

Women Voices

Lived effects of Climate Change, Conflict, Covid-19, and Cost of Living on Maternal and Newborn Health





A LISTENING EXERCISE ON THE EFFECTS OF THE ACS (CONFLICT, COST OF LIVING, CLIMATE CHANGE AND COVID-19) ON REPRODUCTIVE, MATERNAL, AND NEWBORN HEALTH (RMNH)

How has the rising Cost of living affected access to and utilization of Reproductive, Maternal, and Newborn health services in your locality?

As a young mother working in an hotel business has gone down and the money I get, I cannot even provide a balance diet to my young girl at home.

Age? 27 County? Kisumu Sub-County? Kisumu Central Marital Status? married

PRESENTED BY
REVENT & KORNFEL

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and Cost of Living on Maternal and Newborn Health

**What Women Want for Reproductive,
Maternal and Newborn Health**



Table of Contents

Abbreviations	vi
Acknowledgments	vii
Executive Summary	viii
Introduction	11
The Maternal and Newborn Health Crisis in Kenya	12
Survey Methodology	16
Meet The Experts: The Women and Girls	17
Survey Map	19
Women's Voices: Perspectives on Reproductive Maternal Newborn Health Concerns Arising From 4CS	21
Effects Of Climate Change on RMNH	21
Rising Cost of Living	23
Effects of Conflict	25
Effect of COVID-19	29
Midwives Perspectives on 4CS Factors Affecting RMNH	31
Climate Change	31
Cost of Living	33
COVID-19	33
Conflict	35
Conclusion	36
Recommendations	37
Call to Action	38



Abbreviations

4Cs – Climate Change, Conflict, COVID-19 and Cost of Living

COVID-19 – Corona Virus Disease

WRA – White Ribbon Alliances.

RMNH– Reproductive Maternal Newborn Health

MNH– Maternal Newborn Health

QED– Quality Equity and Dignity

WHO– World Health Organisation

UNICEF– United Nations International Children’s Emergency Fund

UNFPA– United Nations Population Fund

SDGs – Sustainable Development Goals

ANC – Antenatal Clinic

FP– Family Planning

FGD– Focused Group Discussion

RH–Reproductive Health



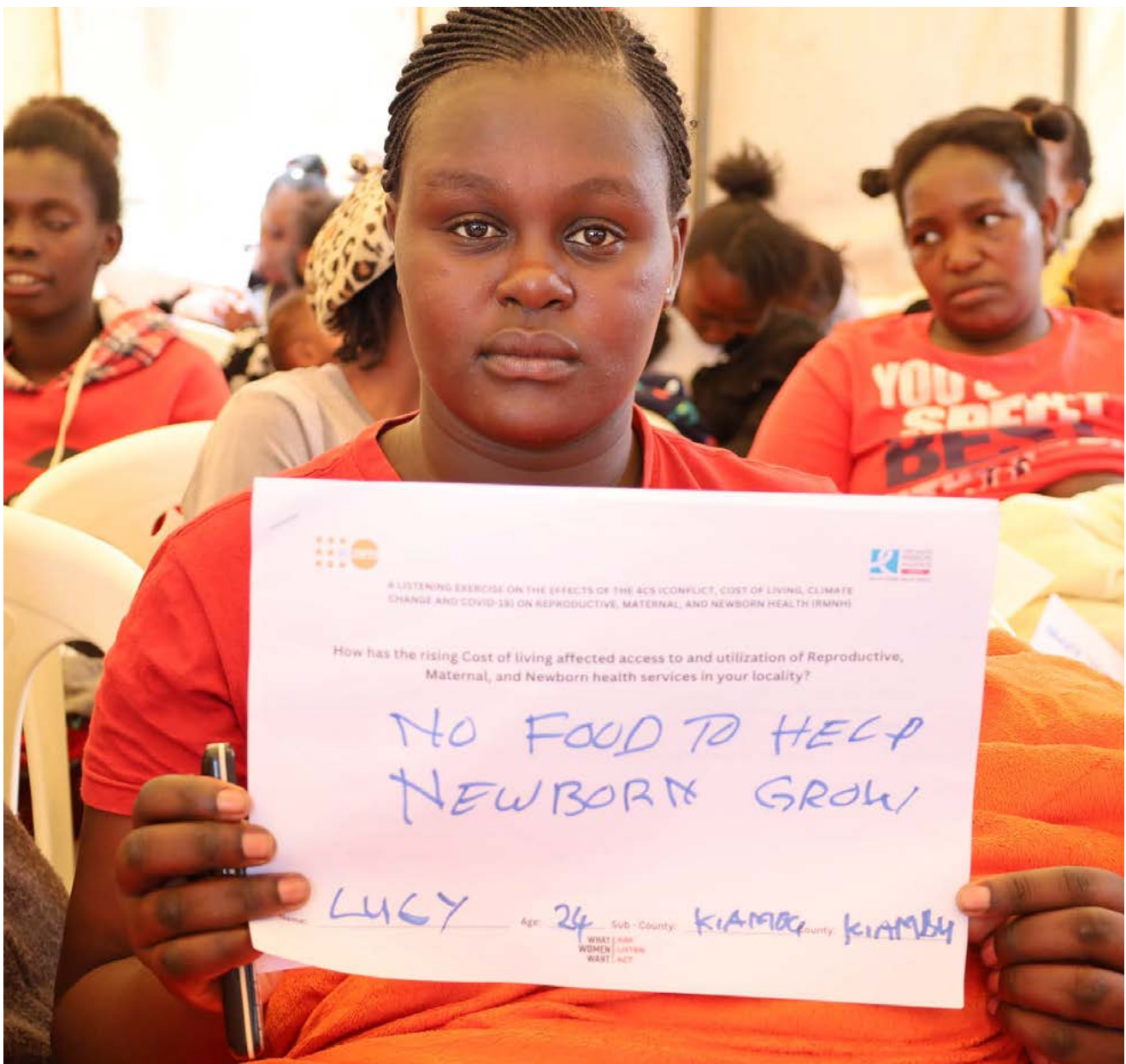
Acknowledgements

We thank the thousands of women and adolescent girls in the 27 counties who took their time to share their perspectives with us, and for letting their voices reverberate through to all who care to listen and act. This report is dedicated to their resilience and courage to speak boldly about what they want for

their health and well-being, in the world they live in.

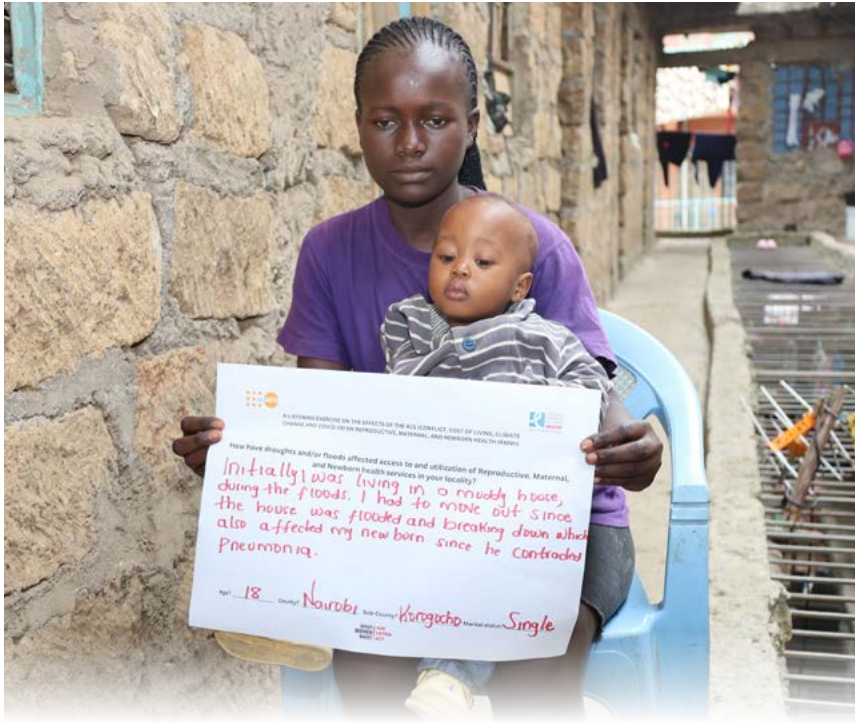
We extend our heartfelt gratitude to the dedicated team of data entry clerks and analysts whose efforts were instrumental in the success of this exercise. Under the exemplary leadership

of **Angela Nguku**, the Executive Director of WRA, and with the dedicated support of the entire **WRA Kenya team**, the listening exercise was conducted seamlessly. We also acknowledge the generous support from the **United Nations Population Fund Kenya**, which made





Executive Summary



THEIR PERSPECTIVE: What Women Want for Reproductive maternal newborn health (RMNH) is the foundation of what we do at White Ribbon Alliance Kenya. Through their self-articulated voices, women and girls are reclaiming their rightful place in programming, one that has not existed for long. The goal of this listening exercise was thus to amplify mothers' voices to direct how RMNH services and systems are designed and resourced to meet their needs equitably across the high-burden MNH counties. The objectives of the listening exercise were three-fold. First, we sought to surface the high burden of Climate Change, Conflict, the High Cost of Living, and COVID-19 on RMNH across 27 high-burden maternal mortality counties in Kenya. Through the findings, we, secondly, aimed to influence short- and long-term system change, looking at both the policy and resourcing gaps, to respond to the effects of the 4Cs in RMNH through advocacy and social

accountability approaches. Thirdly, we aimed to broaden the support base for RMNH across sectors and actors (Governments, funders, UN agencies, the Private sector, civil society, grassroots organisations, and women and girls among others) for women's health and wellbeing.

All four issues – climate change, conflict, rising cost of living, and COVID-19 had a common deterrent – **reduced access to RMNH services.** This could be physical inaccessibility



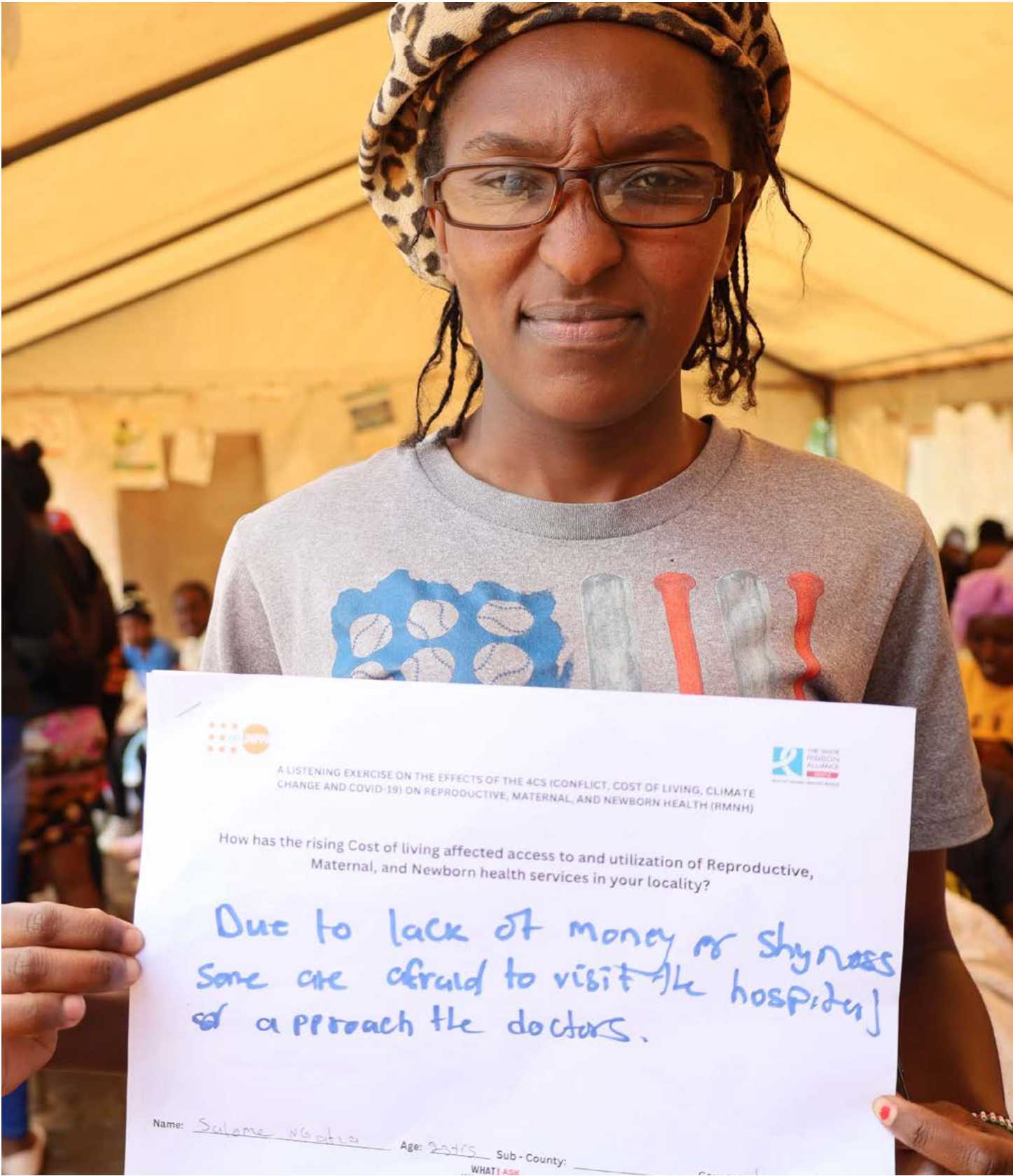
All four issues – climate change, conflict, rising cost of living and COVID19 had a common deterrent – reduced access to RMNAH services.

occasioned by poor roads, insecurity, a restricted or complete breakdown in movement. Other forms of inaccessibility are occasioned by lack of funds for transport, or inaccessibility due to displacement far from primary care facilities due to conflict or floods. In all interviews, the 4Cs were a deterrent to women's access to quality, equitable, and dignified RMNH services. Thus, addressing these issues at the community, health facility and policy level will ensure better access for women, and that previous poor effects are ameliorated. Funding and programming for RMNH too needs to take a different shift from the usual top-down driven investments to investments guided by the real articulated needs of the real experts, the users of care, the women, girls, and their families.

