UNFPA
Delivering a world where every pregnancy is wanted
every childbirth is safe and
every young person’s
potential is fulfilled
“UNFPA footprints are firmly on the ground in Kenya”. This is the ringing endorsement by UNFPA Executive Director Prof. Babatunde Osotimehin, following his visit to Kenya in November 2015.

Those words enunciated our unspoken belief that 2015 was the year that our activities as a Country Office took on a sharper trajectory, not only in terms of real impact among communities but also in visibility among bilateral and multilateral partners.

It was a year characterized by intensified efforts to engage new partners as well as keeping up the momentum of policy dialogue and advocacy on country programme areas.

One of the most visible result of partnerships was the H4+ initiative that the country office is spearheading. This has brought on board a number of private players to collaborate with the public sector in support of the reproductive, maternal, newborn, child and adolescent health (RMNCH) project being implemented in six counties in Kenya with the highest maternal and child deaths.

In an affirmation of its novelty the partnership was announced at the launch of the global Woman, Child and Adolescent Health Strategy in New York by the CEO of Safaricom, one of the private sector partners, in the presence of H.E President Kenyatta and UN Secretary-General Ban Ki-moon. In addition the World Economic Forum (WEF), as part of support to the Every Woman, Every Child (EWEC2.0), has chosen the RMNCH 6-county initiative to become a “best in class” Public Private Partnership (PPP). With WEF, the World Bank and key stakeholders, we developed a country PPP roadmap that will be presented at WEF Davos in 2016.

In the years to come, the country office is determined to use this initiative not only as an inspiration but also to keep researching for new ways of sustainably delivering on the International Conference on Population and Development (ICPD) agenda.

We took deliberate care to ensure that our activities were in tandem with the country’s vision, especially as enunciated in Kenya’s Vision 2030. It is out of this close partnership that the country’s President personally opened a meeting in March 2015 where, for the first time religious leaders from different faiths committed to supporting the campaign to eliminate gender based violence including female genital mutilation.

We continued to support the First Lady’s Beyond Zero Campaign, now in its third year, which seeks to end preventable maternal and child deaths.

Midstream through the UNFPA Kenya 8th Country Program, regional disparities in maternal and child health indicators continue to gnaw at our collective conscience; they also drive our passion to go farther every time.

We are firm in the belief that when women and girls are empowered, first by being supported to stay in school and thereafter to join the workforce, the country will have started laying the concrete foundation for reaping the demographic dividend.

The integrated nature of the ICPD agenda means that we have to work collaboratively in a broad range of inter-linked goals. We thank the many partners with whom we have worked to create impact, even in the face of decreasing resources.

We remain committed to ensuring our “footprint’ in Kenya makes a tangible difference to the families we serve. With our traditional as well as newly-found partners, we will continue to break new ground around innovation, reaching the hard to reach and fragile counties like we have done in the 6-county initiative.

We aim to keep to the principle of “leave no one behind”, to continue to confront the challenges of reaching the last frontiers, and to do our part to bring down the drivers of exclusion that shackles mothers, sisters and daughters around the country.

1. H4+ is a joint effort by UNFPA, UNAIDS, UNICEF, UN Women, WHO and the World Bank, governments and civil societies of 58 countries with high burdens of reproductive, maternal, newborn, and child mortality and morbidity.
In the last year of the Millennium Development Goals, Kenya had some mixed results, recording impressive progress in several of the MDG indicators but also showing great inequalities across the country.

The 2014 Kenya Demographic and Health Survey (KDHS) showed improvement in the country’s Total Fertility Rate (TFR) and Contraceptive Prevalence Rate (CPR). TFR fell from 4.6 in 2008 to 3.9 in 2014, this being the lowest TFR ever recorded in Kenya. This decline is associated with the rise in CPR, from 46 percent in 2008 to 58 percent in 2014.

Improvements were made in reducing infant and child mortality, with total under-5 mortality falling from 115 deaths per 1,000 live births in 2003 to 52 deaths per 1,000 live births in 2014.

This however fell short of the MDG goal. The 2014 KDHS reported that the current maternal mortality ratio was 362 per 100,000, compared to the 2008 ratio of 488 per 100,000 live births. This too was below the MDG target.

Driven partly by the free delivery services in public health facilities, the proportion of mothers who reported receiving antenatal care from a skilled health provider increased from 88 percent to 96 percent between 2003 and 2014.

The percentage of children age 12-23 months who have received all basic vaccines increased slightly from the 77 percent observed in the 2008-09 KDHS to 79 percent in 2014.

Awareness of AIDS is universal in Kenya; however, only 56 percent of women and 66 percent of men have comprehensive knowledge about HIV and AIDS prevention and transmission.

Note: Estimates for all years are based on the revised definition of unmet need. Data collected before 2003 exclude North Eastern region and several northern districts in the Eastern and Rift Valley.
Marriage and sexual activity
In Kenya, the median age at first marriage among women aged between 25 and 49 is 20.2 years, while that of men aged between 30 and 49 is 25.3 years. This scenario has remained more or less unchanged over the past 10 years for both women and men.

Early marriage seemed to be on a decline, albeit slow. KDHS 2014 indicated that 9 percent of women age 45-49 were married by age 15, as compared with 2 percent among those age 15-19. Fifteen percent of women age 20-49 had first sexual intercourse by age 15, 50 percent by age 18, and 71 percent by age 20. Twenty-two percent of men age 20-49 had first sexual intercourse by age 15, 56 percent by age 18, and 76 percent by age 20.

Childbearing begins early in Kenya, with almost one-quarter of women giving birth by age 18 and nearly half by age 20. Eighteen percent of adolescent women age 15-19 are already mothers or pregnant with their first child. In the last five years, teenage pregnancy has remained unchanged.

Fertility Preferences
According to 2014 data, half of currently married women age 15-49 and 42 percent of currently married men age 15-49 want no more children or are sterilised. The mean ideal number of children among all women age 15-49 is 3.6, while that of all men is 3.9.

