



UNFPA Kenya  
**Monthly Magazine**



Issue No. 2, July 2020



Leaving no one **behind**

## From the Representative's desk

Following the lifting of lock down measures against Nairobi City County, there has been noticeable growth in Covid-19 cases in nearby counties such as Machakos, Kajiado, Kiambu, Narok and Nakuru due to increased movement and interaction within the population. Counties lying along borders with Tanzania (Kajiado and Migori) and Uganda (Busia) have also shown a high growth rate in Covid-19 cases attributed to targeting testing of truck drivers.

The noticeable decline in Covid-19 cases in Mombasa County which had the highest attach rate in the preceding months is a sign of successful implementation of containment measures even after cessation of the lockdown. The other counties that continue to exhibit low Covid-19 cases are those in the Western and Nyanza regions of the country such as Bungoma, Kakamega, Vihiga, Siaya, Kisumu, Homabay, and Nyamira. This could be attributed to the distance from Nairobi which has been the epicenter of the pandemic and infection prevention and control measures undertaken by the respective county governments.

Males remain majority (65%) of the Covid-19 positive cases in the country. Equally, majority of the deaths (76%) are among males.

Sixty-four percent of all Covid-19 cases in the country are aged between 30-39 years old. Those aged below 15 years accounted for 5.8 percent of the cases whereas the age between 15 and 29 years old constituted 24 percent. The group aged 60+ that is considered highly vulnerable made up 6.2 percent of the cases. The proportion of Covid-19 positive cases aged 60+ that have died is 10.9% compared 1.6% among those aged 30-39 years.

The Country Office (CO) Crisis Management Team has sustained regular meetings to oversee and coordinate the Covid-19 response. The CO has undertaken the following activities:

- ◆ Distributed **715 dignity kits**: 60 in Taita Taveta County; and 30 in Tana River County; 100 in Kakamega County; 300 in Kisumu County and 225 in the Kakuma Refugee Camp.
- ◆ The CO conducted field missions to Marsabit, Isiolo, Kilifi, Tana Tiver and Taita Taveta counties where 126 chiefs and sub-chiefs were sensitized on various acts of GBV especially FGM and early marriage.
- ◆ The CO held meetings with SRH IPs to discuss strengthening of the SRH intervention during Covid-19.

- ◆ The CO sustained deployment of 7 officers at the Ministry of Health, 1 at the Ministry of Public Service and Gender, and 1 at the Council of Governors to provide technical assistance.
- ◆ Information campaigns through print and electronic media reached approximately **2,000,000** people. There was heightened engagement with the boda-boda community and youth through video clips on SRH and GBV issues.
- ◆ The CO supported the GBV and SRH response in Kakuma and Kalobeyei refugee camps. The total number of skilled deliveries in the two refugee camps reached 2,549 while GBV cases reached 198 between January and June 2020.
- ◆ The CO took part in 4 national level coordination, 4 health sector coordination and 2 UN GBV Sector meetings to follow up on the GBV and FGM response.
- ◆ **3,658** GBV cases received by the national GBV Hotline as at 30th July 2020 and provided with referral support and psychosocial first aid.
- ◆ Three organization were engaged as IPs: This-Ability, the Kenya Women Medical Association and the Danish Refugee Council.
- ◆ The CO conducted a comprehensive programme review for Q1 and Q2 to discuss implementation progress against the Covid-19 background.
- ◆ UNFPA KCO will continue to exercise vigilance, support our partners and the people of Kenya through this difficult time.

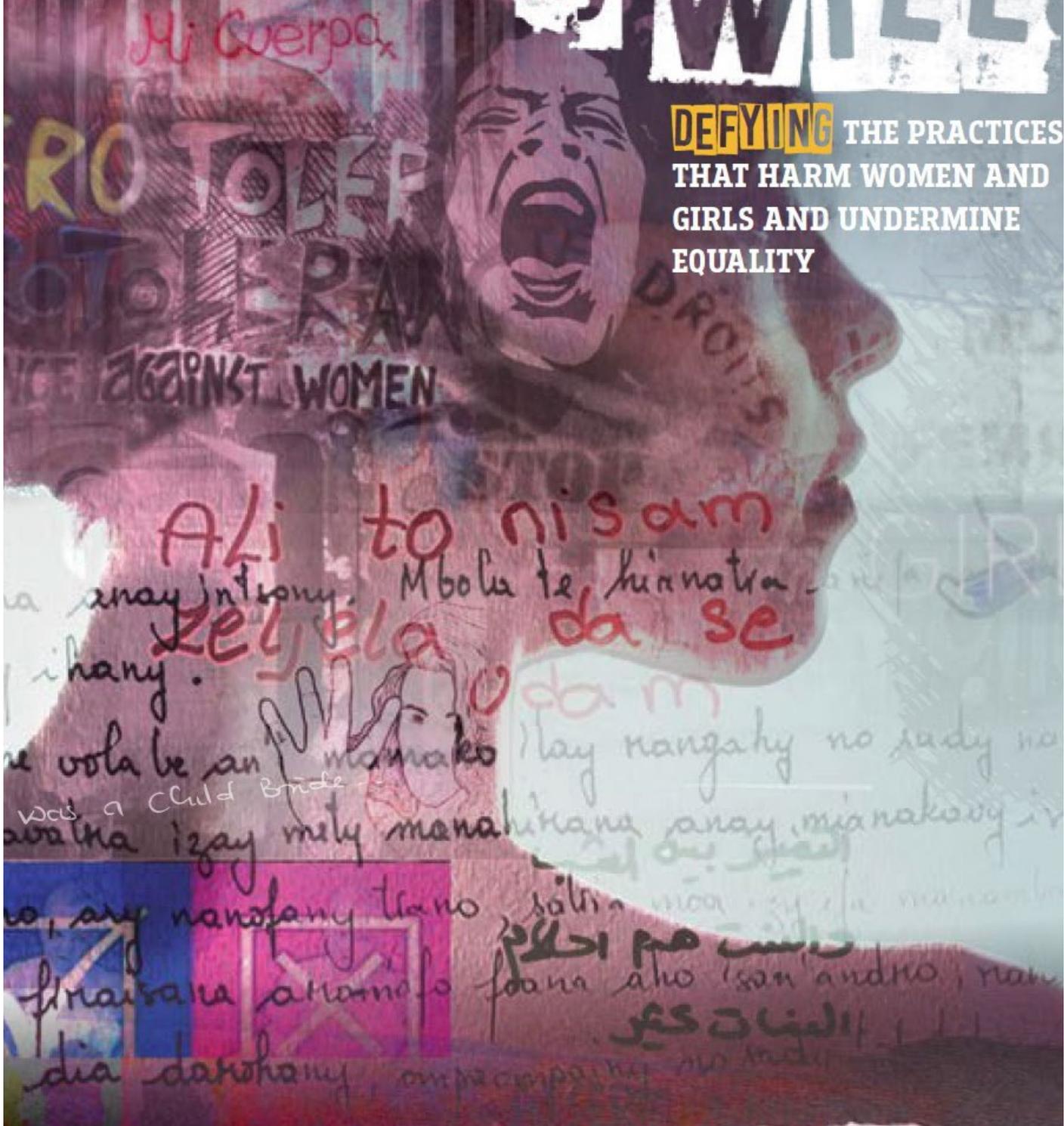


**Dr. Ademola Olajide,**  
UNFPA Country Representative



# AGAINST MY WILL

**DEFYING** THE PRACTICES  
THAT HARM WOMEN AND  
GIRLS AND UNDERMINE  
EQUALITY



STATE OF WORLD POPULATION 2020

# Launch of the State of Kenya Population and State of the World Report 2020

The Government of Kenya through the National Treasury and Planning Cabinet Secretary Hon. (Amb.) Ukur Yatani, the Cabinet Secretary for Public Service and Gender Prof. Margret Kobia, and the UNFPA Country Representative Dr. Ademola Olajide officially launched the [State of the World Population 2020 report](#) with a call to end harmful practices against women and girls. This took place in Nairobi on the 11 th of July, 2020 on the sidelines of the WPD 2020 Celebrations. A domesticated version of the global report was also launched.

