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ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT: KENYA

July 2015

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ACRONYMS

EPHS	Essential Package of Health Services
KHSSP	Kenya Health Sector Strategic and Investment Plan
NHIF	National Hospital Insurance Fund
RMNCH	Reproductive, maternal, newborn and child health

ABOUT THE ESSENTIAL PACKAGES OF HEALTH SERVICES COUNTRY SNAPSHOT SERIES

An Essential Package of Health Services (EPHS) can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Essential packages are often expected to achieve multiple goals: improved efficiency, equity, political empowerment, accountability, and altogether more effective care. There is no universal essential package of health services that applies to every country in the world, nor is it expected that all health expenditures in any given country be directed toward provision of that package. Countries vary with respect to disease burden, level of poverty and inequality, moral code, social preferences, operational challenges, financial challenges, and more, and a country's EPHS should reflect those factors.

This country snapshot is one in a series of 24 snapshots produced by the Health Finance & Governance Project as part of an activity looking at the Governance Dimensions of Essential Packages of Health Services in the Ending Preventable Child and Maternal Death priority countries. The snapshot explores several important dimensions of the EPHS in the country, such as how government policies contribute to the service coverage, population coverage, and financial coverage of the package. The information presented in this country snapshot feeds into a larger cross-country comparative analysis undertaken by the Health Finance & Governance Project to identify broader themes related to how countries use an EPHS and related policies and programs to improve health service delivery and health outcomes.

Each country snapshot includes annexes that contain further information about the EPHS. When available, this includes the country's most recently published package; a comparison of the country's package to the list of priority reproductive, maternal, newborn and child health interventions developed by the Partnership for Maternal, Newborn and Child Health in 2011 (PMNCH 2011), and a profile of health equity in the country

THE ESSENTIAL PACKAGE OF HEALTH SERVICES (EPHS) IN KENYA

Kenya's EPHS, referred to as the Kenya Essential Package for Health, is clearly defined in the *Kenya Health Sector Strategic and Investment Plan (KHSSP) for July 2014–June 2017* and the *Taking the Kenya Essential Package for Health to the Community: A Strategy for the Delivery of Level One Services (Community Health Strategy)*. The KHSSP defines the scope of health and related services that the sector intends to focus on and thereby ensure universal coverage. It also details the investments required to provide the EPHS, and how the sector will monitor and guide attainment of universal coverage of the EPHS. The Community Health Strategy details the services that community health workers will deliver. Annex A contains a selection of relevant pages from these two documents

Priority Reproductive, Maternal, Newborn and Child Health Interventions

To see a comparison of Kenya's EPHS and the priority reproductive, maternal, newborn and child health (RMNCH) interventions (PMNCH 2011), refer to Annex B.

Status of Service in EPHS	Status Definition	# of Services
Included	The literature on the essential package specifically mentioned that this service was included.	30
Explicitly Excluded	The literature on the essential package specifically mentioned that this service was not included.	0
Implicitly Excluded	This service was not specifically mentioned, and is not clinically relevant to one of the high-level groups of services included in the essential package.	4
Unspecified	The literature on the essential package did not specifically mention this service, but this service is clinically relevant to one of the high-level groups of services included in the essential package.	26

The following four priority RMNCH services are implicitly excluded from Kenya's EPHS:

- Safe abortion
- Post-abortion services
- Home visits for women and children across the continuum of care
- Women's groups

Use of Selected Priority Services

The table below presents the country's data on common indicators.

Indicator	Year	Value	Urban Value	Rural Value
Pregnant women sleeping under insecticide-treated nets (%)	2008		48.3	50.8
Births attended by skilled health personnel (in the five years preceding the survey) (%)	2008		36.8	74.8
BCG immunization coverage among one-year-olds (%)	2013	79		
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among one-year-olds (%)	2013	76		
Median availability of selected generic medicines (%)—private	2004	72.4		
Median availability of selected generic medicines (%)—public	2004	37.7		

Source: Global Health Observatory, World Health Organization.

How the Health System Delivers the EPHS

RMNCH services from the EPHS are delivered through:

- ✓ government-sponsored community health workers
- ✓ public sector primary care facilities
- ✓ public sector referral facilities

The Ministry of Health in Kenya laid out a clear vision for delivery of the EPHS in Kenya through the *Kenya Health Policy*, in which health and related services will be available to all Kenyans through four tiers of care: Community, Primary Care, County Services, and National Services. The figure below from the KHSSP portrays each tier.

Community units are not facility-based. On average, there should be one community unit for every 5,000 people.

Primary care service units are either dispensaries (static or mobile clinics) or health centers. According to the KHSSP, a dispensary should exist for every 10,000 persons on average, and provide an average of 30 outpatient services (curative, preventive, or heath promotive) per day. Dispensary units can be static, physical facilities, but in areas where populations are mobile and sparse, mobile facilities should replace dispensaries. Health centers should serve an average population of 30,000 and be able to handle at least four deliveries per day.

Hospitals focus on management of referral care. Hospitals are defined to be primary, secondary, or tertiary referral units. Primary referral facilities are targeted to serve a population of 100,000. Currently, hospitals in this tier have varying capabilities. The medium-term plan described by the KHSSP requires that all primary referral facilities have the capability to perform emergency surgery. It says that secondary referral facilities should serve a population of 1 million and often serve multiple counties. Tertiary referral facilities should serve a population of 5 million and serve across counties as well (KHSSP 2014).

Delivering the EPHS to Different Population Groups

The government's strategy for implementing the EPHS includes specific activities to improve equity of access for specific populations; these include:

- ✓ women,
- ✓ adolescents,
- ✓ the indigent, and
- ✓ rural populations.

See Annex C for the World Health Organization's full health equity profile of Kenya based on data from a 2008 Demographic and Health Survey.

Key findings from the health equity profile include:

- Over 80 percent of pregnant women receive at least one antenatal care visit across the wealth spectrum, but wealth is associated with higher coverage of four antenatal care visits and births attended by skilled health personnel.
- Coverage of births attended by skilled health personnel in urban areas is nearly twice the coverage in rural areas.
- Coverage of BCG and DTP3 is relatively equitable across rural and urban populations, and across wealth and education levels. Rural populations have higher coverage of full immunization, at 70 percent, compared to 63 percent among urban populations.

Kenya's revised EPHS specifies targeted subpopulations, or so-called cohorts, for each service:

- Pregnancy and the newborn (up to 28 days)
- Early childhood (29 days-59 months)
- Childhood and youth (5-19 years)
- Adulthood (20-59 years)
- Elderly (60 years and older)
- Cross-cutting interventions

The community health strategy, adopted in 2007, also specifies appropriate community-based services for these subpopulations, and is also meant to improve access to care for rural populations. The strategy calls for a new cadre of health workers to deliver the services specified for the community units (the first of the four tiers of health services delivery). One level 1 service unit is designed to serve 5,000 people, and will work with volunteer community health workers identified by the community and trained and supported by a community health extension worker who is based at a facility. In a pre-test and post-test nonrandomized interventional study of the community health strategy, between 2008 and 2010 Wangalwa et al. found a statistically significant increase in attendance of at least four antenatal care visits, deliveries by skilled birth attendants, pregnant women receiving intermittent preventive treatment, testing for HIV during pregnancy, and exclusive breastfeeding.

Providing Financial Protection for the EPHS

- ✓ The government sponsors health insurance for civil servants.
- ✓ The government sponsors or regulates health insurance for nongovernmental formal sector employees.
- ✓ The government sponsors health insurance for informal sector employees (through a national insurance fund, through subsidies to community-based health insurance, etc.).
- ✓ Community-based insurance is available in parts or all of the country.

Health service delivery facilities collect user fees for services, and are also financed through public sector provision and donor funds. The Kenya Health Policy identifies several modes of financing health services that include public sector provision through taxation, as well as user fees, donor funds, and health insurance targeting both the public and private sectors.

