PO 6626 TERMS OF REFERENCE
SERVICE PROVIDER

REDUCING MATERNAL AND NEONATAL DEATH IN KENYA

1. Introduction

1.1 The Department for International Development (DFID) supports the Government of Kenya's (GOK) efforts to attain the country's development goals. DFID's investment in health is primarily targeted towards strengthening health systems, improving maternal and reproductive health, and preventing malaria and HIV.

1.2 DFID Kenya is initiating a new five-year programme (2013-2018) to reduce maternal and neonatal mortality. The outcome will be increased access to and utilisation of quality maternal and newborn health services. The programme has been designed in close collaboration with national authorities and other development partners and is aligned with sector priorities. This programme will contribute to and deliver DFID Kenya's commitment to provide skilled birth attendance to an additional 15,000 women by 2015 and a total of 95,000 by end of 2018. It will complement other areas of DFID health sector support in Kenya including the Kenya Health Programme, which provides health policy and systems strengthening support at national level, malaria, family planning, reproductive health social marketing, and DFID Kenya's Adolescent Girls Initiative.

1.3 The impact of the programme is reduced maternal and neonatal mortality in Kenya. It is expected to contribute to preventing 1,092 maternal and 3,836 neonatal deaths by 2018. The expected outcome is increased access to and utilisation of quality maternal and newborn health services.

1.4 The programme has five components and this tender is for component 3

- Component 1: Scale up of training for health workers in emergency obstetric and neonatal care (EmONC) in five of Kenya's eight provinces[1].

- Component 2: Health systems strengthening and demand-side financing targeting the poorest women in Homa Bay, Nairobi, Garissa, Kakamega and Turkana counties and the national level health system strengthening for maternal and newborn health and overall oversight for the whole programme.

- Component 3: Health systems strengthening and demand-side financing targeting the poorest women in Bungoma County and implementation of an innovation challenge fund across 6 DFID supported counties (Bungoma, Homa Bay, Nairobi, Garissa, Kakamega and Turkana).

- Component 4: Monitoring and independent review to monitor progress against the indicators and milestones in the logical framework and annual review at the end of each year of implementation, with a Project Completion Review at the end of year 5.

- Component 5: Evaluation- with a total of 3 retrospective studies in the implementation phase and at the end of the programme, this will include

[1] Until recently Kenya has had eight provinces, sub-divided into districts. Following the March 2013 election, and in line with the new Kenyan Constitution, these have been replaced by 47 newly-created counties.

assessment of the efficiency, effectiveness, relevance, equity and impact of support provided by DFID.

1.5 DFID Kenya seeks to engage a Service Provider (henceforth called the Supplier), through a mini-competition under the Reproductive Health Framework, to implement **Component 3 of this programme.**

1.6 A brief summary of each component is provided below.

Component 1: Scale up of training for health workers in emergency obstetric and neonatal care (EmONC) in five of Kenya's eight provinces. The training component will complement the centrally DFID-funded Making it Happen programme which is being implemented in Kenya's other three provinces, in order to achieve national coverage. Implemented through the Liverpool School of Tropical Medicine (LSTM), this will support:

- In-service training using the agreed national 5-day curriculum for 9,000 doctors, clinical officers and nurses who provide maternal care in hospitals, health centres and selected dispensaries.
- Regular follow-up and mentoring of trained staff.
- Training for managers and senior clinical staff in quality of care, in particular implementation of maternal death review, monitoring and evaluation.

Component 2: Health systems strengthening and demand-side financing targeting the poorest women in Homa Bay, Nairobi, Garissa, Kakamega and Turkana counties and the national level health system strengthening for maternal and new-borne health and overall oversight for the whole programme, implemented by UNICEF Kenya. This will support:

- Management – Support to newly-established County Health Management Teams to manage health service delivery, focusing on establishing systems for coordination and planning, budgeting and financial management, human resources, health facilities, drugs and supplies, and strengthening monitoring and use of data for decision making.
- Accountability – Support to strengthen accountability, including through anti-corruption and health facility and community health committees
- Community strategy – Support for demand-side activities, focusing in particular on establishing Community Units, improving community awareness and referral strategies.
- Demand-side financing – This is expected to involve implementation of output-based aid (OBA), specifically use of voucher schemes to enable the poorest women to access services at a subsidised cost and to improve health facility responsiveness and quality of care.
- Health systems strengthening and demand-side financing initiatives targeting the poorest women in Turkana County, which also has high rates of poverty and maternal and neonatal death and low availability and uptake of maternal health care.

