Brief

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Collaborating Organizations: Division of Reproductive Health, Division of Community Health Services, Division of Child Health, ICF MACRO.

A Look at the Child Health Services in Kenya

Kenya Service Provision Assessment – Child Health Services

Undertaken in 2010, the Kenya Service Provision Assessment (KSPA) assessed the preparedness of health facilities in Kenya to offer quality services– including child health services. A total of 690 health facilities were covered in this national sample survey.

Picture by V. Lumumba

This brief provides evidence on the preparedness of the Kenyan health facilities to offer quality child health services.

The assessment had qualitative and quantitative components. When mothers take their children to the facilities for a service, they are able to give an account based on their own observations. This approach provided the community component of the Assessment, which was used to collect[1] information from mothers with children two years and below on their perception of the state of health facilities that serve them.

This policy brief looks at the information collected from the facilities and complements it with what the mothers of young children experience when they go to health facilities to access child health services and their judgment on the quality of those services.

Why Child Health Services?

The fourth Millennium Development Goal (MDG 4) aims to improve the health of children, which is a critical measure of a country's level of development, apart from it being a fundamental right. This goal has two important indicators that are used to measure improvement in child health i.e. infant and under-five mortality.[2] Infant mortality is the probability of a child dying before celebrating its first birthday while under-five mortality is the probability of a child dying before reaching the age of five years.[3] For children to be healthy and to have a promising future, our health facilities have to be prepared to provide quality child health services. For a facility to be considered

prepared to offer quality child health services it should be accessible and have the right infrastructure, skilled personnel, and drugs to treat childhood illnesses. If Kenya is to achieve her MDG 4 targets, every child must be able to receive quality health care services whenever required.

This brief gives an indication of where we are, as a country, in terms of child health services and what more needs to be done to attain or get closer to attaining the MDG 4 targets as we get to year 2015.

Where Are We?

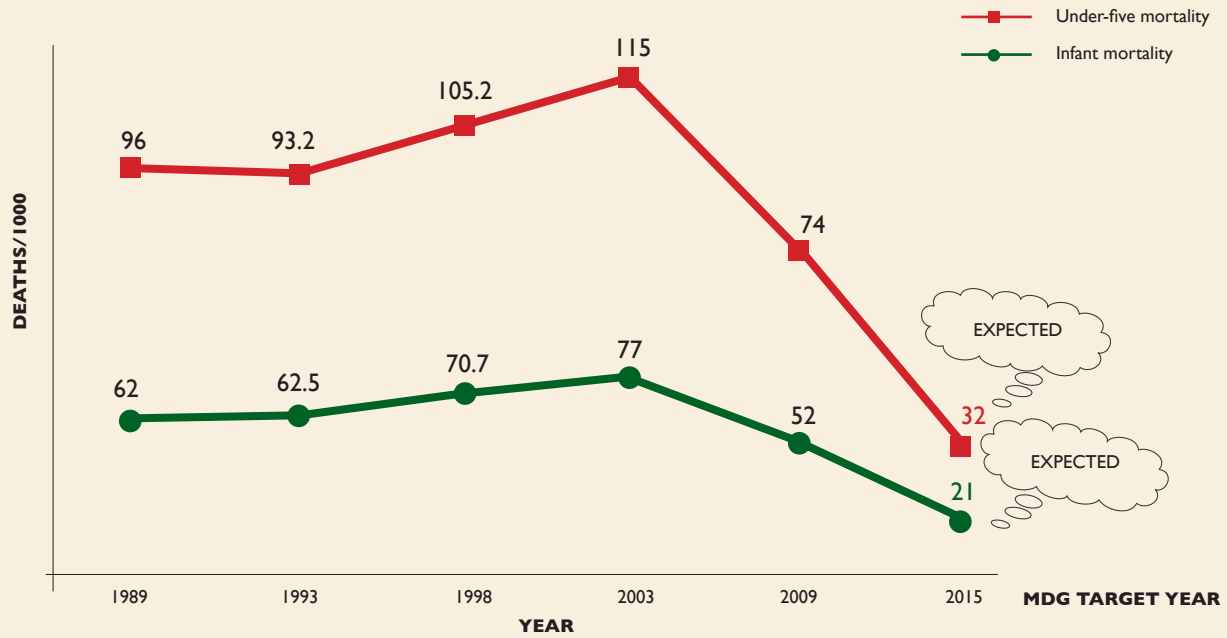
Globally, about 10 million children under five years of age die every year. In most cases, they die from easily preventable diseases. One child out of every 19 children in Kenya dies before celebrating their first birthday, while 1 in every 14 die before getting to age five. Sixty percent of the deaths among infants occur within the first month of life. The major childhood illnesses in Kenya that contribute to the child morbidity and mortality, just like in many sub-Saharan countries, are Acute Respiratory Illnesses (ARI), Diarrhea, Malaria, Anaemia and Malnutrition.[4]

