

# *SCALING UP HIGH IMPACT INTERVENTIONS FOR CHILDREN UNDER 5 IN KENYA*

Diarrhea & Pneumonia Working Group Meeting  
September 4-5, New York

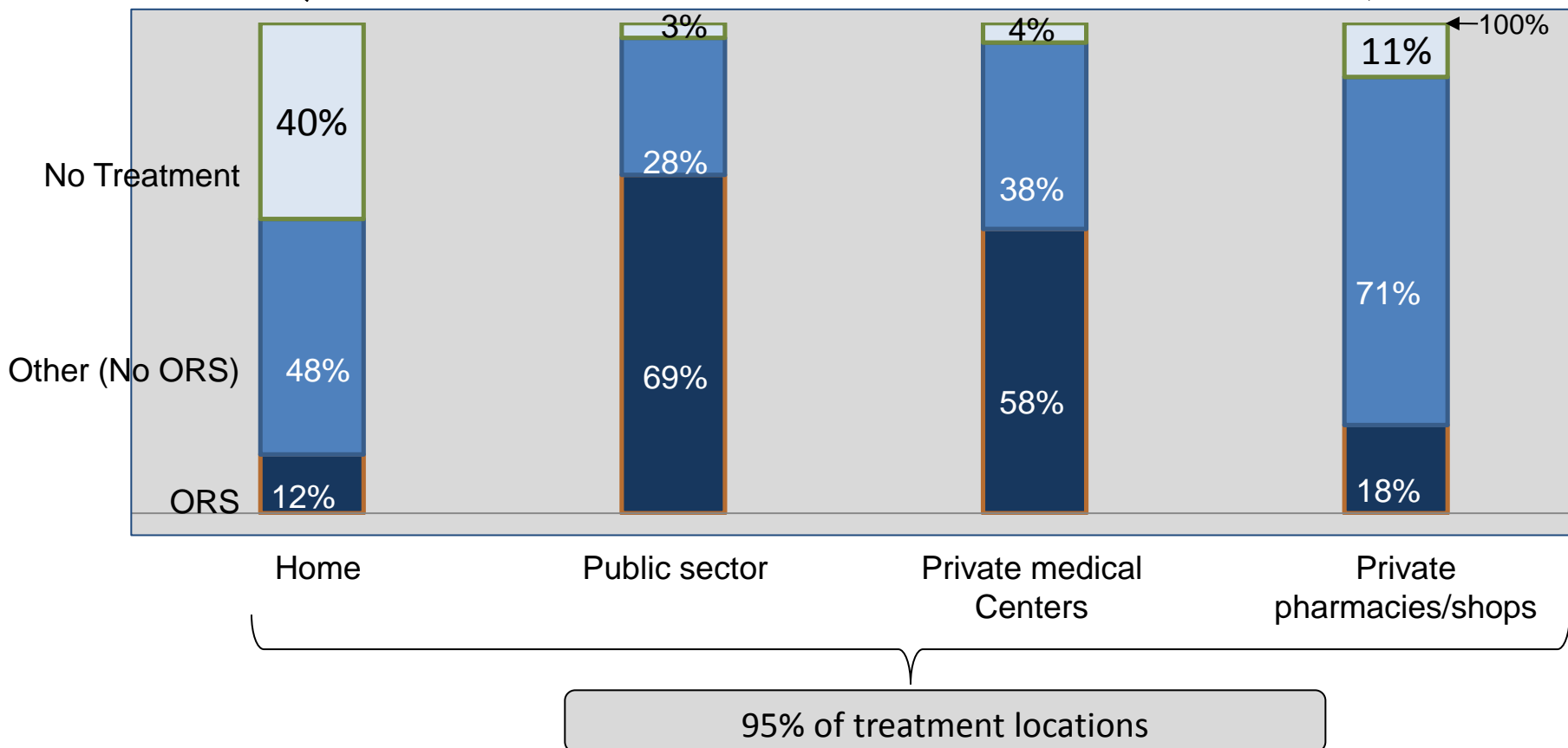
# The Problem: Segmentation by Care Seeking

