

# OMMI ANNUAL REPORT 2024-2025

JANUARY 2026



WOMEN ENGAGED IN DEVELOPMENT  
— Empowered Sustainably —

**Women Engaged in Development**

## PREFACE

### PREFACE

#### **Okoa Mama na Mtoto Initiative – Year One**

*Makueni County and Pumwani Maternity Hospital*

The first year of the *Okoa Mama na Mtoto* Initiative has been a year of purposeful reflection, systems strengthening, and renewed commitment to safeguarding the lives of mothers and newborns. Anchored in the vision of **Every Woman, Every Newborn, Everywhere (EWENE)**, this initiative was designed to accelerate progress toward reducing maternal mortality, stillbirths, and neonatal deaths while advancing Kenya’s journey toward achieving Sustainable Development Goal 3.

Our implementation in Makueni County and at Pumwani Maternity Hospital offered both rural and high-volume urban perspectives on maternal and newborn health (MNH) service delivery. These two contexts reflect the broader realities of Kenya’s health system: dedicated frontline providers working within constrained environments, rising service demand amid shrinking donor support, and communities navigating social, cultural, and economic barriers that affect timely access to care.

Year One began with a comprehensive county and facility-level situation analysis. This assessment provided a clear, evidence-informed understanding of systemic gaps and priorities. It revealed persistent structural vulnerabilities, including the absence of an operational Maternal, Newborn, Child and Adolescent Health (MNCAH) Bill to ring-fence funding; dwindling donor resources affecting MNH, family planning, immunization, nutrition, and communicable disease programs; and significant constraints in workforce capacity and infrastructure. These realities threaten sustainability and underscore the urgency of strengthening domestic financing and governance mechanisms.

One of the most sobering findings was the continued impact of the “three delays” on maternal and perinatal outcomes. Women often lack access to preconception care and initiate antenatal care late, frequently attending fewer than the recommended contacts. Harmful cultural practices, poverty, gender inequities, and male disengagement contribute to delayed decision-making and limited autonomy. In rural areas, transport barriers and weak referral linkages further delay timely access to emergency care. At the facility level, workforce shortages, limited blood supplies, absence of maternal and neonatal high-dependency units, and inconsistent operationalization of standard protocols can delay the provision of life-saving interventions. These interconnected delays illustrate that maternal mortality is not solely a clinical failure but a systems and societal challenge.

Despite these constraints, Year One focused on strengthening quality of care through practical and achievable interventions. Standard Operating Procedures were reinforced, triage systems improved, and Emergency Obstetric and Newborn Care (EmONC) competencies refreshed. Multidisciplinary maternal and perinatal death reviews were strengthened to enhance accountability and learning. At Pumwani Maternity Hospital, where patient volumes are

exceptionally high, emphasis was placed on improving emergency responsiveness and reinforcing team-based clinical decision-making.

Postpartum hemorrhage remains a leading cause of maternal mortality. Through my engagement in the International Federation of Gynecology and Obstetrics (FIGO) and participation in global advocacy efforts aligned with EWENE, I have consistently championed zero tolerance for preventable maternal deaths. Year One reaffirmed the need for disruptive acceleration—ensuring uterotonics and other life saving commodities, blood and blood products, emergency drills, and skilled personnel are consistently available and responsive. Quality improvement must become an institutional culture rather than intermittent intervention and promote accountability.

Workforce capacity emerged as a critical determinant of success. In both Makueni County and at Pumwani Maternity Hospital, health providers face inappropriate workload-to-staff ratios, guarded competencies related to evidence based updates, burnout, and limited opportunities for continuous professional development. Year One addressed these gaps through competency-based training, simulation exercises, and advocacy for task-sharing approaches and cross - learning. However, sustainable improvement requires strategic human resource planning aligned with service demand and supported by adequate financing.

The absence of real-time data for decision-making remains a major system weakness. While Maternal and Perinatal Death Surveillance and Response (MPDSR) processes were strengthened, data often remain retrospective and underutilized. Effective prevention demands predictive analytics, timely dashboards, and digital interoperability across levels of care. As a board member of the Partnership for Maternal, Newborn & Child Health, I have witnessed global momentum toward data-driven accountability. Locally, we must accelerate the integration of digital health solutions, artificial intelligence, and clinical decision support tools/ service delivery that are responsive to frontline workflows and enhance—not burden—providers.

Another pressing concern is adolescent pregnancy and unmet need for family planning. Teenage mothers face heightened risks of complications and often encounter stigma and limited access to youth-friendly services. The shrinking of donor support threatens family planning commodity security and outreach programming, further compounding vulnerabilities. Year One prioritized integration of family planning counseling within routine maternal services and promoted male engagement strategies to strengthen shared responsibility in reproductive health decisions.

Infrastructure gaps, particularly the absence of maternal and neonatal high-dependency units, were identified as urgent priorities. Severe obstetric complications such as hemorrhage, eclampsia, and sepsis require advanced monitoring and multidisciplinary care. Similarly, premature and low-birthweight newborns require strengthened neonatal units equipped with adequate oxygen systems and skilled staff. These investments are not optional—they are foundational to reducing preventable mortality.

The initiative also highlighted the importance of addressing social determinants of health. Maternal survival is deeply influenced by education, economic empowerment, gender equity, and community norms. Community dialogues, male engagement initiatives, and advocacy for

multisectoral collaboration were initiated in Year One. However, meaningful transformation requires sustained cross-sector partnerships beyond the health sector.

Governance and financing remain central to sustainability. The lack of a ring-fenced MNCAH financing framework exposes maternal and newborn programs to fiscal instability. As donor funding declines, domestic resource mobilization and accountability mechanisms must be strengthened to protect gains and prevent reversals.

This progress would not have been possible without the generous support provided to Women Engaged in Development (WED) by the Gates Foundation in collaboration with ICRHK. I extend my deepest appreciation to Elizabeth Shirleen Wanjiku, Fredrick Nzioka, Matson Yungo, Dr. Sabina Wakasiaka, and the OMMI Consortium for their tireless dedication in planning and executing Year One activities. We also acknowledge the steadfast guidance of the Ministry of Health in advancing standards and quality maternal and newborn healthcare delivery.

Year One has provided invaluable insights from Makueni County and Pumwani Maternity Hospital. It has strengthened our understanding of systemic bottlenecks and illuminated pathways for acceleration. We are deeply grateful to His Excellency Mutula Kilonzo Jnr., the Governor of Makueni County, for his strong political support and personal commitment to maternal health. His representation of Makueni at the FIGO World Congress was historic. We thank the County Health Management Team, the CECM Health, the Chief Officer of Health, and the Reproductive Health Coordinators for their genuine partnership and ownership of the OMMI initiatives. We also recognize our partners, including ICRHK, Machozi ya Mwisho, KOGS, Jhpiego, and the wider OMMI consortium, for their teamwork and shared determination. Finally, we honor the mothers, newborns and families for the lessons, trust, resilience, and stories that motivate us to keep a spirited quest to ensuring no women should die at childbirth. Yet the work remains unfinished. The burden of preventable maternal and newborn deaths demands even greater voice, agency, innovation, and accountability in the years ahead.

As we move into Years Two and Three, our focus will intensify on institutionalizing digital transformation, establishing critical care capacity, strengthening adolescent-responsive services, operationalizing sustainable financing, and embedding real-time accountability frameworks. The journey toward zero preventable maternal deaths, stillbirths, and neonatal deaths requires collective resolve and courageous leadership.

*Okoa Mama na Mtoto* is not merely a program; it is a commitment—to dignity, equity, and the fundamental right of every woman and every newborn to survive, thrive and transform

Prof Kihara Anne Beatrice

Executive Director, Women Engaged in Development

# Acknowledgements



- ICRHK and Gates Foundation



- The OMMI Partnership



OKOA MAMA NA  
MTOTO INITIATIVE

## ABBREVIATIONS

Abbreviation	Full Meaning
AI	Artificial Intelligence
ANC	Antenatal Care
AWP	Annual Work Plan
CBO	Community-Based Organization
CECM	County Executive Committee Member
CHMT	County Health Management Team
CHP	Community Health Promoter
CHV	Community Health Volunteer
CIDP	County Integrated Development Plan
COE	Centre of Excellence
CPR	Contraceptive Prevalence Rate
CTG	Cardiotocography
DHIS2	District Health Information System 2
EmONC	Emergency Obstetric and Newborn Care
ENAP	Every Newborn Action Plan
EPMM	Ending Preventable Maternal Mortality
EWENE	Every Woman Every Newborn Everywhere
FIGO	International Federation of Gynecology and Obstetrics
FP	Family Planning
HENNET	Health NGOs Network
HMIS	Health Management Information System
HRP	Human Reproduction Program
ICM	International Confederation of Midwives

<b>ICRHK</b>	International Centre for Reproductive Health Kenya
<b>IJGO</b>	International Journal of Gynecology and Obstetrics
<b>JOGECA</b>	Journal of Obstetrics and Gynecology of Eastern and Central Africa
<b>KEWOPA</b>	Kenya Women Parliamentary Association
<b>KDHS</b>	Kenya Demographic and Health Survey
<b>KOGS</b>	Kenya Obstetrical and Gynecological Society
<b>KPI</b>	Key Performance Indicator
<b>MCA</b>	Member of the County Assembly
<b>MEAL</b>	Monitoring, Evaluation, Accountability, and Learning
<b>MMR</b>	Maternal Mortality Ratio
<b>MNCAH+N+FP</b>	Maternal, Newborn, Child, Adolescent Health + Nutrition and Family Planning
<b>MNH</b>	Maternal and Newborn Health
<b>MOH</b>	Ministry of Health
<b>MOU</b>	Memorandum of Understanding
<b>MPDSR</b>	Maternal and Perinatal Death Surveillance and Response
<b>NGT</b>	Nominal Group Technique
<b>OCS</b>	Officer Commanding Station
<b>OMMI</b>	Okoa Mama na Mtoto Initiative
<b>PHC</b>	Primary Health Care
<b>PMNCH</b>	Partnership for Maternal, Newborn and Child Health
<b>PNC</b>	Postnatal Care
<b>POCUS</b>	Point-of-Care Ultrasound
<b>PPH</b>	Postpartum Hemorrhage
<b>RH</b>	Reproductive Health
<b>RMNCAH</b>	Reproductive, Maternal, Newborn, Child, and Adolescent Health

<b>ROI</b>	Return on Investment
<b>RRI</b>	Rapid Results Initiative
<b>SBA</b>	Skilled Birth Attendance
<b>SDG</b>	Sustainable Development Goal
<b>SMART</b>	Specific, Measurable, Achievable, Relevant, Time-bound
<b>SOP</b>	Standard Operating Procedure
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>SWOT</b>	Strengths, Weaknesses, Opportunities, Threats
<b>TWG</b>	Technical Working Group
<b>UHC</b>	Universal Health Coverage
<b>UNICEF</b>	United Nations Children's Fund
<b>WASH</b>	Water, Sanitation, and Hygiene
<b>WED</b>	Women Engaged in Development
<b>WHA</b>	World Health Assembly
<b>WHO</b>	World Health Organization

OKOA MAMA NA  
MTOTO INITIATIVE

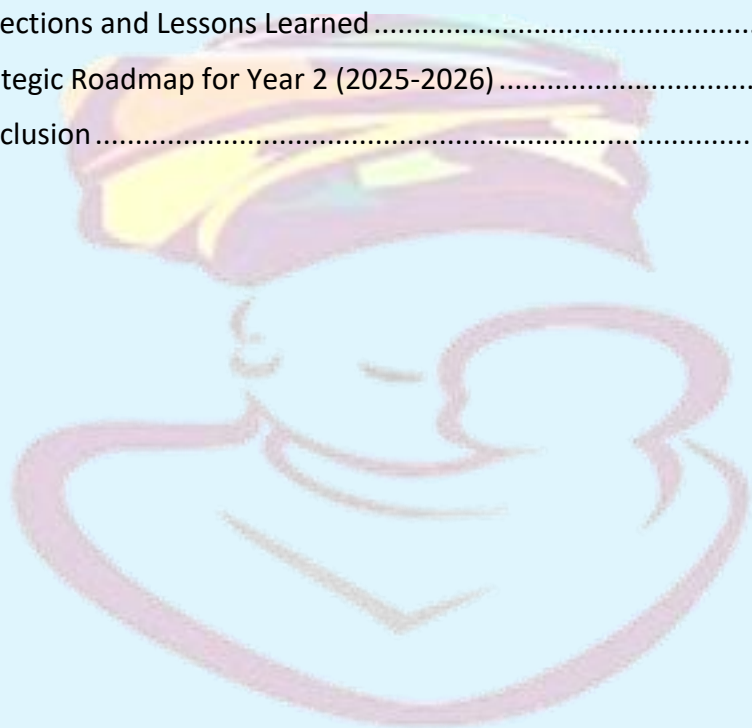
## TABLE OF CONTENTS

PREFACE .....	i
FOREWORD .....	<b>Error! Bookmark not defined.</b>
ACKNOWLEDGEMENT .....	<b>Error! Bookmark not defined.</b>
ABBREVIATIONS .....	v
TABLE OF CONTENTS .....	viii
LIST OF TABLES .....	xii
LIST OF FIGURES .....	xiii
EXECUTIVE SUMMARY .....	xiv
OMMI INDUCTION MEETING WITH MAKUENI COUNTY LEADERSHIP .....	1
1.1 Overview .....	1
1.2 Key Highlights .....	1
1.3 Conclusion .....	3
INDUCTION MEETING FOR THE OKOA MAMA NA MTOTO (OMMI) INITIATIVE AT PUMWANI MATERNITY HOSPITAL .....	4
2.1 Overview .....	4
2.2 Key Highlights .....	4
2.3 Overview of Women Engaged in Development and OMMI .....	5
2.4 Strategic Scope of OMMI .....	6
2.5 Data Utilization and Research .....	6
2.6 Advocacy, Accountability, and Partnership Structure .....	7
2.7 Conclusion .....	7
DESK REVIEW AND SITUATION ANALYSIS: MNCAH+N+FP IN MAKUENI COUNTY (2025) .....	9
3.1 Executive Summary .....	9
3.2 Current Status and Performance Indicators .....	9
3.3 Key Challenges and Bottlenecks .....	10
3.4 Priority Areas for Intervention .....	12
3.5 Proposed Framework for Sustainability and Scale (EWENE Acceleration) .....	13
3.6 Conclusion .....	14

