



REPUBLIC OF KENYA

OFFICE OF THE FIRST LADY

A Strategic Framework for Engagement of the First Lady in HIV Control and Promotion of Maternal, Newborn and Child Health in Kenya

Accelerating Progress in Saving the Lives of Women and Children

2013-2017



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*Cover Photo: H.E. First Lady Margaret Kenyatta with children at
the Imani Children's Home in Kayole Nairobi.*

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I also acknowledge the contribution of staff in my office who provided oversight during this process.

I wish to thank the people living with HIV who have worked tirelessly to remind us that it is possible to stop new HIV infections, stigma and discrimination and AIDS-related deaths.

To the mothers and children of this nation, I thank you for your resilience and ability to remain hopeful even in the most difficult circumstances. Lastly, I am grateful to be accorded the opportunity to create new momentum for action to end preventable deaths among women and children and giving new impetus to the fight against HIV.



H.E. Margaret Kenyatta
First Lady of Kenya



List of Acronyms and Abbreviations

AIDS	Acquired Immune-Deficiency Syndrome
ANC	Antenatal Care
ART	Anti-Retroviral Therapy
CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CDC	Centres for Disease Control
CHAK	Christian Health Association of Kenya
CRAWN	Community Advocacy and Awareness Trust
DALY	Disability Adjusted Life Years
eMTCT	Elimination of Mother to Child Transmission
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
KDHS	Kenya Demographic and Health Survey
KEWOPA	Kenya Women Parliamentary Association
KMoT	Kenya Modes of Transmission Study
MDGs	Millennium Development Goals
MNCH	Maternal, Newborn and Child Health
MOH	Ministry of Health
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Programme
NEPHAK	National Empowerment Network of People living with HIV and AIDS in Kenya
OAFLA	Organisation of First Ladies of Africa against AIDS
PEPFAR	US President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
STIs	Sexually Transmitted Infections
SUPKEM	Supreme Council of Kenya Muslims
UNAIDS	United Nations Joint Program on HIV and AIDS
UNFPA	The United Nations Population Fund
UNICEF	United Nations Children Fund
UNJTA	United Nations Joint Team on AIDS
USAID	U.S. Agency for International Development
WHO	World Health Organisation



Her Excellency The First Lady Margaret Kenyatta illustrates to a pupil of Kilimani Primary School, Nairobi, how to wash his hands during Unilever's, Lifebuoy Global Hand Washing Day at the school

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Foreword

“Children are our future, their mothers are its custodians. We are working together at all levels towards a shared vision where no mother or child shall die from preventable causes ... a future with zero new HIV infections, zero AIDS related deaths and zero AIDS related stigma”



“There is simply no good reason why thousands of women and children in Kenya should die during child birth today”

Everyone has a fundamental right to the highest attainable standards of health which is the foundation for sustainable social, economic and political development of any nation. Article 43(1) of the Constitution guarantees every individual the highest attainable standard of health which is important to the realization of the right to life.

Unfortunately, every day in Kenya, 15 mothers and over 290 children below five years of age die largely from childhood preventable diseases, pregnancy, birth complications and HIV and AIDS.

In 2012, there were 13,000 new HIV infections among children. In the same year, 39% of HIV positive pregnant women in need of medicine to prevent mother to child transmission did not access them. In addition, 62% of children living with HIV did not access lifesaving medication.

Our pledges to improve maternal health notwithstanding, in Kenya, 5500 women die every year due to pregnancy and its complications. Sadly, this is a trend that has remained largely unchanged over the last 20 years. With regard to children in 2012, over 100,000 children (below 5 years) died a majority before reaching their first birthday. There is simply no good reason why today in Kenya thousands of women and children should die during child birth and not live beyond the early years of life.

We must translate our pledges into action and results while holding each other accountable. It is possible to make progress through strategic and coordinated efforts and working together to impact outcomes for women and children’s health.

HIV infection among young women at the prime age of 15 to 24 is alarming with over 25,000 new infections occurring every year. This is unacceptable and we must remain committed to reversing this situation.

I support the call by The Office of the First Lady for all Kenyans and development partners to join efforts to collectively stop mothers and children from dying from preventable diseases.

The time for action is now.

James W. Macharia
Cabinet Secretary for Health
Republic of Kenya

1.0 Introduction

The overall goal of the strategy is to mobilise and provide leadership towards ZERO new HIV infections and reduce the number of deaths among women and children in Kenya

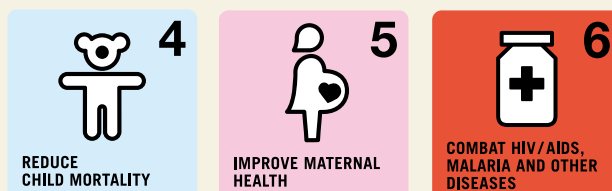
1.1 BACKGROUND

The Office of the First Lady occupies a special position at the pinnacle of society and the government, which provides a unique platform to champion important social and development goals. This strategic framework provides a guide to the Office of the First Lady to effectively and strategically engage various stakeholders in efforts to support programmes for HIV control, maternal and child health.

