

**HEALTH
RIGHTS
ADVOCACY
FOR WOMEN
AND GIRLS**

**Strengthening Public Accountability
and integrity systems (SPAIS)**

Health is a key component of the social pillar of development. It is central to the global development agenda and a contributor to the reduction of poverty. Kenya in its Constitution has provisions on health care meant to cater for the well-being of its citizens. The Constitution of Kenya 2010 Article 43(1) states that everyone has the right (a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care.

One of the United Nations Sustainable Development Goal (SDG) related to health care is SDG 3; Good health and well-being. The objectives under SDG 3 include among others; reduction of the global maternal mortality ratio to less than 70 per 100 000 live births, end preventable deaths of newborns and children under 5 years of age to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, the integration of reproductive health into national strategies and programmes, the achievement of universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Corruption remains a key inhibitor towards the enjoyment of optimum healthcare in many countries leading to negative impacts to especially women. The Community Advocacy and Awareness Trust (CRAWN Trust) in conducting this survey under the Health Rights and Advocacy for women and girls project sought to document the evidence of differential gender impacts as a result of corruption in healthcare in the area of Maternal and Child Health Care. Healthcare is a devolved function, and the project targeted Nairobi City County, for the pilot project phase. Through the baseline survey conducted and citizens engagements conducted during the project period; the findings revealed lack of awareness among citizens on their health rights and health education, poor service delivery and failure on government to prioritize healthcare for its citizens especially women in the area of Maternal and Child Health Care therefore creating loopholes that make it easy for corruption to thrive. Women as care givers and due to their reproductive roles have experienced first-hand the negative impacts of this widespread corruption.

EXECUTIVE SUMMARY

PROJECT OVERVIEW

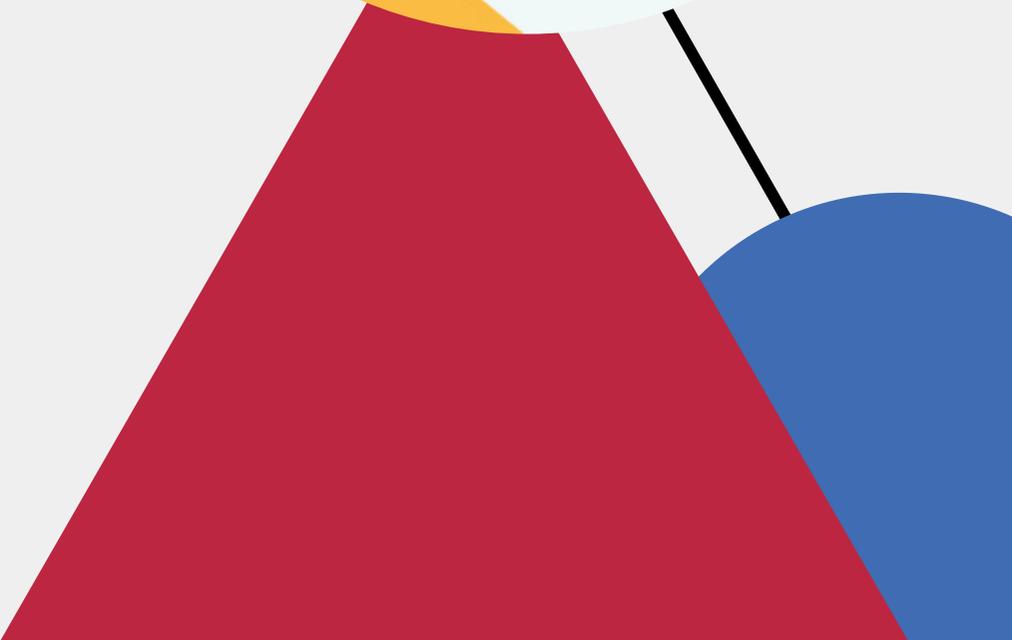
The Health rights and advocacy for women and Girls project was a 6 months project implemented from July to December 2020 by CRAWNTrust with the support of UNDP. The project was necessitated by the need to document the evidence of differential gender impacts of corruption on women within the Kenyan health care sector with Nairobi City County as the target county for the project pilot phase period.

Corruption in healthcare disproportionately affects women as the majority of the population and due to their diverse health needs especially in terms of Sexual and Reproductive Health and as Care givers for their families. One key challenge that was also confirmed during the project period is the gap in citizens' awareness; the lack the information on health rights, provides grounds for violation of rights due to a lack of effective monitoring and accountability mechanism from citizen's engagements on service delivery, policy implementation and health financing. This therefore can be explained by the alarming statistics revealed on the various aspects on the status of Maternal and Child Health Care in Nairobi County.

During the project implementation, CRAWN Trust engaged a consultancy firm, Q-data and Mapping Services (QDATAMS), for the undertaking of a baseline survey who provided valuable information on Maternal and Child Health Care (MCH) for Nairobi County. The process involved development of a scorecard with input from CRAWN Trust, that was later populated by diverse stakeholders during the inception meeting and further reviewed by a smaller baseline committee. The scorecard was then validated by stakeholders attending the virtual validation forum organized. A policy brief was developed highlighting the policy recommendations from the findings. In addition, a fact sheet was also developed and published on the Standard Newspaper on 12th December 2020

