REPUBLIC OF KENYA

NEWBORN, CHILD AND ADOLESCENT HEALTH (NCAH) POLICY

Ministry of Health, 2018

FOREWORD

Kenya has made significant progress in improving the health, development and wellbeing of newborns, children and adolescents, but there is need to address remaining challenges and ensure universal health coverage. Globally, regionally and even nationally, there are proven evidence-based interventions for ending preventable deaths of newborns, children and adolescents. The ***Newborn, Child and Adolescent Health (NCAH)*** Policy comes at an opportune time when the country is aligning herself to two important global documents: ***The Sustainable Development Goals (SDGs)*** and ***The Global Strategy for Women's, Children's and Adolescents' Health 2016-2030.*** Nationally, the policy responds to the ***2010 Kenyan Constitution, Vision 2030 and the Kenya Health Policy 2014-2030.***

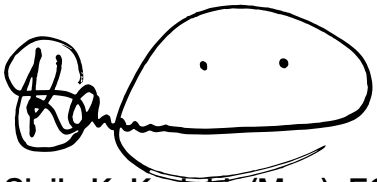
In addition to on-going initiatives such as the Linda Mama Program, this policy is a demonstration of the Ministry of Health's commitment to the health of her newborns, children and adolescents, and is aligned with the country's goal on attaining universal health coverage (UHC) in the next 5 years.

The policy addresses the child comprehensively, focusing on the health and development needs during the newborn and early childhood period, and addressing the needs of adolescents beyond their sexual and reproductive health. In parting with the traditional focus, this policy integrates newborn, child and adolescent health into one unified framework, reinforcing the importance of the continuum of care.

The Newborn, Child and Adolescent Health Policy was developed over a period of one year through a highly consultative process. The process, guided by a representative technical committee, involved review of the state of newborns, children and adolescents in Kenya, followed by key informant interviews with stakeholders from the various departments of the Ministry, development partners, non-governmental institutions, civil society groups including faith based organizations, professional associations, academia, research fraternity, and county child health focal officers. Following consultative forums, the policy was presented to and approved by the Child Health Inter-Agency Coordination Committee (CH-ICC).

The Policy seeks to provide guidance to all stakeholders on the priorities for newborns, children and adolescents in Kenya. Furthermore, the policy will provide direction on the coordination of the newborn, child and adolescent and health response, with policy implementation actualized and guided through development of an implementation strategy and monitoring and evaluation framework.

On behalf of the Ministry of Health, I appeal to all development and implementing partners, communities, private and public sector to rally behind this policy in order to ensure the highest attainable standards of health and wellbeing for our newborns, children and adolescents.



Sicily K. Kariuki, (Mrs.), EGH
CABINET SECRETARY

PREFACE

Kenya has traditionally implemented newborn, child and adolescent health programs and services in a vertical approach, with multiple programmatic and strategic documents often leading to duplication of services. The country has never had an overarching policy providing a holistic view and unified approach to newborn, child and adolescent health and development.

The rationale for developing the Newborn, Child and Adolescent Health (NCAH) Policy is to provide a unified framework and response to planning, prioritization and implementation of newborn, child and adolescent health programs at national and county level. It reflects the health goals of the SGDs, Kenya's commitment to achieving Universal Health Coverage (UHC), and provides direction on national child health priorities, interventions, investments, and partnerships.

Kenya's health system has had transformational changes with devolution. Following decentralization of the health sector, there is a clear and unique window of opportunity to sustainably address challenges such as equity in service delivery, access to quality newborn, child and adolescent services, human resources for health, and prioritization and budgeting of essential services and commodities. Additionally, county governments have committed to expanding primary health care services, including promotion of evidence-based services at community level.

This policy provides a roadmap for the prevention of newborn, child, and adolescent mortality and morbidity, as well as protects and promotes their rights. It also recognizes the role of national government and county governments, and development partners in mobilizing resources to address newborn, child, and adolescent health outcomes. Finally, the policy will provide the foundation for the development of an implementation/operational framework that provides for short and medium term newborn, child and adolescent health priorities, strategies, and targets.

The NCAH Policy allows for a Kenya where all her newborns, children and adolescents ***survive, thrive and live to their fullest potential.***

Dr. Rashid A. Aman, BPharm., PhD.
Chief Administrative Secretary, Ministry of Health

ACKNOWLEDGEMENTS

The Newborn, Child and Adolescent Health (NCAH) Policy was developed through a highly consultative and participatory process, which included desk/literature reviews, in-depth interviews with key informants/stakeholders, and several technical consultative and review forums with key stakeholders.

The Ministry of Health acknowledges contributions from its various departments and units, including: Neonatal, Child, and Adolescent Health Unit (NCAHU), Reproductive and Maternal Health Services Unit (RMHSU), Nutrition and Dietetics Unit, National Vaccine and Immunization Program (NVIP), National Malaria Control Program (NMCP), Health Promotion Unit, the Community Health Services Unit and the National AIDS and STI Control Program (NASCOP).

The NCAHU policy was developed under the leadership of the Director of Medical Services (DMS), Dr. Jackson Kioko, Dr. Mohammed Sheikh (Head, Division of Family Health), Dr. Osman Warfa (Head, NCAHU), and Dr. Rachel Nyamai (MOH). Specifically, the Ministry recognizes the contributions to the development of this policy made by the core team led by Dr. Silas Agutu (Program Manager, NCAHU). Technical contributions were led by the core team comprised of: Wanjiku Manguyu and Pauline Irungu (PATH); Nancy Njoki and Dr. Anne Musuva (Population Services - Kenya); Dr. Martin Chabi (WHO); Dr. Peter Okoth and Judith Raburu (UNICEF); Lilian Mutea and Silah Kimanzi (USAID); Rosemary Kihoto and Betty Wariari (CHAI); and Dr. Makeba Shiroya (Kenya Pediatric Association - KPA). The Ministry also recognizes the lead consultant, Philip Wambua, who collated, synthesized, and incorporated stakeholders' views throughout the development process.

