

# Indicators of Maternal, Newborn & Child Health in Kenya



*These key indicators represent the continuum of care for maternal and newborn health.*

*These indicators have been disaggregated to determine inequalities in access to services or health outcomes.*





# 510

**MATERNAL  
DEATHS PER  
100,000  
LIVE BIRTHS  
IN KENYA**



# 290

**MATERNAL  
DEATHS PER  
100,000  
LIVE BIRTHS  
IN RWANDA**



# 129

**MATERNAL  
DEATHS PER  
100,000  
LIVE BIRTHS  
IN BOTSWANA**



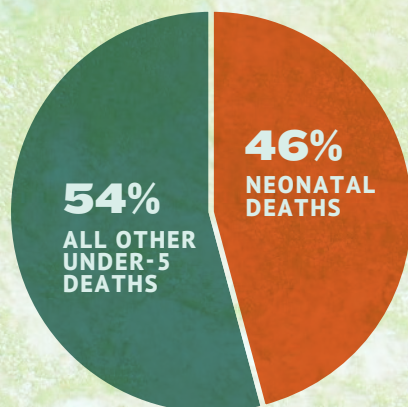
# 9

**MATERNAL  
DEATHS PER  
100,000  
LIVE BIRTHS  
IN THE UK**



*Data source: WHO, UNICEF, UNFPA, World Bank Group, & the United Nations Population Division. (2015). Trends in Maternal Mortality: 1990 – 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: WHO.*

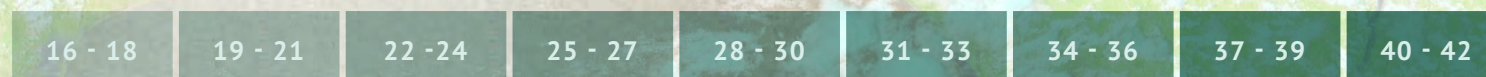
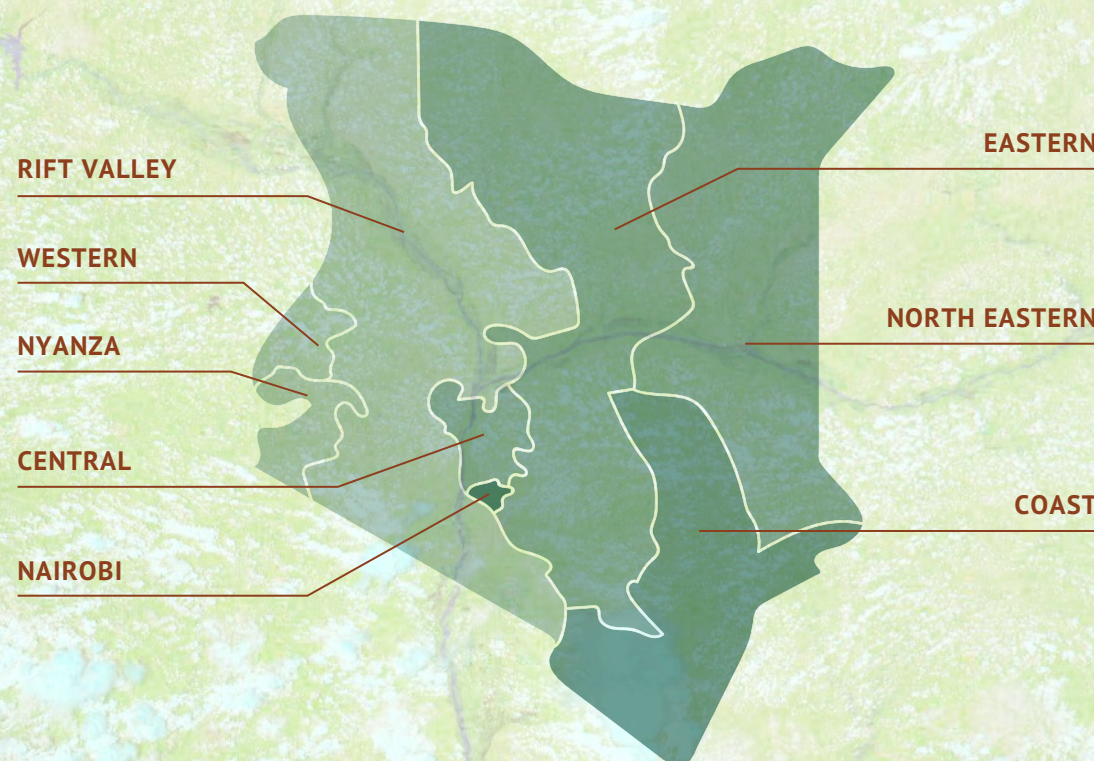




## Neonatal Mortality rate per 1000 live births by Region

Neonatal mortality is the death of a child who is born alive but dies within the first 28 days of life and is measured as the number of deaths for each 1000 live births. In Kenya, neonatal deaths account for 46% of all deaths of children under-five years.

