

# RMNCAH-N Services During COVID-19: A spotlight on Kenya's policy responses to maintain and adapt essential health services



---

## Key messages

- Kenya experienced some initial disruptions to reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) services during COVID-19, with initial government lockdowns and movement restrictions impacting service availability.
  - The Ministry of Health acted quickly to develop policies to maintain essential health services during COVID-19, emphasizing the importance of continuity of care. Policy guidance is aligned closely with World Health Organization recommendations, though it is unclear the extent to which policy recommendations are being implemented.
  - These policies include adaptations such as task shifting, appointment scheduling, and telemedicine, many of which are evidence-based in non-COVID-19 contexts and are promising for improving people-centered care. It is unclear the extent to which these have been disseminated and sensitized with facilities though, calling into the question the feasibility and effectiveness of implementation during COVID-19.
- 

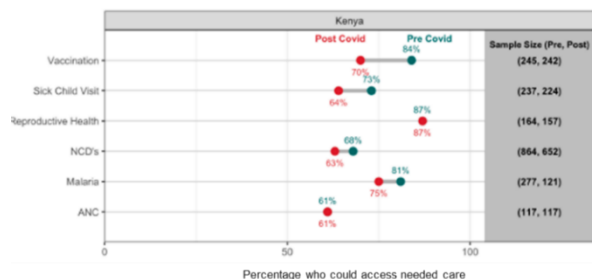
Kenya's first case of COVID-19 was confirmed on March 12, 2020, and the country has seen just over 57,000 cases as of November 1.<sup>1</sup> Nearly 60 percent of cases have been reported in Nairobi County, with Mombasa and Kiambu Counties each reporting an additional 7 percent.<sup>2</sup> The government of Kenya shut down all international flights from late March through early August. Inside its borders, the government also restricted travel between Nairobi and other counties and established a nighttime curfew. Workplaces, schools, and places of worship were also closed, and free mass testing was made available starting in May 2020. To enact these changes, the government established a National Emergency Response Committee on Coronavirus early on, before the first confirmed case was reported, in order to accelerate action. Kenya's system of governing and policymaking is largely devolved, with county governments maintaining a large amount of authority over local health system budgets and guidelines.

## RMNCAH-N service disruptions during the COVID-19 pandemic

Kenya has seen fewer reproductive, maternal, newborn, adolescent, child health, and nutrition (RMNCAH-N) service disruptions than peers during the pandemic, though this is not to say that Kenya was unaffected by COVID-19; rather, Kenya has developed policies to maintain essential health services (EHS). The services that have been the most disrupted in Kenya relate to child health: routine immunization and sick child visits. Population-level phone surveys on care seeking and access from March–June 2020 suggest vaccination utilization was most acutely disrupted (Figure 1); World Health

Organization (WHO) and UNICEF polls corroborate this (Table 1). Key indicators also suggest disruption in sick child visits, with a 40 percent reduction in under-five outpatient department (OPD) attendance from 2019 to 2020 in May, June, and July; when examining specific OPD visits, OPD diarrhea and pneumonia cases in under-fives saw a significant drop.<sup>3</sup> Anecdotally, we have heard there are equity dimensions to who is not receiving services as well: immunization was reportedly more severely disrupted in urban areas.

Figure 1. Changes in utilization of health services in December 2019–February 2020 to March–June 2020.



Abbreviations: ANC, antenatal care; NCDs, noncommunicable diseases.

Source: Premise/Ipsos rapid phone surveys.

Table 1. Coverage changes reported in Q3 2020 compared to Q3 2019.

Service	Kenya
Maternal health	< 10% drop
Newborn care	< 10% drop
Routine vaccinations	10%–24% drop
Sick child care	50%–74% drop
Family planning	< 10% drop
Noncommunicable disease treatment	< 10% drop

Data note: These data are reported by national UNICEF representatives, drawing on the best data source available (typically administrative data).

There are signs that some services are slowly recovering to pre-pandemic levels. Health management information system data on routine immunization showed a return to nearly pre-pandemic levels in July.