39% (n=370) of treatment sought at home

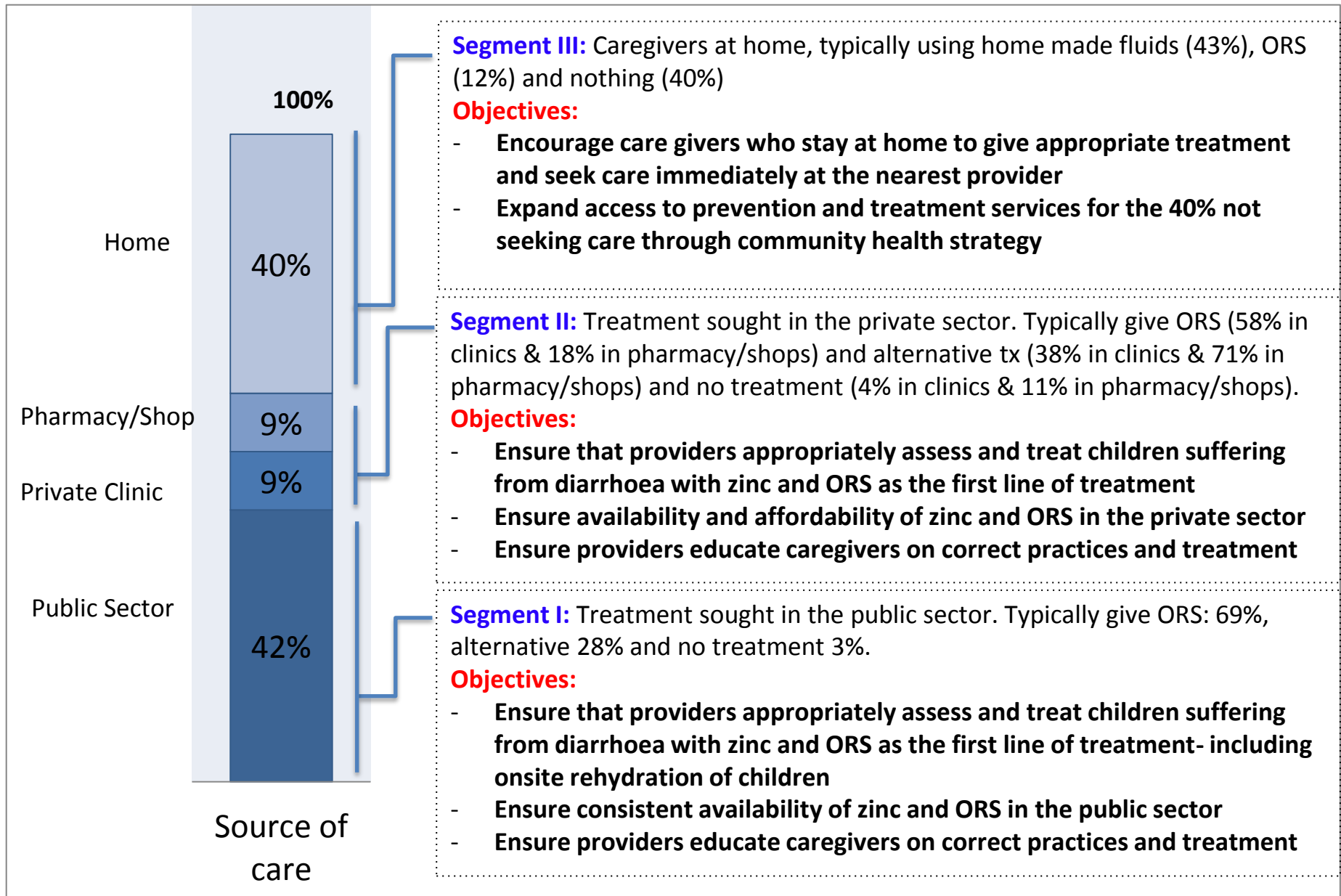
42% (n=393) of treatment sought from the public sector

