

2018
**Social
Protection
Conference**
KENYA



Mainstreaming Social Protection Interventions in County Governments

Imarisha Afya ya Mama na Mtoto Program

H.E Governor, Wycliffe Oparanya, Kakamega County

22nd March 2018

Overview of the program

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As the governor of Kakamega County, ***Imarisha Afya ya Mama na Mtoto Program*** is my flagship programme that focuses on Maternal and New-born health

The Program is funded and implemented by the County Government with technical assistance from UNICEF

Imarisha Afya targets all pregnant mothers and all new born babies up to the age of 18 months (First 1000 days of life). It is a conditional cash transfer program with a goal to improve demand and utilization of skilled health services.

The programme targets poor and vulnerable mothers to be able to access health services and continuum of care (post-natum care, immunization and growth monitoring

Program background

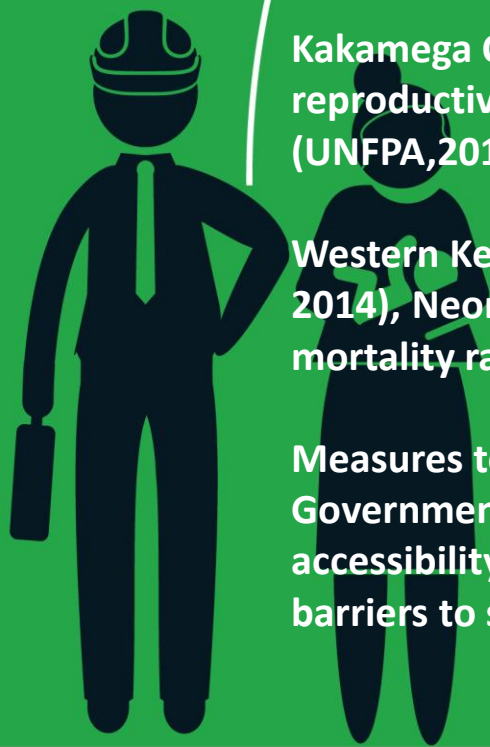
Kakamega County is the second most populous after Nairobi County with a projected population of 2, 073,926 and an annual growth rate of 2.5%

More than half (52%) of the population is made up of women with 24.7% being women of child bearing age

Kakamega County was ranked 5th amongst 15 counties with the worst reproductive maternal neonatal child and adolescent health in Kenya (UNFPA,2014)

Western Kenya, maternal mortality ratio 316 per 100,000 livebirths (UNFPA, 2014), Neonatal Mortality rate at 19 deaths per 1,000 births, under five mortality rate 64 per 1,000 births (KDHS 2014).

Measures to address and reverse these trends informed the County Government's initiative to launch the MNCHN Program to address accessibility to service and knowledge gap which emerged as the main barriers to service



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Inception of the Programme

My Manifesto indicated to support lactating mothers with formula milk. This was to encourage them to come to the health facilities for services,

UNICEF supports breast milk code of conduct in Kenya and hence offered to provide support to the program design,

UNICEF has continued to provide technical assistance to the implementation of the programme.



