Country Profile: Kenya

Region: Eastern Africa

Last Updated: 17 May 2022

Identified policies and legal sources related to abortion:

- Reproductive Health Act
- ✓ General Medical Health Act
- ✓ Constitution
- ✓ Criminal / Penal Code
- Civil Code
- Ministerial Order / Decree
- ✓ Case Law
- ✓ Health Regulation / Clinical Guidelines
- ✓ EML / Registered List
- ✓ Medical Ethics Code
- Document Relating to Funding
- Abortion Specific Law
- Law on Medical Practicioners
- Law on Health Care Services
- ✓ Other

List of ratified human rights treaties:

- ✓ CERD
- ✓ CCPR
- Xst OP
- 2nd OP
- ✓ CESCR
- CESCR-OP
- ✓ CAT
- CAT-OP
- ✓ CEDAW
- CEDAW-OP
- ✓ CRC
- CRC:OPSC
- ✓ CRC:OPAC
- CRC:OPIC
- CMW
- ✓ CRPD *
- CRPD-OP
- CED **
- ✓ Maputo Protocol

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Related Documents

From General Medical Health Act:

- Health Act, 2017

From Constitution:

- Constitution of Kenya

From Criminal / Penal Code:

- Kenya Penal Code

From Case Law:

- Petition 266 of 2015
- Constitutional Petition 009, 2022

From Health Regulation / Clinical Guidelines:

- National Guidelines for quality obstetrics and perinatal care
- Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012
- PAC Guidelines, 2019
- Guidelines on Management of Sexual Violence, 2014

From EML / Registered List:

- Essential Medicines List, 2019

From Medical Ethics Code:

- Kenya Code of Professional Conduct and Discipline, 2012

From Other:

- Sexual Offences Act

Concluding Observations:

- CAT
- CEDAW
- CEDAW
- CESCR
- CESCR
- CRC
- CRC
- CRC
- HRC
- CEDAW
- HRC

Persons who can be sanctioned:

- ✓ A woman or girl can be sanctioned
- ✓ Providers can be sanctioned
- ✓ A person who assists can be sanctioned

Abortion at the woman's request

Not Specified

Legal Ground and Gestational Limit

Economic or social reasons

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Constitution of Kenya
- Kenya Penal Code
- Health Act, 2017

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.

Source document: WHO Safe Abortion Guidance (page 103)

Foetal impairment

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Constitution of Kenya
- Kenya Penal Code
- Health Act, 2017

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

Source document: WHO Safe Abortion Guidance (page 103)

Rape

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Constitution of Kenya
- Kenya Penal Code
- Health Act, 2017

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman’s complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

Source document: WHO Safe Abortion Guidance (page 102)

Additional notes

A High Court judgment has held that pregnancy resulting from rape and defilement, if in the opinion of a trained health professional, poses a danger to the life or the health (physical, mental and social well-being) of the mother may be terminated under the exceptions provided under Article 26 (4) of the Constitution.

The National Guidelines on the Management of Sexual Violence state: “survivors should be given information on child adoption or termination of pregnancy as available options (Termination of pregnancy is allowed in Kenya after rape. It however requires psychiatric evaluation and recommendation [Sexual Offences Act 2006]).” (page 21) They also list “Access termination of pregnancy and post abortion care in the event of pregnancy from rape” as one of the rights of survivors of sexual violence (page 78). However, no reference to termination of pregnancy for rape survivors could be found in the Sexual Violence Act No. 3 of 2006 as revised in 2009

Related documents:

- Petition 266 of 2015 (page 162)
- Guidelines on Management of Sexual Violence, 2014 (page 78)

Incest

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Constitution of Kenya
- Kenya Penal Code
- Health Act, 2017

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman's complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

Source document: WHO Safe Abortion Guidance (page 102)

Intellectual or cognitive disability of the woman

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Constitution of Kenya
- Kenya Penal Code
- Health Act, 2017

Mental health

Yes

Related documents:

- Health Act, 2017 (page 9)
- Constitution of Kenya (page 24)

Gestational limit

Weeks: viability

- PAC Guidelines, 2019 (page 11)
- Health Act, 2017 (page 8)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The scope of mental health includes psychological distress or mental suffering caused by, for example, coerced or forced sexual acts and diagnosis of severe fetal impairment. Safe Abortion Guidelines, § 4.2.1.2.