We recommend that RMNH program interventions be agile and respond to the contextual needs of women, planning to prevent any effects of poor health occasioned by the 4Cs, but most importantly, providing services that are resilient to these external effects. We recommend policy changes that are aligned with the women's demands, interventions that reduce the 4Cs effects, and that provide Quality, Equity, and Dignity (QED) while responding to the voices of thousands of women and girls across the country.

Our exhortation to duty bearers, those who are tasked with formulating and passing laws in public health financing is to take heed of women's voices in planning and executing public policy. We call upon multisectoral actors to truthfully hold each accountable against promises of universal health coverage to women and their newborns and to make this promise a reality for women affected by climate change, conflict, rising cost of living, and the aftermath of the COVID-19 pandemic.





Introduction

MANY TIMES, studies are done with the wrong experts as the determinant of the results, yet it is clear that it is the wearer of the shoe who knows where it pinches most. For ages over, Reproductive Maternal and Newborn Health programs have been designed with the women, girls, and their newborns outside of the main equation. Yet, the users of these programs – women and girls – are the real experts of their lives, hence the experts of their health care. They have been taken as passive recipients of care rather than active actors in their own lives and health. Ironically, the clarion call in many guiding documents has not lacked the aspect of community engagement.

Even when there have been calls to centre women and girls in programs and ensure that they are meaningfully engaged, this engagement has revolved around consultations with some subpopulations of women, mainly the easier to reach and most times with curated checklists of what the programmers, policymakers and donors have predetermined.

This report outlines the realities of women and girls and their newborns, chronicling the effects of the 4Cs on their RMNH. It lays bare the missing parts that need a rethink if we are to achieve much as a country for women and girls. It calls for yet another revolution in RMNH programming. This comes five years after the launch of the unprecedented <https://www.whiteribbonalliancekenya.org/whatwomen-want/> report that called for a revolution in how health and development programs were designed. The big omission in many of them was the real definitions of what they seek to address from women's and girls' perspectives.

Over 23,000 women and girls' women from heterogeneous backgrounds, ethnicities, occupations, socio-economic status, socio-cultural and religious



beliefs, and different abilities provided over 80,000 responses. Their voices tell different stories, different realities of issues that are common to them yet reflect differently from each other but have a common theme, showcasing how the change in their environment affects their Reproductive, Maternal, and Newborn Health care.

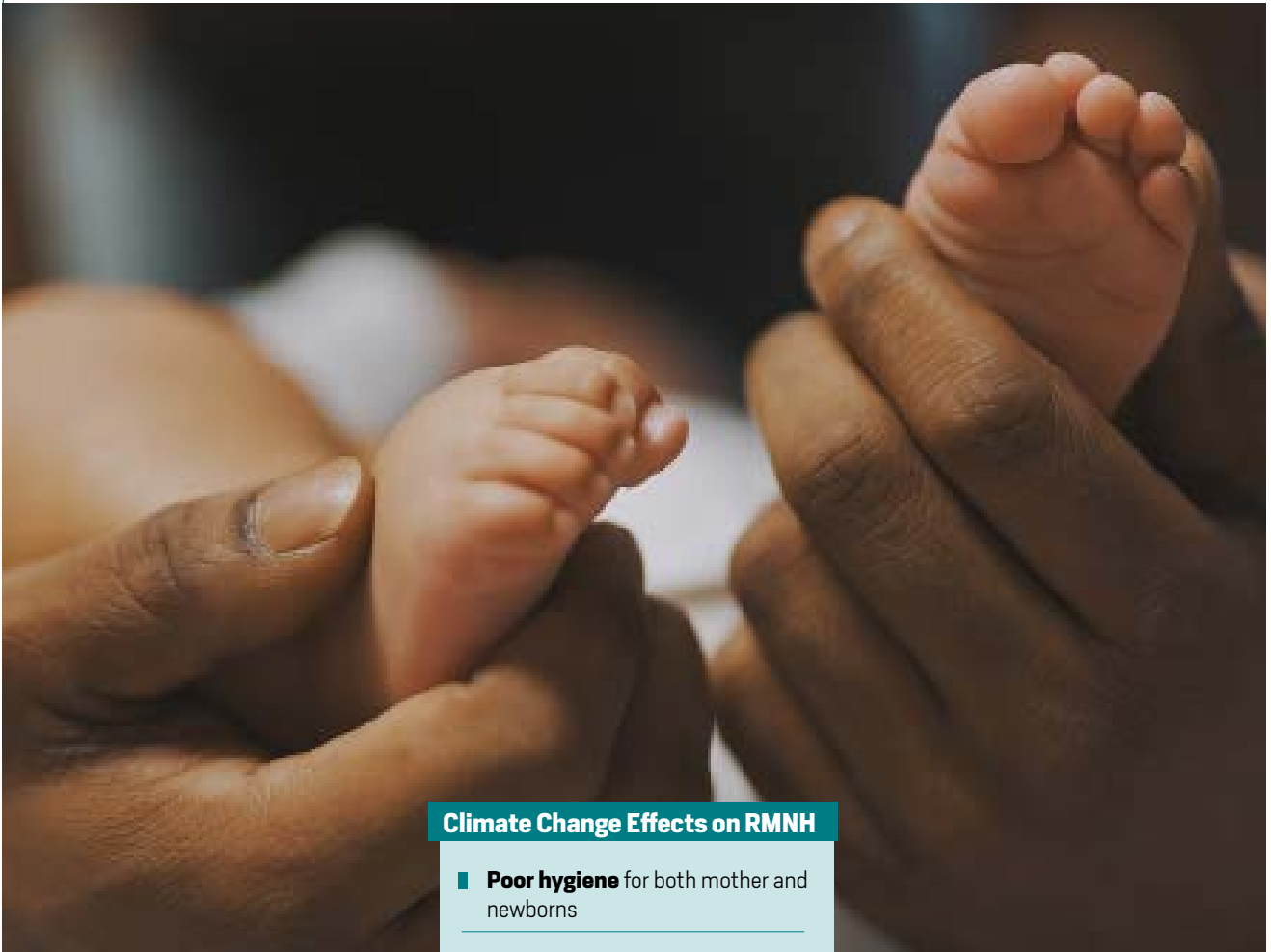
23,000
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Women and Girls have spoken, showcasing indeed that their RMNH care is dependent on a variety of factors that require a closer look, far from just the availability of health facilities, commodities, and health workers. These changes need to be thought through by those in various decision-making spaces as they plan and program for women's and girl's reproductive health needs. These realities further tell the story of starting with women and girls self-articulated needs before policies and programs are designed. This calls for a different narrative to how not just policies are made, and how programs are designed but how governments allocate resources and how donors and development actors fund RMNH programs across the board. They need adaptation in programming and this calls for a total shift in mindsets.

These voices paint a reality to all of us, that there cannot be quality and equity in RMNH unless we address the underlying factors that contribute to access, their socioeconomic power, the effects of persistent conflict, the aftereffects of Covid-19 and other unforeseen shocks of climate and other emerging pandemics.



The Maternal and Newborn Health Crisis in Kenya



Climate Change Effects on RMNH

- **Poor hygiene** for both mother and newborns
- **Dilapidated roads and transport infrastructure** delaying women's access to care or hindering their access altogether
- **Displacement from home** and resulting in unsafe, crowded shelters that expose women and girls to sexual violence
- **Contamination of water sources** resulting in waterborne disease

ACCORDING to WHO Global Maternal Mortality Estimates Report 2023 a woman dies in childbirth every 2 minutes. In Kenya, on Average, 17 women and 50 babies die each day die from pregnancy or childbirth complications that are mostly preventable. This is approximately 6500 and 35000 newborns each year[2]. The World Health Organization (WHO), United Nations Children's Fund (UNICEF), and United Nations Population Fund (UNFPA) endorsed the Sustainable Development Goals (SDGs) aiming to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030.

Globally, Covid19, Conflict, Climate change, and the rising cost of living (four C's) have posed a significant threat to the well-being of mothers and their newborns through

inaccessible health services, higher rates of miscarriage, preterm birth, and poorer neonatal outcomes. Women and their children are still left behind with some left farthest, especially those that are disadvantaged in one way or the other. These include the youth and adolescent girls, women and girls living in fragile and humanitarian settings (conflict), those living in rural and sometimes nomadic settings, migrant women, women living with HIV, and women with disability among others. Covid19, Conflict, Climate change, and the rising cost of living have brought a new twist to



Reproductive, Maternal and Newborn Health. While conversations on the “Four C’s” have dominated global and country headlines and attention—women, young people, children, and newborns are increasingly being edged out of these discussions.

Kenya is among the countries with the highest burden of maternal and newborn deaths in the world with huge disparities between the various regions within the country. Part of the challenges contributing to the high maternal and newborn mortalities are the challenges caused by Covid19, Conflict, Climate change, and Cost of living. Women broadly are poorer than men and therefore face higher risks and burdens from the four C’s crisis. Pregnant women, and far more so those marginalized by poverty, disability, age such as adolescents, poor healthcare, or other factors have specific additional social disadvantages. Further, there is insufficient attention and focus on these women from conflict zones, those affected by displacement, droughts, those living in nomadic settings, and from marginalized areas while mitigation and adaptation initiatives are being planned. This poses a challenge of enlisting them within the adoption and mitigation plans being developed.

Kenya has in addition made several commitments and laid down strategies to address RMNH from an equity lens. However, ensuring that RMNH service access is equitable has been challenging and limited data is available to date. Aggregate data at the national level often masks considerable inequities within counties, and the involvement of community groups, affected groups, civil society shadow reporting, and human rights mechanisms have been underutilized. Concerns remain that a drive to meet targets has been leading to a focus on easy-to-reach groups and on

addressing RMNH needs that are not driven by the needs and priorities of the poor or left behind groups in society—Refugee mothers and their newborns, adolescent mothers, mothers living with disability, nomadic women and girls, migrant populations among others. This calls for addressing the high maternal and newborn mortality and adverse effects on these groups of women caused by the effects of the four c’s that push them further behind from a right-based and multisector lens across and within counties. This will mean addressing equity in investments to reach all women and their newborns where they are. Kenya has experienced the adverse effects of climate change, including prolonged droughts, floods, and extreme weather events.

