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

In Kenya, UNFPA works with the national and county government, sister UN agencies, civil society, development partners and the private sector to improve the lives of millions of people, especially the most vulnerable and marginalized.

Currently UNFPA is implementing its 8th GOK–UNFPA Country Programme (2014-2018) in alignment with the Kenya UNDAF (2014-2018) and support of the Kenya Health Sector Support Project III and Vision 2030. UNFPA is also implementing the 6 County Initiative funded by the RMNCAH Trust Fund focused on 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.

Our strategic focus
Highlights of our work

In 2016 UNFPA footprints were firmly on the ground in Kenya. It was indeed the year where the Country Office’s activities took on a sharper trajectory, not only in terms of real impact among communities, but also in visibility among bilateral and multilateral partners.

Over the year, UNFPA achieved the following:

- **1,500,000** women and girls provided with contraceptives
- **150,000** young people provided with SRH information and services
- **86,199** people reached in humanitarian situations
- **1,200** health facilities equipped/upgraded and staff trained
- **902** health facilities providing basic emergency obstetric and newborn care (EmoNC)
- **890** obstetric fistula repair surgeries done
- **27** advocacy forums organized with policy makers and community leaders
- **12** new comprehensive basic emergency obstetric and newborn care (EmoNC) centres operationalized in 6 counties contributing to increased access to EmoNC, especially for populations living in remote areas.
- **5** communities made public declarations against FGM/C and early marriages and declared abandonment
- **2** national FGM & GBV policies strengthened in national institutions
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.

During the year, the following was achieved:

**120** facilities providing basic emergency newborn care (EmoNC) in the focus counties of Homabay, Kilifi and Nairobi (Ruaraka and Kasarani Sub-counties).

**50** health care workers trained in provision of EmoNC.

**260** health facilities in two counties provided with assorted EmoNC equipment.

**502** health facilities providing basic EmoNC services in the six project counties (Mandera, Wajir, Marsabit, Isiolo, Lamu, and Migori) following the provision of MNH equipment and training of health care workers.

**12** new comprehensive EmoNC centres operationalized in six counties contributing to increased access to emergency obstetric and neonatal care especially for populations living in remote areas.

**20** retired midwives recruited and trained contributing to increasing access to skilled obstetric and newborn care services.

**Facilitated registration and launch of the Midwifery Association of Kenya.**

Association now has independence to spearhead the midwifery agenda, especially in training and retention of midwives in the public health sector.

Supported the development of the National Maternal and Perinatal Death Surveillance and Response Guidelines and data collection tools aimed to provide guidance for monitoring maternal and perinatal deaths.

Recruited and supported **522** mothers into the First Time Young Mothers Programme (FTYM), an integrated programme that includes the elimination of mother to child transmission of HIV, prevention, and management of sexual and gender based violence, respectful maternity care and family planning.

**890 fistula repair surgeries done.**
50 agonizing years with fistula

At the bloom of her youth, exactly 50 years ago, Jumwa Kabibu Kai, a resident of Kidutani a small village in Chonyi, Kilifi County was psychologically prepared for the birth of her second child. As she went into labour, Jumwa was all alone in her small hut crying her heart out but no-one was in sight. This is because her nearest neighbour lived three kilometres away. Kidutani is generally a marginalised area with poor infrastructure, including accessibility to a health facility. Jumwa found relief in the belief that her neighbours would eventually either hear her or come visiting. Three days later her sister came to visit and immediately mobilized a few neighbours who rushed Jumwa to hospital.

Jumwa could not comprehend what her doctor was explaining to her hours after the delivery “but something was definitely wrong”, she recalls. She lost her baby in the process.

“I returned home after a day at the hospital, extremely disturbed by the loss of my child. Then almost immediately I began passing urine uncontrollably,” she narrates. “I didn’t take it very seriously because I thought it was something normal. In any case, there were other women in the village with the same condition,” she adds.

This according to her was “the beginning of 50 years of a long nightmare.” Unknown to Jumwa, she had developed obstetric fistula – 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.

“At some point, I convinced myself that my condition didn’t have a cure, and so I had to learn to live with it,” she says. She would later learn through Mwafungo, her 28 year-old granddaughter that she indeed was suffering from obstetric fistula and help was possible. Mwafungo, married and a mother of two, heard about the one-week fistula camp held at the Kilifi County Hospital in Kilifi County in May 2016. The camp was organized by United Nations Population Fund (UNFPA) in partnership with Kilifi County Government, Flying Doctors Society of Africa (FSDA), Freedom from Fistula Foundation (FfFF), Them Mushrooms musical band and Maendeleo Ya Wanawake gave a once in a lifetime opportunity to women and girls, like Jumwa to receive free fistula repair as well as create awareness in the community about fistula.