The Ministry further acknowledges the contributions from specific institutions including: UNFPA, Save the Children, JHPIEGO-MCSP program, Micronutrient Initiative, KEMRI-Wellcome Trust, University of Nairobi - Pediatrics Unit, Kenyatta University, Inter-religious council of Kenya (IRCK), Christian Health Association of Kenya (CHAK), and the Aga Khan University. Most importantly, the Ministry wishes to recognize the valuable contributions made by the various County Directors of Health and Child Health program officers during the regional county consultations conducted across the country.

We are grateful for the administrative and logistics support provided by Hellen Karimi (NCAHU) and Josphine Kinyanjui (PATH). Finally, we acknowledge the technical and financial support provided by PATH and Population Services Kenya (PS – Kenya).

Peter K. Tum, OGW,
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TABLE OF CONTENTS

FOREWORD 1

PREFACE 3

ACKNOWLEDGEMENTS 4

ACRONYMS 6

GLOSSARY 7

1.0 BACKGROUND 8

2.0 SITUATION ANALYSIS OF NEWBORN CHILD AND ADOLESCENT HEALTH IN KENYA 11

3.0 POLICY DIRECTIONS 17

4.0 POLICY IMPLEMENTATION ARRANGEMENTS 25

5.0 MONITORING AND EVALUATION (M&E) 28

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ASRHR	Adolescent Sexual and Reproductive Health Rights
CHVs	Community Health Volunteers
CRVS	Civil Registration and Vital Statistics
ECD	Early Childhood Development
FP	Family Planning
HIV	Human Immunodeficiency Virus
ICC	Interagency Coordinating Committee
ICCM	Integrated community case management
IEC	Information Education and communication
IMCI	Integrated Management of Childhood Illnesses
IYCN	Infant and Young Child Nutrition
KDHS	Kenya Demographic Health Survey
LBW	Low Birth Weight
MDGs	Millennium Development Goals
MNH	Maternal and Neonatal Health
MOH	Ministry of Health
NASCOP	National AIDS and STIs Control Program
NCAH	Newborn, Child, and Adolescent Health
NCDs	Non Communicable Diseases
NHIF	National Health Insurance Fund
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SBA	Skilled Birth Attendance
SDGs	Sustainable Development Goals
SOPs	Standard Operating Procedures
TFR	Total Fertility Rate
TWGs	Technical Working Groups
UHC	Universal Health Coverage
UN	United Nations
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

GLOSSARY

Adolescent: Includes persons aged 10 to 19 years [1].

Child: Any person under 18 years of age [2].

Early Childhood Development: Early child development (ECD) encompasses physical, socio emotional, cognitive and motor development between 0-8 years of age[3].

The Children's Act (2001): Act of Parliament to make provision for parental responsibility, fostering, adoption, custody, maintenance, guardianship, care and protection of children; to make provision for the administration of children's institutions; to give effect to the principles of the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child and for connected purposes[4].

Life cycle approach: The recognition that as people develop through different stages and that these stages are interconnected. Each stage has unique needs and challenges as one stage affects the next period of growth.

Mental health: Defined as the state of well-being whereby individuals recognize and realize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities[5]. The Kenya Mental Health Policy defines positive mental health as including emotion, cognition, and social functioning and coherence[6].

Newborn/Neonatal death: Death within 28 days of birth of any live-born baby regardless of weight or gestational age.

Premature/preterm: Babies born alive before 37 weeks of pregnancy are completed[7].

Social determinants of health: WHO defines social determinants of health (SDH) as the conditions, in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

Universal health coverage: As defined by WHO, universal health coverage means that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship[8].

[1] National Adolescent Sexual and Reproductive Health Policy. Ministry of Health Kenya. 2015

[2] The Children's Act (No. 8 of 2001) rev. 2016 Retrieved from http://kenyalaw.org/kl *http://www.who.int/topics/early-child-development/en/*

[3] The Children's Act (No. 8 of 2001) rev. 2016 Retrieved from http://kenyalaw.org/kl

[4] [4] Mental health: A state of well-being. (2014, August 15). Retrieved from http://www.who.int/features/factfiles/mental_health/en/

[5] Kenya Mental Health Policy 2015-2030. Retrieved from *https://healthservices.uonbi.ac.ke/sites/default/files/centraladmin/healthservices/Kenya%20Mental%20Health%20Policy.pdf*

[6] Preterm birth key facts. WHO. Retrieved from *http://www.who.int/news-room/fact-sheets/detail/preterm-birth*

[7] Social determinants of health. *http://www.who.int/social_determinants/en*

[8] What is universal coverage? *http://www.who.int/health_financing/universal_coverage_definition/en*

[8] What is universal coverage? *http://www.who.int/health_financing/universal_coverage_definition/en*

1.0. BACKGROUND

1.1 Introduction

Kenya has made steady improvements in the health outcomes of newborns, children and adolescents. These improvements are anchored on long-term legal and policy frameworks, including the country's **Constitution 2010,** which provides an overarching conducive legal framework for ensuring a rights-based approach to health, and **Kenya's Vision 2030**, which serves as the country's development blueprint. Newborn, child and adolescent health in Kenya is guided by the **Kenya Health Policy (2014-2030)**, and **Kenya's Health Sector Strategic and Investment Plan (KHSSP) 2013-2017**. These policy instruments identify key risk factors and contributors to neonatal and child mortality and morbidity, and propose policy direction to improve outcomes, and attainment of Universal Health Coverage (UHC).

Despite significant improvements in newborn, child and adolescent health, Kenya did not achieve the Millennium Development Goals (MDGs) for maternal and child health, and access to quality health services remains a challenge across all populations and levels of care. To accelerate achievement of improved health outcomes, Kenya has recently demonstrated its commitment to improving the health and wellbeing of its children through various initiatives. These include: elimination of user fees for primary health care in all public health care facilities and provision of various health payment schemes such as the National Health Insurance Fund (NHIF); development of the Child Survival and Development Strategy (CSDS 2008-2015) which provided strategies to address the leading causes of under-five morbidity and mortality; the Community Health Strategy, to better link communities to facility and referral services; and development of innovative financing mechanisms such as the Linda Mama program under NHIF, and the RMNCAH investment framework. These

initiatives are all anchored on global instruments and commitments that Kenya remains a signatory to, including the Global Strategy for Women's, Children's, and Adolescent's Health 2016-2030; the Every Newborn Action Plan (ENAP); the UN Commission on Life-Saving Commodities for Women and Children; and the Commission on Information and Accountability for Women's and Children's Health.

