving an outline of its contents to include the introduction, composition of the MeTA Council, 2019 achievements, lessons learnt and the priorities for the year 2020. She explained that MeTA was a unique model used to address transparency and accountability issues in order to improve and inform national medicines policy. She added that the initiative aimed to improve access to quality assured essential medicines to all through multi-stakeholders collaboration with the involvement of government. The MeTA council comprises of the Government, Civil Society Organizations, Development partners as well as manufacturing companies. She further went ahead to present on the key MeTA Tanzania achievements as below:

Key achievements:

- Parliamentarians in Tanzania through social welfare Tanzania Parliamentarian Association on population committee committed to advocate for a budget increase during parliamentary meetings in order to increase the availability of Fefo Drugs as per 2018 SRHC study and strengthen the supply chain.
- The MeTA council proved to be a powerful advocacy platform in the year 2018-2019 as demonstrated by invitations from different Technical groups on maternal and commodity security to present the study findings and policy recommendations.
- The Director of Preventive Services committed to working with the district medical officers to address all gaps identified by the 2018 SRHC study on the improvement of the supply chain.
- There was increment of 30% in the SRHC 2019 budget allocation for Bahi District in Dodoma.
- Involvement of partners working in SRH sector including manufacturing companies and CSOs helped in pushing the agenda for availability, affordability and price of commodities through advocacy work.



Radhia Mamboleo-MeTA Tanzania

On the priority activities to be conducted in 2020, Radhia summarized them to include:

- Learning forum with trained 15 CSOs to share the best practices after the training on how to conduct lobby and advocacy at local and national level so as to improve access to SRH
- A follow-up training to CSOs that would be based on needs assessment for budget tracking especially on SRH commodities
- Learning event with 15 trained media outlets to showcase the good practices after the orientation on reporting on SRH commodities issues
- Meeting with parliamentarian (social welfare committee and Tanzania parliamentarian association for population and development) to promote access to SRHC based on 2019 recommendations
- MeTA council meeting
- MeTA forum
- Meeting with 20 stakeholders including government (MoH and PORALG) on the sustainability of MeTA
- Participating in National Commodity security technical working group and sharing 2019 SRHC study
- Development of knowledge product based on 2019 study findings
- Conduct 2020 SRHC study in 374 facilities in Tanzania



4. UGANDA

MeTA Uganda Achievements- MeTA Uganda Coordinator, Denis Kibira

The MeTA Uganda coordinator, Dr. Denis Kibira commenced by giving a brief of the Health Systems advocacy partnership and its aim to contribute to stronger healthy systems. He then proceeded to discuss the highlights of key outcomes realized in different areas of their work.

Health System strengthening:

MeTA worked with World Health Organization Uganda country office to support the National Drug Authority to develop a health workers training manual on handling of adverse drug events. This was after seeing the need of health workers to be sensitized on how to report on adverse drug events. A tool for reporting adverse drug events within the national health management information system was incorporated in 2018 by the Ministry of Health and in 2019 MoH reported a 41% increase in reporting of adverse drug events.

SRH Commodities budget:

MeTA Uganda worked in collaboration with partners and members of parliament to increase the awareness of policies related to access to sexual reproductive health and rights (SRHR) and this resulted in MPs making bold decisions regarding national SRHR budgets. There was a more than two-fold increase in SRH commodities budget from 8bn to 16bn Ugandan shillings in 2018. He added that the ministry of health prioritized funding of 170,000 doses of magnesium sulphate that is used to treat preeclampsia and this really led to improvement in the area. There was ring-fencing of budget for Magnesium sulphate (MgSO₄) for pre-eclampsia in 2019.

Community empowerment:

Denis mentioned that MeTA Uganda has been working with the community a lot. They conducted capacity building for 20 CSOs in advocacy. In 2018 MeTA developed a peer-to-peer facilitators' guide for adolescent health highlighting age-appropriate messages. He added that the guide was approved by MoH in 2018 and piloted in Mukono, Dokolo and Mayuge districts to champion for access to SRH commodities. In addition to that, they also managed to get buy-in from district and sub-county level officials regarding the need for adolescents to have increased awareness of SRH services for example, inclusion of youth activities in budget plans of Dokolo, Lira and Mayuge districts. Women are the gate keepers of health in the communities and having them empowered through

Pre-eclampsia campaign:

The MeTA Uganda coordinator started by explaining that they have been working on the campaign since 2017. They started the campaign after realizing that magnesium sulphate, that is used to manage pre-eclampsia was the least available and most neglected. This was mostly seen in the study results. He explained that it led to engagements with health committees who visited the hospitals and saw the situation at hand. After many engagements in the campaign, the MoH in 2019 ring-fenced funding towards the procurement of magnesium sulphate. The overall availability for MgSO₄ increased from less than 25% in 2018 to 69% in the public sector.

Despite the increase of availability being commendable, Denis reiterated on the need to train health providers on how to administer magnesium sulphate. It has low toxicity level and if not administered well can have adverse effects. He ended his presentation by informing the participants that pre-eclampsia campaign would still be ongoing in 2020.



