3RD ANNUAL SCIENTIFIC

CONFERENCE ON YOUTH & ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

2019

THEME:

INVESTING IN ADOLESCENT AND YOUTH SRHR - THE TIME IS NOW

25th to 28th June 2019 - Watamu, Kilifi County

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#RHNKCONFERENCE2019
YOUTH CARAVAN
Trip to Malindi
From 24th - 25th June 2019
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#Investing in Adolescent and Youth SRHR - The Time Is NOW
3RD ANNUAL SCIENTIFIC
CONFERENCE
ON YOUTH & ADOLESCENT SRHR

WELCOME MESSAGE FROM CONFERENCE CHAIR

Once again a very warm welcome to Watamu, Kilifi County Kenya. Welcome to the RHNK adolescents and Youth Sexual and Reproductive Health and Rights 3rd scientific conference in our effort to meaningfully engage with young people.

Last year, our theme was amplifying the voices of young people.

The 2019 third annual scientific conference draws on the theme investing in adolescents and youth - the time is now. This was after the informal feedback by the 2018 second annual scientific conference on amplifying the voices of adolescents and youth in sexual and reproductive health and rights, global call for universal health coverage and need to strengthen the health system. The conference draws the involvement and engagement of the all key actors whose interest is to promote the health of young people by ensuring their physical, mental, social and emotional needs are taken care of.

We therefore need to invest in young people in order to promote their health we need to invest in youth friendly services, train health workers to deliver this services, provide commodities, ensure sharing of health information for decision making, policy implementation and provision of oversight.

The planning committee 2019 conference with consultation of the young people, representatives from the Ministry of Health and stake holders saw it appropriate to bring like minds together, to share ideas and forge the way forward in matters adolescent and youth sexual and reproductive health. This conference therefore will focus on investing in the future of adolescents and youth and promoting their health as highlighted in each thematic area.

Enjoy Watamu and don't leave before visiting some of our beautiful tourist attractions such as Gede ruins, Mnarani ruins and the famous Vasco da Gama pillar among others.

Thank you all for coming

Dr. John Nyamu

Chairman

CONFERENCE ABSTRACT COMMITTEE

The abstracts committee worked tirelessly to ensure that all the submitted abstracts were reviewed and timely feedback given to the authors. The procedure entailed a rigorous assessment process and feedback given inform of a report with suggestions for improvement by the author. I would like to express my special appreciation and thanks to;

1. Eunice Muthoni
2. Kagwiria Kioga (Planned Parenthood Global),
3. Graham Nyaberi (Reproductive Health Network)
4. Kennedy Kaburu- Straight talk foundation
5. Geoffrey Rugaita-Planned Parenthood Global
6. Eunice Muthoni - Kenya Methodist University
7. Alvin Mwangi- Youth Committe
8. Ruth Kamau- Reproductive Health Network Kenya

The team was professional and committed which made the whole abstract review process a success. Their efforts throughout the process was invaluable and commitment worth emulating. I also want to thank the Reproductive Health Network Board and Secretariat for giving us the opportunity to serve as the abstracts review committee for this year's conference. We have learnt a lot during our service. Lastly, to all the authors who submitted their work for review, congratulations for creating time to share your work.

Denis Otundo Orare

RHNK Abstracts Review Committee Chairman 2019

CONFERENCE PLANNING COMMITTEE

1. Prof. Joseph Karanja - Reproductive Health Network Kenya
2. Nelly Munyasia - Reproductive Health Network Kenya
3. Kagwiria Kioga - Planned Parenthood Global
4. Eunice Muthoni - Kenya Methodist University
5. Denis Otundo - Network for Adolescents and Youth of Africa
6. Saskia Hüsken - Rutgers

YOUTH PRE-CONFERENCE COMMITTEE CHAIRPERSON'S

Dear Participant ,

Welcome to the 3rd Annual Scientific Conference on Adolescent and Youth SRHR. I am thrilled that you could make time to join us in adding a voice on the need to invest in adolescent and youth sexual reproductive health and rights. Indeed, the quest for meaningful engagement of youth and adolescents in sexual reproductive health and rights matters will have a higher success rate if supported by allies like you.

