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Health of Kenyan children — is it better today?

Worldwide, significant improvements have been made in child health. Between 1990 and 2013, under-five mortality rate has reduced by half from 90 to 46 deaths per 1,000 live births.

Unfortunately, the improvements made in child health worldwide are not reflected in all countries. In some countries many children are still dying from preventable infectious diseases including pneumonia, diarrhoea, and malaria (UNICEF 2015). In addition to this, most of the deaths among these children occur in the first month of life mainly from asphyxia, prematurity, and sepsis. This policy brief presents the situation of children under-five in Kenya by analyzing the trend of some of the key child health related indicators over the period 1993 – 2014 using data from the Kenya Demographic and Health Survey (KDHS). During this period, the Government of Kenya and partners put in place various policies and programmes to enhance child survival in the country.

Data from the KDHS shows that the efforts by the various development actors in the field of child health have contributed significantly to reducing deaths among children under 5 years of age. Despite this achievement, the impact of these efforts in reducing deaths among newborns has not yielded the desired results. At the same time, efforts to increase the proportion of children who are fully immunized and reduce the prevalence of diarrhoea among under-fives and the proportion of newborns with low birth weights are yet to achieve the set targets for these indicators. This policy brief therefore shows that much more needs to be done to improve the wellbeing of children in Kenya.

Kenya's efforts to improve child survival

Kenya has made a lot of effort over the years to improve child survival. Various policies and programmes have been put in place to ensure that children survive beyond childhood. In 1994, the Government launched the Kenya Health Policy Framework (KHPF) which underlined the need to pursue the principles of primary health care in improving the health status of the Kenyan population, including children (MoH, 1994). In order to further strengthen the health sector reform process articulated in KHPF, the Government in 1999 introduced the first National Health Sector Strategic Plan (NHSSP I) covering the period 1999 to 2004 (MoH, 1999). An evaluation of the implementation of this strategic plan undertaken in 2004 showed that it did not contribute to improved health status of Kenyans but rather, health indicators showed a negative trend with increases in infant and child mortality rates.

The second National Health Sector Strategic Plan (NHSSP-II), covering the period 2005 to 2010 succeeded NHSSP I. Its main goal was to address the worsening health indicators including immunization coverage, malnutrition, and deaths among children (MoH, 2005). In 2006, the Community Strategy was introduced with the aim of enhancing access to health services at the community level so that, among other things, a reduction in child deaths could be achieved (MoH, 2006). As from 2013, the Kenya Health Sector Investment Plan (KHSSP), covering the period 2013 to 2017, came into being. Among the milestones that this strategy aims to achieve by 2017 are to increase to 90 percent the proportion of children aged 12-23 months who are fully immunized, reduce to 5 percent the proportion of newborns with low birth weight, and reduce stunting and underweight among children below 5 years to 15 and 5 percent respectively. This strategy is being implemented under the auspices of the Kenya Health Policy (2012-2030) whose goal is to attain

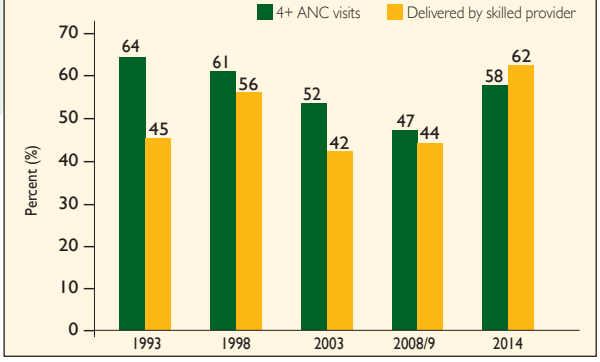
"the highest possible health standards in a manner responsive to the population needs" (MoH, 2012).

Among the programmes that Kenya has put in place to enhance child survival are the Kenya Expanded Programme on Immunization (KEPI) and National Malaria Control Programme (NMCP). KEPI was established within the Ministry of Health in 1980 with the goal of immunizing all children in the country against 6 vaccine preventable diseases namely; polio, tetanus, pneumonia, hepatitis B, diphtheria, and measles. NMCP, formerly known as the Division of Malaria Control, was established in 1994 with the responsibility of providing policy and strategic guidance as well as coordination and scaling up of an effective malaria control programme. The objectives of NMCP include ensuring that children below 5 years are protected against malaria and those who get the disease are treated effectively.

