HEALTHY MOTHERS HEALTHY BABIES

Country Profile: Kenya

Introduction

Kenya faces a 'triple burden of malnutrition', characterized by the coexistence of undernutrition, micronutrient deficiencies, and overweight/ obesity.[1] Although the country has made some progress in reducing stunting and wasting of children under 5, there has been no progress made towards achieving the target of anemia among women of reproductive age.[2] Anemia remains a public health concern, with a prevalence of 39.8% among pregnant women (WHO estimates, 2023). Additionally, 8.22% of women of reproductive age (WRA) were underweight in 2022[3].

These issues are mirrored in national indicators of birth outcomes. Data available from the World Health Organization's Global Health Observatory (2023) indicate: stillbirths at 16.26 per 1,000 total births,[4] pre-term births at 8.76%,[5] low birthweight at 10%[6] (in 2020), and infant mortality at 34.73 per 1,000 live births (2023).[7]

While iron and folic acid (IFA) supplementation has been available for decades, both coverage and adherence remain inconsistent. 66%[1] of pregnant women accessed at least four antenatal care (ANC) visits.[8] The 2022 Kenya Demographic and Health Survey (KDHS) states that 9 out of 10 women took iron-containing supplements during pregnancy. However, adherence to the recommended 90 or more IFA doses was only 35.1%[2,8] As Kenya continues to face challenges in maternal and newborn health, the country aims to strengthen policies and programs that improve access to comprehensive prenatal care and nutritional support for mothers and infants.[2]

Nutrition International (NI)'s policy brief shows that switching from iron-folic acid (IFA) to multiple micronutrient supplements (MMS) could prevent 353,537 disability-adjusted life years (DALYs)[3] over 10 years, save 4,619 children's lives, and yield benefits 267 times the cost.[2] Transitioning to MMS could improve perinatal health outcomes and be highly cost-effective. These findings suggest that MMS could offer substantial health and economic benefits in Kenya, particularly as the country

[1] Demographic and Health Survey, Kenya 2022, Volume 1, Table 9.1: Antenatal care

[2] Demographic and Health Survey, Kenya 2022, Volume 1, Table 9.4 Deworming and iron-containing supplementation during pregnancy

[3] A Disability Adjusted Life Year (DALY) represents one lost year of perfect health, calculated by aggregating the effect of a health issue on mortality and morbidity. Interventions seek to avert DALYs.

continues to explore evidence-based approaches to strengthening antenatal supplementation in line with ongoing implementation research.

This country profile presents a concise overview of Kenya's status in transitioning from IFA supplementation to MMS for pregnant women. This document aims to inform policymakers, partners, and stakeholders about the current progress, challenges, and opportunities for scaling up MMS within maternal nutrition and health strategies in Kenya.

MMS Policy and Regulatory Status

Kenya is currently undergoing a phased programmatic introduction and scale-up of multiple micronutrient supplementation (MMS). However, as of 2025, Kenya had not yet adopted MMS as national policy, nor was MMS included in the Essential Medicines List or classified under national regulatory frameworks as either a drug or a supplement.[9]

UNICEF NutriDash reports that, in Kenya, a policy, strategy, or plan of action that includes MMS for pregnant women is in the draft phase.[10] The 2nd Africa Maternal Nutrition and MMS technical meeting, convened by Healthy Mothers Healthy Babies (HMHB) under the Micronutrient Forum, has actively engaged Kenya's Ministry of Health in MMS technical meetings and roadmap discussions.[11]

Implementation Status

In 2015, Sight and Life (SA) conducted a supply-readiness assessment and formative research for MMS through a social franchising model.[12] In 2024, Vitamin Angels (VA) began collaborating with Kenya's Ministry of Health and key partners to explore MMS. VA provided technical guidance on using evidence-based approaches (implementation science) to inform the introduction of MMS in the country and coordinated with partners to identify key next steps.[11] In addition, meetings, seminars, and/or workshops on MMS and maternal nutrition were implemented as strategies to raise awareness to scale up MMS programs (UNICEF NutriDash).[10]

MMS Coverage and Utilization

There is no official data on MMS coverage and use in Kenya. However, VA has reported that it has 15 programs in Kenya that have collectively reached 577,310 mothers with MMS since 2008 (programmatic reach, not national coverage).[8] In 2026, VA, in collaboration with Makueni County Government, is testing the provision of MMS across all county health facilities.