"Nothing About Us Without Us is for Us " takes on a new meaning when it comes to engagement of youth and adolescents in Sexual Reproductive Health and Rights (SRHR) matters. There is an urgent need for more spaces for young people by young people to freely express themselves and their concerns on matters SRHR. Conferences such as this one serve to provide such a space . Because we understand that young people are not monolithic, we sort different ways to reach out to the youth so that the views represented here at this conference are not just of those present here for the next three days but rather diverse voices from different regions across the country. Through the youth caravan, we were able to reach over 200 youth located in rural Kenya. We also conducted twitter chats through which we reached over 5000 youth online.In addition, we collected views from 100 youths on key SRHR concerns through google forms. The culmination of all these was a position statement presented to Government officials as well as to conference participants . This position statement together with the outcomes of the youth preconference will form a big part of our postconference advocacy efforts.

I am delighted that Reproductive Health

Network Kenya saw it fit to engage youth not just as conference attendees and "selfie takers" but also as planners of the conference whose input was reflected in every decision made during the planning. To this end I would like to sincerely thank all the young people who in one way or another contributed to the success of this conference. In particular I would like to thank the following members of the planning committee for their tenacity, hardwork, commitment and dedication towards ensuring that youth voices are heard at this conference:

1. Alvin Mwangi- Right Here Right Now
2. Kenny Kaburu - Straight Talk Foundation Kenya
3. Evans Ouma- Stretchers Youth org
4. Fahe Kerubo- Positive Young Women Voices
5. Maria Onyango -Network for Adolescents and Youth of Africa
6. Rita Anindo-Reproductive Health Network Kenya
7. Martha Kombe- Youth in Action
8. Ruth Kamau-Reproductive Health Network Kenya
9. Faith Fao-UNFPA Youth Advisory Panel
10. Judy Amina-SRHR Alliance
11. Lisa Maryanne-MADACI
12. Naomi Monda-KELIN

As is evidenced by the success of this conference, when young people are involved meaningfully the whole society gains ..and has fun!

Welcome to the 3rd Annual Scientific Conference on Adolescent and Youth SRHR, Karibu Watamu!

Christine Sayo

Chair ,

Youth Preconference Planning Committee

TABLE OF CONTENT

CONFERENCE PROGRAM 2019

Monday 24th June 2019 **Youth Caravan** **Nairobi-Emali-Mtito Andei-Mombasa-Kilifi-Watamu**

6.00-7.30AM – Arrival at the pick-up point (RHNK Offices) ***MC:*** Dominic Kimitta

