Ensuring access to sexual and reproductive health services even while health systems grapple with the Covid-19 pandemic requires strong partnerships across sectors and organizations. Strengthening development and poverty eradication demands a focus on sexual and reproductive health and women empowerment, while reaching those who are most in need.

UNFPA continues to work with the government of Kenya and local partners to deliver sustainable programmes that impact a range of populations including women and girls, adolescents, youth, and persons with disabilities. Our work has focused on safeguarding access to comprehensive sexual and reproductive health and rights services, information, and supplies while ensuring women and girls have the skills and tools required to manage their lives and realize their potential.

In the period since our last newsletter, UNFPA has released two critical reports that show much more needs to be done to achieve gender equality and in realizing the transformative goal of zero preventable maternal deaths. The State of the World Population Report 2021 revealed that many women are still not empowered in making decisions about their bodies. This lack of bodily autonomy has massive implications beyond the profound harms to individual women and girls: potentially depressing economic productivity, undercutting skills, and resulting in extra costs to health care and judicial systems.

The 2021 State of World’s Midwifery Report also shows that an acute shortage of midwives is exacting a terrible global toll in the form of preventable maternal mortalities and morbidities. These include obstetric fistula, a condition which can be prevented through provision of comprehensive sexual and reproductive health services. The continued under-resourcing of the midwifery workforce is a symptom of health systems not prioritizing the sexual and reproductive health needs of women and girls, and not recognizing the role of midwives to meet these needs.

We are pleased to share with you this newsletter with stories that show the real-life impact of UNFPA programmes on the lives of women and young people in Kenya. UNFPA remains committed to supporting country-led development and to working with the Government of Kenya in realizing a demographic dividend that can propel the national economy forward as we strive to realize vision 2030.

Dr. Ademola Olajide
UNFPA Representative
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His Excellency President Uhuru Kenyatta has unveiled a new plan aimed at accelerating progress towards gender equality and ending gender-based violence in Kenya by 2026. The policy brief titled “Kenya’s Roadmap to Advancing Gender Equality, Ending All Forms of Gender-Based Violence and Female Genital Mutilation by 2026” was presented during an event to mark the national launch of the Generation Equality campaign, as a build up to the global Generation Equality Forum to be held in Paris in June, 2021.

The commitments include an increase in funding for gender-based violence prevention and response through the allocation of US$ 23 million by 2022, with plans to progressively increase the amount to US$ 50 million by 2026. The roadmap also outlines measures to strengthen research and innovation for evidence-based policy formulation and programming on GBV and FGM. The 2022 Kenya Demographic Health Survey will feature a module on gender-based violence that will inform the development of a national GBV management and information system.

Services to GBV survivors will be enhanced and scaled up through the integration of medical, legal, and psychological support services into the universal health coverage package by 2022. GBV recovery centers and shelters will also be established in all 47 counties by 2026. President Kenyatta also announced that the government will ratify and implement the International Labour Organization (ILO) Convention 190 on eliminating Gender-Based Violence (GBV), and harassment in the workplace by 2026.

“We will continue to use our leadership as the chairperson of the East African Community and chair of the African Union Peace and Security Council to galvanize political commitment from African Union Member States to safeguard women and girls from gender-based violence,” said President Kenyatta.

United Nations Resident Coordinator in Kenya Dr Stephen Jackson commended Kenya’s leadership
for efforts made to empower, engage, and promote women. “We simply will not reach sustainable development unless women achieve their full rights and enjoy the space to contribute their vision, perspective, energy and expertise,” he said.

The Generation Equality event served as an opportunity to advocate and reaffirm the importance of the ICPD Programme of Action for achieving Gender Equality, within the context of the Sustainable development goals, the Decade of Action, and COVID response and recovery. “As a country, we must continue to work towards improved access to quality sexual and reproductive health services, while addressing gender norms that drive harmful practices such as FGM,” said UNFPA representative Ademola Olajide.

