

# MAPYA

## NEWS



WE STRIVE FOR A JUST WORLD THAT

# ADVANCES CHILDREN'S RIGHTS AND EQUALITY FOR GIRLS



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SECTOR TO ENSURE SAFER  
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## Plan International

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# COUNTRY DIRECTOR'S REMARKS



## WELCOME TO THIS INAUGURAL ISSUE OF OUR REVAMPED MAPYA NEWSLETTER!

It is exciting to read about the gains made, challenges encountered and opportunities available as we strive for a just world that advances children's rights and equality for girls.

I find it interesting how things happening in the external environment actually affect not only internal operations for any organisations but also households and communities. A current case in point is the recent hike in fuel prices which has a spiral effect on everything else including basic commodities and cost of operations. As a global child rights organisation, such issues call for us to drastically change how we do business in order for us to still reach out to as many vulnerable and marginalised children and their communities.

This then brings me to the aspect of our values and culture. Beyond what our Plan International values say, are we *"Talking the Talk"* and *"Walking the Walk"*? It is the difference between

talking about something versus taking actions that are consistent with what one is talking about. Do we have a shared vision? Is there participatory and inclusive decision making? A culture of trust? Do we work well together? Are we open and accountable? Are we gender sensitive not only in our programmes but also in the workplace? Do we strive for a lasting impact in the lives of the children and communities we serve?

What sums it up for me is a common phrase we hear, *'Culture eats strategy for breakfast'*, attributed to management guru, *Peter Drucker*. Any organisation disconnecting its strategy from its culture is likely to fail in achieving its mission. No matter how solid a strategic plan is; how high the ambition is; how great a vision is; how robust business systems are; success will be held back by the way people behave, interpersonal relations and work ethics.

Culture is the driving force not only towards fostering a healthy and happy work environment but also for high performance and productivity in relation to attaining organisational goals, mission, vision and targets.

I recently came across an article titled *'Anthropology: the "Missing Link" in People Analytics'*. Did you ever imagine that Anthropology would relate to organisations and businesses? From this article, I learnt that we can draw on volumes of cultural behavior literature by seeking to understand our employees in the workplace, our organisational culture, and its variations among our affiliates, divisions, departments and organisational structures, including how our work culture is influenced by our employees, partners, vendors and the local communities we work with.

As we embark on our transformation journey driven by the desire to be more aligned with our Plan International Global Strategy and the ambition of reaching 100 million girls, we need to recognise the centrality of culture. This will call for a total mind and heart shift in how we perceive and relate with each other, our work and external environment.

**Asante Sana!**

*Samuel Musyoki,*

**Samuel Musyoki,  
Country Director - Interim**





**“WE HELP  
KEEP GIRLS AND  
BOYS SAFE ON  
THE BUSES”**

**ALEXANDER,  
MATATU CONDUCTOR,  
EMBAKASSI**

## **BACK TO SCHOOL: WORKING WITH THE MATATU SECTOR TO ENSURE SAFER CITIES FOR GIRLS**

A baseline report carried out by Plan International in 2017 indicated that most girls use public transport to access basic services such as schools, hospitals, churches and social amenities.

**Due to the frequency of use and the fact that Matatu crews mostly comprises of young men,** the girls interviewed confessed to falling prey to either abuse or deceptive relationships with drivers, conductors and boda boda riders.

As a back to school safety measure, the Safer Cities for Girls project, in Embakasi, Nairobi engaged with Forward Travelers SACCO and the National Transport Safety Authority (NTSA), to undertake a safety awareness training for over 1000 bus drivers and conductors in August, 2018.

“Our biggest frustration is that parents don’t give girls enough fare thus leaving them at our mercy. We in turn seek ‘favours’ from the girls after giving them free or subsidized rides.” Said one of the conductors.

Most of the conductors indicated that the dressing code for girls increase their desire to ‘touch’ them which they don’t consider abusive. Some of the participants indicated that they touch women as they board vehicles to help them board faster as they are always time constrained and were surprised that the behavior is categorized as inappropriate.

Another participant said, “Some commuters are very rude to us and this frustrates us and we are blamed for our ‘don’t care’ behaviors. There are also a number of unmanned bus stops which expose children to danger especially early in the morning and late evenings.”

The workshop saw a majority of the participants request for more detailed

trainings on gender awareness and child protection to enable them understand the do’s and don’ts within the context of their work.

The Safer Cities for Girls project, a partnership with CBRE a UK based corporate, aims to increase autonomous and safe mobility in Nairobi city for adolescent girls. Additionally, they aim to build safe, accountable and inclusive cities with and for girls in all their diversity. The project has been running since 2017 and employs different strategies to achieve its objectives such as partnerships with boda boda riders, community members, institutions and government as well as training on girls’ rights and safety in the city to get Champions of Change.

# IGNITING A YOUTH MOVEMENT IN ENDING CHILD MARRIAGE AND PROMOTING EQUALITY FOR GIRLS

Plan International Region of East and Southern Africa (RESA) held its inaugural youth conference in Zambia in September, 2018. The conference brought together different countries under RESA and provided a platform for young women and men to share their thoughts on ending child marriage.

## KENYA WAS REPRESENTED BY

**TWO YOUNG WOMEN** who are project beneficiaries; Cynthia, 24 years from Girls Advocacy Alliance and Emily, 28 years from Safer Cities for Girls.

Cynthia, who lives in Kibera had this to say.

“I am a beneficiary of the Girls Advocacy Alliance which brings together girls and young women to forums that act as safe spaces on a weekly basis. The opportunity to travel to Zambia was very exciting for me as the conference gave me a chance to write down my own personal story which was a healing process. I learned that if I fail to stand and speak up as a young woman, I will not be able to influence any change.

Meeting other young people and listening to their stories was very inspiring to me. I met young people who have been able to go past their challenges to make significant changes in their countries. A story that stood out for me is that of a young lady whom we are now

friends. After learning that she contracted HIV/Aids through child marriage, she began living a healthy life and uses her experience to encourage and inspire others.

My stay in Zambia was also very enjoyable as I experienced living on the mountain side. The country too has many historical sites which are outstanding.

Coming back home, I look forward to sharing what I have learnt with the team of young people that I mentor in Kibera. Top on my priority list is to put down strategies which will help me be a better advocate. This includes working on different messages which will enable me to reach out to more young people. This is now a new opportunity for me to encourage people in an effort to end child marriage and support girls to get an education.”

Emily, a community facilitator with Safer Cities for Girls Project had the following to say;

“I am 28 years and I have been working with

young people in my community to ensure that there are safe spaces for girls to thrive and reach their full potential. I have taken part in activities such as safety walks in Embakasi together with Plan International Kenya.

My most memorable moment through the entire conference was coming to the realization that I can influence change in my community.

I shared my personal experiences with the participants and even though I have had a difficult past, I am glad that it doesn't define my future.