ADVOCACY AND KNOWLEDGE PRODUCTS FOR MNCAH ACCELERATION (APRIL – JULY 2025) ..	15
4.1 Introduction .....	15
4.2 Chronological Summary of Activities & Outputs .....	15
4.3 Synthesis and Strategic Insights for Makueni County .....	16
4.4 Conclusion .....	17
EWENE CAPACITY BUILDING WORKSHOP FOR COMMUNITY HEALTH PROMOTERS IN MAKUENI COUNTY .....	18
5.1 Introduction .....	18
5.2 Workshop Objectives .....	19
5.3 Methodology .....	19
5.4 Chronological Proceedings and Key Discussions .....	20
5.5 Key Findings and Qualitative Insights .....	21
5.6 Agreed Action Points and Recommendations .....	22
5.7 Conclusion .....	23
SMART ADVOCACY CAPACITY BUILDING WORKSHOP IN KIRINYAGA COUNTY .....	24
6.1 Introduction .....	24
6.2 Workshop Objectives and Opening .....	24
6.3 Context Setting and Evidence Review .....	24
6.4 Core Training on the SMART Advocacy Framework .....	24
6.5 County Presentations and Cross-Learning .....	25
6.6 Practical Application and Work Planning .....	25
6.7 Key Themes and Insights for Makueni .....	25
6.8 Conclusion .....	26
APPLICATION OF THE SMART ADVOCACY TOOLKIT IN MAKUENI COUNTY .....	27
7.1 Introduction and Rationale .....	27
7.2 Situational Analysis and Priority Setting (Initial Phase) .....	27
7.3 Development of Strategic Advocacy Objectives and Investment Cases .....	27
7.4 Implementation Planning and Risk Mitigation .....	28
7.5 Monitoring, Evaluation, Accountability, and Learning (MEAL) Framework .....	28
7.6 Gender Integration and Male Engagement .....	28

7.7	Capacity Building and Knowledge Product Development .....	28
7.8	Community Engagement and Partnership Mapping .....	28
7.9	Advocacy in Activities in 2025 .....	29
7.10	Conclusion .....	29
<b>ADVOCACY WITH BODA BODA RIDERS – MEN ENGAGED IN MATERNITY CARE, MAKUENI COUNTY.....</b>		
8.1	Introduction .....	30
8.2	Workshop Objectives .....	31
8.3	Key Highlights .....	31
8.4	Qualitative Insights and Personal Testimonies .....	34
8.5	Key Findings and Strategic Insights .....	34
8.6	Outcomes and Commitments .....	35
8.7	Conclusion .....	38
<b>THE FIGO CONGRESS AND THE BIRTH OF WORLD PPH DAY AND MAKUENI ON THE GLOBAL STAGE.....</b>		
9.1	Introduction .....	39
9.2	Objectives of the Engagement .....	40
9.3	Session Proceedings .....	41
9.4	The Governor's Address .....	42
9.5	Launch of Global Guidelines and World PPH Day .....	43
9.6	Qualitative Insights and Delegate Testimonies .....	44
9.7	Recognition of Kenyan Professional Leadership .....	45
9.8	Implications for Makueni County and the OMMI Collaborative .....	45
9.9	Conclusion .....	46
<b>CONSOLIDATING MALE ENGAGEMENT AND COMMUNITY OWNERSHIP: THE KIBWEZI SUB-COUNTY BLOOD DONATION DRIVE .....</b>		
10.1	Introduction .....	47
10.2	Objectives .....	48
10.3	Pre-Event Social Mobilization .....	48
10.4	Key Highlights .....	49
10.5	Participant Demographics .....	50

10.6	Media Coverage .....	51
10.7	Significance for the OMMI Project .....	51
10.8	Conclusion .....	52
OMMI PROJECT YEAR 1 PERFORMANCE REVIEW IN MAKUENI COUNTY .....		53
11.1	Introduction .....	53
11.2	Summary of Other Year 1 Activities and Outcomes .....	53
11.3	Year 1 Performance Review .....	55
11.4	Reflections and Lessons Learned .....	56
11.5	Strategic Roadmap for Year 2 (2025-2026) .....	56
11.6	Conclusion .....	57



OKOA MAMA NA  
MTOTO INITIATIVE

## LIST OF TABLES

Table 3.1 Trend of Performance of Key Health Indicators in Makueni County, KDHS 2022 ..... 10



OKOA MAMA NA  
MTOTO INITIATIVE

## LIST OF FIGURES

1.1 The OMMI Delegation with the Governor & the Makueni Health Management Team .....	1
1.2 Gvn. Mutula Kilonzo Jr. During the Induction Meeting .....	<b>Error! Bookmark not defined.</b>
1.3 "Zero maternal deaths, zero neonatal deaths; this is our goal. Not aspirational, but achievable" – Prof. Kihara Anne Beatrice .....	2
2.1 The OMMI Delegation with the Pumwani CEO During the Induction Meeting .....	4
2.2 Prof. Kihara Studies the Figures at Pumwani Maternity Hospital .....	5
2.3 The OMMI Delegation at Pumwani Maternity Hospital, Nairobi .....	6
5.1 The OMMI Delegation, Makueni Health Management team and Community Health Promoters During the EWENE Workshop in Makueni on 4th August, 2025 .....	18
5.2 Prof. Kihara Speaks to Makueni CHPS During the EWENE Workshop .....	20
5.3 Prof. Kihara Training Makueni CHPS .....	20
5.4 The OMMI Team Interacting with Makueni CHPS in a QA Session during the EWENE Workshop .....	21
5.5 Makueni CHPS Narrating their Experiences During the EWENE Workshop .....	22
8.1 Gvn. Mutula Kilonzo Jr. and Prof. Kihara Boda Boda During the Men in Maternity Care Social Innovation Program .....	30
8.2 Gvn. Mutula Kilonzo Jr., the OMMI Delegation and Boda boda Riders in the Governor's Boardroom .....	31
8.3 Prof. Kihara Speaking During the Men in Maternity Care Event .....	32
8.4 A Member of the Makueni HMT Interacts with Boda Boda Riders During the event .....	33
8.5 Prof. Kihara Training Boda Boda Riders on Maternal and Newborn Health .....	33
8.6 Gvn. Mutula Kilonzo Jr. and Prof. Kihara Awarding Trained Boda Boda Riders with Certificates .....	36
8.7 Gvn. Mutula Kilonzo Jr. with Trained Boda Boda Riders During the Event .....	37
9.1 The XXV FIGO Congress Poster .....	39
9.2 Prof. Kihara, the FIGO President Emeritus, Speaking During the XXV FIGO Congress in Cape Town, South Africa .....	41
9.3 Gvn. Mutula Kilonzo Jr. Addressing Delegates During the XXV FIGO Congress in Cape Town ..	42
9.4 Kenyan Delegates at the XXV FIGO Congress .....	45
9.1 Makueni HMT, Boda Boda Riders and Community Members During the Blood Drive at Kibwezi Sub-County Hospital .....	47
10.2 Boda Boda and Police Officers Donate Blood During the Kibwezi Blood Drive .....	50
11.1 SWOT Analysis of Yr 1 OMMI Activites Conducted by WED .....	56

## EXECUTIVE SUMMARY

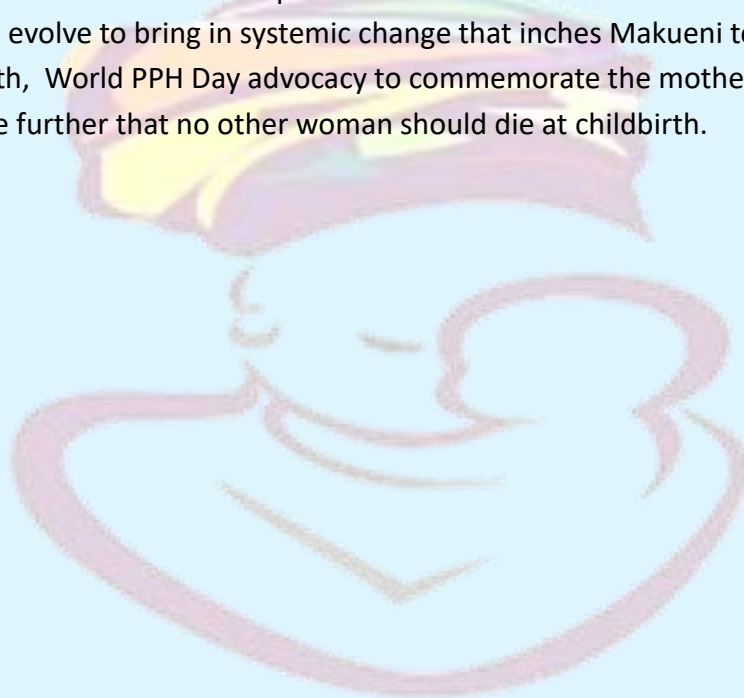
In February 2025, Women Engaged in Development began work in Makueni County as part of the “Okoa Mama na Mtoto” Initiative. The goal was to speed up the progress toward ending preventable maternal and newborn deaths. The statistics in the County showed that the maternal mortality rate was 479 per 100,000 live births, and the neonatal mortality rate stood at 26 per 1,000. Anemia affected four out of every ten pregnant women. Only fourteen percent of health facilities used electronic data systems. These figures established the need to improve how things were done in Makueni to be on the right track to meet the 2030 targets.

We trained Community Health Promoters in clinical skills and advocacy to secure the resources they needed. We invited fifteen boda- boda riders leadership to the Governor’s boardroom to make them understand that the male engagement is essential in “Okoa Mama na Mtoto”. Immediately following the training the assisted an expectant mother access the hospital, obtain care and ask the duty bearers to assist with clearance of her bill to be able to be returned back with her newborn to the community. Two months later, the boda -boda riders mobilized the masses for the blood drive organized by the Sub-County RH Coordinator in Kibwezi Sub- County. Three hundred people, including police, the MCA, and health care providers attended, and eighty-six pints of blood were collected.

In October, Governor Mutula Kilonzo Jr., attended the FIGO Congress in Cape Town , South Africa. While speaking before 5,000 obstetricians in Cape Town, during the Presidential session he apologized for the years men had been absent from maternity care. He was the first Kenyan County Governor to talk at the FIGO World Congress. The Congress was highlighted with Professor Anne Beatrice Kihara moderated the session that also launched the WHO/FIGO/ICM consolidated guidelines on postpartum hemorrhage and declared October 5th as World PPH Day. Makueni’s story, which began in a boardroom, was now part of global maternal health history with milestones in zero rating PPH, the first to invest in purchase of Heat Stable Carbetocin for prevention of PPH and the V- drapes to measure maternal blood loss moving away from eye estimates!

Many lessons were learnt, including, but not limited to, that political goodwill accelerates results. Community ownership is a sustainable solution made possible by riders mobilizing the community without payment. Inclusion increases the motivation to lead positive change, and global recognition is not the end but a stronger call to do the essential work at home.

Year 1 laid a foundation that Year 2 will build on to further catalyse maternal and newborn survival. .The EWENE acceleration plan . Translation of the the Governor’s commitments into MNH budgeted activities. The perinatal investment case seeks to give the county treasury enough reason to fund efforts that prevent stillbirths and newborn deaths. The MPDSR learning network must evolve to bring in systemic change that inches Makueni towards its 2030 targets. On October 5th, World PPH Day advocacy to commemorate the mothers who lost their lives to PPH and drive further that no other woman should die at childbirth.