## Reasons for RMNCAH-N service disruptions during the COVID-19 pandemic

Overall, health facilities have been underutilized, with lockdowns and service closures as a primary cause of early declines in utilization. Reasons for underutilization have evolved over time. Early in the pandemic, Premise/Ipsos surveys conducted in June about health services accessed in the prior three months reflect primarily supply-side constraints: facility closures (26 percent), unavailable treatments (22 percent), or being turned away from the facility (15 percent).<sup>4</sup> Coupled with closures, staffing health facilities at all levels has been challenging, and facilities and providers were diverted to focus on COVID-19, with routine service provision suffering as a result.<sup>5</sup> While Kenya acted quickly to establish guidance on maintaining services, this guidance was not always disseminated to staff as well, causing confusion as to what was “essential” and thus which services should remain open.

There are indicators that supply-side barriers have been mitigated, with health workers assigned to COVID-19 referral facilities being able to return to work at their home facilities, and facilities opening for routine care. However, demand-side barriers may still disrupt health services, with patients foregoing services out of fear or logistical constraints.<sup>6</sup> By August, Ipsos surveys indicated that earlier supply-side barriers had begun to resolve, and instead demand-side barriers were implicated in disruptions: worry about getting COVID-19 (34 percent), inability to afford care (32 percent), and restricted movement (20 percent).<sup>6</sup> Fear of quarantine centers, which were cited as both expensive and having unsanitary conditions, deterred people from seeking care, lest they be tested or detained at a clinic.<sup>7</sup> Across Africa, the fear of contracting COVID-19 or being detained at a health center is compounded by the stigma faced by those patients who test positive for COVID-19.<sup>8</sup> As a result, patients are very cognizant of care-

seeking behavior that may present a risk of COVID-19 infection, or even the perception of COVID-19 infection.

## Kenya's RMNCAH-N policies during the COVID-19 pandemic

In addition to its overall response to the pandemic, Kenya has enacted several new policies to support its health system. We reviewed national policies that provided guidance on RMNCAH-N services during COVID-19, and which were available on Ministry of Health (MOH) or national government websites or were publicly provided by governments through another mechanism. We specifically reviewed 11 policies that were published in English between March to May 2020 and took the form of national strategies (n = 3),<sup>a</sup> operational guidance (n = 1),<sup>b</sup> and guidelines (n = 7).<sup>c</sup> This brief reports an analysis of the policy content, with the following aims:

- Describe the approach to maintaining RMNCAH-N services that Kenya has taken during the COVID-19 pandemic and note how it aligns with global guidance.
- Identify innovative adaptations used to maintain essential health services that could be replicated elsewhere or used to accelerate primary health care progress beyond the pandemic.

The target audiences of the policies were primarily county executive committee members, clinicians, and health care workers. The policies were adapted from global guidance and existing Kenya MOH guidelines as well as lessons from countries that had already experienced COVID-19 earlier in the year. All the policies we reviewed were developed by the MOH, many of which received technical input from national organizations (e.g., pediatric associations) as well as international organizations focused on RMNCAH-N (e.g., UNICEF). As the COVID-19 situation evolves, the policies noted that they would be updated as time goes on.

## Maintenance of RMNCAH-N services

The policies we reviewed recognized the importance of continuing essential services for RMNCAH-N, while underscoring the need to follow infection prevention and control (IPC) protocol. The policies suggest that many of the services should continue, while encouraging some to be modified or postponed. Of the 48 recommendations addressing 15 essential services, only one policy service (e.g., at the document-service unit of analysis) recommended complete suspension of services. At times, a service component was recommended to be paused, even if the entirety of the service was not. For instance, some forms of contraceptive care were deferred in favor of methods that required less clinical contact. Overall, Kenya's guidance aligns with the global guidance that WHO has issued on maintaining EHS during the COVID-19 pandemic. The below table outlines Kenya's policies in each RMNCAH-N area.

---

a. Broad, long-term lines of action to achieve the policy vision and goals for the health sector, incorporating "the identification of suitable points for intervention, the ways of ensuring the involvement of other sectors, the range of political, social, economic and technical factors, as well as constraints and ways of dealing with them."

b. Guidance that provides direction on the processes, tools, roles, responsibility, and accountability to be followed when adapting and implementing guidelines and policies or when delivering health services.

c. Systematically developed evidence-based statements that assist providers, recipients, and other stakeholders to make informed decisions about appropriate health interventions. Health interventions are defined broadly to include not only clinical procedures but also public health actions.