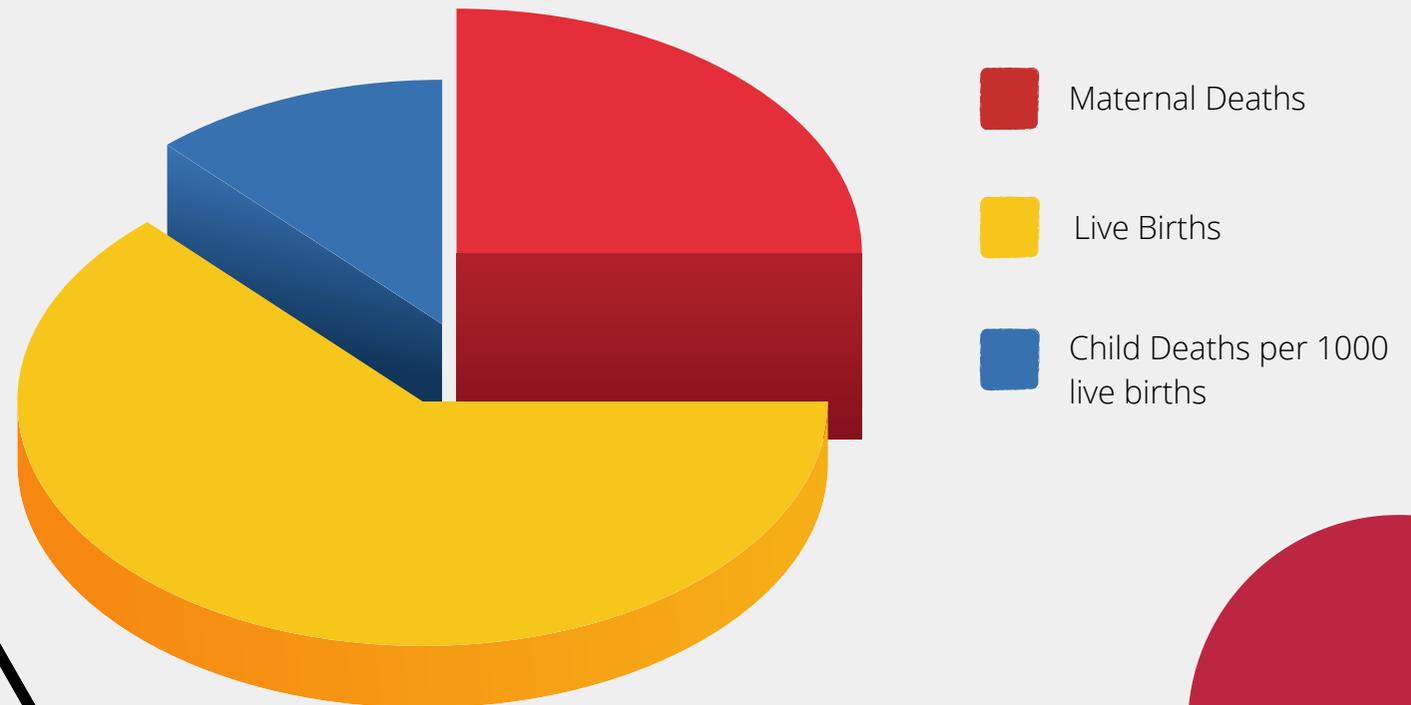


Following the completion on the development of knowledge products, CRAWN Trust engaged diverse key target groups for citizen's engagement on the citizen's advocacy plan. These included consumers of MCH services, Media, Civil Society group, private sector and health practitioners. Through the project, we raised the awareness of the groups and engaged them in advocacy for the creation of a demand for securing of citizen's health rights



GENDERED RESULTS

In Kenya, for every 100,000 live births, there were about 360 maternal deaths and 49 child deaths per 1000 live births (UNICEF, 2015). There have been slight improvements in a reduction in child mortality. However, much more needs to be done to meet the 2030 SDG goals. Availability of emergency and obstetric and newborn care stands at 54%

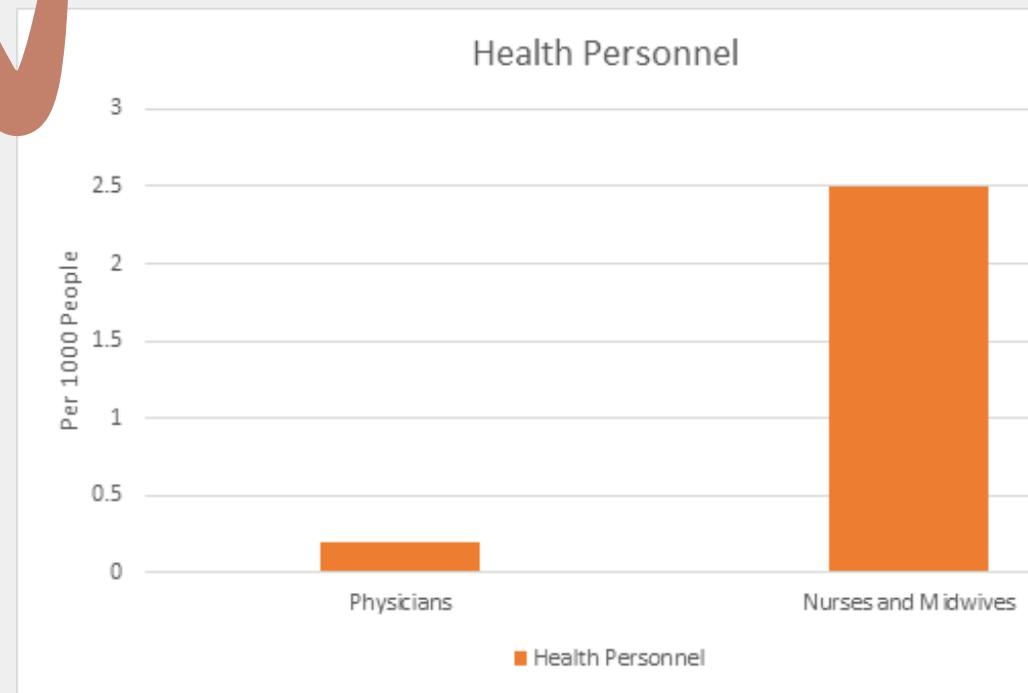


[1] DOCTOR: POPULATION RATIO IS 1:1000 NURSE: POPULATION RATIO IS 8.3:1000

STATISTICS ON HEALTH PERSONNEL

Health personnel in Kenya are below the WHO recommended guidelines and stand at:

0.2 physicians per 1000 people and 2.5 nurses/midwives per 1000 people.

