



NGEC
National Gender and
Equality Commission

CHILD PREGNANCIES IN THE CONTEXT OF COVID-19 PANDEMIC IN KENYA

**Report of the Multi-Stakeholders Virtual
Consultative Meeting, Held on 24th July
2020**





Published by

National Gender and Equality Commission

1st Floor, Solution Tech Place, 5 Longonot Road, Upper Hill, Nairobi
P.O BOX 27512-00506
Nairobi, Kenya
Landline: +254(020)3213100
Mobile: +254 (709)375100
Toll-Free: 0800720187
SMS: 20459
info@ngeckkenya.org
www.ngeckkenya.org
Twitter: @NGECKENYA
www.facebook.com/NGECKKenya

Kisumu Office

Reinsurance Plaza, 3rd Floor, Wing B,
Oginga Odinga Street,
Kisumu Town.

Nakuru Office

Tamoh Plaza, 1st Floor, Kijabe Street,
Nakuru Town.

Garissa Office

KRA Route off Lamu Road, Province,
Garissa Town.

Malindi Office

Malindi Complex, off Lamu-Malindi Road,
Malindi Town.

Kitui Office

Nzambani Park, off Kitui Referral Hospital Road,
Kitui Town.

Isiolo Office

County Estate along Kiwanjani Road,
next to KRA Offices

©2022

ACRONYMS

| | |
|--------|--|
| CDC | – Centre for Disease Control |
| CPMIS | – Child Protection Management Information System |
| DHS | – Demographic and Health Survey |
| GBV | - Gender Based Violence |
| HIV | – Human Immunodeficiency Virus |
| KEWOPA | – Kenya Women Parliamentary Association |
| KICD | – Kenya Institute of Curriculum Development |
| KBC | - Kenya Broadcasting Corporation |
| NGEC | – National Gender and Equality Commission |
| NCCS | – National Council for Children’s Services |
| MoE | – Ministry of Education |
| MoH | – Ministry of Health |
| SOA | - Sexual Offences Act |
| SDfG | - State Department for Gender |
| SIGS | - Special Interest Groups |
| SGBV | - Sexual and Gender Based Violence |
| SRH | – Sexual Reproductive Health |
| WHO | – World Health Organization |
| UNICEF | - United Nations Children’s Fund |

TABLE OF CONTENTS

| | |
|---|-----------|
| ACRONYMS | ii |
| FOREWORD | iv |
| ACKNOWLEDGEMENTS | v |
| EXECUTIVE SUMMARY | vi |
| 1.0: PART ONE, THE BACKGROUND | 1 |
| 1.1 Introduction | 1 |
| 1.2 An Overview of Child Pregnancies in the Context of COVID-19 Pandemic in Kenya | 1 |
| 1.3 The Forum | 3 |
| 1.4 Legal and Policy Framework on Prevention and Response to Child Pregnancies | 4 |
| 2.0 PART TWO, THE PROCEEDINGS OF THE CONSULTATIVE FORUM | 7 |
| 2.1 Child pregnancies during COVID -19: Whose Responsibility is it to Protect Children from these abuses? | 7 |
| 2.2 Magnitude of Child Pregnancies in Kenya | 9 |
| 2.3 Panel Discussion: Practical Solutions to Ending Child Pregnancies | 12 |
| 2.4 Emerging Issues and Contributions from the Participants | 17 |
| 3.0 PART THREE, THE CONCLUSIONS AND RECOMMENDATIONS | 23 |
| 3.1 Conclusion | 23 |
| 3.2 Recommendations..... | 23 |
| ANNEXES | 26 |
| Annex 1: Programme | 26 |
| Annexe 2: Disaggregated data by County-Child Pregnancy (July 2019-July 2020) | 28 |
| Annexe 3: County Data from the Ministry of Health on Adolescent Pregnancy | 30 |
| Annexe 4: List of Selected Institutions Participating in the Forum..... | 31 |
| Annexe 5: List of Participants | 33 |

FOREWORD

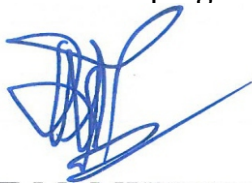
Child pregnancies have long been an issue of concern not only in Kenya but also within the African Region and at global levels. The emergence of the Coronavirus disease (COVID-19) in 2019 which led to the installation of various restrictions on human behaviours including movement and school attendance has been highly associated with increasing levels of child pregnancies. In Kenya, the trend is no different. Since the first case of Coronavirus disease was reported in March 2020 followed by a closedown of all schools among other restrictions designed to reduce the spread of this disease, there have been reports and data showing a sharp rise in the number of children actively involved in sex.

Child pregnancy has adverse social, economic, cultural and political impacts. The consequences affect the child, parents, caregivers, and the larger community. They range from early marriages, bodily harm, disabilities, and mental ill-health to death. Other consequences include low birth weight in newborns, obstetric fistula, unsafe abortion, low self-esteem and loss of dignity, sense of hopelessness, school dropout, self, social and systemic stigmatization. Children born to very young mothers are predisposed to higher risks of illness, death, abandonment, neglect and poor upbringing.

The National Gender and Equality Commission (NGEC) is a Constitutional Commission established by the National Gender and Equality Commission Act, No 15 of 2011, under Article 59 (4) & (5) of the Constitution of Kenya, 2010. The Commission's mandate is to promote gender equality and freedom from discrimination for all people in Kenya with a specific focus on special interest groups, which include: women, children, youth, persons with disabilities (PWDs), older members of society, minorities and marginalized groups. Children are one of the key groups that the Commission focuses on.

In fulfilment of its mandate and to ensure a coordinated approach to addressing the issue of Child Pregnancies in Kenya, NGEC organised a national conversation on child pregnancies in the context of the COVID-19 pandemic. The meeting sought to engage duty bearers to reflect on more innovative approaches and strategies for addressing increases in child pregnancies.

It is my pleasure to present to you this report which is a summary of the proceedings of the discussions held on 24th July 2020 on this matter. I hope that the recommendations contained in this report shall inform the Government and other actors that are mandated to protect the rights of the child in formulating effective preventive and protective measures against child pregnancies in Kenya.



DR. JOYCE M. MUTINDA PhD, EBS.
CHAIRPERSON

ACKNOWLEDGEMENTS

This report is a collation of thoughts and discussions of State and non-State actors on the rising cases of child pregnancies in Kenya with a focus on times of the COVID-19 pandemic. The Commission wishes to appreciate all partners and stakeholders who participated in the virtual meeting and who made valuable contributions on the subject. In particular, the Commission extends its gratitude to Hon. Simon Chelugui, Cabinet Secretary, Ministry of Labor and Social Protection for delivering the keynote address during the meeting. We are grateful to Mr. Jean Lokenga, UNICEF Kenya Deputy Representative for proving a global perspective on some of the strategies that have worked well in reducing child pregnancies during the COVID-19 period. Our gratitude to Dr. Mercy Mwangangi, Chief Administrative Secretary, Ministry of Health, Ms. Mumina Gallo Bonaya, Chief Administrative Secretary, State Departments for Early Learning and Basic Education in the Ministry of Education and Prof. Collette Akinyi Suda, the Principal Secretary for State Department of Gender in the Ministry of Public Service and Gender, for providing their respective ministerial policy statements put in place to address child pregnancies in Kenya.

The Commission is grateful to Hon. Gathoni Wamuchomba, the Chairperson of Kenya Women Parliamentary Association (KEWOPA) and County Women Representative, Kiambu County, Hon. Senator Mutula Kilonzo Jr., the Senator, Makueni County, Hon. Dr. Joyce W. Ngugi, the Chairperson of the National Council for Children's Services and deputy governor of Kiambu County, for their insights on key opportunities existing in laws that would be useful in addressing the emerging increases in child pregnancies.

We are indebted to Ms. Kate Maina-Vorley, the Country Director, Plan International Kenya for sharing key interventions that non-State actors in the children's sector are investing in to reduce child pregnancies. We thank the meeting moderator Ms. Catherine Achieng'a, a news anchor at the Kenya Broadcasting Corporation (KBC) for the coordination and seamless management of the program as well as for media support received from KBC before, during and post this event.

The Commission also appreciates all other participants from Non-Governmental Organizations, Community-Based Organizations, Faith-Based Organizations, academia, media and individuals who contributed and followed through with the discussions. We were glad to receive your comments, suggestions, thoughts and questions through the chat box provided during the discussion and social medium of the Commission.

Finally, we acknowledge the guidance from the Commission Chairperson, Dr. Joyce Mutinda, PhD, and the Commissioners in the design of this event. To all staff particularly from the division of Youth and Children who made this forum a success, I say a big thank you.



**BETTY SUNGURA-NYABUTO, MBS
COMMISSION SECRETARY/CEO**

EXECUTIVE SUMMARY

In November 2019, a novel Coronavirus named Severe Acute Respiratory Corona Virus 2 (SARS-CoV-2) was reported in Wuhan, China¹. The resultant coronavirus disease commonly known as COVID-19 spread widely reaching almost every corner of the globe. The World Health Organization (WHO) declared the disease a pandemic on 11th March 2020² and one day later Kenya recorded its first case³. In an attempt to counter and control transmission, the Government of Kenya enforced various measures including the immediate closure of schools, limited movement of persons, encouraged social distancing, and order to stay and work from home among others.

The pandemic and the resultant measures led to adverse social and economic impacts. For example, the closure of school cut off children from teachers and peers while some children went to live temporarily with relatives as they waited for the lift of the movement restrictions and the opening of schools. Many children were also left idle and often unchaperoned by parents. Restrictions on the movement made it harder for sexually active children to access contraceptives and family planning services, and curfews trapped girls in homes with predacious family members and neighbours. The pandemic affected household incomes with many households losing their livelihoods. Stress and anxiety within families, communities and at the individual level including children embellished the problem.

Within 100 days since the measures to stop the spread of COVID-19 were put in place, media, the executive, judiciary, non-state actors, and communities began reporting worrying trends of increasing incidences of Gender-Based Violence (GBV) including child pregnancies. The matter caught the attention of the National Gender and Equality Commission leading to a call for a national dialogue to discuss the increasing concerns about child pregnancies amidst the COVID-19 pandemic.

The National Gender and Equality Commission (NGEC) is a constitutional Commission established by the National Gender and Equality Commission Act. No.15 of 2011 under Article 59 (4) & (5) of the Constitution of Kenya, 2010. The Commission's mandate is to promote gender equality and freedom from discrimination for all people in Kenya with a focus on special interest groups, which include: Women, Children, Youth, Persons with Disabilities (PWDs), and older members of the society, minorities and marginalized groups. One of its key functions is ***to monitor, facilitate and advise on the integration of the principles of equality and freedom from discrimination in all national and county policies, laws, and administrative regulations in all public and private institutions.***

Section 8(d) of the National Gender and Equality Commission Act, No. 15 of 2011 mandates the Commission to coordinate and facilitate mainstreaming of issues of gender, persons with disability and other marginalized groups in national development and to advise the Government on all aspects thereof.

In light of these functions, the Commission organized a virtual consultative forum on 24th July 2020 bringing together stakeholders from international agencies, State and non-State

¹ <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200423-sitrep-94-covid-19.pdf>

² <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

³ <https://www.health.go.ke/first-case-of-coronavirus-disease-confirmed-in-kenya/>

actors including Universities, Community-Based organizations, Faith-Based organizations, child rights advocates, health practitioners, parents, media, academia and researchers. The objective of the forum was to facilitate discussions among the duty bearers of the reported increased cases of child pregnancy during times of COVID-19 in Kenya. The meeting was expected to propose practical solutions to ending this vice. The meeting was also expected to create interest among stakeholders to formulate a National Action Plan for addressing child pregnancy in Kenya.

The forum was held through a web-based conference set up on a zoom platform. The session began with topical and keynote addresses on the subject to set the overall context including legal and policy frameworks available to mitigate child pregnancies. Panel discussions from various categories of actors followed. The speakers were drawn from the legislature, the executive of national and county governments, state agencies responsible for children's issues, and non-state actors. The last session invited contributions from the audience. The discussions focused on strategies for protecting children from abuses while at the same time tightening measures to decisively deal with perpetrators. The conversation also focused on sustaining key measures to promote the rights of children during the COVID-19 recovery period.

The meeting noted that even though the number of child pregnancies had increased between March and June 2020, the increase was moderate and compared favourably with numbers reported during the same period in 2019. The meeting agreed that there is still an urgent need to arrest the situation and avert many possible cases of child pregnancies. The actors noted that incidences of child pregnancies are indicative of increased cases of children involved in experimental sex between and among themselves, sexual affairs between children and adults, incidences of incestuous relationships, defilement, statutory rape, cross-generational sex, and casual sexual relationships among young boys and girls with strangers and relatives.

The actors proposed the need to invest more heavily in preventive measures including holding parents, estate and village leadership accountable. It was also agreed that parents, caregivers and local leaders should not shy from offering children value-based information. Children are expected to be much safer from abuse while at home and therefore it is the responsibility of caregivers to ensure children are sensitized about the value of delayed sexual debut.

The media, creative and music industries were called upon to revise their content during this period of COVID-19 when many families and children are stressed and uncertain about their lives to offer hope, and guidance and cultivate positive values including protecting children from abuses. Actors identified youth as key agents and champions for protecting children from abuse.

To overcome barriers in reporting incidences of child abuse and GBV, the actors supported the campaign to sensitize communities on e-reporting and the use of telephone toll-free hotlines. Actors noted that the number of hotlines for reporting as well as providing survivors with immediate psychosocial support and referrals had increased over time. In addition to toll-free 116 and 1195 and the National Gender and Equality Commission complaints reporting line 0800 720187, the National Police Service had in June 2020 established a GBV toll-free line 0800730999. There were also prospects that counties were in the process of installing toll-free lines for supporting a timely response to cases of GBV and child abuse.

