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Kenya

Improving Sexual and Reproductive Health Services in Kenya

SUCCESS STORY **BY WHO KENYA** 2025

PHOTO STORY FROM **SAMBURU COUNTY**

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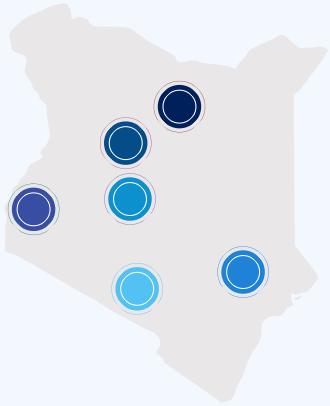
Summary

Over the past two years, WHO has scaled up its support to Kenya's Ministry of Health to strengthen it's **sexual and reproductive health services** to deliver person-centered, rights-based healthcare.

The initiative has taken place **across Kenya,** with primary focus on **six priority counties:** Kajiado, Samburu, Laikipia, Siaya, Marsabit, and Tana River.

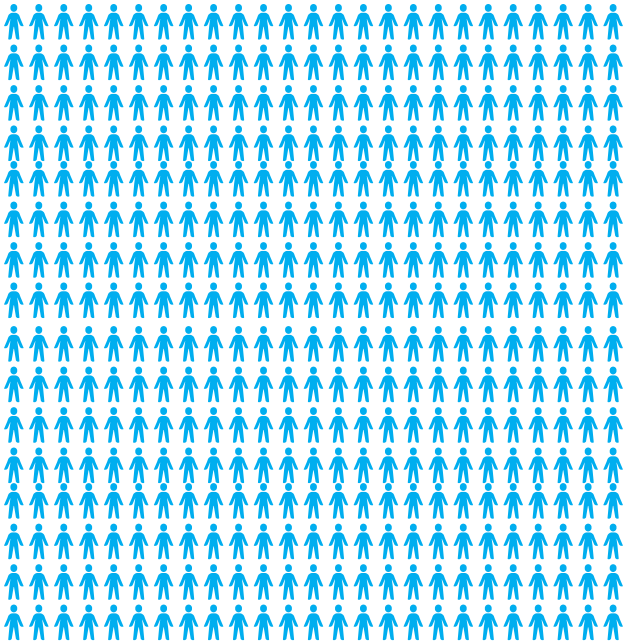


1. Capacity Building

400

Health Care Workers

complete an **on-the job training** and **mentorship** on **post-abortion care and family planning.**



60

Health Care Workers

trained on **Emergency Obstetric and Newborn Care**

200+

Health Care Workers

trained on **Clinical Management** of **Gender Based Violence** cases.

18 **Counties**

developed **Sexual and Reproductive Health Profiles**

900+

Health Records and Information Officers

trained on **Data Analytics** for health

2. Policy Work

WHO supported Kenya to develop and update its:

- National Post-Abortion Care Guidelines and Training Packages
- National Family Planning Policy
- National Sexual and Reproductive Health Self-Care Guidelines
- Preservice Curricula for Diploma Nurses and Clinical Officers at Kenya Medical Training College

3. Outreaches

3. Outreaches

2024

105,200

flood-affected individuals

from nomadic communities received medical support across **7 counties.**

Of these individuals reached,

22,550

women received **sexual** and **reproductive health services.**

2025

9,400

women received **sexual and reproductive health services**

within **Samburu** and **Marsabit**. Plans are underway to expand these outreaches to Tana River, Kilifi and Turkana.

Impact story from an outreach in Samburu County, July 2025

Meet the women, frontline health workers, and community members behind WHO and Government of Kenya's mobile health outreach.