6% (n=55) of treatment sought from private medical centers

8% (n=76) of treatment sought from private pharmacies/shops



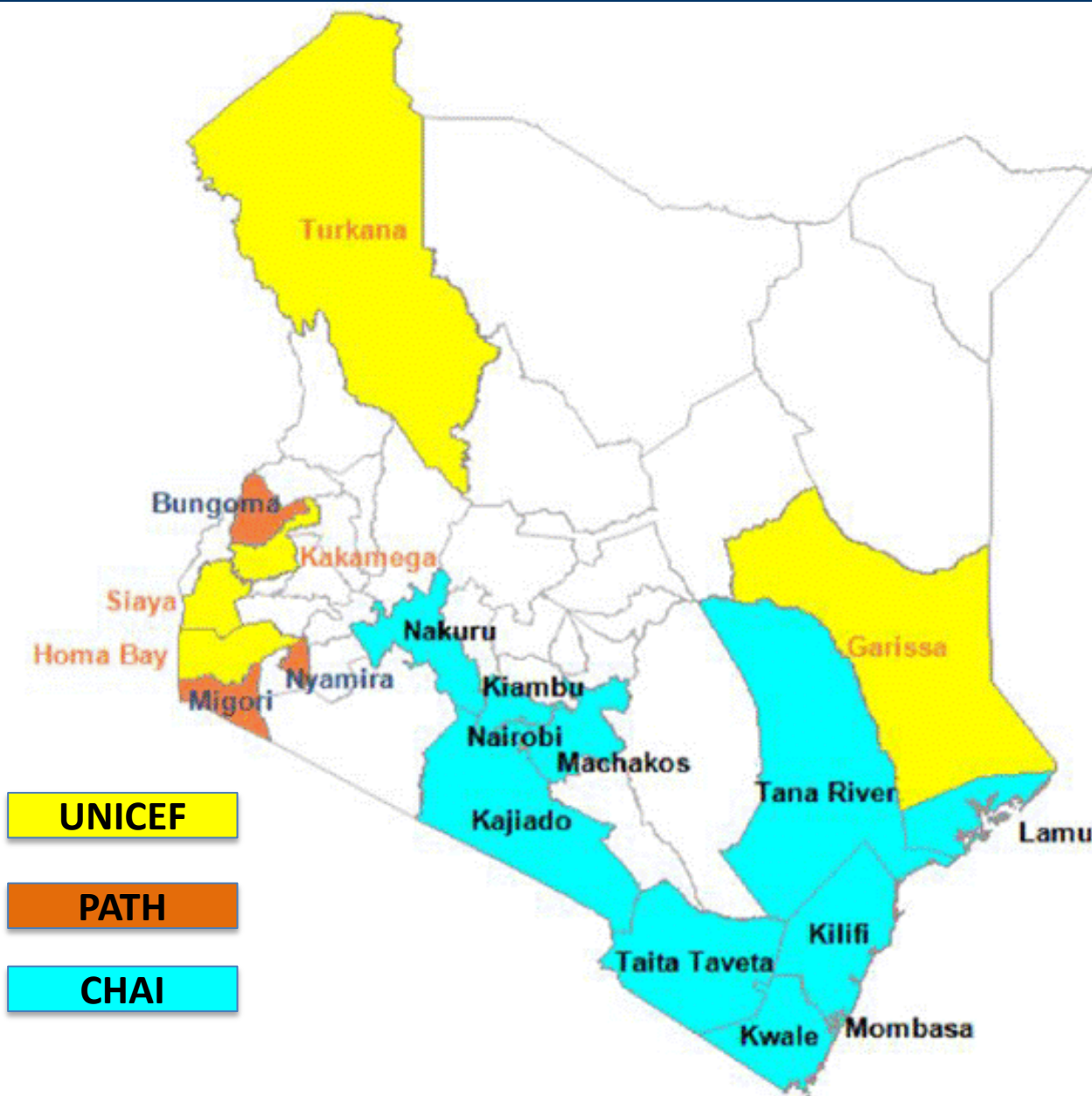
# Program Objectives



# As of Q3 2014, key progress has been made to facilitate an enabling environment for change

<b>National scale-up plan endorsed</b>	Achieved	The <i>Scaling up Strategy for Essential Treatments in Children in Kenya (2012-2016)</i> was endorsed and signed in 2012
<b>OTC status secured for zinc</b>	Achieved	The Pharmacy and Poisons Board approved OTC status for zinc in late 2012
<b>Amoxicillin as 1<sup>st</sup>-line treatment</b>	In progress	Cotrimoxazole is recommended as 1st-line treatment. However, in practice, amoxicillin is more widely used. The TWG attempted to revise guidelines but the change could not be completed in the absence of clear guidance on the appropriate 2nd line treatment. New efforts to revise guidelines have been launched
<b>Favorable policy change for amoxicillin</b>	Not yet started	Pending policy decision on recommended amoxicillin as 1 <sup>st</sup> -line treatment
<b>Coordination mechanism established</b>	Achieved	A coordinating mechanism, chaired by the MoH meets regularly for routine implementation work. Key partners include: MOH/UNCAH, CHAI, WHO, UNICEF, PSI, MI, USAID/MCHIP, SHOPS

# Scale Up: Counties with support for ALL Interventions



## Other Partners Providing National level or some county level interventions

- AMREF
- Micronutrient Initiative
- PSK
- Save the Children UK
- SHOPS
- USAID/MCHIP

# Segment III: Increasing the Number of Caregivers adopting recommended practices at home

**Segment III:** Caregivers at home, typically using home made fluids (43%), ORS (12%) and nothing (40%)

1. Increase caregivers Knowledge and change behavior around diarrhoea

2. Intensifying education of mothers in health facilities during ANC, MCH clinic (Immunization)