The meeting called for stringent and comprehensive measures for dealing with perpetrators of child abuse. For minor perpetrators, the Department of Children's Services was urged to apply for rehabilitation programs including reducing discrimination and stigma against child

mothers and fathers. For adults having sex with children, the investigative arm was urgently called upon to close gaps exploited by perpetrators to escape or delay justice for survivors.

The legislators in the meeting pushed for the need for enactment of the Children (Amendment) Bill 2019 and amendment to the Sexual Offences Act 2006 to improve access to justice for children and other survivors of violence.

The discussants agreed that Kenya had rich and comprehensive laws and policies which if fully implemented would reduce child pregnancies. Partners further advocated for the urgent need to establish a comprehensive database of all children who were pregnant at that time to inform the design of short-term, medium-term and long-term interventions cognizant of the principle '*the best interest of the child must prevail*'.

This report presents in detail the discussions by the multi-stakeholders and key proposals and recommendations for addressing the vice.

The report is organized into 3 parts:

- Part 1:** provides background into the consultative forum;
- Part 2:** presents a summary of the forum proceedings; and
- Part 3:** presents conclusions and recommendations.

1.0 PART ONE: THE BACKGROUND

1.1 Introduction

The National Gender and Equality Commission (NGEC) is a Constitutional Commission established by the National Gender and Equality Commission Act, No. 15 of 2011, under Article 59 (4) & (5) of the Constitution of Kenya, 2010. The mandate of the Commission is to promote and ensure gender equality, principles of equality and non-discrimination for all persons in Kenya, with a focus on Special Interest Groups (SIGs): women, Persons with Disabilities (PWDs), children, youth, and older members of society, minority and marginalized groups. One of its key functions is to monitor, facilitate and advise on the integration of the principles of equality and freedom from discrimination in all national and county policies, laws, and administrative regulations in all public and private institutions. In addition, Section 8(d) of the National Gender and Equality Commission Act, No. 15 of 2011 mandates the Commission to coordinate and facilitate mainstreaming of issues of gender, persons with disability and other marginalized groups in national development and to advise the Government on all aspects thereof.

In response to these functions, the Commission organized a high level virtual consultative meeting which brought together stakeholders drawn from state and non-state actors to discuss the status of child pregnancies in Kenya with a focus on the context of the COVID-19 pandemic. The meeting presented recommendations for alleviating this vice.

1.2 An Overview of Child Pregnancies in the Context of COVID-19 Pandemic in Kenya

Towards late 2019, a novel Coronavirus commonly known as COVID-19 was reported in China and some parts of Europe. The World Health Organization (WHO) declared the disease a pandemic on 11th March 2020 and Kenya recorded its first case on March 12, 2020. Since then the number of cases of COVID-19 in Kenya has been on an upward trajectory. In an attempt to control and counter the transmission of the pandemic, the Government of Kenya enforced various measures including the immediate closure of schools, curfews, social distancing, and staying at home orders among others.

The pandemic and the resultant measures led to adverse social and economic impacts. For example, school closures cut off girls from teachers who normally sound the alarm in suspected cases of abuse at home. Students were left idle and often unchaperoned by parents. Restrictions on movement also made it harder for girls to access reproductive health services, and curfews trapped girls in homes with predacious family members and neighbours. The pandemic also affected household incomes with many households losing their jobs and livelihoods. These among many others resulted in increased incidences of Gender-Based Violence (GBV) including child pregnancies.

The United Nations Population Fund (UNFPA) in its 2019 report⁴ titled *Unfinished Business: The pursuit of rights and choices for all*, recognized the vulnerability of adolescents particularly girls and other special groups including persons with disability to sexual violence. The World Health Organisation (WHO) in its January 2020 report⁵ titled *Adolescent Pregnancy*, estimates that 21 million girls ages 15-19 years in developing

⁴ <https://palestine.unfpa.org/en/publications/unfinished-business-pursuit-rights-and-choices-all-4>

⁵ <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>

countries fall pregnant. Approximately 12 million girls give birth and 777, 000 of these births occur in adolescent girls younger than 15 years.

The Kenya Violence Against Children (VAC) survey 2019⁶ reveals that 33.7% of females aged 13-17 years first sexual experience was pressured or physically forced. The key perpetrators are listed as; boyfriend (23.8%), neighbours (16.7%), classmates (15.9%), family (10.1%) and friends (9.1%). This is a clear indication that children particularly girls are at high risk of sexual abuse as the perpetrators are within the community and/or they are in the same household.

According to Yakubu and Salisu (2018)⁷ factors associated with unintended pregnancies are categorized into socio-cultural, environmental, economic, individual and health services related factors. Exposure to early sex is driven by peer influence, sexual advances from adult males, coercive sexual relations, unequal gender power relations, poverty, religion, early marriage, lack of parental counselling and guidance, parental neglect, and inappropriate forms of recreation. Individual factors include excessive use of alcohol, substance abuse, educational status, low self-esteem and inability to resist sexual temptation and curiosity. The health service-related factors include a lack of comprehensive sexuality education and non-friendly adolescent reproductive services.

Child pregnancies have been proven to harm the lives and future of the affected girls, especially concerning their overall health and mental and social well-being. Every pregnancy by a girl aged below 18 is a product of defilement or incest which is a criminal offence. A public Inquiry by the National Gender and Equality Commission published in 2016⁸ revealed the causes and magnitude of child pregnancies in Kenya. The inquiry covering Busia, Homabay, Samburu, Nairobi, and Kilifi Counties established among others conflicting legal and policy provisions meant to protect children from pregnancies. The inquiry also stressed the role of socialization agents and called for strict enforcement of laws.

Data from the Kenya Demographic Household Survey (KDHS) 2004⁹, 2009¹⁰ and 2014¹¹ indicate a mixed trend in child pregnancies in Kenya. In 2004 the prevalence rates were 19%. This reduced to 15% in 2009 and rose again in 2014 to 18%. A blog report by the African Population and Health Research Centre (APRHC)¹² in 2020 titled *The potential impact of COVID-19 on teenage pregnancy in Kenya* states that due to pressures from COVID-19 children are forced to engage in income-generating activities to support their families. The report notes that; 'the close down of schools means that children that traditionally rely on school meals and sanitary towels are now more likely to be lured into transactional sex and sexual exploitation that predisposes them to pregnancy and other risks'. A Statement on *Justice Sector operations in the wake of the COVID-19 pandemic* released by the National Council on the Administration of Justice (NCAJ)¹³ in April 2020 reported a spike in sexual violence, particularly among girls.

Child pregnancy has adverse social, economic and cultural consequences. They include early marriage and death. Others are health complications for young girls, such as low birth weight

⁶ <https://www.knbs.or.ke/?wpdmpro=kenya-violence-against-children-survey-2019>

⁷ <https://reproductive-health-journal.biomedcentral.com/track/pdf/10.1186/s12978-018-0460-4>

⁸ <https://www.ngeckkenya.org/Downloads/Lost%20Childhood%20Drivers%20of%20Child%20Pregnancy%20in%20Kenya.pdf>

⁹ <https://www.knbs.or.ke/?s=DHS+2003>

¹⁰ <https://www.knbs.or.ke/?s=DHS+2009>

¹¹ <https://www.knbs.or.ke/?s=DHS+2014>

¹² <https://aphrc.org/blogarticle/the-potential-impacts-of-covid-19-on-teenage-pregnancy-in-kenya/>

¹³ <https://ncaj.go.ke/statement-on-justice-sector-operations-in-the-wake-of-the-covid-19-pandemic/>

in newborns, obstetric fistula, school dropout, and unsafe abortion, among others. Children born to very young mothers are predisposed to higher risks of illness and death due to limited access to reproductive health services and proper nutrition. These adverse effects deny the girls the opportunity to fully engage in and enjoy their rights as guaranteed under the Constitution of Kenya 2010, and various laws and policies. Child mothers are also less likely to continue with education and end up in poverty which comes with both depression and rejection. These challenges are further aggravated by pressures on social systems from the household level to the national level. A study conducted in 2018¹⁴ by Linnet Onger, *et al* titled *Demographic, psychosocial and clinical factors associated with postpartum depression in Kenyan women* indicated increasing postpartum depression and high rates of suicidal ideation associated with teenage pregnancies.

The child pregnancy situation in the country has been further aggravated by a lack of harmonized approach to tackling the problem by the various responsible actors. Even of much concern is the consistent circulation of unofficial statistics through social media about the prevalence and incidence of child pregnancies. The statistics available have occasionally been disputed as inaccurate.

Child pregnancies can only then be sufficiently handled when actors including parents and guardians seek to understand the causal factors and develop strategies to either eliminate or prevent them. In response to the child pregnancy crisis in the country, for example, the Government of Kenya in March 2020 launched a national campaign branded *LetsAct* through the National Council for Population and Development aimed at galvanizing communities on the need to end teen pregnancies through awareness and advocacy. In July 2020, the President issued a directive to the National Crime Research Centre to conduct an investigation on the matter and come up with an advisory to security agencies on the prosecution of perpetrators.

It is against this background that the National Gender and Equality Commission organized a high level virtual consultative meeting that brought together stakeholders drawn from state and non-state actors to discuss the status of child pregnancies in Kenya and especially during times of the COVID-19 pandemic.

The objectives of the meeting were:

- a) To facilitate and coordinate a national conversation on child pregnancies in Kenya
- b) To identify strategies that inform programmatic interventions to end child pregnancies

1.3 The Forum

The forum was held through virtual engagement with a wide range of 142 actors drawn from 71 institutions (Annex 3). The participants represented government, private sector, non-state actors, researchers, academia, and representatives of media just to mention a few. The forum began with topical and keynote addresses on the subject, followed by a panel of discussants drawn from key agencies with the greatest responsibility of protecting children from Sexual and Gender-Based Violence. Sections of the discussion allowed participants to make suggestions on how to effectively address child pregnancies. The forum allowed public live streaming via various NGEN social platforms including Facebook and Twitter. On Twitter, the forum was publicized under the slogan #endchildpregnancies.

¹⁴https://www.researchgate.net/publication/328009365_Demographic_psychosocial_and_clinical_factors_as_associated_with_postpartum_depression_in_Kenyan_women

The meeting was structured into five different sessions: -

Session 1: Introductory remarks by NGEK Policy Makers and UNICEF on Child pregnancies during COVID-19: Whose responsibility is it to protect children from these abuses?

Session 2: Theme Specific Speech by Hon Simon K. Chelugui, EGH. Cabinet Secretary, Ministry of Labor and Social Protection;

Session 3: Discussions by select duty bearers with the responsibility to prevent and respond to Child Pregnancies; interrogation of existing data on child pregnancies with the key question being whether its reflective of the real situation in the country and the implication;

Session 4: Panel discussions with state and non-state actors on the practical solutions to ending child pregnancies? and

Session 5: Contributions and questions from participants

1.4 Legal and Policy Framework on Prevention and Response to Child Pregnancies

Kenya is a signatory to numerous international and regional legal instruments aimed at promoting and protecting the rights of children. Kenya has enacted several laws and formulated policies and regulations to promote the well-being of children both at the National and County level as enumerated in Table 1.

Table 1: Some of the International, National and County Legal and Policy Framework on Prevention and Response to Child Pregnancies

| National/County Guidelines and policies | National laws | International instruments |
|---|---|---|
| National Policy for Prevention and Response to Gender-Based Violence, 2014 | Protection Against Domestic Violence Act, 2015 | Convention on the Elimination of all Forms of Discrimination against Women (CEDAW),1979 |
| National Guidelines on the Management of Sexual Violence, 2014 | The Prohibition of Female Genital Mutilation Act 2011 | African Charter on Human and Peoples' Rights on the Rights of Women in Africa, Maputo Protocol 2003 |
| National Health Sector Standard Operating Procedures for Management of Sexual Violence in Kenya, 2014 | Sexual Offences Act, 2006 | |
| County Government Policy on Sexual and Gender-Based Violence, 2017 | The Penal Code Act; 2009 | |
| National Standard Operating Procedures for Management of Sexual Violence against Children, 2018 | Matrimonial Property Act, 2013 | |
| | Marriage Act, 2014 | |
| | Witness Protection Act, 2006 | |

| | | |
|--|---|--|
| | Victim Protection Act, 2014 | |
| | Evidence Act, 2014 | |
| | Computer misuse and Cybercrimes Act, 2018 | |

The United Nations Convention on the Rights of the Child (UNCRC) 1989

The Convention on the Rights of the Child has four general principles; non-discrimination, the best interest of the child, the child’s right to survival and development and the child’s opinion. The Convention avers that a child’s upbringing is the primary responsibility of parents. The State is obligated to provide children with appropriate assistance and develop child-care institutions. Further, the State is obligated to protect children from physical, and mental harm, and neglect including sexual abuse or exploitation. The Convention provides that disabled children shall have a right to special treatment, education and care. The CRC obligates governments to ensure that children are listened to and their views sought and considered on matters affecting their lives.

The African Charter on the Rights and Welfare of the Child (ACRWC)

The African Charter on the Rights and Welfare of the Child (ACRWC) is a human rights treaty adopted in 1990 and which came into force on 29th November 1999. Kenya adopted it in 2000. The main purpose of the Charter was to adapt the rights contained in the UN Convention on the Rights of the Child to address specific challenges facing the African Child and also encourage its implementation.

The Charter takes cognizance of the fact that a child occupies a unique and privileged position in African society and defines their rights and responsibilities. It mandates protection of the girl child against harmful cultural practices such as child marriage. The Charter gives the age of 18 as the minimum age of marriage and also requires that pregnant girls have the right to continue with their education. Kenya enacted the Children Act in 2001 to implement its obligations under the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC).

