



NATIONAL EMERGENCY RESPONSE COMMITTEE
ON CORONAVIRUS

UPDATE ON CORONAVIRUS IN THE COUNTRY
AND RESPONSE MEASURES, AS AT 23rd June

DAY: 103

Brief No: 97

Good afternoon Ladies and Gentlemen, and welcome to our daily COVID-19 update.

The coronavirus pandemic has seen many countries coming up with different kinds of interventions, responses, and guidelines to limit its spread. The interventions brought about advantages and disadvantages, drawing diverse reactions from citizens.

In Kenya, compared to other countries, the containment measures have resulted in low infection rate, during the same stage of the pandemic. We have witnessed change

in our behavior. Our people are more conscious of their health in general. This is a good thing, as it has also contributed to a decline in infectious and communicable diseases, that are associated with bad hygiene practices such as cholera, and other water borne diseases among others.

On the flip side, during this period of Covid-19, we have observed an increase in vices, such as domestic violence, intimate partner violence, teenage pregnancies, as well as child abuse, by either close relatives, or even friends. Women and children need to be protected, at all costs, to prevent them against any violence and abuse.

Sexual and reproductive health needs, including psychosocial support services, and protection from gender-based violence, must be prioritized to ensure continuity. In the past few weeks, a national debate has been raging on teenage pregnancies in Machakos County, and the rest of the country, during this period of the pandemic. Having interrogated the data that has been circulating in the media, the Ministry of Health can

authoritatively inform the country, that the numbers are exaggerated, outrageous, and do not reflect the actual statistics.

This by no means, is not to suggest that we do not have a problem in our hands. As a matter of fact, teenage pregnancy remains a global challenge, and Kenya is no exception. Teenage motherhood is a catastrophic, disempowering outcome in the life of a girl. More often than not, it spells doom to the teenager's attainment of life's full potential.

The Ministry considers one pregnancy of a teenager too many, as each girl and boy deserve an equal opportunity to thrive, and to be free of health risks and economic burdens emanating from premature parenting.

The actual number of pregnant teenagers is approximately a third of the reported cases due to;

1. Teenage mothers present late to the clinic, when the pregnancy is advanced;
2. Given the high risks associated with a teenage pregnancy, most teen mothers presenting to the clinic are advised and usually make multiple visits, much more than a regular pregnancy;
3. The current data is inaccurately extrapolated from the number of Ante-Natal Clinic visits by teenage mothers, which do not represent the numerical count of individual teenagers presenting to the clinic.

Ladies and Gentlemen,

Our COVID-19 statistics in the country for today is that, **155** people have tested positive, from **4,171** samples tested in the last 24 hours. This brings to **4,952** the overall case load in the country, and **146,537** samples have so far been tested.

All the cases are Kenyans, with **120** being males and **35** females. According to age, the youngest is a one year old infant, and the oldest is **77**.

The **155** cases are distributed in counties as follows; Nairobi, **(104)** cases, Busia, **(19)**, Migori, **(10)**, Mombasa **(9)**, Uasin Gishu, **(4)**, Kiambu **(3)**, Machakos **(2)**, Nakuru, **(2)**, Kisumu, **(1)**, Kajiado, **(1)**.

In sub-counties, the cases are distributed as follows; in Nairobi, the **104** cases are from; Kibra, **(20)**, Dagoretti North, **(17)**, Starehe, **(13)**, Westlands, **(10)**, Mathare, **(9)**, Langata, **(8)**, Kasarani , **(6)**, Embakasi South, **(4)**, Royasambu, **(4)**, Ruaraka, **(4)**, Kamukunji, **(3)**, Makadara, **(2)**, Embakasi East, **(2)**, Dagoretti South, **(1)**, and Embakasi West, **(1)**.

In Busia, the **19** cases are from Teso South, **(14)**, and Matayos, **(5)**. In Migori, the **10** cases are from Kuria West, **(6)**, Kuria East, **(3)**, and Nyatike, **(1)**. In Mombasa, the **16** cases are from Jomvu, **(4)**, Mvita, **(3)**, Nyali, **(1)** and Changamwe, **(1)**.

In Uasin Gishu, the **4** cases are from Ainabkoi, **(2)**, and Turbo, **(2)**. In Kiambu, the **3** cases are from Kiambaa, Kiambu Town, and Kikuyu, with a case each. Machakos has **(2)** in cases in Athi River, while in Nakuru, the two

(2) cases are in Naivasha and the case in Kisumu is in Kisumu Central, and the case in Kajiado, is in Kajiado North.

Today we are again delighted to report that we have discharged **102** patients from various hospitals, bringing the tally of recoveries to **1,782**. I want to thank our healthcare workers once again for the continued good job they are doing for this achievement.

Unfortunately, we have lost three (**3**) more patients to the disease, bringing the total number of those who have succumbed to **128**.

To us, every death is a unfortunate, and our sincere condolences go to the families and friends that have lost their loved ones.

Finally, as I conclude I would like to emphasize on evacuation flights that are coming into the country. We have noted that some passengers on these flights are not adhering to the protocols that have been issued by the

ministry. Let me clarify that anybody coming back home must have a COVID-19 free certificate from the country where they are originating from.

Before departure, it is mandatory to complete a declaration form, indicating whether they would wish to be quarantined, whether in a government or a private facility. For those with underlying health conditions, their doctors must commit to have them self-quarantine under their supervision. The protocols are available on the Ministry's website.

I thank you



**SEN. MUTAHI KAGWE, EGH,
CABINET SECRETARY.**