UNFPA will co-lead the Action Coalition for Bodily Autonomy and Sexual and Reproductive Health and Rights, along with Argentina, Burkina Faso, Denmark, France, North Macedonia and other partners. As co-leaders, UNFPA will champion issues such as upholding the right to sexual and reproductive health and care including family planning, advocating for safe birth and maternal health, eradicating gender-based violence and harmful practices and endorsing comprehensive sexuality education.
Photo: Dr. Ademola Olajide, UNFPA Representative and Editar Ochieng, founder, Feminists for Peace, Rights, and Justice Center (FPRJC), showcase the Femi Ng’arisha detergents at the launch, in Kibera, Nairobi.
Soap making initiative aids in Covid-19 economic recovery and fight against gender-based violence in Kibera

Eunice Ajiambo lives in Gatwekera, one of the thirteen villages that make up Kibera, Africa’s largest urban informal settlement located in Kenya’s capital, Nairobi. She is a single mother of four daughters and a survivor of gender-based violence. “I was a housewife, depending on my husband for everything, and life was hard because money was the biggest cause of conflict in our relationship. I left my marriage after I could no longer endure the abuse,” she says.

Following her separation, Eunice set out to do odd jobs to make ends meet, before settling on a career as a welder and painter in the male dominated construction industry.

When Covid-19 struck, many construction sites were closed down, and Eunice lost her source of income. “Workers were required to live within the construction site during lockdown, in shared accommodation facilities. As the only woman in the team, I was not comfortable with this arrangement. I also had to take care of my children aged between 5 and 15 years, as I am their only caregiver, and therefore could not work away from home.”

Eunice is amongst 200 women who are receiving training on income generating skills under the Tujijenge Tujilinde Project (meaning let’s build and protect ourselves), an initiative of UNFPA with funding from a Japanese company, Meiji Holdings Co., Ltd. The project focuses on training women on income generating skills to restore livelihoods and guard against gender-based violence. In implementing this project, UNFPA has partnered with the Feminists for Peace, Rights, and Justice Center (FPRJC), a community based organization in Kibera, and the African Gender and Media Initiative Trust (GEM) to provide hands-on training and business mentorship to the women who are beneficiaries of the project.
A study by UNFPA, UN Women, CARE International and Oxfam on the gendered impact of Covid-19 in Kenya in 2020 showed that women are bearing the brunt of the economic and social impact of the COVID-19 pandemic. Women from poor and marginalized communities like Kibera face even greater challenges attributed to loss of livelihoods and compounded by increased violence and tension in the home. This is evident from the stories told by beneficiaries of the Tuji-jenge Tujilinde Project, who now hope to recover economically by learning a new skill.

25 year old Millicent Ochieng worked as a domestic worker earning Kshs 500 ($5) a day, before being let go by her employer in the aftermath of the pandemic. “Since Covid-19 was announced, people are afraid of employing househelps from informal settlements. They think that we are carriers of the disease,” she says. Millicent’s husband also lost his job due to the pandemic, and she is excited at the prospect of earning income from soap making to support her family of five. “Everyone can make bar soap, but liquid soap is a unique product. I plan to focus on making hand wash which I can sell within Kibera to encourage hand hygiene during this period,” she says.

Through the training, the women have been able to develop a line of branded liquid soap products known as “FemiNg’arisha”, with “Ng’arisha” being a Swahili word meaning “to clean and shine.” The women have established a store within Kibera where they plan to sell the soap, in addition to door-to-door sales and product placement in shops and supermarkets. FPRJC founder Editar Ochieng says the income generating project will help guard against gender-based violence (GBV) for many at risk women enrolled in the programme. “These women need the means to stand on their own two feet economically, which is what the project provides. Our organization also works to offer psychosocial support to them and to other women and girls in Kibera, which reinforces their confidence and ability to respond to and prevent GBV,” she said.

The FemiNg’arisha line of products includes Feminga’risha Multipurpose Detergent Soap, Feminga’risha Bleach, Feminga’risha Disinfectant Soap, Feminga’risha Dish Wash, Feminga’risha Hand Wash, Feminga’risha Stain Remover, and Feminga’risha Shampoo.

UNFPA’s strategic vision is to attain zero levels of gender based violence and harmful practices, preventable maternal deaths and unmet need for family planning. Women’s economic empowerment has the multiplier effect that guarantees the autonomy of women in decision making and agency, thus reducing vulnerability to violence and strengthening their maternal health outcomes. “Economically empowered women have improved chances of negotiating and safeguarding their choices in regard to sexual and reproductive health rights and protection risks,” said, the UNFPA Kenya Representative. Dr. Olajide.
Vocational training offers new opportunities and life skills for young women in Kibera

After becoming a mum at the age of 18, Dorothy Akoth had to set aside plans of furthering her education in order to take care of her newborn son. “I was unable to find work because I lacked skills and could barely feed my child or afford personal items,” says the now 21 year old resident of Kenya’s largest informal settlement, Kibera.