Denis Kibira- MeTA Uganda Coordinator

SESSION 2: SUCCESS STORIES- OUTCOMES ENGAGEMENT

1. Youth interventions for successful advocacy –Cate Mootian, Narok Youth SRHR Network

The founder of AfyAfrika and coordinator of Narok Youth SRH network started her presentation by informing the participants that the organization was founded to focus on health, gender based violence, leadership and governance. She then proceeded to give a background of adolescent sexual and reproductive health in her community. The Maasai community considers matters of SRH especially family planning as a taboo. Trekking for long distances to access health facilities, patients having to share beds in facilities because of inadequacy and lack of commodities such as contraceptives are some of the challenges the community members have had to face to access SRH services. She acknowledged MeTA Kenya for taking them through intensive trainings that equipped them on how to engage with policy makers and achieve a number of outcomes. The trainings served as an eye opener in the way they had been approaching advocacy. Some of the outcomes realized as a result of the trainings included:

Key achievements directly attributed to the capacity strengthening training provided by MeTA Kenya included:

1. Advocacy that led to implementation of the Adolescent Sexual Reproductive Health Policy
2. Advocacy and engagement with decision makers that led to implementation of Return to School policy for teenage mothers.



3. Formation of the Narok county Youth forum and public Participation platform to address county budget process and planning.
4. Conducted community forums to create awareness and sensitize the public on SRH policy, Services and commodities offered
5. Conducted a youth-led SRH research on Teen Pregnancies
6. Successfully conducted Narok Teen Summit in partnership with the county, office of the county first lady, MeTA Kenya and other stakeholders

Key activities and achievements

- ✓ Conducted research on implementation of return to school policy on Teenage Mothers. After presenting the findings to the county education director, circulars were issued to school head instructing them to implement the policy by maintaining girls in school until they deliver and re-admit them afterwards.
- ✓ Advocated for the implementation of ASRH policy and commodities through Ministry of Health at the county level and customizing it to fit Narok Needs
- ✓ Advocate for availability of commodities especially family planning, ARVs and Maternal health service close to the people.
- ✓ Conducted Narok teen summit that created safe spaces for teens to talk about their SRH issues as well as provide psycho-social support for children survivors of abuse.
- ✓ Carried out a youth led research to investigate the preference of Kangaroo Courts as alternative dispute resolution mechanisms in solving cases of the ever-rising cases of teen pregnancy
- ✓ Trained 15 youths on county budget process and planning, County Integrated Development Plan (CIDP), County Functions, ASRH Policy and meaningful youth engagement.
- ✓ Carried out sensitization programs at the community level and Narok County records reported almost the highest rate of transition from primary to secondary by 96.6% with much help from the County Commissioners office who had been very supportive

Challenges

- I. Difficulties in addressing SRH issues and access to family planning commodities due to the deeply rooted culture of the Maasai community. There is need for more community engagement and education.
- II. Despite working together with the county and national government, getting their full support and commitment has been a challenge and even owing to their role in the lack of availability of commodities in time and providing quality services to patients.
- III. Availability, affordability and accessibility of SRH commodities and services in the facilities remains a challenge to girls and women not forgetting men too, we plan to use the available data to do more advocacy for implementation of the recommendations.
- IV. On issues to do with Gender Based Violence particularly rape cases, the facilities lack post rape care kits making it difficult to seek justices for the victims.



2. SRHR Interventions for youth, women and policy makers-Moraa Beryl, MeTA Kenya Lake basin CSO Alliance

The Executive Director of She Deserves to Soar and secretary to the MeTA Kenya Lake Basin CSO alliance commenced informing the participants that She Deserves was a community based organization driven by and for young women to prioritize SRHR and aspirations of adolescent girls and young women. She added that the organization was also a member of the MeTA Lake Basin CSO alliance. The alliance was formed as an initiative by CSOs who attended the first capacity building workshop on policy advocacy, use of evidence and effective communication in SRH advocacy in 2018. Continuous SRH advocacy interventions resulted to the following outcomes:

Key Outcomes:

- ✓ Kisumu County SGBV Policy developed, launched and endorsed
- ✓ Kisumu County Family Planning Costed Strategy developed (currently at validation level to facilitate approval)
- ✓ County Assembly Ring Fenced Health Budget as at Dec 2019 and was now pushing for ring fencing SRH funds.
- ✓ Increase in resource allocation for SRH commodities under UHC and county government fund kitty
- ✓ Increase in human resource/personnel from 24% to 28% (from January 2019 to August 2019 period)
- ✓ Kisumu County Youth Empowerment costed Plan developed and adopted by the county Government for implementation. Adolescent and Youth SRH is also part of the costed plan which the county government is going to fund as from the next financial year.
- ✓ Established Kisumu County Quarterly Health Stakeholders planning and Reviews forum to plan and review health progress.
- ✓ Developed County Health Advocacy framework with the county government in collaboration with CSOs
- ✓ Media Advocacy on a local radio station; reached 60 CSOs and policy makers with SRH advocacy needs in Kisumu County
- ✓ Reached over 750 youth with SRH education messages including distribution on Sanitary towels and condoms through SRH community outreaches
- ✓ Capacity built 30 CSOs peer educators on STIs prevention mechanism among the youth to enhance more awareness and sensitization and reduce prevalence of STIs and Pregnancy among the youth
- ✓ Pushed for development and review of Kisumu County Health Bill (currently in the second reading in county assembly). The current Kisumu county Health Bill and Health Finance Bill considered financing SRH programming with focus on primary health care and thus its considered as one of the county health financing priority
- ✓ Held stakeholders post UHC implementation progress and review meeting in December 2019; and developed a CSOs position paper that was widely shared to inform the next phase of UHC rollout

- Organized and participated in International UHC Day to push for more SRH allocation under UHC kitty with focus to preventive and promotive intervention support.
- Organized UHC day Health stakeholders consultative meeting and the Alliance



was co-opted by the county government to be part of the planning committee for the UHC conference.