These environmental shifts have indirect consequences on maternal and newborn health. Impacted agricultural productivity, water scarcity, and food insecurity have increased malnutrition rates, leading to adverse birth outcomes and stunted growth among infants. Extreme weather has affected food supplies through outcomes like droughts, flooding, displacement, etc. in turn impacting the many nutrients needed to support good health during pregnancy. While emerging evidence of the intersectionality between climate and health has created some discussion, we still see little action



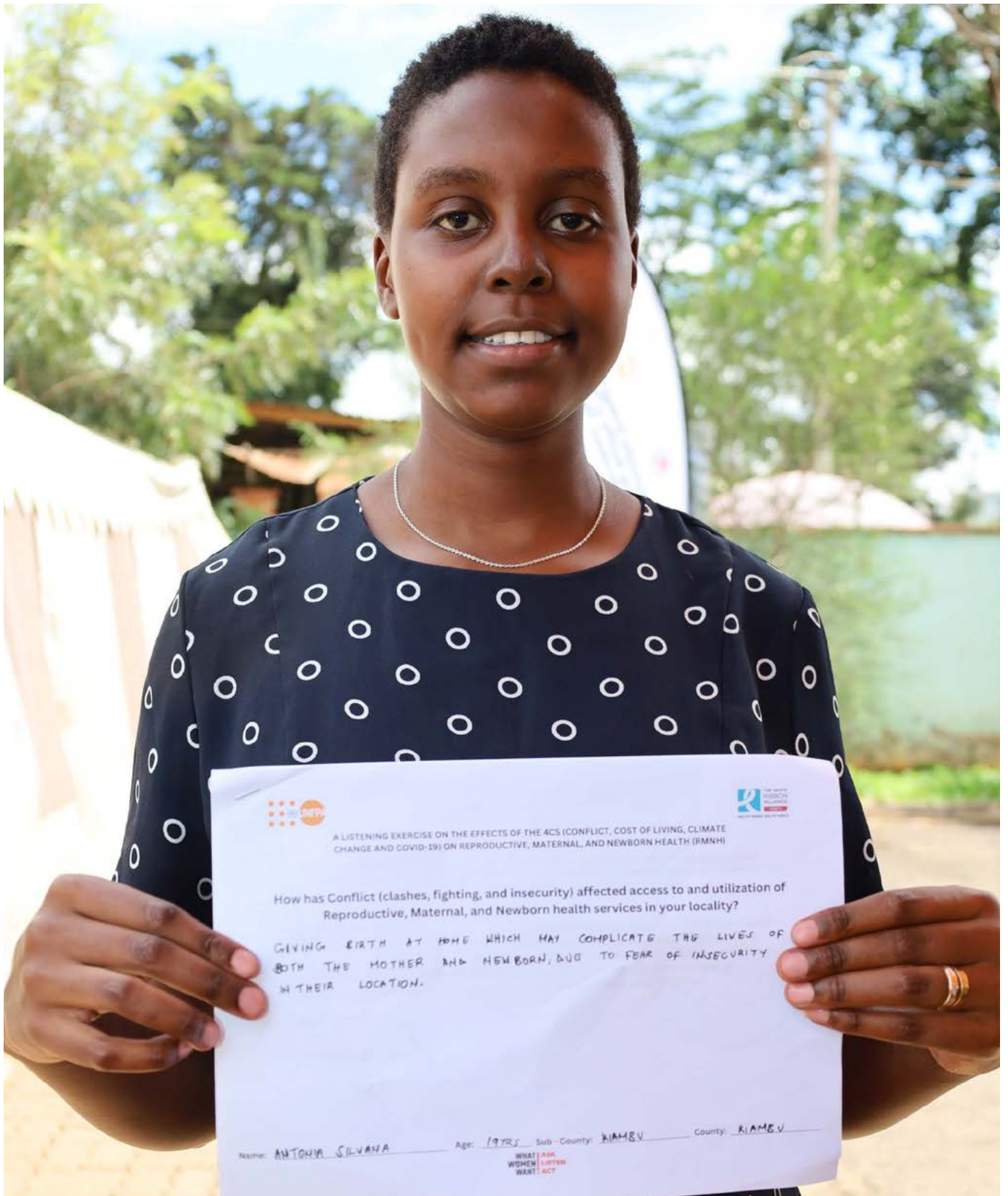
Part of the challenges contributing to the high maternal and newborn mortalities are the challenges caused by Covid-19, Conflict, Climate change, and Cost of living

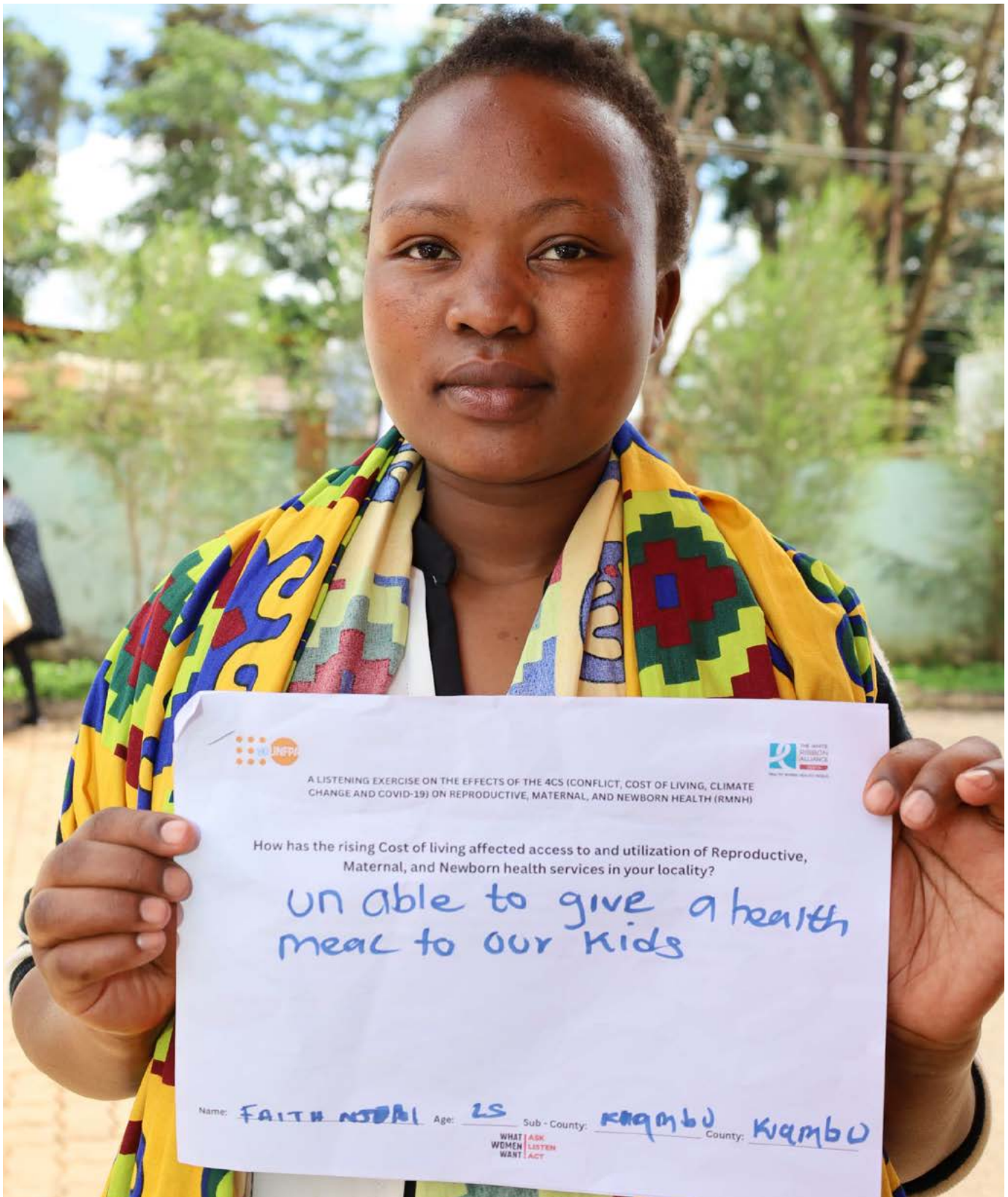
taken toward pregnant people. Data on effects on climate change on RMNH in Kenya is absent. Further, the upsurge in violent conflicts and displacement in Kenya has affected RMNH. It has been documented world over that conflict-affected and fragile countries have the worst maternal mortality rates and Kenya is no exception. Women, young people, and children are most affected in times of conflict. The rising cost of living in Kenya places a burden on pregnant women and their families, affecting their access to quality healthcare. Limited financial resources often lead to inadequate nutrition, reduced antenatal visits, and delayed or limited access to skilled birth attendants. Financial constraints may also result in women delivering at home without proper medical support, increasing the risk of complications and poor birth outcomes.

To contribute to addressing these challenges in Kenya, the United Nations Population Fund (UNFPA) in partnership with White Ribbon Alliance Kenya undertook a listening exercise to gather voices of women and girls that would in addition shape the RMNH agenda, focusing on the four C’s and their effects on RMNH. This is especially critical given that there is no existence of data in Kenya on the same, and where data exists, it is mainly data from the supplier’s perspective not from the users of care perspective. The listening exercises targeted, in total 27 counties, both the previous (2015) and the Census (2019) – 15 highest-burden counties which account for most of all maternal deaths in Kenya.

Nearly all these counties have faced high levels of poverty, insecurity, infrastructural challenges, and inequity/marginalization leading to poor maternal and newborn health statistics. These are further compounded by the four Cs.



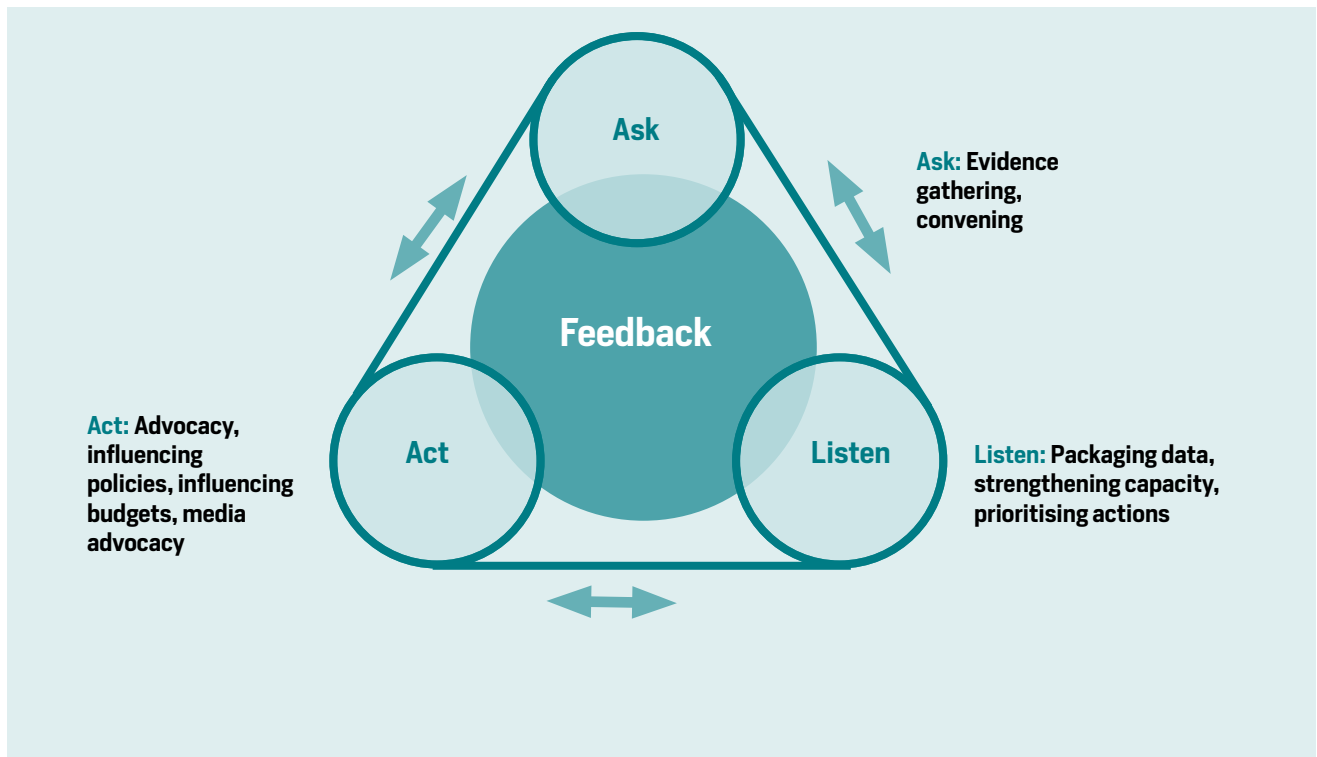




Survey Methodology

THE LISTENING exercise utilised the 'Power Approach' which was applied in developing the listening exercise tools and mobilisation tactics. The uniqueness of the power (Ask-Listen-Act) approach is premised on the belief that women and girls are inherently powerful and that there is no greater force for change than when they are at the very centre, determining project priorities, designing programs, and making decisions.

