



**POPULATION
COUNCIL
KENYA**

Ideas. Evidence. Impact.

2025 ANNUAL REPORT

**Translating Research
into Policy and Practice
Across Africa**

TURNING EVIDENCE INTO ACTION



“As we look ahead, the task is not to produce more evidence for its own sake. It is to ensure evidence is responsive to the needs of systems, actors and communities whose lives are impacted.”

2025 proved what becomes possible when locally rooted research meets genuine partnership. Across sub-Saharan Africa, funding shifted, climate pressures intensified, and inequalities persisted. Yet through it all, Population Council–Kenya delivered evidence that did not sit on shelves: it shifted indicators, changed policies and saved lives.

From our base in Nairobi, and across sub-Saharan Africa, we operate at the intersection of research, policy, and implementation. We are not just generating knowledge, we are actively shaping how that knowledge moves, who uses it, and what it changes. Our role is not passive. It is catalytic.

This year, we sharpened that edge.

Our work in sexual and reproductive health and rights confronted some of the most persistent gaps in access, quality, and equity. In high-burden counties, malaria in pregnancy remains a solvable problem, yet too often persists because systems fail to deliver what policy promises. Through the Revive Intermittent Preventive Treatment of Malaria in Pregnancy (IPTp) initiative, we demonstrated that closing this gap requires more than technical fixes. It demands alignment between providers,

communities, and systems. The result improved uptake of preventive treatment, which drove measurable reductions in malaria in pregnancy. This is what implementation looks like when it works.

At the same time, we pushed the frontier on how evidence itself is produced and used. The Female Genital Mutilation (FGM) Data Hub. is not simply a repository of knowledge; it is an intervention in the politics of data. By enabling real-time monitoring, strengthening measurement tools, and linking evidence directly to action, we are shifting the terms of engagement in the global effort to end FGM. Evidence, in this context, becomes infrastructure for change.

We are also asking harder questions about choice, agency, and autonomy. Our work on new contraceptive technologies is grounded in a simple premise: options only matter if they work for the people they are meant to serve. Early findings on the “Annovera® Contraceptive Vaginal Ring”. point to a critical insight: women prioritize predictability, control, and minimal disruption to their lives. This is not just about products; it is about redesigning systems around lived realities.

In humanitarian settings, where vulnerability is often normalized, our work challenged the limits of passive systems. The scale of underreported sexual violence among children is not just a data gap, it is a systems failure. By shifting from waiting for disclosure to actively identifying survivors, we showed that detection, response, and care can be radically improved. The question is no longer whether it is possible, but whether systems are willing to act.

Beyond health, our investments in young people reflect a deliberate shift from seeing adolescents as beneficiaries to recognizing them as agents. In Wajir, the scale-up of Adolescent Girls Initiative–Kenya is not simply keeping girls in school; it is disrupting the conditions that push them out. Across counties, our work on gender and education is reframing the problem and highlighting that boys, too, are falling through the cracks in ways that demand new policy responses. The point is not to balance statistics, but to confront complexity.

We also turned our attention to the care economy which is long overlooked, undervalued, and essential. Through our partnership with Tiny Totos Kenya and Consortium for Women Empowerment (COWE), we are generating evidence that childcare is not a peripheral issue; it is central to women's economic participation and urban productivity. If we are serious about inclusive growth, then care must be treated as infrastructure.

Across all these efforts, our strategic focus remains consistent: to close the gap between what we know and what we do. Through initiatives like Insights to Implementation (i2i), we are working directly with countries to ensure that evidence informs HIV prevention in real, practical ways. Through digital coordination platforms, we are addressing inefficiencies that weaken health systems from within.

This is what thought leadership looks like when it is grounded in practice.

None of this work happens in isolation. It is built through partnerships with governments, communities, researchers implementers and movements. It is sustained by a commitment to excellence, but also by a willingness to challenge assumptions, including our own.

As we look ahead, the task is not to produce more evidence for its own sake. It is to ensure evidence is responsive to the needs of systems, actors and communities whose lives are impacted.

That is the standard we are setting . . . and the work continues.

Beth Kangwana
Executive Director

Population Council–Kenya



Three lessons define 2025. First, evidence is not enough. Translation is everything. Second, local actors do not need capacity-building. They need funding and framing authority. Third, quality drives uptake. Whether in childcare or contraception, people choose what they trust.

ABOUT US

Population Council–Kenya is a Nairobi–based, locally rooted research organization with a regional mandate across sub–Saharan Africa. As part of the global Population Council network, we specialize in generating rigorous, context–relevant evidence to address complex health and development challenges affecting underserved populations.

Our work is anchored in a research–to–impact model that integrates epidemiological, behavioral, and health systems research with active engagement in both policy and program design, implementation, and scale–up. We prioritize co–creation with government, communities, and implementing partners to ensure that evidence is directly embedded into decision–making and delivery systems, contributing to equitable and resilient health and social systems.

Population Council–Kenya delivers end–to–end research and translation capacity, from study design through to policy and program uptake. Our technical strengths include implementation science in low–resource and humanitarian settings; advanced quantitative and qualitative methodologies; and the development of data systems that support real–time decision–making. We have deep expertise in sexual and reproductive health and rights, gender–based violence, adolescent health and well–being, and infectious disease programming, with a strong focus on system integration and service delivery innovations.

We design and test scalable interventions, generate high–quality datasets, and work closely with ministries and regional bodies to embed findings into national strategies, guidelines, and operational frameworks. In parallel, we provide technical assistance across sub–Saharan Africa, supporting monitoring, evaluation, and learning systems that strengthen adaptive programming and long–term impact.



