



Kenya

Collaborative Advocacy Action Plan (CAAP)

Delivering on country
commitments for women's,
children's and adolescents' health
and well-being



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Kenya Disruptive Collaborative Advocacy Action Plan (CAAP)

Delivering on country commitments for women's, children's and adolescents' health and well-being

The Collaborative Advocacy Action Plan (CAAP) is an evidence-based, partner-led plan to advance advocacy and accountability for women's children's and adolescent health and well-being in Kenya. The plan was formulated based on feedback received from multi-constituency partner input solicited through in-person, hybrid, and virtual convenings and platforms coordinated by Health NGO Network (HENNET) between August and December 2024. Additionally, the plan builds on current evidence on women's children and adolescent health in Kenya, including the Mapping and Assessment of National Commitments on Women, Children and Adolescent Health National Commitment report led by the Center of Excellence in Women and Child Health, Aga Khan University in early 2024 and validated by partners in August 2024.

This CAAP plan has been developed between August 2024 and December 2024 and reflects priorities and activities identified at that time with present partners. It is a living document and will be updated regularly. Its implementation depends on partners and we invite you to join efforts to achieve advocacy goals by collaborating on the listed and additional activities.

CAAP overview

The aim of the Collaborative Advocacy Action Plan (CAAP) initiative is to advance accountability and advocacy for women's, children's and adolescents' health (WCAH) through the collaborative efforts of partners.

The process in Kenya commenced with an initial inclusive, partner-led, scoping and assessment of national WCAH commitments led by the Centre of Excellence in Women and Child Health at Aga Khan University in early 2024 and validated in August 2024. Based on this evidence, partners came together to identify a set of advocacy actions to be undertaken collaboratively by WCAH stakeholders and organizations to improve the quality and implementation of existing WCAH commitments and support the advancement of WCAH in Kenya.

Partner feedback on advocacy priorities and activities drew from a variety of in-person and virtual convenings concentrated between August and December 2024. These engagements included:

- A hybrid partner meeting held at Pride-In Azure Hotel in Nairobi on 14 August 2024 resulted in the validation of the scoping and assessment report and the identification of potential CAAP goals to advance WCAH advocacy in Kenya.
- A Survey solicited partner feedback on current and planned advocacy activities to support the achievement of emerging goals distributed in October 2024.

- The first Virtual Coffee Coadunation held on 21 October 2024 welcomed 25 civil society partners to discuss ongoing and planned reproductive, maternal newborn child and adolescent health (RMNCAHN) interventions both at county and national levels, feeding into the activities of the CAAP.
- The final CAAP partner meeting held on 13 December 2024, welcomed 22 partners and provided a platform to agree on shared key disruptive advocacy goals and actions to deliver impactful advocacy.

With financial and technical backing from PMNCH, partners in Kenya are working to not only fill policy gaps but also empower multi-constituency partners to ensure reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAHN) remains a priority on the national health agenda.

This advocacy plan will support improved accountability and visibility of RMNCAHN in Kenya, feeding into agenda setting of the RMNCAHNN Multi-Stakeholder Country Platform (MCP) and RMNCAHN Investment Framework 2023-2027.

For further exchanges on CAAP implementation and PMNCH country partners, please visit the [Kenya Country Digital Advocacy Hub](#).

Background on women's, children's, and adolescents' health in Kenya

Kenya has made gradual strides in advancing the health of women, children, and adolescents in recent decades. These efforts have led to positive trends, including

- Reduced fertility rates, with the total fertility rate declining from 6.7 children in 1989 to 3.4 children in 2022;
- Increased facility birth attendance, from 41% in 2003 to 89% of live births being assisted by a skilled birth provider in 2022;
- Increased antenatal visit coverage, with 66% of women having four or more antenatal visits in 2022, compared to 48% in 2009. .

The right to health, including reproductive health, is enshrined in the Constitution of Kenya, 2010. RMNCAHN remains a priority for the Government of Kenya as seen across national policies, including the Kenya Health Policy (2014-2030) and the Kenya Universal Health Coverage Policy 2020-2030, which seeks to accelerate the attainment of universal health coverage for essential health services, including RMNCAHN. Prioritization is also evidenced in the expanded Reproductive, Maternal (including antenatal and postnatal care services) and Child Health Services as defined by the Ministry of Health guidelines under Social Health Authority (SHA) Benefits Package.

