



UNFPA Kenya Annual Report 2017

Transformed Lives



UNFPA

Delivering a world where every pregnancy is wanted every childbirth is safe and every young person's potential is fulfilled.

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UNFPA at a glance

UNFPA is the United Nations reproductive health and rights agency. Guided by the ICPD Programme of Action and reaffirmed in the 2030 Agenda for Sustainable Development, UNFPA aims to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. **By 2030, UNFPA aims to achieve universal access to sexual and reproductive health and rights for all by:**

- **Ending unmet need for family planning;**
- **Ending preventable maternal death, and**
- **Ending violence and harmful practices against women and girls.**

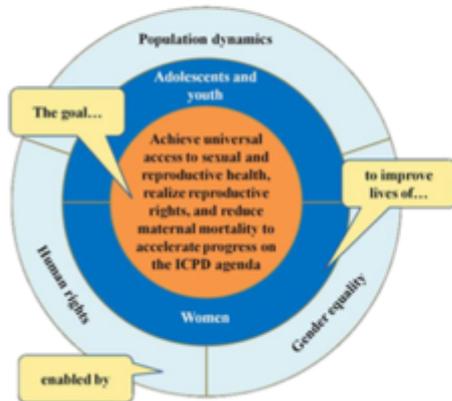
In Kenya, UNFPA was established in 1972. The UNFPA Country Office is winding up the GOK/UNFPA 8th Country Programme (2014-2018). The GoK/UNFPA 9th Country Programme is due to start in July 2018 and end in June 2022. The 9th CP is aligned to the Kenya UNDAF (2018-2022) and the Medium Term Plan III (MTP III) of Vision 2030. The 9th CP shall be implemented in partnership with the national and county government, development partners, NGO, private sector and other key-stakeholders. The target counties for the 9th CP are: Homabay, Kilifi, Kitui, Nairobi, Narok and Turkana (as part of UN Delivering as One).

UNFPA is also implementing the six (6) County Initiative funded by the DANIDA focused in Mandera, Wajir, Marsabit, Isiolo, Lamu and Migori. These six counties have a combined population of approximately 10% of the national population but contribute close to 50% of the country's maternal deaths. The project seeks to build on the achievements of the first phase funded by the RMNCH Trust Fund to increase availability and utilization of maternal and newborn health services, generate demand for Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) services, to strengthen monitoring and evaluation system for RMNCAH services and strengthen institutional capacity for delivery of quality RMNCAH services.

Additionally, UNFPA is also implementing the UNFPA/UNICEF Joint Programme to eliminate Female Genital Mutilation/Cutting in Samburu, West Pokot, Narok, Elgeyo Markwet and Baringo. The joint action is directly linked to the Sustainable Development Goal 5.3, which aims to end all harmful practices by 2030. The focus of the programme is on the outlined counties with the highest FGM prevalence, with the aim of shifting social norms in affected communities while working with governments to put in place viable national response systems.

OUR STRATEGIC FOCUS

UNFPA anticipates and responds to tomorrow's challenges today.



We help ensure that the **reproductive health and rights** of women and young people remain at the very center of development

We provide **technical guidance, training** and **support** to empower our partners and colleagues in the field

And we support the use of **population data** to assess and anticipate needs, and to monitor progress and gaps in delivering on our promises, including in humanitarian settings



From the Country Representative

The year 2017 has been significant for UNFPA Kenya Country Office. This is the year that saw our activities as a Country Office taking on an impactful path, not only in terms of real transformation among communities but also in advocacy and visibility among bilateral and multilateral partners despite the turbulent year of electioneering.

We are firm in the belief that the wellbeing and empowerment of women and girls is one of the most sensitive development barometers in any society or nation, and a concrete foundation for reaping the demographic dividend.

A key indicator of the wellbeing of women and girls is their level of Sexual and Reproductive Health and Rights (SRHR) particularly relating to their HIV vulnerability and status including the burden of Gender Based Violence such as Female Genital Mutilation (FGM). SRHR/HIV/GBV is a unique area where compassion, altruism and economics combine in a single cause. By advancing SRHR, we not only do something morally right but also help build more prosperous, productive communities.