Our work is anchored in a research–to–impact model that integrates epidemiological, behavioral, and health systems research with active engagement in both policy and program design, implementation, and scale–up.



OUR VISION

We envision an equitable and sustainable future for the health and well-being of all people within Kenya and the rest of the Eastern Africa region.



OUR MISSION

We generate ideas, produce evidence, and design solutions to improve the lives of underserved populations within Kenya and the rest of the Eastern Africa region.

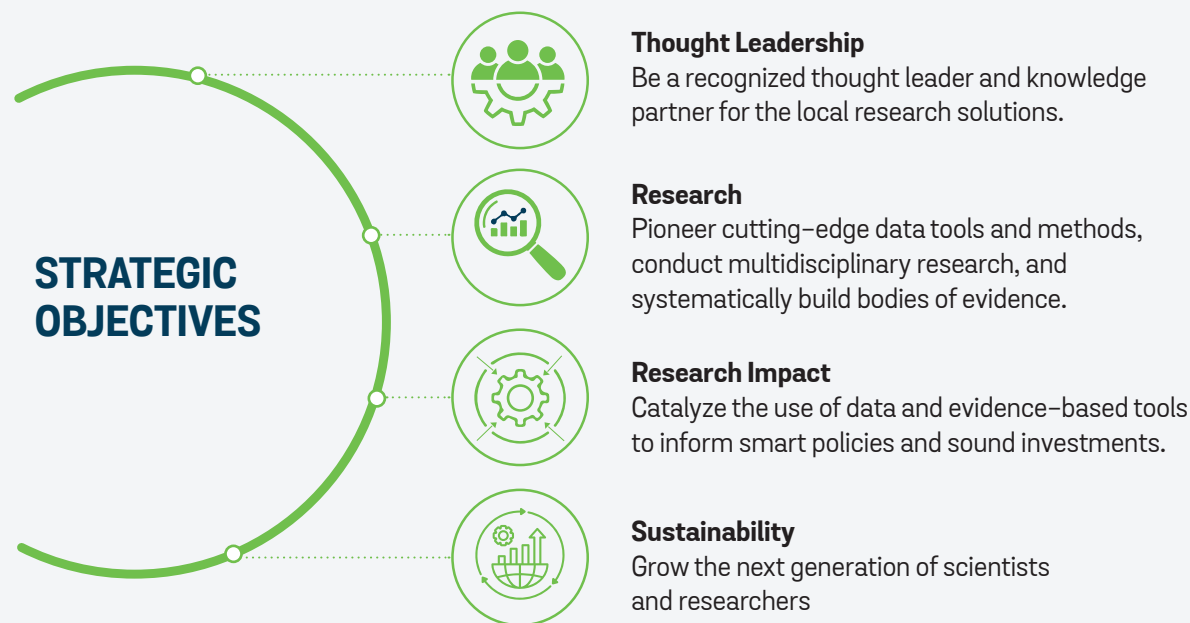
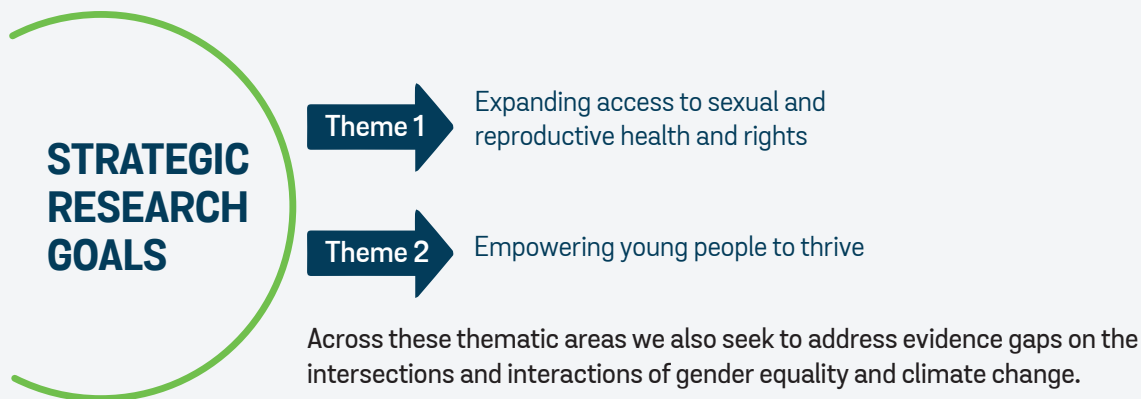


OUR VALUES

Excellence and Innovation: We take a rigorous scientific approach to developing innovative products and evaluating the efficiency and effectiveness of programs.

Collaboration and Partnership: We foster a multidisciplinary, cross-sectoral and collaborative culture to promote learning, apply research results, and achieve impact.

Diversity, Equity and Inclusion: We believe in the power of diverse perspectives, championing all voices, treating one another with dignity and respect, and building trust and belonging in the scientific process and within the organization.





2025 THEME HIGHLIGHTS





THEME 1

EXPANDING ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

In 2025, Population Council–Kenya advanced sexual and reproductive health and rights (SRHR) by generating and applying evidence to address gaps in access, quality, and equity.

Our work highlighted critical challenges in maternal health, contraceptive access, HIV prevention, gender-based violence, and reproductive autonomy, particularly among women, girls, and young people. We produced policy-relevant evidence and strengthened service delivery approaches to support more responsive, rights-based interventions.

These efforts contributed to more inclusive and effective SRHR programming across diverse settings. This progress was achieved through a portfolio of targeted projects presented in this section.