Constitution of Kenya, 2010 - Article 43(a)

43 (1) Every person has the right —
(a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care;

Despite these advancements, however, greater action is required to accelerate RMNCAHN in Kenya. Current statistics outlined in the Kenya Demographic Health Survey 2022 (KDHS, 2022) indicate a clear need for urgent action to improve the health and well-being of women, children and adolescents in Kenya. The evidence demonstrates the unequivocal need to reduce preventable maternal mortality and address disparities between and within counties.

Maternal and newborn mortality rates remain high, with largely unchanged maternal and neonatal mortality rates and worsening stillbirth rates. KDHS 2014 reports a maternal mortality rate of 362, while eight years later, in 2022 the MMR stands at 355. Stillbirth rates increased from 13 to 15 stillbirths per 1,000 live births between 2014 and 2022, respectively.

Teenage pregnancy remains high, with a 15% national adolescent pregnancy rate among girls between 15-19 years of age. The percentage of adolescent and young girls age 15–19 who have ever been pregnant are highest in Samburu (50%), West Pokot (36%), Marsabit (29%), Narok (28%), Meru (24%), Homa Bay (23%), Migori (23%), Kajiado (22%), Siaya (21%), and Baringo (20%) and lowest in Nyeri and Nyandarua (5% each) indicating the tremendous disparities between regions

While teenage pregnancies for 15-19-year-olds are documented in the KDHS, adolescent pregnancy among 10-14-year-olds is not consistently reported at county levels nor reflected in the KDHS, consequently hindering quality, responsive programming and policies.

While the proportion of married women of reproductive age who have their need for family planning satisfied with modern methods has increased from 53% in 2014 to 57% in 2022, access varies substantially across regions. For instance, based on data from KDHS 2022, the percentage of married women using a modern method is lowest in Mandera (2%), followed by Wajir (3%), Marsabit (6%), and Garissa (11%), while in Embu County, the majority (75%) of married women have their family planning satisfied. Such variation demonstrates clear inequities sub-nationally.

The full reality of progress with family planning needs satisfaction; however, is complicated by limited reporting as the KDHS only reports on married women who have their family planning needs satisfied, consequently excluding unmarried women from this key SDG indicator. Commodity stock-outs and inadequate allocation of domestic allocation to commodities remain a persistent challenge.

A summary of key indicators for women, children, and adolescents' health based on the two most recent Kenya Demographic and Health Surveys against national and global targets is provided below in Table 1.

Table 1: Key indicators and targets for reproductive maternal, newborn child and adolescent health

Indicator	<u>KDHS, 2014</u>	<u>KDHS, 2022</u>	<u>2020 National Targets</u>	<u>SDG 2030 Global Targets</u>
Maternal mortality rate per 100,000 live births	362	355	113	less than 70 per 100,000 live births
Neonatal mortality rate per 1,000 live births	22	21	12	as low as 12 per 1,000 live births
Under-five mortality rate per 1,000 live births	52	41	25	as low as 25 per 1,000 live births
Teenage pregnancy. Percentage of adolescent women age 15–19 who have ever been pregnant	18	15	Not recorded	NA
Proportion of married women who have their need for family planning satisfied with modern methods	53	57	100	100

Alongside these trends, persistent socio-economic and geographic inequities, inadequate health system financing and gaps in infrastructure, human resources for health, and commodities and supplies have further hindered progress for improved health for all women, children and adolescents in Kenya. Urgent acceleration is required to reach 2030 targets and ensure improved health and well-being for women, children, and adolescents in Kenya.

Commitments for women's, children's, and adolescents' health in Kenya 2013-2023

Based on findings from the mapping and assessment report on national commitments for women, children and adolescents health led by the Centre of Excellence in Women and Child Health at Aga Khan University, the Government of Kenya has made well over 60 commitments to advance RMNCAHN between 20213 and 2023. A summary of key national commitments related to women's children's and adolescents' health is provided below in Table 2 below.

