CALL TO ACTION
Ensuring Affordable and Quality Health Care for Mothers and Babies
Situation of Maternal & Newborn Health in Kenya

Kenya has seen some gradual progress in reducing newborn and maternal deaths. However, the pace is too slow, with notable disparities between and within counties particularly in arid and semi-arid lands (ASAL) counties and informal urban settlements. Despite efforts, maternal and neonatal mortality rates remain unacceptably high. The nation is falling short of meeting the SDG 3 goals for maternal mortality (MMR of 70 or less per 100,000 live births) and newborn mortality (NMR of 12 or less per 1,000 live births).

The latest Census 2019 reports an MMR of 355 per 100,000 translating to about 5,680 annual maternal deaths (an average of approximately 16 per day).\(^2\) Newborn mortality stands at 21 per 1,000 live births, resulting in around 33,600 deaths per year (an average of approximately 92 per day).\(^3\) Kenya also grapples with a stillbirth rate of 19 per 1,000, causing approximately 30,400 stillbirths annually (an average of approximately 83/day).\(^4\) Nearly half of these babies were alive at the onset of delivery but succumbed during the process due to complications.\(^5\) Hemorrhage, labor complications, hypertensive disorders, and infections are major contributors to maternal mortality, while prematurity, delivery complications, and infections are primary causes of newborn and stillbirths. Urgent action is needed to address these alarming statistics and bridge the existing gaps in healthcare.

Ending preventable & treatable maternal and newborn deaths

Key statistics from KDHS 2022 reveal that 98% of women receive at least one antenatal care visit from a skilled provider, with 66% receiving the recommended minimum of four visits. Post-natal care within 48 hours after delivery is received by 73% of women, and 89% of deliveries are attended by skilled birth attendants, with 81% occurring in health facilities.\(^6\) However, these national averages obscure significant variations within and between counties. ASAL counties, such as Turkana, Madera, Wajir, Tana River, and Samburu, exhibit delivery rates with skilled birth attendants below the national average, highlighting disparities in access to high-impact interventions. Notably, some ASAL counties report less than 60% of women delivering with skilled birth attendants.\(^7\) The 2023 health facility census underscores the sub-optimal quality of maternal and newborn care nationwide. Substantial gaps in skilled health providers, as well as shortages in maternity and newborn equipment and supplies, are documented. The national teenage pregnancy rate of 15% is alarming, with significant discrepancies between counties, such as Samburu, where up to 50% of teenagers (15-19 years old) have experienced pregnancy.\(^8\) These regional and demographic variations contribute to the persistently high morbidity and mortality rates among pregnant women and newborns in Kenya.

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\(^2\) Ibid
\(^3\) KNBS and ICF. Kenya Demographic and Health Survey 2022. KNBS, Nairobi, 2023
\(^5\) Ibid
\(^6\) KNBS and ICF. Kenya Demographic and Health Survey 2022. KNBS, Nairobi, 2023
\(^7\) Ibid
\(^8\) KNBS and ICF. Kenya Demographic and Health Survey 2022. KNBS, Nairobi, 2023
What has been done

The National government rolled out free health care for all pregnant women (Linda Mama), that resulted in an increase in uptake of maternal and newborn health services. County governments have improved the availability and access to health care for pregnant women and newborns by increasing the number of health facilities providing maternity and newborn service and recruiting and training additional health care workers for maternal and newborn service provision.

UNICEF works in partnership with the Government of Kenya at all levels, to advocate for prioritization of quality maternal and newborn health, as pillars of universal health coverage (UHC). UNICEF supports the advocacy for the establishment of accountability and “lessons learned” mechanisms through systematic maternal & perinatal deaths surveillance and response (MPDSR) and their periodic review at leadership level, that ensures that every newborn and maternal death or “near miss” counts/matters, in addition to every stillbirth.

UNICEF collaborates with the Kenyan Government across all levels to enhance maternal and newborn health services. We assist in developing and disseminating crucial policy documents, guidelines, and standards, such as Maternal Newborn Health (MNH) standards of care, National Perinatal Obstetric Quality of Care, and Kenya Quality Model of Health (KQMH). Our focus extends to building the capacity of health workers through the procurement of training materials and equipment. The establishment of an MNH Learning Hub at Pumwani Referral Hospital fosters innovative, skill-based training for health service providers. UNICEF continues to expand the network of health facilities offering quality maternal and newborn services, emphasizing competency-based training, mentoring, and supervision. Additionally, we support select counties in procuring and installing essential equipment, enhancing water and sanitation facilities, and implementing solar energy sources in MNH facilities.

UNICEF supports the Kenyan Government comprehensively to tackle social determinants impacting newborn and maternal health. This involves engaging communities and influencing social behavior through interactions with political, administrative, and religious/traditional leaders. Our emphasis is on bolstering demand creation through awareness initiatives, promoting health-seeking behaviors, and encouraging uptake of high-impact interventions. These interventions encompass pre-conceptual care, nutrition, early antenatal care, maternal nutrition, facility-based skilled delivery, kangaroo mother care, and early initiation of breastfeeding.

The Cost of Inaction

Failure to improve the quality of maternal and newborn healthcare in Kenya carries a heavy toll. For every reported newborn or maternal death, approximately 5-10 “near miss” cases occur, which result in lasting disability, suffering, development delays, debilitating effects on the family/community and significant economic losses from potential future income generation.

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10 Ministry of Health, African Population and Health Research Centre (APHRC), and Guttmacher Institute. The Incidence and Cost of Maternal NearMiss in Kenya. APHRC, Nairobi, 2020
If maternal and newborn mortality figures are maintained at their current levels, the country will miss the December 2030 SDG target and there will be significant loss of lives. Without a strategic focus on maternal and newborn mortality reduction, an estimated 250,000 newborns will likely die within their first month, an additional 225,000 babies will be stillborn, and approximately 42,000 women will likely succumb to preventable causes related to childbirth by December 2030. The cost of inaction is not just measured in lives lost but also in the profound economic burden and societal tragedy borne by families and communities.

CALL TO ACTION

- Accord highest priority on reduction of maternal and newborn mortality, as central to Universal Health Coverage (UHC).
- Invest in and empower the maternal and newborn health workforce with essential skills, resources, and retention policies for impactful care delivery.
- Prioritize special attention to arid and semiarid areas and urban informal settlements, addressing gaps in the quality and accessibility of maternal and newborn health services.
- Intensify efforts to enhance the quality of maternal and newborn care during pregnancy, labor, and postnatal periods, focused on UHC and primary health care.
- Expand high-quality newborn health services, equipping sub-county hospitals with specialized units to address the unique needs of small and sick newborns.
- Strengthen accountability mechanisms to ensure every stillbirth, newborn and maternal death is counted with appropriate responsive actions to reduce mortality and achieve national targets.
- Implement robust maternal and perinatal deaths surveillance and response (MPDSR) through national and county committees, reporting directly to leadership for effective accountability.
- Invest in girls’ and women’s education and empowerment as two high impact interventions towards improving coverage of antenatal care and skilled birth attendance.

UNICEF is committed to action

UNICEF is committed to further enhance its advocacy and technical support to the Government of Kenya at national and sub-national level, to reduce the high maternal and newborn mortality in Kenya; to reach the 2030 targets of the sustainable development goal (SDG) 3, and the Government of Kenya’s Vision 2030 goals.

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