KENYA

2019 Annual Report

Because Everyone Counts

Acknowledgements

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The 2019 Annual Report covers essentially the period from 1 January 2019 to 31 December 2019.

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Dr Ademola Olajide,
UNFPA Representative

Foreword

The Nairobi ICPD25 Summit was an epic moment for the UNFPA Kenya Country Office. His Excellency Uhuru Kenyatta made several commitments, with the most significant being a commitment to End FGM by 2022 and eradicate gender-based violence by 2030. This would not have been more gratifying for a country office team that worked hard throughout the year to ensure a successful Summit.

The summit resulted in the Nairobi statement which outlines 12 forward-looking global commitments across five different themes. In a historic moment, His Excellency the President of the Republic of Kenya, Hon. Uhuru Kenyatta unveiled 17 national commitments reassuring Kenya's commitment to full realization of sustainable human development in line with the ICPD25 global commitments.

In line with the Big Four agenda on Universal Health Coverage, Kenya committed to ensure that all citizens attain the highest possible standard of health through the elimination of preventable maternal and newborn mortality, mother to child transmission of HIV, teenage pregnancies and new adolescent and youth HIV infections by 2030. Youth were at the center of the national ICPD25 agenda with several commitments on social protection, attain universal basic education and improve employability and engage youth in decision making at all levels.

The UNFPA Kenya Country Office remains committed to achieving three ambitious, people centered transformative results by 2030. These are;

1. Ending preventable maternal deaths
2. Ending the unmet need for family planning
3. Ending gender-based violence and all harmful practices, including female genital mutilation and early child and forced marriage

The Country Office recognizes that these ambitious, people-centered transformative results cannot be achieved by 2030 without investing in results-based management (RBM) and has in this regard seized the opportunity created through the RMB Seal to roll out the UNFPA 3+5 RBM framework, which consists of three core RBM principles plus five supporting principles.

Finally, Kenya aimed to increase availability and accessibility of high quality, timely and reliable population and related data at national, county and sub-county levels.

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CHAPTER ONE

The Road to the Nairobi Summit

THE NAIRO

Accelerating

Photo: The Nairobi Summit on ICPD25

D25
Conference on
l Development

BI SUMMIT

the Promise

KENYA'S COUNTRY COMMITMENTS AT THE NAIROBI SUMMIT ON ICPD25

1. Employ innovation and technology to ensure adolescents and youth attain the highest possible standard of health.

2. Eliminate preventable maternal and newborn mortality, mother to child transmission of HIV and severe morbidity such as obstetric fistula among women by 2030.

3.Progressively increase health sector financing to 15 percent of total budget, as per the Abuja declaration, by 2030.

4. Improve support to older persons, persons with disabilities, orphans, and vulnerable children by increasing the core social protection investment from 0.8 percent of Gross Domestic Product to at least 2 percent over the next 10 years

5. Enhance integration of population, health and development programmes and projects into Medium Term Plans (MTPs) and the Medium Term Expenditure Framework (MTEF) to ensure budgetary allocations and efficient implementation of programmes and projects by 2030.

6. Enhance the capacity of relevant Government institutions to increase availability and accessibility to high-quality, timely and reliable population and related data at national, county, and sub-county levels, disaggregated by income, gender, age, ethnicity, migratory status, disability and geographic location by 2030.

7. Integrate population issues into the formulation, implementation, monitoring and evaluation of all policies and programmes relating to sustainable development at national, county, and sub-county levels by 2030.

8. Harness the demographic dividend through investments in health and citizens ellbeing; education and skills training; employment creation and entrepreneurship; and rights, governance and empowerment of young people by 2022 as outlined in Kenya's Demographic Dividend Roadmap

9. Eliminate legal, policy and programmatic barriers that impede youth participation in decision making, planning and implementation of development activities at all levels by 2030.

10. Attain universal basic education by ensuring 100 percent transition of pupils, including those with special needs and disabilities, from early learning to secondary education by 2022.

11. Improve the employability and life-skills of youths by enhancing quality and relevance of Technical Vocational Education and Training (TVET) in partnership with industries and private sector by 2030.

12. Fully implement the Competence Based Curriculum (CBC) so that learners are equipped with relevant competencies and skills from an early stage for sustainable development by 2030.

13. End Female Genital Mutilation by strengthening coordination in the area of legislation and policy framework, communication and advocacy, evidence generation, and support cross border collaboration on elimination of FGM by 2022.

14. Eliminate, by 2030, all forms of gender based violence, including child and forced marriages, by addressing social and cultural norms that propagate the practice while providing support to women and girls who have been affected.

15. End gender and other forms of discrimination by 2030 through enforcing the anti-discrimination laws and providing adequate budgetary allocations to institutions mandated to promote gender equality, equity and empowerment of women and girls

16. Ensure universal access to quality reproductive health services, including prevention and management of GBV, in humanitarian and fragile contexts by 2030.

17. Track and monitor the implementation of the ICPD25 Nairobi Summit commitments through the National Council for Population and Development in the State Department of Planning.