Twenty year old Mikaela Koki’s plans to study tourism management at a local college were shattered when her mother was laid off from work in the wake of the Covid-19 pandemic. “I also lost my job as an assistant at a cyber cafe, and we could no longer come up with the fees required,” she says. A report on the effects of the Covid-19 pandemic undertaken by UNFPA and partners shows that a disproportionate number of women reported a loss of jobs as compared to men. More than 90% of women and girls polled reported that they could not access menstrual hygiene products due to the loss in income, with those living in urban informal settlements being most affected.

UNFPA partnered with a Kibera-based organization, Polycom Development Center, to help mitigate the impact of the pandemic, first by distributing dignity kits that contain essential hygiene products to women and girls living in the informal settlement. In order to provide a more sustainable solution to the loss of livelihoods, young women from vulnerable households such as Koki and Akoth were supported to undergo vocational training in courses such as tailoring, beauty, and pastry arts skills.
Lavender Mobe chose to take up tailoring, and the nineteen year old has been working as an apprentice at a local shop making reusable face masks. “I learnt how to cut cloth and sew garments, and now I can make a variety of items such as school uniforms and cloth masks,” she says. Each mask retails for about Kshs 50 (approx $0.50), and demand is high for the protective facial covering.

While Akoth chose to pursue pastry arts, Koki enrolled in a hair and beauty course, and has since established a mobile nail spa offering manicures and pedicures at Kshs 100 ($1) per treatment. “I average up to three clients a day and can make between Kshs 5,000-7,500 ($50-75) a month. I am using the money to buy personal items as I save a little for school fees,” she tells UNFPA.

“Many parents were left with a feeling of helplessness during the pandemic as they could not afford to take their girls to school. The fear was that with nothing to do, they would fall into vices and be at risk of teenage pregnancy,” says Polycom Founding Director, Jane Anyango.

The training has provided 40 young women with income generating skills, as well as life skills mentorship on personal development and well-being. “I feel empowered and I hope to use my skills not only to better myself but also my community,” says Akoth.

Photo: Dorothy Akoth and Vivian Akoth brush up on pastry making skills at Olympic Vocational Training Centre, Kibera.
This year’s International Day of the Midwife was marked under the theme “Follow the Data, Invest in Midwives.” UNFPA joined celebrations held at the Makueni Mother and Child hospital to honor the essential care that midwives provide to millions of mothers and newborn babies across the country.

Midwives have been working hard to ensure safe births even in the midst of a global pandemic, sometimes putting their own health at risk to deliver services. Regina Kyalo, a midwife at the mother and child hospital says the facility oversees nearly 300 deliveries a month. With a staff of 42 midwives, it can get quite busy, but she is glad to work at the facility for one reason. “When you work in a dedicated mother and child facility, your sole focus as a midwife is ensuring healthy pregnancies and deliveries. At a general hospital, you may sometimes be called away for other nursing duties, which creates a shortage of midwives,” she says.

The State of the World’s Midwifery (SoWMy) 2021 shows that there is a global shortage of 900,000 midwives, which represents a third of the required midwifery workforce. The COVID-19 crisis has only exacerbated these problems, with the health needs of women and newborns being overshadowed, midwifery services being disrupted and midwives being deployed to other health services.

“Qualified midwives can deliver about 90 per cent of the essential sexual, reproductive, maternal, newborn, and adolescent health services, but currently Kenya records a minimal 0.4 midwives per 10,000 population,” says UNFPA representative Dr. Ademola Olajide. WHO recommends 23 nurse/midwives and doctors per 10,000 population.

Makueni county is working to address the shortage, and according to governor Prof. Kivutha Kibwana, the number of midwives in the county has increased from 313 in 2013, to the current 776 midwives. “We recognize the critical role that midwives play in lowering maternal mortality and morbidity, and are working to ensure midwifery services are available up to the dispensary level where maternity facilities exist.” The governor noted that the maternal mortality rate in the county had experienced a drop correlated to the increase in the number of midwives, from a high of 18.4% in 2013, to 7.1% in 2020.