Table 2: Key commitments for women's children's and adolescents' health

Thematic focus	Commitment	Source	Year
Maternal newborn and child health	Reduce maternal, perinatal and neonatal morbidity and mortality.	The National Reproductive Health Policy 2022 - 2032	2022
	Zero preventable deaths of women, newborns or children, and no preventable stillbirths; where every pregnancy is wanted, every birth is celebrated and accounted for and where women, babies, children, and adolescents are free of HIV/AIDS, survive, thrive and reach their full social and economic potential	RMNCAHN Investment Framework. Ministry of Health	2016
Sexual and reproductive health and rights	Increase modern contraceptive prevalence (mCPR) for married women from 58% to 64% by 2030.	FP2030	2021
	Reduce unmet need for family planning (FP) for all women from 14% to 10% by 2030	FP2030	2021
	Transform social and gender norms to improve male engagement in family planning and eliminate social-cultural barriers to FP service utilization.	FP2030	2021
Adolescent health and well-being	Improve reproductive health outcomes among adolescents and young people.	The National Reproductive Health Policy 2022 - 2032	2022
	Reduce pregnancy among adolescent girls (15-19 years) from 14% to 10% by 2025.	FP2030	2021
Cross cutting	Promoting robust reproductive health implementation environment especially data systems, research for development, innovation, collaborations, human resources for RH and RH partnerships.	The National Reproductive Health Policy 2022 - 2032	2022
	Progressively increase health sector financing to 15% of total budget, as per the Abuja declaration by 2030.	ICPD25	2021
	Enhance the capacity of relevant Government institutions to increase availability and accessibility to high-quality, timely and reliable population and related data at national, county, and sub-county levels, disaggregated by income, gender, age, ethnicity, migratory status, disability and geographic location by 2030.	ICPD25	2021
	Increase domestic financing for family planning commodities to cover 100% of the requirements by 2026.	FP2030	2019

Based on findings from the commitment scoping report, a national commitment to advance adolescent well-being in alignment with the seven asks of the Agenda for Action for Adolescents was not found. While the Government of Kenya's support to adolescent health is well noted in policies, such as the [National Guidelines on Adolescent and Youth Friendly Services 2016](#), [National Adolescent Sexual and Reproductive Health Policy 2015](#) and [Menstrual Hygiene Management in Schools Handbook For Teachers \(2022\)](#), a clear national commitment for adolescents' well-being could propel further prioritization of comprehensive needs for young people health and well-being.

CAAP Advocacy Goals

As noted above and in line with the CAAP process, five advocacy goals have been identified to improve the quality and implementation of existing national commitments for women's children's and adolescents' health.

Table 3: Summary of Advocacy Goals

Goal	Description
Advocacy Goal 1: MNCH	End preventable Maternal, Perinatal, Neonatal and Child Mortalities: Advocate for urgent, accelerated action to end preventable maternal, perinatal, neonatal and child mortalities, including stillbirths, by 2030.
Advocacy Goal 2: AWB	Strengthen adolescent and youth-responsive health systems and end teenage pregnancy: Advocate for the integration of youth-responsive health services in line with the National Guidelines for Provision of Adolescent Youth Friendly Services (YFS) Kenya and reduce teenage pregnancy from 15% to 10% by 2027.
Advocacy Goal 3: SRHR	Reduce unmet family planning needs: Advocate for the reduction of unmet family planning needs to at least to 10% for all women, married and unmarried and ensure commodity availability.
Advocacy Goal 4: Crosscutting	Increase domestic financing for health and RMNCAHN at national and county levels: Advocate for the Government to honour the Abuja declaration to allocate 15% of national budget towards health. Within the national health budget and county health budgets RMNCAHN allocation to desegregated and include 100% domestic financing for family planning commodities.
Advocacy Goal 5: Crosscutting	Strengthen and disaggregate RMNCAHNN Data: Improve national, county, and sub-county data quality by ensuring data disaggregation by gender and age by 2028 to enable-responsive health programming.

These goals have been selected based on existing commitments as highlighted in Table 2 above, the current evidence, and following consultation with multi-constituency organizations supporting women's, children, and adolescents' health in Kenya.

Priority activities to support the achievement of these goals are provided in the table below. Activities include both currently funded projects and suggested additional activities.