At the close of the Millennium Development Goals (MDGs) in 2015, Kenya signed onto the **17 Sustainable Development Goals (SGDs).** Specifically, these commitments aim to advance the country towards attainment of the health sustainable development goal number three, *"Ensure healthy lives and promote wellbeing for all at all ages."* The Newborn, Child and Adolescent Health (NCAH) Policy recognizes the relevant national and global instruments already mentioned, and seeks to provide a unified framework for guiding the newborn, child and adolescent health response in the country.

1.2. Rationale and Scope of the Policy

Although Kenya has several vertical programs and strategic documents on newborn, child and adolescent health thematic areas, the country has never had an overarching policy providing a holistic view and unified approach to newborn, child and adolescent health and development. ***The Newborn, Child and Adolescent Health (NCAH) policy*** reflects the health goals of the SGDs and provides direction on national child health priorities, interventions, investments, and partnerships.

Through decentralization of the health sector, there are clear opportunities to sustainably address challenges such as equity in service delivery, access to quality newborn, child and adolescent services, human resources for health, and prioritization and budgeting of essential services and commodities. The Ministry of Health and its stakeholders have identified the following as the rationale for having a newborn, child and adolescent health policy. This policy seeks to:

- Provide a ***unified framework and response*** for planning, prioritization and implementation of newborn, child and adolescent health programs at national and county level
- Ensure ***institutionalisation and realisation*** of the Sustainable Development Goals (SDGs) and alignment to global and national policy frameworks guiding newborn, child and adolescent health
- Provide a ***policy anchor*** for existing technical thematic area strategies and guidelines
- Provide a policy backing for implementation of ***emerging evidence based interventions*** for newborn, child and adolescent health
- Provide the foundation for ***development of an implementation/operational***

framework that provides for short and medium term newborn, child and adolescent health priorities, strategies, and targets

- Create an ***enabling environment for resource mobilisation*** for newborn, child and adolescent health, both domestically and internationally

1.3. Guiding Principles

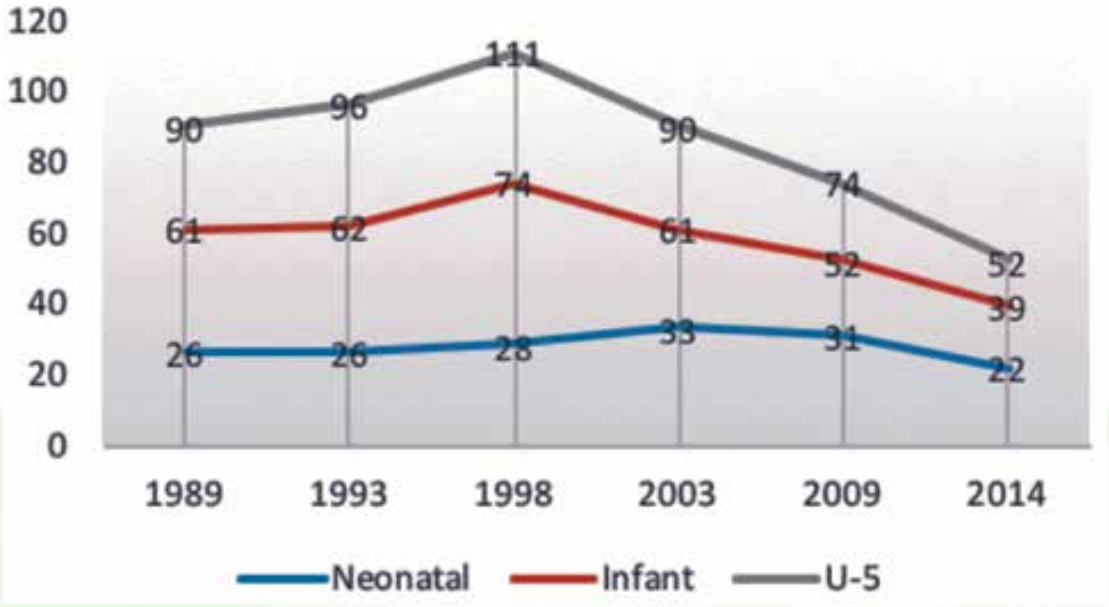
The following guiding principles will be upheld in the implementation of this Newborn, Child and Adolescent Health Policy:

- **Alignment with Global and National policies and strategies:** This policy recognizes and aligns with other relevant national legal and policy documents mainly the 2010 Kenya Constitution, The Kenya Vision 2030, Kenya Health Policy (2014-2030) and the Kenya Health Sector Strategic and Investment Plan (2013-2017). Additionally, the policy aligns to relevant global commitments and obligations such as the Sustainable Development Goals and the Global Strategy for Women's, Children's Adolescents' Health 2016 -2030.
- **Gender, Equity, Access, and Respect for Child Health Rights:** Newborns, children and adolescents will have access to health services without discrimination based on ethnicity, gender, disability, religion, political belief, economic or social condition, or geographical location. Special attention will be given to reduce disparities, including those directly related to disabilities, and ensure equity.
- **Life Cycle Approach:** The policy recognizes the interconnectedness of the different life stages from pregnancy, child birth, newborn, child, adolescent and through to adulthood. The policy will utilize the life course approach in its implementation.
- **Evidence based interventions:** The policy statements under the different domains are based on evidence generated in Kenya, regionally and globally. The policy will focus on proven interventions with the highest impact on newborn, child and adolescent health.
- **Integration:** Recognizing the benefits of integration including ensuring no missed opportunities and the possibility to increase coverage, this policy will promote integration of newborn, child and adolescent health services in planning, programming, implementation and monitoring and evaluation.
- **Multisectoral approach:** Newborn, child and adolescent health is a facet of many factors, including the social determinants of health. Implementation of the policy will require multi-sector and cross-sector strategic partnerships.
- **Centered on the health systems blocks:** Functional health systems are critical to delivery of quality high impact interventions for newborns, children and adolescents. As such, health systems strengthening will be a key priority area in the implementation of this policy.

