

Lecture: **MATERNAL AND CHILD HEALTH**

1 Educational Objective

Rationale for Emphasis on Maternal & child Health.

a) Demographic consideration

- population pyramids of developing and developed countries.
A Pyramid is graphic representation of the distribution of population by age and sex

1. **Expansive pyramid** - broad base - indicating a high population proportion of children, a rapid rate of population growth and low proportion of older people.

This is typical pattern of less economically developed countries due to little access to, and incentive to use birth control negative environmental factors.

2. **Constructive pyramid** - A population pyramid showing large number or percentage of younger people. people are generally older as the country has long life expectancy, low death rate but also low birth rate.

Age Distribution: Developing & Developed countries

AGE GROUP	KENYA	SWEDEN
Infants	20.5%	1%
Under fives	20%	7%
Below 15 yrs	50%	16%
Female (15-49 yrs)	20%	25%
Elderly (>65 yrs)	3%	34%

b) High rates of Morbidity & Mortality.

Mortality (2014 for ke) - cf MDG targets

Mortality	Kenya	Sweden
IMR	39/1000	6

	Kenya	Selected
USMR	52/1000	7
MMR	320/100000	5

Morbidity

women

Obstetric conditions ;

Malaria

Anemia

STI (including HIV)

children

ARI - pneumonia & DRTI

Measles

Malaria

Malnutrition

HIV

c) preventability of disease and deaths through:

- Use of MCH service

- ✓ Pre-conception care

- ✓ pre-natal care (ANC)

- ✓ Post-natal and post-partum care

- ✓ child welfare clinics

- Improved home environment (Wash)

- Early treatment & referral

- Health education.

d) Economic consideration

- Cost of health care delivery to individuals, govt, & economy (Even free health is not free but other people paying for it)

- Total health expenditure

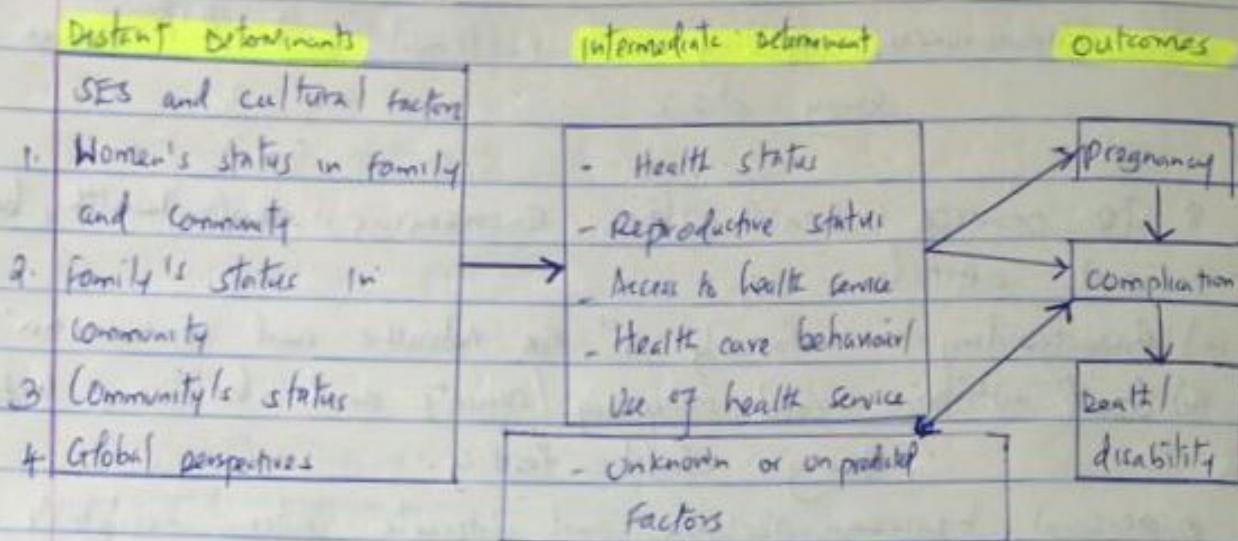
- ✓ 5-8% GDP / total govt expenditure ↓ 15%. Abuja declaration. per capita \$ 10-20 ↓ WHO - \$ 34.

- Who pays for health care expenditure:

HA 51%, Govt 30%, Donor 16%, employers 3%.

Lecture 2

Framework for analysing determinants of maternal mortality & morbidity



A Model for Analysing Child Health



Lecture:

3

Goals of MCH Program

1. To make mch services available to mothers and children

- Accessibility: Services within walking (4km) distance - static mobile or community based.
- Affordability: User fees exemptions
- Regularity: everyday in health facilities and definite time and place for mobiles

- "case-based approach"
- fibrile consultation.

d) punctuality; starting on time and reducing waiting time to 30 minutes.

e) comprehensiveness; offering all Maternal and child services at every clinic

2. To promote health by encouraging good health, behaviour and attitudes

a) Breastfeeding - exclusively 1st six months and continuation to 2yr

b) Good nutrition - food adequacy / security and balance; infants young child feeding.

c) personal hygiene - portable and adequate water; availability and use of latrines

d) Lifestyle change - exercise, diet, alcohol, smoking, stress & drugs.