I believe that child marriage can come to an end if we work together with young girls and their parents in equal measure. I also strongly believe that parents need to be made aware of the dangers and risks that their girls are likely to go through and guide girls to make better choices in life. Children should never be allowed to get married until they are 18+ because it is only then that they can make sound decisions.

A story that stood out for me was of a young lady who was forcefully married off. But since her mother loved her so much, she sought for help from Plan International who came to their aid and gave her a second chance in education. This made me realise that it does not matter how poor your background is, if you fight for your rights, you will be able to break through from poverty which is a hindrance.

Right now, I am pretty much excited about mobilizing more young people with whom I can share these lessons that I learnt. In addition to community meetings that we already have, I am looking forward to starting a group for young girls and women who have been affected by early child marriages in one way or another. I would like to start a movement in my community to protect girls from getting married off when they are still children.”

The conference focused on child marriage and the need to amplify the voice of young women and men on ending child marriage as well as the progress made by various African Union Countries. The conference was attended by over 30 participants from 11 countries.



Left to right- Emily, Nancy, Cynthia and Anne in Zambia



# I SURVIVED CHILD MARRIAGE AND GENDER BASED VIOLENCE

At a glance, Nancy appears like any other teen until she shares her journey through teenage pregnancy, early marriage and gender-based violence.



Nancy with her child.

**“I AM 20 YEARS AND I LIVE IN KISUMU WITH MY GRANDMOTHER. I NOT ONLY GAVE BIRTH AT THE AGE OF 17,** but also survived child marriage, economic exploitation and gender-based violence simply because I desired to gain an education.” She reflects.

“My misery started at the age of 13 years, after completing standard 8. I was asked to go and stay with my maternal aunt who lived in Kisumu city and had offered to support my secondary education. While living with her, all the household chores were left under my care

and this would amount to serious beating, insults and sometimes sleeping on an empty stomach when I did not do the chores well.” She narrates.

“One night I was assaulted and thrown out of the house into the cold night and on an empty stomach. I thought within myself to return back to my grandmother who lived 45km away from the town. I slept in the cold that night and began walking back to my village the next morning. On my way I met my father’s cousin and after narrating my ordeal he decided to take me in.” She adds.

“My father’s cousin was housed by a friend who lived with his pregnant wife. A month later, the friend started asking for sexual favours and threatened to throw me out if I refused to give in. I had no choice but to give in and this went on for a month until I felt I could not take it anymore, since I feared that one day his wife would find out. It was at this point that I felt enough was enough and decided to go to my grandmother’s place.” She pauses.

Dejected and unsure of what to do, Nancy decided to walk to her grandmother’s home. As far as it was, 45 Kms away, she felt safer with walking than continue living in that situation.

“On my way to my grandmother’s home, I met a man who asked why I looked frail. I was tired and hungry. I shared my frustrations with him and he in turn convinced me he would give me the Ksh. 200 for transport. But on condition I give in to his sexual demands. Having no alternative or way out, I agreed. I desperately needed to go back home to my grandmother. For a whole week the man sexually abused me without giving me the Ksh. 200 for transport as earlier promised. I therefore, resolved to save part of the little money he gave me for household food so I could escape. I finally did.

When I finally arrived at my grandmother’s home, I was elated to find my father who had come to visit his mother. He decided to take me to the city so I could go back to school.



Three weeks later, I realised I was pregnant and this broke my heart. I didn't want to embarrass my father and so I decided to run away and go back to the man who had impregnated me." She opens up. "The man decided to take me in as his wife.

Even though I had lived with this man before, I had no idea that he was a drunkard. Neither did I ever imagine he could beat me. My pregnancy was not easy at all. He left no money for food and would come back in the evening drunk demanding for food! I was in pain and wondered who else I would turn to. I felt I had severed my relationship with my father and grandmother. I didn't know where people like me could find help. Pregnant and married at a tender age.

After I delivered my baby, I decided to look for casual jobs in the shopping centre so I could buy basic needs for my new born and also save transport. I had had enough and

thought I would rather face my grandmother and father than continue in these conditions. It was unbearable for me.

While at my grandmother's home, I met a group of volunteers who work with Plan International. They would conduct community meetings and dialogues on child protection and gender-based violence. My grandmother encouraged me to join the girl advocates, a peer-to-peer forum for young women and teenage mothers which empowers young women and girls to rebuild their lives post

teenage pregnancy, child marriage and abuse. Through the support of Plan International under the Girls Advocacy Project, I have gone back to school and currently in form four. I am hopeful that the future is bright and I am doing everything in my capacity as an advocate to reach out to other young girls in my community through community dialogue forums." She concludes.

The Girls Advocacy Alliance (GAA) focuses on improving economic empowerment of adolescent girls and young women. The project also increases the protection of vulnerable girls from child marriages and commercial sex exploitation. The project is being implement in Nairobi and Kisumu Counties.

**“ THROUGH THE SUPPORT OF PLAN INTERNATIONAL UNDER THE GIRLS ADVOCACY PROJECT, I HAVE GONE BACK TO SCHOOL AND CURRENTLY IN FORM FOUR.**

*Nancy sharing a hearty laugh with her grandmother.*





# THE REALITY OF MENTAL HEALTH PROBLEMS IN CHILDREN

**Paul\*, 10, has always been a jovial child. His mother describes him as a chatter-box.** He was particularly excited to be joining class four this year. However, this was slowly replaced by anxiety and fear by the time the first term was over.

His mother, Pascalina\*, is worried but hopeful that he will get better.

“Waking him up in the morning became a problem. He would cry and ask that I take him to school which was strange. He would also complain of stomach aches just before school but he would be better in the evening.”

Unknown to the mother, Paul was being bullied in school. Not only that, the pressure to be the top student in his class was wearing him down.

“I took him to hospital to find out what was wrong with his stomach but the doctor discovered it was not physical illness per se. The more I spoke with him, the more I realised he was mentally stressed. I thought it was a joke. But my child was getting depressed.”

Mental illness causes mild to severe disturbances in thought and/or behaviour, resulting in inability to cope with life’s ordinary demands and routines. It is not caused by a single issue but a combination factors.

Biological factors such as chemical imbalance in the brain, a decrease in the size of some areas of the brain, as well as genetic predisposition, that is, an increased likelihood of developing a particular disease based on a person’s inherited makeup from a parent. Psychological risk factors include low self-esteem, poor body image, self-criticism, and feeling helpless when dealing with negative events. HIV/Aids and other terminal illnesses such as cancer or diabetes as well different forms of disabilities can increase the

likelihood of mental disorders in children.

Additionally, environmental stresses such as trauma caused by verbal, physical, or sexual abuse, death of a loved one, or school problems predispose children to mental illnesses. Other environmental stresses include poverty, exposure to violence, conflicts, natural disasters and epidemics, abusive parents or siblings and parental divorce or conflicts.

Mental illness in children and adolescents is barely picked out in time. Symptoms such as withdrawal, crying all the time, bed wetting, a drop in academic performance and poor interpersonal communication are the first signs. These can, however, be misinterpreted as bad behaviour.