The integrated agenda of the ICPD agenda means that we must work collaboratively in a broader range of interlinked goals. That's why we are grateful to the many partners with whom we have worked with to enhance reproductive health and rights for all, even in the face of diminishing resources.

In partnership with the Government of Kenya and our partners, we have made important strides in the advancement of the health wellbeing of women and girls in Kenya, including protecting their dignity. During the year, we have supported national and county governments to have capacity to deliver comprehensive and integrated maternal and newborn health and HIV prevention services, and family planning services, including in humanitarian settings.

Our efforts have significantly contributed to the upholding of our principle of “Leaving No One Behind” and contributing to the expansion of possibilities for women and young people in Kenya to lead healthy and productive lives.”

We have also supported increased accessibility of comprehensive sexual and reproductive health information and services for young people, while at the same time coordinating and implementing compliance of obligations on gender based violence, reproductive health rights and harmful cultural practices.

Our efforts have significantly contributed to the upholding of our principle of “Leaving No One Behind” and contributing to the expansion of possibilities for women and young people in Kenya to lead healthy and productive lives. Towards this end, we have taken deliberate care to ensure that our activities are in tandem with the attainment of Kenya's Vision 2030 and the attainment of of women and girls' health agenda.

As we look ahead, we remain focused and committed to working with the Government and key stakeholders in ensuring we achieve universal access to sexual and reproductive health and rights for all in Kenya. We will continue to implement a strategic advocacy and accountability platform focused on delivering results and improving the health and wellbeing of women and girls in Kenya.



Dr. Ademola Olajide, UNFPA Kenya Country Representative to Kenya



Highlights of our work in 2017

219,538 unintended pregnancies averted.

65,171 unsafe abortions averted.

755 maternal deaths averted.

395 health facilities supported to provide basic emergency
Obstetric and newborn care (EmONC).

310,376 young people provided with SRH
information and services.

53,592 people provided life-savings SRH
services in humanitarian assistance.

2,708 sex workers and their clients provided
with integrated HIV/SRH services.



Strengthening maternal and newborn health services

UNFPA Kenya supports national and county institutions have capacity to deliver comprehensive and integrated maternal and newborn health and HIV prevention services, including in humanitarian settings. During the year, the following was achieved:

- 582 health care workers trained in provision of EmONC, contributing to improved coverage in Kilifi, Homabay, Mandera, Wajir, Marsabit, Migori, Isiolo, and Lamu counties.
- 395 health facilities providing basic EmONC services in the 6 project counties (Mandera, Wajir, Marsabit, Isiolo, Lamu, and Migori) following the provision of maternal and newborn health equipment and training of health care workers.
- 53,592 people in humanitarian settings provided with life-saving SRH assistance.

- Supported development of Nursing and Midwifery mentorship tool kit. The tool is enhancing the skills and knowledge of nurses and midwives in over 300 medical training colleges, targeting more than 4,000 nurses and midwives.
- 26 fistula repair surgeries done, including improved knowledge sharing and advocacy efforts on obstetric fistula.
- Reached 1,086 First Time Young Mothers to ensure access and continuum of skilled care.

- 57 Law Enforcement Officers trained on HIV prevention, human rights and key populations, contributing to improved response and prevention of violence.
- Supported the development of policies and strategic documents at national and county levels, which will contribute to health system strengthening for increased access and effective delivery of quality, integrated SRH services.
- Contributed to the production of the First Confidentiality Enquiry into Maternal Deaths; Postnatal Care Guidelines and SRH Integration Framework



How Dalia Overcame Gender Violence Amidst Surmounting Challenges

Picture this: The year is 2001. You fall in love with the man of your dreams. Before you know it, you are married. Two years into the marriage, you have lost count of the physical and psychological abuse you are subjected to.

The violence becomes serious to the point your mother tries to intervene by threatening to report your husband to the police. He doesn't like it and threatens to 'take care' of her. A week later your mother is found dead in her house. Robbery with violence, the police conclude. But you know better.