The Government has, among other interventions, intensified efforts to save children as a commitment to achieve MDG 4 of reducing the infant mortality rate to 21 per 1,000 live births and the under-five mortality rate to 32 per 1,000 live births of the 1990 level by the year 2015. This means that come year 2015, Kenya should have less than 21 and 32 deaths among infants and under-fives respectively for every 1,000 live births. Figure 1 shows that in 2009, the under-five mortality rate was at 74 deaths while the infant mortality rate was 52 for every 1,000 live births. This implies that we are off target and if we take where we were at the base year 1990 and where we are now, we see that Kenya reduced the under-five mortality rates by 22 and infant by 41 per 1,000 live births. With only three years to go, more efforts need to be put in place to bring down the child mortality.

Figure 1 further shows that even though childhood mortality in Kenya is slowly declining many children are still dying. While it is sad enough to see a child suffer from any illness, it is unacceptable for Kenya to lose any child to preventable diseases. Thus the government has put in place different strategic interventions, which include:

- Rolling out the Integrated Management of Childhood Illnesses (IMCI) strategy to almost all the regions of Kenya. This strategy requires health facilities to have drugs, enough supplies, skilled providers, and family and community component of positive health care-seeking practices.
- Child health promotion, including School based Health programmes for children aged 0-18 years, whose key components include:
  - Recognition of Child Health rights as per the Children's Act 2001
  - Nutrition programme

Figure 1. Childhood mortality trends over time



Source: 2008-09 KDHS

– Expanded Programme on Immunization (EPI) services

- Malaria control which has four interventions: Clinical management; Management of malaria and anaemia in pregnancy;Vector control using Insecticide Treated Nets (ITNs) and other methods; Epidemic preparedness and response (including indoor residual house-spraying).[5]

Are the Health Facilities in Kenya Prepared to Offer Quality Child Health Services?

The 2010 KSPA findings provide an indication of the state of preparedness of the health facilities in Kenya to provide quality child health services. Key findings are highlighted in sections a, b and c below.

a. Existence of the child health services

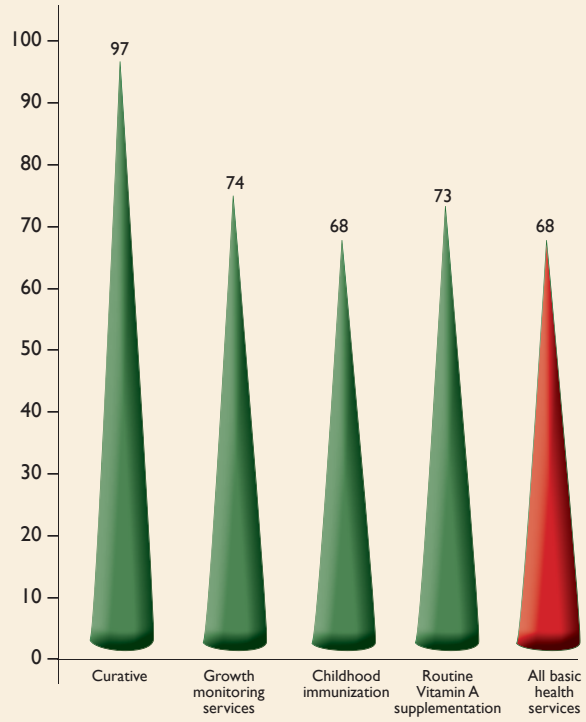
All the basic child health services are available in 68 percent of the Kenya facilities (Figure 2). Thus a third of the health facilities do not have all the required child health services. What then is the level of preparedness in the remaining 32 percent of the facilities? Some of the sick children could have been taken to these facilities but found the facilities not prepared to offer the service required. Sixty eight percent of the facilities offer immunization services. This means that another one-third of the facilities are missing out on this important opportunity to reach all the children with this disease prevention service. Another concern is whether all the children who need the services are accessing them at the time they need them. In fact, two-thirds of deaths can be prevented if effective interventions can reach all the children who need them at the time they need them. [6]

