REPUBLIC OF KENYA

Malezi Bora Strategy

2017 - 2020

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Abbreviations

ACSM:	Advocacy, Communication and Social Mobilization
AIDS:	Acquired Immune Deficiency Syndrome
ANC:	Antenatal Care
BCC:	Behavior Change Communication
CHAK:	Christian Health Association of Kenya
CH-ICC	Child Health Inter-Agency Coordinating Committee
CHDSU:	Community Health and Development Services Unit
CHMT:	County Health Management Team
CMR:	Child Mortality Rate
CSDS:	Child Survival and Development Strategy
DFH:	Division of Family Health
ECD	Early Childhood Development Centre
FP:	Family Planning
HIV:	Human Immunodeficiency Virus
HISU:	Health Information Systems Unit
HPU:	Health Promotion Unit
IEC:	Information, Education and Communication materials
ICC:	Inter-Agency Coordinating Committee
ICT:	Information Communication Technology
IMCI:	Integrated Management of Childhood Illnesses
IRCK:	Inter-Religious Council of Kenya
ITNs:	Insecticide Treated Nets
KEMSA:	Kenya Medical Supplies Agency
KDHS:	Kenya Demographic and Health Survey
MCHIP:	Maternal Child Integrated Programme
MDGs:	Millennium Development Goals
MI:	Micronutrient initiative
MMR:	Maternal Mortality Rate
MOH:	Ministry of Health

MTP:	Medium Term Plan
M&E:	Monitoring and Evaluation
NCAHU:	Neonatal Child and Adolescent Health Unit
NCL:	Nollwal Consulting Limited
NDU:	Nutrition and Dietetics Unit
NGO:	Non-Governmental Organization
ORS:	Oral Rehydration Solution
ORSU:	Oral Health Services Unit
ORT:	Oral Rehydration Therapy
PSI:	Population Services International
RMHSU:	Reproductive and Maternal Health Services Unit
SDGs:	Sustainable Development Goals
UNICEF:	The United Nations Children's Fund
USAID:	United States AID for International Development
UVIS:	Unit of Vaccines and Immunization Services
Vita A:	Vitamin A
WHO:	World Health Organization

Foreword

Kenya has over the years continued to make significant strides towards improving the health of its population by providing preventive, promotive and curative health services. This has been achieved through the Ministry of Health in collaboration with development partners and other stakeholders.

In recent years the indicators for child and maternal health have improved though not significantly enough to meet the international development goals. According to 2014 Kenya Demographic and Health Survey (KDHS), the under-five mortality has reduced to 52/1,000 live births, the infant mortality rate has reduced to 39/1,000 live births whereas the neonatal mortality rate has marginally reduced to 22 per 1,000 live births. Maternal mortality ratio is still high at 362/100,000 live births against a target of 147/100,000 live births.

Maternal, child and nutrition weeks ('Malezi Bora') is an approach that was introduced in 2007 to provide a high impact comprehensive package, with the aim of accelerating the uptake of services targeting children ages less than five years, pregnant women, lactating mothers and women of reproductive age. Since 2007 '('Malezi Bora') implementation has been anchored on the Child Survival and Development Strategy (CSDS) of 2008-2015. There has been progressive increase of utilization of services during the ('Malezi Bora') weeks. The CSDS has expired and in 2010 Kenya got a new constitution that devolved the health services into 47 Counties.

With these developments, there is need for formulating a '('Malezi Bora') Strategy that defines the specific roles of the national and the county governments as well as other stakeholders. The Strategy will provide a framework for implementation of the high impact interventions at the different levels. The Strategy will provide the required structures and resources for implementing ('Malezi Bora') and the measurement of the achievements. The ('Malezi Bora') Strategy will be reviewed and periodically updated to accommodate changing situations and progress.

It is envisioned that the implementation of this ('Malezi Bora') Strategy will contribute to the attainment of both local and international goals thereby ensuring a vibrant and healthy Kenya. The Ministry of Health renews its commitment to creating an enabling environment for the implementation of this Strategy in partnership with other stakeholders in the health sector.

Dr. Jackson Kioko, OGW
Director of Medical Services

Acknowledgement

The 'Malezi Bora' Strategy was developed through a participatory process that involved key stakeholders in maternal, child health and nutrition. The Ministry of Health thanks all those who contributed towards the successful completion of the Strategy. The following institutions are acknowledged for their contributions:-

Ministry of Health: Division of Family Health (DFH), Neonatal Child and Adolescent Health Unit (NCAHU), Reproductive and Maternal Health Services Unit, Nutrition and Dietetics Unit, Unit of Vaccines and Immunization Services, Community Health and Development Services Unit, Health Promotion Unit, Health Information Systems Unit, Oral Health Services Unit and Kenya Medical Supplies Agency.

County Health Management Teams: Bomet, Kericho, Kiambu, Machakos, Nairobi, Nakuru, Nandi, Narok, Trans Nzoia, Uasin Gishu and Vihiga.

Stakeholders: World Health Organization (WHO), UNICEF, Micronutrient Initiative (MI), MAP International, International Religious Council of Kenya (IRCK) and Christian Health Association of Kenya (CHAK).

The Ministry of Health is especially indebted to the core team that worked tirelessly to develop this Strategy, comprising of staff from Ministry of Health; Dr. Stewart Kabaka, Bernard Wambu, Farida Tomno, Samuel Murage, Peter Kamau, Ali Abdi Hassan, Fred Ng'eno and Dr. Heather Njuguna; Partners; Elijah Mbiti (MI), Joseph Anyango (MAP International), Joseph Oyongo (CHAK), Nimo Ali (HIMILO) and the consultant who guided the process.

The Ministry of Health sincerely appreciates the financial support provided by Micronutrient Initiative (MI) Kenya. Special thanks also go to Dr. Chris Wanyoike, Country Director, Micronutrient Initiative Kenya and other MI staff for technical support.

Dr. Patrick Amoth

Head, Division of Family Health

Executive Summary

The Implementation of the child-mother health and nutrition weeks concept, also called 'Malezi Bora' in Kiswahili started in the first quarter of 2007. This was due to realization that despite efforts to improve maternal and child health services in the last decade, health indicators have continued to deteriorate. The concept was introduced as a proactive strategy to reverse a worsening trend in the maternal and child health indicators. The strategy is focused on increased social mobilization for mother - child health and nutrition services, improved quality of services at the health facilities and increased participation of service providers by prolonging working time and services at health facilities. The strategy has shown increase in uptake of health services in health facilities, improved knowledge on maternal and child health services, improved delivery of integrated services to children and mothers, more community involvement in health care provision, intensified supportive supervision and outreach services to the hard to reach populations including the Early Childhood Development Centres (ECDs).

Rationales behind the development of 'Malezi Bora' Strategy were Kenya's promulgation of its new constitution which devolved health services into 47 Counties, the need to contribute to the achievement of the recent UN Sustainable Development Goals (SDGs) as well as Kenya's Vision 2030's and the expiry of the Child Survival and Development Strategy 2008-2015 which 'Malezi Bora' implementation was anchored on. This Strategy will provide a new framework for implementing 'Malezi Bora' in the country to facilitate and sustain the achievements realized through the 'Malezi Bora' this far and to further scale up the targeted high impact interventions.