A month later, scared for your life you take off to Nyarugusu Refugee Camp in Tanzania with your seven children. It's your only hope. The only place you know you will find refuge. As you struggle to get used to your new status at the refugee camp, the unthinkable happens. Civil war breaks out in your home country, the Democratic Republic of Congo (DRC). Your estranged husband is among thousands of displaced people fleeing the war and joins the refugee camp in Tanzania, and that's how he knows about your whereabouts.

It takes him a week to find you. Used to having his way, he convinces you to reunite with him. You are overwhelmed and desperate for a helping hand, especially in taking care of the children. So, you agree, hoping that due to the prevailing circumstances at the camp, he would stop his abusive nature. How wrong you are.

It doesn't take him long before the psychological abuse and the beating begins. To make matters worse, the refugee camp is overcrowded. For most, priority is simply daily survival. Water and food are on top of the list.

No one in the camp, you quickly learn has time to arbitrate what is casually referred to as "normal conflict" between husband and wife.

Well, before you know it, you discover you are expecting your eighth child. Excited you naively hope he would change. To your shock, the abuse becomes a daily affair. The children live in constant fear. They are evidently traumatized and have lost any iota of self-esteem they had. The emotional and psychological abuse of the violence and the living standards at the camp is slowly taking a toll on them. They look malnourished, disheveled and miserable. The thought of dying seems like the best way out. You are helpless and increasingly on the verge of suicide.

The memory of your mother's death lingers annoyingly at the back of your mind. Despite it being short-lived, you remember how happy you and the children were before he came to the camp. You long to have that peace and joy back. You are desperate. Something has to give.

You befriend humanitarian workers at the camp and open up to them about your situation. They have handled cases of gender-based violence at the camp countless times, so they promise to help.

Kakuma Support Centre

A year later, you are transferred to Kakuma Refugee Camp in Kenya. Settling down doesn't take long. Your children are admitted to the only school at the camp, and you are introduced to the Kakuma Support Centre.

Dalia Asinde, a survivor of gender-based violence has overcome all odds to become an activist against gender-based violence at the Kakuma Refugee Camp. Photo by Douglas Waudo / UNFPA Kenya.



Kakuma Support Centre is a Centre constructed through the support of United Nations Central Emergency Response Fund (CERF)[1], channeled through UNFPA, the United Nations Population Fund, to help women and girls who have been sexual, physical and psychological abused. Finally, you have a chance to live your life. You have been counseled at the Support Centre, and helped to put behind the trauma of abuse. You have also been trained in embroidery and bakery, and are using the life skills acquired to earn an average of Kshs 3,000 a month. Life is good. The business is blossoming. The children are doing well in school. Your firstborn daughter got married at the camp, and early this year you became a grandmother.

You also realize your dream of being a volunteer at the Centre - helping other survivors of violence and raising awareness of gender-based violence within the refugee camp. Life gets even better – you fall in love, and for the first time in your life, you are enjoying the feeling of being loved and treated like a princess. Never knew life could be this sweet, you occasionally whisper to yourself.

Then the unthinkable happens.

One dusty morning, your husband shows up at your doorstep drunk and angry. In his characteristic manner, he begins hurling insults at you, while threatening to teach you a big lesson. Not so fast boo, you feel like laughing out loud. This time you know better. You are prepared. Call it being empowered and liberated.

You aren't ready to crawl into the cocoon self-pity and allow yourself to become a punching bag like you used to do before. It's a new dawn and a new you. So, you look him straight in the eye, to his astonishment, and tell him off. Embarrassed and frustrated, and realizing the tables have turned, he leaves. A week later, he is transferred back to Nyarugusu Refugee Camp in Tanzania.

Ending violence against women

Unfortunately, this is not a script from a fictional movie. This is the story of Dalia Asinde, aged 38. Her story offers a glimpse of the reality of many women and girls who are subjected to violence, and why ending violence against women should be everyone's priority.

