MINISTRY OF HEALTH

KENYA NATIONAL VIOLENCE AND INJURY PREVENTION AND CONTROL ACTION PLAN 2018 – 2022

Developed by the Violence and Injury Prevention Unit- Ministry of Health
2018

The Ministry of Health, Violence and Injury Prevention Unit welcomes inquiries and comments on the contents of this document.
Enquiries and comments should be addressed to:
Violence and Injury Prevention Unit
Division of Non Communicable Diseases
Ministry of Health
P.O. Box 30016 – 00100
Nairobi, Kenya
Telephone: +254 202717077/+254202722599
Email: ps@health.go.ke

FOREWORD

There is now increasing national attention towards the prevention and control of Violence and Injuries as a result of the growing health burden caused the by these two conditions. The third objective of the Kenya Health Health Strategic and Investment Plan 2014-2018 is reduction of the burden of violence and injuries. There is also greater concern because of the disabilities and premature deaths caused by violence and injuries that are occurring amongst the economically productive members of our population.

Implementation of the National action plan for prevention and control of violence and injuries is intended to facilitate attainment of six Sustainable Development Goals (SDGs) that relate to injury and violence. The global response to violence and injury through the SDGs is not only timely but also provides for a blue print for guiding the development of this document.

This plan is proposed as a guiding document for national offices, counties and other stakeholders. Its use should facilitate coordinated and concerted action towards the achievement of reduction of the burden of violence and injuries. It should be further noted that a whole of government approach and mutlisectoral collaboration are key to implementation of this strategy. The Ministry is committed to collaborate and partner with all relevant violence and injury prevention and control stakeholders.

The strategy has been developed collaboratively with stakeholders and creates a shared agenda for the next 5 years. It outlines six strategic directions that should be adopted by all relevant stakeholders. To ensure successful implementation of the strategy, the Ministry has laid down the guiding principles which should be viewed as the foundation on which the strategic

directions will operate. There is also a mention of some of the most effective interventions for the most prevalent injuries in the country.

This plan is intended to spark action across the nation in many areas to help Kenyans live free of violence and avoidable injuries. Let us intensify our efforts to achieve this vision.

Dr. Cleopa Mailu,EGH
Cabinet Secretary
Ministry of Health

PREFACE

Injuries are a global public health problem leading to the death of more than five million people annually accounting for 9% of the world's mortality. The magnitude of injuries is projected to increase over the years if sufficient measures are not put in place.

In Kenya, approximately 3000 lives are lost as a result of road traffic yearly. Road traffic injuries are ranked 9th among the leading cause of death in the country and majority (over 40%) of these deaths occurs among pedestrians. According to a survey conducted by UNICEF, 49% of females and 48% of males reported experiencing physical violence in the past 12 months. Burns are also a significant public health concern especially in informal sectors

The Ministry of Health plays a pivotal role in addressing violence and injury prevention and control by; developing surveillance systems to capture incidence and prevalence of injuries, providing pre-hospital emergency care in coordination with other emergency services, providing rehabilitation services for those who have been injured and contributing to policy and legislative development and review on violence and injury prevention among others.

The action plan seeks to have a nation that is free of violence and avoidable injuries. The overall goal of the VIP action plan is to strengthen the role of the health sector to reduce the burden of violence and injuries and its consequences including death and disability by implementing evidence based prevention and control policies and programmes

The Action plan was developed with broad participation from Stakeholders. It is also aligned to the national priorities and strategies such as the constitution of Kenya, the Kenya Health

Policy 2014-2030, various legislations and the Kenya Health Sector Strategic and Investment Plan 2014-2018. Several principles were used to guide the development of this action plan. These include; multisectoral approach, respect of life, right to health care, evidence based decision making and community participation.

This action plan focuses on injuries that carry the heaviest burden in the country. These injuries include: Road traffic injuries, Falls, Burns, Drowning, Suffocation/chocking, Poisoning, Violence against women and girls, Violence against children and Elder abuse

The following are the key strategic directions for the action plan;

1. Strengthen health leadership and governance
2. Strengthen data and surveillance
3. Strengthen Health Systems and Health Care
4. Strengthen Advocacy, Communication and social mobilization (ACSM)
5. Enhance Research, Monitoring and Evaluation
6. Improve Resource Mobilization

The action plan also proposes effective interventions to reduce the incidence of the commonly occurring injuries.

Julius Korir, CBS
Principal Secretary
Ministry of Health

ACKNOWLEDGEMENTS

Many individuals and organizations have made significant contributions to the development of the National Violence and Injury prevention and control action plan. This collaborative spirit supported the development of the action plan and continues to set the stage as we prepare to work together in the coming years.

Special appreciation goes to the team that worked tirelessly to write this Plan, including the following: Dr. Joseph Kibachio, Dr. Gladwell Gathecha, Dr. Alfred Karagu, Dr. Muthoni Gichu, Dr. Joyce Nato, Dr. John Wachira, Dr. Hellen Meme, Wilfred Mwai, Phares Nkare, Erastus Njeru, Hersely Wanjala, Kevin Ngereso, Axwell Kipchumba, Kenneth Bundi, Joshua Muiruri, Ann Kendagor, Scholastica Owondo, Jennifer Gateb

The offices of the Cabinet Secretary, Principal Secretary and Head of Department of Preventive and Promotive Health of the Ministry of Health have provided invaluable support and we offer our deep appreciation.

We are grateful for the support of the health departments in the various Counties and our partners including Association for Safe International Travel-Kenya, Gertrude's Foundation, Handicap International, private practitioners, Red Cross, Usalama Watch.
We would like to acknowledge the support given by the World Health Organization for the development, printing and launching of this document.
To all who participated in one form or another in developing the strategy, we are truly grateful.