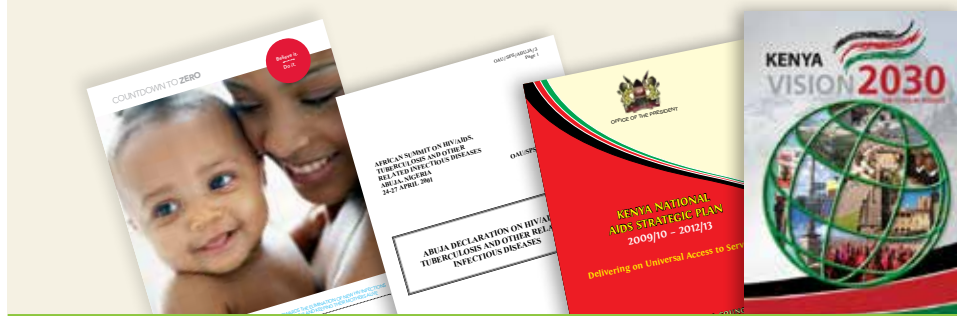
The priorities for this framework were informed by national and international commitments on HIV, maternal and child health. The framework also embraces the goals of the Organization of African First Ladies (OAFLA), which was established in 2002, as a collective voice for Africa's most vulnerable people - women and children who are infected and affected by HIV and AIDS. It is further guided by the country's development priorities as outlined in Kenya Vision 2030, Kenya National AIDS Strategic Plan and the Kenya Health Sector Strategic Plan 2012-2017.

GLOBAL STRATEGIES AND COMMITMENTS ON HIV MATERNAL AND CHILD HEALTH

- Millennium Development Goals (MDG 4,5 and 6)



- African Union Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA)
- Declaration of the Special Summit of African Union on HIV and AIDS, TB, Malaria, 2013
- Global Plan towards the Elimination of new HIV Infections among Children by 2015 and Keeping their Mothers Alive
- The Maputo Plan of Action on Sexual and Reproductive Health and Rights, 2006
- The United Nations General Assembly Political Declaration on HIV and AIDS, 2011
- Global Strategy for Women's and Children's Health, 2010



1.2 PURPOSE AND SCOPE

This framework will provide guidance for the strategic engagement of the First Lady of the Republic of Kenya to catalyze action and accelerate the attainment of national and international commitments to HIV, maternal and child health targets.

1.3 THEMATIC AREAS FOR THE ENGAGEMENT OF THE FIRST LADY

To catalyze and sustain on-going efforts in HIV, maternal and child health, the Office of the First Lady will focus on:



Cover Photo: Care givers feeding children at the Imani Children's Home in Kayole Nairobi.

1	2	3	4	5
Accelerate programs	Influence investment	Mobilise men	Involve communities	Provide leadership
Accelerated implementation of relevant policies and programs to increase access to HIV prevention, care and treatment services, maternal and child health interventions	Advocacy for allocation of resources and strategic investment in high impact interventions to promote maternal and child health, HIV control, and strengthening of health systems to enhance service delivery	Mobilisation of men as clients, partners and agents of change in promoting uptake of HIV, maternal and child health services at family and community level	Mobilisation of communities to address barriers to accessing HIV, maternal and child health services	Leadership, coordination, accountability and recognition to accelerate the attainment of HIV, Maternal and Child health targets

1.4 EXPECTED OUTCOMES

Through the implementation of this framework, the Office of the First Lady will contribute towards the realization of the following outcomes:

1. Increased awareness and a sense of urgency among leaders on the need to rapidly scale up high impact interventions for HIV control, maternal and child health;
2. National and county leadership sensitised to progressively allocate sufficient resources for HIV, maternal and child health programs;
3. Increased support and participation of men in HIV control, maternal and child health at family and community level;
4. Increased uptake and utilisation of HIV, maternal and child health services;
5. Institutionalised culture of accountability for results among leaders on their commitment towards meeting HIV, maternal and child health targets.

2.0 Rationale

“It is unacceptable that in Kenya, 15 mothers and 296 children below 5 years of age die every day largely from preventable causes”

“HIV is a leading cause of death and morbidity across all age groups”

2.1 OVERVIEW OF HEALTH SITUATION IN KENYA

Kenya has witnessed improvements in overall health targets especially in reduction of deaths among adults, infants and children below 5 years over the last decade. However indicators for maternal and neonatal health remain either static or deteriorating. Additionally, there are significant geographical and gender disparities

in deaths and disease levels across all age groups in the country.

