

Statement
UPR Pre-session on Kenya
Geneva, February 2025

Delivered by: Gladys Kiio, on behalf Kenya Stakeholders Coalition on the UPR (Women Rights Cluster and Sexual Reproductive Health Rights Cluster)

I. Presentation of the Organization and involvement in national consultations

This statement is delivered on behalf of the Women's Rights and Sexual and Reproductive Health and Rights Clusters of the Kenya Stakeholders Coalition on the UPR, a coalition of over 200 civil society organisations working to improve human rights in Kenya through the Universal Periodic Review process.

The Kenya Stakeholders Coalition on the UPR engaged with the government and constitutional commissions such as the National Gender and Equality Commission in preparation of the national report as well as in following up on recommendations from the third cycle.

2. Plan of the Statement

This statement addresses the following issues:

- I. Limited Access to Sexual Reproductive Health Services, Information and Commodities by Adolescents & Young People, Persons with Disability, People Living with HIV and Key Populations
- II. Gender Based Violence (GBV)

3. Statement

- i. Limited Access to Sexual Reproductive Health Services, Information and Commodities by Adolescents & Young People, Persons with Disability, People Living with HIV and Key Populations*
 - a) Previous UPR Recommendations*

During the previous review, the State supported the recommendation by Portugal to review all legal, policy and structural barriers that impede the provision of sexual and reproductive health services, in particular against adolescent girls, young women and members of key populations more vulnerable to HIV, and implement comprehensive human rights-based programmes in this area. This was the only SRH recommendation accepted.

- b) Situation in Kenya*

Whereas there have been attempts to implement this recommendation, many Kenyans especially adolescents and young people particularly young women, people with disabilities, sexual and gender minorities and other key populations are more disproportionately affected by poor SRHR outcomes.

Next slide

According to the National Syndemic Diseases Control Council Kenya, more than half (51%) of all new HIV infections in Kenya were adolescents and young people (aged 15-24 years).

There are significant structural and systemic barriers such as discriminatory laws and policies, socio-cultural barriers such as restrictive norms and individual barriers such as young people's limited or incorrect knowledge of SRH that hinder their rights to SRH.

c) *Policy and Legal Environment*

Whereas Article 43 (1) (a) of the Constitution of Kenya 2010 guarantees every person the right to the highest attainable standard of health which includes the right to healthcare services, including reproductive health care, Parliament is yet to enact an Act of Parliament to provide for this.

During the Third Cycle, Kenya noted a recommendation by Malta and Belgium to enact a Reproductive Health Law to provide a human rights-based legal framework for young people's sexual and reproductive health.

The National Reproductive Health Policy 2022-2032 imposes parental consent for SRHR services (up to 21 years in certain cases) thus limiting access to essential youth-friendly services.

A holistic approach is necessary to dismantle these barriers and ensure equal access to sexual and reproductive health care for all.

Next slide

d) *Recommendations*

We recommend that the Government of Kenya should:

- a) Review the Reproductive Health Policy specifically on the age of consent to ensure it aligns with the Constitution of Kenya 2010 therefore addressing structural barriers that hinder access to sexual and reproductive health information and services.
- b) Remove all legal, policy, and structural barriers that impede the provision of sexual and reproductive health services, in particular against adolescent girls, young women, and members of key populations more vulnerable to HIV, and implement comprehensive human rights-based programmes in this area.

ii. *Gender Based Violence*

a) *Previous UPR Recommendations*

During the previous review, the state supported 28 recommendations on sexual and gender-based violence, these include the recommendation to set-up specialised courts that enable speeding up and effective treatment of cases of gender-based violence by Spain and put an end to violence against women and girls and eradicate female genital mutilation by France.

b) *Situation in Kenya*

According to the Kenya Demographic Health Survey 2022, over 40% of women have experienced physical or sexual violence from their partners at least once during their lives.

There is an increased number of women experiencing emerging forms of gender-based violence including technologically facilitated GBV, electoral GBV, femicide, and sexual harassment beyond the workplace such as sexual harassment in transport and sextortion in institutions of learning.

Next slide

Between 2016 and 2023 there were over 500 cases of femicide. In 2024, 170 women were killed in Kenya. The majority of these women were under 35 years old.

These emerging forms of GBV have not been criminalized in Kenyan laws.

Next Slide

c) *Recommendations*

We therefore recommend that Kenya should:

- a) Strengthen the legal and policy framework to include technology-facilitated GBV, femicide, sexual harassment beyond the workplace and other emerging forms of violence against women.
- b) Establish and fully operationalize comprehensive survivor centred one stop GBV services that includes the health, justice, security, and safety services.

We would further request to know:

- a) The plans the state party has in place to enact a law to give effect to Article 81(b) of the Constitution on two-thirds gender rule.