The National Hospital Insurance Fund (NHIF) is the primary provider of health insurance in Kenya, with a mandate to enable all Kenyans to access quality and affordable health services. The National Hospital Insurance Fund Act No. 9 restructured the NHIF in 1998. The Act made no distinction between the formal and informal sector, and indicated that membership will be mandatory for all Kenyans at least 18 years of age. In practice, however, while Kenya has achieved high levels of coverage of the formal sector, coverage of the informal sector has proved more challenging (Joint Learning Network 2015).

The NHIF recently launched the Health Insurance Subsidy Program to extend financial risk protection to Kenya's poorest by providing them with a health insurance subsidy, which covers both inpatient and outpatient care in public and private health facilities. The first phase of the program, launched in April 2014, covers 125,000 Kenyans in 23,500 families across the country's 47 counties, selected from a poverty list developed by the Ministry of Labour, Social Protection and Services. These results were then validated at the community level to ensure that the program benefits the neediest (World Bank 2014).

Community-based health insurance also exists in some parts of Kenya and mainly covers the poor and those working in the informal sector.

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ANNEX A. KENYA'S EPHS

Republic of Kenya

TRANSFORMING HEALTH:
Accelerating Attainment of Universal Health Coverage

KENYA HEALTH SECTOR STRATEGIC AND INVESTMENT PLAN (KHSSP)

JULY 2014 – JUNE 2018

Table 8: Description of KEPH services for the KHSSP Table 8: Description of KEPH services for the KHSSP

Policy Objective	Services	Policy Objective	Services
Accelerate reduction of the burden of Communicable Conditions	Immunization	Provide essential health services	Outpatients
	Child Health		Emergency
	Screening for communicable conditions		Maternity
	Antenatal Care		In patient
	Prevention of Mother to Child HIV Transmission		Clinical laboratory
	Integrated Vector Management		Specialized laboratory
	Good hygiene practices		Radiology
	HIV and STI prevention		Operative services
	Port health		Specialized therapy
	Control & prevention of neglected tropical diseases		Specialized services
Halt, and reverse the rising burden of non communicable conditions	Community screening for NCDs		Rehabilitation
	Institutional Screening for NCD's	Strengthen collaboration with health related sectors	Safe water
	Workplace Health & Safety		Sanitation and hygiene
	Food quality, safety and hygeine		Nutrition services
Reduce the burden of violence and injuries	Pre hospital Care		Pollution control
	Community awareness on violence and injuries		Housing
	Disaster management and response		School health
Minimize exposure to health risk factors	Health Promotion including health Education		Water and Sanitation Hygiene
	Sexual education		Food fortification
	Substance abuse		Population management
	Infection Prevention & Control		Road infrastructure and Transport
	Micronutrient deficiency control		Veterinary services
	Physical activity		

3.1.2 Implementing disease programs through the KEPH

These KEPH services are critical for the different programs needed in delivery of health services. Programs define services and interventions across the KEPH, as opposed to each service representing a program. This allows comprehensive integration of programs across different services, and so better and more efficient delivery of services to populations.

The situation analysis highlighted the main disease conditions afflicting the population in Kenya. As shown in the table below, specific program areas relate to many of the KEPH services – as opposed to relating to a specific services. This therefore calls for program areas to review key focus they need to have in each of the KEPH services and interventions.

Table 9: KEPH services, by selected disease program areas

Policy Objective	KEPH Services	Program areas contributing to KEPH services						
		HIV	TB	MAL	NCD	NTD	VIP	NUT
Accelerate reduction of the burden of Communicable Conditions	Immunization		✓					
	Child Health	✓	✓	✓	✓			✓
	Screening for communicable conditions	✓	✓	✓		✓		
	Antenatal Care	✓	✓	✓	✓			✓
	Prevention of Mother to Child HIV Transmission	✓						
	Integrated Vector Management			✓		✓		
	Good hygiene practices				✓	✓		
	HIV and STI prevention	✓	✓					
	Port health		✓			✓		
	Control and prevention neglected tropical diseases					✓		✓
Halt, and reverse the rising burden of non communicable conditions	Community screening for NCDs				✓			✓
	Institutional Screening for NCD's				✓			✓
	Workplace Health & Safety	✓	✓		✓		✓	
	Food quality & Safety				✓			✓
Reduce the burden of violence and injuries	Pre hospital Care	✓	✓	✓	✓	✓	✓	
	Community management of violence and injuries				✓		✓	
	Disaster management and response						✓	
Provide essential health services	Outpatients	✓	✓	✓	✓	✓	✓	✓
	Emergency	✓	✓	✓	✓	✓	✓	✓
	Maternity	✓	✓	✓	✓	✓	✓	✓
	In patient	✓	✓	✓	✓	✓	✓	✓
	Clinical laboratory	✓	✓	✓	✓	✓	✓	✓
	Specialized laboratory	✓	✓	✓	✓	✓	✓	
	Radiology	✓	✓	✓	✓	✓	✓	
	Operative	✓	✓	✓	✓	✓	✓	✓
	Specialized therapy	✓	✓	✓	✓	✓	✓	
	Specialized services	✓	✓	✓	✓	✓	✓	✓
	Rehabilitation	✓	✓	✓	✓	✓	✓	✓
Minimize exposure to health risk factors	Health Promotion (including health Education)	✓	✓	✓	✓	✓	✓	✓
	Sexual education	✓					✓	
	Substance abuse	✓			✓		✓	✓
	Micronutrient deficiency control	✓	✓		✓			✓
	Physical activity				✓			✓
Strengthen collaboration with health related sectors	Safe water	✓	✓	✓	✓	✓	✓	✓
	Sanitation and hygiene	✓	✓	✓	✓	✓	✓	✓
	Nutrition services	✓	✓	✓	✓	✓	✓	✓
	Pollution control	✓	✓	✓	✓	✓	✓	✓
	Housing	✓	✓	✓	✓	✓	✓	✓
	School health	✓	✓	✓	✓	✓	✓	✓
	Water and Sanitation Hygiene	✓	✓	✓	✓	✓	✓	✓
	Food fortification	✓	✓	✓	✓	✓	✓	✓
	Population management	✓	✓	✓	✓	✓	✓	✓
	Road infrastructure and Transport	✓	✓	✓	✓	✓	✓	✓
	Veterinary services		✓			✓	✓	✓

HIV: HIV/AIDS program; TB – National Tuberculosis and Lung Diseases program; MAL – Malaria control program; NCD – Non communicable conditions; NTD – Neglected Tropical Conditions; VIP – Violence and Injury Prevention; NUT – Nutrition program

3.2 KEPH indicators and targets

The implementation of the KEPH needs to be monitored, across the 3 dimensions of the UHC implementation in the Country.

- Counties shall define, and monitor annual targets towards increasing number of KEPH service (and interventions) being provided, as part of the regular planning and monitoring process
- Reductions in catastrophic health spending shall also be followed up regularly in the sector
- Improvements in coverage with KEPH services will be monitored using the indicators shown below.

