KENYA *Parliamentarians, People and Policy:* Towards Rigorous People-Centered Implementation

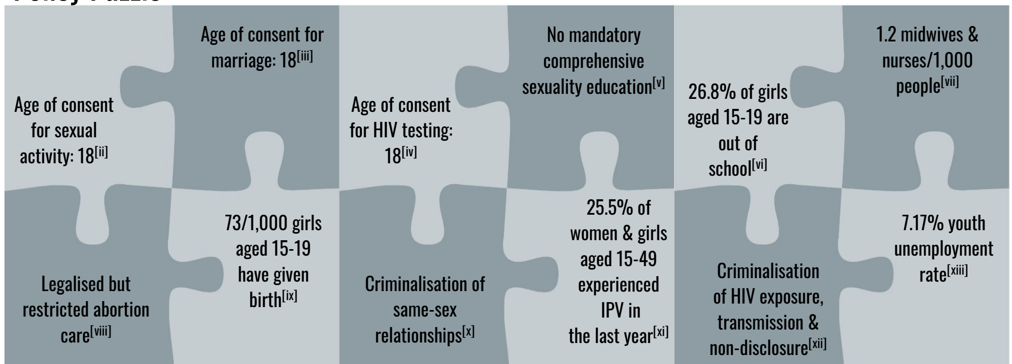
As host country for the Nairobi Summit on ICPD25, Kenya set high expectations, issuing 17 expansive and ambitious commitments. Policy commitments related to attainment of the four zeros[1] included integration of population issues, elimination of female genital mutilation and gender discrimination, as well as promotion of youth participation. Annual targets and actions have been established for ICPD25 commitments to monitor progress, guaranteeing fulfillment of national pledges by 2030. Last year, the Kenyan government reviewed the Demographic Dividend roadmap for alignment with ICPD25 commitments and by June of 2021 a similar review of the Population Policy will be completed. The Parliamentarian Network on Population Development is primarily concerned with implementation of policy through the establishment of an inter-ministerial task force. In addition to the task force, advocates for the ICPD25 agenda are dedicated to expanding support within parliamentary ranks.

ICPD25 Commitments[i]

At the historic "Nairobi Summit on ICPD25: Accelerating the Promise", Kenya made the following commitments:

1. Employ innovation and technology to ensure adolescents and youth attain the highest possible standard of health. Efforts will be made to eliminate teenage pregnancies, new adolescent and youth HIV infections and harmful practices such as child marriages while at the same time ensuring universal access to friendly quality reproductive health services and information to the youth and adolescents by 2030.
2. Eliminate preventable maternal and newborn mortality, mother to child transmission of HIV and severe morbidity such as obstetric fistula among women by 2030.
3. Progressively increase health sector financing to 15 percent of total budget, as per the Abuja Declaration by 2030.
4. Improve support to older persons, persons with disabilities, orphans, and vulnerable children by increasing the core social protection investment from 0.8 percent of Gross Domestic Product to at least 2 percent over the next 10 years.
5. Enhance integration of population, health and development programmes and projects into Medium Term Plans (MTPs) and the Medium Term Expenditure Framework (MTEF) to ensure budgetary allocations and efficient implementation of programmes and projects by 2030.
6. Enhance the capacity of relevant Government institutions to increase availability and accessibility to high-quality, timely and reliable population and related data at national, county, and sub-county levels, disaggregated by income, gender, age, ethnicity, migratory status, disability and geographic location by 2030.
7. Integrate population issues into the formulation, implementation, monitoring and evaluation of all policies and programmes relating to sustainable development at national, county and sub-county levels by 2030.
8. Harness the demographic dividend through investments in health and citizens wellbeing; education and skills training; employment creation and entrepreneurship; and rights, governance and empowerment of young people by 2022.
9. Eliminate legal, policy and programmatic barriers that impede youth participation in decision making, planning and implementation of development activities at all levels by 2030.
10. Attain universal basic education by ensuring 100 percent transition of pupils, including those with special needs and disabilities, from early learning to secondary education by 2022. Also raise the completion rate for basic education to 100 percent by 2030.
11. Improve the employability and life-skills of youths by enhancing quality and relevance of Technical Vocational Education and Training (TVET) in partnership with industries and private sector by 2030.
12. Fully implement the Competence Based Curriculum (CBC) so that learners are equipped with relevant competencies and skills from an early stage for sustainable development by 2030.
13. End Female Genital Mutilation by strengthening coordination in the area of legislation and policy framework, communication and advocacy, evidence generation and support cross border collaboration on elimination of FGM by 2022.
14. Eliminate, by 2030, all forms of gender-based violence, including child and forced marriages, by addressing social and cultural norms that propagate the practice while providing support to women and girls who have been affected.
15. End gender and other forms of discrimination by 2030 through enforcing the anti-discrimination laws and providing adequate budgetary allocations to institutions mandated to promote gender equality, equity and empowerment of women and girls.
16. Ensure universal access to quality reproductive health services, including prevention and management of GBV, in humanitarian and fragile contexts by 2030.
17. Track and monitor the implementation of the ICPD25 Nairobi Summit commitments through the National Council for Population and Development in the State Department for Planning.