OKOA MAMA NA  
MTOTO INITIATIVE

## 1.OMMI INDUCTION MEETING WITH MAKUENI COUNTY LEADERSHIP

### 1.1 Overview



*1.1 The OMMI Delegation with the Governor & the Makueni Health Management Team*

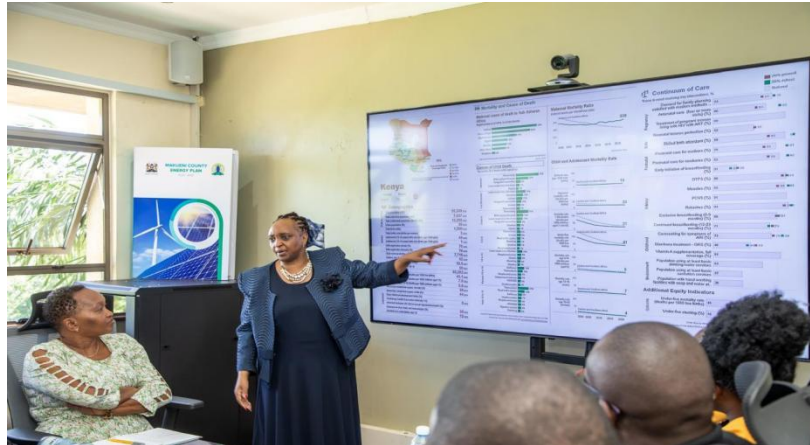
### 1.2 Gvn. Mutula Kilonzo Jr. during the Induction Meeting

The high-level induction meeting was held on 10<sup>th</sup> February 2025. It marked the formal launch of the “**Okoa Mama na Mtoto (OMMI)**” collaboration in Makueni County, culminating in the signing of a memorandum of understanding. The session brought together County leadership, healthcare professionals, and OMMI representatives to align on the **Every Woman, Every Newborn, Everywhere (EWENE)** framework and to commit to actionable steps to eliminate preventable maternal and newborn deaths.



### 1.2 Key Highlights

His Excellency Governor **Mutula Kilonzo Jr.** reaffirmed the county's dedication to maternal and newborn health, notably saying, *“Women in Moyale, Garissa are all women in Kenya. We must stop measuring health by geography and related risk. No women should die giving birth”*.



*1.3 "Zero maternal deaths, zero neonatal deaths; this is our goal. Not aspirational, but achievable" – Prof. Kihara Anne Beatrice*

Prof. Kihara Anne Beatrice, OMMI Head of Delegation, emphasized the urgency of adopting EWENE to address Makueni's high maternal mortality ratio (MMR) of 479 per 100,000 live births (above the national average).

The County Health Team, led by Dr. Doris Mbithi, identified challenges contributing to this shortfall. Specifically, inefficient referral systems and limited emergency obstetric care (EmONC) capacity, shortage of skilled birth attendants in rural facilities, high adolescent pregnancy rates, unmet family planning needs, and persistent neonatal mortality, driven by prematurity and birth asphyxia.

Makueni County reported significant innovations and progress in healthcare, notably the adoption of telemedicine, which has reduced maternal deaths at the County referral hospital to zero over the past two years. In line with telemedicine, Dr. Doris Mbithi stated, "Our ANC discussion groups on WhatsApp have tripled antenatal attendance. Mothers now report and seek sooner help to address complications faster." Community engagement initiatives, such as maternity open days and male champion programs, have improved facility-based deliveries. The Prem Prep 5 care bundle and kangaroo mother care

are being implemented to address preterm births. Finally, blood drives supported by the Governor have enhanced transfusion services for postpartum hemorrhage cases.

The Governor signed an MOU with OMMI and pledged to establish a Maternal and Newborn Health Technical Working Group. The Governor also committed to increasing domestic funding for MNCAH+N (Maternal, Neonatal, Child, Adolescent Health + Nutrition). In the future, he pledged that action plans will include scaling up telemedicine, deploying ambulances, training healthcare workers, and integrating AI for antenatal care risk prediction and prediction care.

### 1.3 Conclusion

The induction meeting successfully secured top-level buy-in and laid a collaborative foundation for OMMI's three-year engagement in Makueni County. The dialogue underscored the importance of data-driven decision-making, multi-sectoral collaboration, and community-led solutions in achieving EWENE targets. The commitments made during this meeting are expected to drive measurable improvements in maternal and newborn health outcomes in the coming years.

## 2.INDUCTION MEETING FOR THE OKOA MAMA NA MTOTO (OMMI) INITIATIVE AT PUMWANI MATERNITY HOSPITAL



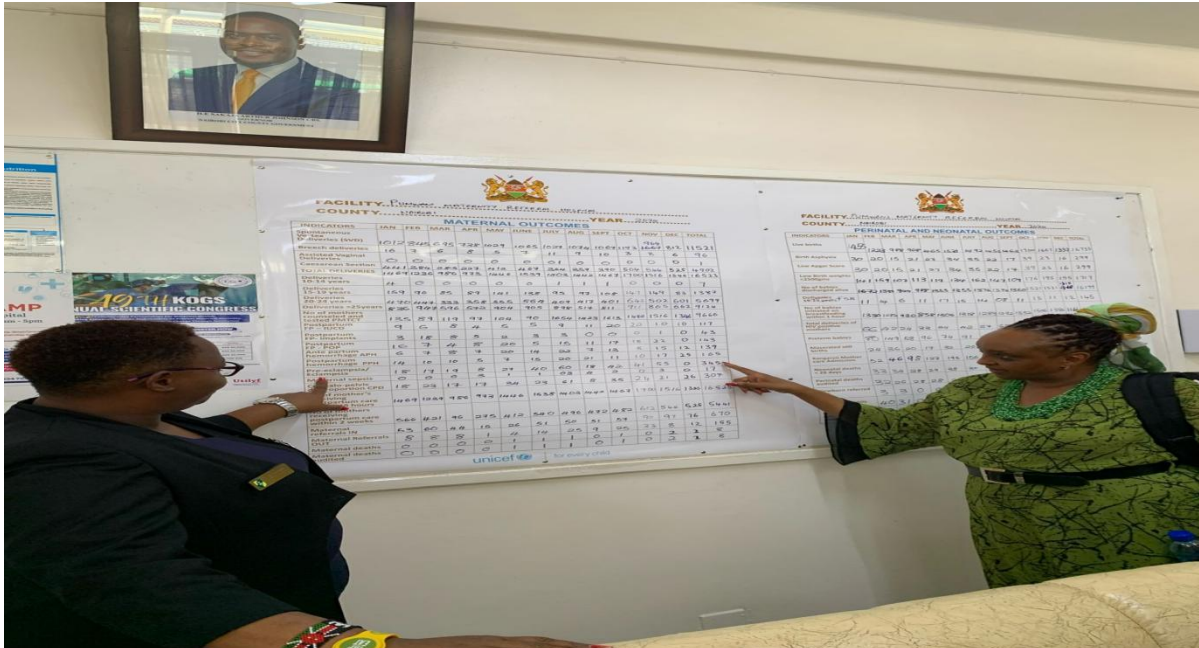
*2.1 The OMMI Delegation with the Pumwani CEO During the Induction Meeting*

### 2.1 Overview

On February 12, 2025, an induction meeting for the “Okoa Mama na Mtoto (OMMI)” Initiative was convened at Pumwani Maternity Hospital, hosted by the Chief Executive Officer, Madam Christine Kiteshuo, and led by Prof. Kihara Anne—Beatrice of Women Engaged in Development (WED). The meeting aimed to introduce the OMMI collaborative, establish strategic alignment, and outline actionable steps for partnership between Pumwani Maternity Hospital and the OMMI consortium, which comprises 13 partners dedicated to improving maternal and newborn health outcomes.

### 2.2 Key Highlights

Prof. Kihara Anne Beatrice opened with a reflection on Pumwani’s historic legacy as the largest maternity hospital in Eastern, Central, and Southern Africa, established in 1926. She highlighted the hospital’s unique role as the only facility in Kenya with a functional human milk bank—a milestone she urged be publicized to enhance institutional visibility and public awareness.



### 2.2 Prof. Kihara Studies the Figures at Pumwani Maternity Hospital

She also reinforced OMMI's alignment with the Every Woman, Every Newborn, Everywhere (EWENE) framework, emphasizing the shared goal of eliminating preventable maternal and neonatal deaths.

### 2.3 Overview of Women Engaged in Development and OMMI

The OMMI project was presented as a multi-partner initiative coordinated by WED, focusing on four strategic pillars: policy development and implementation, quality-of-care improvement, strategic communication, and targeted advocacy.

Prof. Kihara stressed that OMMI operates at the County and Sub-County levels and seeks to integrate with flagship institutions such as Pumwani Hospital to transform women's health ecosystems.

A dedicated discussion centered on accelerating progress toward SDG targets, particularly SDG 3 (Good Health and Well-being), by 2030. The dialogue underscored the need for localized, data-driven interventions to reduce maternal and neonatal mortality.

The meeting noted UNICEF's supportive role in advancing policy and utilizing data through its learning hub, which offers resources for evidence-based programming and policy refinement.



2.3 The OMMI Delegation at Pumwani Maternity Hospital, Nairobi

#### 2.4 Strategic Scope of OMMI

Prof. Kihara articulated the operational scope of OMMI, anchored in the principle that *“you cannot develop if you are unhealthy.”* She called for stronger integration between Pumwani Hospital and county health leadership to improve women’s health dynamics in Nairobi County.

Key strategic recommendations included:

- Reviewing policies to institutionalize mother-baby dyad care, addressing staff-patient ratios, and integrating technology for real-time data use.
- Using hospital data for critical service analysis and improvement.
- Enhancing supply chains, promoting family blood donation, and developing feedback mechanisms to counter negative public perceptions of Pumwani Maternity Hospital.

#### 2.5 Data Utilization and Research

A critical concern raised was the underutilization of existing health data. Prof. Kihara recommended:

- Publishing hospital data to increase academic and public visibility.
- Digitizing medical records to enable real-time analytics.
- Initiating in-house case studies and publishing in journals such as the International Journal of Gynecology & Obstetrics (IJGO).
- Promoting research decolonization and supporting ongoing projects in CTG, AI, and point-of-care ultrasound (O-POCUS).

### 2.6 Advocacy, Accountability, and Partnership Structure

The concept of **SMART Advocacy** (specific, measurable, achievable, relevant, and time-bound) was emphasized as essential for driving accountability. Madam Christine assured full county management support but stressed the need for a dedicated OMMI core team within the hospital.

Agreements deliberated on included:

- Formalizing a Memorandum of Understanding (MoU) between WED and Pumwani Maternity Hospital.
- Scheduling an OMMI outcomes presentation to the County Management.
- On-boarding data clerks for robust monitoring and evaluation.
- Positioning Pumwani as a **Center of Excellence (COE)** linking research and practice.
- Launching a **“What’s Your Story?”** campaign to document patient and provider narratives.

Operational challenges were openly discussed, including the limitation to a single maternity theatre, which constrains service delivery, and the need for improved welfare facilities for doctors, such as lounges and reliable access to food and water.

Prof. Kihara closed the meeting by reinforcing the **“Rally Women for Women”** movement, calling for unity and sustained advocacy to advance maternal and newborn health. Madam Christine reaffirmed Pumwani’s commitment to the partnership.

### 2.7 Conclusion

The induction meeting successfully established a collaborative foundation between Pumwani Maternity Hospital and the OMMI Initiative. Through structured dialogue, clear strategic recommendations, and committed leadership, the meeting set in motion a partnership aimed at strengthening systems, amplifying advocacy, and improving health outcomes for mothers and newborns—a model of institutional collaboration with potential relevance for broader county-level adoption.

### 3. DESK REVIEW AND SITUATION ANALYSIS: MNCAH+N+FP IN MAKUENI COUNTY (2025)

#### 3.1 Executive Summary

Makueni County has demonstrated notable progress in Maternal, Newborn, Child, Adolescent Health, Nutrition, and Family Planning (MNCAH+N+FP) over the past decade. However, the county remains off-track to achieve Sustainable Development Goal (SDG) 3 targets by 2030. While reductions in maternal and neonatal mortality have been observed, progress is uneven and insufficient to close existing gaps within the remaining five years. Key **EWENE targets**, including 90% ANC 4+ coverage, 90% skilled birth attendance, and 80% postnatal care of mothers and newborns within 48 hours, and social determinant improvement by 80% remain below the desired thresholds. This situation analysis was conducted through a comprehensive desk review of global, national, and county data, identifies persistent bottlenecks across the continuum of care and proposes a strategic framework for accelerating progress through the Every Woman Every Newborn Everywhere (EWENE) agenda.