The Kenya Demographic Health Survey 2014 indicates that four out of every ten women in Kenya have experienced physical or sexual violence, mostly perpetrated by an intimate partner. The prevention and response to violence against women in development and humanitarian settings is a strategic priority for UNFPA.

Against this backdrop, UNFPA - the lead UN agency working on sexual and reproductive health and reproductive rights - supports survivors of gender-based violence in humanitarian crises, where violence is on the increase because of failed social structures in times of emergencies and usual protection systems broken down as well as traditional cultural practices that put women at higher risk of violence.

For instance, in Kakuma Refugee Camp, UNFPA is working with the International Rescue Committee and other UN agencies to address the diverse physical, emotional and social needs of survivors as well provide support for survivors of violence to access essential services that support their safety and health. In this regard, UNFPA is also ensuring the quality of these services, with a particular focus on sexual and reproductive health, justice (including policing and legal aid), social services (such as psycho-social counseling, helplines, and safe houses), and coordination and governance.

Right to live free of abuse

The provision of health services is a high priority for survivors of gender-based violence. UNFPA is reaching affected women and girls by playing a key role in addressing the prevention and treatment of gender-based violence through its programmes on sexual and reproductive health.

UNFPA-supported health programmes provide information about women and girls' rights, including their right to live free of abuse. These programmes also provide essential medical supplies, such as rape kits, to assist survivors, and support psychosocial and legal counseling.

The status of women's health, their participation in the economy and their education levels must be a priority in the development agenda. Where gender gaps in these areas prevail, women will always be subjected to violence.

The entire gamut of development actors must now come together to ensure that every home is safe and free of every form of violence - for until all women and girls are safe, no one is.

[1] The United Nations Central Emergency Response Fund (CERF) is one of the fastest and most effective ways to support rapid humanitarian response for people affected by natural disasters and armed conflict. CERF receives voluntary contributions year-round to provide immediate funding for life-saving humanitarian action anywhere in the world.

- Douglas Waudo





Improved capacity to create demand and provide family planning services

UNFPA supports national and county institutions have capacity to create demand and provide family planning services. Over the year, this was achieved:

Supported development of the National Family Planning Costed Implementation Plan (FP-CIP) and FP-CIP for six counties. The FP-CIP will promote advocacy for increased domestic resources, approaches to improve FP interventions and enhance access to high quality rights-based FP services, and ultimately quality FP programming.

Developed a road map and draft NHIF benefit package to integrate a comprehensive FP package in the National Hospital Insurance Fund (NHIF) benefit coverage.

Supported development of draft comprehensive family planning National Hospital Insurance Fund (NHIF) benefit package, including road map for pricing of FP commodities

300 health care workers from the Kilifi, Nairobi and Homabay counties trained on rights-based family planning service delivery, resulting to in counties reporting 141,94 additional new users of modern contraceptive methods.

A waiver of 8% costs for commodities warehousing and distribution was granted by Ministry of Health.

219,538
unintended pregnancies averted

65,171
unsafe abortions averted.

755
maternal deaths averted.

Ending fistula is my passion and mission

Did you know that more than two million women still live with obstetric fistula, and 50,000 to 100,000 develop fistula every year!

Obstetric fistula is a hole between the birth canal and bladder or rectum that is usually caused by prolonged obstructed labour. It is both preventable and treatable, but fistula plagues the lives of thousands of women in Kenya every year, leaving them incontinent for urine and/or stool.

Ending fistula is a high priority for UNFPA, and it is a key step to achieving the world's Sustainable Development Goals by 2030. One of the ways UNFPA is addressing fistula is through investing in the training of nurses on emergency obstetric and newborn care as well as pre-intra and post-operative care of fistula patients. Christine Muthengi is one such trained nurse who is making a difference in ending fistula in Kenya. Here is her story, in her own words:

My name is Christine Muthengi. I retired recently from Kenyatta National Hospital where I worked for 35 years as a nurse, midwife, counselor, researcher and trainer in the reproductive health unit.