Policy Puzzle



[1] 1) Zero Unmet Need for Family Planning 2) Zero Preventable Maternal Deaths 3) Zero Gender-Based Violence and Harmful Practices 4) Zero New HIV Infections

Zero Unmet Need for Family Planning

23% of Kenyan girls aged 15-19 have an unmet need for family planning (FP) and the Kenyan government affirmed its political will to fulfill this national need through a commitment to employ innovation and technology, which would ensure that adolescents and youth attain the highest possible standard of health.[xiv] Among key FP agenda items, teen pregnancy is one facet which is in need of and would benefit from these advancements. Recent data showed a spike in pregnancy and in particular, teen pregnancy, rates during 2020.[xv] As a result, a new national taskforce has been established to address early motherhood. Additionally, each of Kenya's 47 counties is forming their own teen pregnancy council. Because Kenyans must be 18 years or older to access sexual and reproductive health (SRH) services, and in order to receive prescription contraceptives without a parent or guardian, pregnancy prevention for minors often relies upon condom usage.[xvi] As such, strengthening condom-oriented sexual and reproductive health and rights (SRHR) and HIV dual protection approaches is an avenue that should be explored more fully if this remains one of the primary prevention avenues for sexually active teenagers. Additional policies to improve FP uptake include guidance on male engagement. While this policy implementation has struggled against cultural barriers, it has seen some success in urban areas where sexual partners are more likely to engage in open discussions about FP needs and desires. Increased provision of in and out-of-school comprehensive sexuality education (CSE) for Kenyan youth would offer an opportunity for adolescents to interrogate social and cultural norms surrounding FP usage. While CSE has received both parliamentary and public resistance, efforts are underway to incorporate certain aspects of CSE into curricular development.

Zero Preventable Maternal Deaths

As of 2017, the maternal mortality ratio in Kenya was 342/100,000 and post-partum hemorrhage was the leading cause of preventable death.[xvii] At the Nairobi summit, Kenya committed to eliminating preventable maternal mortality and severe morbidity, such obstetric fistula, by 2030. Disparities in rates of maternal mortality persist between urban and rural areas are due to a multitude of reasons including differing levels of access to health facilities as well as skilled birth attendants. Urban pregnant women are three times more likely to receive a life-saving intervention than rural pregnant women.[xviii] Cultural norms surrounding birth experiences also play a role as 56% of Kenyan women deliver at home.[xix] Service delivery and structural interventions are underway with the provision of increased emergency obstetric training for providers, and expansion of the midwifery workforce. Restrictive abortion legislation also contributes to maternal mortality and morbidity. As outlined by the Reproductive Health Bill of 2019, a pregnancy may be terminated if a trained health professional determines that there is a need for emergency treatment, the life or health of the mother is at risk, or that the fetus will not be viable outside the womb.[xx] Due to the prohibitory legislation, many women and girls rely on unsafe illegal abortion care, on which data and evaluation is sorely lacking. In 2012, an estimated 465,000 induced abortions occurred in Kenya.[xxi] While the current political environment is not conducive to altering termination of pregnancy (TOP) legislation, supportive parliamentarians may find opportunities to foster advocacy through increased community engagement and awareness, and increased investments in the health care workforce.

Zero Gender-Based Violence and Harmful Practices

Kenya aims to end female genital mutilation (FGM), of which 21% of women and girls ages 15-49 have experienced in some form, by 2022 through strengthening the legislation and policy framework, communication and advocacy, evidence generation and cross-border collaboration.[xxii] Due to presidential commitment, the framework for honoring this charge has been accelerated. In all 47 counties, programmatic actions to counter FGM practices have been established and are being implemented. FGM hotspots have been mapped in collaboration with the Ministry of Public Service & Gender and action plans have been enacted in 22/23 hotspots. Those charged with carrying out the ministerial procedures must contend with traditional customs in addition to increased medicalisation and cross-border operations. Throughout the COVID pandemic, collected data did not show an increase in tracked FGM activity, however, reported incidence of intimate partner violence (IPV) and gender-based violence (GBV) increased dramatically. Weekly data collected by the Ministry of Public Service & Gender along with UNFPA showed a marked difference in IPV & GBV incidence during lockdown periods. Officials attribute this increase to COVID related job-loss and economic stress, highlighting the need to address root causes and prevention aspects. In accordance with Kenyan ICPD25 commitments, the 2014 GBV prevention policy has been updated.[xxiii] Additionally, child marriage is of concern as 12% of girls aged 15-19 are married.[xxiv] Moving forward, parliamentarian focus includes a women's empowerment strategy as part of the National Policy on Gender and Development.[xxv] Notably, data on GBV and discrimination against LGBTQ populations was not captured, in part potentially due to the criminalisation of same-sex relationships. Similarly, any violence enacted against sex workers was not recorded.