Activity	Status of activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Timeline/ Milestones	Linked accountability mechanisms, as applicable
1. End preventable Maternal, Perinatal, Neonatal and Child Mortalities <i>Advocate for urgent, accelerated action to end preventable maternal, perinatal, neonatal and child mortalities, including stillbirths, by 2030.</i>							
Advocate for an accelerated national roadmap for reducing maternal, newborn, and child mortality in consultation with members of the MCP and government and county stakeholders and produced by the Ministry of Health. Clear targets identified.	Suggested	Cabinet Secretary for health; Director General; County officials	Kenya Women Parliamentary Association (KEWOPA)	HENNET	All members of the RMNCAH+N MCP	Jan 2025 – Dec 2025 <ul style="list-style-type: none"> Accelerated plan of action for reduction of maternal, newborn and child mortality developed Consultative meetings held Dissemination of the plan to development partners, business sector and CSOs 	EWENE Reporting
Promote EWENE Country and county forums to raise awareness and track implementation of agreed MNCH Acceleration plans on maternal and newborn mortality, including stillbirths	Planned	MoH and County health leadership	Media Partners Youth X Champions	Meta Kenya	All CSOs with RMNCAHNN Programming	Jan 2025- Dec 2025 <ul style="list-style-type: none"> Increased knowledge awarenesses and referencing of the EWENE commitments and agreed MNCH Acceleration plans Prepare linked advocacy briefs, key messages, social media assets and organize capacity building and awareness raising activities 	EWENE Reporting
Popularize the Kenya RMNCAHNN Investment Framework for collective implementation.	Planned	MoH and County health leadership	Media Partners Youth X Champions	HENNET	Ministry of Health Council of Governors HENNET PATH Organization of African Youth	Jan 2025- Dec 2025 <ul style="list-style-type: none"> Enhanced accountability of implementation of the workplan Organize capacity building sessions, radio, podcasts, etc complemented with key messages and social media assets to increase update and use of the framework 	RMNCAHNN MCP

Activity	Status of activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Timeline/ Milestones	Linked accountability mechanisms, as applicable
Advocate for the strengthening of the national RMNCAHN multi-country platform (MCP) with recommendation to strengthen regular engagement and include academic and research training institutes as standing members, to ensure multi-sectoral engagement in national RMNCAHN planning.	Suggested	MoH	Members of the RMNCAHN MCP	HENNET; TBC	TBC	Jan 2025 – Dec 2025 <ul style="list-style-type: none"> Multi-constituency engagement timeline developed Multi-constituency brief prepared Letter to MCP members and chair drafted and sent Agenda item to review additional members added to MCP; presentation prepared 	RMNCAHN+N MCP
Develop & Implement the country EWENE Action Plan	Planned [EWENE Acceleration Plan]	MoH	MoH; Parliamentarian Health Committee; County Reproductive and Child Coordination; Council of Governors; Health Committee	MoH	EWENE Implementation Partners	Jan 2025 – Dec 2028 <ul style="list-style-type: none"> Develop & Implement a Maternal, Newborn and Child health Advocacy Strategy Develop call for action/commitment for maternal and newborn health for national and county leadership; Advocate for comprehensive UHC package for maternal and newborn care 	EWENE Reporting
Refine and disseminate EWENE advocacy brief activity	Planned	MoH	Members of the RMNCAHN MCP	PATH	White Ribbon Alliance, Samasha, HENNET, Global Health Visions	2024 – 2025 <ul style="list-style-type: none"> Develop and refine in consultation with partners and disseminate findings ensuring strategic reach 	EWENE Reporting
Mainstream Nutrition Interventions Across the Health Sector towards the improvement of WCA nutrition status	Planned RMNCAHN IC 2023-2027	MoH	SUN CSA	MoH	SUN CSA	<ul style="list-style-type: none"> Mainstreaming nutrition interventions in rural health facilities 	RMNCAHN Investment Case 2023-2027 reporting