Dr. Kioko Jackson K., OGW
Director of Medical Services
Ministry of Health

TABLE OF CONTENTS

LIST OF TABLES

ABBREVIATIONS

ASIRT	Association for Safe International Road Travel
CDC	Center for Disease Control
CHD	County Health Departments
DOSH	Directorate of Occupational Safety and Health
KDHS	Kenya Demographic and Health Survey
KEMRI	Kenya Medical Research Institute
KEPSA	Kenya Private Sector Alliance
KNBS	Kenya National Bureau of Statistics
MOE	Ministry of Education
MOH	Ministry of Health
MOTI	Ministry of Transport and Infrastructure
NTSA	National Transport and Safety Authority
WHO	World Health Organization

CHAPTER ONE: INTRODUCTION

1.1 Definition of injury

Injury is defined as "the physical damage that results when a human body is subjected to energy that exceeds the threshold of physiological tolerance or results in lack of one or more vital elements, such as oxygen [1].

Common Classifications of Injuries

1. Impact on the body

- Nature of injury (e.g., fracture, laceration, contusion)
- Body region affected (e.g., head, chest, abdomen)
- Severity (e.g., fatal, non-fatal)

2. Mechanism of injury

- Mechanism (e.g., blunt, penetrating, burn)

3. The hazard that caused them

- Cause (e.g., motor vehicle, falls, drowning)
- Type of activity (e.g., work, sport, recreational)
- Product involved (e.g., firearm, blunt object)
- Location of activity (e.g., school, outdoors, home)
- Intent (intentional, unintentional)

1.2 Definition of Violence

The World Health Organization defines violence as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation [2].

Types of violence

- Violence against children - Any violence against a boy or girl under 18 years of age. It includes child maltreatment

and overlaps with youth violence

- Violence against women (VAW) - Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life

- Youth Violence – This is violence occurring between people aged 10-29 years

- Child maltreatment- Abuse and neglect of children under 18 years. It includes all types of physical/emotional maltreatment, sexual abuse, neglect, negligence and commercial exploitation

- Intimate partner violence- This is behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours

- Sexual violence – This refers to any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work.

- Elder abuse- a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust that causes harm or distress to an older person. Elder abuse includes physical, sexual, psychological, emotional, financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.

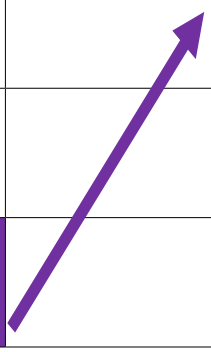
1.3 Burden of injury

Injuries are a global public health problem leading to the death of more than 5 million people annually. This accounts for 9% of

the world's mortality [3].The magnitude of injuries is projected to increase over the years if sufficient measures are not put in place as illustrated below.

Table 1.1 Leading cause of death, 2012 and 2030

	Total 2012		Total	2030
1.	Ischemic heart disease		1.	Ischemic heart disease
2.	Stroke		2.	Stroke
3.	Chronic obstructive pulmonary disease		3.	Chronic obstructive pulmonary disease
4.	Lower respiratory infections		4.	Lower respiratory infections
5.	Trachea, bronchus, lung cancer		5.	Diabetes mellitus
6.	HIV/AIDS		6.	Trachea, bronchus, lung cancer
7.	Diarrheal diseases		7.	Road traffic injuries
8.	Diabetes mellitus		8.	HIV/AIDS
9.	Road traffic injuries		9.	Diarrheal diseases



10.	Hypertensive heart diseases		10.	Hypertensive heart diseases
11.	Preterm birth complications		11.	Cirrhosis of the liver
12.	Cirrhosis of the liver		12.	Liver cancer
13.	Tuberculosis		13.	Kidney diseases
14.	Kidney diseases		14.	Stomach cancer
15.	Suicide		15.	Colon and rectum cancers
16.	Birth asphyxia and birth trauma		16.	Suicide
17.	Liver cancer		17.	Falls
18.	Stomach cancer		18.	Alzheimer's disease and other dementias
19.	Colon and rectum cancers		19.	Preterm birth complications
20.	Alzheimer's disease and other dementias		20.	Breast Cancer
21.	Falls		21.	Endocrine, blood, immune disorders

1.4 Who is at risk?

Age

- Young people aged 15-29 years are the most affected by injuries making it the leading cause of death among this age group. The most common injuries affecting this age group are road traffic injuries, suicide and homicide

- Children aged below one year mostly die as a result of unintended suffocation or accidental strangulation

- Drowning constitutes the major cause of death for children between the ages of 0-4years

- Falls are the leading cause of injury mortality among the elderly

Sex

- Males are almost two times more likely to be injured than females
- The three leading causes of death for males are road traffic injuries, suicide and homicide
- The three leading causes of death for females are road traffic injuries, falls and suicide

Socio-economic status

- Individuals from the lower socio-economic status are most affected by injuries and violence
- Persons of low social economic status are more likely to suffer homicide and other assaults and suicide, mid-range socioeconomic status are more likely to suffer from transport related injury and those from high social economic status are more likely to suffer from severe falls
- The disparity in social economic status is brought about by less safe working and living conditions, limited prevention efforts and limited access to quality emergency trauma care and rehabilitation services

1.5 Profile of the Violence and Injury Prevention Action Plan

Vision

A nation free of violence and avoidable injuries

Goal of the VIP Action Plan

The overall goal of the VIP action plan is to strengthen the role of the health sector to reduce the burden of violence and injuries and its consequences including death and disability by implementing evidence based prevention and control policies and programmes.

The following are the targets for mortality and morbidity injuries. (Appendix 1)

1. A 20% relative reduction in mortality from violence and injuries by 2022
2. A 30% relative reduction in incidence of injuries by 2022
3. A 50% reduction in road traffic fatalities by 2022

1.6 Guiding principles

1. Mulitisectoral approach

   The multisectoral approach to violence and injury prevention represents a rational and effective mechanism of prevention and control as inadvertently some of the solutions lie outside the health and government sectors. It acknowledges that different partners have different skills and mandates that contribute to overall reduction in the burden of violence and injuries

2. Respect of life/Human rights

   The Constitution of Kenya under articles 70 – 86

underscores the fundamental rights of an individual including prohibition of inhumane treatment

3. Right to health care

   Health is an essential human right, necessary for individual growth and overall social and economic development of the nation. Every citizen of the Country has a right to the highest attainable standard of heath including high quality emergency care as governed by the Constitution of Kenya and Kenya Health Policy 2014- 2030.

