



# THE FORUM FOR AFRICAN WOMEN EDUCATIONALISTS

## Kenya Chapter (FAWEK)

P.O. Box 52597-00200 Nairobi, Kenya. Tel: (+254) 020 25928/39/49: Email; [info@fawe.or.ke](mailto:info@fawe.or.ke)

---

## LETTER OF SUBMISSION

---

ELIMINATION OF DISCRIMINATION AGAINST WOMEN WITH REGARD TO HEALTH AND SAFETY

### 1. INTRODUCTION

---

---

The Forum for African Women Educationalists: Kenya Chapter (FAWE Kenya) is a registered non-governmental organization working to support girls and women acquire education for development. As part of a network spanning 34 countries across Sub-Saharan Africa, FAWE Kenya implements programs that aim to empower women and girls through education and gender-responsive national policymaking.

### 2. GOOD PRACTICES, LESSONS LEARNED AND PROMISING EXPERIENCES IN THE ELIMINATION OF DISCRIMINATION AGAINST WOMEN WITH REGARD TO THE RIGHT TO HEALTH AND SAFETY

---

---

FAWE Kenya has designed and implemented programs that promote the health and safety of women as part of its strategy to empower women and address gender inequality. Key among these projects is an adolescent sexual and reproductive health and rights project, gender responsive institutions of learning, rescue centres for girls freeing from female genital mutilation and creation of safe schools and communities for girls and women.

We would like to share the following models to encourage replication even beyond Kenya with an to promoting an protecting women and girls from all forms of discrimination and violence.

#### 2.1.ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

---

The project aims to promote the rights of adolescent girls to reproductive health information and services and fulfill their rights to healthy sexuality and reproduction. The project is implemented in Western Kenya, a region that has one of the highest rates of teenage pregnancy and child marriage in Kenya.

To achieve the project goal, FAWE Kenya has found the following interventions to be effective;

---

### 2.1.1. PROVISION OF INFORMATION ON REPRODUCTIVE HEALTH AND RIGHTS

---

Since the project's inception in 2010, up to 30,000 adolescent girls across 40 schools in Western Kenya have acquired sexuality and reproductive health information through training and peer education. FAWE Kenya developed a training manual on adolescent sexual and reproductive health and rights for both teachers and students. The manuals cover the following topics;

1. Sexuality puberty and the body
2. HIV and AIDs STI prevention and management
3. Pregnancy prevention
4. Adolescent gender and rights (sexual and reproductive health rights)
5. Peer education
6. Life skills

The manuals have served as a structured and effective means of delivering information on Sexual Reproductive Health and Rights (SRHR). The manual has been, and continues to be, used to conduct Trainers of Trainers (ToTs) training for students. So far this has been done for 25 students in each of the 40 schools we support. Through peer-to-peer training more than 30,000 students have been reached. Complementary to the manuals, FAWE Kenya has also trained the ToTs on theatre development techniques through our *Tuseme* model. This model employs theatre for development techniques and is a child participation platform where the children themselves articulate issues affecting them and deliver messages on the possible solutions to solve their own challenges.

FAWE Kenya has also supported the development of Youth friendly IEC materials to educate girls on their sexuality and reproductive health and rights.

### 2.2. TUSEME MODEL

---

Tuseme is a theatre for development techniques that FAWE Kenya has employed to promote the health and safety of school going girls. Through the model, 700 girls in 42 schools across the country have been trained on how to use theatre to voice out their concerns, articulate the issues that affect them and provide solutions. The girls have used the platform to advocate for their own sexuality and reproductive health and rights and also sensitize their peers on reproductive health and rights.

This has resulted in the girls taking initiative to report on and address reproductive health challenges particularly; teenage pregnancy, child marriage, Female Genital Mutilation (FGM), HIV and AIDS and sexual abuse in schools.

FAWE has documented *Tuseme* as a best practice since it empowers girls to challenge gender inequality through increasing their confidence, decision making skills and assertiveness and providing them with a platform to address reproductive health challenges.

### 2.3.LINKAGES TO REPRODUCTIVE HEALTH SERVICES

FAWE Kenya has established a solid partnership between adolescent girls and health service providers. This was achieved through training of 216 community health workers on how to provide youth friendly health services. FAWE Kenya has found using health workers based in the communities an effective strategy as the health workers know the local language and the youths in their catchment areas. This has made identification and referral of girls in need of reproductive health services easy.

