

Accelerate Newsletter



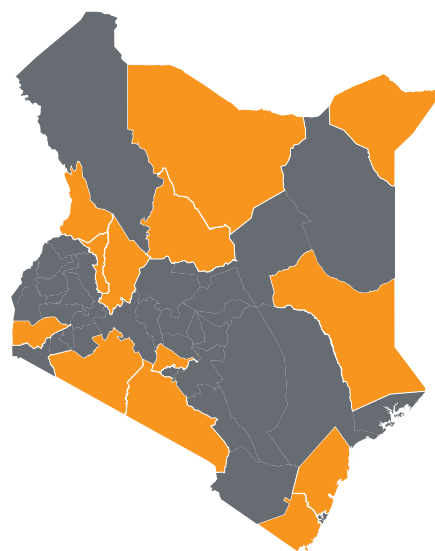
MINISTRY OF
FOREIGN AFFAIRS
OF DENMARK
Danida



Introduction

Accelerate is a Sexual and Reproductive Health and Rights (SRHR) and Gender-Based Violence (GBV) program funded by DANIDA and implemented in a consortium led by Population Services Kenya (PS KENYA) in partnership with Gender Violence Recovery Centre (GVRC) and Population Services International (PSI). The program will contribute towards ICPD25 Promise of zero unmet need for contraception, zero preventable maternal deaths, zero gender-based violence and harmful practices hence working towards the three zeros. Accelerate seeks to build on the milestones that Kenya has achieved towards the realization of true universal access to quality sexual and reproductive health services (SRHR), prevention and management of Gender Based Violence (GBV) and reduction in Harmful Traditional Practices (HTPs).

Counties of Operation



Key

1. Elgeyo Marakwet
2. West Pokot
3. Homabay
4. Marsabit
5. Samburu
6. Mandera
7. Garissa
8. Nairobi
9. Kajiado
10. Baringo
11. Kwale
12. Narok
13. Kilifi

Roadmap for the Accelerate Project

Kenya's development agenda has put in place a raft of constitutional, policy, national strategies, and political commitments towards delivering inclusive, equitable, and sustainable prevention and response services. However, despite remarkable progress towards achieving this agenda, equality and empowerment for women, universal access to sexual and reproductive health and rights remains a distant dream for many girls and women in Kenya today.

Every year, an estimated 5,500 women die during childbirth; 23% of girls marry before the age of 18; and more than 40% of women lack access to modern contraceptive methods. In addition, 1.4 million girls and women in Kenya have undergone Female Genital Mutilation (FGM); and nearly half (45%) of women aged 15–49 have reported being victims of gender-based violence in their lifetime. (WHO report 2013-2014).

Accelerate seeks to accomplish these commitments by focusing on increasing access and utilization of comprehensive, inclusive, and integrated SRHR/MCH services and Gender-Based Violence (GBV) response and strengthening respect for human rights.

To accomplish this, the Accelerate program successfully conducted county entry meetings in 11 counties, namely West Pokot, Elgeyo Marakwet, Homabay, Kajiado, Kwale, Nairobi, Samburu, Garissa, Mandera, and Marsabit. These were followed by co-creation workshops that sought to get insights from the county health teams, community, and administration on how best the program can effectively help in the realization of true universal access to quality sexual and reproductive health services (SRHR), prevention and management of GBV, and reduction in harmful traditional practices in the stated counties.

Adolescents and youth, survivors of gender-based violence (including harmful traditional practices), boys and men, poor women, and other marginalized groups (such as LGBTQ+ and people with disabilities), as well as those living in hard-to-reach areas, will be the primary beneficiaries.

Written By: Jacinta Kibui

My Pregnant Teenage Daughter Broke My Marriage

We met Akinyi during a community dialogue session that was comprised of women who had teenage mothers. With an expression of bitterness, she emotionally narrated how her world had turned upside down. Akinyi and her husband were blessed with five children. They both worked hard in order to cater to the needs of their children. Akinyi ran a small roadside kiosk along the Homabay-Migori road while her husband worked as a mason assistant.