Table 10: Sector 5 year targets for indicators against Health Policy Objectives

Policy Objective	Indicator	Annual Targets For Attainment				
		2013/14	*2014/15*	*2015/16*	*2016/17*	*2017/18*
Accelerate reduction of the burden of Communicable Conditions	% Fully immunized children	79	85	88	90	90
	% of target population receiving MDA for schistosomiasis	50	70	95	95	95
	% of TB patients completing treatment	85	85	90	90	90
	% HIV + pregnant mothers receiving preventive ARV's	63	80	90	90	90
	% of eligible HIV clients on ARV's	60	70	80	90	90
	% of targeted under 1's provided with LLITN's	44	60	85	85	85
	% of targeted pregnant women provided with LLITN's	30	45	58	70	85
	% of under 5's treated for diarrhea	40	20	10	10	5
	% School age children dewormed	49	60	85	85	90
Halt, and reverse the rising burden of non communicable conditions	% of adult population with BMI over 25	50	50	45	40	35
	% women of reproductive age screened for cervical cancers	50	50	60	70	75
	% of new outpatients with mental health conditions	<1	3	3	2	1
	% of new outpatients cases with high blood pressure	1	3	5	5	3
	% of patients admitted with cancer	1	3	3	2	2
Reduce the burden of violence and injuries	% new outpatient cases attributed to gender based violence	<1	2	3	3	2
	% new outpatient cases attributed to road traffic accidents	4	4	3	2	2
	% new outpatient cases attributed to other injuries	<1	1	1	0.5	0.5
	% of facility deaths due to injuries	10	8	6	5	3
Provide essential health services	% deliveries conducted by skilled attendant	44	46	50	60	65
	% of women of Reproductive age receiving family planning	45	65	75	80	80
	% of facility based maternal deaths (per 100,000 live births)	400	350	150	100	100
	% of facility based under five deaths (per 1,000 under 5 outpatients)	60	50	35	20	15
	% of newborns with low birth weight	10	10	8	6	5
	% of facility based fresh still births (per 1,000 live births)	30	25	20	10	5
	Surgical rate for cold cases	0.40	0.60	0.70	0.85	0.90
	% of pregnant women attending 4 ANC visits	36	50	70	80	80
Minimize exposure to health risk factors	% population who smoke	18		15		6
	% population consuming alcohol regularly	35		25		10
	% infants under 6 months on exclusive breastfeeding	32		50		70
	% of Population aware of risk factors to health	30		60		80

Policy Objective	Indicator	Annual Targets For Attainment				
		2013/14	*2014/15*	*2015/16*	*2016/17*	*2017/18*
	% of salt brands adequately iodised	85		100		100
	% adults screened with Mid Upper Arm Circumference above average	--		40		30
	Couple years protection due to all FP methods					
Strengthen collaboration with health related sectors	% population with access to safe water	60		70		85
	% under 5's stunted	35		30		15
	% under 5 underweight	17		10		5
	School enrollment rate	60	70	75	80	80
	% women with secondary education	34		45		70
	% of households with latrines	65		75		80
	% of houses with adequate ventilation	30		40		50
	% of classified road network in good condition	15		35		50
	% Schools providing complete school health package	34	50	55	70	85

3.3 KEPH Interventions, by strategic objective

3.3.1 Strategic Objective 1: Accelerate reduction of the burden of Communicable Diseases and Conditions

The sector aims to force down - the burden of communicable diseases in the medium term by:

- Enhancing comprehensive control of communicable diseases by designing and applying integrated health service provision tools, mechanisms and processes
- Integrating delivery of interventions, around the service areas for more comprehensive provision of services, with an aim to ensure populations have access to all interventions in a given service area
- Increasing access of the population to key interventions addressing communicable conditions causing the highest burden of ill health and death
- Ensuring that communicable disease prevention interventions directly addressing marginalized and indigenous populations, as well as persons living in congregate settings (prisons, schools, urban slums, army/policy barracks) are available

These strategies aim at the eradication, elimination, or control of the following diseases.

- Eradication, i.e. the complete removal in Kenya during the KHSSP period, of polio and Guinea Worm infestation.
- Elimination, i.e. the reduction of the burden of disease to levels not of a public health concern, of malaria, mother-to--child HIV transmission, maternal and neonatal tetanus, measles, , leprosy, and neglected tropical conditions (including infestations);
- Control efforts will focus on diseases for which the sector will work towards managing their burden to avoid unnecessary ill health and death. Current investments are not at a level to allow elimination / eradication – this will be the focus for these in subsequent strategic plans as investments, and / or strategies to allow this are attained. These include HIV, tuberculosis, diarrheal diseases, immunisable conditions, respiratory diseases, and other diseases of public health concern.

Table 11: KEPH interventions for accelerating reduction in the burden of communicable conditions by level of care and life cohort

Services	Interventions	Lowest level for provision	Primary cohort
Immunization	BCG vaccination	2	1
	Oral Polio Vaccination	2	2
	Pentavalent vaccination	2	2
	Rotavirus vaccination	2	2
	PCV – 10 vaccination	2	2
	Measles vaccination	2	2
	Typhoid vaccination	3	All
	Yellow fever vaccination	3	All
	HPV vaccination	4	1
Child Health	Deworming	1	2
	Management of pneumonia	2	1
	Management of malaria	2	All
	Management of diarrhoea	2	1
Screening for communicable conditions	HIV Testing and counselling (HTC)	3	All
	Active case search for TB	1	All
	Diagnostic Testing for Malaria	1	All
	Screening for drug resistant TB	5	All
	Screening for Animal Transmitted Conditions	4	All
Prevention of Mother to Child HIV Transmission	HIV Testing and Counselling	3	1
	ARV prophylaxis for children born of HIV+ mothers	4	1
	Highly Active Anti retroviral Therapy	4	1
	Cotrimoxazole prophylaxis	2	1
	Counselling on best breastfeeding and complementary feeding practices in HIV	1	1
Integrated Vector Management	Indoor Residual Spraying of malaria	1	All
	ITN distribution	1	All
	Destruction of malaria breeding sites	1	All
	Household vector control (cockroaches, fleas, rodents)	1	All
Good hygiene practices	Food outlet inspections	1	All
	Meat inspections (abattoirs, butcheries)	1	All
	Household water treatment	1	All
HIV and STI prevention	Male circumcision	4	All
	Management of sexually transmitted Infections	3	All
	Pelvic Inflammatory Disease management	4	All
	Post Exposure Prophylaxis	4	All
	Condom distribution/ provision	1	All
	HIV Testing and Counselling (HTC)	3	All
Port health	Monitoring of imported and exported commodities affecting public health	3	All
	Monitoring of people movement in relation to International Health Regulations	3	All
	Cholera vaccination	3	All
	Meningococcal vaccination	3	All
	Yellow fever vaccination	3	All
Control and prevention of neglected tropical diseases	Mass deworming for schistosomiasis control	1	All
	Mass screening of NTDS (KalarAzar, Schistosomiasis, Drucunculosis, Leishmaniasis)	2	All

3.3.2 Strategic Objective 2: Halt, and Reverse Rising Burden of NCDs

This strategic objective focuses on ensuring efforts are initiated to prevent a rise in the burden of key non-communicable conditions and diseases. However, efforts will also be made to increase access to services that will contribute to reduce the existing burden of ill health such as rehabilitation activities (tertiary prevention). The sector will focus on:

- Integrating health service provision tools, mechanisms and processes for responding to NCDs
- Establishing screening programs at community level and in health facilities for major NCDs.
- Putting in place interventions directly addressing marginalized and indigenous populations affected by NCDs
- Improving working conditions, particularly in the workplace, that pre-dispose persons to NCDs

The NCD's targeted for control during the strategic planning period include mental disorders, diabetes mellitus, cardiovascular diseases, chronic obstructive airway conditions, blood disorders focusing on sickle cell conditions, and cancers. These represent the NCD's contributing to the highest NCD burden. The service package that shall be provided under this strategic area is shown in the table below.

Table 12: KEPH interventions for reversing rising burden of NCDs by level of care and life cohort

Services	Interventions	Lowest level for provision	Primary cohort
Institutional Screening for NCD's	Blood Sugar testing	3	4,5
	Routine Blood Pressure measurement for all adults at the OPD	2	4,5
	Routine Body Mass Index (weight and height) measurement for all outpatients	2	3,4,5
	Cervical cancer screening for all women in the RH age group	4	3,4,5
	Faecal occult blood testing for bowel cancers	4	4,5
	Breast cancer screening for all women over 18 years	5	4,5
	Lung Function Testing	4	4,5
	Lipid profiling	4	4,5
	Annual prostate examination for all men over 50 years	4	4,5
	Screening for sickle cell anaemia	4	2
Community screening for NCD's	Routine Blood Pressure measurement	1	3,4,5
	Adult Mid Upper Arm Circumference measurement	1	3,4,5
Workplace health, safety and hygeine	Workplace wellness programme	4	3,4
	Inspection and certification	4	3,4
	Safety education	4	3,4
Food quality and safety	Food demonstrations (at community and facilities)	1	All?
	Food safety testing	4	All
	Consumer Education on food quality and safety	1	All

3.3.3 Strategic Objective 3: Reduce the burden of violence and injuries

The third strategic objective will focus on managing the burden due to violence and injuries affecting persons in the country. In the medium term, the sector will focus on:

- Development of joint policy approach through multi sectoral forums for making available corrective and inter-sectoral preventive interventions to address causes of injuries and violence
- Putting in place interventions directly addressing marginalized and indigent populations affected by injuries and violence
- Strengthening the health sector's emergency preparedness and response to disasters

The major types of violence and injuries targeted during KHSSP are gender-based violence (including sexual violence), child maltreatment, female genital mutilation and injuries due to road traffic accidents, conflict and war, occupational accidents, poisoning including snake bites, burns/fires and drowning. The service package that shall be provided under this strategic area is shown below.