ICPD25
International Conference on
Population and Development

Summary of Key Results

8,355
Delegates

173
Countries

600
Speakers

150
Sessions

1,285
Commitments

8 Billion
Pleadged by Private Sector

- Co-convened by UNFPA and the governments of Kenya and Denmark in Nairobi, Kenya
- The President committed to eliminate the following; preventable maternal and newborn mortality; mother to child transmission of HIV; teenage pregnancies; and new adolescent and youth HIV infections by 2030
- The government committed to progressively increase health sector financing to 15 percent of total budget, as per the Abuja declaration, by 2030.

I would like to restate my personal commitment and that of the Government of Kenya to providing the requisite leadership to ensure that Female Genital Mutilation ends in this generation.
H.E Uhuru Kenyatta

H.E Uhuru Kenyatta, President of the Republic of Kenya
Photo: The Nairobi Summit on ICPD25

Let us listen, support and invest in the youth to end FGM by 2030

Female genital mutilation (FGM) is one of the most horrific human rights violations imaginable that negatively affects the health, education and overall development of 200 million women and girls and ending it is an urgent moral imperative.

We have made tangible progress, 25 years since the International Conference on Population and Development (ICPD) in Cairo, where countries agreed to end the practice. But we are facing headwinds. In the places where it is most prevalent, FGM is declining but not at the speed and scale to meet global commitments. But these countries are experiencing high rates of population growth — meaning that the number of girls affected could continue to grow, while they continue to grapple, within some ethnic groups, with persistent social norms and cross-border propagation of the practice.

Indeed, the United Nations projects that the population of young people in the least-developed countries — among the places where FGM is rampant — will jump to 62 per cent by 2050. That leaves more girls vulnerable than ever before. Last year, more than four million girls were victims of FGM, and if urgent action is not taken, up to 68 million could be subjected to it by 2030. So, we must listen to, support and invest in young people.

Africa must leverage the power of youth in high-risk countries, where support for youth between 15 and 19 against FGM is much lower than among people aged 45 to 49.

Increasingly, young girls are growing up with a much higher chance of remaining intact compared to their mothers and grandmothers. This generation can champion a global movement, transforming traditional norms and inspiring their peers to stand up to their elders by saying 'No' to this form of gender-based violence.

In doing so, young people need to know that their governments are firmly behind them. That is why the Government of Kenya will work with all relevant stakeholders to end FGM by 2022, eight years ahead of the deadline to meet the target set under Sustainable Development Goal 5.

In a country where FGM is still prevalent despite being outlawed in 2011, Kenya is paving the way for other African countries to aim higher.

Kenya is setting the bar for the rest of the continent and globally with innovations like the Johari Beads Initiative, a multi-stakeholder partnership between UNFPA, the government and EcoBank. Turning traditional beadwork into a viable commercial enterprise is empowering rural girls and women to take control of their future while spurring social change in their communities. The government, in the build-up to the ICPD25 Summit in Nairobi last November, convened the neighbouring countries of Ethiopia, Uganda, Somalia and Tanzania to evolve solutions to cross-border FGM implications.

> A global investment of $2.4 billion (Sh240 billion) is enough to eliminate FGM in 31 priority countries this decade, at an average $94 (Sh9,400) per case.

The promise of such partnerships underscores the increasingly urgent need to back our rhetoric with concrete financial commitments. The good news is that we now know exactly how much it will cost to achieve our goal. UNFPA estimates that a global investment of $2.4 billion (Sh240 billion) is enough to eliminate FGM in 31 priority countries this decade, at an average $94 (Sh9,400) per case.

Kenya and UNFPA, alongside the Denmark, as the ICPD25 co-conveners, compelled the international community to makefirm commitmentsto complete the ICPD Programme of Action by 2030. Doing so requires eliminating all harmful practices against women and girls, including FGM.

The overwhelming energy and passion of many young activists defying social norms to raise awareness about the dangers of FGM seen in Nairobi can propel us to reach our goal.

Let all African countries heed our call to rid the continent of FGM. Besides the commitments in Nairobi, let us remember the pledge by AU member states 10 years ago with the launch of the Initiative on Eliminating Female Genital Mutilation.

Let us give our youth the opportunities they need to forge a brighter future and to deliver on our promise to keep all our women and girls safe from the 'cut'.

An opinion piece Co-authored by H.E President Uhuru Kenyatta and UNFPA Executive Director, Dr. Natalia Kanem

“Young people need a seat at the decision-making table, because no one will hold politicians accountable like a young person with a future to look forward to”

Yolanda Joab-Mori,
President of Chuuk Youth Council

Youth delegates at the Nairobi Summit on ICPD25. Photo: UNFPA

UNFPA Executive Director, Dr. Natalia Kanem during the Nairobi Summit on ICPD25

CHAPTER TWO

Accelerating Elimination of Female Genital Mutilation

Ending Female Genital Mutilation by 2022

Gender equality is a human right and a precondition for advancing development and reducing poverty. Empowering women and girls is fundamental to exercise their reproductive rights.