Revive IPTp project proves that community plus clinic works in malaria prevention in pregnancy

Malaria in pregnancy remains a major public health challenge in Kenya, particularly in high-burden counties where uptake of intermittent preventive treatment in pregnancy with sulfadoxine-pyrimethamine (IPTp-SP) continues to fall short of the national target of at least 80% coverage of three or more doses (IPTp3+). This is attributed to low awareness, late antenatal care (ANC) attendance, health system gaps, including intermittent stockouts.

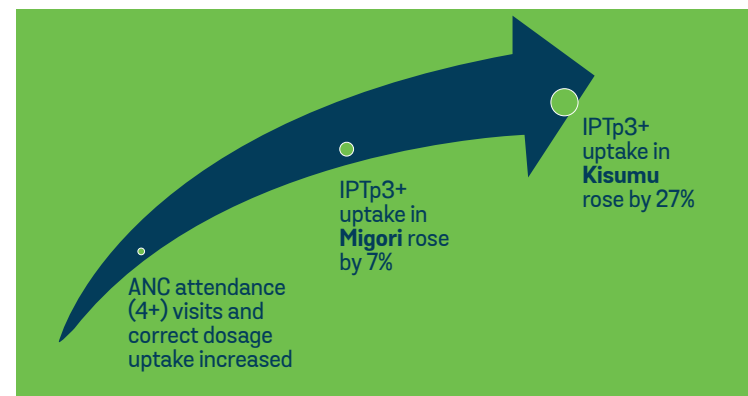
In response, Population Council–Kenya, in partnership with the Kisumu Medical and Education Trust (KMET) and the Midwives Association of Kenya (MAK), implemented the Revive IPTp project in Kisumu Central and Suna West sub-counties. The project combined health system strengthening with community engagement to improve IPTp SP uptake, focusing on provider training, supportive supervision, outreach services, and policy clarification, alongside community dialogue, SMS reminders, radio messaging, and the active involvement of community health promoters.

Through this combined strategy, the Revive IPTp project helped bridge the gap between national policy and implementation by aligning provider practices with guidelines while simultaneously strengthening community awareness and acceptance of IPTp SP.

The project achieved notable gains in both service coverage and health outcomes. Uptake of IPTp3+ increased substantially in intervention areas, rising from 51% to 77% in Kisumu Central sub-county and from

42% to 49% in Suna West sub-county. These improvements were accompanied by meaningful reductions of malaria in pregnancy, which declined from 31% to 19% in Kisumu Central and from 28% to 22% in Suna West.

The Revive IPTp project contributed to informing national malaria prevention strategies, strengthened county health systems and proved that a combination of community-directed approaches and health systems strengthening works for malaria prevention in pregnancy. In doing so, it generated practical evidence for accelerating progress toward national IPTp coverage targets and contributed to Kenya's broader malaria control and maternal health goals by addressing structural and behavioral barriers simultaneously.



The FGM Data Hub bridges evidence gaps in programming to end female genital mutilation.

Female genital mutilation (FGM) continues to affect over 200 million girls and women globally, with persistent knowledge gaps limiting the effectiveness of interventions and slowing progress toward elimination. Across Kenya, Somaliland, Ethiopia, and Senegal, weak measurement systems and limited integration of evidence into policy and programming have constrained the scale and impact of efforts to end the practice.

Population Council–Kenya’s FGM Data Hub addresses this by positioning evidence as a strategic driver of action. Working with the Girl Generation Africa–Led Movement (TGG–ALM) and partners including UNICEF, UNFPA, and WHO, the Hub strengthens data systems, develops innovative measurement tools, and enables real-time monitoring and adaptive programming. This integrated approach, which aligns research, implementation, and policy from the outset, bridges critical gaps between evidence generation and use.

This approach has delivered measurable results:

Global reach and evidence uptake: Evidence on what works to end FGM has been downloaded 1,000+ times by 29 institutions across 46 countries, informing policy dialogue and program design at national, regional, and global levels.

Data-driven decision-making: Synthesizing evidence and engaging decision-makers and programme implementers to inform policies, programmes, and practice across Kenya, Somaliland, Ethiopia, and Senegal

Improved measurement of FGM and social norms: Introduction of rapid opinion surveys and the confidante method has strengthened the accuracy and feasibility of measuring new or recent cases of FGM and shifts in social norms.

Evidence of program effectiveness: Findings demonstrate that layered, community based interventions are associated with measurable positive shifts in social norms toward abandonment of FGM.

Strategic global and regional influence: Contributions to global guidance, policy documents, and research agendas have strengthened alignment around evidence based approaches to accelerate the elimination of FGM.

Overall, the FGM Data Hub has strengthened the architecture for evidence use, enhanced stakeholder capacity, and accelerated the adoption of data-driven, scalable interventions—advancing progress toward the elimination of FGM.



Early evidence from Kenya and Zimbabwe shows what works for **women's contraceptive needs**

Many women in sub-Saharan Africa continue to face limited contraceptive options that align with their health needs, preferences, and daily realities. Despite global evidence demonstrating the effectiveness of Annovera®, a contraceptive vaginal ring that provides up to one year of pregnancy prevention while remaining under user control and allowing for regular menstrual cycles, little is known about its acceptability in African contexts. This knowledge gap is particularly significant in settings where concerns about side effects, menstrual changes, and access barriers frequently drive contraceptive discontinuation.

To respond to this evidence gap, Population Council–Kenya, in partnership with Kenya Medical Research Institute (KEMRI), Centre for Biomedical Research (CBR), Harare Health and Research Consortium (HHRC), and MSF Zimbabwe, is implementing a two country prospective study in Kenya and Zimbabwe. Using a mixed-methods approach, the study assesses the acceptability of Annovera® and user experiences with the method in order to generate evidence that could inform its positioning within family planning programs in the region.