- Breakfast

Speeches - Dr. John Nyamu (RHNK Chairman**)** ***Moderator:*** Ruth Kamau

Dr. Dimola (Country Director - UNFPA**)**

Dr. Joel Gondi (MOH**)**

Dr. Jeanne Patrick (MOH**)**

7.30 AM – Flag off and departure ***Moderator:*** MOH and RHNK Board

11.00-12.00PM – Arrival at Emali

- Activation

- Commodities distribution

1.00-1.30PM – Lunch at Mtito Andei & photo taking ***Moderator:*** Maria Akinyi

7.00-9.00PM – Arrival at Mtwapa ***Moderator:*** Evans Ouma

- Community dialogue

- Supper

- Networking

Tuesday 25th June 2019 ***Pre – Conference***

5.00-5.30AM – Breakfast ***Mc –*** Dominic Kimitta

5.30AM – Departure

7.00-8.00am – Arrival at the Kilifi County Government Offices

Speeches - Nelly Munyasia (*RHNK****)***

- Ruth Kamau (*RHNK****)***

- Kennedy Miriti (*Youth Coordinator-Kilifi County****)***

- Hon. Maureen Mwangovya (*CEC Gender & Youth Kilifi County***)**

9.00AM – Arrival at Gede

- Meet the boda boda riders and providers activation

10.00-10.30am – Arrival of Guests & Registration

- Faith Fao (*Unfpa****)***

- Evans Ouma (*Shedecides 25x25 Champion****)***

10.30-10.45am - Video of the Caravan ***Moderator:*** Naomi Monda

- Plenary Of the Caravan Experience

10.45-12.00PM - Abstracts **Presentation** ***(Thematic Area 2)***

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
10.45-10.55AM	**Ruth Kamau**	Hilder Okello	**Advocacy in ASRHR**	Increasing access to quality Sexual Reproductive Health (SRH) information among young people. A case of Network for Adolescents and youth of Africa NAYA	
10.55-11.05AM		Mercy Kioko		How youth involvement influences decision-making processes on Reproductive Health Policies and Investments.	
11.05-11.15AM		Risper Moraa Mose		Meaningful Youth Participation	
11.15-11.25AM		Ritah Anindo Obonyo		Leveraging on meaningful youth engagement in advocating for sexual reproductive health right among adolescents and young people in Nairobi County	
11.25-11.35AM		Kadokech Sebs		Comprehensive Sexuality Education for Adolescents: Taking Stock.	
11.35-11.45AM		Yusuf Nyanje Anunda		Advancing young people`s SRHR needs through meaningful youth engagement (MYE)	
11.45-12.00PM		**Hilder, Mercy, Risper, Ritah , Sebs & Yusuf**			***Plenary***

12.00 – 1.05PM - Abstracts* Presentation *(Thematic Area 11)

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
12.00-12.10PM	**Beverly Nkirote**	Abdalla Shuaib Hassan	**Youth Friendly Services (YFS)**	Access by pregnant adolescent and young people to SRH services in Kisauni/ Nyali sub-county	
12.10-12.20PM		Jedidah Lemaron		"Nahesabika" (I count); Improved Access to Youth Friendly services for rural youth in Kajiado	
12.20-12.30PM		Mohamed Shuaib Hassan		Do Adolescent-Friendly Services influence the uptake of SRH among Adolescent Girls and Young Women (AGYW)? A peer-led model of Mlaleo Epic Youth Group-Mlaleo CDF Health Centre Mombasa County.	
12.30-12.40PM		Linda Tulina		Effectiveness of Peer clubs in dissemination of Sexual and Reproductive health and rights information.	
12.40-12.50PM		Nolly Wilson Raye		Institutionalization of of Youth Friendly Services	
12.50-1.05PM		**Abdalla, Jedidah, Mohamed, Linda & Nolly**			**Plenary**

1.05-1.15PM – Entertainment

1.15 -2.15 PM- Abstracts* Presentation *(Thematic Area 8)

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
1.15-1.25PM	**Martha Kombe**	Fahe Kerubo	**HIV & AIDS among young people**	Inclusion Of LBTIQ Adolescents, Young Women And Girls Living With And Affected By HIV In SRHR Interventions.	
1.25-1.35PM		Bill Clinton		Trends On HIV Among Adolescent and Young people	
1.35-1.45PM		Victor Kariuki		Exploration of SRHR implementation challenges faced by adolescents and young women living with HIV in Kenya	
1.45-1.55PM		Ian Nevil Ochieng Omondi		Improving adolescents and young people health through involving Youth Advisory Council in majengo area to generate demand for HIV/AIDS and SRH services among adolescent.	
1.55-2.05PM		Mercy Agwata		Uptake Of HIV Testing Services Among Youths At Mlaleo Cdf Health Center	
2.05-2.15PM		**Fahe, Bill, Victor & Ian**			***Plenary***