“The past 50 years was hell on earth for me,” Jumwa, now aged 77, narrates. “I was completely isolated by family, friends and my whole community due to my condition, with some attributing it to witchcraft.

Jumwa with other recepients of fistula repair surgery at a UNFPA event
Fifty years later, Jumwa cannot hide her joy and sparkling smile after the surgery. “To be honest, I feel like I have signed a new lease of life,” she states. “I feel great. I feel young, I feel beautiful and wanted,” says an excited Jumwa before jokingly adding that now with her groove back, she expects to bump into a hunky single old man like herself and taste love one more time. “I appeal to all women suffering with this condition to seek medical help. Fistula indeed is treatable,” she poses rather seriously.

During the one one-week fistula camp, 65 women were screened, while 32 patients were admitted and 30 procedures done. Strengthening the health system, UNFPA has built the capacity of Kilifi County Hospital by procuring maternal health equipment for both basic and comprehensive obstetric care, including equipment for fistula repair. UNFPA has also invested in training 35 nurses on emergency obstetric and newborn care as well as pre-intra and post-operative care of fistula patients. 19 community health workers were also trained in identification of fistula patients and community sensitization. These community health workers are also acting as key architects in reintegration of the fistula survivors within the community. In addition, 35 nurses were trained in screening fistula patients and making the correct diagnosis as well as emergency obstetric care. This team will also act as mentors for their colleagues in the respective health facilities.

These interventions and partnership initiative by UNFPA contributes to the global movement of Campaign to End Fistula launched in 2003 to eliminate fistula and support its survivors through prevention, treatment, social reintegration and advocacy. Globally UNFPA has supported more than 70,000 fistula repair surgeries since 2003 for women and girls in need and campaign partners have enabled many more to receive treatment.
Eliminating gender based 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. Through advocacy, Kenyan Government increased allocation of resources to the Anti-FGM Board from $ 420,000 (KES 42 million) to $ 910,891 (KES 92 million) in 2016/17 for the implementation of the Prohibition of FGM Act. While West Pokot County government allocated KES 16 million in 2016 to support the Anti-FGM Programme activities in their county.

Over the year, UNFPA also achieved the following:

- 5 communities made public declarations against FGM/C and early marriages and declared their abandonment.
- 3,733 girls also underwent Alternative Rites of Passage and mentorship from focus counties, which is a form of public declaration. As a result of the mentorship programme over the years, role models/champions have come up in different communities and continue to raise awareness to other girls and boys as well as community members.
- 528 GBV survivors receiving comprehensive package of services in humanitarian settings.
- 150 Chiefs, from focus counties were trained on sexual gender based violence and FGM issues.
- 232 Police from focus counties were trained on sexual gender based violence and FGM issues.
- 120 security teams from focus counties were trained on sexual gender based violence and FGM issues.
- 75 cases were prosecuted as a result of training of chiefs, police officers and security teams.
- 10 cases convicted as a result of training of chiefs, police officers and security teams.
Providing family planning services

UNFPA supports National and County institutions to have the capacity to create demand and provide family planning services. We collaborated with Kenya Obstetrical and Gynaecological Society to support the Ministry of Health to develop a harmonized training package on voluntary surgical contraception. This training package will be used to enhance the skills of health workers (nurses and medical officers) to provide surgical contraception – vasectomy and tubal ligation.

Over the year, UNFPA also achieved the following:

- **230** health care workers from the Kilifi, Nairobi and Homabay counties trained on rights-based family planning service delivery.
- **151,208** new users of modern contraceptive in Kilifi, Nairobi and Homabay counties.
- **USD 2.5m** worth assorted family planning commodities (male and female condoms, implants, IUCD and Oral contraceptive pills) procured.
- **523,000** unintended pregnancies averted due to use of these family planning commodities procured by UNFPA.
- **155,000** unsafe abortions averted due to use of these family planning commodities procured by UNFPA.
- **1,400** maternal deaths averted due to use of these family planning commodities procured by UNFPA.
- **13** advocacy forums conducted in 6 counties (Mandera, Wajir, Marsabit, Isiolo, Lamu and Migori).
- **239** health facilities strengthened with capacity to provide long-acting family planning methods.
- **107** facilities providing family planning services within HIV care clinics/centers in selected counties.
Access to maternal and child health services

The story of Aisha Tiro Bahero, aged 30 and a mother of six is not only one of resilience and determination, but also of how access to maternal and child health services is critical in saving women’s lives. Aisha lives in Kiwayuu, a small island located in the eastern part of the Lamu Archipelago in Coastal Kenya. The only health facility on the island was established two years ago by the Lamu County Government, and serves its 600 inhabitants. Prior to its inception, patients, including expectant mothers would travel to Lamu Island, a 7-hour trip by dhow or an hour trip by a motorboat.