According to the report, every day, hundreds of thousands of girls around the world are harmed physically or psychologically, or both, with the full knowledge and consent of their families, friends and communities. The impact ripples throughout society, buttressing gender stereotypes and inequalities. The scope of harmful practices is enormous, but three in particular have been almost universally denounced as human rights violations yet remain stubbornly widespread: female genital mutilation, child marriage and son preference.

The report further states that 4 million girls will this year will undergo FGM globally.

Further, some 33,000 child marriages occur every day globally and due to the global preference for sons over daughters, more than 140 million girls are considered missing today due to infanticide, kidnapping, trafficking, or other forms of violence against female infants and young girls. In societies where men outnumber women, women are at risk of experiencing rape, coerced sex, sexual exploitation, trafficking, and child marriage. These practices the UNFPA reports states are all rooted in gender inequality and a desire to control women's bodies and lives.

UNFPA Executive Director, Dr. Natalia Kanem, summed up the report in three words respect, protect and fulfill. These rally us to foster respect for women and girls by



Some 33,000 child marriages occur every day globally and due to the global preference for sons over daughters

changing entrenched attitudes and practices that dehumanize and commoditize them, furthermore, we must protect women and girls by enacting and enforcing laws against practices like child marriage and female genital mutilation and consequently, Governments must fulfill their obligations under human rights treaties that require elimination of female genital mutilation and child marriage. These three words respect, protect and fulfill-can bring real change and real results for women and girls globally and in Kenya.

During the Nairobi Summit on ICPD25, Kenya made commitments towards accelerating the promise on zero harmful practices and committed to eliminating, by 2030, all forms of Gender Based Violence (GBV), 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.

Harmful practices such as FGM and child marriage are deterrents to achieving gender equality. Harmful practices prevent Kenya from achieving a demographic dividend and the noble goals set in the Kenya Vision 2030, Big 4 Agenda, Population Policy for National Development, and the ICPD25 Kenya country commitments among others.

It is therefore important and urgent that harmful practices be laid bare and addressed with a view of ending them UNFPA Kenya will continue to support communities by facilitating conversations that help communities, parents and partners understand the physical and psychological toll of these practices and the benefits that accrue to all when these practices are abandoned.



Photo: Launch of the State of the World Report during the World Population Day celebrations event in Nairobi



Some 33,000 child marriages occur every day globally and due to the global preference for sons over daughters.

## World Population Day: Yatani tells men to be their sister's keeper'

Kenya's Cabinet Secretary for the National Treasury and Planning Hon. (Amb.) Ukur Yatani, the Cabinet Secretary for Public Service and Gender Prof. Margret Kobia, the UN Resident Coordinator Siddharth Chatterjee and UNFPA Representative Dr. Ademola Olajide led Kenya's 2020 National celebrations of the World Population Day.

The cabinet secretaries were accompanied by various Cabinet Secretaries and the Principal Secretary for State Department for Planning Mr. Saitoti Torome as well as the Director General for the National Council for Population and Development, Dr. Mohamed Sheikh. The event took place at the KRA Auditorium in Nairobi and was broadcast nationally by NTV and KBC.

World Population Day is observed on 11 th July every year globally to raise awareness about the importance population issues such as family planning, adoption, gender equality, poverty, maternal health and human rights. The first World Population Day was marked the day that the world reached a population of 5 billion in the year 1987.

During the event the Cabinet Secretary for Public Service and Gender Prof. Margret Kobia commended a multisectoral approach towards generation of zero teenage pregnancies in Kenya. She also stressed on the need for Kenyans to remain steadfast in eliminating all forms of violence against women and girls.

This year's theme 'Putting the Brakes on Covid-19: How to Safeguard the Health and Rights of Women and Girls Now' was based on safeguarding the health and rights of women and girls especially during the time of COVID-19 pandemic. A UNFPA research ([Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage](#)), highlighted the uncertainty that if the lockdown continued for more than

6 months, and there is major disruption to health services, then 47 million women in low and middle-income countries might not have access to modern contraceptives. This would in turn lead to 7 million unintended pregnancies. Apart from that, it could see a rise in gender-based violence, female genital mutilation and child marriages.

In a stirring speech UNFPA Representative, Dr Olajide, referring to COVID-19 physical distancing measures noted that, 'If politicians can stop shaking hands in two weeks, we can surely end FGM in 3 years.' Dr. Olajide added 'we must build a system that works for everybody and make deliberate efforts to reach those furthest behind – first.' UNFPA Kenya used the WPD 2020 to 'raise awareness about the vulnerabilities of women and girls during the pandemic,' articulated at the Nairobi Summit on ICPD 25 (International Conference on Population and Development).

Echoing Dr. Olajide's remarks Amb. Ukur Yatani added that 'The implementation of the National Action Plan requires a well-coordinated national mechanism.' Yatani stated 'All of us especially parents have a stake in the future of this great nation. I would like to appeal to men and boys; be your sisters' or daughters' keepers,' he said. He reiterated that the government is committed to safeguarding families as the core of Kenyan society as had been underlined by President Uhuru Kenyatta, when he directed the National Crime Research Centre to move swiftly and investigate increasing cases of gender-based violence and teenage pregnancy.

COVID-19 is not only posing risks to girls and women, but also to the old and youth. It is on record that older people, particularly those who are 60 years and over, are succumbing more to the coronavirus.

[Watch video](#)



## Op-Ed: Responding to elderly people needs not be philanthropic

**A**frica is often referred to as the ‘world’s youngest continent.’ This is certainly true when one compares the median age of Africans, currently 19 years, while Europe’s median age is 43 years and Asia’s 32. This reflects the relatively small proportion of older adults – those aged 60 years and above, in the total population. Africa occupies the unique position of being, concurrently, the demographically youngest continent and the world region with the most rapidly growing number of older people.

The onslaught of the COVID-19 pandemic with its disproportionate impact on older persons, has heightened the urgency of social protection for the population of older persons.

In Kenya, President Uhuru Kenyatta and the Ministry of Health informed by global statistics were quick to urge Kenyans to limit physical contact to their ageing parents and grandparents for the time being. These measures were implemented in light of figures from WHO which indicated the highest rate of serious illness and mortality for older persons and those with serious underlying health conditions like heart or lung disease or diabetes. According to the Centre for Disease Control of the US, 8 out of 10 deaths reported in the U.S. have been in adults 65 years old and older. Ninety five percent of those who have died from COVID-19 in Europe were over 60, and more than half of those were over 80.

### **Social and economic impacts of COVID on older people**

The advice to limit contact to aged kin, together with the general COVID-related restrictions, led to substantial reductions in the support older persons receive from extended family and traditional community support systems. Older persons, as a result, have been left more at risk of increased health complications and isolation, while increasing exposure to abuse and violence due to decreased vigilance from family. Physical distancing has also created barriers for older persons to access regular medical appointments, source of livelihoods and social mechanisms.

The very fact, meanwhile, that the development of COVID 19 responses, did not explicitly consider the potential impacts



Mama Grace Oguta, 72 years old during an interview at her home in Rusinga Island

on older people, exemplifies the age-discrimination inherent in much public and humanitarian programming.