#### 3.2 Current Status and Performance Indicators

Makueni County's performance presents a mixed picture. Positive indicators include a skilled birth attendance rate of **92%** and a modern contraceptive prevalence rate of **64%** among married women. Despite progress, Makueni County faces a significant burden. The **maternal mortality ratio (479 per 100,000 live births)** and **neonatal mortality rate (26 per 1,000 live births)** exceed both national averages and SDG 3 targets. **Postpartum hemorrhage (PPH)** remains the leading direct cause of maternal deaths, while neonatal deaths are primarily due to birth asphyxia, infections, and prematurity. Child mortality indicators, though better than national figures in some areas, remain off-track.

Adolescent health presents particular concerns, with a **teenage pregnancy rate of 11%** and significant gaps in accessing sexual and reproductive health services. Barriers include cultural norms, stigma, and a lack of youth-friendly service infrastructure. The analysis underscores the need for targeted, multi-sectoral adolescent health strategies.

Nutrition outcomes constitute a significant concern. **Stunting in children under five is at 20%**, and **anemia in pregnancy is alarmingly high at 41%**, significantly above the national average. While high-impact interventions are being scaled with partners like Nutrition International, the interconnected threats of climate change, food insecurity, and rising obesity trends necessitate an intensified, multi-sectoral response.

Indicator	KDHS 2022 (%)
Skilled Birth Attendance (SBA)	92.1
4 antenatal care visits	75.7
Contraceptive prevalence rate (CPR)	64,4
Unmet need for family planning	10.8
Teenage pregnancies	11,1

*Table 3.1 Trend of Performance of Key Health Indicators in Makeni County, KDHS 2022*

The county's penetration of its electronic health information system is **14%**, limiting real-time, data-driven decision-making. The analysis strongly advocates for leveraging **digital health innovations**, geo-spatial mapping, and predictive analytics to identify bottlenecks, track equity gaps, and accelerate progress—learning from successful models in HIV and malaria programs.

The county outperforms national averages in some areas (e.g., skilled delivery) but lags in others (maternal mortality, neonatal mortality, anemia), highlighting inequities and specific priority areas for intervention.

### 3.3 Key Challenges and Bottlenecks

The analysis identified multifaceted barriers across health system functions and social determinants:

#### a. Across the Continuum of Care:

Expectant mothers often face significant barriers to maternal health services, resulting in late starts for antenatal clinic visits and high rates of incomplete contacts. These delays are

primarily driven by the physical distance to facilities, high transport costs, and a lack of male involvement in the pregnancy journey.

While the expansion of health facilities has improved access to Skilled Birth Attendance (SBA), deep-rooted inequities persist. These gaps are most pronounced in remote wards and among adolescent mothers, who continue to have lower rates of professional care during delivery compared to other groups.

Furthermore, postnatal care (PNC) within the critical first 48 hours is significantly underachieved. This shortfall is caused by a combination of socio-cultural norms, weak referral loops between community and facility care, and inadequate follow-up after discharge.

#### b. Health System Constraints:

The primary challenge is the human resource gap, characterized by shortages and an uneven distribution of skilled health workers across the region. These personnel constraints are compounded by supply chain issues, which frequently disrupt procurement and logistics, hindering the availability of essential commodities.

Weak data systems further constrain the system's efficiency. Real-time data for decision-making remains scarce, particularly in Makueni, where only **14%** of facilities utilize an **electronic health information** system. Additionally, infrastructure and equipment gaps persist. Critical deficiencies exist in basic and comprehensive **emergency obstetric and newborn care (EmONC)** signal functions. Specifically, many facilities lack vital resources such as CPAP machines and magnesium sulfate.

#### c. Social Determinants of Health:

Persistent social and economic factors undermine health outcomes. Food insecurity, poverty, and rigid gender norms create constant barriers to well-being. These systemic issues limit the effectiveness of medical interventions.

Specific populations face heightened threats. Adolescent vulnerability and frequent climate-related shocks increase existing risks. These combined pressures strain local communities' resilience.

#### d. Financing:

Financing for **MNCAH+N** remains fragmented and heavily dependent on donors. Makueni has developed innovative models, such as participatory budgeting and MakueniCare, yet delays in disbursement and inconsistent ring-fencing of funds create ongoing challenges. A health system analysis reveals several critical gaps. Emergency obstetric care is available in only 33% of facilities. Access to newborn services is low, at 12%, matching the national rate, while only 47% of Level 3 facilities in Makueni have CPAP machines. The availability of vital life-saving commodities, including Magnesium Sulphate, stands at 69%. Furthermore, health insurance coverage is very low at 16%, leaving many households vulnerable to catastrophic financial expenditure.

### 3.4 Priority Areas for Intervention

The review highlights several cross-cutting areas requiring accelerated investment and action:

1. Improving the health system requires a focus on quality and standard procedures. Institutionalizing **Maternal and Perinatal Death Surveillance and Response (MPDSR)** ensures every death is reviewed to prevent future occurrences. Adherence to obstetric and newborn care guidelines remains a priority. Promoting respectful maternity care protects the dignity of every mother.
2. Health system strengthening involves upgrading facilities to provide both **basic and comprehensive emergency obstetric and newborn care**. Reliable access to life-saving commodities is essential. Success depends on the deployment of a motivated, competent health workforce.
3. **Adolescent and youth health** needs specific attention. Scaling up youth-friendly services and comprehensive sexuality education helps manage the challenges of teenage pregnancy. These efforts directly address complications that arise in younger populations.
4. Nutrition must be integrated into all maternal and child health services. Multisectoral action is necessary to reduce **stunting and maternal anemia**. Promoting proper infant and young child feeding practices supports long-term health outcomes.

5. Community engagement addresses **geographic, economic, and gender-based barriers**. Empowering local communities and engaging male champions improves service uptake. Using geospatial data allows for more precise targeting of underserved populations.
6. **Digital health tools** improve decision-making. Adopting interoperable digital systems enables real-time patient tracking and management. **Predictive analytics and precision care** can help leaders allocate resources where they are needed most.

### 3.5 Proposed Framework for Sustainability and Scale (EWENE Acceleration)

To advance the EWENE agenda, a multi-pronged framework is proposed, focusing on seven strategic pillars:

1. **Policy and Governance:** Enact and implement the **Maternal and Newborn Health Bill**, strengthen county-level planning (**CIDP, AWP**), and foster multisectoral collaboration.
2. **Innovative Domestic Financing:** Increase and ring-fence domestic budget allocations for **MNCAH+N**, explore innovative financing mechanisms (e.g., impact bonds), and strengthen public financial management.
3. **Strengthened Primary Health Care and Community Systems:** Build resilient primary care networks, empower community health workers, and integrate **MNCAH+N** services at the community level.
4. **Expanded Access, Equity, and Quality:** Systematically address the "three delays" by improving infrastructure, transport, referral systems, and ensuring service availability, accessibility, acceptability, affordability, quality, and timeliness (**AAAAQT**).
5. **Integration of Nutrition and Family Planning:** Mainstream nutrition and FP across the life course, from adolescence through pregnancy and postpartum.
6. **Real-Time Data and Digital Innovation:** Invest in robust **Health Management Information Systems (HMIS)**, data analytics capacity, and digital health solutions for monitoring and service delivery.

- 7. Collaborative Partnerships:** Leverage **public-private partnerships**, **South-South cooperation**, and align with **global initiatives** (e.g., SDG 17) to mobilize resources, share knowledge, and enhance accountability.

### 3.6 Conclusion

Makueni County has a strong foundation of supportive policies, notable political commitment, and innovative community programs such as **MakueniCare**. The path to achieving **SDG 3** and **EWENE** targets requires a decisive shift from fragmented, linear progress to an integrated, exponential acceleration approach.

This work entails fostering transformative leadership at all levels while strengthening **civic engagement and accountability** mechanisms. It requires making cost-effective, high-impact investments in both health system pillars and social determinants. Success depends on embracing **digital tools**, **new care models**, and **climate-resilient strategies**. Furthermore, interventions must be intentionally designed to reach the most vulnerable populations, including adolescents, low-income individuals, and individuals living in remote areas.

By adopting the proposed framework and mobilizing a coalition of government, partners, and communities, Makueni County can **accelerate progress**, **save lives**, and ensure **healthy beginnings** and **healthy futures** for all its **women, newborns, children, and adolescents**.

## 4.ADVOCACY AND KNOWLEDGE PRODUCTS FOR MNCAH ACCELERATION (APRIL – JULY 2025)

### 4.1 Introduction

This chapter provides a chronological summary of strategic advocacy initiatives and knowledge products developed under the OMMI project between April and July 2025. These activities, executed at global, national, and local levels, were designed to advance the **Every Woman Every Newborn Everywhere (EWENE)** agenda, with direct applications to accelerate **Maternal and Newborn Health (MNH)** outcomes in **Makueni County**.

### 4.2 Chronological Summary of Activities & Outputs

#### April 2025:

The global advocacy launch involved authoring a **World Health Assembly (WHA)** blog to champion the global **Postpartum Hemorrhage (PPH) Roadmap**. This initiative served as the starting point for the “**Healthy Beginnings: Hopeful Futures**” campaign.

#### May 2025:

National policy engagement involved leading an advocacy dialogue with the **Kenyan Ministry of Health's Directorate of RMNCAH**. This effort focused national attention on EWENE targets and garnered significant viewership. Professional society mobilization continued through a keynote address at the **Kenya Obstetrical and Gynecological Society (KOGS) Central Symposium**. The address emphasized the critical role of healthcare professionals in achieving **EWENE**. A follow-up newsletter article further supported these objectives.

#### June 2025:

Global guidelines benefited from an external review of the WHO consolidated **PPH guidelines**. This process ensured practical, evidence-based standards remained relevant for county-level implementation. Peer review for evidence generation included a fast-track review for a high-impact Lancet manuscript on PPH. This work strengthened the global evidence base for local policy and practice.

Capacity building for future practitioners involved facilitating "End PPH" training for medical students and midwives. These sessions directly built a skilled workforce pipeline. Academic integration focused on embedding **EWENE/PPH** topics into postgraduate exams. This identified critical knowledge gaps. These findings prompted plans for simulation-based emergency obstetric training.

#### July 2025:

Efforts to influence local policy included publishing a brief in JOGECA focused on **strengthening MNCAH resilience in Makueni County amid climate change**. This document provided direct, evidence-based recommendations for county leadership. Partnership and resource mobilization progressed through presentations of the **EWENE agenda** and the "End PPH Run" to Rotary International partners. These presentations served to cultivate alliances for future support.

Participation in a **FIGO/FOGSI podcast** contributed to the global discourse on **gender equality**. The discussion linked **SDG 5** to maternal mortality reduction. This reinforced the **gender-transformative approach** used in the Makueni strategy.

Planning for community systems strengthening moved forward with the development of a training package **for 3,000 Community Health Promoters in Makueni**. Participatory methods helped prioritize the specific learning needs of these workers. Finally, global advocacy leadership was demonstrated by accepting WHO stewardship for an editorial marking **World PPH Day**. This moment highlighted the worldwide effort to prevent maternal deaths.

### 4.3 Synthesis and Strategic Insights for Makueni County

The advocacy period followed a multi-level strategy. This approach generated several tangible knowledge products. Four key themes directly relate to the context of Makueni.

First, the strategy focused on bridging knowledge gaps. It identified specific needs among health professionals. These findings now inform targeted county training programs. Second, the work linked local and global agendas. This alignment ensures Makueni's efforts remain consistent with global guidelines and international advocacy movements.

Third, the process resulted in the development of actionable tools. Specific resources, such as policy briefs and training models, are now ready for county adaptation and use. Finally, the strategy fostered strategic partnerships. Diverse actors, including the Ministry of Health, professional societies, Rotary, and the WHO, were engaged. Their support can be leveraged for future county initiatives.

#### 4.4 Conclusion

The documented activities from **April to July 2025** have created significant advocacy momentum and a suite of **knowledge products** directly applicable to Makueni County's **MNCAH acceleration** plans. The focus now shifts to the localized application, adaptation, and implementation of these tools and strategies within the county's operational framework to achieve measurable impact on maternal and newborn health outcomes.

## 5. EWENE CAPACITY BUILDING WORKSHOP FOR COMMUNITY HEALTH PROMOTERS IN MAKUENI COUNTY

### 5.1 Introduction



#### *5.1 The OMMI Delegation, Makueni Health Management team and Community Health Promoters During the EWENE Workshop in Makueni on 4th August, 2025*

On August 4, 2025, Women Engaged in Development (WED) convened a **capacity-building workshop** at the Makueni County Referral Hospital and Mother and Child Hospital for **Community Health Promoters (CHPs)**. This engagement was grounded in the urgent need to address the county's persistent **maternal and neonatal health challenges**. Despite recorded progress, Makueni's **maternal mortality ratio** of **362 per 100,000** live births and **neonatal mortality rate** of **29 per 1,000** live births remained critically above the global **Sustainable Development Goal (SDG) 3** targets. Furthermore, coverage rates for key interventions remained below the 90% thresholds set by the **Every Woman, Every Newborn, Everywhere (EWENE)** framework.