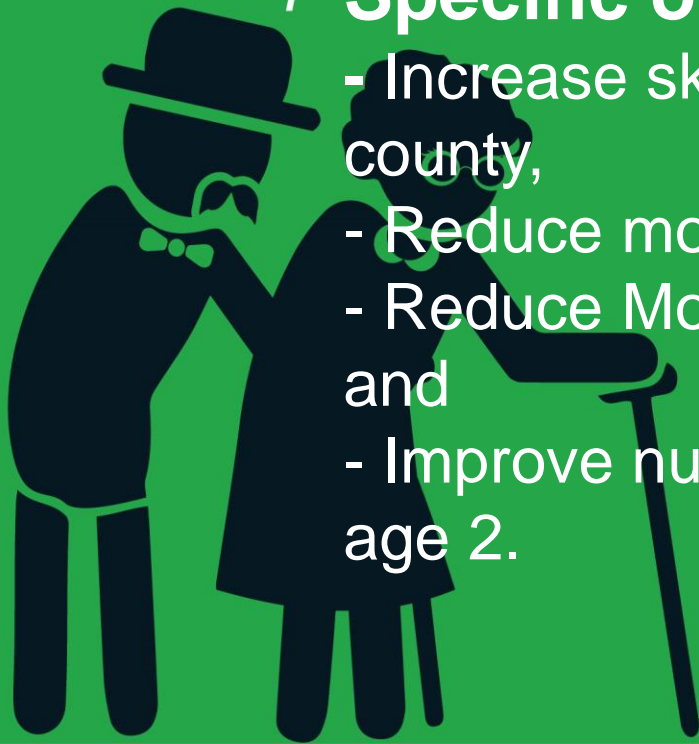
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General objective

To reduce maternal and under five mortality through use of social cash transfers with a visible platform

Specific objectives

- Increase skilled delivery rates in Kakamega county,
- Reduce mother and child mortality,
- Reduce Mother to child transmission of HIV and
- Improve nutrition status of children below the age 2.



Program process



The conditional cash transfer program is a web-based e-platform system designed to capture data for all pregnant mothers attending antenatal and delivery points of care.

The data is collected through a questionnaire that provides demographic and socio-economic information for the mother, newborn and their household in order to measure vulnerability.

Once registered the system automatically picks those to become beneficiaries for verification.