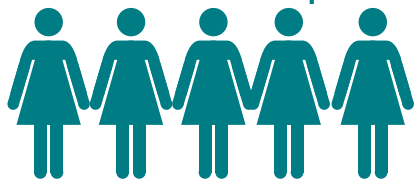
Figure 1: The Ask-Listen-Act approach



Four open ended questions covering each of the Four C's were asked to women, and girls in their diversity to record their challenges, effects, or impacts of Climate change, Cost of living, Covid-19, and Conflict on their access to RMNH services. Women and girls were asked, 'How has Covid, Climate change, Conflict, and Cost of living affected or impacted your access to Reproductive health services or maternal health services during pregnancy, during delivery, and after delivery?'



Meet the Experts: The Women and Girls



23,000 Women



87,000 Responses

4

Main Topics

Table 1: Distribution of respondents by county

County	Frequency (n)	Percentage (%)
Bomet	962	4.13
Elgeiyo Marakwet	316	1.36
Homabay	196	0.84
Isiolo	698	3.00
Kajiado	1,751	7.52
Kakamega	2,641	11.34
Kericho	1,732	7.44
Kiambu	148	0.64
Kilifi	272	1.17
Kisumu	3,493	15.00
Kwale	260	1.12
Lamu	152	0.65
Makueni	1,632	7.01
Mandera	398	1.71
Marsabit	266	1.14
Migori	234	1.00
Murang'a	692	2.97
Nairobi	2,964	12.73
Nakuru	997	4.28
Narok	616	2.65
Nyandarua	247	1.06
Other	65	0.28
Siaya	872	3.74
Taita Taveta	161	0.69
Turkana	1,046	4.49
Wajir	295	1.27
West Pokot	182	0.78
Total	23,288	100



Respondents Age Categories and frequency

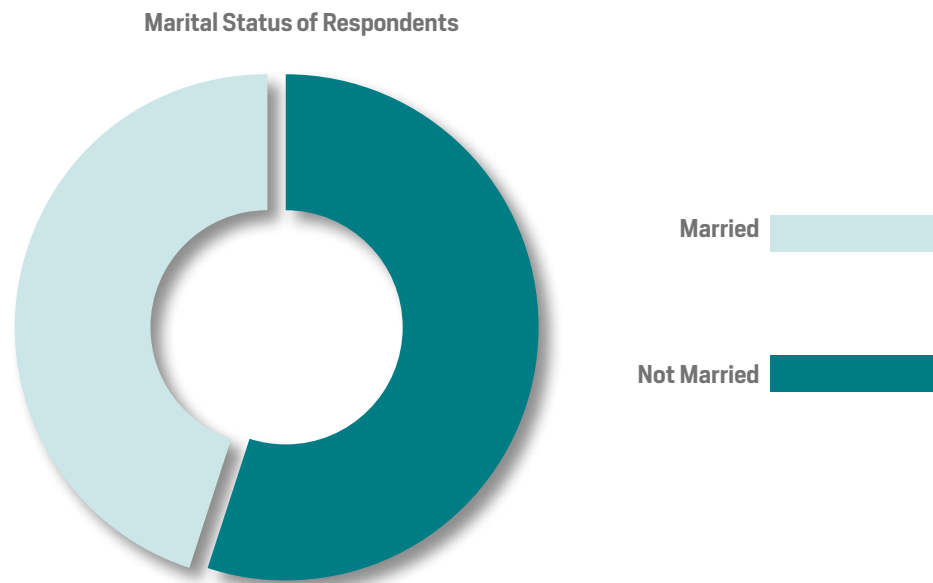
The survey targeted women and girls aged above 15 years, with the upper limit left open to cater for any older women who care for newborns, especially parents to adolescent mothers. The average age of respondents was [15–83]. More than 71% of respondents were below 35 years of age marking a huge population of young women who responded to the survey. Adolescent girls constituted 15% of the respondents (n=3400), thus providing insight on what adolescents want in response to the effects of the 4Cs on RMNAH.

Table 2: Distribution of respondents by age

Age	Frequency (n)	Percent (%)
15–20	3,400	14.58
21–25	4,904	21.02
26–30	4,823	20.68
31–35	3,760	16.12
36–40	3,320	14.23
41–45	1,246	5.34
46–50	1,480	6.34
51–83	394	1.69
Total	23,327	100.0

Marital Status: 55% of respondents are married (n=12,801)

Figure3: Respondents Marital Status



WRA Kenya Vision and Mission

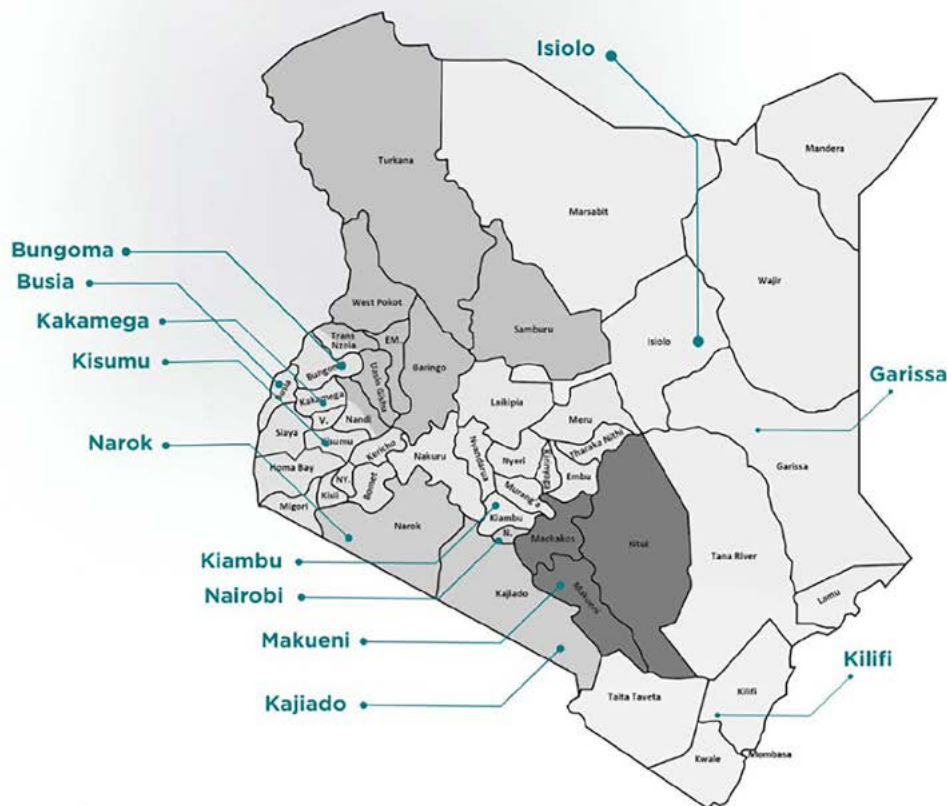
Our Vision

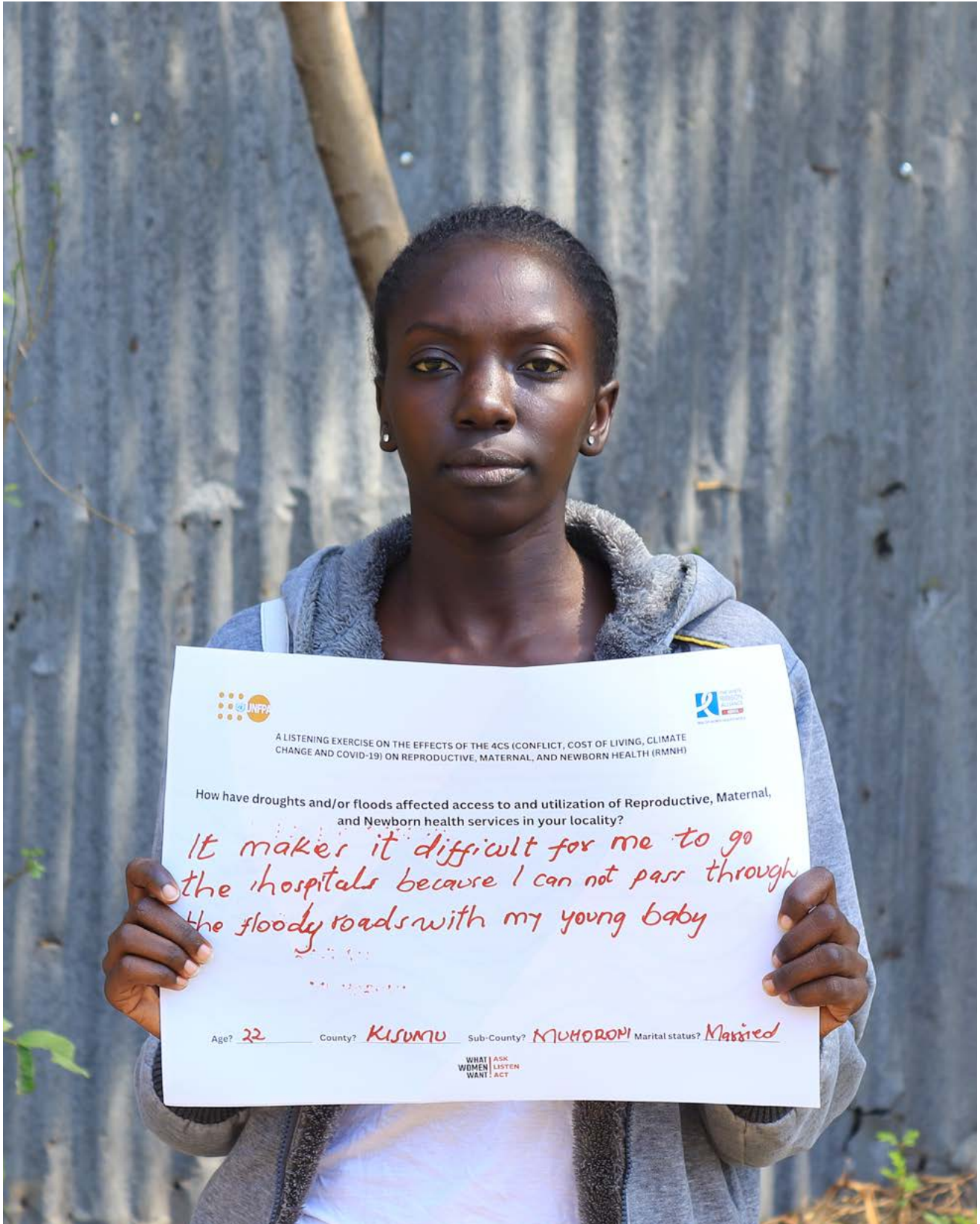
A world where women, girls and newborns are not just passive recipients, but architects of their own health and wellbeing; leading to healthier families and communities

Our Mission

To inspire individual and collective agency and actions towards the elimination of preventable reproductive, maternal and newborn deaths and the promotion of health and wellbeing for women, girls, newborns and their communities at large

Counties with WRA Kenya's presence





Women's voices: Perspectives on Reproductive Maternal Newborn Health concerns arising from 4Cs

Effects of Climate Change on RMNH

We sought to obtain an in-depth understanding of climate change manifest as floods or drought in various regions of Kenya, as pertains to the direct and indirect effects on RMNH. We asked the question: How have droughts and/or floods affected access to and utilisation of Reproductive, Maternal, and Newborn health services in your locality? From the responses, climate change seems to affect women in rural areas more than urban areas, except for towns in North Eastern Kenya where both urban and rural areas were affected by floods. The top effects of climate change on RMNH included poor hygiene, water contamination and related waterborne diseases, breakdown in road infrastructure and displacement of populations from home.

Climate change was also reported to result in poverty, which further affects the ability to afford, and access RMNH services. In other instances, both climate change, poverty and cost of living were seen to intersect, further causing displacement of populations, and disrupting their access to RMNH services, as seen from the interviewee in Makueni:

“

“Makueni being an ASAL county, women are not able to access reproductive, maternal and newborn care as a result of poverty which is persistent. At this time of Elnino floods, roads are not accessible and especially Kaiti and Kilome sub-counties and also the floods have rendered many households homeless. Women, girls, boys and men are all in camps due to landslides leading house demolitions. There are 4 camps in Makueni of displaced people.” Respondent, Mbooni, Makueni County

Other counties reported similar challenges and dire effects on maternal and newborn health, with the most urgent need being inaccessibility of health services and health care providers due t communities being cut off by floods.