3. Increase proximity to care

Diarrhoea prevention and tx messages ran on radio in 15 local languages.

- Severity of diarrhoea, home management & prompt care seeking
- Availability of zinc and ORS – free in public hospitals, 50/= in pharmacies, shops, kiosks

**Target: 9.7m women of reproductive age (15-49yrs) through**

**Expanding awareness creation :** through print media and one on one interactions with caregivers at health facilities:

- Posters artwork finalized. CHAI & PSI have printed >50k pcs to go to counties
- Care giver merchandize produced to be distributed during health talks and community outreaches- ORS cups, khangas
- MNCH health talk kit drafted by ACSM to be finalized in Q3

**Expand ICCM:** use CHWs to educate caregivers and general public, offer basic curative services, refer severe cases to facilities

- ICCM guidelines and curriculum finalized in March 2014
- National TOTs trained
- UNICEF rolled out ICCM in Homabay county, & MI
- Inclusion of ICCM in GF proposal

**Target: roll out ICCM to more counties in the country**





# Diarrhoea Prevention & Treatment Posters

## Prevention Poster

### JINSI ZA KUZUIA MADHARA YA KUHARA



**Osha mikono na sabuni**  
baada ya haja, kabla ya kula,  
kabla ya kupika na baada ya  
kubadilisha mtoto nani.



**Tumia maji safi ya kunywa**  
na ya kupika yaliyotibiwa au  
yaliyochemshwa. Hakikisha  
pia yamehifadhiwa kwa usafi  
na usalama.



**Tumia choo kila wakati**  
na hakikisha ni safi  
kabla ya kutumia.



**Hakikisha mtoto**  
amechanjwa  
kikamilifu.



**Kwa miezi sita ya kwanza**  
ya maisha ya mtoto,  
hakikisha amepata  
maziwa ya mama pekee.



**Mtoto anapoanza**  
kuhara, hakikisha  
unampa ORS na Zinc

**Ikiwa mtoto ameanza kuhara mpe ORS pamoja na Zinc.**  
**Zuia kuhara. Okoa maisha.**



Ministry of Health

Ujumbe huu umetoka kwa wizara ya afya.