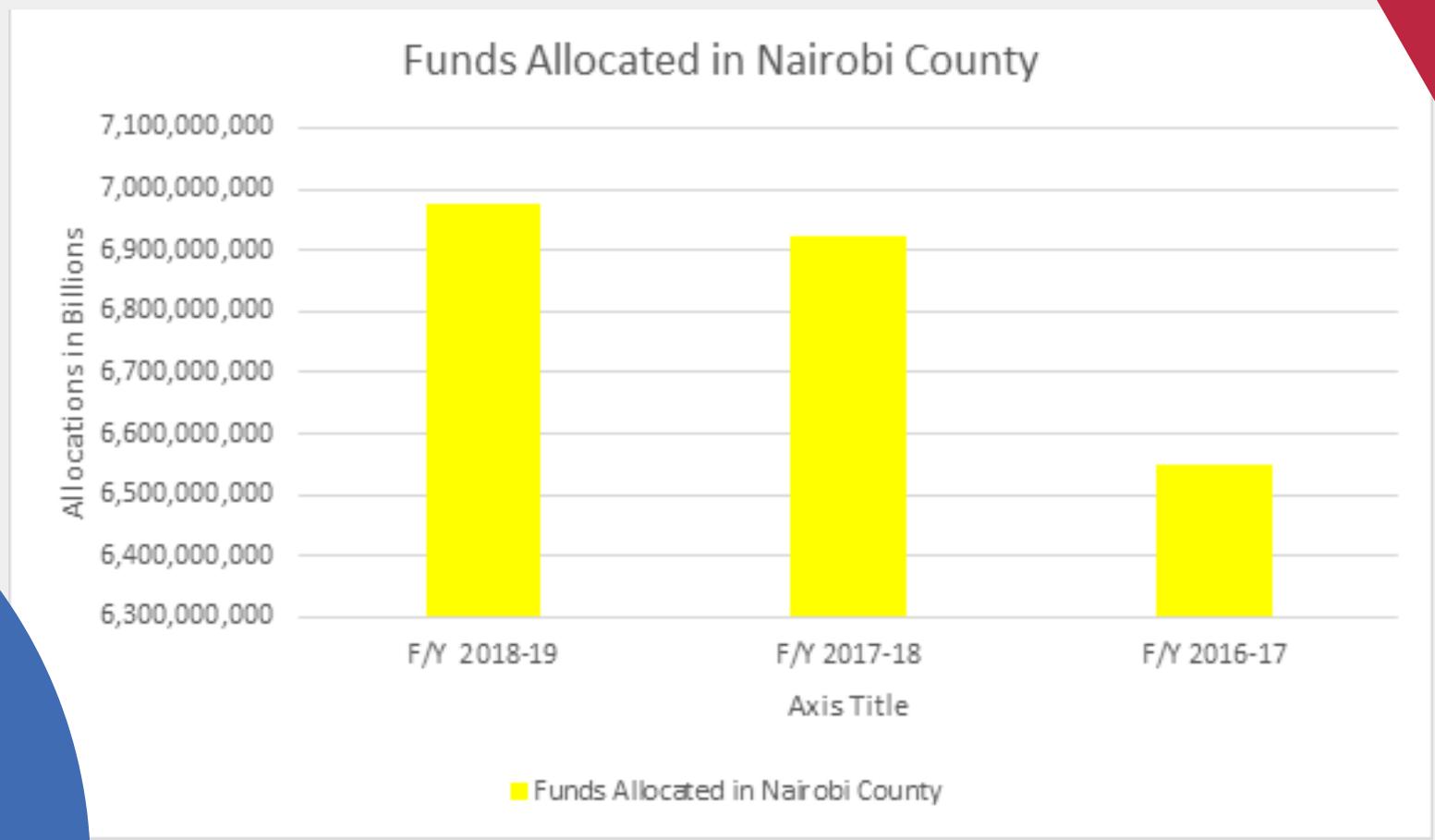


Key indicators of MNCH in Nairobi Vis a Vis at the national level

INDICATOR	NAIROBI	NATIONAL
Population	4.7 million	47,564,296 (2019 Census)
Health facilities	681 Private, (117 public)	
Maternal Deaths	221 per 100,000; 706 (informal settlements)	362 per 100,000
Infant mortality	55 per 1,000	39
Under 5 mortality	72 per 1,000	52
% of pregnant mothers who attend Ante-Natal Clinic (ANC)	98%	64%
% mothers who delivered in health facilities	89%	61%
Get postnatal care.	Over 50%	
Ambulances	17 functional but not all are fully equipped	
Health Workforce	3,464 of out of the required 5,200 (79% are technical staff); (69 medical officers and 1170 nurses)	

PROGRESS TOWARDS DEVELOPMENT RESULTS

In matters health financing, it was observed that prioritization of health is still a challenge. This is in terms of the amount of funds allocated as well as the focus areas for which government needs to invest in for long term results. In the FY 2020/21 budget, KShs 117 billion was set aside for the health sector out of the KShs 3.2 trillion budget. Whereas Nairobi County health department was allocated Ksh. 6,976,605,327 for the FY 2018/19, an increase from the Ksh 6,921,002,549, Ksh. 6,550,000,000 was allocated to the department in FYs 2017/18, 2016/17 respectively.