“Displacement due to climate change can hinder access to emergency contraception.” Respondent, Isiolo town, Isiolo County

“Water supply is too low which affect the maternal and newborn child.” Respondent, Wajir South, Wajir County

“Mostly in my locality floods have affected us, for one to access the service has been made hard, the road get flooded that one cannot travel to get to the fertility to get the service and if you get the transport, it will cost a lot of money of which some people cannot afford so they end up suffering and even some die.” Respondent, Kisauni, Mombasa County.

“Kiwanja ndege to Shinyalu road terrible with this rain accessing Shamakhubu or Shinyalu Model Health Facilities is not easy.” Respondent, Shinyalu, Kakamega County

“Floods can contaminate water sources, increasing the risk of waterborne diseases that can complicate pregnancy and childbirth.” Respondent, Mander East, Mander County.

“Water borne diseases are rampant and us reproductive mothers are at risk of infection.” Respondent, Kibwezi, Makueni County





“Floods make going to the health facilities to access services difficult.” Respondent, Nyali, Mombasa

“Overcrowded Living Conditions: Displacement during floods may result in overcrowded living conditions, increasing the risk of infectious diseases.” Respondent, Manderu East, Manderu County

“When people move away from home girls may be affected as they may be raped due to unsafe structures they live in” Respondent, Ainamoi, Kericho County

“Heavy rains destroy roads that lead to healthcare facilities hence delay to access whenever there is an emergency.” Respondent, Embakasi, Nairobi County.

“During drought it’s hard to get water making it hard for women to maintain hygiene” Respondent, Bureti, Kericho County

“Droughts come with inadequate supply of water which affects the sanitation hygiene of both the mother and the child” Respondent, Nakuru East, Nakuru County

“Drought and floods cause mental trauma due to displacement.” Respondent, Bureti, Kericho County

“Floods have led to rapid spread of malaria which is the leading cause of death in infants if not medically attended to.” Respondent, Alego Usonga, Siaya County

“Floods have led to spread of malaria which is the leading cause of deaths in infants.” Respondent, Bondo, Siaya County

“People cannot access to health services due to extreme bad weather.” Respondent, Kilifi, Ganze

“We the pregnant women in our areas affected by floods face increased stress, limited access to nutritious food, for babies.” Respondent, Kibwezi East, Makueni

“My child had diarrhea until she became underweight because of the mix up of dirty and clean water.” Respondent, Kajiado West, Kajiado County

“During floods, livestock were swept away and died, we had no milk to give to the child.” Respondent, Kajiado County

As seen from women voices, and in similarity to midwives perspectives, droughts often lead to water scarcity, affecting sanitation and hygiene, which are critical for maternal and newborn health. Limited access to water can hinder proper hygiene practices during childbirth and increase the risk of infections. On the other hand, floods can damage health facilities, disrupt supply chains, and displace populations, making it challenging for pregnant women to access timely and adequate care. In both cases, vulnerable populations are disproportionately affected. Community awareness, early warning systems, and adaptable healthcare strategies are essential for mitigating these challenges. Also, extreme weather events like droughts and floods can disrupt healthcare services, including Reproductive, Maternal, and Newborn health services, by damaging infrastructure, displacing communities, and limiting access to facilities. It is crucial to have resilient healthcare systems and disaster preparedness to mitigate these impacts



Rising Cost of Living

The rising cost of living was seen to affect women of all ages, living in both rural and urban areas. The high cost of living has led to families spending on food and immediate basic needs at the expense of spending on transportation to health facilities for antenatal care for pregnant women. Pregnant women are also not able to take enough food, affecting their health and that of the unborn baby. An expectant mother explained:

“

“We don’t take enough food hence making our health to deteriorate.” Respondent, Kajiado West, Kajiado County

Women and their newborns are no longer able to pay the service fee charged at health care facilities, in addition to lacking money for road transport to health facilities. The rising cost of living is therefore an impediment to accessing health facilities, even though they may exist with the necessary services.

“Higher living cost has affected women in a manner that we are unable to go for the prenatal visits because of transport rates.” Respondent, Starehe, Nairobi County

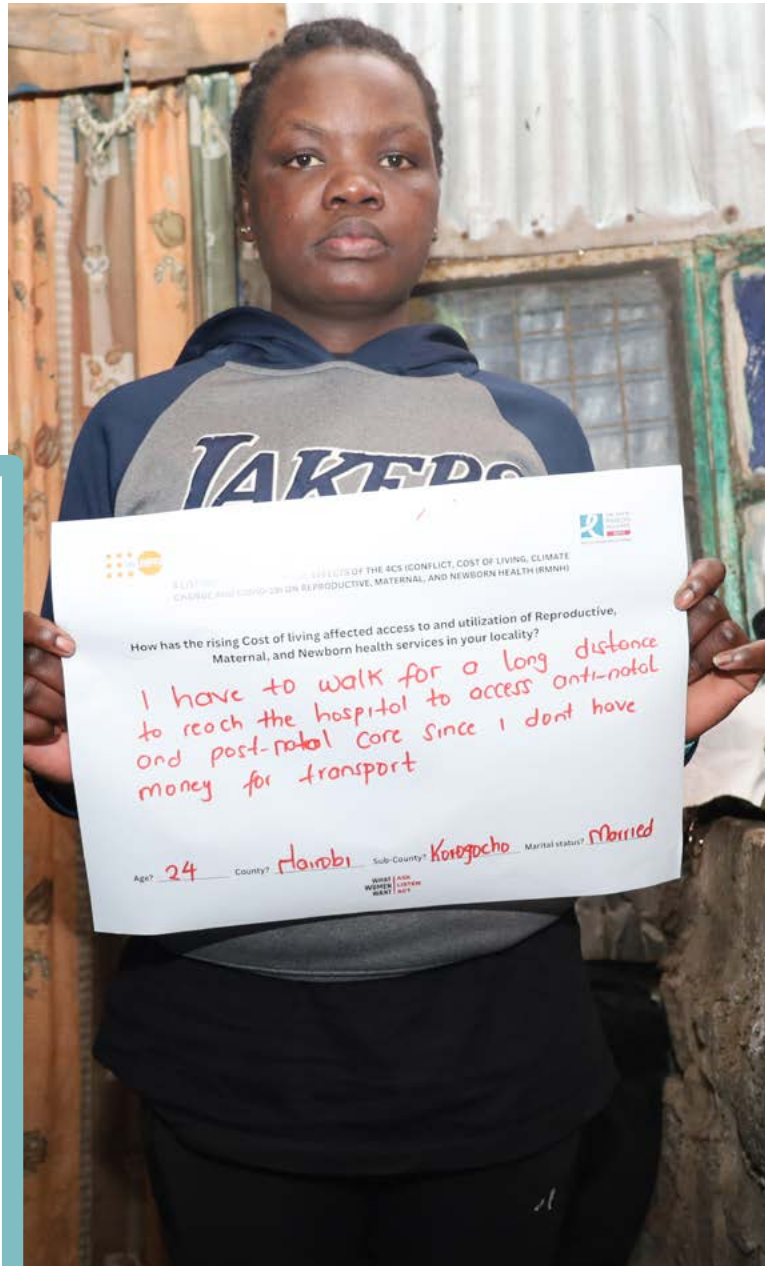
“Pregnant women are unable to afford nutritious food that can help with the growth of the foetus.” Respondent, Kamukunji, Nairobi

“Many women can’t afford to pay for nhif.” Respondent, Embakasi North, Nairobi

“The cost of living is too high therefore the health services are unaffordable.” Respondent, Kibwezi west, Makueni

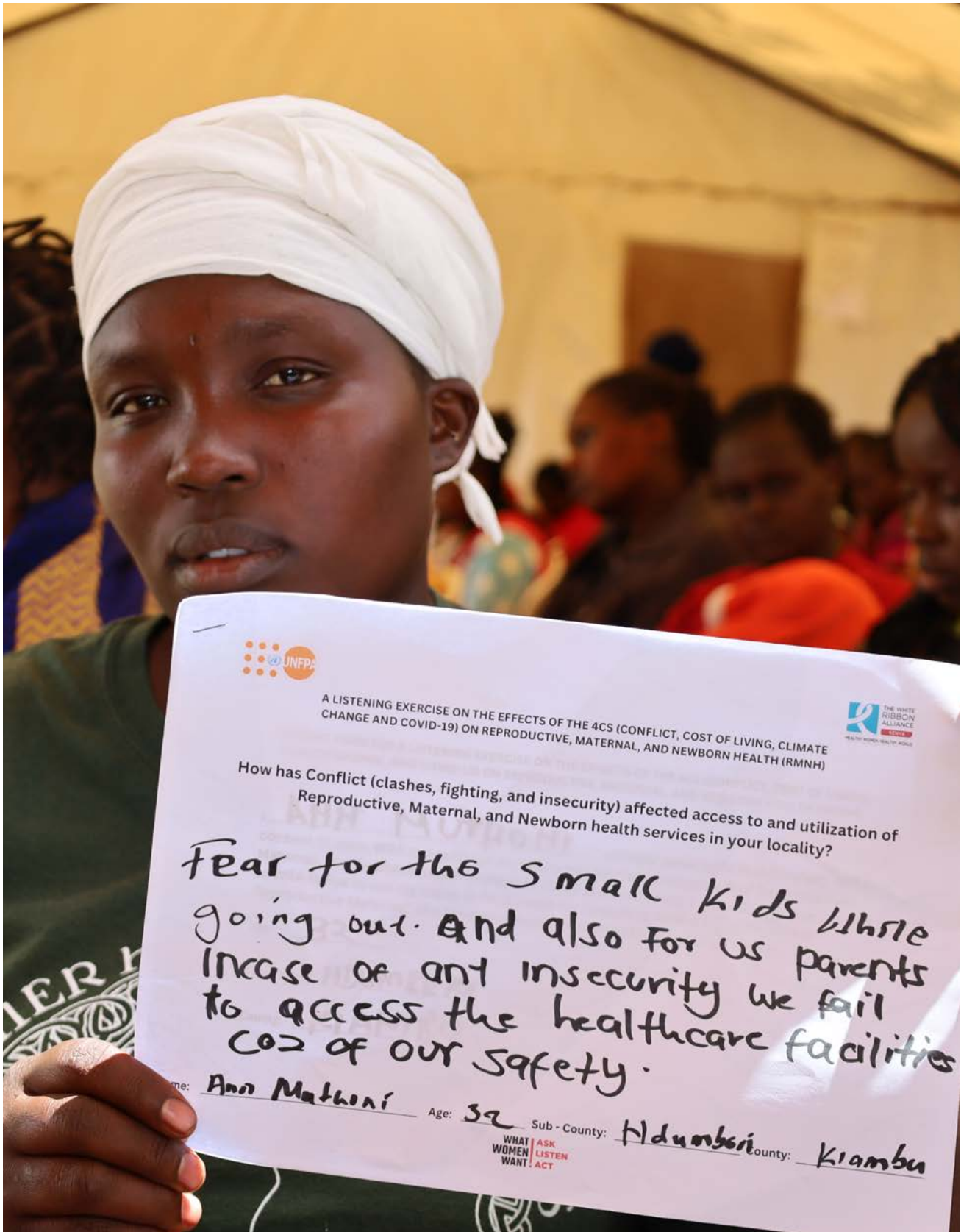
“It reduces the nutrients intake of the mother since there is no money to buy fruits to maintain food balance.” Nakuru East, Nakuru County

“The financial burden may influence the choice of birthing attendants.” Respondent, Isiolo County



The rising cost of living has had a profound impact on access to and utilisation of Reproductive, Maternal, and Newborn health services in your locality. Increased living expenses may limit individuals’ financial resources, making it difficult for them to afford healthcare services, including prenatal care, maternal services, and newborn care. High costs may lead to delays in seeking medical attention or opting for fewer healthcare visits, impacting the overall quality of reproductive and maternal health. Additionally, families may prioritise essential needs over healthcare expenses, potentially compromising the well-being of mothers and newborns. Addressing affordability barriers becomes crucial to ensure equitable access to these vital health services in my society.