Table 2. Summary of RMNCAH-N services during COVID-19.

Health area	Program activity	Recommendation and service status
Maternal and newborn care	Antenatal care	<i>Adaptation of services:</i> Telemedicine is highly encouraged throughout the antenatal process. The policies also suggested extended prescriptions for supplements and medications for at least three months.
	Labor and delivery	<i>Maintenance of services with IPC:</i> The policies emphasized the need for skilled birth attendance and delivery in facilities that are equipped with adequate staff and resources. At the health facilities, the policies encouraged heightened IPC and mothers with suspected or confirmed COVID-19 to wear N95 masks during delivery.
	Postnatal care	<i>Maintenance of services with IPC:</i> Policies encouraged the continuation of breastfeeding and kangaroo mother care, even for mothers with COVID-19, unless the mother is severely ill. For those with COVID-19, the policies highlighted the importance of wearing N95 masks and cleaning the breast with soap and water before breastfeeding. <i>Adaptation of services:</i> Once out of the hospital, the policies encouraged dividing the patients among different risks levels and task shifting women with low risk to lower levels of care.
Child health	Sick child visits (acute and chronic)	<i>Adaptation of services:</i> Policies noted that sick child care should be continued, and children should still be admitted to facilities for acute conditions. However, CHW home visits can be utilized, and phone contacts to assess the child's history and need for referral are encouraged.
	Well child visits	<i>Suspension of services:</i> Policies suggested that routine pediatric outpatient clinics should be postponed, but refills for chronic illnesses should be accessible. One policy encouraged that providers should refer children to health facilities if they have not received deworming and vitamin doses as per schedule.
	Immunization of children and adolescents	See below.
Immunization	Routine immunization	<i>Adaptation of services:</i> Policies noted that routine immunization should continue with reconfiguration of patient intake and triage; when getting immunized, children and caretakers should be in ventilated areas and socially distanced from others. When possible, appointment scheduling should also be used.
	Immunization campaigns	<i>Suspension of services:</i> Mass vaccination campaigns should be temporarily suspended.