Evidence published in the Lancet shows that trained midwives save lives, and that access to skilled mid-
Midwifery services could avert 67 per cent of maternal deaths, 64 per cent of newborn deaths and 65 per cent of stillbirths, saving an estimated 4.3 million lives per year. UNFPA works with partners in government, civil society, and the development sector in strengthening midwifery in order to reach the goal of zero preventable maternal deaths by 2030. This includes building a competent, well-trained and well-supported midwifery workforce in Kenya, as well as advocating for strong regulatory mechanisms and increased investments to ensure quality services.

The event to celebrate the International Day of Midwifery was organized in partnership with the Ministry of Health, AMREF Health Africa, the Midwives Association of Kenya, and the Makueni County Government.
Photo: Mother and newborn with a dignity kit donated by UNFPA Kenya at the Mother and Child Hospital, Makueni County.
Goretti Adhiambo is a midwife at Sena Health Center located in the small and remote Mfangano Island in HomaBay County. As the midwife in charge, she oversees the care of expectant mothers and newborns at the facility to ensure the safe delivery of healthy newborns. “We provide all the basic maternal health services at the health center, including antenatal care, but complicated cases have to be referred to the mainland hospital for specialized care,” says Adhiambo.

It takes at least an hour’s boat ride -two, if the waters are choppy- to get from the Island to the mainland town of Mbita, a less than ideal travel duration when dealing with an obstetric emergency. In her four years of service at the health center, Adhiambo recalls instances where lives have been lost due to complications developed during pregnancy and childbirth. In 2018, a young mother died while being ferried to the mainland after experiencing difficulties in labour. “She was barely 18 years old, and to lose such a young life was very painful for my colleagues and I,” recalls Adhiambo.

Midwives in rural Kenya embrace portable ultrasound technology to improve pregnancy outcomes

One of the services that pregnant women on the Island have had to seek from the mainland is obstetric ultrasound screening. It is not uncommon for women living in rural areas to travel long distances in order to access this diagnostic service which is mostly available at tertiary level health facilities located in major towns and urban areas.

UNFPA has partnered with AMREF International University (AMIU) and the Phillips Foundation to train midwives like Goretti in the provision of ultrasound screening services in primary health-care facilities. Midwives from remote and far flung health centers identified to have poor maternal indicators are selected to receive the training which includes the use of a portable ultrasound machine known as the Lumify Probe, from Philips.

The training is conducted by experienced sonographers who guide the midwives on how to conduct a screening in order to confirm if the preg-
nancy is viable or not, visualize and recognize the number of fetuses, citing the locality of the placenta, detect the position of a baby to identify whether they are in breech, among other skills.

The midwives also receive a Lumify Probe device for use in their health facilities, which are often not equipped with ultrasound machines. This enables them to deliver essential maternal health services to pregnant women who would otherwise not have been able to access them due to cost and proximity constraints.

Because the ultrasound device is portable, the midwives are able to carry it along on home and community visits, expanding access beyond the health facilities.

“When midwives become proficient in providing basic obstetric ultrasound at point of care, early detection of pregnancy complications and timely referral to higher level health facilities can occur. Our hope is that more mothers are able to access at least one obstetric screen done before 24 weeks of gestation in keeping with the WHO recommendations,” says AMIU Projects Coordinator Priscilla Ngunju.

Adhiambo is happy that expectant mothers visiting Sena Health Center no longer have to make the long trip to the mainland to access ultrasound services. Moreover, mothers will only be required to pay Kshs 500 ( $5) to access the Lumify ultrasound, as compared to the higher cost of Kshs 1,000-1,500 ($10 - $15) charged at a higher level public health facility and even more at private hospitals. “I learned a lot from the training, including how to interpret an ultrasound image, locating the placenta, and detection of serious birth defects. I can now use my skills to save the life of a mother by identifying complications in good time,” she says.

In line with this year’s International Midwives Day theme “Follow the Data, Invest in Midwives,” UNFPA continues to work with the Government and partners in building a competent, well-trained and well-supported midwifery workforce in Kenya.
Mary Munuhi* has travelled 200 kilometers from her home in Meru to the Kenyatta National Hospital located in Kenya’s capital city, Nairobi. She is here to seek medical help at a free fistula camp organized by the hospital with support from UNFPA and partners.

