



UNFPA Kenya Monthly Magazine



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KEEPING HOPE ALIVE



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Eye on the Ball

UNFPA's cardinal responsibility to protect and uphold rights that predicate the dignity and autonomy of human bodies has been amplified under the Covid-19 pandemic whose malignant spread in over 33 countries in Kenya has cast not so palatable experiences in the coming months

Devastating floods that decimated 288 lives and the worst locust infestation in 70 years have exacerbated the effects of the Covid-19 pandemic in Kenya.

As the country and communities grapple with the multiple and intersecting ramifications of the pandemic and other emergencies, provision of sexual and reproductive health rights, and addressing susceptibility to gender based violence and harmful practices present pertinent and urgent needs.

Documentation of predictors a calamitous scenario is gradually gaining authority in Kenya. Data from the national GBV Hotline showed an increase of 25% in GBV cases between March and April 2020 while uptake of modern contraception has shrunk by 17% between January and April 2020, according to the health sector data collation system(DHIS2).

UNFPA has presently deployed 9 key experts to support national and county governments in the Covid-19 response besides provision of 35,000 assorted PPEs and training over 3,000 health workers. We have distributed 3,050 dignity kits to mitigate effects of both floods and Covid-19. Through various media platforms and partnership networks, UNFPA has reached over 1.3 million people with information on SRHR and GBV in the last three months.

Covid-19 became a public health emergency after UNFPA and the Government of Kenya had hosted the historic ICPD25 Nairobi Summit in 2019. We shall therefore invoke the various commitments made during the Summit to ensure sustained focus on protecting gains in maternal health, the unmet need for family planning and reduction in harmful practices against the backdrop of Covid-19.

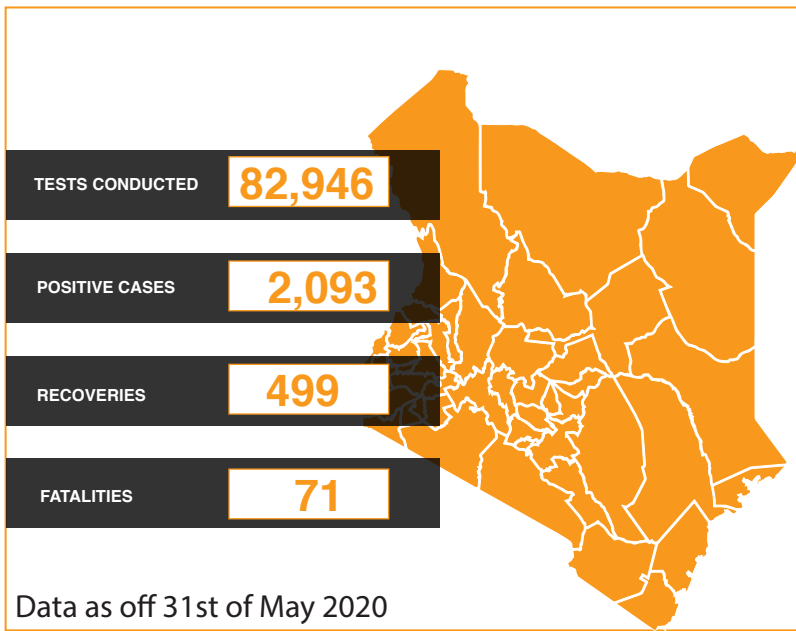
We recognize and applaud the partnerships and collaborative spaces that we have cultivated to optimize synergies in responding to the Covid-19 pandemic. Our innovative strategies with the youth, anti-FGM champions, women's organizations, and institutions that represent persons with disabilities has ensured fidelity to the clarion call of leaving no one behind!

The dearth in resources is a major constraint that has hampered giant leaps in our joint initiatives with our partners. As an organization, we seek an additional US\$6,282,562 million to accelerate the Covid-19 response while addressing all other essential services that are gradually sliding into limbo.

