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

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.
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.
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

1st Payment Ksh 2,000 (Pregnant Mother (9 months))
2nd Payment Ksh 2,000
3rd Payment Ksh 2,000 (New Born (First 18 Months))
4th Payment Ksh 2,000
5th Payment Ksh 2,000
6th Payment Ksh 2,000

Month 4th
Week 4th
Month 9th
Month 18th

strengthening of access to antenatal care
improving access to skilled delivery
improving access to post partum care
improving the continuum of care at four months, nine months and eighteen months

Total Transfer: Ksh 12,000
Number of Cycles: 6
Cash Transfer per cycle Ksh 2,000

Payment Process
# DHIS Indicators Overview

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

- Attend 1 ANC
- Complete 4 ANC
- Health Facility Deliveries
- Fully Immunized
- Penta 1
- Penta 3

- Imarisha HF
- All facilities
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)
Testimonies 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
“I was afraid of the effect the program will have on our family planning initiatives. Afraid that women and girls will see it as an incentive to get pregnant,”

“Instead what it ended up doing was assisting the needy and helping mothers seek medical facilities especially those who were previously unable to come to the hospital and access services.”

Catherine Vugutsa-Midwife, Kakamega County Government Hospital
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.
THANK YOU