Other symptoms include feeling sad most times, hopelessness, increased sensitivity to rejection, changes in appetite or sleep, outbursts and anger, as well as loss of interest in their hobbies. These symptoms result in feelings of, worthlessness or guilt and, at worst, thoughts to harm themselves. Statistics from UNICEF and the World Health Organisation (WHO) in a report titled WHO and partners (2017) Global Accelerated Action for the Health of Adolescents (AA-HAI), shows one in five adolescents will experience a mental health disorder each year. That is, they will have anxiety, depression, Post-Traumatic Stress Disorder, bipolar disorder, schizophrenia and Attention Deficit Hyperactivity Disorder (ADHD). Depression is a leading cause of mental instability among adolescents.

Half of all mental illnesses begin by the age of 14, but most cases go undetected and untreated (WHO2018). However, it is likely to be misdiagnosed as other ailments such as malaria, migraine and stomach ache, thus delaying crucial treatment. “Mental health

problems need to be tackled when they first appear but this is not always the case,” shares Dr Catherine Syengo, deputy head of the Ministry of Health mental health unit.

“The stigma around mental health is so high that rarely do parents take their children to the psychiatrist for evaluation, even when children are depressed,” she says.

Kenya has over 10 million adolescents aged 10 to 19 and nearly 20 per cent of these, about 200,000 will have a mental condition that will require





proper screening and treatment depending on the disorder. However, these services are not easy to come by adds Dr Syengo.

**For instance, a research paper in the journal Child and Adolescent Psychiatry and Mental Health brings to fore the sad reality.**

The study shows it took as much as 183 months, (over 15 years) for a child who showed symptoms of mental illness to access health services at the Kenyatta National Hospital (KNH), child and adolescent mental health clinics. Others took four years to access the critical treatment.

Dr Syengo explains the reasons.

“There are about 88 to 92 psychiatrists in the country, most of them based in Nairobi. There are only three child psychologists in the entire country and this cannot meet the needs of these children,” she said.

Dr Syengo says, parents can first seek psychiatry services in primary health care provided by clinical officers and nurses, and medical officers. These health personnel can

then refer the child to a child and adolescent mental health clinics, such as the one at Kenyatta National Hospital (KNH), that cater specifically to the needs of children in Kenya. The KNH youth clinic offers free mental health services to the youth.

10th October is World Mental Health Day and the focus is on young people. Adolescents and the early years of adulthood are a time in life when many changes occur which can be both exciting and stressful. Furthermore, the use of social media adds more pressure to adolescents.

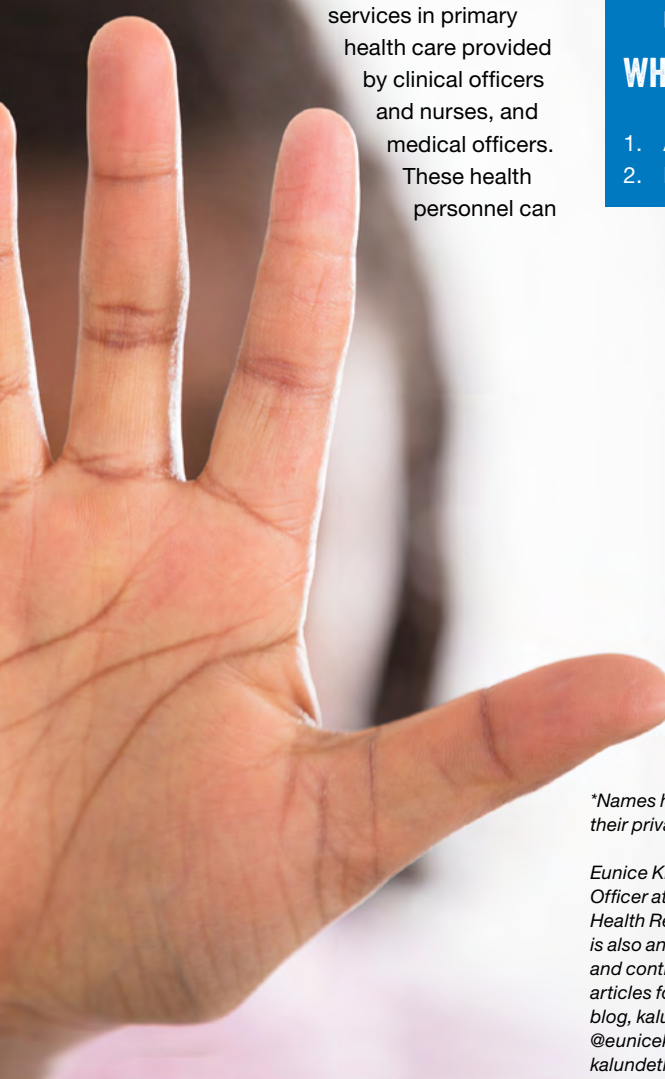
Mental illness places a massive cost in terms of educational failure, adolescent crime, and teenage pregnancy which negatively impact the national development of a country among others. Poor mental health negatively impacts the physical function of the body, as was the case with Paul. In addition, the gaps in meeting mental health needs and provision of services to young adults are worrying, given increasingly high levels of depression and incidents of suicide by young adults in Kenya.

## WHAT TO DO IF DEPRESSED?

- Talk to someone you trust about your feelings
- Seek professional help in hospital
- Keep in contact with family and friends.
- Exercise regularly.
- Stick to regular eating and sleeping habits.
- Avoid or restrict alcohol intake and refrain from using illicit drugs; they worsen depression.
- Be aware of persistent negative thoughts and self-criticism and try to replace them with positive thoughts. Congratulate yourself on your achievements.

## WHERE ELSE TO GET HELP:

1. Amani Counselling Center
2. Befrienders Kenya



*\*Names have been changed to protect their privacy.*

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**All about Mental Health**

- 1** A mental illness is a disease that causes mild to severe disturbances in thought and/or behavior, resulting in an inability to cope or loss of interest with life's ordinary demands and routines, for at least two weeks.
- 2 Symptoms**
  - NOT SLEEPING OR SLEEPING TOO MUCH
  - FEELING SAD, LOW AND GUILTY
  - NO LONGER INTERESTED IN FAVOURITE ACTIVITIES
  - EXCESSIVE ANGER AND VIOLENCE
  - CAN'T MAKE DECISIONS AND CAN'T CONCENTRATE
  - FATIGUE OR LOSS OF ENERGY
  - DETACHMENT FROM REALITY
  - MAJOR CHANGES IN EATING HABITS

Common mental health illnesses are: depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors. Depression is the third leading cause of illness and disability among adolescents.

The brain has certain chemicals known as neurotransmitters that work to keep your moods balanced. When the brain doesn't have enough of these chemicals, you become depressed.
- 3 Who is at risk?**
  - STRESSED
  - FAMILY HISTORY
  - POOR NUTRITION
  - AGE
  - SUBSTANCE ABUSE
  - PROLONGED ILLNESS
- 4 Debunking mental health myths**
  - Not all depressed people require medication as it depends on the severity – mild, moderate and severe. In mild cases medication is not necessary; in moderate cases a patient can either medicate or not, depending on circumstances and the support system.
  - Mental illnesses is not a result of being bewitched or being demon-possessed. Mental illness can be treated and cured.