UNFPA will continue to strengthen local capacities and promote intersectionality and diversity in voices and actions that promise a context specific and sustainable response for the health and safety of all.



Dr Ademola Olajide
UNFPA Representative



Assessments and surveys have shown the multi-dimensional impact of the Covid-19 pandemic in the country. A study by the Kenya National Bureau of Statistics on the Socio-Economic Impact of Covid-19 on Households showed that only 13% of households have been able to access essential health services.

UNFPA analyzed GBV data showed incidents of sexual and gender based violence reported within 72 hours have increased by 13% in comparison to the same period in 2019 which could be attributed to an increase in incidences and improved reporting.

The Government in collaboration with Population Council undertook a survey in informal settlements in Nairobi which indicated that women are more likely to lose their job and take on more cooking, cleaning, and childcare; almost half are now not purchasing sanitary pads (41% in May; 36% in April). Women also report more arguments and tension in their home, and fear increased violence inside the home and that their partner may harm them.

Kenya developed the National 2019 Novel Coronavirus Contingency (Readiness and Early Response) Plan February-April 2020 which established the National 2019-nCoV Task Force that has been spearheading coordination, surveillance and laboratory testing, case management and infection prevention and control, risk communication, and logistics related to the Covid-19 response in the country.

COVID-19 Response in Kenya



Consignment of contraceptives donated by UNFPA to MoH



CS Mucheru, CS Kobia and Dr Olajide Ademola flag off COVID19 response items for marginalised groups

The Taskforce has overseen regular meetings of the National Emergency Response Committee for robust coordination; daily briefings by the Ministry of Health and periodically by the Head of State; establishment of surveillance mechanisms, quarantine and isolation centres in all the 47 counties; and targeted mass testing.

The MoH has mapped 50 facilities as fully fledged Covid-19 county hospitals, and approved and commissioned 20 testing laboratories. There are 34 active quarantine facilities in the country. Recruitment and training of healthcare workers to augment the existing staff has also been undertaken by the Government with support from development partners, including UNFPA. Inadequate testing kits and PPEs especially for healthcare workers remain a major challenge.


As part of the infection prevention and control measures, the Government introduced a ban on flights in out and out of the country, imposed a countrywide curfew from 7.00 p.m to 5.00 a.m and a partial lock down in Nairobi, Mombasa, Kilifi, Kwale and Mandera counties. Closure of all learning institutions, and businesses such as hotels and restaurants; and cessation of public gatherings including for religious functions, are among movement restrictions instituted for containment of the pandemic.

The Government has formulated and continues to implement several measures that include reduction in VAT from 16% to 14% to cushion the population against the economic and social effects. Implementation of the Ksh. 53 billion economic stimulus released by the Government is however hindered by a budgetary deficit of Ksh. 65.7 billion.

UNFPA developed a Covid-19 Contingency Plan and subsequently the Covid-19 Strategic Response Plan that the Country Office has continued to implement within the broad United Nations Development Framework and through its implementing partners, among them National Government ministries, county governments and NGOs. The estimated resource gap for SRH services is US\$ 3,782,562 while for GBV and HPs it is US\$ 2.5 million.

**Donation Appeal for
COVID19 response**

**\$6,282,256
MILLION**



International Day of the Midwife

NAIROBI, Kenya: Boniface Mutisya is a midwife, working at the Kenyatta National Hospital, the biggest referral hospital in the country and one of the designated treatment centers for the novel corona virus disease (Covid-19).

Before joining Kenyatta Hospital, Boniface had worked in several health facilities, among them the Wajir District Hospital labour ward where his experience was slightly different. “As a male nurse, it took me a very longtime to gain the trust of mothers and serve them because of religious and cultural beliefs,” he says.

Like most essential frontline health workers, midwives are at the core of the Covid-19 response. Not only do they provide antenatal and safe delivery care, but also a full range of sexual and reproductive health services from family planning counselling and screening of STIs to postnatal care.