Recognizing CHPs as **the essential frontline link** between the formal health system and the community, this workshop aimed **to strengthen their role** in evidence-based advocacy, quality service delivery, and community accountability. The goal was to empower these key

actors to catalyze **improvements in maternal, newborn, child, and adolescent health (MNCAH) outcomes** and contribute to the attainment of **Universal Health Coverage (UHC)** in the county. [TV 47's prime-time news featured this training on 6 August 2025](#). The broadcast highlighted the importance of capacity building for community health promoters.

### 5.2 Workshop Objectives

The workshop was designed with the following specific objectives:

1. To contextualize the EWENE framework within the local epidemiology of Makueni County.
2. To review and reinforce the multifaceted role of CHPs in the primary healthcare ecosystem.
3. To identify systemic challenges and share practical lessons from community-level service delivery.
4. To build skills in Monitoring, Evaluation, Accountability, and Learning (MEAL) for community health work.
5. To equip participants with SMART advocacy techniques to amplify community voices.
6. To collaboratively define a strategic way forward for enhancing the impact of community health services.

### 5.3 Methodology

Employing interactive adult-learning principles, the workshop blended pedagogical lectures with participatory exercises. The format included facilitated brainstorming sessions, case study analyses using flashcards, quick-fire question rounds, and nominal group techniques for priority setting. This approach ensured the content was practical, engaging, and directly applicable to the CHPs' daily realities and challenges.

#### 5.4 Chronological Proceedings and Key Discussions



*5.2 Prof. Kihara Speaks to Makueni CHPS During the EWENE Workshop*

Facilitated by Prof. Kihara, the workshop unfolded through a series of structured, interactive sessions. The day began with a contextual overview of **Makueni's MNCAH indicators**, framing the critical imperative for community-level action. Prof. Kihara set the tone by emphasizing that CHPs are "**the rubber that meets the road**," highlighting their irreplaceable position as the first and most trusted point of health contact within households.

Technical discussions then focused on the leading direct and indirect causes of maternal mortality, such as **postpartum hemorrhage** and **hypertensive disorders**, and addressed



*5.3 Prof. Kihara Training Makueni CHPS*

harmful cultural practices like **gum cutting**. The critical importance of early antenatal care initiation, particularly **within the first trimester**, was strongly advocated. A deeper look at household-level engagement protocols, where CHPs detailed their comprehensive assessment strategies, including evaluating family structures, water and sanitation sources, and identifying vulnerable individuals.

A dedicated session on **nutrition** highlighted **alarming trends in child stunting, wasting, and maternal anemia**, reinforcing the profound link between nutrition and cognitive development. Participants then engaged in group work, crystallizing their health education activities, enumerating the MNCAH services provided, and analyzing the profound challenges in community education, including illiteracy and cultural resistance.

The training introduced the **SMART (Specific, Measurable, Achievable, Relevant, Time-bound) advocacy framework** and explored avenues for legislative, policy, cultural, and media engagement. A defining, decisive moment came with the testimony of a CHP with a disability, who shared the compounded vulnerabilities faced, including heightened risks of gender-based violence and systemic exclusion, underscoring a **severe gap in equity and inclusive policy**.

### 5.5 Key Findings and Qualitative Insights



*5.4 The OMMI Team Interacting with Makueni CHPS in a QA Session during the EWENE Workshop*

The workshop surfaced critical, evidence-based insights. It reaffirmed the vast scope of CHPs' work, spanning household education on family planning and WASH to direct service



### *5.5 Makeni CHPS Narrating their Experiences During the EWENE Workshop*

provision, including growth monitoring and referrals. Significant systemic barriers were identified, including pervasive **community illiteracy**, **deep-seated cultural myths**, **gender-based resistance to care**, and a widespread **lack of trust**, leading to dependency.

The compelling testimony on the **exclusion of people with disabilities** highlighted a significant **equity gap in MNCAH programming**. Furthermore, CHPs expressed frustration at operating with **severely limited resources**, encapsulating the need to "**do more with less**," and reported **weak linkages to formal advocacy** and budgetary decision-making processes.

### **5.6 Agreed Action Points and Recommendations**

From the deliberations, a clear set of actionable recommendations emerged:

1. Integrate disability-focused education into community health sessions while advocating for the development and implementation of inclusive MNCAH policies.
2. Organize follow-up training sessions to strengthen CHPs' skills in SMART advocacy and systematic engagement with county health management.
3. Improve household-level data collection tools and reporting mechanisms to generate actionable evidence for community-level decision-making and accountability.

4. Design and implement community-led sensitization forums to dialogue about and dismantle harmful cultural practices such as gum cutting.
5. Lobby the county government to develop, cost, and ring-fence a specific budget dedicated to a county Maternal and Newborn Health acceleration plan.
6. Document and disseminate positive stories and models of male involvement in MNCAH through community media and storytelling platforms to shift social norms.

### 5.7 Conclusion

The EWENE workshop successfully enhanced the knowledge and tools available to Makueni's Community Health Promoters, solidifying their role as advocates and cornerstone service providers. The workshop concluded with a resounding consensus that sustainable progress requires a bottom-up, community-powered approach. Empowered CHPs, supported by inclusive policies and responsive systems, are essential to transforming MNCAH outcomes and achieving the health-related Sustainable Development Goals in Makueni County.

## 6.SMART ADVOCACY CAPACITY BUILDING WORKSHOP IN KIRINYAGA COUNTY

### 6.1 Introduction

From August 5th to 8th, 2025, Women Engaged in Development (WED) participated in a strategic capacity-building workshop on **SMART Advocacy**, convened by Jhpiego under the SASA Alliance in Kirinyaga County. The workshop brought together nine organizations from the OMMI consortium and HENNET to strengthen collaborative advocacy for improving **Reproductive, Maternal, Child, and Adolescent Health (RMNCAH)** outcomes. This chapter summarizes the key proceedings, learnings, and strategic outputs relevant to Makueni County.

### 6.2 Workshop Objectives and Opening

The primary goal was to enhance participants' capacity to design and implement **Specific, Measurable, Attainable, Relevant, and Time-bound (SMART) advocacy strategies**. Specific objectives included building skills in advocacy toolkits, resource mobilization, documentation of success stories, and effective media engagement to drive accountability and policy change at the county and national levels.

### 6.3 Context Setting and Evidence Review

The workshop opened with a review of **national and county RMNCAH performance data**, reinforcing the evidence base for advocacy. Key statistics highlighted ongoing challenges, including **postpartum hemorrhage** as a leading cause of **maternal morbidity, high neonatal death rates**, and **persistent teenage pregnancy**, all issues directly relevant to Makueni's priorities. This data underscored the necessity for targeted, evidence-driven advocacy.

### 6.4 Core Training on the SMART Advocacy Framework

Participants received in-depth training on the nine-step SMART Advocacy process:

1. **Building Consensus:** Assessing the advocacy landscape (environment, actors, evidence).
2. **Focusing Efforts:** Defining a long-term goal and a near-term SMART objective.
3. **Understanding the Decision-Maker:** Identifying and tailoring approaches to key influencers.

4. **Crafting the Advocacy Ask:** Developing persuasive messages supported by Evidence, Emotion, and Ethics (the "3 E's").
5. **Selecting Messengers:** Choosing the most credible and influential voices.
6. **Developing a Work Plan:** Mapping activities, resources, and timelines.
7. **Creating Advocacy Materials:** Designing clear, targeted communication products.
8. **Monitoring and Evaluation:** Tracking outputs, outcomes, and progress toward impact.
9. **Documenting and Learning:** Capturing successes and lessons to inform future strategy.

A key distinction was made between **broad activism** (raising public awareness) and focused **SMART advocacy** (directly influencing specific decision-makers to achieve a tangible, measurable result).

### 6.5 County Presentations and Cross-Learning

Representatives from each organization presented their county's advocacy challenges and priorities. WED highlighted Makueni's focus on addressing **overcrowding in the neonatal unit** and **high neonatal mortality rates**. This session facilitated valuable cross-learning, revealing common challenges such as budget constraints, harmful cultural practices, and gaps in the health system, while showcasing diverse strategies from Kilifi, Kwale, Kakamega, and Garissa counties.

### 6.6 Practical Application and Work Planning

The training was highly participatory, featuring role-play exercises to practice "the ask" and group work to draft advocacy plans. WED, alongside other partners, developed a structured work plan for the OMMI project, outlining specific activities, responsible parties, and timelines to advance their SMART objectives in Makueni.

### 6.7 Key Themes and Insights for Makueni

The workshop reinforced several critical principles for Makueni's advocacy efforts. Precision is key. Success depends on targeting a specific decision-maker with an explicit, feasible request. Evidence is fundamental. Advocacy must be rooted in local data and compelling stories. Collaboration amplifies impact. The SASA Alliance provides a platform for shared

learning and collective action. Accountability is central. Tools such as scorecards and budget tracking are essential for holding duty-bearers accountable.

### 6.8 Conclusion

The workshop successfully equipped WED and OMMI partners with a robust, practical framework for SMART Advocacy. The skills and strategic plans developed directly enhance Makueni County's capacity to execute its advocacy initiatives. The renewed partnerships and shared commitment from the workshop provide a strengthened foundation for coordinated action to achieve **Makueni's MNCAH+N+FP goals** in the coming year.

## 7.APPLICATION OF THE SMART ADVOCACY TOOLKIT IN MAKUENI COUNTY

### 7.1 Introduction and Rationale

In alignment with Makueni County's commitment to **Universal Health Coverage** and the **County Integrated Development Plan (CIDP)**, the OMMI partnership, led by Women Engaged in Development, facilitated the adoption of a **SMART Advocacy approach** for **Maternal, Newborn, Child, and Adolescent Health plus Nutrition and Family Planning (MNCAH+N+FP)**. This evidence-based, results-oriented framework was introduced to strategically influence policy, mobilize resources, and strengthen accountability to **address persistent health gaps and accelerate progress toward EWENE (Every Woman Every Newborn Everywhere) targets**.

### 7.2 Situational Analysis and Priority Setting (Initial Phase)

The process commenced with a comprehensive situational analysis of **MNCAH+N+FP** in Makueni, identifying key challenges including high rates of teenage pregnancy, unmet need for family planning, perinatal mortality, and malnutrition. To translate these challenges into actionable priorities, the county employed the **Nominal Group Technique (NGT)**, engaging a diverse group of stakeholders, including county health officials, community health volunteers (CHVs), youth representatives, women's groups, and civil society. This participatory, consensus-driven process ensured community ownership and identified **seven strategic advocacy priorities**, such as **reducing teenage pregnancies by 20% and increasing contraceptive uptake by 25% by 2027**.

### 7.3 Development of Strategic Advocacy Objectives and Investment Cases

Following prioritization, clear **SMART objectives** were formulated. To build a compelling rationale for resource allocation, detailed **Investment Case mappings** were developed for each priority area (e.g., Child Health, Stillbirth Reduction, Community Health Promoters). These cases presented evidence on epidemiological burden, cost-effectiveness, equity considerations, and alignment with county and national policies, demonstrating a significant **return on investment (ROI)** with integrated MNCAH+N+FP interventions estimated to yield a **\$12–15 return for every \$1 invested**.

#### 7.4 Implementation Planning and Risk Mitigation

An actionable **Advocacy Implementation Plan** was drafted, outlining specific advocacy actions, responsible stakeholders, and timelines for each objective. Concurrently, a **Risk Mitigation Matrix** was established to anticipate and address potential barriers, including cultural resistance, commodity stock-outs, climate shocks, and political shifts, thereby ensuring the sustainability of advocacy efforts.

#### 7.5 Monitoring, Evaluation, Accountability, and Learning (MEAL) Framework

A robust **MEAL framework** was integrated to track progress and impact. This included tools like DHIS2 dashboards for real-time monitoring, community scorecards for accountability, and annual advocacy scorecards for evaluation. A **Gender-Transformative MEAL Framework** was also incorporated to ensure interventions addressed disparities and promoted equity across the continuum of care.

#### 7.6 Gender Integration and Male Engagement

The toolkit placed strong emphasis on transforming gender norms. A dedicated framework for **advancing gender equity** across the maternal and newborn continuum of care was developed, alongside a parallel **SMART Advocacy Framework for Male Engagement**. These frameworks outlined strategies to engage men as supportive partners in MNCAH+N+FP, from preconception to postpartum care, to improve health outcomes and shift harmful sociocultural norms.

#### 7.7 Capacity Building and Knowledge Product Development

To operationalize the advocacy plan, tailored **training workshops** were designed for segmented audiences, including policymakers, health workers, CHVs, youth, and community leaders. A suite of **targeted knowledge products** (policy briefs, dashboards, citizen report cards, media kits) and a **Visual Content Production Matrix** were created to ensure effective, audience-specific communication and messaging.

#### 7.8 Community Engagement and Partnership Mapping

The plan outlined innovative **community engagement approaches**, including structured dialogue forums, edutainment events, and culturally adapted gatherings, to foster social mobilization. A systematic **partnership mapping exercise** was also initiated to identify, align,

and leverage the strengths of all MNCAH+N+FP actors within the county, promoting coordination and avoiding duplication.