Source: World Health Organization, UNICEF, Kenya's Ministry of Health, Mental Health America, online research papers on mental health

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PICTORIAL









# LIFE IN KARIOBANGI

Living in Kariobangi is a great opportunity which many will find enjoyable. As a child, I find it interesting to live in this particular area of northern Nairobi.

**FOR MANY PEOPLE, KARIOBANGI IS A SLUM AREA** where the poor, needy and incapable call home, but within this area, there is a positive and humble community. It is a wonderland where life is essential and important.

What I love most about this place is the people who are hardworking and ready to burn the mid-night oil to provide basic requirements for their families. They work day and night knowing that one day the sun will shine upon their faces.

Kariobangi has a number of organisations which provide children with life skills to help them cope with day to day challenges. Such organisations include 'Miss Koch' and Education for Life. It is here that children are taught about assertiveness and decision making skills. Children are also given mentorship and guidance and are taught on how to improve their talents like dancing, arts, crafts, singing and drama, just to mention a few.

The children in this area have robust opportunities of exploring and identifying their talents through various football clubs like Kariobangi Sharks, Acakoro and Clever Stars Football Clubs. A number of children have received education scholarships as well as opportunities to travel out of the continent and play internationally. Some of the international players from Kariobangi include Ovelia Ochieng who plays in Sweden and Mousuld Juma who plays in Cape-Town, South Africa. Many children also get to play in the new and improved Korogocho Stadium that hosts football matches and playground for children. Majority of children are actively engaged in various activities and are hardly idle.



*Kariuki addressing guests during last years International Day of the Girl.*

Another special thing about Kariobangi is that there are two large libraries available where children from both primary and secondary schools get to study and do their homework after school due to lack of text books and proper learning environments at home (shanties). Here they get to quench their thirst for education.

An early morning in this un-predictable estate is not all and sundry especially for the young early birds who want to feed on the worms of education. Mornings are not always great to these young seekers. The route one has to take in order to reach their destination of the learning institutions is difficult and dangerous. Some of the obstacles children encounter include strangers posing as good and kind hearted people but lure children to board their cars or bodaboda with the intention of harming them. Some children, due to lack of adequate knowledge have ended up defiled or even murdered.

A change I would like to see in Kariobangi first of all is the issue of unemployment. Many people engage in anti-social behaviours like robbery and commercial sex due to lack of money to meet their everyday needs.

If people are provided with employment opportunities, the rate of criminal activities would rapidly drop. In so doing, many children would stay in school and gradually grow to be important people in the society. Technological infrastructure is also key since most people nowadays dwell in the world of technology meaning smart phones and computers. Technological advancements should therefore be introduced in the learning and medical sectors of Kariobangi.

*Kariuki is 14 years and is preparing to sit for his final primary school exams this year. We wish him all the best!*

# GIRLS TOO CAN LEAD



I serve as the deputy president in my primary school. I was elected to the post by my fellow pupils after campaigning and winning an election in the first term of 2018. The election was carried out through secret ballot.

**I SERVE AS THE DEPUTY PRESIDENT** in my primary school. I was elected to the post by my fellow pupils after campaigning and winning an election in the first term of 2018. The election was carried out through secret ballot.

I was very happy to be elected by my fellow pupils because it means they believe in me and that girls can become leaders too. Since my election, I have worked closely with both teachers and pupils. My role has been listening to what issues pupils have and being the go between pupils and teachers. For example, some of the issues that children have brought up include lack of drinking water, toilets have no doors, lack of balls for playing, lack of a school library and lack of enough teachers.

I have also been given information by the teachers to pass to my fellow pupils such as obeying school rules and working hard. I am trying to use my post to help my fellow pupils have a better friendly learning environment.

*Mercy is 15 years old and serves as the Deputy President in her school in Kilifi County. She is also a beneficiary of TulindeTusome Project which is run in partnership with the Canadian Government*



# FOCUS IS THE KEY TO SUCCESS

Children's government has helped pupils in my school. Our fellow pupils elected us peacefully knowing that we are kind and active. We are also hardworking and work together with teachers. The president and all the ministers are very disciplined.

## AS A CABINET SECRETARY FOR EDUCATION,

I have helped my fellow school mates know how to read and write well. I usually tell my fellow pupils that the secret to excelling in exams is revising past papers and reading story books. Now the pupils in our school speak good English. The other Cabinet Secretaries also do their work properly. Our teachers congratulated us for the good work and promised to take us for a trip to learn more and teach others. We also have safe spaces where we learn the importance of safety in schools and child rights through Plan International.

As the leadership team, we have also taught our school mates on how to use a SMART timetable at home and importance of long-term and short-term objectives. Our school is now shining in the zone because of these simple skills.

*Mary is 13 years and serves as the Cabinet Secretary for Education in her school in Kilifi County. She is also a beneficiary of TulindeTusome Project which is run in partnership with the Canadian Government*



# GIVING HOPE TO CHILDREN WITH DISABILITIES

Children living with disabilities record low numbers in school enrolment as well as high numbers of school dropout due to many challenges such as lack of information, attitudes, detrimental cultures and beliefs and lack of disability friendly resources and facilities. Homabay County has a total population of 8,797 children with disabilities with 19% of them being visually impaired.



*Edwin (middle) with his desk mates in school.*

## PLAN INTERNATIONAL HOMABAY

**WORKS** in partnership with the Educational Assessment and Resource Centre (EARC) to carry out awareness, assessments and referrals for children with disabilities. Edwin, 14 years old and a class eight pupil at a school in Homabay constitutes of the 19% who have low vision. During one of the awareness and screening sessions in October 2017, Edwin was assessed and found to have low vision. He was referred to Homabay County referral hospital vision screening and medical check-up.

Through EARC, Edwin was referred to our Homabay Programme Unit, to be bought for low vision reading glasses. The glasses

were issued to him in April, 2018. Previously, Edwin could not read the blackboard and even regular print which posed challenges in his studies. He also feared that he would not perform well in the forthcoming KCPE examinations.

Since receiving his reading glasses, Edwin has showed a remarkable improvement in his performance and confident of passing his examinations at the end of the year.

"I am now able to read well and pass my exams. I hope to get over 350 marks in KCPE. I dream of becoming a bank manager, which I am able to achieve..." says Edwin.

# FROM A SPONSORED CHILD TO A YOUNG ENTREPRENEUR



About 15 years ago, Michael from Kwale County came into contact with Plan International, while he was in lower primary. “At first, the sponsorship programme was tailored for orphaned children, but later on children from poor backgrounds were given a chance to join in and that was how I got the opportunity. My parents were not financially stable, we are six children at home and I am the last born. At that time my mother was trying to make ends meet because my father did not have a job.