Source document: WHO Safe Abortion Guidance (page 102)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

Source document: WHO Safe Abortion Guidance (page 103)

Additional notes

Under the Constitution, abortion is permitted for health reasons. The Health Act defines health as a state of "complete physical, mental and social well-being".

A High Court judgment in 2022 asked the Parliament to enact an abortion law and public policy framework in terms of Article 26(4) of the Constitution to provide for the exceptions as stipulated in the Constitution.

Related documents:

- Constitutional Petition 009, 2022 (page 63)

Physical health	Yes **Related documents:** • Health Act, 2017 (page 9) • Constitution of Kenya (page 24) **Gestational limit** **Weeks: viability** • PAC Guidelines, 2019 (page 11) • Health Act, 2017 (page 8) **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2. **Source document**: WHO Safe Abortion Guidance (page 102) Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7. **Source document**: WHO Safe Abortion Guidance (page 103) **Additional notes** Under the Constitution, abortion is permitted for health reasons. The Health Act defines health as a state of “complete physical, mental and social well-being”. A High Court judgment in 2022 asked the Parliament to enact an abortion law and public policy framework in terms of Article 26(4) of the Constitution to provide for the exceptions as stipulated in the Constitution. **Related documents:** • Constitutional Petition 009, 2022 (page 63)
Health	Yes **Related documents:** • Constitution of Kenya (page 24) **Gestational limit** **Weeks: viability** • PAC Guidelines, 2019 (page 11) • Health Act, 2017 (page 8) **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. The fulfillment of human rights requires that women can access safe abortion when it is indicated to protect their health. WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.2. **Source document**: WHO Safe Abortion Guidance (page 102) Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7. **Source document**: WHO Safe Abortion Guidance (page 103) **Additional notes** A High Court judgment in 2015 has held that pregnancy resulting from rape and defilement, if in the opinion of a trained health professional, poses a danger to the life or the health (physical, mental and social well-being) of the mother may be terminated under the exceptions provided under Article 26 (4) of the Constitution. A High Court judgment in 2022 asked the Parliament to enact an abortion law and public policy framework in terms of Article 26(4) of the Constitution to provide for the exceptions as stipulated in the Constitution. **Related documents:** • Petition 266 of 2015 (page 162) • Constitutional Petition 009, 2022 (page 63)

Life	Yes **Related documents:** • Constitution of Kenya (page 77) **Gestational limit** **Weeks: viability** • PAC Guidelines, 2019 (page 11) • Health Act, 2017 (page 8) **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. The human right to life requires protection by law, including when pregnancy is life-threatening or a pregnant woman's life is otherwise endangered. Both medical and social conditions can constitute life-threatening conditions. Safe Abortion Guidelines, § 4.2.1.1. **Source document**: WHO Safe Abortion Guidance (page 102) Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7. **Source document**: WHO Safe Abortion Guidance (page 103) **Additional notes** A High Court judgment in 2022 asked the Parliament to enact an abortion law and public policy framework in terms of Article 26(4) of the Constitution to provide for the exceptions as stipulated in the Constitution. **Related documents:** • Constitutional Petition 009, 2022 (page 63)
Other	Surgical operation upon any person for his benefit, or upon an unborn child for the preservation of the mother's life, if the performance of the operation is reasonable, having regard to the patient's state at the time and to all the circumstances of the case **Related documents:** • Kenya Penal Code (page 77)

Additional Requirements to Access Safe Abortion

Authorization of health professional(s)	Yes **Related documents:** • Constitution of Kenya (page 24) **Number and cadre of health-care professional authorizations required** **1** **A trained health professional** A trained health professional is a registered medical practitioner, registered clinical officer, registered nurse and registered midwife who has acquired the relevant skills for decision making and provision of the service. • Constitution of Kenya (page 24) • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 19) **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by hospital authorities may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2. **Source document**: WHO Safe Abortion Guidance (page 105)
Authorization in specially licensed facilities only	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Constitution of Kenya • Kenya Penal Code • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4. **Source document**: WHO Safe Abortion Guidance (page 106)

Judicial authorization for minors	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Constitution of Kenya • Kenya Penal Code • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2. **Source document**: WHO Safe Abortion Guidance (page 105)
Judicial authorization in cases of rape	Not applicable **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2 **Source document**: WHO Safe Abortion Guidance (page 104)
Police report required in case of rape	Not applicable **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2 **Source document**: WHO Safe Abortion Guidance (page 104)
Parental consent required for minors	Yes **Related documents:** • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 22) **Can another adult consent in place of a parent?** Yes A guardian can also consent. • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 22) **Age where consent not needed** 18 • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 22) **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by parents may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2. **Source document**: WHO Safe Abortion Guidance (page 105) **Additional notes** The Guidelines state that in case of pregnancies in an under-18-year-old or in women with no capacity to consent, the parent's or guardian's approval to terminate pregnancy must be sought and documented. However, the best interest of the child shall be of paramount importance in every matter concerning them.