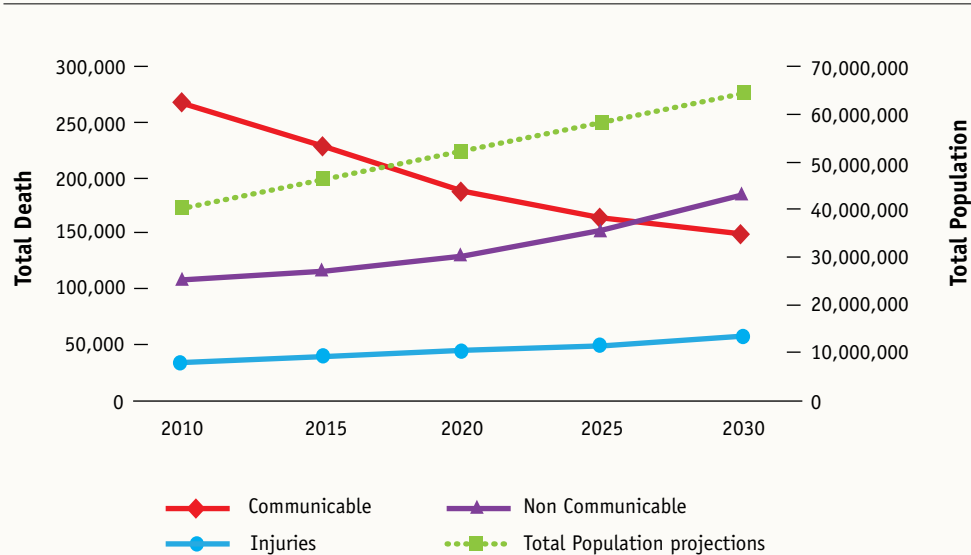
Currently, 50% of all deaths are as a result of infectious diseases which include HIV, lower respiratory tract infections, TB, diarrheal diseases and malaria (Table 1). However, the burden of infectious diseases is estimated to decline over time.

TABLE 1: TOP 10 LEADING CAUSES OF DEATH AND DISABILITY IN KENYA

CAUSES OF DEATH			CAUSES OF DISABILITY		
Rank	Disease or injury	% total	Rank	Disease or injury	% total
1	HIV and AIDS	29.3	1	HIV and AIDS	24.2
2	Perinatal conditions	9.0	2	Perinatal conditions	10.7
3	Lower respiratory infections	8.1	3	Malaria	7.2
4	Tuberculosis	6.3	4	Lower respiratory infections	7.1
5	Diarrhoeal diseases	6.0	5	Diarrhoeal diseases	6.0
6	Malaria	5.8	6	Tuberculosis	4.8
7	Cerebrovascular disease	3.3	7	Road traffic accidents	2.0
8	Ischaemic heart disease	2.8	8	Congenital anomalies	1.7
9	Road traffic accidents	1.9	9	Violence	1.6
10	Violence	1.6	10	Unipolar depressive disorders	1.5

Source: Kenya Health Strategic Plan, 2013-2017

FIGURE 1: PROJECTIONS OF DISEASE BURDEN (2011 – 2030)



Source: Kenya Health Strategic Plan, 2013-2017

The status of health of any nation is influenced by health determinants and other contextual factors. Whereas the health determinants such as implementation of effective programmes, density of health facilities, equipment, referral system and availability of quality health workforce are critical, the following factors significantly impact the health situation in Kenya:



Current trends suggest that non-communicable conditions will continue to increase over time, if not checked

- High population growth rate
- High poverty levels
- Literacy inequalities in several poor regions of the country
- Significant gender disparities

2.2 OVERVIEW OF HIV EPIDEMIC IN KENYA - 2013

1.6 million

Kenyan are living with HIV

93.7%

of all new HIV infections are sexually transmitted

30%

of all new HIV infections among adults occur among young women aged 15-24 years

57,000

Annual AIDS related deaths

610,000

people on Antiretroviral Therapy (550,000 adults and 56,000 children)

38%

only of children living with HIV are on treatment

61%

of HIV positive women received ART to prevent HIV transmission to newborn children in 2012

KEY DRIVERS OF HIV EPIDEMIC IN KENYA

- Sexual transmission
- Low and inconsistent condom use
- Multiple concurrent partnerships



51% of all new HIV infections in Kenya occur in 8 counties (Nairobi, Homabay, Kisumu, Siaya, Mombasa, Kisii, Migori and Turkana)