REGION	DEATHS PER 1000 LIVE BIRTHS
NYANZA	19
WESTERN	19
RIFT VALLEY	20
CENTRAL	24
EASTERN	24
NORTH EASTERN	24
COAST	25
NAIROBI	39
TOTAL	22



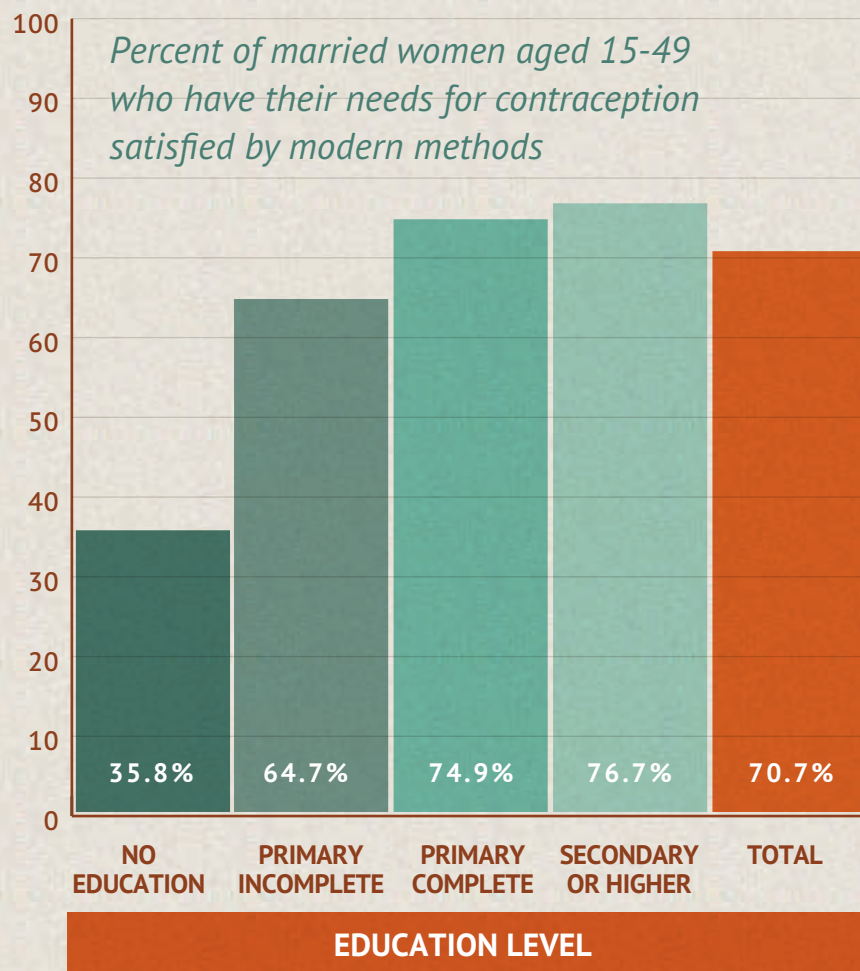
Data source: Kenya National Bureau of Statistics, Ministry of Health [Kenya], National AIDS Control Council [Kenya], Kenya Medical Research Institute, National Council for Population and Development [Kenya], & ICF International. (2015). Kenya Demographic and Health Survey 2014. Nairobi & Rockville: KNBS, MoH, NACC, KMRI, NCPD, & ICF International; UNICEF, World Health Organization, The World Bank, & United Nations Population Division. (2015). Levels and Trends in Child Mortality Report 2015: Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation. New York: UNICEF.



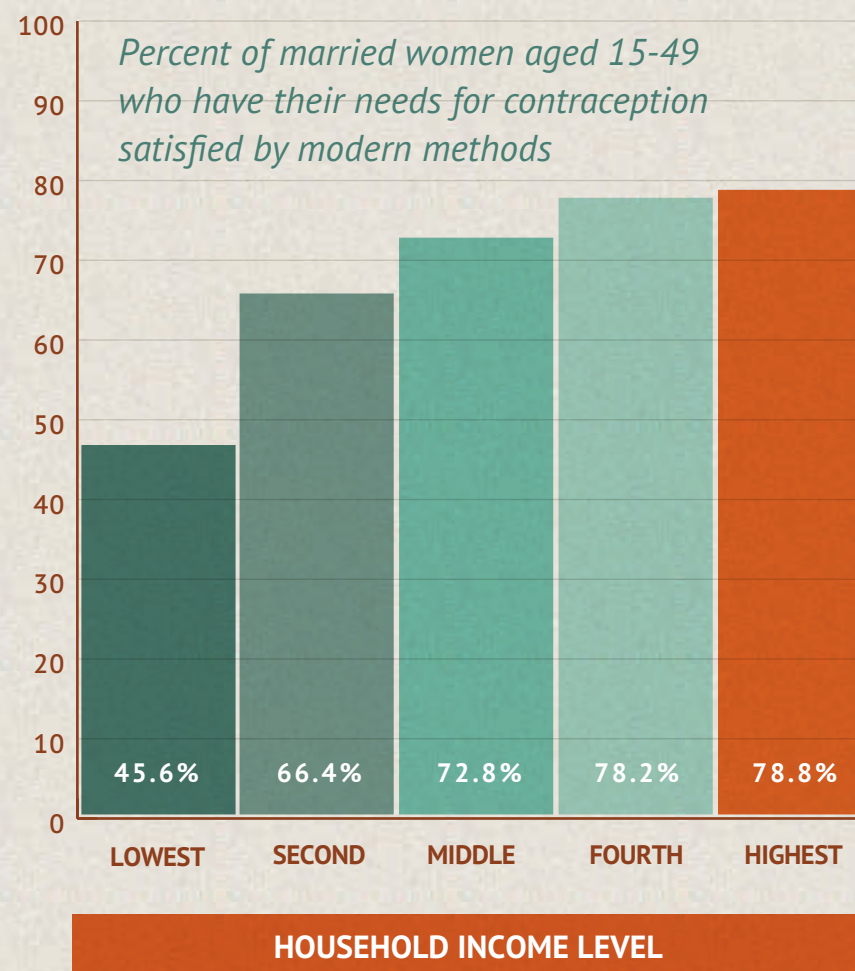
# Demand for Family Planning Satisfied by Modern Methods



## Education



## Household Wealth



Using a method of contraception can help reduce the number of maternal deaths by reducing unwanted pregnancies and thereby reducing the

overall number of births. Women who say they do not want more children, or not for at least the next two years, are considered to have a demand for family

planning. Demand for family planning satisfied by modern methods is the percentage of these women who are using a modern contraceptive method.