Although Kenya made significant advancement on gender issues, 45% of women and 44% of men age 15-49 have experienced physical violence since age 15. Female Genital Mutilation (FGM) has still been practiced many societies such as the Somali at 94% prevelance, Samburu at 86% prevelance, Kisii at 84% prevelance and Maasai at 78%. The national prevalence of Child Marriage stands at 13.6 %.

In 2019, the Government of Kenya made national commitments on eradicating FGM, GBV and all forms of discrimination in ICPD 25. To support these powerful commitments, UNFPA Kenya, in close coordination with the Ministry of Public Service, works on establishing intersectoral coordination mechanisms on GBV including FGM and child marriage, improving GBV prevention, treatment and rehabilitation services, and supporting GBV risk mitigation and integration across humanitarian sectors.

Presidential Commitment to End Female Genital Mutilation by 2022

His Excellency (H.E) President Uhuru Kenyatta made a firm commitment to put an end to female genital mutilation (FGM) by the year 2022, which was the highest dividend for the policy and advocacy work on ending FGM in Kenya. The enactment of the Prohibition of FGM Act, 2011 was a key milestone in the campaign to end FGM in the country. The pronouncement to End FGM by the President is a major milestone in the end to end FGM as it improves on the conducive environment created through legislative and policy measures put in place to prohibit the practice.

The President reaffirmed his commitment to end FGM by 2022 during the High Level Elders Forum, at State House. The event convened cultural and religious leaders from communities with high rates of FGM. It was a milestone in the fight against FGM, as the leaders signed commitments to support the President's vision. During the occasion, the President directed the relevant government agencies to ensure that the law is enforced and that action be taken against all perpetrators.

In the recently concluded Nairobi Summit on International Conference on Population and Development at 25 (ICPD25), the President reiterated his commitment to end FGM by 2022, by bolstering coordination in the areas of legislation, policy, communication and advocacy as well as evidence generation.

"I would like to restate my personal commitment and that of the Government of Kenya to providing the requisite leadership to ensure that Female Genital Mutilation ends in this generation." H.E Uhuru Kenyatta

The Presidential pronouncement was a culmination of various efforts geared towards ending FGM during the year.

Photo: UNFPAKen

Regional Inter-Ministerial Meeting to End Cross-Border Female Genital Mutilation

The Ministry of Public Service, Youth and Gender through the Anti-FGM Board, UNFPA and UNICEF Kenya brought together representatives from the governments of the Federal Democratic Republic of Ethiopia, the Republic of Kenya, the Federal Republic of Somalia, the United Republic of Tanzania and the Republic of Uganda, to adopt the Declaration and Action Plan to end Cross-Border FGM.

The meeting, which was convened as a forum to galvanize political action in the fight against the cross-border dimensions of FGM, ended with reiterations regarding the importance of strong partnerships, multi-sector engagement, harmonization of national laws and policies to end cross-border FGM.

The Loita Maasai Community came together to witness their clan elders declare abandonment of FGM and bless the newly named Loita Rite of Passage. The event, which was the first of its kind in the community, was blessed and embraced by the clan elders, a gesture that signified that women and girls who undergo the rite of passage could now participate in all aspects of the Maasai cultural life.

Loita Maasai Community End FGM Declaration

The Loita Maasai Community came together to witness their clan elders declare abandonment of FGM and bless the newly named Loita Rite of Passage. The event, which was the first of its kind in the community, was blessed and embraced by the clan elders, a gesture that signified that women and girls who undergo the rite of passage could now participate in all aspects of the Maasai cultural life.

Key Results

End FGM, GBV and Child Marriages

500

Police officers, Chiefs, Judiciary and Health officers trained on community change approaches to increase their skills and knowledge in addressing GBV perpetrated through negative social norms

661

Girls participated in Alternative Rites of Passage, which is a public declaration attended by parents, elders and community member

5,293

Survivors of GBV and female genital mutilation received prevention, protection and care services in focus counties

76

Women groups in 8 locations, in the focus counties trained on integration of prevention and response to FGM within their group activities and discussions including referral pathways

22

Leaders from 22 counties signed commitments affirming their support towards the implementation of the vision of the president to end FGM by 2022, in a ceremony that was graced by the President of the Republic of Kenya

Women from Samburu community during a cultural festival.
Photo: UNFPAKen

CHAPTER THREE

End Preventable Maternal Deaths

Mama Rebecca Lam Deng, a Safe Motherhood Promoter visits a pregnant woman at Kalobeyei Integrated Settlement. Photo:UNFPAKen

Accelerating reduction of preventable maternal deaths

Every maternal death is a human tragedy for the woman and her family. Ending maternal deaths from preventable causes is a cornerstone of the ICPD Programme of Action and an important indicator in the Sustainable Development Goals. Substantial progress has been made in reducing maternal mortality over the past 25+ years and globally, the number of maternal deaths has dropped 38 per cent since 2000.

In Kenya, the maternal mortality ratio declined (from 488 deaths per 100,000 live births in 2009 to 362 per 100,000 live births in 2014), but every year still over 5,000 women and girls die from pregnancy and birth-related complications while nearly 200,000 suffer disabilities (including in 3,000 cases of obstetric fistula annually). The proportion of wo men receiving skilled birth attendance increased (from 44 per cent in 2009 to 62 per cent in 2014).