Providing a platform for community health workers to sensitize girls on their reproductive health and rights, was also found to be an effective method of bridging the knowledge gap on reproductive health among girls in rural areas. This is because girls shy away from approaching health workers based at larger health facilities. Community workers are easily available and approachable by girls in rural areas.

Since the implementation of this intervention in 2014, 500 girls in rural areas have been linked to reproductive health services and information.

### 2.4.CREATION OF COMMUNITY BASED ADVOCACY GROUPS

Advocacy for the reproductive health and rights of girls at the grass root level has been achieved through creation of community based advocacy groups. FAWE Kenya formed 5 community based advocacy groups in Western Kenya. The groups have been effective in advocating for gender equality and the reproductive health and rights of girls. With a membership of 20 men and women, the groups have been effective in sensitizing their communities on sexuality and reproductive health and rights of girls.

The groups have succeeded in making re usable sanitary towels for girls, educating communities on the importance of girls' education and challenges harmful cultural practices and attitudes that compromises the health and safety of girls like child marriage and child brides. This strategy has promoted the health and safety of 1, 500 girls across western Kenya.

## 2.5. CREATION OF SAFE AND SUPPORTIVE COMMUNITIES

Communities play a major role in promoting the health and safety of girls and women. It is with this realization that FAWE Kenya has sought to create safe communities for girls through sensitizing community members, teachers, parents and local leaders on gender and reproductive health and rights of girls. Over the years, 5,000 community leaders and members have been sensitized on gender, harmful cultural practices like FGM and early marriage and the reproductive health rights of girls. Communities have also been sensitized on the importance of girls' education not only on girls but on households and communities.

In addition, communities have been empowered economically to take their girls to school, a strategy that has been proved to promote gender equality and empower women. In this way, FAWE Kenya has made it possible for women and girls rights to be recognized and respected in Kenya's patriarchal communities of Kajiado, Meru, Tharaka Nithi, Nyeri, Kisumu, Siaya, Kakamega and Busia.

## 2.6. GENDER RESPONSIVE SCHOOLS

Gender responsive schools have been created by FAWE Kenya to promote the health and safety of girls in schools and their surrounding communities. FAWE Kenya has created two gender responsive schools in Kenya that respond to the different and special needs of more than 1000 school going girls. In gender responsive schools, the following interventions are put in place;

- The schools' management, community leaders, teachers and students were sensitised on gender components. They were also sensitized on harmful cultural practices like FGM and child marriage. Through this program, 100 community leaders and teachers in Kajiado and Meru Counties in Kenya were sensitized and become champions of gender equality and reproductive health of girls
- Guidance and counseling desks were also established in the two schools to offer counseling on HIV and AIDs and referral for reproductive health services
- Safety in schools has also been guaranteed through addressing bullying in schools. In the two gender responsive schools, 120 boys were sensitized on the social and psychological impact of bullying. This has created a safe school environment for girls and consequently improved enrolment, retention and their performance.

## 2.7. RESCUE PROGRAM FOR GIRLS FLEEING FGM AND CHILD MARRIAGE

FAWE Kenya gender responsive schools also acted as rescue centres for girls fleeing from FGM and child marriage in Kajiado and Meru Counties in Kenya. 500 girls were offered shelter, food and education at the schools. In addition, the girls were offered counseling and referred for specialized reproductive health services from surrounding health facilities. The shelter offered a safe place for girls to stay and continue with their education. It was noted that there was a reduction in incidences of defilement of girls as a result of providing accommodation support.

## 2.8. TEENAGE MOTHERS SCHOOL RE ENTRY POLICY

The school re-entry policy by the ministry of Education Science and Technology (MOEST) was enacted after considerable input from FAWE Kenya and its network of partners. The policy guarantees teenage mothers re-admission after dropping out of school. FAWE Kenya has since seen a gap in its implementation and consequently designed a scholarship program to improve the practices of the policy.

