REPUBLIC OF KENYA

MINISTRY OF HEALTH

Division of Reproductive, Maternal, Newborn, Child and Adolescent Health Priorities

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RMNCAH Objectives

- To reduce preventable maternal and perinatal morbidities and mortalities
- Reduce Unmet need for Family planning
- Reduce adolescents pregnancies

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Maternal and New-born Health Status

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Global Status of Maternal and Perinatal Mortality

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- The average Annual Rate of Reduction (AAR) in MMR increased to 3.5% from 2016 to 2023, a rise from 1.5% from 2000 to 2015. Overall, from 2000 to 2023, the AAR averaged 2.2%, in contrast to the 26.3% needed to achieve SDG 2030, indicating that AFRO must accelerate its efforts by a factor of 12.
- Most countries saw improvements in MMR.
- Ten countries have met the EWENE target of no more than 140 maternal deaths per 100,000 live births.
- Thirteen countries recorded an annual average rate of reduction (AARR) exceeding 5%

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Status of Maternal, Perinatal and Newborn health

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- Around **half** of all stillbirths in sub-Saharan Africa and Central/Southern Asia are intrapartum.
- Overall, an estimated 729,000 babies died during labour in 2019 in sub-Saharan Africa and Southern Asia, accounting for **88%** cent of all **intrapartum stillbirths** worldwide.
- Intrapartum stillbirth is a sensitive marker of timeliness and quality of intrapartum care (UN IGME, 2020).
- Most deaths of newborn babies occur in the **first 24 hours** and **80%** result from **three preventable** and treatable conditions: **infection, breathing difficulties** and complications due to **prematurity** .
- (Source: UN IGME 2020; WHO &UNICEF 2020)

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Status of Maternal, Perinatal and Neonatal Health- Kenya

- The maternal mortality in Kenya has reduced slightly from **362** per 100,000 in 2014 (KDHS 2014) to **355** per 100,000 live births in 2019 (Census, 2019).
- Neonatal mortality at 21 and perinatal mortality at 32(DHS,2022)
- The SDG 2030 target for reduction of maternal mortality to less than 70 deaths /100,000 livebirths and newborn deaths to less than 12/1000 live births by the year 2030 might not be realized if the current trend of maternal and perinatal mortality reduction continues.
- Kenya has shown increased progress in skilled delivery from **62%** in 2014 to **89%** in 2022

(KNBS and ICF. 2023).

Causes of Maternal and New-born Deaths

- In Kenya, almost 60% of deaths are due to **haemorrhage** (both APH and PPH)
- 80% of all newborn deaths result from three preventable and treatable conditions: **prematurity, birth asphyxia and neonatal infections.**
- An estimated 50% of stillbirths occur intrapartum, i.e. after labour has commenced but before delivery.
- Almost all maternal and intrapartum stillbirths are preventable with the provision of quality care during childbirth.
- Poor-quality care accounts for 61% of neonatal deaths and half of maternal deaths

https://www.unicef.org/media/77166/file/Ending-preventable-newborn-deaths-and-stillbirths-by-2030-universal-health-coverage-in-2020%E2%80%932025.pdf

Where Lives Can be Saved

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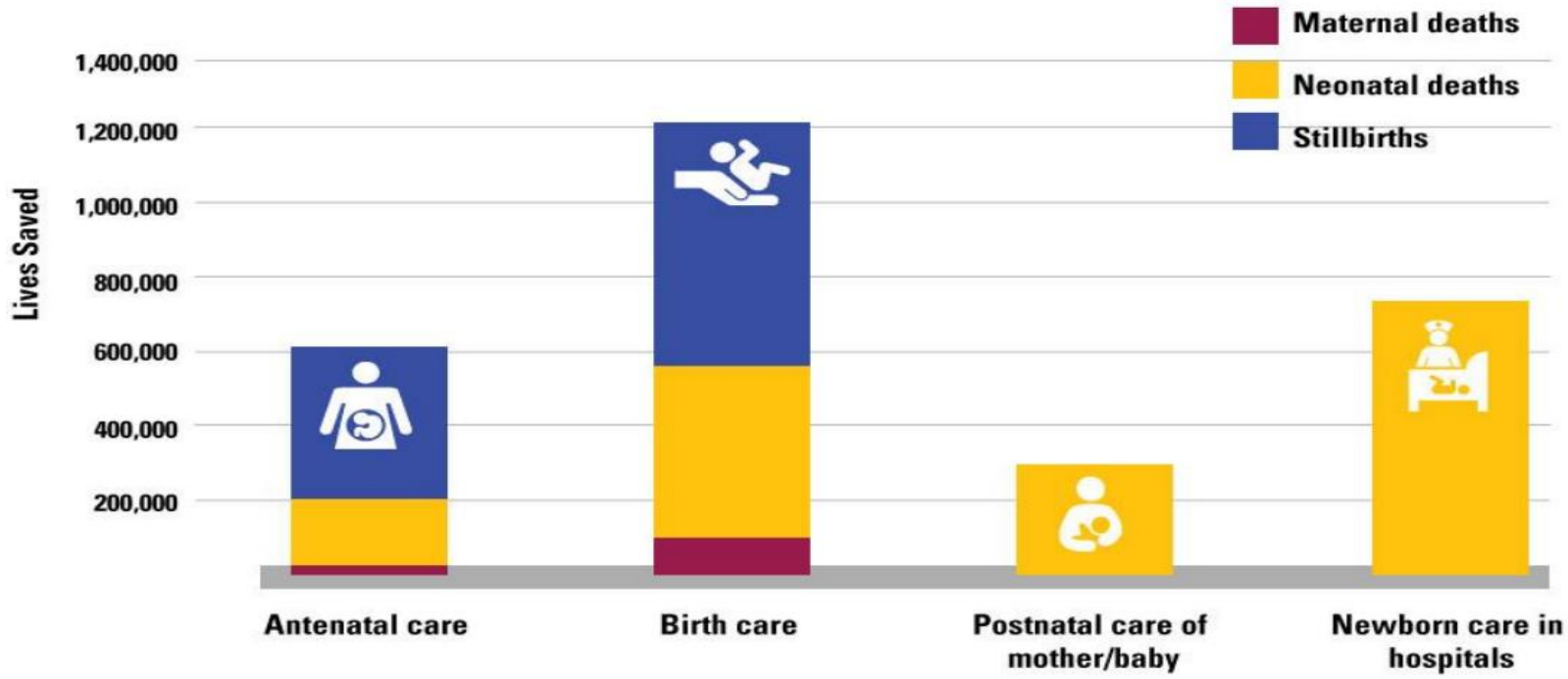
Investment in MN care saves lives

Lives saved (LiST) analysis for 2030 compared to baseline 2016, if 90% universal coverage



Potential impact of around 3 million lives saved, around half in Africa

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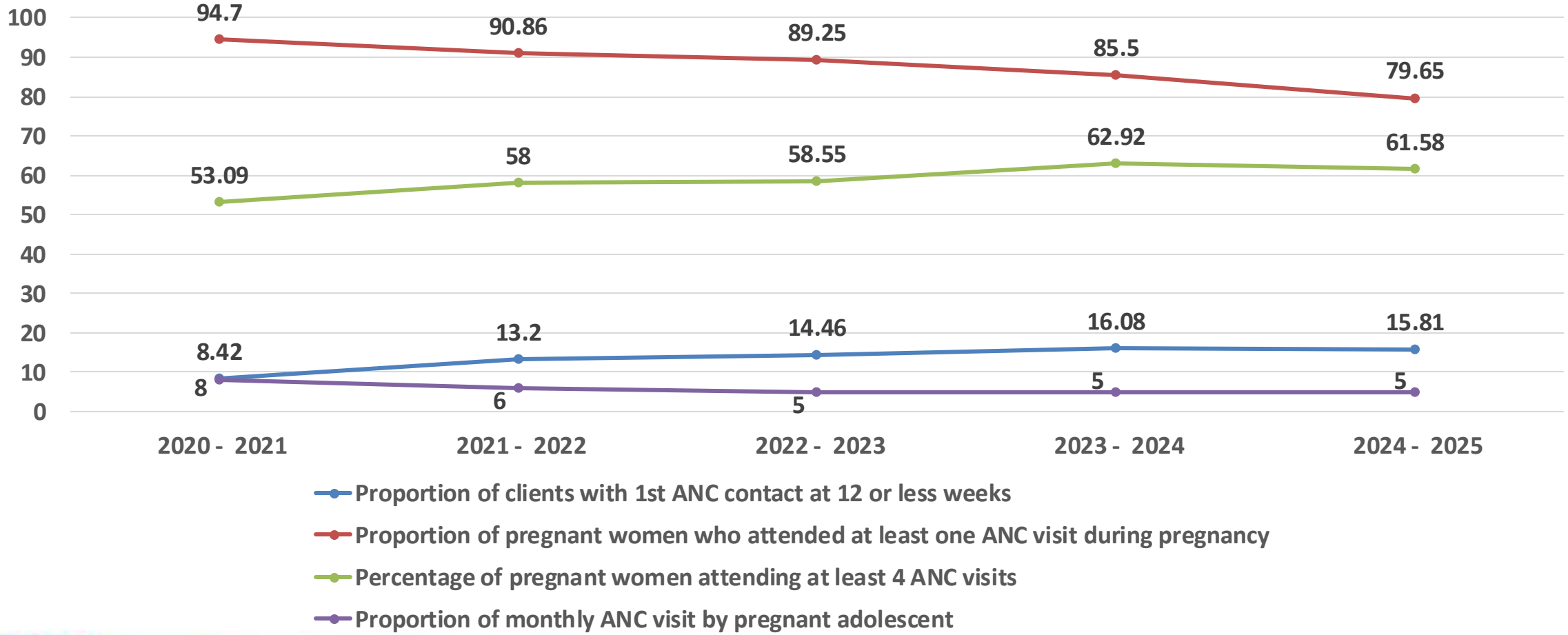
Trends over time in Maternal Health Indicators 2020-2025



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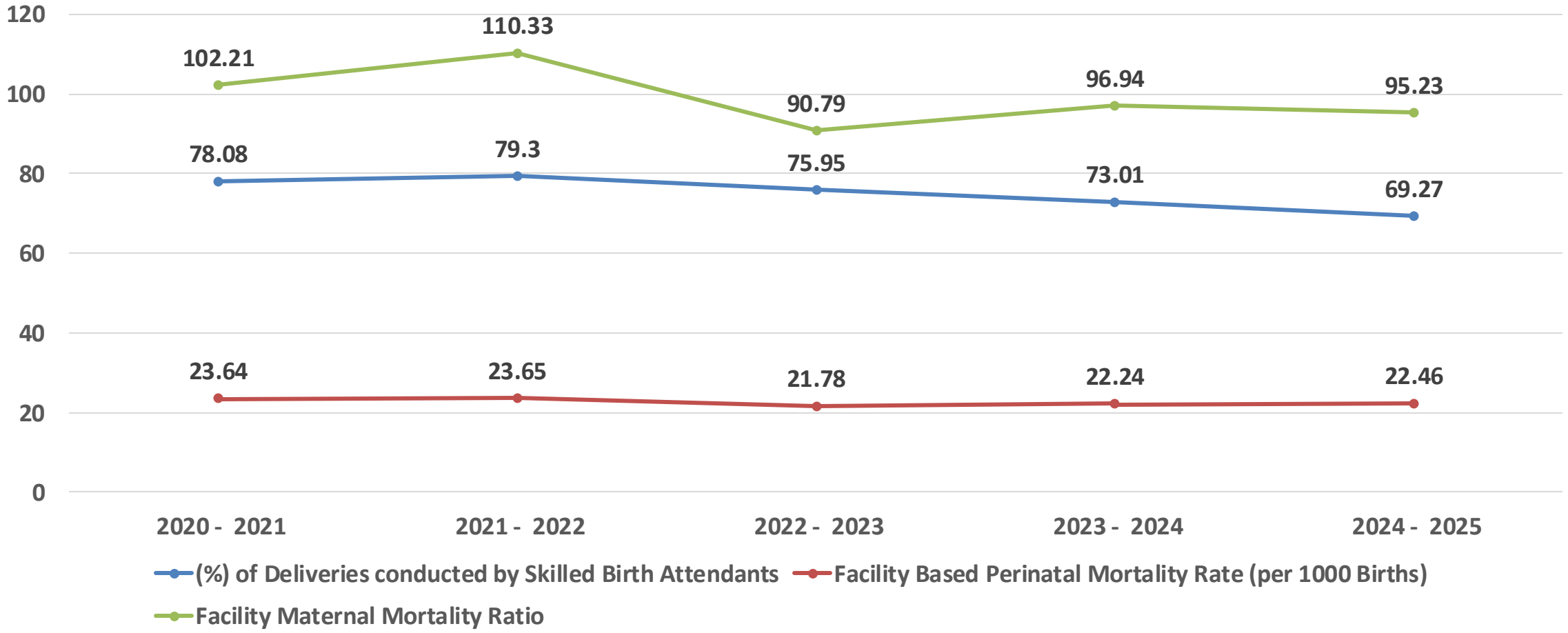
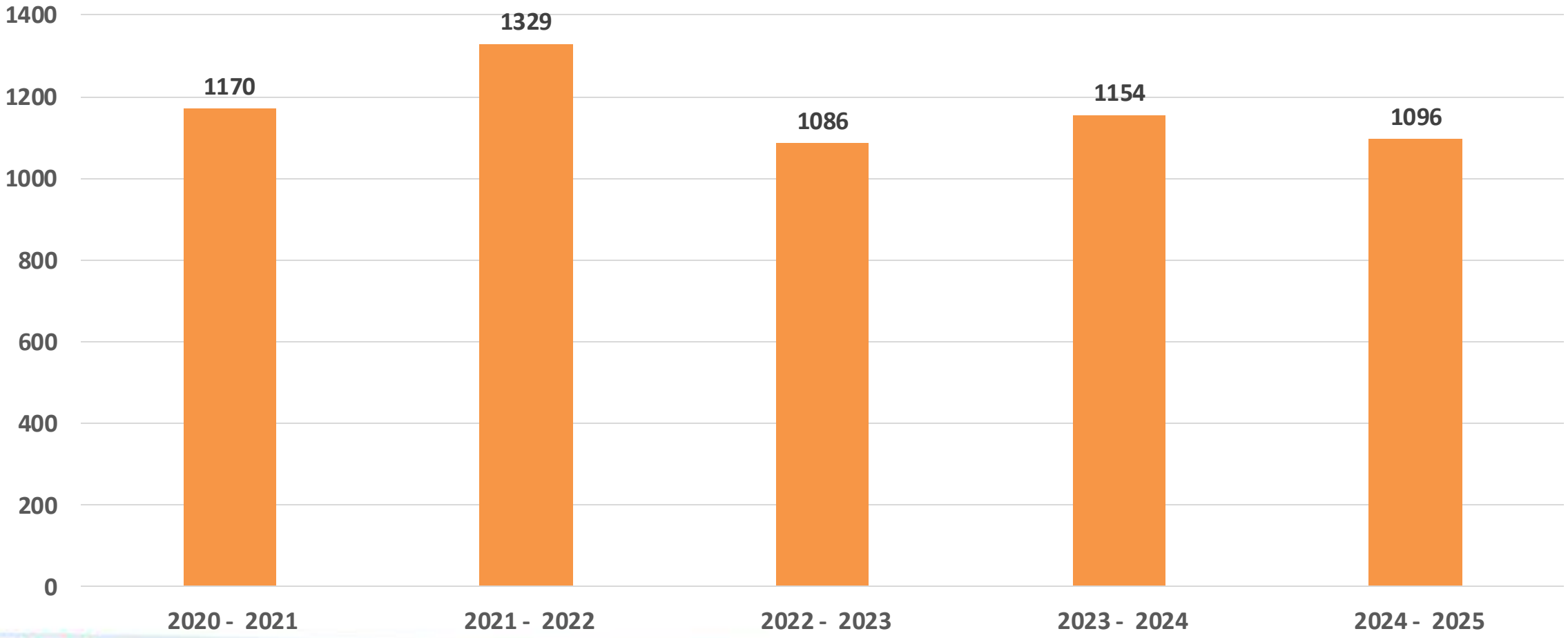
Trends over time in Maternal Health Indicators 2020-2025