The mean ideal number of children among women has declined marginally in the last 10 years from 3.9 in the 2003 KDHS to 3.6 in 2014. The gap between actual fertility and ideal family size has narrowed from 1.3 children in 2003 to 1.0 in 2014.

Family Planning
More than half of married women (58 percent) use a contraceptive method. The most popular modern contraceptive methods used by married women are injectables (26 percent), implants (10 percent), and the pill (8 percent). Use of modern methods has increased from 32 percent in 2003 to 53 percent in 2014.

The public sector is the major provider of contraceptives; 60 percent of modern contraceptive users obtain their contraception from a government source. Thirty-one percent of family planning users discontinue use of a method within 12 months of starting its use. Side effects and health concerns (11 percent) are the main reason for discontinuation. Eighteen percent of currently married women have an unmet need for family planning services, with 9 percent in need of spacing and 8 percent in need of limiting.

Delivery, Postnatal, and Newborn Care
Sixty-one percent of live births in the five years preceding the survey were delivered in a health facility; 62 percent were assisted by a skilled provider. More than half (53 percent) of women who gave birth in the two years before the survey received a postnatal care check-up in the first two days after delivery.

Thirty-six percent of infants born in the two years before the survey had their first postnatal check-up within the first two days after birth. One in three newborns received postnatal care from a doctor, a nurse, or a midwife.
UN Development Assistance Framework (UNDAF) 2014-2018

The 2014-2018 UNDAF was developed according to the principles of UN Delivering as One (DaO), aimed at ensuring Government ownership and leadership, demonstrated through UNDAF’s full alignment to Government priorities and planning cycles, as well as internal coherence among UN agencies and programmes operating in Kenya. As part of “Delivery as One” modalities, the Government requested that future UN support to Kenya be more strategic, long-term and fully aligned to the current Medium-Term development Plan (MTP2) and Vision 2030. To achieve this, the Government and the UN agreed on four strategic results that guide the design of successive UNDAFs between now and 2030.

Strategic Result 1: Transformational Governance

By 2030, Kenya enjoys a state of good governance anchored in the Rule of Law that guarantees Human Rights and equitable access to justice, underpinned by a democratic culture that is open, participatory, effective, inclusive, credible and transparent, with institutions and systems that are fully devolved, responsive, accountable and results-oriented.

Strategic Result 2: Human Capital Development

By 2030, Kenya’s development is led and driven by a healthy, highly skilled, innovative, resourceful and motivated human capital, in an empowered, resilient and inclusive society that is reconciled, peaceful, cohesive, gender responsive and infused with integrity.

Strategic Result 3: Inclusive and Sustainable Economic Growth

By 2030, Kenya becomes an industrialized middle income country with a modern, equitable, diversified and 24-hour Green Economy in which growth is inclusive and achieves sustainable development, trade is modernized, balanced, competitive and regionally-integrated, and employment matches demand, is stable, SME-driven, decent, accessible (particularly to youth, women and vulnerable groups) and Human Rights compliant.

Strategic Result 4: Environmental Sustainability, Land Management and Human Security

By 2030, Kenya is prosperous, underpinned by efficient management of natural resources and equitable access to development assets, including land and other renewable resources, and achievement and sustainability of national cohesion and resilience that guarantees long-term peace and prosperity.
Strengthening Comprehensive MNH and HIV Services

UNFPA’s work is grounded on delivery of the International Conference on Population and Development (ICPD) Programme of Action. The overall principle of ICPD is that individuals have the right to decide freely the number, spacing and timing of their children, and to have the information and means to do so.

A main objective of UNFPA Kenya’s 8th Country Programme is to support national and county institutions to strengthen capacity to provide comprehensive and integrated maternal and newborn health and HIV prevention services. This includes serving adolescents and youth, as well as populations living in emergency settings such as refugee camps.

Delivery of comprehensive services must be anchored on widely understood policies and guidelines. Through financial and technical assistance, UNFPA Kenya supported the development of and revision of government policies including the Free Maternity Service Policy, the guidelines for Maternal and Perinatal Death Surveillance and Response (MPDSR), the harmonized national Emergency Obstetric and Newborn Care (EmONC) training guide for health workers and the National Midwifery Strategic Plan.

The programme contributed to the development and launch of the Kenya National HIV AIDS Strategic Framework as a member of the UN Joint HIV programme and the HIV Situation room, which is a dashboard on key indicators tracked both at national and county level towards ending HIV and AIDS.
To improve quality of service delivery, the programme supported the development of a training tool kit to address the key structural barriers to access for HIV intervention and Sexual Reproductive Health (SRH) services by Key Populations and the review of the national guidelines for health workers on Family Planning. The guidelines now incorporate the new technologies and contraceptives such as implanon NXT, Postpartum family planning, special groups such as adolescents and women living HIV.

**Training**

The programme supported 482 health workers drawn from 12 counties (Kilifi, Homabay, Nairobi, Migori, Mandera, Lamu, Wajir, Isiolo, Marsabit, Kisii, Bungoma and Kirinyaga) to enhance skills in EmONC. Another 60 health workers were trained on maternal and perinatal death surveillance and response and quality improvement in maternal and newborn care services. In Mombasa County 30 health workers were trained in obstetric fistula management and subsequently participated in a free fistula camp where 25 patients received surgical repairs. The programme supported the procurement of assorted Maternal and Newborn Health (MNH) equipment for facilities across nine counties, six among them being those with high burden maternal mortality (Mandera, Wajir, Marsabit, Lamu, Garisa, Migori) and the three from routine programme counties (Kilifi, Nairobi and Homabay). In total, 425 facilities were equipped to provide basic emergency obstetric and new born care.

Twenty-six health care workers were equipped with training skills on management of sexual and gender based violence (SGBV). It is anticipated that these trainers will cascade skills and knowledge acquisition of other health workers in the health facilities at county level. A further 30 service providers and law enforcement agents in Kilifi County were equipped with skills to provide multisectoral, gender-based violence prevention and response services, including in humanitarian situations.

