Getting to Zero in Kenya
Ending preventable child and newborn deaths

Based on current trends Kenya will get to zero preventable under-five deaths in 2028 but will not get to zero preventable newborn deaths until 2043. Hundreds of thousands of children’s lives are at stake. We can accelerate progress and get to zero faster.

National averages hide the real picture for many children, particularly the most vulnerable

### Child Mortality

- **Under-five Mortality**
  - Targets for Kenya will be achieved in 2028 at current rates

- **Newborn Mortality**
  - Targets for Kenya will be achieved in 2043 at current rates

### Childhood Stunting

- 31% mothers with no education

### Birth Registration

- 57% rural children
- 76% urban children

### Skilled Birth Attendance

- Poorest women: 31%
- Richest women: 93%
The County Governments in Kenya should take action to end preventable maternal, newborn and child deaths by:

- Identifying the most vulnerable children and better targeting resources towards them.
- Increasing investment in quality and accessible health services with sufficiently trained staff.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Strengthening accountability systems; including reporting on performance, fostering transparency and public participation in decision-making on health-related matters.

Uncounted and unreached: Kenya’s most vulnerable children

Projections on when Kenya could end preventable child and newborn deaths are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. In the next 15 years measurement must be different and success must be redefined; in the post-2015 development framework no target can be considered met by Kenya unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in Kenya requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. In Kenya, County Governments have a particular responsibility for health care service delivery and, as such, have a vital role to play in ensuring access to quality services for women and children. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Skilled birth attendance, birth registration and nutrition show particular disparities for the most vulnerable children. For Kenya to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Birth registration to provide an identity, access to services and protection

At the beginning of 2014 Kenya had achieved 50.1% birth registration coverage. Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect. Even though the Government of Kenya has a civil registration strategic plan for 2013–17 in place, more financial and human resources are required to reach the most vulnerable children living in the hard-to-reach parts of the country and to ensure they are registered and issued birth certificates.

Nutrition for survival, health, development and well-being

In Kenya, one in every four children under five is stunted, a form of chronic malnutrition the effects of which are irreversible. Stunting increases with increase in child age. Ten per cent of children under six months are stunted, while 36% of children aged 18–23 months are stunted. Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. Mothers with no education are more than two times more likely to have stunted children, compared to mothers with secondary education or higher. Urgently addressing malnutrition by scaling up nutrition interventions will enable Kenya to attain Vision 2030 and improve the quality of life of children. Adequate resources should be allocated to support nutrition interventions including linkages to agriculture, water, sanitation and hygiene, and education.

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4 Republic of Kenya, Civil Registration Department, Strategic Plan (2013–2017).