This strategy will be critical for the improvement of the 'Malezi Bora' implementation in Kenya. This will enable the country to sustain gains made so far. The gains include high coverage of targeted high impact interventions such Vitamin A, de worming, immunization and other Child Health and Maternal Health interventions.

Section 1 Introduction

Good health is a pre-requisite for rapid social-economic development. The Government of Kenya recognizes this fact and together with its stakeholders in health sector has invested significantly in health care delivery to the citizens. As outlined in the Vision 2030, the health sector will focus on strengthening and scaling up of cost effective preventive and promotive health care services. Special attention will focus on maternal and child health services among other high impact interventions. Child and maternal mortality are key health indicators measuring a country's development.

In 2010 the United Nations secretary general launched the global strategy on women's and children's health. The Global Strategy sets out the key areas where action is urgently required to enhance financing, strengthen policy and improving health service delivery for women and children. Globally an estimated 75 countries have been identified as major contributors to more than 90% of the total death of mothers and children. Sadly, for the African continent, 47 of these countries are from the Africa region, Kenya included.

According to Kenya Demographic and Health Survey (KDHS) 2014, Kenya registered encouraging improvements in maternal and child survival with a decline in childhood deaths compared to the rates observed in the previous KDHS surveys. The KDHS reported under-five mortality, infant mortality, neonatal mortality rates at 52, 39 and 22 per 1000 live births respectively; figures off the MDG targets. The Maternal mortality ratio still high at 362/100,000 live births against a target of 147/100,000 live births. The coverage of some important high impact interventions like Vit 'A" supplementation which is at 72% against a target of 80%, de-worming, and immunization coverage are still low. KDHS 2014 also shows that 68% of Kenyan children are fully vaccinated against a target of 95%. More effort is thus needed to accelerate the achievement of the set targets.

The concept of special child health days has been implemented by other countries in Africa. Malawi begun in 2003 and was able to reach 97.7% of all eligible children with Vitamin A supplementation. Other countries in the region such as Angola, Zimbabwe, Zambia and Madagascar have achieved good coverage using accelerated Child Health Days.

By adopting the Child Mother Health and Nutrition Weeks, the Health sector in Kenya would like to experience increased coverage of the key mother and child health services as has been experienced by other countries.

The Ministry of Health with support from UNICEF, WHO and other development partners started the 'Malezi Bora' activities in June 2007. The initiative involves accelerated promotion and delivery of maternal and child health interventions. The strategy uses regular twice yearly two-week events to deliver specific package of health interventions targeting mothers and children under five years old. These are not considered to be campaigns but rather enhanced routine delivery of maternal and child health services.

Rationale for 'Malezi Bora' strategy

1. In the year 2010 Kenya promulgated the new constitution. This constitution devolved health services into 47 Counties. It is important that 'Malezi Bora' is re-aligned with the current National and County government mandates and responsibilities in the context of the devolved health care system.

2. There is need to contribute to the achievement of the recent UN Sustainable Development Goals (SDGs) 2015 goal 3 targets on 'Good health and wellbeing as well as Kenya's Vision 2030's social pillar on investing in the people of Kenya in order to improve the quality of life for all Kenyans by targeting a cross-section of human and social welfare projects and programmes; and

3. Although Kenya has for a number of years been carrying out 'Malezi Bora' activities, 'Malezi Bora' implementation was anchored to the 'Child Survival and Development Strategy 2008-2015) which has since expired. This Strategy will hence provide a new framework for implementing 'Malezi Bora' in the country to facilitate and sustain the achievements realized through the 'Malezi Bora' this far and to further scale up the targeted high impact interventions.

Section 2
Situation Analysis

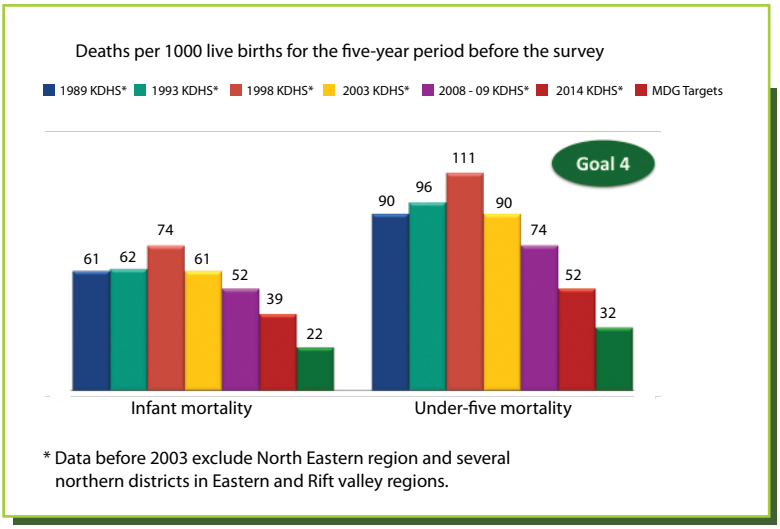
2.1 Health Situation

The Millennium Development Goals (MDGs) 4 and 5 were on reducing child mortality and improving maternal health'. Though Kenya made tremendous strides towards achievement of the MDGs, the targets were not achieved. The current status of key indicators and trends are summarised below:

2.1.1 Childhood Mortality Trends

The current level of infant mortality is 39 deaths per 1,000 live births. The level of under-five mortality is 52 deaths per 1,000 live births. At these current mortality levels, 1 in every 19 children in Kenya dies before their 5th birthday.

Childhood mortality has decreased since 1989, when infant mortality was 61 deaths per 1,000 live births and under-five mortality was 90 deaths per 1,000 live births. MDG target for infant mortality was 22 deaths per 1,000 live births.



2.1.2 Childhood Immunization Coverage by County

At the county level, Mandera (28%), Migori (38%), and Wajir (38%) have low fully vaccinated coverage. Coverage levels are highest in Nandi (94%), Vihiga (91%), and Tharaka-Nithi (91%).