Early findings from participants enrolled in the study point to promising outcomes. Women using Annovera® commonly report minimal side effects and no disruption to their menstrual cycles, addressing two of the most frequently cited reasons for hormonal contraceptive discontinuation. Participants also emphasize the convenience of a single, self managed ring effective for up to one year, which reduces the need for frequent facility visits. Initial concerns about the ring's size have proven temporary, with most users reporting comfort and confidence after adoption.

As data collection continues, findings from this study will inform national and regional family planning policies, guide product introduction strategies, and support efforts to expand contraceptive choice, contributing to improved continuation and greater reproductive autonomy for women across sub Saharan Africa.



School-based screening for child sexual abuse in humanitarian settings helps identify and link survivors to care

Sexual violence against children is significantly underreported in humanitarian settings such as Kiryandongo Refugee Settlement, limiting survivors' access to timely care and protection. Among adolescents aged 13–17, only 6% disclose abuse, underscoring the urgent need for approaches that move beyond passive reporting to proactively identify and support vulnerable children.

Population Council–Kenya implemented a seven-month school-based screening intervention to test a scalable model for early identification and referral of survivors. Working through existing community systems, the project trained 11 para-social workers to provide child-friendly screening, counseling, and referrals across two primary schools. The intervention achieved strong community acceptance, with 93% parental consent and 96% screening coverage, reaching 794 of 831 eligible pupils, demonstrating both operational feasibility and trust in a humanitarian setting.

The results underscore the value of proactive screening in strengthening child protection systems. The intervention identified 653 survivors (82% of those screened), compared to just 16 cases identified through conventional referral pathways in the previous year, a more than 40-fold increase in case detection. Importantly, 100% of identified children were successfully linked to care, ensuring that increased detection

translated directly into access to essential support services.

These findings demonstrate that structured, school-based screening can dramatically improve survivor identification and access to care in humanitarian contexts. This model strengthens referral systems and embeds early detection within schools, offering a practical and scalable pathway for expanding child protection services and ensuring that vulnerable children receive the care and support they need.

100%
identified child
survivors **linked to**
care



Only 5% of climate interventions in Africa address SRHR

Climate variability across sub-Saharan Africa is increasingly shaping health and development outcomes, yet the intersection between climate change and sexual and reproductive health and rights (SRHR) remains under-evidenced and weakly integrated into policy and programming, limiting the effectiveness of coordinated responses for vulnerable populations.

Population Council-Kenya conducted a scoping review to assess the extent to which SRHR is integrated into climate adaptation and resilience interventions across the region.

Key findings indicate that:

- > **Only 5%** of reviewed intervention documents intentionally integrate climate change and sexual and reproductive health and rights (SRHR), underscoring a significant design gap and limited cross-sectoral linkage between the two areas.
- > Integration is primarily indirect, occurring through pathways such as food security, agriculture, income, and livelihoods.
- > These interventions demonstrate tangible co-benefits, including improved child nutrition, maternal health outcomes, and HIV treatment adherence.
- > Climate risk and anticipatory adaptation planning are largely absent from SRHR programming.

The findings point to a critical gap in aligning climate and health agendas. Advancing this integration will require policy alignment, forward-looking planning, targeted financing, and multidisciplinary approaches that intentionally connect SRHR outcomes with climate resilience strategies.

This evidence provides a strategic foundation for strengthening integrated programming and informing policy decisions that address the intersecting impacts of climate change and SRHR across sub-Saharan Africa.



How i2i is reshaping HIV prevention across Africa

Across sub-Saharan Africa, progress toward ending HIV by 2030 remains uneven, largely due to persistent gaps between available evidence and the delivery of targeted, effective prevention programs.

As a result, populations at highest risk are not consistently reached with appropriate interventions, limiting uptake, continuity, and the overall impact of HIV prevention investments.

Recognizing the need to bridge this gap, Population Council–Kenya is implementing the Insight to Implementation (i2i) initiative, supporting 15 countries to strengthen the use of evidence in HIV prevention decision-making. The initiative synthesizes existing research, identifies priority implementation gaps, and works with national stakeholders to translate evidence into practical

Evidence generated through i2i underscores three key findings:

- > **Persistent structural barriers:** Men who have sex with men (MSM) experience multi-level stigma across individual, community, and health system contexts, restricting access to and continuity of prevention services.
- > **Limited PrEP impact:** Despite increased availability, PrEP uptake remains low and discontinuation rates remain high.
- > **Need for differentiated approaches:** One-size-fits-all models are ineffective; tailored, integrated strategies that combine individual-level support with health system interventions including service integration are more effective in improving PrEP demand, uptake, and adherence.

guidance for policy, program design, and advocacy. Collectively, the findings are influencing HIV prevention policy and practice in Uganda and across the region. i2i findings have contributed to national discussions on new HIV prevention technologies, including Lenacapavir. The initiative has also supported the development of an Adolescent Boys and Men HIV Prevention Package in Uganda.

In addition, i2i informed the creation of an interactive MSM stigma assessment tool, translated into Swahili, to strengthen civil society advocacy.

Building on these contributions, i2i is strengthening the link between research and implementation, enabling countries to adopt more targeted, efficient, and scalable HIV prevention approaches while accelerating progress toward epidemic control.

Digital coordination platform ends duplication in RMNCAH investments

Across Kenya, fragmented coordination among stakeholders continues to constrain the efficiency and impact of investments in Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH). Limited visibility into who is implementing what, where, and with which resources has led to duplication, weakened accountability, and persistent service delivery gaps, ultimately, reducing the return on RMNCAH investments and slowing progress toward equitable health outcomes.