2.0. SITUATION ANALYSIS OF NEWBORN, CHILD, AND ADOLESCENT HEALTH IN KENYA

Despite not reaching her MDG child health targets, Kenya has made significant improvements in newborn, child and adolescent health. The most recent Kenya Demographic Health Survey, KDHS 2014 shows that since 2003, Kenya decreased its under-five mortality rate from 114 to 52 deaths per 1,000 live births, and decreased infant mortality rate from 77 to 39 deaths per 1,000 live births. The neonatal mortality rate has decreased at a slower rate, and currently stands at 22 deaths per 1,000 live births.

Figure 1: Trends in neonatal, infant and under 5 mortality 1990-2014



Source: KDHS 2014

These decreases are a result of critical high impact interventions and improvements to quality of care including increased antenatal care (ANC) and postnatal care (PNC), exclusive breastfeeding practices and improved nutritional status of children, elimination of user fees for primary health care including immunization, scale up on the uptake of recommended child health commodities like ORS & Zinc for the management of diarrhea, accelerated introduction of new life saving vaccines and other socioeconomic factors such as access to clean water and education. Progress and drivers for morbidity and mortality for each age cohort covered under this policy are elaborated in more detail below.

2.1.1. Newborn Health

Globally, newborn deaths account for 44% of under-5 deaths - this means that approximately 4 million babies die within the first 28 days of life[11]. Kenya mirrors the global landscape. In 2016, newborn deaths accounted for approximately 46% of all under-5 deaths, with birth

[10] Kenya National Bureau of Statistics. Kenya Demographic and Health Survey 2014. *https://dhsprogram.com/publications/publication-fr308-dhs-final-reports.cfm*

asphyxia/trauma (31.6%), prematurity (24.6%), and sepsis (15.8%) as the leading causes of neonatal mortality[12].

While under-five mortality has decreased by over 50% since 2003, at approximately 33%, Kenya's neonatal mortality has decreased at a far slower rate. Kenya recognizes newborn health as part of its 'unfinished agenda' of the MDGs and has developed a three-year Maternal, Newborn Health Scale-up Strategy (2015-2018), which aims to tackle the three leading causes of death in newborns. By addressing birth asphyxia, prematurity, and neonatal sepsis, over 80% of newborn deaths can be averted, further reducing the rate of under-five deaths.

Key factors contributing to newborn health outcomes include the following:

- *Access to quality maternal and newborn health services:* Neonatal health is intrinsically linked to maternal health. Increases in the uptake of ANC and PNC services, skilled birth attendance, increase in health facility births, exclusive breastfeeding practices and initiatives such as the Linda Mama Program have all contributed to the improvements in newborn health. However, geographical access to facilities remains a challenge, particularly in Arid and Semi-Arid Lands (ASAL) regions. Assessments show that only 3% of facilities are equipped to deal with emergency obstetric and newborn care(EmONC) and referral systems remain inadequate[13]. Even with the elimination of user fees for maternity and primary health care, financial constraints affecting transport, and payment for certain drugs and commodities still negatively affect women and children's access to care.
- *Lack of appropriately skilled staff*: More women are accessing ANC services and giving birth in health facilities (62%)[14]. However, staff shortages occasioned by high turnover, poor motivation and remuneration, and lack of resources for capacity building leads to gaps in appropriately trained staff to provide quality newborn health services including emergency obstetric and newborn (EmONC) care.
- *Availability to essential MNH commodities, supplies and equipment:* The first point of contact for the majority of mothers is at dispensary and health center level (levels 2 and 3). However, many MNH commodities, supplies and equipment are unavailable at lower levels of care or restricted to specialist use at higher levels of care. The Kenya Service Provision Assessment (KSPA 2010) showed that only 25% of facilities had adequate stocks of ANC supplies, and this varied across the levels of care.

[11]Every Newborn. *https://www.healthynewbornnetwork.org/issue/every-newborn/*
[12]Child causes of death, 2000–2015. *http://www.who.int/healthinfo/global_burden_disease/estimates_child_cod_2000_2015/en/*
[13]Kenya - Kenya Service Availability and Readiness Assessment Mapping (SARAM) report, 2013. *http://apps.who.int/healthinfo/systems/datacatalog/index.php/catalog/4*
[14]Kenya National Bureau of Statistics. Kenya Demographic and Health Survey 2014. *https://dhsprogram.com/publications/publication-fr308-dhs-final-reports.cfm*

2.2.2. Child Health

Improvements in child health have resulted in the survival of 40 million children globally since the 1990s. Remarkably, since 2000 acceleration in reduction of under-five mortality has resulted in an additional 18 million more children surviving to their 5th birthday[15]. While Kenya's infant and under-five mortality rates showed similar declines, the country was unable to reach its child health targets. While the KDHS 2014 shows that both infant mortality and under-5 mortality have steadily decreased, there has only been minimal improvement of other key indicators for child health including the percentage of children who have been fully vaccinated (77%), and stunting (26%). The KDHS 2014 did show that exclusive breastfeed for 6 months had increased to 61%. Additionally, combined uptake of ORS & Zinc for the management of diarrhea increased from <1% to 8%. The leading causes of child morbidity and mortality are familiar and are as follows: Pneumonia (16%), diarrhea (11%), malaria (4%), HIV (4%), and other non-communicable diseases (26%).

Key factors contributing to child health outcomes include the following:

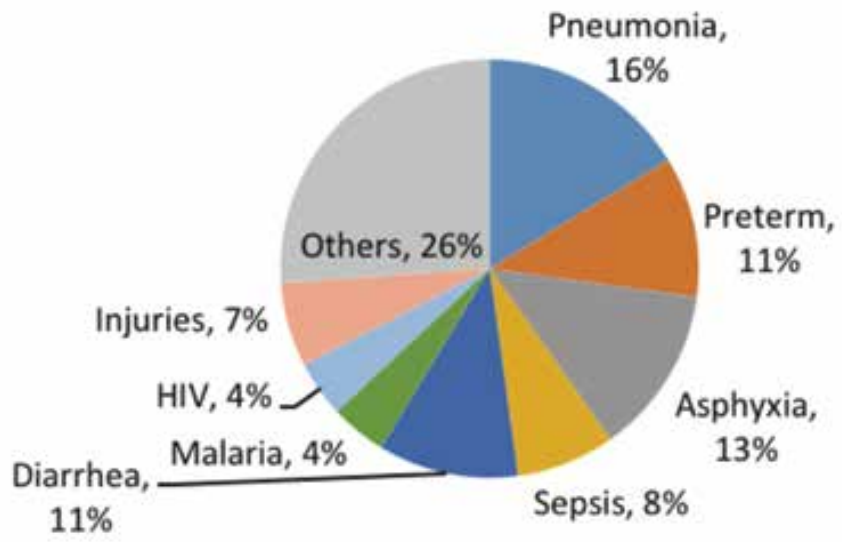
- *Access to appropriate treatment for common childhood illnesses:* Kenya has put in place systems that support the delivery of evidence-based, high impact interventions including: antibiotic treatment for pneumonia; combined uptake of ORS & Zinc for the management of diarrhea, immunization against vaccine preventable diseases including pneumonia and measles; long lasting insecticide nets (LLINs) and artemisinin-based combination treatment (ACT) for malaria; exclusive breastfeeding and young infant feeding support and counseling; Vitamin A supplementation for children; interventions for those with special needs and disabilities; Stimulation for optimal development through play and communication activities. Optimal realization of child health outcomes have been hampered by issues related to variances on coverage, equity, and quality of care across the country.
- *National policies, strategies, and guidelines on child health:* All the above interventions have been anchored on national policy frameworks such as the Child Survival and Development Strategy (CSDS 2008-2015) whose objective was to accelerate progress towards achievement of the MDGs on child health. Implementation of critical child health platforms such as Integrated Management of Newborn Childhood Illness (IMNCI), Emergency, Triage, Assessment and Treatment plus (ETAT+) and the Integrated Community Case Management (iCCM) programs, and national flagship programs such as Malezi Bora all contributed to these achievements in child health.
- *Elimination of user-fees for primary health care services:* Universal Health Coverage (UHC) is a key tenet within the KHSSP, and elimination of user fees for primary health care and maternity services is a great step towards achieving this milestone. Additional

[15]Levels and trends in child mortality 2015. *http://www.who.int/maternal_child_adolescent/documents/levels_trends_child_mortality_2015/en/*

social protections, such as the NHIF increase to essential services and unblock bottle necks connected to access and availability of services.

- *Lack of data on 5-9 age group:* While data exists for newborn and adolescent health cohorts, information on the health status on the 5-9 age cohort is often not collected, or collapsed into other age cohorts. The country recognizes this as a critical data gap which affects formulation of policy guidance and programming that should address the needs of this age cohort.

Figure 2: Causes of under-five Mortality



Source: WHO-MCEE 2015

2.2.3. Adolescent Health

Globally, approximately 1 in 6, or 1.2 billion of the world's population is an adolescent . In Kenya, adolescents constitute an even larger proportion of the population - 24%, or approximately 9.2 million. While most adolescents are healthy, this age cohort suffers from substantial premature death and illness mainly due to unsafe sexual activity, injuries/ road accidents, violence, substance abuse, and mental illness. Kenya's total fertility rate declined to 3.9 in 2014, but there has been no change in teen pregnancy with one in five (18%) adolescents in the 15 to 19 years' age group having started child bearing. This has been a result of early marriage, high unmet need for contraception and poor access to FP services. Kenya has made significant strides in the response to HIV and AIDS, but adolescents still continue to bear the biggest brunt of HIV. Approximately 29% of all new HIV infections are among adolescents and youth, and AIDS is the leading cause of death and morbidity among adolescents and young people in Kenya with approximately 9,720 adolescents and young people dying of AIDS in Kenya in 2014 . Coverage indicators for HIV prevention, care and treatment are poor with only 23.5% of adolescents knowing their HIV status .

Key factors contributing to adolescent health outcomes include the following:

- *Provision of youth-responsive health services:* The Ministry of Health has developed several guidelines on the provision of adolescent friendly health services, which include health providers trained to address the health concerns of adolescents, and availability of adolescent friendly health services. Provisions under the Children's Act 2003, and the

Adolescent Sexual and Reproductive Health Policy (2015) provide guidance on how the unique health needs of adolescents should be addressed, however, implementation of these guidelines vary across the country.

- *Sociocultural determinants of health:* Adolescents are especially vulnerable to sociocultural factors, which in turn affect their physical health and wellbeing. These include early/forced childhood marriages, female genital cutting (FGC), gender based violence, and access to education.
- *Inadequate data on non-communicable diseases in adolescents:* Except for data related to sexual and reproductive health, there is inadequate information on other critical aspects of adolescent health. There is scarcity of data on the leading causes of morbidity and mortality among adolescents including mental health, drugs and substance abuse, injuries and accidents, and violence.

2.2.4. Social determinants of health

Critical social determinants of health of newborns, children and adolescents in Kenya include water, sanitation and hygiene, education, wealth and other socio-economic factors. Education especially for girls is also an important factor in influencing sexual and reproductive health rights among adolescents. The following is a short description of some of the key social determinants of health relevant to child and adolescent health.

- **Water, sanitation and hygiene situation** has improved significantly since 2008/2009 KDHS. The majority of households in Kenya (71 %) obtain drinking water from an improved source, while 27 % use non-improved sources. This is an improvement since the 2008-09 KDHS, when 63 percent of households obtained drinking water from an improved source. Over half of households (54 %) do not treat their drinking water, and this is true in both urban and rural areas. Twenty-five percent of household members usually use an improved (and not shared) toilet/latrine facility. Hand washing is key behavior in prevention of especially diarrhea among children. According to KDHS 2014, a place for hand washing was observed in about 4 in 10 urban households (43 %) and fewer than 3 in 10 rural households (27 %).
- **In terms of wealth,** three-quarters of urban residents (75 %) are in the two highest wealth quintiles, while more than three-quarters of rural residents (78 %) are in the lowest three quintiles (and are nearly equally distributed across these quintiles). Regional differences however exist, 9 in 10 people in Nairobi are in the two highest wealth quintiles, and 7 in 10 people in North Eastern are in the lowest wealth quintile.
- **Educational levels of women** have strong correlation to the health of the child and that of adolescents. Women's literacy levels have improved to around 85.6% in 2013.

3.0. POLICY DIRECTIONS

This section of the policy describes the vision, mission, goal and the six policy objectives. The policy framework is organized into four domains of: Newborn, Child, and Adolescent Health and a fourth domain covering cross cutting issues. Under each domain, thematic areas are outlined mainly along the continuum of care. Policy statements are made under each domain.