Beryl Moraa-MeTA Kenya CSO Alliance

- Developed a 3 year SRHR strategic action plan to inform and guide implementation for MeTA Kenya CSO Alliance for SRHR

As she delved into her presentation, Beryl mentioned some of the policy recommendations they gave during the consultative meeting on SRH commodities financing which included:

- “ Formulation of Kisumu County Health Information Management System Bill to provide county specific data for proper budgeting and inform SRH intervention.
- “ Formulation of 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.
- “ Introduction of a Public and Private Partnership Bill to push for accountability and synergy between the county government and CSOs for proper resource mobilization and implementation/intervention mechanisms.
- “ Formulation of Kisumu County Health Financing Bill to ring-fence funds allocated for health, especially SRHR, from being channeled to other county projects. It would also improve reporting and scaling up of SRH interventions.

She then ended her presentation leaving the participants with a quote from the famous Lao Tzu- Go to the people. Live with them. Learn from them. Love them. Start with what they know. Build with what they have. But with the best leaders, when the work is done, the task accomplished, the people will say ‘we have done this ourselves’. She explained that this was exactly what MeTA Kenya had done with the alliance.

3. Successful policy engagement-RH Coordinator, Jessica Koli- Kakamega County

Jessica made a presentation on partnership between Kakamega county and AtMP/MeTA Kenya. She explained that Kakamega county was among MeTA Kenya's focus counties. She added that the partnership started in 2018 and formalized in 2019 with the objective of:

1. Providing data to support evidence based advocacy for formulation of better policies for Reproductive Health interventions that will increase demand and access to contraceptives=
2. Providing evidence to support the County to improve its reproductive health services, budget allocations and level of commodity provision at facility level to further improve proper planning and utilization of commodities within the County.
3. Strengthening the capacity of health workers based on the findings and recommendations of the annual study on availability, affordability and stock-outs of SRH Commodities in select counties including Kakamega County. This is in an effort to improve SHR service provision and access to SRH Commodities.

She also informed the participants that entry meetings between MeTA Kenya/AtMP and the top county officials resulted to the county committing to acknowledge and appreciate the work done by AtMP on research, support interventions by MeTA in the area of coverage of SRH in the county, to provide staff for technical expertise in health as well as to partner in community mobilization and sensitization on SRH matters.



RH Coordinator Kakamega-Jessica Koli

On support offered by MeTA/AtMP so far to the county:

- ❖ The county reproductive health coordinator was supported to attend the ICPD 25 Nairobi Summit. This was very crucial for the County because, the recommendations on SRHR at the summit will be presented to the CHMT with the aim of scaling up quality of health services in the County in line with the proposed countrywide roll out of UHC.

- ❖ Supported the county integrated commodity security TWG meeting where the findings of the SRHC study were shared and pivotal in adopting the best approaches to handle commodities in the County.
- ❖ Supported World Contraceptive Day celebrations hosted by the County First Lady and county health management team which provided a platform for demand creation and awareness on use of contraceptives to the residents of Navakholo as per our study recommendations
- ❖ MeTA Kenya carried out a baseline mental health assessment survey in both public and private health facilities to ascertain the status of mental health in Kakamega County both at facility and community level. The report will assist the County plan for its people by use of well ascertained data when it comes to mental health.
- ❖ Supported in preparations of a stakeholder forum that will take stock of what partners are doing in the county to avoid duplication and streamline engagement and align MeTA activities with county priorities.

The RH coordinator then proceeded to share Kakamega county's maternal and child health demographics as well as indicators as indicated below:

KAKAMEGA COUNTY PERFORMANCE IN SPECIFIC REPRODUCTIVE HEALTH INDICATORS	
SKILLED BIRTH ATTENDANCE	69%
IMMUNIZATION STATUS (FULLY IMMUNIZED)	79%
POST NATAL CLINIC ATTENDANCE	38%
4 TH ANTENATAL CLINIC VISITS	59%
1 ST ANTENATAL CLINIC VISITS	98%
MATERNAL MORTALITY RATE	110/100000
CONTRACEPTIVE PREVALENCE RATE	79%

Jessica also made a presentation on the Kakamega Maternal and Child health program known as Imarisha afya ya Mama na mtoto programme which was formerly known as Oparanya care. The thinking behind this program was the fact that Kakamega county ranked 5th among 15 counties with the worst maternal, neonatal, child and adolescent health in Kenya. She explained that the program has been enacted in the Kakamega county maternal health ACT 2017 and seeks to provide a framework for cash transfer to needy mothers and also provide a platform aimed at increasing family planning uptake. She added that it was a conditional cash transfer program that aimed to improve demand and utilization of skilled health services.