Key Program Actors and Partners

The Ministry of Health, Division of Nutrition and Dietetics in Kenya, is the leading organization for MMS activities. The MMS Task Force was established to coordinate efforts to introduce and scale up MMS in Kenya and to plan implementation research. Many partners, including UNICEF, Nutrition International, VA, Helen Keller Intl, etc., are supporting the government in its efforts on MMS by providing various technical support.[9]

Table 1: List of national and international partners working to scale up MMS in Kenya.[12]

National Partners	International Partners
Division of Reproductive, Maternal, Newborn, Child and Adolescent Health	Clinton Health Access Initiative
Division of Health Products and Technologies	DSM-Firmenich
Kenya Medical Supplies Agency	Helen Keller International
Kenya Medical Research Institute	Nutrition International
Kenya Pharmacy and Poisons Board	UNICEF country office
County representatives	Vitamin Angels (VA)
Kenya Obstetrical Gynecological Society	World Vision Kenya
Practhealth Consulting	

Supply Chain

Kenya has a robust medical supply chain system, including the Kenya Medical Supplies Authority (KEMSA) and established national health system logistics structures. The delivery of MMS will be built upon the robust supply chain systems, including KEMSA.[9]

Monitoring, Evaluation, and Research

Kenya plans to use data from national surveys, such as the National Micronutrient Survey, and from implementation research to monitor the quality and standards of MMS. Emerging evidence and stakeholder consultations in Kenya underscore the importance of meaningful stakeholder engagement, strong interministerial collaboration, awareness-raising, and active experience sharing.[9]

Financing and Sustainability

Currently, funding is supporting foundational activities such as landscape analysis and MMS Taskforce coordination. Plans are being explored to leverage the Social Health Insurance Fund and draw on sub-national experiences with IFA procurement to support future MMS implementation.[11]

Challenges and Next Steps

The Kenyan government, along with national and international partners, is driving evidence and planning for MMS implementation in the country. However, key challenges include insufficient funds for implementation research and a lack of recent data on micronutrient status.[9]

To scale up MMS interventions, the government and partners will need to address the challenges mentioned and build on lessons learned to date. Priority areas identified by the government and partners include fast-tracking regulatory classification and inclusion of MMS in EML, developing a costed rollout plan, and integrating MMS indicators into monitoring tools such as HMIS and DHIS2. It is equally important to secure financing for MMS procurement while building local supply options and strengthening healthcare workers' capacity in MMS.

MMS Tools and Resources

1. Costing and Economic Analysis Tools

These resources guide policymakers and health program managers considering a transition from IFA to MMS. They offer practical tools and costing aids to support effective decision-making and planning.

a) A tool to aid decision-making transitioning from IFAS to MMS
b) Policy Brief: Kenya | Cost-Effectiveness of Transitioning from Iron and Folic Acid to Multiple Micronutrient Supplementation for Pregnancy, Nutrition International, October 2019
c) Results for Development. "Multiple Micronutrient Supplements (MMS) Introduction and Scale-up Roadmap Costing Tool."

2. Situation and Policy Analyses and formative research

The first document summarizes the current situation of MMS in Kenya, based on a partner organization's work. The second study presents the assessment of MMS intake and its associated factors among pregnant women in three African countries, including Kenya, using the most recent Demographic and Health Survey.

a) Nutrition International in Kenya
b) Determinants of micronutrient supplementation during pregnancy among women in three sub-Saharan African countries: a multilevel logistic regression model

3. Other resources on MMS

The 'Call to Action' reflects the collective expertise, experiences, and recommendations of delegates from across Africa, developed during the 2nd Africa Maternal Nutrition and MMS Technical Meeting, held in Nairobi, Kenya, in October 2024. While the other two are videos of interviews with national partners in Kenya.

a) Call to Action – 2nd Africa Maternal Nutrition and Multiple Micronutrient Supplementation (MMS) Technical Meeting Report
b) Expert Interview: Julia Rotich, Ministry of Health, Kenya
c) Knowledge Bytes 32: Domestic Financing for MMS Scale-up – Paul Musila, CECM-Health, Makueni County, Kenya

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The information and country-level data provided herein were received from our partners as of 2025 and are shared with permission for public dissemination. This profile will be updated periodically. If you have updates or additional information to share, please fill out this feedback form. For questions, contact us at HMHB@micronutrientforum.org.

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