### 7.9 Advocacy in Activities in 2025

The application of the SMART Advocacy approach was demonstrated through a series of high-level activities in 2025, including:

1. Engagement at the World Health Assembly advocated for the Postpartum Hemorrhage (PPH) Roadmap. This activity focused on global policy alignment.
2. Keynote addresses and publications at national medical conferences like KOGS highlighted the EWENE agenda. These presentations shared critical insights with the medical community.
3. Collaborative training sessions focused on medical students and midwives. These workshops provided essential skills for PPH management.
4. Global advocacy through FIGO supported the establishment of World PPH Day. This work also involved launching consolidated WHO PPH guidelines.
5. A policy brief was developed for Makueni. This document addresses strengthening MNCAH+N+FP resilience against climate change.
6. A master trainer program was initiated for Makueni's Community Health Promoters. This program focuses on achieving EWENE targets at the community level.

### 7.10 Conclusion

The development and initial application of the SMART Advocacy Toolkit has provided Makueni County with a structured, evidence-based, and participatory roadmap for advancing MNCAH+N+FP. By combining strategic prioritization, robust investment cases, inclusive planning, and continuous learning, the county is positioned to enhance policy influence, secure sustainable financing, and ultimately achieve transformative health outcomes for all women, newborns, children, and adolescents. The ongoing commitment to implementation, supported by the documented frameworks and partnerships, will be critical to realizing the vision of a healthier, more prosperous Makueni where no one is left behind.

## 8.ADVOCACY WITH BODA BODA RIDERS – MEN ENGAGED IN MATERNITY CARE, MAKUENI COUNTY



*8.1 Gvn. Mutula Kilonzo Jr. and Prof. Kihara Boda Boda During the Men in Maternity Care Social Innovation Program*

### 8.1 Introduction

In a strategic move to address systemic gaps in **male involvement** and **emergency transport**, Women Engaged in Development (WED) spearheaded a two-pronged engagement on September 24, 2025. This initiative, under the Okoa Mama na Mtoto Initiative (OMMI), was anchored in the recognition that achieving significant reductions in maternal and neonatal mortality requires the deliberate **inclusion of men as partners, protectors, and first responders**. The day's activities were strategically held in two key venues: a high-level policy dialogue at the Makueni County Governor's Boardroom, followed by a hands-on community training session at the Makueni County Referral Hospital. The primary focus was on **boda boda riders**, an influential group in any community but often associated with negative stereotypes. In this social innovation, WED positioned boda boda as vital agents of change and community ambulances. This event was featured on the [Star Newspaper website on 24th September 2025](#), the [Makueni County website on 24th September 2025](#), and the [SOO](#)

[TV online blog on 25<sup>th</sup> September 2025](#). The event also aired on [KTN News 4 pm news on 25<sup>th</sup> September 2025](#). This showed the importance of involving men in maternity care.

### 8.2 Workshop Objectives

The engagement was designed with four specific objectives:

1. To formally introduce and position boda boda riders as essential partners in advancing Maternal, Newborn, Child, Adolescent Health, Nutrition, and Family Planning (MNCAH+N+FP) outcomes.
2. To sensitize participants on the principles of positive masculinity and the critical importance of male engagement across the maternity care continuum.
3. To demonstrate practical innovations, such as the Eldon Card blood-typing kit, that can enhance emergency preparedness and response for maternal complications.
4. To strengthen and formalize partnerships between WED, Makueni County leadership, and community champions for sustainable impact.

### 8.3 Key Highlights

The day commenced with a high-level meeting convened in the Governor's Boardroom, chaired by H.E. Governor Mutula Kilonzo Jr., CBS. The session brought together county health leadership, representatives from WED, Machozi ya Mwisho, the University of Nairobi,



*8.2 Gvn. Mutula Kilonzo Jr., the OMMI Delegation and Boda boda Riders in the Governor's Boardroom*

and the media.

Facilitated by Prof. Kihara, the meeting opened with a powerful presentation on the often-overlooked role of men in maternity care. A central theme was the urgent need to shift cultural norms, illustrated by the poignant observation that women frequently resort to being escorted by hospital cleaners or sweepers due to the absence of their male partners.

Key highlights included recognizing a local figure, “Mayor,” as a demonstrated male champion of maternal health, and strategically reframing boda boda riders as indispensable “community ambulances.”



Prof. Kihara underscored the importance of knowledge dissemination, stating, *“If you do not publish, you perish.”* The Governor supported the county’s commitment, declaring, *“Makueni wako mbele ya Machozi ya*

### *8.3 Prof. Kihara Speaking During the Men in Maternity Care Event*

*Mwisho,”* and pledged full support for the initiative.

The policy dialogue was immediately followed by a practical training session at the County Referral Hospital, attended by 15 boda boda leaders with 7-17 years of experience, alongside health partners.



#### *8.4 A Member of the Makueni HMT Interacts with Boda Boda Riders During the event*

Prof. Kihara convened the session, which began with a prayer led by Lawrence of Machozi ya Mwisho, fostering a reflective atmosphere. Participants introduced themselves by sharing personal details, including years in business and expectations, which built immediate rapport.

The training curriculum used a comprehensive and interactive approach to cover the following areas:

Prof. Kihara introduced the Okoa Mama na Mtoto (EWENE) concept with a foundational



#### *8.5 Prof. Kihara Training Boda Boda Riders on Maternal and Newborn Health*

question, “Where is the man in Okoa Mama na Mtoto?” This question prompted a critical self-assessment regarding their potential roles.

Discussions on gender roles and shared responsibility were centered on traditional divisions of labor. Participants described men in farming or construction and women in household care. The facilitator challenged these norms by advocating for shared domestic and caregiving duties.

Training on nutrition and early childhood development (ECD) covered balanced diets and portion control. It also identified key developmental milestones for children aged 0-2 years to facilitate early identification of delays.

Emergency preparedness included a practical demonstration of the Eldon Card blood-typing kit. This exercise revealed a significant knowledge gap. Only 3 of the 15 riders knew their blood type. This finding highlighted a critical need for health literacy interventions.

#### 8.4 Qualitative Insights and Personal Testimonies

Insightful, firsthand testimonies of lived reality shaped the training:

**Lawrence (Machozi ya Mwisho)** shared his passionate advocacy journey, including securing the release of 34 detained mothers in Eldoret. He movingly stated, *“Once you lose a child, it is more painful... some things are more important,”* connecting personal loss to a higher communal purpose.

**Mayor Shadrack** provided a narrative of personal redemption, detailing his transformation from alcoholism to becoming a respected community mentor. He reflected, *“I live to regret the choices I made earlier in my life, but I use them to teach and advise others,”* modeling the power of positive masculinity and second chances.

**Martina from ICRHK** commended the innovative approach, noting, *“Engaging men in maternity care will significantly improve MNCAH outcomes in Makueni County,”* validating the strategy from an institutional partner’s perspective.

#### 8.5 Key Findings and Strategic Insights

The engagement surfaced several critical insights that inform future programming:

1. Male engagement remains limited but crucial. Many male participants admitted they had never accompanied their partners to clinic visits. This exposure highlights a deep cultural and social gap in maternity care.
2. Boda boda riders serve as community ambulances. These riders are the most accessible and often the only available transport during emergencies. Their position makes them vital first responders and referral linkages.
3. The initiative reframes negative perceptions. It works to counteract the association of riders with teenage pregnancy and HIV/AIDS. Instead, it promotes their identity as protectors, caregivers, and health champions.
4. Significant health literacy gaps exist. The low awareness of personal blood types among riders shows a need for basic health education. Improving this knowledge will increase emergency response efficacy.
5. Narratives carry significant power. Personal testimonies proved to be the most impactful tool for inspiring behavioral change. These stories built commitment among peers.
6. Community ownership ensures sustainability. The riders proposed establishing a formal emergency ambulance system. They also committed to using their social media platforms for health messaging.

#### 8.6 Outcomes and Commitments

The initiative yielded several tangible and intangible outcomes that collectively marked a significant milestone in the county's efforts to improve maternal and newborn health.

First and foremost, the Governor translated his verbal commitment into a visible and symbolic act of recognition. At the conclusion of the training, His Excellency presided over the formal issuance of certificates of participation to all fifteen boda boda leaders, acknowledging their new role as accredited maternal health champions.



*8.6 Gvn. Mutula Kilonzo Jr. and Prof. Kihara Awarding Trained Boda Boda Riders with Certificates*

In addition, each rider was presented with a high-visibility reflector vest emblazoned with branding indicating their official status as community emergency responders. This gesture was not merely ceremonial; it provided the riders with a tangible mark of legitimacy and authority as they returned to their communities, visibly distinguished as trusted partners in the county's health architecture.

Beyond these symbolic recognitions, the engagement produced concrete community-led commitments. The boda boda leadership collectively proposed establishing a formal, coordinated emergency ambulance system to be operated and managed by the riders themselves. This proposed system would leverage their existing networks, extensive geographical reach, and intimate knowledge of local terrain to ensure that women experiencing obstetric emergencies could access timely transport to appropriate health facilities. The riders further committed to using their influential social media platforms—

including WhatsApp groups and Facebook pages—as channels to disseminate health messages, promote antenatal care attendance, and encourage their peers to embrace positive masculinity.



### *8.7 Gvn. Mutula Kilonzo Jr. with Trained Boda Boda Riders During the Event*

Discussions also yielded momentum around health financing and community resilience. Community leaders present at the training, in consultation with WED, proposed introducing table banking and merry-go-round savings schemes among boda boda savings groups, linked to contributions to the Social Health Authority. This approach sought to address the economic barriers that often delay care-seeking and to foster a culture of collective preparedness for maternal emergencies.

The engagement further exposed a critical gap that the participants themselves committed to addressing: the low awareness of personal blood types. Several riders expressed interest in undergoing blood typing. They encouraged their colleagues to do the same, recognizing that this simple piece of knowledge could prove lifesaving in an emergency transfusion

situation. The demonstration of the Eldon Card was therefore not an endpoint but a catalyst for broader health literacy among this key population.

### 8.7 Conclusion

The dual approach of securing top-level political buy-in coupled with grassroots capacity-building demonstrated a highly effective model for scaling men's involvement in maternity care. The initiative successfully laid the foundation for improving MNCAH+N+FP outcomes by leveraging boda boda riders' unique position as community-based advocates, emergency responders, and influencers.

## 9. THE FIGO CONGRESS AND THE BIRTH OF WORLD PPH DAY AND MAKUENI ON THE GLOBAL STAGE

### 9.1 Introduction



*9.1 The XXV FIGO Congress Poster*

From October 5 to 10, 2025, the **25th World Congress of the International Federation of Gynecology and Obstetrics** was convened in Cape Town, South Africa. This quadrennial gathering is the largest international assembly of obstetricians, gynecologists, and maternal health professionals, bringing together over 5,000 delegates, including ministers of health, United Nations agencies, development partners, professional societies, researchers, and clinicians. The choice of Cape Town as the host city carried profound significance: it marked the first time in nearly **two decades** that the Congress was held on the African continent, where approximately seventy percent of global maternal deaths occur.

Women Engaged in Development, as the executing agency for the “Okoa Mama na Mtoto” Initiative, was represented at the highest level. Professor Anne Beatrice Kihara, Executive Director of WED and President of FIGO, served as both the architect and moderator of the **Presidential Session on postpartum hemorrhage**. Her dual role was emblematic of the OMMI project's distinctive approach: simultaneously operating at the community level in

Makueni and at the global policy level, ensuring that lessons from the frontline informed international guidelines and that global commitments translated into county-level action.

Alongside Professor Kiharaduring the presidential session on the panel sat H.E. Mutula Kilonzo Jnr., Governor of Makueni County. His invitation to address the Congress was unprecedented; no Kenyan county governor had ever been accorded the privilege of speaking to the world's largest gathering of obstetricians and included midwives and donor community. His presence signaled the recognition **that maternal mortality reduction** is not solely a clinical endeavor but a **governance imperative** requiring political will, resource allocation, and accountable leadership.

### 9.2 Objectives of the Engagement

The Presidential Session was designed to achieve four specific objectives:

1. To disseminate lessons learned from Makueni County's successful efforts to **zero-rate maternal deaths from postpartum hemorrhage** over the preceding two years.
2. To launch **three critical knowledge products**: the WHO/FIGO/ICM Consolidated Guidelines on the Prevention, Diagnosis, and Treatment of PPH; the accompanying PPH Implementation Toolkit; and the proclamation of World PPH Day.
3. To demonstrate the value of **interprofessional collaboration** through a deliberately curated panel representing midwifery, obstetrics, health systems strengthening, technology innovation, and political leadership.
4. To secure global commitment to the **accelerated reduction of PPH-related mortality and morbidity**, with specific accountability mechanisms to be tracked through the EWENE framework.