The programme supported training of 105 health workers from Kilifi, Homa Bay and Nairobi (Kasarani) sub-counties and equipped them with skills to provide family planning methods, including Implanon NXT, as all other family planning methods with emphasis on long acting and reversible contraceptives (LARC).

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Health workers trained in provision of emergency obstetric and newborn care (EmONC) in 12 counties.
The programme supported training of 181 health workers from 181 health facilities in Kasarani Sub-County and Homa Bay County on monitoring of Family Planning commodities using mobile phone. This was a major step towards strengthening of the Logistics Management Information System (LMIS) used for tracking and monitoring of Reproductive Health (RH) commodities in health facilities.

To effectively deliver non-judgmental, informed and stigma-free sexual health and HIV services to Key Populations in Kenya, a total of 130 health care workers from Homa Bay, Kitui, Laikipia and Kiambu counties were trained. In Kilifi County, 60 Female Sex Workers were equipped with skills in income generating activity (entrepreneurship) through vocational training.

**Advocacy**

The programme stepped up advocacy efforts amongst religious leaders which led to their commitment by signing of a Call to Action, to support efforts towards ending preventable maternal mortality and morbidity, family planning and the elimination of harmful traditional practices such as Female Genital Mutilation (FGM) and child marriage. The UNFPA Kenya Country Office supported the Beyond Zero Campaign championed by H.E. the First Lady Margaret Kenyatta to prioritize and mobilize resources for maternal and child health across all the counties.

**Infrastructure support**

The programme supported renovation of maternity units in primary health facilities in the 6 highburden counties to enable them to provide Emergency Obstetric and Newborn Care (EmONC) services. To enhance access to health services in the marginalized regions, the programme supported integrated (maternal, newborn and child health services) outreach service delivery models which benefitted over 20,000 community members in the 6 counties.

In Kilifi, two maternity shelters served 670 mothers with risky pregnancies to receive skilled care at delivery. To improve data management and monitoring of SGBV, the programme supported printing of monitoring and evaluation tools (SGBV registers) which are used in health facilities in Kilifi, Homa Bay counties and Kasarani sub-counties. Other monitoring tools printed include Mother-Child booklets; Registers for FP, Maternity, Postnatal Care (PNC), Antenatal Care (ANC), immunization and one for under 5 years and over 5 years.
Humanitarian support
The programme supported 276 patients from Dadaab and Kakuma camps to receive specialized obstetrics and gynaecological care. The programme supported the procurement of one ambulance for the Kakuma camp which served 2,599 expectant mothers. In the camps, use of skilled care during delivery rose from 84% in 2014 to over 95% in 2015. Attendance of ANC increased from about 65% to over nearly 90% in the same period.

The programme supported integrated medical outreaches during emergencies (conflict, floods, internally displaced persons) conducted in Turkana, Samburu, Kitui, Tana River, Mombasa, Busia and Narok counties. A total of 38,954 people benefitted, through access to delivery kits, ANC, safe delivery and PNC services among others. Dignity kits were also distributed to the most vulnerable in the affected population. The programme provided technical and financial support to Nairobi and Homa Bay counties for integration of reproductive health and GBV issues in their disaster management plans.

Insecurity was a significant challenge in the north eastern counties including Dadaab refugee camp due to terrorism or inter-clan conflicts resulting in serious disruption of programme implementation and access to services. Some counties like Migori, Nairobi (Kasarani, Wajir) experienced cholera outbreaks which disrupted service provision and programme implementation.

Support to key populations at risk
The programme supported a special Rapid Result Initiative (RRI) providing linkages targeting key populations in Kwale County. Of the 5,559 persons tested, 3,233 were key populations majority of whom were aged 25-49. They were also supported with commodities like lubricants and condoms. The programme supported Drop-in centres to provide integrated SRH services including HTC to female sex workers. During the year, 1,925,900 male condoms and 18,519 female condoms were issued to the Female Sex Workers (FSWs).

Commodity security
To support commodity security, the country office procured 55 million male and 700,000 female condoms which were distributed by the Ministry of Health to the health facilities and other sites like hotspots for key populations and Civil Society Organizations (networks of people living with HIV and sex workers).

The country office procured assorted family planning commodities (Intrauterine Contraceptive Device (IUCD) 70,000; Implants 257,000 and oral pills 66,000) for various agencies including Ministry of Health, Population Services
The programme facilitated procurement of FP commodities and maternal health equipment for MoH funded by World Bank and DFID (50,000 Jadelle implants).

Some counties faced FP commodity stock-out, partly attributed to transition to the devolved system of governance and low capacity in proper quantification and forecasting by the county health teams.

The programme thus contributed to an increase in the number new users of modern methods of FP in the 3 counties (Kilifi, Kasarani and Homabay) reaching 78,165 which was 81% of all the methods of FP provided. Among those on modern methods, 40% were provided with Long Acting and Reversible Contraceptives (LARC). Due to the uptake of various family planning methods in the 3 counties, there were 169,000 unintended pregnancies, 63,000 abortions, 490 maternal deaths and 2,700 child deaths averted (Impact 2.3).

**Number of beneficiaries of integrated SRH services under humanitarian emergencies (conflict, floods, IDPs) in Turkana, Samburu, Kitui, Tana River, Mombasa, Busia and Narok counties.**

38,954

Empowering youth and adolescents

Increased accessibility of comprehensive sexual and reproductive health information and services for young people at national and county levels.

The Country Office provided technical and financial support to ministry of health to develop Adolescent Sexual Reproductive Health (ASRH) policies and guidelines, among them a revised ASRH Policy; a policy brief on ASRH; the revised Adolescent Friendly guidelines for health service providers; and the national guidelines on Age Appropriate Comprehensive Sexuality Education.

A total of 150 religious leaders and 76 CSO representatives were sensitized on age appropriate comprehensive education. Additionally, the programme in partnership with UNESCO supported the training of 120 curriculum developers on Comprehensive Sexuality Education (CSE), as part of its efforts to promote integration of CSE into the national school curriculum.