4. Evidence based decision making

   The proposed interventions to prevent and control violence and injuries will be guided by sound scientific evidence to ensure outcomes are both effective and sustainable

5. Community participation

   The strategic plan takes cognizance of the fact that the community is an important stakeholder and should take part in the whole process placing more emphasis on prevention program.

1.7 Guiding Documents

International

1. World health Assembly resolutions WHA50.19, WHA56.24, WHA57.10, WHA 60.12, WHA 61.10, WHA 63.13, WHA 66.8, WHA 66.9, WHA 67.15,
2. United Nations General Assembly resolutions, A/ RES/62/244, A/RES/64/255, A/60/5, A/RES/58/289

3. Sustainable Development Goals targets and indicators (3.2, 3.5, 3.5, 4.9, 5.2, 6.1, 6.b, 11.2, 11.5, 11.7, 16.1, 16.2, 16.9)

4. Global Action plan on violence against children, women and girls

5. Decade of Action for Road Safety (2011-2020)
6. International treaties

- International human rights treaties
- International Covenant on Civil and Political Rights

National documents

- Constitution of Kenya
- Kenya Health Act 2017
- Traffic Act Amendment 2012
- Alcoholics Drinks Control Act 2012
- The children's Act, 2001
- Public health Act Amendment
- Occupational health and safety act
- Kenya Health Policy 2012 -2030
- School Health Policy
- Kenya Health Sector Strategic and Investment Plan 2014-2018

1.8 Scope of injury prevention and control action plan

This action plan focuses on injuries that carry the heaviest burden in the country. These injuries include:

- Road traffic injuries
- Falls

- Burns
- Drowning
- Suffocation/chocking
- Poisoning
- Violence against women and girls
- Violence against children
- Elder abuse

It proposes actions that have feasible evidence based intervention particularly on the prevention aspects and also interventions that have outcomes that can be most easily measured. Also taken into consideration, are interventions in which partners and stakeholders are likely to engage in.

1.9 Target Audience

The action plan is intended for use by a variety of audience involved in the prevention and control of violence and injuries including but not limited to the following:

- National and county health departments
- Health care workers
- Relevant line Ministries and Goverment Agencies
- National Transport and Safety Authority
- National police service
- Development and implementing partners

1.10 Process of Development

This action plan was developed through a consultative process involving sectors within and outside the health sector. A total of three consultative meetings were held to develop the action

plan. The process brought together various divisions in the MOH dealing with violence and injury prevention such the Division of disaster and emergency preparedness, reproductive health, health promotion, health information systems and occupational health. The action plan also drew technical expertise from selected counties, line ministries, development and implementing partners.

CHAPTER TWO: COMMON INJURIES IN KENYA

2.1 Road Traffic Injuries

Every year approximately 1.24 million people die as a result of road traffic crashes worldwide. Road traffic injuries are the leading cause of death for young people aged 15-29 years [4]. Road traffic injuries are ranked 9th among the leading cause of death in the country [5]. Majority of these deaths occurs among pedestrians.

Table 2.1: Trend of road traffic fatalities in Kenya 2010-2016

Road user type	2010	2011	2012	2013	2014	2015	2016
Pedestrians	1442 (47%)	1545 (47%)	1549 (47%)	1487 (47%)	1340 (46%)	1344 (44%)	1097 (37%)
Drivers	307 (10%)	289 (9%)	290 (9%)	285 (9%)	268 (9%)	339 (11%)	350 (12%)
Passengers	740 (24%)	824 (25%)	745 (24%)	824 (26%)	642 (22%)	668 (22%)	729 (25%)
Pillion passengers	126 (4%)	156 (5%)	124 (4%)	157 (5%)			
Pedal Cyclist	240 (8%)	173 (5%)	127 (4%)	137 (4%)	104 (4%)	69 (2%)	71 (2%)
Motorcyclist	200 (7%)	315 (10%)	306 (10%)	328 (19%)	553 (19%)	637 (21%)	718 (24%)
Total	3055	3302	3141	3,218	2,907	3,057	2,965
Fatalities per 100,000 popn.	8.25	7.97	6.82	7.22	6.34	6.4	6.53
Fatalities per 10,000 vehicles	21.3	19.7	18.4	16.4	13.2	12.4	

Source –National Transport and Safety Authority and Traffic Police and Kenya National Bureau of Statistic Project/World Bank Report

Financial Burden of road traffic injuries

WHO estimates that road traffic fatalities loss amounts to 5% of Kenya's GDP at an approximate cost of 4 billion US dollars [4].

2.2 Violence

Violence is a major public health challenge resulting to high incidence of physical injuries, mental illness, disability and death globally. In 2012, 475,000 deaths occurred in the country as a result of violence [7].

Violence is ranked 10th as the leading cause of death in Kenya [5]. The Kenya demographic and Health Survey of 2014 revealed the following forms of domestic violence:

Table 2.2 Prevalence of physical and sexual violence among adults - KDHS 2014

	Physical violence		**Sexual**	
	Ever	Past 12 months	Ever	Past 12 months
Women	45%	20%	14%	10%
Men	44%	12%	6%	3%

Findings of the STEPwise survey for Non Communicable Diseases, 2015 showed that 3.9% of Kenyans had been injured in a violent incident in the preceding 12 months [6].

UNICEF study on violence against children revealed the following [8].

Table 2.3: Prevalence of physical and sexual violence among children - UNICEF 2010

	Physical violence		Sexual	
	Ever (Respondents age:13-24 year)	Past 12 months (Respondents age:13-17 year)	Ever (Respondents age:13-24 year)	Past 12 months (Respondents age:13-17 year)
Girls	66%	49%	32%	11%
Boys	73%	48%	18%	4%

2.3 Falls

Falls are the second leading cause of death after road traffic injuries, resulting to 424,000 deaths annually in the world. Majority of the falls are non fatal, with the highest fatality rate experienced in individuals above 60 years. Falls were the second leading injury after cuts reported in the STEPs survey [6].

