Kenya Country Summary, March 2017

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Kenya—Selected Demographic and Health Indicators					
Indicator	**Data**	**Indicator**	**Data**	**Indicator**	**Data**
Population[1]	44.3 million	CPR (modern methods)[2]	58%	ORT[2]	54%
MMR (per100,000 live births)[2]	362	ANC +4[2]	57.6%	Stunting (height for age < 5 years)[2]	26%
NMR (per 1,000 live births)[2]	22	IPTp3 (areas of IPTp implementation)[2]	23.6%	HIV prevalence[3]	6.1%
U5MR (per 1,000 live births)[2]	52	SBA[2]	61.8%	Use of improved sanitation facilities, rural[4]	28.8%
TFR (births per woman)[2]	3.9	DTP3[2]	88.3%		

Sources: [1] Population Reference Bureau *2015 World Population Data Sheet*; [2] Kenya DHS 2014; [3] UNAIDS 2013 *Report on the Global AIDS Epidemic*; [4] UNICEF *State of the World's Children 2015* Kenya

Notes: antenatal care (ANC); four ANC visits (ANC +4); contraceptive prevalence rate (CPR); diphtheria toxoid, tetanus toxoid, and pertussis vaccine (DTP3); intermittent preventive treatment in pregnancy (IPTp); three doses of IPTp using sulfadoxine-pyrimethamine (IPTp3); maternal mortality rate (MMR); neonatal mortality rate (NMR); oral rehydration therapy (ORT); skilled birth attendant (SBA); total fertility rate (TFR); and under-5 mortality rate (U5MR)

Strategic Objectives

- **Objective 1:** Strengthen the core capacities of county governments and health teams to increase coverage and utilization of evidence-based, sustainable, high-impact interventions in: reproductive, maternal, newborn, and child health (RMNCH); nutrition; and water, sanitation, and hygiene (WASH) interventions;
- **Objective 2:** Foster an enabling environment, and promote program learning, documentation, and dissemination for improved RMNCH, nutrition, and WASH outcomes.

Program Dates	October 2014 – September 2017
Financial Status	Expenditures thru PY2[redacted]; PY3 Budget [redacted]; Total [redacted]
Geographic Scope	Migori County, Kisumu County, East Pokot Sub-County, Igembe North Sub-County, Igembe Central Sub-County, and National Level; Bungoma County and Homa Bay County for Malaria activities only

Geographic Presence	No. of counties (%)	No. of subcounties (%)	No. of facilities
	6 out of 47 (12.8%) Population: 3,136,857 (1)	33 out of 290 (11.4%) Population: 7,371,074	822 facilities
Technical Interventions	 PRIMARY: Child Health Immunization; Malaria; Maternal Health; Newborn Health Nutrition; Reproductive Health; WASH, Community Health		

Notes: program year (PY)

Key Accomplishments

Focusing on hard-to-reach populations who are most in need, Maternal and Child Survival Program (MCSP) has been working in some of Kenya's counties with the poorest health indicators for women and children. MCSP began implementing activities in Migori and Kisumu Counties in 2014 while continuing to support the former Maternal and Child Health Integrated Program (MCHIP) subcounties of: Igembe Central and Igembe North of Meru County; and East Pokot of Baringo County. In line with the project's objectives, MCSP is committed to building the capacity of the target counties and subcounties to advocate for, plan, coordinate, scale up, supervise, and document high-impact interventions for reproductive, maternal, newborn, and child health. Implementation in program year (PY) 2 saw an increase in achievements as project systems and staffing were firmly cemented and relationships established with subcounty health management teams (SCHMTs) and county health management teams (CHMTs). At the close of PY2, MCSP successfully transitioned and closed out activities in Igembe North, Igembe Central, and East Pokot. In the third and final year of the program, MCSP in Kenya has deepened its work in Migori and Kisumu Counties, expanding to all 14 subcounties while managing to support service delivery as best as possible in light of ongoing doctors' strike, as well as the intermittent nurses' and clinical officers' strikes.

