**THE CURRENT PROJECT**

***TITLE - GRASSROOTS WOMEN SUPPORT ON UNVERSAL HEALTH COVERAGE (Funded by UNDP – Amkeni Wakenya)***

***The objective of the project is***:- To contribute to the attainment of health rights through sufficient primary health care budget allocations in the Kisumu County Government Budgets that favours free maternity as envisaged the Universal Health Coverage strategy by engaging the grassroots women in advocacy, capacity-building, establishment of a strong and active platform for follow ups and oversight on the county’s budget formulation, tracing, follow ups and social audit of the implemented projects to cushion the women from maternal deaths and other related problems.

***Project area:-*** Our area is Kisumu County - Nyalenda and Obunga slums as urban and South West Kisumu Ward and North West Kisumu Ward as rural areas. Because of low life, poverty within the slums and the risky health behavior of the fishing community, the majority of women within the child-bearing age bracket are suffering and cannot get appropriate free maternity services as had been envisioned in the Universal Health Coverage (UHC) due to insufficient funding and so, majority of them have gone back to the Traditional Birth Attendants (TBAs) services on maternity matters which is more risky besides being a claw back on the achievement of UHC.

***Problem to be solved: -*** Kisumu County is one of the 47 Counties created by the Kenyan constitution of 2010 and come into effect through the general elections of 2013 with a mandate to handle primary health care services as a devolved function anchored on the Universal Health Coverage (UHC) that promised to offer free maternity services since its launch in 2017.

Before the launch of the Universal Health Coverage (UHC), Kisumu County was indeed among counties that had a particularly high prevalence of sexual and gender based violence (SGBV) incidences related to lack of the primary health care services. The Kenya Demographic and Health Survey (2014) reported that 39.2 percent of pregnant women in Kisumu County had experienced physical violence. In 97 percent of these cases, the violence had been perpetrated by the women’s intimate partners.

While SGBV violations in Kisumu County have previously been linked to certain cultural beliefs and traditions, post-election violence as well as socio-economic status of the vulnerable groups, the high prevalence of SGBV calls for the need to create local interventions and solutions which can only be anchored on effective and responsive primary health care (PHC) services which is in a crisis due to insufficient budget allocations. Besides the SGBV, cases of women dying while giving birth has been common and therefore in the spirit of UHC on free maternity and to be in conformity with other Kenyan initiatives such as “linda mama” and “Card ya Uzaaji”, we, as the local women activists with interest in maternity matters, must engage other women of the child-bearing age, to push for sufficient allocation of health budget to the UHC for the purposes of covering the maternity cases otherwise many families will turn to traditional birth attendants for services which has proved to be very risky to women.

In Kisumu County, women and girls within the child-bearing age forms a formidable chunk of population of almost 61%. Of this percentage, 90% lives and works in the rural or slum areas where the primary health care (PHC) services especially the maternity is much needed. Failure by Kisumu County Government in allocating sufficient budget on the primary health care (PHC) services has not only lead to ineffective Universal Health Coverage (UHC) hence expensive maternity services which the targeted group has not been able to afford hence a serious emergence of the traditional birth attendants services which is not only risky but encourages the spread of HIV/Aids and so we are faced with high HIV/Aids prevalence rate among the child-bearing age bracket in Kisumu. Since the budget making process is participatory, the affected women must therefore come out, participate, advocate and raise their voices during the budget making process with a focus to primary health care and also to offer oversight on the implementation of the same budget.

***Final product:-*** This project in its totality is calling for sufficient primary health care budget allocation that will facilitate the free maternity services among the women and girls. With enough budgets, the cases of maternal deaths, unresponsive health gender based violence response mechanism and deteriorating health status of these women and girls will be a matter of the past. Continuous grassroots civilian oversight and social audit of the proposed primary health care budget will keep the county government on toes and at long last the women and girls besides the general community will benefit from sound health systems as enshrined in the Kenyan Constitution of 2010.