I started working with obstetric fistula patients in 1996. My interest was to encourage, counsel and educate them, and keenly following up after the surgery. As a result, I acquired skills and a wealth of experience dealing with fistula cases. Through this, I have trained over 2,000 nurses and hospital personnel countrywide on how to manage fistula patients. In fact, 1998, I was recognized as the Nurse of the Year in Kenya.

I am currently working in partnership with UNFPA, Flying Doctors of Africa, Freedom from Fistula Foundation and Amref Health Africa where I offer my expertise to help fistula patients across the country. These organisations are at the forefront supporting the campaign to end fistula in Kenya through awareness creation and facilitating repair surgery of fistula patients.

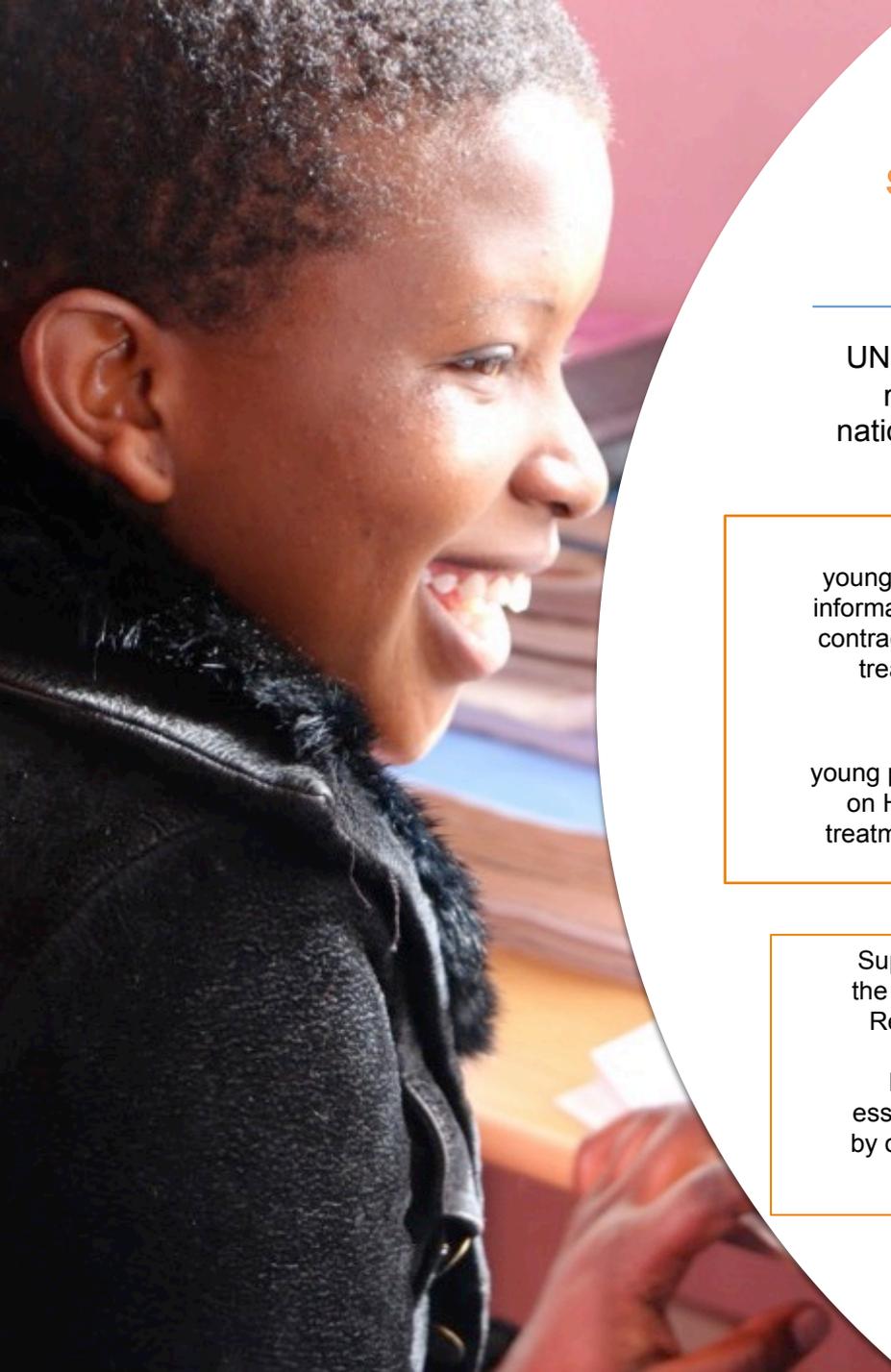


Christine Muthengi (right) with Jumwa Kabibu, aged 77, after she underwent fistula repair in Kilifi County Referral Hospital, which she lived with for 50 years. Photo by Douglas Waudu / UNFPA Kenya

Ending fistula in Kenya is my passion and mission. There is nothing that gives me greater joy than to see patients returning to their communities with joy, health and above all, restored dignity.

Working with partners in the Campaign to end fistula, UNFPA has made progress towards eliminating fistula through prevention, treatment and social reintegration. As a result, UNFPA has supported more than 85,000 fistula repair surgeries since 2003, and more than 15,000 cases in 2016 alone.

In Kenya, UNFPA is strengthening the health system of county governments by procuring maternal health equipment for both basic and comprehensive obstetric care, including equipment for fistula repair. Nurses are being trained in screening fistula patients and making the correct diagnosis as well as emergency obstetric care. Community health workers are also being trained in identification of fistula patients and community sensitization and acting as key architects in reintegration of fistula survivors within the community.



Strengthening adolescent sexual and reproductive health information and services

UNFPA supports increased accessibility of comprehensive sexual and reproductive health information and services for young people at national and county levels. The following was achieved during the year:

146,361

young people reached with SRH information and services including contraception, STI screening and treatment, and counseling

164,015

young people received information on HIV prevention, care and treatment, including HIV Testing Services (HTS).