## Treatment Poster

### OKOA MTOTO WAKO KUTOKANA NA UGONJWA HATARI WA KUHARA

**KWA KUTUMIA ORS NA ZINC ANAPOANZA KUHARA**



**1**  
Wakati mtoto anapohara...



**2**  
...Hakikisha umetumia dawa dhambi ya  
ORS na Zinc.



**3**  
Mpe mtoto ORS ilivyo elekezwa...



**4**  
Mpe mtoto tembe ya Zinc ilivyo elekezwa  
kisha mtoto wako atapata nafuu.

**ORS hurudisha maji na madini ambayo mtoto hupoteza anapohara  
na Zinc hupunguza makali na kuzuia kuhara kwa muda wa miezi 3.**

**Zuia kuhara. Okoa maisha.**

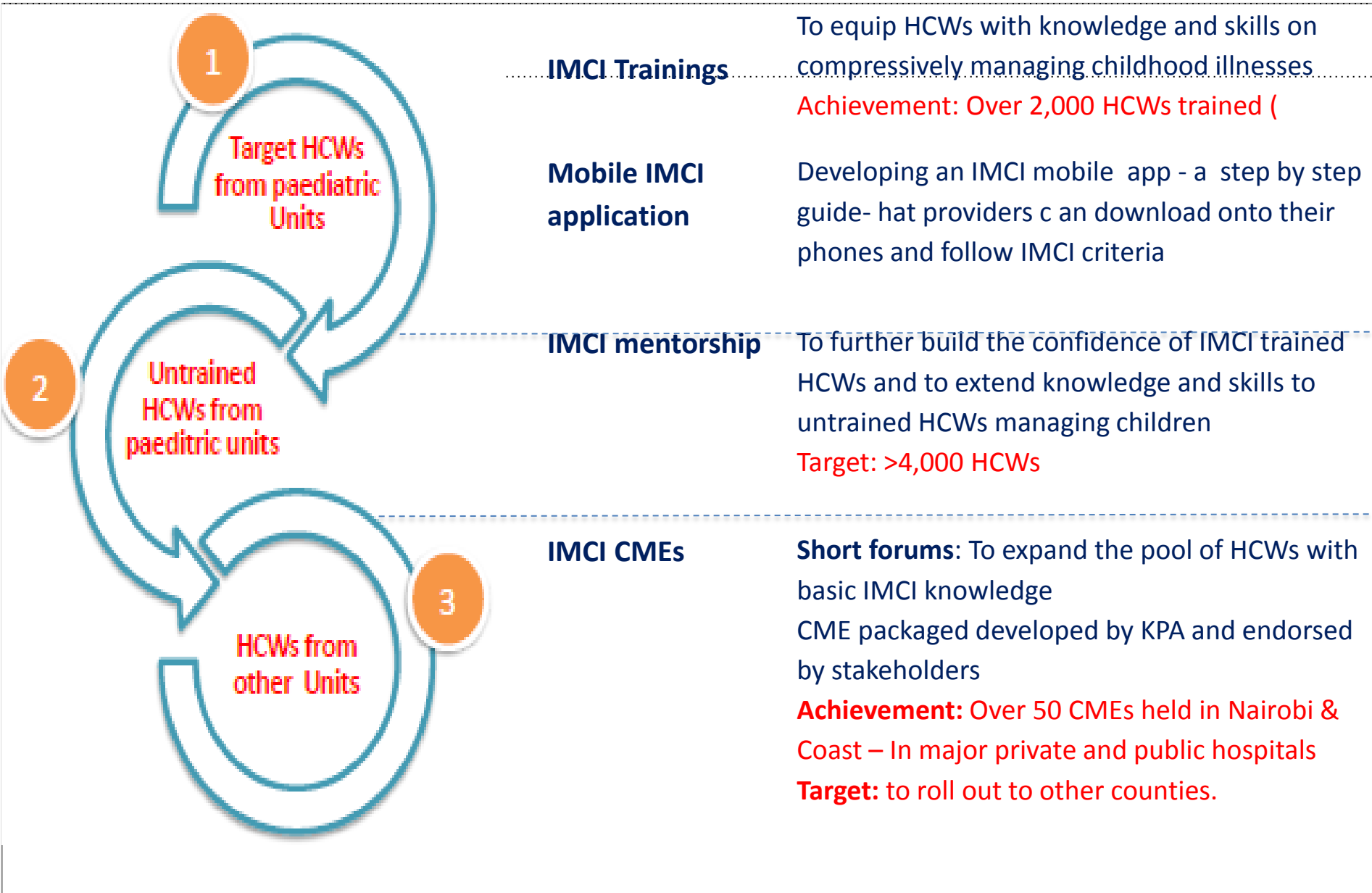


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# Segment I & II: Improving Provider Practices in Management of Childhood Illnesses in Public and Private Hospitals and Clinics:





# Segment I & II: Improving provider practices in management of childhood illnesses in Public, Private Hospitals and Clinics

Mobile IMCI

Decision Support System

How will it work?