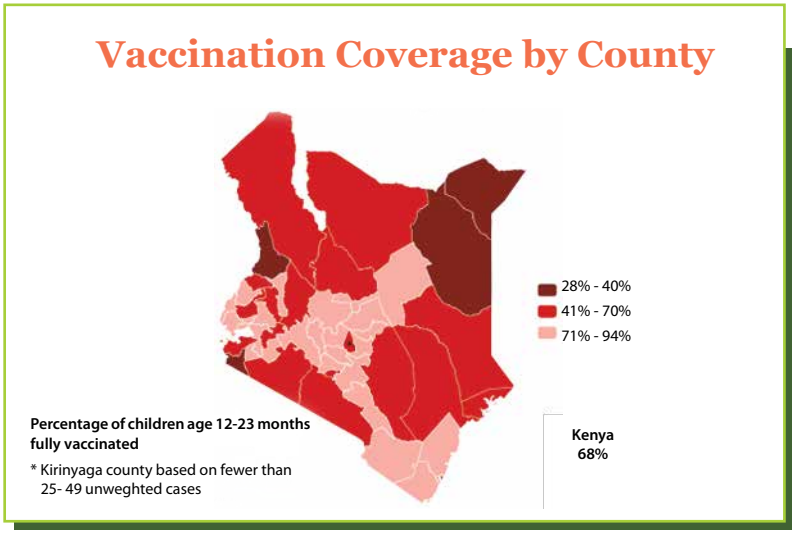


Figure 2: *Immunization by County*

2.1.3 Maternal Health

Since 2003 maternal health indicators have improved. ANC by a skilled provider has increased from 88% in 2003 to 96% in 2014. Skilled assistance during delivery has increased from 42% in 2003 to 62% in 2014. Facility-based deliveries have increased from 40% in 2003 to 61% in 2014.

The MDG target for ANC by skilled provider is 100%. Kenya is close to reaching this goal. The MDG target for skilled assistance during delivery is 90%. Kenya has not reached this MDG target.

2.1.4 NUTRITIONAL STATUS OF CHILDREN

The nutritional status of young children is a comprehensive index that reflects the level and pace of household, community, and national development. Malnutrition is a direct result of insufficient food intake or repeated infectious diseases or a combination of

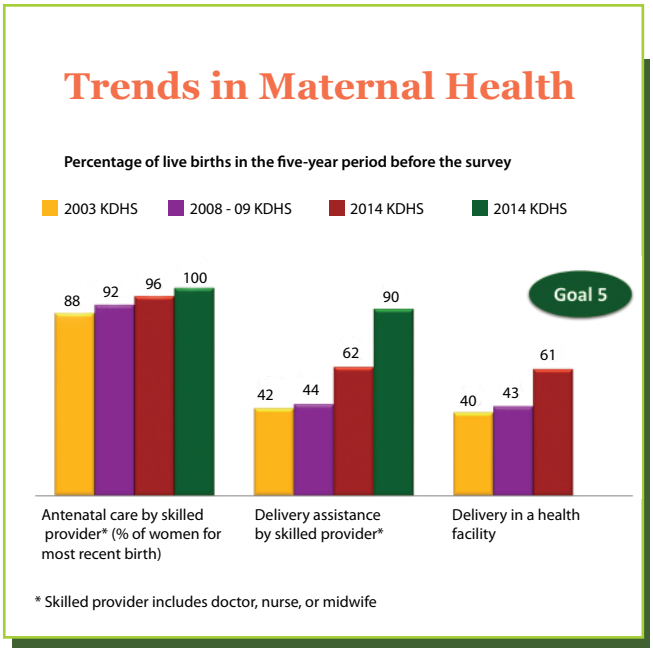


Figure 3: *Trends in Maternal Mortality*

both. It can result in increased risk to illness and death and can also result in a lower level of cognitive development.

Children who are stunted are considered too short for their age. According to the 2014 KDHS 26% of children in Kenya are stunted.

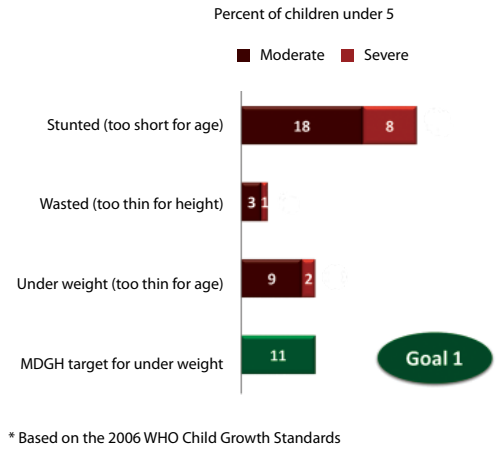
Children who are wasted are too thin for their height. According to the 2014 KDHS 4% of children are wasted.

Children who are underweight are too thin for their age. According to the 2014 KDHS 11% of children are underweight. The MDG target for underweight is 15%. This goal was achieved. In addition, the 61% of children under 6 months were exclusively breastfed. The nutritional status summary is in figures below

2.2 'Malezi Bora' Situation

'Malezi Bora' has four thematic areas. These are Planning and coordination, Advocacy and Social Mobilization, Supply and logistics, and Monitoring and Evaluation.

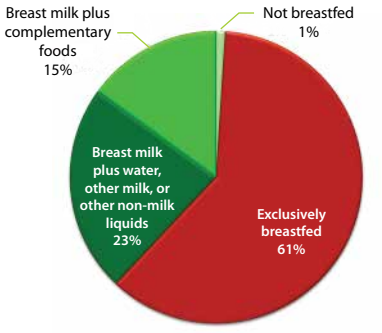
Nutritional Status of Children



* Based on the 2006 WHO Child Growth Standards

Breastfeeding Status Under 6 Months

Percent distribution of youngest children under 6 months who are living with their mother by breastfeeding status



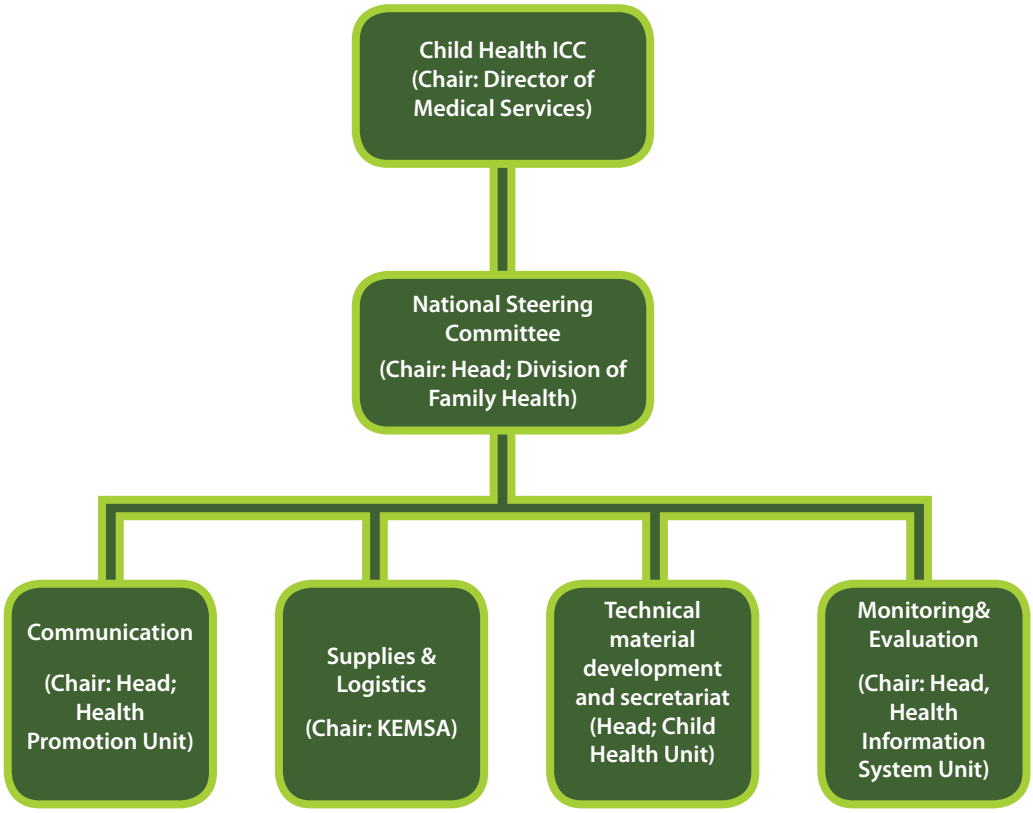
Planning and coordination

The concept of 'Malezi Bora' was presented and discussed at the Child Health Interagency Coordination Committee (CH-ICC). The CH-ICC accepted the initiative and subsequently formed a 'Malezi Bora' National Steering Committee to coordinate its implementation.