Data Source: Kenya National Bureau of Statistics, Ministry of Health [Kenya], National AIDS Control Council [Kenya], Kenya Medical Research Institute, National Council for Population and Development [Kenya], & ICF International. (2015). Kenya Demographic and Health Survey 2014. Nairobi & Rockville: KNBS, MoH, NACC, KMRI, NCPD, & ICF International.

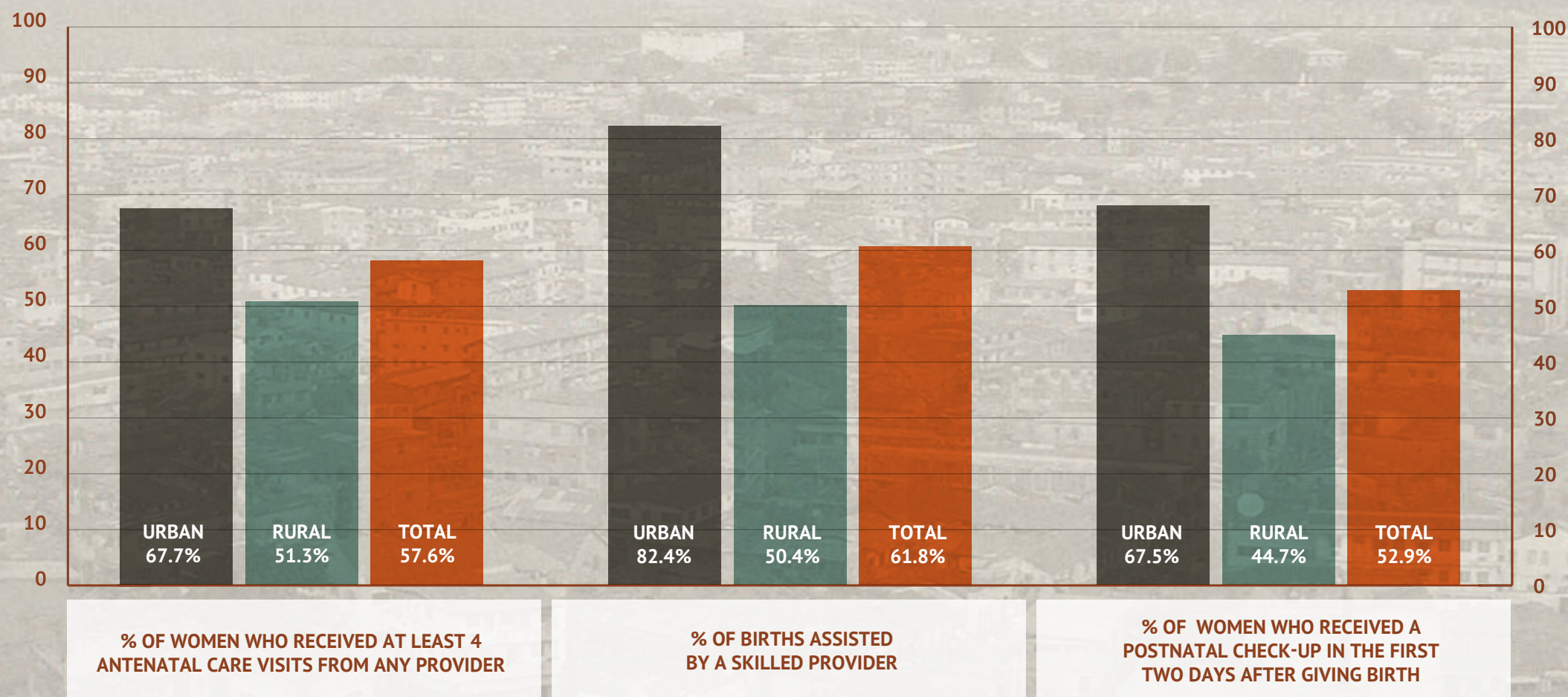




## Care provided by Skilled Attendant by Urban and Rural Residence

Maternal and neonatal deaths can be prevented by women getting proper health care from a skilled provider during pregnancy, at the time of delivery and shortly after the baby is born. This is known as the continuum of care. A skilled provider

includes: doctor, nurse, or midwife. Women who are living in rural areas in Kenya are less likely to access skilled care at every point on the continuum.



Data Source: Kenya National Bureau of Statistics, Ministry of Health [Kenya], National AIDS Control Council [Kenya], Kenya Medical Research Institute, National Council for Population and Development [Kenya], & ICF International. (2015). Kenya Demographic and Health Survey 2014. Nairobi & Rockville: KNBS, MoH, NACC, KMRI, NCPD, & ICF International.