UNFPA and Family Health Options Kenya (FHOK) worked with the Kenya Community Radio Network (KCOMNET) to implement a Community Learning Program on adolescent sexuality in Kasarani Sub-County, Nairobi.
The Programme brought together various stakeholders in the Sub county to discuss the factors driving teenage pregnancies in the area and possible preventive measures.

A programme development committee was then set up in collaboration with Koch FM, a popular grassroots radio station, which aired a weekly programme discussing various topics as identified by the stakeholders. In this way, issues relevant to the community were discussed. Through a consultative process, the programme has been branded “Cheza Safe” (Play Safe), a clarion call for safe sex. A social media campaign run by a listening group gave more visibility to the campaign, and it is expected that the ‘Cheza Safe’ can be developed into a full multi-media campaign.

A similar campaign is being implemented in Kilifi County. These campaigns are being implemented with support from Children’s Investment Fund Foundation (CIFF).

The Country Office supported the development of an Sexual and Reproductive Health and Rights (SRHR) training manual that will be used in empowering of young people in economic platforms such as Uwezo fund, on SRHR. In addition, 94 Trainer of Trainers (TOTs) from different universities were trained to provide SRH information to young people in their respective institutions of higher learning. Further, the programme supported the training of 24 youth serving organizations in advocacy and organizational development. The Youth Advisory Panel was also supported to champion the ASRH agenda in national, regional, and international advocacy forums.

In collaboration with the International Center for Reproductive Health Kenya (ICRH) and Family Health Options Kenya (FHOK) the programme reached over 11,000 young people received HIV information and services while 15,108 young people were reached with SRH information and services such as family planning and STI screening. The services were provided through innovative community outreaches and static facilities such as the drop-in centres and “moonlight” services, which targeted female sex workers as they worked at night. These centres enabled FSWs to access a comprehensive package of services in a convenient space.

In collaboration with Population Council, a study was conducted on vulnerability and risk among young people with regards to sexual and reproductive health including HIV. The findings and recommendations will inform programme and policy interventions. An assessment on drivers of teenage pregnancy with a view of informing a teenage pregnancy campaign was also conducted together with Family Health Options Kenya and ICRH Kenya.
‘After 30 years living with fistula, I am alive again’

“I have been dead 30 years, but today I am sure I will start living again,” says 53-year old Susan Nyambura, as she awaits her turn to go to theatre for the fistula operation at the Coast General Hospital in Mombasa, Kenya.

She travelled about 950 kilometres from Marsabit in Northern Kenyan to Mombasa for a free fistula treatment camp organized by UNFPA, AMREF and the County Government of Mombasa.
For those 30 years, Susan has known only shame and loneliness. Orphaned at the age of six and with no way of fending for herself, Susan had to go and live with her uncle, who could only educate her up to primary class 3.

“My uncle’s wife and I could not get along, and I chose to live in the streets, surviving by doing odd jobs and begging for food,” says Susan. In the course of street survival and at the age of 15, she became pregnant and the man responsible promptly disappeared. Her baby boy died two days after birth.

Three years later she met a man with whom they lived together for four months and she became pregnant again.

As happens with about 40% of women in Kenya, she decided to give birth at home and unfortunately there were complications and she had to be rushed to hospital, 27 kilometres away.

“Only the baby’s head had come out and I could not push the rest out. I was in so much pain I cannot remember that journey to the hospital,” she says.

Once more, she lost that baby, and in the process developed fistula. At first she did not know what was wrong with her, neither did her husband who deserted her four months later, unable to withstand the foul smell due to incontinence.

She says that her husband’s departure took her back to the day both her parents died in an accident. “Once again I was all alone,” she says.

Her incontinence was a double blow, not only was she unable to manage it, but the families that would give her chores like washing clothes soon stopped. The women who came to her to braid her hair soon also went elsewhere.

“I had no option but to plead with my uncle to take me in again and he let me help out with the housework for very little pay. Luckily he had a one-room shack outside that served as a store and this is where I put some plastic sheets for my bed, as my condition could not allow me to have a mattress,” she says, while tears fell on her cheeks.

One day while in the market, she met a friend who had just been transferred from a health centre in Kwale in Kenya’s coast region and she confided in her about her 30-year old secret. The friend, a nurse, told her about an announcement for free fistula treatment she had heard on radio a week earlier.

“I think God gave me the courage to reveal my secret to her, because for all those years I had not told anyone, says Susan, smiling for the first time. The friend was kind enough to give her the money for the journey to Mombasa and even referred her to a colleague at whose house she could find accommodation before and after the operation.

Of the 23 women who have been screened in the first day of the camp, 20 have been found to have fistula and will be treated at no charge. “We are glad to have a good turn-out for this camp. Many of the women will benefit from this initiative. However, UNFPA prioritizes building the capacity of the health facilities to manage fistula within their routine services.” says Dan Okoro, Sexual and Reproductive Health Program Officer at UNFPA Kenya.

There are an estimated 3,000 new cases per year in Kenya, with most patients being neglected and left out of social activities. Most do not know the condition is treatable and few doctors have been trained to manage fistula.

As a lead agency in the Campaign to end fistula, UNFPA has been providing equipment and supplies, training health personnel and support programmes for social reintegration of fistula survivors.

“Even though I am not young anymore, I feel I have been given another chance to depend on myself again.” says Susan when we met her recovering from the operation.
Eliminating Gender Violence and Empowering Women

UNFPA supports programmes that are aimed at ensuring institutions and communities abandon all aspects of gender based violence, including harmful cultural practices like female genital mutilation.

Sustainable development cannot be achieved without assuring that all women and men, girls and boys, enjoy the dignity and human rights to expand their capabilities, secure their reproductive health and rights, find decent work, and contribute to sustainable economic growth.

Gender violence, including female genital mutilation (FGM) is one of the greatest impediments to women’s empowerment. Kenya has made progress in accelerating abandonment of female genital mutilation (FGM), with the Kenya Demographic and Health Surveys indicating that national prevalence has declined from 27% in 2008 to 21% (2014).