The project has successfully developed a functional prototype of a national digital coordination platform, shaped through extensive stakeholder consultations, workshops, and validation processes involving government and partner organizations. Early engagement indicates strong demand for a centralized system to improve real-time visibility of interventions, stakeholder mapping, and coordination across counties. The platform also integrates governance structures and aligns with national digital health strategies, positioning it for institutional adoption.



Photo: Magnific

In the short term, the platform is expected to improve visibility of RMNCAH programs, reduce duplication of efforts, and strengthen coordination among stakeholders, leading to more efficient use of resources.

In the long term, the initiative will contribute to stronger partnerships, better-aligned funding,

and improved equity in service delivery, ultimately enhancing RMNCAH outcomes nationwide. Through the institutionalization of digital coordination within the health system, the project lays the foundation for data-driven decision-making and more effective, integrated health programming across Kenya.



THEME 2

EMPOWERING YOUNG PEOPLE TO THRIVE

Adolescents sit at the center of Kenya's development journey, shaping the country's future resilience, equity, and prosperity. In 2025, Population Council–Kenya deepened its investment in adolescents through programs that advance education, protection, and opportunity, enabling young people across diverse and often underserved contexts to thrive.

Our work addressed persistent barriers such as school dropout, vulnerability, and limited

pathways to opportunity, while centering the lived experiences of young people in the design and implementation of solutions.

Over the year, we strengthened a shift in our approach, from engaging adolescents primarily as participants to supporting them as active drivers of change in their own lives and communities. These efforts expanded pathways to resilience, wellbeing, and opportunity, with the results presented in this section.

Adolescent Girls Initiative demonstrates scalable impact on reducing dropout and early marriage

In Wajir County, many girls' futures are derailed before adolescence is complete. Deep-seated gender inequalities, poverty, and harmful social norms expose girls as young as 10 to early marriage, unintended pregnancy, violence, and school dropout. Population Council–Kenya previous research evidence shows that by the time marriage or pregnancy occurs, opportunities for recovery are extremely limited, which is likely to result in reduced schooling and human capital investment, which in turn is likely to lead to reduced job tenure, earnings, and economic empowerment.

In 2025, Population Council–Kenya scaled up the Adolescent Girls Initiative–Kenya (AGI K) in partnership with the Wajir County Government, applying a proven, multisectoral approach that addresses these risks simultaneously. Through Safe Spaces led by trained female mentors, community dialogues that challenge harmful norms, and conditional cash transfers that reduce financial barriers to schooling, AGI K is keeping girls on a positive life path.

Findings from the 2025 cohort indicate that 51% of the out of school girls were re-enrolled, representing 534 out of 1047 out of school girls, with over 80% re-enrolment achieved in 3 of 20 villages. Alongside improved attendance and retention, girls report stronger SRHR knowledge, financial literacy, and confidence, while communities show growing engagement in challenging harmful norms. These gains lay the foundation for long-term reductions in early marriage and pregnancy and demonstrate a scalable model for ASAL regions across Kenya.



Research from four counties drives gender-responsive education planning

Education remains central to Kenya's development agenda, yet gender disparities continue to limit equitable access, participation, and completion, particularly in marginalized counties. Despite strong policy commitments, significant gaps remain in Kilifi, Homa Bay, Laikipia, and Narok, driven by intersecting social, economic, and cultural barriers affecting girls and boys differently across education stages.

Evidence from the 2022 Kenya Demographic and Health Survey highlights uneven outcomes. Girls record higher primary school completion rates than boys in counties such as Narok (65% versus 51%) and Homa Bay (86% versus 70%), while boys are more likely to complete secondary education, notably in Laikipia where the gap favors boys by 16 percentage points.

To respond to these challenges, Population Council–Kenya undertook a multi-county qualitative study across the four counties, engaging 144 stakeholders drawn from communities, schools, and county systems. The study generated context-specific evidence on how gender norms, economic pressures, influence education access, retention, and completion. Findings show that boys' education is increasingly undermined by income-generating pressures, substance use, peer influence, and cultural expectations that pull them away from schooling. Girls face heightened risks from poverty, teenage pregnancy, gender-based violence, FGM, and early marriage. Across all counties, limited policy awareness, inadequate psychosocial and mentorship support, and insufficient school infrastructure further constrain equitable learning outcomes.

The evidence generated directly informed the development of County-

Specific Gender in Education Action Plans (2026–2030) for Kilifi, Homa Bay, Laikipia, and Narok. These plans translate research into targeted, county-led strategies aligned with national and international commitments to gender equality and the right to education. Overall, the project strengthened evidence-informed planning and accountability, supporting counties to advance more inclusive, responsive, and gender-equitable education system



Systemic challenges persist, including weak policy dissemination, limited psychosocial support, inadequate infrastructure and low awareness of school re-entry provisions.



Boys face economic pressures to contribute to household income, exposure to drug and substance abuse, peer dynamics that discourage schooling, and culturally sanctioned practices such as moranism in Narok that disrupt academic continuity.



Girls remain disproportionately affected by early marriage, FGM, teenage pregnancy, GBV, and financial barriers that limit transition to and completion of secondary education

Evidence proves that **quality childcare works in informal settlements**

In Nairobi's informal settlements, inadequate access to affordable and reliable childcare continues to limit women's participation in the labour market and reinforces the unequal burden of unpaid care work. For low income families, the lack of trusted childcare options constrains economic choices, while policymakers face persistent gaps in evidence on scalable approaches that can improve service quality and sustain livelihoods within the care economy.