Ensuring quality maternal and newborn services: As of the end of the first quarter of PY3, 51 targeted high-volume health facilities achieved all seven signal functions for basic emergency obstetric and newborn care. Eight of these health facilities now provide comprehensive emergency obstetric and newborn care, thereby providing improved services for approximately 26,249 women. This was accomplished through: health worker capacity-building using MCSP-developed training of trainers (TOTs); provision of basic equipment and information, education, and communication (IEC) materials; dissemination of policies and guidelines; and routine monitoring and supportive supervision with CHMTs. To ensure that low birth weight newborns received critical attention, MCSP updated health workers on use of chlorhexidine for cord care and kangaroo mother care (KMC). As of December 2016, 17 health facilities had initiated and were offering services to 200 babies born with low birthweight. Also, with an eye on improving quality, MCSP expanded its work on respectful maternity care (RMC) to 13 facilities in Kisumu County and bolstered RMC in the 13 facilities where it was introduced in Migori County. Complementing the facility-based RMC, MCSP trained over 130 community health volunteers (CHVs) from 12 communities in Kisumu County. Finally, MCSP laid the groundwork for maternal and perinatal death surveillance and response (MPDSR) by: disseminating and training CHMTs, SCHMTs, and health workers on guidelines; providing reporting tools; and facilitating initial review sessions. In addition, MCSP supported the formation of county, subcounty and facility MPDSR review committees. MCSP is actively supporting the integration of this process into health facilities, with reporting rates during the first quarter of PY3 at 92% (22 out of 24) of maternal deaths being audited and 52% (165 out of 317) of perinatal deaths being audited.

Increased coverage of intermittent preventive treatment of malaria in pregnancy (IPTp) for prevention of malaria in pregnancy (MiP): During PY2, the 2015 Kenya Malaria Indicator Survey (KMIS) 2015 released findings showing a 16-percentage-point increase in IPTp1—from 51.3% to 67.3% of pregnant women—and a 13-percentage-point increase in IPTp2—from 42% to 55%. These gains were concentrated around the lake and coastal endemic zones where MCSP has been working. More intensely, MCSP focused on the counties of Homa Bay, Bungoma, Migori, and Kisumu to work with and train CHVs to encourage

pregnant women to start IPTp early in the second trimester. This was associated with a 12-percentage-point increase since the program's inception—from 24% to 36%—in the proportion of women attending their first antenatal care (ANC) visit at ≤ 20 weeks of gestation, as seen in the Ministry of Health's (MOH's) ANC registers (see Figure 1). Finally, at the national level, MCSP led advocacy efforts in collaboration with the MOH on procurement of sulfadoxine-pyrimethamine (SP). As a result, the government, the President's Malaria Initiative (PMI), and UNICEF agreed to purchase stock of SP expected to last through 2019.

Technical assistance for polio eradication: In April 2016, Kenya successfully ceased use of trivalent oral polio vaccine (OPV) in all health institutions and switched to bivalent OPV, as recommended by the World Health Organization, to reduce the risk of polio-derived viruses. MCSP worked with the national Unit of Vaccine and Immunization Services on planning the switch and developing relevant training and information, education, and communication materials. Furthermore, MCSP supported Kenya to introduce a single dose of inactivated polio vaccine into the childhood immunization schedule in December 2015 and April 2016. MCSP then took on training and supervision of health care workers in the counties of focus and the collection and disposal of all remaining trivalent OPV. MCSP also supported the MOH to develop communication and advocacy materials for the launch of a campaign in January 2017 to conduct a Supplementary Immunization Activity (SIA) in 15 counties with highest risk for wild poliovirus infection.

Reduced the numbers of undervaccinated children in counties of focus: As a result of MCSP's Reaching Every Child (REC) approach in PY2, the number of children in Migori and Kisumu receiving three doses of pentavalent vaccines increased from 34,989 to 36,108; the proportion of children under 1 year of age who were fully immunized increased to 66%. Specifically, in Kisumu County, the proportion of fully immunized children (FIC) increased from 71.3% in 2013–2014 to 80.5% in 2015–2016. The REC approach involved working with subcounties to develop, implement, and supervise microplans for immunization service delivery in their respective geographic areas. Microplan activities included training service providers on the Expanded Program on Immunization (EPI) and conducting quarterly supportive supervision and review meetings. To date, 100% of priority facilities have developed their microplans for immunization.

