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Statement submitted by Federation of Women Lawyers in Kenya, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.





Statement

In 2000, the world agreed on Millennium Development Goals whereby every country around the world was expected to take action and ensure a world without poverty; an environment where people can achieve their full potential and be guaranteed a good healthy life and education. Sexual reproductive health and rights are central to achieving this vision. These rights give room for people to exercise freedom of choice in regard to their sexual and reproductive rights.

Just like many other factors come to play in ensuring sustainable development, sexual reproductive health and rights relate to the current Millennium Development Goals, and cut across each of the three dimensions of sustainable development.

Despite some progress on sexual and reproductive health rights in Kenya, the sector still remains sensitive to the core sustainable development and future health of the country and thus public education, policy and legal intervention need to be given more attention to ensure protection, recognition and fulfilment of sexual and reproductive health rights. This statement is dedicated to understand, address and give recommendations on the implementation of the post 2015 agenda, on sexual and reproductive health rights in Kenya. To address this, the section below is divided into:

Maternal Health

Campaign for the abandonment of Female Genital Mutilation

Sexual Harassment/Defilement/Rape

Maternal health

The Kenyan government set a target to decrease maternal mortality and morbidity in line with the fifth Millennium Development Goal that aims to reduce the maternal mortality ratio by 75 per cent between 1990 and 2015. The government has done this through constructing and equipping level 5 hospitals for expectant women to have easy access to maternal and child health care. The government has further considered other initiatives in order to improve women's reproductive health and rights by ratifying key international human rights treaties. The Kenyan Constitution 2010 has explicitly provided for reproductive health rights and thereby positioning them as rights to all Kenyan citizens. After the general election in 2013, the government announced free maternity and delivery services for women nationwide. This aimed at encouraging more women to deliver at health facilities thus, reducing maternal deaths. However, operationalizing this policy has been problematic owing to the huge demand which was never matched by requisite budget support. The above commitment has also been a challenge to family planning services, with some women dropping family planning in order to access free maternity services. To this end, the government has been urged to fully support structures and actions that promote affordable and accessible quality care.

Kenyan maternal mortality and morbidity still remains high at 488 maternal deaths per 100,000 live births. Consequently, Kenya continues to experience slow progression in maternal health. Most of these deaths are related to pregnancy and childbirth, unsafe abortion and obstructed complications such as severe bleeding, infection, hypertensive disorders and obstructed labour. While other maternal deaths are as a result of malaria, diabetes, hepatitis and anaemia — these conditions are

mostly provoked by pregnancy. Despite the government's commitment to structure more hospitals with maternal wards and ensure training of more health personnel contributing to 92 per cent of women having access to antenatal care, 56 per cent of Kenyan women deliver at home. Home births are common in rural areas and out of these 56 per cent, only 44 per cent of these births were assisted by a health care professional particularly among the poor.

Kenya's constitution states that every citizen has a right to life and the right to the highest attainable standard of health including reproductive health. In order to improve maternal and child health outcomes in the country, the first lady of Kenya — Her Excellency Hon. Margaret Kenyatta launched the "Beyond Zero Campaign" on 24 January 2013 in Nairobi with the objective of raising awareness on the link between good health and a strong prosperous nation, and to demonstrate the centrality of good maternal and child health to this linkage; raise awareness on the challenges surrounding maternal, newborn and children's health in Kenya; mobilize support and raise funds to support initiatives for enhancing maternal, newborn and children's health; and encourage women to adopt a healthy lifestyle by participating in sporting activities, as well as urge them to be conscious of their health and to practice preventive health strategies. The Campaign has so far initiated health outreach projects through provision of mobile clinics in different counties in Kenya.

Female Genital Mutilation

Kenyan government is committed to the abandonment of Female Genital Mutilation as it violates the rights of women and girls. In 2011, it enacted the Prohibition of Female Genital Mutilation Act to outlaw Female Genital Mutilation. Harmful cultural practices including Female Genital Mutilation are further prohibited within the Kenyan Constitution 2010. Kenya has further ratified the Convention on the elimination of All forms of discrimination against Women and the Protocol to the African Charter on Human and Peoples Rights relating to the rights of women in Africa (the Maputo Protocol) which provides that States parties are expected to put measures in place to ensure harmful cultural practices are eradicated. Despite the law and the efforts of the government, the practice of Female Genital Mutilation still persists in Kenya.

The Female Genital Mutilation prevalence rate in Kenya is approximately 27 per cent, although in some regions the rate is as high as 98 per cent. Female Genital Mutilation has had detrimental lifelong health consequences including chronic infections, severe pain during urination, menstruation, sexual intercourse, and child birth, infertility and psychological trauma. In prevalent areas, the girl child education is curtailed as most of the girls who have undergone Female Genital Mutilation end up getting married early. The national prevalence rates have however continued to decline with the rates falling from 37.6 per cent in 1998 to 32.2 per cent in 2003 and 27 per cent in 2008-09. These show that the Kenyan government and civil society organizations have had remarkable achievement in campaigning for the abandonment of Female Genital Mutilation. However, more action needs to be taken as surveys undertaken by the Ministry of Gender, Children and Social Development in some communities including Samburu, Baringo, Kuria, Pokot and Kisii communities revealed that Female Genital Mutilation is now medicalized. There is therefore need for stricter implementation of the relevant laws outlawing Female Genital Mutilation as well as enhanced education and sensitization to facilitate behaviour change. At another level, the government needs to develop guidelines to implement the Prohibition of Female Genital Mutilation Act 2011 and review the National Policy for the Abandonment of Female Genital Mutilation to be aligned with the Constitution of Kenya 2010.

Sexual and gender based violence

The Kenyan government has shown commitment to addressing sexual and gender based violence. It has cited sexual violence as a key issue of concern in various policy and strategic documents. It has enacted various laws and policies that outlaw any form of sexual and gender based violence which includes the Sexual Offences Act, the Public Officer Ethics Act and the Employment Act among others and drafted the Protection Against Domestic Violence Bill which is currently being debated in Parliament. It has put in place measures on prevention of sexual violence through legislation, awareness raising and advocacy as well as provision of post sexual violence in health care services, legal representation and rehabilitation. Although the government has committed to provide post rape care services, such services are provided in a context of competing resources, poor infrastructure, and lack of well trained staff to deal with post rape cases, lack of clear procedures and protocols and unavailability of confidential spaces for treatment. Despite the various measures that the government has put in place to curb sexual and gender based violence, media reports reveal that the same is on the rise with domestic and sexual violence taking the lead.

Recommendations:

Enact the Protection Against Domestic Violence Bill into Law and put in place an implementation framework.

Scale up the measures to reduce maternal mortality and morbidity and ensure women give birth in hospitals.

Ensure measures to improve sexual and reproductive health rights in Kenya by enacting legislation and providing clear guidelines, policy in line with international human rights instruments that Kenya has ratified.

Ensure government ministries and agencies are well equipped in terms of human resources, facilities and supplies. Thus, government should ensure increased budgetary allocation on health.

Put in place Rules and Regulations on the Prohibition of Female Genital Mutilation Act.