It is government policy that the child health services in public facilities be provided free to children under five years in order to remove any financial barriers. In most focus groups, the mothers mentioned that their children receive free immunization and growth monitoring services. However, if child health services are not available in 32 percent of the facilities, then not all children benefit from these free services. For Kenya to achieve her MDG 4, there is need to increase the availability of these services.

b. Availability of prescribed medicines

All first-line medicines to treat diarrhea, malaria and any emergency condition as defined in the

Figure 2: Availability of Child Health Services



Source: 2010, KSPA

Women voices about child health services:

Treatment of sick children is free in government facilities for children less than five years old, but they pay for treatments at private clinics. The services offered for both well and sick children are: free immunizations; weighing; advice on nutrition; Vitamin A supplementation, free mosquito nets, and health education.

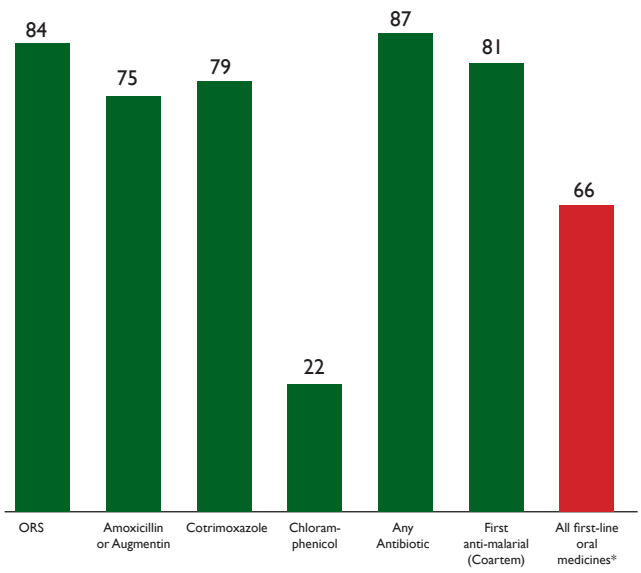
IMCI strategy are available in about two-thirds (66 percent) of all facilities offering outpatient care for sick children (Figure 3). While pre-referral medications are available in 62 percent of the facilities, only about a quarter (23 percent) of the facilities have all other essential medicines to support quality care of sick children. What happens to children who go to facilities for services but don't get the required medication? Two-thirds of the women respondents also echoed similar concern that the services are available *but there are no drugs*. The women stated that, often

the necessary drugs are not available, and they have to go somewhere else to purchase the same. If the mothers find the medicine expensive or not available at the nearest source, they may opt to do without medication or look for other alternatives.

> *Tunapata huduma bila malipo, au malipo kidogo katika hospitali za serikali, lakini hakuna madawa yanayo takikana… Inatulazimu tuende kutafuta madawa kwingine.*
>
> (FGD, Western)

Figure 3: Availability of Oral Medicines

Percentage of facilities offering outpatient care for sick children (N=666)



**ORS and at least one oral antibiotic and Coartem*

Source: KSPA 2010

c. Why don't mothers go to the nearest health facility for services?

When a child falls sick, medical attention should be sought immediately to avoid further suffering. Some of the illnesses like fever progress fast and if not attended to quickly may cause more harm. This therefore requires that a caregiver seek medical services from the nearest health facility. Women who took part in the focus group discussions were asked whether the facilities they sought treatment from were those that were nearest to them and if not why they went far to seek medical services. Some of the reasons given by the mothers as to why they did note seek health care from nearest facility were;

Photo credit: NCPD

He wonders aloud… Will I get the drugs if I go to the facility so that I can continue smiling?

i. Waiting time before being attended to

It is a well-known fact that women are the main caregivers for children. They are the ones who also bear the biggest responsibility of housekeeping. They require every minute of the day to work on a tight schedule given the many tasks they have to perform. When their children fall sick, it is a drawback on the entire household. In such instances, a mother has to take the child to a health facility for medical attention. It is therefore more stressful for mothers to wait for long to be served when they seek care at a health facility. During the focus group discussions mothers reported that they wait for two to six hours to be served at a health facility. This makes some of them opt to use traditional medicine, an option that may bring down efforts to achieving MDG 4. Some, however, choose to visit more distant facilities because of the anticipated less waiting time even if they have to pay more for the service.