Table 13: KEPH interventions for managing the rising burden of violence and injuries, by level of care & cohort

Services	Interventions	Lowest level for provision	Primary cohort
Pre hospital Care	Basic First Aid	1	All
	Evacuation Services for Injuries	4	All
Community management of violence and injuries	Community systems for responding to gender based violence	1	All
	Community systems for responding to child maltreatment	1	All
	Capacity building of communities on injury prevention	1	All
Disaster management response	Disaster risk reduction interventions	4	All
	Facility disaster response planning	4	All
	Disaster management	2	All

3.3.4 Strategic Objective 4: Improve person-centred essential health services

The constitution places emphasis on individual rights of persons in Kenya. In line with this, the KHSSP is placing increasing emphasis on person-centred care through this objective. This doesn't replace the public health approach, but rather is aimed at complementing it, to ensure a holistic approach to health, which invests in both population and individual health needs. The sector intends to focus on:

- Scaling up access to person centered health care, with local solutions designed to reach vulnerable populations
- Ensuring a holistic approach to provision of services – informed by needs of a client as they use available health services by integrating services
- Ensure a closer and more comprehensive approach to customer care and response

The scope of interventions planned by services are shown below.

Table 14: KEPH interventions for improving person centred essential health services

Services	Interventions	Lowest level for provision	Primary cohort
Outpatients	Integrated treatment of common ailments	2	All
	Vaccination for yellow fever, tetanus and rabies	2	All
	Outpatient management of minor injuries	3	All
Emergency	Management of medical emergencies	3	All
	Management of surgical emergencies(including trauma care)	3	All
	Basic life support	4	All
	Advanced life support	5	All
Maternity	Management of pregnancy complications	3	All
	Management of abnormal pregnancies	4	All
	Management of pre-term labour	4	All
	Normal Vaginal Delivery	3	All
	Assisted vaginal delivery	4	All
	Caesarean section	4	All
	Care for the newborn	3	All
	Post partum care	3	All
In patient	Management of medical in patients	3	All
	Management of surgical in patients	3	All
	Management of pediatric in patients	4	All
	Management of gynaecology in patients	4	All
Clinical laboratory	Haematology(Hb, RBC/WBC counts, hematocrit, peripheral film)	3	All
	Pregnancy test	4	All
	Bleeding and coagulation time	4	All
	Blood grouping with Rh factors	4	All
	Parasitology (RDT)	2	All
	Hepatitis B and C tests	4	All
	Bacteriology (ZN staining, Alberts staining, Gram Staining) microscopy	3	All
	ELISA tests	3	All
	Widal tests	4	All
	CD 4 count	4	All
	PCR tests	5	All
	Viral culture	6	All
	Agglutination tests	4	All
	Urinalysis	3	All
	Liver Function Tests	4	All
	Renal Function Tests	4	All
	Blood gases	5	All
	Cardiac enzymes	5	All
	Cholesterol tests (Total / Differential)	4	All
	Blood culture	4	All
	Blood sugar	2	All
	Semen analysis	4	All
	Fecal Occult Blood testing	4	All
	Tumour markers (PSA, Bence Jones protein, CA125, cytology, biopsy examinations)	5	All
	Histopathology (FNA, Tru cut, Incision or excision) and cytology	5	All
	Micro nutrient test	4	All
	Cerebro Spinal Fluid analysis (culture, biochemistry, cytology)	4	All

Services	Interventions	Lowest level for provision	Primary cohort
Specialized laboratory	DNA testing	6	All
	Food analysis	6	All
	Water analysis	6	All
	Blood analysis (alcohol, drug)	6	All
	Stool testing (e.g. polio)	6	All
Radiology	Ultra sound scan	3	All
	X – ray	4	All
	Endoscopopy	4	All
	Laparascopy	4	All
	Computerized Tomography Scan	6	All
	Magnetic Resonance Imaging	6	All
	Radio-isotope scanning	6	All
	Angiography	6	All
	AVU / AVP	6	All
	Electro Encephalogram (EEG)	5	All
Reproductive Health	Screening for reproductive health risks	3	All
	Family planning	2	All
	Comprehensive youth friendly services	3	All
Operative	Outpatient operations	3	All
	Emergency operations	4	All
	General operations	4	All
	Specialized operations	5	All
Specialized therapy	Radiotherapy	5	All
	Chemotherapy	5	All
	Interventional Radiology	5	All
	Dialysis	6	All
	Organ transplants (kidney, liver, bone marrow)	6	All
	Bypass surgeries	6	All
	Reconstructive surgery	6	All
	Assisted Reproduction (IVF)	5	All
Specialized services	HIV/AIDS management	4	All
	Tuberculosis management	4	All
	Palliative care	4	All
	Pediatric conditions management	4	All
	Medical conditions management	4	All
	Surgical conditions management	4	All
	Gynaecological conditions management	4	All
	Ear Nose and Throat conditions management	5	All
	Eye (Ophtmalmic) conditions management	5	All
	Oral condition management	5	All
	Respiratory conditions management	5	All
	Cardiovascular conditions management	5	All
	Gastrointestinal conditions management	5	All
	Genito-urinary conditions management	5	All
	Musculoskeletal conditions management	5	All
	Skin conditions management	5	All
	Neurological conditions management	5	All
	Genetic conditions management	5	All
	Endocrine and metabolic conditions management	5	All
	Haematological conditions management	5	All
Rehabilitation	Physiotherapy	4	All
	Speech and hearing therapy	4	All
	Orthopedic technology (appliances)	4	All
	Occupational therapy	4	All

3.3.4 Strategic Objective 5: Minimize exposure to the major health risk factors through intersectoral health promotion

The objective is focused on putting in place appropriate Health Promotion interventions that will address risk factors to health. These include:

- Reduction in unsafe sexual practices, particularly amongst targeted groups
- Mitigate the negative health, social and economic impact resulting from the excessive consumption of alcoholic products
- Reduce the prevalence of tobacco use and exposure to tobacco smoke and other harmful addictive substances
- Institute population-based, multi sectoral, multidisciplinary, and culturally relevant approaches to promoting physical activity and healthy diets
- Strengthen mechanisms for screening and management of conditions arising from health risk factors at all levels.
- Increase collaboration with research based organizations and institutions
- Improve capacity of health facilities to prevent disease transmission in congregate settings

These objectives will be achieved through health promotion services and interventions which aim at

- Improving '*health promoting individual behaviour'*, i.e. improving knowledge and awareness of individuals and communities of the importance of the major risk factors
- Creating a '*health promoting physical environment*' by providing product, technologies and installations that minimise exposure to the risk factors
- Providing a '*health promoting social/societal environment' (*social network, social support, the 'social climate')

The table below presents the KEPH interventions for addressing the major health risk factors.