Number of Maternal Deaths reported in health facilities (Old and New tool)



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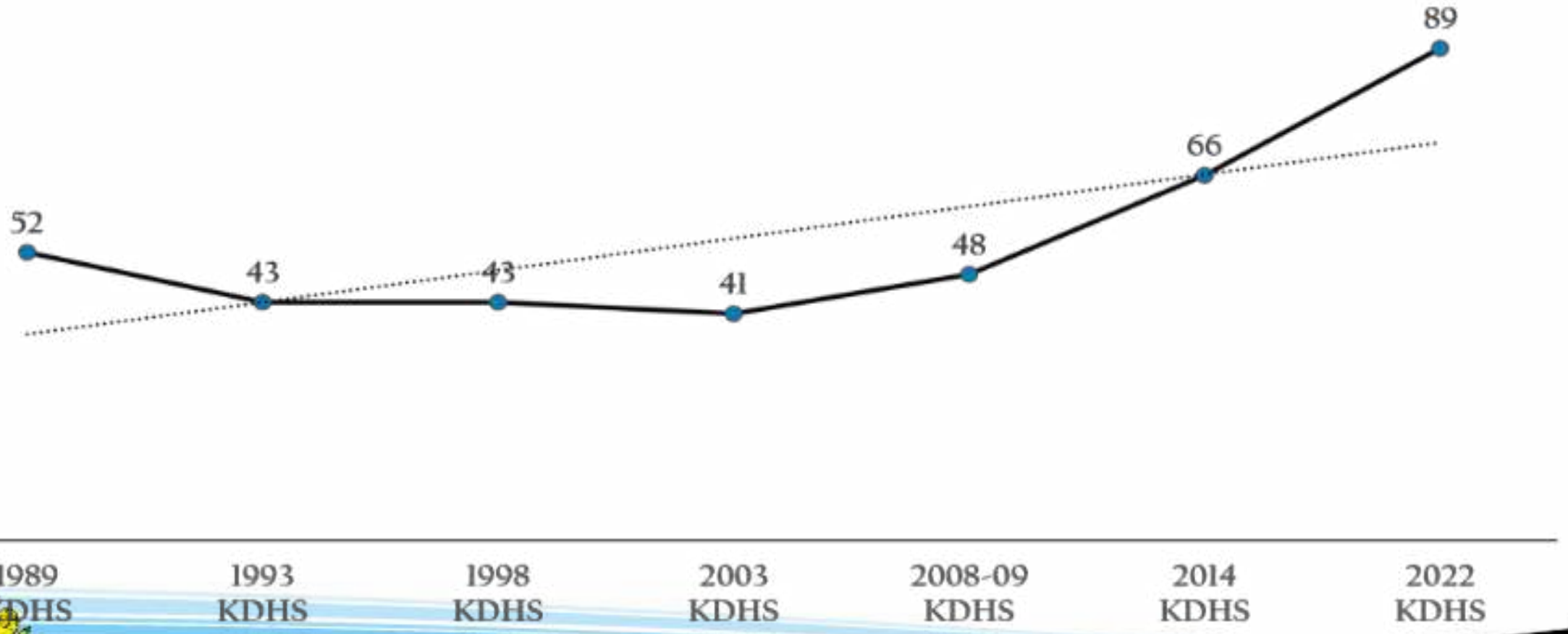
Trends In Skilled Birth Attendance In Kenya (KDHS)



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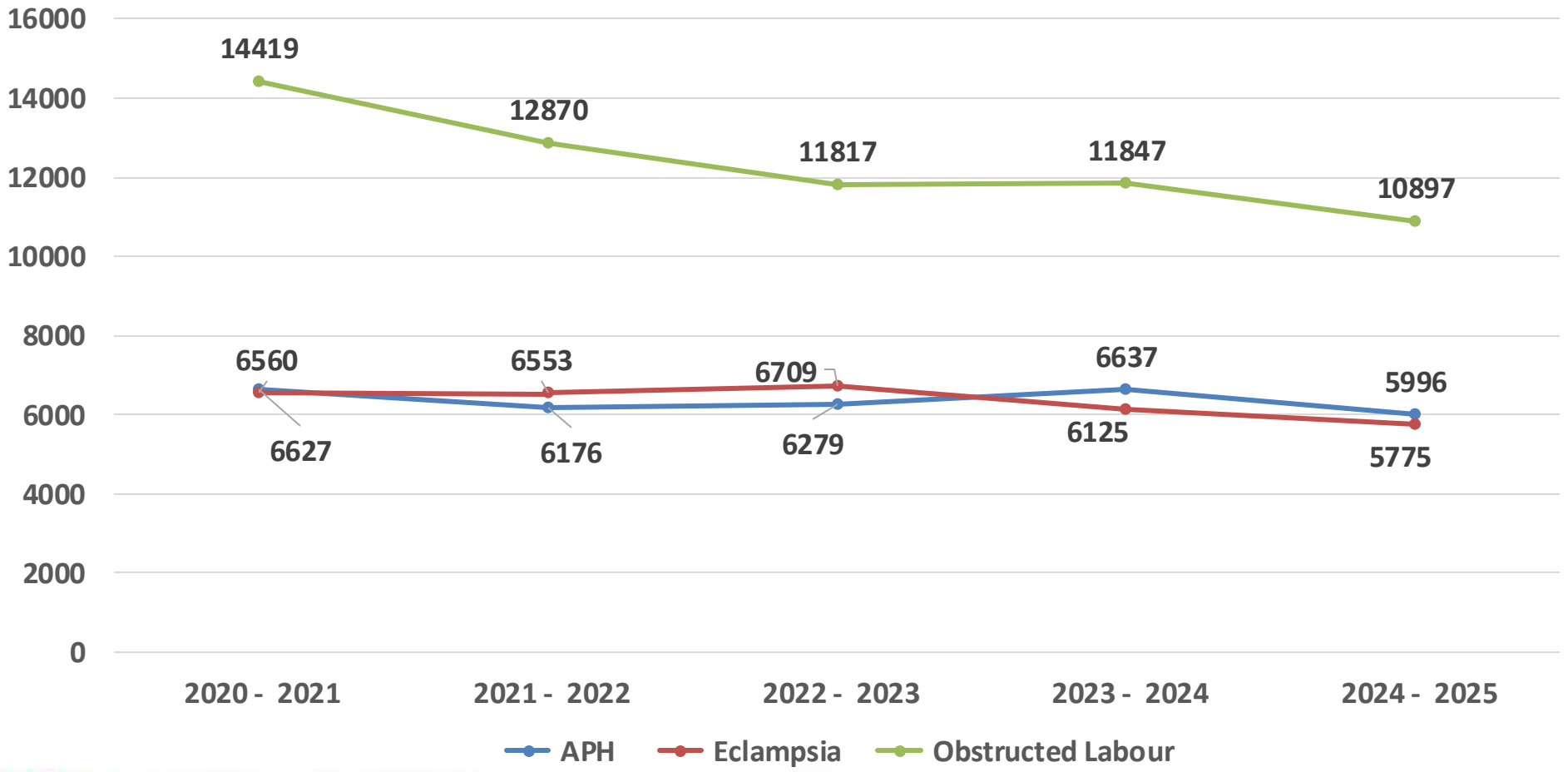
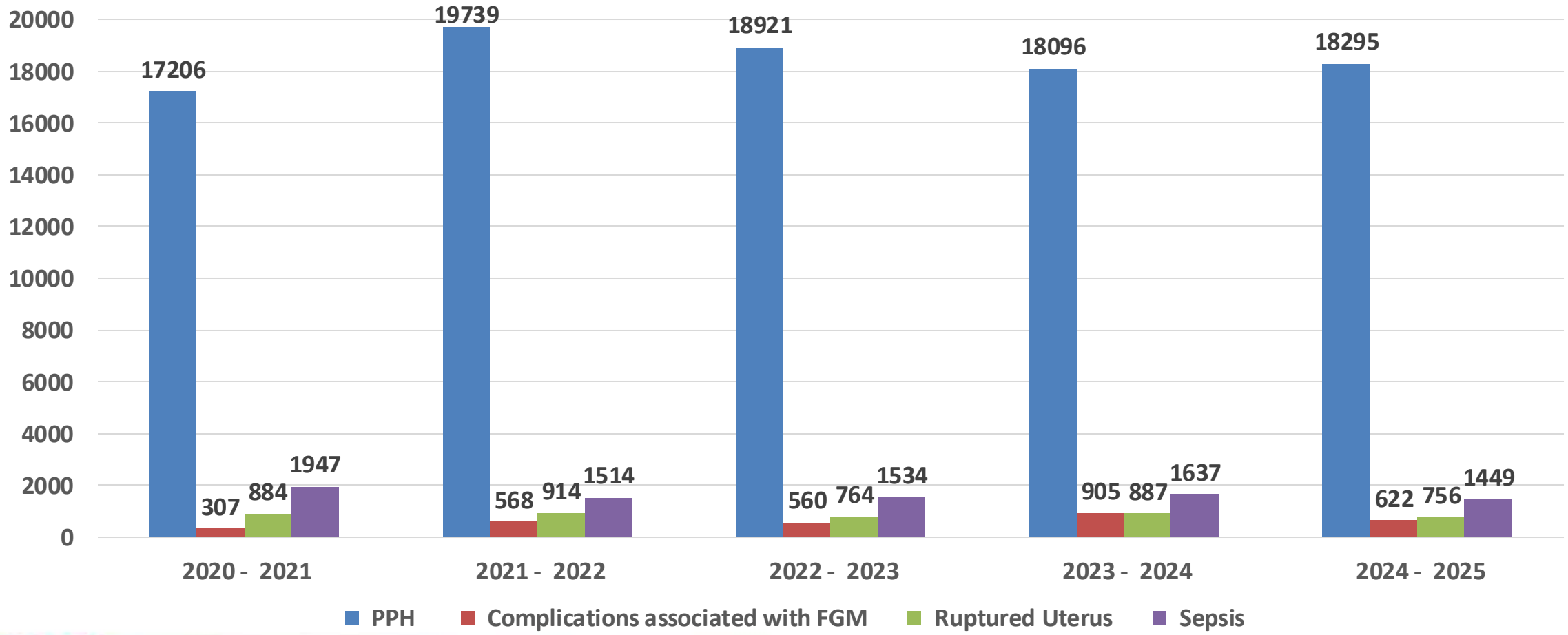
Trends in Maternal Health Complications 2020-2025



Trends in Maternal Health Complications 2020-2025



Trends in Maternal Mortality Ratio

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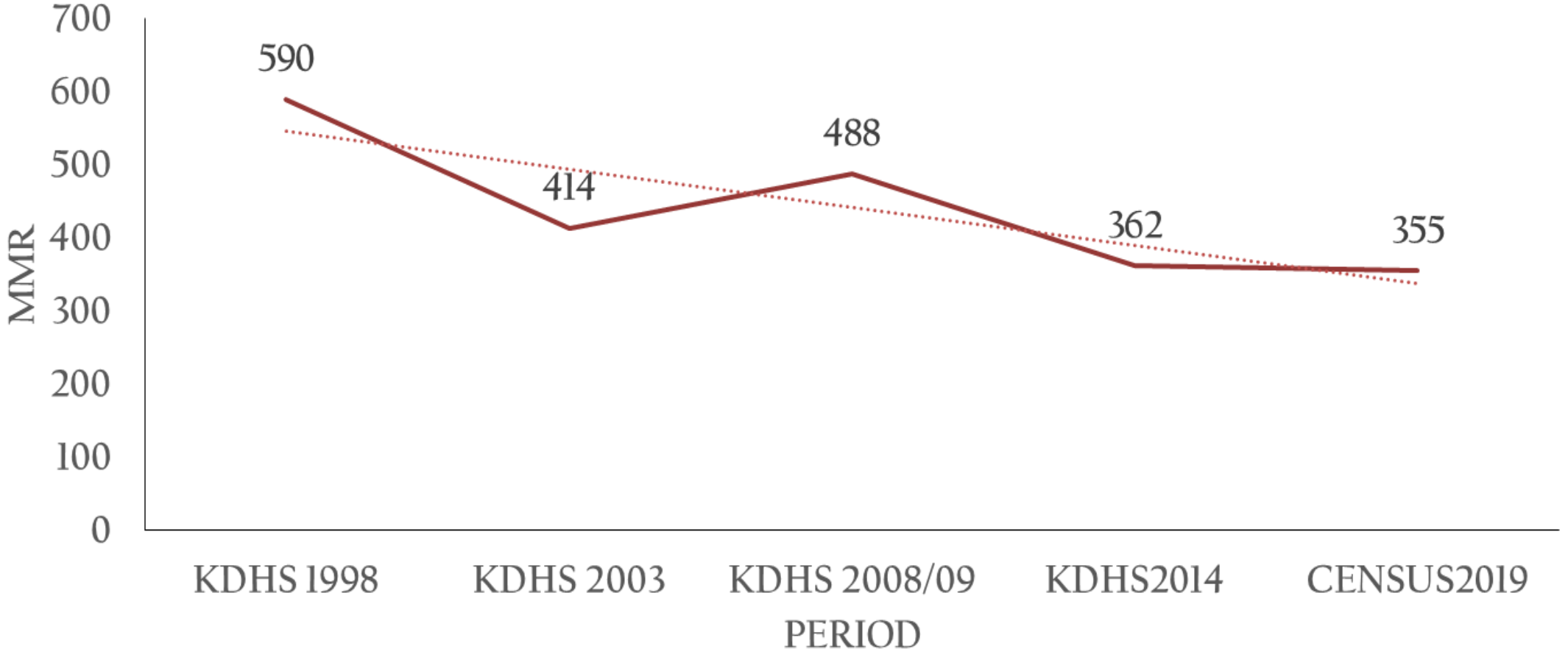

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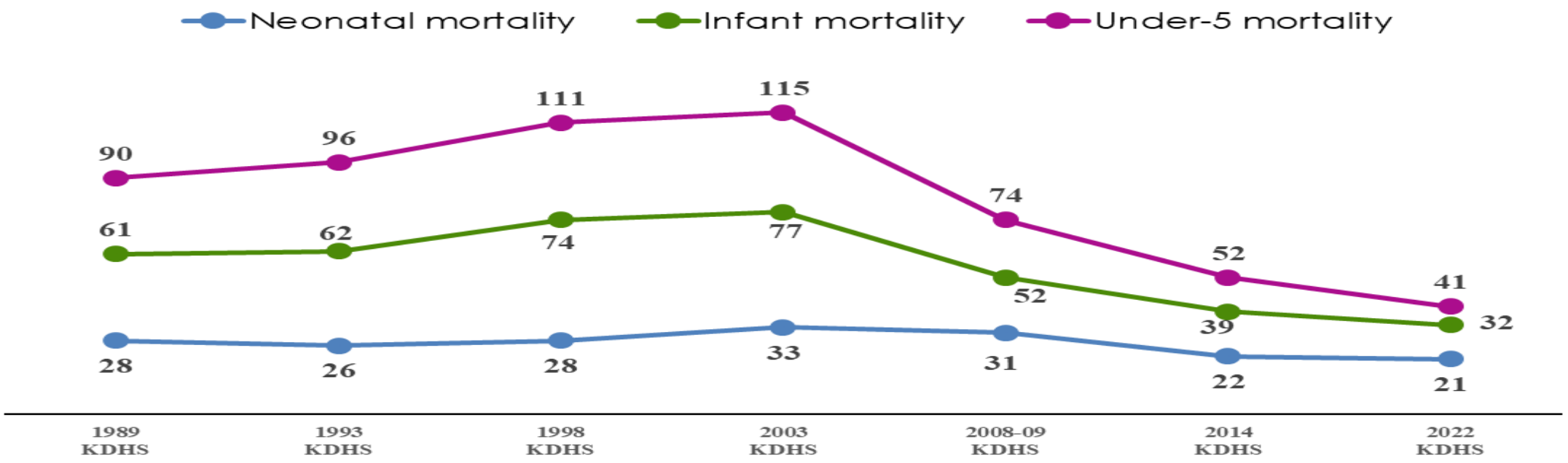
Trends in Childhood Mortality