FAWE Kenya has developed and provided a comprehensive scholarship package that includes school fees, provision of scholastic materials, sanitary towels and toiletries to 40 teenage mothers in Western Kenya. Due to financial challenges, lack of support from care givers and resistance from school heads, teenage mothers found it difficult to resume studies. This further exposed them to other vulnerabilities. With the support of FAWE Kenya, 40 girls so far have been able to gain admission in schools and continue with their education.

By keeping the girls in school, FAWE Kenya has addressed teenage pregnancy, early child bearing and marriage which plays a critical role in hindering the safety and reproductive health of teenage girls. Research has shown that girls who complete their secondary education are less likely to experience sexual violence in their marriages and are more likely to use modern family planning methods.

## 2.9. NATIONAL POLICY ADVOCACY

FAWE Kenya is addressing the safety and health of women and girls through advocacy at the national level. Gender equality and equity remains a key area through which, FAWE Kenya seeks to address women's health and safety. By advocating for women empowerment, FAWE Kenya believes that the safety and health of women will be improved.

Currently, FAWE Kenya is also advocating for the inclusion of sexuality and reproductive health education in Kenyan schools. A partnership approach is being employed with like minded organisations. This include; Africa Population and Health Research Centre, Centres for the Study of Adolescents, Plan International and UNICEF. A sensitisation meeting has been held targeting representatives of the Parliamentary Education Committee, Ministry of Education and other local and international Non-governmental Organisations. In addition, FAWE Kenya is part of working groups where similar issues are high on the agenda and a concerted effort is used to push the gender agenda.

### 3. KEY LESSONS LEARNT IN PROMOTING THE SAFETY AND HEALTH OF WOMEN AND GIRLS

---

From implementation of our project there are key lessons that we have captured

#### 3.1. MALE INVOLVEMENT

---

The participation of men and boys in promoting the safety and health of women and girls is critical. FAWE Kenya has progressively increased its engagement with men and boys and this has proved to be effective particularly in addressing gender stereotypes, harmful cultural practices and violence against women.

#### 3.2. WOMEN AND GIRLS EMPOWERMENT

---

The empowerment of women and girls was found to be effective in promoting the safety and health of women and girls. Empowered women and girls are in a position to demand and negotiate for their reproductive health and rights. Empowered girls are also more likely to make use of available support structure for the advancement of their safety and health.

#### 3.3. COMMUNITY ADVOCACY

---

Sustainability of gains made in realizing the reproductive health and rights of women and girls, particularly in rural areas can be guaranteed by creating advocates at the grassroots level. This can be achieved by empowering communities to advocate for the reproductive health and rights of their women and girls and building community structures that promote the rights of women and girls.

### 3.4.PARTNERSHIP APPROACH

Working through networks and consortiums is effective in realising broad based reproductive health goals for women. In addition, advocacy is more effective and targeted if conducted in partnership with other like minded organization.

### 3.5.INVOLVEMENT OF GOVERNMENT

Involvement of Government authorities is also fundamental in achieving project objectives. It authenticates FAWE's cause and eases buy in at community level. For instance FAWE Kenya has increased participation from teachers and school administration in its SRHR project as a result of obtaining authorization from the Ministry of Education officials. Further engagement of the Teachers Service Commission (TSC) will facilitate increased and active involvement of County officials, thus trickling ASRHR to school activities at county level.

### 3.6. RIGHTS BASED PROGRAMMING

A Rights Based Programming Approach (RBA) ought to be embraced as it will actualize the need for participation, non-discrimination, equality as some of the basic tenets in achieving the project objectives. Duty bearers and rights holders should be equally involved in project activities as it outlines roles and responsibilities of each stakeholder. In Kenya, the need to branch out to girls with disabilities is increasing as they face similar challenges.

### 3.7.BENEFICIARY PARTICIPATION

Participation of beneficiaries should be emphasized particularly in;

- The development of Information Education Communication (IEC) materials as they are best placed to formulate the best means of communicating to peers. This was witnessed in Kenya where youth were involved in the development of IEC materials targeting their peers. This resulted in the development of highly effective and targeted IEC materials that addresses the issues affecting them
- Acting as role models for their peers through beneficiary statements and theatre/drama. This provides a platform to share their experiences and elaborate how ASRHR training and other ASRHR project initiatives have positively affected their lives. This has also drawn interest of other students.