The Constitution of Kenya, 2010

The Constitution of Kenya, 2010 has multiple provisions that promote and protect the Rights of Children. Article 53 makes general provisions for the welfare of children. Specifically, Article 53 (d) provides that every child has a right to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labour; Article 53 (e) provides that every child has a right to parental care and protection. Article 53 provides that a child’s best interests are of paramount importance in every matter concerning the child.

The Children’s Act, 2001

Section 13 of the Children’s Act, 2001 protects children from abuse. Section 13 (1) entitles children to protection from physical and psychological abuse, neglect and any other form of exploitation including the sale, trafficking or abduction by any person. Section 14 of the Act calls for the protection of children from harmful cultural rites including female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child’s life, health, and social welfare, dignity or physical or psychological development. Section 15 of the Act protects children from sexual exploitation

including protection from sexual exploitation and use in prostitution, inducement or coercion to engage in any sexual activity, and exposure to obscene materials.

2.0 PART TWO: THE PROCEEDINGS OF THE CONSULTATIVE FORUM

2.1 Child pregnancies during COVID -19: Whose Responsibility is it to Protect Children from these abuses?

Mr. Jean Lokenga; UNICEF Kenya Deputy Representative,

In his keynote address, the UNICEF Kenya Deputy Representative, Mr. Jean Lokenga observed that child pregnancy undermines the potential of the girl child to attain educational goals and increases the chances of maternal mortality and early marriages. He noted that according to reports by UNICEF, children as young as 10 years were becoming adolescent mothers, therefore, robbing them of childhood and other rights. Child pregnancy is a human right as well as a public health issue.

The report on Violence against Children Survey by the Ministry of Labor and Social Protection and Centers for Disease Control (CDC) revealed that 1 in every 5 females experiences violence. Further 22% of girls became pregnant before 18 years. He expressed concern that the numbers were high and that the pain of becoming a mother without being prepared is faced by both the child and her family. During the COVID-19 pandemic, girls have become more vulnerable to sexual violence which in some cases has led to early pregnancies, exposure to HIV and sexually transmitted infections.

Mr. Lokenga reiterated that protecting children from abuse, neglect and violence is an obligation and shared responsibility between the government and its partners, the community at large, parents and the children.

On prevention, he specified four dimensions to the issue of child pregnancies;

- a) **Strengthening formal protection systems:** The need to strengthen children protection services, justice sector, social welfare workforce as well as police units dealing with gender and children issues. He stated that adolescent health services should be accessible to young people to provide them with timely and accurate information concerning sexual and reproductive health
- b) **Community-based protection systems:** These include community child protection volunteers, 'para-professionals, community and religious leaders and parents. Such agents are key in influencing existing social and gender norms which impact attitudes and behaviour that exacerbates child pregnancies. For this to be effective, a community-based system should be connected to the formal systems to ensure that awareness is created and abuse is reported. Proper parenting is critical, especially during these times of the COVID -19 pandemic as schools are closed and children rely on remote learning. Parents should also communicate accurate Sexual and Reproductive Health (SRH) information to their adolescent children.
- c) **Role of young persons:** Young people should also be agents of their protection. Adults and the community need to offer children and adolescents opportunities for engagement including through social clubs in schools and ICT platforms taking into consideration the social distancing measures. Children need to support each other and exercise their right to participation.
- d) **Enforcing existing laws and policies on the protection of children:** All actors should strive to create awareness of these laws and ensure their full implementation.

The speaker called for a multi-sectoral response by actors on child pregnancies: These services should include access to medical services to ensure children stay healthy during

pregnancy, psychosocial services to help affected children deal with the distress, stigma and possible exclusion by their friends and community; educational support and legal protection services.

Dr. Joyce Mutinda; Chairperson, National Gender and Equality Commission

In her remarks, the Chairperson of the National Gender and Equality Commission (NGEC) noted that the forum was convened following the unprecedented numbers of reported child pregnancies across the country particularly during the time of COVID-19. The latest statistics on child pregnancies represented a surge in child abuse related crimes. She noted the increase in the number of boys sexually abused and who due to the socialization process suffered in silence.

The Chairperson informed the forum that in addition to the public inquiry on child pregnancies, the Commission had convened a national conversation on the minimum age of consent for sex in 2019. The conversations invited submissions from children, guardians and caregivers, religious and community-based organizations, private sector, and State and non-State actors. All actors overwhelmingly recommended that children cannot give consent for sex and therefore recommended that Kenya retains the age of consent for sex at 18 years. Actors further recommended that where minors are involved among themselves in sexual relationships (including scenarios of Romeo and Juliet), the best interest of the child must prevail as provided for in Article 53 (2) of the Constitution of Kenya, 2010.

The Chairperson reported that the Commission was a member of the multi-sectoral technical working group constituted by the Office of the Attorney General to make recommendations on amendments to the Sexual Offences Act No. 3 of 2006 and formulate a national policy for Prevention, Response and Protection from Unlawful Sexual Acts and the Administration of Justice in Sexual Offences. The Chairperson observed that Article 53 (1) of the Constitution of Kenya, 2010 provides for the broader fundamental rights of children that include among others, the right *'to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labour'*. The Convention on the Rights of the Child which Kenya is a party, in Article 2 (1) states that *'States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment based on the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.'*

The Chairperson observed that all duty bearers including the State agencies, non-state actors, development agencies, human rights machinery, parents and the private sector have a responsibility of putting measures in place to protect all children. Such measures must cater for the heterogeneous groups of children including those with disabilities, those suffering intellectual impairments, the displaced and those in refugee camps, children from marginalized areas and informal settlements, children who live on the streets, children in school and children out of school.

She opined that parents, caregivers, families and communities must be ready to prepare interventions directed at sexually active children. Further, she said that there is a need to address the following:

- a) Providing children with adequate information about sexuality: There is a need for parents, schools and religious institutions to continuously provide children with timely information about the benefits of delaying sexual actions.
- b) Increasing the participation of children in decision-making: *The Convention on the Rights of Children* recognizes the right to autonomy. It acknowledges that minors are

evolving and need to make decisions affecting their lives. Kenya as a country needs to agree on who and how that information should be communicated.

- c) Value-based parenting: Families must lay greater emphasis on value-based parenting that respects self-image and dignity. Families must provide children with correct information about their sexuality, reproductive life and how sexuality is connected to overall economic and social well-being. For families devastated by the effects and impact of COVID-19, especially those that have lost household heads and breadwinners, the State must continue to step in and protect the vulnerable children.
- d) Role modelling: There is a need for intensive public education and the creation of role models who can be emulated. Parents need to ensure that they are playing their roles of nurturing and guiding their children towards a better and bright future.
- e) Safe shelters: She called on the state to establish adequate child rescue centres to protect children who live with violators or are highly exposed to abuse.
- f) Coordinated effort: She called on the State to establish a committee to formulate a comprehensive strategy for combating child pregnancies during and after the post-COVID-19 period.

2.2 Magnitude of Child Pregnancies in Kenya

This section seeks to answer the question: *‘In the recent past, we have seen data circulating about child pregnancies? Is this reflective of the real situation in our country and does it mean we expect worse trends?’*

Hon. Simon K. Chelugui, EGH. The Cabinet Secretary, Ministry of Labor and Social Protection

In his address, the Cabinet Secretary (CS) stated that the Ministry of Labor and Social Protection had recently released a report on the census of street families in Kenya which indicated that the main reason children are attracted to the street is due to abuse and neglect at the family level. He further mentioned that the Ministry had also launched a report on the Violence against Children (VAC) survey carried out in 2019. The report outlined the kinds of violence experienced by children noting that most of the violence is experienced at home.

The CS noted that child pregnancy is an issue of concern to all and that every one case of pregnancy is alarming. He called for the harmonization of data touching on children from all stakeholders. To this end, he mentioned that cases available in the Ministry database captured in the Child Protection Management Information System (CPMIS) are not exhaustive noting that CPMIS data available for July 2019-July and 2020 shows that only 516 cases of child pregnancies were reported (Annexed 2). He further said that cases of defilement are not usually reported and families tend to hide and procure abortions for their daughters. To address the issue of data, he called for proper capture, recording and sharing of data from antenatal clinics. Data from the counties indicates that the most affected county on child pregnancies is Machakos (46 cases) with West Pokot, Kajiado, and Nyeri recording 1 case each. These counties ordinarily record higher numbers of child pregnancies (*see annexe 2 Cabinet Secretary Labor and Social protection statement on teenage pregnancies on 24th July 2020*).

The CS outlined several measures that the Ministry had rolled out and suggested new others to enable the government to reduce child pregnancies:

- a) Implementation of the VAC Response Plan (2019-2023): The Plan has input from many Child Protection actors. One of the strategies in the plan is having family level discussions on sexuality with children, especially girls which in the Kenyan context can be challenging especially to the male parents.

- b) In collaboration with the Ministry of Health (MoH) and other stakeholders, develop a database on child pregnancy in Kenya. Data should be disaggregated by gender and capture children in-school and out-of-school.
- c) Public awareness on sexuality and life skills for both boys and girls: It is disconcerting to note that during this pandemic period, cases of incest have increased.
- d) Introducing and streamlining education programs on parenting through the Department of Social Development.
- e) Facilitating Children Officers to respond to cases of child abuse, especially during the COVID-19 pandemic. The Ministry is planning to hold a sensitization session with all officers dealing with child protection.
- f) Liaising with the Ministry of Interior and National Coordination, National Police Service, National Administrative police, Judiciary and ODPP to prosecute and apprehend perpetrators of child abuse: Child protection officers have also been deployed to the DCI office to receive and collate data and respond speedily to cases reported.
- g) In collaboration with NGOs and the private sector, provide critical services to children in need of care and protection. Children Officers have been equipped with skills and tools to provide quality care in collaboration with the family and community. However, there is a need for officers to be mindful of how they handle disclosure from abused children and apply empathy.
- h) Children officers have been facilitated to monitor and respond to abuse cases through the toll-free helpline 116. It is vital to increase public awareness of the use of the helpline.
- i) Enhancing the Cash transfer program through the Department of Social Protection.
- j) There's a need to visit counties with high child pregnancy incidences to profile and highlight this issue with the County leadership.

The CS reported that the Ministry has submitted the draft Children's Bill, 2019 to the Attorney General for consideration and submission to the National Assembly.

Dr. Mercy Mwangangi, Chief Administrative Secretary, Ministry of Health

Dr. Mwangangi asserted that each girl and boy deserve an equal opportunity to thrive to their fullest potential free of the health risks and lifelong socio-economic burdens emanating from premature parenting. On data management by the Ministry of Health, she mentioned that the Ministry uses a DHIS tool that is accessible in all public facilities in the country. At the Ante-Natal Clinics, data is collected in a format that allows analysts to profile cases served by age. This means every pregnant adolescent is documented each time they come to the facility during the pregnancy period.

Due to challenges experienced in ensuring that data is accurate, it is necessary to collect the data promptly. The Ministry also supports the Kenya National Bureau of Statistics to conduct Demographic Health Surveys.

Based on recent media reports on child pregnancies, the Ministry undertook an internal assessment, looking at the various reports issued. The conclusion was that the media reports were inaccurate. The Ministry of Health has invested in collecting data on child pregnancies for the past 6 months with a focus on high burden counties (Annex 3). She suggested that it would be important to carry out a comparative analysis of the numbers with a focus to pre

COVID-19 times, during the COVID-19 pandemic and after Covid-19 to tease out variations over time and seasons.

Table 2: Reported Teenage Pregnancies in Kenya: January 2020 - May 2020

| Month 2020 | No. Attended Ante-Natal Clinic |
|-------------------|---------------------------------------|
| January | 34,379 |
| February | 30,525 |
| March | 29,856 |
| April | 27,806 |
| May | 20,255 |

Source: Ministry of Health (2020)

Dr. Mwangangi made recommendations including:

- a) Review of reporting tools at health centres.
- b) Review of outdated policy documents such as *the National Adolescent Sexual and Reproductive Health Policy* and *the National Sexual Gender-Based Strategy* (Please recheck the titles of these documents).

The Ministry of Health confirmed that it was in the process of replicating the best practice from the United Kingdom Teenage Pregnancy Strategy (TPS). The strategy involves the engagement of an independent advisory group to monitor the implementation of the strategy. The Ministry also recommended the review of the communication system used to inform youth and children about reproductive health.

Ms. Mumina Gallo Bonaya; Chief Administrative Secretary, State Department for Early Learning and Basic Education, Ministry of Education

Ms. Mumina admitted that COVID-19 had caused the biggest disruption to the education sector across the world. The closure of schools in Kenya in March 2020 affected about 15 million learners in basic education institutions. Four (4) months of traditional learning had been lost despite efforts to embrace virtual learning provided by KICD through Edu TV and KBC Radio. In addition to crucial learning, she mentioned that schools provide learners with safety and protection from abuse. Girls are especially at risk of sexual abuse, pregnancy, early marriage and FGM especially when they are not in school. Girls and boys face the risk of sexual molestation, child labour and child trafficking. When children are at home, the responsibility of ensuring their safety lies with parents and caregivers.

Under the conventional learning program, the Government has invested heavily in basic education through the provision of free primary and day secondary education, feeding programme, special needs programme and low-cost boarding services. The impact of COVID-19 on families includes increased cases of child labour, job losses for parents and guardians, and emotional distress.