Allocations for Healthcare



2020-2021 budget of 3.2 Trillion

Fact Sheet on strengthening maternal and child healthcare in Nairobi County

INTRODUCTION

The Constitution of Kenya 2010 provides an overarching legal framework for ensuring a more comprehensive and people driven health service delivery. It also seeks to ensure a rights-based approach to health is adopted and applied in the delivery of health services. The CoK 2010 in Article 43 provides that every person has the right to the highest attainable standard of health. It further outlines that a person shall not be denied emergency medical treatment and that the State shall provide appropriate social security to persons who are unable to support themselves and their dependents.

It introduces a devolved system of government whereby each county has access to services by all Kenyans, especially those in rural and hard to reach areas. The Constitution also singles out health care for specific groups such as children and persons living with disabilities. The underlying determinants of the right to health, such as adequate housing, food, clean safe water, social security and education, are also guaranteed in the Constitution (CoK 2010, Health sector strategy 2010-2014).

The Community Advocacy and Awareness Trust-CRAWN Trust with the support of UNDP is carrying out a project in strengthening public accountability and integrity systems for accountable governance (SPAIS) looking particularly at the healthcare sector and specifically at maternal and child health in Nairobi County, in order to strengthen the capacities of key stakeholders towards transparent and accountable governance in Kenya. The project seeks to contribute to efforts by the government and non-state actors aimed at corruption prevention and inclusive governance and to increase transparency, accountability and responsive democratic governance.

DEVELOPMENT CHALLENGE

Kenya has made progress in human development, as reflected in the Improvement of its Human Development Index (HDI) from 0.468 in 1990 to 0.5790 in 2019, an increase of 26.1%.

These achievements notwithstanding, Kenya still faces myriad development challenges. High levels of poverty undermine the potential for inclusive growth as does inequality between the rich and poor, with some 14.5% of the population experiencing severe multi-dimensional poverty (Oxford Poverty and Human Development Initiative (OPHI), *Global Multidimensional Poverty Index 2018 Report*, <https://ophi.org.uk/multidimensional-poverty-index/global-mpi-2018/>).

Over the past decade, the health sector has experienced widespread scandals including embezzlement of funds donated by the Global Fund for HIV/TB programmes (2014-2016). In 2016, an audit by GAVI revealed that KShs 160 million donated for essential vaccines for children was misappropriated. Over 10 major public scandals have been highlighted in the press and by public watchdogs including the latest theft of COVID-19 funds under the watch of KEMSA and the Ministry of Health.

As a result of the rampant corruption in the public sector, several donors including USAID, DFID and the GFATM have pulled out of major health programmes and do not channel money directly to the Ministry of Health (KELIN 2020). The overall impact of corruption on poverty has been estimated at millions of dollars by the World Bank.

This situation is compounded by corruption, which is a causal factor of poverty and inequality. Though the 2018 Mo Ibrahim Index on Governance in Africa ranked Kenya 11 of 53 countries with a score of 59.8/100, with strengths in national security and safety, rule of law, participation and human rights

and gender, it also cited major weaknesses in government accountability, corruption and bureaucracy.

The 2019 Transparency International Corruption Perception Index ranked Kenya 137 of 180 countries with a score of 28/100, noting that corruption has a negative impact on accountability, quality, access and efficiency in the provision of public services such as education, health, justice and water.

CORRUPTION A THREAT TO THE UNIVERSAL HEALTH COVERAGE (UHC)

According to the WHO, achieving the health-related Sustainable Development Goal through UHC would avert 41 million child deaths, and increase average life expectancy worldwide by five years. To achieve Universal Health Coverage, additional investments into healthcare of up to US\$370 billion a year until 2030 are required. The vast majority of low and middle-income countries will be able to provide most of these funds themselves, with international donor support required to cover the remaining financing gap of US\$17-35 billion a year (WHO 2017).

In 2013, the Government of Kenya, under the Jubilee administration, rolled out free maternity services (FMS) as a strategy to eliminate User Fees for public Primary Health Care Services. This resulted in a sharp rise in the uptake of services at health facilities across the country and therefore improved national indicators for skilled birth attendance and women attending ANC visits.

Following the introduction of FMS, health facilities eventually started complaining about delays in the re-imbursment process and clients started experiencing longer waiting times and crowding at the health facilities.

Recent studies show that women who access public health facilities report having to pay a fee for registration cards, or pay for medicine that is out of stock at the pharmacist. There are also reports of women accessing some



health facilities that will not take NHIF cards for services, thus resulting in out of pocket expenses to access services.

Many maternal and child deaths are preventable if the right quality of care is available and once these three delays have been averted:

- delay in seeking care,
- delay in reaching the health facility
- delay in receiving appropriate care at the health facility.

Kenya ranked position 91 out of 137 countries in 2017-2018 compared to position 96 out of 144 countries in 2013-2014 in the GCI. The 2017-2018 GCI report identifies 16 highly problematic areas with corruption being the most prominent, the major cause being greed. The Government in collaboration with other stakeholders will, therefore, address the issue of corruption which is a major impediment to economic growth. (Government of Kenya, *Medium Term Plan III 2018-2022*, p. 8.)