Three years ago, Aisha was expecting her fifth child. “As I went into labour, I began to bleed profusely. I couldn’t stop or control the bleeding. No one could,” she says rather thoughtfully. “I knew something was wrong. It was scary, and frankly speaking I thought I was going to die.” The only nurse at Kiwayuu Dispensary at the time was called and her verdict was quick: it was a life-threatening, pregnancy-related complication that needed urgent medical care, if Aisha was to survive. “It’s an experience which I will never wish any woman to go through,” she says. “Not only did I get close to losing my life and my child’s, but the trauma of delivering on a motorboat on rough waters was unbearable,” she adds.

When she arrived at King Fahad County Referral Hospital in Lamu Island, Aisha was diagnosed with postpartum haemorrhage and the baby was diagnosed with low birth weight as a result of intrauterine growth retardation, also known as “intrauterine growth restriction” which refers to poor growth of a foetus while in the mother’s womb during pregnancy. Aisha admits not having access to appropriate antenatal care during her pregnancy, a decision that almost costed her and her baby their lives.

Aisha’s story is simply a representation of what many women go through in many parts of Kenya. According to the 2014 Kenya Demographic and Health Survey, it’s estimated that 5,000 to 6,000 women die while giving birth each year in Kenya, while 22 out of 1,000 babies die at birth. Ironically, simple acts such as providing health education to pregnant mothers in the importance of antenatal care services is enough to save lives of millions of mothers and children.

UNFPA works with the national and county governments and partners to train health workers, improve the availability of essential medicines and reproductive health services, strengthen health systems, and promote international maternal health standards. For instance, at the Kiwayuu Dispensary, UNFPA has improved its capacity by supporting the procurement of assorted maternal and newborn health and family planning equipment, as well as improving availability of essential medicines and reproductive health services.

For Aisha, who is now empowered to make informed choices, including the use of family planning methods, her ordeal changed her life. “With support from UNFPA, I have been trained as a community health volunteer, and I now work in my community to raise awareness about maternal mortality, its prevention and access to maternal and child health services,” says Aisha.
Strengthening comprehensive 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. We supported the development and revision of policy frameworks, guidelines and tools for enhancing the provision of sexual reproductive health (SRH) information and services to young people.

Over the year, UNFPA also achieved the following:

87,216 young people accessing sexual reproductive health services in select counties annually.

14 national and county institutions with capacity to provide comprehensive sexual reproductive health programmes to young people.

4,592 youth accessing voluntary HIV counselling and testing.
Teen mums of Kilifi

“He told me he loved me, and I believed him,” says Purity Bahati. Little did she know that two years later, her world would literally turn upside-down.

She began a sexual relationship with her boyfriend while a pupil in one of the public schools in Mnarani, Kilifi County. He was 28 years old. She was 15. Purity became pregnant by the time she was celebrating her 17th birthday, forcing her to drop out of school. “My parents were so furious with me, and they kicked me out of home,” she says while forcing a smile, unsuccessfully.

The boyfriend reluctantly allowed her to move in with him in his small Makuti-thatched hut located a few meters away from his parent’s house. And just like that -without fanfare or any Cinderellaesque celebrations -Purity was married. Now aged 19, and a mother of two, she looks confused and uncertain of her future. “To be honest, this is not the way I envisioned my life would turn out,” she says. With no formal education, and very minimal life skills, Purity’s life has been reduced to playing mother and housewife at age 19.

“I don’t work. Who would give me a job, anyway?” she says thoughtfully.

Purity spends her days looking after her children, while her husband, now aged 30, works as a casual labourer in Mnarani village.

Meet Naomi

Hardly 50 yards away from Purity’s Makutithatched hut is Naomi Kitsao, aged 18. She is also a mother of two, and married to a 19 year old. Her story has lots of resemblance to Purity. As a matter of fact, they used to be best friends in school. “When Purity got a boyfriend while we were in school, we used to admire her,” says Naomi. “Her boyfriend used to buy her gifts and treat her so well, most girls in school desperately wanted to be like her,” says Naomi. Under peer pressure, Naomi, then 14 years began having multiple sexual relations with a number of boys in and out of school. She admits not having any knowledge or information about adolescent sexual reproductive health.

“It was fun and cool to have boys dying to have you. It made one feel wanted, loved and appreciated,” says Naomi. She says that the agreed perception among her peers then was that at their age, it was impossible for one to get pregnant or contract HIV/AIDS.