**THE SPONSORSHIP OFFER THAT I GOT CATERED FOR** textbooks, story books, exercises books and pens. Later on, Plan International paid for a portion of my school fees. It was a very humbling experience for me because my parents were able to focus on paying the remaining portion of fee and support my siblings. Plan International gave me a chance to complete my primary education and even though the scholarship did not continue to high school, I don't take it for granted that I had been a beneficiary.” Says Michael.

After primary school, Michael went through high school and later pursued a Diploma in Mass Communication and Journalism. He was attached to a local Radio station in the coast where he worked as a presenter and it was during this time that he got in touch with Plan International, this time under the Tulinde Tusome project in 2015.

The project was looking for journalists to train children in media skills. Michael adds, “I was very excited about this opportunity, being a beneficiary of Plan International even got

me more motivated and inspired to devote and sacrifice all my career knowledge to teach the kids with all my heart. This was a way of giving back to Plan International and the community at large. The project engaged us in what is called ‘Journalists on the move’. This involved visiting schools and training children on how to report cases of child abuse and assist children to set up Journalism clubs in schools. We also taught them on journalism skills.”

As a former sponsored child who had a desire of being a Journalist, I am proud of the fact that I now own my Business called “Mkuzi Empire Media” which is a Mombasa based video production, print media and events management company.

I was just 8 years old when I was first sponsored by Plan International which gave me a chance to get an education and consequently changed my life forever. Now, at the age of 27, I continue to see the benefits of Plan International programmes as I partner and volunteer with them.”



**CURRENTLY**  
**9600**

**CHILDREN IN KWALE COUNTY BETWEEN THE AGES OF 0-18 ARE ENROLLED IN OUR SPONSORSHIP PROGRAMME**



# THE MAN BEHIND OPERATIONS

Patrick Ngenga is the Director of Operations at Plan International Kenya. Behind his seemingly serious demeanor is a very jovial person with a keen interest in efficient systems.



**WITH OVER SEVEN YEARS OF EXPERIENCE IN OPERATIONS,** he believes that when systems are efficient, people get less stressed and complete their tasks with ease. His life's philosophy is; 'Life is all about striking a balance, do what you enjoy and do it passionately.' Patrick gives us a glimpse into the world of operations.

### What does your typical day look like as the Director of Operations at Plan International Kenya?

My work revolves around creating efficiency and ensuring effectiveness in the services that the organisation offers either to its staff, donors, beneficiary and even suppliers. I also oversee smooth operations between the Regional Office and the Kenya Office in relation to shared services. There is also a huge component of risk management that makes up part of my work, not forgetting that I also offer strategic input into policies and procedures that govern the organisation.

### Why do you believe this role is critical to Plan International and which departments do you oversee?

Operations departments is made up of the core support functions which are Finance, Grants, Information Technology, Procurement, Security and Logistics and Administration. Operations department plays a key role in coordinating the support functions to ensure synergy and efficiency. Operations also involves ensuring value for money, mitigating risks, as well as ensuring that the policy and procedures that have been put in place are supporting the different functions within an organisation.

### How does operations support implementation of programmes?

For the organisation to achieve its objectives there is a need to have some infrastructure which is summarized in what Operations do. For instance, the programmes team will come up with proposals and it is our work to translate those proposals into budgets. We also provide input into the economic viability of proposals; this is because there are times when staff may have brilliant ideas that may not be economically viable.

Our work also entails financial reporting to donors and ensuring that we meet the set standards. At the very basic level, It is our role to ensure that the goods and services required to implement programmes at one point or another are procured on time factoring in value for money.

### What is the role of operations department in achieving the Country's Strategy?

We can't achieve the goals sets in the Plan International's Kenya strategy if we do not have the right infrastructure or manage our resources properly. Operations exists to ensure that the operating environment is facilitative and that key operational risks are mitigated.

### What are some of your key priority areas as the Director of Operations?

Streamlining the supply chain functions is a key priority area for me. This includes cleaning up our supplier database to ensure that we retain quality, because the quality of our suppliers has a big bearing on how we position our brand. I am also very keen on enhancing cost recovery to ensure that all projects cover their fair share of apportioned costs at the Hubs and the Programme Units.

### What is your vision of an agile organisation?

An agile organisation functions more as an organism as opposed to a rigid machine. That is the difference between bureaucracy and an organisation that empowers its staff. An agile organisation will see its staff develop solutions for the day-to-day challenges without entirely waiting for leadership to provide solutions. Agility bears in mind that the environment is rapidly changing because of technology and there is a need to adapt with the changing times.

## THE DOWN LOW

*Patrick Ngenga has worked for Plan International since 2017.*

*A father of 3 children, you will find Patrick spending time with his family during his free time. Together with his friends, they started a secondary school in his village of which he is a board member. This has been his way of giving back to the society.*

*He was once a beneficiary of the Save the Children sponsorship programme and says his fulfillment comes from seeing children transit from primary to secondary school through accessing quality education. Catch him any day listening to rumba and old school music.*





The Kenyan coastal economy is highly dependent on natural resources on which various activities are based namely agriculture, maritime trade, tourism, fishing, mining, among others. The coastal area also features a diverse and robust marine environment that includes creeks, mangroves, sea grass beds, intertidal reef platforms (seashores) and coral reefs.

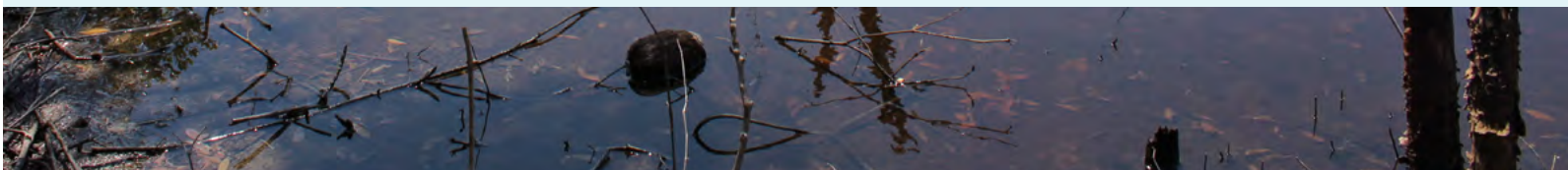
**THE MANGROVE FORESTS AND SEA GRASS BEDS** perform vital functions in protection and enrichment of the coastal eco-system. They also serve as habitat for many species of fish, octopi and sea cucumbers which tend to be exploited for commercial purposes.

**75%**

of fish in the sea breed in the mangroves.

This is a clear indication that if there are no mangroves, there will be no breeding

ground for fish. The Conservation and Sustainable Use of Marine Ecosystems project being implemented in Kwale County in partnership with Plan International UK, focuses on rehabilitating the environment along the Indian ocean line. Additionally, the project also seeks to improve and protect the marine life through best fishing





practices and promote alternative livelihoods, to conserve the environment through planting of trees and manage soil erosion and provide information on current fishing methodologies to offer alternate livelihood practices for advocacy and future adaptation.