Spousal consent	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Constitution of Kenya • Kenya Penal Code • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by a spouse may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2. **Source document**: WHO Safe Abortion Guidance (page 105)
Ultrasound images or listen to foetal heartbeat required	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Constitution of Kenya • Kenya Penal Code • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Regulatory, policy and programmatic barriers, one example of which is the requirement for mandatory ultrasound prior to abortion, that hinder access to and timely provision of safe abortion care should be removed. Safe Abortion Guidelines, Executive Summary, Box 7 - Recommendation. **Source document**: WHO Safe Abortion Guidance (page 19)
Compulsory counselling	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Constitution of Kenya • Kenya Penal Code • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1. **Source document**: WHO Safe Abortion Guidance (page 46)
Compulsory waiting period	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Constitution of Kenya • Kenya Penal Code • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. Safe Abortion Guidelines, § 4.2.2.6. **Source document**: WHO Safe Abortion Guidance (page 107)
Mandatory HIV screening test	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Constitution of Kenya • Kenya Penal Code • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88. **Source document**: WHO Safe Abortion Guidance (page 88)

Other mandatory STI screening tests	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Constitution of Kenya • Kenya Penal Code • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88. **Source document**: WHO Safe Abortion Guidance (page 88)
Prohibition of sex-selective abortion	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Constitution of Kenya • Kenya Penal Code • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement, p 10 - Recommendation. **Source document**: Preventing Gender-Biased Sex Selection (page 17)
Restrictions on information provided to the public	No data found **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7. **Source document**: WHO Safe Abortion Guidance (page 107)
Restrictions on methods to detect sex of the foetus	No data found **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4. **Source document**: WHO Safe Abortion Guidance (page 103)
Other	

Clinical and Service-delivery Aspects of Abortion Care

National guidelines for induced abortion	Yes, guidelines issued by the government **Related documents:** • National Guidelines for quality obstetrics and perinatal care (page 1) • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 1) **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women's informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63. **Source document**: WHO Safe Abortion Guidance (page 75)

Methods allowed	**Vacuum aspiration** Yes (12 WEEKS) • National Guidelines for quality obstetrics and perinatal care (page 103) • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 23) **Dilatation and evacuation** Yes • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 23) **Combination mifepristone-misoprostol** Yes • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 23) **Misoprostol only** Yes • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 23) **Other (where provided)** **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation. **Source document**: WHO Safe Abortion Guidance (page 123) Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3- Recommendation. **Source document**: WHO Safe Abortion Guidance (page 123) The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation. **Source document**: WHO Safe Abortion Guidance (page 13) Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation. **Source document**: WHO Safe Abortion Guidance (page 14)
Country recognized approval (mifepristone / mife-misoprostol)	Yes **Related documents:** • Essential Medicines List, 2019 (page 119) **Pharmacy selling or distribution** **Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. • Essential Medicines List, 2019 **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5 **Source document**: WHO Safe Abortion Guidance (page 54) Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services. Safe Abortion Guidelines, § 3.3.1.1. **Source document**: WHO Safe Abortion Guidance (page 13) **Additional notes** Must be dispensed by a healthcare facility.

Country recognized approval (misoprostol)	Yes, for gynaecological indications **Related documents:** • Essential Medicines List, 2019 (page 119) **Misoprostol allowed to be sold or distributed by pharmacies or drug stores** **Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. • Essential Medicines List, 2019 **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5 **Source document**: WHO Safe Abortion Guidance (page 54) **Additional notes** Misoprostol is restricted for specialist use in incomplete abortion/miscarriage.
Where can abortion services be provided	**Related documents:** • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 19) **Primary health-care centres** Not specified • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 **Secondary (district-level) health-care facilities** Not specified • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 **Specialized abortion care public facilities** Not specified • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 **Private health-care centres or clinics** Not specified • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 **NGO health-care centres or clinics** Not specified • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 **Other (if applicable)** Termination of pregnancy of up to 12 weeks gestation may be performed as an outpatient procedure. Termination of pregnancy above 12 weeks gestation should be performed in a health facility with appropriate equipment. Where the pregnancy endangers woman's health and termination of pregnancy is carried out in advanced pregnancy, the procedure should be performed in a facility with a new-born intensive care unit. • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 21) **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Abortion services should be available at primary-care level, with referral systems in place for all required higher-level care. Safe Abortion Guidelines, Executive Summary, Box 6-Recommendation. **Source document**: WHO Safe Abortion Guidance (page 18)
National guidelines for post-abortion care	Yes, guidelines issued by the government **Related documents:** • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 1) • PAC Guidelines, 2019 (page 1) **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women's informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63. **Source document**: WHO Safe Abortion Guidance (page 75)