Status of child survival indicators

Antenatal care (ANC) during pregnancy and child birth under the care of a skilled health worker are important in ensuring the survival and wellbeing of newborn children. Pregnant women are therefore encouraged to make at least 4 ANC visits to the health facility and to seek the services of a qualified health worker at the time of delivery. Figure 1 shows the trend in the proportion of pregnant women seeking these services. According to Figure 1, the proportion of pregnant women making 4 ANC visits declined from 64 to 47 percent between 1993 and 2009 before improving to 58 percent in 2014 as recorded by the KDHS. The proportion of pregnant women seeking the services of a skilled provider at the time of delivery reached an all-time low and high of 42 percent in 2003 and 62 percent in 2014 respectively. These results imply that over one-third of pregnant women are still not accessing these essential services.

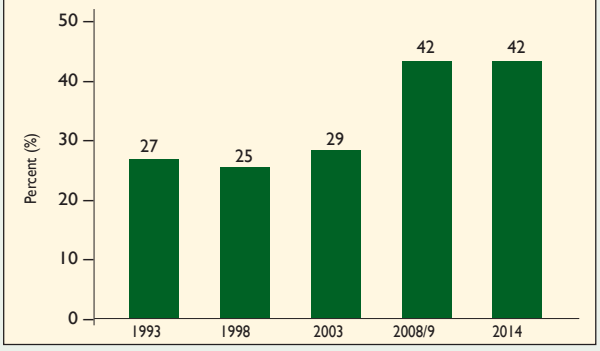
Figure 1: Percentage of pregnant women by number of ANC visits and assistance during delivery



Source: Kenya Demographic and Health Surveys (1993 - 2014)

out of every 1,000 born alive were dying before attaining the age of 5 years. This number rose to 115 in 2003 before declining dramatically to 52 deaths in 2014. Similarly, the number of infants dying in the first year of life rose from 62 deaths per 1,000 live births in 1993 to 77 deaths in 2003 before declining to 32 deaths in 2014. Despite these declines in under-five and infant mortality levels over the last two decades, the proportion of children dying in the first month of life has been increasing from 1998 as shown in Figure 2. In 1998, about 112 children, out of every 1,000 born alive, were dying before attaining the age of 5 years. One-quarter of these deaths occurred in the first month of life. In 2014, this figure had increased to 42 percent implying that 2 in every 5 children under the age of 5 years dying today dies within one month after birth. This is despite the fact that deaths among under-fives stands at 52 per 1,000 live births, this being the lowest level ever recorded in the country.

Figure 2: Percentage of deaths among children under 5 years occuring in first month of life



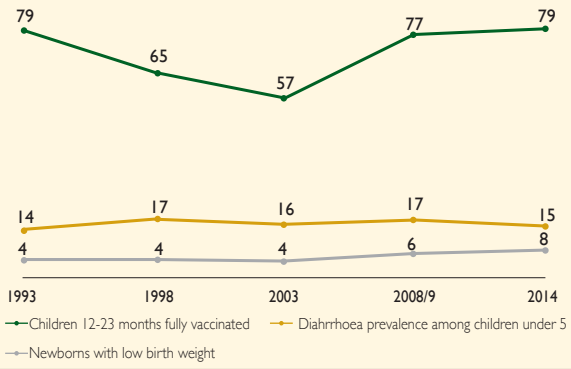
Source: Kenya Demographic and Health Surveys (1993 - 2014)

One of the risk factors of poor health and death among newborns is low birth weight. Figure 3 shows that though the proportion of children born with low birth weights is low, over the decade between 2003 and 2014 this figure increased from 4 to 8 percent. If this trend continues, then it will portent an unpromising future for many more children. Figure 2 also shows that the prevalence of diarrhoea among children under 5 years of age has remained at more or less the same level over the last two decades. According to the KDHS in 2014, the prevalence of diarrhoea was 15 percent representing a slight increase from the 1998 figure of 14 percent.

The proportion of children 12-23 months of age who have been fully vaccinated declined from 79 percent in 1993 to a low of 57 percent in 2003 before

increasing to 79 percent in 2014. According to the Kenya Health Sector Strategic and Investment Plan (2013-2017), the target was to increase this figure to 90 percent by 2014 and sustain it at that level over the plan period. Despite the recent improvement in immunization levels, these figures indicate that efforts to improve immunization coverage are lagging behind the set targets.