3.1. Vision

A Kenya where all newborns, children and adolescents survive, thrive and live to their fullest potential.

3.2. Mission

To ensure survival, health, development, and wellbeing of all newborns, children and adolescents in Kenya, through promoting implementation of evidence-based high impact interventions, and creating an enabling environment for effective delivery of quality health services at all levels of service delivery.

3.3. Goal

To provide policy guidance to accelerate reduction of newborn, child and adolescent deaths in Kenya and promote their health, development and wellbeing.

3.4. Policy Objectives

The objectives of the Newborn, Child and Adolescent Health Policy are aligned with the newborn, child and adolescent targets of the SDG Goal: 3 “Ensure Healthy Lives and Promote Wellbeing for all at all ages”.

The objectives of the policy are to:

Policy objective 1: Reduce newborn, child and adolescent morbidity and mortality due to preventable communicable diseases

Policy objective 2: Reduce newborn, child and adolescent morbidity and mortality due to non-communicable diseases and conditions

Policy objective 3: Promote access to quality and comprehensive early childhood development interventions for all children especially in the first 1000 days of life

Policy objective 4: Promote interventions to end all forms of malnutrition, and address the nutritional needs amongst newborns, children and adolescents

Policy objective 5: Promote universal access to adolescent responsive health care services

Policy objective 6: Create an enabling environment for provision of quality newborn, child and adolescent health services

3.5 Policy Domains, Thematic Areas and Statements

3.5.1. Newborn Health

This policy recognises that the health of the mother and newborn are interconnected. Sound maternal health is essential for better newborn health outcomes. As indicated in the guiding principles, a continuum of care approach is important in ensuring health of newborns, children and adolescents. Although maternal health is not presented in this policy, the policy recognises and advices on the implementation of the maternal health interventions as presented in the Kenya Maternal and Newborn Health Implementation plan 2016 . Under the newborn period, the policy addresses the leading killers of newborns including prematurity, birth asphyxia and neonatal sepsis. Under the newborn period, the policy shall promote provision of essential newborn high impact interventions including: -

a. Put in place systems and programs to ensure access to and utilization of quality essential newborn care services at all levels of service delivery.
b. Support implementation of interventions to address asphyxia including but not limited to promoting neonatal resuscitation
c. Promote availability of and access to evidence based interventions for effective infection prevention and management among newborns.
d. Support implementation of interventions that promote hygienic cord and skin care as per national guidelines
e. Put in place interventions to ensure immediate initiation of exclusive breastfeeding after birth as per the national guidelines
f. Promote and enhance availability and access to high impact evidence based interventions for the management of preterm and/or low birth weight (LBW) babies
g. Promote availability and utilization of evidenced based community maternal and newborn interventions as per national guidelines.
h. Support establishment /strengthening of newborn health units in level 4 and 5 as per national guidelines
i. Support interventions that ensure emergency care for newborns including supporting functionality of emergency obstetric and newborn care services (EmONC)
j. Promote interventions on elimination of mother to child transmission of HIV and congenital syphilis as well as interventions for screening and management of TB in neonates
k. Strengthen interventions that reinforce the national health information systems to ensure collection, reporting, tracking, and utilization of newborn health indicators including still birth rates and causes of neonatal mortality and morbidity
l. Promote nurturing child care for optimal growth and development
m. Strengthen measures for prevention, early identification and intervention in disabilities

3.5.2. Child Health

Under the child health domain, the policy seeks to address the major causes of child morbidity and mortality are addressed using the available evidence on high impact interventions. This domain covers policy statements for children under five and those aged 5-10 years old.

Infancy and Childhood Period

The policy shall: -

a. Strengthen systems and programs to promote and support appropriate infant and young child feeding practices.
b. Promote access to and uptake of preventive interventions for childhood illnesses.
c. Promote availability of and access to timely, comprehensive services for treatment, care and support for children infected with or exposed to HIV.
d. Strengthen routine immunization programmes and support new vaccines' introduction for existing and emerging vaccine preventable diseases among children.
e. Support interventions on eradication of immunizable diseases including but not limited to polio eradication.
f. Put in place systems to ensure availability of and access to services for prevention and management of all forms of malnutrition at facility and community level.
g. Promote and strengthen implementation of integrated management of newborn and childhood illnesses (IMNCI) and Emergency Triage Assessment and Treatment (ETAT) to address leading causes of child morbidity and mortality, and improve the management of severely sick children.
h. Promote use of and scale up of integrated Community Case Management (iCCM) as a platform for improving access to prevention and management of childhood illnesses at community level.
i. Promote prevention, early detection and treatment of common non-communicable diseases and conditions among children including asthma, disabilities, cancers, obesity, diabetes and cardiovascular conditions.
j. Promote in partnership with the ministry of education and other stakeholders, scale up of provision of comprehensive and age appropriate health services and education in schools.
k. Support interventions that ensure collaboration and partnership with communities and parents, relevant departments and agencies for promotion of safe, protective, supportive and healthy environment for children.
l. Support school health, child health rights and children with special needs.
m. Promote integration of nurturing care for early childhood development (ECD) interventions into relevant child health policy and programming

3.5.3. Adolescent Health

Although usually seen as healthy due to "absence of disease", many adolescents of them die prematurely due to accidents, suicide, violence, pregnancy related complications and other illnesses that are either preventable or treatable if detected early. Many of the serious diseases in adulthood have their roots in adolescence. Substance and drug use, and STIs including HIV and poor eating habits lead to illness and premature death later in life. Under this domain, the policy shall: -

a. Promote interventions that create an enabling legal and sociocultural environment for provision of and access to comprehensive information and services that promote health of adolescents.
b. Provide systems for early detection and management of diseases and other conditions among adolescents.
c. Support interventions that promote healthy living among adolescents, including but not limited to physical activity and healthy eating habits that address obesity and its complications, and the prevention, detection and management of anemia, especially among adolescent girls.
d. Promote interventions for prevention of immunizable diseases among adolescents including but not limited to provision of Human Papillomavirus (HPV) vaccination for adolescents.
e. Support systems to promote and strengthen HIV and other STIs prevention, treatment and care among adolescents and especially the vulnerable adolescents.
f. Support prevention of early, unintended pregnancies and poor reproductive health outcomes among adolescents and reintegration of teenage mothers into schools and communities.
g. Put in place systems, programs and legislation to prevent drugs and substance abuse among adolescents, as well as initiation and strengthening of rehabilitation and support programs for adolescents already in drugs and substance abuse.
h. Strengthen systems and interventions for prevention of violence, injury and accidents among adolescents.
i. Support development of strategies, plans and programs for promotion of adolescent mental health and wellbeing.
j. Support systems and interventions to advocate for elimination of harmful sociocultural practices especially female genital cutting, and child/early and forced marriage.
k. Put in place systems to address the health needs for vulnerable, marginalized adolescents including but not limited to those living with HIV and adolescents living with disabilities.
l. Promote involvement and active participation of adolescents in planning, implementation and evaluation of programs targeting them.