Boniface Mutisya Midwife in Kenyatta Hospital attends to a patient

However, despite their resilient effort in the face of the pandemic, midwives continue facing numerous life-threatening situations, risking their lives to give life to others.

In a telephone interview, Mr. Mutisya raised concerns on the unavailability of Personal Protective Equipment (PPEs), making them vulnerable to contracting the virus. “Despite being trained on how to wear PPEs and handwashing hygiene, we do not have sufficient PPEs including N-95 masks”

According to WHO guidelines, midwives are supposed to don a facemask, gloves and apron before attending to any patient. However, Mr. Mutisya reckons that this is not feasible especially during obstetric emergencies such as eclampsia or convulsing.

The dilemma of saving their own lives and that of patients is common for most midwives during Covid-19. “I do not get time to wear a facemask when a mother is brought in already having reached the active phase of labor and bleeding profusely.. I rather risk contracting the virus but save the life of the mother and child,” Mutisya asserts.

Furthermore, if a woman is suspected of being Covid-19 positive, she is required to wear a face mask during labor which makes it difficult for them to take deep breaths during labor.

“I do not get time to wear a facemask when a mother is brought in already having reached the active phase of labor and bleeding profusely.. I rather risk contracting the virus but save the life of the mother and child,”
Boniface Mutisya



Boniface Mutisya Midwife in Kenyatta Hospital

As the number of corona virus in the country continue to surge, reports indicate that pregnant women are reluctant to seek care from health facilities fearing exposure to the disease. Health sector data reviewed by UNFPA revealed that Kenya has recorded a 22% decline in health facility births between January and March 2020 relative to the same period in 2019.

According to Mutisya, in addition to other reasons, some of the women are bread winners in their families and would rather stay with the virus than suffer the mandatory 14 day quarantine period if they test positive for the virus. “We have also noted that some expectant mothers have missed out on their regular clinic visits, instead opting for telephone consultation,” he added.

UNFPA Kenya is supporting the Government in training midwives and providing supplies and commodities including mama kits and contraceptives to midwifery institutions to ensure midwives provide life-saving interventions to women and babies in a safe environment.

UNFPA Representative, Dr. Ademola Olajide, recognized midwives as the cornerstone of maternal and newborn care. “Midwifery must be strengthened for attainment of SDG 3 - ensuring healthy lives and promotion of wellbeing for all at all ages - and the overall Agenda 2030,” Dr. Ademola emphasized



Safe Motherhood Promoters, Improving Maternal and Newborn Health amidst Covid-19 in Kalobeyei

Kalobeyei – the sun can be scorching as well as blinding in Kakuma, Turkana County, yet refugees in the camp go about their routine occupations oblivious to the sweltering heat.

Twenty-five kilometers north, in the Kalobeyei Integrated Settlement, a group of community health workers congregate to take stock of their activities at the Kalobeyei Hospital where they are affiliated as safe motherhood promoters.

One of them is a South Sudanese woman, 50-year-old Mama Rebecca Lam Deng.

The mother of three is a traditional birth attendant who has since been trained on skilled birth attendance by the United Nations Populations Fund (UNFPA) in collaboration with the Kenya Red Cross Society and the United Nations High Commissioner for Refugees (UNHCR).

Mama Rebecca says she delivered over 80 babies at home as a traditional birth attendant. That has since changed. .

“We move around the community to identify pregnant women to sensitize them on the advantages of health facility delivery. We teach the danger signs to look out for that warrant immediate attention as well as how to take care of themselves in the community,” said Mama Rebecca.

Health facilities in Kakuma and Kalobeyei have successfully supported over 1,700 skilled deliveries since the Covid-19 outbreak in Kenya in mid-March 2020. Community safe motherhood promoters play the crucial role of ensuring expectant mothers are linked to clinics and the main hospitals.

UNFPA has equipped both the IRC (Kakuma) and KRCS (Kalobeyei) with staff, medical supplies and ambulances to ensure timely access to services for expectant mothers, including those from the host community in Turkana West Sub-County.