Advocacy

As part of the UNFPA Country Office and the UNFPA/UNICEF Joint Programme, advocacy efforts included both high-level engagement within the national government as well as among county government leaders. The advocacy campaigns received support from Kenya’s President and the First Lady, as well as from Pope Francis and US President Barack Obama during the latter two’s visit to the country.
During the Global Leaders meeting on Gender Equality and Women’s Empowerment in September 2015, the President of Kenya made an international commitment to eradicate all harmful practices including Female Genital Mutilation and child marriage. He stressed the government’s commitment to safeguard gains realized through the constitution of Kenya, enactment of legislation and formulation policies. He further promised the implementation, monitoring and enforcement of these policies and legislation, allocation of adequate resources towards gender equality and to strengthen gender responsive mechanisms for gender sensitive budgeting.

One encouraging result from the advocacy efforts was the increase in resources allocated to the country’s Anti-FGM Board, from Ksh. 42 million in 2014/15 to Ksh.90 million in the 2015/16 national budget.

As part of the Joint Programme, total of 269 Members of the County Assemblies (MCAs) and County government Executives were lobbied to support allocation of funds for the FGM Programme. Baringo County allocated Ksh 10 million for an integrated programme including FGM while Samburu County allocated Ksh 4 million for anti-FGM Programme.

A total of 543 girls underwent Alternative Rites of Passage conducted in Narok, Samburu and Baringo Counties. A mentorship Programme for 526 girls in school was also launched during the year and teachers are expected to follow up the girls and if any of them is at risk, will report to World Vision or any other authority for protection. A total of 238 boys also underwent life skills training to enlist their support in the abandonment of FGM. Following years of advocacy, technical and financial support by UNFPA and UNICEF, Kenya’s Ministry of Education has now included FGM and child marriage issues in the draft curriculum on age-appropriate sexuality education.

Community dialogues was also a key strategy for advocacy, and this was mainly delivered through the partnership with World Vision. The dialogues brought together religious leaders, council of elders, youth “morans”; women and girls; men and boys, reaching a total of 305 community members.

Such dialogues encourage communities to begin to speak openly about FGM, hitherto a taboo subject, but even more important, to begin to accommodate the opinions of women and girls.
Media Engagement
The year saw an improvement in quality and quantity of media coverage on FGM issues. Several in-depth print and electronic media articles were published over the year, many of them bringing out human interest stories of FGM survivors and advocates against FGM.

The program held a training course for 15 senior journalists on the issues surrounding FGM including its side-effect particularly in relation to early child and forced marriages.

Special focus was given on working with community radio, with training organized by the Kenya Community Radio Network. This approach ensured that local communities participated in developing broadcasting plans and acting as resource persons for the programming.

Local media participated in the Efua Dorkenoo Pan African Award for Reportage on Female Genital Mutilation 2015 organized by UNFPA and The Guardian. Kenya had the highest number of entries and it is expected that the winners will be announced in February 2016.

A campaign driven through public service announcements in national and community media platforms was carried out in the year through the Joint Programme. The campaign aimed to change negative social norms to ensure the formation of critical mass for the abandonment of harmful practices and support implementation of laws, policies and programmes that protect children from harmful practices.

One of the journalists trained by UNFPA on FGM issues interviews an anti-FGM champion in West Pokot.
Training

To manage the relatively new but disturbing phenomenon of FGM medicalization, UNFPA held training sessions for health care providers who included midwives. The programme supported Africa Coordination Centre for abandonment of Female Genital Mutilation/Cutting (ACCAF) in collaboration with Ministry of Health (MOH), to train 59 health care providers to prevent medicalization and manage complications due to FGM, and 28 midwives were also trained on E-Learning Toolkit to engage them in the campaign against FGM. In 2016, the health providers/midwives will be monitored in the field.

FIDA Kenya trained 40 county government officials from 2 counties on expenditure and taxation policies, to mainstream gender issues including FGM within county government policies, promote greater accountability for governments’ commitment to gender equality. The Prohibition of FGM Act was also disseminated.

World Vision trained 120 GBV/FGM County Networks members on Gender Responsive Budgeting including on FGM. The training equipped them with skills to participate in budget preparations in their respective counties. The networks are vehicles of advocacy at the grass root level In addition, the programme supported the training of 33 implementing partners on social norms. Various professionals also received training, including pro bono lawyers and paralegals, police officers and religious leaders.

Under the Joint Programme, the manual on Standard Operating Procedures for improved coordination by implementing partners were disseminated, while the development of a Monitoring and Evaluation Framework for the Gender and Development Policy was initiated.

World vision also trained 35 religious leaders as Trainers of Trainers on Channels of Hope for Gender including FGM, which is an innovative approach to exploring gender identities, norms and values from a faith perspective. The program methodology challenged faith leaders to acknowledge and act upon gender injustices in their communities. The trainers of trainers conducted 7 sensitization meetings and 3 workshops targeting other faith leaders and their spouses, youth leaders and women leaders.

Under humanitarian support, the Programme supported provision of SGBV comprehensive care (medical, psychosocial and legal) to 1,326 GBV survivors in Kakuma, Daadab, Coast Provincial General, Kilifi County Hospital and Mtwapa Health Centers.

Challenges

Areas where FGM incidences are high also tend to be areas with high insecurity levels, which hinders implementation of the Anti-FGM programme. Due to increasing prosecution of culprits, there are emerging trends where communities practising FGM no longer hold public celebrations, meaning the practice is increasingly held in secret. This makes arrests and prosecution more difficult.

Medicalisation of FGM remains a challenge as well, since the operations are carried out secretly inside private clinics under the privilege of client confidentiality.

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Health care providers were trained to prevent FGM medicalization and manage complications of FGM
POKOT WOMEN’S GROUP TAKING LEAD IN FIGHTING CHILD MARRIAGE

Some of the school girls rescued from early marriage by members of Kongelai Women’s Group.
The Network was formed by a group of women whose main objective was to give refuge to schoolgirls running from early marriage.

“Initially, our husbands were opposed to the group. They would wonder why we were bothering with other people’s problems. But today they see the good things we are able to bring in the house and they do not want us to miss any meeting!” says Susan Krop, the group chairperson.

