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MCH PROGRAM DESCRIPTION

Kenya



Overall MCH and health sector situation

Kenya's health gains of the 1980s and 1990s have begun to reverse, with the country experiencing a general deterioration in health status, with large inequalities existing geographically and by wealth quintiles. The situation has been compounded by the recent postelection violence, which caused the displacement of some 300,000 people, disrupted delivery of basic services in the most affected areas, displaced health workers and closed or rendered partially functional health facilities, and contributed to the pending food crisis.

The health sector has been faced with inadequate funding, weak management systems, and shortages in qualified health staff. The allocation to health remains at about 8 percent, far below the Abuja target of 15 percent. MOH and development partners have begun to respond to the human resource crisis brought about by the freeze on employment in the late 1990s. In 2008, the government launched Vision 2030, a blueprint for development anchored on three pillars: economic, social, and political. The economic pillar aims to improve the prosperity of all Kenyans through a 10 percent economic

growth rate by 2012. The National Health Insurance scheme will be implemented and a National Health Care Council created to improve services in the health sector.

In 2007, Kenya recognized the need to scale up investments in child health and maternal health to achieve Kenya's long-term goal, as stated in its National Health Sector Strategic Plan, to reduce U5MR to the MDG target of 33 by 2015 and the MMR to 170 by 2010. From the KDHS 2003, the U5MR was at 115 per 1,000 live births, and the IMR was at 77 per 1,000 live births. UNICEF estimates U5MR to have risen to 121/1,000 in 2006. Kenya has one of the highest numbers of neonatal deaths in the African region, with 43,600 neonatal deaths per year. Other major causes of child deaths include acute respiratory infections (ARI), diarrhea, malaria, and HIV/AIDS. Malnutrition is an underlying factor in about 70 percent of the illnesses that cause death among under-5 children. From the KDHS 2003, 30 percent of children under 5 are stunted, 11 percent are severely stunted. Care-seeking and treatment for major childhood illness remains poor, with only 46 percent of children with reported ARIs having been taken to a health professional, and 51 percent of children with diarrhea receiving ORT. Although malaria is a major cause of morbidity and mortality, the successful increase in ITN coverage (52 percent in 2006) and the use of ACT has reduced child deaths by 44 percent in four sentinel malaria-endemic districts. From 2003 DHS data, immunization coverage stands at 49 percent but is being affected by critical vaccine shortages. HIV/AIDS prevalence has risen to an estimated 7 percent, and there are an estimated 102,000 HIV-positive children in Kenya.

Maternal mortality remains a serious concern, with WHO estimating MMR to have risen to 560 per 100,000 live births in 2005. Studies suggest that the majority of these deaths are due to obstetric complications, including hemorrhage, sepsis, eclampsia, obstructed labor, and unsafe abortion. Only 42 percent of births are attended by a skilled provider (KDHS 2003). Fertility appears to have stalled at an average of 4.9 children per woman. Contraceptive prevalence has also stagnated at 39 percent, although knowledge of FP methods in Kenya is almost universal. The MOH's national reproductive health policy outlines priority actions for the safe motherhood program in Kenya to improve the health of women. They include ensuring access to RH information, skilled care, basic and comprehen-

sive emergency obstetric care, and strengthening the capacity of CORPS (community own resource persons) to support birth preparedness, referrals, postnatal care, and registration of births, among other priorities.

MCH interventions at the Mission level

In 2006, the start of the AIDS Population and Health Integrated Assistance II program (APHIA II) provided the opportunity to focus more resources toward service delivery. This program is composed of seven Cooperative Agreements across the eight provinces of Kenya through which a consortium of partners support integrated HIV/AIDS, FP/RH, and child health services. Utilizing a continuum-of-care strategy, these projects support household, community, and health facility activities aimed at increasing demand, quality, and utilization of services. Interventions will include those addressing the continuum of antenatal and postpartum maternal health, and perinatal, neonatal, and infant child health. Community-level work will include a direct focus on hygiene, sanitation promotion, and water quality interventions, as well as linkages to improvements in drinking water supply and sanitation. In addition, the promotion of exclusive breastfeeding and ORT and the scale-up of immunization services will form a cost-effective approach to preventing diarrhea and other childhood illnesses among children.

Delivery approaches and mechanisms supporting expanded coverage/use of interventions

From home-based care to orphan support, BCC interventions for youth in and out of school, worksite activities, and support for clinical services, the projects are creating networks of health prevention, promotion, care, and treatment. USAID will improve maternal, neonatal, and child health outcomes by supporting the scale-up of high-impact interventions, strengthening health systems, and building human resource capacity. Work will focus on three epidemiologically selected provinces, operating at facility and community levels.