### **A rights-based approach**

While the response to mitigate the spread of the pandemic is laudable, the lack of resources to support immediate and long term social and economic impacts of COVID-19 for vulnerable groups remains a challenge. Glaring gaps in the protection of the rights of older persons may reinforce entrenched inequalities and disadvantages they experience in their daily lives.

### **Call for Action**

To protect the lives, dignity and rights of older people and enable them to continue to play their important role in society, the government and other stakeholders must continue to raise awareness of and tailor information on COVID-19 to all categories of older persons. This includes those living in rural areas, and informal settlements, those who are homeless, refugees or internally displaced and those who live with disability. Communication to reach such groups must employ community structures and local languages to ensure that information about the disease, prevention, protection and treatment measures is fully understood by all.

Governments must now strengthen community services to support health care systems and other social support services to ensure older persons’ dignity and wellbeing. This is best achieved through substantial involvement of ministries and departments responsible for older persons, older people’s organisations and older persons themselves so that exper-

tise, needs and issues of older persons are reflected in COVID-19 response interventions.

There is need to strengthen public laws, policies and programmes to enhance equality. States need to scale up social protection mechanisms with plans to institute universal pension, adapt health services to better respond to the needs of older persons, establish equitable and sustainable long-term care systems, and promote access to decent jobs and microfinance systems. A critical step in this direction, will be for Member states to ratify and implement AU Protocol for the Rights of Older Persons and to support a new convention for the rights of older persons.

Governments’ pursuit of such longer-term responses, in a post-COVID 19 context, must be anchored in a rights-based approach to development, and in the deliberate collection of sufficiently age-, gender and disability- disaggregated data, including data on COVID-19 related trends. The latter will be crucial in building an age-inclusive preparedness for pandemics in the future. It is crucial to understand that older adults are not simply passive recipients of support, but active contributors to families, communities and societies. Older person-focused responses must, therefore, not be seen as philanthropy – but rather as part and parcel of overall national development efforts

*The writers are the Africa Regional Director for HelpAge International; UNFPA Representative, Kenya; and Director General for National Council for Population and Development (NCPD)*

## Using short films to communicate critical information

UNFPA scales up the use of short films generated by the youth to reach adolescents and young people with information on SRHR, GBV, and harmful traditional practices like FGM and child marriages in the COVID19 outbreak period.

UNFPA in partnership with Imara TV, a youth led social enterprise incubated with UNFPA support, Nailab and the Ministry of Health initiated the roll out digital content on SRHR, GBV, FGM and child marriages to young people across the country using various social media platforms. The content which was generated by young people has so far seen 79,480 adolescents and youth reached with information.

Additionally, the films continue to generate income to the young creatives involved in the production of films.



**Sex and the Youth 2**

Nov 2016



**Baba Matata Short Film**

July 2020



**Soda Moja Straw Mingi**

November 2019



**FriendZone**

November 2019

## Keeping Safe: FSW's Program response best practice during COVID19



Photo: Engagement with a section of female sex workers in Kilifi

It has never been easy for Pendo, a 32-year-old female sex worker in Kenya. The abrupt declaration of the restriction measures and lockdown in Mombasa, had a big impact on everyone, particularly the underprivileged, refugees and people like her who are totally dependent on day-to-day income.

The first case of COVID-19 was reported in Kenya on March 13, 2020 and restriction measures announced shortly thereafter. Pendo experienced for herself and witnessed an upsurge in economic lack amongst her peers. It had always been critical for her to address the immediate issues of hunger, violence, family planning and access to healthcare.

Due to the rise in number of positive cases, the Ministry of Health (MOH) introduced containment measures that included dusk to dawn curfews countrywide, restriction of meetings and other gatherings to a maximum of 15 persons, and cessation of travel into and out of Nairobi Metropolitan areas, Mombasa and Kilifi counties. These measures were in addition to other COVID19 prevention protocols such as frequent hand washing, use of hand sanitizers, social distancing and wearing of face masks.

This meant that Pendo, no longer had unlimited access to drop – in centers (DICEs) that offer stigma free Sexual Reproductive Health Services including safe spaces where Female sex workers can relax, receive education and conduct meetings. This included the UNFPA – ICRHK supported drop-in centers in Mtwapa and Kilifi.

Bars, night clubs and other traditional venues for sex work remained closed with the dusk-to-dawn curfew, and to encourage social distancing. Consequently, more female sex

workers began to operate from the road, parks and other open spaces. In some cases, sex workers' groups come together to rent rooms or apartments from which they would receive clients during the day. Also, a growing proportion of sex workers met and did business with their clients online.

Pendo says that this increased sexual and physical violence, as well as the rates of forced condom-less sex. According to Dr. Patricia Owira, (International Centre for Reproductive Health -Kenya) ICRHKs' Project Coordinator, Female sex workers serving clients in public or informal sex work places experience greater sexual violence compared to those working indoors such as in nightclubs, lodgings, bars and brothels. Client registration books, closed circuit television (CCTV) & forceful ejection of violent clients and peer-led responses to sexual violence promote Female Sex Worker safety.

Driven by financial pressure during this COVID-19 period many female sex workers have engaged emotional live-in partners. Such partners provide financial support, rent and intimacy, but this also increases the risk of more unsafe sex and lower condom use. Most female sex workers trust their partners or are unable to negotiate for condoms with these partners given the benefits they derive from the relationships.

'We organized with my doctor and my peer educator to come to a church that is very close to my home. The doctor gave me counselling and encouraged me not to miss any PrEP cycle' says Pendo. 'She also insisted on me calling her or informing my peer educator in case I started feeling worse or developed any disease or complications.'

living with HIV to improve retention, Home-based HIV Testing Services for Female Sex Workers, expanded Peer Outreach Approach (EPOA) through use of coupons and gift vouchers to reach new key population cohorts as well as nutritional supplement support for Key Populations Living with HIVs through MOH collaboration.

Pendo smiles as she remarks ‘I was very lucky to get my drugs delivered near my home. When the disease started, the police put road blocks and I could not travel to collect my drugs from the clinic as I had always done every month. A few days to the date I was supposed to return and collect more drugs from the clinic, I received a call from my doctor and during our discussion I informed her that I would not be able to reach the clinic.

In a communication circular from the National AIDS and STD Control Program NASCOP and the COVID19 response guidelines, patients receiving care and treatment would be issued up to 3 months of Anti-Retroviral medication, to ensure that patients were not missing their drugs following restrictions on movement.

**Food baskets**

‘Every week, I receive one bag of unga uji (porridge flour) from the doctors at the clinic’, says Hamida a 21-year-old friend of Pendo. ‘Business is down and I get very few clients. That means I have not been getting enough money to afford enough meals in one day, the food baskets help. In collaboration with the county government hospitals, the program was able to supply food baskets in form of ‘fortified uji’ (fortified porridge) to the highly vulnerable sex workers prioritized by age, that is, the very young Key populations, those that were pregnant and those that were living with HIV.

According to UNFPA Representative, Dr. Olajide Ademola, ‘Pregnant women are experiencing substantial difficulties in accessing maternal and reproductive health services. The Covid-19 lockdown has limited travel meaning pregnant women have limited access to care. The vulnerabilities that have emerged necessitate a political, social and economic solution that is structural. These are not new issues.’

UNFPA Kenya partnered with ICRHK to establish the Female Sex Worker programme in Kilifi as evidence-based intervention to address the SRH/HIV needs of female sex workers and promote behavior change.

The programme adapted the Drop-In-Centre model. It combines peer-led approaches with SRH/HIV service delivery at both static clinics and in community/mobile settings.