The CH-ICC provided resources and technical assistance while the 'Malezi Bora' Steering Committee composed of relevant Ministry of Health Divisions/Units, UNICEF, WHO, PSI, World Vision, JPHEIGO, MI, IRCK and other partners provided leadership on day

to day planning for the 'Malezi Bora' operations. The national steering committee is charged with the overall planning and coordination 'Malezi Bora' Bora in the country including national theme and launching of the events.

MALEZI-BORA ORGANOGRAM



The Director of Medical Services (DMS) Chairs the CH-ICC while the Steering Committee is chaired by the Head, Division of Family Health on behalf of the DMS and attended by the relevant Ministry of Health Divisions/Units, UN agencies (WHO and UNICEF), MI, PSK, USIAD, World Vision International among others. The steering committee is the organ responsible for the overall management and implementation of the 'Malezi Bora' activities. The Neonatal Child and Adolescent Health Unit provide the secretariat

for both the CH-ICC and the Steering Committee. The Steering Committee performs the following activities:

- Monitor the performance and progress made by the different technical sub-committees;
- Provide technical support / advice to the different technical sub-committees;
- The Steering committee provides technical advice to the CH-ICC,
- The Steering Committee forwards the recommendations of the sub-committees to the CH-ICC for approval.
- Formulates the national 'Malezi Bora' national theme

The steering committee works through sub-committees who oversee the operational issues and develop timelines for activities. The subcommittees are:

Advocacy, Communication and Social Mobilization (ACSM)

The ACSM Subcommittee is chaired by Head, Health Promotion unit. Its members include representatives from Neonatal, Child and Adolescent Unit, Oral Health unit, Vaccine and Immunization Unit, UNICEF, IRCK, WHO, PS-K, MI, HKI, CHAK among others . Their task is to design appropriate health promotional messages, develop both the print and electronic promotional materials. With guidance from the Steering Committee, they arranged the national 'Malezi Bora' launching. Moving forward this needs to be incorporated into the larger ACSM for the Division of Family Health.

Supply and logistics

The logistics subcommittee is responsible for forecasting the essential medical supplies needs including Vitamin A, Vaccines, and de-wormers, Family planning commodities for the 'Malezi Bora' activities nationally in consultation with the low levels and for coordinating early distribution of these commodities. The logistics subcommittee has representatives from key ministry of health units; Child & Adolescent Health, Reproductive and Maternal Health Services, Nutrition and Dietetics, Vaccine & Immunization, National AIDS Control Program, Kenya Medical Supplies Agency (KEMSA) and partners as UNICEF, MAP, HKI and MI. The team also prepares logistical arrangements for the field supervision of the 'Malezi Bora' activities.

Monitoring and Evaluation

This thematic area is tasked to;

- Formulate indicator for tracking / monitoring the Malezi Bora activities;

- Develop data collection tools;
- Collate and analyze data from the entire country and from the sentinel districts;
- Provide feedback to the Steering Committee and to the counties
- Advice the CH-ICC and the Steering Committee on the emerging issues coming out of the analysis of the Malezi Bora activities.

The committee is chaired by the Head; Health Information unit with members drawn from Child and adolescent Health unit, Health Information, Nutrition, Ophthalmic services and Vaccines & Immunization, Reproductive and Maternal Health Services and disease, surveillance and response. Other members included representatives from UNICEF, WHO, Micronutrient Initiative and Population Services Kenya.

Technical Capacity & Material Development:

This committee is chaired by the Head; Child and Adolescent Health Unit with other members drawn from Reproductive and Maternal health, Nutrition and Dietetics and Vaccines and Immunization Units. The sub-committee is tasked with the responsibility of developing/reviewing 'Malezi Bora' materials and Job-aids.

Section 3 'Malezi Bora' intervention package

3.1 The interventions package of 'Malezi Bora' health services

The goal of 'Malezi Bora' is to increase utilization and improve delivery of routine health and nutrition services targeting pregnant women, children under five years of age and lactating mothers

Table 1: below summarizes 'Malezi Bora' intervention package.

The interventions package of 'Malezi Bora' health services

Pregnant Women	Children under age 5 years	Lactating Mothers/ women of Reproductive Age
Weight Monitoring & Counselling	Growth monitoring & Promotion	Family planning
Palpation	Nutrition Demonstration	Post-partum Care
De-worming	Vitamin A supplementation	
LLITNs	Immunization	
IPT (malaria)	De-worming	
Immunization (TT)	Integrated Management of the sick child	
Iron and Folic acid	Malaria control (including LLITN use)	
PMTCT-if available	Child Health Rights awareness	
Facility delivery	Immediate newborn care	

3.2 Broad area of focus

'Malezi Bora' has four broad focus areas. These are Pregnant Women, Newborn babies and Postpartum Mothers. Table 1 below expounds this further.

Broad area of focus

Pregnant Women	Newborn babies	Children aged under five years	Postpartum Mothers
1. Attendance of 4 Antenatal Visits	1. Early initiation of breast feeding within 1hr of delivery	1. Growth Monitoring with weight and height taken and recorded in mother baby booklet and other monitoring tools	1. Accessing postpartum care immediately after birth.
2. Preparation of birth plans	2. Exclusive breastfeeding up to 6 months of age	2. Demonstrate preparation of nutritious complementary feeds using local available foods during the demonstration	2. Seek care if heavy bleeding or fever.
3. Delivery by skilled personnel	3. Keeping new-borns warm (warm clothes, hat to cover head, socks, kangaroo care)	3. All children aged 6-59 months need Vitamin A supplementation every 6 months as per national schedule.	3. Eating more and taking more fluids
4. Recognize danger signs (any bleeding, severe abdominal pain, fever, severe headache	4. Recognizing danger signs (fast or difficult breathing, fever or unusually cold, not feeding well, reduced movements, convulsions, infection of cord, skin or eyes).	4. Immunization against childhood illnesses as per National schedule 5. All children aged 12-59 months need to be de-wormed as per National schedule	4. Sleeping with newborn under an Insecticide Treated Net (ITN)
5. Sleeping under an Insecticide Treated Bed Net (ITN)	5. Washing hands with soap before handling the baby.	6. Assessment and treatment of childhood illnesses as per IMCI guidelines 7. All children aged 0-59 months are supposed to sleep under LLITNs 8. Sensitize parents of all children aged 0-59 months on child health rights	

Section 4 Malezi Bora strategic framework

4.1 Goal

The overall goal of 'Malezi Bora' is to increase utilization and improve delivery of routine health and nutrition services to pregnant women, children under five years of age and lactating mothers and to contribute to achievement of Kenya's international goals (SDGs) and Vision 2030 targets.

