

KENYA – Global Week of Action 2014

Saving children's lives through ensuring equal access to quality health services

Key recommendations

World Vision calls on the Government of Kenya to:

- Allocate at least 15% of the gross national budget to the health sector in the next financial year, in accordance with the Abuja declaration
- Ensure that quality primary health care is accessible to the poor and those living in rural and hard-to-reach areas
- Strengthen and streamline national and sub-national health information management systems to capture and account for the births, deaths and health situation of every child

Progress towards improving child health

Kenya has made recognizable progress in reducing child mortality over the past decade. The mortality rate of children under five has been reduced by 36% between the 2003 and 2008/2009 Kenya Demographic Health Surveys (KDHS), from 115 to 74 deaths per 1,000 live births. Similarly, the infant mortality rate has been reduced with 32% from 77 deaths per 1,000 in 2003 to 52 deaths per 1,000 in the 2008-09 survey. This implies that one in every 19 children born in Kenya dies before its first birthday, while one in every 14 does not survive to age five.¹ Almost 4 in 10 (39%) of all under-five deaths occur during the neonatal period.² Most children in Kenya die from preventable causes that could be avoided by inexpensive, proven, and scalable methods if these children had access to adequate nutrition and health care.³ Unfortunately we know that many children in Kenya live and die unseen, uncounted, unregistered and unable to access the health services that would save their lives. 40% of all births in Kenya go unregistered and less than half of all births are attended by a skilled birth attendant.⁴ This means that many children are born without being captured by the official government statistics, and many children fall ill and die without accessing essential healthcare. Increased investments in the health sector, better data and more efforts to facilitate access for the poor and most marginalized is critical to reach every child in Kenya with life-saving healthcare.

Progress towards reaching national and international commitments

Although recent progress has been made towards reaching Millennium Development Goal (MDG) 4, Kenya needs to significantly accelerate its efforts

during the less than 600 days remaining for the country to reduce child deaths to the MDG target of 33 deaths per 1,000 live births by 2015.⁵ The Kenyan Government has put in place commendable strategy and policy documents to enhance healthcare delivery at the national and county levels. This includes the national health sector strategic plan II which has enhanced promotive and preventative health care (particularly immunization and ANC services coverage) at the community level through the community health workers. This is in addition to the free maternity services by the national government which has increased demand for these services and is bound to increase skilled birth deliveries if proper funding and implementation mechanisms are put in place. County governments are constitutionally mandated to deliver primary healthcare services. In April 2001, under the Abuja Declaration, the Government of Kenya committed along with other African heads of state to allocate at least 15% of total government budget to the health sector by 2015. In 2013/2014, Kenya spent 5.7 % of the gross national budget on health⁶ meaning that as the deadline draws near, Kenya is off track to meet its commitment. However, some of Africa's poorest countries, such as Rwanda, Malawi, Liberia and Ethiopia, have achieved the Abuja target ahead of the deadline and showed that it is possible to reach the target also in resource-constrained contexts. The four countries above are among the few that will reach MDG 4 ahead of the 2015 deadline, illustrating how increased health spending can translate into improved health outcomes for children.⁷

Saving children's lives through ensuring equal access to healthcare

Despite the many good policies in place, and the responsibility of the county governments to deliver quality primary health services, the majority of the urban and rural poor lack access to functional and affordable basic healthcare services. Studies show that the urban poor are forced to use their meagre resources to pay for services at private clinics and even public health facilities⁸. The out-of-pocket expenditure on health is as high as 43% of total health expenditure.⁹ This has consequently driven the poor and marginalised further into destitution. There is inequitable and insufficient distribution of health personnel, including doctors and nurses. Health personnel find it more attractive to work in the urban areas, which has led to a situation of “over-supply” in urban areas and very few health personnel in the rural areas. Many of the poorest and most vulnerable are not accessing the essential services they need. While over 80% of women in the richest wealth quintile have a skilled birth attendant present when giving birth, only around 20% of the poorest have access to the same care.¹⁰ Because of the lack of qualified health staff in rural areas, and gaps in the health information management systems, many children fall through the cracks and remain uncared and unreached. Although improvements of the system for monitoring, review and evaluation of the health system have been made during recent years, more efforts are needed to ensure that every child is counted, and that the Government and partners can plan policies and programmes so that they target the most vulnerable, and so that all children can access the health care they need. The civil registration and vital statistics systems needs to be strengthened, including through capacity building of staff at every level, and considerations of equity that go beyond income should be central in national data collection and analysis.¹¹

Every child has the right to Survive 5

Five years should not be a child's life time. Every child has the right to be counted and included in government provision of essential services so that they can not only survive, but thrive and reach their full potential. In order for Kenya to make further progress towards reducing preventable child deaths, National and County governments must increase funds allocated to health care, while focusing efforts on reaching the poorest and most marginalised by constructing health facilities and ensuring a sufficient

number of skilled staff is available in rural areas, and ensuring sufficient funding to national health insurance scheme so that the poor are not prevented from accessing care.

World Vision calls on the Government of Kenya to:

Allocate at least 15% of the gross national budget to the health sector in the next financial year in, accordance with the Abuja declaration

Ensure that quality primary health care is accessible to the poor and those living in rural and hard-to-reach areas

- Ensure that the management of primary healthcare which is devolved to the County Governments is efficient, fair and cost effective;
- Invest in trained, adequately paid, supported and supervised health workers equally distributed across the country, including through incentives;
- Expand the reach of the health system into currently underserved areas through new health facilities and active outreach by community health workers;
- Make low-cost health insurance packages available to the rural and urban poor and ensure that ability to pay does not prevent access to essential health care.

Strengthen and streamline national and sub-national health information management systems to capture and account for the births, deaths and health situation of every child

¹ Kenya Demographic Health Survey, 2003 and 2008-09

² Countdown to 2015 (2013) Kenya country profile

³ UNICEF (2013) Committing to Child Survival: A Promise Renewed

⁴ Kenya Demographic Health Survey, 2008-09

⁵ MDG 4 target by 2015 for Kenya (Reducing Child Mortality by 2/3 by 2015)

⁶ Kenya Health Sector Budget Analysis: Emerging Issues and Policy Implications, World Vision Kenya, 2014

⁷ The African Union and UNAIDS (2013) Abuja+12 Shaping the future of health in Africa

⁸ J. Christopher and C. Mukiira, Perceived quality of and access to care among poor urban women in Kenya and their utilization of delivery care: harnessing the potential of private clinics?, African Population and Health Research Center (APHRC), Nairobi, Kenya, 2011

⁹ Countdown to 2015 (2013) Kenya country profile

¹⁰ Ibid.

¹¹ Kenya Country Accountability Framework 2012

Contact : Brezhnev Otieno, Child Health Campaign Coordinator, World Vision Kenya
Mobile: +254 723719580
E-mail: brezhnev_otieno@wvi.org