When her eldest daughter started school, she was performing well and had dreams of becoming a lawyer. The parents graciously supported her and the rest of her siblings in order to ensure that they realized their dreams. When she got to class seven, things started going wrong. The daughter's performance began to drop, she started getting home late from school, which evolved into sneaking out at night, being dropped off by motorcycles, despite the parents' not providing money for such kinds of transport. Akinyi's instincts did not trust her daughter. As the year progressed, the girl started to avoid accompanying her mother and siblings to church and instead opted to accompany her friends to other different churches. Her dress code had also changed, and to Akinyi, that marked the beginning of her daughter's downfall.

Seeing that her daughter's behavior was getting out of hand, Akinyi opted to start having talks with her daughter. The daughter confided that she was already sexually active which prompted the mother to take her to the hospital for a family planning method.

Written By Ezra Abaga



After discussions with the health provider, they opted for the 3-month injection. Both agreed that her daughter should go for the jab after 3 months. The daughter agreed, but unknown to the mother, her peers misadvised her to stop going for the jab.

After a short while, the mother started noticing body changes in her daughter: gaining weight, missing school, and morning sickness. She confronted her and took her to the hospital, where her daughter was confirmed to be pregnant. Filled with devastation, Akinyi immediately broke the news to her husband, who got furious and blamed his wife for her daughter's pregnancy. To him, it was the mother who had failed to instill morals in their daughter. Pregnancy meant that the daughter had to drop out of school.

The pregnancy strained the relationship between Akinyi and her husband, who demanded that their daughter gets married to the boy who impregnated her or he would desert the family. Akinyi refused to marry off her daughter and, out of rage, the husband abandoned the family and she was left to raise her four kids and pregnant daughter alone. She was forced to relocate to a cheaper house where she struggled to provide for her basic needs.

One day, a community health volunteer who lived nearby advised her to take the daughter for a long-term family planning method to avoid getting pregnant again after her delivery. At the hospital, they were educated on the various methods available, and they opted for the five-year long-term method. Akinyi's daughter would like to resume school after her baby has grown and fulfill her dream of becoming a lawyer.

Through the Accelerate project, we empower women and girls to make informed sexual and reproductive health decisions by ensuring that they can easily access sexual and reproductive health information and services.

Intimate Partner Violence (IPV)

M.D.T. is a 32-year old male, married for six years and has 2 children, aged 6 and 3 years, respectively. He lives with his family in the Soweto area of Kibra. He was brought to GVRC Hurlingham in 2021 by a Community Health Volunteer (CHV) after having sustained physical assault from his wife. MT was first rescued by the neighbors, who took him to a CBO in Kibra, who, upon examination, gave him some first aid and referred him to the GVRC of Nairobi Women's Hospital for psychosocial and medical management.

Challenge

Society does not recognize that there are also vulnerable men in IPV, men who are not perpetrators but victims. The way violence against men is sometimes portrayed on TV or in print media is in the context of humor, so people may not understand women's violence towards men. As a result, this has a negative impact on men seeking help due to their fear that no one will believe them or take them seriously.

Initiative

At GVRC, the MSE test was conducted by the counselor, and the results showed that M.D.T. was depressed and very anxious. He was exhibiting low self-esteem and had been thinking about it. He was taken through psychological first aid on relaxation techniques exercises since he was crying intermittently

“After going through the sessions, I have learnt to move on and I am working on dealing with what has been disturbing me, especially my low self-esteem. It is a long and difficult process, but I know that from the sessions of counselling and psycho-education on assertiveness, I have hope there is light at the end of the tunnel. I will not allow her to ruin my future again. I would like to share this with other men going through similar experiences and give them hope that they can get help at GVRC.”