Wide age range measles rubella (MR) campaign: To further reduce morbidity and mortality due to MR and help the country progress toward achieving MR elimination, Kenya conducted a wide age range (9 months–14 years) campaign in May 2016, achieving a validated vaccination coverage of 98% nationally. MCSP supported national efforts through the development of MR training materials and at the county level, supported the writing of MR microplans, facilitation of trainings, and intracampaign monitoring. As a result, Migori and Kisumu achieved MR coverage of over 95%.

Putting child health policy into practice: At the national level, MCSP provided technical support for the review of the child and adolescent health policy; at the county level, MCSP disseminated pneumonia treatment policy guidelines and supported the scale-up of integrated management of childhood illness (IMCI) and integrated community case management (iCCM). IMCI trainings to over 600 health care workers in Migori and Kisumu led to an overall achievement of 78% correct treatment for diarrhea using oral rehydration solution (ORS) and zinc, and 100% correct treatment of pneumonia using amoxicillin as first-line treatment for children under 5. Furthermore, MCSP collaborated with United Nations Population Fund (UNFPA) on the rollout of iCCM in Migori, with MCSP training 14 county trainers of trainers and UNFPA supporting the subsequent training of 39 CHVs based in hard-to-reach areas of the subcounties.

S**upporting communities and facilities to address infant and child nutrition:** MCSP has been working hand-in-hand with the Kenya MOH and UNICEF to define and implement the Baby-Friendly Community Initiative (BFCI), finalizing implementation guidelines and assessment protocols as well as conducting training for 404 health care workers and 556 CHVs; forming a total of 74 mother-to-mother support groups; and establishing 34 demonstration kitchen gardens. Mentorship and supervision at health facilities on multiple areas of nutrition—including: BFCI; micronutrient supplementation; and maternal, infant, and young child nutrition— (MIYCN), and health information systems led to an increase in the number of facilities correctly able to identify, manage, and treat acute malnutrition from 20 to 80. This was also reflected in the reporting of

indicators, where exclusive breastfeeding increased from 59% of newborns in the first quarter of PY2 to 77% by the end of December 2016.

Increasing contraceptive prevalence in target counties: MCSP's focused interventions on long-acting reversible contraceptives (LARCs) and comprehensive family planning led to an increased trend of couple-years of protection against unplanned pregnancies over the course of the program (see Figure 3). Recent increases in couple-years of protection (CYP) are due to MCSP's expansion into additional subcounties for PY3. During the year, MCSP trained 76 LARC mentors who shared their knowledge and skills with 450 HCWs. MCSP also supported them to conduct whole-site orientations in 296 facilities, reaching more than 590 staff members to ensure that there were family planning-friendly services. In order to further increase the available method mix, MCSP collaborated with the International Contraceptive Access Foundation to introduce and roll out levonogestrel intrauterine system (LNG IUS) in Migori and Kisumu. MCSP has developed 46 master trainers in the two counties who will continue the training cascade of making this method available to clients. MCSP has also been focusing on community-based distribution of family planning services, recently engaging over 300 CHVs from Kisumu and Migori to distribute condoms and pills, refer clients for Depo Provera and other long-acting methods, and educate and create awareness around family planning in their communities.

Improving water and sanitation in Migori and Kisumu: MCSP has been implementing the community-led total sanitation (CLTS) approach in the villages in both counties. Training of CHVs and community units followed by supervision has resulted in an increase in latrine coverage of 18% among households in Migori and 6% among households in Kisumu in PY2. Additionally, 38 villages in Migori and 58 in Kisumu received a third party's Open Defecation Free certification from the Kenya Water for Health Organization (KWAHO).

Figure 1: Proportion of pregnant women in Bungoma county who attended their first antenatal care visit at ≤ 20 weeks of gestation