Source: UNAIDS Global Report: HIV Estimates and Projections 2013

HIV PREVALENCE AND INCIDENCE PER COUNTY

NO	County	Enumerated County Population 2009	Prevalence	Incidence*	New adult HIV Infections	New child HIV infections
1	Homa Bay	963,794	27.1	0.99%	9,500	1,198
2	Siaya	842,304	17.8	0.75%	6,300	801
3	Kisumu	968,909	18.7	0.73%	7,100	903
4	Mombasa	939,370	11.1	0.52%	4,930	627
5	Migori	917,170	13.4	0.47%	4,350	548
6	Nairobi	3,138,369	8.6	0.43%	13,510	1,715
7	Turkana	855,399	9.9	0.39%	3,320	417
8	Kisii	1,263,559	8.9	0.36%	4,580	583
TOTAL		9,888,874			53,590	6,792
9	Taita Taveta	284,657	6.4	0.28%	800	102
10	Trans Nzoia	818,757	7.2	0.28%	2,280	283
11	Busia	743,946	7.1	0.26%	1,940	245
12	Nakuru	1,603,325	5.6	0.24%	3,770	471
13	Kwale	649,931	6.2	0.23%	1,490	191
14	Vihiga	554,622	5.7	0.23%	1,260	156
15	Muranga	969,151	5.2	0.22%	2,180	280
16	Makueni	884,527	5.6	0.22%	1,950	245
17	Tharaka	365,330	5.1	0.22%	800	99
18	Nyamira	486,975	6.9	0.21%	1,040	136
19	Kakamega	1,660,651	5.6	0.21%	3,440	441
20	Uasin Gishu	894,179	4.9	0.20%	1,830	233
21	Samburu	223,947	5.1	0.20%	450	51
22	Kajiado	687,312	5	0.20%	1,380	181
23	Kiambu	1,596,712	4.4	0.20%	3,200	398
24	Nyeri	693,558	4.4	0.20%	1,380	176
25	Machakos	1,098,584	4.7	0.20%	2,180	276
26	Kirinyaga	528,054	4	0.19%	1,020	123
27	Nandi	752,965	4.8	0.18%	1,380	180
28	Kitui	1,012,709	4.8	0.18%	1,830	228
29	Narok	850,920	4.9	0.18%	1,490	188
30	Kericho	590,690	4.4	0.17%	1,030	134
31	Laikipia	399,227	4.1	0.17%	690	86
32	Baringo	555,561	4.2	0.16%	910	109
33	Isiolo	143,294	3.8	0.16%	230	27
34	Embu	516,212	3.7	0.15%	800	105
35	Nyandarua	596,268	3.9	0.15%	920	116
36	Elgeyo Marakwet	369,998	3.8	0.15%	570	68
37	Kilifi	1,109,735	3.7	0.14%	1,600	196
38	Meru	1,356,301	3.3	0.14%	1,940	239
39	Bomet	891,835	3.5	0.14%	1,250	153
40	Bungoma	1,375,063	3.5	0.13%	1,720	221
41	Garissa	623,060	2.6	0.11%	680	83
TOTAL		25,888,056			49,430	6,220
42	West Pokot	512,690	2.4	0.09%	450	53
43	Tana River	240,075	2	0.05%	120	21
44	Mandera	1,025,756	1.3	0.04%	460	62
45	Marsabit	291,166	1	0.04%	110	14
46	Lamu	101,539	1.3	0.01%	10	7
47	Wajir	661,941	0.2	0.00%	10	6
TOTAL		2,833,167			1160	163
GRAND TOTAL		38,610,097			104,180	13,175

Ranking used HIV incidence (highest to lowest). Low HIV incidence indicates success of interventions

Source: NACC/NASCOP, 2013

Percentage of adults living with HIV by Gender



13,000
new HIV infections occur among children every year



85,000
new infections occur among adults each year



87,000
HIV positive women are pregnant annually



over 90% of the estimated **232,000** children (below 14 years) living with HIV got infected through mother to child transmission during pregnancy, labour and delivery, and breastfeeding



11,000
children living with HIV in Kenya die each year due to poor access to life saving Antiretroviral Therapy

80%

of pregnant women who attend ANC are tested for HIV

Source: UNAIDS Global Report: HIV Estimates and Projections 2013 Modes of Transmission 2009, GoK

The national HIV prevalence rate has declined significantly over the years, from a high of about 14% in the 1990s, stabilising at an estimated rate of 6.1% among adults. There is marked gender, age and geographical disparities.

The number of new HIV infections among adults however still remains unacceptably high. Sexual transmission remains the highest mode of transmission of HIV accounting for 93.7% of all new infections. Overall, there are marked gender disparities which characterise the HIV epidemic with higher prevalence amongst women at 6.9% compared to men at 4.4%.

Significant age variations exist, girls aged 15-19 are nearly four times more likely to be infected with HIV than boys of the same age (2.7% to 0.7%). There is notable and marked increase in HIV prevalence among young girls and women ages 15-24 rising from 2.1% to about 10.5% among those aged 25 to 35. Schools and other institutions of learning present opportunities for HIV prevention for this sub-population.