Through the Joint UN H6 RMNCAH Programme, the country office provided technical and financial support to enhance skills and competence of health care workers to provide integrated RMNCAH, HIV and GBV services in the high burden counties (Migori, Lamu, Isiolo, Mandera, Marsabit, Wajir). The health care workers were oriented on Emergency Obstetric and Newborn Care (259), long acting reversible contraceptives (217), integrated management of newborn and childhood illness (113), active management of third stage labor (121) and provision of adolescent and youth friendly services (139). This contributed to an increase in the proportion of health facilities providing high quality services in BEmONC and adolescent and youth-friendly services as in alignment to the 9th CP outcome 1, output 1.

The increased BEmONC coverage was for instance observed in Isiolo country from 54% in 2018 to 59% in 2019 and in Lamu county from 63% to 85% in the same time period. The work on high quality services is a focus area for UNFPA in 12 counties, why UNFPA succeeded in building the capacity of 313 new facilities provide BEmONC services.

Additionally, the enhanced skills have contributed to reduced maternal deaths during the year e.g., application of postpartum hemorrhage bundle in Migori has reduced PPH related maternal deaths from 11 to 5 during the period of review.

Photo: Elin B Rognlie, Norway's ambassador to Kenya

Timely training saves a mother's life

Edwin Odhiambo and Margaret Awino were delighted when they found out they were going to have a baby, their second child after four-year-old Jesta. Edwin, a carpenter, would accompany his wife from their home in Winter Village whenever she went to the Rongo Sub-County hospital for ante-natal check-ups.

When she went into labour on August 22, 2019, Margaret was admitted at the hospital and gave birth to a healthy baby boy. The delivery was smooth, but when she got up in the morning, she discovered she was bleeding heavily, and collapsed on the way to the bathroom. When she came to, Margaret found herself dressed in a green garment, lying on a delivery bed with a team of nurses and doctors attending to her.

Edwin had left to organize transport home for his wife and new baby, and was surprised when he was called back to the hospital. "I was shocked to find her on the bed," Edwin recalls. "She looked very unwell, and I was scared.

They told me that they could not let her go home that day as she had bled heavily and they needed to monitor her for two or three days." Edwin left to take care of Jesta, but he would return every few hours to check on his wife. Three days later, the green garment was removed and Margaret was allowed to go home.

Just five days before Margaret collapsed, the staff at Rongo Sub-County Hospital had been trained on management of post-partum haemorrhage (PPH), which is one of the leading causes of maternal deaths. The course was part of a training package in obstetric emergency care under the H6 Joint Programme on RMNCAH.

The green garment that Edwin found her in was an anti-shock garment used to stabilise women who have suffered obstetric bleeding.

"The skills and equipment we have received have enabled us to save lives," says Mary Ayoko, the Sub-County Nursing Officer. "Staff are highly motivated and Rongo Sub-County has not had a single maternal death in 2019." "I am very happy because my wife is well," says Edwin as he hovers protectively around Margaret and the baby.

"I want men to know that pregnancy is serious. Women can die if they are not taken care of properly. Men should support their wives, accompany them for checkups and ensure that they have a good diet. It is also important for hospitals to have the right equipment so that it is available for mothers who need it," he concludes.

Photo: A nurse at the Rongo sub-county hospital checking on a pregnant woman

Photo: UNFPA

A thousand babies delivered successfully at refugee settlement's health clinic

Refugees and local communities alike benefit from free healthcare at a hospital in Kenya's Kalobeyei settlement.

Visibly exhausted, Manirakiza cannot hide her tears of joy as she gazes lovingly at her new-born daughter's angelic face. Baby Irakoze's tiny fingers curl around her mother's white shirt as she tries to make sense of her new surroundings.

"I was in bed when I went into labour. My husband called for an ambulance which rushed me here,"says the 25-year-old Burundian refugee who, with the help of the hospital's skilled midwives, delivered a healthy baby girl.

The delivery of baby Irakoze marks the thousandth successful delivery at the state-of-the-art maternity wing of Kalobeyei health clinic in northeastern Kenya this year. The 33-bed capacity facility runs on a clean solar energy system funded by the European Union and is equipped with a new born unit with three incubators donated by UNFPA that can admit pre-term babies, and underweight babies upto 28 days old.

Refugees and the local community alike have 24-hour access to the facility, where 2,000 babies have been born since it started operations in 2018.

"This maternity unit has been a welcome relief for both refugees and their hosts," says Christine Simiyu, a Sexual and Reproductive Health Coordinator for the Kenya Red Cross Society –an implementing partner for UNFPA, in Kalobeyei Integrated Settlement.
Christine adds that the facility receives an average of five admissions and delivers three babies per day.

"Before, most of the women and newborns, especially from the host community, did not have access to these services. Mothers would often deliver at home in the hands of unskilled traditional birth attendants and health care providers," she explains. "This often exposed newborns to the potential risk of disability and even death."