> **As was put by one mother in Coast province:** *"When I have Ksh. 500 and my child falls sick, I will take him to a private hospital because she will be served faster."*

In some cases mothers acknowledged the heavy workload of the providers and the fact that they are few hence the long waiting time.

> *"Yenyewe tusiwalaumu madaktari, saa zingine wagonjwa ni wengi".*
>
> (FGD, Western)

ii. What about prescribed medicines?

Most facilities lack the required drugs to treat children when they fall sick. Communities depend on the facilities to supply them with all that they require when their children fall sick. Some of the sicknesses require immediate attention and when not attended to can have drastic implications on the child's health.

> **Women had this to say!**
> *"…doctors and nurses are trained, but drugs are in short supply. Mission hospitals and dispensaries are more expensive, but with reliable supplies of medicines".*
>
> FGD Rift Valley

What Can Be Done?

According to the Kenya Child Survival and Development Strategy 2008–2015,[7] there are simple, evidence-based, cost-effective interventions that can prevent childhood illnesses and deaths. These include management of common childhood illnesses, immunization, antenatal care, scaling up the use of insecticide treated nets (ITNs), appropriate infant feeding practices, breastfeeding, clean delivery and newborn care, scaling up oral rehydration therapy, and increasing access to clean water and sanitation. To address the childhood morbidity and mortality, the Government adopted the IMCI Strategy in 1998, which encompass all these aspects. The quality of child health services offered in the health facilities is significantly dependent on the availability of the services and how well the facilities are equipped to offer quality services.[8] The basic child health services are available in 68 percent of the facilities, but there are components that are still missing, mothers are waiting for long hours to be served and there are not enough drugs. Much as the IMCI strategy is being implemented, it still needs to be scaled up so as to accelerate improvement of child health status in Kenya. The above factors have therefore made the efforts to achieve MDG 4 fall below the set targets. Clearly, there is need to urgently re-strategize our efforts as there are only three years left before year 2015.

Programme and Policy Implications

i. Much as the child health services are generally available, the Ministries of Medical Services and Public Health and Sanitation should ensure that ALL the facilities offer the entire basic child Health services. Some of the children who require the services may not access them if there are no deliberate efforts to have all the facilities offer the services. Improving the availability of child health services will go a long way in improving the health of Kenyan children and accelerate the country's race to achieving MDG 4 targets.

ii. For the caregivers to receive the required drugs at the right time, the Ministries of Medical Services and Public Health and Sanitation should provide medicines to all the facilities and ensure that functional mechanisms are put in place to avoid stock-outs. The caregivers may opt for risky alternatives when they find medicines not in the facilities and this will derail government efforts to improve child health.

> **The women had an answer:**
> *"… Tena wajaribu kuweka madawa ya kutosha watoto wadogo…"*
>
> *Western Province*

iii. The IMCI strategy is still the best. However, if it is not fully implemented, then the children seeking medical care will not get the full package of services required. The Ministry of Public Health and Sanitation should closely monitor the implementation of this strategy while also ensuring that it is rolled out to all health facilities in the country. The Ministry should also avail all the required items to all the facilities so that children receive quality health care services.

NCPD is a semi-autonomous government agency that formulates and promotes population policy and coordinates related activities for sustainable development in Kenya.

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Recommendations

The National Council for Population and Development recommends the full implementation of the IMCI Strategy. This will require that all health facilities have the capacity to provide quality preventive and curative child health care services thus contributing to the well-being of the country's children. Given that 2015 is only three (3) years away, the accelerated implementation of the strategy over the remaining duration will greatly contribute to the attainment of the MDG 4 targets on infant and under-five mortality rates.

Photo credit: NCPD

I require quality health services if you want to attain MDG 4!!

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