Deaths per 1,000 live births for the 5-year period before the survey



Trends in Breach Delivery,2020-2025

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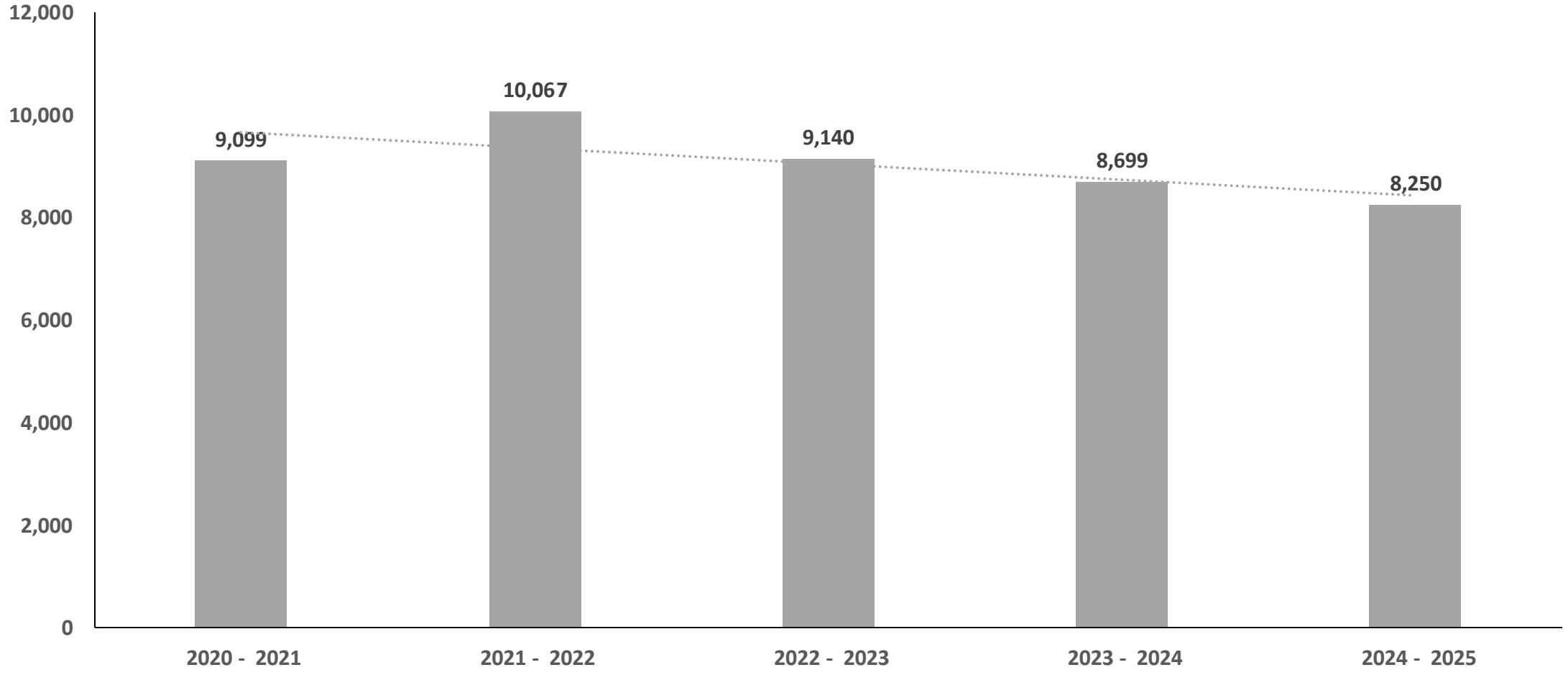

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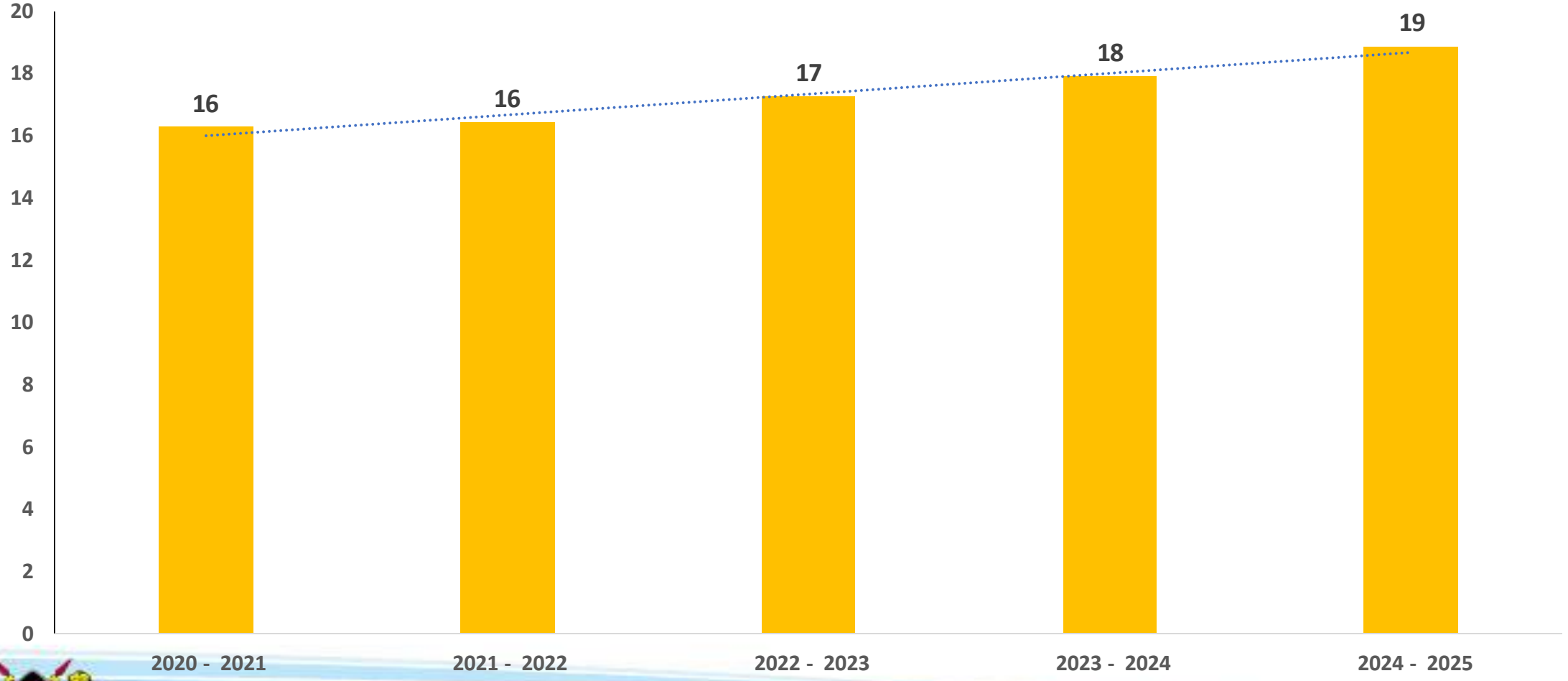
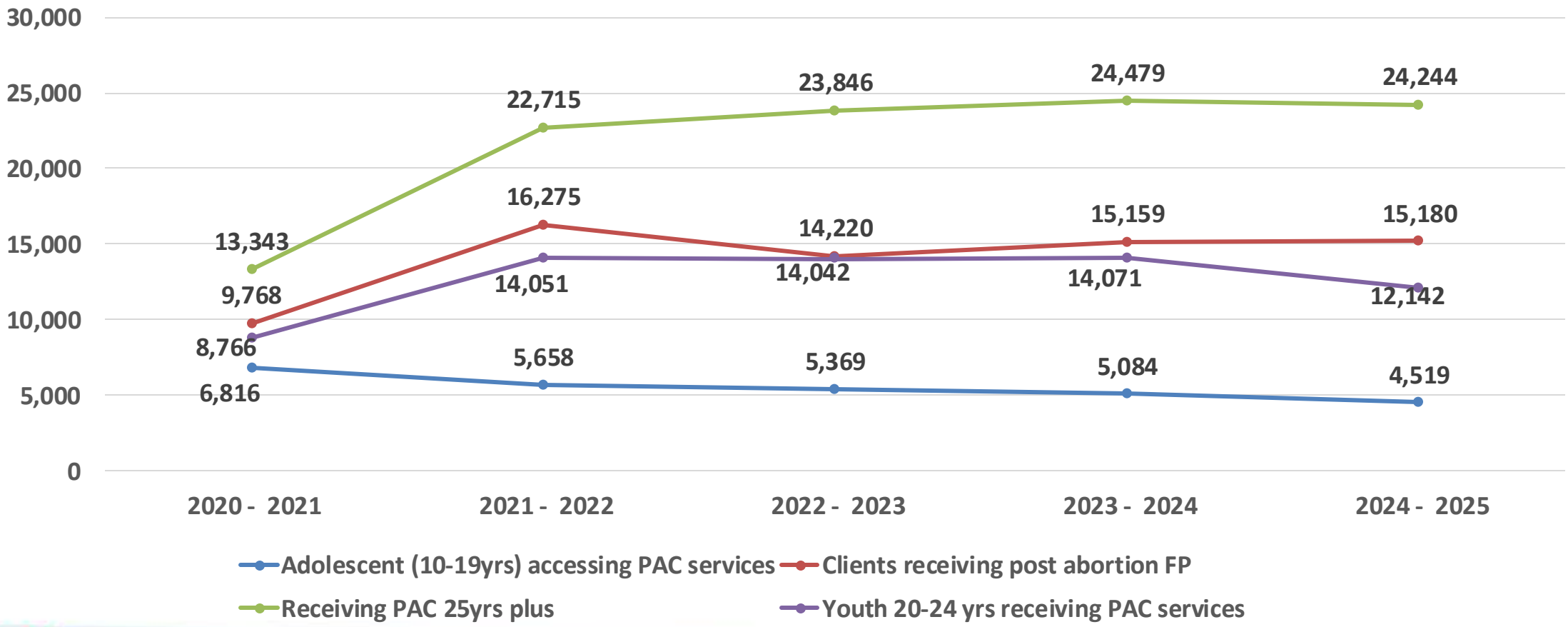
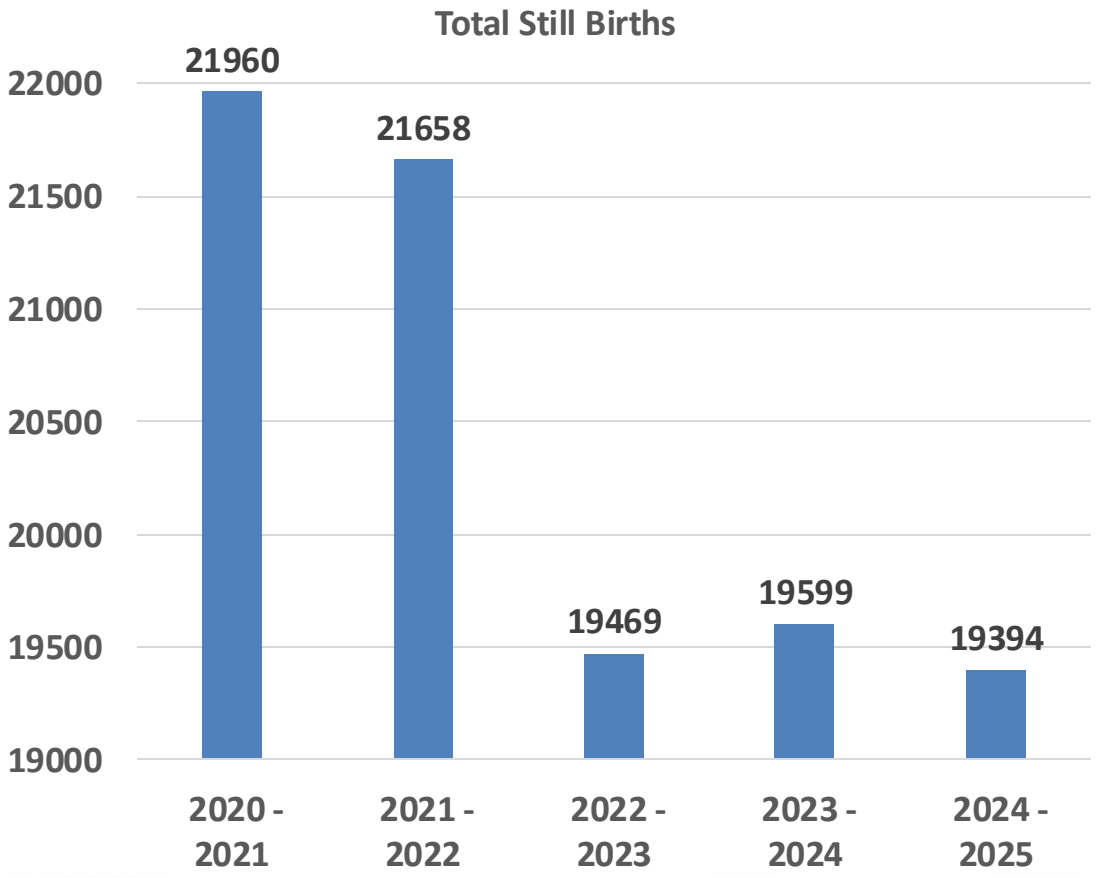
Trends in caesarean section rate,2020-2025