***2.15 -3.25PM – Abstracts* Presentation (*Thematic Area 6, 7, 9, 12 &14*)**

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
2.15-2.25PM	**Jedidah Lemaron**	*Tracy Wanja Njagi*	**Unsafe abortion among Adolescents (Misuse of Misoprostol, Use of traditional herbs and concoctions, Myths and misconceptions)**	*Utilization of abortion stories to burst abortion stigma.*	
2.25-2.35PM		*Brian Mukasa*	**Mental health and ASRHR**	*Menstrual Health and Mental Health in the lives of young people, young women and girls' reproductive health problems*	
2.35-2.45PM		*Ramadhan Ibrahim Sangolo*	**Faith Based Interventions in ASRHR**	*Meaningful Engagement Of Religious Leaders For Provision Of ASRHR services and Information Among Young People*	
2.45-2.55PM		*Joshua Ochieng Oliyo*	**Legal issues in ASRHR**	*Implication of peer champions in advocating and disseminating SRH matters*	
2.55-3.05PM		*Ronald Ouma Oluoch*		*Making young people co-implementers and collaborators in policy advocacy in SRHR: NAYA Kenya's experience*	
3.05-3.15PM		*Kung'u Daniel*	**Sexual and Gender Based Violence (• Sexual Abuse • Adolescents FGM and others)**	*Causes, effects and support system of gender based violence among young men in Mukuru-Nairobi County.*	
3.15-3.25PM		***Tracy, Brian, Ramadhan, Joshua & Ronald***			***Plenary***

3.25 –3. 45 PM – Youth Communique Session ***Moderator:*** Maria Akinyi & Alvin Mwangi

Tuesday 25th June 2019 ***Opening Ceremony***

4.00-4.15PM –Guests Seated ***Mc – Dr. Stellah Bosire***

4.15-4.45PM - National Anthem

Opening Prayer ***Pastor – Jeremiah Masila***

Entertainment ***Dominic Kimita***

(Video from the youth caravan)

4.45-7.00PM -*Opening Remarks (**Chairman RHNK****)*** **– Dr. John Nyamu**

RHNK Youth Advocate **- Rita Anindo**

MOH **– Dr. Joel Gondi**

NCPD - **Mr. Stephen Ndambuki**

KELIN **– Mr. Allan Maleche**

AMREF Health Africa **– Ms. Anne Gitimu**

RUTGERS **– Mr. Ton Coenen**

Key Note Speaker (*IPAS*) **– Dr. Ernest Nyamato**

Entertainment ***- Dominic Kimitta***

CEC Gender & Youth (Kilifi County) **- Hon. Maureen Mwangovya**

CEC Health (Kilifi County) **- Dr. Anisa Ahmed Omar**

Governor (Kilifi County) **- His Excellency Hon. Amason Kingi**

7.00PM – Cocktail Dinner/ Entertainment

8.00-9.25AM - *Abstracts* Presentation *(Thematic Area 7)*

Time	Moderator	Speaker	Thematic Area	Title Of Presentation	Plenary or Panel Discussion
8.00-8.10AM	**Dr. Stellah Bosire**	Saskia Husken	**Unsafe Abortion Among Adolescents (Misuse Of Misoprostol, Use Of Traditional Herbs And Concoctions, Myths And Misconceptions)**	She Makes Her Safe Choice global programme: an integrated multi-component approach to end unsafe abortions worldwide	
8.10-8.20AM		Nora Kopi		Impactful storytelling in addressing unintended pregnancies and unsafe abortions via youth-focused media platform Shujaaz and the "She Makes Her Safe Choice" program	
8.20-8.30AM		Beatrice Otieno		Abortion Stigma Among Adolescents Students In Secondary Schools In Kisumu, Kenya.	
8.30-8.40AM		Kenneth Juma		Incidence and Cost of Maternal Near-Miss Complications from Unsafe Abortion in Kenya: A prospective Study	
8.40-8.50AM		Martin Muthare		Providing safe medical abortion in Kenya with MA-Kare: combipack of mifepristone and misoprostol.	
8.50-9.00AM		Moses Wanami		Improving young women's access to safe abortion services by reducing stigma among healthcare providers, through the "She Makes Her Safe Choice" program	
9.00-9.10AM		Zaina Gathoni		Unsafe abortion among Adolescents	
9.10-9.25AM		**Saskia, Nora, Beatrice, Kenneth, Martin, Moses & Zaina**			**Plenary**