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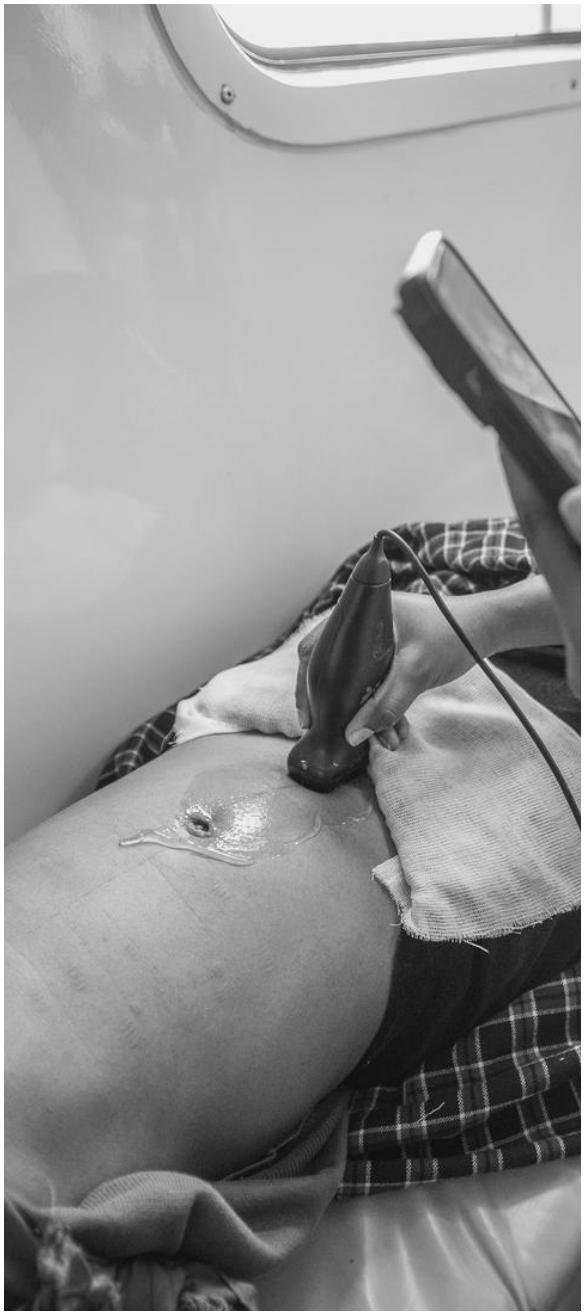

PHOTO STORY

SAMBURU OUTREACH

In September 2025, WHO, in collaboration with Samburu's County Health Department, conducted a **week-long mobile health outreach** to increase sexual reproductive health service in hard-to-reach areas.

Areas targeted: 10 sites across all 3 sub-counties
Health Teams: 11 health professionals per site
Women Targeted: 150 women, per site, per day


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HOSPITAL ON WHEELS

> “Distance is the primary barrier to healthcare in Samburu County. Mobile health outreaches solve this by bringing essential services directly to populations beyond the reach of fixed health facilities,” John Selasi, Nurse in Charge Samburu County.

During the mobile outreach health professional provided family planning, HIV testing, cervical cancer screening, antenatal and postnatal care, post-abortion care, and gender-based violence support. The initiative reached remote pastoral communities and conflict-displaced populations where facilities can be up to 50 kilometers apart and whereby women may have to walk up to six hours for care.

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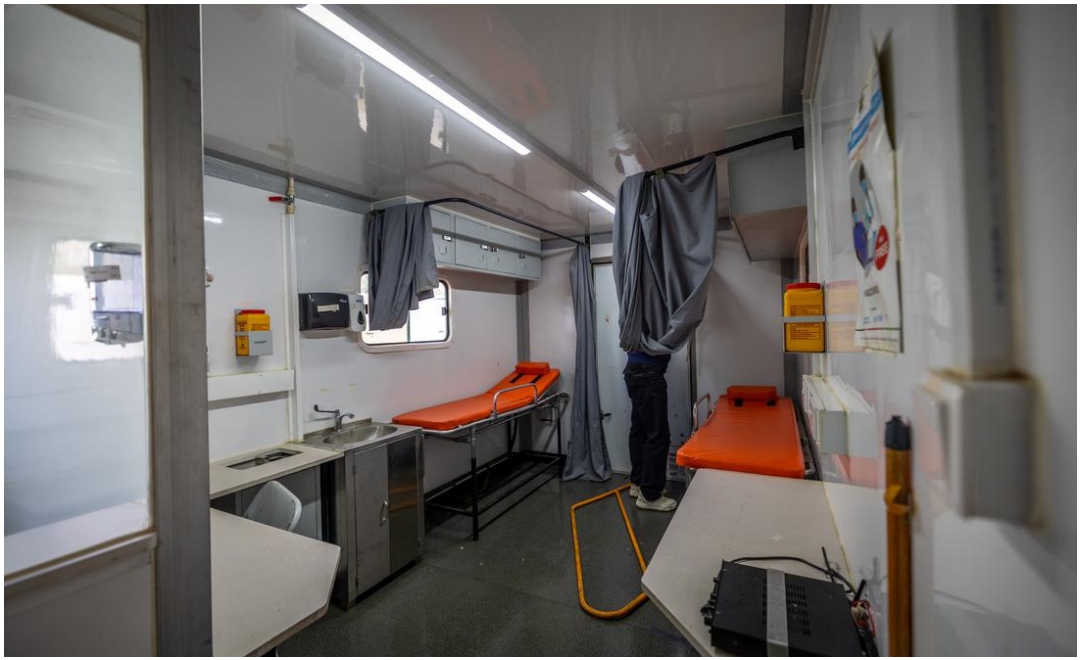
Services provided include; family planning, HIV testing, cervical cancer screening, antenatal care, post-abortion care, gender-based violence support and more.