Kwale County has seven major rivers and numerous minor streams. Majority of the population rely on fishing and agricultural activities as a source of income making it ideal for rehabilitation purposes. There has also been extreme land tillage with minimal or no effort to conserve trees, soil or water. Mangrove harvesting is on the increase without any rehabilitation leading to endangering marine life and other coral reefs. Charcoal burning has also increased with minimal tree planting in the area.

“One of the challenges that we face is that people cut down mangroves because it is a good source of hardwood and unfortunately it takes 10-15 years for mangrove trees to grow. Meaning if conservation is not deliberately done, then our environment will be endangered. We are therefore, trying to encourage people to plant more mangroves and if they have to cut down the existing ones they replace them.” Said Simba, a member of Mwandamu Self-Help Group.

According to Pauline, the Project Manager, “Communities need to be sensitized on the importance of mangroves as well as what these trees require to grow. Important to note is that mangroves need a mix of salty and fresh water for them to grow, as excess of either causes them to dry. We also provide community members with mangrove seedlings to aid in rehabilitation of the coastal shores.”

“One of the reasons why we are keen on conserving the mangroves is because they are a source of food for us. Without the mangroves, we will not be able to get food. Many people in the coastal region are fishermen and this is one of the reasons why we are keen on ensuring that the environment along the shore is conserved.” Said Ali, a member of Mwandamu Self-Help Group.

Apart from providing a breeding ground for the fish, the mangrove roots help to stop erosion at the shoreline and shield villages from sea breeze. Children too have been able to learn about the importance of mangroves as they join in tree planting during school trips and holidays.

So far, the project has reached

# 2,669

community members and 722 pupils.

The project envisions to reach a total target population of 3,795. Lukore and Mkanda Primary schools are also part of the project and are engaged in establishment of terrestrial trees and citrus seed nurseries as well as transplanting them to the field. The project has established mangroves nurseries and transplanted 27,000 seedlings, with over 62,000 still in nurseries. Rehabilitation of mangrove degraded areas and raising of more seedlings is still ongoing.

“We have seen several changes. Following knowledge and capacity enhancement training on appropriate gears and their impacts on ecosystems and livelihoods at large, fishermen are slowly adapting the use of appropriate, non-destructive fishing gears. The project has also established 10 sea weed model farms in Gazi and Kibuyuni in partnership with Tujuane Youth Group. We have also upgraded 20 existing sea weed farms at Nyumba Sita in Kwale County.” Said Pauline, the Project Manager.







# CHANGING LIVES THROUGH FARMING

Due to climate change, resilience building in communities and schools has become mandatory in order to ensure children and community members can cope and adapt during crisis as well mitigate and prepare for emergencies.

**ZEDEKIAH ADUL** has been a farmer for over 30 years. In 2011, he joined the livelihood programme in Siaya County. He shares his story with us.

“Plan International sponsored me together with other farmers to attend a seminar at Jomo Kenyatta University of Agriculture and Technology where we learnt about Research, Production and extension work. That seminar gave me new insights on how to get more quality produce. How to focus on a few crops at a time and get the best out of them instead of having many crops and failing to attend to them.” Says Zedekiah.

“Some of the crops that I grow include kales, tomatoes, pumpkin and capsicum. The produce has been a source of income and has enabled me to sustain my family and see my children through school. On a good day, I make up to Ks. 4000 and the most interesting thing is that I don’t have to go to the market to sell my produce. I have a ready market right at my gate.” He adds.

The farmers who come from Bondo and Rarieda formed a group called Bora, which was facilitated by Plan International. The group has been trained on farming and they are able to network and learn from each other. Plan International also provides seeds to the

farmers whom they work with such as melon, pumpkin, capsicum and gram head seeds “Some of the challenges that we face include emerging of pests, lack of water as well as man power. We are working on eradicating the pests as well as working towards more water harvesting whenever there are rains to curb these challenges.

I am very grateful for the work that Plan International has done in enabling me grow as a farmer. My farm is now a model where community members and schools come to learn about new farming skills and techniques.” He concluded.





# 200 GIRLS GO THROUGH ALTERNATIVE RITE OF PASSAGE IN THARAKA NITHI COUNTY



School holidays are meant to give children a chance to relax at home. However, for girls in Tharaka Nithi County, August holidays are dreaded by some girls and looked forward by others since this is when the practice of Female Genital Mutilation/Cutting (FGM/C) is at its peak. Many girls are forced to undergo the cut due to societal pressures from their parents/relatives and peers. It is considered a rite of passage from childhood into womanhood and a certificate to marriage.

**SINCE 2013**, Plan International has run the Obligation to Protect Project (O2P) in Tharaka Nithi County which seeks to protect girls against the cut by raising agents of change. In August this year, at least 200 schools' girls attended the Alternative Rite of Passage which was graced by the First Lady of Tharaka Nithi County. Students, Parents, Government officers, teachers and Plan international staff also joined in the celebrations.

Over the years, the O2P project has organized for Alternative Rite of Passage to equip girls with knowledge on FGM, myths and effects, life skills, basic child protection skills and encouraging behaviour change for the younger generation whom the project is targeting to save from FGM/C.

14-year-old Kagwira, one of the girls who participated in the sessions said, "I have learnt a lot from the teachers about FGM and the horrible effects that it has including bleeding to death. It is true some of our parents force us through the cut. I am happy that Plan International has opened my eyes and I will encourage my friends to work hard in school and shun the practice by all means."

The County's first lady gifted each of the girls with Sanitary towels and urged the parents to protect girls from the cut and give them a chance to get an education.

One of the parents expressed her appreciation to Plan International for enlightening them on the issue. She said, "These sessions have been helpful to us, we have been enlightened and as parents we now know the difference between helpful traditions and harmful traditional practices. We should do away with the harmful traditional practices. FGM is indeed bad and should be done away with."



First Lady of Tharaka Nithi County issuing dignity kits to Plan International for distribution

The Obligation to Protect (O2P) project focuses on ending FGM in Tharaka Nithi County and targets 45,000 girls, 50,000 boys, parents, community leaders, political leaders and the circumcisers with information on the need to protect the girls from FGM. The community members are also enlightened on legislation of FGM/C, its prevention and importance of protecting girls and providing them with quality education. So far, the project has gained the good will of Njuri Ncheke elders while a number of female circumcisers have reformed and stopped the practice.



# THE 'EVIL' DOCTOR

Photo credit: Pixabay

"My name is John\* a second year medical student at a local University. I grew up in Siaya County where I was born. Every December holiday my two little sisters and I would visit our grandparents in Kisii County. This was usually our blissful moment of the year as it meant freedom from our parents, lots of sugarcane, trips to the river, taking care of rabbits, among other activities.