9.25-10.15AM - *Abstracts* Presentation *(Thematic Area 13)*

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
9.25-9.35AM	**Jedidah Lemaron**	Dr. Jeanne Patricks	Emerging Innovations In Adolescent Contraception And Family Planning	Importance of tracking Early Childbearing, Family Planning uptake and maternal deaths among sexually active adolescents (15-19) years in Kenya	
9.35-9.45AM		Cynthia Odhiambo		Innovative collaboration among Civil Society Organizations through the use of joint advocacy and online platforms; a way of addressing unmet needs for contraceptives among young people, (A Case of Kisumu County)	
9.45-9.55AM		Nailantei Kileku		Leveraging on UHC to promote post-partum family planning through Group ANC in Kisumu East Sub County	
9.55-10.05AM		Pamela Okumu		post pregnancy family planning as astrategy to reduce teenage pregnancy in rongo sub county the year 2018	
10.05-10.15AM		**Dr. Jeanne, Cynthia, Nailantei & Pamela**			***Plenary***

10.15-11.50AM - *Abstracts* Presentation *(Thematic Area 2)*

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
10.15-10.25AM	**Judy Amina**	Aaga Mitoko	**Advocacy in ASRHR**	Innovating access to safe abortion: Service provider focused advoca	
10.25-10.35AM		Alfred Mutua Mueke		The Internet and Smart Advocacy for Penal code section 162 mitigation and LGBT youth Inclusivity:	
10.35-10.45AM		Beverly Nkirote		Strengthening Coalition Building and Partnerships of Like-minded Civil Societies Organizations (CSOs) as an Effective Advocacy strategy	
10.45-10.55AM		Faith abala		Making young people co-implementers and collaborators in policy advocacy in SRHR: NAYA Kenya's experience.	
10.55-11.05AM		Elisha Ochienga		Tapping into Community Resource Persons (SRH ADVISORY COMMITTEE) to reduce teenage pregnancies and increase access and awareness to SRH services by young people in North and East Kamagambo sub locations, Migori County, Kenya.	
11.05-11.15AM		George Kapiyo		Addressing provider attitudes on LARC provision through VCAT in South West Kenya	
11.15-11.25AM		Helen Owino		2nd National Dialogue on Sexuality Education in Kenya; Creating Synergies for a Coordinated Effort towards Human Sexuality Education	
11.25-11.35AM		Jeniffer Wangui		Implementing Fpcip For Improved Adolescent And Youth Sexual Reproductive Health A Case Of Nakuru County	
11.35-11.50AM		**Aaga, Alfred, Beverly, Faith, Elisha, George, Helen & Jenifer**			***Plenary***

11.50-1.00PM - Panel Discussion **Moderator**: Saskia Husken

- ICPD +25 Panel Discussion

1.15-2.50PM- *Abstracts* Presentation *(Thematic Area 2)*

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
1.15-1.25PM	**Mickreen Adhiambo**	Lillian Njoki Nyaga	**Advocacy in ASRHR**	Multi-sectorial approach; a road map for joint implementation of Adolescent and Youth Sexual Reproductive Health interventions	
1.25-1.35PM		Naomi Monda		Addressing individual and societal barriers to health, information and justice for adolescent girls in Kisumu and Homa Bay Counties, Kenya	
1.35-1.45PM		Bruce Njuguna		Comprehensive sexuality education as a preventive and primitive action meant to foster challenges in Kenya	
1.45-1.55PM		Oliver Wanyama		Invest in them, improve the society	
1.55-2.05PM		Sammy Chale		Strengthening advocacy leadership for youth focused civil society organizations in Kenya, the case of safe community youth initiative and declares inspirational group in Kilifi and West Pokot	
2.05-2.15PM		Samson Kalume		Young people are are an opportunity and a resource that must be harnessed to create a transformative shift towards improving health.	
2.15-2.25PM		Vilmer Nyamongo		Girls Voices Initiative	
2.25-2.35PM		George Kapiyo		Piloting the implementation of QOC assessment tool developed by PP Global for closing the Gap project in South West Kenya	
2.35-2.50PM		**Lillian, Naomi, Bruce, Oliver, Sammy, Samson, Vilmer & George**			***Plenary***