NAIROBI COUNTY PROFILE

Nairobi's 2020 population is now estimated at 4,734,881 out of which 80% are aged below 35 years. In 1950, before independence, the population of Nairobi was 137,456. Of the 681 health facilities in the County, only 15 (17%) are publicly owned comprising of four County referral hospitals, 33 health centers, 55 dispensaries and 23 clinics (KNBS 2020, Nairobi County Annual Development Plan 2019/20, NCPD 2020).

MATERNAL AND CHILD HEALTH

Maternal mortality rate (MMR) estimates in Nairobi county stand at **212 per 100,000 live births compared to 362 per 100,000 live births nationally**. MMR in the informal settlements is **alarming and more than twice the national average** with research studies reporting **706 maternal deaths per 100,000 live births** (APHR, 2009).

The infant mortality rate in the county stands at 55 per 1000 live births while the under-five mortality rate stands at 72 per 1000 live births. The percentage of pregnant mothers who attend Ante-Natal Clinic (ANC) is 98% (compared to 64% nationally). The proportion of mothers who delivered in health facilities was 89% compared to 61% nationally, while those who delivered at home and other unspecified places were 21.6% and 1.4% respectively (KDHS, 2014).

Six out of ten pregnant women now receive skilled care at childbirth and **over half get postnatal care**. Over the past nine months with the advent of COVID-19, service statistics show a declining trend on utilization of maternal and child health (MCH) services such as delivery, antenatal care (ANC) attendance and child immunization in health facilities. Of particular concern is the health of mothers and children since lack of quality health care affects the life cycle of the child and the mother, thus having negative long-term consequences on the overall health of the nation.

HIV/AIDS

Human immunodeficiency virus infection (HIV) is the main contributor to mortality and morbidity in the county. HIV/AIDS prevalence (6.1%) in **Nairobi county is 35% higher than the national prevalence**. 2020 estimates from NASOP put the national HIV prevalence at 4.5%. Previous studies also highlight high rates of co-infection with HIV and tuberculosis in informal settlements. Predominantly, the transmission of HIV from a mother living with HIV to her child happens either during pregnancy, labour, delivery or breastfeeding. In the absence of any intervention, transmission rates range from 15% to 45%. This rate can be reduced to below 5% with effective interventions during the periods of pregnancy, labour, delivery and breastfeeding. (WHO 2015)

NUTRITION

Stunting, which had remained stubbornly high over the past two decades, has started to decline. However, Nairobi county is among the top 3 leading counties in the country with the highest caseload of stunting at 24% (SMART survey, 2019). Stunting reflects failure to receive adequate nutrition over a long period of time and is affected by recurrent and chronic illness. Height-for-age, therefore, represents the long-term effects of malnutrition in a population and is not sensitive to recent, short-term changes in dietary intake (KDHS, 2014). Acute malnutrition (3.9%) in the informal settlements is also a concern due to the high population density.

Given that maternal nutrition has a direct impact on a child's survival, the county needs to start aggressive awareness campaigns and outreaches in the community to educate households about the importance of complementary feeding, maternal nutrition, deworming, Vitamin A supplements, maintaining balanced diets and 6-months exclusive breastfeeding for newborns.

With the upcoming Universal Health Coverage Day that will be celebrated globally on December 12, 2020, it is important for Kenya's most populous county to address the needs of the majority who reside in informal settlements and who are at risk of developing adverse mental and physical developmental outcomes. This is critical if Kenya is to meet the upcoming 2022 target of achieving UHC for all Kenyans and also to achieve the upcoming sustainable development goals 2 and 3 of zero hunger and good health and well-being.

CONCLUSION

The national development blueprint, Vision 2030 envisions that for Kenya to become a capable state and successful nation in transforming its growing youthful population, its dynamic private sector, its vast natural resources and highly skilled workforce, there must be sustained efforts to ensure integrity, accountability and transparency in governance to ensure proper planning and efficient spending of public expenditure. This requirement is captured in the Third Medium Term Plan 2018-2022 under the theme of advancing socio-economic development through the "Big Four," that is, **manufacturing, universal health coverage, food nutrition and security, and affordable housing**. The Government of Kenya has therefore committed to establishing and enforcing robust normative, policy, legal and institutional frameworks for preventing and combating corruption and providing space for rights holders to participate in a responsive, democratic system of governance.

The widespread scandals and mismanagement of public resources that has resulted in health facilities lacking essential equipment, drugs, PPE, adequate staffing and friendly customer service needs to be put to a stop and citizens need to demand for the services they deserve. As a low-middle income country, and diminished donor funds, the Government owes its citizens access to comprehensive reproductive, maternal, neonatal, child and adolescent health care services in all health facilities.

There needs to be more advocacy initiatives to demand accountability in the healthcare spending and service delivery. With an imminent health worker strike looming across the country, the Government needs to take serious action towards addressing impunity, abuse of public office, lack of transparency and lack of accountability towards ensuring that women and children get quality services as outlined in the Ministry of Health Charter. Citizens who remit their hard-earned taxes have every legal and moral right to demand for timely, quality, affordable and accessible services when seeking healthcare.