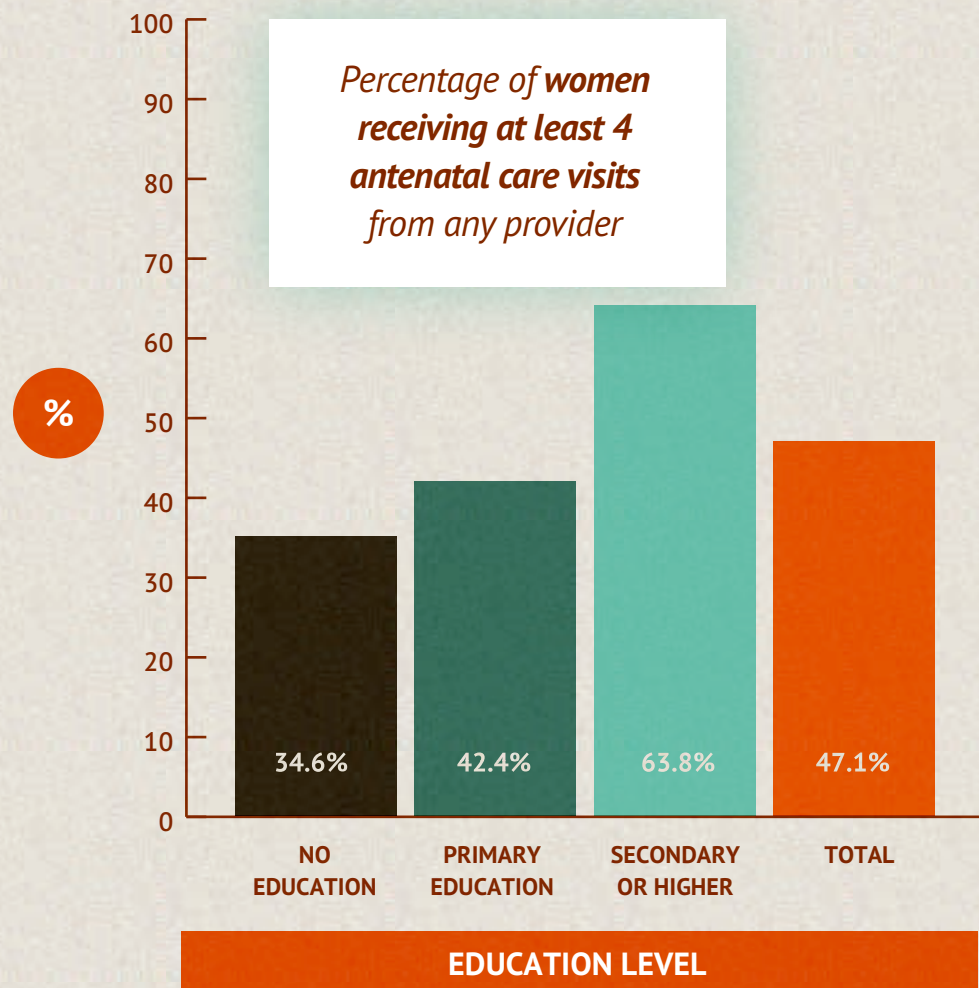


# Antenatal Care and Skilled Attendant at Delivery by Mothers' Education Level

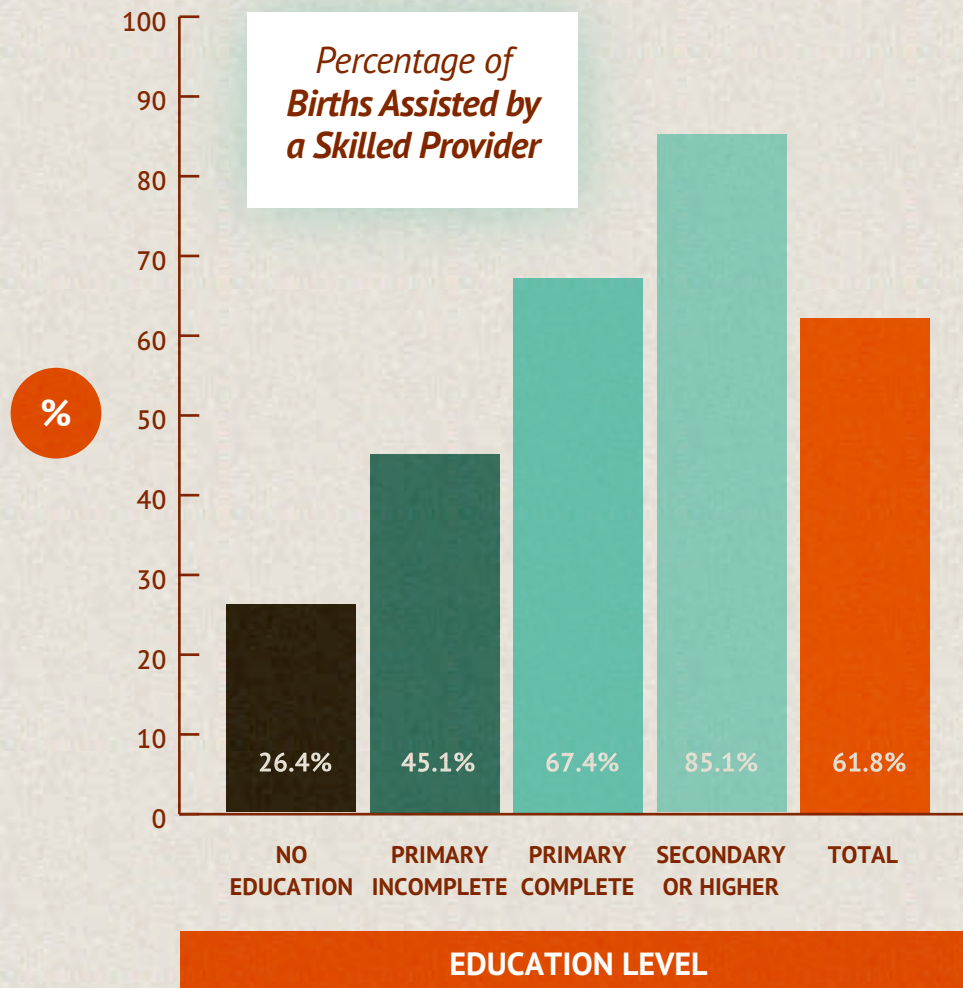


The higher a woman's education the more likely she is to receive at least 4 antenatal visits and delivery care from a skilled provider. In Kenya a woman with secondary or higher

education is three times as likely to have a skilled attendant at delivery as a woman with no education. A skilled provider includes: doctor, nurse, or midwife.