Disseminated the National ASRH policy to **20,000** primary and secondary head teachers at the annual school heads meeting, resulting to a commitment to support: sexuality education programmes in schools, school re-entry of learners who drop out due to pregnancy related causes, and access to health services by learners including those living with HIV.

Supported the development of the National Adolescent Sexual Reproductive Health Costed Policy Implementation Framework (2017-2021), essential in leapfrogging ASRH by operationalizing the National ASRH policy (2015).

Scaled up efforts to strengthen Adolescent and Youth Friendly Services (AYFS) in the country by supporting the revision of the National Training Manual for Health Care Providers on Provision of AYFS, development of job aids, and training of national master trainers.

Teen mothers in Kenya become powerful advocates for change

Purity Bahati was only 15 when she started dating her boyfriend, a 28-year-old man. “He told me he loved me, and I believed him,” she said. She was pregnant by the time she was 17.

The pregnancy forced her to drop out of the public school she attended in Kenya’s Kilifi County. “My parents were so furious with me, and they kicked me out of their home,” she said.

Her boyfriend reluctantly allowed her to move into his small thatched hut. Just like that, without any fanfare, Purity was married. (Most marriages in rural areas like hers are informal and unregistered.)

Today, Purity is 19 and the mother of two. She spends her days caring for her children while her husband works as a casual labourer.

“To be honest, this is not the way I envisioned my life would turn out,” she told UNFPA. “I don’t work. Who would give me a job, anyway?”

Robbed of education and future

Around the world, teenage pregnancy robs girls of their childhoods, their educations and their futures.

These pregnancies tend to be the result of having few choices in life. The girls affected often lack access to sexual and reproductive health information. Pregnancy only exacerbates their vulnerability to poverty, exclusion and exploitation. It can also take a dangerous toll on their health – complications from pregnancy are a leading cause of death among adolescent girls.



Young mothers Purity Bahati (left) and Naomi Kitsao (right) advocate for other young people to access sexual and reproductive health information and care. © UNFPA Kenya/Doulgas Waudu

Yet it is all too common. Every day in developing countries, an estimated 20,000 girls younger than 18 give birth.

In Kenya, nearly one in five girls aged 15-19 have already had a baby or are pregnant, according to a 2014 survey. UNFPA is working with the government and the International Centre for Reproductive Health (ICRH) to reduce these underage pregnancies and keep girls in school.