The programme follows the National Guidelines on the package of services to be provided to female sex workers. A standard Ministry of Health tool is used for data collection and reporting. Since the inception of the partnership in 2012, the programme has consistently provided SRH/HIV services to more than 4,000 female sex workers annually. This package of service includes: HIV testing, STI screening and treatment, provision of Prep and ART for the HIV negative and positive respectively, counselling and provision of contraceptive, male and female condoms and lubricants, cervical cancer screening and sexual gender-based violence response and management.

After about 20 years of intervention in Kenya, HIV prevalence among female sex workers has decreased. According to Dr. Ademola Olajide peer counselling and outreach, contraceptives, family planning services, alongside universal access to ART has contributed to this decrease.



A section of sex workers during an empowerment program by Nkoko Iju Africa a Mombasa based NGO. Photo: Peter Kombe



Susan Cheyech Alukulem,  
anti-FGM crusader in West  
Pokot County.

## A ray of hope in Baringo crisis: flood survivors get UNFPA Dignity Kits



Photo: A flood victim in Baringo receives a Dignity Kit from Dr. Ademola Olajide

Rain is usually a harbinger of good tidings and its coming is met with jubilation. People usually prepare their lands for the beginning of the planting season.

This was not the case for 12-year-old Kevin Kimante who found himself resident at Loropil Dispensary as an Internally Displaced Person (IDP).

Kimante's family is among more than the 700 families who have been displaced as a result of the heavy rains which have been pounding Baringo County since March 2020.

Life in the camp is an ordeal as the IDPs rely on well-wishers for their day-to-day necessities; a harrowing experience for individuals who were used to fending for themselves.

The rains swept away most of their property while houses and other structures were submerged in the water. Kimante lives at the IDP Camp together with his mother and four siblings among whom he is the oldest.

For the families in the camp, the biggest worry is how to put food on the table. It is entirely by dint of lack that a morsel of food provided by well-wishers would go down their throats.

### Rescue and Relief!

It was with great joy and a sense of relief that these families received the team the Kenya Red Cross Society (KRCS) to offer some essential support provided by UNFPA.

The team reached out to Kimante and his community

[www.kenya.unfpa.org](http://www.kenya.unfpa.org)

through integrated medical outreaches, peer to peer sessions, safe motherhood review sessions as well as dialogue days to discuss matters related to SGBV/SRH.

Between March and May 2020, the project was able to support girls, boys and women of reproductive age with 140 dignity kits which contain sanitary pads, panties for girls, body oil, soap, torch, slippers, underwear for boys, tooth brush and tooth paste. A total of 90 girls boys benefited from the kits.

Kimante could not hide his joy upon receiving his kit. He narrated how life in the camp can be challenging, making it near impossible to access even soap for personal hygiene.

Most of his clothes were swept away by the rains and he was happy to have new underwear. He is pensively aware that such things are now a luxury for his family and is grateful that in the midst of the hard times, he is able to a sense of dignity in his childhood.

He now does not have to walk barefoot. He is also able to help his mother to look after livestock when they go astray at night.

"We would get food and other non-food items like utensils but we have never received items like a torch, tooth paste, slippers, toothbrush, soap, under clothes and a bag. We sleep on a bare floor inside the Loropil ECD and at times we encounter snakes. This torch is of great importance. I will be able to use it to access the toilet at night. We are happy and see hope at the moment. I am looking forward to using my school bag when schools finally reopen," he expressed his joy.

## A mobile app that promises to improve reporting of family planning commodities in Kenya

Workers in health centres tasked with the reporting of the status of Family Planning commodities heaved a sigh of relief following the introduction of a mobile app known as QualiPharm. The mobile app promises to eradicate instances of poor data quality and delays in reporting while significantly reducing the workload since it will do away with the tedious paperwork that has been the norm within the health centres.

An initiative of Health Strat with support from the United Nations Population Fund (UNFPA), QualiPharm was piloted in Homabay County in June 2019 where 130 healthcare workers including commodity managers from 100 health facilities were trained on how to use the new reporting tool. The tool, a first of its kind following over a decade of manual reporting, has been described by Dr. Fredrick Okari as having significant benefits. Dr. Okari, a pharmacist at Suba County hospital in Homa bay, has used the manual reporting for 13 years. The mobile app will enable the health workers to collect, manage and use data more efficiently for decision making.

According to Health Strat Chief Executive Officer Dr. Andrew Nyandigisi, the advantage of QualiPharm lies in its ability to run on any android platform device making it easily accessible. Further, the application allows for real-time reporting and data synchronization thus commodity managers within

the health centres at the sub county, county and national levels will have an easier time coordinating their tasks while ensuring visibility and accountability.

Digitization of family planning commodities was arrived at following a 2018 assessment by UNFPA on the supply chain management challenges that were being experienced by health workers in nine counties. The assessment revealed that the lack of accurate data that was being experienced was due to multiple disintegrated health systems at the sub county, county and national levels. In addition, the manual paper-based reporting is tedious and many times, it results to delays in reporting.

Consequently, QualiPharm was developed through digitization processes of the manual Facility Consumption Data Reporting and Requesting (FCDRR) tool which is used by healthcare workers to report data on medicines for specific programmes such as family planning, malaria, HIV, and tuberculosis. The end result of the digitized process is the availability of timely and accurate FP commodity status data which is used to come up with rational orders thus averting stock outs. This ensures uninterrupted supply of FP commodities for effective service delivery. A quantitative evaluation that will measure the changes in the key indicators as a result of the innovation will be undertaken to inform scale up.