Activity	Status of activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Timeline/ Milestones	Linked accountability mechanisms, as applicable
2. Strengthen adolescent and youth responsive health systems and reduce teenage pregnancy <i>Advocate for the inclusion of youth responsive services in line with the National Guidelines and reduce teenage pregnancy from 15% to 10% by 2025</i>							
Advocate for the Government of Kenya to make a commitment to prioritize adolescent well-being through financial pledges, policy changes, and increased investments in young people, aligning with the 7 asks of the Agenda for Action for Adolescents	Suggested	Cabinet Secretary for health	Youth Led and serving Organizations	Y+Plus Kenya; Organization of African Youth (OAY); Ambassador for Youth and Adolescent Rep Health Programme (AYAREP)	The Kenya RMNCAHN MCP	Jan 2025 – Dec 2025 <ul style="list-style-type: none"> Establish an inclusive Commitment Committee and develop a stakeholder engagement plan Develop a commitment roadmap Secure buy in from key stakeholders, including Socialization meeting held with MOH Draft commitment Launch commitment at national event 	Department of RMNCAHN
Coordinate a media campaign to raise awareness on and advocate for the establishment of adolescent youth (AY) friendly centers in every sub-county, aligning with National Guidelines on Adolescent and Youth Friendly Services 2016 and National Adolescent Sexual and Reproductive Health Policy 2015.	Suggested	MoH and County health leadership	Media Partners Youth X Champions	Youth Voices and Action Initiative; NairoBits Trust	Media; Mesha; Kensja; Ayarep; Y+Kenya; OAY; The Youth Cafe	July 2025 – Dec 2025 <ul style="list-style-type: none"> Biweekly spotlights on sub-counties with AY friendly centres featured Develop advocacy brief on implementing Adolescent and Youth Friendly Services. Advocate for the inclusion of adolescent and youth responsive healthcare services at, county and local government on SRHR and gender equality advocacy 	Youth serving and youth led organizations
Coordinate sub-national teenage pregnancy sensitization campaign, raising awareness on the importance of adolescent access to reproductive health services and information, assuring the continuation of education among pregnant and postnatal adolescents – focused on teachers.	Suggested	MoH, Ministry of Education, Gender and County leadership	Parliamentarians ; national teacher associations; health workers; religious and traditional leaders	County school health programmes	TBC	June 2025 – June 2026 <ul style="list-style-type: none"> Conduct capacity building training for teachers on sexual reproductive health Prepare advocacy brief identifying key policies and legislation supporting adolescent access to reproductive health services and continuation of education for pregnant and postnatal adolescents. Prepare cross country brief on best practices. Conduct community meetings with Health and Education officials, community leaders, parents, and young people. 	National Council Population Development (NCPD)

Activity	Status of activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Timeline/ Milestones	Linked accountability mechanisms, as applicable
Strengthen adolescent and youth empowerment and increase knowledge of sexual reproductive health services through 'change makers' empowerment trainings and mentorship programs	Planned – currently ongoing	Adolescents and Youth	National RMNCAHNN Division through implementation of the National	Pathways policy Institute	HENNET	November 2024 – September 2025 <ul style="list-style-type: none"> Conduct 'change maker' empowerment trainings Facilitate mentorship programs 	
Advocate for inclusion of digital health in service provision pertaining child health and ASRHR at the community health level	Planned	County Health Management		ChildFund Kenya	Samburu Children Program, CRCDP, EDCA	February 2025 – February 2027	
3. Reduce unmet family planning needs <i>Reduce unmet family planning needs to at least to 10% for all women, married and unmarried and ensure commodity availability.</i>							
Strengthen community-driven demand for family planning services and commodities through partnership between local leaders, health providers, and youth groups, and media.	Planned – currently ongoing	Communities	Community Leaders	Empower Care Youths Network Solution	Family Planning Partners NCPD Local Media Partner	July 2023 – July 2030 <ul style="list-style-type: none"> Coordinate family planning awareness outreach campaigns including radio campaign Meeting held with government stakeholders to review strategies for increased domestic financing for family planning commodities at community level 	Family Planning Technical Working Group and Motion Tracker

Activity	Status of activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Timeline/ Milestones	Linked accountability mechanisms, as applicable
4. Increase domestic financing for health and RMNCAHN at national and county levels <i>Government to honour the Abuja declaration to allocate 15% of national budget towards health. Within the national health budget and county health budgets RMNCAHN allocation to be increased to meet the set needs including 100% domestic financing for family planning commodities.</i>							
Track implementation of allocated resources for RMNCAHNN both at National and County Level	Suggested	N/A	Trained National and County Budget Champions	HENNET	All partners with RMNCAHNN Programming	July 2025-June 2028 <ul style="list-style-type: none"> • Generate and analyze expenditure reports for the period; monitor absorption rates • Conduct biannual review meeting • Prepare annual reports 	Controller of Budgets
Disseminate social accountability tools including community scorecards to track FP/ SRHR investment and support SMART advocacy for budget allocation.	Planned – currently ongoing	N/A	Media Partners Youth X Champions	Pathways Policy Institute	HENNET	November 2024 – September 2025 <ul style="list-style-type: none"> • Conduct community scorecards training • Research and prepare report on budgetary and out of pocket expenditure • Prepare summary report noting progress on community scorecard utilization • Generate Accountability Scorecards for RMNCAHNN Implementation 	
Form of a multi-constituency health champion network in Kakamega county to raise awareness on improved health sector fund utilization and to advocate for sufficient domestic allocations for RMNCAHN programs, reducing reliance on donor support.	Planned – currently ongoing	County health department, service delivery department and the county Governor	County Health CSOs in Kakamega	Network for research and governance	CABDA	July 2024 – July 2025 <ul style="list-style-type: none"> • Advocacy meetings organized • Community forums engaging local government officials and health department representatives to address barriers for effective fund absorption and raise awareness on sustainable financing held • Research and document current budget absorption rates • Present actionable recommendations to policy makers 	County Budgets