Estimated **25,500**
young women aged 15-24 are infected with HIV every year

>
36
babies are
newly infected
with HIV
everyday

Elimination of HIV among children

In 2011, Kenya was among countries that endorsed *the Global Plan towards the Elimination of new HIV infections among children by 2015 and keeping their Mothers Alive*. The Global Plan has set a goal of reducing new infections among children by 90% from 2009 baseline levels and reducing HIV related maternal mortality by 50%. Subsequently, Kenya developed a framework which provides guidance on how the country will attain its targets of reducing new HIV infections among children to less than 2,300 infections per year by 2015 from a baseline of 23,000 infections per year in 2009.

Kenya has made major strides in scaling up services for prevention of mother to child transmission leading to a 44% drop in new HIV infections among children between 2009 and 2012. Unfortunately, the progress is relatively slow for Kenya to meet the target of less than 2,300 new HIV infections among children by 2015.

Major gaps exist, notably low coverage of ARVs during pregnancy (at 61% in 2012) and breastfeeding and a huge unmet need for family planning among women living with HIV.

These gaps are attributable to a number of factors including weak health systems, HIV related stigma, access to health services, low utilisation of antenatal care and deliveries under the care of a health worker.

Three critical high level commitments to eliminate HIV among children and keeping their mothers alive, in line with the global and national plans, are needed to achieve country targets and address current gaps and shortfalls. These include:

- Ensure universal access to optimal prevention and treatment that is grounded in the best interests of the mother and the child;
- Leverage synergies, linkages and integration into existing platforms for maternal, newborn, child health, antenatal care, and family planning for improved sustainability;
- Strengthen national and county ownership and accountability of results.

2.3 OVERVIEW OF MATERNAL HEALTH IN KENYA

Only **46%**

of women of reproductive age use modern family planning methods

About **47%**

pregnant women in Kenya receive the recommended four antenatal care visits

56%

of women deliver unattended by a skilled health provider

Only **42%**

of the women receive postpartum care during first two days following delivery



Kachileba, Kenya ©David Gough/IRIN

About **5,500**

women die annually due to pregnancy related complications

The lifetime risk of maternal deaths from pregnancy related causes in Kenya is

1 out of **55** compared to **1** out of **2,900** in developed countries

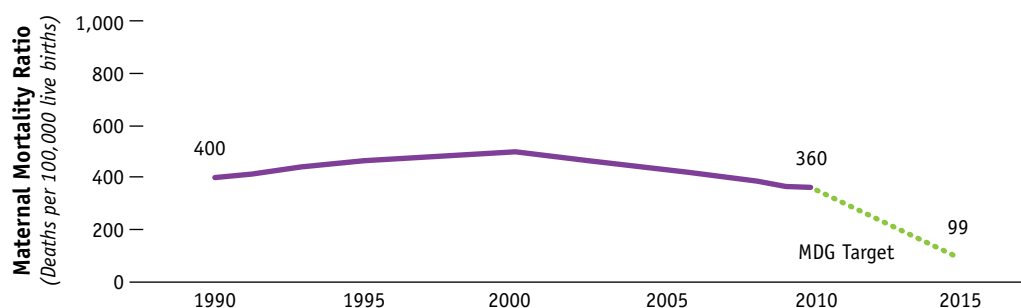
1 out of **5**

maternal deaths is due to HIV-related complications

2.3.1 MATERNAL HEALTH

The health status of mothers, newborns and children are important indicators of the overall economic and health well-being of a country. In Kenya it is currently estimated that for every 100,000 live births about 360 women die due to pregnancy related complications. This translates to 5,500 deaths every year largely from preventable causes. Unfortunately, this situation has been the same for the last 20 years (Figure 2).

FIGURE 2: MATERNAL MORTALITY RATIO IN KENYA



➤ **Maternal Mortality Ratio MDG target by 2015: at most 100 deaths per 100,000 live births**

2.3.2 CAUSES OF MATERNAL AND NEWBORN DEATHS

The country has invested in evidence-based, cost-effective interventions for maternal and neonatal health. However implementation and coverage is still a challenge.



2.3.3 MATERNAL HEALTH AND CERVICAL CANCER

The World Health Organisation estimates that, every year, half of the 2,500 women diagnosed with cervical cancer in Kenya die from the disease. Unless efforts are made to prevent and control cervical cancer, this number is estimated to double by 2025. Cervical cancer is preventable through vaccination and treatable if identified at early stages. There is a strong relationship between HIV and cervical cancer.