Effects of Conflict

Conflict is a cause of bodily harm, injury, and displacement for pregnant women, often uprooting them from familiar settings where their primary care is guaranteed. Women viewed safety from the domestic front, as well as external sources of threats to safety. Thus, the responses ranged from intimate partner violence to armed conflict and intercommunity clashes and included occasions of cattle rustling or electoral violence during political campaigns. All in all, conflict seems to threaten the physical safety of expectant and nursing mothers and their newborns and prevents women of reproductive age from seeking services such as family planning during conflict. On the other hand, healthcare providers were reportedly, due to violence, unable to stay in certain areas and offer the skills, expertise, and services that local communities require.



“Intimate partner conflict (Violence) has caused mostly women who are pregnant to have miscarriages sometimes leads to death for both the baby and the mother”. Respondent, Malava, Kakamega County

“Due to the clashes and conflicts access to maternal services hard since most of the facilities are closed.” Respondent Muhoroni, Kisumu County



ACCESS TO HEALTH FACILITIES

“Insecurity due to banditry is rampant and access to health care services has been hindered due to displacements. Women find it hard to reach the health centers due to insecurity.” Respondent, West Pokot County



“Clashes within the tribes has cause great challenge on access to health care facilities because skilled personnel were not willing to work in our locality this results most of the mothers lost lives of their infant and newborn babies.” Respondent, Marsabit County

“My safety is threatened due to insecurity such as rape incidents.” Respondent, Nzau, Makueni County

“Insecurity has made me to fear moving with bodaboda as most of women have been found dead so out of fear, I sometimes not go for family planning.” Respondent, Alego Usonga, Siaya County

“Conflict and insecurity issues has affected the expectant mothers from accessing the services from

the main hospital which is 15km away from our island. The conflict has inflicted a fear to the patients from going to the hospital. The mortality rate of preventable deaths has skyrocketed in our area.” Respondent, Faza Island, Lamu County

“Post election violence hindered access to health care centers and thus the services too. During that time no food, getting to hospital was nightmare.” Homabay County

“Insecurity made us not to reach the health centres also many of doctors are not from our locality hence went to their home areas for fear and so the hospitals around are unattended.” Respondent, Kajiado Central, Kajiado Town.

“Locating nearby hospitals especially at night has been hard due to the insecurities.” Respondent, Kisumu county.

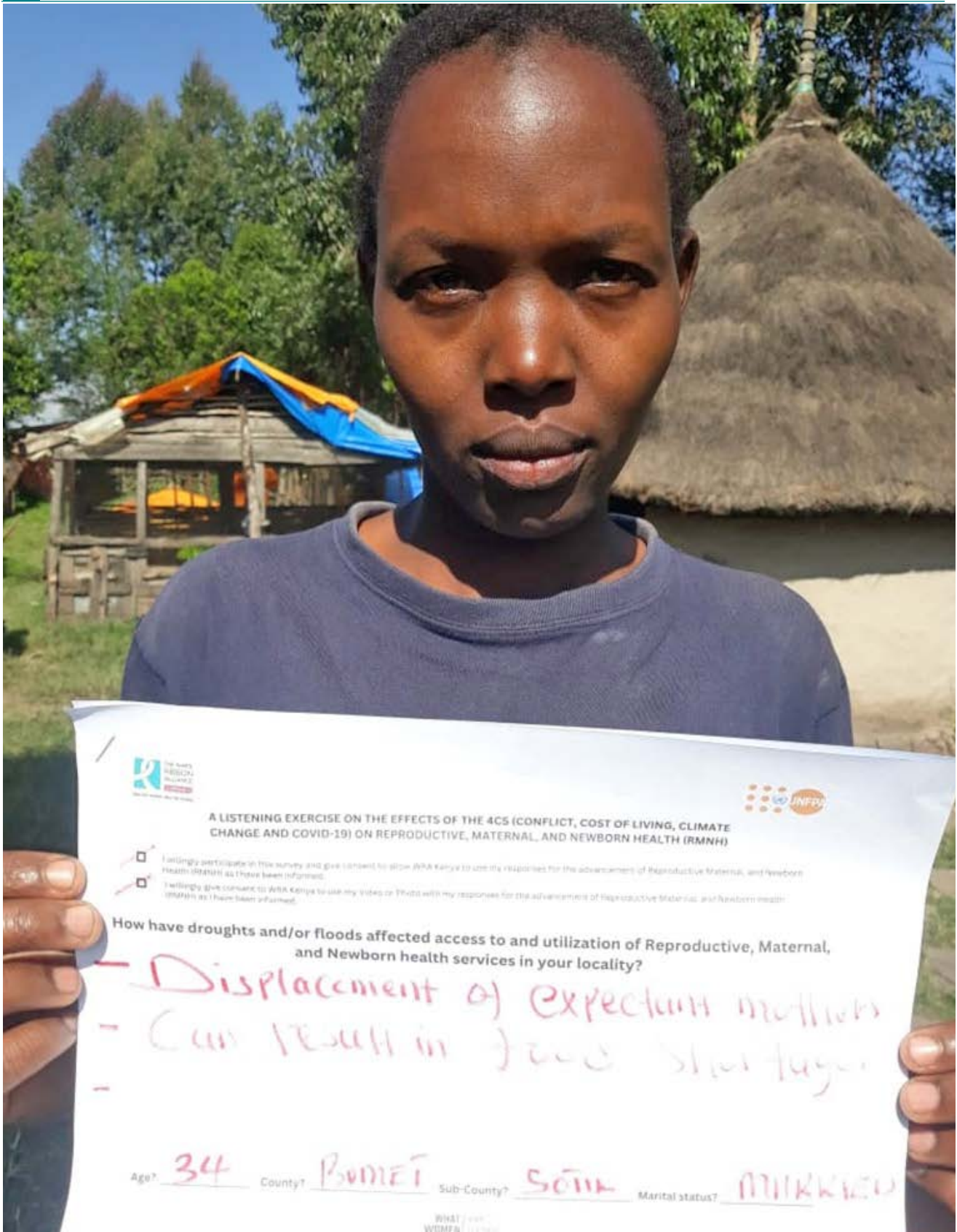
“Medical officers may refuse to work in the area where there is insecurity”. Faza, Lamu County

“During conflict, Hospital or shops that sell sanitary are always closed and health providers not available at the facility because they are afraid of loosing their lives.” Respondent, Kisumu East, Kisumu County

“Clashes cause many challenges for mothers to access Health cares since health facilities are few and we even don’t have ambulances all that is caused by insecurity no drivers are willing to service the community”. Respondent, Laisamis, Marsabit County

“Fighting at home with the husband is abig issue affecting attending to health centres,since husband refuses to provide transport fee”. Respondent, West Pokot







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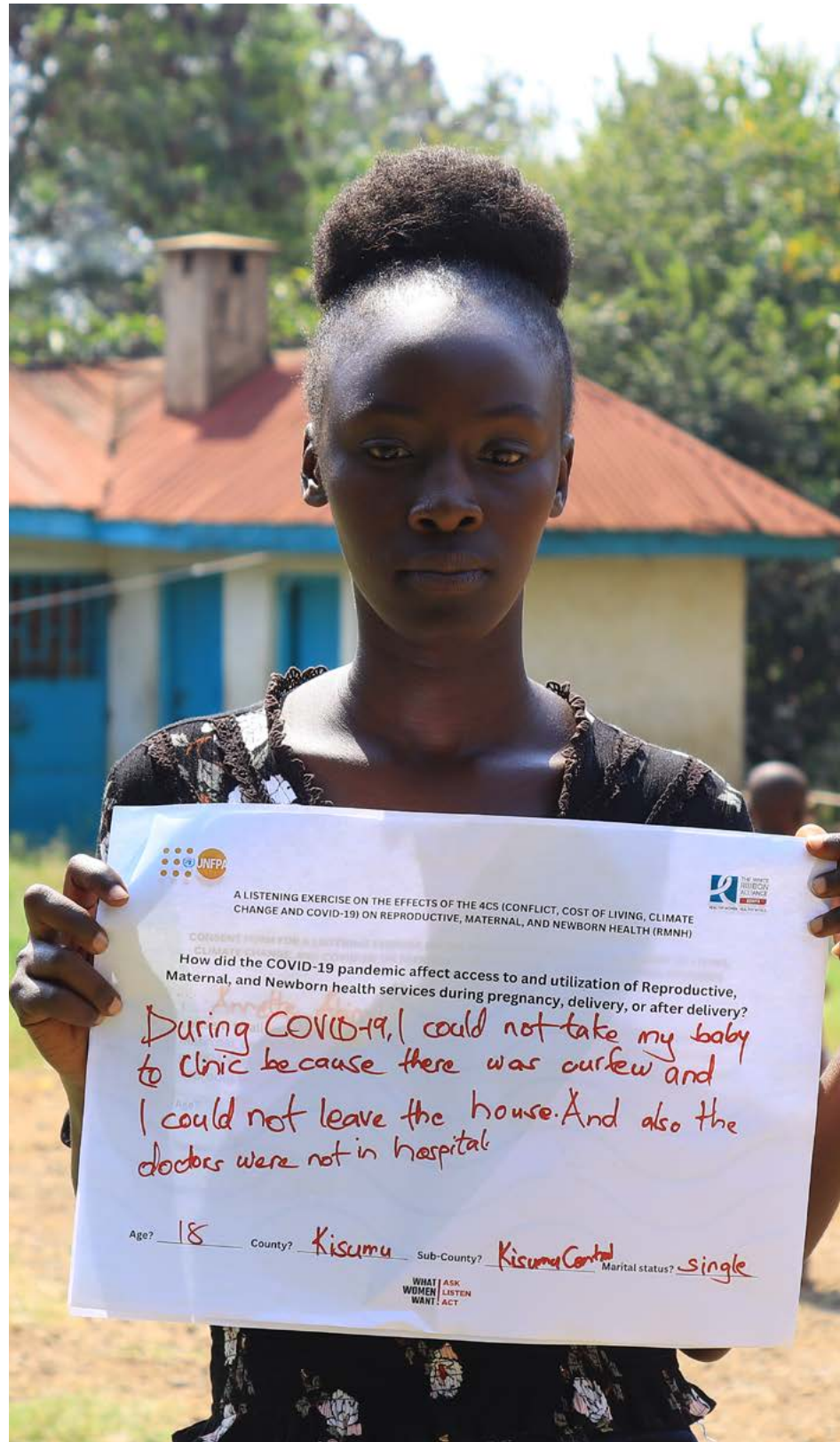
“There is a lot of health issues in our area because of proper health care, few health facilities well trained nurses and they were also few in number and the people they were attending were many that is why many people dies in the process for example there was an scenario that a mother has pressure and her child was sick he needed a an oxygen but they was not power to connect with the machine in the process of finding the means to take the child to the referral the child has died all these is cause by insecurity hence no well personnel is willing to work here”. Respondent, Laisamis, Marsabit County

“In my area women with disabilities do not access marternal health services. during conflict most of them are rendered vulnerable and even some acquire disability during such times and we face many mortality rates.” Respondent, Mumias East, Kakamega County

“Migration from one place to another due to the conflict of which they unable to access quality health care services...sexual violence.” Respondent, Merti, Isiolo County

“Conflict between her and the boyfriend is big challenge on utilization of reproductive, maternal and Newborn health services because he (the spouse) is the one supposed to provide financial support... but due to conflict he doesn't play his role.” Respondent, West Pokot.

“Conflict within the household between couples affect the decision on whether or not to go for contraceptive services therefore contributing to one woman giving birth to more children that she's able to take care of and sometimes contribute to child complication and sometimes child mortality”. Respondent, Gem, Siaya County



Effect of COVID-19

The COVID-19 pandemic has had multifaceted impacts on Reproductive, Maternal, and Newborn health services globally. Lockdowns and movement restrictions hindered access to healthcare facilities, leading to delays in antenatal care, skilled attendance during delivery, and postnatal services. Fear of infection also discouraged some individuals from seeking medical assistance. Overburdened healthcare systems, redirected resources, and strained personnel focused on managing COVID-19, diverting attention from routine maternal and newborn care. Additionally, disruptions in supply chains affected the availability of essential medicines and contraceptives. The pandemic highlighted the need for adaptable healthcare systems, telehealth solutions, and community outreach to ensure continued access to essential services during crises. Ongoing efforts are crucial to address the long-term consequences and strengthen healthcare resilience.