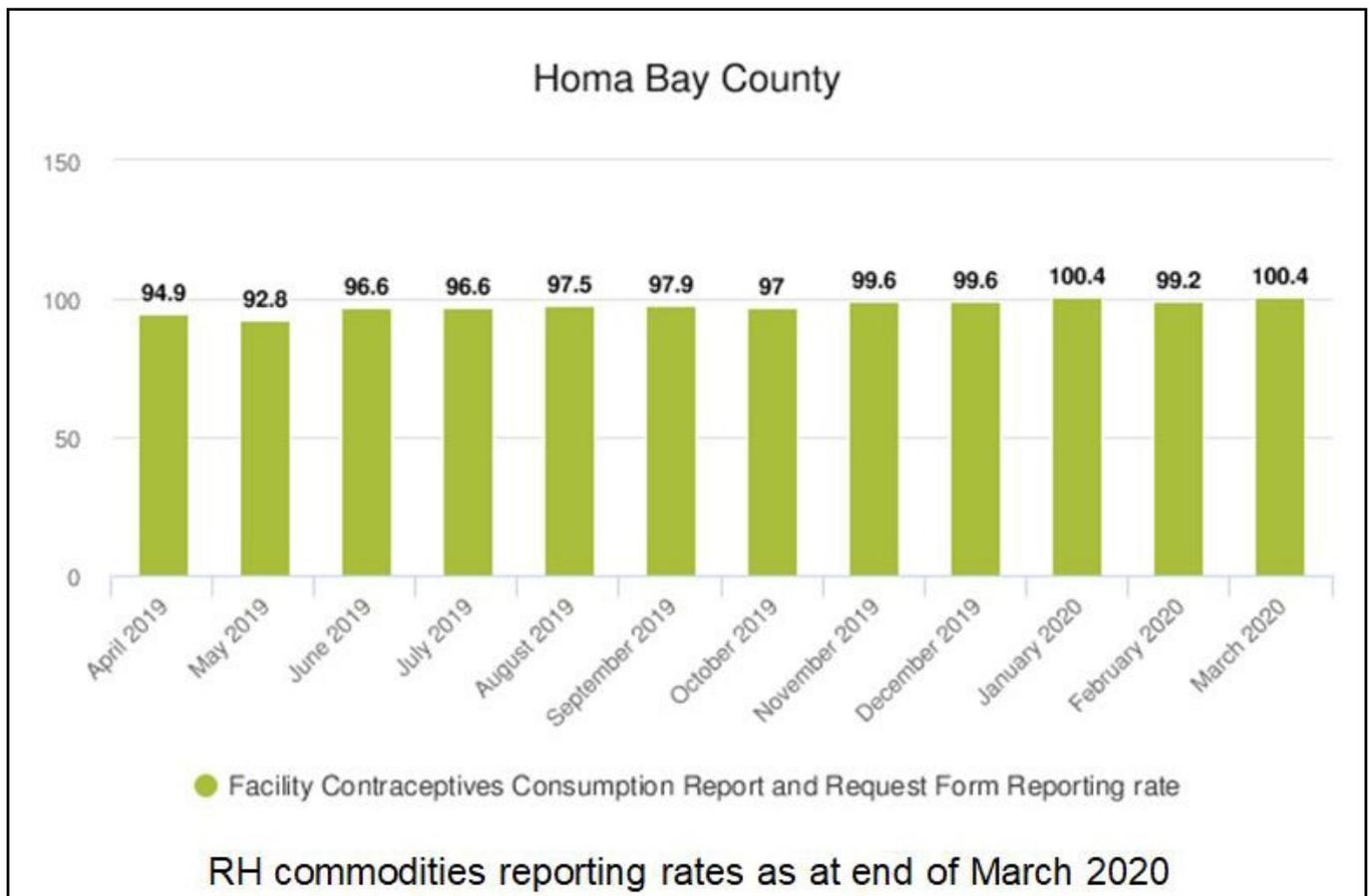




Photo: Dr. Osborne Olago, a Pharmacist at Rachuonyo District Hospital holding a tablet for reporting FP commodities

## Gains made by QualiPharm

### *I. Improved data visibility at last assurance*

Through QualiPharm, the amount and quality of data going into KHIS such as quantities received, quantities consumed and ending balances of each product at the sub-county level has increased. Using this information, commodity managers at the sub-county and county levels are able to monitor stock status of each commodity at the end of each reporting month hence increasing visibility of available stocks in the facilities which helps to inform decision making such as redistribution of commodities.

“Because of improved visibility on the status of commodities at facility level, I am able to see and make decisions on the facilities that need resupply of commodities, the quantities required and how soon they need those supplies.” Said Dr. Magdalene Ongas, County Pharmacist Homabay County

In Homa Bay County, data visibility has been enhanced through improved reporting rates from 92% in June 2019 to 100% as at end of March 2020 as per data on Kenya Health Information System.

### *II. Improved data quality for decision making*

The QualiPharm tool has an in-built data validation rule and a multilevel review and approval process which gives alerts for overstocking, wrong entries and irrational orders at the county and sub-county facilities. This has enabled the officers at the facilities to report accurate consumption data and ending balances onto KHIS for accurate forecasting and quantification to address actual needs hence reduce wastage of resources and avert stock outs and loss through expiries.

The improved availability of accurate data has led to informed decision making for commodity managers at the county, sub

county and facility levels. This includes; redistribution of commodities, order rationalization and targeted supportive supervision in the county. In addition, actual commodity needs for the county is available and hence accurate budgeting for commodities.

### *III. Reduced burden of reporting*

In Rachuonyo District Hospital, the tool has tremendously simplified the process of data collection and reporting while reducing transcription errors during data entry processes, according to Dr. Osborn Olago, a sub-county Pharmacist “With QualiPharm, there is less paperwork and filling of forms at the facility level. Initially, this presented a huge challenge due to the high number of reports submitted monthly to the sub county Pharmacist. Previously, once I received reports from health facilities, I had to again enter the data into District Health Information System, now I only get an alert that a report has been uploaded for review and click approve to upload data onto KHIS,” he observed. He added that travelling costs have reduced and the long hours spent delivering reports from dispensaries and health centres to the sub county hospitals are now a thing of the past.

### *IV. Integrated system*

Data from QualiPharm has been synchronized with the KHIS at the Ministry of Health and will also be linked with the Logistics Management Information System (LMIS) which is currently under development at KEMSA. The integration of QualiPharm into the national network has improved visibility of family planning commodities and quality of data from the sub-county facilities.

### Future Plans

Following the positive experiences reported in Homabay County, QualiPharm is currently being rolled out to Isiolo, Kilifi and Migori counties with over 250 health workers targeted for training on reproductive health supply chain including forecasting and quantification. UNFPA has donated 100 android tablets to facilitate health professionals to capture and transmit data in real time from health facilities onto QualiPharm.

In addition, counties have been called upon to take up the cost of internet bundles and maintenance of the gadgets in the next budget cycle. This is following reports by health workers that they do not have access to adequate data bundles and the tablets are prone to breakages thus hampering their reporting.

UNFPA country office is working with the department of reproductive and maternal health on the use of QualiPharm to improve reporting on family planning commodities at the health facility level. Hence, Scale-up of QualiPharm to other counties is significant to further strengthen the management and use of health commodities and improve the use of data for decision making at all levels of the health system.



## Provision of family planning commodities amid COVID-19

The COVID-19 pandemic is causing tremendous disorder to health systems around the world, disrupting global supply chain of essential reproductive health commodities and supplies, hindering access to family planning services and information for many women and girls of reproductive age.

Despite these interruptions, the United Nations Population Fund (UNFPA) ensures there's continuous supply of these essential reproductive health supplies and family planning commodities to the Government through the Ministry of Health in an effort to address the unmet need for family planning for women and adolescent girls.

Since the first Covid positive case was reported in March, UNFPA has donated assorted family planning contraceptives including 1.6 million female condoms, Jadelle Implants, DMPA contraceptive injection and levoplants.

The UNFPA Country Representative Dr. Ademola Olajide said the life-saving maternal health medicines and supplies will empower the health care providers to address unwanted pregnancy and childbirth complications consequently averting maternal deaths.

“This is part of the UNFPA’s support to the government in ensuring women and girls of reproductive age have access to sexual and reproductive health supplies including life-saving contraceptives during and even after the COVID-19 pandemic”, he explained.

Dr. Olajide further noted that the donation of family planning contraceptives including long term implants will assist nearly 200,000 couples to avert unintended pregnancies in the next twelve months.

So far, in 2020, UNFPA has secured \$1,863,071, in addition to the \$5,058,000 in 2019 to support the Ministry of Health to procure additional contraceptives.

Dr. Ademola called on women and girls who have attained the reproductive age to ensure that they continue to seek services in health facilities even during this Covid -19 periods.

The government has prioritized family planning as one of the central pillars of reproductive health through the Reproductive Health Programme and Wider National Health priorities as outlined in the Kenya Health Sector Policy and vision 2030.

To ensure family planning commodities are accessible to the last mile, UNFPA has mediated a public-private partnership between the Kenya Medical Supplies Authority (KEMSA) and Coca-Cola Beverage Africa with an aim to enhanced delivery of SRH (Sexual Reproductive Health) commodities to all parts of the country including those in hard to reach areas. This partnership leverages on Coca Cola’s expertise and use of their models to take essential medicines including RH (Reproductive Health) commodities closer to the community where they are needed most.

In addition, UNFPA has also partnered with Health Strat in the development of a mobile-based reporting tool known as QualiPharm for family planning commodities in health facilities at the county and sub-county level. This has led to improvements in quality of data and increased visibility on the status of commodities at facility level.

According to the Kenya Demographic Health Survey Report 2014, the Contraceptive Prevalence Rate among married women has increased from 46 to 58 percent while there is a decline in unmet need for family planning from 26 to 18 percent in the last decade.

The report also indicates a decline in total fertility rate from a high of 4.6 to 3.9 percent on women and girls.