3. To educate parent on;

✓ How to cope with health problems at home - KEPH

level 1

✓ Use of Maternal and child health service

4. To prevent disease: particularly through use of effective immunizations

5. To treat disease - early treatment of disease in MCH clinics.

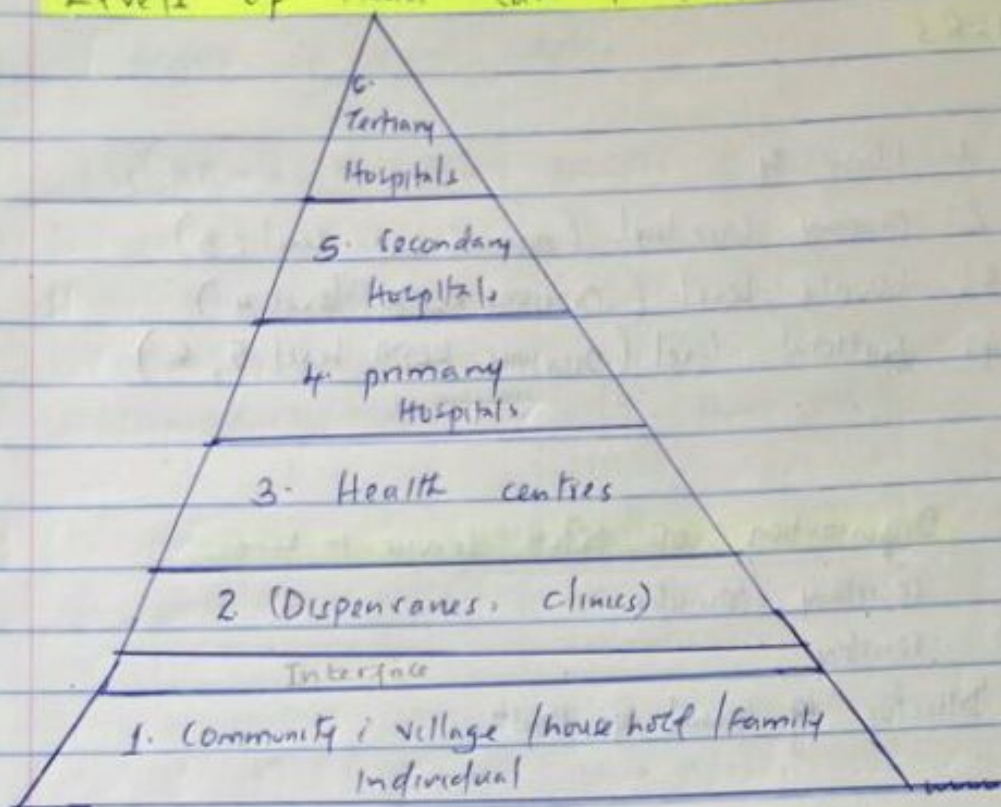
6. To identify high risk cases and arrange frequent follow-up or referral:

✓ clinical, nutritional, obstetric, social etc

THE KENYA ESSENTIAL PACKAGE FOR HEALTH (KEPH)

KEPH is the second national health sector strategic plan (NHSSP II) describes the six levels of care and defines six life cycle cohorts

Levels of Health Care in Kenya



Level 1

community level: i.e. villages, households, families or individual level.

Interface

Level 2: Dispensaries or clinics

Level 3: Health centres, Maternities or nursing homes

Level 4: Primary hospitals i.e. district or sub county hospitals

Level 5: Secondary hospitals i.e. provincial or county hospitals

Level 6: Tertiary hospitals i.e. national / referral centres

Life cycle cohorts

1. pregnancy and new born
2. childhood (0-5) yrs
3. Late childhood (13-24) yrs
4. Adults (25-59) yrs
5. Elderly (65+ yrs)

4 TIERS

- Tier 1: Community
- Tier 2: primary care level (previous KEPH level 2, 3)
- Tier 3: County level (previous KEPH level 4)
- Tier 4: National level (previous KEPH level 5, 6)

Structure:

Organization of NCHS Service in Kenya:

- Cabinet secretary / Minister
- Principal secretary
- DMS - Director of General of Health

Directives

Technical

- Directorate of clinical service
- Directorate of preventive and promotive
- Directorate of Health standards, Quality Assurance.

Administrative

- Director of administration service
- Directorate of policy, planning and Health care financing.
- Directorate of human resource planning and development.

Divisions Under Directorate of preventive and promotive service

- Communicable Disease, prevention and control
- Non-communicable Diseases, prevention, and
- Family Health

Technical Unit Under Division of family Health

- Reproductive and Maternal health unit
- Neonatal, child and adolescent health unit
- Nutrition and Dietetics unit
- Vaccines and immunization service programme.
- Community Health strategy unit.
- Health promotion unit

Devolved Health Units

Replica of national structure

CFC-Health (County executive committee Member)

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Chief Officer

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Director of Medical Service (+ Public Health)

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Departments / Divisions / Units