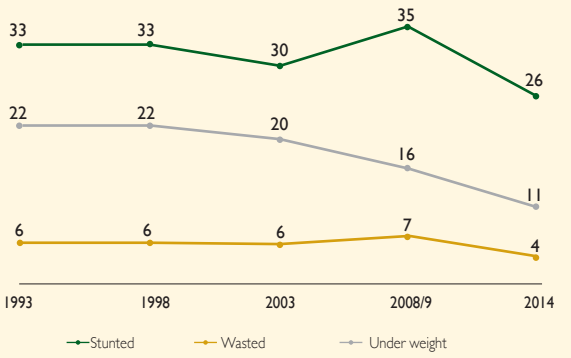
Figure 3: Percentage of children fully vaccinated with diarrhoea, and low birth weights



Source: Kenya Demographic and Health Surveys (1993 - 2014)

Figure 4 shows the trends of three different indicators of malnutrition namely underweight, wasting and stunting. Over the two decades from 1993, the proportion of children under 5 years of age who were wasted averaged 6 percent until 2014 when it declined to 4 percent. A decline in the prevalence of underweight among children below the age of 5 years was recorded over the same period. In 1993, two in every 10 children were underweight compared to 1 in every 10 children in 2014. This is still higher than the target of 5 percent set in the KHSSP. The prevalence of stunting has remained high, though a decline was experienced between 1993 and 2014. In 1993 the prevalence of stunting was at 33 percent and in 2014 it had declined to 26 percent implying that 1 in every 4 children below the age of 5 years in Kenya today is stunted. This does not compare well with the target set in the KHSSP to reduce stunting to 15 percent.

Figure 4: Trends in percentage of children under 5 years who are stunted, wasted or underweiught



Source: Kenya Demographic and Health Surveys (1993 - 2014)

Key child survival gaps

Based on the trends and current status of child survival indicators in Kenya, it is evident that the policies and programmes that have been put in place have helped to improve the well-being of children below the age of 5 years. This is evident from the under-five, infant, and neonatal deaths per 1,000 live births which stood at an all-time low of 52, 39, and 22 deaths respectively in 2014. In addition to this, the levels of stunting, wasting and underweight among under-fives have assumed a downward trend since 2008, while the proportion of pregnant women seeking skilled care at the time of delivery has reached a high of 62 percent. However, there still exists gaps that need to be addressed so that the country can achieve the set targets for the various child indicators. The main gaps are:

- Over one-third of pregnant women are going without the requisite ANC and child birth services
- High proportion of children under 5 years who die in the first month of life
- Percentage of children 12-23 months of age who have received all the requisite basic vaccines is still at the early 1990s level of 79 percent
- Newborns with low birth weight has been on an upward trend, though marginally, since 2003
- The prevalence of diarrhoea among under-fives has remained roughly constant since the early 1990s.

If the above gaps are fully addressed, then Kenya will achieve an accelerated improvement in the well-being of children within a short period of time.

Policy and programme implications

The key gaps in child survival have implications at both policy and programme levels. At the policy level, there is need to re-examine the strategies that have been put in place to address the mentioned gaps. This will help in identifying any strategies that need to be changed or strengthened. At the programme level, it will be important to take stock of the availability and quality of health services targeting the mentioned gaps. It will also be necessary to assess the performance of health service provision right across the different levels of care starting from the community to tertiary level.

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

In order to address the identified key gaps in child survival, the following recommendations are proposed for implementation:

1. **Re-examination of existing policies and strategies**: This is a process which should be led by the Ministry of Health involving all key stakeholders with a focus on neonatal health, immunizations, and nutrition matters among others. In re-examining the existing policies and strategies, the aim will be to interrogate the laid down frameworks for improving child health indicators related to the key gaps. This will form a basis for proposing any necessary changes to the existing frameworks.
2. **Service provision assessment**: There is need to undertake a service provision assessment to determine the availability and preparedness of Kenya's health system to provide the services pertaining to the key gaps. This will help to identify any problems in service provision that need to be addressed so that neonatal deaths are reduced, immunization coverage increased, and the incidence of newborns with low birth weights and under-five with diarrhoea are minimized considerably. Valuable information will be availed from this assessment for decision making by programme managers and service providers. The Ministry of Health and NCPD should partner to ensure that this is implemented in 2016/17.
3. **Evaluate the implementation and impact of the community strategy** with a view of assessing its effectiveness in improving access to health services at the community level. The findings of this evaluation by the Ministry of Health will help to identify implementation issues that require to be addressed so that the health of children in Kenya can be improved further.

Conclusion

Kenya's aspiration as articulated in the country's Vision 2030 envisages a situation where the citizens will attain high quality of life by 2030. This will only be possible if the health concerns of all segments of the population, including under-fives, are fully and comprehensively addressed.

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