Component 3: Health systems strengthening and demand-side financing targeting the poorest women in Bungoma County and implementation of an innovation challenge fund across 6 DFID supported counties as specified in section 4.2 below. This will support:

- Management – Support to newly-established County Health Management Teams to manage health service delivery, focusing on establishing systems for coordination and planning, budgeting and financial management, human resources, health facilities, drugs and supplies, and strengthening monitoring and use of data for decision making.
- Accountability – Support to strengthen accountability, including through anti-corruption and health facility and community health committees.
- Community strategy – Support for demand-side activities, focusing in particular on establishing Community Units, improving community awareness and referral strategies.
- Demand-side financing – This is expected to involve implementation of output-based aid (OBA), specifically use of voucher schemes to enable the poorest women to access services at a subsidised cost and to improve health facility responsiveness and quality of care. We anticipate that this will be implemented as part of the national OBA mechanism (the exact details on this is currently being reviewed by MOH).
- Innovation challenge fund - Implement selected Innovative approaches that respond to local challenges and provide local solutions to improve service coverage and quality and increase demand for maternal health care services in the target counties. We anticipated there are many non-state partners with the capacity and interest to apply for innovation challenge funding.

2. Objective

2.1 To appoint a Supplier to support component 3: (1) health systems strengthening and demand-side financing, with a focus on maternal and neonatal health and reaching poor women and adolescent girls in Bungoma county and (2) establish and manage the maternal and newborn health innovation challenge fund and provide technical assistance (TA) to implementing partners selected through the innovation challenge fund.

3. The Recipient

3.1 Direct beneficiaries are women of reproductive age, particularly poor rural women and adolescent girl in Bungoma, County Health Management Teams, health facilities and community units.

3.2 The recipients for grant funding could be international, national or community based organisations from NGOs, FBOs, academic or research institutions, or from the private sector.

4. Scope of Work

4.1 The supplier will be expected to deliver component 3 described above and contribute to DFID's objective of reducing maternal and neonatal mortality in Kenya.

4.2 Programme <u>outputs</u> are:

(i) health systems strengthened to manage and deliver maternal and newborn health services in Bungoma County; and

(ii) increased demand for and uptake of maternal and newborn health services in Bungoma County

(iii) Establish and manage the maternal and newborn health innovation challenge fund covering Turkana, Homa Bay, Nairobi, Garissa, Kakamega and Bungoma Counties, whose budget allocation is up to £16 million.
Bidders are requested to provide financing costs for managing the fund separately. This will be reviewed and a final decision will be taken as to whether DFID will fund via a more direct route.

4.2.1 Maternal and Newborn health Innovation Challenge Fund:

i. Establish the Fund and manage its operations, governance structure at national and county level, and activities;
ii. Develop guidelines and assessment criteria for funding applications/proposals;
iii. Conduct *Call for Proposals* processes, evaluate the proposals and identify suitable recipients of innovation challenge funds;
iv. Review proposals to ensure no duplication with interventions already funded through other DFID innovation funds in the region;
v. Carry out a fiduciary and management assessment (due diligence and appraisal of management capacity) for each proposal;
vi. Agree milestone payment schedules with grant recipient organisations as well as reporting requirements.
vii. Open and maintain a Fund account, and prepare quarterly reports of disbursements and accounts for reporting to DFID Kenya.
viii. Review and approve budgets, work plans and accounting systems of grantees;
ix. Prepare and issue funding agreements for individual grantees;
x. Maintain financial oversight of programme funds, and spending and ensure compliance with financial management regulations;
xi. Appoint dedicated accounts staff to support and monitor forecasting and spending by grantees.