Where can post abortion care services be provided	**Primary health-care centres** Yes • PAC Guidelines, 2019 (page 25) **Secondary (district-level) health-care facilities** Not specified • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 • PAC Guidelines, 2019 **Specialized abortion care public facilities** Not specified • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 • PAC Guidelines, 2019 **Private health-care centres or clinics** Not specified • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 • PAC Guidelines, 2019 **NGO health-care centres or clinics** Not specified • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 • PAC Guidelines, 2019 **Other (if applicable)** The 2019 guidelines set out detailed requirements for sites that provide Post Abortion Care, including around infrastructure, equipment and personnel. The 2012 guidelines also list requirements for facilities that can provide PAC. For example, infrastructure should have adequate space, light, privacy and running water. There should be appropriate equipment and supplies. Infection prevention and control guidelines should strictly be adhered to. There should be the provision for post-procedure observation and recovery room. All facilities providing PAC services must have strong referral linkages. • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 25) • PAC Guidelines, 2019 (page 25) **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. The facilities and skills required to manage most abortion complications are similar to those needed to care for women who have had a spontaneous abortion (miscarriage). Safe Abortion Guidelines § 2.2.6. **Source document**: WHO Safe Abortion Guidance (page 57)
Contraception included in post-abortion care	Yes **Related documents:** • National Guidelines for quality obstetrics and perinatal care (page 105) • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 24) • PAC Guidelines, 2019 (page 33) **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. All women should receive contraceptive information and be offered counselling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines, § 2.3. **Source document**: WHO Safe Abortion Guidance (page 62)
Insurance to offset end user costs	No data found **Other (if applicable)** **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Financing of abortion services should take into account costs to the health system while ensuring that services are affordable and readily available to all women who need them. Safe Abortion Guidelines, Executive Summary, Box 6 - Recommendation. Abortion services should be mandated for coverage under insurance plans; women should never be denied or delayed because of the inability to pay. Safe Abortion Guidelines, § 3.6.2. **Source document**: WHO Safe Abortion Guidance (page 18)

Who can provide abortion services

Related documents:

- Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 19)

Nurse

Yes

Nurses can provide first trimester termination of pregnancy. Termination of pregnancy in the second trimester should be performed by a skilled medical officer in consultation with a gynaecologist or a gynecologist.

- Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 20)

Midwife/nurse-midwife

Yes

Midwives can provide first trimester termination of pregnancy. Termination of pregnancy in the second trimester should be performed by a skilled medical officer in consultation with a gynaecologist or a gynecologist.

- Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 20)

Doctor (specialty not specified)

Yes

Doctors can provide first trimester termination of pregnancy. Termination of pregnancy in the second trimester should be performed by a skilled medical officer in consultation with a gynaecologist or a gynecologist.

- Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 20)

Specialist doctor, including OB/GYN

Yes

Doctors can provide first trimester termination of pregnancy. Termination of pregnancy in the second trimester should be performed by a skilled medical officer in consultation with a gynaecologist or a gynecologist.

- Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 20)

Other (if applicable)

Clinical officers; Skilled medical officer

Clinical officers can provide first trimester termination of pregnancy. Termination of pregnancy in the second trimester should be performed by a skilled medical officer in consultation with a gynaecologist or a gynecologist.

- Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 20)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Subject to gestational age and method, abortion care can be safely provided by any properly trained health-care provider, including specialist doctors, non-specialist doctors; associate and advanced associate clinicians; midwives; and nurses. Health Worker Roles in Safe Abortion Care, p 33- Recommendation.