State of maternal and child health in Nairobi County



- Six out of ten pregnant women now receive skilled care at childbirth and over half get postnatal care.
- Nairobi's 2020 population is now estimated at 4,734,881 out of which 80% are aged below 35 years.
- KShs 160 million donated for essential vaccines for children was misappropriated
- HIV/AIDS prevalence (6.1%) in Nairobi county is 35% higher than the national prevalence.
- Recent studies show that women who access public health facilities report having to pay a fee for registration cards, or pay for medicine that is out of stock at the pharmacist.
- Maternal mortality rate (MMR) in the informal settlements is alarming and more than twice the national average with research studies reporting 706 maternal deaths per 100,000 live births (APHR, 2009).
- Nairobi county is among the top 3 leading counties in the country with the highest caseload of stunting at 24% (SMART survey, 2019).
- 14.5% of the population experiencing severe multi-dimensional poverty

CROSS CUTTING ISSUES



HIV/AIDS

Human immunodeficiency virus infection (HIV) is the main contributor to mortality and morbidity in the county. According to statistics from NASCOP (2020), HIV/AIDS prevalence in Nairobi County stands at 6.1% against the national percentage of 4.5%, which is 35% higher than the national prevalence. This shows that Nairobi has a higher probability of Mother to child transmission of HIV/AIDSs.



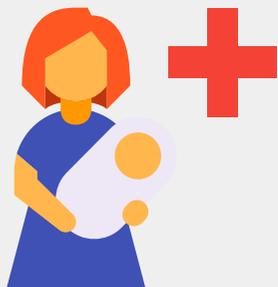
NUTRITION

Nutrition-Poverty or lack of awareness can affect the health of the mother and consequentially that of the fetus or child this could be in terms of food choices or basic issues such as de-worming and supplements. According to the SMART Survey 2019, Nairobi county is among the top 3 leading counties in the country with the highest caseload of stunting at 24%. The informal settlements also record high levels of acute malnutrition in children at 3.9%.



NON-COMMUNICABLE DISEASE

Non-Communicable Diseases (NCDs) can affect the health of the child and mother with conditions such as pre-eclampsia being life threatening to the mother and making children pre disposed to conditions such as type A diabetes. With increased number of persons living with NCDs especially in informal settlements (where 70% are diagnosed with hypertension), there is need to increase preventive measures and include coverage for preventive services in NHIF



RESPONSE TO MATERNAL AND CHILD HEALTHCARE IN THE COVID-19 PANDEMIC

Response to maternal and child Health in a pandemic - The onset of Covid-19 this year brought about effects to an already fragile health system. This period has seen the shift in health budgets being reallocated to Covid 19 response interventions. This has also involved the shift of health workers into Covid-19 response teams. The situation is worrying given that there is a threat for the eroding of the little gains that have been made in maternal health care. In addition, the pandemic has also affected the social behavior of mothers. The beneficiaries are also fearful of contracting the disease in hospitals therefore the visits to the hospitals to access health care has reduced.

PROGRESS ON PROJECT OUTPUTS

OUTPUT 1: CITIZEN ENGAGEMENT AND PARTICIPATION OF CIVIL SOCIETY, FAITH BASED ORGANIZATIONS, MEDIA AND PRIVATE SECTOR, TO INFORM PUBLIC, MONITOR SERVICE DELIVERY AND PROMOTE ACCOUNTABILITY

1. Documentation through knowledge materials developed on Maternal and Child Health Care for Nairobi County. We developed as per target one baseline survey report, one policy brief, one fact sheet, one Scorecard.
2. Conducted one inception report for the population of the scorecard. A total of 21 participants took part comprising of 15 women, six men among them one PWD and seven youths.
3. Conducted a baseline committee meeting for an in depth review of the scorecard. Four women among them one youth participated in the baseline virtual meeting for updating of the scorecard and formulation of recommendations to address gaps in MNCH in Nairobi County.
4. Conducted one validation forum which brought together 46 participants comprising of 34 women, and 12 men among them two PWDs and 20 youths. Participants were engaged in validation of the scorecard and the development of strategies and policy recommendations towards attainment of the highest quality of MNCH services in Nairobi County.
5. One publication titled 'Fact sheet on strengthening maternal and child healthcare in Nairobi County' was published in the Standard Newspaper on 12th December, which was also the UHC day. It is estimated that through the Standard newspaper the information reached 1,950,000 [WU1] Kenyans Nationally with an estimated 705,000 readers from Nairobi County and an estimated 1,215,000 reached in the Nairobi Metropolitan at large.

6. Conducted an advocacy forum targeting consumers of MNCH services. 52 women were engaged, among them 45 youth and seven PWDs. The group shared their lived experiences in regards to usage of MNCH services and gave recommendations towards improving the same.

7. Conducted an advocacy forum targeting the non-profit sector including Social Justice Centers, FBOs, NGOs/CSOs. A total of 52 persons were engaged comprising of 39 women and 13 men among them 28 youth and seven PWDs whom after sensitization on the status of MNCH in the county, they participated in developing an advocacy plan towards addressing the gaps identified.

8. Conducted an advocacy forum targeting the media representatives from various media stations. A total of 50 persons comprising 30 men and 20 men, among them seven PWDs and 37 youth were sensitized and engaged in crafting an advocacy plan for amplifying such stories and findings on health rights and health services provision. Following this engagement some of the media representatives went ahead to undertake follow up actions on health advocacy by posting articles related to the project and extending invitations for TV interviews as shown in the human interest stories section.

9. Conducted an advocacy forum targeting diverse health practitioners. A total of 31 health workers/duty bearers were engaged comprising of 26 women and 5 men and among them 4 PWDs and 20 youth. The stakeholders were sensitized

PROJECT STATISTICS

2,557,000

No. of people reached by the project Nationally

705,000

No. of people reached by the project in Nairobi County

1,865,000

No. of people reached by the project in the Nairobi Metropolitan region

225

No. of people reached directly through the project forums comprising of 164 Women, 61 Men, 138 Youths and 24 PWDs

POLICY RECOMMENDATIONS



1. Free RMNCAH (Reproductive Maternal, Neonatal, Child and Adolescent Health) Commodities

KEMSA as the core supplier of RMNCAH commodities needs to release the commodities to counties in time using the pull and not push model; irrespective of whether the counties having paid for other medical supplies.