Donation in Partnership with
Mama Rachel Ruto,
First Lady of the Republic of Kenya




EXIT
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FAMILY PLANNING

> "With six children, I have decided this is the right size for my family. Having family planning services brought to our community makes it easier to make decisions about our health," Rael Letiren.

In Samburu overall contraceptive use among currently married women stands at just 33.1%, while 29.4% have an unmet need for family planning services, ranking among the highest in the country. The proportion of demand for family planning that is satisfied reaches only 52.9%, indicating that nearly half of women who want to space or limit their pregnancies lack access to appropriate services. Mobile outreaches help to reach women in remote communities who would otherwise have no access to family planning services.

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Healthcare provider at the outreaches had all been previously trained (with support from WHO) in Values Clarification and Attitude Transformation and Emergency Obstetric Care.


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ANTENATAL CARE

> "I am expecting my first child very soon. Today I walked over five kilometers to reach this outreach because I wanted to make sure my baby and myself are safe," Pascaline Kesulum.

Pascaline Kesulum a teenage mother is expecting her first child. Samburu records the highest teenage pregnancy rate in Kenya, with 50.1% of women aged 15-19 having ever been pregnant. This statistic breaks down to 41.5% who have had a live birth, 5.2% who have experienced pregnancy loss, and 8.7% who are currently pregnant. These figures represent a critical public health threat that significantly impacts young women's educational opportunities, economic prospects, and overall wellbeing.

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Samburu has the highest teenage pregnancy rate in Kenya, putting many mothers as risk for obstetric complications, unsafe deliveries, and preventable deaths.


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HIV TESTING

> "I came for HIV testing today. It is important to know your status so you can protect your health and your family. Now I know my status and I have peace of mind," Josephen Lodunfokiok.

Josephen Lodunfokiok from Lolmolong Boma, Samburu, is a mother of seven who delivered all her children at home. She came to the mobile clinic for family planning services and HIV testing. For Josephen, mobile outreaches are essential. "I have seven children at home, so traveling far to a health facility is very difficult. These services coming to our community help women like me."

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POSTNATAL CARE

> "I did not attend antenatal clinic during my pregnancy. The health facility is 30 kilometers away, and walking that distance is very difficult because of my leg," Mparakoni Leabune.

Mparakoni Leabune, holds her newborn after delivering without any antenatal care. Married at 14 as a third wife in a polygamous union, she sustained her chronic leg injury from domestic violence. Her husband later divorced her. She hid her pregnancy and avoided healthcare due to stigma around her condition and divorced status, traveling 30 kilometers on a motorbike only when labor began. Her case illustrates how child marriage, gender-based violence, disability, stigma, and healthcare inaccessibility create compounding barriers for women in Samburu County.


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"I got married when I was around 14 years old. I was the third wife. He used to beat me a lot. That is how I got this leg injury when I was young. Since then he has divorced me and I live with my mother."

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POSTNATAL CARE

> "Just an hour after giving birth, the nurse from the outreach helped me start breastfeeding my baby. The baby is feeding well now and getting milk.”

Neshoo Leaungokiok, a young mother from Lolmolong Boma, holds her newborn just hours after delivering at home with a traditional birth attendant. When labour began last night, the distance to the nearest hospital made facility-based care impossible. A nurse from the WHO-supported mobile outreach arrived shortly after birth to conduct postnatal checks and help establish breastfeeding within the critical first hour. Neshoo, now a mother of three, received no antenatal care during this pregnancy due to distance barriers, a common reality for women in remote Samburu communities.


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ANTENATAL CARE

> "Today I had an ultrasound scan for the first time. This is my sixth pregnancy, and I am happy to see that my baby is looking okay and growing well."

Pendi Lodonfokiuk, pregnant with her sixth child, received her first-ever ultrasound scan at the WHO-supported mobile outreach in Samburu County. Displaced two months ago by conflict between her community and the Pokot, she fled with approximately 100 others to Lolmolong loosing access to her regular healthcare providers. Mobile outreach is critical for reaching populations like Pendi's to ensure preventable complications don’t turn into life-threatening emergencies.

Thank you!

afkeninfo@who.int

x.com/whokenya

afro.who.int/countries/kenya

linkedin.com/company/whokenya