Speaking during a handover ceremony of reproductive health commodities and Personal Protective Equipment (PPEs) at the Ministry of Health, Dr. Ademola noted that access to family planning commodities is crucial for saving lives as well as attaining the demographic dividend and stimulates economic development.

“By enabling individuals to choose the number and spacing of their children, family planning has allowed women, and their children, to live healthier, longer lives.” He added.

Photp: UNFPA Supplies in the central stores at the Kenya Medical Supplies Authority (KEMSA)



## RMNCAH in Isiolo and Marsabit Counties



Photo: Dr. Ademola at Isiolo County Referral Hospital

**G**irls and young women faced significant barriers in accessing essential sexual and reproductive health information and services before the COVID-19 crisis.

Now, amid a pandemic that is straining even the most robust of healthcare systems, there is a real risk that these rights will move even further from reach.

Kenya has already documented a decline in uptake of essential RH services since the onset of the pandemic as a result of containment measures and restrictions imposed on movement.

There is therefore need to strengthen delivery of essential sexual and reproductive health services including through outreach and mobile clinics to the most vulnerable populations during the pandemic and ensure the supply chain for essential RH commodities including contraceptives is not disrupted for avoidance of stock outs at the last mile.



Photo: Incubators donated by UNFPA at at Marsabit Hospital



Photo: Marsabit County Referral Hospital



Adolescent girl after receiving a dignity kit in Mukuru Kwa Njenga

# Op-Ed: COVID-19 Pandemic: Redefining the health system in Africa

The COVID -19 pandemic has drastically challenged and strained health systems worldwide. All components of the health delivery architecture - from human resources to physical infrastructure - have been severely tested as morbidity and mortality caseloads, unfortunately gallop. As the pandemic continues to evolve and the numbers trickle in, we are not just learning about the fatalities and survival, but also about redefining our healthcare systems.

The Western societies are experiencing the heaviest of the unprecedented effects yet they host advanced health care amenities and have established economies. A report released early March 1 called on leaders in Africa to prepare for worse but on the contrary, the continent appears to be gradually reaping benefits of policy decisions taken some years back. For instance, the Abuja 2001 Declaration 2 urges African governments to step up allocation of at least 15 per cent of the national budget to the improvement of the health sector. Countries that have achieved this target are also among those with the lowest COVID-19 confirmed cases. Fortunately, even such countries have shown impressive resilience against the pandemic. These outcomes go a long way in showing that when it comes to investing in health systems, it is not just about the proportion allocated, but rather the efficient use of the dedicated amount.

An additional policy decision is the establishment of the Africa Centre for Disease Control (Africa CDC). Since inception, Africa CDC has played a vital role in global health, responding to the world's most deadly disease outbreaks and advancing critical research that promotes health and security of communities in Africa. The institution is leading the fight against coronavirus in Africa based on the systems established and lessons garnered during the Ebola epidemic in West and Central Africa. This has enhanced the capacity of the continent to benefit from coordinated technical guidance adaptable to the socio-economic and political realities of the AU Member States. Evolution of Africa CDC led to the establishment of Regional Collaborative Centres 3 through which Africa CDC and strengthens the capacity and capability of Africa's public health institutions to detect and respond quickly and effectively to disease threats and outbreaks, based on data-driven interventions and programmes.

African Union (AU) Agenda 2063 is yet another policy-related milestone contributing to the Goal 3 under Aspiration 1 of AU Agenda 2063 identifies health as a key pillar of continental development priority. The adoption of this priority has taken place at the regional level, and continues to be embraced by AU Member States at the national level. Countries like Kenya have identified health as a key pillar in national development priorities dubbed the "Big Four Agenda". Other components of the agenda include manufacturing, housing and food security which favorably correspond with achievement of health outcomes. Mainstreaming healthcare into national development blueprints is a discernible contributing factor

to the transformation in the disease vulnerability narrative in Africa.

The pandemic is still evolving, making response challenging and largely experimental as no health system was established to anticipate the experience of responding to a highly contagious pathogen with extremely slowed down supply chain pathways and reduced contact-based service provision. In addition, the restrictions of travel within the continent have severely hampered the ability of countries to balance demand and supply of healthcare services and the Africa CDC to provide onsite, hands-on technical assistance. All the same, we must continue to reflect on what is working in different African countries, and how this can be leveraged on to improve the outcome in Africa.

Egypt, South Africa, Algeria, Morocco and Nigeria are among the top five countries having a higher infection rate in Africa. However, it is important to note that testing capacities and regimen have been varied across the continent, while being significantly much lower than those of the West. In order to catch up, the African Union Commission and the Africa Centres for Disease Control and Prevention (Africa CDC) have launched a new initiative, the Partnership to Accelerate COVID-19 Testing (PACT): Trace, Test & Track (CDC-T3) 4 . The partnership is to facilitate implementation of the Africa Joint Continental Strategy for COVID-19, endorsed by African Ministers of Health on 22 February 2020 in Addis Ababa, Ethiopia, and approved by the Bureau of the Assembly of the African Union Heads of State and Government on 26 March 2020.

Swift decisions by countries like South Africa, Rwanda and Uganda to institute stringent COVID-19 containment measures enhanced the capacity of health systems to cope. The focus in such countries has been on strengthening public health interventions, improving access to COVID-19 testing services, expansion in social protection and visible national leadership by the respective Heads of State. In the countries previously afflicted by experiences of epidemics like Ebola in West and Central Africa, already institutionalized responses to health emergencies, including at the community level. The established practices such as hand hygiene, respiratory etiquette and physical distancing as part of the public health system fairly normalized transitioning to COVID-19 measures.

Leadership by the African Union (AU) has been integral to the growing success story on a continent traditionally depicted as politically fragile, poverty stricken and disease burdened. The continental body has been emphatic on preparedness and prioritizing mechanisms to strengthen health systems for effective response to the pandemic. The AU Chairperson, President Matamela Cyril Ramaphosa, looking beyond the response into the prism of recovery and growth, appointed five Special Envoys to support the continent to stem COVID-19. The five Special Envoys are: Ms. Ngozi Okonjo-Iweala



economic empowerment, is critical. That is why the African Union Member States adopted in 2016 the Africa Health Strategy (2016-2030) 5, which provides them the strategic direction in their efforts in creating better performing health sectors, recognizes existing continental commitments and addresses key challenges facing efforts to reduce the continent’s burden of disease mainly by drawing on lessons learned and taking advantage of the existing opportunities. Its strategic directions require multi-sectoral collaboration, adequate resources along with leadership to champion its implementation and ensure effective accountability for its results. African leadership must deliberately choose to rethink and strengthen health governance, promotion of regional integration, and broadening partnerships for health as important now more than ever before in the context of the Africa Health Strategy (2016-2030). The Africa Health Strategy (2016-2030) reinforces other continental policy framework on health such as the Sexual and Reproductive Health and Rights Continental Policy Framework and its revised Maputo Plan of Action 2016–2030. Given the demographic profile of the continent and its member states, guaranteeing sexual and reproductive health, and rights, must be an integral component of national and continental priorities. The implementation of the AU Maputo Plan of Action (MPOA 2016 – 2030) and ICPD-25 national commitments by AU States is germane.

In addition, the uncertainty about the critical need for a skilled and motivated human resource has been answered by the Covid-19 desperation. Africa must invest in growing a competent and inspired health workforce to acquire the capacity for resilience during unprecedented pandemics like COVID-19.

As Africa responds to and surmounts the COVID-19 pandemic, it must interrogate the conventional definitions and boundaries of the “health system” while taking into serious consideration what is working for the continent during this race to the eradication of the pandemic. The social fabric of societies that has served to reinforce the obvious weaknesses in health infrastructure, need to be strategically and deliberately strengthened.