The Pokot are a pastoralist community in the plains of North-Western Kenya. The area is mostly dry and infertile, with herding of cows, goats and sheep being the main occupation.

When a girl is circumcised, usually at the age of around 10, she is considered ready to get married. World Vision, with support from UNFPA Kenya, has been running programmes to campaign against child marriage and FGM.

For the last four years, members of Komesi Women Network have been taking in girls running from marriage and living with them in their own homes.

Fifteen-year old Sarah Lotupokol is one of the girls who now lives with Alice. She was married off at the age of nine to a 60-year old man.

“On the first day, the man told me to sweep the compound and cook for him. When night came, he told me to join him in bed. I was terrified and I pretended to go outside for a short call. I locked the house from outside and ran into the bush. Luckily I came to a house where the owners allowed me to sleep for the night,” narrates Sarah.

The following morning the family took her to the local chief, who called in one of the members of Komesi. She was then in Class Two, but has since managed to continue with school and is now in her first year of secondary school.

Susan says Sarah is one of the fortunate ones. She tells us about one girl who tried to run off, but goons hired by the man to whom she had been married followed her into the bush, brought her back and held her as the man defiled her as ‘punishment’.

“These are the kind of gruesome stories that we come across every day”, explains Susan. According to the Kenya Population Situation Analysis report (2013), 10 percent of all pregnancies are attributed to girls between the ages of 15 and 19. The same report showed that 26 percent of girls in Kenya are married before the age of 18.

“When a girl is married too early, it means she will not be educated and will most likely develop problems when giving birth. Her children will very likely be born with health issues too, and that cycle of poor health and poverty often runs into generations”, says UNFPA Kenya Gender Analyst Florence Gachanja.

Though their good work is bringing some changes in attitude, they also face a challenge as the group members’ families cannot keep taking in the girls. “The bee-keeping business can only stretch so far”, she says.

Now they have started building a mud-walled structure where they hope to accommodate additional girls, employ a matron and a security guard. This will reduce the pressure on their own families.

“Our husbands have been very understanding. Because of us, today they can eat rice and take tea, which are very rare commodities here as most people take only milk. Whenever there is no tea, they tell us to go to the group, saying lack of tea now is giving them headaches!”, says Alice.
Harnessing Data for Development

Understanding a country’s population trends and dynamics is key to developing sustainable policies and programmes. These programmes must be designed from credible data.

The main objective of the programme has been to support national and county institutions to develop capacity to generate and avail evidence for advocacy, planning, implementation, monitoring and evaluation of population related policies and programmes.

The programme supported various surveys to generate evidence that will inform policy development and programme implementation in population and reproductive health initiatives.

The UNFPA country office supported the Ministry of Devolution and Planning, through the National Council for Population and Development, to conduct a National Adolescent and Youth Survey that aimed at identifying opportunities for investment in health, education, economy and governance. These are the sectors that are key to attainment of the demographic dividend for third world countries. The results of the survey will be released in 2016, and it is expected that sector-specific policy briefs will thereafter be developed for advocacy on recommended action plans.

In the reporting year, the programme supported the 2015 health facility and EmoNC baseline assessments for the RMNCAH focus counties (Migori, Mandera, Isiolo, Lamu, Marsabit, Wajir). This will inform further planning and programming for reproductive health/family.

In the on-going support to the Rusinga Demographic Surveillance System implemented by Population Studies and Research Institute (PSRI), new modules were introduced for Round 22 of data collection. These modules included registration of births and deaths, level of utilization of maternal health care services; major factors contributing to high infant and maternal mortality; contraception prevalence rate and major barriers to FP uptake.

The findings, which were shared with key relevant stakeholders including the HomaBay county government, provided evidence that will inform the revision of the County Integrated Development Plan (CIDP) and the monitoring of various population and health programmes in the county.

In Kilifi, Nairobi and Homa Bay, the programme worked on carrying out a survey to enhance understanding of the factors that contribute to maternal deaths in the three counties. It is expected that the findings study will help in the revised CIDPs.
UNFPA Deputy Representative Gift Malunga gives a speech during this year’s World Population Day held in Narok.

The programme supported the revision of the National Monitoring and Evaluation Policy, which will be finalized in 2016. The Policy will provide a conducive environment for monitoring and evaluation at the national and county level.

The programme further supported capacity building of 20 Government Officers in Evaluation through Eastern and Southern African Management Institute (ESAMI) and this will enhance Government capacity to conduct and manage evaluation for development programmes.

In preparation of the 2019 Kenya Population and Housing Census, Kenya Country Office supported drafting of the census project proposal. The document will now be subjected to review by various stakeholders in the national and county governments, development partners, donors CSOs, private sector and the public before it is finalized. This document will be used as a resource mobilization tool for the 2019 census.

The programme supported the training of an officer from the Kenya National Bureau of Statistics on Census and Survey Processing System (CSPro) Android for Intermediate Users workshop at US Census Bureau. The officer used the knowledge gained in drafting the technology section of the draft 2019 census project document. He is also the focal person on technological issues during the preparation of 2019 census.

A total of 714 births and deaths registration agents comprising of health personnel and administration officers were trained in Kilifi and Migori counties. The training equipped the agents with knowledge of registration of births and deaths at health facilities and administration offices. The trained agents are expected to be the focal registration persons in their institutions and cascade the training to their colleagues.

UNFPA facilitated acquiring of technical support on Integrated Multisectoral Information System from Ethiopia Country Office. Through this support, IMIS was updated and re-launched on the website http://statistics.knbs.or.ke/imisken/; five more datasets were uploaded into IMIS; and 13 officers from Kenya National Bureau of Statistics (KNBS), Population Studies and Research Institute (PSRI), National Council for population and Development and UNFPA KCO were trained on designing and management of IMIS. The trained officers are expected to train county officers during the roll out of IMIS in counties.

The programme supported analysis of births and deaths registration data for the year 2014 and production of the Kenya Vital Statistics Report, 2014. The report provide information on vital events that is used to evaluate the Vital Registration System in the country and inform the national and county planning processes.
Advocacy

The programme supported the Ministry of Devolution and Planning to advocate for investments towards the realization of a demographic dividend in Kenya. Four policy briefs on each of the pillars of Demographic Dividend (education, health, economy, and governance) were developed and disseminated to policy makers.