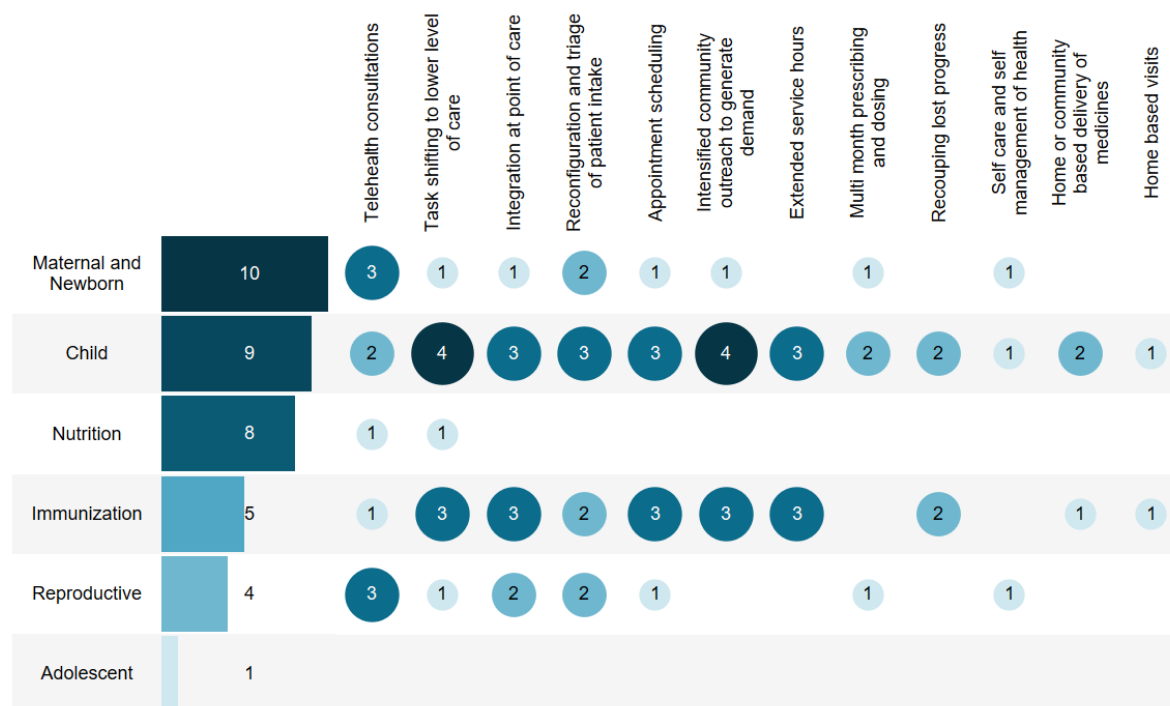
Health area	Program activity	Recommendation and service status
Reproductive health	Cervical cancer	<i>Adaptation of services:</i> For gynecological cancers, the policies outlined alternative treatments besides surgeries when not feasible immediately. For benign gynecological tumors, surgery should be deferred. For uterine, ovarian, cervical, and vulvar cancers, extended radio/chemotherapy and medication was suggested to be considered.
	Contraception	<p><i>Adaptation of services:</i> Telemedicine and virtual methods are encouraged for screening and counseling. Multimonth prescribing is also recommended, with condoms and oral contraceptive pills recommended for three monthly extended refills.</p> <p><i>Suspension of services:</i> For removal of long-acting methods, policies suggested that these procedures should be deferred. Additionally, interval tubal ligations and routine vasectomies should be rescheduled until regular hospital services resume (in the meantime, condoms should be offered). Community family planning outreaches, community surgical services, and group counseling should also be suspended until a safer time.</p>

Abbreviations: CHW, community health worker; IPC, infection prevention and control.

### Adaptations and innovative solutions

To balance the need to maintain essential health services with the urgent management of local COVID-19, global guidance recommends certain adaptations to how services have been routinely conducted. However, each country is experiencing the pandemic differently, and Kenya, like many countries, has tailored its approach to meet its needs and priorities. Below are categories of interventions that make up a taxonomy of adaptations and a selection of novel solutions from Kenya’s policies that seek to continue services safely (Figure 2). While the most recommended adaptations are potentially promising, guidance rarely cites evidence of effectiveness or specifies operational or implementation details. In the following section, questions that should be considered when examining the likely effectiveness of these policies are noted in callout boxes.

Figure 2. Number of documents that recommend maintenance of services and/or adaptation, by health area.



Data note: Each bar represents the number of documents recommending maintenance of or adaptation of services in each health area. Each bubble represents the number of documents that mention the use of a specific adaptation.

Source: [PATH COVID-19 EHS Policy Tracker](#).

## Telemedicine consultations

Across many health areas, the Kenya MOH recommended the increased use of telemedicine. The use of telemedicine in particular should be evaluated to understand implementation challenges and lessons learned, patient satisfaction, and consequences on health outcomes and costs.<sup>9</sup>

For screening for maternal care, patients are encouraged to call a government 24-hour call center, which will provide a link between patients and care within their locality. The centers are operated by staff trained in matters of reproductive health and COVID-19. The policy suggested that contact information for the centers should be widely circulated through various media. These call centers would theoretically provide less burden on health care facilities as patients would first check in with the trained staff at the centers to be triaged and referred for care. Policies further recommend that certain reproductive services—such as counseling for new users of contraception who are utilizing condoms, oral contraceptives, and skin patches—can be completed via telemedicine without need for in-person referral. However, several questions remain about implementation. It is unknown whether the centers are adequately staffed with trained professionals who can provide prompt and responsive guidance and linkages, and who (the call centers or referred facility) provides telemedicine consults where indicated. Another key question is whether patients are aware of and feel comfortable using this resource and seeking telemedicine visits for reproductive or maternal care.