Mary developed fistula after prolonged labour giving birth to her fifth child. Tragically, her baby died during childbirth, a common occurrence when a mother undergoes prolonged and obstructed labour. “A few days after I left the hospital, I noticed that I could not control my bladder and I was always leaking urine. It got so bad that I had to wear diapers every day,” she says. Mary’s husband abandoned her and the children after the condition persisted for three months.

Obstetric fistula can be repaired through surgery, but many women are unable to access treatment due to the cost involved. This is the case for Sheila, a 30 year old mother of two who has been living in Nairobi as an immigrant.

Sheila and her husband moved to Kenya seven years ago in search of work. “I gave birth to my second child in October 2019, and later came to discover that I had developed fistula when I began leaking both urine and stool,” says Sheila.

When Covid-19 struck, her husband was laid off from his job, and they had no money for her to seek medical treatment. “I tried to get on the national health insurance program so that the cost would be covered, but as a foreigner I could not enroll,” she adds.

Accessing treatment during the pandemic was made even more expensive due to government health protocols that required patients to undergo a Covid-19 test before being admitted for surgery. Depending on the health facility, a test can cost as much as $30-$70.

To mark the International Day to End Obstetric Fistula, 50 women including Sheila and Mary received free repair surgery at the weeklong fistula camp held in May. They have come from as far
as Marsabit county, located nearly 600 kilometers away from the city.

Beatrice Oguttu, a senior midwife at the Kenyatta National Hospital Reproductive Health Department says many of the patients arrive at the hospital in low spirits.

Often ostracized by the community due to their condition, any hope of treatment such as the fistula camp is a much needed reprieve from the quiet indignity they have endured.

“A lot of these women have suffered social isolation because of their incontinence which can cause a bad smell. Today I attended to a woman who was laid off from her job after her co-workers complained of her smell,” says Oguttu.

She has referred many women to a counselor for help with the psychological trauma caused by living with fistula.

“The common cause of fistula amongst patients we attend to is obstructed labour. But we know the condition can be prevented if every mother has access to skilled birth attendance at a health facility with the right equipment and supplies to provide emergency obstetric care,” adds Oguttu.

The 2021 fistula camp was supported by UNFPA in partnership with Beyond Zero Initiative, AMREF Health Africa, Safaricom Foundation, Flying Doctors Society of Africa and the Ministry of Health.
In 2003, a then 24 year old Lilian Kegode was excited to be expecting her first child. She only had one worry on her mind; she could not afford the Kshs 3,000 ($30) needed for delivery services at the local health facility. But then someone told her about a woman in the village who delivers babies at her house for 1,500 ($15) shillings, half the cost of hospital delivery. When her labour pains started at night, she made her way to the woman’s house for help. “When I got there, she told me to squat and push, but the baby did not come out. I was in labour from 9.00 a.m. until 8.00 p.m. when I finally gave birth after she cut me,” says Kegode.

Kegode endured prolonged, painful and obstructed labor that led her to develop the childbirth injury of obstetric fistula. She suffered incontinence which caused her to leak urine for nearly 15 years, a condition that left her unable to socialize with others due to stigma and shame. “I also had chronic pain that made walking and strenuous household chores difficult,” she says.

Approximately 1,000 women in Kenya develop fistula every year, and only 60% are able to receive care. Fistula occurs predominantly among impoverished and marginalized women and girls who often due to socioeconomic inequities are unable to access quality health services, including maternity care. The condition has devastating social, economic and psychological effects on the health and well-being of the affected women who are often isolated and shunned.

In January 2020, Kegode received a text on her phone informing her about a free fistula repair camp to be conducted by the Beyond Zero Medical Safari and AMREF Health Africa, with support from UNFPA. “I was screened and underwent repair surgery, and I can now say that I am proud of my womanhood after many years of shame,” she says.

When UNFPA visited Kegode at her food stall in
Nairobi, her confidence was in full display as she served tea to workers from a nearby construction site. One year after her surgery, Kegode reports that she is able to walk fast and lift heavy objects with ease, thanks to the treatment. She has now become an advocate of safe childbirth, encouraging women in her community to deliver at health facilities, and counselling those living with fistula on how to seek help.