They are engaging the community at all levels, including schools and youth themselves.

They are also supporting public forums that raise awareness about sexual and reproductive health, gender equality, girls’ rights and the importance of education. Community outreach campaigns and peer education programmes are also helping to spread these messages.

Best friends push for change

About 50 yards away from Purity's hut is the home of 18-year-old Naomi Kitsao. She is also a married mother of two. In fact, she and Purity were best friends in school.

“When Purity got a boyfriend while we were in school, we used to admire her,” Naomi said. “Her boyfriend used to buy her gifts and treat her so well. Most girls in school desperately wanted to be like her.”

Under peer pressure, Naomi became sexually active when she was 14 years old.

“It was fun and cool to have boys dying to have you. It made one feel wanted, loved and appreciated,” she said, explaining that many teenagers believed it was impossible to get pregnant or contract HIV at their age.

By the time she was expecting her second child, she was attending a tailoring college, but had to drop out for lack of money. Now, like Purity, she is unemployed, as is her husband.

But neither she nor Purity have lost hope.

Both young women were reached through a door-to-door community outreach effort, and have received training about their reproductive health and rights through the UNFPA-supported peer education programme.

The two have emerged as powerful advocates for change, teaching other young people how to prevent sexually transmitted infections and that contraceptives can help them determine whether and when to get pregnant. They hope this information will help others finish their educations, even if they were not able to themselves.

— Douglas Waudo





'FROM PEACE IN THE HOME TO PEACE IN THE WORLD: MAKE EDUCATION SAFE FOR ALL!'
LET US STOP FGM AND CHILD MARRIAGE
MAITING'IE EMURATE OO NTOYIE WO KIAMA OO NKERA
TUKOMESHE UKEKETAJI NA NDOA ZA WATOTO





Eliminating Gender Violence and Empowering Women

UNFPA supports national and county institutions have capacity to coordinate and implement compliance of obligations on gender based violence, reproductive health rights and harmful cultural practices. Over the year, UNFPA achieved the following:

3 communities in Elgeyo Marakwet, Narok and Baringo counties made public declarations against FGM/C and early marriages and declared their abandonment.

583 girls and 69 boys underwent Alternative Rites of Passage and mentorship.

75 cases of FGM were reported with 10 prosecuted and convicted, 9 withdrawn, 49 ongoing in court, while 7 withdrawn.

Through advocacy efforts, the Government allocated US\$ 910,891 (KES 92 million) to the Anti-FGM Board, demonstrating its commitment to ending FGM.

218 gender-based violence survivors received comprehensive package of services in humanitarian settings.

Escape at dawn: running away from child marriage and FGM in Kenya



Faith (centre) with her friends Sylvia (right) and Vivian, who all ran away from home to avoid female genital mutilation and child marriage. © UNFPA Kenya/Douglas Waudu

“I woke up one morning, and my father told me that we were poor and needed money,” said Faith, describing the moment she learned she was engaged. She was 11 years old at the time.

Her father explained that an elder in their village, in Kenya’s Narok County, would marry her and pay a bride price, which would alleviate some of the family’s financial hardship.

And the news got worse: Before she could be married off, she would have to undergo female genital mutilation (FGM).

“How am I expected to be a wife to someone my father’s age?” she asked.

That was the moment Faith knew she would run away from home.

Escape at dawn

Faith, now 13, grew up in a community where FGM and child marriage were common.

In Kenya, an estimated 11 per cent of girls have been circumcised, according to a 2014 national survey, and nearly 23 per cent of women, aged 20-24, were married before reaching 18. One quarter of Kenyan women give birth by age 18.

Although Faith had never been to school, she had learned that these practices are harmful from participating in local discussions conducted by World Vision Kenya, a partner of UNFPA.

FGM can cause haemorrhage, chronic pain, infection and even death. Child marriage leaves girls vulnerable to physical and sexual abuse, and many child brides become pregnant while still teenagers, putting their health at risk. Globally, pregnancy-related complications are the leading cause of death among adolescent girls.