m. Strengthen monitoring and evaluation for adolescents, including availability of disaggregated data and its use for decision making in adolescent health programming.

3.5.4. Crosscutting themes

This domain covers thematic areas that cut across the three other domains of newborn, child and adolescent health. Thematic areas covered under the cross cutting policy domain include:

- Health Systems Strengthening
- Policies, strategies and legal documents
- Early Childhood Development
- Water, Hygiene and Sanitation (WASH) and other social determinants of Health
- Advocacy, communication and social mobilization
- Child and Adolescent health in emergencies
- Collaboration with regulatory, registration and professional associations, boards and councils
- Research and Innovations
- Public Private Partnership
- Special needs and disabilities

3.5.4.1. Health Systems Strengthening

Leadership and Governance

a. Strengthen leadership and governance systems that are responsive and accountable in provision of health services to newborns, children and adolescents at both national and county levels.
b. Strengthen establishment and ensure functionality of coordination and collaboration structures including technical working groups and interagency committees for newborn, child and adolescent health responses at national and county levels

Service Delivery

a. Support establishment of effective referral systems at community to facility, facility to facility and facility to community (including private and public) for provision of timely newborn, child and adolescent emergency health services.
b. Promote availability of adequate and appropriate infrastructure at both community and facility levels to enable provision of comprehensive and quality newborn, child and adolescent health services.
c. Support establishment and strengthening of community health systems to ensure delivery of community based newborn, child and adolescent health services in collaboration with the community health services unit as per national guidelines

d. Put in place and/or strengthen systems including policies, standards, guidelines and programs to ensure quality improvement in provision of newborn, child and adolescent health services as well as improve client experiences to ensure dignified care at all levels of delivery platforms.
e. Support definition, measurement, reporting, and utilization of quality of care indicators for provision of newborn, child and adolescent health services.
f. Support accountability systems including but not limited to ensuring functionality of maternal and perinatal death surveillance and response at all levels of service delivery.

Health Care Financing

a. Promote development and strengthening of strategies to ensure effective mobilization, equitable allocation, efficiency and accountability in management of financial resources for newborn, child and adolescent health at both national and county levels.
b. Support systems to strengthen existing newborn, child and adolescent health care financing initiatives as well as develop other strategies to address financial barriers to newborn, child and adolescent health services including promotion of innovative health care financing solutions.

Human Resources for Health

a. Support interventions to ensure availability of adequate, skilled and motivated human resources for health for provision of quality high impact newborn, child and adolescent health services

Health Commodities and Supplies

a. Strengthen systems including for procurement, supply and management to ensure availability of essential lifesaving medicines, commodities, equipment and technologies for provision of newborn, child and adolescent health services.

Health Information Systems

a. Strengthen health information systems to ensure collection, management and use of desegregated data at the various levels of health service delivery to inform newborn, child and adolescent health programming.

Civil Registration and Vital Statistics (CRVS)

a. Support interventions for civil registration and vital statistics in the health sector to ensure all births and deaths of children are registered, birth and death certificates issued, and disseminate vital statistics, including cause of death and morbidity

3.5.4.2. Policies, strategies, plans and legal documents

a. Support development of strategic and monitoring and evaluation framework for the implementation of this newborn, child and adolescent health policy
b. Support identification of- emerging barriers to access and utilization of newborn, child and adolescent health services and promote interventions to address identified -barriers
c. Enhance availability of adequate and up-to-date strategic documents including thematic policies, plans, strategies, guidelines and other tools to guide newborn, child and adolescent health programming.
d. Support availability of up-to-date strategic curriculums, SOPs, Job aids and IEC materials to promote delivery of evidence based and quality high impact interventions for newborns, children and adolescents.
e. Strengthen engagement with the private sector to promote implementation of this policy and ensure availability and provision of quality newborn, child and adolescent health services by private service providers.

3.5.4.3. Early Childhood Development (ECD)

a. Put in place systems and support programs to ensure integration of Nurturing Care for early childhood development (ECD) interventions into relevant child health policy and programming
b. Support integration of ECD interventions including identification of common developmental challenges and delays and timely referrals through facility and community structures
c. Advocate for effective planning, financing and implementation of ECD programs to all players including county governments

3.5.4.4. Water, hygiene and Sanitation (WASH) and other social determinants of health

a. Support utilization of safe water and sanitation and improved hygienic practices by caregivers and children at households, communities, learning institutions and other congregate settings.
b. Support health facilities and other newborn, child and adolescent service provision points to have adequate safe and clean water, sanitation for infection prevention and provision of quality services.
c. Identify other social determinants to child and adolescent health including socio-economic conditions, education, housing and environmental conditions and develop strategies to engage in strategic partnerships to address these determinants.

3.5.4.5. Advocacy, Communication and Social Mobilization (ACSM)

a. Support development and implementation of newborn, child and adolescent advocacy and communication strategic framework at national and county levels.
b. Strengthen advocacy, communication and social mobilization capacities in coordination, resource mobilization, awareness and knowledge on prevention and treatment of childhood diseases

3.5.4.6. Newborn, Child and Adolescent Health in emergencies

a. Support effective response to newborn, child and adolescent health in disasters and emergency situations

3.5.4.7. Collaboration with professional, academia/teaching institutions, regulatory and registration bodies

a. Promote engagement with research bodies relevant professional associations, regulatory bodies, to advance research, practice and regulation of service provision for newborns, children and adolescents.