During the 2020 fistula camp, UNFPA supported the training of healthcare workers from 13 health facilities in Nairobi County on fistula treatment and care. At least 14 screening centers were set up in different parts of the city, where more than 350 women and girls were screened for suspected cases of fistula. Forty-six patients received fistula repair surgery while a further 207 were treated without requiring surgery and those with other conditions were referred for the requisite care.

Fistula can be prevented by ensuring safe pregnancies and childbirth through functioning health systems and provision of quality care. Prioritizing sexual and reproductive health and rights, particularly during times of crisis such as the ongoing Covid-19 pandemic is key to reducing maternal and new-born mortality and to eradicating obstetric fistula.

UNFPA works with the Government of Kenya and development partners in strengthening national efforts to end preventable maternal deaths and childbearing injuries such as obstetric fistula by building capacities around reproductive health care, family planning, skilled birth attendance and emergency obstetric care.

“Recovering from fistula changed my life for the better, and I wish for other women living with the condition to have the same opportunity for repair that I did,” says Kerubo.

Photo: Lilian serves tea which she sells from her stall in Nairobi. She is able to confidently interact with her customers after recovering from obstetric fistula.
In Nairobi’s Mukuru Kwa Reuben informal settlement, young adolescent girls living in low-income households know only too well the challenges involved in managing menstruation. As fourteen year old Elizabeth Waithera explains, the onset of a girl’s period is often a source of anxiety for many. “Sometimes a girl will soil her clothes and the boys will laugh and tease her. This makes us feel embarrassed and ashamed,” she says.

In addition to the period stigma, women and girls in settlements such as Mukuru Kwa Reuben also grapple with period poverty, occasioned by limited access to period essentials including underwear, sanitary products, water, and facilities such as toilets and bathrooms. The Covid-19 pandemic worsened the situation for many girls as the resulting school closures meant that they could no longer receive pads supplied through the Government run sanitary towels program.

According to Jane Anyango, Founding Director at Polycom Development Project in Kibera, there is a direct correlation between period poverty and the rise in cases of teenage pregnancy in the informal settlements during the pandemic. “Within the Polycom network, we had at least 40 reported cases of teenage pregnancy during the lockdown period. When girls have to pay to access sanitation facilities and water to clean themselves, it puts them in a very vulnerable position during their menses,” she says.

UNFPA supports Polycom Development Project in running mentorship sessions on sexual and reproductive health and life skills for adolescent girls living in the Kibera Informal settlements. The sessions held every Saturday also include talks on menstrual hygiene where girls in need of essential menstrual hygiene products are provided with free sanitary towels.

In addition, Polycom runs a “talking boxes” program where adolescent girls can confidentially seek help and information on various issues including menstruation, by dropping notes in private boxes located in 50 schools across Kibera.

During this year’s menstrual health day, UNFPA partnered with WASH Alliance, Real Relief, Polycom, and the Wangu Kanja Foundation to hold Menstrual Health Day education session for adolescent girls and boys in Mukuru Kwa Reuben and Kibera informal settlements. The sessions were aimed at reducing the social stigma around menstruation and
providing participants with information on menstrual health management.

“Today I learnt more about the reusable menstrual cup, and how to use it, and I can now teach my friends about it. I think this is a good option because it can be cheaper than buying sanitary pads every month,” said Waithera.

Young boys and male teachers were also included in the conversation on the role of men and boys in supporting menstrual hygiene needs of women and girls within their communities, households, and schools. “Menstruation is a healthy process for girls during puberty because it means that they are growing. They should have confidence during their periods and be free to share their challenges with boys so we can help,’ said 13 year old Joseph Loki.

Since the onset of the Covid-19 pandemic, UNFPA has distributed dignity kits containing menstrual products to vulnerable women and girls in Kenya. The kits which contain hygiene supplies such as sanitary towels, underwear and soap were distributed to communities facing the greatest need, including those living in extreme poverty, humanitarian and restricted settings that limit access to sanitary products such as refugee camps, and prisons.

“Many women serving prison sentences struggle to access sanitary hygiene products and resort to using their beddings during that time of the month,” says Judith Grace Akinyi, an ex-convict who served 7 years at Kamiti Maximum Prison in Kenya.

Akinyi was speaking at the African Coalition Symposium on Menstrual Health organized by the African Coalition on Menstrual Health Management (ACMHM) in collaboration with UNFPA.