Further guidance is also given for the use of telemedicine in maternal and newborn policies; pregnancy registration was modified to be done via SMS and phone (rather than in person), which is a new process. For antenatal care visits, clinic visits for pregnant women should be reduced to four face-to-face visits

where feasible, supplemented by four virtual/teleconsultations. This feature aims to continue adhering to the suggested global guidance on ensuring pregnant women have a minimum of eight contacts with health providers, while reducing potential risks of transmission of COVID-19 that may occur at in-person visits. One policy also indicated that if a woman does not have suspected COVID-19, her postnatal follow-up or newborn visits should be completed by phone (rather than in-person). The question again, is whether patients and providers have access to virtual methods to receive high-quality and acceptable care.

Questions to consider when evaluating the effectiveness of telemedicine:

- To what extent are the new call centers well staffed to handle high volumes of calls and provide adequate guidance and linkages to care?
- While telephone and virtual methods are encouraged, to what extent do people have easy access to phones and/or internet connectivity to get proper care? How does the quality of care change? What are the effects of these adaptations on the equitable access to and utilization of care?

## Task shifting to a lower level of care

Shifting care to lower-level health facilities was suggested to continue immunization and maternal health services in Kenya. While ensuring continuity of local services, the use of task shifting should be evaluated to understand the implications on staff burden and quality of care.

For maternal health, once out of the hospital, Kenya's guidance on postnatal care encouraged dividing the patients among different risk levels so they would know what levels of health care facilities to go to at what time intervals. For example, women at low risk with normal delivery and who are well would visit the facility at six weeks and should be attended to at lower levels of care (same locality dispensary and health center) unless expressly advised. Women who underwent cesarian delivery and any woman classified as high risk irrespective of mode of delivery should be attended to at a comprehensive emergency obstetric and newborn care facility (level 4+), preferably by a doctor unless expressly advised. Women with emerging complications during the postnatal period should be attended to at a comprehensive emergency obstetric and newborn care facility (level 4+) by a doctor unless expressly advised. Directing women to receive different levels of care based on their risk enables health facilities to reduce the risk of transmission of COVID-19 in their facilities and focus on patients with more severe illness.

For immunization services, policies emphasized the importance of continuing routine immunization activities to avert future disease outbreaks, but with "preferential use of smaller, less crowded levels 2 and 3 facilities" to reduce potential exposure of patients. If a high-volume health facility is not being used for COVID-19 care, it could still maintain routine immunization services, but it was recommended that the facility set up a "separate space for routine immunization akin to an out-reach post service." The intent in shifting routine immunization activities to smaller, less-trafficked facilities is to reduce the risk of possible exposure through limiting crowding and patient overlap.

The question for the transfer of both of these services to lower-level facilities is whether these specific guidelines on different levels of care were communicated to and followed by the providers and their patients and whether this reduced the quality of care and impacted the health of the patients. Recent evaluations have shown that the utilization of some tertiary health facilities for isolation of COVID-19

patients has caused some confusion on the part of pregnant patients about where they should seek care.<sup>10</sup>

Question to consider when evaluating the effectiveness of task shifting:

- Risk triage is encouraged, but how have these guidelines been clearly communicated to the providers as well as the patients to enable safe levels of care based on risk?

## Appointment scheduling

The use of digitized patient scheduling is an innovation that can improve patient flow at health facilities and can reduce congestion and crowding. This serves the dual benefit of reducing risk of COVID-19 transmission in the health facility setting and improving the accuracy of scheduling and ease of follow-up. Staggered appointment scheduling was noted for multiple health services, primarily routine immunization services, and for contraception counseling. While this innovation is included in Kenya's policies, few details are available to guide implementation, and further guidance is needed on how municipalities will secure financing for the tools needed to digitize appointment scheduling and how to maintain this adaptation in the long term.

Questions to consider when evaluating the effectiveness of appointment scheduling:

- Do providers have the tools needed (such as mobile credit, contact information) to contact patients and schedule them for appointments?
- Is appointment scheduling feasible and acceptable for patients who are seeking services?