Specific actions supported as part of the MCH approach

Technical Assistance to MOH's Division of Child Health will improve planning, quality of care, supervision, and strategic information systems. USAID will continue to provide technical assistance to the Division of Reproductive Health to improve the management of the FP/RH program, which fundamentally focuses on a Safe Motherhood program. USAID has supported the recruitment of more than 800 nurses and clinical officers to help meet the HR shortage in public-sector health facilities for provision of HIV/AIDS services.

The USAID program's geographic focus

The APHIA II integrated service delivery projects work across the eight provinces of Kenya. With FY08 funding, MCH activities will be supported in three provinces, covering about three districts in each one. This includes a population of about 1 million children.

The Mission program's relationship to the country's health sector and development plans and strategies

USAID's MCH program is consistent with the health priorities and levels of care delivery as laid out in the National Health Sector Strategic Plan (NHSSP-II): 2005–2010.

The USAID/Kenya Population and Health program is defined by complementary target populations in clinical and community settings that lend themselves to HIV/AIDS and MCH/FP/RH integration. Malaria, STI, and HIV prevention and treatment are all targeted at pregnant women. Pregnant and postpartum women who attend family planning, antenatal, and PMTCT clinics will receive counseling on both family planning and HIV prevention. The same applies to clients of VCT services who require information about family planning. Postabortion care, integration of family planning with antenatal and postnatal care, and integration of family planning with HIV and sexually transmitted infection (STI) prevention and treatment are also examples of wraparound of program components. Clients who receive home-based care services for HIV serve as an entry point to the rest of the family and provide an opportunity for information dissemination on malaria, family planning, and maternal and child health. Along with the components of the basic care package utilized by caregivers in their home-based care sites are ITNs to guard against malaria. Policy development, community mobilization, behavior change, training, service delivery, quality improvement, personnel management, drugs and commodity availability, research, and monitoring and evaluation are program elements targeted to both maternal health and nutrition, as well as HIV and AIDS projects.

The PMI program that started this year will help to accelerate child survival strategies through its support to case management, prevention, and control of malaria across the country. It includes provision of ACT for clinical care, LLINs targeting children under 5 and pregnant mothers, support for malaria in pregnancy initiatives, and indoor residual spraying (IRS) in both endemic and epidemic districts.

Planned results for the Mission's MCH investments over the next 5 years

Over the 2008–2012 period, USAID will contribute to reducing U5MR by 25 percent, reducing MMR by 25 percent, and improving the enabling environment for provision of public health services nationally.

MCH COUNTRY SUMMARY: KENYA	VALUE
MCH FY08 BUDGET	3,470,000 USD
Country Impact Measures	
Number of births annually*	1,331,000
Number of under-5 deaths annually	153,000
Neonatal mortality rate (per 1,000 live births)	33
Infant mortality rate (per 1,000 live births)	77
Under-5 mortality rate (per 1,000 live births)	115
Maternal mortality ratio (per 100,000 live births)*****	560
Percent of children underweight (moderate/severe)	20%
Birth Preparedness and Maternity Services	
Percent of women with at least one antenatal care (ANC) visit	88%
Percent of women with at least four antenatal care (ANC) visits	51%
Percent of women with a skilled attendant at birth	42%
Percent of women receiving postpartum visit within 3 days of birth***	10%
Newborn Care and Treatment	
Percent of newborns whose mothers initiate immediate breastfeeding	52%
Immunization	
Percent of children fully immunized at 1 year of age	49%
Percent of DPT3 coverage	71%
Percent of measles coverage	73%
Maternal and Young Child Nutrition, Including Micronutrients	
Percent of mothers receiving iron-folate*****	2%
Percent of children receiving adequate age-appropriate feeding	84%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	33%
Percent of children under 6 months exclusively breastfed	13%
Treatment of Child Illness	
Percent of children with diarrhea treated with ORT	51%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	46%
Water, Sanitation, and Hygiene	
Percent of population with access to improved water source**	57%
Percent of population with access to improved sanitation**	42%
<small>* Census International Database ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report *** This number is based only on mothers whose last live birth occurred outside a health facility in the 5 years preceding the survey. This figure represents the percent of women receiving postpartum visit within 2 days of delivery. **** The percent of women who took iron tablets or syrup 60-90 days in pregnancy ***** WHO Maternal Mortality Report 2007 (Unless otherwise noted, the data source is the 2003 Demographic and Health Survey.)</small>	