

ORIGINAL RESEARCH

No Child Left Behind: Embedding VAS+D within Primary Health Care in Kakamega County in Kenya.

Dr. Elizabeth Obinge Omondi¹

¹Jaramogi Oginga Odinga University of Science and Technology – Kenya 40600 – 577, Siaya- Kenya. 0000-0002-6114-6818

Corresponding Author's Email: comondi@boreshajamii.or.ke

Abstract

Background: Vitamin A supplementation (VAS) and deworming (D) are cost-effective child survival interventions that reduce morbidity and mortality. In Kenya, delivery has largely depended on campaign-based platforms such as Malezi Bora, which provide wide outreach but result in fluctuating coverage and weak sustainability. Kakamega County has embarked on a shift to institutionalize VAS+D within routine primary health care (PHC) structures to promote equity, sustainability, and system ownership. **Methods:** A participatory approach was used to design and implement the strategy. County health leadership worked in partnership with Jaramogi Oginga Odinga University of Science and Technology (JOUST), Helen Keller International (HKI), World Vision International (WVI), service providers, and community representatives. The process emphasized inclusive co-creation, alignment with county priorities, and efficient use of resources. Core elements of the strategy included: (i) joint planning and shared accountability; (ii) strengthening health worker and community capacity; (iii) integrating VAS+D into existing maternal, newborn, and child health (MNCH) services such as immunization and growth monitoring; (iv) strengthening supply chain systems; (v) community engagement to stimulate demand and feedback; and (vi) continuous learning through monitoring and adaptation. **Results:** An increase in the uptake of VAS+D was observed throughout the implementation period, from **36%** to **80%** in six months. This included more opportunities for promoting other high-impact nutrition interventions, such as appropriate feeding practices, food fortification, and growth monitoring. Co-creation with all relevant county stakeholders, including primary care providers, has enhanced efficiency, ownership and sustainability. **Conclusion:** Institutionalizing VAS+D provision across all MNCH service delivery platforms is cost-effective and yields positive outcomes, particularly due to the shifting aid landscape likely to affect Malezi Bora campaigns. The model demonstrates that counties can use existing structures, including primary care networks, to strengthen the provision of essential delivery services and ensure no child is left behind.

Keywords: Vitamin A, Deworming, Child Health, Cost-Effective, Sustainability