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“Client says that due to the fear of getting COVID-19 they were not able to go to health facilities hence never visited antenatal clinics hence having complications during delivery.” Respondent, West Pokot County

“Due to high rise of patients with COVID-19, other services regarding sexual and reproductive health were put on hold. It forced many pregnant women to go back to the traditional methods of child delivery which were harmful to their health.” Respondent, Gem, Siaya County

“The lock down limited movement, focus shifted to responding to COVID19 and allocation of resources to RMCAH reduced. Women and girls were exposed to more harm and risk to violence that increased their need for services that were limited.” Respondent, Kisumu Central, Kisumu County

“Redirection of resources disrupted antenatal care.” Respondent Nakuru East, Nakuru County

“During pandemic we found out that it lead to a lot of stress and lead to SGBV which also lead to separation in marriages.” Respondent, Kisumu Central, Kisumu County

“Client says that she got a pregnancy that she never intended to have due to Idleness during the COVID-19 period”. Respondent, Pokot South, West Pokot County

“Mother and newborns fear contracting covid 19 during maternal services.” Shinyalu, Kakamega

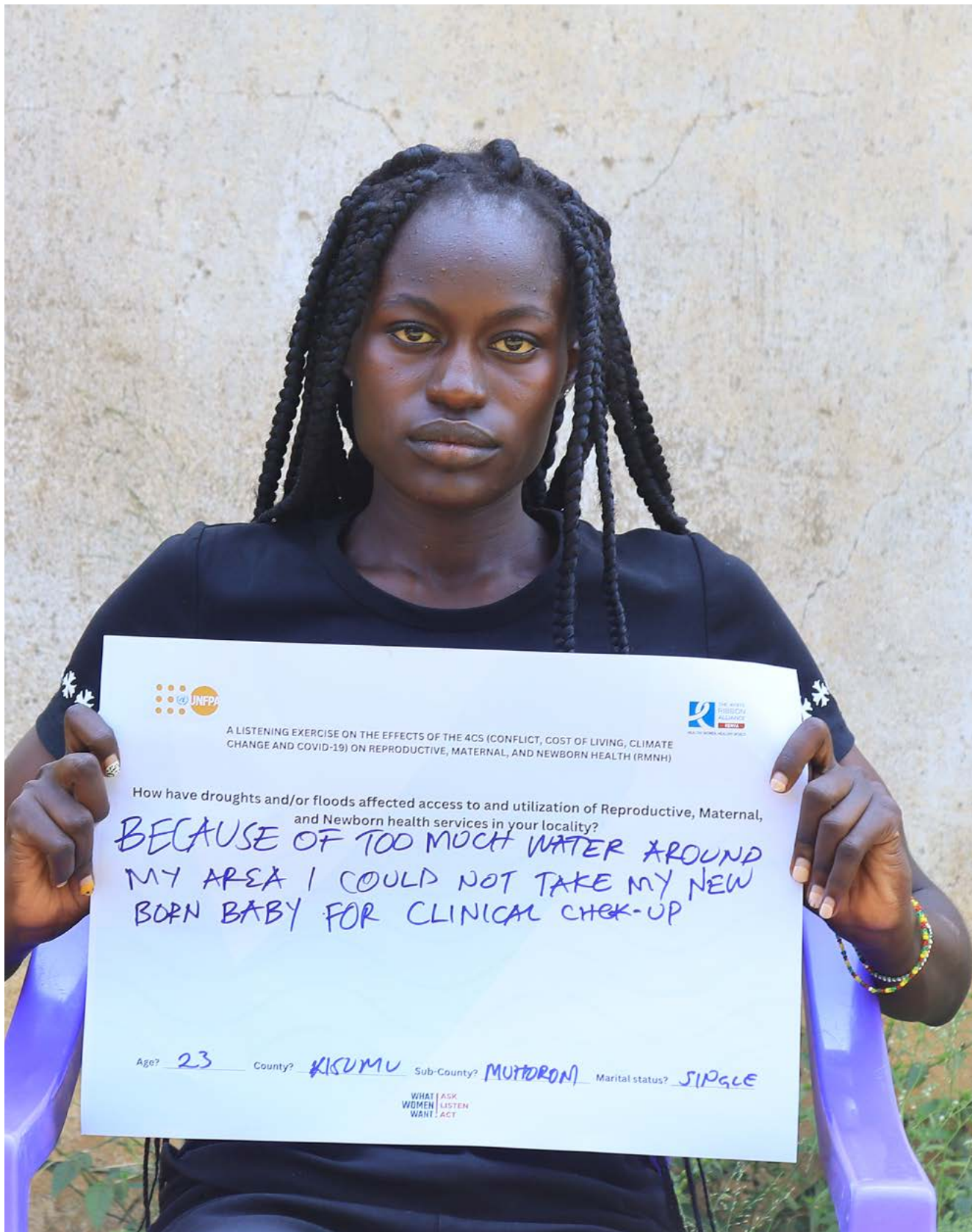
“We use motor bikes for transportation and when the covid lock down came no motor bikes for transport to the hospital.” Respondent, Saku, Marsabit

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“During the pandemic, the freedom of movement was limited making it hard for expectant and lactating mothers to access hospitals easily.” Respondent, Kibwezi West, Makueni

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Midwives Perspectives on 4Cs Factors Affecting RMNAH

We sought to hear from RMNH experts and care providers in four sample counties, namely, Isiolo, Kiambu, Kisumu, and Taita Taveta. From their viewpoints, the 4Cs effect on RMNH has been dire, and in some instances, reversed gains made in previous years in the pre-COVID-19 pandemic period. The enlisted effects are also very similar to those cited by women, demonstrating a common find of the current issues that must be addressed for better health and wellbeing of mothers and their newborns. We present some of the midwives views as shared in focus group discussions.

Climate Change

An FGD with midwives in Kiambu County elicited effects of various aspects of climate change commonly manifesting as drought and floods. During drought, malnutrition is rampant due to inadequate dietary intake and scarcity of foods. During floods, the displacement of women and newborns leads to reproductive care interruptions, miscarriages, and increased home-unskilled – deliveries. Floods with landslides lead to inaccessibility in seeking RH services or getting the RH commodities. During the rainy season, women’s priorities changed to tiling the lands and planting hence seeking RH services is delayed. With delayed care, complications, and emergencies arise. Death is very inevitable during natural calamities, and this affects women and children too.

In Taita Taveta, before the raging floods, there was drought all over the country. Both drought and floods had negative effects on the reproductive health of women and their

new-borns. During floods, poor roads limit access of ANC services and thus a reduction in the number of visits; midwives either open the health facilities late or not at all. In addition, floods create breeding sites for mosquitoes leading to high incidences of Malaria. On the flipside, drought led to increase in FP uptake because women did not want to give birth. In Isiolo County, women and girls and their newborns continue to bear the brunt of poor health and wellbeing due to two major effects of climate change, floods and drought. Floods caused major disruption to transport, hampering movement completely and affecting women with obstetric emergencies the most, resulting in the death of mothers and their newborns. Expectant mothers could not attend antenatal care clinics due to roads being cut off by flood waters. The other major concern is that of malnutrition occasioned by floods disrupting food and water supplies.

“There’s a reduction in skilled deliveries at the hospitals because most hospitals are unreachable. Some mothers try but end up delivering along the roads risking the lives of both herself and the baby. Poor Referral services leading to a delay in the management of Obstetric emergencies”

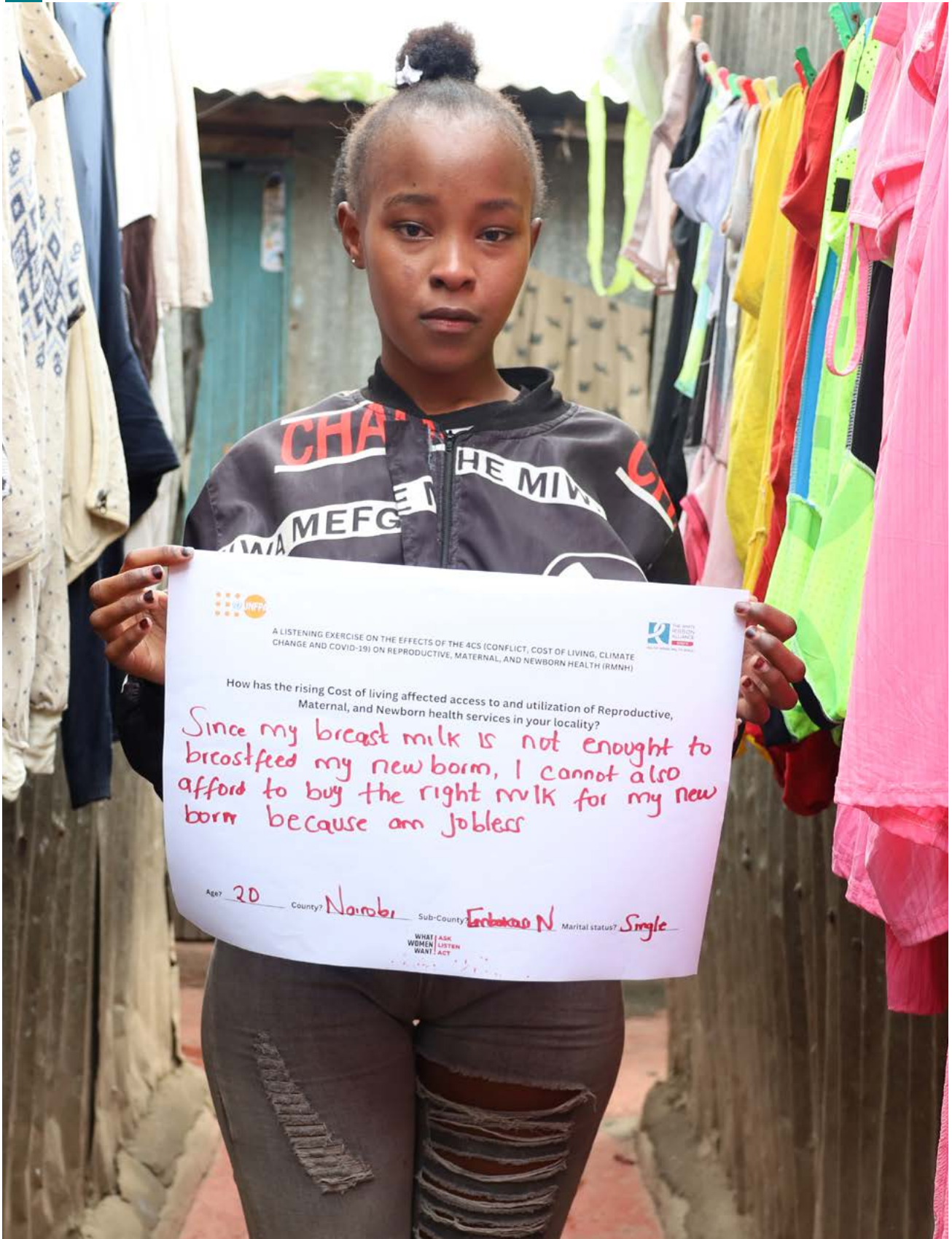
“It is impossible to access health facilities during floods due to the geographical nature of Isiolo as a county and in cases of prolonged labor mothers take long to access health facility increasing chances of sepsis setting in fatal complications which can lead to neonatal death post – partum hemorrhage or maternal death.” Participant, Midwives FGD, Isiolo County

“When floods set in proper supply of food supply and pregnant girls are highly affected. They can only

consume what is available not considering balanced diet for e.g pregnant mothers.” Participant, Midwives FGD, Isiolo County

“Pregnant mothers /young girls who are pregnant may skip their ANC clinic due to heavy rains, hunger, long distances and poor roads which can lead to home delivery and increased pregnancy risks.” Participant, Midwives FGD, Isiolo County





Cost of Living

Midwives in Kiambu County shared several adverse effects of rising cost of living on RMNAH from their perspectives. They included poor affordability of the services for women. This affects RMNH, for example, when a mother is sent for an ultrasound or a lab investigation,

which they cannot afford and fail to obtain.

In Taita Taveta County, similar problems are identified as a result of the ever-rising cost of living that is depriving families of their purchasing power, hence lack of transport to health facilities during antenatal care or labor resulting

in home deliveries that are unattended by skilled health care providers. Lack of money to pay for medical tests, and lack of proper nutrition during pregnancy and lactation period, and lack of money to buy hygiene products were of major concern to women's nutrition, bodily health and hygiene.



“During pregnancy, there’s no money for transport to get to the health facility for 8 routine visits. The mothers cannot afford 1000 for an Ultrasound. The mothers aren’t able to afford a balanced diet and an extra meal for herself.” Participant, Midwives FGD, Taita Taveta County

“The mother doesn’t have money to take her to the hospital leading to home deliveries. They aren’t prepared fully in terms of personal effects e.g baby wrappers, cotton wool and some non-pharmaceuticals when the hospital is deficient. If the hospital doesn’t have Emergency drugs and the money is not in a position to buy, it becomes difficult to manage Obstetric emergencies putting the mother and baby at risk”.