Program objectives:

- To increase skilled delivery rates in Kakamega County
- To reduce mother and child mortality



- To reduce mother to child transmission of HIV
- To improve nutrition status of children below the age 2

Program process:

- The conditional cash transfer program is a web-based e-platform system designed to capture data for all pregnant mothers attending antenatal and delivery point care.
- The data is collected through a questionnaire that provides demographic and socio economic information for the mother, newborn and their household in order to measure vulnerability
- Once registered the system automatically picks those to become beneficiaries for verification, who in most cases are the poorest of the poor.
- The beneficiaries receive a total of KES 12000 Paid in 6 installments
- A mother receives two thousand shillings in every installment. The installments were categorized in different cycles to include the first antenatal visit, delivery, and when the baby is six weeks, six months, nine months and eighteen months.

On areas that the county needed support from MeTA /AtMP, Jessica outlined them as below

1. Support County Health Technical working Groups and relevant stakeholder forums that would improve policy implementation and use of data in decision making and budget prioritization.
2. Support data review meetings in RMNCAH
3. Training Health Care workers on post-natal care
4. Support sub county maternal, perinatal death review meetings.

PLENARY: SESSION ON SUCCESS STORIES- OUTCOMES ENGAGEMENT

The plenary was an interactive session that allowed the participations to interface with the presenters and interrogate some of the remarks and achievements presented. The issue of reduction of teenage pregnancies in Narok county was raised and one of the ways that this could be reduced is through holding of community dialogue sessions to demystify some of the cultural beliefs and especially encourage the men to invest in their girls' education. Hosting of the teen summit was also another way as empowering the young girls and boys with information gave them leverage to make informed choices about their lives. Using a multi-sectoral approach to combat teenage pregnancies where the education, health and gender sectors could work together and develop joint approaches to tackling this crisis.

With perspectives from the work of She Deserves, it was noted that designing a school based curriculum to empower and inform teenagers could also be beneficial, as this would provide a conducive environment to share, learn, and air out any challenges. Beryl mentioned that designing of the curriculum would be her pet project in year 2020 and would with stakeholders including in the MeTA Kenya space to realize this key intervention.



Panelists: Cate Mootian, Jessica Koli and Moraa Beryl

Other discussions centered around the measures put in place by the county government of Kakamega to ensure the Oparanya program was not only sustainable but also did not encourage child bearing. Jessica responded by saying that the program does not contribute to low uptake of contraceptives.

County Health department has sensitized the communities on the role of the program which is to support the care and nutrition of the baby in the first 18 months of its life. It is a nominal stipend that is distributed in 6 installments over the 18-month period around key milestones like antenatal clinics, delivery, and immunization and uptake of FP contraceptives. Adherence to this structure has ensured that the program serves its purpose. On the issue of sustainability, the program is enacted within the Kakamega county health act 2017 to ensure that it continues beyond the tenure of the current Governor.

There was also a question on the efficiency of the Kangaroo courts as used in Narok county. The coordinator for the Narok youth SRH network explained that kangaroo courts served as alternative dispute resolution mechanism at the local level. She added that the system was not recommended especially for issues around teenage pregnancy and early marriages because the Kangaroo courts are usually chaired by men who are peers and usually do not provide any punishment or restitution for the victims. Infact it is a system that seems to reward perpetrators for example if an issue of a young girl being impregnated is brought before the kangaroo court and the perpetrator is an old man, the solution is always for the young girl to be married off to the elderly man. It was advisable that the legal system be used for such offences and disputes to protect the victims of sexual violence.

SESSION 3: POLICY TO ACTION

1. Global landscape of SRHR-Tim Reed, Executive Director- Health Action International

The Executive Director of HAI started his presentation taking cognizance of the origins of the International Conference for Population and Development (ICPD) which was hosted in Cairo in 1994.

He further added that the conference was a turning point in development as it put gender, equality, women empowerment and Sexual and reproductive health and rights at the heart of development. 25 years later at the ICPD25 some of the issues that were discussed and commitments made in 1994 remained aspirational to most women in sub-Saharan Africa, the gains cannot be lost he advised. Development of high quality health systems and actions based on robust research are key in the achievement of the Sustainable Development Goals (SDGs), while specifically looking at SDG 3.8 to ensure the best quality SRH services and commodities are also mainstreamed through the Universal Health Coverage agenda. He added that achieving equitable access meant meeting the sexual and reproductive health needs of all women especially those in the marginalized and hard to reach populations.



He noted that Civil Society Organizations had a big role to play in improving SRH outcomes through use of robust research. He reiterated that evidence was critical for health systems strengthening especially in the global south. He further added that governments needed reliable and actionable evidence to inform policies and decisions, a role that the MeTA space played and will continue to play.

Dr. Reed, Executive Director- HAI

Dr. Reed, noted that evidence was need to inform decisions around where to spend limited health resources and how to spend them, expenditure should be based on need. Global statistics show that 800 women die while giving birth, programming therefore needs to recognize womens health as a right rather than prioritizing their health as victims rather than drivers. Gender based approaches are key in delaying child bearing putting the control firmly in the hands of women and girls. He reiterated that this was important as women needed to be at the front making demands for their SRH needs based on evidence. Policy makers urgently need evidence to justify legislation, this was the space that MeTA works in and will continue to work in for years to come. In Lower Middle Income Countries there are 22 million unsafe abortions each year, 1 in 3 girls are married before the reach the age of 18 years. It is important that as advocates we work for a society that is free from violence and harmful practices particularly towards women and girls. There is need to embrace new technologies that are sensitive to the needs of the communities, adolescents need sexuality education to be able to make informed choices.