A paradigm shift in health financing models in Africa is urgent – and attainable. There is need to pragmatically align the continent with the health priorities under Sustainable Development Goals and her own Agenda 2063. The continent should incline towards technological solutions that make healthcare available, accessible, affordable and inclusive while rewarding investors sustainably.

By Dr. Olajide Ademola (UNFPA) and Dr. Dr. Benjamin Djou-dalbaye (Africa CDC)

from Nigeria, Donald Kaberuka from Rwanda, Mr. Tidjane Thiam from Cote d’Ivoire, Mr. Trevor Manuel from South Africa and Mr. Abderrahmane Benkhalfa from Algeria. Understandably, an assertion that Africa is out of the woods with regard to the devastating effects of COVID-19 would be severely premature. It was envisaged that countries in the low resource settings especially in Africa would be overwhelmed by the COVID-19 pandemic. The Chairperson of the African Union Commission (AUC), Moussa Faki Mahamat, has urged for more resource mobilization efforts, unity and responsibility. He cited the weak health infrastructure and underdeveloped technical capacities in most of the African countries as worrying.

Disparities are evident across regions and within countries. Therefore, the unique nature of social, economic and cultural experiences in Africa requires homegrown solutions to the pandemic. African governments have been cautioned against replication of COVID-19 response and mitigation models on the basis of their viability in developed countries. Falling back on south–south experiences in handling the pandemic could be more feasible. Fundamentally, though, no intervention can be copy-pasted between countries or regions.

Addressing the need for long-term sustainable and comprehensive strategies on the social determinants of health – education, housing, water, food, gender inequality,

John Wafula, UNFPA  
Humanitarian Specialist  
displaying contents of a  
Dignity bag



## Op-Ed: Menstrual health needs don't stop during pandemics

Despite being an important issue concerning women and girls, Menstrual Health Management (MHM) is often overlooked within the framework of national development strategies and more so in pandemic response. Menstrual Health is not a standalone issue. It impacts directly on other issues such as access to education, food security, economic opportunities and reproductive health. This pandemic and/or the response to it has worsened inaccessibility to water, sanitation and hygienic menstrual products. These challenges are further augmented by an economic meltdown that has significantly affected the populations in informal settlements with women losing their livelihoods that allow them to access necessities such as sanitary products. Consequently “period poverty” is already a reality for women and girls living in poor and marginalized communities, emergency and humanitarian contexts, incarceration facilities, who have special needs or disabilities and/or facing other barriers.

With current restriction measures to contain COVID-19, product availability for girls who rely on the government supplies distributed through the school system has been affected.

The initial draft of the MHM Bill raised fears that groups of individuals who also needed to benefit from the service by the government would be left behind, as it provided only for girls who were already in school. It left out vulnerable groups that included girls who were out of school, women with disabilities, those enrolled in detention facilities and refugees. In November 2019, the President in a landmark move, addressed the inclusion concerns and approved a more inclusive MHM Policy.

In order for the Menstrual Health Management Bill to be progressive and implemented successfully, a multi-stakeholder approach is key. From media practitioners to academics, civil society, digital influencers, public servants and community leaders, it is crucial that all agencies band together to push for an approach that ends stigma and ensures access to period products. It is a human right and failure to provide this access infringes on the rights of women and girls.

Menstruation is a normal biological process experienced by half of the world's population for a significant part of their lives. Menstruation is not just something mothers, sisters and their partners have to deal with once a month. It is at the very core of sexual and reproductive health and rights. Millions of women and girls struggle to manage their monthly menstruation safely, comfortably and with dignity. Menstruating girls and women face inadequate access to water and sanitation facilities, while they may lack the most basic materials needed for managing blood flow, such as menstrual and other relevant hygiene products. Privacy, in informal communities is often scarce, and when toilets are available, they often lack locks, functioning doors, lighting and separa-



A section of adolescent girls who received Dignity packs donated by UNFPA through IRC in Kakuma Refugee Settlement

tion by gender.

It is imperative that girls, women and all who menstruate are provided with the necessary information, resources and support to manage their menstrual needs throughout the lifecycle- from menarche to menopause including in times of crisis like the COVID19. However, menstrual health remains a silent issue locally, where (poor) access to menstrual health management for girls, women and other people who menstruate is negatively influenced by social norms and hinders their daily activities, leads to stigma and discrimination, and has negative implications for their sexual and reproductive and mental health. Deliberate effort must be made during COVID19 to alleviate the impact of period poverty on all who menstruate.

In Africa, efforts to improve policy dialogue, knowledge management, partnerships and coordination of menstrual health management across the continent are advancing, with some results being realized in countries such as Kenya, Lesotho, Rwanda, South Africa, and Zimbabwe announcing the removal of Value Added Tax (VAT) on menstrual products; and the adoption of national standards for menstrual products in Uganda and South Africa. These actions ensure dignity for every woman and girl as they menstruate and create an enabling environment to harness the optimal contribution of 50 percent of the national human capital.

Improved menstrual health and hygiene will therefore not only benefit those who menstruate, but entire societies across generations. We call upon all actors to prioritize Menstrual Health Management. The voices of women and girls must reverberate collectively in all spaces mobilized for the COVID-19 response and the post-COVID socio-economic reconstruction.



Anti-FGM sensitization community meeting at Mata village, Taita Taveta

## Perpetrators of female genital mutilation turn to infants in Taita Taveta

It is Monday afternoon and the residents of Mata village in Taita Taveta County have gathered under a shade to avoid the scorching sun. Also, in attendance are county and national government officials led by the Chief Administrative Secretary in the Ministry of Public Service, Gender Rachel Shebesh as well as UNFPA Kenya officials led by UNFPA Representative Dr. Olajide Ademola.

They all gaze as Habiba Suleiman, a midwife at Taveta Sub-County Hospital, explains a matter all so familiar to her heart. The pain is written all over her face, as she turns the opposite direction, to wade off the overwhelming emotions.

'It is very painful when you see infants barely a week old are brought to the health facility in pain after undergoing Female Genital Mutilation (FGM).' 'Some have died due to excessive bleeding while scores of others have to grapple with health-related complications after being subjected to the harmful practice.' Her sentiments are echoed by the CEC Gender Laban Mwashighadi who said that despite the enactment of the Prohibition of Female Genital Mutilation Act 2011, female genital mutilation (FGM) is still widespread in Taita Taveta County, with infants who are barely a-week old being cut behind closed doors, especially in rural areas.

### Findings

The revelations appear to validate the findings of a recent study by the Ministry of Public Service and Gender which indicate that 61.3% of infants under the age of 5 years have been subjected to FGM in the County. In

addition, 22 percent of children aged between 5-9 years and 11.1 percent of children aged between 10-14 years have been subjected to the cut.

Areas listed as FGM hotspots in the county include Mata, Kitobo, Salaita, Timbila, Olkug, Ngutini, Eldoro and Marodo, all in Taveta Sub-County, while in Taita Sub-County the practice remains prevalent in Sagalla and Kasighau.

In Kenya, FGM is illegal and carries a minimum punishment of three years in prison or a fine of not less than Ksh200,000 or both.

### Approach

'We need to focus more on raising awareness on the dangers of FGM and challenging the ingrained ideas of the procedure as a cultural necessity.' And this is what she has done in her bid to push for change. Popularly known in the community as Mama Najma, the medical practitioner frequents public meetings. Here, she spreads her tentacles and has become a fearless anti-FGM crusader.

Although the practice still continues unabated, she has made sure mothers and the community at large, are aware of the negative effects of FGM.

'They are aware that FGM contributes to severe bleeding and health issues including cysts, infections, infertility as well as complications at childbirth and increases the risk of newborn deaths. In addition, women have longer, riskier deliveries, which can result in tearing during

childbirth.’