“It was a general belief and an accepted fact that getting pregnant or contracting HIV/AIDS was for old women or prostitutes, and not for young girls.”

HIV/AIDS was for old women or prostitutes, and not for young girls,” she adds.

By the time Naomi was expecting her second child, she had joined a tailoring college in Kilifi town, but dropped out almost immediately for lack of money. Now, like Purity, she is a fulltime houseful with little, or no aspirations about her future, except holding unto the thread of hope that her unemployed 19 year old husband will land a job at the Independent Electoral and Boundaries Commission (IIEBC) during this year’s general election.

Why so many teen mums?

Incidently, Purity and Naomi’s story is a representation of so many teenage mothers in Kilifi County, and by extension across Kenya. In Kilifi, for instance, the Kenya Demographic Health Survey Report (KDHS 2014) indicates that 19 percent of girls aged 15-19 have had a live birth, while 3 percent are pregnant with their first child. Nationally, approximately one in every five teenage girls between the ages of 15-19 have begun child bearing. Additionally, data from past studies show that about 13,000 girls drop out of school each year in Kenya due to pregnancy.

Well, to understand, what’s going on with our adolescent girls, it’s important to acknowledge the fact that every young person will one day have life-changing decisions to make about their sexual and reproductive health. Yet research shows that the majority of adolescents, such as Purity and Naomi lack the knowledge required to make those decisions responsibly, leaving them vulnerable to coercion, sexually transmitted infections and unintended pregnancy.

It’s a scenario replicating itself every day in developing countries, where it’s estimated that 20,000 girls under age 18 give birth, which amounts to 7.3 million births a year. And if all pregnancies are included, the number of adolescent pregnancies is much higher.

Unfortunately, as in the case of Purity and Naomi, when a girl becomes pregnant, her life can change radically. Her education may end and her job prospects diminish. She becomes more vulnerable to poverty and exclusion, and her health often suffers.
Purity and Naomi,
Teen Mums of Kilifi County
Complications from pregnancy and childbirth are a leading cause of death among adolescent girls.

**The way forward**

Many countries, including Kenya, are working to prevent adolescent pregnancy. Unfortunately, these efforts often focus on changing the behaviour of girls rather than addressing the underlying drivers of adolescent pregnancy. Such drivers include gender inequality, poverty, sexual violence and coercion, child marriage, social pressures, exclusion from educational and job opportunities, and negative attitudes about girls. Many efforts also neglect to account for the role of boys and men.

A more holistic approach is therefore required to support girls in avoiding early pregnancy. It’s for this reason that UNFPA works with partners, including governments, civil society, religious groups and youth-led organizations, to extend access to sexual and reproductive health information, counselling and services to all young people.

For example, in Kilifi, UNFPA working with the County Government and the International Centre for Reproductive Health (ICRH Kenya) have developed a strategy on reducing adolescent pregnancies, investing in girl’s education, involving partners at all levels, from community members to schools and young people themselves.

UNFPA also works within communities to end child marriage, sexual violence and coercion, build gender-equitable societies by empowering girls and engaging men and boys -measures which are reducing adolescent pregnancies and supporting girls who become pregnant to return to school and reach their full potential.

For Purity and Naomi, they have been empowered by UNFPA to access sexual and reproductive health information and services, including the use of family planning methods, and the choice to plan the number, optimal timing and appropriate spacing of their children and to prevent unplanned pregnancies. They are now working in their community to raise awareness about teenage pregnancy, and the importance of accessing adolescent sexual reproduction health information and services.

At UNFPA, it’s our strong believe that when a teenage girl has the power, the means and the information to make her own decisions in life, she is more likely to overcome obstacles that stand between her and a healthy, productive future. This will benefit her, her family and her community.
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. During the year, UNFPA supported national and county institutions have capacity to generate and avail evidence for advocacy, planning, implementation, monitoring and evaluation of population related policies and programmes.

1. Kilifi, Homabay, Turkana and Nairobi County Staff oriented with skills on establishment of County Integrated Monitoring and Evaluation System (CIMES).

2. 769 Civil Registration agents in Isiolo, Lamu and Wajir counties trained on Maternal and Child Health strategy for registration of births as part of the RMNCAH programme for the six counties with high burden of maternal deaths.

3. Kenya National Bureau of Statistics Capacity assessment to conduct 2019 Kenya Population and Housing Census (KPHC) conducted. The report produced was used to improve the 2019 KPHC proposal, which was finalized during the year and will guide staffing of the census project besides other interventions.

4. Capacity building on retrieval of data, analysis, management and dissemination of data and information using Integrated Multisectoral Information System (IMIS) was conducted for 17 counties. The counties are using this system to obtain data for planning and monitoring of population related programmes and projects.