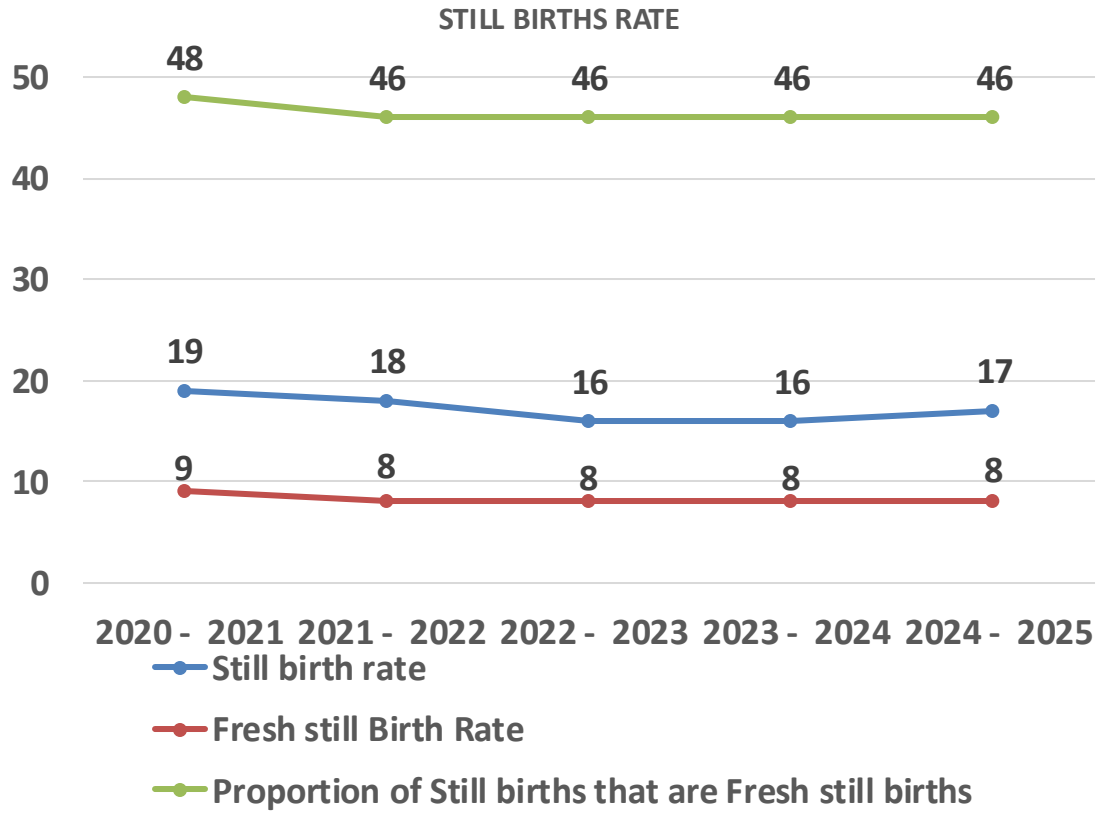


Trends in Post abortion are 2020-2025

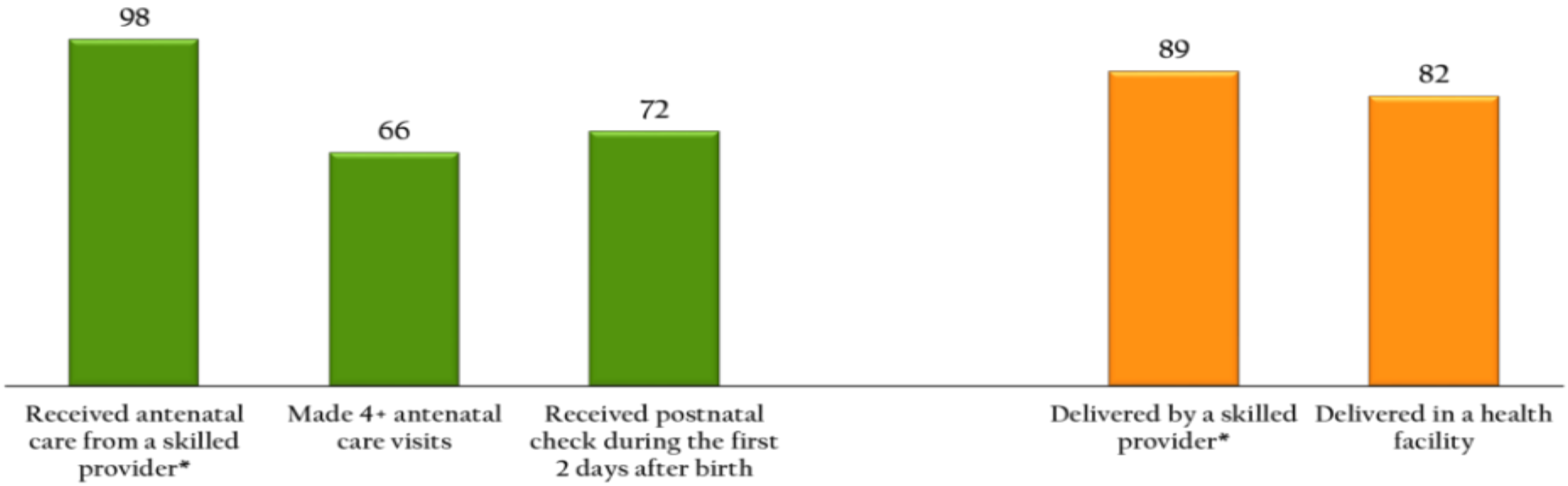


Trends in stillbirth rate 2020-2025



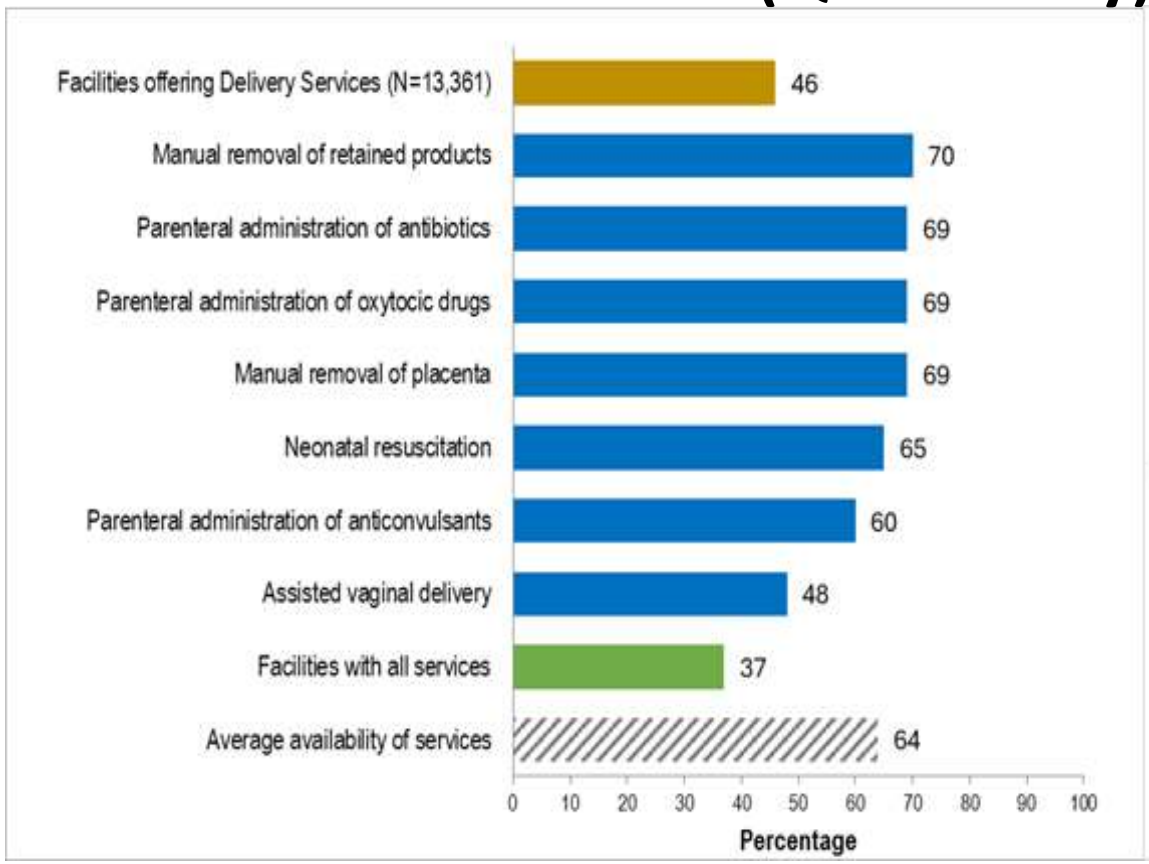


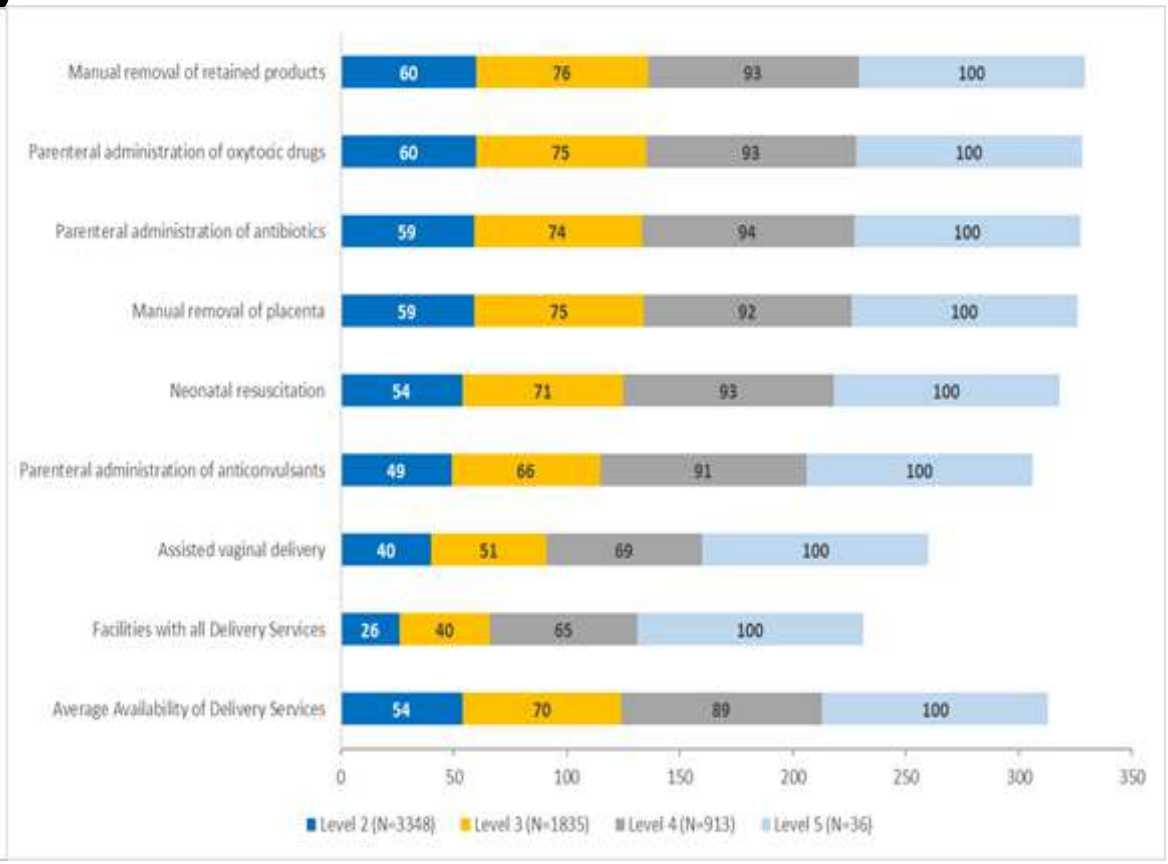
Maternal care, KDHS 2022



Gaps in maternal new-born care

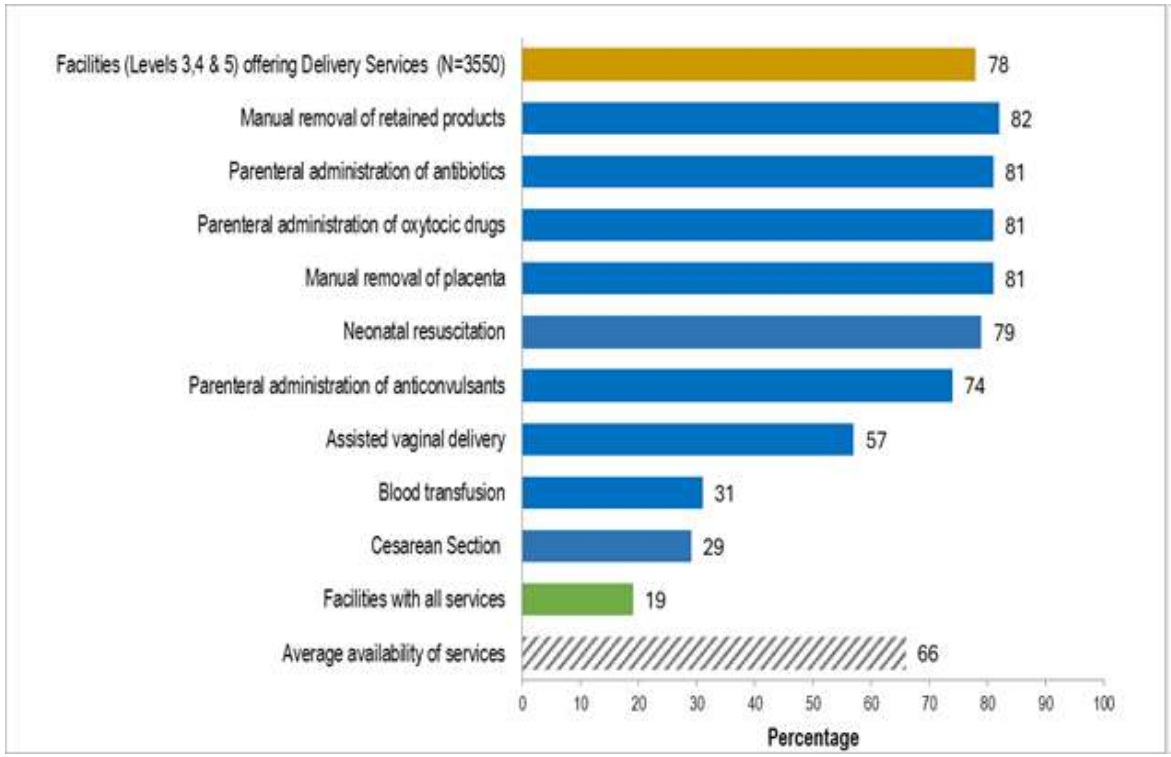
Delivery Services: Facilities with all BEmONC Signal Functions (QOC Survey)

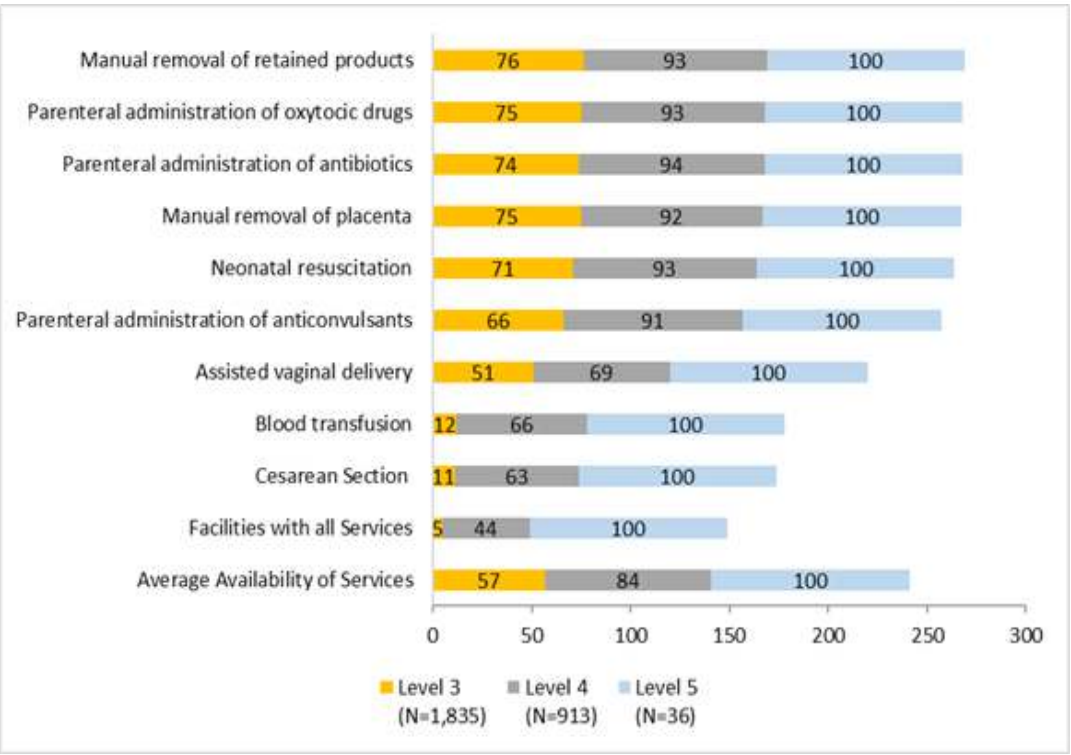




Of the 6132 facilities offering delivery services nationally, 37% have all 7 BEmONC signal functions

Delivery Services: Facilities with all CEmONC Signal Functions





- Of the 2784 level 3 ,4 and 5 facilities offering delivery services, 19% (n=529) had all 9 CEmONC signal functions.
- Some level 3 facilities, largely private had the full CEmONC package.