UNFPA hosted a regional knowledge sharing platform to allow countries already engaged in Demographic Divided (DD) activities to share experiences and lessons learned among themselves and with others and thus forge a common regional approach to the DD initiatives in order to inspire further action on DD initiatives in the Eastern and Southern Africa region. The meeting resulted in consensus and recommendations for moving forward demographic dividend work in Kenya as well as in the East and Southern Africa Region. The report can be accessed in the link: http://j.mp/DDresources.

In support of advocacy of population issues at national and county levels, the programme supported the celebration of African Statistics Day to advocate for the use of new technologies in data collection in surveys and censuses and dissemination of statistics using IMIS to increase significantly the availability of high-quality, timely and reliable data to planners and policy makers.

The programme also supported the national celebrations of the World Population Day, whose theme was “Vulnerable Populations in Emergencies”. The Country Office used this celebration to advocate for the provision of SRH services to women, adolescents and youth in conflicts during the launch of the State of the World Population Report 2015.

The Country Office published the State of Kenya Population Report 2015, on the theme in “Vulnerable Populations in Emergencies: with special reference to sexual and reproductive health”. Information in this report will be used to advocate for better planning and better provision of SRH services in emergencies.
Innovating and Reaching out to New Partners

The country office maintained its strong partnership with the government of Kenya. High profile guests at UNFPA Kenya-led events included Kenya’s President, the First Lady and the country’s Cabinet Secretary for Foreign Affairs. Others were the Ambassadors of Turkey, Sweden, Finland, Denmark and the European Union.

DANIDA supported the office with a new Junior Programme Officer and announced USD 6 million funding for the RMNCAH 6 County Initiative from 2017 – 2020. The Swedish International Development Agency (SIDA) offered to support UNFPA with a Senior Advisor for the RMNCAH project.

The Country Representative was in 2015 the co-chair of Development Partners Health Kenya.

The country office also strengthened ties with the philanthropic sector. It supported the design and joined the consortium implementing the Children’s Investment Fund Foundation (CIFF) Funded Choice for Change project.

UNFPA Kenya received USD 1 million for its role in the consortium over three years. The country office in partnership with the Mandera County Government and Philips established a Community Life Centre (CLC) in Mandera. The CLC which is expected to be up and running in June 2016 focuses on primary health care including maternal and neonatal child and adolescent health.

UNFPA Kenya spearheaded the H4+ initiative bringing on board several private players in support of the RMNCAH 6 County Initiative. The partnership was announced at the global launch of the Woman, Child and Adolescent Health Strategy in New York by Bob Collymore, CEO Safaricom in the presence of H.E President Kenyatta, UN Secretary General and UNFPA Executive Director. So far, Safaricom, MSD, Philips, GSK and Huawei have joined the initiative, which is being coordinated by Kenya Healthcare Federation (KHF) and UNFPA.

The Initiative targets a number of activities, including strengthening supply chain management for health commodities; increasing availability and demand for youth friendly health services; capacity building for health professionals; innovations to health management systems; increasing access to energy for facilities, youth empowerment; research; resource mobilization.

This initiative will harness the strength, resources and expertise of the private sector in close collaboration with the Government of Kenya, the County Governments of the 6 Counties, the World Bank, the Global Financing Facility and other partners.

The World Economic Forum (WEF) is helping the Every Woman, Every Child (EWEC2.0) Kenya Public Private Partnerships (PPP) in support of the RMNCAH 6 county initiative to become a “best in class” PPP. WEF UNFPA Kenya and the World Bank in collaboration with key stakeholders developed a PPP roadmap for realizing this ambition. The roadmap for EWEC2.0 Kenya PPP will be presented at WEF Davos in 2016.
Communications

During the year, substantial media coverage was dedicated to issues of population and development, maternal health, gender violence and FGM.

There were a total of 63 media articles published in various local and international media outlets as well as the regional and global UNFPA websites. The breakdown of number of articles per programs was as follows: SRH (28); Gender (21); ASRH (8) and Population Dynamics (6).

Two publications recording success stories in gender-based violence and FGM programs were published and disseminated. This was in addition to the production of the 2014 Annual Report and several e-books available online.

Several impact stories were also submitted and published both in the regional and global websites. These were received well and some picked up by other external websites such as Reliefweb.org.

A particularly successful communication initiative has been the positioning of UNFPA as thought leader in the various program focus areas. Driven aggressively by the Representative, the Country Office has managed to publish a number of opinion articles in both local and international media, most of them co-authored with high-level stakeholders.

UNFPA Kenya remained active on social media during the year. The number of followers on UNFPA Twitter account went up from about 1,500 in 2014 to 3,824 in December 2015.
Supporting Programme Effectiveness

The Operations Unit has continued to utilise more effective tools for improving quality assurance, monitoring and evaluation, towards supporting more effective programme delivery.

The Country Office embraced the online system for planning, monitoring and reporting on results that was launched during the year, and staff were trained in the use of the system. Equipped with this knowledge, the Country Office prepared and successfully uploaded the 2015 Results Plan and monitored all the country programme indicator targets and milestones for the year.

A monitoring and evaluation plan for the 8th Country Programme of UNFPA support was prepared and validated during the year. The monitoring and evaluation plan will guide both UNFPA and implementing partners on critical aspects of planning, monitoring and evaluation of the country programme and provide quality assurance checks at all levels.

An Annual Programme Review was conducted to assess the implementation of the workplan activities, expenditures, and progress made towards achieving the programme output(s) in a meeting where all IPs convened to discuss programme performance. The country office continued to use common principles of accountability and common tools such as results chain and results matrix.

A total of 25 Government of Kenya and UN Officials were trained on Results Based Management during the year, which is expected to help improve on planning, monitoring and reporting on UNDAF results. UNFPA Kenya team participated in the preparation of UNDAF Programme Monitoring Frameworks. The Thematic Working Group spearheaded the preparation of Programme Management Frameworks (PMFs) for all the UNDAF Outcomes.