Table 15: KEPH interventions for addressing health risk factors by level of care & cohort

Services	Interventions	Lowest level for provision	Primary cohort
Health Promotion	Health promotion on violence and injury prevention	2	All
	Health promotion on prevention of communicable conditions	2	All
	Health promotion on prevention of Non Communicable conditions	2	All
Sexual education	Sensitization of the community on safe sex practices	1	All
	Incorporation of sex education in education curricular	3	3,4
	Targeted education for high risk groups (MARPS) (commercial sex workers, uncircumcised men, Men Having Sex with men, intravenous drug users, Adolescents)	4	3,4,5
	Education addressing negative cultural and lifestyle practices	4	All
Substance abuse	Communication on harmful effects of Tobacco use	2	3,4,5
	Communication on harmful effects of Alcohol abuse	2	3,4,5
	Communication on harmful effects of Substance abuse (Cocaine, Heroine, glue, khat, etc)	2	3,4,5
	Communication on harmful effects of Prescription drug abuse	2	3,4,5
	Counseling on harmful effects of substance abuse	2	3,4,5
Infection Prevention & control	Community sensitization on IPC when seeking care	1	All
	IPC interventions in facilities	2	All
	Response to facility acquired infections	3	All
Micronutrient deficiency control	Advocate for food fortification	1	All
	Advocacy for consumption of fortified foods	1	All
	promotion of dietary diversification	1	All
	Food supplementation	1	All
Physical activity	Facility based health messages on benefits and approaches to improving physical activity	2	All
	Activities to enhance physical activity	2	All

3.3.5 Strategic Objective 6: Strengthen cross sectoral collaboration

As highlighted in the National Health Policy, this strategic objective highlights the key services and interventions that have a secondary effect on health. The critical related sectors in the MTP II and their effects on health are shown in the table below.

Table 16: Critical health related sectors and their effect on health

Ministry, Department, Agency	Role in Health
Ministry of Planning and Devolution	▪ Promote sustainable population growth ▪ Ensure youth and gender is mainstreamed in all sector policies ▪ Provide data that is required to inform health (promotion) planning (e.g. KDHS, vital statistics) ▪ Create enabling environment for the implementation of the MTP towards achievement of health goals under vision 2030 ▪ Support implementation of transition implementation plans to facilitate devolution of the health system
Ministry of Agriculture, Livestock and Fisheries	▪ Incorporate considerations of health in safe food production systems, manufacturing, marketing and distribution ▪ Ensure food security for the whole population
Ministry of Lands, Housing and Urban Development	▪ Promote urban and housing designs and infrastructure planning that take into account health and wellbeing of the population Urbanisation ▪ Strengthen access to land, and other culturally important resources, in particular for women
Ministry of Transport and Infrastructure	▪ Ensure optimal planning of construction and maintenance of roads, bridges with due consideration for location of health services in order to facilitate physical access to health services e.g. express lanes for ambulances. ▪ Ensure availability of infrastructure to incentivise and support physical activity (cyclists, pedestrians) ▪ Facilitate data and voice communication within health sector and with other sectors
Ministry of Industrialisation and Enterprise	▪ Ensure work and stable employment and entrepreneur opportunities for all people across different socio economic groups
Ministry of Education, Science and Technology	▪ Support education of men and women in order to enable them to increase control over the determinants of health and thereby improve their health.
Directorate of Public Prosecution Ministry of Interior and National Coordination Attorney General	▪ Have fair justice systems, particularly in managing access to food, water & sanitation, housing, work opportunities, and other determinants of wellbeing ▪ Ensure security (a major determinant of access to health) ▪ Ensure coordination of optimal disaster management (mitigation and response)
Immigration	▪ Ensure wellbeing of refugee populations ▪ Ensure all visitors comply with regulation with respect to required vaccinations and sharing of critical information concerning their health status under special circumstances e.g bird flu
Ministry of Labour, Social Security and Services	▪ Promote progressive workplace and safety policies that safeguard the health of workers ▪ Develop social policies for protection of vulnerable groups ▪ Ensure development and enforcement of proper regulation of cultural practitioners.
Ministry of Sports, Culture and Arts	▪ Promote sport and physical exercise
Ministry of Environment, Water and Natural Resources	▪ Influence population consumption patterns of natural resources meets the health needs of current generations without compromising the ability of future generations to meet their own health needs ▪ Develop and implement legislation to control/minimise pollution ▪ Promote access to safe and clean water to the population
Veterinary services	▪ Scale up management of zoonotic diseases

The priority interventions during the strategic plan period are shown below. The sector will focus on the following priority actions:

- Information generation on activities, and their impact on Health
- Advocacy for required investments with related sector, donors, and Ministry of Finance, based on evidence

Since many integrated approaches are being implemented with other sectors, the health focus is on stewardship and guidance to these health related sectors, on the need to implement the interventions for a health in all policies approach. The coordination of these interventions will be done at the County and national levels– not necessarily through health facilities.

Table 17: KEPH interventions for collaboration with health related sectors, by level of care & cohort

Service area	Interventions	Lowest level of provision	Primary cohort
Safe water	Provision of safe water sources	4	All
	Health Impact Assessment	4	All
	Community sensitization on safe water	1	All
	Water quality testing	4	All
	Water purification / treatment at point of use	4	All
	Water source protection	4	All
Sanitation and hygiene	Monitoring human excreta disposal practices	4	All
	Hand washing facilities	4	All
	Hygiene promotion	1	All
	Home inspections for sanitation adequacy	1	All
	Health Impact Assessment	4	All
	Promotion of safe food handling	4	All
	Sanitation surveillance and audits	4	All
Nutrition services	Nutrition education and counseling	2	All
	Community based growth monitoring and promotion	1	All
	Micronutrient supplementation (e.g vitamin A, IFA)	2	All
	Management of acute malnutrition	3	All
	Health Impact Assessment	4	All
	Health education on appropriate infant and young child feeding	2	All
Pollution control	Indoor pollution management	4	All
	Liquid, solid and gaseous waste management	4	All
	Health Impact Assessment	4	All
	Control of Water body, soil and air pollution	4	All
Housing	Approval of building plans	4	All
	Health and environmental impact assessment	4	All
	Advocacy for enforcement of standards on housing	4	All
	Physical planning and housing environment to promote healthy living including prevention of rickets	4	All
School health	School feeding and nutrition	2	All
	School Health promotion	2	All
	School based disease prevention programme	2	All
	School water sanitation and hygiene	2	All
	Health Impact Assessment	4	All
	Managing children with special needs	4	All
Food fortification	Salt fortification with Iodine	4	All
	Toothpaste fortification with fluoride	4	All
	Health Impact Assessment	4	All
	Micronutrient fortification of food products (flour, cooking oil, sugar, etc)	4	All
Population management	Information on child spacing benefits	2	All
	Awareness creation on the impact of population growth	1	All
	Health Impact Assessment	4	All
	Management of population movement particularly to informal settlements	4	All
Road infrastructure and Transport	Improve road infrastructure to health facilities	4	All
	Road safety/Injury prevention	4	All
	Health Impact Assessment	4	All
Veterinary services	Screening for zoonotic conditions	1	All
	Management of zoonotic conditions	3	All

Table Key

	Tiers		Cohort
1	Community	1	Pregnancy and the new born (up to 28 days)
2	Primary Care	2	Early childhood (29 days - 59 months)
3	County	3	Childhood and youth (5 - 19 years)
4	National	4	Adulthood (20 - 59 years)
		5	Elderly (60 years and older)
		All	Cross-cutting interventions

Republic of Kenya

Reversing the trends

The Second
NATIONAL HEALTH SECTOR
Strategic Plan of Kenya

Taking the Kenya Essential Package for Health to the COMMUNITY

A Strategy for the Delivery of LEVEL ONE SERVICES

Ministry of Health
June 2006

- First aid and emergency preparedness/treatment of injuries/trauma
- IEC for community health promotion and disease prevention

- ***Family health services to expand family planning, maternal, child and youth services***
  - MCH/FP, maternal care/obstetric care, immunization, nutrition, C-IMCI
  - Adolescent reproductive health
  - Non-communicable disease control: Cardiovascular diseases, diabetes, neoplasms, anaemia, nutritional deficiencies, mental health
  - Other common diseases of local priorities within the district, e.g., eye disease, oral health, etc.
  - Community-based day-care centres
  - Community-based referral system, particularly in emergencies
  - Paying for first-contact health services provided by CORPs

- ***Hygiene and environmental sanitation***
  - IEC for water, hygiene, sanitation and school health
  - Excreta/solid waste disposal
  - Water supply and safety, including protection of springs
  - Food hygiene
  - Control of insects and rodents
  - Personal hygiene
  - Healthy home environment: environmental sanitation, development of kitchen gardens
  - Organizing community health days

The Kenya Essential Package for Health defines six life-cycle cohorts:
- Pregnancy and the newborn (first 2 weeks of life)
- Early childhood (2 weeks to 5 years)
- Late childhood (5 to 12 years)
- Adolescence (13-24 years)
- Adult (25-59 years)
- Elderly (over 60 years)

This package has to be incorporated into comprehensive district health plans organized by cohorts to enable districts to properly utilize available scarce resources. Similarly, the filtered health service delivery packages targeted at community level should be incorporated into the community-based health plans. Table 1 summarizes the different services provided to the six life-cycle cohorts.