Half of the 2,500 women diagnosed with cervical cancer in Kenya die from the disease



Women living with HIV are 4 to 5 times more likely to develop cervical cancer

2.4 OVERVIEW OF CHILD HEALTH IN KENYA

108,000

children die every year before their fifth birthday

estimated **72,000**

infant deaths (children less than 1 year) annually

40,000

deaths occur during the first 28 days of life (neonatal) annually



15%

of deaths for children under the age of five are as a result of HIV related complications

50%

of all child deaths are linked to malnutrition

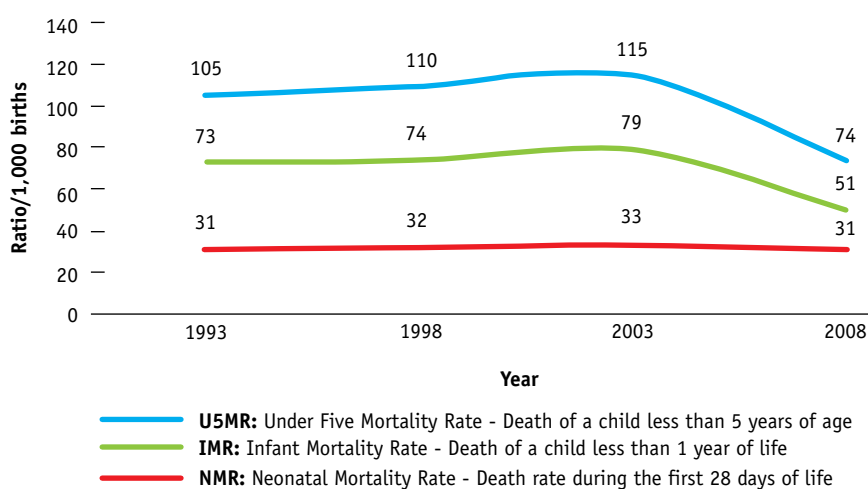
The number of children dying within the first month of birth has not changed significantly over the last

20 years



Out of the 108,000 deaths of children (below 5 years) in 2012, 65% of them died before their first birthday

FIGURE 3: TRENDS IN CHILD MORTALITY INDICATORS



Reduction of child mortality is attributed to better vaccination coverage, increased use of treated mosquito nets and pediatric ARVs

Sources: UNICEF Levels and trends of child mortality 2013, Kenya Demographic health Surveys 2003; 2008-09, Committing to Child Survival: A promise Renewed Progress report 2013, Count down to 2015 Maternal, Newborn and Child Survival; Joint United Nations Programme on HIV/AIDS Countdown to Zero 'Global Plan 2011'

2.4.1 FACTORS CONTRIBUTING TO THE POOR CHILD HEALTH STATUS

Inadequate Health Care	Poor Environmental and Living Conditions	Disease and Early Childhood Complications
<ul style="list-style-type: none"> • Poor access to health services • Long distances to a health facility • Inadequacies in the health care system (e.g. a lack of essential drugs and supplies, and personnel) 	<ul style="list-style-type: none"> • Hygienic practices at household level • Malnutrition • Poverty 	<ul style="list-style-type: none"> • Complications at/around child birth • Low birth weight putting them at risk of poor health outcomes • Infections including sepsis, meningitis, HIV, Malaria

To promote child survival, the country should ensure high coverage of high impact, cost effective child health interventions



- Adequate antenatal and postnatal care,
- Delivery under the care of a health worker
- Vaccines
- Oral rehydration therapy
- Sleeping under insecticide-treated mosquito nets
- Vitamin A supplementation
- Breastfeeding
- Access to pediatric ARVs



H.E. The First Lady Margaret Kenyatta cuts a tape to commission a new health care centre at Kenyatta National Hospital, Nairobi.

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3.0 The Strategy

In Kenya, thousands of women and babies die unnecessarily during pregnancy, child birth, and the first month after child birth. Most of these deaths could be prevented using proven affordable interventions that are available

3.1 SUMMARY OF RESULT AREAS

1

Implement policies and strategies for access to HIV care and treatment and reduce new HIV infections among children, adolescents and young women.

2

Accelerate reduction of maternal and newborn deaths by promoting quality and accessible Maternal, Neonatal and Child Health services

3

Scale up implementation of high impact interventions to promote child survival and development

4

Promote leadership and accountability at the family, community, county and national levels for full implementation of HIV, maternal and child health commitments

3.2 RESULT AREAS

KEY RESULT 1

Implementation of policies and strategies to reduce new HIV infections among children, adolescents and young women and provide access to treatment for those living with HIV

- 1 Advocate for support and interventions aimed at keeping girls in school
- 2 Champion for the end of Gender based violence and HIV related stigma
- 3 Promote economic empowerment of women and social protection of vulnerable children and women
- 4 Advocate for engagement of men as clients, partners and agents of change in promoting uptake of HIV services at family and community level
- 5 Promote demand for HIV testing, care and treatment for pregnant women, their partners and children
- 6 Promote uptake of HIV prevention interventions, sexual and reproductive health among adolescents and young people



Mr Steven Amenity, a Community Health Worker in Kibera, with his daughter, poses for a picture with UNAIDS Executive Director Michel Sidibé. Mr Amenity encourages men to accompany their partners to maternal and child health clinics.