The delivery of baby Irakoze marks the thousandth successful delivery at the state-of-the-art maternity wing. About 10 per cent of the women accessing the facility are from the surrounding Turkana host community. The clinic also includes an outpatient unit, a Gender Based Violence (GBV) centre and a HIV/AIDS outpatient clinic.

After delivery, mothers and babies are kept under medical observation for at least 48 hours to ensure their good health.

Through the Safe Motherhood Promoters Programme financed by UNFPA, 15 refugee and community health workers/voluntees from host community, most of whom were previously unskilled midwives, have been trained on modern methods of delivering children to help identify and follow up on expectant women in the community to ensure they receive critical care at the facility. Currently, 95 per cent of deliveries in the settlement and the adjacent Kakuma camp occur in a health facility.

Mama Rebecca Lam Deng, 50 and a mother of three is a former traditional birth attendant.

"We move around the community to identify pregnant women. Our role is to encourage them to go to the clinic. We teach what danger signs to look out for that warrant immediate attention as well as how to take care of themselves in the community," she said.

"Kalobeyei health centre is significantly contributing towards SDG 3 by providing services that reduce both maternal and neonatal mortality while ensuring access in dignity to reproductive health services," says Dr. Jesse Muriithi, a Public Health Officer at UN Refugee Agency (UNHCR).

Since its inception, Kalobeyei hospital has educated 4,402 on reproductive health; over 3,000 benefited from family planning services while more than 300 who have been sexually abused have received post-traumatic care and guidance to obtaining justice.

At the clinic, pregnant women are entitled to nutritious porridge once every day until the time when their baby is born and weaned that the right is transferred to the baby.

For Manirakiza and her baby Irakoze, this is a unique opportunity for a healthy and bright future.
"God knows the future of my daughter but I wish for her to be a doctor like the doctors in this clinic," says Manirakiza with a contagiously happy smile.

Manirakiza holding her baby at Kalobeyei Integrated Health Centre.
Photo: UNHCR

End Preventable Maternal Deaths

2019 Key Results

313

New facilities (from focus counties) were equipped with capacity to provide BEmONC services

91%

Maternal deaths reviewed with quality standards to make relevant analyses on the causes of death, up from 71 per cent in 2018

313

Health facilities increased their capacity to provide basic emergency obstetric and newborn care services

National Nursing and Midwifery Policy developed

Photo: A refugee woman holding a baby after deliver at the Kalobeyei Health Center

CHAPTER FOUR

Accelerating Unmet Need for Family Planning

Addressing unmet need for family planning

Substantial progress has been achieved in making voluntary family planning available to women globally over the past 25 years. Women have experienced a 25 per cent increase in global modern contraceptive prevalence since 1994, which has led to a decline in unintended pregnancies and contributed to a decline in maternal death. Ending unmet need for modern methods of family planning is a cornerstone of the ICPD Programme of Action and an important indicator in the Sustainable Development Goals.

In 2019, 820,754 new acceptors of family planning in Kenya were provided with modern contraceptives in 12 counties (Homa Bay, Kilifi, Nairobi (Kibera), Kitui, Narok, Migori, Lamu, Mandera, Wajir, Marsabit, Isiolo and Turkana) targeted by UNFPA. Assorted FP commodities were procured during the year, which contributed to 357,471 unintended pregnancies, 125,613 unsafe abortions and 660 maternal and 2,935 children deaths all averted (Impact 2.0). Universal access to family planning is a human right and will save lives and have the effect of promoting healthier populations, more efficient health systems and stronger economies. Voluntary access to modern methods of contraception and related services prevents unintended pregnancies and births, lowers the number of abortions and reduces maternal death and illness related to complications of pregnancy and childbirth.

Advocacy and dialogue targeting religious leaders and other gatekeepers, establishment and operationalization of new community units and strengthening of existing ones have been effective in addressing socio-cultural and religious barriers on uptake of RMNCAH services. A notable increase in demand for services has been realized as a result. For example, in Migori County, the increased knowledge of CHVs on RMNCAH and their capacity to sentisize the community on family planning issues has translated into a market transition. Hence, the LARC in 2019 account for 69% of the market as compared to 45% in 2015.

Photo: A consignment of UNFPA family planning commodities and supplies in the central stores at KEMSA

Photo: Assorted non-food items donated by UNFPA

Key Results

End unmet need for family planning

820,754
Family Planning new acceptors provided with modern contraceptives in 12 target counties

1,776
Basic trauma life support procedures were successfuly performed

357,471
Unintended pregnancies prevented

660
Maternal deaths averted

125,613
Unsafe arbortions averted

2,935
Children deaths averted

195
Vasectomies perfomed successfuly

Promoting reproductive health at the household

Alice Mutinda walks up a path bordered by flowering bushes into a neat, quiet homestead in Kibaoni village, Lamu County. She is greeted by Margaret Wanjiru, a shy, young girl cradling her one-month-old baby, Happiness. The two sit outside to talk, the shade of a large tree providing welcome shelter from the hot midday sun.