In 2025, Population Council–Kenya partnered with Tiny Totos and Consortium for Women Empowerment (COWE) to strengthen and generate evidence on the Tiny Totos Care Model (TTCM), a social franchise approach that delivers affordable, quality childcare while supporting small scale daycare providers. The partnership focused on strengthening implementation quality by improving the consistency and standard of childcare services and investing in provider capacity and continuous learning, including expanded use of digital platforms to support training and engagement.

Evidence from the initiative confirms that quality is the primary driver of childcare uptake among low income families. Nearly 50% of parents identified reliability, safety, and support for children's development as the most important factors shaping their childcare choices. Most daycare centres supported through TTCM met minimum

acceptable childcare standards, demonstrating that quality provision is achievable in informal urban settings when providers receive sustained support.

The work also generated critical economic insights. While affordability remains a key determinant of service delivery, most daycare operators supported through TTCM were able to sustain livelihoods from their centres, underscoring the economic viability of small scale childcare enterprises. At the same time, findings highlighted the need for differentiated support: some providers require targeted subsidies to maintain quality, while others benefit more from entrepreneurial skills, networks, and technology enabled learning.

Population Council–Kenya contributed to national efforts to operationalize Kenya's National Care Policy by strengthening TTCM and producing policy-relevant evidence. The findings provide clear guidance on how supportive regulation and targeted investment can enable small childcare providers, expand access for low-income families, and advance women's economic participation. Together, these insights, reinforced by a concurrent cost-effectiveness study, strengthen the case for scale-up, positioning quality childcare as a strategic investment in women's empowerment, child development, and inclusive urban growth.

Nearly
50%
of parents
identified
reliability, safety,
and support
for children's
development
as the most
important
factors shaping
their childcare
choices.





Photo: Wikipedia



Analysis identified four distinct socioeconomic categories of daycare providers indicating need for differentiated support

Many daycare providers reported being able to generate profits and sustain livelihoods through Childcare services

Most daycare centres met minimum acceptable childcare standards



Young feminists drive change but remain underfunded and excluded

Young feminist organizing (YFOs) are among the most committed drivers of gender equality in Kenya, rooted in lived experience and deep community trust. Yet they remain significantly underfunded, under-recognized, and largely excluded from decision-making spaces where policies and resources are shaped. This exclusion is compounded by a fragmented evidence base, often anecdotal and project-specific that obstructs the scale and significance of their contributions, limiting sustained investment and policy influence.

To address this gap, Population Council–Kenya partnered with young feminist in Kenya and Mexico to build robust, feminist-led evidence on the impact and value of young feminist organizing. Using a phased, participatory approach, the initiative combined national landscape mapping with participatory action research, strengthening young feminists’ capacity to generate, analyze, and communicate credible evidence.

These efforts were further reinforced through strategic dissemination engagements and the establishment of a young feminist-led Community of Practice in Kenya designed to sustain learning, collaboration, and collective advocacy across movements. The initiative also strengthened young feminists’ participation in advocacy and policy spaces, enhancing their ability to influence conversations on gender equality, funding, and inclusive development.

Reflecting on the initiative’s influence, Malkia John, Founder of Sauti Salama, noted:



I am honored to build on the work we started years ago with Population Council–Kenya on the impact of young feminist organizing in Kenya and Mexico to improve evidence-based policies. This timely work has influenced how we participate in global conversations and has strengthened what we demand for as young feminists.”

Findings from the initiative demonstrate that young feminist organizing is a catalytic force for change across individual, community, and policy levels. Evidence shows shifts in gender norms within households and communities, improved access to essential services including sexual and reproductive health services, and increased participation of women and girls in civic and decision-making spaces.

This initiative has strengthened both the evidence base and the capacity of young feminists to produce and apply it, enhancing their visibility, credibility, and influence, and positioning YFOs as essential actors in advancing inclusive and sustainable development.

SELECT PUBLICATIONS

SCIENCE PAPERS

- Nur, A., Seruwagi, G., Odwe, G. et al. Screening for sexual violence against children in humanitarian settings: a feasibility study of a para-social worker-led intervention in Uganda. *Int J Humanitarian Action* 10, 19 (2025). <https://doi.org/10.1186/s41018-025-00185-w>
- WHO. WHO guidelines on the Management of Health Complications from Female Genital Mutilation. Geneva: World Health Organization (2016). Available at: <http://www.who.int/reproductivehealth/topics/fgm/management-health-complications-fgm/en/> (Accessed September 11, 2018).
- Shell-Duncan B, Naik R, Feldman-Jacobs C. A State-of-Art-Synthesis of Female Genital Mutilation/Cutting: What Do We Know now? New York: Population Council (2016). Available at: <http://www.popcouncil.org/Evidence-to-End-FGM-C>
- UNICEF. Female Genital Mutilation: A Global Concern, update 2024. New York: UNICEF (2024).
- KNBS, ICF. Kenya Demographic and Health Survey 2022. Key Indicators Report. Nairobi, Kenya, and Rockville, Maryland, USA: Kenya National Bureau of Statistics & ICF (2022). Available at: <https://dhsprogram.com/pubs/pdf/PR143/PR143.pdf>
- Joint United Nations Programme on HIV/AIDS (UNAIDS). In DANGER: UNAIDS Global AIDS Update 2022 [Internet]. Geneva; 2022. Available at: https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update-summary_en.pdf Accessed January 4, 2024. [Cited Here](#)
- Howard AL, Chiang L, Picchetti V, et al. Population estimates of HIV risk factors to inform HIV prevention programming for adolescent girls and young women. *AIDS Educ Prev*. 2023;35(suppl A):20–38. [Cited Here](#)
- Murewanhema G, Musuka G, Moyo P, et al. HIV and adolescent girls and young women in sub-Saharan Africa: a call for expedited action to reduce new infections. *IJID Reg*. 2022;5:30–32. [Cited Here](#)
- Askew, I. (2005). Methodological issues in measuring the impact of interventions against female genital cutting. *Culture, Health & Sexuality*, 7(5), 463–477. <https://doi.org/10.1080/13691050410001701939>
- Koski, A., & Heymann, J. (2017). Thirty-year trends in the prevalence and severity of female genital mutilation: A comparison of 22 countries. *BMJ Global*