Zero New HIV Infections

Kenya has experienced and continues to experience one of the largest HIV epidemics across the globe- as of 2019, over 1.5 million people in Kenya are living with HIV and 90% of people know their status.[xxvi],[xxvii] The Kenya AIDS Strategic Framework envisions a Kenya free of new HIV infections, stigma and AIDS-related deaths.[xxviii] It endeavors to reach these linked goals through the provision of comprehensive HIV prevention, treatment and care. County level AIDS plans aim to ensure that HIV services are included in universal health care policies. Other interventions to reduce HIV infection rates include provision of pre-exposure prophylaxis (PrEP) and voluntary medical male circumcision (VMMC). Prevention of mother-to-child transmission (PMTCT) of HIV remains a policy focus, and through concentrating on linkages between HIV testing and treatment with SRH services, in particular, antenatal care, Kenya aims to eliminate vertical transmission by 2030. Policy restrictions, in addition to the gender barriers highlighted in section 3, which could hinder Kenya's ability to significantly reduce the number of new HIV infections, include the age of consent for HIV testing, and stigma and discrimination notably the criminalisation of key populations. Adolescents under the age of majority are unable to consent to HIV testing without a parent or guardian present, increasing the likelihood of unintentional transmission to future sexual partners. Promoting early testing and treatment as a form of prevention is essential. High levels of ARV adherence in Kenya provide the opportunity to fully embrace and expand acceptance of U=U (undetectable = untransmittable) messaging. While many cases of transmission are not prosecuted, the fear of criminal proceedings creates an added barrier to testing, treatment and care.[xxix]

Ten recommendations on the pathway to meeting the commitments:
Based on interviews with key stakeholders and a review of core policy documents related to the achievement of the four zeros, the following ten prioritised actions are recommended to ensure that milestones along the pathway to meeting the ICPD commitments are met. Parliamentarians in Kenya should consider the following 10 policy focused actions:

01. **Fine-tune and track policy implementation indictors and oversight** of a core set of policy imperatives including a) GBV service delivery packages, b) FGM elimination and c) child and forced marriage through enhanced reporting requirements and data generation.

02. Consider a policy **review and assessment of health care consent laws** to better enable Kenyan youth to be involved in and make proactive decisions regarding their health care, notably around accessing SRH services and commodities including prescription FP methods.

03. Build upon and strengthen the 2013 ESA Commitments by promoting the **expansion of CSE implementation**, in and out-of-school, including through participatory learner-oriented curriculum evaluation and review.

04. Dedicate increased domestic funds to **reinforcing and expanding SRH and HIV service infrastructure**, including workforce expansion, training and retention, particularly in rural areas.

05. Assess **the impact of COVID on the four zeros** and policy adaptation as needed including through increased budget allocation; and strengthen resilience and preparedness for other global health and development challenges by ensuring that policy lessons are captured for SRHR and HIV.

06. **Track increased cross-sector percentage budgetary allocations** year on year notably for a) job creation/skills development opportunities for young people, b) gender equality promotion and c) education completion awareness.

07. Review and align Kenya`s policy action in light of the soon to be agreed **2021 Political Declaration on HIV and AIDS** (from the 10 June 2021) which emphasizes that GBV, the unequal socioeconomic status of women, structural barriers to women's economic empowerment and insufficient protection of the SRHR of women and girls compromises their ability to protect themselves from HIV infection and aggravates the impact of the AIDS pandemic and increase domestic resource allocation to HIV.

08. Monitor implementation of a road map to eliminate **vertical transmission of HIV infections and end pediatric AIDS** by 2030 with a focus on core policy imperatives including a) identifying and addressing gaps in the continuum of services for preventing HIV infection among women of reproductive age, especially pregnant and breastfeeding women, b) testing 95% of HIV-exposed children by two months of age and after the cessation of breastfeeding, and ensuring that all children diagnosed with HIV are provided treatment regimens and formulas; c) ensuring that 95% of pregnant women have access to testing for antenatal HIV, syphilis and hepatitis B, 95% of pregnant and breastfeeding women have access to re-testing during late pregnancy and in the post-partum period and d) identifying and treating undiagnosed older children and adolescents.

09. Implement a **participatory national youth survey** to better understand evolving youth perspectives and behaviors, leading to more effective policy guidance on a number of issues including culture and norms related to CSE and teenage pregnancy; and activate diverse and meaningful youth participation and engagement in policy issues through the creation of **shadow youth policy task force** that can serve as a harbinger of youth focused SRHR and HIV trends, notably around some of the issues that are politically more sensitive (such as key and vulnerable populations).

10. Optimise the **use of technology and foster innovation** with the SRHR and HIV response notably on issues of teenage pregnancy – to ensure that learners` experience of and engagement with health and education services in particular are succinctly captured.

Process & Methodology

The legal and policy review was conducted in April and May 2021 through a detailed perusal of various laws and policies which constitute the framework and development of sexual and reproductive health and rights in Kenya. Semi-structured interviews were conducted with representatives from the UNFPA Kenya office as well as other key stakeholders in Kenya to further inform and contextualise the policy review.

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