The Country Office remained an active participant in the relevant SRAs and Outcome Working Groups, ensuring that ICPD issues were well positioned in the Delivering as One context.

The Country Office conducted a risk assessment various aspects including donor relationship management, human resources planning, brand reputation management and financial management. A risk assessment action plan was submitted to UNFPA Eastern and Southern Africa Regional Office for validation.
As the co-chair of Harmonized Approach to Cash Transfers (HACT), the country office actively participated in the HACT working group meetings and commissioned the micro-assessment of Implementing Partners (IPs) as part of the HACT Roll Out. A total of 28 of 17 Implementing Partners not micro-assessed by UNICEF or UNDP was conducted by Pricewaterhouse Coopers. The IPs’ risk ratings for the 17 IPs was low (70%) and moderate (30%) and the HACT assurance activities will be implemented according to their respective risk ratings.

All the resource mobilization proposals prepared/finalized during the year had sound results and resources frameworks that would facilitate tracking of results and resources. Frameworks were prepared for the following projects and resource mobilization proposals during the year:

- Improving maternal and newborn outcomes in six high burden maternal mortality counties in Kenya.
- Adolescent & Youth Sexual and Reproductive Health: - The Right to Family Planning” (CIFF).
- Phase II - Catalyzing Change On Family Planning In Eastern Africa (Packard Foundation).
- Phase II of UNFPA/UNICEF Joint Programme FGM/C
- UNFPA GBV Prevention and Response Programme in Kakuma Refugee Camp and Host Community, Turkana County” (Korea International Cooperation Agency - KOICA).

Operations Support to the 6-County Project

The 6 County initiative presented unique challenges, requiring the KCO, in particular the Operations Unit, to find innovative ways to ensure success without violating UNFPA operational guidelines.

The Unit had to work within the relatively short implementation period for the project and the fact that most of the counties are in hard-to-reach areas. The most pressing needs for the project were conducting of capacity assessments, recruitment of project coordinators, procurement of medical equipment and programme vehicles for each of the six counties namely; Mandera, Wajir, Marsabit, Isiolo, Lamu and Migori.

Capacity assessments were conducted by both the programme and operations teams for each of the counties within the stipulated time despite the logistical challenges due to high security risk in some of these counties. This enabled funds to be disbursed within stipulated policy, ensuring that activities got off the ground as planned.
Recruitment of project coordinators albeit challenging due to the security situation of some of the counties was successful. In view of the security advisories by United Nations Department for Safety and Security (UNDSS) regarding such areas, a breakthrough was finally established through engagement of the personnel through a national Implementing Partner (Kenya Red Cross).

The Country Office has continued to engage with the partner to ensure the staff are facilitated to deliver results.

Approximately US$2.5 million of the funding earmarked for the RMNCAH project was used for procurement of medical equipment for the six counties. The Operations Unit leveraged on the expertise of its headquarters counterparts to ensure that most of this equipment was procured, and arrived in the country within six months. Subsequently, the first batch was delivered to the hardest to reach, highly insecure counties (Mandera, Wajir and Isiolo) to coincide with the Beyond Zero launch spearheaded by First Lady of Kenya.

Aside from the medical equipment, six vehicles suitable for the harsh terrain were procured at a total cost of US$177,000. In spite of production challenges experienced by Toyota Japan, the Country Office was able to ensure a turn-around in country delivery period of six months.

The saving obtained from quick delivery of the medical equipment and vehicles in spite of the challenges not only refers to the time, but also demonstrated efficient supply chain management. This was facilitated by consistent communication with and support from, the Procurement Services Branch (PSB) in Copenhagen.

One major learning was the usefulness of having strategic partners on the ground. Our partnership with Kenya Red Cross facilitated access to areas where UN cannot reach, ensuring that the project, which by design was meant to operate in hard-to-reach areas, took off without a hitch.
The county of Wajir got its name from the Borana community. It means ‘coming together’, in reference to the different pastoral clans that used to congregate in areas around Wajir town to water their animals.

Community health volunteer beats odds to increase contraceptive use in Wajir. Those were the good times, when water resources were abundant. Today, women and children are forced to walk long distances to find the precious water for their families, exposing themselves to the vagaries of weather, hunger and crime.

“Young children, pregnant and lactating women are in particular danger from the pastoralist lifestyle,” says Kali Ibrahim Mayo, a community health volunteer trained by Wajir county government through the support of the UNFPA RMNCAH program. Kali has worked as a volunteer for the last 15 years in Abakore Health Centre.

Her work entails identifying all the pregnant women in the catchment population of around 9,900 and link them to the health facility to start antenatal care services. Her target is to make at least two visits with each pregnant woman.
She gives health promotions and education to the pregnant mothers and those lactating on the importance of antenatal care services, the knowledge and importance on how to recognize danger signs during pregnancy, during delivery and post-delivery.

She also conducts defaulter tracing with other volunteers in the community. The community is zoned in smaller clusters called “bullas” which gives every volunteer roughly 20 household to take care of in terms of home visit and defaulter tracing.

“Tracing defaulters is a real challenge, because families keep moving in search of pasture,” she says. It means that keeping up with obligations like four antenatal visits or full immunization is difficult.

These are the challenges that form part of the community dialogues, where Kali and fellow volunteers call the community once every three months. In the meeting, achievements, challenges and solutions are discussed openly.

Being volunteers, getting incentives such as training is always difficult for Kali and her fellow volunteers.

“The RMNCAH program has given us some motivation as we already have been given some training in community health and documentation. We now have recording and reporting materials ready for distribution once the rains subside,” she says.

The volunteers were also included in the training sessions on modern contraceptives such as implants, which are proving popular among the mainly Muslim community.

“Mothers prefer methods such as implants because the spouses do not need to know they are using them. This is very important because among the Somali, men usually make all the decisions,” says Kali.

“I am pleased to give back to my society, because I know I am saving lives and giving women a chance to raise better families,” she adds.
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