As a parting shot he emphasized the need for diversity and inclusion especially and lower middle income countries where there were fewer opportunities. The GDP for African countries should not be a marker for development as rebasing of countries based on this in some instances has negative consequences for the development and prosperity of nations.

2. The SRH landscape: priorities of MoFA in transforming policy into Action-Senior Strategic Partnerships Officer- Johnstone Kuya, Embassy of Netherlands

The MoFA representative started his presentation by informing the participants that the ministry of foreign affairs will continue to support CSOs in the new policy framework. He mentioned that they had prepared a question and answer paper to guide on the new framework. He added that the new policy framework will be focusing on the power of voices and will be guided by the following principles:

- Human rights
- Safeguarding civic space
- Gender equality, women's rights and inclusivity
- Strategic partnerships
- Innovation
- Geographic diversity.

The MoFA representative also informed the participants that the current framework (2016-2020), for dialogue and dissent space had a total of 25 partnerships of which 18 were in Kenya. Therefore, looking at the Multi-Annual Country Strategy document, The Ministry will continue investing in:

- " Food Security, Water and Climate
- " Sustainable Trade and Investment
- " Peace, Security, Stability and Migration
- " International Legal Order and Human Rights
- " Social Progress this is where most of the SRH programs are. On social progress will be looking at SGBV, HIV, private sector engagement, addressing comprehensive sexual education as guided by result framework of the ministry and improving access to contraceptives. Under the SDGs directly under social progress, focus will be on SDG 3,5 and 17.

Despite the ministry having longstanding relations with Kenya in trade and investments, and even with the political stability and fast growing economies, there were still challenges being faced in the Kenyan context that if not well addressed may pose a threat. They included:

- " Protracted conflicts, large refugee concentrations and vulnerability to climate change
- " Large sections of population suffer from poverty and lack of access to basic services
- " Gender inequality

He further noted the backlash received on issues around SRHR as seen during the International Conference for Population and Development (ICPD25) and which were highly publicized based on divergent views of interests groups.

He emphasized the need for prioritization of sexual and reproductive health and rights for the attainment of UHC as it covers the main causes of morbidity for women, girls, children and newborns.

Lessons learnt

- Southern ownership and leadership and transformation of power relations are just as important to create sustainable change.
- Transitional activities in well performing strategic partnerships are key in ensuring sustainability and continuity of successful programs.
- There is need for synergy in implementation among partners (in the context of strategic partnerships)
- Increasing private sector engagement may lead to commitment in SRH and HIV/Aids interventions—the new policy framework challenges CSOs to innovate and to adapt to the changing environment
- The shrinking/shifting civic space provides opportunity for intercession by the Ministry of Foreign Affairs of Netherlands in defending and expanding civic space.



Johnstone Kuya making his presentation

3. SRH, Maternal and Child health: from Advocacy to implementation -Dr. Elizabeth Wala, Amref Health Africa

Dr. Wala started by conveying sincere apologies from the Country Director, Dr. Meshak Ndirangu, whom she was representing and was not able to attend the ICM due to other pressing commitments. She gave a brief of Amref Health Africa and pointed out that Kenya country office was the largest while the fund raising offices were based in North America and The Netherlands. She added that Amref was a reputable brand with strong partnerships with the governments, communities and private sector. She noted that their programs were responsive and aligned to national priorities and the main pillars of their work included human resources for health, innovative health services and investments in health.



She began her presentation by stating that one of the most devastating pregnancy related disabilities was Female Genital Fistula. This disability that affected mainly the poor women in under-resourced regions and unable to access skilled delivery. She added that women with fistula faced social challenges such as being ostracized by their families due to dribbling of urine down to their legs, losing children during birth and even getting divorced by their spouses. She pointed out that conducting outreach programs for the women with fistula was quite expensive with a typical camp for repairing fifty women costing around 25,000USD.

Dr. Wala proceeded to give an overview of the fistula project. She explained that its goal was to strengthen the capacity of the health care system to provide essential quality medical services to women suffering from fistula using NHIF as an entry point. A number of interventions had been done in terms of offering support at national level, strategic interventions on prevention, advocacy, social integration as well as free repairs for the fistula patients through:

- Raising awareness among national stakeholders
- Supporting development of national curriculum on fistula training
- Supporting the development of National Framework on Fistula
- Helping couples plan & space their births
- Ensuring emergency obstetric care is available and accessible
- Ensuring there is a skilled attendant at each birth
- Availability and accessibility of emergency obstetric care
- Educating and engaging men and women about the need for maternal health care
- Counselling and follow up to ensure the women remain dry after surgery

The advocacy interventions towards the project entailed extensive media coverage and also involving the first lady, her excellency, Margaret Kenyatta who supports maternal health through the beyond zero program. They also realized that sustaining the free camps would be impossible and therefore identified fistula patients and enrolled them in National Health Insurance Fund (NHIF) which now covers surgical procedures. In addition to that, Amref directed their advocacy efforts towards policy and legislation that will ring-fence revenue targeted for facility improvement to enable health facilities retain the revenue they generated for hospital operations. Currently revenue generated by health facilities goes to the county treasury where it is then reallocated, which puts a strain on the operations of health facilities.