2. Standardize NHIF cover

The mix up between Super cover, Linda Mama, Civil Servants Scheme and the Edu Afya Schemes needs to be harmonized so that while citizens pay for services in a tiered approach; they all receive similar services thus creating equity and equality.



3. Advocacy, Policy Dialogue for MCH Prioritization and to raise awareness on co-morbidities

Strengthening advocacy to increase domestic resources to fund Maternal Child Health programme. This includes Introducing innovate financing mechanisms to raise additional revenue to finance the Maternal Child Health programme in Kenya. Similarly, with the rise in Non- Communicable Diseases (NCD's) and HIV prevalence, the county needs to closely monitor and screen women and children attending clinics so that the significant financial investments made by donors are not reversed.

POLICY RECOMMENDATIONS



4. Capacity Development for MCH Programming

Strengthening existing Maternal Child Health activities within Sub county budgets.



5. Strengthen financing of community efforts to promote maternal, neonatal, and child health

There is a need to mobilize communities to adopt behavior and practices that promote healthy maternal, newborn and child health and to seek health care in good time. Current low-usage of health services, and lack of prioritization of Community Health Workers is making the achievement of health intentions difficult.



6. Lower the burden of out-of-pocket spending on reproductive health and child health

Poverty and the people's inability to pay for health care is one of the major factors behind the high maternal and Under-5 mortality rates. Indeed, the majority of the women living in informal settlements, where the maternal mortality rate is more than double that of formal settlement. Health consumers generally have to pay for treatment at the point of delivery, but the majority cannot do so because they do not have the means or any form of health insurance. The county government needs to step in through reformed NHIF and Linda Mama.

POLICY RECOMMENDATIONS



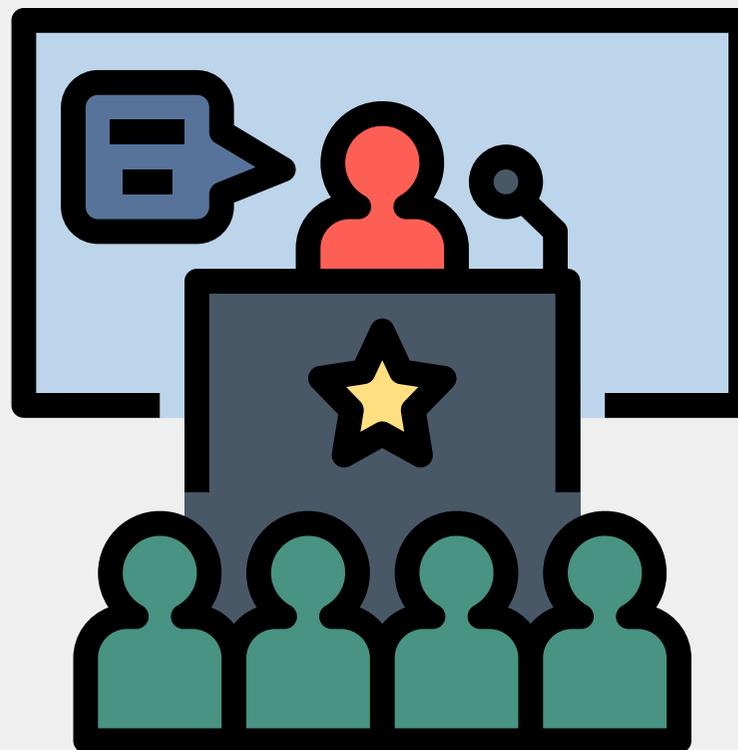
7. Increase availability and accessibility of Maternal Child Health services.

Even in the midst of the COVID-19 pandemic, mothers should be encouraged to follow up with the required ante-natal care visits and also take their children for immunization.



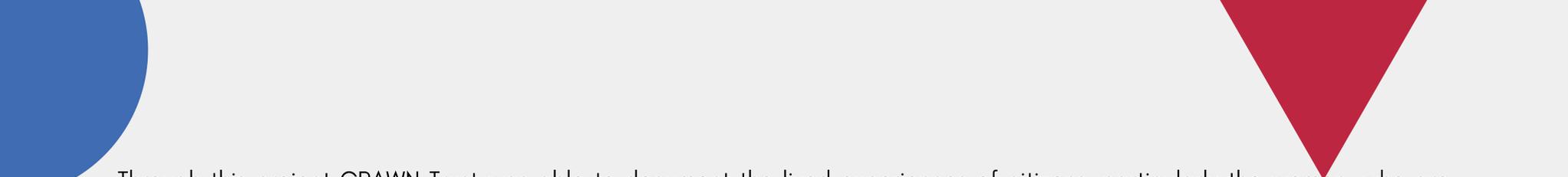
8. Address missed opportunities

by scaling up high-impact preventive interventions and contribute towards harnessing a demographic dividend and the utilization of community structures for sustainability