2.4 Drowning

Drowning is increasingly becoming a major public health challenge and is responsible for 372,000 deaths annually [9]. More than 90% of these deaths occur in low and middle income countries. The incidence of drowning is two times higher in males than females. Over half of all drowning deaths are among individuals aged below 25 years. In Kenya data on drowning is very limited. In 2012 a total of 1372 drowning fatalities were recorded in print media [10].

2.4 Burns

A burn is described as an injury to the skin or other organic tissue primarily caused by heat or due to radiation, radioactivity, electricity, friction or contact with chemical. Every year an estimated 252000 people die as a result of burn globally [11]. Over ninety percent of these deaths occur in low income countries. Majority of the burns occur at home or at the work place.

Burns accounted for 10 % of all the injury deaths that occurred in Nairobi [11].

2.5 Choking/Suffocation

Choking is defined as blockage of the airway due to food and non-food products. Suffocation is defined as deprivation of oxygen from external sources such as plastic bags, entrapment in sealed containers and spaces.

The incidence of chocking/suffocation is higher among children because their airways are narrower, their chewing and swallowing coordination is not well developed and there is a high tendency of placing foreign objects in their mouths [14]. Infants are most at risk for suffocation while sleeping.

CHAPTER THREE: STRATEGIC DIRECTIONS

The following are the key strategic directions for the action plan;

1. Strengthen health leadership and governance
2. Strengthen data and surveillance
3. Strengthen Health Systems and Health Care
4. Strengthen Advocacy, Communication and social mobilization (ACSM)
5. Enhance Research, Monitoring and Evaluation
6. Improve Resource Mobilization

1. Strengthen health leadership and governance

Well coordinated and efficient leadership is essential to drive the injury prevention and control agenda in the country. Involvement of the highest levels of government enables intra-ministerial cooperation, cross-sectoral collaboration, allocation of resources and social change. This strategy looks into setting and implementing policies, raising priority accorded to VIP and strengthening coordination of efforts with other sectors. Policies are needed to influence systems, to promote organization change, influence social norms and to modify individual behaviors so as to prevent violence and injuries.

1.1 Objective 1: Identify, assess and advocate for reform of existing violence and injury prevention legislation, policies and plans

Activities

1. Creation of an inventory of existing legislation, policies and plans.

II. Conduct health impact assessments of specific legislation, policies and plans.

III. Advocate for reforms of existing legislations

1.2 Objective 2: To develop evidence based policies and guidelines for promoting best practices

Activities

- Develop and disseminate guidelines for pre hospital training, trauma management and others as need arises
- Promote the development of standards for preventing falls, drowning, burns, poisoning and suffocation.

1.3 Objective 3: To strengthen coordination within the health system with other sectors

Activities

I. Conduct stakeholder mapping

II. Establish a coordination mechanism for VIP stakeholders

III. Hold regular stakeholder forums

1.4 Objective 4: To strengthen accountability of the health system to prevent and respond to violence and injury

I. Provide quality services and programmes and establish oversight mechanisms

II. Prevent and respond to injuries and violence experienced by health workers in the workplace, including establishing policies

2. Strengthen data and surveillance

Surveillance systems and data are crucial to helping understand the epidemiologic profile of those affected, the risk factors, the cost of providing care, and the impact of injury. This action plan prioritizes data and surveillance as a strategic direction, through which information will be used to evaluate progress of key interventions and actions, enabling future planning and budget allocation in order to move towards a nation free from injury and violence.

2.1 Objective 1: To enhance existing data collection and analysis system

Activities

I. Advocate for the revision of health information system to collect data that will be inclusive of injury prevention and control
II. Coordinate data collection among key agencies and organizations that carry out related activities on violence and injuries
III. Establish injury surveillance systems
IV. Develop innovative ways of collecting violence and injury data at National and County levels
V. Advocate for the inclusion of violence and injury modules into existing National Surveillance systems
VI. Advocate for the training of death certifiers and coders to effectively capture violence and injury fatalities

2.2 Objective 2: To enhance the utilization of data for decision making at National and county levels

Activities

I. Establish a web based portal for violence and injury data storage that allows access by all stakeholders

II. Carry out regular dissemination sessions for all stakeholders to inform policy and programming

3. Strengthen Health Systems and Health Care

A good health system should be able to deliver quality and accessible services to people in an effective and efficient way. Health system for violence and injury looks into pre-hospital care, hospital care and rehabilitation. Strengthening of health care system is an important component of this document. The following objectives and activities will ensure that the health care system is up to speed with the health focus against violence and injury.

3.1 Objective 1. To improve service delivery for prevention and control of Violence and Injuries.

Activities

I. Advocate for availability of essential medicines and supplies for the diagnosis and management of injuries

II. Advocate for the use of essential technologies in diagnosis and management of injuries

III. Strengthen referral mechanisms for violence and injuries in the health sector

3.2 Objective 2: To integrate injury prevention and control into existing health care platforms

Activities

I. Integrate child safety education into pediatric visits, well-baby visits, and at post-partum discharge

3.3 Objective 3: To strengthen rehabilitation services

Activities

I. Advocate for the availability of rehabilitation services in health facilities and communities

II. Enhance the capacity of health human resources to offer rehabilitative services

3.4 Objective 4: To support effective delivery of pre-hospital care

Activities

I. Support ongoing education and training for disaster and injury response for community members likely to be first responders

II. Develop curriculum on Pre hospital care

3.5 Objective 5: To ensure adequately trained workforce to improve outcomes of injuries

Activities

I. Advocate for continuous training of health care personnel on trauma management

II. Strengthen violence and injury prevention trainings in HCWs training programmes

4. Strengthen Advocacy, Communication and social mobilization (ACSM)

ACSM involves bringing together inter-sectoral and allies to raise people's knowledge and demand for quality initiatives through strategies and methods that influence opinions and decisions of the public and organizations.