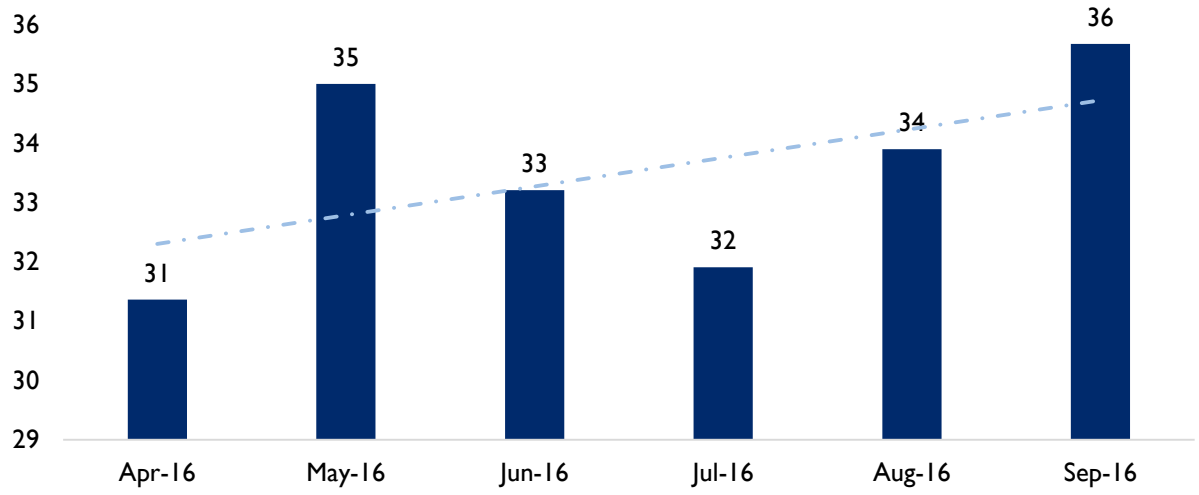


Figure 2: Trends of early initiation and exclusive breastfeeding in MCSP counties of focus

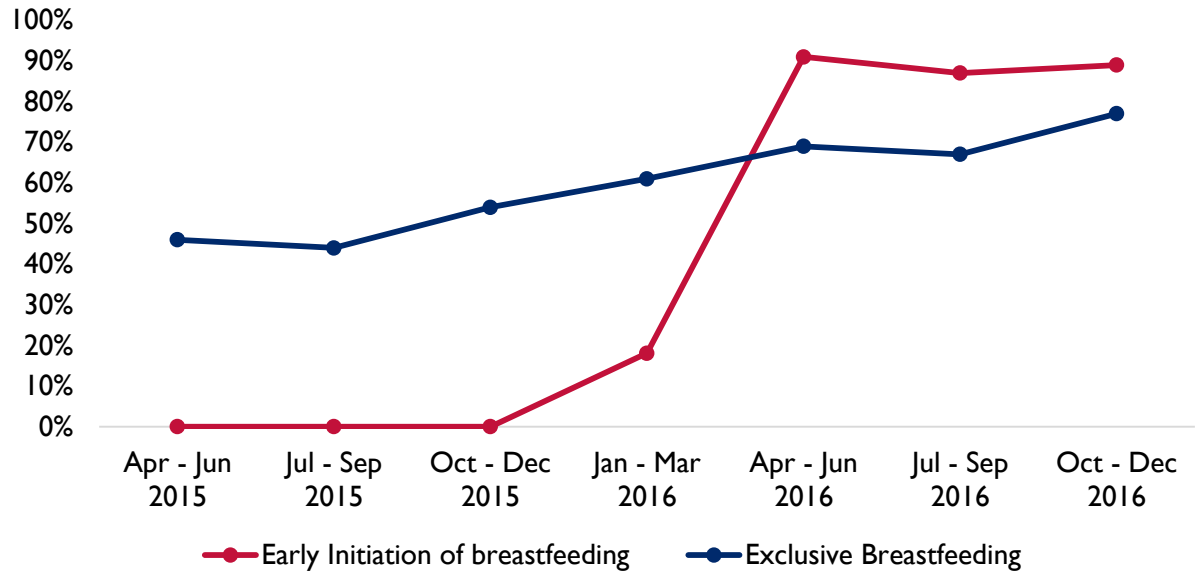
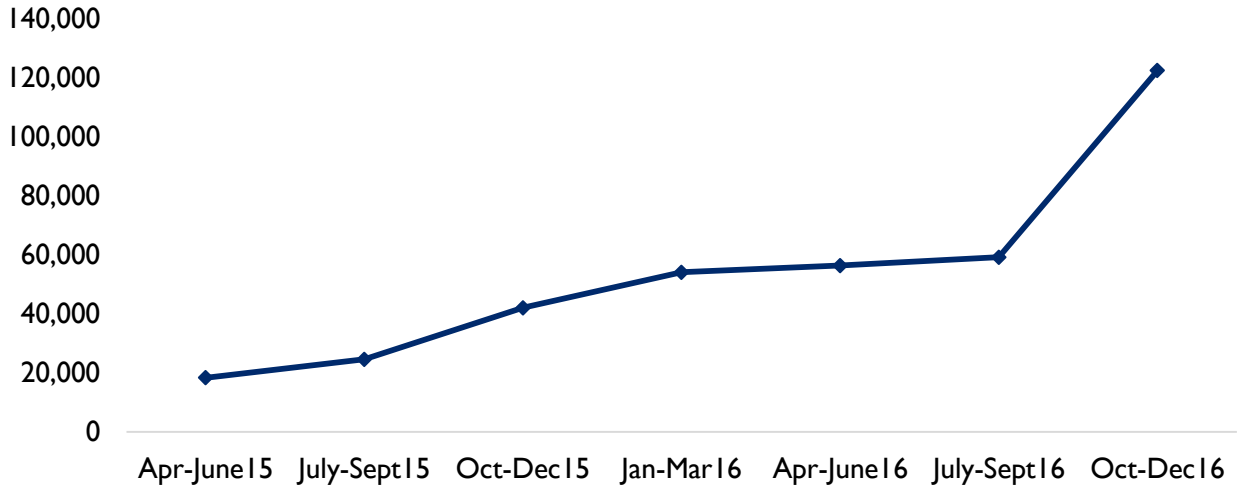