4.2.2 Health systems strengthening:

The supplier will provide Health systems strengthening support in Bungoma County to build capacity to plan and budget, manage and deliver health services, strengthen accountability mechanisms and improve community awareness, demand and referral systems for maternal and newborn health. Demand-side financing, as described above, is likely to involve output-based aid (OBA) (but not necessary due to evolving changing context), through implementation of a voucher scheme targeting the poorest women in the county, both to enable women to access services at subsidised rates and to improve the responsiveness and quality of health services. This would be aligned to a national demand side financing mechanism.

4.2.3 Collaboration and coordination

Component 1 of this programme is implemented by the Liverpool School of Tropical Medicine (LSTM) and component 2 is implemented by UNICEF Kenya. DFID will have direct contracts with all service providers; however UNICEF will provide management oversight of all suppliers for this programme. UNICEF oversight role is expanded in annex II of this TOR.

The Supplier will be required to establish effective working relationships with all stakeholders at national and county levels as follows:

- Collaborate and coordinate with the Ministry of Health at national and county level on planning, delivery and monitoring programme activities and establish arrangements for management and coordination of activities at county level with relevant stakeholders.
- Collaborate and coordinate with other programme implementing partners, namely the LSTM and UNICEF Kenya, through an implementation working group, in order to ensure effective phasing of activities, coordination between the training and health systems strengthening components and to promote consistency, sharing of experience and lessons learned with respect to health systems strengthening and OBA. DFID and Ministry of Health representatives will participate in meetings of this group, as required.
- Collaborate with other development and implementing partners supporting health systems strengthening and maternal and neonatal health services to avoid duplication of effort and enhance programme effectiveness.
- Support the Steering Group, which will include national and county Ministry of Health and DFID representatives, to guide the programme and review progress.
- Collaborate and coordinate with contractors commissioned by DFID Kenya to conduct additional monitoring and evaluation activities (component 4 and 5 of this programme).
- Facilitate visits by DFID staff, and others, and respond to ad hoc requests for detailed information.

5 Programme Requirements

5.1 As stated above the Supplier will be expected to manage and deliver outputs 4.2(i) and 4.2(ii) in Bungoma county and as per 4.2(iii) establish an Innovation challenge Fund and manage its operations covering Turkana, Nairobi, Garissa, Kakamega, Homa Bay and Bungoma Counties Key expected outputs include but are not limited to:

- Health systems strengthened to manage and deliver maternal and newborn health services.
- Increased demand for and uptake of maternal health services.
- Innovation challenge Fund projects demonstrate successful new approaches to improving delivery of quality MNH services, the supplier to work with implementers to evaluate the impact of these projects.

5.2 In Bungoma County, the expected outcomes are to include:

- An increase in proportion of births attended by a skilled attendant in Bungoma from 28% to at least 53%
- An increase in the caesarean section rate in Bungoma from 1.4% to at least 5%
- An increase in facilities able to provide BEmONC to at least 16 in the county and facilities able to provide CEmONC to at least 4 in the county
- A reduction in the obstetric case fatality rate in Bungoma from 2.5% to 1.5%
- Provide vouchers to at least 55,000 poor women of reproductive age in Bungoma.

5.3 As a whole, within the context of the unique challenges that working in Kenya brings, action is needed to address the following key areas:

a) Increasing access to primary health care for women and newborns and emergency obstetric care especially in the under-served rural areas, for poor women and other vulnerable populations including people living with HIV
b) Substantially improving the quality of care in health facilities as measured by health outcomes;
c) Overcoming social barriers and increasing access to and utilisation of services and sustained healthy behaviour;
d) Enabling community engagement including social accountability and facilitating links to appropriate partners and stakeholders.

6 Implementation Requirements

6.1 Inception Phase (2 months)

During the Inception Phase the Supplier will:

- Conduct an assessment to establish baseline data for relevant indicators in the logical framework.
- Establish working relationships with national Ministry of Health, county governments and health teams, programme implementing partners and other key stakeholders at national and county levels.
- Join and get formalised into the Steering Group(led by UNICEF) with other implementing partners in the programmme
- Draft a comprehensive M&E plan, based on the indicators, targets and milestones in the logical framework and in the technical proposal.
- Submit inception report to DFID.