County Availability of Emergency Obstetric and Newborn Care Services

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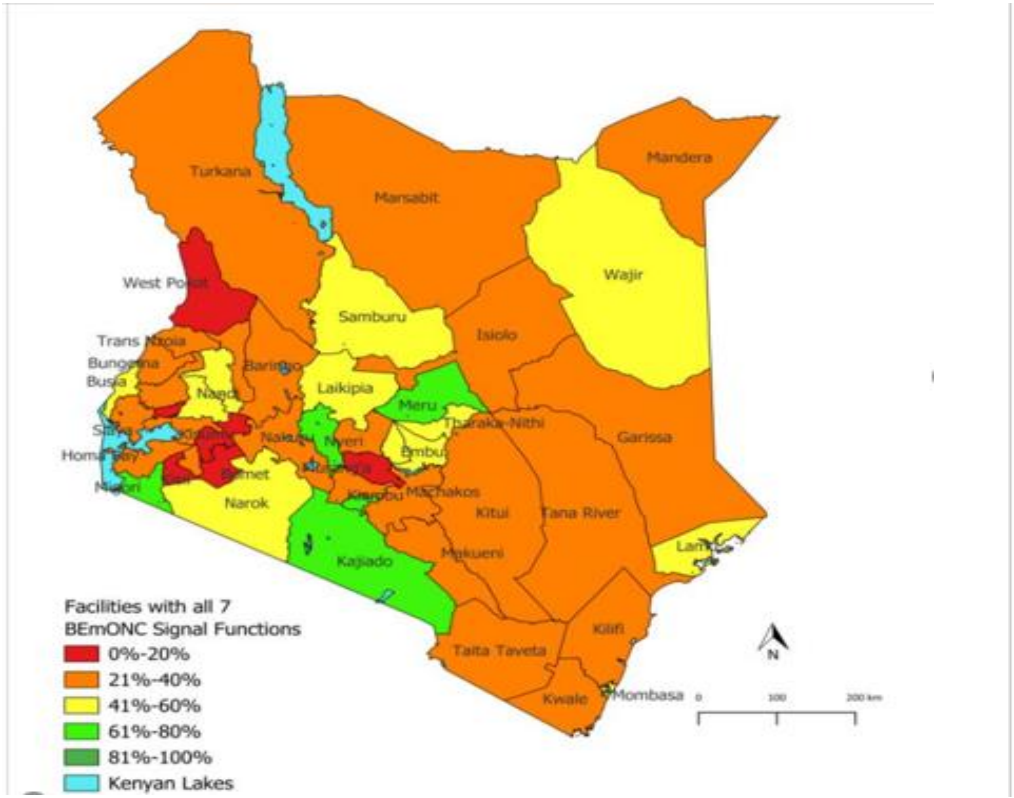
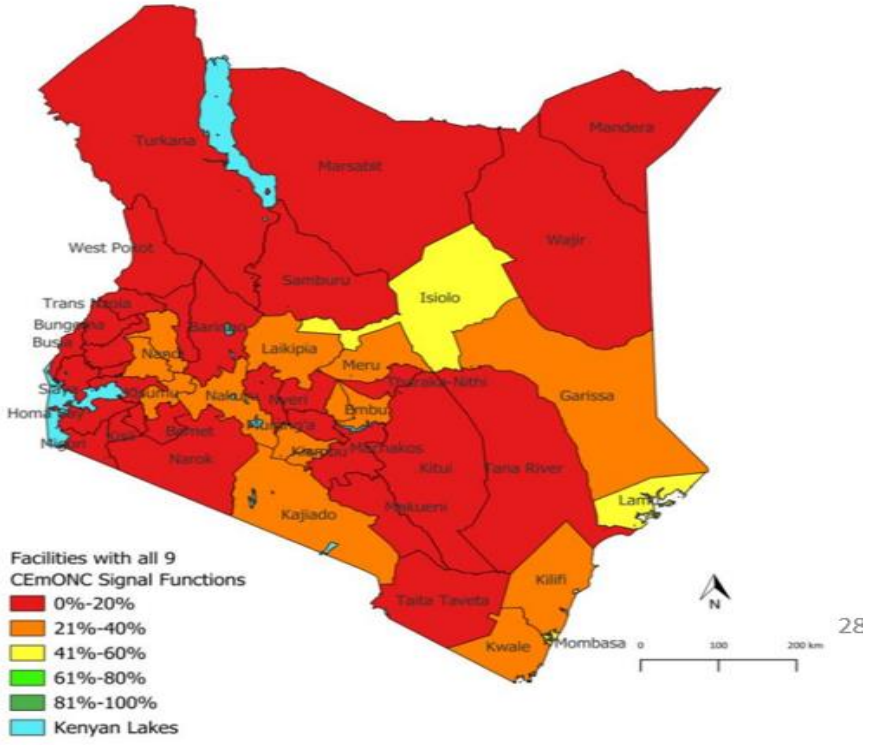
% Facilities with all 7 BEMONC Functions



% Facilities with all 9 CMONC Functions



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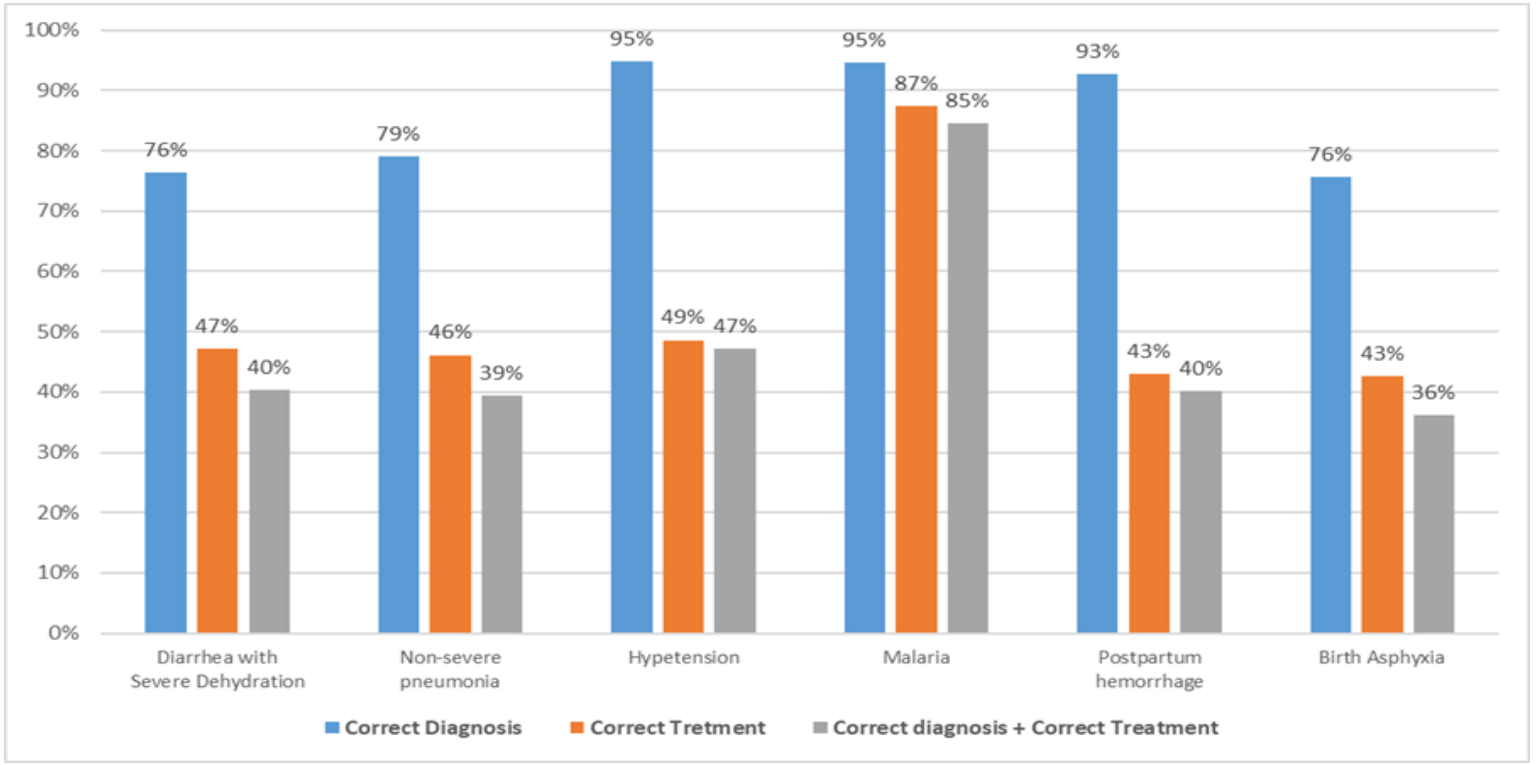
Are health providers able to make the right diagnosis and give right treatment / management for select tracer conditions?



Right Diagnosis + Right Treatment/Management

in children

- **40% for diarrhea with severe dehydration**
- **39% for non-severe pneumonia**

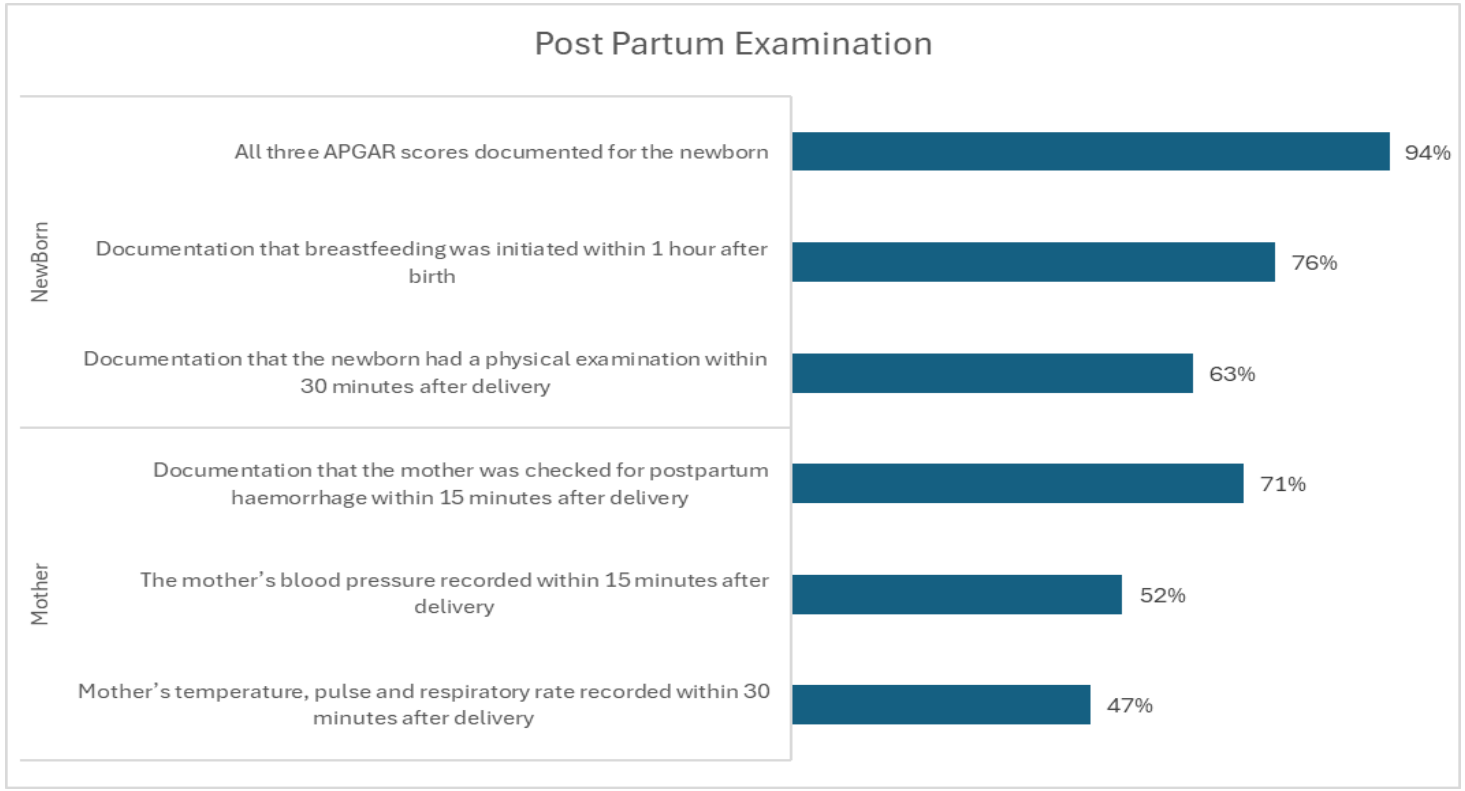
in adults

- 47% for Hypertension
- 85% for uncomplicated Malaria

Emergencies during childbirth process

- **40% for Post Partum Hemorrhage**
- **36% for Birth Asphyxia**

Do health providers rightly document the right care (guideline adherent) care given for select conditions?



N=7,718 records

- APGAR scores well documented
- 7 of every 10 files had good documentation of post partum hemorrhage (*3 of every 10 are not*)

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FP Program updates

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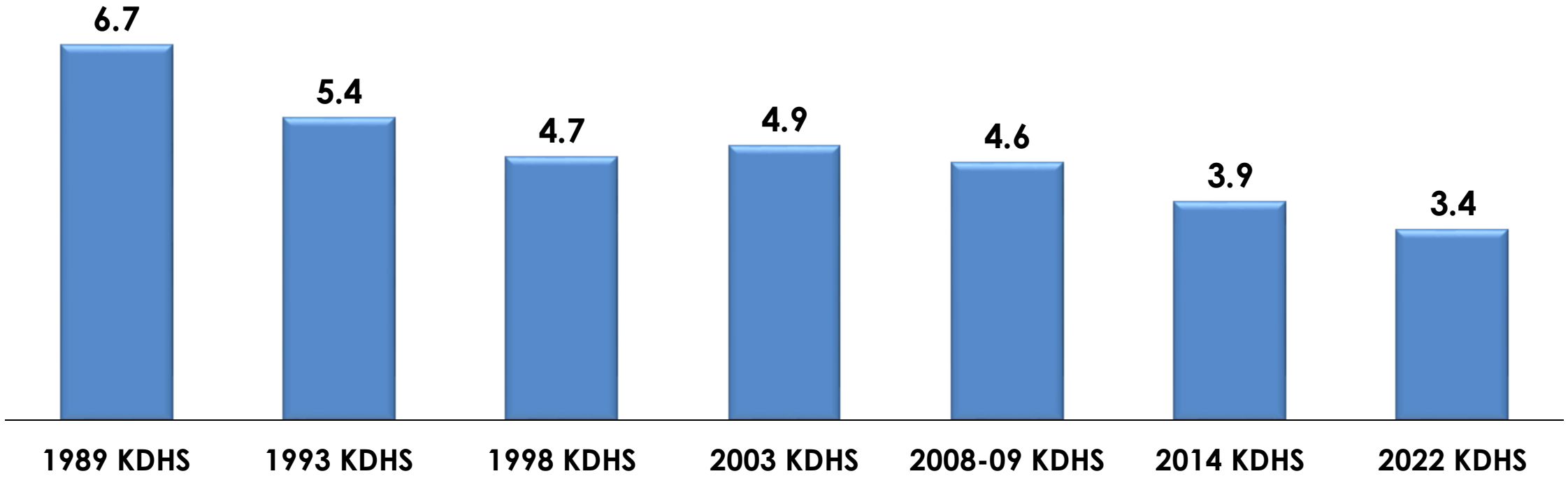
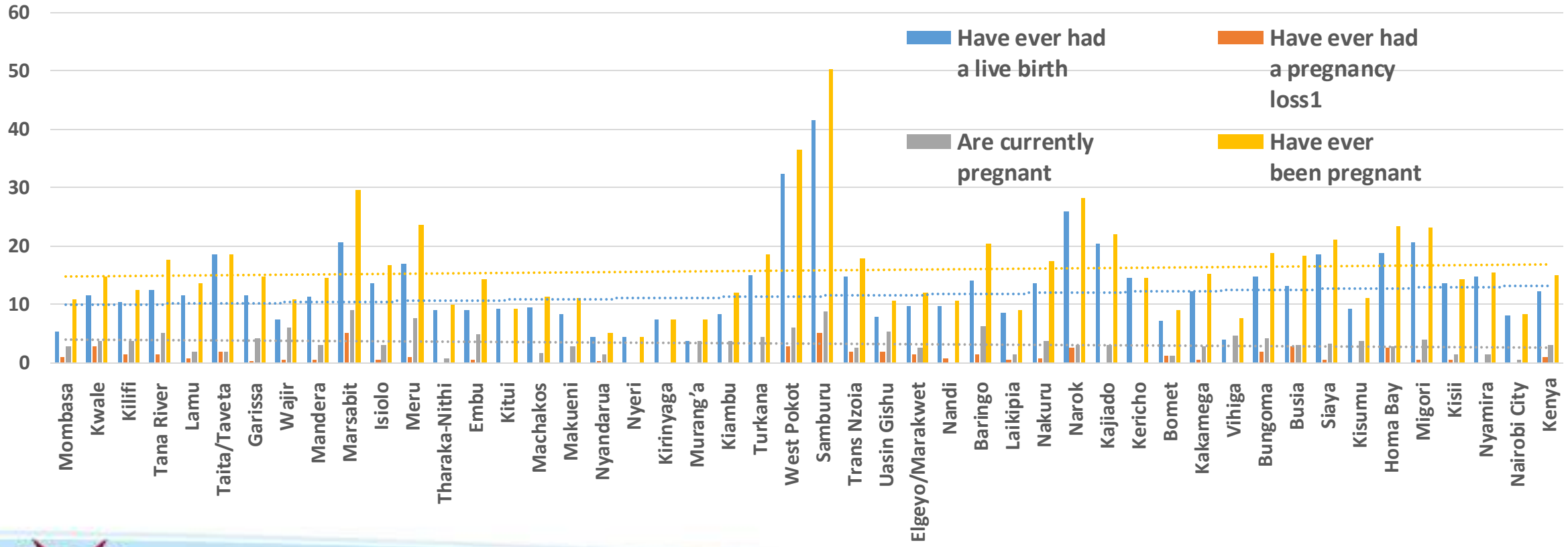
Fertility Trends