Alice is a community health volunteer (CHV) in Mpeketoni Settlement Scheme II in Lamu District responsible for of 20 households, including this one where Wanjiru lives with her mother and siblings. For several months she has been visiting Margaret, who became pregnant while in school, supporting her through pregnancy and early motherhood. She asks whether the baby is breastfeeding well, reminds her to breastfeed exclusively for six months, and stresses the importance of personal hygiene for her and the baby.

Alice is in charge of 20 households and is attached to the Muhamarani dispensary, where she is also employed as a casual worker. The dispensary serves 11,200 people from 12 villages, and is manned by three health workers, including a laboratory technician.

She is one of 30 CHVs attached to the Muhamarani dispensary who were trained by UNFPA on reproductive health for safe motherhood, including family planning, as well as child health, nutrition and referral.

“We have worked hard to encourage mothers to go to the health facility for ante-natal check-ups and delivery,” says Alice. “We even work together with the TBAs in order to stop home deliveries. We have been successful because there are very few births at home. But the mothers we mobilize go to deliver at the Mpeketoni Hospital instead of Muhamarani, because the nurses live far away from the dispensary. If there were staff quarters, the mothers would not have to travel to Mpeketoni to deliver.

Margaret, too, delivered at Mpeketoni, but her baby receives her vaccines at Muhamarani. As she bids her farewell, Alice reminds her about her next appointment, and encourages her to get a family planning method.

Photo: Alice Mutinda, a community health worker checking on Margaret’s baby during her hosuehold visit

CHAPTER FIVE

Adolescents and Youth

George Kashindi, a Safe Motherhood Promoter in Kalobeyei refugee settlement carrying a backpack full of family planning contraceptives.

Expanding Informed Choices and Decision-Making by Adolescents and Youth

Adolescence is a critical life stage during which individuals develop the capacity to achieve their full potential for prosperity, health, and fulfilment. These benefits are then passed on to the next generation. Kenya's youthful population provides a unique opportunity to benefit from the demographic dividend - arising from numbers of young educated people entering the workforce compared to number of dependents.

Kenya commits in the ICPD25 agenda to advance the health of young people and increase their participation in decision making processes at national and county level. UNFPA engages with young people as drivers of change on the SRH agenda as well as contributes through policy support and advocacy to increase uptake of family planning services and provide age appropriate sexuality education for adolescents and youth.

UNFPA scaled up efforts to strengthen Adolescent and Youth Friendly Services (AYFS) in Kenya. During the year 2019, the MOH-UNFPA trained TOTs in all the 47 counties continued cascading the AYFS trainings reaching approximately 2,820 health care providers in their respective counties. In UNFPA specific programme counties of Nairobi, Kilifi, Isiolo, Migori, Lamu, Marsabit, Mandera and Wajir, 279 health care providers were trained with support from the programme. At the same time, 8,000 Job aids and posters produced in 2018 were disseminated in all 47 counties to guide health care providers in AYFS provision and to complement capacity building efforts through training. An additional 1000 job aids on AYFS were produced towards the end of the year and will be disseminated to health facilities in the 12 UNFPA programme counties.

UNFPA partnered with Imara TV (a UNFPA incubated innovation), Nailab and the Ministry of Health (MOH) to produce a series of 15 educative videos of 5 episodes each with integrated SRHR messages based on contemporary issues affecting young people. The videos which provide for experiential learning among adolescents and youth were produced by young creatives who were also able to secure income from the process.

The videos premiered at the ICPD25 Nairobi Summit and will be disseminated in 2020 through both online and offline platforms. Similarly, the programme in collaboration with Family Health Options Kenya (FHOK) and MOH developed SRHR content for young people with visual impairment. The content which was developed under the guidance of young people and teachers with visual impairment focuses on key topical issues affecting young people with visual impairment namely: early pregnancies and prevention; menstrual health; Gender Based Violence (GBV); HIV and AIDS, Sexually Transmitted Infections (STIs), Condoms, Reproductive Tract Cancers, relationships, life skills and alcohol, drugs and substance abuse. The materials were validated and will be produced and disseminated in both brail and audio-visual formats in 2020.

Photo: UNFPA

'Talking boxes', a safe space for adolescents girls in Kibera informal settlements to express themselves and get help

Platforms for girls to share without fear, intimidation or even being judged are very important. Lucy (not her real name) became pregnant, she did not know what to do, she could not tell anyone, not her teacher or even the parents. She would leave her home to go to school but never got to school. The parents thought she was going to school and the teachers though she had been kept at home but none of this was true. She decided to confide in a friend who used Talking Boxes to express the fears of her friend.

The talking boxes are a heart to heart sharing platform established in various schools by Polycom development Project, with support from UNFPA.
"My friend needs urgent help, she cannot be in school because she is pregnant, she can also not be at home because her father will kill her. She doesn't want anyone to know but I know that you can help me, please help." Polycom's lead mentor decided to follow up on the case. She went to school to find out about the standard 8 girl who wasn't coming to school, and she got Lucy's friend. Together they looked for Lucy and found her. She was 6 months pregnant, really lost and stressed. Polycom stepped in to offer counselling to Lucy and convinced the school administration to allow her continue with her education. The organization also sensitized students in Lucy's class to offer her moral support.