Health, 2(4), bmjgh. <https://doi.org/10.1136/bmjgh-2017-000467>

- Matanda, D., Groce-Galis, M., Gay, J., & Hardee, K. (2021). Effectiveness of Interventions Designed to Prevent or Respond to Female Genital Mutilation: A Review of Evidence. UNFPA, UNICEF, WHO and Population Council-Kenya. Matanda, D., Obare, F., Kizito, S., & Undie, C.-C. (2023).
- Pilot Study on Using Opinion Polls and Vignettes to Generate Robust Data to Measure Public Opinion/Attitude on Female Genital Mutilation in Isiolo County, Kenya. Population Council.
- <https://gatesopenresearch.org/articles/9-5/v1?gtmKey=GTM-MKM3CS-F&immUserUrl=https%3A%2F%2Fgates-proxy.f1krdev.com%2Feditor%2F-member%2Fshow%2F&otid=275477bf-f17b-474f-befe-635d8fa9661a&s-3BucketUrl=https%3A%2F%2Fgatesopenresearch.s3.eu-west-1.amazonaws.com&submissionUrl=%2Ffor-authors%2Fpublish-your-research&transcendEnv=cm&transcendId=ef49a3f1-d8c1-47d6-88fc-50e41130631f>

ORGANIZATIONAL REPOSITORY

- [Adolescent Girls Initiative-Kenya: Testing for Scale—Recommendations Report](#)
- Amadi JA, Odwe G, Obare F, Sambai B, Kangwana B (2025) Interventions addressing impacts of climate change on sexual and reproductive health and rights in sub-Saharan Africa: A scoping review. *PLOS ONE* 20(8): e0329201.
- Amadi, Jacinter A. and George Odwe. 2025. “Sexual and reproductive health is inadequately addressed in climate change actions in sub-Saharan Africa,” Evidence Brief. Nairobi: Population Council-Kenya.
- [Systematic review of reviews on interventions to engage men and boys as clients, partners and agents of change for improved sexual and reproductive health and rights](#)
- [The state of gender and education needs in Kenya: The missing step toward gender equity](#)
- [Gender and education practice in Kenya](#)
- [Community directed-based approaches to promote uptake of Sulfadoxine-Pyrimethamine for intermittent preventive treatment of malaria in](#)

[pregnancy: Endline findings from Kisumu and Migori Counties](#)

- [How frontline communities are protecting SRHR amid climate change: Community solutions and regional insights—Slide deck](#)
- [Changing lives, transforming communities: How Young Feminist Organizations create change in Mexico and Kenya—Slide deck](#)
- [Changing lives, transforming communities: How Young Feminist Organizations create change in Mexico and Kenya](#)
- [JAIDS Journal of Acquired Immune Deficiency Syndromes](#)
- [Frontiers | Digital tracking of girls exposed to community led alternative rites of passage to prevent female genital mutilation/cutting, and child, early and forced marriages in Kenya: a longitudinal study](#)
- https://knowledgecommons.popcouncil.org/focus_sexual-health-repro-choice/364/
- https://knowledgecommons.popcouncil.org/focus_sexual-health-repro-choice/373/
- https://knowledgecommons.popcouncil.org/focus_sexual-health-repro-choice/398/
- https://knowledgecommons.popcouncil.org/focus_sexual-health-repro-choice/396/
- https://knowledgecommons.popcouncil.org/focus_sexual-health-repro-choice/306/
- https://knowledgecommons.popcouncil.org/focus_sexual-health-repro-choice/288/
- https://knowledgecommons.popcouncil.org/cgi/viewcontent.cgi?article=1020&context=hubs_humanitarian
- https://knowledgecommons.popcouncil.org/do/search/advanced/?q=%22Baobab%3A%20Sexual%20and%20Reproductive%20Health%20and%20Rights%20in%20Refugee%20Settings%22&start=0&context=12095065&sort=date_desc&facet=

BLOG POSTS/ BRIEFS/ TOOL KITS

- [Insight 2 Implementation \(i2i\): Transforming Evidence to Action for HIV Prevention – Population Council](#)

- [The Power of Young Feminist Organizing in Kenya and Mexico](#)
- [Revive IPTp-SP: Revitalization of Intermittent Preventive Treatment of Malaria in Pregnancy – Population Council](#)
- <https://popcouncil.org/project/baobab-sexual-and-reproductive-health-and-rights-in-refugee-settings/>
- [Adolescent Girls Initiative-Kenya – Population Council](#)
- [The Evidence for Gender and Education Resource \(EGER\) – Population Council](#)
- [The Three-Month Dapivirine Vaginal Ring for HIV Prevention – Population Council](#)
- [FGM Data Hub: Africa-Led Movement to End Female Genital Mutilation – Population Council](#)