Following the Presidential directive to the Ministry of Education to ensure 100% transition, from basic and secondary education, the MoE has undertaken the following:

- a) Ensured that all learners resume school and that none is left behind including child mothers and fathers. All schools are expected to follow the National Guidelines for school re-entry in Early Learning and Basic Education.
- b) Requires schools to provide psycho-social support to affected learners to avoid stigma and discrimination. The Ministry will heavily rely on Schools Boards of Management, Parents Teachers Association, parents and the community to ensure that such support is offered to learners.
- c) Equipping teachers with skills to handle all cases of students/pupils affected by pregnancy irrespective of their location.
- d) Strengthened guidance and counselling units in schools including appointment and training of gender champions.
- e) In collaboration with the Ministry of Interior and Coordination and the National Police Service, the Ministry shall continue taking an audit of child pregnancy and ensure perpetrators face the full force of the law.

Prof. Collette A. Suda, Principal Secretary, State Department for Gender, Ministry of Public Service and Gender

The State Department for Gender (SDfG) has the responsibility of coordinating gender equality and empowerment programs for women and girls. The Principal Secretary stated that child pregnancies disproportionately affect the girl child because in most cases the girls drop out of school. Girls need to be empowered to take full control of their reproductive health. SDfG has several interventions towards achieving its mandate and these include:

- a) A national toll-free hotline (1195) that offers tele-counselling services to girls and women. The department has been using the data captured through this hotline to design programmes that help abused girls restore their dignity.
- b) The Anti-Female Genital Mutilation (FGM) Board with the primary mandate of ending FGM. FGM is considered a harmful cultural practice pushing girls for early marriage and childbearing. The SDfG is engaging religious leaders and elders of communities from 22 hotspot counties where FGM is highly prevalent.
- c) In collaboration with the Ministry of Education, the SDfG run a program providing sanitary pads to girls. Research shows that some girls fall pregnant while soliciting money from men to buy sanitary towels.

In regards to data on child pregnancies, the PS noted that the country lacked up-to-date, reliable and comprehensive data. The lack of accurate data limits the ability to design appropriate and effective programs. There is a need to get comprehensive data that is disaggregated by counties and age.

In regards to dealing with child pregnancies, the PS said that the COVID-19 pandemic has contributed to the increasing number of child pregnancies. She called upon actors to design comprehensive interventions for preventing child pregnancies during times of COVID-19. She noted that such interventions should consider child participation.

The PS called on all actors to put together a national plan of action assigning each actor a clear responsibility based on their comparative advantage to effectively address child pregnancies in Kenya.

2.3 Panel Discussion: Practical Solutions to Ending Child Pregnancies
Hon. Gathoni Wamuchomba; Chairperson KEWOPA/County Women Representative, Kiambu

In her remarks, Hon. Gathoni decried the lack of updated data on child pregnancies which she regretted hinders proper planning and formulation of possible interventions. A clear database she acknowledged, would enhance proper planning at both national and county levels. She commended the Cash Transfer Program run by the Department of Social Protection and hoped there will be targeted economic empowerment for families affected by child pregnancies to ease the economic burden on the parents.

She praised the school re-entry strategy aimed at ensuring every girl affected by child pregnancy is re-admitted to school. She called out on the government to offer support for the teenage mothers through bursaries, and by empowering them in all other aspects of life. She offered that women leaders would be on the frontline in their rural areas to ensure that girls affected by pregnancy complete their schooling. Hon. Gathoni acknowledged that the enactment of *The Care and Protection of Child Parents Bill, 2019* and the amendment to the *Children's Act 2001* shall contribute significantly to enhancing the legal framework required to promote and protect the rights of the child in Kenya.

Hon. Priscilla Nyokabi; Commissioner, National Gender and Equality Commission

Hon. Nyokabi noted that child pregnancy was a societal problem and not a women's problem. She emphasized that Kenya is faced with *child* pregnancies and not *teenage* pregnancies. She echoed the need to finalize the review of the *Children's Act*, of 2001 to address new realities including cases of child pregnancies during emergencies. The Commissioner further presented the aspiration of Article 54 of the Constitution of Kenya, 2010 on persons with disabilities. She noted that issues of children with disabilities had not been fully addressed including children with mental disabilities, who are at a greater risk of pregnancies. There was, therefore, a need to relook and review provisions in *the Persons with Disability Act, 2003*.

She emphasized the need for the country to take its reporting obligation on the Conventions seriously, especially those that touch on children. Concluding Observations should be shared and disseminated across the country. On practical solutions to ending child pregnancies, she mentioned that the National Gender and Equality Commission was looking at the legal, policy, administrative and programmatic actions that shall be used to address the issues of child pregnancy and underscored issues of protection, and safety and security. She reiterated the Presidential directive on addressing the increasing cases of child pregnancies.

The Commissioner highlighted the following as possible solutions:

Implementation of existing laws: There is a need for the Country to implement the *Protection Against Domestic Violence Act, 2015* as many cases of child pregnancies fall under domestic violence. Further, there is a need to empower the community on the legal system in place and the cultural traditions that are detrimental to the good performance of the legal instruments.

Data: She raised the need to have comprehensive data on child pregnancies in counties. She recommended setting up a sex crimes unit that is well coordinated to be able to address child pregnancies.

Model Policy and Model Legislative Framework: She pointed out that, the Commission had prepared the Model Policy and Model Legislative Framework on prevention, management and response to GBV that has been adopted in various counties. She implored all the 47 counties to ensure these frameworks guide their responses towards GBV including child pregnancies.

Return to School Policy: The Commissioner applauded the Government on the Return-to-School Policy and added that there was a need for these girls to be provided with bursaries and counselling services. There is also a need for the households which have been affected by child pregnancies to be provided with a package for the caregivers or grandparents left to care for the young children as their young parents resume school.

Poverty: She stated that the pregnancies during the COVID-19 could be addressed better through the Government's Cash Transfer Program. This program would also be more effective if it targeted more women and PWDs.

There is also a need to raise community awareness of the rights of children and strengthen child protection systems by providing legal aid services. She stated that Kenya should apply best practices tested and validated in African countries such as the Rwanda Bureau of Investigation. She acknowledged that while Kenya has many policies in place there is a need for better coordination and implementation of these policies.

The Commissioner informed the stakeholders that the NGEK was working on operationalizing its quasi-judicial powers through the installation of a complaints handling framework to enable the commission to handle cases of violation of human rights including child pregnancy.

Dr. Joyce Ngugi: Chairperson, National Council for Children's Services (NCCS)

Dr. Ngugi presented the role of the National Council for Children's Services in the promotion of the rights of children. The Council has strengthened the Area Advisory Councils (AACs) which work closely with the administration and children's officers together with the local community in creating awareness of the need to protect all children from harm. She noted that the draft Children's Bill 2019 which was at the Attorney General's office at the time, highlights ways of strengthening the protection of children. Dr. Ngugi emphasized the need to fast track finalization of this Bill into law and requested the support of the Parliamentarians present in the meeting. The Chairperson further pointed out the need of rolling out media campaigns to fight increasing levels of child pregnancies

Ms. Kate Maina-Vorley – Country Director, Plan International Kenya

The Country Director, Plan International Kenya: Ms. Kate Maina-Vorley described child pregnancy as a national disaster that needed to be handled as an emergency. She commended the National Gender and Equality Commission (NGEC) for hosting the timely consultative forum.

Kate stated that Africa has the highest number of teenage pregnancies in the World. As a member of the Joining Forces Alliance, Plan International believes in the rights of young people to make free and informed choices, have control over their own Sexual and Reproductive Health, and be free from coercion, violence, discrimination and abuse. She noted that women and young girls in some parts of Kenya have been denied most of their sexual and reproductive health rights. The fulfilment of the rights of children, adolescents and young people is critical for societal advancement. While referencing studies conducted by Plan International, the Country Director observed that the majority of teenage pregnancies are unintended with the girls usually unprepared for motherhood. She noted that way before the COVID-19 pandemic, women and girls in Kenya were still facing considerable challenges in accessing essential health information services.

Plan International had been involved in activities that address issues of child pregnancies which include: -

Supporting survivors of Gender-Based Violence (GBV) in reporting and following up on cases through the legal systems.

Engagements with Gender-Based Violence prevention networks supported by NGECC at the County level via equality and inclusion technical working groups.

Safe Houses: Supporting the construction of safe houses in Counties for girls in need of protection from Sexual Violence

Information System: Plan International had offered support to the Department for Social Protection by providing resources for rolling out the Child Protection Management Information System (CPMIS) in Nairobi, Kwale and Kilifi Counties.

Partnership with non-state actors: Plan International in collaboration with the Teachers Service Commission (TSC) had, for example, supported the Beacon Teachers Movement within the Coast region, to design a program working with teachers to offer protection to girls from violence while in schools.

On practical solutions to ending child pregnancies, she posited the need for multi-sectoral engagement and a comprehensive and harmonised response plan toward child pregnancies. According to her, some of the solutions include:

- a) Enactment of the *Children Bill 2019* into law,
- b) **Reproductive Health Care Bill:** There is a need for a national dialogue that involves bringing religious leaders on board, to demystify the contentious issues within the *Kenya Reproductive Health Care Bill* and build consensus towards its content for consideration by Parliament.
- c) Strengthening of parental care,
- d) Providing age-appropriate sex education.
- e) Strengthening of community protection mechanisms, and
Establishment of safe spaces for children in danger of violation.
- f) **Education re-entry Policy:** Evidence on the ground showed that the education re-entry policy has seen several girls and teenage mothers resume studies. There is a need to interrogate the challenges surrounding the policy and seek solutions to these challenges.
- g) “Nyumba Kumi Initiative”: This community structure level has proven effective in addressing several family and community issues and thus needs to leverage.
- h) Applying a collaborative approach towards the elimination of harmful practices.
- i) **Cash Transfer Program:** The cash transfer program, an initiative under the National Social Protection Program has worked well and presents an opportunity for re-targeting and ensuring it is responsive to the emerging challenges presented by the COVID-19 pandemic.
- j) **Child-Friendly Judicial System:** The National Council on Administration of Justice (NCAJ) should ensure a child-friendly judicial system and emphasize recommendations continuously issued by the special task force on child rights.
- k) **Data:** Accurate data is useful in designing effective programs and policies. There is a need to understand, collate and harmonise data on child pregnancies.

- l) Encourage young people to take control over their lives: Children and young people should be provided with a platform to air their views and incorporate them in GBV response and prevention programs.

In conclusion, the Country Director, Plan International expressed the commitment of the CSOs in supporting the government in developing a robust Plan of Action for reducing Child Pregnancies. She reiterated, that the Joining Forces Alliance of Child Rights Organizations respects people's traditional, cultural and religious beliefs, but these beliefs should never constitute a reason for Kenyans to have reservations about International Conventions and Agreements that relate to Sexual and Reproductive Health and Rights for children.

Hon. Senator Beatrice Kwamboka

Senator Kwamboka said that as part of the response to the spike in child pregnancies, she had sponsored *the Care and Protection of Child Parents Bill, 2019* in the Senate. The Bill provides a framework for the implementation of the right to education for all children including child parents. The bill also imposes an obligation on national and county governments to put in place mechanisms and programs to realize these rights for all children and curb dropping out of school by child mothers. The programmes proposed therein will touch on information sharing and sensitization. By the time of this forum, the Bill had progressed from the committee stage of the entire Senate and was awaiting tabling in the National Assembly. She called upon stakeholders to contribute to the Bill once an additional call for memoranda was issued.

Hon. Senator Mutula Kilonzo Jr.

Senator Mutula noted that the lack of a policy for use by the police to deal with Sexual and Gender-Based Violence (S&GBV) in Kenya was a barrier to the eradication of child pregnancies. He decried the poor collection, handling and storage of evidence related to GBV. He stressed the need for the country at large including County Governments to take the issue of child pregnancies seriously. He called for families as well as communities to address moral decadence in society as it was one of the leading causes of the increasing cases of child pregnancies in the country.

Dr. Joan Mwende-CECM Youth Gender affairs Embu

In her submissions, Dr. Mwende called for:

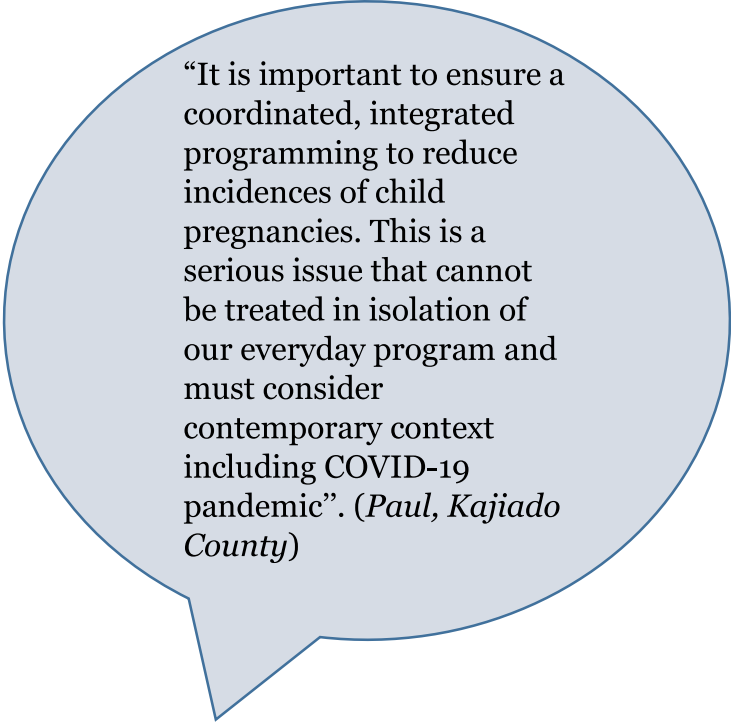
- a) Implementation of existing laws concerning handling child pregnancies.
- b) Need to assess the situation from a disaster management perspective by focusing on prevention through establishing mentorship teams around communities.
- c) Parents to be empowered to discuss matters of sexuality with their children.
- d) A rapid response initiative towards helping children who are expectant to enable them access services including medical, legal and psycho-social support. This initiative should be rolled out immediately to prevent pregnant children from sinking into depression. The initiative may consider the formation of teenage pregnancy anonymous groups where girls go whenever they feel low and in need of help.

