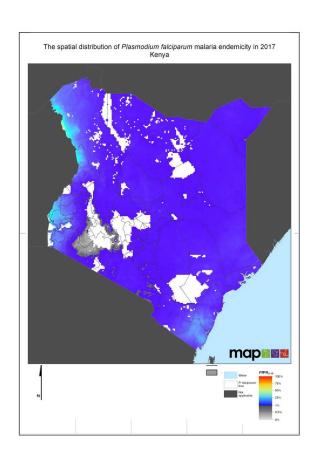
Kenya ALMA Quarterly Report Quarter Three, 2021



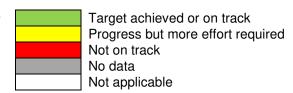
Scorecard for Accountability and Action



Commodities Financed and Financial Control		
LLIN financing 2021 projection (% of need)		10
Public sector RDT financing 2021 projection (% of need)		10
Public sector ACT financing 2021 projection (% of need)		10
World Bank rating on public sector management and institutions 2020 (CPIA Cluster D)		3.
Insecticide Resistance Monitoring, Implementation a	nd l	mpact
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010		
Insecticide resistance monitored since 2015 and data reported to WHO		
National Insecticide Resistance Monitoring and Management Plan		
RDTs in stock (>6 months stock)	•	
ACTs in stock (>6 months stock)		
LLIN/IRS campaign on track	•	
Country Reporting Launch of Zero Malaria Starts with Me Campaign		
Scale of Implementation of iCCM		
Operational LLIN/IRS coverage (% of at risk population)		6
On track to reduce case incidence by ≥40% by 2020 (vs 2015)		
On track to reduce case mortality by ≥40% by 2020 (vs 2015)		
Tracer Indicators for Maternal and Child Health and I	NTE)s
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2019)		3
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2020)		8
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2020)		8
% deliveries assisted by skilled birth attendant		6
Postnatal care (within 48 hrs)		5
Exclusive breastfeeding (% children < 6 months)		6
Vitamin A Coverage 2018 (2 doses)		5
DPT3 coverage 2020 (vaccination among 0-11		8

Malaria transmission in Kenya ranges from intense in lowland areas to unstable epidemic-prone in the highlands. The annual reported number of malaria cases in 2019 was 5,050,388 and 858 deaths.

Key



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Malaria

Sustaining Essential Health Services During the COVID-19 Pandemic

The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential lifesaving interventions during this difficult time including for Reproductive, Maternal, Newborn, Child and Adolescent health, Neglected Tropical Diseases and malaria.

For Kenya, it was important to ensure that the universal coverage campaign for long-lasting insecticidal nets (LLINs) went ahead, whilst taking into account physical distancing, in accordance with the guidance and recommendations from WHO and the RBM Partnership to End Malaria. Without this campaign, coupled with the need to sustain essential health services including malaria case management, there will be an increase in malaria cases and deaths. Under the worst-case scenario, in which all ITN campaigns are suspended and there is a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could be a 37% increase in malaria cases, and a 144% increase in malaria deaths in Kenya. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

It is essential to ensure the continuity of malaria, RMNCAH and NTD services in 2021 as the COVID-19 pandemic continues to impact our continent. This may include the implementation of any necessary catch-up activities and ensuring timely planning to account for potential delays in procurement and delivery. Any intervention must ensure the safety of communities and health workers given the ease of transmission of COVID-19.

Progress

Kenya secured the resources required to sustain universal coverage of essential malaria control interventions in 2021 and has sufficient stocks in place. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO. Kenya has completed the national insecticide resistance monitoring and management plan. Kenya has a high rating in terms of public sector management systems (CPIA cluster D). Kenya has recently launched the Zero Malaria Starts with Me campaign. The country is implementing iCCM.

In line with the legacy agenda of the ALMA chair, His Excellency President Uhuru Kenyatta, Kenya has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard and has posted the scorecard to the ALMA Scorecard Hub. The country has also launched the End Malaria Council in Q1 2021. The Kenya malaria youth army has also been launched.

Impact

The annual reported number of malaria cases in 2019 was 5,050,388 and 858 deaths.

