

Improving Health Status of Children in Kenya

Social Sector Department, KIPPRA

Investing in the first 1,000 days of life is critical for long-term human capital productivity. Examples of such investments are those that aim at promoting the health status of children which, to a large extent, determine the health status of the future generation and impact on the quality of a country's labour force.

Progress in Improving Child Healthcare in Kenya

Over time, the Kenyan government has undertaken various interventions to promote and boost the health status of children, including increasing budgetary allocation towards several health programmes that benefit children. For instance, in 2014/15 reproductive health (maternity, immunization and family planning services) was allocated 8% of the Ministry of Health budget, increasing to 12% in 2015/16. The aim was to move towards achievement of universal access to reproductive healthcare services by 2030. The malaria control programme has also received increasing funding which was on average about 5% of the Ministry of Health's budget based on National Malaria Strategy 2009-2017. This is because malaria is one of the major causes of child mortality not only in the country but also in Sub-Saharan Africa.

Because of these interventions, considerable progress has been made in improving the maternal and children-related indicators. Fertility rate has declined over the years due to increased use of modern contraceptives, especially among married women with the proportion of women using contraceptives increasing from 40.7% (2014/15), through 47.4% (2015/16) to 44.9% (2016/17). Prevalence of contraceptive use is, however, higher in urban areas due to better access to information on contraceptive use as well as access to healthcare facilities. Maternal mortality has also declined due to increased number of women delivering in health facilities with assistance of skilled health workers. In addition, government commitment to fund the free maternal health care programme has led

to increased utilization of maternal services. For instance, the proportion of pregnant mothers who sought antenatal care (ANC) services and delivered in health facilities increased from 69% (2013/14) to 77% (2015/16).

Progress has also been made in new born and child survival due to increased coverage in the fight against child infectious diseases such as malaria. According to the Kenya Malaria Indicator Survey of 2015, malaria prevalence rates declined to less than 10% nationally (approximately 8%) due to malaria interventions such as long-lasting insecticidal nets (LLIN).

Challenges in Delivering Child Healthcare

This notwithstanding, some challenges have persisted which the government ought to prioritize in planning and budgeting for children. For instance, full immunization coverage has not been realized. The fully immunized child coverage has been fluctuating around 71% (2014/15), 68.5% (2015/16) and 71.7% (2016/17). Additionally, the country also faces challenges of increasing the number of unvaccinated children especially in under-served populations in informal settlements, nomadic, border populations and security-challenged areas. Among the factors that have affected immunization coverage include industrial strikes in the health sector that have been rampant during the first period of devolution, and which have affected service delivery especially in public primary health facilities. Another challenge is vaccine hesitancy due to various reasons, including adverse publicity and religious beliefs.

Regarding children nutritional status, stunting remains a major challenge. The year 2015/16 shows that 29.9% of children are moderately stunted, with majority being in rural areas. This can partly be attributed to food poverty among children which stands at 35.8% at national level and at 35.5% in rural areas.

Whereas progress has been made in eradicating infectious diseases, malaria is still prevalent in areas around Lake Victoria and there is an increase in the coastal endemic zone, and therefore the need to accelerate malaria intervention coverage in the endemic counties. Additionally, pneumonia and diarrheal diseases have remained as leading causes of morbidity among children.

Reaching the poorest and more remote areas with maternal and child health interventions continues to be a challenge. Only 49% of pregnant women make the recommended minimum of four or more antenatal clinic visits. Further, there is need to increase the number of women delivering in health facilities and ensure that the quality of maternal and newborn care is high.

Further, Kenya is yet to achieve the Global Nutrition Targets by 2025 and the Sustainable Development Goal (SDG) target on child survival. For instance, the under-5 mortality rate was 52 in 2014, against a target of 25 by 2030. A similar trend is observed for maternal and neonatal mortality rates.

Policy Interventions required to Continue Improving on Child Health

There is need to allocate adequate resources towards communicable diseases which mostly affect children as they are most vulnerable to illness. The most prevalent diseases among children include malaria, respiratory related diseases and diarrhea. Both national and county governments should also consider channelling more funds towards immunization programmes to ensure a full immunization coverage.

In addition, there is need to create more awareness about immunization programmes to eradicate

negative attitudes which hinder the uptake of immunization programmes

Strengthening coordination and partnerships for maternal, child, neonatal and adolescent related interventions especially between the national and county levels, as well as with other partners is a priority in achieving efficiency and effectiveness in the use of resources. This includes interventions related to reproductive and child health programmes, nutrition, immunization and competencies of health workers in these areas. The issue of adequate availability of blood and blood products needs to be given attention to complement the efforts being taken on maternal and child health.

There is also need to build the capacity of county and national government officers and policy makers in child sensitive planning and budgeting to promote children survival and development. Capacity building in this area can be done in collaboration with development partners already implementing and supporting child sensitive planning and budgeting programmes in the country.

To increase access to maternal health services in remote areas, both county and national government should consider scaling up the mobile clinic initiative to all counties. It is also important to invest in community health workers especially in rural areas.

Taking advantage of the increased use of mobile phone in the country can help promote access to health information and services. For instance, in remote areas, a text message service can be used to send reminders about taking medications and to give pregnant women necessary prenatal and postnatal information. In addition, the mobile message service can be used to encourage the use of mosquito nets to prevent malaria, give guidelines for preventing mother-to-child HIV transmission and for improved child healthcare in general.

About KIPPRA Policy Briefs

KIPPRA Policy Briefs are aimed at a wide dissemination of the Institute's policy research findings. The findings are expected to stimulate discussion and also build capacity in the public policy making process in Kenya.

KIPPRA acknowledges generous support from the Government of Kenya, the African Capacity Building Foundation (ACBF), and the Think Tank Initiative of IDRC, who have continued to support the Institute's activities over the years.

For More Information Contact:

Kenya Institute for Public Policy Research and Analysis
Bishops Road, Bishops Garden Towers
P.O. Box 56445-00200, Nairobi
Tel: 2719933/4
Cell: 0736712724, 0724256078
Email: admin@kippra.or.ke
Website: <http://www.kippra.org>
Twitter: @kipprakenya