**I ALWAYS HAD A DREAM** of becoming a doctor, but every time we visited my grandparents I felt like giving up on my dream. There was this scary tall lady who always walked from one homestead to another carrying her pouch for 'treating girls.' I could not understand why every time she emerged from a homestead neighbors could point at her and whisper to each other's ears. My curiosity led me to my grandmother and all she could say is, "she is an evil doctor". But how can a doctor be evil?

This question has always lingered in my mind until one semester when I was allocated a roommate from Kisii County. One story led to the another and finally the story of the 'evil doctor' came up.

"Have you heard about Female Genital Mutilation?", my roommate asked me. "I have no idea what that term means" I replied. "Don't worry my brother I will give you some materials to read," he assured me.

The following evening, I found materials placed on my desk."

## My journey into discovery

According to World Health Organization, FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

This harmful cultural practice has been found to have no medical benefits whatsoever but it comes with many harms. Immediate effects of FGM include excessive bleeding, severe pain, infections due to unhygienic cutting instruments, spread of HIV/AIDS, genital tissue swelling, bleeding to death among others. In the long run the survivors have been found to suffer from Urinary Tract Infections (UTIs), Menstrual problems, Obstetric fistula, Obstetric complications as well as psychological problems.

On the other hand, Medicalization of FGM refers to situations in which FGM is practiced by any category of health care provider, whether in a public or a private clinic, at home or elsewhere. It also includes the procedure of re-infibulation at any point in time in a woman's life. (UNFPA June 2018; FGM Policy brief on the medicalization)



“I now understood why the term evil doctor. She was a licensed nurse practicing medicalized FGM.”

Though the race to end FGM by 2030 as envisioned by Sustainable Development Goal number 5 on Gender Equality is on course, medicalized FGM has emerged as a new hurdle.

In Kenya around 20% of girls who have undergone FGM are reported to have been cut by a medical practitioner, with 4% being cut by doctors and the remaining 16 % by a nurse, midwife and other health workers. (UNICEF Global databases, 2018)

According to African Coordinating Centre for the Abandonment of FGM/C (ACCAF), the medicalization of FGM in Kenya has been a trend that has been documented, particularly among the Kisii community. In 2003, 46% of Kenyan girls had FGM performed by a health professional (up from 34.4% in 1998). However, the latest Demographic and Health Survey 2014 puts the figure at 19.7% overall or 27.8% in urban areas.

### Why medicalized FGM?

Though massive sensitization has been carried out and there is more awareness than there has ever been on the effects of FGM, some community members have simply refused to let go. This has resulted to ‘innovation’ in terms of medicalization that is ‘supposedly’ a way of avoiding or reducing the harms of FGM. This is further fueled by the greed of some medical practitioners who have turned a blind eye to the ethics of their profession and open their arms to receive the coins from ignorant citizenry.

The fact though is FGM is illegal, harmful and a violation of human rights whether carried out by a medical practitioner or a traditional cutter.

### Way forward

Going forward there is need to change the messaging in our End FGM campaigns. We ought to have more positive examples and avoid focusing only on health effects. This will help change attitude and perception as well as help community members to fully understand the need to abandon FGM.

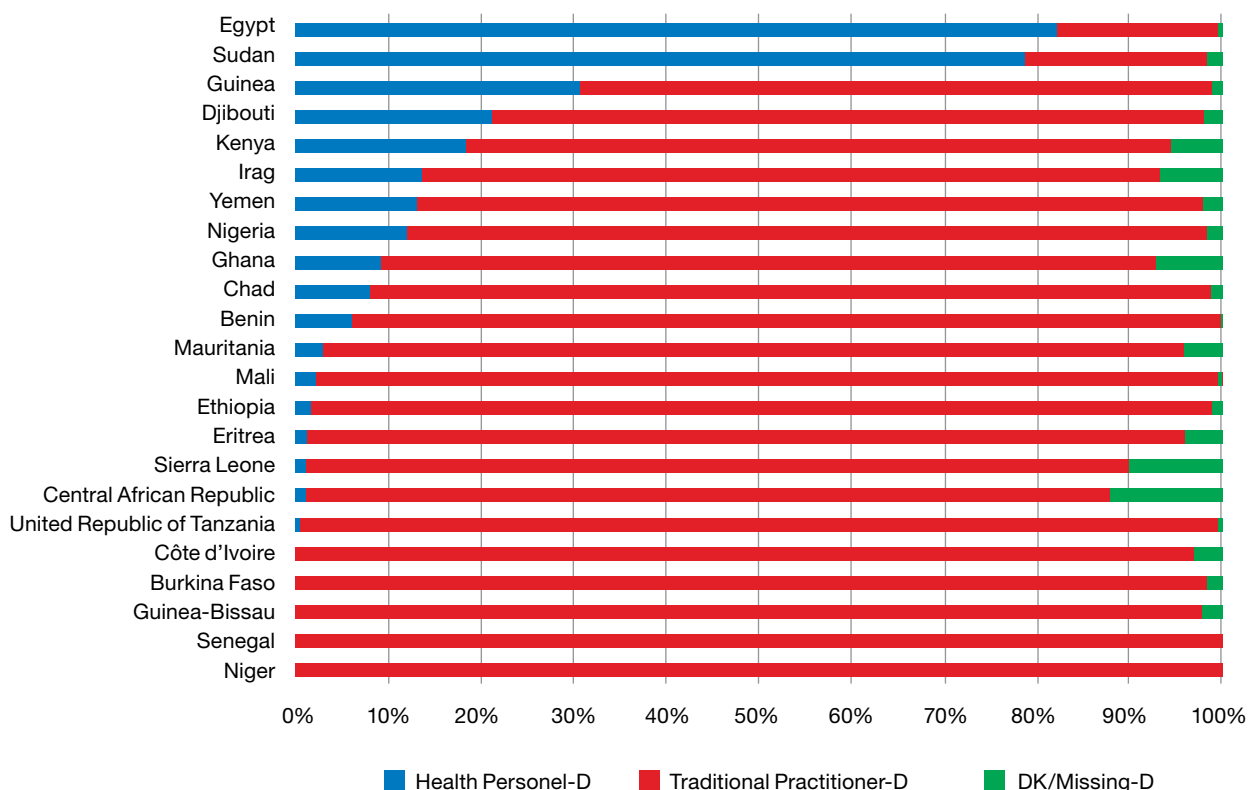
There is urgent need to enhance health care providers’ knowledge on FGM, through on job trainings as well as incorporating FGM as a topic in their curriculum.

The ‘evil doctors’ found culpable should also face the justice system for knowingly breaking the law and harming women and girls.