Data Source: DHS 2008 cited in Countdown to 2015 & International Centre for Equity in Health. (2015). Countdown Equity Analyses by Country 2015. Geneva: WHO & UNICEF.



Data source: Kenya National Bureau of Statistics, Ministry of Health [Kenya], National AIDS Control Council [Kenya], Kenya Medical Research Institute, National Council for Population and Development [Kenya], & ICF International. (2015). Kenya Demographic and Health Survey 2014. Nairobi & Rockville: KNBS, MoH, NACC, KMRI, NCPD, & ICF International.



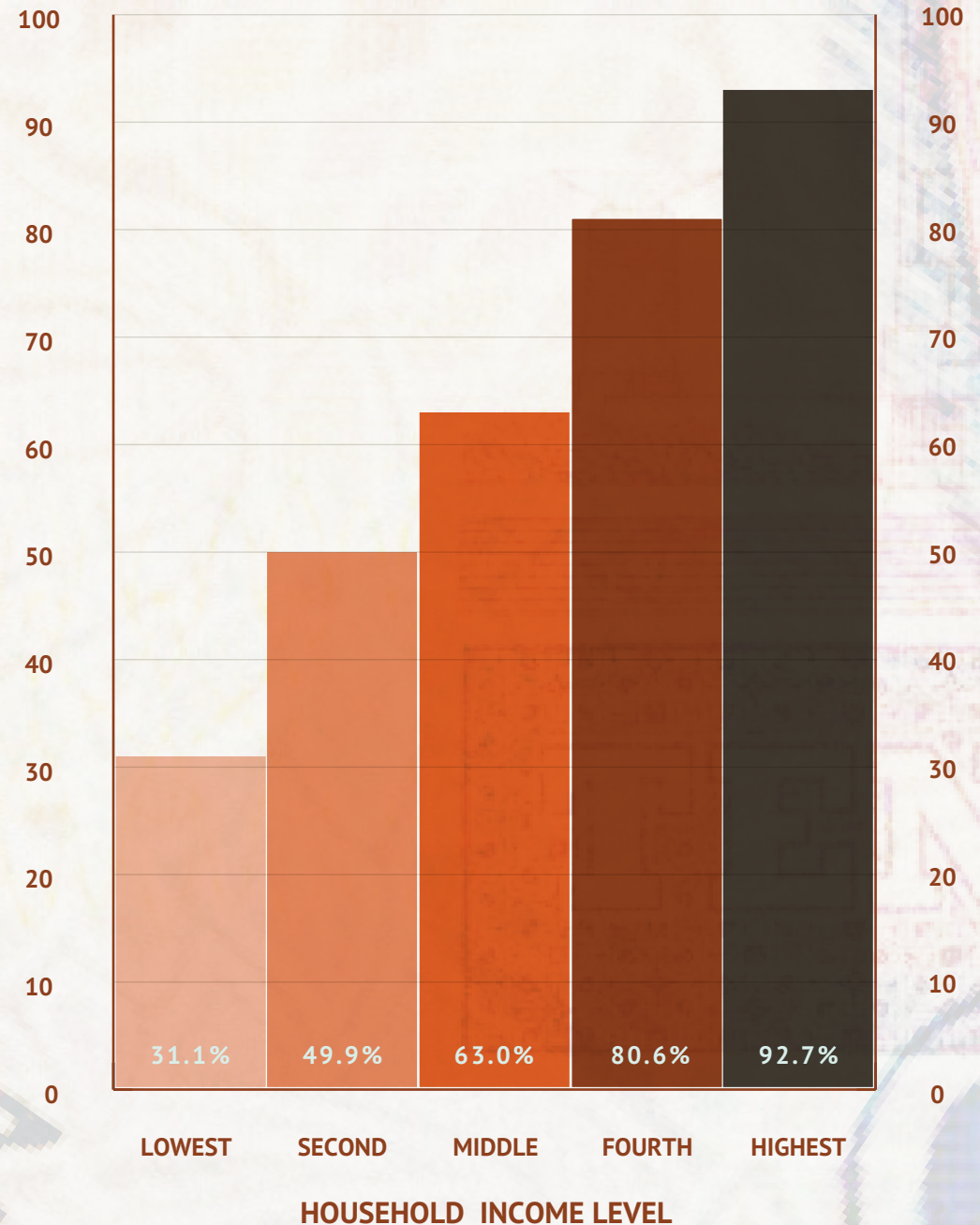
## Skilled Attendant at Delivery by Household Wealth

Having a skilled attendant at delivery is vitally important because most maternal deaths arise from complications during or shortly after delivery. Even if antenatal care is received any delivery can become a complicated one and it is not always possible to predict complications.

Women in the top 20% of the population according to household wealth are about three times as likely to have a skilled attendant at delivery than those in the bottom 20% of the population. A skilled provider includes: doctor, nurse, or midwife.