4.1 Objective 1: To create and implement local and national campaigns on safety

Activities

I. Design and disseminate safety education materials to empower community members about safety

II. Integrate VIP education communication into existing community health programs

III. Commemorate World days of potential relevance for injury and violence prevention and control.

4.2 Objective 2: To advocate for prioritization of VIP among key stakeholder and policy makers

Activities

I. Hold advocacy forums for key decision makers and other stakeholders on importance of VIP

II. Develop one pager messages directed towards key decision makers

III. Nominate violence and injury prevention and control champions

5. Enhance Research, Monitoring and Evaluation

In violence and injury prevention, research is used to generate new information to improve service delivery, test and evaluate effectiveness and efficiency of interventions.

5.1 Objective 1: To strengthen local capacity to conduct research and knowledge translation in violence and injury

Activities

I. To establish a violence and injuries research agenda
II. Train health care workers on identification of research gaps in violence and injury
III. To build the capability of health workers to conduct research
IV. To establish a database of research conducted

5.2 Objective 2: To assess Knowledge, Attitude and Practice on violence and injury prevention and control

Activities

I. Conduct baseline surveys on violence and injuries
II. Documentation of best practices and knowledge
III. Prepare policy briefs based on research findings

5.3 Objective 3: To monitor and evaluate VIP & Control action plan

Activities

I. Develop a monitoring and evaluation framework.
II. Implement the monitoring and evaluation framework.

6. Improve Resource Mobilization

Effective resource mobilization for violence and injury prevention is achieved through active engagement of the public, private and other organizations. Sustainability is a key factor for any funding mechanism geared towards violence and injury prevention

programs. Cost effective measures in prevention of violence and injuries are necessary given that we are in limited resource setting. National and county governments need to establish innovative ways to fund violence and injury prevention and control initiatives.

6.1 Objective 1: To ensure sustainable funding for VIP programmes by national and county governments

Activities

I. Mapping of current and potential funders

II. Advocate for increased budget allocation for VIP programmes

III. Advocate for the creation of mechanisms to utilize the fines collected due to violation of laws related to violence and injuries for VIP programmes

IV. Conduct capacity building in effective resource mobilization

V. Develop proposals for mobilization

VI. To strengthen private public partnership to ensure sustained mobilization of resources for injury prevention and control for injury prevention and control programmes

6.2 Objective 2: To facilitate the reduction of out of pocket expenditure for injured persons

Activities

I. Educate victims of work related injuries on mechanisms of getting compensation that will cover their medical and other related costs

II. Ensure adequate inclusion of trauma management in proposed universal health insurance.

CHAPTER FOUR: IMPLEMENTATION FRAMEWORK

1. Strengthen health leadership and governance

Objective 1: Identify, assess and advocate for reform of existing violence and injury prevention legislation, policies and plans								
Activity	Actors	Indicator	Baseline	Target 2018	Target 2019	Target 2020	Target 2021	Target 2022
1.1 Creation of an inventory of existing, legislation, policies and plans	**Lead** MOH **Partners** NGO	Database of policies	0	1	1	1	1	1
1.2 Conduct health impact assessments of specific legislation policies and plans	**Lead** MOH Research Division **Partners** Relevant agencies, organizations and line ministries	Number of Policies interventions that are driven by assessment findings	0	-	1	-	1	-

1.3 Advocate for reforms of existing legislations	**Lead** MOH CHD **Partners** NGOs	Number of advocacy forums held	0	1	1	1	1	1
Objective 2: To develop evidence based policies and guidelines for promoting best practices								
2.1 Develop and disseminate guidelines for pre hospital, trauma management and others as need arises	**Lead** MOH Red cross CHD **Partners** NGOs	Guideline on pre hospital care	-	-	1	-	-	-
2.2 Promote the development of standards for preventing falls, drowning, burns poisoning, suffocation.	Lead MOH Partners NGOs	Number of standards developed	0	1	-	-	1	-

Objective 3. To strengthen coordination within the health system with other sectors								
3.1 Conduct stakeholders mapping	**Lead** MOH CHD **Partners** Other NGOs	VIP Stakeholders database	0	1	1	1	1	1
3.2 Establish a coordination mechanism for VIP stakeholders	**Lead** MOH	Presence of coordinator mechanism	0	1	-	-	-	-
3.2 Hold regular stakeholders forum	**Lead** MOH	Number of stakeholders forums held	1	2	2	2	2	2

Objective 4: To strengthen accountability of the health system to prevent and respond to violence and injury								
4.1 Provide quality services and programmes and establishing oversight mechanisms	**Lead** MOH CHD **Partners** NGOs	TORs in place for provision of oversight	0	1	-	-	-	-
4.2 Prevent and respond to injuries and violence experienced by health workers in the workplace, including by establishing policies	**Lead** MOH CHD **Partners** NGOs DOSH	SOP in place	0	1	-	-	-	-

2. Strengthen Data and Surveillance

Objective 1. To enhance the existing data collection and analysis system								
Activity	Actors	Indicator	Baseline	Target 2018	Target 2019	Target 2020	Target 2021	Target 2022
1.1: Advocate for the revision of health information system to collect data that will be inclusive of injury prevention and control	Lead MOH **Partners** KEMRI CHD	Number of new and revised Violence and Injury indicators	4 –outpatient 8-inpatient	-	6	-	-	10
1.2: Coordinate data collection among key agencies and organizations that carry out related activities on violence and injuries.	**Lead** MOH **Partners** Relevant agencies, organizations and line ministries	Number of meetings held	2 per year	2	2	2	2	2

1.3: Establish Injury surveillance systems	**Lead** MOH **Partners** NTSA, NGOs	Number of surveillance systems		0	1	0	0	1
1.4: Develop innovative ways of collecting violence and injury data at National and County levels	Lead MOH Partners Relevant agencies, organizations and line ministries	Number of integration initiatives	0	-	-	1	-	1
1.5: Advocate for the inclusion of violence and injury modules into existing national Surveillance systems	**Lead** MOH	Number of VIP modules	1	-		1	-	-