“Post delivery, the mother can’t buy an extra meal leading to poor lactation. She can’t buy personal effects leading to poor personal hygiene. If it’s a Caesarian section, she can’t afford to buy antibiotics prescribed. Routine postnatal aren’t adhered to due to lack of lonely for transport to the hospital.” Participant, Midwives FGD, Taita Taveta County

The rising cost of living was also seen to raise other RMNAH concerns either directly or indirectly. In an FGD with midwives in Kiambu County, as well as other regions as shown elsewhere in this report, the concerns included adolescent girls dropping out of school with negative consequences which include unplanned pregnancies, unsafe sex, Sexually Transmitted Infections (STIs) among other ills that could lead to their ill health or even mortality.

“Increased school drop outs leading to unsafe sex, unwanted pregnancy, unsafe abortions, infections, crimes, morbidities and mortalities.” Participant, Midwives FGD, Kiambu County

“Non-communicable diseases like hypertension, diabetes increased due to anxiety and fear of the rising cost of living. Suicidal thoughts set in leading to mental instability.” Participant, Midwives FGD, Kiambu County

“In informal employment, pregnant women are not guaranteed of their employment, so majority opt to seek abortions to maintain their jobs.” Participant, Midwives FGD, Kiambu County

COVID-19

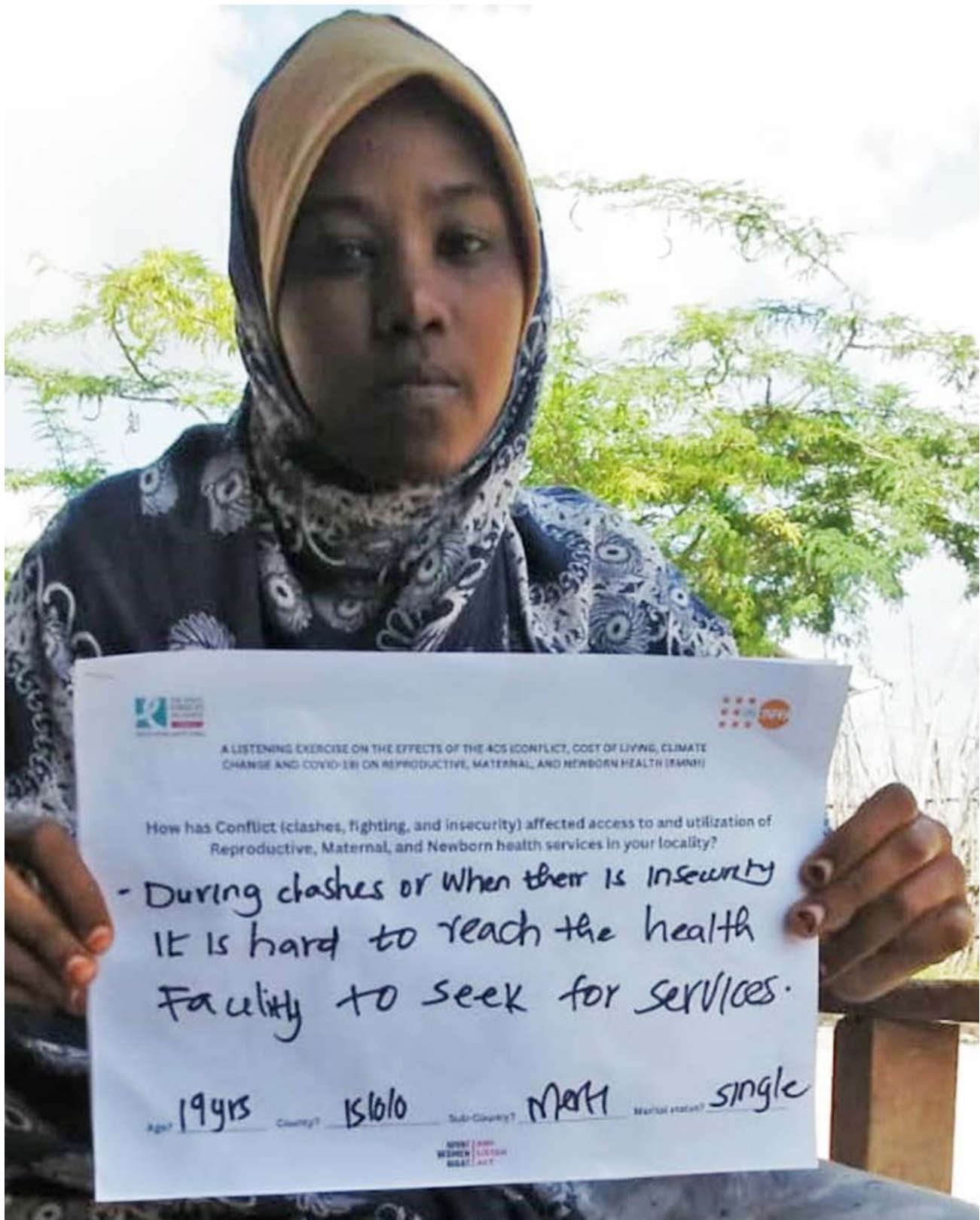
In Kiambu County, the effects of COVID-19 affect MNH in various forms. The fear and stigma associated with COVID-19 centers led to increased home deliveries [unskilled] due to women's fear of coming to the hospital where the infection was presumed to be. Generally, there was reduced accessibility to

seeking reproductive health services, delaying care. Most of the healthcare providers were deployed into the COVID-19 centres, which brought constraints to rendering the RH services to women, adolescent girls, and their newborns. During that period, maternal mortalities were underreported.

There was other disease control

measures that restricted movement, which caused lockdowns around the Nairobi Metropolis and affected Kiambu County. Midwives observed that in the season of restricted movements, curfews and lockdowns, pregnant women and nursing mothers experienced care inaccessibility. Immunisation coverage for newborns decreased.





- The essential reproductive clinics were closed i.e. Antenatal clinic, pre-conception care clinic, High risk clinics, Gynecological clinics. This led to increase in adverse pregnancy outcomes e.g. still births, low birth weight etc.
- Unsafe sex and incest increased among school going pre-teens and teens which led to unwanted pregnancies unsafe abortions, spread of HIV to women and young girls.
- Most businesses were closed down, which even to date have not picked leading to difficult living standards.

Conflict

Conflict may be understood in two main ways, first as a general state of lack of security to the public due to civil unrest, e.g. during riots. Secondly, conflict may be understood in the context of violence against women in the family or domestic setup. Both aspects of conflict adversely affect how women access and utilise reproductive health services, and at times, may even influence the type of service RMNH women will need during conflict due to its direct effect on their reproductive health. We revealed these findings in the listening exercise with women in 27 counties, and during focus group discussions with midwives in Isiolo, Kiambu, Kisumu, and Taita Taveta counties.

Public unrest and civil conflicts deter women from venturing out of their homes, even when they need to travel to health facilities to access emergency or routine obstetric care. Occasions of violence also lead to incidences of sexual violence, and other forms of violence against women and girls, resulting in poor physical, reproductive and mental health.

An FGD with midwives in Kiambu County revealed the effect of conflict resulting in poor health of mothers and newborns in urban and periurban areas could be related to disruption of supply chains for food and medicines. RMNH care in health facilities is also disrupted as women, adolescent girls and their newborn babies migrate to safer areas.

“Food and supply chains are affected giving rise to malnutrition, anemia which poses a great risk to women and children.” Participant, Midwives FGD, Kiambu County

Dire effects of conflict in domestic settings and at family level to RMNH cannot be ignored. For example, in Kiambu County, midwives reported that family conflicts lead to three main MNH concerns, first, it leads to delays or denied support in seeking RH services. Secondly, disagreements in the families affect newborns, children and parent’s health in general. Lastly, conflicts lead to neglect of mental support and well-

being, leading to post-partum depression (mental health instabilities).

Similarly, in Isiolo county, midwives’ perspectives leaned towards conflict and domestic violence being a cause of miscarriage and pregnancy loss due to physical violence.

“During family conflicts mothers can be fought leading to miscarriages.” Participant, Midwives FGD, Isiolo County

Direct or implied conflict in domestic settings affect how HIV positive women access care and treatment before, during pregnancy, and in the postpartum period thus affecting their newborns. Similar sentiments were expressed in Taita Taveta, as captured in the excerpt below:

“During pregnancy, the woman is not given money to come to the hospital for routine ANC visits. Any HIV positive test results have to be hidden and therefore treatment not started promptly and thus risking the life of the mother and unborn baby. Discordance can lead to reduced uptake of ARVS and adherence to PMTC services. Tension at home can lead to high blood pressure if not resolved.” Participant, Midwives FGD, Taita Taveta County

“When there is conflict, for instance ‘Maandamano’, the mother is likely to get to the facility when labor is more advanced, and if there is an issue in delivery, it may not be addressed in time leading to poor outcomes. Participant, Midwives FGD, Kisumu County

Domestic tensions also affect how women choose and utilise methods of family planning, often being discreet and choosing methods that will not attract or exacerbate conflict at home. In Taita Taveta County, women have few FP choice of methods, being restricted to what is easy to conceal, at the expense of their reproductive health and access to the best quality and appropriate method based on the health care provider assessment.

“Mothers hide books in health facilities to avoid conflict at home. They may even choose a method that may not raise questions at home even if it’s not the appropriate one, for instance choosing injectables over Jadelle implants because the later may be conspicuous.” Participant, Midwives FGD, Taita Taveta County



Conclusion

THE HEALTH of women, adolescent girls, and their newborns continues to be adversely affected by climate change, conflict, and the rising cost of living in Kenya. Although dissipated, the aftermath of COVID-19 is still being felt by women, some with deleterious effects on their reproductive health and wellbeing.

All four issues – climate change, conflict, rising cost of living, and COVID-19 had a common deterrent – reduced access to RMNH services. It can be in physical inaccessibility occasioned by poor roads, insecurity, restricted or complete breakdown in movement. Other forms of inaccessibility are occasioned by lack of funds for transport, or inaccessibility due to displacement far from primary care facilities due to conflict or floods.

There is a need to address the effects of the 4Cs, with specific interventions and programs tailored to respond to the critical voices of women and on behalf of their newborns. There is a need for RMNH programs that seek to ameliorate the harmful effects of the 4Cs and to restore to normal the health of mothers and newborns. Based on these findings, we have identified four top-level recommendations outlined in the next section.



Recommendations

WE RECOMMEND that RMNH program interventions be agile and respond to the contextual needs of women, planning to prevent any effects of poor health occasioned by the 4Cs, but most importantly, providing services that are resilient to these external effects.

We recommend policy changes that are aligned with the women's demands, interventions that reduce the 4Cs effects, and that provide Quality, Equity, and Dignity (QED) while responding to the voices of thousands of women and girls across the country.

Our exhortation to duty bearers, those who are tasked with formulating and passing laws in public health financing, to take heed of women's voices in planning and executing public policy.

We call upon multisectoral actors to truthfully hold each accountable against promises of universal health coverage to women and their newborns and to make this promise a reality for women affected by climate change, conflict, the rising cost of living, and the aftermath of the COVID-19 pandemic.

References

Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.



Call to Action

WOMEN and Girls have spoken. It is our time to take a pause and listen to what they have said. They are pointing us to their realities, we cannot ignore them if we are to change the way RMNH programming is designed, organized, and delivered.

This calls for all of us to broaden the support base for RMNH through a refocus on how we do business for women and girls. It calls for placing women and girls at the front and centre of decision-making regarding their RMNH and broadly their wellbeing. Making their voices heard as raw as they are in this report. They are indeed the true experts of RMNH and need their place in the health care system.

What if we tried this timetested ASK–LISTEN–ACT approach to programming? Women and girls have the requisite power to make decisions for their lives and that of their newborns, their children, and their families at large. While so much of the data used claims objectivity, the majority of it stems from a place of top-down hierarchy, and most of it does not paint the reality of what the What Women Campaign approach has showcased since its flagship in WRA programming in 2018. Women and Girls voices are transforming practice and policy environments in health facilities and policy making spaces in Kenya and beyond. Women and Girls have spoken, it is time to ACT!





HEALTHY WOMEN. HEALTHY WORLD.

WHAT WOMEN WANT! ASK LISTEN ACT



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Talk to us