In effect, 96% and 88% of births in Kakuma and Kalobeyei respectively are attended to by skilled health worker while 100% of obstetric complications in both locations are treated in health facilities. UNFPA has supported growth of the IRC run main hospital at Kakuma into a referral facility.

Following the confirmation of the first case of Corona virus disease in Kakuma on 24 May, UNHCR and other UN agencies in the region have ramped up efforts to contain the spread of the disease among refugees and host communities.

Christine Simiyu, the Sexual and Reproductive Health Coordinator at Kenya Red Cross in Kalobeyei says organization has put up a 10 bed capacity isolation center at Kalobeyei Hospital and sensitized health-care workers in anticipation of the Covid-19 related critical health needs.

“We move around the community to identify pregnant women to sensitize them on the advantages of health facility delivery.”

Mama Rebecca.

These measures have however not eliminated the strain on health services occasioned by the Covid-19 pandemic. “We have noted a slight increase in home deliveries as well as delays in reporting sexual and gender-based violence cases since the onset of Covid-19,” reports Christine Simiyu who admits that the congestion in the camps and the overstretched human resource capacity are formidable challenges.

Kenya Red Cross and other health service providers like IRC and AICM have intensified public awareness campaigns with the help of community health volunteers and safe motherhood promoters to alleviate misconceptions that have emerged to hinder uptake of sexual and reproductive health, and gender based violence related services against the backdrop of Covid-19.

“Safe motherhood promoters are also acting as gatekeepers in the community.

They help identify and flag out new entrants in the settlement and bring them to the hospital for sensitization on mandatory self-quarantine,” says Christine.

UNFPA is committed to ensuring actors tasked with the health and protection response in Kakuma have the requisite capacity to provide halt, mitigate and reverse the imprint of Covid-19 on refugee and host communities.

“We are not leaving anyone behind! Our irreducible minimum is available, accessible and affordable services that eliminate maternal deaths, address gaps in unmet need for family planning, and guarantee the safety and well-being of all and sundry regardless of the Covid-situation,” Dr. Ezizgeldi Hel-lenov, the UNFPA Kenya Deputy Representative stressed.

Leaky Tins to mitigate COVID-19

UNFPA Kenya and the Anti-FGM Network have in the past few months stepped up vigilance in areas most affected by the FGM practice while also assisting communities to prevent the spread of COVID-19. The Anti-FGM Network is training community members in hygiene, psychosocial support and promoting local innovation.

Maintaining personal hygiene has been a big challenge in Ilaramatak, Narok County, as the community does not have running water.

In order to mitigate the spread of Covid-19 among community members, the network with support from UNFPA Kenya in collaboration with World Vision Kenya has embarked on sensitization forums in the villages. The community members are sensitized and supported to set up water containers ‘leaky tins’ made using locally available materials for handwashing in strategic locations in the community, including love-stock grazing areas. The community has embraced ‘leaky tins’ idea and they are now available in every homestead as a measure to curb the spread of Covid-19.

Tand chiefs to monitor the situation and prevent any occurrence of FGM.

he closure of learning institutions, a slowdown in court activity and an overwhelmed health system has created conditions favorable to the resurgence in FGM and child marriage violations.

The Anti-FGM Network in Ilaramatak while addressing Covid-19 is mapping out girls at risk in the village to protect them from FGM and child marriage through follow up and continuous engagement of parents and stakeholders.

The additional time that schools will remain closed as a result of COVID-19 means that the girls remain at risk as some families may take advantage to circumcise them during this time. This is the season for circumcision of boys in Samburu County, which some parents take advantage of to circumcise girls as well during a ceremony called ‘lorora’.

The pressure brought about by the Covid-19 triggered downturn in income generation opportunities has seen some parents resort to marrying off their daughters as a means to cushioning households against biting want.