### Assess

Android IMCI

Determine whether it is the initial visit or just a follow up of an illness  
if it is a follow up head to Treatment Chart in the Treat Child Tab  
if it is an initial visit assess the child as follow

**Then Ask Main Symptoms**

Does the child have cough or difficult breathing?

Does the child have diarrhoea?

Does the child have fever?

Does the child have an ear problem?

CHECK FOR MALNUTRITION AND ANAEMIA

CHECK FOR HIV EXPOSURE AND INFECTION

### SYMPTOMS

Search Symptoms

Any general danger sign	<input type="checkbox"/>
Chest in drawing	<input type="checkbox"/>
Stridor in calm child	<input type="checkbox"/>
Fast breathing	<input type="checkbox"/>
Lethargic or unconscious	<input type="checkbox"/>
Sunken eyes	<input checked="" type="checkbox"/>
Not able to drink or drink poorly	<input checked="" type="checkbox"/>
Skin pinch goes back very slowly	<input checked="" type="checkbox"/>

Submit

### Classify

Android IMCI

Sunken eyes

Not able to drink or drink poorly

Skin pinch goes back very slowly

Measles

Diarrhoea

Malaria

HIV

Polio

### Treat & Counsel

Treatments

- Give Artemeter + Lumefantrine (AL).
- Give one dose of paracetamol in clinic for high fever (>38.5 degrees).
- Give Vitamin A.
- Follow up in 2 days if fever persists.
- Advise when to return immediately.
- If fever is present every day > 7 days assess or refer.

# Segment I & II: Improving provider practices in management of childhood illnesses in Public, Private Hospitals and Clinics



**ORT Corners Set up in ALL facilities in Nairobi County and to expand to more counties**



# Commodity Availability: Increasing the availability of Zinc and ORS in Public & Private Sector

Strengthening commodity management at facility level by use of HCMP

Roll out of Commodity management tool tracking: **Rolled out to 200 facilities**

- **Stock and Consumption levels**
- **Expiries and short expiries**
- **Spend against orders , lead times, fill rates**
- **Auto quantification and forecasting**

Manual Bundling of Zinc and ORS

- 6.8m ORS sachets and 12.3m zinc tablets distributed in Q1 & Q2 in public sector
- Facilities bundling ORS and Zinc to ensure co-dispensing- Over 250K distributed so far
- Mainstreaming the co-pack- Recommendation by DMS to counties to procure co-pack to go out this month

Redistribution of Essential drugs

Keeping track of excess and low stocks in facilities and facilitating the redistribution

Private Sector- Distribution & marketing of co-pack

- Co-pack available in pharmacies, s/markets, shops, and kiosks (Q3)..
- 80,000 packs sold in Q1 and Q2 = total 2013 sales
- Demand generation is through , detailing, CMEs, RTDs, outreaches , pharmacy campaigns, mass media
- Incentives scheme for retailers and detailers established





## In the past quarter, several activities have provided a boost to national treatment scale-up efforts

- Launch of rotavirus vaccine in July 2014. Immunization started immediately in some counties while others are starting in September
- First lady's Beyond Zero campaign has brought the fight against MMR, NMR and overall CMR to the forefront

## Key implementation challenges

- Decentralized levels – engagement with 47 different governments- takes longer to establish the programs- MOU signing, planning etc.. However counties are committed to implementing and delivery of MNCH results
- Lack of integrated approach to implementing the scale up plan. Most partners are funded for one or two interventions..
- National coverage with ALL interventions still not achieved. Need more funding and partners to support implementation

**Thank You!**