Table 1: Service activities and requirements at level 1, by cohorts in a population of 5,000

Cohort	Service activities	Minimum kit	Human resource
All cohorts	▪ Sensitize, mobilize and organize community to ensure leadership support and awareness of rights and responsibilities in health ▪ Promote early service seeking behaviour ▪ Promote health awareness through IEC on control and prevention of common diseases, particularly malaria ▪ Promote disease prevention and control through environmental sanitation, safe water supply and good personal hygiene	▪ Preventive materials and supplies (ITNs, water guard) ▪ Health promotion supplies (IEC materials) ▪ Drugs/supplies for treatment of common ailments (anti-malarials, analgesics, first aid supplies) ▪ Referral guidelines	▪ 1 CHEW ▪ 50 CORPs

Continued

Table 1, continued

Cohort	Service activities	Minimum kit	Human resource
	▪ Promote HIV/AIDS control ▪ Provide first aid and treatment of common ailments ▪ Make referrals ▪ Develop and help maintain a community-based information system	▪ Communication and transport support, including bicycles ▪ Stationery and supplies such as forms, household registers, chalkboards	
Pregnancy, delivery and newborn (first 2 weeks of life)	▪ Provide exclusive breast feeding education ▪ Provide IEC on current KAP on safe pregnancy and delivery of a healthy newborn ▪ Advocate for community leadership support for safe pregnancy and delivery of a healthy newborn ▪ Promote safe delivery through pregnancy monitoring, establishment and timely referral ▪ Disseminate key messages to support safe pregnancy and delivery of a healthy newborn ▪ Promote or provide professional supervised home delivery	▪ Safe delivery kit ▪ Antenatal care equipment ▪ IEC with key messages to promote early childhood care ▪ Preventive materials and supplies (ITNs, nutritious foods) ▪ FP pills, condoms	▪ 1 CHEW ▪ 50 CORPS
Early childhood (2 weeks to 5 years)	▪ Promote C-IMCI activities ▪ Conduct de-worming ▪ Mobilize and organize for early childhood development (ECD) ▪ Disseminate key ECD health messages ▪ Support nutrition awareness and support for orphans and vulnerable children (OVC) ▪ Promote food and nutrition security ▪ Monitor growth and development	▪ Expanded programme of immunization (EPI) equipment ▪ Intermittent residual spray equipment ▪ Essential drugs and supplies for common conditions, e.g., anti-malarials, ORS, de-worming tablets ▪ Nutritious food supplements	▪ 1 CHEW ▪ 50 CORPS ▪ Trained caregivers
Late childhood: 5 to 12 years (school-age)	▪ Promote gender responsive school health activities ▪ Equip the children with knowledge and skills to promote a healthy lifestyle including psycho-social development ▪ Train teachers and orient parents in school health services ▪ Promote child-to-child approach to healthy lifestyles	▪ IEC materials with key messages on healthy lifestyles	▪ 1 CHEW ▪ 50 CORPS ▪ Trained teachers ▪ Trained parents
Adolescence and youth 13–24 years	▪ Equip the youth (in and out of school) with knowledge and life skills, and facilitate a supportive environment to enhance adoption of a healthy lifestyle for themselves and the community	▪ Training curriculum for the youth on life skills including psycho-social issues, reproductive health, drug and substance abuse, etc.)	▪ 1 CHEW ▪ 50 CORPS ▪ Trained teachers ▪ Trained parents

Continued

2.3 Supportive Supervision

The health system should be able to provide supportive supervision to the LEVEL ONE SERVICES frontline personnel. Multidisciplinary supervisory teams having an appropriate skills mix will ensure that standards of quantity and quality of work are met during service delivery. Multi-sector coordination and collaboration and team work at various levels in creating a supervisory system will be encouraged. Regular performance appraisals based on checklists will be carried out to measure performance, promote good communication and discussions, and determine appropriate rewards to CORPs.

Supervisory teams will be established at national, provincial and district levels. They will be trained in supportive supervision and oriented on tools for peer review and performance. The composition of the teams could be as follows:

- ***National:*** Epidemiology, MCH, administration, finance, environmental health, health promotion, human resource and training.

ANNEX B. COMPARISON BETWEEN THE EPHS AND THE PRIORITY RMNCH SERVICES

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Adolescence and pre-pregnancy	**Level: Community Primary Referral**		
	Family planning (advice, hormonal and barrier methods)	Unspecified	Source: KHSSP 2014-2018; "Family planning" and "Information on child spacing benefits," lowest level of provision is "Primary Care" category and does not include community level. Community Health Strategy only mentions family planning education and commodity distribution for new mothers.
	Prevent and manage sexually transmitted infections, HIV	Yes	Source: KHSSP 2014-2018; Services include "HIV Testing and counselling (HTC)," "Prevention of Mother to Child HIV Transmission"-related interventions, "HIV and STI prevention"-related interventions, "Management of sexually transmitted Infections," and "HIV/AIDS management." NOTE: ARV only listed under PMTCT, not for all Kenyans. Unclear whether ARV provided to non-pregnant adults. The only community-level intervention is "Counselling on best breastfeeding and complementary feeding practices in HIV" under the PMTCT category.
	Folic acid fortification/supplementation to prevent neural tube defects	Yes	Source: KHSSP 2014-2018
	Level: Primary and Referral		
	Family planning (hormonal, barrier and selected surgical methods)	Yes	Source: KHSSP 2014-2018; "Family planning" listed generically but likely includes hormonal, barrier and selected surgical methods
	Level: Referral		
	Family planning (surgical methods)	Yes	Source: KHSSP 2014-2018; "Family planning" listed generically but likely includes surgical methods

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Pregnancy (antenatal)	**Level: Community Primary Referral**		
	Iron and folic acid supplementation	Yes	Source: KHSSP 2014-2018
	Tetanus vaccination	Yes	Source: KHSSP 2014-2018
	Prevention and management of malaria with insecticide treated nets and antimalarial medicines	Yes	Source: KHSSP 2014-2018
	Prevention and management of sexually transmitted infections and HIV, including with antiretroviral medicines	Yes	Source: KHSSP 2014-2018
	Calcium supplementation to prevent hypertension (high blood pressure)	Yes	Source: KHSSP 2014-2018; "Routine Blood Pressure measurement for all adults at the OPD" likely includes calcium supplementation
	Interventions for cessation of smoking	Unspecified	Source: KHSSP 2014-2018; Note "Communication on harmful effects of Tobacco use" lowest level of provision is "Primary Care" and does not include community level
	Level: Primary and Referral		
	Screening for and treatment of syphilis	Unspecified	Source: KHSSP 2014-2018; "Management of sexually transmitted Infections"
	Low-dose aspirin to prevent pre-eclampsia	Unspecified	Source: KHSSP 2014-2018; "Management of pregnancy complications" and "Management of abnormal pregnancies" likely includes low-dose aspirin
	Anti-hypertensive drugs (to treat high blood pressure)	Yes	Source: KHSSP 2014-2018; "Routine Blood Pressure measurement for all adults at the OPD" and KEML 2010
	Magnesium sulphate for eclampsia	Yes	Source: KHSSP 2014-2018; "Management of pregnancy complications" and "Management of abnormal pregnancies" likely includes this intervention. Drug included in KEML 2010
	Antibiotics for preterm prelabour rupture of membranes	Unspecified	Source: KHSSP 2014-2018; "Management of pre-term labour" likely includes this intervention
	Corticosteroids to prevent respiratory distress syndrome in preterm babies	Unspecified	Source: KHSSP 2014-2018; "Management of pre-term labour" likely includes this intervention
	Safe abortion	No	This service was not included in the reviewed documents and is not clinically related to another included service
	Post abortion care	No	This service was not included in the reviewed documents and is not clinically related to another included service