1.6 Advocate for training death certifiers and coders to effectively capture violence and injury fatalities	**Lead** MOH **Partners** NGOs	Number of Death certifiers and coders trained	60	30	-	30	-	30
Objective 2: to enhance the utilization of data for decision making at National and county levels								
2.1: Establish a web based portal for violence and injury data storage that allows access by all stakeholders	**Lead** MOH **Partners** NGOs	Web based portal	0	1	1			Active web portal

2.2: Carry out regular dissemination sessions for all stakeholders to inform policy and programming	**Lead** MOH **Partners** CHD Line ministries and CSOs	Number of sessions disseminated	0	2	5			Minutes, and dissemination reports

1. Strengthen Health Systems and Health Care

Objective 1. To Improve service delivery for prevention and control of Violence and Injuries								
Activity	Actors	Indicator	Baseline	Target 2018	Target 2019	Target 2020	Target 2021	Target 2022
1.1 Advocate for the use of essential medicines and supplies in diagnosis and management of injuries	**Lead** CHD MOH **Partners** NGOs	% of facilities with essential medicines and supplies for management of injuries	28%	40%	55%	65%	75%	85%
1.2 Advocate for the use of essential technologies in diagnosis and management of medicines	**Lead** MOH CHD **Partners** NGOs	% of facilities with essential technologies for diagnosis and management of injuries.	28%	40%	55%	65%	75%	85%

1.3 Strengthen referral mechanisms for violence and injuries in the health sector	**Lead** CHD MOH **Partners** NGOs	Number of on job sensitizations conducted on appropriate referral	0	20	20	20	20	20
Objective 2: To integrate injury prevention and control into existing health platforms								
2.1 Integrate child safety education into pediatric visits, well-baby visits, and at post-partum discharge	**Lead** MOH **Partners**	Number if integration initiatives	0	1	2	4	6	8

Objective 3: To strengthen rehabilitation services								
3.1 Advocate for the availability of rehabilitation services in health facilities and communities	**Lead** MOH	% of facilities offering rehabilitation services No. of communities with rehabilitation centers	-	40&	50%	60%	70%	80%
3.2 Enhance the capacity of health human resources to offer rehabilitative services	**Lead** MOH CHD	No. of HCWs capacity build on injury rehabilitation	-	30	30	30	60	60

Objective 4: To support effective delivery of pre hospital care								
4.1 Support ongoing education and training for disaster and injury response for community members likely to be first responders	**Lead** MOH CHD **Partners** NGOs	No. of trainings undertaken	1	2	2	2	2	2
4.2 Develop curriculum on Pre hospital care	**Lead** MOH **Partners** CHD NGOs	Curriculum developed	0	1	0	0	0	0

Objective 5: To ensure adequately trained workforce to improve outcomes of injuries								
5.1 Advocate for continuous training of health care personnel on trauma management	**Lead** MOH **Partners** CHD NGOs	Number of trainings held	1	2	2	2	2	2
5.2 Strengthen of violence and injury prevention training curriculums HCWs in pre service	**Lead** VIP Training institutions **Partners** CHD NGOs	Number of sensitization meetings held with training institutions	0	1	0	0	0	1

4. Strengthen Advocacy, Communication and Social mobilization

objective 1: Create and implement local and national campaigns on safety								
Activity	Actors	Indicator	Baseline	Target 2018	Target 2019	Target 2020	Target 2021	Target 2022
1.1 Design and disseminate safety education materials to empower community members about safety	**Lead** MOH **Partners** CHD NTSA, WHO and other NGOs	Number of injury specific dissemination of safety education materials	1	1	1	1	1	1
1.2 Integrate VIP education communication into community health programs	**Lead** MOH CHD **Partners** Relevant partners	Number of community units conducting injury prevention education communication.	10	30	50	70	90	110

1.3 Commemorate World days of potential relevance for injury and violence prevention	**Lead** Relevant agencies, organizations and line ministries MOH, NTSA **Partners** NGOs	Number of commemorations	1	1	1	1	1	1
Objective 2: To Lobby for prioritization of VIP among key stakeholders and policy makers								
2.1 Hold Advocacy forum for key decision makers and other stake holders on importance of VIP	**Lead** MOH Relevant agencies and key ministries **Partners** NGOs, CHD	Number of advocacy forums held	1	2	4	6	8	10

2.2 Develop one pager messages directed towards key decision makers	**Lead** MOH **Partners** NGOs	Number of one pager messages	0	1	1	1	1	1
2.3 Nominate violence and injury prevention and control champions	**Lead** VIP Unit NGOs Relevant agencies and line ministries	Number of champions	1	-	3	-	-	-

5. Enhance Research, Monitoring and Evaluation

Objective 1 : To strengthen local capacity to conduct research and knowledge translation in violence and injury								
Activity	**Actors**	**Indicator**	**Baseline**	Target 2018	Target 2019	Target 2020	Target 2021	Target 2022
1.1 To establish a violence and injuries research agenda	**Lead** MOH **Partners**	Research agenda	0	1	0	0	0	0
1.2 Train health care workers on identification of research gaps in violence and injury	**Lead** MOH **Partners** KEMRI, WHO, Line Ministries	No. of Health workers trained	-	200	200	200	200	200

1.3 To build capability for health workers on conducting research	**Lead** KEMRI, MOH, UON **Partners** Line Ministries and CSOs	No. of health workers trained	-	30	30	30	30	30
1.4 To establish a database of research conducted	**Lead** MOH, UON, KEMRI, AMREF **Partners** Line Ministries	Database established and updated	0	1	-	-		
Objective 2: To assess Knowledge, Attitude and Practice on violence and injury prevention and control								
2.1 Conduct baseline surveys on violence and injuries	**Lead** MOH **Partners** UON, KEMRI, HI, AMREF and Line Ministries, CHD	Number of Baseline surveys Conducted	1	1	1	1	1	1