### 9.3 Session Proceedings



#### *9.2 Prof. Kihara, the FIGO President Emeritus, Speaking During the XXV FIGO Congress in Cape Town, South Africa*

The Presidential Session was convened on the morning of October 5, 2025, in the main plenary hall of the Cape Town International Convention Centre. Professor Kihara, as moderator, opened with a foundational question that framed the entire discourse: *"We have possessed **evidence-based interventions** for the prevention, diagnosis, and treatment of postpartum hemorrhage for decades. Why, then, **do women in low- and middle-income countries** continue to bleed to death?"*

The panel, deliberately composed to reflect the multisectoral nature of effective maternal health programming, addressed this question from diverse vantage points. Jacqueline Benet, Chief Midwife of the International Confederation of Midwives, spoke about the chronic underinvestment in the midwifery workforce and the imperative to professionalize and scale **midwifery-led care**. Professor Ibrahim Tégouété, President of the Mali Society of Obstetrics and Gynecology, addressed the compounding effects of **health system fragility, conflict displacement, and climate shocks** on obstetric outcomes in the Sahel. Angela Nguku, White Ribbon Alliance Kenya Chapter Lead, articulated **the centrality of women's voices and agency** in shaping responsive maternity care systems. Dr. Graham, inventor of the Blood Clock, demonstrated how low-cost, low-technology innovation can bridge critical gaps in emergency obstetric response.

#### 9.4 The Governor's Address

Governor Kilonzo delivered the seventh and final panellist presentation. His remarks were notable for their honesty and their departure from conventional political discourse. He began by acknowledging a historical failure:



*9.3 Gvn. Mutula Kilonzo Jr. Addressing Delegates During the XXV FIGO Congress in Cape Town*

*"I apologize on behalf of men and myself that we have not valued women enough to engage in maternity care earlier. I am glad I know better now as a lawyer turned obstetrician."*

Qualitative feedback collected from delegates immediately following the session indicated that the Governor's apology resonated not as political performance but as genuine accountability. A senior WHO official present in the hall later remarked: *"We have heard many ministers and governors speak at these gatherings. We have never heard one apologize."*

Governor Kilonzo Jr proceeded to outline the specific interventions that had contributed to Makueni's reduction in PPH-related deaths over the preceding twenty-four months. These included:

- Consistent budgetary allocation for procurement of Heat-Stable Carbetocin and Tranexamic acid, ensuring **uninterrupted supply** at county facilities.
- Systematic **training of maternity staff** in objective blood loss measurement using the calibrated V-drape.
- Deliberate **engagement of boda boda** riders as emergency transport first responders and community health advocates.

- Establishment of functional **Maternal and Perinatal Death Surveillance and Response mechanisms** with timely implementation of recommendations.
- Integration of **male engagement** strategies across the continuum of antenatal, intrapartum, and postnatal care.

He concluded with a commitment: *"We have not saved all our mothers. Makeni still loses women we should not lose. But we have demonstrated that political will is not an abstraction. It is a line item in the county budget. It is showing up for the training. An apology is appropriate when you have failed. And it is remaining accountable long after the applause fades."*

### 9.5 Launch of Global Guidelines and World PPH Day

The session proceeded to three interconnected launches, each representing a distinct but complementary contribution to the global PPH response.

First, Professor Kihara, together with representatives of WHO and the International Confederation of Midwives, formally unveiled the **WHO/FIGO/ICM Consolidated Guidelines on the Prevention, Diagnosis, and Treatment of Postpartum Hemorrhage**. These guidelines represented the culmination of two years of intensive interprofessional collaboration, synthesizing the best available evidence across multiple clinical and health system domains. Notably, the guidelines were developed through a deliberately inclusive process that integrated perspectives from obstetrics, midwifery, anesthesiology, blood transfusion medicine, and health systems strengthening. This is a departure from historically siloed guideline development.

Second, the accompanying **PPH Implementation Toolkit** was launched. This suite of practical resources, including job aids, training curricula, procurement checklists, quality improvement modules, and facility readiness assessment tools, was designed to bridge the persistent gap between **global guideline publication** and **frontline implementation**. The toolkit operationalizes the consolidated guidelines, translating recommendations into actionable steps accessible to facility managers, district health officers, and frontline providers.

Third, and most significantly, Professor Kihara proclaimed the establishment of **World Postpartum Hemorrhage Day** to be observed annually on October 5. The declaration was read in full:

*"On this day, **October 5th**, we declare **World Postpartum Hemorrhage Day** to be a day of remembrance, of action, and of solidarity. A day that belongs to every mother, every midwife, every health worker, every community everywhere in the world."*

Delegates stood in affirmation and a silent commitment to the acceleration of efforts to end **preventable maternal deaths** from hemorrhage. The declaration was subsequently repeated in French, Spanish, and Portuguese, reflecting the linguistic and geographic diversity of the FIGO membership.

### 9.6 Qualitative Insights and Delegate Testimonies

Formal and informal feedback collected during and immediately following the Presidential Session provided qualitative evidence of the session's impact.

A representative of the **WHO Human Reproduction Program**, who had participated in multiple FIGO Congresses over two decades, offered the following observation: *"I had to capture the moment when you held hands and the guidelines in unison as WHO, FIGO, and ICM leadership declaring it is possible to make a collective difference."*

A delegate who followed the proceedings via livestream from Nigeria shared a message with the Kenyan delegation: *"We watched as you made history and could not get away from watching the proceedings online."*

Angela Nguku, White Ribbon Alliance Kenya Chapter Lead and fellow panelist, reflected immediately after the session: *"I was proud to have been on the panel that goes into history fighting to zero rate PPH, and we have delivered on a promise made at the PPH summit held in 2023. Kudos. Now the challenge is implementation."*

A senior program officer from the Bill & Melinda Gates Foundation, which has invested substantially in maternal health research and implementation, approached Professor Kihara at the Kenya delegation reception: *"I watched with pride as you took command of the fight against PPH, giving us a different lens towards eliminating preventable maternal deaths. I*

*know it has been an uphill task to meet the guidelines and publish in a short time. I want the pictures of this historical milestone, and I'm proud to work with you in OMMI."*



*9.4 Kenyan Delegates at the XXV FIGO Congress*

### 9.7 Recognition of Kenyan Professional Leadership

The Congress also provided an opportunity to recognize individual contributions to the field. Professor Moses Obimbo, Honorary Secretary of the Kenya Obstetrical Gynaecological Society and Lead of the End PPH Initiative, was formally honoured for his leadership and scholarly contributions to maternal health. The official citation acknowledged his role in advancing **data-driven quality improvement**, **mentoring** early-career obstetricians and gynecologists, and championing the integration of **digital health solutions** into PPH surveillance and response.

In his acceptance remarks, Prof Obimbo called for stronger systems, political will, and global accountability, announcing the launch of an **Agile PPH Dashboard** for data-driven decision-making and an inaugural **Global PPH Conference** in 2026 to foster practical solutions.

### 9.8 Implications for Makueni County and the OMMI Collaborative

The visibility and credibility accorded to Makueni County at the FIGO World Congress yielded several tangible outcomes for the OMMI project.

First, the Governor's address and the subsequent media coverage elevated Makueni's **maternal health initiatives** from county-level innovations to internationally recognized best practices. Delegates from Nigeria, Ethiopia, Pakistan, and Bangladesh requested meetings

with the Governor and the WED team to discuss adaptation of the **boda boda engagement model** to their respective contexts.

Second, the launch of the **PPH Implementation Toolkit** provided county health managers with a structured, evidence-based framework for strengthening PPH prevention, diagnosis, and treatment across Makueni's facilities. The toolkit was subsequently shared with the **County Health Management Team** and integrated into the 2026 quality improvement workplans.

Third, the proclamation of **World PPH Day** established an annual advocacy platform that Makueni County and WED could leverage to sustain **political commitment**, mobilize **community engagement**, and track **progress against EWENE targets**. Planning for the inaugural **World PPH Day** observances in Makueni commenced immediately following the Congress.

Fourth, the recognition of Kenyan professional leadership reinforced the importance of **sustained investment** in local research capacity, mentorship, and scholarly production. Professor Obimbo's **Agile PPH Dashboard** initiative was identified as a potential digital health innovation for piloting in Makueni County, subject to resource mobilization and county-level consultation.

### 9.9 Conclusion

The participation of Makueni County and Women Engaged in Development in the **25th FIGO World Congress** represented a significant milestone in the OMMI project's trajectory. The session achieved its stated objectives: disseminating lessons from Makueni's PPH reduction efforts, launching critical global knowledge products, demonstrating the value of interprofessional collaboration, and securing renewed commitment to accelerated action on PPH. More fundamentally, it validated the OMMI model of simultaneous engagement at **community** and **global levels**, demonstrating that county-level innovations can inform international policy and that global commitments can, in turn, strengthen county-level implementation. The Governor's apology, the joint guideline launch, and the proclamation of **World PPH Day** will endure as reference points in the collective effort to render preventable maternal death a matter of historical memory rather than contemporary reality.

## 10. CONSOLIDATING MALE ENGAGEMENT AND COMMUNITY OWNERSHIP: THE KIBWEZI SUB-COUNTY BLOOD DONATION DRIVE



*9.1 Makueni HMT, Boda Boda Riders and Community Members During the Blood Drive at Kibwezi Sub-County Hospital*

### 10.1 Introduction

On December 9, 2025, the Department of Reproductive Health in Kibwezi Sub-County, in collaboration with **trained boda boda riders** and the **County Ministry of Health**, convened a public forum and **blood donation drive** at Kibwezi Sub-County Hospital. The activity represented the first major **community-led initiative** to emerge from the September 24 training of boda boda riders as maternal health champions.

Critically, the blood drive was not directed, funded, or staffed by Women Engaged in Development. The initiative originated with the **Sub-County Reproductive Health Coordinator**, who had attended the **August 4 EWENE workshop** for Community Health Promoters. The mobilization was carried out by the 15 boda boda riders trained in September, who leveraged their social networks and WhatsApp to recruit donors. The County Ministry of Health provided **technical oversight** and supplies. The community

provided the donors and the blood. WED's role was limited to observation, documentation, and support in a deliberate posture designed to test and demonstrate the sustainability of the OMMI model.

## 10.2 Objectives

The blood donation drive was designed to achieve three specific objectives:

1. To **educate** the public on the relationship between maternal nutrition, anemia prevention, and the reduction of postpartum hemorrhage risk.
2. To **mobilize** voluntary, non-remunerated blood donation from community members, with particular emphasis on male participation.
3. To **increase** the stock of safe blood and blood products at Kibwezi Sub-County Hospital, thereby strengthening the facility's capacity to respond to obstetric emergencies and other indications for transfusion.

## 10.3 Pre-Event Social Mobilization

Beginning December 2, 2025, the Kibwezi Sub-County reproductive health team, in partnership with the trained boda boda riders, executed a coordinated seven-day social mobilization campaign. Mobilization strategies included:

- **Print media:** Posters displayed at boda boda stages, shopping centres, religious institutions, and health facilities, communicating the date, venue, eligibility criteria, and purpose of the drive.
- **Public Engagement:** Trained boda boda riders and their interested colleagues conducted a public rally on December 5 to encourage their colleagues and the members of the community to show up for the End of Year Blood Drive on December 9th. Their message was centered on saving women during childbirth. The Sub-County Reproductive Health Coordinator and the Sub-County Health Management team joined them. This activity aired on [KTN News 1 PM news on December 5, 2025](#).
- **Broadcast media:** Announcements on local radio stations, including interviews with the Sub-County Reproductive Health Coordinator and trained boda boda riders.

- **Digital mobilization:** Targeted messaging via boda boda WhatsApp groups, with riders sharing personal testimonies and encouraging peers to donate.
- **Institutional engagement:** Direct communication with the Kibwezi Police Division, the Office of the Member of County Assembly, and local administrative leadership to secure participation and endorsement.

The Sub-County Reproductive Health Coordinator reported that over two hundred telephone inquiries regarding donation eligibility and logistics were received between December 2 and December 8.

#### 10.4 Key Highlights

The public forum and blood donation drive commenced at 9:00 AM on December 9, 2025, at the Kibwezi Sub-County Hospital grounds. Attendance significantly exceeded projections, with 300 community members present at peak, compared to an anticipated 150.

Reproductive health coordinators from Makueni County and Kibwezi Sub-County delivered structured public education on three interconnected themes:

- The epidemiology of anemia in pregnancy and its contribution to postpartum hemorrhage risk.
- Evidence-based strategies for anemia prevention, including iron and folic acid supplementation, diversified nutrition, malaria prevention, and deworming.
- The role of timely blood transfusion in the management of obstetric hemorrhage and the imperative of adequate facility blood stocks.

Blood donation commenced at 10:30 AM and continued until 4:00 PM. Trained phlebotomy staff from the Kibwezi Sub-County Hospital Blood Transfusion Unit conducted donor screening, venepuncture, and post-donation care in accordance with national blood transfusion guidelines.