- e) The need for the establishment of an emergency kitty to enable oversight agencies such as NGECC to execute their mandate concerning curbing child pregnancies and other forms of GBV.

2.4 Emerging Issues and Contributions from the Participants

This section presents emerging issues and contributions of participants collated from virtual chats, Facebook pages, Twitter handles, and during the question and answer session. The issues are organized by key themes.

a) Programming

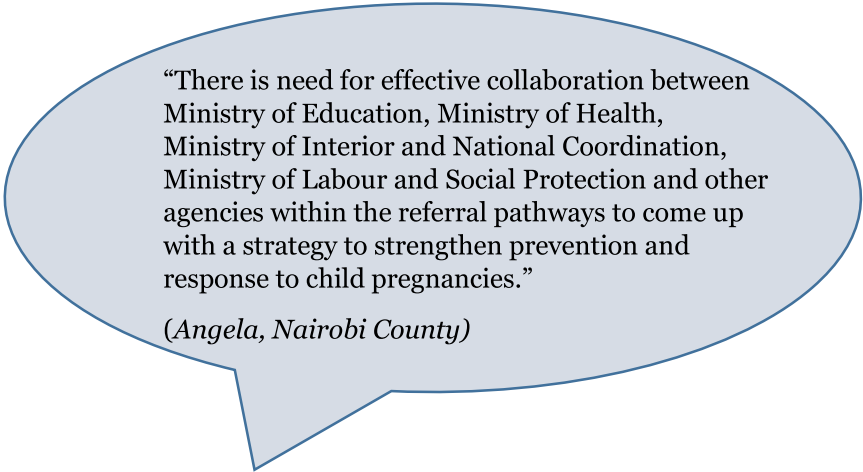


“It is important to ensure a coordinated, integrated programming to reduce incidences of child pregnancies. This is a serious issue that cannot be treated in isolation of our everyday program and must consider contemporary context including COVID-19 pandemic”. (Paul, Kajiado County)

- i) There is a need to have safe spaces for children in conflict with the law. To date, there exist no clear guidelines on how to manage such safe spaces.
- ii) There is a need to develop a child/teenage pregnancy strategy to objectively respond to the prevention of teenage pregnancies. The strategy should be county-focused.
- iii) There is a need to have comprehensive programs such as the "Healthy Choices for a Better Future" - a sexual reproductive engagement with children aged 9 – 13 coordinated by the United States Army, Medical Research Unit in Kericho County which has proven effective in addressing issues of sexuality. Social media can be used as a communications resource to support such programs.
- iv) Enhancing family values: This will address the communication gaps facing parents and caregivers who are unable to comprehensively discuss sexuality with their sons and daughters. Most parents are not free with their children and teens to discuss reproductive health.
- v) Resources: The State needs to sufficiently allocate funds to combat domestic violence in the context of COVID-19 including the deployment and employment of more child protection officers.

- vi) Enhance psychosocial support systems to deal with the stigmatization of children's parents.

b) Coordination and Collaboration

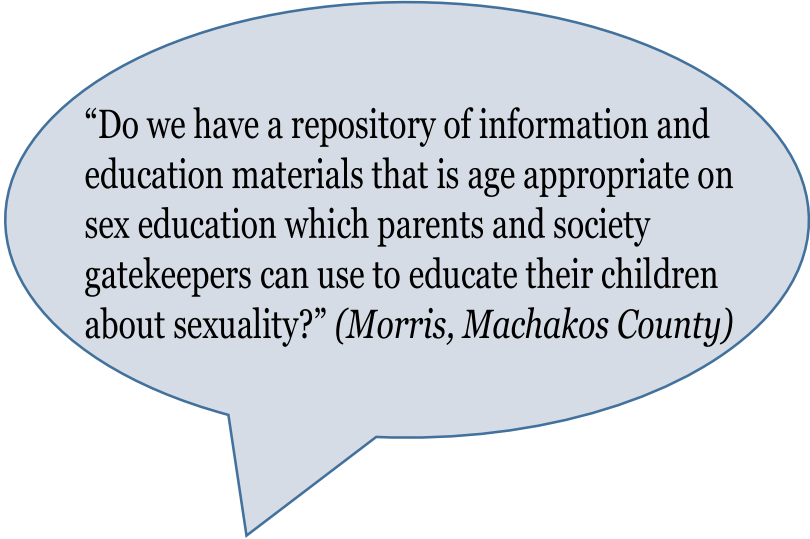


“There is need for effective collaboration between Ministry of Education, Ministry of Health, Ministry of Interior and National Coordination, Ministry of Labour and Social Protection and other agencies within the referral pathways to come up with a strategy to strengthen prevention and response to child pregnancies.”

(Angela, Nairobi County)

- i) There is a need to harness and consolidate all efforts across ministries and agencies to stem teenage pregnancies.
- ii) The coordination mechanism should draw partnerships with religious leaders to hold routine conversations and programs around morality.
- iii) Enhance the voice of the children in the discussions/debate on early sexual debut and pregnancies including the proper use of ICT to accelerate the change of norms and values.

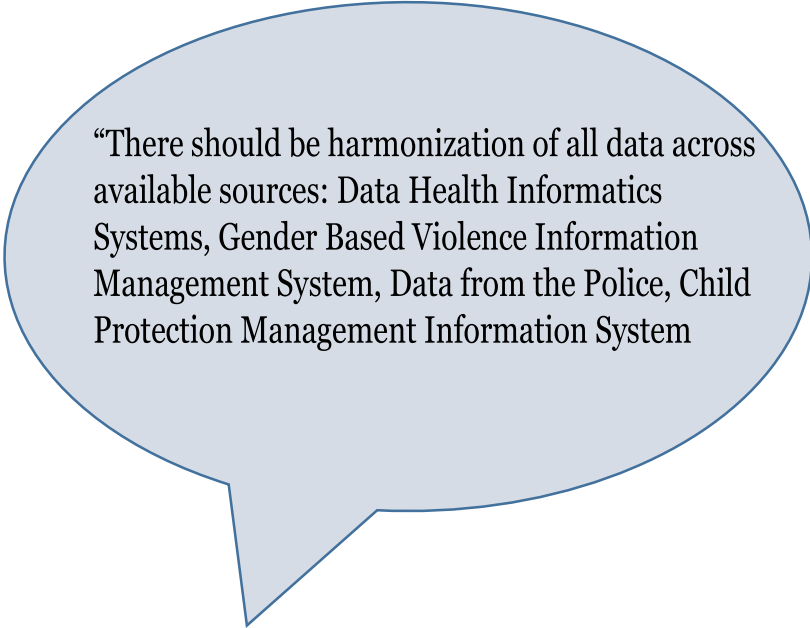
c) Comprehensive Sexual Education



“Do we have a repository of information and education materials that is age appropriate on sex education which parents and society gatekeepers can use to educate their children about sexuality?” *(Morris, Machakos County)*

There is a need for increased focus on the education of parents on sex education directed to children and youth.

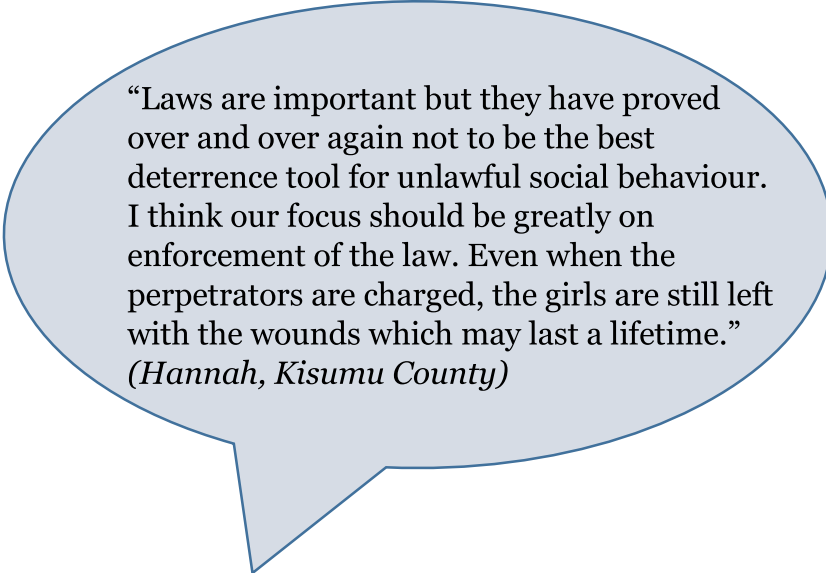
d) Data



“There should be harmonization of all data across available sources: Data Health Informatics Systems, Gender Based Violence Information Management System, Data from the Police, Child Protection Management Information System

- i) There is a need to review tools available to capture all forms of gender-based violence.
- ii) There is a need to collect and track data at all points to avoid duplication. By now Kenya should have data on perpetrators of SGBV and their profiles/a database of registered sex offenders.
- iii) There is a need to make use of the latest Kenya survey data on violence against children. A case in point is the 2019 Violence against Children Survey <https://www.unicef.org/kenya/reports/The-2019-Violence-Against-Children-Survey>.
- iv) There is a need to create safe reporting mechanisms for the survivors.

e) Legal and Policy Framework



“Laws are important but they have proved over and over again not to be the best deterrence tool for unlawful social behaviour. I think our focus should be greatly on enforcement of the law. Even when the perpetrators are charged, the girls are still left with the wounds which may last a lifetime.”
(Hannah, Kisumu County)

- i) Support County Governments to improve on their policy development and resource allocation towards child protection and interventions.
- ii) Strengthening the enforcement of existing laws and policies to address negative cultural practices that drive child violence. Partners should dissuade the application of alternative resolutions to cases of defilement cases often

- administered by chiefs and other local leaders. In addition, ensure that law enforcers including the police desist from abetting the crime.
- iii) Ensure protection of children with disabilities who undergo defilement as they are more vulnerable to the vice.
 - iv) Increase awareness among communities that domestic violence is a criminal offence. Also, inform the communities of the services available to survivors of GBV.
 - v) Ensure that the government sets a timeline for resolving child abuse-related cases.
 - vi) Review perpetrator ‘*release on bond*’ policy as they end up threatening families of the victims and occasionally abuse more children.
 - vii) Urgently establish an Anti-Child Abuse or Sexual Abuse unit similar to the Anti Stock theft and other specialized units.
 - viii) Strengthen the social protection programmes for OVCs, PWSDs and older persons to ensure reduced vulnerability.
 - ix) Ensure timely reporting and enforcement of concluding observations as part of the country’s commitments to children under the UNCRC, African Charter, the Universal Periodic Review, CEDAW, SDGs, and ICPD 25+ commitments among others to ensure monitoring of progress in the implementation.
 - x) Fast-tracking the enactment of the Children Bill 2019 as a priority for the protection and welfare of our children and to cover most of the legal gaps identified.
 - xi) There is a need to support and strengthen the human rights defenders in the communities who are a crucial link in the fight against child abuse.

f) Economic Dimension

“Some of the girls are falling prey to perpetrators as they seek someone to buy them essentials like sanitary pads. The government has been providing girls with pads during the school seasons but since the closure of schools this has not been happening.” (*Margaret, Kiambu County*)

- i) Minimize the vulnerability of children by ensuring every girl has a sufficient supply of sanitary towels when in school and out of school. Government should consider distributing sanitary pads at the household level.
- ii) Ensure Government programmes that target vulnerable groups such as youth are in place in all counties and cascaded to sub-counties. e.g. *Kazi kwa Vijana Initiative*.
- iii) Expand coverage of the social protection programs such as the Cash Transfer Program for orphans, children with severe disabilities and children whose parents have no income.

g) Socio-cultural Dimension

“There is need to address culture and traditions that drive teenage pregnancies.”
(Abdalla, Kilifi County)

- i) Enhance awareness about incest and encourage parents and children to report incest.
- ii) Target socialization agents including elders address patriarchy as a barrier to the eradication of child pregnancies.
- iii) Strengthen the family unit as the natural unit of child socialization. Parents and caregivers have a primary role to ensure the safety and security of children at home. Alternative Forms of Care such as guardianship and kinships should be embraced.

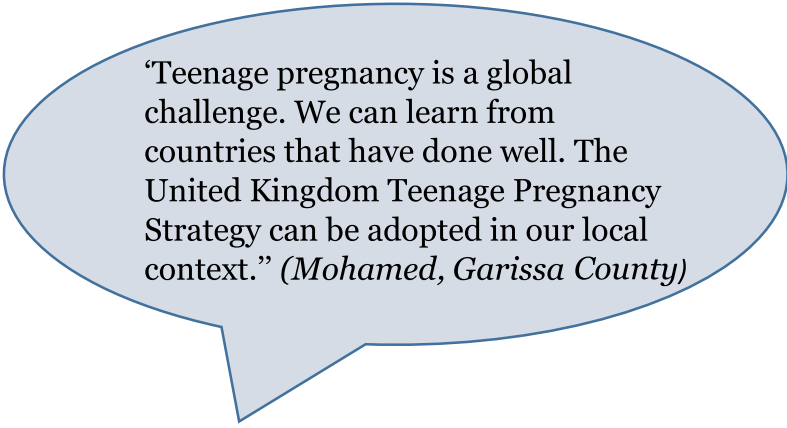
h) Reproductive Health Services

“If we do not manage reproductive health issues among children including contraception for teenage parents, most of the children will end up procuring abortions and it will be double tragedy. We must consider involving community based counsellors to support the children throughout the period of pregnancy and beyond.”
(Dr. Joan Mwende Kiema, County Government of Embu)

- i) Unsafe abortion among children can be prevented through devising comprehensive sexuality education programmes, prevention of unintended pregnancy through the use of effective contraception including emergency contraception and provision of safe, legal abortion services where necessary and as per the Constitution of Kenya, 2010.