*Data Source: Kenya National Bureau of Statistics, Ministry of Health [Kenya], National AIDS Control Council [Kenya], Kenya Medical Research Institute, National Council for Population and Development [Kenya], & ICF International. (2015). Kenya Demographic and Health Survey 2014. Nairobi & Rockville: KNBS, MoH, NACC, KMRI, NCPD, & ICF International.*

Percentage of births assisted by a skilled provider by household wealth quintile

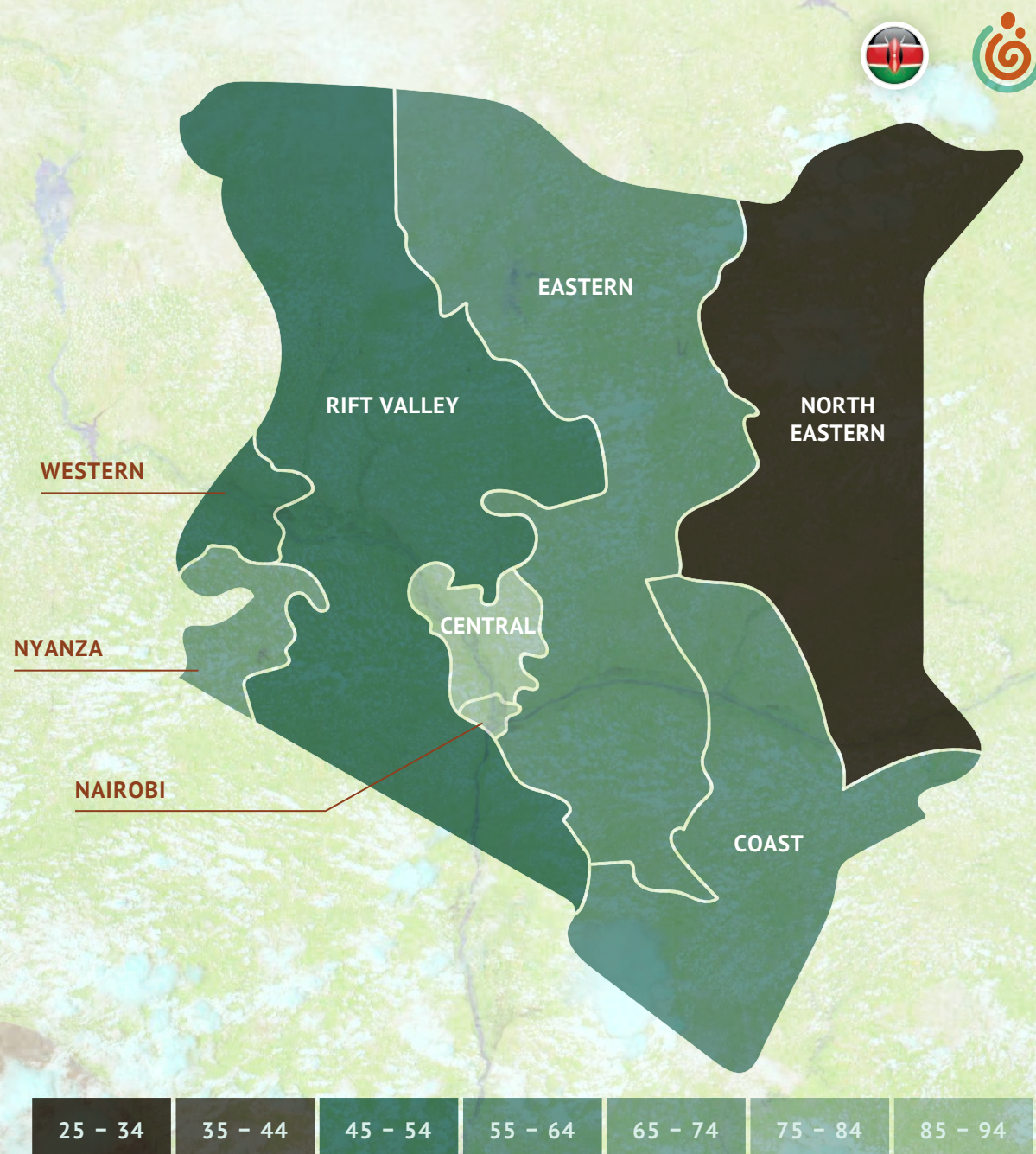




## Skilled attendant at delivery by Region

There are regional differences in the percentage of women who have a skilled attendant at delivery in Kenya. The percentage of women who have a skilled attendant at delivery is highest in the Central region and lowest in the North Eastern region. There is a 57% difference in the percentage receiving skilled care at delivery between the two regions. A skilled provider includes: doctor, nurse, or midwife.

REGION	% OF BIRTHS ASSISTED BY A SKILLED PROVIDER
NORTH EASTERN	32.4%
WESTERN	47.8%
RIFT VALLEY	51.3%
COAST	58.2%
EASTERN	63.3%
NYANZA	65.0%
NAIROBI	89.1%
CENTRAL	89.7%