She made a presentation on how they implemented the fistula project from advocacy to action in West Pokot County. She indicated that they started engagement from top leadership in West Pokot and spoke to the legislators through the health committee who drafted facility improvement fund act. The governor was therefore very welcoming and supported the initiative. The speaker of the assembly who is a woman and a nurse herself as well was very passionate about maternal health and therefore championed the course. A gazette supplement was finally published in May 2019 and in June 2019, in the presence of the first lady of Kenya the Facility Improvement Fund act was signed by the Governor, John Lonyangapuo.

Dr. Wala notified the participants that when doing a follow up in West Pokot in October 2019, they found that the county had made great steps towards improving maternal health. She noted that they had bought incubators and hired more nurses in the maternity wings which in turn contributed to better maternal health care contributes to low cases of fistula.

She concluded by summarizing some of the factors that their advocacy efforts resulted in to include:

1. Increased knowledge by health workers on fistula management
2. Financially empowered and socially integrated fistula champions
3. Strengthened policies and legislation around facility improvement funds
4. Enhanced private public partnerships.



Dr. Elizabeth Wala-Amref Health Africa

4. Engagements with the counties to advance SRHR from policy to action **Mebor Abuor, SRH Advisor, Health Committee in the Council of Governors (CoG) Secretariat**

Mebor, commenced by informing the participants that the CoG is established as per the intergovernmental relations act and brings together all the 47 counties in the country. She explained that the CoG is a non-partisan intergovernmental body that brings all 47 counties to speak about matters of common interests, health being one of them. She further added that they provided technical support to counties to implement and domesticate policies, provided advice on legislation, promoted dialogue between the national and county governments and provided coordination, regulation and implementation support for the counties. She reiterated the importance of evidence in identifying where the gaps were and development of policies that then guided resource allocation.



She emphasized that evidence was key for policy shifts and provision of justification for progressive realization of the health commitments to improve budgetary allocations. She further added that counties were working with civil society organizations under the PMA2020 to provide evidence towards improved health outcomes. She emphasized the need for SRH to be all encompassing and to be approached from a broad lens. She reiterated the important role played by CSOs and the fact that the secretariat was open to working with CSO organizations, emphasizing that no advocacy no accountability which leads to declining performance.

She also acknowledged the fact that economy of the country has been rebased to low income level and donor funding had therefore reduced, adding that reclassification came with certain increased responsibilities. She noted that Kenya had in the past heavily relied on donor support for many interventions including improvement of SRH. She painted a grim picture of the effects of USAID pulling out of most of the health programs in Kenya. This move led to laying off of 10,000 health workers, which forced some counties to make provision in their budgets to retain some of the critical staff. There was need for counties and governments to look inwards and increase their domestic resource allocations to health and especially SRH to ensure the gains so far are not lost and the upward trend on improvement of maternal and child indicators continues. While referring to UHC, she noted that quality healthcare cannot be provided free of charge to everyone, there needs to be a lot more thinking towards adopting sustainable models on universal health coverage.

Mebor ended her presentation by reaffirming to the participants that the CoG secretariat welcomed partnerships that would ensure equitable service delivery. She also emphasized the importance of sharing evidence and research with key policy and decision makers including the private sector to inform prioritization and legislation. She also finished by saying that the issue of male involvement cannot be over-emphasized as this will accelerate uptake of SRH services

Plenary: Session on Policy to Action

Some of the discussions were around male integration in SRH, it was agreed that community leaders and involving men by educating them on family planning and safe motherhood was important. Giving an example, Amref had been able to put men at the fore front in addressing harmful practices like early child marriages and Female Genital Mutilation. Interestingly, they were also able to introduce shukas/shawls for the men in mama kits such that when their women gave birth it made them feel like they were part of the whole process. It even encouraged men to accompany women to the hospitals when going to deliver.

On the issue of county preparedness in health service provision to the communities especially with the donor funding going down, it was indicated that counties had made a case for the national treasury to allocate funding for family planning commodities. The MoFA representative also responded by stating that corruption was one of the main reasons why donors were pulling out. He urged CSOs to play the role of being watch dogs and ensuring governments fulfil its commitments and be accountable. There was a general call for CSOs to share evidence from research with the right people for changes to be seen.



In her parting shot, the CoG secretariat representative urged CSOs to hold governments accountable for their commitments and promises through advocacy, dialogue, media involvement and even collaborations with the government. She also urged the participants to adopt sustainability models through seeking collaborations with private sectors.

SESSION FOUR: RESEARCH OUTCOMES, LESSONS LEARNT AND CLOSING PRESENTATION ON FINDINGS OF RESEARCH ON SRH

1. KENYA

Data was collected in 222 facilities in 10 counties across public mission and private sectors. The mean availability of the sexual and reproductive health commodities was 43% which was an improvement from 2018 which was 36%. The commodities surveyed included contraceptives, maternal health commodities, new born and child health commodities, medicines for sexually transmitted infections (STIs) as well as SRH devices and instruments.