- ii) Cases of incest that result in pregnancy have in the past been hidden by relatives resulting in procuring abortions.

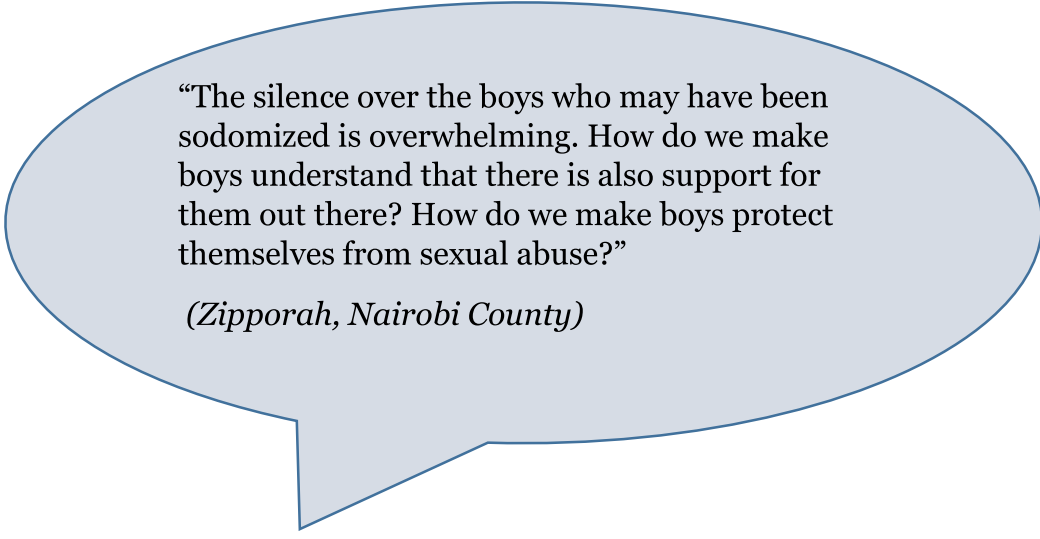
i) Learning and Replication



“Teenage pregnancy is a global challenge. We can learn from countries that have done well. The United Kingdom Teenage Pregnancy Strategy can be adopted in our local context.” *(Mohamed, Garissa County)*

Consider replication of programs from countries with best practices in tackling child pregnancies. The best practices can be drawn from across the globe but with a focus on those that have worked well in countries sharing similar cultural economic and political profiles with Kenya.

j) Equality and Inclusion



“The silence over the boys who may have been sodomized is overwhelming. How do we make boys understand that there is also support for them out there? How do we make boys protect themselves from sexual abuse?”

(Zipporah, Nairobi County)

- i) Consider designing interventions to support adolescent boys who become fathers. Also, programs dealing with boys who suffer sexual abuse such as sodomy while in school and out of school should be considered.
- ii) Government should consider the safety of children with mental disabilities, most of whom are sexually abused.

3.0 PART THREE, THE CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusion

Kenya has sufficient laws that criminalize defilement which leads to child pregnancy. The main challenge remains the low levels of implementation of these laws. As such, there is a need to strengthen formal protection systems such as children's services, the justice sector and social welfare services. The community-based protection systems such as child protection volunteers, religious leaders and parents need to be reinforced as they play a critical role in reducing child abuse. There is a need for multi-sectoral engagement and comprehensive and harmonised response plans toward child pregnancies. Pregnant girls should be accorded access to medical, psycho-social and legal services. In all interventions, children should participate as they too have a major contribution to make.

3.2 Recommendations

3.2.1 Ministry of Labor and Social Protection

- a) Coordinate harmonization of child pregnancy data captured through the Child Protection Management Information System with data captured from other sources such as the Ministry of Health, Ministry of Education and Civil Society Organizations.
- b) Collaborate with stakeholders to come up with a strategy to end child pregnancies. There is a need to learn and replicate what has worked elsewhere like the Teenage Pregnancy Strategy in the United Kingdom.
- c) Develop psycho-social recovery programmes for children mothers and fathers.
- d) Operationalize the national family promotion and protection policy that seeks to install the family as a safe space for children. The Ministry should enhance parents' ability to protect children from exposure to, and participation in activities that may be detrimental to their physical, emotional, psychological and intellectual wellbeing.
- e) Strengthen the social protection programmes to include child mothers, child fathers and their caregivers.
- f) Strengthen Area Advisory Councils on children matters as a community-based protection mechanism.
- g) Conduct a rapid results initiative to prevent and respond to child pregnancies.

3.2.2 Ministry of Education

- a) Re-evaluate the school re-entry policy to establish what is working and what is not working well.
- b) Scale up the sanitary towel program to all schools and have community outreaches to reach children out of school.
- c) Work with stakeholders to ensure that all students resume school post-COVID-19 irrespective of their status (pregnancy or otherwise).
- d) Equip teachers to offer psycho-social support to children's mothers and child fathers and prevent the social stigma of the affected children.
- e) Work with stakeholders to come up with an age-appropriate and value-based curriculum on comprehensive sex education.

3.2.3 Ministry of Health

- a) Ensure proper capture, recording and sharing of data from health service delivery points.

- b) Strengthen the Comprehensive School Health Programme (CSHP) under the Kenya School Health Policy with great emphasis on the Adolescent Sexual Reproductive Health and Development component.
- c) Develop a communication strategy on adolescent reproductive health matters including data on child pregnancies.

3.2.4 The Senate and National Assembly

- a) Enact the Children Bill, 2019 into law as soon as the bill is presented to Parliament
- b) The Senate and National Assembly enact a law to protect the rights of child parents that includes obligating the state to provide education, care and other socio-economic needs of the child parents. Such a legal framework may take consideration in full or otherwise the proposed Care and Protection of Child Parents Bill, 2019
- c) Review all relevant laws to protect children from exploitation and address identified legal gaps.
- d) Oversight of the executive on expenditure towards the protection of children's rights.

3.2.5 The Judiciary

Accelerate access to the justice system for children.

3.2.6 County Governments

- a) Development of policies and programs to address the issues of Child pregnancies and child marriages in the Counties.
- b) Develop programmes that address social, cultural and economic dimensions of child pregnancies.
- c) Establishment of safe spaces/shelters for girls at risk of violation.
- d) Sustain allocation of resources towards the implementation of the Adolescent Sexual and Reproductive Health Policy.

3.2.7 County Assemblies

- a) Enact county-specific laws that are aimed at curbing child pregnancies and child marriages
- b) Oversight of the county executive on expenditure towards the protection of children's rights.

3.2.8 Attorney General/Kenya Law Reforms Commission

- a) Review the *Sexual Offences Act* and *Penal Code* to enhance the penalty for raping a person with mental disabilities who cannot consent to sex.
- b) Fast track the enactment of the Children's Bill 2018.

3.2.9 National Police Service

- a) Devise mechanisms to enhance evidence preservation and collection on sexual crimes.
- b) Formulate a policy to guide all officers on how to deal with sexual and gender-based violence. A case in point is the 'POLICARE' concept currently being formulated by the Kenya Police Service.
- c) Apprehend officers who compromise evidence management concerning sexual crimes.

3.2.10. The National Gender and Equality Commission

- a) Establish a multi-stakeholder/sectoral committee that will come up with an action plan to reduce child pregnancies in Kenya. The Action Plan should assign each stakeholder their roles based on their comparative advantage.
- b) Coordinate the harmonization of existing interventions on ending child pregnancies in Kenya among state and non-state actors.
- c) Expand the Sexual and Gender-Based Violence Information System to include a module on child pregnancies and child marriages.
- d) To establish the status of the register of sexual offenders as per *the Sexual Offences Act regulations of 2008*.
- e) Ensure compliance and timely reporting of the Country's Commitments to International treaties and conventions relating to Children.

3.2.11 Kenya National Commission on Human Rights

Offer support and protection to the child rights defenders who expose child abusers and paedophiles.

3.2.12 Non-governmental Organizations, Civil Society Organizations and Faith-Based Organizations

- a) Complement government interventions towards the eradication of child pregnancies.
- b) Share with the government best practices, innovations and lessons learnt about the elimination of child pregnancies for replication.
- c) Hold the government to account for prevention and response to ending child pregnancies.

3.2.13 Communities and parents

Organize grassroots movements to address child pregnancies through; sensitization of children on reproductive health to prevent pregnancies, advise children on reproductive health services and counselling referrals and mounting advocacy programs geared towards the apprehension of child pregnancy perpetrators.

3.2.14 Children and Youth

Participate in giving their views on strategies to end child pregnancies.

ANNEXES

Annex 1: Programme



PROGRAM FOR THE STAKEHOLDERS VIRTUAL CONSULTATIVE MEETING ON CHILD PREGNANCIES IN KENYA



24th July 2020: 10. 00a.m to 12.00 noon.

| TIME | ACTIVITY | RESPONSIBLE |
|--|---|--|
| 10:00 am –10:07 am | National Anthem Acknowledge the VVIPs | Mr John Munene, NGEC Ms Catherine Achieng'a, KBC |
| Session One: 10.07am -10. 10a.m (3 Minutes) | Objectives of the Meeting Betty Sungura-Nyabuto, MBS Commission Secretary/ CEO. National Gender and Equality Commission | |
| | Short Video/Clip-on child pregnancy in Kenya | |
| Session Three: 10.15 am-10. 25a.m 10 Minutes (5 Minutes each) | Child pregnancies during COVID-19. Whose responsibility is it to protect children from these abuses? 1. Mr Jean Lokenga, UNICEF Kenya Deputy Representative 2. Dr Joyce Mutinda, PhD, Chairperson, National Gender and Equality Commission | Mr Daniel Waitere, NGEC Ms Catherine Achieng'a, KBC |
| 10.25a.m-10.35.m 10 Minutes | Theme Specific Speech Hon Simon K. Chelugui, EGH. Cabinet Secretary, Ministry of Labour and Social Protection | Ms Catherine Achieng'a, KBC |
| Session Four: 10.35a.m-10. 55a.m 20 Minutes (5 Minutes each) | In the recent past, we have seen data circulating about child pregnancies? Is this reflective of the real situation in our country and does it mean we expect worse trends? 3. Dr Mercy Mwangangi, The Chief Administrative Secretary, Health in the Ministry of Health 4. Ms Mumina Gallo Bonaya; The Chief Administrative Secretary, State Departments for Early Learning & Basic Education and University Education and Research, Ministry of Education. 5. Prof. Collette Akoth Suda, PhD, FKNAS, CBS, Principal Secretary, State department of Gender, Ministry of Public Service and Gender | Ms Catherine Achieng'a, KBC |

| | | |
|--|--|--|
| <p>Session Five: 11.00a.m-11. 25a.m 25 Minutes (5 Minutes each)</p> | <p>What are some of the practical solutions to ending child pregnancies? What has worked and what has not worked well. How to deal with perpetrators.</p> <p>(Each speaker will relate the solutions to the mandates of their institutions)</p> <ol style="list-style-type: none"> 6. Hon Gathoni Wamuchomba; County Women Rep, Kiambu; Chairperson KEWOPA. 7. Hon. Priscilla Nyokabi; Commissioner, National Gender and Equality Commission. 8. Hon. Senator Mutula Kilonzo Jr, Senator, Makueni County 9. Hon. Joyce W. Ngugi, Chairperson, National Council for Children’s Services (NCCS). 10. Ms Kate Maina-Vorley Country Director, Plan International Kenya | <p>Ms Catherine Achieng’a, KBC</p> |
| <p>Session Six: 11.25a.m-11. 45a.m (20 Minutes)</p> | <p>Contributions and Questions from the Participants: (The moderator will read out questions and direct them to the panellists for their comments).</p> | <p>Ms Catherine Achieng’a, KBC</p> |
| <p>Session Six: 11.45a.m -11. 55a.m 10minutes (2 Minutes each)</p> | <p>From Policy to Practice and Responsibilities: The moderator will solicit commitments from each of the speakers in the panel</p> | <p>Ms Catherine Achieng’a, KBC</p> |
| <p>Session Seven: 11.55a.m-12.00noon 5 Minutes</p> | <p>5 Key Take Away Messages Moderator will sign off with a video on child empowerment</p> | <p>Mr Daniel Waitere, NGEC Ms Catherine Achieng’a, KBC</p> |