The Anti-FGM Board supported by UNFPA Kenya and working closely with County Commissioners

Safety and Dignity for Flood Survivors in West Pokot County, Kenya

7th May 2020, Kapenguria, Kenya:



Flood victims in west pokot county recieve relief items

UNFPA Kenya joined the West Pokot Governor, Kenya Red Cross Society (KCRS) and other partners during the handover of houses, dignity kits, mattresses and other household items to flood survivors in West Pokot County. The floods displaced over 100,000 persons and claimed 116 lives, according to reports from the Disaster Operations Centre. Many of the displaced households are living in camps. Kenya Red Cross Society is one of the partners that UNFPA works with to ensure integration of Sexual and Reproductive Health, and Gender Based Violence and harmful practices in emergencies. UNFPA is currently supporting the flood response in 10 counties.

Acknowledging that emergencies impact women and girls differently, UNFPA prioritizes their safety and dignity while ensuring that men and boys retain access to critical reproductive health information and services. Promoting the well-being of youth and adolescents underlies UNFPA's actions in emergencies, including conflict.

The housing project initiated by the KCRS in the last quarter of 2019 with support from the corporate sector and not-for-profit entities has benefitted 223 households in West Pokot County at a cost of US\$ 26,000. The houses will shield the residents from the vagaries of nature and enhance the personal safety of especially women and girls.

"I am excited to have a place I can proudly call home," said Nekesa, excitedly.

"I am grateful to the Kenya Red Cross Society and UNFPA for the mattresses, blankets and dignity kits. I will sleep soundly and forget the pain of displacement,"

Flood Survivor



Dr Asha Mohammed recieving UNFPA donation from Tom Ogola

"I am grateful to the Kenya Red Cross Society and UNFPA for the mattresses, blankets and dignity kits. I will sleep soundly and forget the pain of displacement," she concluded. The West Pokot County Governor, H.E John Krop Lonyangapuo, and the Kenya Red Cross Society Secretary General, Dr. Asha Mohammed

“I want to thank all the partners who supported this housing initiative and donated items to give the people of West Pokot a comfortable place to live in. I appeal for more support following the recent landslides in other parts of this county where more people have been affected,” said the Governor.

The Kenya Red Cross Secretary General expressed concern about the ongoing rains across the Country that continue to wreak havoc, leading to massive loss of lives and property.

“I am pleased to be here to see families move into these new houses and start to rebuild their lives. However, we are in the middle of heavy rains that have caused flooding with over 17,000 families currently in the cold countrywide, 100 of them here in West Pokot, following last month’s landslides. We must all come together again and support them in the immediate term but also explore more long term solutions to what has now become a perennial problem,” observed Dr. Asha Mohammed.

UNFPA’s has won the hearts of the people of West Pokot County for championing the rights of women and girls against violations such as female genital mutilation and for the practical support during horrific natural disasters.

Speaking on phone, Dr. Ademola Olajide, the UNFPA Kenya Country Representative said: “The loss of life and community resources occasioned by the floods is disheartening. UNFPA Kenya remains steadfast in growing partnerships and collaborative strategies that sustain and expand our commitment to reduce maternal deaths, the unmet need for family planning, and elimination of gender based violence and harmful practices,” Dr. Ademola underscored.

The Representative said that UNFPA is working with the national government, county governments and other partners in Kenya to alleviate the unprecedented impact of multiple emergencies occurring concurrently: floods, locusts and Covid-19.

“The current floods are compounded by the global Covid-19 pandemic and the locust infestation that is a grave threat to food security. Our resolve to weather the storm and deliver the dream of every woman and girls, man and boy, to reach the utmost potential remains unshaken. Our triumph is as guaranteed as the rising of the sun,” Dr. Ademola reassured UNFPA’s partners and the community in West Pokot County.

UNFPA support to the West Pokot Victims



Matress donated to West Pokot floods survivors

dignity kits donated to West Pokot floods survivors



Blankets donated to West Pokot floods survivors

Kenya makes strides in Fistula Treatment

When Maximila Akola gave birth to her last-born child in 1992, she had hoped to continue enjoying the ‘joys of motherhood’. It was her third born and nothing was alarming about her reproductive health.