Lucy gave birth to a bouncing baby girl. Polycom stood with her throughout the journey. She was encouraged to come to girls' mentorship meetings with her baby where she received further mentorship and moral support. In 3rd term, Lucy was supported to go back to school where she sat for her examination and is currently in high school.

Photo: George Kashindi issuing contraceptives to a client in Kalobeyei

Youth delegates from DRC Congo during the ICPD25 conference

Adolescents & Youths

2019 Key Results

Improving the policy environment for adolescents and youth SRHR

National School Health strategy developed

National School Re-entry guidelines developed and disseminated to over 7,000 headteachers

Kenya Youth Development Policy finalized

National Guidelines for school based health and life skills education programmes developed

Promoting meaningful youth engagement and participation in programming

16 members of the UNFPA Youth Advisory Panel (YAP) capacity built to advance the youth SRHR agenda

120 young people facilitated to participate in key national, regional, and international discourses on SRHR.

Enhancing access to Integrated SRHR information by adolescents and young people

108,903 adolescents and young people reached with integrated SRHR information through digital channels and youth empowerment platforms.

3,601 marginalized adolescent girls from Kibera informal settlements equipped with life skills through safe spaces

Strengthening national response to teenage pregnancy

Multi-sectoral coordination and response to teenage pregnancy strengthened.

Community awards to recognize efforts of various stakeholders in address teenage pregnancy pioneered

Enhancing youth innovations for better SRHR

Imara TV, a youth led digital platform on SRHR, supported to generate additional SRHR content further reaching 94,850 young people with SRHR information

3 women led innovations namely Genesis; Inteco Ari and Mum's Village supported to scale up their solutions through mentorship and linkages.

A road map on bridging the gender divide in heath innovations developed in partnership with the Embassy of Finland, Graca Machel Trust and Nailab

Scaling up access to Adolescent and Youth Friendly Services (AYFS)

3099 health care workers trained on provision of adolescent and youth friendly services nationally

8,000 Job aids and posters on provision of AYFS produced and disseminated nationally

Enhancing youth innovations for better SRHR

Imara TV, a youth led digital platform on SRHR, supported to generate additional SRHR content further reaching 94,850 young people with SRHR information

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Evidence generation for better decision making

Evidence on the drivers of teenage pregnancy in Narok, a high prevalent county, generated to inform response

CHAPTER SIX

Increasing Population Data and Information for Planning

Photo: UNFPA

Kenya Releases Results for the First Paperless Census in Three Months

Population trends and dynamics play a powerful role in development, and must therefore be factored into planning and policy decisions. Population size and structure impact a country's economy as well as its ability to provide social protections and access to health care, education, housing, water, food and energy.

Kenya conducted her 8th Decennial Kenya Population and Housing Census (KPHC) in 2019 with support from UNFPA as well as other Development Partners. The 2019 KPHC was the first paperless, where Mobile technology was used during mapping and enumeration, in adherence to the UN recommendations for the 2020 round of censuses on adoption of use of technology. KNBS released the first volume of the 2019 Kenya Population and Housing Census (KPHC) that was conducted in August 2019 on 4th November 2019. The report presented the distribution of enumerated Population by; County and Sub-County, number of households; and average household size. It also contained population density by administrative units. The total enumerated population was 47,564,296 out of which 23,548,056 were Males, 24,014,716 were Females and 1,524 were Intersex. Females accounted for 50.5% of the total population. The population has grown to 47.6 Million in 2019 from 37.7 Million in 2009 The intercensal growth rate has declined to 2.2% in 2019, from 2.9% in 2009.

The theme of the census was "Counting Our People for Sustainable Development and Devolution of Services". This was in response to the demand for statistical information for implementation of Kenya's development agenda such as the Big Four and Vision 2030 and other global initiatives including the Sustainable Development Goals (SDGs).

UNFPA provided KNBS with technical support during the preparations of the 2019 census which included Cartographic Mapping, development of tools, pilot census, recruitment and training, and publicity and advocacy. The enumeration was successfully conducted from 24th/25th to 31st August 2019 and a mop-up exercise carried out on 1st and 2nd of September 2019, to cover those not enumerated during the seven days. To ensure data quality, field supervision followed a three tier structure (Coordinators, ICT and Content Supervisors) to support real-time response to emerging issues.

The enumeration process was also monitored by independent observers drawn from the international community and national statistics offices across Africa. The collected data was encrypted and successfully transmitted to servers through a secure ICT infrastructure.

The data that was collected has undergone validation checks as guided by the UN Fundamental Principles of Official Statistics and the UN Handbook on Editing of Census Data.

Photo: Enumerator in Mathioya, Murangá County interviews respondent in the presence of an observer from UNFPA Kenya Country Office

Population Dynamics

2019 Key Results

58

County staff from Lamu and Isiolo Counties equipped with skills to strengthen County Integrated Monitoring and Evaluation Systems (CIMEs), which will lead to improved accountability, informed decision making and resources allocation.