Annexe 2: Disaggregated data by County-Child Pregnancy (July 2019-July 2020)

| Row Labels | 2019 | | | | | | 2020 | | | | | | | Total |
|------------------|------|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|-------|
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | |
| Baringo | 3 | 2 | | 1 | | | 2 | | 1 | | | 3 | | 12 |
| Bomet | | | | | 1 | | | | | | | | | 1 |
| Bungoma | 5 | 15 | 6 | 1 | | 2 | 6 | 1 | 1 | 3 | | | | 40 |
| Busia | 3 | | 4 | 1 | 2 | 1 | 4 | 2 | 3 | | | | | 20 |
| Elgeyo/Mara kwet | 2 | | 1 | | | | | | | | | | | 3 |
| Embu | 1 | | 3 | | 1 | 1 | 2 | 1 | 1 | | | | | 10 |
| Garissa | | | | | | | | | | | | 1 | | 1 |
| Homa Bay | 1 | 5 | 1 | 1 | 4 | | | 1 | 2 | | 2 | 1 | 1 | 19 |
| Isiolo | | | | | 2 | | | | | | | | | 2 |
| Kajiado | 1 | | | | | | 2 | 1 | 1 | | | | | 5 |
| Kakamega | | 1 | 3 | 3 | 2 | 1 | 2 | 2 | | | 7 | 2 | | 23 |
| Kericho | 5 | 2 | 2 | | 1 | | | 1 | 1 | | | | | 12 |
| Kiambu | | | 1 | | | 3 | 2 | | | | | | 1 | 7 |
| Kilifi | 1 | 1 | 2 | 1 | | | 3 | 5 | | | 1 | 5 | 2 | 21 |
| Kirinyaga | | | 1 | 2 | | | 1 | 1 | | | | | | 5 |
| Kisii | 2 | 2 | 2 | | 1 | | 3 | | | | 1 | 2 | | 13 |
| Kisumu | | 1 | 3 | | | | | 2 | 1 | | | 1 | | 8 |
| Kitui | 3 | 2 | 1 | | | | 4 | | | | | | | 10 |
| Kwale | 4 | 4 | 2 | 7 | 2 | 4 | 4 | 4 | 1 | | | 3 | | 35 |
| Laikipia | | | | 1 | | 1 | | | 1 | 1 | | | | 4 |
| Machakos | | | 3 | 4 | | 2 | 3 | 3 | | | | 27 | 4 | 46 |
| Makueni | 1 | 1 | | | | 6 | | | | | | | | 8 |
| Marsabit | | | | | | | | | | | 1 | | | 1 |
| Meru | | 3 | 3 | 1 | 1 | | 3 | 1 | | | | | | 12 |
| Migori | 1 | | 12 | 1 | 1 | | 2 | 7 | 1 | 1 | 1 | 10 | | 37 |
| Mombasa | | 1 | | | 1 | | | | 1 | | | | | 3 |
| Murang'a | 5 | 4 | | 5 | | | | 1 | 1 | | 3 | 1 | 3 | 23 |
| Nairobi | 1 | | 4 | 3 | 1 | | 3 | 1 | | | | 4 | 1 | 18 |
| Nakuru | | | | 2 | | | 1 | 4 | | | | | | 7 |
| Nandi | | 1 | | 1 | 1 | | 2 | | | | | | | 5 |
| Narok | | | | 1 | | | | | | | | | 1 | 2 |
| Nyamira | | | | 1 | 1 | 1 | | 1 | | | | 1 | | 5 |
| Nyandarua | 2 | | | | | | 2 | | | | | | | 4 |
| Nyeri | | | | | | | 2 | | | | | | | 2 |
| Samburu | | 1 | 3 | 2 | | 1 | 1 | 2 | 2 | | | | | 12 |
| Siaya | | | 1 | | 6 | 1 | 1 | 3 | 2 | 1 | 1 | 1 | | 17 |
| Taita Taveta | | 2 | 1 | 2 | | 1 | 3 | | | | | 2 | | 11 |
| Tana River | | | | | 3 | | | | | | | | | 3 |
| Tharaka - Nithi | | | | | | 1 | | 4 | | | | | | 5 |
| Trans Nzoia | 1 | 2 | | 4 | | | 1 | 1 | | | | 3 | | 12 |
| Turkana | | 3 | | | | | 1 | | 1 | | | 4 | | 9 |
| Uasin Gishu | 1 | | | | 1 | 1 | | 2 | | | | | 1 | 6 |

| | | | | | | | | | | | | | | |
|--------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|-----------|-----------|-----------|------------|
| Vihiga | | | 9 | 4 | | | | 2 | | | 1 | | | 16 |
| West Pokot | | | | | 1 | | | | | | | | | 1 |
| Total | 34 | 53 | 68 | 49 | 33 | 27 | 60 | 53 | 21 | 6 | 18 | 71 | 14 | 516 |

Source: CPMIS

Annexe 3: County Data from the Ministry of Health on Adolescent Pregnancy

| Data | Adolescents Pregnancy (10-14 years) | | | | | | Adolescents Pregnancy(15-19 years) | | | | | | Total Adolescents | | |
|-----------------|-------------------------------------|--------|--------|--------|--------|--------|------------------------------------|--------|--------|--------|--------|--------|-------------------|--------|--------|
| | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jan-20 | Feb-20 | Mar-20 |
| Kenya | 1,413 | 2,088 | 1,146 | 1,374 | 1,165 | 1,299 | 30,678 | 27,634 | 26,974 | 24,757 | 26,851 | 29,166 | 32,091 | 29,722 | 28,120 |
| Baringo | 44 | 7 | 7 | 12 | 8 | 7 | 310 | 364 | 326 | 255 | 319 | 354 | 354 | 371 | 333 |
| Bomet | 19 | 5 | 9 | 25 | 24 | 20 | 746 | 717 | 684 | 687 | 724 | 746 | 765 | 722 | 693 |
| Bungoma | 22 | 40 | 18 | 37 | 32 | 83 | 1,208 | 974 | 1,055 | 971 | 1,135 | 1,141 | 1,230 | 1,014 | 1,073 |
| Busia | 11 | 7 | 15 | 6 | 8 | 7 | 588 | 478 | 495 | 481 | 422 | 560 | 599 | 485 | 510 |
| Elgeyo Marakwet | 33 | 34 | 3 | 4 | 4 | 4 | 315 | 261 | 353 | 338 | 341 | 375 | 348 | 295 | 356 |
| Embu | 2 | 2 | | | | 1 | 195 | 209 | 156 | 193 | 174 | 223 | 197 | 211 | 156 |
| Garissa | | 2 | 2 | 14 | | | 192 | 286 | 143 | 122 | 127 | 267 | 192 | 288 | 145 |
| Homa Bay | 88 | 91 | 92 | 84 | 97 | 65 | 1,131 | 1,141 | 1,068 | 1,095 | 1,077 | 1,049 | 1,219 | 1,232 | 1,160 |
| Isiolo | 3 | 3 | 9 | 19 | 7 | 7 | 206 | 190 | 179 | 191 | 173 | 185 | 209 | 193 | 188 |
| Kajiado | 121 | 191 | 86 | 231 | 189 | 79 | 948 | 833 | 873 | 681 | 741 | 677 | 1,069 | 1,024 | 939 |
| Kakamega | 26 | 35 | 46 | 20 | 26 | 10 | 1,467 | 1,128 | 1,181 | 1,251 | 1,404 | 1,489 | 1,493 | 1,163 | 1,227 |
| Keicho | 19 | 48 | 13 | 10 | 12 | 10 | 637 | 800 | 684 | 683 | 693 | 712 | 856 | 848 | 697 |
| Kiambu | 63 | 16 | 5 | 4 | 4 | 8 | 964 | 975 | 1,015 | 800 | 863 | 931 | 1,027 | 991 | 1,020 |
| Kilifi | 10 | 8 | 11 | 12 | 7 | 7 | 790 | 656 | 644 | 525 | 494 | 546 | 800 | 664 | 655 |
| Kirinyaga | | | | | 3 | 2 | 243 | 194 | 182 | 287 | 167 | 204 | 243 | 194 | 182 |
| Kisii | 101 | 72 | 16 | 36 | 113 | 38 | 853 | 664 | 689 | 637 | 834 | 818 | 954 | 736 | 705 |
| Kisumu | 18 | 21 | 15 | 15 | 21 | 22 | 699 | 562 | 556 | 537 | 533 | 462 | 717 | 583 | 571 |
| Kitui | 13 | 4 | 6 | 12 | 15 | 10 | 569 | 486 | 430 | 425 | 619 | 638 | 582 | 490 | 436 |
| Kwale | 18 | 13 | 10 | 10 | 7 | 6 | 937 | 872 | 890 | 689 | 636 | 706 | 955 | 885 | 900 |
| Lakipia | 5 | 3 | 2 | 17 | 4 | 11 | 434 | 451 | 390 | 364 | 438 | 490 | 439 | 454 | 392 |
| Lamu | 1 | 1 | 1 | 1 | 1 | 1 | 140 | 119 | 130 | 67 | 53 | 79 | 140 | 120 | 131 |
| Mechakos | 8 | 7 | 6 | 4 | 6 | 19 | 497 | 387 | 350 | 389 | 417 | 680 | 505 | 394 | 356 |
| Makueni | 10 | 8 | 17 | 24 | 14 | 11 | 500 | 446 | 489 | 496 | 498 | 454 | 510 | 454 | 506 |
| Mandera | | 70 | 11 | 19 | 14 | 1 | 224 | 250 | 228 | 189 | 208 | 339 | 224 | 320 | 239 |
| Marsabit | 34 | 5 | | 3 | 8 | 10 | 206 | 321 | 223 | 249 | 311 | 378 | 240 | 326 | 223 |
| Meru | 35 | 12 | 21 | 86 | 16 | 137 | 1,114 | 984 | 991 | 908 | 1,104 | 1,370 | 1,149 | 996 | 1,012 |
| Mgori | 49 | 33 | 50 | 40 | 44 | 39 | 889 | 852 | 773 | 794 | 893 | 787 | 938 | 885 | 823 |
| Mombasa | | 2 | 1 | 19 | 42 | 38 | 204 | 177 | 203 | 180 | 167 | 186 | 204 | 179 | 204 |
| Muranga | 4 | 2 | 4 | 3 | 9 | 4 | 544 | 540 | 433 | 387 | 487 | 473 | 548 | 542 | 437 |
| Nairobi | 114 | 625 | 224 | 173 | 87 | 141 | 2,580 | 2,459 | 1,901 | 1,276 | 1,412 | 1,856 | 2,694 | 3,084 | 2,125 |
| Nakuru | 24 | 32 | 163 | 9 | 11 | 12 | 1,173 | 1,018 | 1,059 | 1,009 | 1,187 | 1,033 | 1,197 | 1,050 | 1,222 |
| Nandi | 3 | 62 | 48 | 21 | 1 | 25 | 664 | 614 | 602 | 648 | 640 | 637 | 667 | 676 | 650 |
| Narok | 105 | 51 | 47 | 45 | 107 | 79 | 1,191 | 1,181 | 1,037 | 802 | 1,249 | 1,438 | 1,296 | 1,232 | 1,084 |
| Nyamira | 24 | 100 | 29 | 24 | 32 | 16 | 671 | 438 | 449 | 496 | 473 | 474 | 695 | 538 | 478 |
| Nyandarua | 6 | 2 | 1 | 1 | 4 | | 238 | 186 | 273 | 161 | 196 | 185 | 244 | 188 | 274 |
| Nyeri | 16 | 16 | 3 | 6 | 2 | 8 | 262 | 271 | 223 | 227 | 216 | 169 | 278 | 267 | 226 |
| Samburu | 58 | 23 | 23 | 108 | 7 | 263 | 398 | 400 | 363 | 276 | 370 | 442 | 456 | 423 | 386 |
| Siaya | 20 | 127 | 14 | 109 | 35 | 10 | 780 | 562 | 651 | 655 | 664 | 773 | 800 | 689 | 665 |
| Taita Taveta | 3 | 10 | 2 | 7 | 8 | 3 | 294 | 228 | 163 | 169 | 159 | 197 | 297 | 238 | 165 |
| Tana River | 101 | 96 | 6 | 28 | 39 | 2 | 482 | 422 | 496 | 330 | 261 | 361 | 583 | 518 | 502 |
| Tharaka Nithi | 27 | 18 | 2 | | 3 | 10 | 293 | 267 | 274 | 283 | 295 | 344 | 320 | 305 | 276 |
| Trans Nzoia | 69 | 14 | 14 | 9 | 15 | 11 | 969 | 896 | 960 | 930 | 966 | 1,117 | 1,038 | 910 | 974 |
| Turkana | 57 | 134 | 35 | 27 | 46 | 13 | 638 | 650 | 749 | 576 | 707 | 662 | 695 | 784 | 784 |
| Uasin Gishu | 5 | 1 | 21 | 6 | 5 | 4 | 459 | 406 | 406 | 426 | 406 | 471 | 464 | 407 | 427 |
| Vihiga | 13 | 8 | 38 | 13 | 9 | 22 | 666 | 425 | 626 | 559 | 551 | 528 | 679 | 433 | 664 |
| Wajir | 4 | 13 | 13 | 12 | 7 | 1 | 201 | 247 | 250 | 254 | 244 | 318 | 205 | 260 | 263 |
| West Pokot | 8 | 13 | 7 | 9 | 11 | 19 | 769 | 627 | 679 | 809 | 803 | 842 | 777 | 640 | 686 |