4.2 Strategic Objectives

The Malezi Bora strategic objectives are:

- To promote early, exclusive, prolonged breastfeeding and complementary feeding.
- To improve routine immunization of children.
- To promote growth monitoring and Promotion.
- To increase Vitamin A supplementation for all children age 6 to 59 months.
- To de-worm all children age 1 to 5 years.
- To provide Integrated Case Management of Childhood Illnesses.
- To improve of service delivery to pregnant women and reduction of complications.
- To enhance of the knowledge of mothers and other caregivers on new born care.
- To Increase Family Planning uptake.

4.3 Key Areas, Outputs, strategies and Indicators

There are five key areas in Malezi Bora implementation. These are Children under 5 years of age, Pregnant Women, Postpartum mothers, Women of reproductive age 15-49 years, and Systems Readiness for Malezi Bora. Their respective outputs, strategies and indicators are discussed in the following sub-sections.

4.3.1 Children under five years of age

Outputs

- Reduced burden of preventable diseases especially ARI, malaria, diarrhoea, HIV, vaccine preventable diseases and malnutrition

Key Strategies

- Ensure inclusion of evidence based and appropriate child, infant and new born care interventions
- Scale up of Vitamin A supplementation
- Scale of up of deworming
- Achieve and sustain a high immunization coverage by continuously identifying missed opportunities
- Increase micronutrient supplementation and fortification
- Improve breastfeeding, complementary feeding and child nutrition care practices

Indicators

- Number of new clients < 5 years of age seeking care in health facilities
- Number of all children 0-5 months brought to health facility.(0 to less than 6)??
- Number of sick children under 5 years brought to the health facility
- Number of sick young infants <2 months attended to at health facilities??
- Number of children 6-11 months supplemented with Vitamin A
- Number of children 12-59 months supplemented with Vitamin A
- Number of children 1-5 years dewormed
- Number of children immunized by antigen as per the National Immunization Schedule
- Sick under 5 children brought to the health facility with Neonatal Sepsis, Preterm, Malaria, ARI, Diarrhoea, skin infections
- Number of Children < 5yrs weighed at health facilities

4.3.2 Pregnant Women

Outputs

- Increased use of quality focused antenatal care (FANC)
- Increased skilled attendance delivery

Key Strategies

- Ensure inclusion of evidence based and appropriate maternal interventions
- Increase uptake of FANC, skilled care at delivery, and HIV counselling and testing
- Increased skilled attendance at birth at facility and community levels

Indicators

- Number of pregnant women visiting the health facility for ANC (First to fourth ANC visits)
- Number of pregnant women receiving (Iron, Folic acid, Both combined)
- Number of pregnant women receiving TT (TT 1 and TT 2)
- Number of pregnant women receiving De-worming tablets
- Number of pregnant women tested for HIV
- Number of deliveries conducted at Health Facility

4.3.3 Postpartum Mothers

Outputs

- Increased skilled care at delivery
- Improved postnatal and newborn care??

Key Strategies

- Ensure inclusion of evidence based and appropriate maternal and new-born care interventions
- Increased skilled attendance at birth at facility and community levels
- Increase HIV counselling and testing

Indicators

- Number of postpartum mothers seeking postpartum checks within 48 hours of delivery
- Proportion of Women receiving skilled attendance at Birth

4.3.4 Women of Reproductive Age 15-49 years

Outputs

- Increased utilization of contraceptive services
- Strengthened continuum of care, follow up and outreach services

Key Strategies

- Improve procurement and distribution of essential supplies
- Strengthen community mobilization and advocacy for utilization of available services during and after 'Malezi Bora'

Indicators

- Number of women of reproductive age taking family planning by method (Oral pills, Implants, IUCD, Condoms, Tubal Ligation, Depo Provera)
- Number of men taking family planning by method (Condoms, Vasectomy)??

4.3.5 Systems Readiness for 'Malezi Bora'

Outputs

- Health facilities have essential medical commodities and supplies, reporting tools and staff during the 'Malezi Bora' weeks

Key Strategies

- Improved procurement and distribution of medical essential commodities and supplies
- Strengthen community mobilization and advocacy for utilization of available services during and after 'Malezi Bora'

Indicators

- Availability of essential IMCI medicines during the 'Malezi Bora' weeks.
- Availability of Vitamin A capsules during the 'Malezi Bora' weeks (Vitamin A 100,000 and 200,000 IU Capsules

- Availability of essential maternal health medicines that may have been out of stock during the 'Malezi Bora' weeks
- Availability of EPI vaccines that have been out during the 'Malezi Bora' weeks
- Availability of Family Planning commodities during the 'Malezi Bora' weeks
- Availability essential child health equipment that has not been serviced during the 'Malezi Bora' weeks
- Availability and use of Reporting tools at the health facility during the 'Malezi Bora' weeks

4.4 Essential Drugs, Equipment, Vaccines and other Commodities

To actualize 'Malezi Bora' implementation, the following supplies and equipment need to be in place:-

4.4.1 Essential IMCI medicines

No	Drug
1	Artemether Lumefantrine (Coartem tabs) - Paediatric pack
2	Artemether Lumefantrine (Coartem tabs) - Adult pack
3	Quinine (Inj.) (vials) (600mg/2ml)
4	Quinine tablets 300mg
5	Amoxicillin Syrup 125mh/5ml
6	Chloramphenical (inj.) 1g vials
7	Chloramphenical syrup (60ml bottles) 125mg/5mls
8	Gentamicin (80mg.2ml) injection
9	Crystalline Penicillin 1,000,000 units vials
10	ORS 500ml sachet
11	Zinc (20mg tablets)

12	Hartmanns solution 500ml bottles
13	Ciprofloxacin (250mg tabs)
14	Metronidazole (200mg tabs)
15	Erythromycin (250mg tabs)
16	Mebendazole (500mg tabs)
17	Albendazole (400mg)
18	Iron tabs (200mg)
19	Folic Acid tabs (5mg)
20	Iron tabs (200mg)/ Folic Acid tabs (5mg) combined
21	Cotrimoxazole tabs
22	Paracetamol tabs
23	Gentian Violet (crystals)
24	Mycostatin (20ml)
25	Diazepam injection
26	10% Glucose Half litre bottle
27	Salbutamol (tabs) 2mg
28	Salbutamol Inhalers (200 doses)
29	Salbutamol Nebulization solution (50ml) bottle
30	Vitamin A (soft gelatinous capsules) 200,000 IU ,100,000 IU
31	1% Tetracycline eye ointment
32	Epinephrine injection
33	Nutritional supplements (RUTF)-
34	Chlorixidine 4%
35	Amoxicillin Syrup 5ml (dt)