24

County staff equipped from Turkana, Kitui, Narok, Homabay, Nairobi and Migori counties equipped with skills to integrate population dynamics in development implementation of County Integrated Development Plans (CIDPs)

Turkana County M&E Bill, 2019 drafted and validated. The M&E Bill will help improve transparency, strengthen accountability relationships and build a performance culture.

Photo: Delegates following proceedings during the Nairobi Summit on ICPD25 in November 2019.

UNFPA drivers shine in competition

UNFPA Kenya colleagues George Kabare and John Gitahi were finalists in an annual competition for drivers of humanitarian organizations across East and Southern Africa. Read more in Voices!

What does it take to become the best humanitarian driver in East and Southern Africa?
Experience on some of the region's toughest roads, the ability to stay calm under pressure, and the encouragement from an entire office help!

UNFPA drivers George Kabare and John Gitahi from the Kenya Country Office recently participated in the Driver Recognition Programme finals, an annual competition for drivers of humanitarian organizations that aims to recognize the vital role that drivers play in keeping our staff and high-value vehicles safe every day.

Fleet Forum, a non-profit organization that works towards better, cleaner, safer and more effective transport around the world, organizes the Driver Recognition Programme to provide the aid and development community with a useful tool to engage and recognize their drivers.

In the qualifying rounds during the year, Fleet Forum works with the country logistician of each organization, administering a range of assessments to identify their best driver. This year, George qualified as UNFPA's best driver in East and Southern Africa, and was invited to participate in the final event. Following months of preparation, George competed against 11 other top drivers from across the region, selected from over 900 drivers who applied.

Throughout the one-day final event held in May outside of Nairobi, the 12 finalists were tested on safety, accuracy, vehicle knowledge, and collaboration. They were asked to complete a range of tasks from testing their knowledge to driving on off-road terrain with 45-degree climbs and descents.
While George showed excellent knowledge and driving skills throughout the day, he required assistance from his colleague John with the heavy lifting, due to a recent shoulder surgery George had undergone. John was also of great help in difficult situations and in keeping George focused. Indeed, it was a great team effort by the two men!

At the end of the day, it was Salim Masete from the World Health Organization (WHO) Kenya who scored the most points, bagging the gold as the 2019 Driver Champion. The second place went to Issa Byamukama from Catholic Relief Services (CRS) in Uganda. Female driver Emily Soi from World Vision Kenya came in third. She was the first woman to ever finish in the top three. Fleet Forum commended Emily's professional skills and congratulated World Vision for diversifying a profession that is often male-dominated.

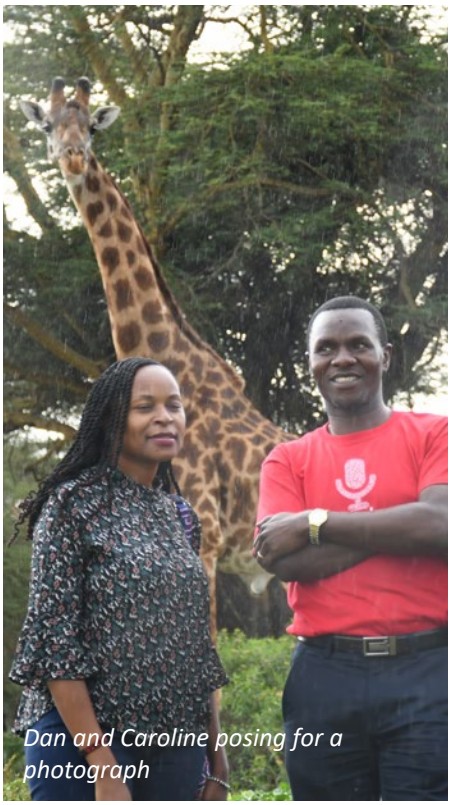
About the Driver Recognition Programme
The Driver Recognition Programme is an annual competition for drivers of humanitarian organizations that focuses on safe driving and teamwork. Not only does it recognize the important role drivers play in the safety and programme delivery objectives of aid and development organizations, but it also acknowledges the organizations' appreciation of their drivers. as drivers are often the most prominent public "face" of the organization, the event is designed to engage, educate, inspire and recognize the best drivers for their contribution.

The 11 organizations that took part in the 2019 programme were Action Against Hunger, CRS, IOM, Mercy Corps, Marie Stopes International, Red Cross, Save the Children, UNFPA, UNICEF, World Food Programme, WHO and World Vision.

John Gitahi (centre) and George Kabare (right) congratulate third-place winner Emily (left) from World Vision.

Nurturing Teamwork

Photo: Kigen taking a selfie with colleagues during staff retreat in Naivasha



Dan and Caroline posing for a photograph

KCO staff during staff retreat in Naivasha

Photo: Boat ride on Lake Naivasha

Photo: KCO Staff at the Beyond Zero Half Marathon

OUR PARTNERS

Photo: KCO staff during staff retreat in Naivasha

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