2.2 Documentation of best practices and knowledge	**Lead** MOH **Partners** KEMRI, UON, Line Ministries, CHD	No. of Best practices documented	0	-	1	-	1	-
1.5 Prepare policy briefs based on research findings	**Lead** MOH, UON, AMREF, KEMRI **Partners** NGOs, Line Ministries	No. of research publications that has contributed to policy formulation	0	1	1	1	1	1
Objective 3: To monitor and evaluate VIP & Control strategy								
Develop M&E framework	**Lead** MOH **Partners** NGOs, Line Ministries	M&E Framework developed	0	1	-	-	-	-

Implement the M&E framework	**Lead** MOH **Partners** NGOs, Line ministries	No. of actors implementing the M&E Framework	-	10	15	20	25	30

6. Improve Resource Mobilization

Objective 1: To ensure sustainable funding for VIP programmes by national and county governments								
Activity	Actors	Indicator	Baseline	Target 2018	Target 2019	Target 2020	Target 2021	Target 2022
1.1 Mapping of current and potential funders	**Lead** MOH **Partners** Relevant NGOs	Database of current and potential funders	0	1	-	-	-	-
1.2 Advocacy for increased budgetary allocation for VIP programs	**Lead** MOH civil society CHD	Number of advocacy forums	1	1	1	1	1	1

1.3 Advocate for the Creation of mechanisms to utilize the fines collected due to violation of laws related to violence and injuries for VIP programs	**Lead** MOH Ministry of finance, NTSA Civil society	Number of advocacy forums	0	-	1	1	1	-
1.4 Develop proposals for resource mobilization	**Lead** MOH CHD **Partners** Relevant NGOs	Number of proposals submitted	1	2	2	2	2	2

Objective 2: To facilitate the reduction of out of pocket expenditure for injured persons								
Educate victims of work related injuries on mechanisms of getting compensation that will cover their medical and other related costs	**Lead** MOH **Partners** Related NGOs	Number of education forums held	0	2	2	2	2	2
Ensure adequate inclusion of trauma management in proposed universal health insurance	**Lead** MOH NHIF CHD	100% Coverage of Trauma in universal health insurance	0	100%	-	-	-	-

CHAPTER FIVE: MONITORING AND EVALUATION

Monitoring and evaluation of the policy will be done to determine whether its implementation is on course and the objectives are being achieved. Annual progress review meetings and periodic evaluations as well as preparation and dissemination of the related reports will be conducted.

The implementation framework provides the basic framework for monitoring and evaluation. Progress can be monitored against the achievement of various targets indicated in the framework.

Some of the indicators in the plan form part of the national indicators and hence there is need to integrate the plan with the larger sector monitoring framework. Some of the indicators lie within sectors outside the Ministry of Health and efforts should be made to harmonize data collation.

REFERENCES

1. Baker SP. The Injury Fact Book. 2nd ed. New York (NY): Oxford University Press;
1992.

2. World Health Organisation. World Report on Violence. 2002

1. World Health Organization. Injuries and Violence, the Facts. 2014.

2. World Health organization. Road Traffic Injuries- Key facts http://www.who.int/mediacentre/factsheets/fs358/en/

3.Ministry of Health. Kenya Health Sector Strategic and Investment Plan (KHSSP) 2013-2018

4. World Health Organisation. Global Status report on violence prevention 2014

5. Ministry of Health. Kenya stepwise survey for non communicable diseases risk factors 2015 report

6. Violence against Children in Kenya: Findings from a 2010 National Survey. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioral Consequences of Violence Experienced in Childhood. Nairobi, Kenya: United Nations Children's Fund Kenya Country Office, Division of Violence Prevention, National Center for Injury Prevention and Control, U.S. Centers for Disease Control and Prevention, and the Kenya National Bureau of Statistics, 2012

7. World Health organization. Global Report on Drowning. Preventing a leading killer disease

8.Job Kania-Drowning in Kenya.- The hidden pandemic. http://www.wcdp2013.org/uploads/media/Research2_2_150_

Drowning_Mortality_in_kenya_JobKania.pdf

9. World Health organization. Burns fact sheet

10. Saidi H and Oduor J. Trauma deaths outside the hospital: Uncovering the typology in Kenyan capital. Journal of Forensic and Legal Medicine 20 (2013) 570e574

11. Gathecha, G. K., Githinji, W. M., & Maina, A. K. (2017). Demographic profile and pattern of fatal injuries in Nairobi, Kenya, January–June 2014. BMC Public Health, 17, 34. http://doi.org/10.1186/s12889-016-3958-0

12. Gilchrist J, Ballesteros M, Parker E. Vital Signs: Unintentional Injury Deaths Among Persons Aged 0–19 Years — United States, 2000–2009. MMWR 2012;61:270-6.

APPENDICES

Appendix 1
Kenya National Framework for the monitoring of prevention and control of Injuries

	Target	Indicator	Explanation
Overall mortality			
Mortality from injuries and violence	A 20% relative reduction in mortality from violence and injuries	Mortality rate per 10,000 population	Use civil registration data and NTSA/police data
Overall Morbidity			
Incidence of injuries	A 30% relative reduction in incidence of injuries	Proportion of outpatient cases due to injuries	Take into account new cases only
Road traffic Mortality			
Road Traffic fatalities	A 50% reduction in road traffic fatalities	Mortality rate due to RTI per 10,000 population	There is need to use both police data and health facility data.