Maternal and Newborn health Innovation Challenge Fund:

- Finalise the design of the innovation challenge fund and TA within the first two months
- Finalise and agree Programme Management structure, including roles and responsibilities by the end of the inception phase
- Develop the Programme Management Manual before the end of the inception phase. This should be compliant with the procurement and management practices of DFID and the supplier. It should also set out roles, responsibilities and reporting lines. Particular attention should be given to:
    - Procedures for engaging with organisations with regard to the identification and commissioning;
    - Mechanisms for providing funding to implementing partners and oversight arrangement for monitoring and evaluation.

6.2 Implementation Phase (2014 - 2017)

During the implementation phase the Supplier will be required to provide the following key indicative deliverables under each output:

Output 2: Health systems strengthened to manage and deliver maternal and newborn health services in Bungoma County

Key deliverables for Health systems strengthening:

- County have consolidated and realistic health plans and budgets in place to meet the need for maternal health services
- At least 80% of health facilities have functioning (i) Health Facility Management Committees and (ii) Quality of Care Committees
- At least 4 management systems (eg. HRH, referral, mitigation of climate and environmental risks) in the county supported and strengthened to objective standards and implemented at county level.

Maternal and Newborn health Innovation Challenge Fund:

In this phase, the supplier will be expected to:

i. Identification and commissioning of innovation challenge fund recipients;

ii. Work with implementing partners to review annual work plans and budgets (disaggregated monthly), including annual procurement plan detailing equipment and other requirements for goods and services; and consolidate the work plans and budget for approval.) Service provider is authorised to procure goods and equipment up to the EU threshold (£113,057), providing they are able to demonstrate procurement capability and good value for money. Any procurement by the Supplier must be carried out in accordance with DFID Procurement Group guidance and in liaison with the local Divisional Procurement Officer. The budget for goods and equipment must be calculated on an aggregated figure, the allowance for a budget of £113,057 does not mean that service Provider can spend the first £113,057 and then revert to the Procurement Agent. Any goods and equipment purchased will be reported to DFID and will be managed by separated invoices.

iii. Disburse funds/TA to implementers for approved activities;

iv. Consolidate programme funds and report to DFID/UNICEF on expenditure on quarterly basis and update annual financial forecasts monthly;

v. Submit annual financial reports, supported by annual external audits;

vi. Monitor programme implementation, making sure that implementing partners report on operational and financial progress at regular intervals to be determined in the funding agreements;

vii. Ensure that funds are properly spent on agreed activities, quality requirements are met, and expenditure statements from those in receipt of funds are accurate;

viii. Implement strategies set up in the inception period and programme management manual;

ix. Produce quarterly performance management reports, in a format agreed outlining programme progress against agreed targets and issues including updated risk analysis;

x. Ensure quality of the work and value-for-money are achieved;

xi. Document and disseminate useful results and lessons learned, acting as a conduit of information and best practice between partners and to key stakeholders;

xii. Liaise closely with the DFID Kenya staff and UNICEF to ensure a coherent approach;

Output 3: Increased demand for and uptake of maternal health services in Bungoma

Key deliverables

- Vouchers provided to at least 55,000 poor women of reproductive age in Bungoma, This target may be subject to change to be in line with the national initiative which is currently under development.
- An increase in the number of women using emergency referral systems operated by community units
- At least 50% of community units implement verbal autopsy

- An increase in the skilled birth attendance rate from from 28% to at least 53% in Bungoma
- An increase in the number of women delivered by a skilled birth attendant
- An increase in the availability of emergency obstetric and neonatal care, specifically to at least 16 facilities able to provide BEmONC and 4 able to provide CEmONC in the county
- An increase in the caesarean section rate from 1.4% to at least 5% in Bungoma

Coordination, monitoring and evaluation

Key deliverables

- Share responsibility with UNICEF and LSTM for chairing and providing secretariat services for the implementing partners working group. It is envisaged that this responsibility will rotate between the three partners during the programme timeframe.
- Produce quarterly data from programme monitoring system. It is expected that monitoring will, as far as possible, draw on existing national systems, including the HMIS and DHIS, to avoid parallel systems.