## Intensified community outreach and mobilization

To mitigate demand-side barriers, many policies also suggested increased efforts to mobilize community members for services, particularly for preventative services. Community health workers are a key mechanism for community mobilization, with policies suggesting deploying CHWs to mobilize mothers to continue seeking immunization services. CHWs were also advised to target pregnant women with key messages for pregnancy care, including visiting a facility for antenatal care and preparing a delivery plan. This intensified outreach was intended to mitigate possible demand-side barriers, socialize community members to adaptations (such as use of lower-level facilities for immunization), and to ensure they were aware of available services. The question is whether policies encouraging intensified outreach are supported by mechanisms that enable safe pathways for care.

In addition to using CHWs to generate service demand, there were limited exemptions from epidemic response protocols to ensure safe health care access at the community level. A policy suggested that village chiefs and county chief executives for health should activate "county specific mechanisms" to enforce health service access for all pregnant mothers at night and lockdown hours. The policies noted that access to antenatal, labor, and postnatal services should be supported by all county health teams, in collaboration with the Ministry of Interior and Coordination of National Government to ensure security. Additionally, communities should devise ways of ensuring women in labor or experiencing pregnancy emergencies can safely reach the nearest hospital without restrictions or threats to safety. This emphasis



on accessing antenatal, labor, and child health services at the community and county levels puts critical value on safeguarding maternal and child health, ensuring that pregnant women and children can promptly access safe and quality care.

Questions to consider when evaluating the effectiveness of intensified community outreach:

- Do county leaders have the means and resources to create mechanisms for securing access to health services?
- Was this guidance clearly communicated to county leaders and security officials enforcing lockdowns in order to ensure exemptions are realized?

## Recouping lost progress

As part of planning for a post-pandemic world, many countries have issued guidance that will form the foundation for a strategy to make up for lost gains against health challenges. In Kenya, policy provided specific guidance on catching up missed routine immunization and recommended utilizing a systematic tracking of patients to identify those who are missed out. Policies recommended that providers enumerate cohorts of children who may have missed their vaccine doses, develop an action plan for catch-up vaccination, and give mothers specific scheduled appointments for routine immunization. Improved real-time tracking of immunization defaults was established in many places prior to the COVID-19 outbreak, and this recommendation represents an acceleration and expansion of that innovation. However, it is unclear how much guidance has been provided on operationalizing this kind of “catch-up” program, and how it has been reinforced through training and communication to health workers, which may have an effect on how well the adaptation is implemented. For example, policies vary on age limits for specific vaccine doses; health workers who have been trained to only provide a given vaccine for a given age of child may not know what to do with a child who missed doses during COVID-19 and ages out of the recommended age bracket. Additional clarifying guidance and training—in immunization and for other health services—will be required to ensure that this recouping of gains is realized.

Questions to consider when evaluating the effectiveness of recouping lost progress activities:

- Have guidelines for service delivery been modified to account for service disruptions from COVID-19, for instance, by allowing later receipt of certain vaccine doses?
- What training and support is needed for health workers to implement changes in policy and appropriate catch-up mechanisms?

## Moving forward: Questions for consideration

The policies underscore the importance of continuing RMNCAH-N services while ensuring the safety of patients and health care providers within the context of COVID-19. Many of the suggested guidelines align with WHO’s maintaining essential health services interim guidance.<sup>11</sup> Given that one of Kenya’s “big 4” development priority areas for 2030 is health care and that maternal and child health mortality and

morbidity continue to remain high in Kenya,<sup>d</sup> it is hoped that stakeholders from the national to county and local levels will prioritize these guidelines. While the policy response to maintaining essential health services during COVID-19 has been robust and rapid, it remains to be seen whether stakeholders will implement and monitor whether the adaptations are indeed effective in minimizing avoidable deaths. Some key questions for further discussion are:

- While many of these policies are directed toward the county health level, to what extent are all 47 counties following the policies comprehensively?
- How have these policies been disseminated to the health facility/clinic level to ensure that health care workers translate the guidelines into action? How has supportive supervision or other management practices contributed to the implementation of these practices?
- As COVID-19 cases continue to linger in Kenya,<sup>12</sup> to what extent is it feasible for health providers to be continuing to provide RMNCAH-N services with finite sources that may be prioritized for COVID-19 care?
- How are the perspectives of the providers and the patients/care recipients considered to improve and update the service adaptations and policies?