4.4.2 Essential Maternal Health Medicines and Equipment

No	Drug
1.	Folic Acid tabs 5mgs
2.	Ferrous Sulphate Tabs 200 mgs.
3.	Iron tabs (200mg)/ Folic Acid tabs (400mcg) combined
4.	Sulfadoxine /Pyrimethamine (500mg/25mg)
5.	Magnesium Sulphate
6.	Oxytocin 5IU (Inj) (or Egrometrine)
7.	Benzathine Penicillin inj
8.	Metronidazole IV
9.	Gentamicin (80mg. 2ml) injection
10.	Chloramphenical IV (District Hosp)
11.	Hydralazine IV (District Hosp)
12.	Chlorine 5% solution
13.	Dextrose 5% solution
14.	Gloves diff sizes. Elbow length + sterile gloves
15.	Infection Prevention Buckets
16.	Cord Clamps
17.	Baby ID Bands
18.	Malaria Rapid Diagnostic kits
19.	HIV Rapid Tests
20.	Delivery Couch

21.	BP Machine
22.	Stethoscope
23.	Fetoscope
24.	Manual Vacuum Aspirator (MVA) Kits
25.	Functional Sterilizer/Autoclave
26.	Adult Weighing scales
27.	Height measurement scale for mothers
28.	Vacuum Extractor
29.	Suction machine
30.	Functional Laboratory (capacity for blood grouping)
31.	Sutures
32.	Anesthetic Equipment
33.	Blood bank
34.	Caesarean section sets
35.	MVA Kits

4.4.3 Essential EPI Vaccines and Supplies

No	Item
1.	BCG
2.	OPV
3.	PCV
4.	Pentavalent
5.	Rota Virus

6.	Pneumococcal
7.	HPV
8.	Measles
9.	Tetanus Toxoid
10.	Yellow Fever vaccines
11.	Cold Boxes
12.	Fridges
13.	Vaccine Syringes

4.4.4 Essential FP Commodities

No	Item
1	Oral pills
2	Implants
3	IUCD
4	Female Condoms
5	Male Condoms
6	Equipment for Vasectomy
7	Equipment for Tubal Ligation
8	Depo Provera
9	Implant insertion/removing kits

4.4.5 Essential Child Health Equipment

No	Item
1	ORT Corner Equipment
2	Thermometers
3	Infant / Baby Weighing scale
4	Salter Scales
5	Weighing pants
6	Bathroom Weighing scale
7	Length Measurement boards
8	Height measurement boards
9	Nebulization Equipment
10	Oxygen Cylinders & oxygen delivery sets
11	Oxygen Concentrators
12	Oxygen Masks (Infant, Child , Adult sizes)
13	Functional Timing Devices (watch/clock)
14	Ambu Bags with correct masks (Infant, Child, Adults)
15	Solusets IV giving sets
16	Complementary feeding demonstration kit

4.4.6 ORT Equipment

No	Item
1.	1 sufuria 14 inch
2.	1 measuring jug (1-litre-calibrated)
3.	cups(300mls)
4.	cups (500mls- calibrated)
5.	Teaspoons
6.	Tablespoons
7.	buckets (20-litre)
8.	wash basin
9.	clear plastic jugst2lt)
10.	Waste basket or bins
11.	Table trays

4.4.7 Health Reporting Tools

No	Item
1.	EPI Registers
2.	EPI Reporting Forms
3.	Morbidity Tally Sheets
4.	Morbidity Reporting Registers
5.	CWC Registers
6.	Vitamin A Reporting Forms
7.	Under 5 yrs OPD Registers
8.	Child Health Cards
9.	Mother and Child booklet
10.	Postnatal Registers
11.	ANC Registers
12.	FP Registers
13.	CHANIS Tally Sheets
14.	Malezi Bora M&E Tools
15.	ANC Card
16.	ORT corner register

Section 5 Implementation Framework

5.1 Malezi Bora weeks

The 'Malezi Bora' strategy involves accelerated promotion and delivery of maternal and child health interventionsThe event is held twice in a year to deliver specific package of health interventions targeting mothers and children under five years and is not considered a campaign but rather enhanced routine delivery of maternal and child health services. The package for this strategy include child immunization, Vitamin A supplementation, de-worming for children under the age of five and pregnant women, treatment of common child diseases and HIV/AIDs services. Other services include prevention of malaria using ITNS, improved ANC and family planning services.

. Activities include an intense community social mobilization done by the service providers and partners in a coordinated way to increase awareness of the public on the available services at the routine sites with the intention of encouraging service utilization for child mother and nutrition services. Outreach services to reach the hard to reach population and use of community strategy have been adopted recently. Much effort is done to ensure that the health facilities are well stocked with essential medical supplies and that all the technical medical staff are available at work to provide care promptly to those coming for the services.

5.2 Communication Strategy for Malezi Bora

The goal of the communication strategy is to promote the adoption of practices that will improve child and maternal health such as breastfeeding, use of Insecticide Treated Nets, Vitamin A supplementation, immunization, improved hygiene, and sanitation practices and others. The slogan for 'Malezi Bora' ('Malezi Bora', Afya Leo ni Uzima Kesho) Is a wake up call to action. Objectives of the Communication Strategy;

- To increase awareness on availability of child and maternal health services.
- To create and sustain demand and utilization of routine child and maternal health services.
- To create awareness on child health and nutrition weeks.
- To create positive image of routine health services available at Health facilities

- To mobilize communities and nurture culture of responsible parenthood by promoting family/community role in promoting child and maternal health Improve interaction between service providers and consumers of maternal/ child health services.
- Sensitize caretakers/parents on appropriate health care seeking behavior.
- Advocate for support for child & maternal health promotion among leaders.

Key communication strategies include;

- Advocacy: To raise resources as well as political and social commitment
- Social mobilization: For wider participation, coalition building and ownership including community mobilization
- Behavior Change Communication (BCC): For changes in knowledge attitudes and practices among specific participants.

Communication approach

- Mass media
- Interpersonal communication
- Community mobilization/socio mobilization approaches
    - Road shows
    - Community dialogue meetings
    - Door to door visits
- Community level activities including meetings by local leaders and other community action days
- Mobilization of stakeholders in health such as religious leaders, NGO's, line ministries.
- Malezi Bora Launches at national, and County levels.
- Socio-mobilization at all levels.
- Interpersonal communication.
- Advocacy meetings with stakeholders.
- Support supervision.
- Enhanced outreach services

Mass Media used

- National and local radio stations
- Print media
- Information and Communication Technology (ICT)
- Health communication materials
- Posters with theme messages
- Flip chart for health workers
- Brochure on child/maternal health and nutrition week
- Job Aid for health workers

5.3 Monitoring and Evaluation (M&E)

The M&E activities were designed to find out if the utilization of maternal child health services increased during the Malezi bora period and to determine whether coverage rates for the child health services of EPI, Vitamin A supplementation, and for deworming of eligible children increased. Follow up of trends of utilization of these services over time. All the health facilities in the country were supposed to report as per the normal routine HIS reporting Dhis-2).