The Supplier will also:

- Provide effective, transparent and efficient management of funds on behalf of DFID, in compliance with DFID financial and management requirements, and with a strong emphasis on achieving results and VFM.
- Establish systems to ensure that lessons learned are captured, documented and disseminated.
- Carry out potential operational research as needed in the operational areas as necessary to be agreed with DFID Kenya.
- Ensure progress reports identify risks and other issues that may jeopardise achievement of objectives and anticipated results and develop risk management procedures.
- Ensure due diligence and put in place measures to safeguard against fraud, corruption and abuse of DFID funds.
- Provide support to DFID for communication including materials for advocacy, policy dialogue and publication, and for annual and project completion reviews and evaluations.

7 Constraints and dependencies

7.1 It is a requirement that the Supplier has the necessary authorisation and accreditation to work in Kenya. This should be demonstrated in the technical proposal.

7.2 There is an expectation that the Team Leader will be based full time in Kenya.

8 Performance requirements

8.1 The Supplier will be contracted on a payment by results basis. The Key Performance Indicators (KPI) and outputs results for this programme include but not limited to:

- 8.1.1 Number of facilities providing basic and comprehensive emergency obstetric and neonatal care
- 8.1.2 Percentage increase in the proportion of deliveries by a skilled birth attendant
- 8.1.3 Number of additional deliveries by a skilled birth attendant
- 8.1.4 Increase the caesarean section rate
- 8.1.5 Reduce the obstetric case fatality rate
- 8.1.6 Number of poor women provided with subsidised vouchers for maternal health care in Bungoma County
- 8.1.7 County supported to have consolidated operational plans and budgets that include MNH services.
- 8.1.8 Innovation Fund demonstrates successful new approaches to improving delivery of quality MNH services

8.2 The contract will be managed on an output basis whereby payments will be made on a quarterly basis (in arrears) and will be explicitly linked to the achievement of output milestones as set out above and in the agreed annual work-plans for the programme. Suppliers are required to provide a programme plan which clearly identifies key milestones and outputs for the Inception Phase and indicative milestones and outputs for the Implementation Phase. Suppliers should propose as part of their bid how they envisage this model working.

8.3 The Supplier must operate within the work technical and financial plan as per their proposal. The Supplier must ensure that the overall programme is delivered according to the plan. This means that all tasks must be completed on time and to required quality levels in each quarter. Performance will also be assessed as part of DFID annual reviews of the overall programme. DFID with UNCIEF and the Supplier will meet as required to review performance and results.

8.4 The Supplier will need a clear understanding of the context, in particular the political, institutional, economic and social factors that will need to be taken into account in any efforts to improve maternal and neonatal health in Kenya. While quality, experience and technical expertise will be key considerations in

selection of the Supplier, DFID Kenya will give high priority to efficiency and the ability to deliver at the lowest reasonable cost. Potential bidders will therefore be expected to demonstrate how they will deliver against the Terms of Reference in their submissions which will be assessed on a MEAT, Most Economically Advantageous Tender basis,

8.5 The Evaluation Criteria and Weightings that will be applied to this tender are contained within the Volume 1 –Appendix 1 evaluation criteria document attached to this eTender.

9 Reporting

The Supplier will be expected to produce:

9.1 Inception Report at the end of the 2 months Inception Phase, in a format agreed with DFID. This will include establishing baselines, expected milestones and targets and the relationship between outputs and the outcome and impact. The report should ensure that all requirements set out in 5. above are addressed including a strategy to monitor and mitigate the effects of programme implementation on climate and the environment.

9.2 M&E plan which will capture disaggregated data for output 2 and output 3 indicators and, as required, collect additional quantitative and qualitative data at end of inception phase.

9.3 Quarterly and annual technical progress reports to be submitted to UNICEF that will be shared with implementing partners and county stakeholders, relevant development partners and coordination and technical committees and working groups, and reviewed by the Steering Group.

9.4 Financial reports to UNICEF/DFID, specifically quarterly financial reports, monthly and annual financial forecasts, to ensure strong financial management; annual financial reports, and a certified annual audit statement showing funds received and expended.