*Written by Tony Mwebia (#MenENDFGM) is a Social Worker and Activist  
E-Mail: info@tonymwebia.co.ke*

**46%**  
**OF KENYAN GIRLS HAD FGM PERFORMED BY A HEALTH PROFESSIONAL IN 2003**

### Practitioners of FGM/C among Daughters



Frequency with which Health Personnel or Traditional Practitioners Reportedly Perform FGM/C on Daughters as reported by their mothers (The medicalization of female genital mutilation/cutting: what do the data reveal? Population council database February 2017)



# OUR PROGRAMME UNITS



## **KISUMU Programme Unit**

Off Nyalenda Kilo Road,  
P.O BOX 2696-40100, Kisumu  
TEL: 0724-092 700 | 0733-227373 | 057-202 1545 | 057-2022734

## **HOMA BAY Programme Unit**

Pheni Hse Off Salam Road,  
P.O BOX 859-40100, Homabay  
TEL: 059-2121452/3 | 020-263 0793/4 | 0736-704 695  
0708-840 649 | 0795 750 497

## **BONDO Programme Unit**

Siaya-Bondo Road, Opposite Rozala Hotel,  
P.O Box, 436 - 40601, Bondo.  
TEL: 0726 627636 | 0734-674546

## **KWALE Programme Unit**

Kenya Likoni-Kwale-Kinango Road  
P.O BOX 293-80403, Kwale  
TEL: 020-2335651 | 0711 926325

## **KILIFI Programme Unit**

Off Mombasa Malindi Road.  
P.O Box 911-80108, Kilifi  
TEL: 041-7522117 | 25022/22276

## **MACHAKOS Programme Unit**

Holiday Guest Hse, Next Beta Bakers  
P.O Box, 194- 90119, Matuu  
TEL: 0725-986969 | 0727-930373

## **THARAKA Programme Unit**

P.O BOX 25 -60215, Marimanti  
TEL: 064-31938 | 0734 466 126 | 0713 466 126 | 020 2109 494

# ABOUT US

Plan International is an independent global child rights organisation committed to supporting vulnerable and marginalised children and their communities to be free from poverty. By actively connecting committed people with powerful ideas, we work together to make positive, deep-rooted and lasting changes in children and young people's lives. Plan International has been operating in Kenya since 1982 and to-date continues to work in 18 counties: Nairobi, Machakos, Kajiado, Tharaka Nithi, Siaya, Bungoma, Busia, Taita Taveta, Kilifi, Mombasa, Kwale, Vihiga, Kakamega, Kisii, Migori, Homabay, Kisumu and Marsabit.

We place a specific focus on girls and women, who are most often left behind. For over 80 years, we have supported girls and boys and their communities around the world to gain the skills, knowledge and confidence they need to claim their rights, free themselves from poverty and live positive fulfilling lives.

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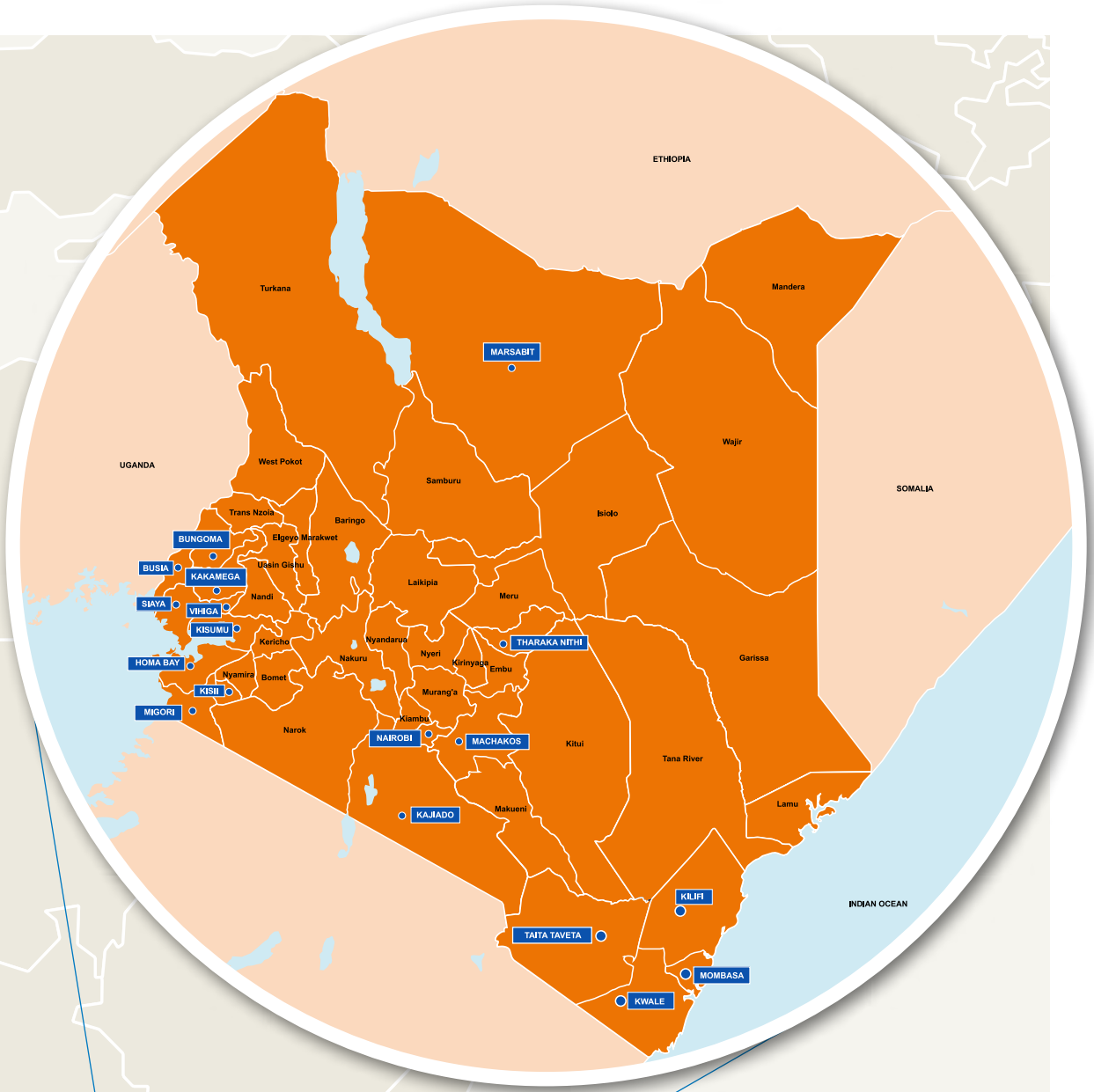
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# OUR REACH

Plan International works in 18 counties:

- Nairobi
- Machakos
- Kajiado
- Tharaka Nithi
- Siaya
- Bungoma
- Busia
- Taita Taveta
- Kilifi
- Mombasa
- Kwale
- Vihiga
- Kakamega
- Kisii
- Migori
- Homabay
- Kisumu
- Marsabit



**KENYA**

## SUSTAINABLE DEVELOPMENT GOALS THAT WE FOCUS ON

**3** GOOD HEALTH AND WELL-BEING



**4** QUALITY EDUCATION



**5** GENDER EQUALITY



**6** CLEAN WATER AND SANITATION



**8** DECENT WORK AND ECONOMIC GROWTH



**10** REDUCED INEQUALITIES



**16** PEACE, JUSTICE AND STRONG INSTITUTIONS







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