A total of eighty-six pints of whole blood were collected during the drive. Each unit was subsequently tested, processed, and inventoried at the Kibwezi Sub-County Hospital blood bank for clinical use.

### 10.5 Participant Demographics

While systematic demographic data were not collected, observational documentation by HCP present at the event indicated:

- Approximately **70%** of donors were male.
- A substantial proportion of **male donors** were identifiable as boda boda riders, either through their reflector vests or through self-identification.
- Donors included the **Officer Commanding** Station, Kibwezi Police Division, and **four additional police officers** in uniform.
- The local **Member of the County Assembly** donated blood and remained at the venue for approximately two hours, engaging with constituents and health staff.
- Several women who had attended the public forum as recipients of **health education** subsequently joined the donor queue.

The visible participation of uniformed police officers and an elected political representative constituted a significant qualitative outcome.



*10.2 Boda Boda and Police Officers Donate Blood During the Kibwezi Blood Drive*

The CECM Health Minister expressed support for the men in maternity program, stating, "The men in maternity and the administration officers are helping us positively to make sure more mothers are saved."

The MCA, speaking informally to attendees after his donation, remarked: *"If the boda boda men are helping out, we too must join in the efforts to save more women"*.

A mother attending the public forum also expressed her support, stating, *"It is pleasing to note the men are helping us on the journey to give children to the community."*

### 10.6 Media Coverage

The blood donation drive was featured on multiple media outlets, including [TV47 in its December 9, 2025, Digital blog](#). The report, titled *"Makueni Men Step Up to Save Mothers' Lives,"* included footage of police officers and boda boda riders donating blood, interviews with the CECM Health and the MCA, and commentary on the broader OMMI male engagement initiative. The blood donation drive was also featured on [KTN News 1 pm News on December 11, 2025](#), and the [SOO TV digital blog on 9<sup>th</sup> December 2025](#).

### 10.7 Significance for the OMMI Project

The Kibwezi blood donation drive yielded several substantively significant outcomes for the OMMI project in Makueni County.

First, it demonstrated the sustainability of the **male engagement** model. The fifteen riders who trained in September did not require external incentives or ongoing facilitation to mobilize their peers and communities. They had internalized their roles as maternal health champions and acted upon that identity without prompting.

Second, it expanded the operational definition of **male engagement in maternity care**. While antenatal accompaniment and emergency transport remain critical contributions, the **blood drive** demonstrated that men can also contribute through voluntary blood donation. This direct, life-saving intervention addresses the leading cause of maternal mortality.

Third, it validated the **OMMI project's theory of change**, which posits that investing in small cohorts of committed community actors can generate cascading effects. The fifteen trained riders mobilized hundreds of donors, who collectively contributed eighty-six units of blood, each capable of saving multiple lives. The **return on investment**, measured in lives

potentially saved, substantially exceeded the direct costs of the September training and should great ownership!

Fourth, it evidenced the emergence of **multisectoral ownership** of maternal health. The participation of the police, the county assembly, and the sub-county administration signalled that **maternal mortality reduction** is no longer siloed within the health ministry but is increasingly recognized as a shared societal responsibility.

### 10.8 Conclusion

The Kibwezi blood donation drive on December 9, 2025, marked a critical milestone in the implementation of OMMI Makueni. It transitioned the project from a model of external facilitation to one of community ownership. It transformed trained beneficiaries into active mobilizers. It converted advocacy commitments into tangible, measurable action. And it demonstrated, through action, that men's engagement in maternity care, when well supported and executed, can yield substantive, life-saving outcomes.

## 11.OMMI PROJECT YEAR 1 PERFORMANCE REVIEW IN MAKUENI COUNTY

### 11.1 Introduction

The Okoa Mama na Mtoto Initiative in Makueni County completed its first year of implementation in December 2025. This chapter provides a consolidated summary of activities undertaken between February and December 2025, an objective analysis of performance against intended outcomes, and a strategic roadmap for Year 2 implementation based on documented priorities and stakeholder consultations.

Women Engaged in Development, as the executing agency for the OMMI collaborative in Makueni, in its first year, aimed to introduce evidence-based frameworks, catalyze community-led innovations, and progressively transfer ownership of interventions to county health structures and community networks. The activities documented in the preceding chapters constitute a coherent theory of change in which policy engagement, frontline capacity building, social innovation, global advocacy, and community mobilization operate as mutually reinforcing strategies.

### 11.2 Summary of Other Year 1 Activities and Outcomes

In addition to the major engagements detailed in the preceding chapters, the OMMI project in Makueni County was supported by a range of complementary activities throughout 2024–2025. While smaller in scale or duration, these contributions reinforced the project's strategic objectives and expanded its reach across multiple platforms and audiences.

#### a. National and County Policy Engagement

On 12th May 2025, the Ministry of Health convened a national call centre forum on EWENE, featuring Director General Dr. Patrick Amoth. WED participated as a collaborating partner, addressing audience questions and reinforcing the visibility of the EWENE agenda at the national level.

From 30th September to 1st October 2025, the Makueni County Reproductive, Maternal, Newborn, Child and Adolescent Health partnership meeting was convened by the County Executive Committee Member for Health. WED delivered a presentation on EWENE under the OMMI partnership, contributing to county-level alignment with global acceleration targets.

On 20th November 2025, WED delivered a keynote address to the Kenya Women Parliamentary Association and the health committee at the Norfolk Hotel, in collaboration with the Health NGOs Network. The address focused on the Maternal and Newborn Health Bill and its implications for county-level implementation, directly informing ongoing legislative advocacy.

#### b. Professional Society and Academic Integration

On 31st May 2025, WED participated in the Kenya Obstetrical and Gynecological Society Central Branch Symposium held in Meru County, under the theme "Empowering Motherhood: Innovations and Collaborations in Obstetrics and Gynecology." A keynote address on EWENE was delivered, and a subsequent newsletter article titled "EWENE for a Healthy Future: The Role of KOGS Central Branch" was published and disseminated to membership.

In June 2025, WED collaborated with KOGS to conduct End PPH training for medical students and midwives at Natili House, Nairobi. The training focused on evidence-based management of postpartum hemorrhage and served as a capacity-building pipeline for future practitioners.

Also in June 2025, EWENE content was integrated into postgraduate examinations for obstetricians and gynecologists in training. Scores ranged from 36% to 92%, with a mean of 63.3% and a mode of 60%. This academic integration identified specific knowledge gaps in emergency obstetric care and informed subsequent planning for simulation-based training.

#### c. Global Advocacy and Partnership Engagement

At the June 2025 FIGO Board of Trustees meeting, the FIGO Board of Trustees was briefed on EWENE implementation in Kenya, in collaboration with the Partnership for Maternal, Newborn and Child Health. The briefing requested support for the End PPH Run, invited Governor Mutula Kilonzo Jnr to share lessons from Makueni County at the 25th FIGO Congress, and nominated Professor Moses Obimbo as a keynote speaker.

On 28th September 2025, WED and OMMI partners participated in the End PPH Run held in Nairobi. This public advocacy event raised awareness of postpartum haemorrhage as the

leading direct cause of maternal mortality and mobilized community participation in the global movement to end preventable maternal deaths.

On 1st December 2025, WED presented at the Gates Foundation Maternal, Newborn and Child Health partners and stakeholders meeting at Radisson Blu Upper Hill, Nairobi. The presentation, attended by colleagues from the Africa Regional Office, emphasized that sustainable progress is driven by local leadership and government commitment at both national and county levels.

#### d. Strategic Communication and Knowledge Products

Throughout the reporting period, WED participated in practical communication training with the media, conducted in collaboration with UNICEF and KOGS under the OMMI partnership. This training strengthened the capacity of project staff and professional society members to engage with print, broadcast, and digital media platforms.

On 28th November 2025, WED contributed to the creation of advocacy message content in collaboration with the Ministry of Health and the EWENE secretariat at the Fairmount Hotel, Nairobi. These contributions informed national-level communication strategies to accelerate maternal and newborn health.

WED also submitted contributions to the National Acceleration Plan for EWENE under OMMI, developed in collaboration with Ushiriki Wema and the Ministry of Health. This plan provides a coordinated framework for accelerating progress toward EWENE targets across Kenyan counties.

#### e. Partnership Coordination and Reporting

Regular update forums were held with ICRHK throughout Year 1, with activity reports submitted in accordance with grant requirements. These forums facilitated real-time feedback, adaptive management, and alignment between WED, ICRHK, and the broader OMMI consortium.

### 11.3 Year 1 Performance Review

The following SWOT analysis is derived from the Year 1 Performance Review and reflects documented evidence from activity reports, stakeholder feedback, and outcome harvesting exercises.

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>Balanced Coalition: Technical, Policy Makers, Implementers, CBOs, Media</li> <li>Addresses County Priorities</li> <li>Grant Monies Doing More with Less</li> <li>Localized Change with Impact on OMMI</li> <li>Technical Expertise in the Coalition</li> <li>Embraced by County Leadership</li> <li>Situation Analysis Generated &amp; Shared</li> <li>International Engagement &amp; Global Lessons</li> </ul>	<ul style="list-style-type: none"> <li>Missing Health Economics Group</li> <li>Lack of Integrated Activities</li> <li>Weakness in Addressing Continuum of MNH Care</li> <li>Silos of Attention Prevail</li> <li>Slow National Scale-Up</li> <li>Grant Pose in October Halting Continuity</li> <li>A Lot of Effort to Reduce PPH but not other Causes of Direct Maternal Mortality</li> <li>Perinatal Mortality Unaddressed</li> <li>Teenage Pregnancy &amp; Anemia Receive Paucity of Attention</li> </ul>	<ul style="list-style-type: none"> <li>Collaborative Partnerships: Local to Global</li> <li>Scientific Publications &amp; Exchange Forums</li> <li>Catalyze New Initiatives</li> <li>Social Innovations &amp; Contextual Solutions</li> <li>Leverage Coalition Skills &amp; Knowledge</li> <li>International Engagement &amp; Global Lessons</li> <li>Sharing Up-to-Date Evidence &amp; Best Practices</li> <li>Teenage Pregnancy &amp; Anemia Receive Paucity of Attention</li> </ul>	<ul style="list-style-type: none"> <li>Changing Donor Landscape in MNH, FP, Nutrition, Immunization</li> <li>Workforce to Workload in Counties</li> <li>Slow Dissemination Nationwide</li> <li>Weak Advocacy &amp; HSS Challenges</li> <li>National Acceleration Delays</li> <li>We invest EWENE Senators</li> <li>International Engagement &amp; Global Lessons</li> </ul>
<p>EVIDENCE-BASED KNOWLEDGE TRANSLATION THROUGH ADVOCACY &amp; ACCOUNTABILITY FOR SBCC SUPPORTS HCP CAPACITY BUILDING &amp; COMMUNITY DIALOGUE FOR QUALITY OF CARE</p>			

### 11.1 SWOT Analysis of Yr 1 OMMI Activities Conducted by WED

#### 11.4 Reflections and Lessons Learned

Eleven months of implementation across five interconnected domains in policy, community systems, social innovation, global advocacy, and strategic communication yielded several insights and lessons that inform Year 2 planning.

1. Regular conversations with political leaders keep them committed and bring sustained resources to maternal health.
2. When communities act on their own, you know the change is real and will last beyond any project timeline.
3. Including persons with disabilities in every training and clinic saves lives and ensures no mother is left behind.
4. Global recognition must be followed by local action; otherwise, the applause means nothing to the women still dying.

#### 11.5 Strategic Roadmap for Year 2 (2025-2026)

Based on the Year 1 Performance Review, stakeholder consultations, and the approved OMMI Year 2 Activity Matrix, the following priorities have been identified for implementation in Makueni County in 2026.

1. EWENE acceleration plan for Makueni County

2. Perinatal investment case
3. Operationalize guidelines for quality MNH service delivery
4. Strengthen the referral cascade system
5. MPDSR and learning network
6. Accountability scorecard for maternal and newborn health
7. Collaborative partnerships and forums for RMNCAH
8. Public health dialogue forums

### 11.6 Conclusion

Year 1 of OMMI implementation in Makueni County achieved its scope. The foundation laid in 2025 is substantial but incomplete. Year 2 requires a qualitative shift. The acceleration plan must move from commitment to costed implementation. The perinatal investment case must move from analysis to appropriation. The MPDSR learning network must move from meeting attendance to system change. The OMMI project's theory of change posits that sustained investment in small cohorts of committed community actors, supported by accountable health systems and responsive political leadership, can generate cascading effects that accelerate progress toward EWENE targets.



**WOMEN ENGAGED IN DEVELOPMENT**  
— Empowered Sustainably —

## **WOMEN ENGAGED IN DEVELOPMENT**

P.O. Box 14768-00800

Nairobi, Kenya

Email: [womendevlop@outlook.com](mailto:womendevlop@outlook.com)

OKOAMAMAANA  
MATOTO INITIATIVE