Figure 3: Couple-years of protection trends by quarter—April 2015 to December 2016



Way Forward

For the remainder of the program, MCSP will maintain its activities in Migori and Kisumu Counties, having scaled up implementation of the high-impact interventions to the remaining four subcounties of Migori and two subcounties of Kisumu. For prevention of malaria in pregnancy, the program will be implemented in 14 malaria endemic counties—eight in lake and six in coastal endemic areas. MCSP will focus on quality improvement approaches for all of its technical areas. Under maternal and newborn health, MCSP will: leverage the World Health Organization's maternal and newborn health quality-of-care framework for use with facility-based quality improvement teams, and provide targeted support for addressing postpartum hemorrhage, pre-eclampsia/eclampsia, chlorhexidine for cord care, and kangaroo mother care. MCSP's malaria work will coordinate with other PMI-supported efforts in diagnostics, data management, and quality

of care and will also support the introduction of the IPTp3 indicator. Under child health, MCSP will adapt the REC approach to increase coverage of diarrhea treatment and will actively identify missed opportunities for vaccination to get closer to full coverage. Building on the progress under the BFCI nutrition work, MCSP will move toward certifying communities as baby-friendly in PY3. MCSP's family planning work will expand coverage of comprehensive services, reaching out to adolescent and male populations, and support new family planning methods such as LNG IUS and the progesterone vaginal ring. MCSP also expects additional villages to achieve Open Defecation Free certification through WASH interventions in the upcoming year. Overall, the focus for PY3 will be on building capacity for CHMTs, SCHMTs, facility-based health care workers, community units, and CHVs as MCSP moves toward closeout and transition at the end of the program year.

MCSP Global or County PMP Indicators	PY1 Performance	PY2 Performance
Proportion of pregnant women attending at least four ANC visits	43%	48%
Proportion of pregnant women delivering with an SBA	54%	56%
Proportion of children under 1 year of age who are fully immunized	65%	66%
Proportion of children receiving DPT3 vaccine	72%	74%
Proportion of children receiving measles dose at 1 year	69%	70%
Proportion of children under 5 years of age with diarrhea treated with ORS and Zinc	69%	76%
Proportion of pregnant women who receive combined IFAS during ANC	35%	36%
Proportion of ANC mothers receiving Iron	34%	37%
Proportion of children aged 6 to 59 months receiving at least two doses of vitamin A supplementation	13%	31%
Couple-years of protection (CYP)	173,249	211,819

Notes: antenatal care (ANC); diphtheria toxoid, tetanus toxoid, and pertussis vaccine (DTP3); iron-folic acid supplementation (IFAS); oral rehydration solution (ORS); skilled birth attendant (SBA)