Evaluation of Malezi bora will be carried out every five years to ascertain the effectiveness of the strategy.

Service Statistics: The monthly statistics are obtained for the months when there are accelerated Malezi Bora activities for comparison to determine whether there was increased utilization of child and maternal health and nutrition services for the month and to determine whether there had been an increased coverage for the target groups. Data collected focused on numbers utilizing services.

Supportive Supervision Monitoring: Further to the service statistics obtainable after the 'Malezi Bora' activities, information was also gathered using other supervisory tools by the national level supervisors who visited selected counties and districts. The CHMT members are interviewed to examine the planning and coordination activities that were carried out.

Exit Interviews (to be carried out at county level): This was done for care seeking clients, i.e. women seeking care and child care givers attending the facilities. Common reasons for seeking care; Whether heard of Malezi Bora activities and source of information; Messages heard that could be remembered; Determining the perception of the clients on the clarity and usefulness of Malezi Bora messages heard;

Determining the services received at health facilities on the day of the interview; The clients' satisfaction with the services received on the day; Whether user fees were charged at all. The tool is now used by the county teams

Observation Checklists (to be carried out at county level):

Monitoring supervision during the 'Malezi Bora' week looked into the availability of essential medicines, equipment and the staffing status for the week. These assessed the systems readiness for the increased activities. availability of EPI vaccines and Vitamin A; Availability of essential child health equipment; availability of essential maternal health and family planning medicines; equipment and commodities; availability of communication materials at the facilities; Availability of monitoring tools/records for recording the services rendered; Social Mobilization activities undertaken during the week; Observation of ongoing child and maternal health and nutrition services provided to the clients at the facility during the visit; General observations detected during the week.

'Malezi Bora' planning/feedback meetings: 'Malezi Bora' planning meetings should be started three months prior to the 'Malezi Bora' weeks. Feedback meetings should be held two week after 'Malezi Bora' weeks. This applies both at national level as well as the county level.

The meetings will provide an opportunity for the national and the county levels to share experiences and best practices that will strengthen 'Malezi Bora' implementation so as to improve the various targeted interventions.

5.4 Implementation at the National Level

The Child Health Interagency Coordination Committee (CH-ICC) through the National Steering Committee approves the strategies, activities and tasks performed; approves the budget for the entire 'Malezi Bora' activities and leverage further financial resources from development partners. Provide technical support to the key 'Malezi Bora' sub-committees namely logistics, ACSM, M&E and material development through consultants and participation of the technical advisors from the agencies in the subcommittees. The sub-committees and the secretariat enabled free flow of information and interactions amongst the different divisions and their relevant officers creating a common vision and enabling enthusiasm amongst the officers.

Role of Various MoH Divisions and Programs

By adopting the 'Malezi Bora's concept, the Ministry of Health undertook to involve all relevant departments in the planning, implementation and monitoring of the activities. The office of the Principal Secretary and Director of Medical Services are regularly

informed of the progress made in planning for the activities. Their offices provid the necessary political and policy support for the operations, providing visibility during the national launch of the 'Malezi Bora' activities. The office of the Director of Medical Services (DMS) provided leadership in coordination and operational aspects of the 'Malezi Bora' implementation.

Neonatal Child and Adolescent Health Unit

This unit houses the secretariat planning the 'Malezi Bora' activities, enabling the different taskforces to function by ensuring the timely production and distribution of meeting minutes and coordinating with other Divisions on the detailed elements of implementation. The unit coordinates development and production technical job aids including 'Malezi Bora' orientation guides, an abridged version of IMCI guidelines on management of child hood illness and brochures that provide details on 'Malezi Bora'.

Reproductive and Maternal Health Services Unit

This unit provide the RH indicators to be included in the M&E framework and develop the reproductive health component of the orientation materials and job aids. The DRH officials coordinate to ensure availability of FP commodities.

Nutrition and Dietetics Unit

This unit participates in the development of orientation materials and in the capacity building of health workers, facilitates the delivery of Vitamin A Supplementation. The Unit ensures the distribution of weighing scales and the nutrition demonstration kits. The Nutrition officers function as the 'Malezi Bora' focal coordinators.

Unit of Vaccines and Immunization Services (UVIS)

This participates in planning meetings for 'Malezi Bora' and field visits activities. The Unit facilitates capacity building and coordinates the distribution of antigens to the Counties.

Health Promotion Unit

This unit coordinates the development of key mother and child health messages and the overall development of the communication strategy for marketing 'Malezi Bora' initiative. This is done in consultation with the partners in the Communications Sub-Committee and the 'Malezi Bora' Steering Committee to develop radio spots, posters and banners. Consulting agencies are subcontracted for the actual production of the print and electronic materials, and others for house to house social mobilization and for road shows.

Health Information Systems Unit

This unit chairs the M&E Sub-Committee and coordinated the choice of indicators and the development of the initial M&E Strategy for data collection and analysis.

5.5 Implementation at the County Level

- Formation of functional 'Malezi Bora' Steering committees for Planning and coordination for the 'Malezi Bora' activities
- Partner mapping to plan for 'Malezi Bora' activities
- Include 'Malezi Bora' in the Annual County Work Plans
- Support advocacy and social mobilization including launches of 'Malezi Bora' events
- Early and sustained community mobilization including launching of the activity.
- The logistics management to ensure that essential medical supplies are available and challenges for the supplies management
- Close supervision and monitoring of the event.
- Collection, collation and timely submission of the data
- Health staff should not be on leave or seminars during these days
- Integrating with the community strategy and offering outreach services where distances are far from the health facilities
- Training and human resources available for the service delivery at the health facilities

5.6 Implementation at the Sub-County Level

- Formation of functional 'Malezi Bora' Steering committees
- Integrating with the community strategy and offering outreach services where distances are far from the health facilities
- Supporting launching/social mobilization of the activity at county and sub-county levels
- Close supervision and monitoring of the event
- Resource mobilization for 'Malezi Bora' activities in the county

- Supporting outreach services targeting hard to reach and underserved areas

5.7 Implementation at the Health Facility Level

- staff available for services delivery during Malezi Bora
- Availability of essential medicines
- Availability of EPI vaccines and EPI supplies
- Availability of essential child health equipment
- Availability of essential maternal health and family planning medicines; equipment and commodities
- Availability of communication materials at the facilities
- Availability of monitoring tools/records for recording the services rendered
- Social Mobilization activities planned and being undertaken during the week

5.8 Implementation at the Community Level

Community mobilization/socio mobilization, Road shows, Community meetings/ dialogue and visits by CHVs to create awareness of available maternal and child health services

5.9 Outreach services

Outreach services need to be conducted during 'Malezi Bora' weeks so to reach the hard to reach areas and under-served populations.