Both FGM and child marriage are considered human rights violations.

Two days after learning of her engagement, Faith slipped out of the house at dawn, while her family was asleep.

She walked over 20 km to the only place she knew she might find help – Naikarra Primary School. The local school has boarding facilities, and has become known in the surrounding community as a place where girls can seek refuge.

She arrived tired, hungry and with her clothes in tatters. “She looked utterly malnourished and scared. Her feet were swollen due to the long walk,” said Edith Komoni Kipteng, a teacher at the school.

It was not an uncommon sight. “Over the years we have witnessed this scenario of girls running away from their homes to avoid FGM and early marriage by seeking refuge at the school play out countless times,” Ms. Kipteng explained.

Still, Faith’s situation left an impression on her: “Here was an 11-year-old who had never stepped into a classroom and wanted desperately to make something out of her life.”

“Bold and courageous” Faith has now been at the school for two years. Her best friends, Sylvia and Vivian, also ran away from home to avoid FGM and child marriage.

Out of the school’s 500 pupils, 100 girls have sought refuge from FGM by boarding at the school. Dormitories, which are maintained with help from World Vision Kenya, are open during school holidays so girls at risk of FGM or child marriage can avoid going home.

“It’s such a bold and courageous undertaking for a girl to decide to leave her family behind,” Ms. Kipteng said. “Essentially for most, it means being completely cut off from their loved ones and the only place they ever knew as home.”

But Faith says it is still difficult to be separated from her family.

“It’s tough for me, especially since I have not seen my parents and siblings for two years now. But trust me, this is much better than being married to someone my father’s age,” she said. “If I ever return home, I am absolutely sure I will be forced to go through FGM, and after that married off.”

But other girls have not been so fortunate. The school’s resources are stretched to capacity.



A group of girls at Naikarra Primary School in Narok County. In recent times, the school has witnessed a surge of girls seeking refuge at the school escaping from FGM and child marriage. Photo by Douglas Waudo / UNFPA Kenya

“Over the past week, we had turned away a number of girls who had run away from home,” Ms. Kipteng said. “It’s the toughest thing I have had to deal with. But what can we do? The reality is the school can only do so much.”

More to be done

A UNFPA-UNICEF joint programme on FGM is working with the government to protect girls’ human rights. This includes assisting with the development of policies and laws to curtail FGM. UNFPA is also working with partners, such as World Vision Kenya and the Federation of Women Lawyers Kenya (FIDA Kenya) to promote an end to both FGM and child marriage.

In places like Narok County, UNFPA is providing mentoring and life skills education to both girls and boys, which includes messaging about the harms of FGM and child marriage. UNFPA and its partners are also working within communities to engage elders, community leaders, parents and young people in dialogues about these issues. These efforts have led community leaders to call for the abandonment of harmful practices.

UNFPA also works to support the needs of married girls, particularly with access to family planning and maternal health care.



Harnessing Data for Development

UNFPA supports national and county institutions have capacity to generate and avail evidence for advocacy, planning, implementation, monitoring and evaluation of population related policies and programmes. During the year, UNFPA achieved the following:

Supported the development of the Kenya Vital Statistics Report 2016, resulting to enhanced programming and strengthening of civil registration system.

Provided technical support in the conceptualization of the Kenya Health Facility Assessment.

Provide technical support in preparation for the 2019 Kenya Population and Housing Census.

Supported training of officers from four counties on management and retrieval of statistics and information from Integrated Multisectoral Information System (IMIS), aimed at enhancing integration of population dynamics in planning and formulation of policies.

Supported the development of Kenya's Demographic Dividend Roadmap, whose activities under the sectors of health and wellbeing, education and skills development, employment and entrepreneurship, and rights, governance and youth empowerment were incorporated in the Medium Term Plan III (2018-2022).

Conducted survey in Wajir County to assess factor affecting contraceptive uptake among women of reproductive age. The results will be used to initiate policy and advocacy dialogue aimed at increasing uptake of family planning.









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