9.5 Annual budget identifying cost efficiencies and demonstrating value for money across all activities.

9.6 Asset registers to be updated annually.

9.7 Risk matrix setting out a clear strategy for monitoring, managing and mitigating risks and contingency plans.

9.8 Communications products to document and disseminate results and lessons learned as and when required.

9.9 Exit strategy to be provided not less than 12 months before the end of the contract.

All reports submitted must be accurate and submitted on time to agreed quality standards using agreed formats and templates 100% of the time. All reports should be of a length and level of detail appropriate to the purpose, as concise as possible and written in plain English. In addition the Supplier is expected to support external

annual and project completion reviews to monitor impact, outcome and output indicators. These reviews will also examine the evidence of effectiveness, efficiency and equity.

10 Timeframe

10.1 The indicative duration of the contract is expected to be for an initial 3 years beginning from around July 2014, and may be extended via 2 optional extension periods of up to 12 months each to December 2018, subject to satisfactory performance. Timings above may be subject to change dependent on contract award date.

10.2 The key break points for the contract will be: on completion of the Inception Phase; and thereafter annually (during annual reviews) until the end of the contract. Continuation following a break point will be subject to the satisfactory performance of the Supplier during the preceding period and the continuing needs of the programme. If DFID decides not to proceed, the contract will be terminated at no cost to DFID.

Timings for deliverables

10.3 Inception Phase

	Deliverable	**Timeline (to be agreed)**
1	Senior representative of Supplier in Nairobi	Within 2 weeks of contract award, and until Project Director in place
2	Project Director (or short-term equivalent if DFID agrees) in place	Within 4 weeks
3	Inception Phase work plan agreed	Within 2 weeks
4	Key staff promised in proposal (unless agreed by DFID) in place	Within 2 months
5	Costed implementation plan and first year work plan developed	Within Inception Phase
6	Draft M&E plan developed and baseline data established	Within Inception Phase
7	Inception Phase report with all inception phase requirements addressed	At end of 2 months

10.4 Implementation Phase

	Deliverable	**Timeline (to be agreed)**
1.	Monthly forecast and expenditure reports	Monthly to DFID
2.	Asset register	Six months to DFID
3.	Detailed quarterly and annual progress report including details of activities completed and progress towards outputs achieved, timed to	To UNICEF

	facilitate DFID annual review	
4.	Risk analysis report	Annually to DFID/UNICEF
5.	Annual audited accounts	Annually to DFID
6.	Communications products	As and when required
7.	Exit Strategy	6 months before the end of programme

11 DFID Management

11.1 The Supplier will report on technical issues to the Senior Health and HIV Adviser and Reproductive Health Adviser and on programme management to the Senior Programme Officer, DFID Kenya.

12 Duty of Care

12.1 The risk assessment for this programme has been assessed as low. The supplier is responsible for the safety and well-being of their Personnel (as defined in section 2 of the Framework Agreement) and Third Parties affected by their activities under this Call-down Contract, including appropriate security arrangements. They will also be responsible for the provision of suitable security arrangements for their domestic and business property. Further information on this policy and how it will be applied to DFID's procurement processes can be found at http://www.dfid.gov.uk/Work-with-us/Procurement/Duty-of-Care-to-Suppliers-Policy/.

12.2 The supplier is responsible for ensuring appropriate safety and security briefings for all their Personnel working under the Call-down Contract and ensuring that their Personnel register and receive briefing as outlined above. Travel advice is also available on the FCO website and the Supplier must ensure they (and their Personnel) are up to date with the latest position.
DFID will provide the following:

- All Supplier Personnel will be offered a security briefing by the British Embassy/DFID on arrival. All such Personnel must register with their respective Embassies to ensure that they are included in emergency procedures.
- A copy of the DFID visitor notes (and a further copy each time these are updated), which the Supplier may use to brief their Personnel on arrival.

12.3 Tenderers must develop their Tender on the basis of being fully responsible for Duty of Care in line with the details provided above and the initial risk assessment matrix developed by DFID (see Annex B of this ToR). They must confirm in their Tender that:

- They fully accept responsibility for Security and Duty of Care.
- They understand the potential risks and have the knowledge and experience to develop an effective risk plan.