KEY RESULT 2

Accelerating reduction of maternal and newborn deaths by promoting quality and accessible maternal, newborn and child health services

- 1 Promote attendance to health facilities during pregnancy, delivery and after delivery
- 2 Promote integration and uptake of family planning and sexual and reproductive health services
- 3 Call to action for men to actively engage in promotion of maternal and newborn health to increase uptake and utilisation of services
- 4 Mobilise communities to address barriers to accessing maternal and child health services including cultural, religious beliefs, gender roles to create demand for services
- 5 Advocate and encourage early screening for cervical cancer and rollout of other prevention programmes including vaccination



A young boy is given vaccination at health centre in clinic in Gongoni, Malindi, Kenya, July 2007. The centre was built by the community to serve the locals. © Allan Gichigi/IRIN

KEY RESULT 3

Scale up implementation of high impact interventions to promote child survival and development

- 1 Advocate and champion exclusive breastfeeding of infants
- 2 Promote full immunisation of children against vaccine preventable diseases
- 3 Champion the roll back malaria campaigns including promotion of use of insecticide treated nets and access to treatment
- 4 Promote sanitation and hygiene in schools, communities and homes
- 5 Advocate and support child protection and development initiatives such as prevention of child labour, sexual abuse of children, support to orphans and vulnerable children and girl child education



H.E. The First Lady Margaret Kenyatta participating in the launch of National Polio Campaign, 2013.

KEY RESULT 4

Promote leadership and accountability at the family, community, county and national levels for full implementation of HIV, maternal and child health commitments

- 1 Advocate for allocation of adequate and sustained domestic and external resources to address HIV, maternal and child health
- 2 Facilitate the building of accountability and coordination mechanisms for HIV, maternal and child health targets and commitments at the county and national levels
- 3 Promote innovative partnerships with local, regional and international partners to mobilize resources and support national health priorities
- 4 Champion and advocate for recognition of efforts by individuals, groups and institutions in addressing HIV, maternal and new born health targets
- 5 Mobilise communities to demand for results from their leaders on their commitments to HIV, maternal and child health



H.E. The First Lady Margaret Kenyatta flags off a public awareness campaign to promote maternal health, 2013.

4.0 Coordination, Tracking and Monitoring Progress

The efforts of the First Lady will contribute to attainment of targets on HIV, Maternal and child Health outlined in national and international commitments

In order to effectively implement the priority actions outlined in this framework, the First Lady will be supported by the following two structures: Technical Advisory Team and a National Steering Committee.

4.1 TECHNICAL ADVISORY TEAM (TAT)

A Technical Advisory Team under the leadership of the Ministry of Health and comprising key strategic partners will be formed to support the office of the first lady to implement this framework.

The team will be, among other issues, expected to:

- 1 Identify priority issues that the First Lady should champion every year;
- 2 Identify appropriate platforms to be used by the First Lady to advance and advocate for maternal and child health, and prevention of new HIV infections among children;
- 3 Support the Office of the First Lady in planning for events related to the implementation of the framework;
- 4 Mobilize partners to support the implementation of this framework;
- 5 Support the development of annual operation plans for the framework;
- 6 Support in monitoring implementation, documentation of events and writing annual reports;

7 Mobilization of resources necessary to support implementation of this framework

Proposed membership for the Technical Advisory Team will be representatives from the following organizations:

- Ministry of Health
- Multilateral and Bilateral partners
- Civil society organizations
- Private sector
- Religious organizations

4.2 NATIONAL STEERING COMMITTEE

The First Lady will be the lead champion for the campaign towards the elimination of HIV among children by 2015 and Keeping Mothers Alive. She will be supported by a national steering committee (NSC) under the leadership of the Cabinet Secretary in charge of Health and membership drawn from different sectors. The members include women members of parliament, personnel in relevant ministries, civil society, development partners, women living with HIV, Media personalities; Faith based communities, private sector, Women Rights Organizations and association of medical practitioners (List on annex 1).



H.E. The First Lady Margaret Kenyatta with other First Ladies in Africa during a regional meeting organised by OAFLA to champion HIV prevention, maternal and child health.

The National Steering Committee team will be expected to:

1 Sustain leadership advocacy and momentum at national and county levels to achieve the campaign targets.

2 Galvanize efforts of county and national level champions of the campaign

3 To strengthen national ownership, coordination and harmonization among partners and stakeholders engaged in HIV, maternal, newborn and child health programmes.

4 Provide strategic leadership to unblock policy, financial and programme bottlenecks that impede progress on prevention of mother to child transmission of HIV.

5 Advocate for financial and political support for accelerated programme scale up and improved quality of services to deliver results.

6 Monitor the progress of targets in line with national commitments

7 Provide linkage with the Global steering group towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive

4.3 PLATFORMS FOR ADVOCACY

The Office of the First Lady will identify, create and utilize important public platforms to advocate for the priorities in this framework. Potential strategies to be employed include social mobilization during commemoration of key national and global days, national events, hosting of high level meetings with different constituencies and influential individuals to catalyse change and the use of mass media to ensure messages and information are disseminated widely (Annex 2 key platforms).