Written By GVRC



while sharing and using statements of self-blame and guilt. He was allowed to release his pent-up emotions in a safe and enabling therapeutic environment. The counselor used a technique known as "narrative exposure," where M.D.T. was guided in recounting the incidents of hurt and painful memories that he had undergone in his household. The counselor also used validation and normalcy therapeutic skills to help bring normal feelings to the survivor.

Medical Intervention

According to the GVRC doctor's report, the client had sustained 2nd degree tissue injuries as a result of a physical assault. He was given an anti-tetanus injection and analgesic medication. The cut wounds were then cleaned, sutured, and bandaged.

Impact or Effect

As a result of the psychological and economic empowerment, M.D.T. was able to address the causes of depression and anxiety that had developed as a result of physical IPV. After attending 6 therapy sessions, he reported that he was able to address his feelings of anger, grief, frustration, and fear. He had also learnt to be assertive as well as deal with his low self-esteem and sought legal redress by reporting the matter to police. His wife has since been arrested and charged with physical assault and served with a police restraining order. The client was also able to secure employment as a foreman and is comfortably able to cater to his children's upbringing.

Learning Lesson

In June 2021, GVRC and Refugee Consortium of Kenya-RCK held a medical legal clinic to address the challenges faced by survivors in accessing justice. Client MDT was able to participate and educate other GBV survivors about the free legal services offered by GVRC legal partners.

Co-creation Sessions in Counties



Community engagement with women Samburu County



Narok Women



Narok Men



Samburu Men



Samburu Men

Broken Dream but Soldering On



Growing up in Kajiado County, Nashipae* admired how her teachers taught and interacted with students which led to her interest in becoming a teacher. To her, empowering students to achieve their dreams was all she desired. This was despite the fact that her community prioritized education for the boy.

We met Nashipae during a young mother's discussion forum. She informed us that she had lost hope in school but was determined to bounce back by venturing into business in order to support her husband in raising their children. "I am now engaged in selling beads to supplement my husband's income and that of our children. Through this, I will be able to live a better life despite not having achieved my dream of becoming a teacher," stated Nashipae.

She was an average student, and after she sat for her primary school Kenya Certificate of Primary Education, she attained marks that allowed her to proceed to secondary school. During the school break, her parents took her to her grandmother's place, who lived a few miles away, to enjoy the holiday. She later joined a local secondary school. However, after only two months in school, she realized that she had missed her menstruation twice, and that is when she confided in her mother. The mother took Nashipae to the hospital to confirm the pregnancy. The news devastated her mother, who now had to carry the blame for not guiding her daughter. During the holiday, she fell in love with a young man, and, due to lack of adequate information, they engaged in unprotected sex under the illusion that she was not yet fertile enough to get pregnant.

Getting back home, the girl had no choice but to reveal the identity of the young man who was a neighbor to the grandmother. The father confronted the boy's parents, who, after questioning the boy, he confirmed to be responsible. A traditional ceremony was organized, and Nashipae was married off. According to her father, he would not waste resources educating someone else's wife, which sealed Nashipae's fate.

Life as a married woman hadn't been easy as they struggled to get basic needs since they were both young and with no source of income except for the milk and few eggs they sold in order to cater for their needs. Life became more difficult for Nashipae and her young family after she fell pregnant again with their second child. After she delivered her baby boy she met other young mothers during a routine clinic visit and who were being educated on reproductive health issues. They advised her to join the group, stating that the discussions would help her to know how best she could space her children. During the discussions, she realized that the scenarios being discussed were similar to her story.

When the session ended, she made up her mind to get a family planning method.

Written By Ezra Abaga



CONTACT DETAILS

Population Services Kenya
3rd Floor, Wing B

Jumuia Place, Lenana Road

P.O Box 22591-00400, Nairobi

Tel: 020 2714346/4354/5096/5104

Mobile: 0722 203199/ 0733363 630

Email: info@pskenya.org



MINISTRY OF
FOREIGN AFFAIRS
OF DENMARK
Danida