During the 'Malezi Bora' weeks, the health workers identify these inaccessible areas and visit the communities who require these services. These communities include schools, Early Childhood Centres, churches and mosques. This process is supported by social mobilization using Community Health Workers, Health workers and local FM radios.

Section 6 Reporting, Monitoring and Evaluation

Reporting. Monitoring and Evaluation are key functions that must be carried out as the 'Malezi Bora' Strategy is implemented. There is an emphasis on improving reporting systems at all levels of 'Malezi Bora' service delivery so that information is gathered to track progress related to 'Malezi Bora' indicators set.

The M&E framework has been designed to capture data for the service utilization concerning key maternal and child health service indicators. The 'Malezi Bora' activities are designed to spur increased demand for maternal and child health services.

The framework is designed to be used for each health facility and to be converted into Dhis2 report at the Sub-County level.

Malezi Bora M&E Framework

Area 1: Children under 5 year

Indicators
Number of children under five brought to the health facility.
Number of new clients < 5 years of age seeking care in health facilities
Number of all children 0-5 months brought to health facility.(0 to less than 6)
Number of sick children under 5 years brought to the health facility
Number of sick young infants <2 months attended to at health facilities
Number of children immunized by antigen (Pentavalent 1 , Pentavalent 2, Pentavalent 3 ,BCG, OPV 0 , OPV 1, OPV2 OPV3, IPV, Rota virus 1&2, PCV10 1, PCV10 2, PCV10 3, Measles –Rubella 1 and Measles Rubella 2 at 11/2

Number of Fully immunized Children
Number of children 6 -11 months receiving Vitamin A
Number of Children 12-59 months receiving Vitamin A
Number of children 1-5 years dewormed at health facility

Sick under 5 children brought to the health facility with the following:

Indicator
Neonatal Sepsis
Preterm
Malaria
ARI
Diarrhoea
Skin Infections
Jiggers
Number of Children < 5yrs weighed at health facilities
Number Underweight
Number with Kwashiorkor
Number with Marasmus
Number of children 0-6 months Exclusive breastfeed
1.12 Number of children < 5yrs tested for HIV
1.13 Number of children <5yrs initiated on Co-trimoxazole prophylaxis
1.14 Number of children <5yrs on ARV
1.15 Number of sick children <5yrs referred

Area 2: Pregnant women

Number of pregnant women visiting the health facility for ANC
ANC 1st
ANC 2nd
ANC 3rd
ANC 4th
Number of pregnant women receiving:
IPT 1
IPT 2
Number of pregnant women receiving:
Iron
Folic acid
Both combined
Combined iron and folate
Number of pregnant women receiving:
TT1
TT2
Number of pregnant women receiving deworming tablets
2.6 Number of pregnant women tested for HIV.
2.7 Number of deliveries conducted at Health Facility
Sexual gender based violence(SGBV)

Area 3: Postpartum Mothers

Indicator
Number of postpartum mothers seeking postpartum checks within 48 hours of delivery
Number of mothers receiving Vitamin A at the health facility within 4 wks of delivery

Area 4: Women of Reproductive Age 15-49 years

Indicator
Number of women of reproductive age taking family planning by method
Oral pills
Implants
IUCD
Condoms (Female and Male)
Vasectomy
Tubal Ligation
Depo Provera

Outreach Services

Indicator
Number of outreaches undertaken
All children under five
All Children under one
Number of children 6 -11 months receiving Vit ' A'
Number of Children 12-59 months receiving Vit 'A'
Number of children 1-5 years dewormed
Measles and rubella immunization at outreach
Measles rubella at 9 months
ITN to under one at outreach
Number of pregnant women seen at outreach
TT at outreach for pregnant women
Number of pregnant women given IFAS at outreach
Number of people reached with messages on breastfeeding/hand washing/ITN use/ANC
Any other activity (specify) Cervical cancer screening
Number of ECDE centres reached (_____out of _____)

Section 7 Partner Obligation and Responsibilities

A multi-sectoral approach involving broader partnerships is necessary to ensure the implementation of various aspects of 'Malezi Bora' Strategy. The government of Kenya, international organizations, development partners, non-governmental organizations (NGOs), professional partners, community based organizations and faith based organizations (CBOs and FBOs), communities and families all share a responsibility to ensure the fulfilment of the rights of children to adequate health care, nutrition and survival.

It is therefore imperative for partners acknowledge and fulfil their obligatory responsibilities towards improving the health and nutrition of neonates, infants and children for mobilizing requisite resources. All stakeholders need to work synergistically so as to achieve the goal and strategic objectives of 'Malezi Bora'.

Below is an excerpt of how good will can be achieved:-

Government of Kenya

The government of Kenya provides up to 60% percent of all health services in the country. It should remain a key partner in supporting the implementation of the 'Malezi Bora' strategy and also operationalize it at both National and County Level. This should not be only mostly at human resources level, but also by provision of adequate financial and material resources that will enable this strategy to be implemented. Successfully and also ensure sustainability.

The government should therefore advocate among stakeholders, both at National and County level, including partners, on the 'Malezi Bora' strategy.

Non-Governmental Organizations

The many diverse national and local NGOs, CBOs, and FBOs, have been supporting 'Malezi Boral' through the years, they should continue doing this with each focusing in their respective key area of influence and competence.

International Organizations

International organizations have the opportunity to place the 'Malezi Bora' Strategy

high on the global public health agenda. They should continue to serve as advocates and provide support for resources for implementation of this strategy. They could do this through supporting ACSM activities, including mass media, and support monitoring and evaluation of implantation of the strategy.

Communities

The 'Malezi Bora' should use the Community Strategy so as to improve the health and welfare of children at family and community levels.

Section 8
Costing of the strategy

The cost estimates provided below are not budgets but are a general indication of minimum financial resources required to implement the strategy. The costs are intended to provide a road map to guide efforts for advocating and mobilising resources for the implementation of the strategy.

Item Description		Cost (KEs)		
		2017	2018	2019
1	Support National Stakeholders Meetings	5,000,000	5,000,000	5,000,000
2	Support County sensitization meeting with county leaders	10,000,000	10,000,000	10,000,000
3	Support Feedback/planning meetings national and county representatives	20,000,000	20,000,000	20,000,000
4	Support Planning meetings County and Sub-County representatives	47,000,000	47,000,000	47,000,000
5	Support Malezi Bora National Launches	3,000,000	3,000,000	3,000,000
6	Support Malezi Bora County Launches	9,400,000	9,400,000	9,400,000
7	Support Malezi Bora Socio mobilization at National, County & Sub-county	47,000,000	47,000,000	47,000,000
8	logistical support for outreach services	47,000,000	47,000,000	47,000,000
9	Support Tracking and reporting/data management	9,400,000	9,400,000	9,400,000
10	Support National, County and sub-county managers to supervise and monitor Activities	25,000,000	25,000,000	25,000,000
11	Support Technical capacity building on Malezi Bora	47,000,000	47,000,000	47,000,000
12	Support Planning and coordination national level	2,000,000	2,000,000	2,000,000
	Total Cost (KES)	**271,800,00**	**298,980,000**	**328,878,000**