“Most of your rights are compromised when you are incarcerated, including the right to privacy. Women in prisons should be provided with hygiene supplies like soap, water, and clean toilets to help them manage their periods in dignity,” said Akinyi.

UNFPA also works closely with the Government of Kenya and partners in shaping policy discourse on menstrual health management to ensure better outcomes.

“When women and girls access the necessary products and facilities needed to manage their menstruation, their basic right to human dignity is assured,” says UNFPA representative in Kenya Dr. Ademola Olajide.
Photo: A young girl holds a menstrual ball used to kickstart the transnational dialogue in over 26 countries on menstrual hygiene at Canaan Hall Kibera Nairobi.
Empowering Kenyan women and girls with disabilities in managing menstrual health

Anne Wanjiru found out she had gotten her first period when a boarding school classmate told her she had stained her dress. No one had ever explained menstruation to her, so the then-14-year-old, who had a congenital mobility disability and hearing impairment, did not understand why she felt discomfort and pain or why she was bleeding. “I didn’t even know how to wear a sanitary pad,” she said. A teacher explained periods were normal, gave her underwear and pads, showed her to use them and checked on her every day.

Now 29, the Mombasa-based Ms. Wanjiru runs a group for persons with disabilities that includes a programme on sexuality for young women, whose families and caregivers are often uncomfortable discussing menstrual hygiene. “Because of a lack of sexuality education, many girls with disabilities turn to their friends for information, which can sometimes be misleading and dangerous,” she said. “Some have been told that to manage their periods, they needed to have sex, and they end up with early and unwanted pregnancies.”

UNFPA partnered with This-Ability Trust, an organization that advances disability rights and inclusion by working with groups like Ms. Wanjiru’s, to improve access to sexual and reproductive health information and services for women and girls with disabilities across the country. The partnership, which has reached 12,000 people in eight counties, also educates both recipients and caregivers on menstrual health management when distributing dignity kits with washable sanitary pads. “There is a misguided narrative that portrays women and girls with disabilities as asexual,” said Maria Rosa Cevallos, a project manager with This-Ability Trust. “The consequence of this is that they are not provided with adequate information about their reproductive health, including menstruation.”

According to the 2019 census, more women (2.5 per cent) than men (1.9 percent) live with a disability. Girls and young women with disabilities – the most prevalent are mobility, visual impair-
ment and cognitive disabilities – are often denied the right to make decisions for themselves about their reproductive and sexual health, increasing their risk of sexual violence, unplanned pregnancy and sexually transmitted infection.

“Many health-care workers were of the opinion that 15 years is the appropriate age for women and girls with disabilities to receive sexual and reproductive health information,” explained Cevallos. “This might be too late for adolescent girls who experience their first period much earlier.”

The cost of sanitary pads and tampons can be cost-prohibitive at 300 Kenyan shillings (about $3) a month (according to the World Bank, about one in three people in Kenya live below the international poverty line of $1.90 per day). Depending on the type of disability, some women and girls may require more expensive menstrual products such as period underwear. Managing menstrual hygiene can be further complicated by the need to rely on others for changing sanitary pads and bathing or poor access to water and other sanitation amenities.

Which is why awareness and education are so important. “We need to reduce period stigma so that women and girls with disabilities feel comfortable to talk about the challenges they face during their periods,” said Ms. Wanjiru. “That way, we can ensure more inclusive menstrual health strategies that take our needs into account.”
In 2020 more than 1,000 homesteads located around lakes Baringo and Bogoria in Baringo County were affected by flooding caused by high water levels. This resulted in the displacement of families, as well as school and hospital closures. Mounting a flood response proved to be particularly challenging as the country was also grappling with the Covid-19 pandemic and a desert locust infestation that threatened the health and livelihoods of millions. The community faced hygiene challenges after several sanitation facilities including toilets were damaged by the floods. The impact on livelihoods meant that many families could not afford to purchase basic hygiene supplies such as soap and toilet paper.

UNFPA Kenya partnered with ChildFund to provide hygiene supplies to young girls and women living in Baringo South Sub-County’s most affected areas of Kampi ya Samaki, Ngambo and Il-ng’arua locations in Marigat through the distribution of dignity kits.