“Although I had experienced a complication with my first born, I was still hopeful that all would be well,” she says.

The mother of three would be diagnosed with obstetric fistula after delivery. “I delivered comfortably but after a few days I started leaking urine. I went back to the Bungoma General Hospital where I delivered but the condition was not addressed,” she says.

For 27 years, Akola learnt to live with the condition while doing small businesses. She operated a grocery shop where she sold cereals. “I learnt to manage the situation so as to go on with my daily activities at home.”

Although she is now healed after undergoing treatment last year, Akola, 58, says she experiences frequent backpains, especially when she does menial jobs. She urges other women living with the condition to seek medical attention before the condition worsens.



Mr and Mrs Shani, Evelyne Shani a fistula survivor



UNFPA Representative presents Dignity kits to Fistula Survivors in Narok

Akola now exits the list of more than two million women in sub-Saharan Africa, Asia, the Arab region, and Latin America and the Caribbean who are living with this condition.

According to the World Health Organization, about 50,000 to 100,000 new cases of obstetric fistula are reported every year. In order to prevent the condition, WHO recommends cessation of harmful traditional practices such as Female Genital Mutilation (FGM), delaying of the age of first pregnancy, and timely access to obstetric care

To address the stigma associated with fistula survivors, the United Nations Population Fund (UNFPA) has trained a community of survivors known as “Ambassadors of Hope,” who sensitize and mobilize communities to identify those suffering from fistula. According to the UNFPA Kenya Country Representative Dr Ademola Olajide, the agency has also “UNFPA advocates for integration of treatment of survivors within the routine surgical operations, rather than special patients either through camps, or project supported initiatives,” said the UNFPA Kenya Country Representative, Dr Ademola Olajide. “We support reintegration of those who have undergone the restorative medical process back into the community while linking them to income generating activities,” he added.

“There is an increased number of fistula surgeons from the initial three 10 years ago to the current 10 specialized fistula surgeons. The number of nurses, midwives and anaesthetists who provide supportive care during treatment has also grown impressively over the last decade,” he pointed out.

The need to address stigma associated with obstetric fistula, expansion in human resource capacity, and provision of quality data, are integral to achieving comprehensive results in fistula treatment, observes Dr. Ademola.

Mainstreaming the cost of treating and managing fistula conditions into routine healthcare will shift the paradigm in availability and access to services. “There is need to integrate fistula surgery in routine care and have surgery fully covered by the National Hospital Insurance Fund or Universal Health Coverage,” Dr. Ademola submits.

Dr Hilary Mabeya, the lead surgeon at the Gynocare Women’s and Fistula Hospital, says women from poor homes, and especially those with limited access to emergency services are at a higher risk of obstetric fistula morbidity. “Most of these women lack timely access to proper healthcare services. As a result, they experience prolonged labour,” he stressed.

A basic fistula repair medical process can cost upto US\$ 800 while a complex one can cost upto IS\$1500, says Dr. Mabeya. The latter, he says, is complex; few gynecologists have the requisite training and competence to repair it.

The greatest achievement so far in the treatment of fistula in the country, according to Dr. Mabeya, is awareness that fistula is treatable, and availability of restorative surgery centres in different parts of the country.



Dr Hillary Mabeya - Fistula Surgeon

Covid-19 threatens to reverse these gains as many mothers are opting to give birth at home due to movement restrictions and uncertainty about infection prevention controls measures in health facilities

“We are engaging with the appropriate levels of policy making institutions in the country to ensure continuity of such critical services during the Covid-19 response. We share the same vision with the Government that maternal health is an integral dimension in achieving universal health coverage in the country,” Dr. Ademola underscored.

By: Lillian Kaivilu



A monthly magazine by UNFPA Kenya Country Office giving updates on COVID-19 in Kenya and efforts in place to ensure we achieve the **three Zeros** (Preventable maternal death, harmful practices against women and girls and unmet need for family planning)