3.5.4.8 Research and Innovations

a. Support interventions to build capacity of national and county governments to conduct newborn, child and adolescent health research.
b. Support identification of research agenda, implementation research, evaluation and dissemination of emerging best practices and evidence.
c. Support testing and scale up of innovations that will inform policy and practice to address barriers to access and utilization of newborn, child and adolescent health services.

3.5.4.9. Public Private Partnership

a. Develop strategies and approaches to strengthen resource mobilization for newborn, child and adolescent health services and programs through public private partnerships.

3.5.4.10 Special Needs and disabilities

a. Strengthen strategies for prevention and early identification of special needs and disabilities
b. Expand and strengthen habilitation and rehabilitation services for those with special needs and/or disabilities
c. Promote mainstreaming of special needs and disabilities into all child and adolescent policies and programs

4.0. POLICY IMPLEMENTATION ARRANGEMENTS

The Newborn, Child and Adolescent Health Policy will be coordinated and implemented through existing Ministry of Health structures and mechanisms. Policy implementation will be actualized and guided through development of an implementation strategy and monitoring and evaluation framework, with the Ministry of Health providing strategic leadership, through the Division of Family Health (DFH) and specifically, the Neonatal, Child and Adolescent Health Unit (NCAHU).

The policy implementation shall adopt a multisectoral implementation approach involving all players including children and adolescents. At county level, the policy shall be implemented through existing structures including the county and sub-county health management teams, health facility management committees and community units.

Collaboration and coordination will be achieved through joint interagency coordinating committees (JICC), Health Sector Coordinating Committees and Technical Working Groups (TWGs), county and Subcounty health stakeholder's forums and community health committees. The policy will support formation of county joint newborn, child and adolescent technical working groups to ensure partners coordination and alignment to this policy, its implementation, and its monitoring and evaluation.

- **Policy Dissemination -** To ensure buy in and ownership, this policy will be launched and disseminated to all stakeholders at national and county levels.
- **Financing of the Policy -** As part of the implementation of this policy, a detailed costed strategy implementation plan will be developed. The plan will outline the costs of implementing this policy as well as the policy financing options by both the national and county governments.
- **Levels of Policy Implementation -** This policy shall be implemented at all the tiers of service delivery and with both public and private service health service providers. As described in the health systems thematic area, referral systems will be strengthened at all levels to ensure timely access to quality and comprehensive newborn, child and adolescent health services.

4.1 Roles and Responsibilities - In order to achieve the goal and objectives of the Newborn, Child and Adolescent Health Policy and to avoid duplication, the roles and responsibilities of the different players including the national government, county governments, development partners, non-state actors, academic and professional organizations, individuals and the communities will be clearly outlined. The definition of these roles takes into consideration the devolution of the health sector and the mandates of the two levels of government as provided for by the constitution.

4.1.1. National Government

- Facilitate launch as well as the dissemination of the Newborn, Child and Adolescent Policy
- Lead development of costed strategic implementation plan and implementation framework for the implementation of this policy
- In collaboration with the country government ensure allocation of resources for the implementation of the policy
- Provide leadership in the development of policies and legal documents necessary for the implementation of the Newborn, Child and Adolescent Health Policy
- Mobilise and engage in strategic partnerships with other government relevant ministries
- Engage in strategic partners with other partners for purposes of resource mobilisation to ensure implementation of the policy
- Coordinate and rally stakeholders towards implementation of the Newborn, Child and Adolescent Health Policy
- Provide technical assistance to the county governments through development of guidelines and other necessary tools to support implementation of the policy
- Lead monitoring and evaluation of the Newborn, Child and Adolescent Health policy.
- Together with county governments and other stakeholders provide leadership for documentation and scale up of emerging best practices.
- Ensure provision of quality and comprehensive newborn, child and adolescent health services at all levels of care as defined in the Kenya Essential Package for Health (KEPH).

4.1.2. County Governments

- Streamline the implementation of the policy as part of the national health agenda including but not limited to Universal Health Coverage (UHC).
- Domesticate the policy in the counties through development of county specific strategic plans and monitoring and evaluation frameworks.
- Coordinate and mobilise partners working in the counties including the private sector towards implementation of the policy
- Dissemination of the policy to all stakeholders working at the county level
- Ensure allocation of adequate resources by the county government for implementation of the policy
- Ensure delivery of quality and comprehensive newborn, child and adolescent health services at all primary health care service delivery points
- Monitoring and evaluation of the policy implementation at the county level
- Support capacity building and technical assistance to service providers at the county level

4.1.3 Development partners and other non-state actors including civil society and private sector

- Align country support for newborn, child and adolescent health to the national policy
- Supplement government resources in the implementation of the policy
- Advocate for the implementation of the policy
- Hold the Government and other implementing partners accountable to ensure implementation of the policy
- Participate in monitoring and implementation of the policy, documentation and sharing of best practices and lessons learnt

4.1.5 Academic, professional and regulatory authorities

- Support in identification of research agenda for the newborn, child and adolescent health
- Implement research, document best practices and promote the scale up of newborn, child and adolescent health services.
- Provide technical assistance including human resource development for the implementation of newborn, child and adolescent health services
- Register, regulate and license service providers for the newborn, child and adolescent health services
- Support in upholding ethics in the provision of the newborn, child and adolescent health services
- Participate in monitoring and evaluation of the implementation of the Newborn, Child and Adolescent Health Policy

4.1.6. Role of communities and individuals

- Uptake newborn, child and adolescent health services at all levels of service delivery
- Advocate to county and national governments for the provision of comprehensive and quality newborn, child and adolescent health services at all levels
- Engage in positive behaviours and practices for the promotion and prevention for quality newborn, child and adolescent health services
- Participate in monitoring and implementation of the Newborn, Child and Adolescent Health Policy

5.0. MONITORING AND EVALUATION (M&E)

a. Strengthen the utilization of quality newborn, child and adolescent health monitoring and evaluation systems and tools
b. Ensure adequate newborn, child and adolescent health data desegregated by age cohorts, sex, education, geography and other variables that will highlight challenges in equity and quality of care
c. Support monitoring and evaluation of the implementation of the newborn, child and adolescent health policy

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