The TFR is higher among women in rural areas than among those in urban areas (3.9 versus 2.8)

Births per woman for the 3-year period before the survey



Teenage Pregnancy - % of women 15-19years



CPR by County

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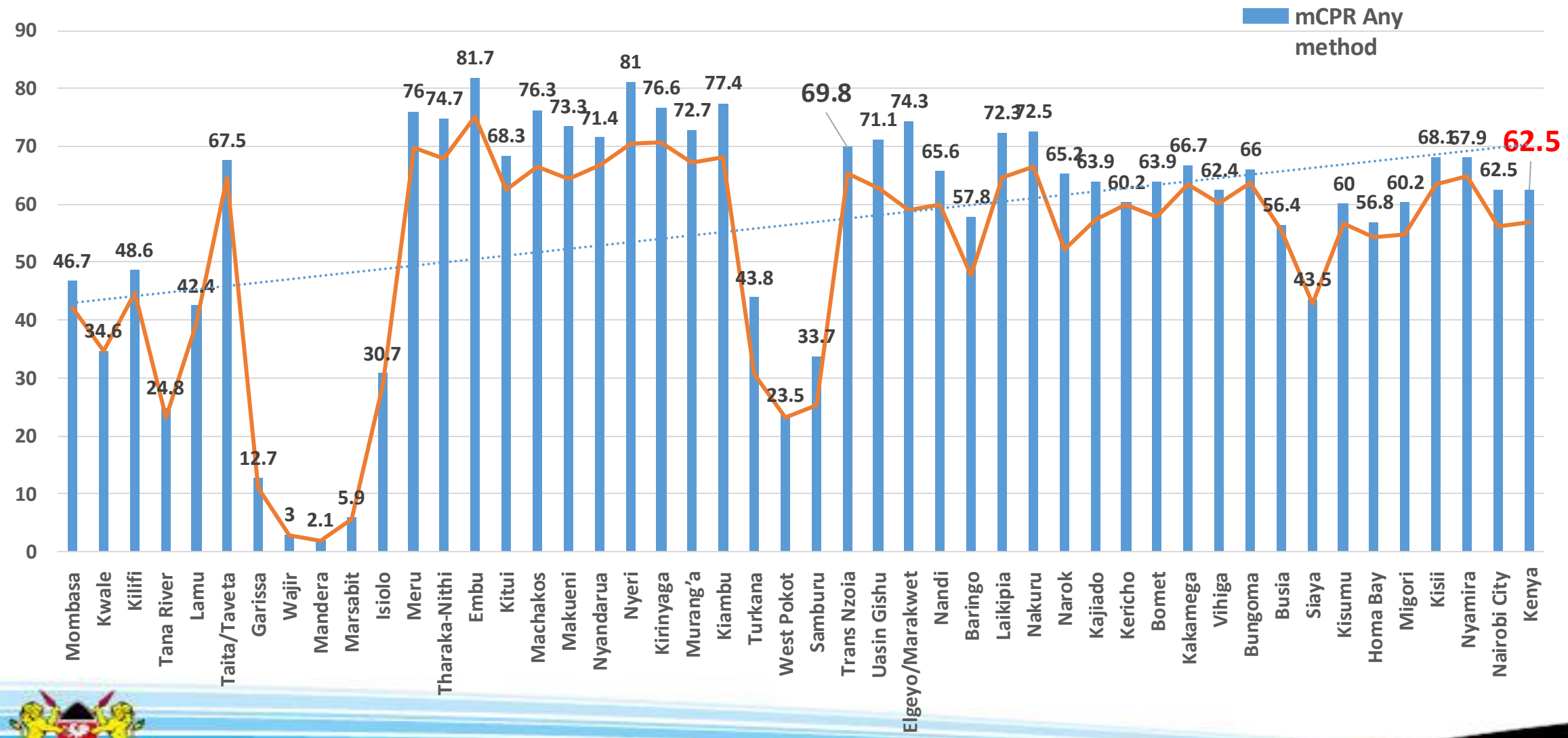

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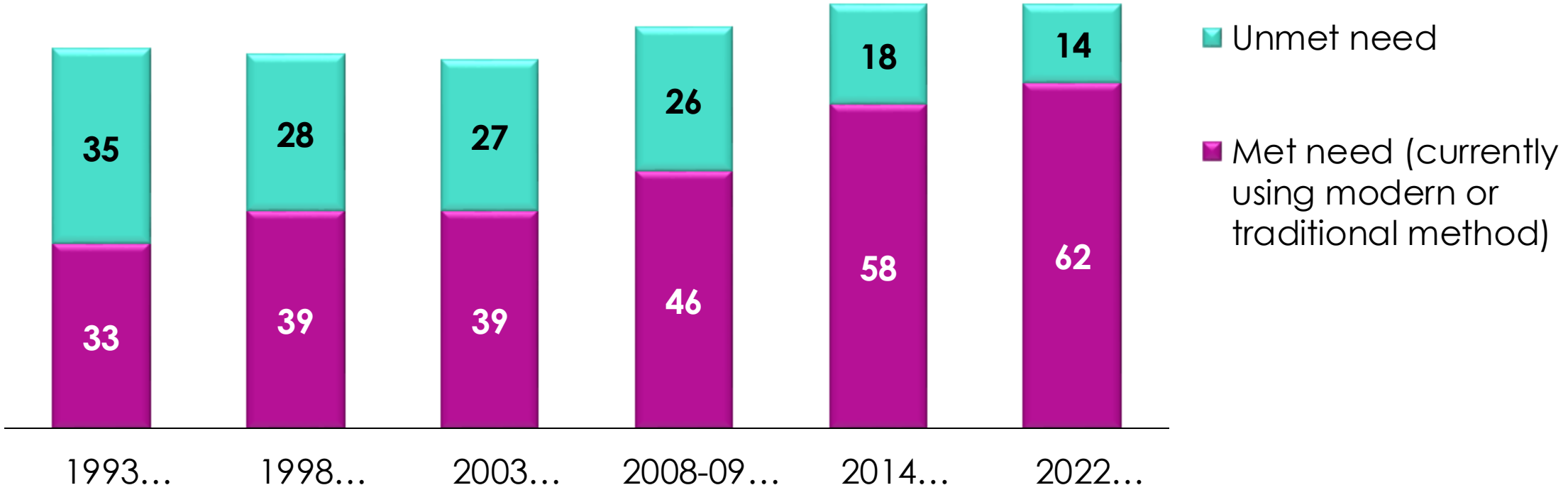
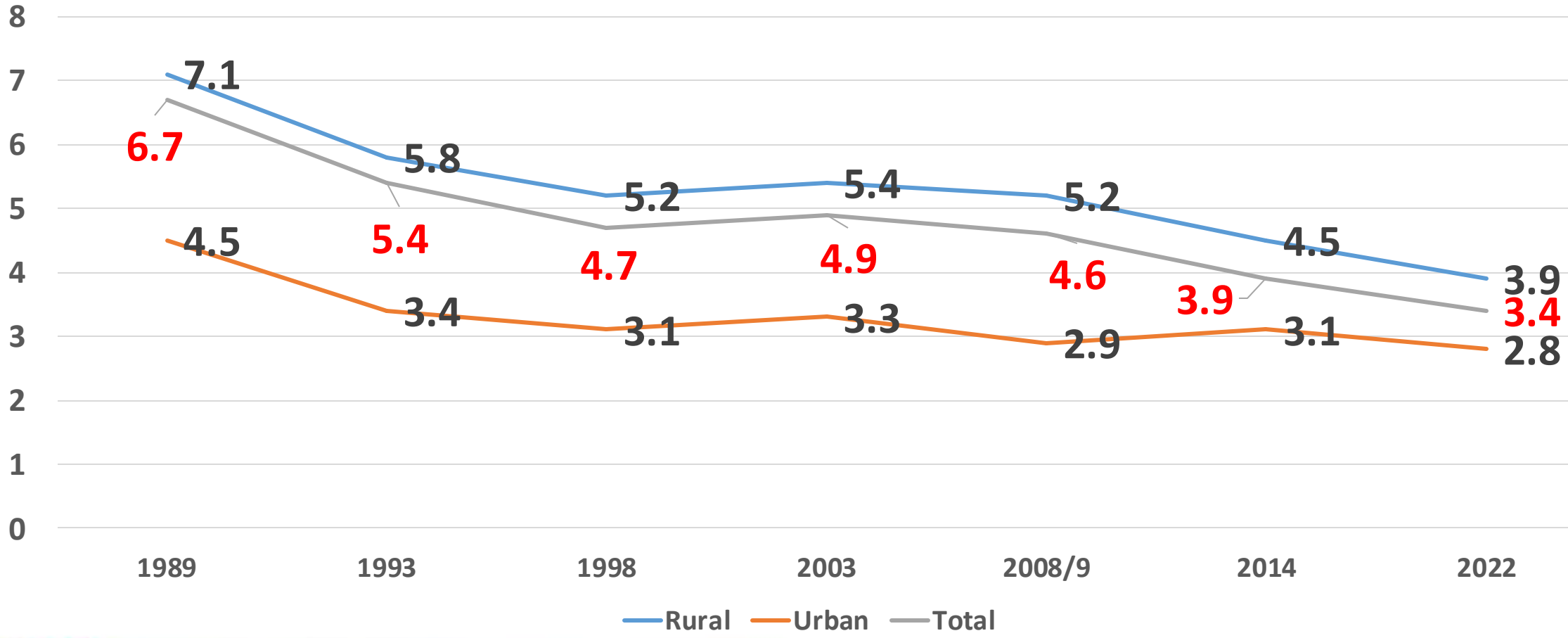
Trends in Use, Need, and Demand for Family Planning

Percent of married women age 15-49



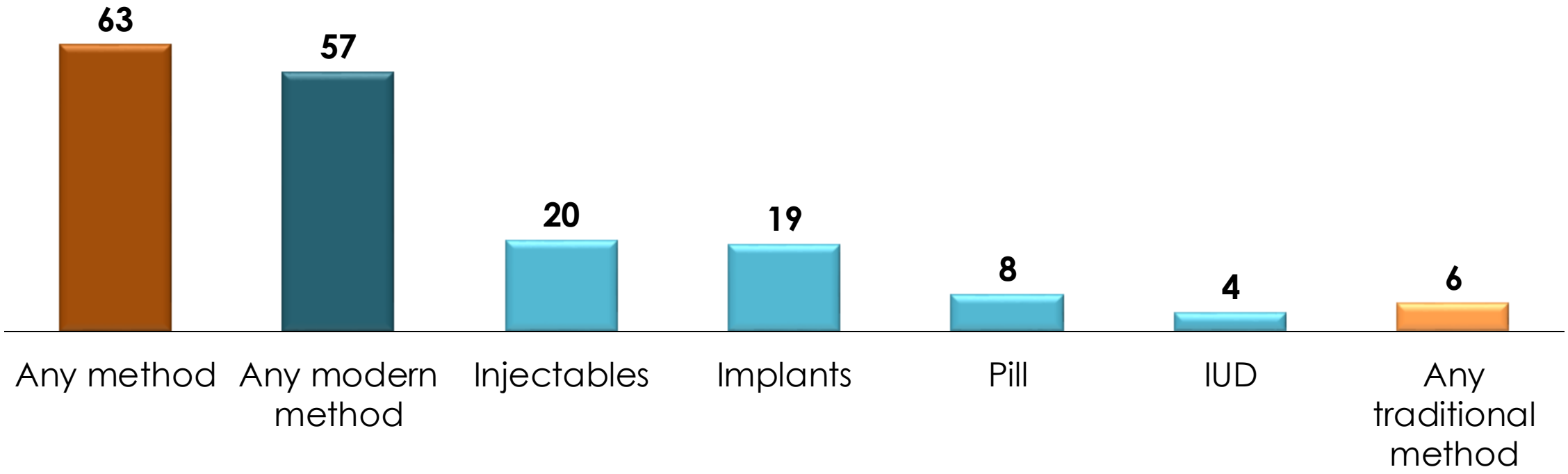
KENYA TFR – RURAL AND URBAN COMPARED (KDHS 2022)



Current Use of Family Planning

Percent of married women age 15-49 who use:

THE 2030 TARGET FOR mCPR FOR MARRIED WOMEN IS 64%



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GBV Program Status

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GBV INDICATORS

1. Total number of GBV clients seen
2. Proportion of GBV clients seen within 72 hours
3. Proportion of facilities reporting GBV services
4. Proportion of SGBV survivors
5. Proportion of Intimate Partner Violence survivors seen Proportion of FGM survivors seen

