Collaborative Advocacy Action Plan (CAAP)

Kenya

Reproductive, Maternal, Newborn, Child and Adolescent Health & Nutrition in Kenya

Key Messages

Investing in reproductive, maternal newborn, child and adolescent health and nutrition is not only a moral imperative, it is a strategic economic investment in Kenya's future.

Based on findings from the RMNCAH+N Investment Case 2025/ 2026 – 2029/30, every Shilling invested in RMNCAH+N, returns more than 12 Shillings in social and economic gains by 2030. This is due to fewer health emergencies, improved employment of parents and young people and overall contribution to national growth.[1]

Kenya has made encouraging progress in reducing maternal, newborn, and child deaths, expanding modern contraceptive use, and improving nutrition. Yet progress remains too slow to meet Sustainable Development Goal targets.

Persistent gaps in financing, equitable access, quality of care, human resources, and accountability continue to undermine sustained gains, leaving women, children, and adolescents behind.

Maternal health

Every day, approximately 14 Kenyan women die from preventable pregnancy-related complications, many of which could be prevented through well-known interventions and quality health services.[2]

There has not been significant progress over the past decade, and Kenya's maternal mortality ratio remains among the highest in East Africa, exceeding that of Ethiopia, Uganda, and Tanzania.[3]

- Maternal mortality in Kenya remains high at 355 deaths per 100 000 live births in 2019, only a modest decline from 362 in 2014 and far above the SDG target of 70 by 2030.[2] Despite slight improvements, the slow pace of reduction underscores the urgent need for sustained technical and financial investment to strengthen maternal health services and prevent avoidable deaths.
- Access to quality postpartum haemorrhage (PPH) commodities has improved, with heat-stable carbetocin now available in national medical stores; however, PPH remains the leading cause of maternal death in Kenya.

Newborn and Child health

Neonatal mortality has shown little improvement, and under-five mortality is improving too slowly. Limited management of intrapartum complications and weak comprehensive emergency obstetric and newborn care (CEmONC) hinder survival.

Children remain vulnerable to pneumonia, diarrhea, malaria, and malnutrition, while inequities and low immunization coverage slow progress.

These RMNCAH+N key messages form part of the Kenya's Collaborative Advocacy Action Plan (CAAP), an advocacy initiative coordinated by HENNET alongside Kenya partners and the Partnership for Maternal Newborn and Child Health (PMNCH).

- Neonatal mortality has declined only marginally in past decade, from 22 deaths per 1 000 live births in 2014 to 21 in 2022.[4] Stillbirth rates fell from 23 per 1,000 total births in 2014 to 15 per 1 000 in 2022, yet remain above the Global Strategy target of 12 or below.[4]
- Under five mortalities have fallen from 52 deaths per 1 000 live births in 2024 to 41 in 2022; however the rate of reduction is too slow to reach SDG target of at least 25 per 1 000 live births.[4]
- While 98% of babies are breastfed, only 60% of infants aged 0–5 months are exclusively breastfed, despite the WHO recommendation of exclusive breastfeeding in the first six months.[1]

Adolescent health

Individuals under 25 make up 59% of Kenya's population, with adolescents aged 10–19 accounting for 12% in 2024.[1]

Despite supportive legislation guaranteeing the right to health and protection from harm, high rates of teenage pregnancy, child marriage, FGM, and increasing mental health challenges continue to slow social and economic progress and undermine adolescent well-being.

- Adolescents face persistent health risks, with 15% of girls aged 15–19 having experienced pregnancy in 2022, despite target to reduce to below 10%. Within this average, there are stark regional disparities, with rates ranging from 50% in Samburu, 36% in West Pokot, compared to 5% in Nyeri and Nyandaru counties.[4]
  Pregnancy & childbirth complications are the leading cause of death among 15-19-year-old girls globally.
- Limited access to youth-friendly health services, inconsistent delivery of comprehensive sexuality education, and stigma undermine adolescents' health & futures.

Reproductive health

Access to reproductive health services improves gender equality, strengthens families and communities, and drives national development.

Yet social, cultural, and religious norms, together with gaps in quality care and limited domestic financing, continue to slow progress. As a result, the right to the highest attainable standard of health, including reproductive health care as guaranteed under Article 43(1)(a) of the Constitution, is not yet fully realised for many.

- Kenya has made progress in improving access and coverage of family planning services with 57% of married women in 2022 having access to modern contraception, compared to 53% in 2014.[4]
- Despite this progress, 14% of married women still lack access to contraception, with significant regional variations, and some counties have upwards of one in four women without access to the family planning they need.[4] Stockouts, suboptimal domestic financing, and stigma hinder access, especially for young people and marginalized groups.

Prioritizing reproductive, maternal, newborn, child, and adolescent health in legislation is not just a health imperative, it is central to fulfilling Kenya's constitutional commitments and unlocking long-term social and economic development.

With sustained policy attention, predictable financing, and strengthened accountability, Parliament can drive the transformative progress needed for women, children, and adolescents. The decisions made now will shape a healthier, more resilient generation and deliver lasting social and economic dividends for the country.

References
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