HUMAN INTEREST STORIES

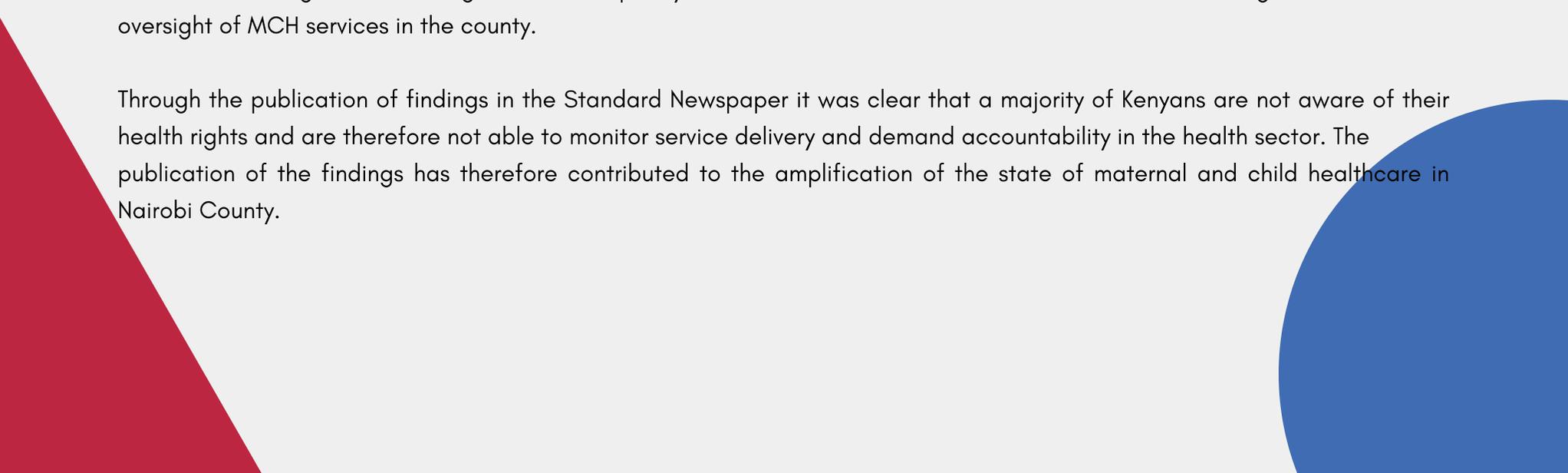




Through this project CRAWN Trust was able to document the lived experiences of citizens, particularly the women, who are consumers of Government MCH services in Nairobi County. Users of these services listed poor attitudes of service providers as one of the contributing factors to low uptake of MCH services in the county. This poor attitude is experienced by the mothers being ignored by staff during pre-natal hospital visits (some hospitals do not see patients past 2 pm). Another instance is during labour; most mothers reported being subjected to verbal insults from the health staff and general carelessness. This negative treatment discourages the women and even further exposes them to post-partum depression yet the facilities do not provide for mental health services to cater for postpartum depression among mothers. These factors therefore leads to a low turn up of mothers for post-natal services. This is besides the clearly stipulated service charter in health facilities on access to services. Furthermore, this testimonials reveal some of the likely underlying poor health seeking behaviors cited in the report by mothers failing to access post-natal care and this contributing to maternal death.

Another challenge communicated by women was the lack of clarity and information on services offered by health covers such as Linda Mama and UHC. This was mentioned as discouraging health service consumers when they are not sure what is covered under each cover and the hospital accredited. At the end of the engagement, participants reported to be more aware of their rights and having had the capacity and confidence to advocate for their healthcare rights and conduct oversight of MCH services in the county.

Through the publication of findings in the Standard Newspaper it was clear that a majority of Kenyans are not aware of their health rights and are therefore not able to monitor service delivery and demand accountability in the health sector. The publication of the findings has therefore contributed to the amplification of the state of maternal and child healthcare in Nairobi County.



DISSEMINATION OF THE RESEARCH FINDINGS

Following the project implementation especially the advocacy forums engagements; some of the media representatives went ahead to undertake follow up actions on health advocacy by posting articles related to the project and extending invitations for TV interviews as shown below with an aim to amplify the voices of women and girls on MCH status in Nairobi County.

1. Citizen TV- UNDP, CRAWN Trust push for increased access to maternal, child health services
<https://citizentv.co.ke/lifestyle/decline-in-use-of-health-services-leading-factor-in-maternal-child-deaths-crawn-trust-2352046/>

2. Kenya Times- CRAWN TRUST: Maternity Services Record Decline by Jacktone Lawi
<https://thetimes.co.ke/2020/12/16/crawn-trust-maternity-services-record-decline/>

3. Kenya Business feed: Maternity Services in Nairobi Have Declined says CRAWN Trust
<https://kenyanbusinessfeed.com/maternity-services-in-nairobi-have-declined-says-crawn-trust/>

4. KTN News TV provided a platform for the dissemination of the research. QDATAMS consultants (on behalf of CRAWN Trust) were able to disseminate the research findings on KTN News during the Morning Express show on 23rd December 2020. KTN News has a daily viewership of about 497,000-607,000 Kenyans (Geopoll survey as reported on 3rd April 2020). At least 800 Kenyans also watched the live show from YouTube. A further 800 Kenyans viewed the dissemination segment posted separately.

<https://www.youtube.com/watch?v=8Go3cyLjiE8&feature=youtu.be>

5. Ghetto radio disseminated the findings through a News Story from the baseline research with an estimated reach of up to 650,000 persons within the Nairobi metropolitan.

6. The Executive Director CRAWN Trust was also featured on a KTN Tv interview where she talked about the state of health care, in amidst the Covid- 19 pandemic as well as corruption in health care. Part 1 of the interview has 106 views and part 2 has 76 views on KTN News YouTube page.

<https://www.youtube.com/watch?v=RUfsiOH8iPo&t=16s>

<https://www.youtube.com/watch?v=zYQxIQbioro>