The beneficiaries receive a total of Ksh 12,000 paid in 6 installments



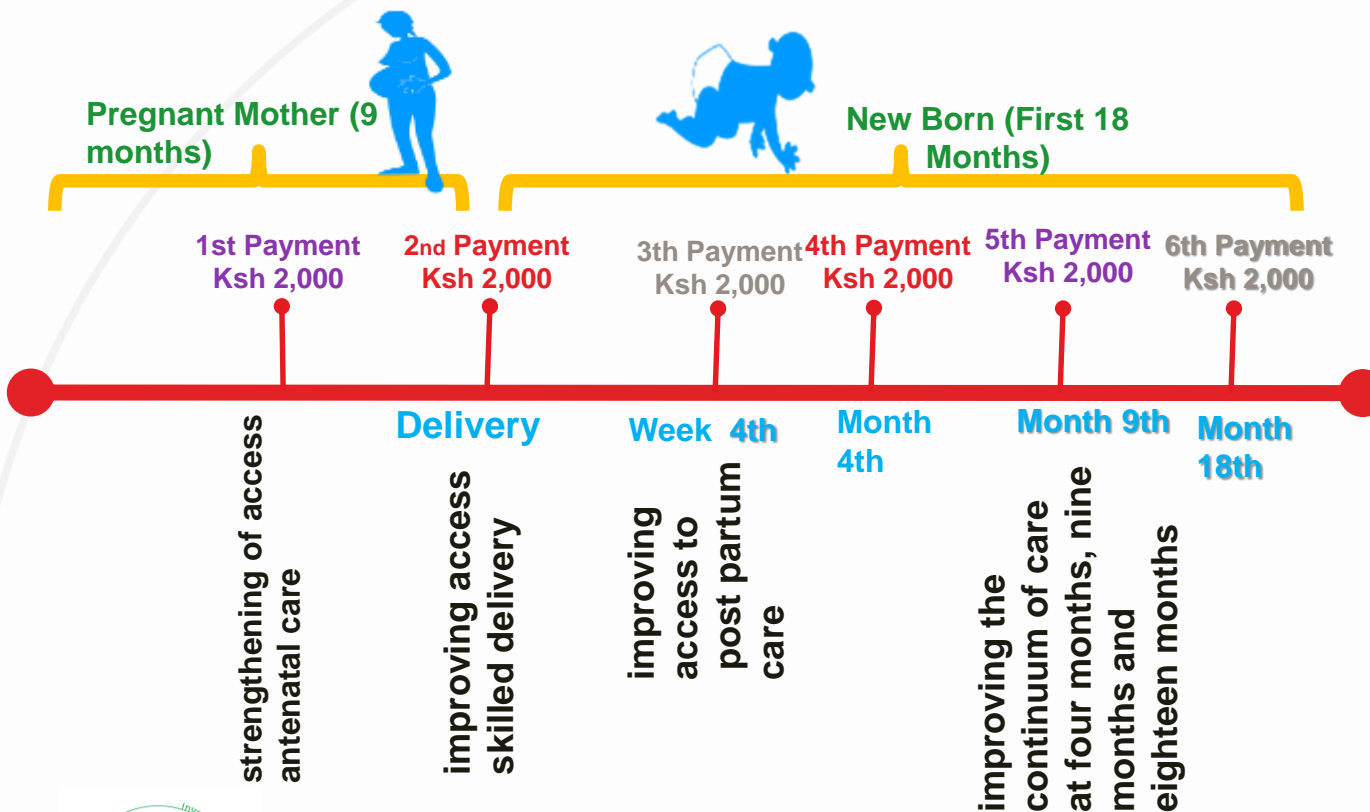
Payment Process



Total Transfer: Ksh 12,000

Number of Cycles: 6

Cash Transfer per cycle Ksh 2,000

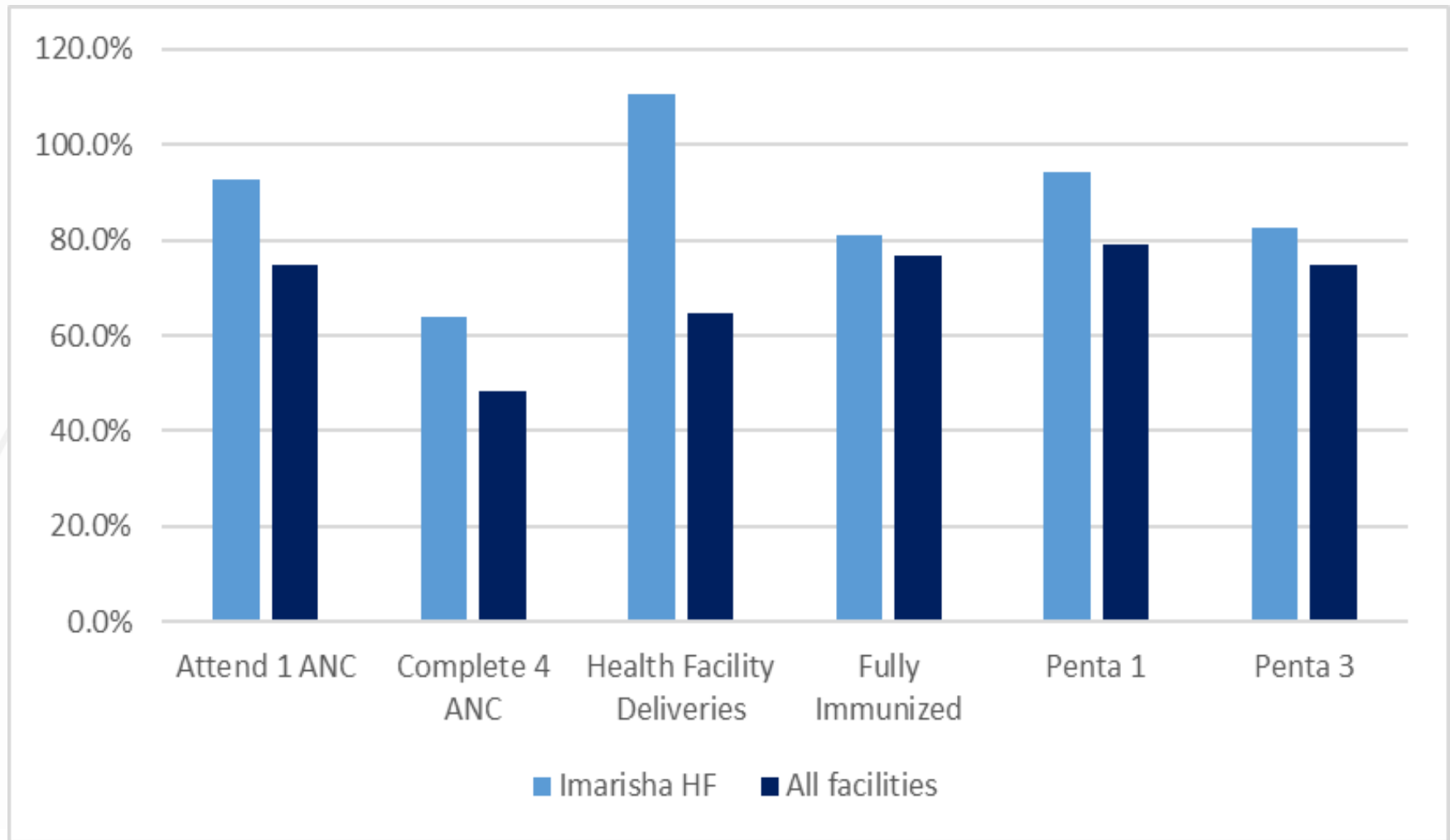


DHIS Indicators Overview



Indicators	2014		2016	
	Imarisha	County	Imarisha	County
1st ANC	93.1	82.7	92.8	74.8
4th ANC	47.4	39.9	63.9	48.4
Health Facility Deliveries	101.2	57.3	110.7	64.5
Fully Immunized	75.5	87.9	80.9	76.9
Penta 1	94.0	91.4	94.3	79.1
Penta 3	81.4	82.2	82.7	74.9

Facility Comparison



Key Achievements



- 45,511 mothers have been registered out of which 38,000 are verified beneficiaries
- Improvement maternal and child health indicators
- Enactment of the Kakamega County Maternal Child Health and Family Planning Act, 2017
- Ongoing monitoring and Evaluation (baseline and impact evaluation)
- E Platform review and implementation of recommendations
- Knowledge sharing; counties and countries visits to learn about the programme (Malawi, Zimbabwe, Zambia, Mozambique)



Testmonies of Mothers



“There were lots of challenges with my first child. I was unwell all the time and didn’t get the attention a newborn deserves,” this prompted me to take a conscious decision to have a skilled delivery during my second pregnancy.”

Hamisi and Esther Echesa



Challenges



- Increased demand for the program with limited funds
- Lack of National Identity cards since the payment platform is mobile money transfer
- Delayed disbursements from the national government causing unpredictable disbursements
- Political interference

Lessons learnt



- County innovation in the development of the MIS (E platform). The MIS platform has made reporting and planning timely and efficient
- Promotion of health seeking behaviours-The cash transfer has been an incentive for adoption of health seeking behaviours especially uptake of skilled deliveries and immunization of children up to 18 months
- Better linkages with National Safety Net Programs. The program cannot handle all the cases and there is need to strengthen referral mechanisms and working closely with Social Development Department and the Children Department
- Good communication and advocacy strategy is key. The success of any program heavily relies on communication with key stakeholders and beneficiaries.
- Advocacy with the legislators and stakeholders is also key for program successes.

Next steps



- Resource mobilization and leveraging to increase programme coverage
- Develop a business model to link the mothers for economic empowerment
- Integration of Family planning to the program service delivery,
- Improving the program MIS and linking to the National Single Registry



Next steps



- The program intends to improve the referral mechanisms for its beneficiaries to other social services (NHIF, NSSF etc)
- Establish community administration units for county government decision making and participation
- Recruit beneficiary mothers to be Community Health Volunteers
- Improve coordination mechanisms through the social protection secretariat and linkages to other social services for sustainability.



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THANK YOU