Appendix 2

Sustainable Development Goals related to Violence and Injuries

Goal		Link to violence and injury
3.2	By 2030, end preventable deaths of newborns and children under 5 years of age	6% of injury deaths occur in children under 5 years (11)
3.6	By 2020, halve the number of global deaths and injuries from road traffic accidents	Road traffic injuries are the ninth leading cause of mortality on the country
4.a	Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all	Fighting and bullying are common forms of violence occurring in schools
5.2	Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	Forty five percent of women have ever experienced physical violence. The prevalence of female genital mutilation in the country is 21%
6.b	Support and strengthen the participation of local communities in improving water and sanitation management	Improving water and sanitation management will result in reduction of cases of drowning

11.2	By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons	Improving road systems reduces road crashes
11.5	By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters	This includes employment of effective mitigation measures for natural and manmade disasters.
11.7	By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities	This includes improvement of public infrastructure to reduce injuries among the most vulnerable population.
16.1	Significantly reduce all forms of violence and related death rates everywhere	
16.2	End abuse, exploitation, trafficking and all forms of violence and torture against children	

16.a	Strengthen relevant national institutions, including through international cooperation, for building capacities at all levels, in particular in developing countries, for preventing violence and combating terrorism and crime	Enhanced partnership maximizes better outcomes

Appendix 3

EXAMPLES OF EVIDENCE BASED INTERVENTIONS

This section delineates some evidence-based interventions targeting specific injuries including; road traffic injuries, falls, burns, suffocation, drowning, poisoning, violence against children and elder abuse.

Road Traffic Injury	
I.	Advocate and evaluate on enforcement of laws on speeding
II.	Advocate and evaluate on enforcement of laws on drink driving
III.	Advocate and evaluate on enforcement of laws on motorcycle helmet
IV.	Advocate and evaluate on enforcement of laws on seatbelt use
V.	Advocate and evaluate on setting up and enforcement of laws on child restraints
VI.	Advocate and evaluate on setting up and enforcement of speed limits around schools and residential and play areas
VII.	Advocate and evaluate on enforcement of laws on daytime running lights on motorcycles
VIII.	Conduct social marketing campaign that will result to change in attitude of drivers
IX.	Conduct social marketing campaign that will result to change in attitude of pedestrians

Falls
I. Advocating and evaluating for establishment and enforcement of laws on safety precautions for tall buildings II. Establishing standards for playground equipment III. Advocate for aligning systems and policies to support fall prevention IV. Increase public awareness on fall prevention V. Physical strength and balance training for older persons
Burns
I. Work with community based organization and financial institutions to ensure affordability of safe cooking devices II. Conduct health education on importance of using safe cooking devices III. Conducting awareness campaigns on importance proper storage of flammable substances IV. Establishment of dedicated burn management centers V. Advocate for establishment and enforcing laws on smoke alarms VI. Advocate for establishment and enforcement laws on safe cooking devices and areas.

Suffocation

I. Educate parents and caregivers on importance of supervision during feeding especially for infants
II. Educate parents and caregivers on proper sleeping practice for children
III. Support the training of caregivers on first aid related to chocking
IV. Conduct a desk review on existing laws and regulations on child product safety
V. Develop policy briefs for advocacy

Drowning

I. Advocate for installing barrier controlling access to water bodies
II. Advocate for wearing of personal flotation devices
III. Increase awareness on safe interaction with water surfaces and bodies
IV. Conducting education on safe rescue and immediate resuscitation in drowning situations
V. Training and swimming education as a basic life skill

Poisoning

I. Advocate and evaluate establishment and enforcement of laws for child resistant packaging of medicines and poison

II. Identify 5 pilot health facilities that can be used as poison control centers

III. Train health workers on management of poisons

IV. Develop and disseminate IEC materials and communication messages on proper storage on toxic substances

Violence against children

I. Integrate strategies to address child maltreatment into early childhood development and maternal and child health programmes, and strategies to address peer violence into child and adolescent health and school health programmes, educational settings, youth development scheme

II. Strengthen policy-maker and public knowledge about and capacity to address the lifelong health consequences of child maltreatment

III. Train health care providers in recognizing child and adolescent conditions that may lead to the perpetration of future violence, such as behavioral problems, conduct disorders

IV. Develop training programmes for parents and caregivers

V. Establish home visitation programmes

VI. Strengthen access to support services for children and adolescents

VII. Advocate for and support the development and implementation by other sectors of programmes to help children and adolescents develop life and social skills, and maintain positive relationships to prevent peer violence

Elder Abuse

I. Training older people to serve as visitors and companions to individuals at high risk of victimization

II. Empower older persons to Build social networks

III. Developing policies and programmes to improve the organizational, social and physical environment of residential institutions for the elderly

Appendix 4

List of Contributors

	Name	Organisation
	Dr. Joseph Kibachio	MOH
	Dr. Gladwell Gathecha	MOH
	Dr. Alfred karagu	MOH
	Dr. Muthoni Gichu	MOH
	Dr. Martin mwangi	MOH
	Dr. George Guthika	MOH
	Dr. Kibet Kibor	MOH
	Ms. Dorcas Kiprui	MOH
	Ms. Scholoastica Owondo	MOH
	Ms. Ann Kendagor	MOH
	Mr. Wilfred Mwai	MOH
	Mr. Joshua Muiruri	MOH
	Mr. Phares Nkare	MOH
	Mr. Axwell Kipchumba	MOH
	Ms. Peris Mbugua	MOH
	Mr. Patrick Warutere	MOH
	Mr, Erasus Njeru	University of Nairobi
	Dr. Duncun Klbogong	NTSA
	Dr. Hellen Meme	KEMRI

	Ms. Margaret Karuga	KEMRI
	Dr. Joyce Nato	World health Organisation
	Dr. Sebastiana Ngomo	World health Organisation
	Dr. Margaret Peden	World health Organisation
	Dr. Carolyne Waweru	Getrudes Foundation
	Kevin Ngereso	Kenya Redcross
	Mr. Hersely Wanjala	Handicap International
	Ms. Stephanie Aketch	Handicap International
	Ms. Eileen Mola	National Police Service
	Ms. Bright Owyaya	ASIRT
	Dr. John Wachira	AMREF
	Ms Jennifer Gatebi	AMREF
	Mr. Kenneth Bundi	Independent Researcher
	Dr. Elizabel Wala	KMA
	Dr. Rose Rao	Emergency Physician

World Health Organization

MINISTRY OF HEALTH

Development and Printing Supported by World Health Organisation