At first, she says she faced resistance from the community which highly regards the conservative norm.

‘But this only served to strengthen her resolve. She began to engage anti FGM activists and with support from the United Nations Population Fund (UNFPA), they have become a force to reckon with in the fight against retrogressive vices in the community,’ she explains during the interview.

### Turnaround

‘Together, we have continued to speak for the voiceless and inspire the people to discard cultural practices that reinforce barriers to behavioral change.

The midwife takes credit for training young girls to become agents of change and break the cycle of destructive cultural practices.

Today Suleiman works with the community to protect infants, support girls and enforce laws to make sure violations are adequately addressed.

She is upbeat that the new directive by the Chief Administrative Secretary in Ministry of Public Service and Gender Rachel Shebesh, that all children visiting health facilities in the County must be subjected to health checks to establish if they have undergone the cut, will yield better returns.

‘This is a huge milestone in the Anti- FGM campaign and will make it easier for medical practitioners to hold

abusers to account.’

Shebesh issued the directive as she toured of Kimala, Mata and Bura Ndogo villages which have been listed as areas with high prevalence of FGM in the county.

The tour was in pursuant of revelations by leaders in the county that perpetrators had changed tact and were now targeting infants, a trend that had resulted in countless deaths and contributed to the rising prevalent rate.

The Chief Administrative Secretary was emphatic that parents of the affected children will face the full force of the law. Further chiefs and their assistants will not be spared in the on-going crackdown to stem the vice.

The chiefs were also directed to ensure that they visit households in which infants have been born and follow up to ensure their safety. And security. At the hospitals, the CAS also tasked the health personnel to check children when they are taken for immunization to verify if they have been cut. Furthermore, the law was also read to the communities implying offences and penalties applicable to the perpetrators.

The Chief Administrative Secretary asked security officials, chiefs and village elders to identify culprits and hand them over for prosecution, adding that ignorance is not an excuse to break the law.

In a separate interview, the UNFPA country representative Dr Ademola Olajide stated that the agency is working closely with the relevant government institutions both at the County and national levels to address the issue of GBV and harmful practices which have found a way to creep back because of the COVID response.



“It is very painful when you see infants barely a week old are brought to the health facility in pain after undergoing Female Genital Mutilation (FGM)”

Photo: Chief Administrative Secretary, Rachael Shebesh during anti-FGM campaign in Taita Taveta.

## Stemming the Surge in Taita Taveta

The COVID19 restriction measures urging people to stay at home and closing schools has been used by cutters to carry out the retrogressive practice of FGM in homes.

During the first week of July, the Chief Administrative Secretary in the company of the county leadership and Ministry officers engaged the National Government Administration Officer on His Excellency the President's vision and commitment to end FGM in Kenya by 2022.

They were accompanied by a team led UNFPA Kenya Representative Dr. Olajide Ademola. The objective of the meeting was to engage National Government Administration towards accelerating the President's commitment and campaign, addressing the chiefs and assistant's chief towards delivery of this promise. The meeting was attended by youth, NGAO, elders and spiritual leaders, youths, chair of Maendeleo ya Wanawake, representation from the Country Government and Country Medical Professionals.

During the engagement with the County leadership, it emerged that practice of FGM in Taveta was being performed on infants and had resulted in countless deaths as stated by an elder.

The Gender Director, Taita Taveta highlighted that the while the practice reflects low percentages the practice is still exercised in secrecy with the infants as young as a month-old baby being victims. This has resulted in the death of infants in the county due to excessive bleeding among other health-related

complications. His sentiments were echoed by the CEC Gender and the Taita Elder present during the meeting. The FGM hotspots in the county include; Mata, Kitobo, Salaita, Timbila, Olkug, Ngutini, Eldoro and Marodo, all in Taveta Sub-County, while in Taita Sub-County the practice was prevalent in Sagalla and Kasighau.

The meetings sought to engage the community on this emerging trend of FGM on infants that disenfranchised them of an opportunity to health growth. During the meeting the Chief Administrative Secretary laid emphasis on this grave violation on the rights of the child noting that, the Government has a constitutional responsibility to protect the rights of the child. The CAS reiterated that parents, guardians, relatives and local administration that violate the law in the pretext of culture are in violation of the law.

Dr. Olajide on behalf of UNFPA Kenya made a commitment to organize Community wide local meetings in three localities villages to be identified by the Gender Director liaising with the County Commissioners office.

The CAS further asked the Gender Sector Working Group and County Government Leadership to support the development of a bill to further enhance the Anti-FGM Law and provide intervention on the practice.

Taita Taveta County is considered one of the 22 FGM Hotspots in the country going by the 2014 KDHS publication that revealed the following worrying FGM statistics.





## Standing for girl child, the story of Chief Lekamparish

Lekamparish is an assistant chief in Samburu central in Logarete in Lorroki division a very remote area where harmful cultural practices are practiced. At some point girls would undergo FGM as everybody watched. They would then be married off. Very few girls would complete their primary school level education.

Since his engagement with World Visions, UNFPA supported programme, there has been a turn around with more girls being protected from the harmful practice and having access to education.

Lekamparish initiated 'Biniti Shujaa.' The initiative ensures that those girls who drop from school due to pregnancies get the chance to go back to school. He has so far enrolled back 6 girls in primary school, 6 girls in secondary and 2 girls in polytechnic school.



Jackline Letlipa rescued from child marriage got from chiefs friend who works with children peace initiative

The initiative has rescued girls from early marriages and stopped FGM in the area. He also mapped all circumcisers in his area and took the bold step of visiting them in their homes to ensure that they are aware of the law on FGM and that they have stopped cutting girls.

During this COVID19 period and amidst mass circumcision of boys and taking advantage of the situation, in his area Logorate, Lekamparish has ensured that there is no girl that has undergone the cut. With the support of UNFPA and World Vision he is managing to secure the future of girls.

Here some of the girls he has rescued.



Ranteni Lenampuny rescued from child marriage now at falling waters Nyahururu

### KCO Highlights for August

- 5th : Launch of the Generation Unlimited Initiative by HE the President
- 6th : UNFPA Fursa vs Virus innovation challenge winners will be unveiled
- 10 -14: Mission on Population and Data to Migori/Homabay
- 10 -14: CAS Mission to Elgeyo Marakwet and West Pokot Counties
- 12th : International Day for the Youth
- 12 - 18: Clitoral pinching documentation
- 13th : Engaging men and boys to end harmful practices
- 24 -28 : Mission to Kakamega on SRH/GBV and Disability

# PICTORIALS



## Photos

1. Courtesy call to the Deputy Governor of Marsabit County HE Solomon Gubo
2. Equipment provided by UNFPA towards maternal and child health in Marsabit county
3. Community sensitization and anti-FGM campaign in Taita Taveta
4. Distribution of dignity kits in Baringo by Redcross and UNFPA.
5. Dr. Ademola engaging with the youth at Kilifi Referral Hospital
6. Chief Administrative Secretary Hon. Rachael Shebesh with adolescent girls from Mata Village in Taita Taveta after distribution of Dignity Kits

# Protect Children from harmful cultural Practices



For further information,  
please contact:

Tom Ogola,  
Communication Specialist,  
UNFPA Kenya,  
E: [togola@unfpa.org](mailto:togola@unfpa.org)  
T: +254 722-863-552

John Wafula,  
Humanitarian Specialist,  
UNFPA Kenya,  
E: [wafula@unfpa.org](mailto:wafula@unfpa.org)  
T: +254 722-310-320



@UNFPAKen



UNFPAKen

[www.kenya.unfpa.org](http://www.kenya.unfpa.org)