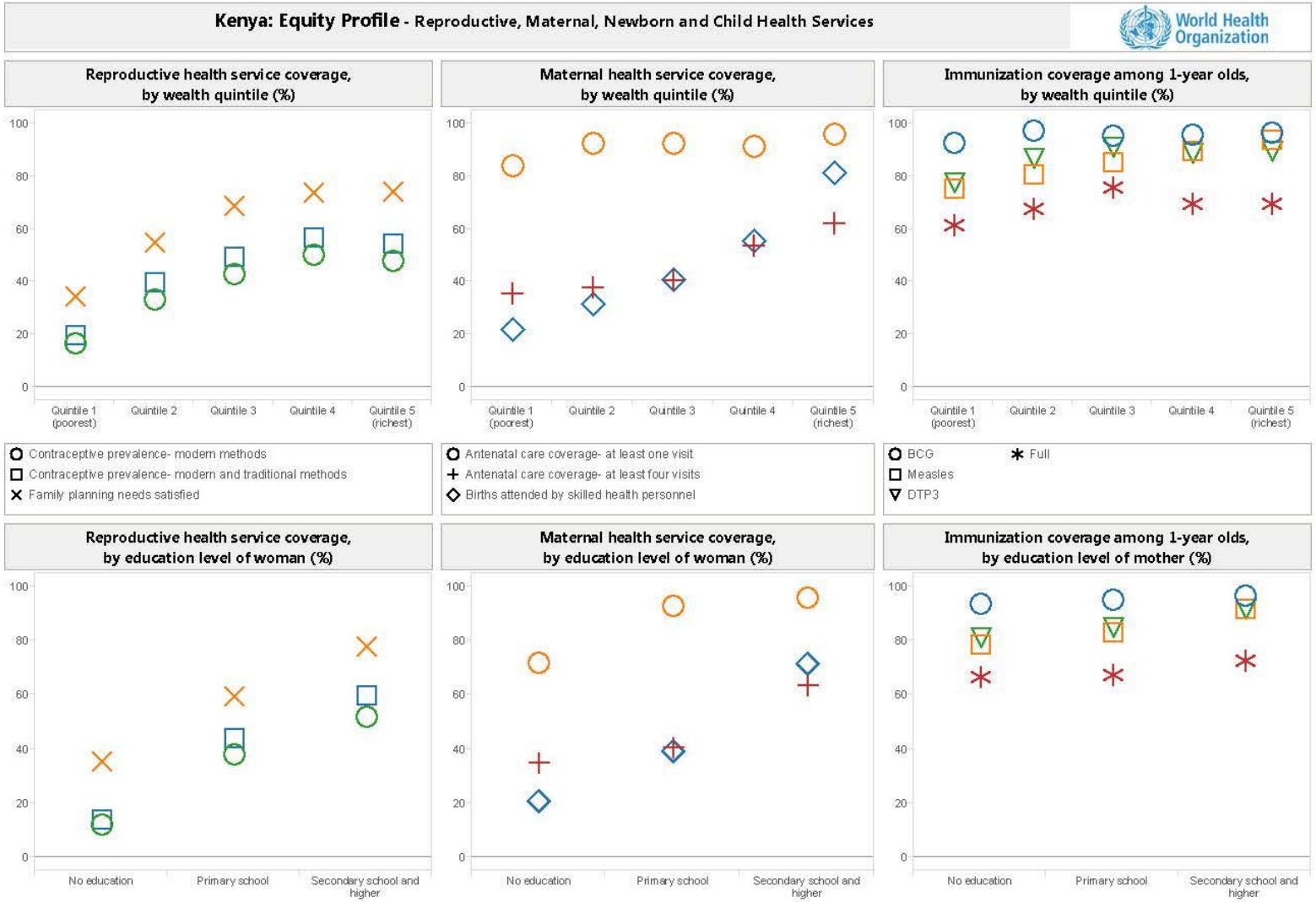
	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Level: Referral		
	Reduce malpresentation at term with External Cephalic Version	Unspecified	The documents reviewed do not specify this intervention
	Induction of labour to manage prelabour rupture of membranes at term (initiate labour)	Unspecified	Source: KHSSP 2014-2018; "Management of pre-term labour" likely includes this intervention
Childbirth	**Level: Community Primary Referral**		
	Prophylactic uterotonics to prevent postpartum haemorrhage (excessive bleeding after birth)	Unspecified	Source: KHSSP 2014-2018; "Post partum care" mentioned generically, lowest level of care is "County" level
	Manage postpartum haemorrhage using uterine massage and uterotonics	Unspecified	Source: KHSSP 2014-2018; "Post partum care" mentioned generically, lowest level of care is "County" level
	Social support during childbirth	Yes	Source: KHSSP 2014-2018
	Level: Primary and Referral		
	Active management of third stage of labour (to deliver the placenta) to prevent postpartum haemorrhage (*as above plus controlled cord traction)*	Unspecified	Source: KHSSP 2014-2018; "Post partum care" mentioned generically
	Management of postpartum haemorrhage (as above plus manual removal of placenta)	Unspecified	Source: KHSSP 2014-2018; "Post partum care" mentioned generically
	Screen and manage HIV (if not already tested)	Yes	Source: KHSSP 2014-2018
	Level: Referral		
	Caesarean section for maternal/foetal indication (to save the life of the mother/baby)	Yes	Source: KHSSP 2014-2018
	Prophylactic antibiotic for caesarean section	Yes	Source: KHSSP 2014-2018
	Induction of labour for prolonged pregnancy (initiate labour)	Unspecified	The documents reviewed do not specify this intervention
	Management of postpartum haemorrhage *(as above plus surgical procedures)*	Yes	Source: KHSSP 2014-2018

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Postnatal (Mother)	**Level: Community Primary Referral**		
	Family planning advice and contraceptives	Unspecified	Source: KHSSP 2014-2018; "Family planning" and "Information on child spacing benefits," lowest level of provision is "Primary Care" category and does not include community level
	Nutrition counselling	Yes	Source: KHSSP 2014-2018
	Level: Primary and Referral		
	Screen for and initiate or continue antiretroviral therapy for HIV	Yes	Source: KHSSP 2014-2018
	Treat maternal anaemia	Yes	Source: KHSSP 2014-2018
	Level: Referral		
	Detect and manage postpartum sepsis (serious infections after birth)	Yes	Source: KHSSP 2014-2018
Postnatal (Newborn)	**Level: Community Primary Referral**		
	Immediate thermal care (to keep the baby warm)	Unspecified	Source: KHSSP 2014-2018; "Care for the newborn" mentioned generically
	Initiation of early breastfeeding (within the first hour)	Unspecified	Source: KHSSP 2014-2018; "Care for the newborn" mentioned generically
	Hygienic cord and skin care	Unspecified	Source: KHSSP 2014-2018; "Care for the newborn" mentioned generically
	Level: Primary and Referral		
	Neonatal resuscitation with bag and mask (by professional health workers for babies who do not breathe at birth)	Unspecified	Source: KHSSP 2014-2018; "Pediatric conditions management" mentioned generically
	Kangaroo mother care for preterm (premature) and for less than 2000g babies	Unspecified	Source: KHSSP 2014-2018; "Pediatric conditions management" mentioned generically
	Extra support for feeding small and preterm babies	Unspecified	Source: KHSSP 2014-2018; "Pediatric conditions management" mentioned generically
	Management of newborns with jaundice ("yellow" newborns)	Unspecified	Source: KHSSP 2014-2018; "Pediatric conditions management" mentioned generically
	Initiate prophylactic antiretroviral therapy for babies exposed to HIV	Yes	Source: KHSSP 2014-2018