2.50-3.30PM - *Abstracts* Presentation *(Thematic Area 3)*

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
2.50-3.00PM	**George Kapiyo**	Jedidah Lemaron	**Adolescent Menstrual Hygiene Management**	Menstruation: The right to choose menstrual management options	
3.00-3.10PM		James Atito		Men Breaking Barriers on Stigma of Menstruation among adolescent's girls.- The case of Adolescent Girls on Transformative Advocacy (AGoTA) project implemented by Stretchers Youth Organization (SYO) in Mombasa County, Kenya.	
3.10-3.20PM		Olivia Otieno		Integration of menstrual health in SRHR for holistic women needs; an initiative of young people.	
3.20-3.30PM		**Jedidah, James & Olivia**			**Plenary**

3.30-5.30PM SIDE EVENT

- Right Here Right Now Kenya

- SRHR ALLIANCE & CSA

Thursday 27th June 2019 **Day 2**

8.00 - 9.25AM - *Abstracts* Presentation *(Thematic Area 11)*

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
8.00-8.10AM	**Caroline Nyandat**	Abadala David Ong'owo	**Youth Friendly Services (YFS)**	The Centrality Of Policy Frameworks Guiding Quality And Coverage Of Adolescents And Youth Friendly Services	
8.10-8.20AM		Betty Ndawa		Using Advocacy To Promote Access To Youth Friendly Services	
8.20-8.30AM		Beverlyn Anyango		Utilization of YFS among the youths/adolescents	
8.30-8.40AM		Caroline Nyandat		Youth peer providers: The missing link in comprehensive abortion care services in Kenya	
8.40-8.50AM		Felix Dunya		Innovative partnerships for Youth Friendly Services	
8.50-9.00AM		Joseph Mutweleli		Meeting young people contraception needs through the private sector, The case of Tunza Social Franchise Clinics	
9.00-9.10AM		Julius Nyakabwa		Promoting access toASRH information among young people 10-24 using toll free helpline	
9.10-9.25AM		**Abdala, Betty, Beverlyn, Caroline, Felix, Joseph & Julius**			**Plenary**

9.25-10.05AM - *Abstracts* Presentation *(Thematic Area 1, 4 & 12)*

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
9.25-9.35AM	**Evans Ouma**	Mildred Omino	**Adolescent Sexual And Reproductive Health And Rights For People With Disabilities (Pwd)**	Access to SRHR Services -"Bridging the gap for Adolescents and Young women with Disabilities in Kenya"	
9.35-9.45AM		Fiona Nzingo	**Sexual Orientation, Gender, Identity And Expressions. (Sogie)**	Animated SRHR: The Love ABC campaign	
9.45-9.55AM		Meggie Mwoka	**Legal Issues In ASRHR**	Addressing legal and policy barriers for adaptive and responsive adolescent sexual and reproductive health rights and services in Kenya	
9.55-10.05AM		**Mildred, Fiona & Meggie**			**Plenary**

10.05-11.20AM - *Abstracts* Presentation *(Thematic Area 11)*

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
10.05-10.15AM	**Rita Anindo**	Kevin Kinyua	**Youth Friendly Services (YFS)**	Investing In Youth And Adolescents SRHR - The Time Is Now	
10.15-10.25AM		Mary wanjau		My SRH My Choice: Understanding How High Risk Sexual Behavior among University Student's Influences Uptake of Reproductive Health Services: A Case of Kenyatta University Nairobi, Kenya.	
10.25-10.35AM		Nakalyango Justine		Single Dose Administration Increases Adherence Among Adolescents At The Facility	
10.35-10.45AM		Priscah Osoro		Starting From The Roots—Using Human Centered Design To Innovate An Adolescent-Centered Pregnancy Program In Western Kenya	
10.45-10.55AM		Roseline Leiro		Improving reproductive health services among adolescents and youth in Baringo County through trained healthcare workers.	
10.55-11.05AM		Vincent Kibet		Starting From The Roots: Development Of A Healthcare Provider Training Program In The Provision Of Youth Friendly Reproductive Health Services	
11.05-11.20AM		**Kevin, Mary, Nakalyango, Priscah, Roseline & Vincent**			**Plenary**