Availability of contraceptives

- Availability of male condoms dropped from 98% to 84% in the public sector and 79 % in the mission sector
- Availability of Depo-Provera 150mg in 1ml vial increased from 84% to 89%
- Availability of female condoms increased from 31% to 56% in the public sector and 9% to 39% in the mission sector
- Commodities with low availability included diaphragm in Kisumu county and estradiol cypionate in Nairobi with 4% availability in both counties.

Availability of maternal health commodities

- Availability of oxytocin increased across the sectors with 87%, 67% and 41% in the public, private and mission sectors respectively
- Availability of misoprostol dropped to 33% in public sector and increased to 34% in the private sector.
- Magnesium sulphate, which is used to manage preeclampsia condition dropped across all the sectors
- Supplements such as folic acids were available at around 60% of public facilities in 2017 , 50% in 2018 and 57% facilities in 2019

Availability of STI Treatment commodities

Availability of metronidazole increased from 79% to 87% in the mission sector and decreased from 71% to 68% in the public sector comparing 2018 and 2019.

New born and child health commodities

- All three strengths of ORS and two strengths of zinc had a low availability in the public sector, but zinc-ORS co-pack had a higher availability (68%)
- Only antiseptic had higher availability in mission sector (89%)



- Availability of chlorhexidine 4% increased from 11% (2018) to 38% (2019) in the public sector.
- Mombasa was the only county that had the ORS/ReSoMal sachets of 1L in stock

SRH Instruments and devices

- In the public sector the highest availability found was for speculum (86%) and foetal scope (82%)
- The lowest availability found was for vasectomy kits (19%), tubal ligation kits (23%) and infant-size training mannequins (20%)
- “ Meru county had the highest general availability of SRH instruments (63%)
- “ Safe delivery kit, used when a woman is giving birth, had highest availability in Narok county (73%)

County availability comparisons

- Nakuru had the highest availability of contraceptives with 41% while Isiolo had the lowest with 25%
- Kisumu had the highest availability of the maternal health commodities as well as the new born and child health commodities with 54% and 41% availability respectively.
- Makueni county had the lowest availability of the maternal health commodities (31%) and 17% for the SRH instruments.
- Kakamega and Isiolo counties led in the availability of antibiotics and antifungals with 64%
- Meru county had the highest availability of SRH instruments with 63%

Stockouts and affordability

On average, stock-outs were experienced in 23% of public facilities, an increase of 7.4% compared to 2018. Multiple facilities experienced stock-outs of some commodities that lasted the entire 6-month period. Affordability was measured based on lowest-paid government worker (LPGW) salary, which was 448.7 KSH at the time of study. In the public sector, benzylpenicillin was the most unaffordable commodity costing LPGW 3.97 days of wages for a treatment course. Magnesium sulphate (500mg in 10ml vial) was the most unaffordable in the private and mission sectors, costing 12.33 and 7.94 days of wages respectively.

Recommendations

1. Access to comprehensive SRH services and commodities should be part and parcel of the Essential Package List that will be developed by each county as part of what is offered within their UHC package.

2. Counties need to prioritize training on both stock management and quantification to ensure seamless supply and availability of the full range of SRH commodities.
3. There is need to provide follow-up training on SRH amongst the health workforce. Training of health care workers ought to include elements of customer care to make SRH services more accessible for adolescents, and prevent unwanted pregnancies.
4. There is need to educate the communities on access to and use of SRH services and commodities.
5. Involvement of male partners in access to, provision of and education around use of contraceptives, treatment of STIs
6. Expansion of outreach services provided by community health workers to include provision of SRH information, services and commodities that do not require specialized knowledge
7. Costs in private facilities need to be reduced or subsidized, especially in the hard to reach and marginalized areas, where populations live below the poverty line
8. A review and/or integration of the different newborn, child and maternal health programs like Linda Mama, Beyond Zero, Oparanya Care etc both at national and county levels to avoid duplication and consolidate positive indicators.

2. UGANDA

Data was collected in a total of 145 facilities in the public, mission and private sectors. The overall mean availability of sexual and reproductive health commodities was 36%.

Availability of contraceptives

- Male condoms and implants had the highest availability among contraceptives.

Availability of maternal and newborn health commodities

- New born and child health commodities faced the most challenges to access compared to the other sexual and reproductive health commodities.
- Availability of magnesium sulphate was at 69% in the public sector

Stock-outs and availability

- A gradual reduction in the average number of stock out days was registered among public facilities
- Mission sector facilities had the highest number of stock out days compared to public and private facilities

Key challenges to access of SRHC

- Perceived stigma associated with using the commodities
- Religious and cultural beliefs
- Lack of knowledge of patients about SRH commodities and services
- High costs of medicines to patients



- Frequent stock-outs at facility level
- There is no demand for the commodities
- Shortage of staff

Reasons for Stockouts at facility level

- High demand than supplied medicines
- Problems with stock at distribution level
- Lack of storage space at the facilities
- Poor stock management
- Delay in delivery of supplies

Recommendations

- Increase choice of contraceptives
- Offer/improve outreach SRH services
- Professional health care provider-client relationship
- Ensure enough stocks are sufficient in the facilities
- Increase male partner involvement
- Reduce costs of commodities
- Client and community education

3 TANZANIA

The study was conducted in a total of 373 facilities across the public, mission and private sectors in 24 districts. Data was collected by Kobocollect toolbox for fast, timely and accurate data collection.