Activity	Status of activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Timeline/ Milestones	Linked accountability mechanisms, as applicable
5. Desegregate RMNCAHNN Data <i>Improve data quality by ensuring data disaggregation by age and sex for gender and age responsive health programming.</i>							
Advocate for RMNCAHNN Data disaggregation for reporting and programming for all ages and sexes	Suggested	M&E Department Lead at Ministry of Health	M&E Specialists And Academic Researchers	TBD	All partners with RMNCAHNN Programming	Jan 2025-December 2028 <ul style="list-style-type: none"> KDHS Reporting for all ages and sexes with a particular focus and interest on adolescents 10-19 years 	KDHS
Advocate for data centre	Planned – currently ongoing	County government Kakamega		Good Health Community Programmes	Kakamega Health CSO Partners	September 2024 – October 2025	DHIS

ANNEX 1: List of engaged organizations

Over 45 multi-constituency organizations participated in the CAAP process through a variety of engagements with participation in at least one of the following modalities:

- Attending the hybrid partner meeting at the Pride-In Azure Hotel in Nairobi on 14 August 2024
- Contributing to a survey on current and planned advocacy activities to support the achievement of emerging goals, distributed in October 2024.
- Taking part in the first Virtual Coffee Coadunation on 21 October 2024 to share ongoing and planned RMNCAHN advocacy and interventions at both county and national levels.
- Joining the 14 December final CAAP meeting to validate the draft CAAP and disruptive advocacy goals.

We thank these organizations for their valuable contributions to the CAAP process.

Government

Ministry of Health

The Senate | Parliament of Kenya

Donors, Foundations and Global Financing Mechanisms

Foreign, Commonwealth & Development Office (FCDO)

Global Financing Facility (GFF)

United States Agency for International Development (USAID)

Health-Care Professional Associations

Council of International Neonatal Nurses (COINN)

International Federation of Gynaecology and Obstetrics (FIGO)

Academic, research and training institutes

Aga Khan University, Centre of Excellence in Women and Child Health - CAAP research partner

Adolescent and youth-led organizations

County Youth and Adolescent Network (CYAN Kenya)

Empower Care Youth Network Solutions

Mashinani Youth Network

Organization of African Youth (OAY), Kenya

Peers Action YCBO in Dandora

Raise Your Voice

Young Professionals for Development Machakos County

Youth Sustainable Development Kilifi Chapter

Youth Voices and Action Initiative

Non-Governmental Organizations (NGO)

Health NGOs' Network (HENNET)- CAAP coordinating partner

Access to Medicines Platform (MeTA Kenya)



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Amref Health Africa, Kenya
Association for the Physically Disabled of Kenya (APDK)
Centre for Enhancing Democracy and Good Governance (CEDGG) Laikipia
Child Fund, Kenya
Coast Civil Society for Human Rights
Elevate Livelihoods Peace and Advocacy (ELPA)
Empowerment Support Group
Global Leaders Network Technical Advisory Group
Good Health Community Programs, Kakamega County
HCDexchange
Laikipia County CSO Forum (LACCSOF)
Marie Stopes, Kenya
Mwellness
MYBODY
NairoBits Trust
Network for research and governance
PATH
Pathways Policy Institute
Plan International, Kenya
Population Services, Kenya
Sabuko CBO
Samasha
Shamiri
Scaling Up Nutrition Youth Network (SUN YN)
VSO

Contact Details

The Partnership for Maternal Newborn and Child Health (PMNCH)
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