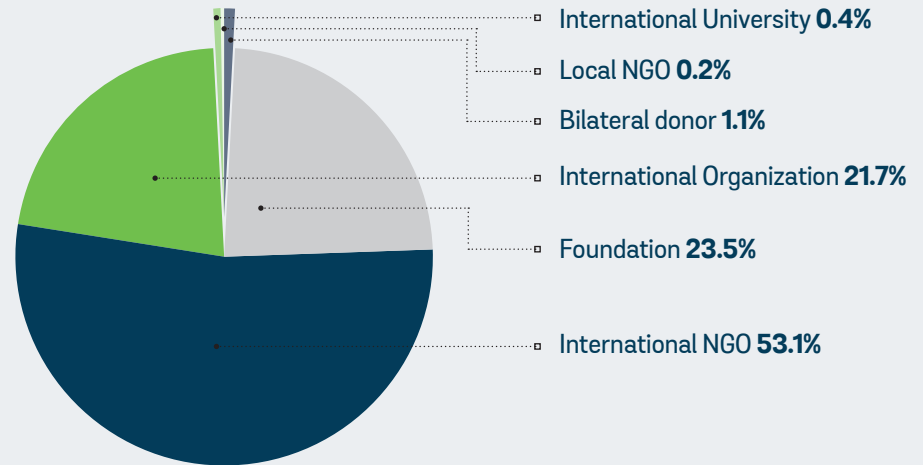
MEDIA

- [i2i: Interventions to engage men and boys as clients, partners, and agents of change to improve SRHR](#)
- [Home](#)
- [FC: Short Version MSM Stigma Comic 3.0](#)
- [3-Month Dapivirine Vaginal Ring for HIV Prevention Demonstrates Superior Drug Release Compared to 1-Month Ring – Population Council](#)
- [Cliff To Propel PrEP Revolution with up to US\\$2 Million for Immediate Access to PrEP Rings – News Releases – The Global Fund to Fight AIDS, Tuberculosis and Malaria](#)
- [NAWIRI- IMPACT OF YFO's DOCUMENTARY](#)
- [AGI-K REPORT Documentary 2023](#)
- [AGI-K and the Power of Investing in Girls](#)
- <https://drive.google.com/drive/folders/1iqpW50vrbcDYyXGn3aT-FqodfSLAvCm4>
- https://drive.google.com/drive/folders/1XR_CLo23sdPZ4tPwEhwbFi-4W6VyuGBr
- <https://www.linkedin.com/company/fgm-data-hub-population-council>

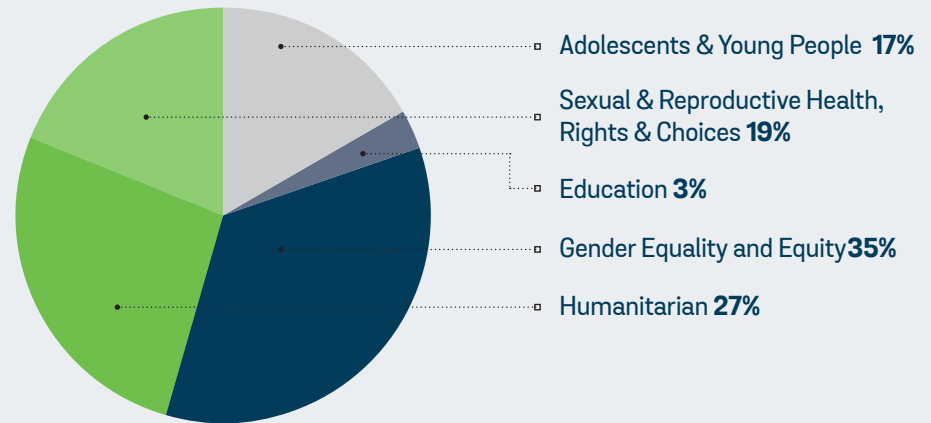
FINANCIAL REPORT

2025 key financial highlights

2025 Income Distribution



2025 Expenditure Based on Thematic Areas



BOARD MEMBERS



Dr. Carolyn Odula Obonyo, Board Chair, is a seasoned Reproductive Health Specialist and Consultant Obstetrician–Gynecologist with 20+ years’ experience.



Dr. Josephine Kibaru Mbae is a medical doctor and reproductive health expert, championing family planning and serving the government in various roles.



Michael Mbizvo, PhD, directs Population Council Zambia and leads reproductive health initiatives, providing strategic and technical oversight.



Judy Omumbo, PhD, is a renowned global health expert and a trusted advisor on health and climate change to governments and leading funding organizations worldwide.



Tony Dutson is vice president for Corporate Finance and Administration at Population Council, directs finance, operations, HR, IT, and grants.



Kui Kinyanjui is a strategic external affairs leader, renowned for global stakeholder management and driving growth for Fortune 500s and African tech unicorns.



Ian Askew, PhD, is a sexual and reproductive health rights expert 40+ years’ experience and a former director of WHO’s Department of Sexual and Reproductive Health and Research.



Rose Kagucia, Previously acting CEO of DIB Bank Kenya, is a visionary leader with extensive experience in operations, finance, and business across industries.



Natalia Teleshova, MD, PhD, is an immunologist at the Population Council’s Centre for Biomedical Research.

FUNDERS/ PARTNERSHIPS/ COLLABORATIONS

Population Council Inc
Government of Kenya
Ministry of Health (Division of RMNCAH)
Foreign, Commonwealth and Development Office (FCDO)
Together For Girls
EDCTP
Genesis Analytics
Children's Investment Funds Foundation (CIFF)
Wellspring Philanthropic Fund
IDRC
Hewlett Foundation
Mastercard Foundation
Kenya Medical Research Institute (KEMRI)
Centre for Biomedical Research Initiatives (CBRI)
Harare Health and Research Consortium (HHRC)
Medecins Sans Frontieres (MSF) Zimbabwe
Nawiri
Kisumu Medical and Education Trust (KMET)
Midwives Association of Kenya (MAK)
National Malaria Control Programme (NMCP)



**POPULATION
COUNCIL**
KENYA

Ideas. Evidence. Impact.