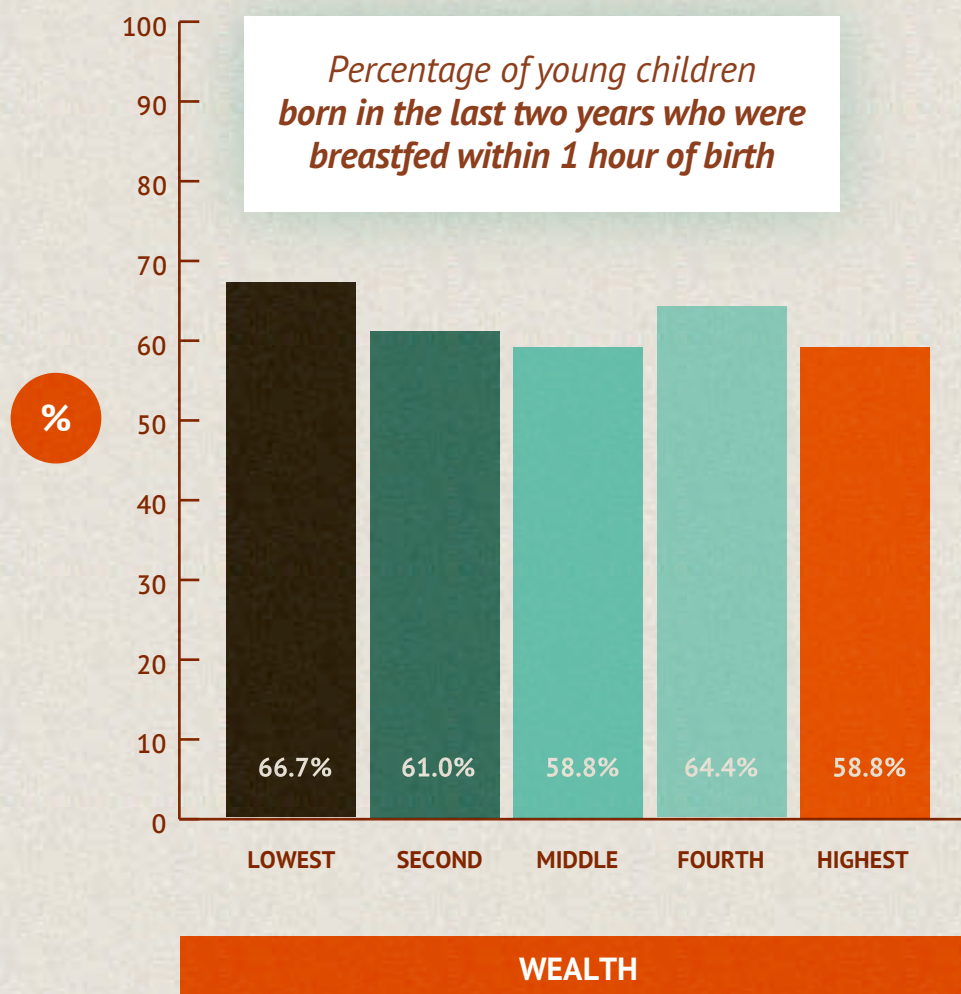
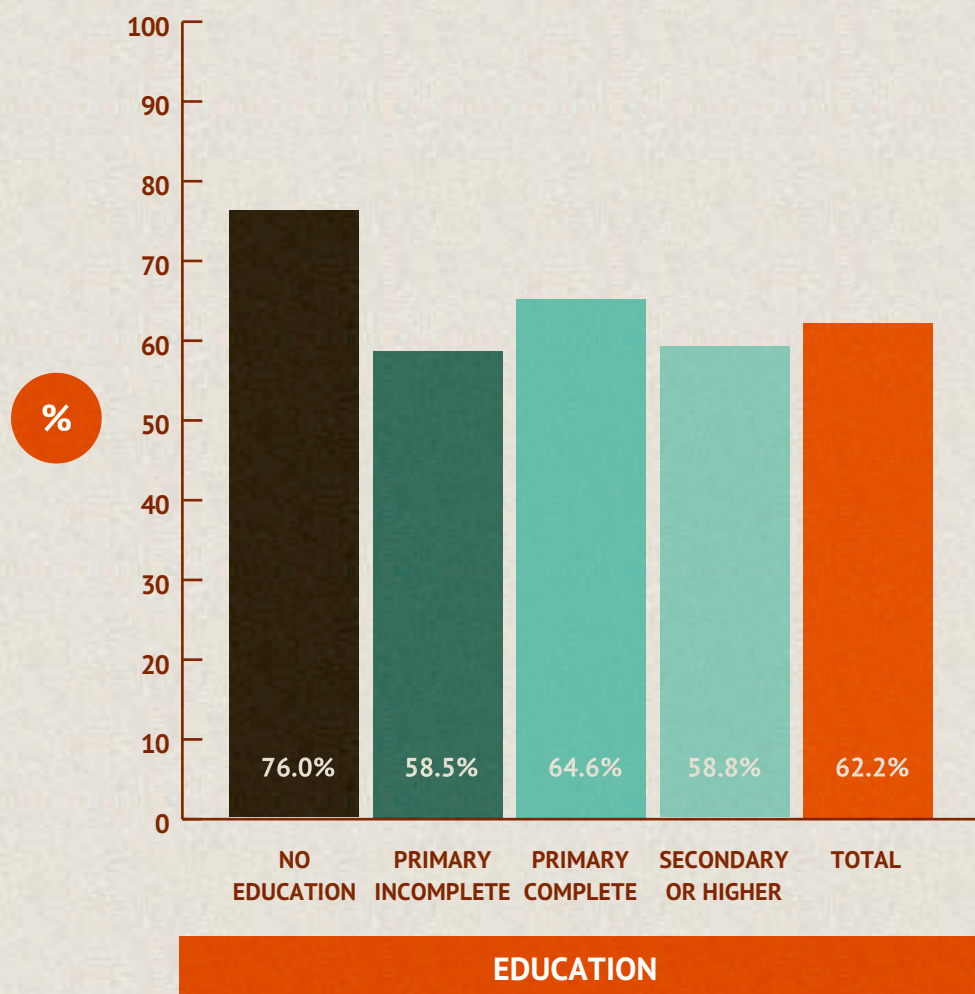
Data Source: Kenya National Bureau of Statistics, Ministry of Health [Kenya], National AIDS Control Council [Kenya], Kenya Medical Research Institute, National Council for Population and Development [Kenya], & ICF International. (2015). Kenya Demographic and Health Survey 2014. Nairobi & Rockville: KNBS, MoH, NACC, KMRI, NCPD, & ICF International.



