PATH is working with the government of Kenya to advance evidence-based policy solutions at the national level and in select counties to save lives and improve health in local communities.

While the government has made great strides to prioritize maternal, newborn, and child health (MNCH), too many women, newborns, and children continue to die from preventable and treatable conditions. Kenyan policymakers must intensify efforts to address these challenges and meet the ambitious Sustainable Development Goals (SDGs) health targets. PATH is working with health officials and key partners at national and county levels to reach those targets and meet the health needs of the most vulnerable populations by:

- Advancing model legislation for MNCH.
- Advocating for local resources to prioritize essential health services for women, newborns, and children.
- Informing policies to tackle top killers of women, newborns, and children.

As part of these efforts, PATH is marshalling evidence, creating policy dialogue, and galvanizing civil society action, including building alliances in two counties to call for equitable access to MNCH services—an important focus given Kenya's recent decentralization of governance to counties.

ADVANCING COMPREHENSIVE, FIRST-OF-ITS-KIND MATERNAL, NEWBORN, AND CHILD HEALTH LEGISLATION

Kenya has developed groundbreaking, comprehensive MNCH legislation that aims to ensure access to high-quality, comprehensive care for all—the first of its kind in the African region. In partnership with the Ministry
of Health, PATH has led civil society efforts to ensure the legislation mandates universal access to MNCH programs, services, and commodities as well as holds national and county governments accountable for these commitments. Alongside government officials and advocates, PATH is working to advance the legislation in Parliament.

**ADVOCATING FOR INCREASED RESOURCES AT THE COUNTY LEVEL**

As of 2013, Kenya’s government devolved, giving unprecedented budget-setting and decision-making authority to new county governments. Intensifying sub-national efforts to advocate directly to county decision-makers is now paramount for ensuring the MNCH needs of local communities are prioritized.

PATH is spearheading efforts in two counties—Kakamega and Homa Bay—that are among the top one-third of high-burden counties for maternal, newborn, and child-related morbidity and mortality. Recently, PATH formed civil society alliances in each county to prioritize and increase annual budget allocations for MNCH through evidence-based advocacy. Alliance members are leveraging county-level health and economic data to demonstrate the far-reaching benefits of investment in MNCH. They are also building the interest and capacity of county budget decision-makers to make the case for increased resources for MNCH.

**POLICY CHANGE TO TACKLE LEADING KILLERS OF WOMEN, NEWBORNS, AND CHILDREN**

Joining forces with the government and key partners, PATH is driving advocacy efforts to address some of the leading killers of women, newborns, and children in Kenya: pneumonia, sepsis, severe bleeding during childbirth, and malaria.

As part of these efforts, PATH is supporting the creation of Kenya’s first-ever child health policy and helping to launch the country’s first maternal and newborn health scale-up plan. PATH is also working to ensure Kenyan policies, such as standard treatment guidelines and essential medicines lists, reflect both evidence and innovations in health. This includes ensuring amoxicillin is a first-line treatment for childhood pneumonia, chlorhexidine for umbilical cord care is used to prevent newborn sepsis, and uterotonic drugs are available to prevent and treat postpartum hemorrhage—especially in lower-level health facilities.

PATH is also advocating for improved access to antimalarial medicine for pregnant women at the community level. Specifically, PATH is packaging evidence, developing policy recommendations, and building political will among malaria and reproductive and maternal health stakeholders to ensure community-based distribution of antimalarial medicine for pregnant women is recognized as part of Kenya’s national malaria strategy.

**ADVOCATING FOR A BETTER FUTURE FOR WOMEN, NEWBORNS, AND CHILDREN**

Kenya is at the forefront in the region for its commitment to improving the health and well-being of women, newborns, and children. Through advocacy and partnerships, PATH is helping to ensure that promises made by the government are kept—and that every mother, newborn, and child realizes the highest standards of health and well-being.