## References

1. John Hopkins University. COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU). <https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>. Accessed December 30, 2020.
2. McDade KK, Ogira D, Onyango J, Ojal J, Kokwaro G, Mao W, Yamey G. *Kenya's Policy Response to COVID-19* [policy report]. Durham: The Center for Policy Impact in Global Health; August 2020. <http://centerforpolicyimpact.org/wp-content/uploads/sites/18/2020/08/Kenya-Policy-Response-to-COVID.pdf>.
3. Kenya Ministry of Health (MOH). Neonatal & Child Health MOH Data Tools/Key Indicators [PowerPoint presentation]. Kitui CHMT Meeting.
4. PATH. *Essential Health Services During and After COVID-19: A sprint analysis of disruptions and responses across six countries*. December 2020. [https://path.azureedge.net/media/documents/EHS\\_sprint\\_intro\\_and\\_full\\_report\\_revised-compressed.pdf](https://path.azureedge.net/media/documents/EHS_sprint_intro_and_full_report_revised-compressed.pdf).
5. Ogunleye OO, Basu D, Mueller D, Sneddon J, Seaton RA, Yinka-Ogunleye AF, et al. Response to the novel corona virus (COVID-19) pandemic across Africa: successes, challenges, and implications for the future. *Frontiers in Pharmacology*. September 11, 2020;1205. <https://doi.org/10.3389/fphar.2020.01205>.
6. Partnership for Evidence-based Response to COVID-19 (PERC). Responding to COVID-19 in African Countries: Data Deck of Polling Results: Kenya [PowerPoint presentation]. August 2020. <https://www.ipsos.com/sites/default/files/ct/publication/documents/2020-09/kenya-data-deck.pdf>.

---

d. The under-one mortality rate is 32.6 per 1,000 live births and under-five mortality rate is 44.1 per 1,000 live births. For more information, please visit <http://www.healthdata.org/kenya>.

7. Mutahi B. Coronavirus: The fear of being sentenced to a Kenyan quarantine centre. *BBC News, Nairobi*. April 19, 2020. <https://www.bbc.com/news/world-africa-52326316>.
8. World Health Organization (WHO) website. WHO Africa: Tackling COVID-19 fear and stigma page. <https://www.afro.who.int/news/tackling-covid-19-fear-and-stigma>. Accessed December 30, 2020.
9. Philips. The rise of virtual care during the COVID-19 pandemic. *Healthcare IT News*. May 20, 2020. <https://www.healthcareitnews.com/news/asia-pacific/rise-virtual-care-during-covid-19-pandemic>.
10. Wangamati CK, Sundby J. The ramifications of COVID-19 on maternal health in Kenya. *Sexual and Reproductive Health Matters*. 2020 Dec;28(1):1804716. <https://doi.org/10.1080/26410397.2020.1804716>.
11. World Health Organization (WHO). *Maintaining Essential Health Services: Operational guidance for the COVID-19 context (interim guidance 1 June 2020)*. Geneva: WHO; June 1, 2020. <https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1>.
12. John Hopkins University & Medicine website. Coronavirus Research Center: Kenya page. <https://coronavirus.jhu.edu/region/kenya>. Accessed December 30, 2020.