## Early Initiation of Breastfeeding



Breastfeeding saves lives yet the percentage of children breastfed within an hour of birth is lower amongst some groups than others.



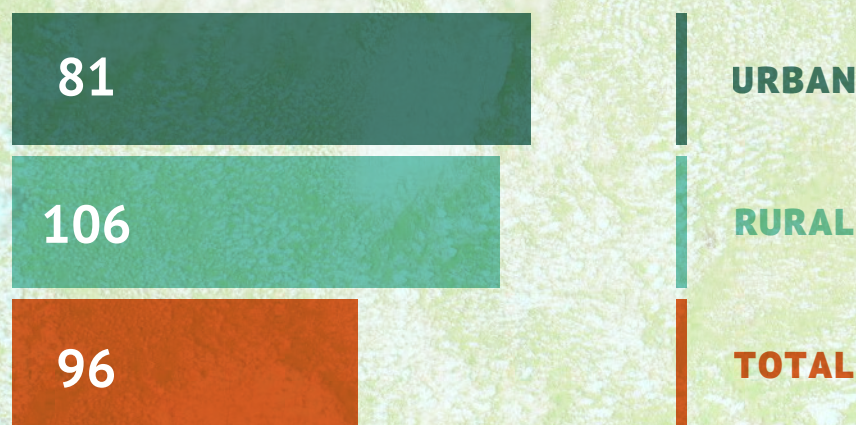
Data source: Kenya National Bureau of Statistics, Ministry of Health [Kenya], National AIDS Control Council [Kenya], Kenya Medical Research Institute, National Council for Population and Development [Kenya], & ICF International. (2015). Kenya Demographic and Health Survey 2014. Nairobi & Rockville: KNBS, MoH, NACC, KMRI, NCPD, & ICF International.



# Adolescent Fertility and Family Planning



*Adolescent fertility rate is the annual number of births per 1000 women aged 15 to 19 years.*

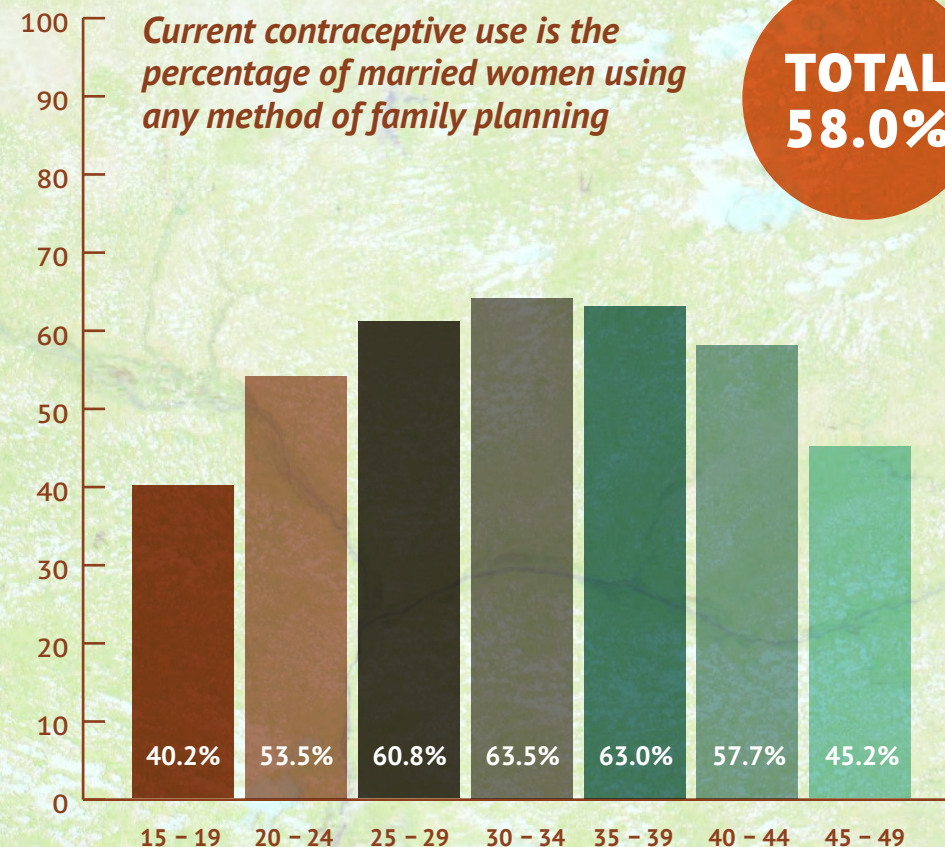


## ADOLESCENT FERTILITY

*Adolescent fertility in rural areas is higher than in urban areas*

*Current contraceptive use is the percentage of married women using any method of family planning*

**TOTAL  
58.0%**



## CONTRACEPTIVE USE

*Young Kenyan women who are married use less contraception than older women in every age group.*

Data source: Kenya National Bureau of Statistics, Ministry of Health [Kenya], National AIDS Control Council [Kenya], Kenya Medical Research Institute, National Council for Population and Development [Kenya], & ICF International. (2015). Kenya Demographic and Health Survey 2014. Nairobi & Rockville: KNBS, MoH, NACC, KMRI, NCPD, & ICF International.





*E4A-MamaYe is about ensuring Africa's mothers and babies survive pregnancy and childbirth.*

*The programme focuses on using strong evidence to hold key decision makers to account in order to advocate and catalyse change for the health of women and babies at regional, national and sub-national levels in Ghana, Malawi, Nigeria, Sierra Leone, Tanzania, Kenya and Ethiopia.*

*It is a campaign to change fatalism to hope; apathy to action; maternal survival from side-issues to political priority; and best guesses into hard facts.*

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