Annexes

ANNEX 1: MEMBERSHIP FOR THE NATIONAL STEERING COMMITTEE

INSTITUTION
Office of the First Lady
Department of health
UN Joint Team on AIDS
US Government
Director of Medical Services
National AIDS STI Control Program (NASCOPI)
National AIDS Control Council
Women Rights Movement
Private Sector
Network of People Living with HIV
Kenya Paediatric Association
Kenya Obstetrical and Gynecological society of Kenya
Civil Society Organization
Media Personality
Faith Based Organization
National Assembly (Parliament and Senate)
Council of Governors

ANNEX 2: IMPLEMENTATION MATRIX

KEY RESULTS	ILLUSTRATIVE ACTIVITIES
KEY RESULT 1: Implementation of policies and strategies to reduce new HIV infections among children, adolescents and young women and provide access to treatment for those living with HIV	
STRATEGIES <ul style="list-style-type: none"> • Advocate for support and interventions aimed at keeping girls in school. • Champion for end of gender based violence and HIV related stigma • Promote economic empowerment of women and social protection of vulnerable children through partnerships • Advocate for engagement of men as clients, partners and agents of change in promoting uptake of HIV services at family and community level • Promote demand for HIV testing, care and treatment for pregnant women, their partners and children • Promote uptake of HIV prevention interventions, sexual and reproductive health among adolescents and young people 	<ul style="list-style-type: none"> • Undertake a branded media campaign • Promote the Uwezo fund through spouses of county governors • Field visits to facilities offering services to HIV positive women and children • Undertake an annual ICT based HIV prevention campaign • Host representatives of people living with HIV and AIDS to address stigma • Write opinion articles in the media on topical issues around HIV • Support implementation of HIV and AIDS education policy
KEY RESULT 2: Accelerating reduction of maternal and newborn deaths by promoting quality and accessible MNCH services	
STRATEGIES <ul style="list-style-type: none"> • Promote attendance to health facilities during pregnancy, delivery and after delivery • Promote integration and uptake of family planning and sexual and reproductive health services • Call to action for men to actively engage in promotion of maternal and newborn health to increase uptake and utilisation of services • Mobilise communities to address barriers to accessing maternal and child health services including cultural, religious beliefs, gender roles to create demand for services • Advocate and encourage early screening for cervical cancer and rollout other prevention programmes including vaccination 	<ul style="list-style-type: none"> • Convene meetings of multi-sectoral steering committee to monitor eMTCT progress • Host the Annual award to motivate counties demonstrating success in eMTCT • Undertake visits to county health facilities • Host key implementors and funders of maternal health programmes • Write opinion pieces and commentaries during key global and national events e.g Mothers Day, fathers day, the day of the African Child • Host caucus of organizations and individuals involved in promotion of maternal health • Participate in major health events for promotion of maternal and child health • Participate in events recognising champions of maternal and child health
KEY RESULT 3: Scale up Implementation of high impact interventions to promote child survival and development	
STRATEGIES <ul style="list-style-type: none"> • Advocate and champion exclusive breastfeeding of infants • Promote full immunisation of infants and young children against vaccine preventable diseases • Champion the roll back malaria campaigns including promotion of use of ITNs and access to treatment • Promote sanitation and hygiene in schools, communities and homes • Advocate and support child protection and development initiatives 	<ul style="list-style-type: none"> • Annual branded campaigns • Host policy makers at national and county levels to promote maternal and child health • Write opinion pieces and commentaries on topical issues affecting maternal and child health • Make field and community visits to promote maternal and child health services • Participate in launches of events and campaigns to promote maternal and child health • Lobby development partners to support maternal and child health initiatives
KEY RESULT AREA 4: Promote accountability at the family, community, county and national levels for full implementation of HIV, maternal and child health commitments	
STRATEGIES <ul style="list-style-type: none"> • Advocate for allocation of adequate and sustained domestic and external resources to address HIV, maternal and child health • Facilitate the building of accountability and coordination mechanisms for HIV, maternal and child health targets and commitments at the county and national levels • Promote innovative partnerships with local, regional and international partners to mobilise resources and support national health priorities • Champion and advocate for recognition of efforts by individuals, groups and institutions in addressing HIV, maternal and new born health targets • Mobilise communities to demand for results from their leaders on their commitments to HIV, maternal and child health 	<ul style="list-style-type: none"> • Host annual leadership accountability meetings to recognise and award champions • Host biannual meetings of the National Steering Committee for the elimination of HIV among children • Undertake annual branded campaigns • Participate in Annual OAFLA meetings • Establish a network of First Ladies to promote maternal and child health and HIV control • Lobby leadership at national and county level to promote maternal and child health, HIV control



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