Source document: Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

Not specified

- Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012

Availability of a specialist doctor, including OB/GYN

Not specified

- Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012

Minimum number of beds

Not specified

- Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012

Other (if applicable)

All terminations of pregnancy should be carried in a health facility with appropriate equipment. The health facility should be operating legally. The method used to provide termination of pregnancy should determine the level of health facility where the termination of pregnancy is carried out. Second trimester terminations should be done in facilities with adequate supportive care, e.g. blood transfusion, theatre.

- Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 21)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Abortion facilities within both the public and private sectors should be available at all levels of the health system, with appropriate referral mechanisms between facilities. Safe Abortion Guidelines, § 3.3.1.

Source document: WHO Safe Abortion Guidance (page 75)

Conscientious Objection

Public sector providers

Related documents:

- Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 20)

Individual health-care providers who have objected are required to refer the woman to another provider

Yes

The Kenyan constitution stipulates that "a person shall not be compelled to act, or engage in any act, that is contrary to the person's belief or religion."

- Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 20)
- Constitution of Kenya (page 26)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

Private sector providers

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Provider type not specified

Yes

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Neither Type of Provider Permitted

Related documents:

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Public facilities	No **Related documents:** • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 20) **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5. **Source document**: WHO Safe Abortion Guidance (page 106) **Additional notes** The guidelines indicate that “public health facilities are legally obligated to provide abortion related services”.
Private facilities	No **Related documents:** • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 20) **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5. **Source document**: WHO Safe Abortion Guidance (page 106) **Additional notes** The guidelines indicate that “public health facilities are legally obligated to provide abortion related services”.
Facility type not specified	No **Related documents:** • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 20) **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5. **Source document**: WHO Safe Abortion Guidance (page 106) **Additional notes** The guidelines indicate that “public health facilities are legally obligated to provide abortion related services”.
Neither Type of Facility Permitted	Yes **Related documents:** • Standards and Guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, 2012 (page 20) **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5. **Source document**: WHO Safe Abortion Guidance (page 106) **Additional notes** The guidelines indicate that “public health facilities are legally obligated to provide abortion related services”.

Indicators

Country specific information related to sexual and reproductive health indications. As data for the Sustainable Development Goal (SDG) indicators related to sexual and reproductive health become available, these will be provided, through periodic updates.

Goal 1. End poverty in all its forms everywhere

1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)

No data

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable	No data
1.a.2 Proportion of total government spending on essential services (education, health and social protection)	No data

Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1.1 Maternal mortality ratio	**342** (2017)
3.1.2 Proportion of births attended by skilled health personnel	No data
3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	No data
3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	**80.5** (2015-2020)
3.8.2 Number of people covered by health insurance or a public health system per 1,000 population	No data
3.c.1 Health worker density and distribution	No data

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex	No data

Goal 5. Achieve gender equality and empower all women and girls

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex	No data
5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	No data
5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	No data
5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18	No data
5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age	No data
5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	No data
5.6.2 Number of countries with laws and regulations that guarantee women aged 15- 49 years access to sexual and reproductive health care, information and education	No data
5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure	No data
5.b.1 Proportion of individuals who own a mobile telephone, by sex	No data

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.5.2 Unemployment rate, by sex, age and persons with disabilities	No data

Goal 10. Reduce inequality within and among countries

10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities	No data

10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	No data

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months	No data
16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation	No data
16.2.3 Proportion of young women and men aged 1829 years who experienced sexual violence by age 18	No data
16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms	No data
16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months	No data
16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)	No data
16.6.2 Proportion of the population satisfied with their last experience of public services	No data
16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions	No data
16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	No data
16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months	No data
16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	No data

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

17.8.1 Proportion of individuals using the Internet	No data

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning	**14.89** (2017)
Percentage of births attended by trained health professional	**61.8** (2014)
Percentage of women aged 20-24 who gave birth before age 18	**26** (2009-2013)
Total fertility rate	**3.492** (2018)
Legal marital age for women, with parental consent	No data
Legal marital age for women, without parental consent	**18** (2009-2017)
Gender Inequalities Index (Value)	**0.55** (2017)
Gender Inequalities Index (Rank)	**137** (2017)

Mandatory paid maternity leave	**no** (2020)
Median age	**20.1** (2020)
Population, urban (%)	**27.03** (2018)
Percentage of secondary school completion rate for girls	**0.81** (2013)
Gender parity in secondary education	**0.904** (2009)
Percentage of women in non-agricultural employment	**35.7** (2013)
Proportion of seats in parliament held by women	**23.3** (2017)
Sex ratio at birth (male to female births)	**1.03** (2018)