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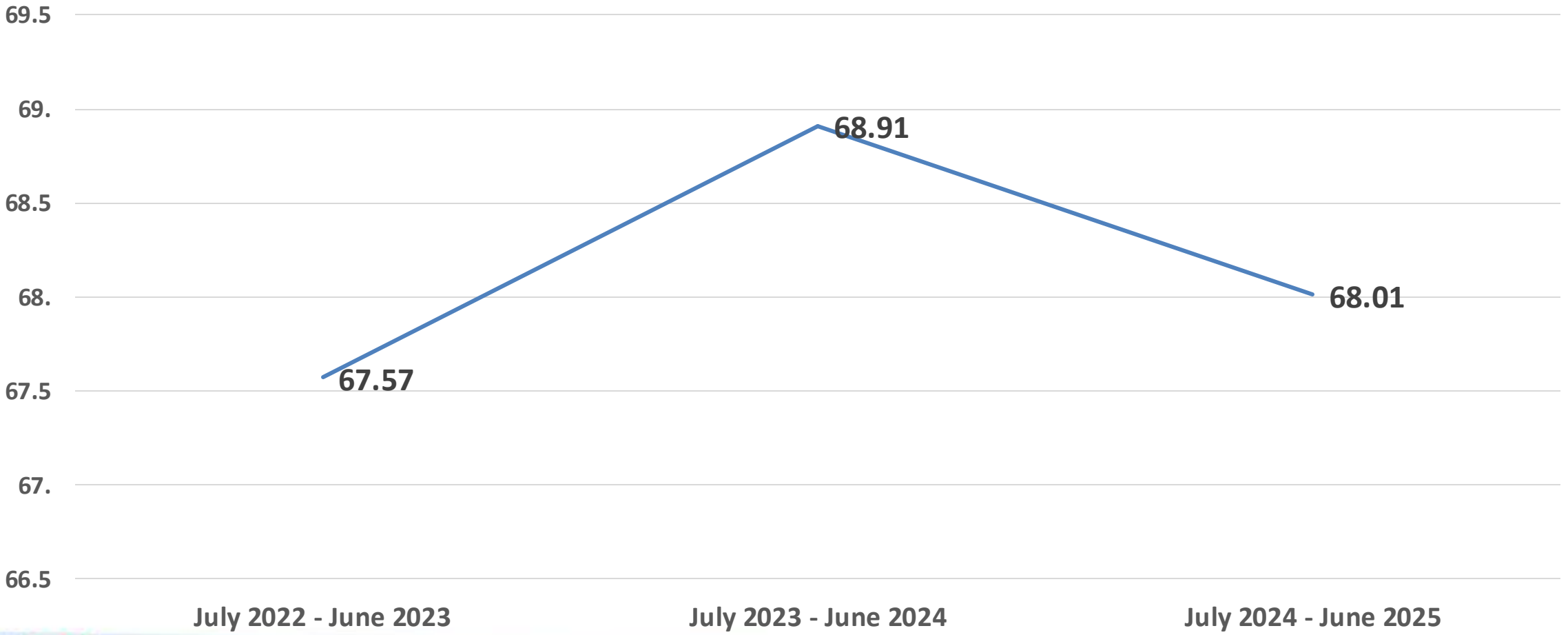
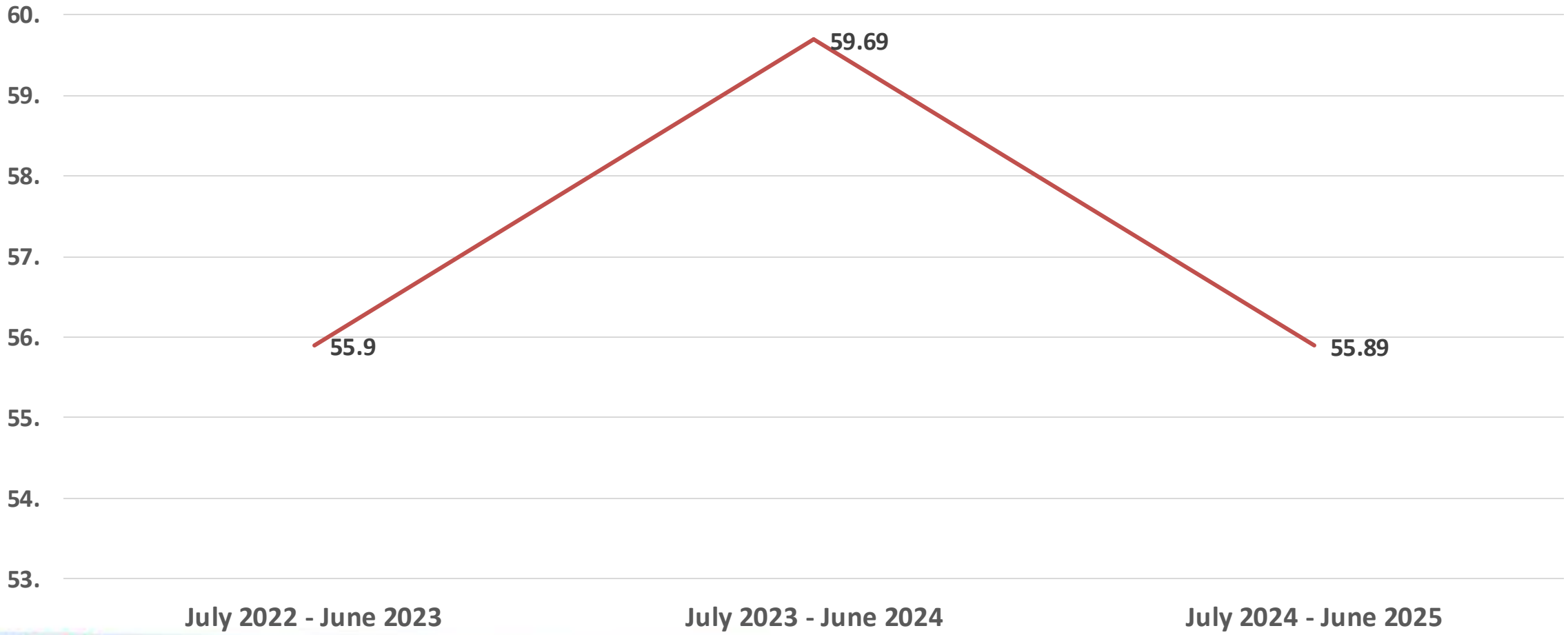
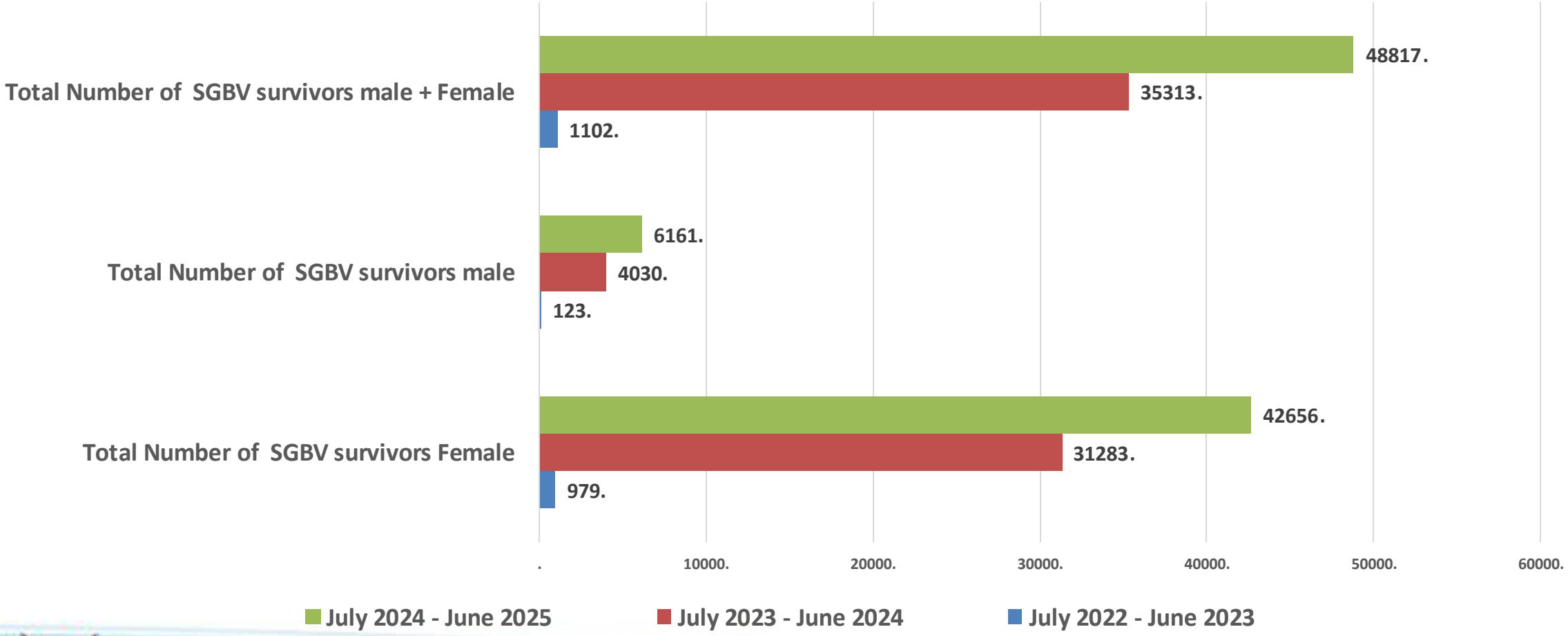
Proportion of GBV survivors who experienced SGBV



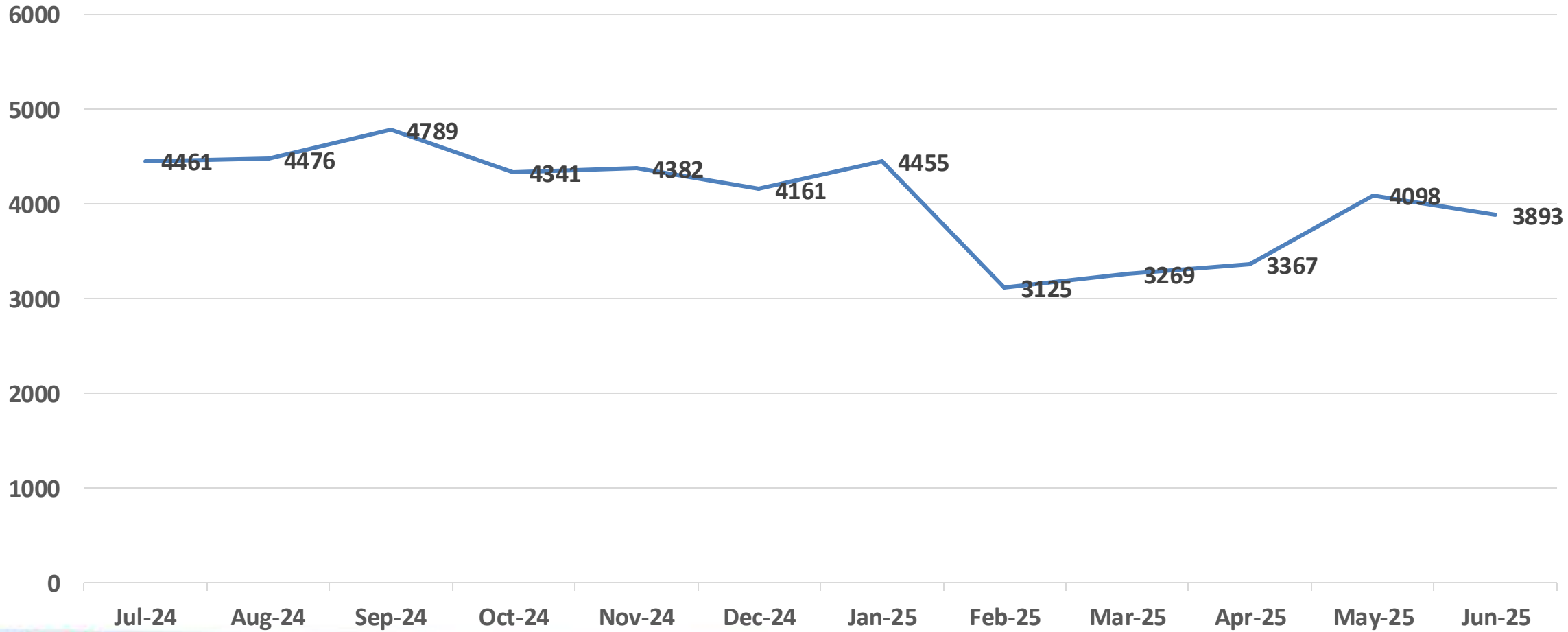
Proportion of SGBV clients seen within 72 hours



GBV Survivors Seen



Number of SGBV survivors male + Female



SGBV Survivor Seen

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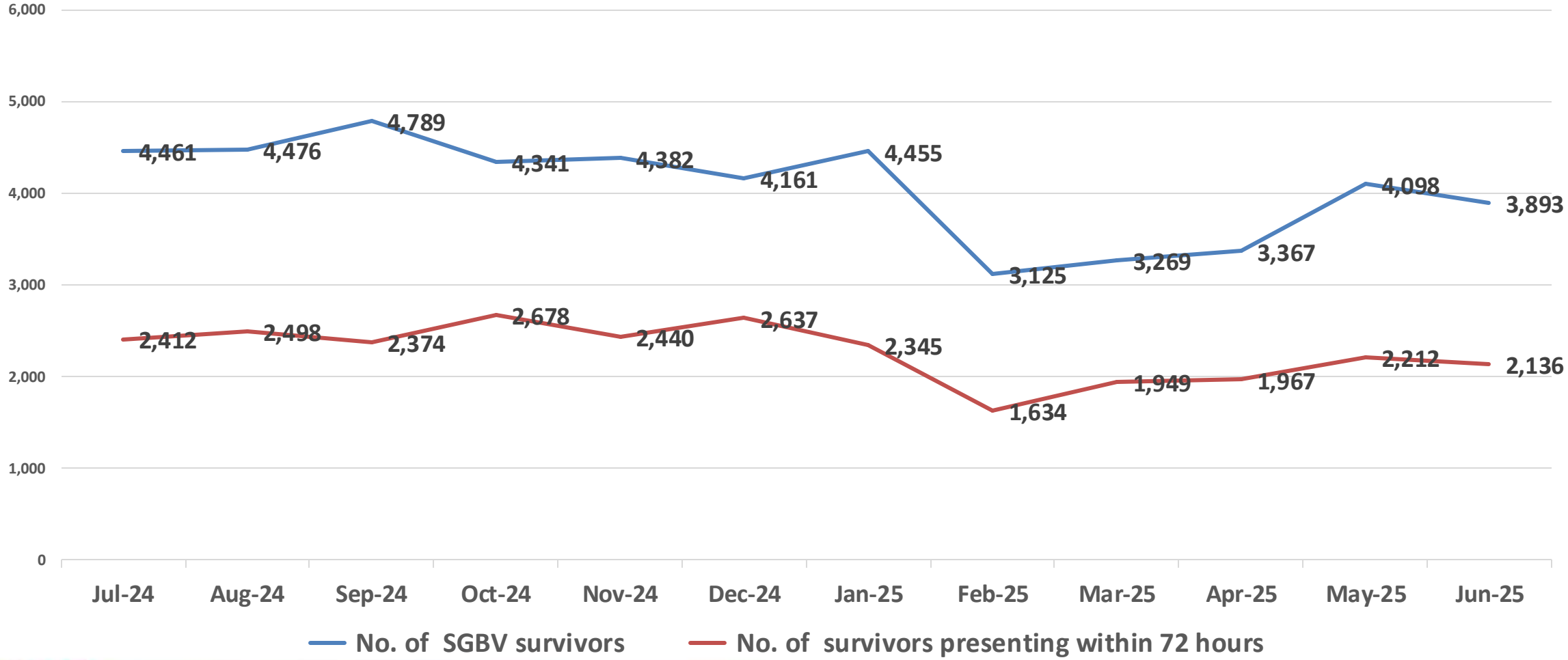

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No. of SGBV survivors July 2024 - June 2025 Per County

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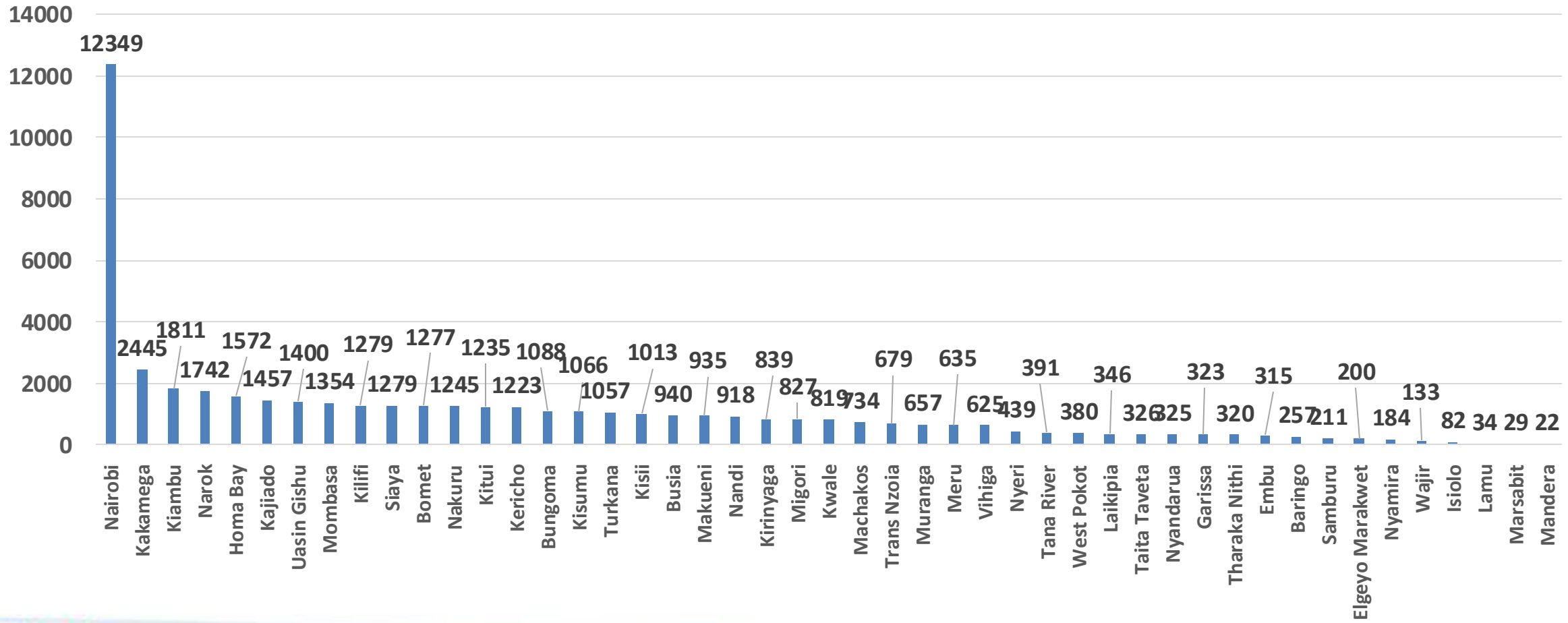