Key Challenge

 Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health, malaria and Neglected Tropical Diseases. **Previous Key Recommended Actions**

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Impact	Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic	Q4 2020		The MoH aired prime-time radio and television messages to encourage the population to seek malaria services during the COVID-19 pandemic. The Cabinet Secretary for Health emphasized the importance of seeking treatment for malaria during his regular COVID-19 pandemic updates. The programme has supported distribution of 10 million LLINs in 16 counties with another 6 million LLINS to be distributed in 10 counties by the end of 2021. The campaign is being conducted in full adherence to the COVID mitigation measures. Six million nets will be distributed in the remaining 10 counties in the next quarter. In addition, the programme supported surveillance training in 32 counties and this will strengthen the malaria surveillance activities across the country. During these trainings a total of approximately 5,000 frontline health care workers were trained. The country is monitoring the performance of the malaria surveillance indicators through the malaria scorecard for action and accountability, malaria dashboard and KHIS, There are adequate stocks of ACTs and RDTs. The programme has successfully completed Epidemic preparedness and response planning. All these activities have been undertaken in full adherence of the COVID mitigation measures

RMNCAH and NTDs

Progress

Kenya has achieved high coverage of the tracer RMNCAH intervention exclusive breastfeeding and has recently increased coverage of DPT3. The country has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard and has published it on the scorecard hub.

Progress in addressing Neglected Tropical Diseases (NTDs) in Kenya is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage in Kenya is 93% for lymphatic filariasis, 46% for trachoma, 28% for soil transmitted helminths and 20% for schistosomiasis. Overall, the NTD preventive chemotherapy coverage index for Kenya in 2019 is 39, which represents a substantial increase compared with the 2018 index value (4).

Previous Key Recommended Action

Previous Key Recommended Action						
Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report		
RMNCAH1: Impact	Ensure that essential RMNCAH services are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic. Address any stock-outs of essential RMNCAH commodities	Q4 2020		The MoH developed and circulated guidelines on the continuation of service delivery to all counties. Health facility attendance improved in most counties following the easing of COVID-19 restrictions. Health workers and Community Health Volunteers have been trained on COVID -19 guidelines including general protection and use of PPEs. The community health system became all the more important as patients sought care outside health facilities. Community Health Volunteers (CHVs) have provided more services than in the pre-COVID-19 period. Kenya was similarly affected by the disruption of international supply chains especially for drugs and medical supplies as other countries. There were delays as a result of cessation of transport and lack of active pharmaceutical ingredients for some of the products. This resulted in interrupted supply of commodities including PPEs required for continued service delivery and prevention of COVID-19 infections. Kenya enhanced COVID 19 surveillance through testing, contact tracing and reporting of COVID 19 cases in all counties. The country has also rolled out mass COVID 19 vaccination that initially targeted essential service providers such as health workers, teachers, security personnel as well as citizens over 58 years old and those with co-morbidities. Health care workers are being trained on prevention and case management of COVID 19. All counties have been supported by the national government to strengthen their emergency preparedness for COVID 19 including expanding ICU services, hospital bed capacity and oxygen production. The government has also established a homebased isolation and care system for COVID 19 positive cases that entails continuous monitoring and reporting to minimize community spread and promptly refer cases for specialized care		
IVIDS	interventions including Mass Drug Administration, vector control and Morbidity Management and	Q4 2021		By respecting COVID-19 preventive measures, Kenya resumed the NTD interventions in August 2020. The country organized the MDA for Lymphatic Filariasis from November to December 2020 and in December 2020 the Trachoma impact assessment was conducted. In October and November 2020, a mapping of Soil		

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¹ RMNCAH metrics, recommended actions and response tracked through WHO

Disability Prevention are sustained and	Transmitted Helminths and Schistosomiasis was conducted in the Coast Region, followed by a training of
implemented whilst	trainers on MDA. The first Soil Transmitted
using COVID-19	Helminths and Schistosomiasis MDA for
sensitive guidelines	school age children was conducted in
during the	February 2021 and the activity is now
pandemic. This	completed. The country is working to
includes prioritising	maintain the key NTD interventions whilst
key necessary	using Covid-19 sensitive guidelines during
catch-up activities	the pandemic. In July 2021, the country
	organized the Breaking Transmission
	Strategy Review Meeting