- They have the capability to manage their Duty of Care responsibilities throughout the life of the contract.
- If you are unwilling or unable to accept responsibility for Security and Duty of Care as detailed above, your PQQ will be viewed as non-compliant and excluded from further evaluation.
- Acceptance of responsibility must be supported with evidence of Duty of Care capability and DFID reserves the right to clarify any aspect of this evidence. In providing evidence, interested Suppliers should respond in line with the Duty of Care section in Form E of the Pre-Qualification Questionnaire (PQQ).

13 Background

13.1 In December 2010, DFID published its Global Framework for Results for improving reproductive, maternal and newborn health in the developing world, and set out the following objectives to be achieved by 2015:

- Save the lives of at least 50,000 women during pregnancy and childbirth and 250,000 newborn babies by 2015.
- Enable at least 10 million more women to use modern methods of family planning by 2015, contributing to a wider global goal of 100 million new users.
- Prevent more than 5 million unintended pregnancies.
- Support at least 2 million safe deliveries, ensuring long-lasting improvements in quality maternity services, particularly for the poorest 40%.

The Framework outlines four pillars for action:

- Empower women and girls to make healthy reproductive choices and act on them.
- Remove barriers that prevent access to quality services, particularly for the poorest and most at risk.
- Expand the supply of quality services, delivering cost-effective interventions for family planning, safe abortion, antenatal care, safe delivery and emergency obstetric care, postnatal and newborn care – delivered through stronger health systems with public and private providers.
- Enhance accountability for results at all levels with increased transparency.

13.2 Maternal and neonatal health in Kenya

Kenya has one of the highest rates of maternal mortality in the world, at 488 per 100,000 live births, and there has been little progress in the last decade. Deaths in infants and young children have fallen, but newborn mortality remains high. Maternal and newborn mortality is higher in the poorest regions and among the poorest women and children.

High death rates are due to limited access to delivery care and emergency obstetric and neonatal care provided by skilled health workers, poor quality of care and low use of available services. More than half of women give birth at home without skilled care. Only one in three health facilities provide basic maternity services and only one in ten hospitals provide basic emergency

obstetric care; few hospitals provide comprehensive emergency care including caesarean section.

Access to and use of services depends on where women live and their socio-economic status. The proportion of women delivered by a skilled birth attendant ranges from 26% in Western, 32% in North Eastern and 34% in Rift Valley provinces to 89% in Nairobi; in Turkana County in Rift Valley, less than one in ten women are delivered by a trained health worker. The wealthiest women are four times more likely than the poorest to be delivered by a skilled birth attendant. On the demand side, financial, social, cultural and transport barriers prevent many women from accessing care.

13.2.1 Policy, institutional and health system context

Improving health is a priority for the Government of Kenya and there is a supportive policy framework for maternal and neonatal health. The new Government of Kenya has made commitments to universal health coverage and increased health spending to finance free primary health care, including elimination of fees for maternal health care in public health facilites. Options for implementation of these commitments are currently being explored.

Health system challenges that affect maternal care include shortages of health workers, supplies and equipment, poor health worker competencies and weak referral systems. Inadequate financing – the current share of the government budget allocated to health is low – is the underlying reason for many of these challenges, which could be exacerbated by reforms following the recent election, as responsibility for delivering health services is devolved to 47 newly-established counties. Improving accountability and transparency is central to the new Constitution and proposed devolution of powers but support is required to ensure that functioning mechanisms are in place.

Following the recent election, the Ministry of Medical Services and Ministry of Public Health and Sanitation are being merged. The role of the new national Ministry of Health will change to reflect devolution of responsibilities to counties, with a Health Act providing the legislative framework. Restructuring of human resources is on-going with some national and all provincial staff being transferred to counties or some to the National level. New County Health Departments will be responsible for delivering health services, including maternal and child health care, with devolved budgets and authority. There will be a 3-year transition period, with devolution of functions and funding determined by county capacity. Counties will be able to create positions and recruit their own health staff. However, devolution will add to the complexity of planning and budgeting in the health sector. Counties will fund some health services from a block grant and others through specific grants and nationally-managed programmes.

County Health Management Teams will need management, planning and budgeting skills. National government will provide some support but additional technical assistance will be needed, especially by counties with limited capacity. Ensuring that the merger of the two ministries and devolution of functions do not disrupt service delivery will be a significant challenge.

Annex 1: UNICEF oversight role

Annex 2: Logical framework