More than 200 adolescent girls from the flood-affected areas received the dignity kits which also contained a supply of sanitary towels to help in the management of their menstrual hygiene during the emergency. The girls were also mentored on safeguarding their menstrual health, and staying safe in the face of the pandemic. With the support of UNFPA, ChildFund also conducted wider community dialogues on preventing early and child marriage, teenage pregnancy, and gender based violence for women and girls in the affected communities.

“Preserving girls’ dignity is essential in maintaining self-esteem and confidence, which is important in helping them cope in stressful and potentially overwhelming humanitarian situations such as these floods,” pointed out Chege Ngugi, Country Director- ChildFund Kenya. He adds that the dignity kits contributed to the psychological and physical well-being of the girls, while allowing budget substitution for families. 16 year old Jebet was amongst the girls who received the dignity kits. Having enrolled in her first year of high school, the pandemic had interrupted her studies, and with many schools destroyed in the floods, she was uncertain of when she would return to school. “I’m grateful to have the kind of support
provided by ChildFund and UNFPA have provided, not only through dignity kits but also the counselling and advice given on how to take care of myself,” she said.

During disasters such as the flooding witnessed in Baringo County, health services - including sexual and reproductive health services - are often limited and at times not available. The ability of women and girls to manage their menstruation with dignity is impaired when there is a lack of clean water and menstrual products. They also face the heightened risk of gender-based violence and harmful practices such as child marriage, as families struggle to cope with the humanitarian consequences of such disasters.

UNFPA’s work on sexual and reproductive health, education, and violence prevention helps promote resilience among vulnerable populations, making them better equipped to prepare for and respond to climate-related crises.
After decades of rapid population growth, the 2019 Kenya Population and Housing Census shows that the country’s population growth rate has declined from an annual average rate of 2.9 percent in 2009 to 2.3% in 2019. Kenya is however faced with an increasingly youthful population, presenting different opportunities and challenges that require sound policies to ensure a high quality of life for the nation’s citizenry.

At the 4th National Leaders Conference on Population and Development held on 26-28 May 2021, top minds gathered to deliberate on the National Population Policy, as well as investments needed to address population concerns.

The conference was held under the theme “Investing in human capital for achievement of Kenya’s Vision 2030.” With more than 75% of the country’s population falling below the age of 35 years, delegates agreed on the need to establish programmes aimed at harnessing the demographic dividend through investments in the education, health and wellbeing of young Kenyans. In a speech read on his behalf, President Uhuru Kenyatta termed the decline in the population growth rate as a positive trend, which has created an enabling environment for the achievement of other socioeconomic development goals. “To reap the potential demographic dividend there are several hurdles we need to overcome. Two of the most important hurdles are maternal mortality and malnutrition,” noted the President.

The gathering of leaders comes in the wake of the Covid-19 pandemic which has strained the country’s health and economic system, a situation acknowledged by the leaders present. “The pandemic has compounded population and development challenges facing Kenya today. Our people are more vulnerable to increased poverty, hunger and malnutrition, and gender-based violence,” said Cabinet Secretary, National Treasury and Planning Ministry, Ukur Yatani.
Although Kenya has made significant progress in addressing population and development challenges, the leaders’ conference presented an important opportunity to take stock of lessons learned and emerging issues that will inform the drafting of a revised National Population Policy. Delegates identified the need for increased investments in access to sexual and reproductive health services, particularly in rural areas.

The resulting recommendations also called for the strengthening of data collection mechanisms to capture disaggregated data on all segments of the population, at both national and subnational levels. This will help inform planning and the provision of adequate domestic financing of population programmes, including those that involve turning Kenya’s young population into quality human capital. Leaders specifically called for the development of programmes that will eliminate teenage pregnancies and child marriages at community level. “We cannot harness the demographic dividend if a quarter of all girls in the country are getting married before the age of 18. This is a critical group with human capital potential, and they must remain in school,” said AFIDEP’s Executive Director Elya Zulu.

UNFPA was a co-sponsor of the National Leaders’ Conference, where experts from the Country office team participated in several sessions. These included presentations and discussions on population growth, family planning, data and research, as well as disaster and risk reduction, strategies to end child marriage. “As Kenya builds back better from the Covid-19 pandemic, it is important to have a population policy that is grounded in evidence, and one that enables us to harness the capacity of the young people of Kenya,” said UNFPA Representative Dr. Ademola Olajide.