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SRH PROGRAM STATUS

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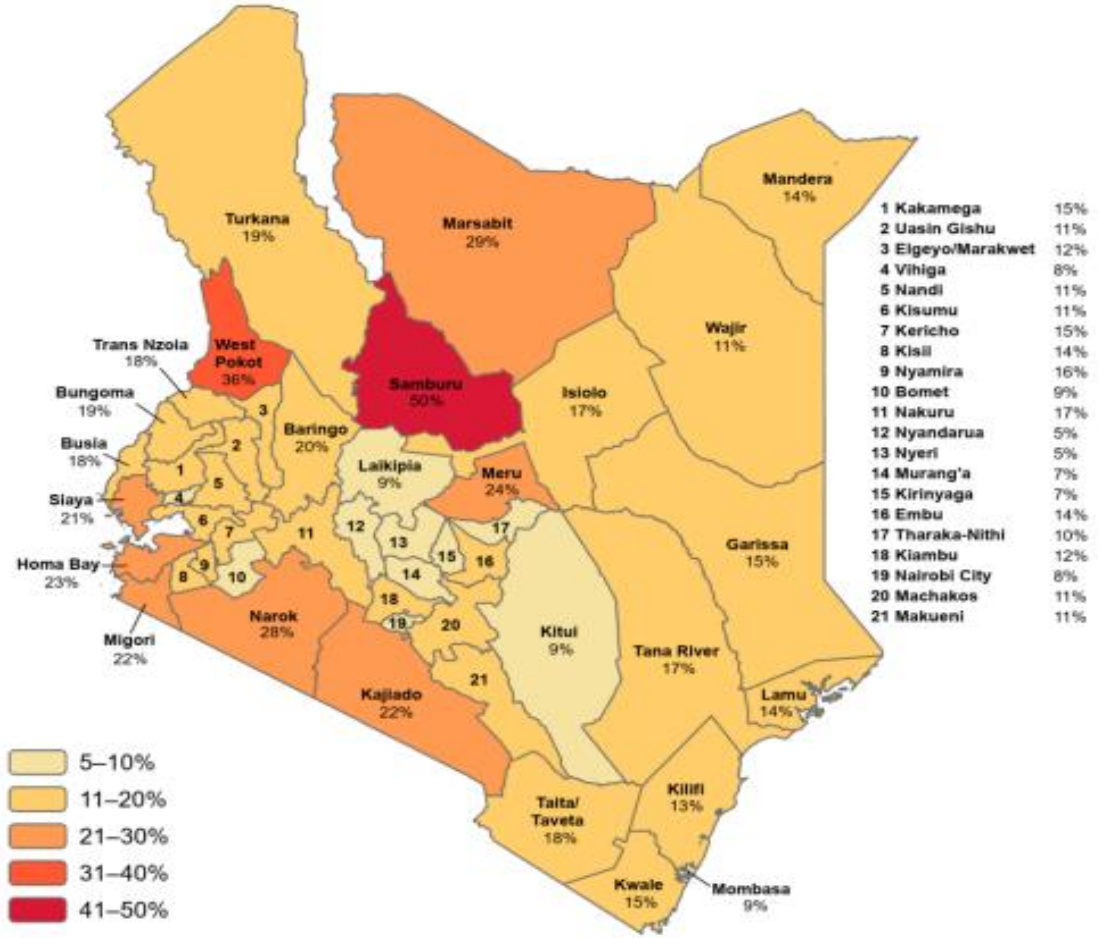
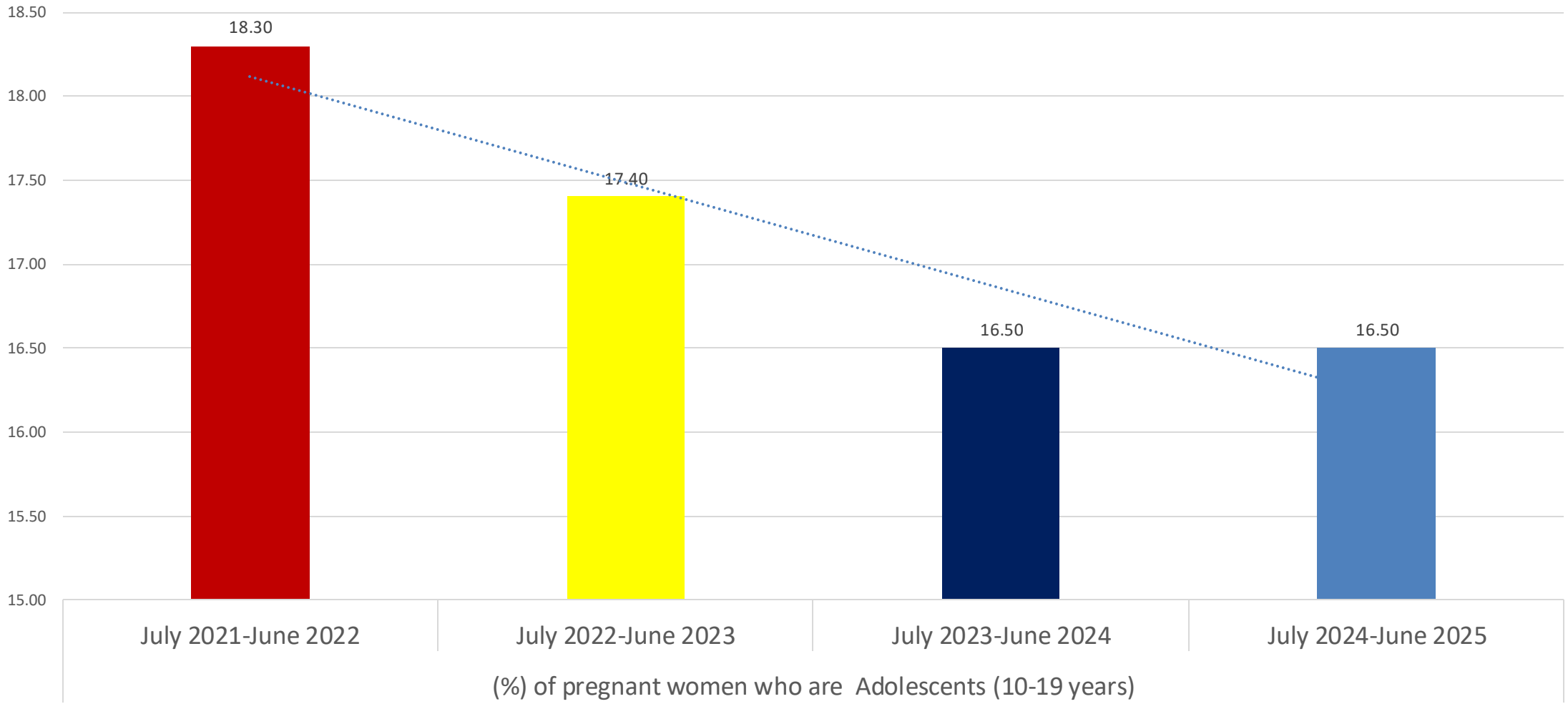
PERCENTAGE OF WOMEN AGE 15–19 WHO HAVE EVER BEEN PREGNANT –KDHS 2022



Samburu (50%), West Pokot (36%), Marsabit (29%), Narok (28%) and Meru (24%) counties have the highest percentages of women age 15–19 who have ever been pregnant, while Nyeri (5%), Nyandarua (5%), Kirinyaga (7%), Murang'a (7%), Vihiga (8%) and Nairobi City (8%) counties have the lowest percentages

PERCENTAGE OF PREGNANT WOMEN WHO ARE ADOLESCENTS (10-19 YEARS) KHIS



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Republic of Kenya

KNBS
KENYA NATIONAL BUREAU OF STATISTICS
Keeping you informed

Teenage Pregnancy by Education Level

Percent of women age 15-19 who have ever been pregnant



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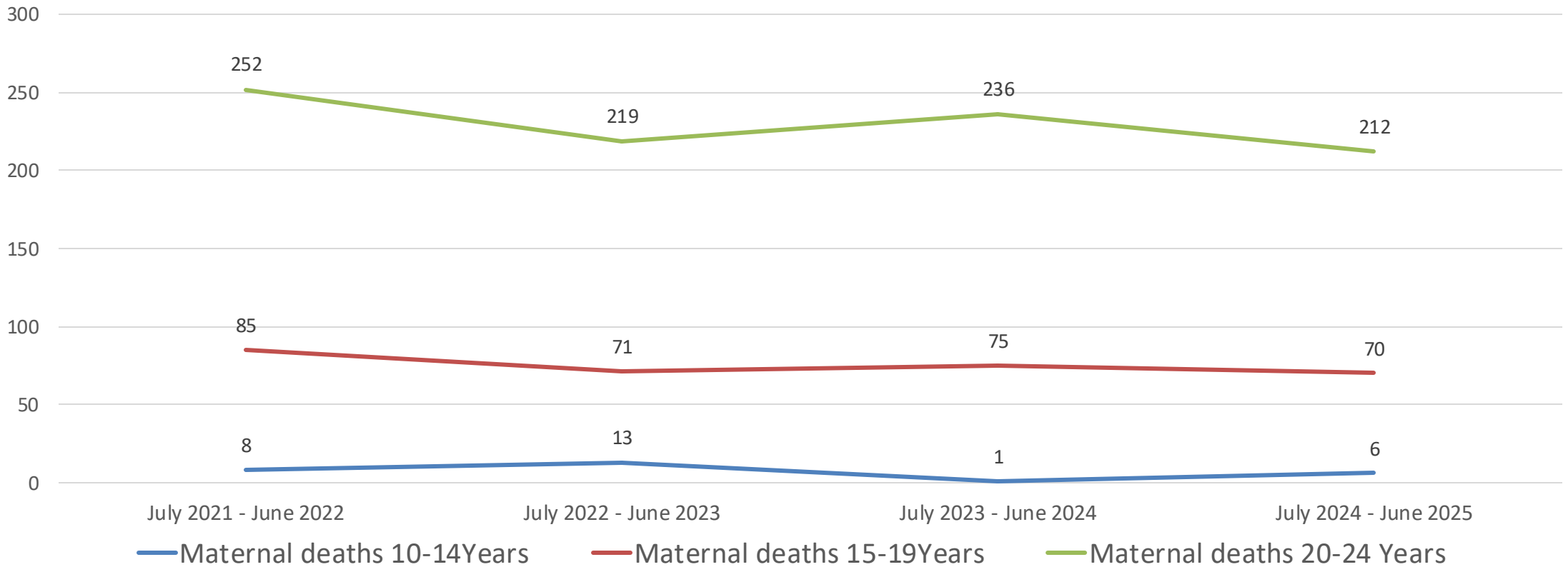
MATERNAL DEATHS AS PER AGE COHORT (KHIS)



ADOLESCENTS AND YOUNG PERSONS RECEIVING FP SERVICES (KHIS)

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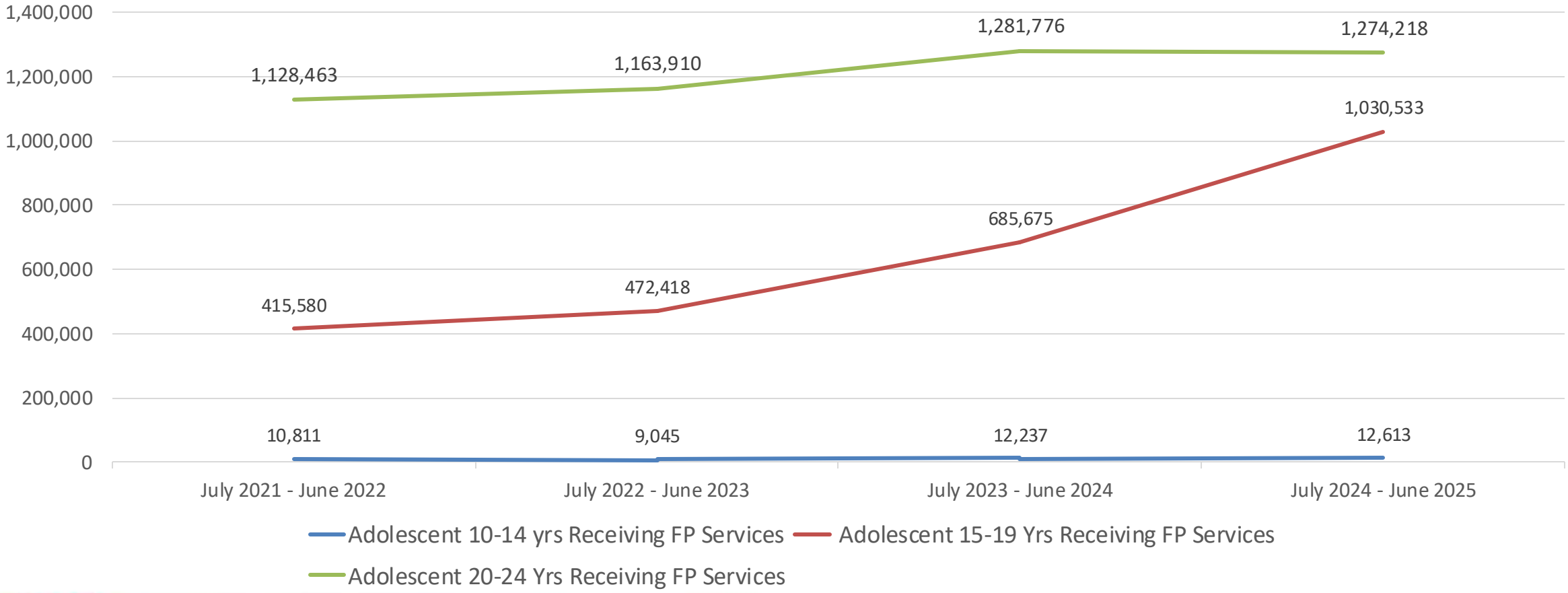

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Priorities in Maternal New-born Care

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Priorities in Maternal New-born Care

Policy and Technical Support

- Support policy reforms on maternal, new-born, child and adolescent health, to ensure women and children survive, thrive and transform
- Support counties in training and implementation of policies and guidelines, and performance review
- **Support role out of MPDSR and New-born, child and adolescent death audit guidelines and follow up**

Priorities in Maternal New-born Care

Health System Strengthening

- **Health financing reforms through SHA to support RMNCAH, including support for the vulnerable**
- Support in service **simulation training** for emergency obstetric care, and neonatal resuscitation, simulation at facility level (low dose high frequency approach)
- Promote preservice training updates for MNH, and train midwives and new-born care nurses
- Equip Facilities to provide Basic or Comprehensive Emergency Obstetric Newborn care as per the facility level
- Equip at least one County Hospital to provide comprehensive newborn care services

Priorities in Maternal New-born Care

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Health System Strengthening

- Support catalytic commodity procurement for key life saving drugs and commodities e.g. Blood, V drape, heat stable carbetocin ,Non pneumatic anti shock garment, and uterine balloon tamponade for management of PPH.
- Support for new-born drugs like caffeine citrate, surfactant, and maternal corticosteroids to promote lung maturity in preterm
- Support referral, especially for maternal and newborn emergencies
- Promote data-driven decision-making by investing in digital health information systems for real-time monitoring and accountability.

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Priorities in Maternal New-born Care

Advocacy and Community Engagement

- Advocacy for resource mobilisation at National Level, (Cabinet Secretaries, including treasury, Parliament) and county level (Governors, MCAs, CHMTs) for funding for maternal and child health
- Support EWENE advocacy campaign launch and activities for maternal and newborn health
- Social mobilisation and behavior change communication to promote antenatal care, immunisation, and breastfeeding.
- Combat harmful practices through culturally sensitive engagement (child marriage, FGM ,GBV)

THANK YOU /ASANTE