## Annex: Policies reviewed

Policy document title	Publication date	Hyperlink (if available)
Guidelines for Immunization Service Provision in the Country During the COVID-19 Pandemic	2020	<a href="https://www.technet-21.org/media/com_resources/tr/6516/multi_upload/KENYA_Immunization_Service_Provision_in_the_Country_During_the_COVID-19_Pandemic.pdf">https://www.technet-21.org/media/com_resources/tr/6516/multi_upload/KENYA_Immunization_Service_Provision_in_the_Country_During_the_COVID-19_Pandemic.pdf</a>
Recommendations for Children for COVID-19 Outbreaks	2020	<a href="https://www.health.go.ke/wp-content/uploads/2020/06/KEN-GUIDELINE-2020-eng-Pediatric_COVID-19_Poster_final.pdf">KEN-GUIDELINE-2020-eng-Pediatric COVID-19 Poster final.pdf</a>
Malaria Program Plans for Continuity of Essential Services in Context of COVID-19	2020	<a href="https://www.health.go.ke/wp-content/uploads/2020/06/Malaria-Program-Plans-for-continuity-of-essential-services-in-context-to-COVID-19-Pandemic.pdf">https://www.health.go.ke/wp-content/uploads/2020/06/Malaria-Program-Plans-for-continuity-of-essential-services-in-context-to-COVID-19-Pandemic.pdf</a>
COVID-19 Guidance on Comprehensive HIV Service Delivery	March 24, 2020	<a href="https://www.health.go.ke/wp-content/uploads/2020/06/Circular-on-COVID-19-Guidance-on-Comprehensive-HIV-Service-Delivery.pdf">https://www.health.go.ke/wp-content/uploads/2020/06/Circular-on-COVID-19-Guidance-on-Comprehensive-HIV-Service-Delivery.pdf</a>
Interim Guidelines on Management of COVID-19 in Kenya	March 24, 2020	<a href="https://www.health.go.ke/wp-content/uploads/2020/06/Case-management-protocol-24_03_20-Draft-LA.pdf">https://www.health.go.ke/wp-content/uploads/2020/06/Case-management-protocol-24_03_20-Draft-LA.pdf</a>
Guidelines on the Management of Paediatric Patients During COVID-19 Pandemic	March 25, 2020	<a href="https://www.health.go.ke/wp-content/uploads/2020/06/PAEDIATRIC-Covid-Guidelines-Final.pdf">https://www.health.go.ke/wp-content/uploads/2020/06/PAEDIATRIC-Covid-Guidelines-Final.pdf</a>
Suspension of All Elective Surgical Procedures in County Health Facility	March 25, 2020	<a href="https://www.health.go.ke/wp-content/uploads/2020/06/SUSPENSION-OF-ALL-ELECTIVE-SURGICAL-PROCEDURES-IN-YOUR-FACILITIES.pdf">https://www.health.go.ke/wp-content/uploads/2020/06/SUSPENSION-OF-ALL-ELECTIVE-SURGICAL-PROCEDURES-IN-YOUR-FACILITIES.pdf</a>
Kenya COVID-19 RMNH Guidelines	April 1, 2020	<a href="https://www.health.go.ke/wp-content/uploads/2020/04/KENYA-COVID19-RMNH.pdf.pdf.pdf">https://www.health.go.ke/wp-content/uploads/2020/04/KENYA-COVID19-RMNH.pdf.pdf.pdf</a>
Guidelines on Continued Provision of Community Health Services in the Context of Coronavirus in Kenya	April 1, 2020	<a href="https://www.health.go.ke/wp-content/uploads/2020/06/Kenya-Guidelines-on-Continuity-of-Community-Health-Services-in-the-Context-of-COVID-19-Signed.pdf">https://www.health.go.ke/wp-content/uploads/2020/06/Kenya-Guidelines-on-Continuity-of-Community-Health-Services-in-the-Context-of-COVID-19-Signed.pdf</a>

Policy document title	Publication date	Hyperlink (if available)
Interim Guidance on Continuity of Essential Health Services	May 1, 2020	<a href="https://www.health.go.ke/wp-content/uploads/2020/05/KENYAN-GUIDANCE-ON-CONTINUITY-OF-ESSENTIAL-HEALTH-SERVICES-DURING-THE-COVID-OUTBREAK-20MAY-2020-complete.docx.pdf">https://www.health.go.ke/wp-content/uploads/2020/05/KENYAN-GUIDANCE-ON-CONTINUITY-OF-ESSENTIAL-HEALTH-SERVICES-DURING-THE-COVID-OUTBREAK-20MAY-2020-complete.docx.pdf</a>
Interim Nutrition Messages to Contribute to the Prevention of COVID-19	March 27, 2020	<a href="https://www.health.go.ke/wp-content/uploads/2020/03/Final-Nutrition-messages-for-Population.pdf.pdf">https://www.health.go.ke/wp-content/uploads/2020/03/Final-Nutrition-messages-for-Population.pdf.pdf</a>