Mean availability of sexual and reproductive health commodities

- The mean availability of sexual and reproductive health commodities was 38% compared to 37% in 2018.
- Availability in the private sector was 31% in 2019, compared to 26% in 2018
- Availability in the mission sector was 33%, compared to 27% in 2018
- The mean availability for all three sectors did not differ between urban and rural areas.

Availability of contraceptives

- Male condoms and medroxyprogesterone acetate had the highest availability in the public sectors.

Availability of maternal health commodities

- Oxytocin and methyldopa had the highest availability in the public sector.
- Magnesium sulphate was only available at 11% in the public sector.

Stockout and availability

Only 212 out of 373 facilities had stock cards available.



An average of 5 to 9 stock-out days per month observed in the facilities in 2019, compared to 4 to 15 days in 2018

Key challenges to access of SRHC

- Lack of equipment
- Poor supply management
- Shortage of stuff
- Lack of trained staff
- High costs of medicines to patients
- Perceived stigma associated to access to sexual and reproductive health commodities
- Frequent Stockouts at the central level
- There is no demand for the sexual and reproductive health commodities
- Lack of knowledge by clients about availability of SRHC
- Religious and cultural beliefs

4.ZAMBIA

Overall mean availability of sexual and reproductive health commodities was 36% which was still quite low.

Contraceptives

- " Differences across sectors were noticeable
- " Most contraceptives higher availability in public
- " Availability mission only measured if facility provided FP services
- " Male condoms highest in all sectors, ranging from 86% to 91%

Maternal Health

- " Availability inconsistent in all sectors
- " Relatively good availability of most of antibiotics i.e. 61% (public sector) to 74% (mission sector)

Newborn and Child Health

- " Availability was inconsistent
- " Highest in mission (50%), in public & private 45% and 42%

SRH Instruments

- " Availability better in public & mission sectors than in private sector

Stock-out Days

- " Stock cards available in over half of facilities
- " Stock out occurred in 47% of public, 46% of private & 42% of mission facilities
- " Average no. of stock-out days highest in public sector (12 days)
- " Private and mission sectors comparable (9 and 10 days)

SRHC Affordability

- " In public & mission sectors all SRHC free to patient
- " In private sector most clients paid for SRHC
- " Mean prices ranged from 0 to K48.26



“ Calcium gluconate (3.16 days) & amoxicillin 125mg/ 5ml (1.73 days of LPGW) considered unaffordable

Recommendations

1. Improve the selection and quantification process
2. Efficient and accurate procurement system
3. Locally fund Sexual and Reproductive Health commodities Budget
4. Provide client education and outreach
5. Promote local Production of SRH commodities

Lessons learnt

- ✓ The reshuffling of the administrative structure at the Ministry of Health Kenya and Zambia has really messed up coordination at national level. Despite that, in the case of Kenya there is room to work with the council of governors who have really been receptive.
- ✓ Research informs advocacy efforts. Many counties are continuously requesting for county specific findings so that they can implement the recommendations in their counties for instance the case of Kwale and Kakamega counties in Kenya.
- ✓ There is need for more involvement of the private sector in our interventions.

Challenges

- Dissemination of SRHC findings deeper to health facilities is limited to budget in the funding

The MeTA Kenya Coordinator thanked all the participants for their active participation and especially the MeTA Kenya partners for making good presentations on outcomes achieved over the last 4 years. She hoped that all the participants had carried some lessons with them that they could implement to accelerate change and outcomes within the SRH space. She invited a representative from Amref as part of the Health Systems Advocacy Partnership, the HAI Executive Director and the CoG Secretariat representative to give closing remarks and officially close the forum

CLOSING REMARKS

Dorcus Indalo- HSAP program Manager at Amref Health Africa

Dorcas Indalo, expressed her admiration for the work that MeTA Kenya had been able to accomplish. She commended the CSO networks that had been formed for the good work they were doing at county level. She noted that it had been quite an interesting journey since the start of the Health Systems Advocacy Partnership and looking at all the outcomes that have been realized, they had indeed done well. She hoped that there would be opportunity for continued engagement between Amref and MeTA Kenya in the next partnership.



Tim Reed- Executive Director, HAI

Tim thanked everyone for attending the forum and was happy to note that the two networks formed across different counties were already doing more work on their own and creating sustainability through policy changes. This he noted would ensure sustainability of the work MeTA started even beyond the partnership. He also encouraged transferring knowledge and lessons learnt with different countries.

John Paul- MeTA Council member

John Paul expressed his satisfaction with the level of deliberations that had taken place. He hoped that the lessons learnt, reports and all information generated would be shared and adopted as necessary as part of implementing best practices.

The meeting was officially closed by Mebor from CoG after a word of prayer from Beatrice Oluoch of Amref Health Africa- HSAP.

Annex: Participant list



Medicines Transparency Alliance Inter-Country Forum
21st January 2020
Four Points by Sheraton- JKIA
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