Annexe 4: List of Selected Institutions Participating in the Forum

| Constitutional Commissions | |
|---|--|
| 1. | National Gender and Equality Commission |
| 2. | Kenya National Commission on Human Rights |
| 3. | Teachers Service Commission |
| 4. | Independent Electoral & Boundaries Commission |
| Ministries, Departments and Agencies | |
| 5. | Ministry of Labor and Social Protection |
| 6. | Ministry of Public Service and Gender |
| 7. | Ministry of Health |
| 8. | Ministry of Education |
| 9. | National Council for Children Services |
| 10. | National Youth Council |
| 11. | National Commission for Science, Technology and Innovation (NACOSTI) |
| 12. | Independent Police Oversight Authority |
| 13. | National Crime Research Centre |
| 14. | Anti FGM Board |
| 15. | National Council for Population and Development |
| 16. | National Aids Control Council |
| County Governments | |
| 17. | Council of Governors |
| 18. | County Government of Embu |
| 19. | County Government of Taita Taveta |
| Universities /Colleges | |
| 20. | Dedan Kimathi University of Technology |
| 21. | Kenyatta University |
| Development Partners, NGOs and CBOs | |
| 22. | UNICEF, Kenya |
| 23. | UNFPA, Kenya |
| 24. | Plan International, Kenya |
| 25. | World Vision Kenya |
| 26. | LVCT Health |
| 27. | Gender Violence Recovery Centre |
| 28. | Kenya Girl Guides Association |
| 29. | Kenya Private Sector Alliance |
| 30. | Tetra Tech International, REINVENT Programme |
| 31. | AKAD Educational Group Africa |
| 32. | Kenya Alliance for Advancement of Children (KAACR) |
| 33. | Men Engage Kenya Network (MENKEN) |
| 34. | The African Women's Development and Communication Network (FEMNET) |
| 35. | Kesho Kenya, Kilifi |
| 36. | Kenya Muslim Youth Alliance (KMYA) |
| 37. | HIV Free Generation |
| 38. | Moving the Goalposts - Kilifi County |
| 39. | Grass Roots Church-Based Child Development project - Kilifi county |

| | |
|--|--|
| 40. | HAKI Africa |
| 41. | Children of the Kingdom and a member of Echami Aito (Mother's love) |
| 42. | Arigatou International |
| 43. | Creamo – Migori County |
| 44. | Stepping Up Global |
| 45. | Rural to Global Organization |
| 46. | One More Day for Children Foundation and Girls` Safe House-Laikipia County |
| 47. | Polycom Development Project |
| 48. | He Intends Victory Kenya |
| 49. | Pamoja for transportation – Kilifi County |
| 50. | Slum Child Foundation |
| 51. | Health Rights Advocacy Forum (HERAF) |
| 52. | Nyeri Disability Network |
| 53. | Maji Kwa Wanafunzi Initiative and Kaizen International Network |
| 54. | I Choose Life - Africa, Jielimishe Girl Education Project (GEC) -Laikipia County |
| 55. | Ugunja Development Initiative- Siaya County |
| 56. | Gender and Reproductive Health Solutions (GARSH) |
| 57. | Mentorship and Beyond Foundation |
| 58. | Unheard Voices Africa |
| 59. | Kuza Livelihood Improvement Projects |
| 60. | Juhudi Africa Programme |
| 61. | Kwale Welfare and Education Association (KWEA) |
| 62. | Stretchers Youth Organization |
| 63. | AMURT LIP MWENDO project -Bondo |
| 64. | Angaza Youth Initiative – Kilifi County |
| 65. | United Disabled Persons of Kenya (UDPK) |
| Parliament | |
| 66. | The National Assembly of Kenya |
| 67. | The Senate |
| Gender Technical Working Groups | |
| 68. | Gender Technical Working Group - Siaya County |
| 69. | Gender Technical Working Group- Laikipia County |

Annexe 5: List of Participants

| S.NO | Name | Organization |
|------|---------------------------------------|--|
| 1. | Dr Joyce B. M. Mutinda | National Gender and Equality Commission |
| 2. | Dr Joel M. Chomba | National Gender and Equality Commission |
| 3. | Hon.Priscilla Nyokabi Kanyua | National Gender and Equality Commission |
| 4. | Betty Sungura-Nyabuto, MBS | National Gender and Equality Commission |
| 5. | Paul Kuria | National Gender and Equality Commission |
| 6. | Winfred Wambua | National Gender and Equality Commission |
| 7. | George Wanyonyi | National Gender and Equality Commission |
| 8. | Carolyne Munyua | National Gender and Equality Commission |
| 9. | Kevin Mpaka | National Gender and Equality Commission |
| 10. | Lynette Kigotho | National Gender and Equality Commission |
| 11. | Emma Kimencu | National Gender and Equality Commission |
| 12. | Beatrice Owino | National Gender and Equality Commission |
| 13. | Purity Wawira | National Gender and Equality Commission |
| 14. | Moses Saranta | National Gender and Equality Commission |
| 15. | Beatrice Zighe | National Gender and Equality Commission |
| 16. | Davis Okeyo | National Gender and Equality Commission |
| 17. | Dr Bernard Mogesa | Kenya National Commission on Human Rights |
| 18. | Hon.Simon Chelugui | Ministry of Labor and Social Protection |
| 19. | Prof.Collete Suda | Ministry of Public Service and Gender |
| 20. | Dr Mercy Mwangangi | Ministry of Health |
| 21. | Mumina Gallo Bonaya | Ministry of Education |
| 22. | Hon.Gathoni Wamuchomba | The National Assembly of Kenya |
| 23. | Hon.Adagala Beatrice | The National Assembly of Kenya |
| 24. | Hon Zuleikha Hassan | The National Assembly of Kenya |
| 25. | Hon. Oduol, Prof. Jacqueline Adhiambo | The National Assembly of Kenya |
| 26. | Mercy Mwangi | KEWOPA |
| 27. | Hon.Mutula Kilonzo | The Senate |
| 28. | Hon.Beatrice Kwamboka | The Senate |
| 29. | Dr Joyce Ngugi | National Council for Children Services |
| 30. | Abdinoor Mohamed | National Council for Children Services |
| 31. | Juliet Owino | National Youth Council |
| 32. | Roy Sasaka Telewa | National Youth Council |
| 33. | Viridiana Wasike | National Youth Council |
| 34. | Margaret Muthee | National Commission for Science, Technology and Innovation (NACOSTI) |
| 35. | Zipporah Musengi Supuk | Teachers Service Commission |
| 36. | Miriam | Teachers Service Commission |
| 37. | Stephen Musau | Independent Police Oversight Authority (IPOA) |
| 38. | Joyce Akello Onyango | Independent Electoral and Boundaries Commission (IEBC) |
| 39. | Chrispinus Aben | National Crime Research Centre(NCRC) |
| 40. | Bernadette Loloju | Anti- FGM Board |

| | | |
|-----|--------------------------|--|
| 41. | Dr Mohamed Sheikh | National Council for Population and Development(NCPD) |
| 42. | Adams Mateo | National Aids Control Council(NACC) |
| 43. | Dr Joan Mwendu Kiema | County Government of Embu |
| 44. | Wallace Mwaluma | County Government of Taita Taveta |
| 45. | Kate Maina-Vorley | Plan International, Kenya |
| 46. | Elijah Gichora | Plan International, Kenya |
| 47. | Jean Lokenga | UNICEF, Kenya |
| 48. | Yoko Kobayashi | UNICEF, Kenya |
| 49. | Linda Kharemwa | UNICEF, Kenya |
| 50. | Jackson Onyando | UNICEF, Kenya |
| 51. | Lilian Langat | UNFPA, Kenya |
| 52. | Korir Kigen | UNFPA, Kenya |
| 53. | Dr. Ezizgeldi Hellenov | UNFPA, Kenya |
| 54. | Millicent Kiruki | LVCT Health |
| 55. | Alice Sedah | LVCT Health |
| 56. | Anne Ngunjiri-Gakuya | LVCT Health |
| 57. | Michael Gaitho | LVCT Health |
| 58. | Stella Gitia | LVCT Health |
| 59. | Caroline Ndege | World Vision Kenya |
| 60. | Grace Ogaga | World Vision Kenya |
| 61. | Angela Kyalo/Mumo | World Vision Kenya |
| 62. | Rodah Msafari | World Vision Kenya |
| 63. | Lorna Aloo | World Vision Kenya |
| 64. | Masheti Masinjila | Collaborative Centre for Gender and Development (CCGD) |
| 65. | Milka Kariuki | Collaborative Centre for Gender and Development (CCGD) |
| 66. | Jacinta Makokha | Tetrattech International, REINVENT Programme |
| 67. | Jacob Mulandah | Niache Nikomae CBO |
| 68. | Macknon Kenga | Niache Nikomae CBO |
| 69. | Jane Maina | Men Engage Kenya Network (MENKEN) |
| 70. | Kate Githae | Men Engage Kenya Network (MENKEN) |
| 71. | Kevin Onyancha | AKAD Educational Group Africa |
| 72. | Moraa Ataya | AKAD Educational Group Africa |
| 73. | John Oduor | Kenya Alliance for Advancement of Children (KAACR) |
| 74. | Peggy Masika | Kenya Alliance for Advancement of Children (KAACR) |
| 75. | Carol Mumbi | Kenya Alliance for Advancement of Children (KAACR) |
| 76. | Kennedy Odhiambo Otina | FEMNET |
| 77. | Priscilla Gathiga | Kenya Girl Guides Association |
| 78. | Jackie Malomba | Kenya Private Sector Alliance(KEPSA) |
| 79. | Francis Nyahoro Ndirangu | Kenya Primary School Heads Association (KEPSHA) |
| 80. | Dr Esther Nthiga | Dedan Kimathi University of Technology |
| 81. | Valerie Olesia | Kenyatta university |
| 82. | Sophie Kwamboka | Kesho Kenya, Kilifi |
| 83. | Constance Lenga | Kesho Kenya Kilifi |
| 84. | Zena Salim | Kesho Kenya Kilifi |
| 85. | Beatrice Wangari Wachira | Gender Technical Working Group- Laikipia county |

| | | |
|------|-----------------------|--|
| 86. | Elizabeth Mwangi | Gender Technical Working group member Laikipia County |
| 87. | Asili Abdalla Randani | Kilifi County Field Coordinator Kenya Muslim Youth Alliance (KMYA) |
| 88. | Rita Omondi | HIV FREE GENERATION |
| 89. | Grace Sulubu | Kilifi County, Ganze Sub County |
| 90. | Irine Mambo | Moving the Goalposts Kilifi Kenya |
| 91. | Silas Fondo | Grassroots church-based child development project Kilifi county |
| 92. | Alexander Mbela | HAKI Africa |
| 93. | Veronica Lemuya | Children of the Kingdom and a member of Echami Aito (Mother's love) |
| 94. | Nyambura Gichuki | Arigatou International |
| 95. | Dorothy Minyiri | Creamo, Migori |
| 96. | Hannah Ngugi | Stepping Up Global |
| 97. | Keith Terah | Rural to Global Organization |
| 98. | Hellen Gathogo | One More Day for Children Foundation and Girls` Safe House-Laikipia County |
| 99. | Anyango Jane | Polycom Development Project |
| 100. | Martha Ambani | He Intends Victory Kenya |
| 101. | Maryam Wambui | Pamoja for transportation Kilifi |
| 102. | George Ochieng Odalo | Slum Child Foundation |
| 103. | Maureen Asembo | HERAF- Health Rights Advocacy Forum |
| 104. | Grace Shem | Nyeri Disability Network |
| 105. | Yuri Coret | Maji Kwa Wanafunzi Initiative and Kaizen International Network |
| 106. | Samwel Onsarigo | I Choose Life - Africa, Jielimishe Girl Education Project (GEC), Laikipia County |
| 107. | Isaiah Ochieng | Ugunja Development Initiative Siaya County |
| 108. | Margaret Olande | Gender and Reproductive Health Solutions (GARSH) |
| 109. | Morris Njogu Muchiri | Mentorship and Beyond Foundation |
| 110. | Alberta Wambua | Gender Violence Recovery Centre |
| 111. | George Owuor | Gender Technical Working Group, Siaya County |
| 112. | Jane Mwangi | Unheard Voices Africa |
| 113. | Nolly Wilson Raye | Kuza Livelihood Improvement Projects |
| 114. | Joachim Tamaro Makori | Juhudi Africa Programme |
| 115. | Sabina Saiti | KWEA CBO |
| 116. | Rebecca Achieng | Stretchers Youth Organization |
| 117. | Esther Ochieng' | AMURT LIP MWENDO project Bondo |
| 118. | Eliezer Opulu | Angaza Youth Initiative - Kilifi |
| 119. | John Wambua | United Disabled Persons of Kenya (UDPK) |
| 120. | Mary Gwiyo | Individual |
| 121. | Winnie Achieng | Individual |
| 122. | Jane Maina | Individual |
| 123. | Nimo Maureen | Individual |
| 124. | Jean Lokenga | Individual |
| 125. | Margaret Githae | Individual |
| 126. | Florence Machio | Individual |

| | | |
|------|---------------------------|------------|
| 127. | Mwalimu Thuku wa Njuguna | Individual |
| 128. | Christine Sanguli Mwakima | Individual |
| 129. | Joy Njoki | Individual |
| 130. | Morris Njogu | Individual |
| 131. | Juliet Mati | Individual |
| 132. | Angella Gwaro | Individual |
| 133. | Jacinta Mwendu | Individual |
| 134. | Stephen Jalenga | Individual |
| 135. | Evarlyn Kaluki | Individual |
| 136. | Juliet Ruth | Individual |
| 137. | Rita Omondi | Individual |
| 138. | Gladys Chania | Individual |
| 139. | Patricia Odongo | Individual |
| 140. | Emmie Erondanga | Individual |
| 141. | Alice Karanja | Individual |
| 142. | John Samuel Otieno | Individual |



NGEC
National Gender and
Equality Commission

National Gender and Equality Commission

1st Floor, Solution Tech Place, 5 Longonot Road, Upper Hill, Nairobi
P.O BOX 27512-00506
Nairobi, Kenya
Landline: +254(020)3213100
Mobile: +254 (709)375100
Toll-Free: 0800720187
SMS: 20459
info@ngeckeny.org
www.ngeckeny.org
Twitter: @NGECKENYA
www.facebook.com/NGECKKenya

Kisumu Office

Reinsurance Plaza, 3rd Floor, Wing B,
Oginga Odinga Street,
Kisumu Town.

Nakuru Office

Tamoh Plaza, 1st Floor, Kijabe Street,
Nakuru Town.

Garissa Office

KRA Route off Lamu Road, Province,
Garissa Town.

Malindi Office

Malindi Complex, off Lamu-Malindi Road,
Malindi Town.

Kitui Office

Nzambani Park, off Kitui Referral Hospital Road,
Kitui Town.

Isiolo Office

County Estate along Kiwanjani Road,
next to KRA Offices

©2022