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Level: Referral		
	Presumptive antibiotic therapy for newborns at risk of bacterial infection	Unspecified	Source: KHSSP 2014-2018; "Pediatric conditions management" mentioned generically
	Use of surfactant (respiratory medication) to prevent respiratory distress syndrome in preterm babies	Yes	Source: KEML 2010
	Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome	Unspecified	Source: KHSSP 2014-2018; "Pediatric conditions management" mentioned generically
	Case management of neonatal sepsis, meningitis and pneumonia	Unspecified	Source: KHSSP 2014-2018; "Pediatric conditions management" mentioned generically
Infancy and Childhood	**Level: Community Primary Referral**		
	Exclusive breastfeeding for 6 months	Yes	Source: KHSSP 2014-2018; "Health education on appropriate infant and young child feeding" mentioned generically. "% infants under 6 months on exclusive breastfeeding" is an indicator for one of the Health Policy Objective targets.
	Continued breastfeeding and complementary feeding from 6 months	Unspecified	Source: KHSSP 2014-2018; "Health education on appropriate infant and young child feeding" mentioned generically.
	Prevention and case management of childhood malaria	Yes	Source: KHSSP 2014-2018
	Vitamin A supplementation from 6 months of age	Yes	Source: KHSSP 2014-2018
	Routine immunization plus *H.influenzae*, meningococcal, pneumococcal and rotavirus vaccines	Yes	Source: KHSSP 2014-2018
	Management of severe acute malnutrition	Yes	Source: KHSSP 2014-2018
	Case management of childhood pneumonia	Yes	Source: KHSSP 2014-2018
	Case management of diarrhoea	Yes	Source: KHSSP 2014-2018
	Level: Primary and Referral		
	Comprehensive care of children infected with, or exposed to, HIV	Yes	Source: KHSSP 2014-2018
	Level: Referral		
	Case management of meningitis	Unspecified	Source: KHSSP 2014-2018; "Management of pediatric in patients" mentioned generically.

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Across the continuum of care	**Level: Community Strategies**		
	Home visits for women and children across the continuum of care	No	This service was not included in the reviewed documents and is not clinically related to another included service
	Women's groups	No	This service was not included in the reviewed documents and is not clinically related to another included service

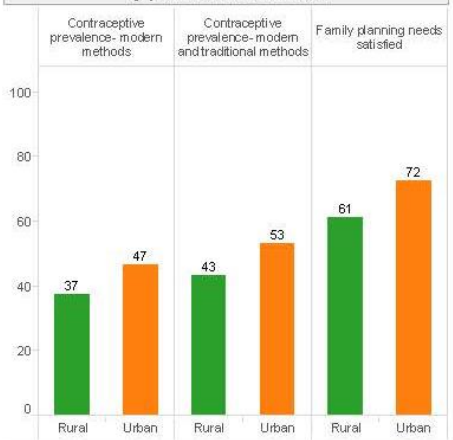
ANNEX C: KENYA HEALTH EQUITY PROFILE



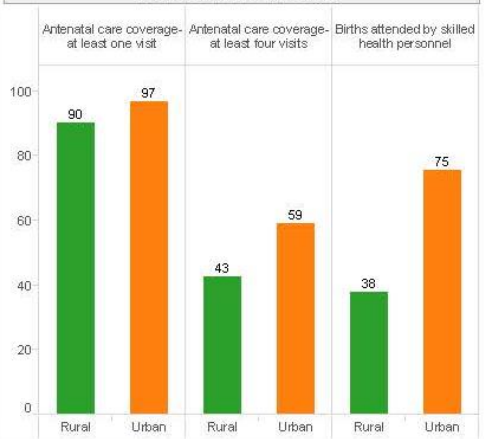
Kenya: Equity Profile - Reproductive, Maternal, Newborn and Child Health Services

World Health Organization

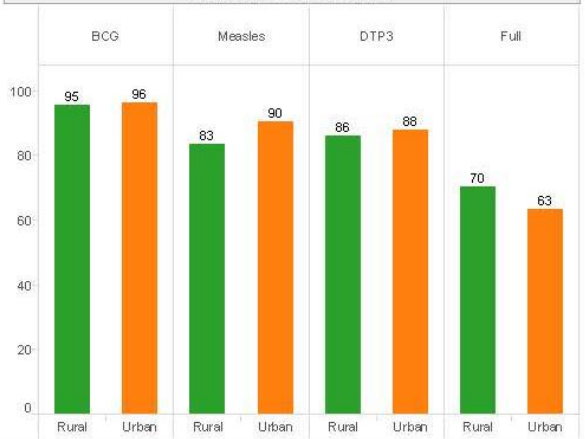
Reproductive health service coverage, by place of residence (%)



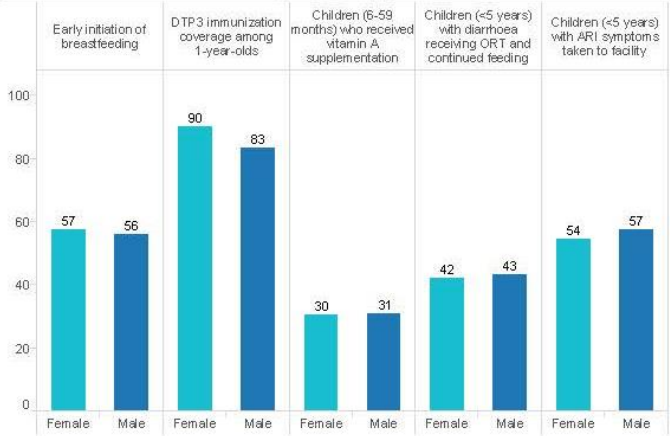
Maternal health service coverage, by place of residence (%)



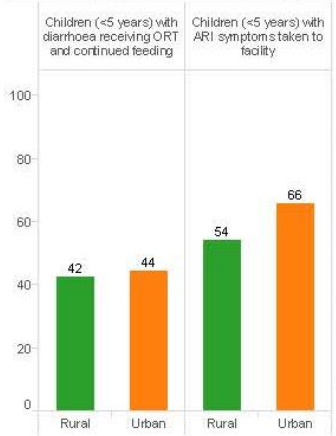
Immunization coverage among 1-year olds, by place of residence (%)



Health service and healthy behaviour coverage, by child sex (%)



Health service coverage among sick children, by place of residence (%)



Health service and healthy behaviour coverage (%)

Contraceptive prevalence- modern methods	39
Contraceptive prevalence- modern and traditional methods	45
Family planning needs satisfied	64
Antenatal care coverage- at least one visit	91
Antenatal care coverage- at least four visits	46
Births attended by skilled health personnel	45
Early initiation of breastfeeding	57
BCG immunization coverage among 1-year-olds	96
Measles immunization coverage among 1-year-olds	85
DTP3 immunization coverage among 1-year-olds	87
Full immunization coverage among 1-year-olds	69
Children (6-59 months) who received vitamin A supplementation	31
Children (<5 yrs) with diarrhoea receiving ORT and continued feeding	43
Children (<5 yrs) with ARI symptoms taken to facility	56

Source: DHS 2008

Antenatal care coverage at least 1 visit, antenatal care coverage at least 4 visits, births attended by skilled health personnel, and early initiation of breastfeeding are based on data from the five years prior to survey.

For more information, please see Global Health Observatory "Health Equity Monitor" page: www.who.int/gho/health_equity/en/index.html

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