11.20-12.20PM - Panel Discussion **Moderator:** Faith Mbehero
Adolescent and Youth Sexual and Reproductive Health & Rights - Service Delivery

12.20-12.30PM - **Outcome Communique from the Youths** **Moderator:** Faith Fao

12.30-1.30PM - **Story Yangu** **Moderator:** Dr. Stella Bosire

1.30-3.05PM ***Abstracts*** **Presentation** *(Thematic Area 10**)***

Time	***Moderator***	***Speaker***	***Thematic Area***	***Title Of Presentation***	***Plenary or Panel Discussion***
1.30-1.40PM	**Denis Otundo**	Cindy Amollo	Technology And ASRHR (• Global Mobile Technology; • Helplines; • Hotlines; • Applications)	Use Of Technology For Increased Uptake Of Sexual Reproductive Health Rights (SRHR) Services Among Young People.	
1.40-1.50PM		Daniel Haliwa		Innovative Communication For Youth On SRHR	
1.50-2.00PM		Faith Manywali		Driving provider accountability and improvements in the quality of SRH service provided to adolescents through the use of rating	
2.00-2.10PM		LilianMuchoki		Increasing the availability of medical abortion information through ICT	
2.10-2.20PM		Mercy Mwongeli		Driving provider accountability and improvements in the quality of SRH service provided to adolescents through the use of ratings	
2.20-2.30PM		Michael Okun		Use of social media among adolescents in Kisumu County Kenya	
2.30-2.40PM		Nelson Onyimbi		The Internet and Smart Advocacy for SRHR Inclusivity:	
2.40-2.50PM		Zoya Mohamed		Accelerating Health Service Uptake Among Youth Through Gaming	
2.50-3.05PM		**Cindy, Daniel, Faith, Lilian, Mercy, Michael, Nelson & Zoya**			**Plenary**

3.30 - 5.30 PM –SIDE EVENT
SHEDECIDES.

8.00-9.00AM - *Abstracts* Presentation *(Thematic Area 8)*

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
8.00-8.10AM	**Sheenan Mbau**	Enola Maina	**HIV And AIDS Among Young People**	Surrounding Johnny: A Condom Social Marketing Approach To Increase Condom Use	
8.10-8.20AM		Lulu Ndapatani		Advancing Hiv Care Among Adolescent & Young People- Towards A Hiv Free Generation	
8.20-8.30AM		Millicent Ndai		OTZ and Peer Whatsapp groups in improving adolescent (10-19 years) viral suppression. A case of Migosi Sub County Hospital.	
8.30-8.40AM		Winnie Nyabenge		Accelerating 90:90:90 goal among adolescents and young people through sports.	
8.40-8.50AM		Arnold Gekonge		Meaningfully involving young people improves access to HIV/AIDS information and services	
8.50-9.00AM		**Enola, Lulu, Millicent & Winnie**			**Plenary**

9.00-9.50AM - *Abstracts* Presentation *(Thematic Area 6)*

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
9.00-9.10AM	Kagwiria Kioga	Dorah Aura	**Sexual And Gender Based Violence (• Sexual Abuse • Adolescents Fgm And Others)**	Sexual and Gender Based Violence (• Sexual Abuse • Adolescents FGM and others)	
9.10-9.20AM		Dorcas Khasowa		Gender Based Violence Service Health Seeking Behaviors among AGYWs Girls in Afya Jijini Project	
9.20-9.30AM		Emmanuel Masha		Establishment Of Adolescent Girls Movement To Advocate For Protection	
9.30-9.40AM		Eva Ireri Muluve		Improving general well-being for Kenyan adolescent girls through a multi sectoral approach. Adolescent Girls Initiative Kenya mid-term results.	

9.40-9.50AM			Plenary

9.50-11.00AM - *Abstracts* Presentation *(Thematic Area 9 & 14)*

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
9.50-10.00AM	Faith Fao	Abdia Laikipian	Mental Health And ASRHR	Engaging Adolescents in Protecting their Health and Rights: A case of Muslim Girls In Nakuru.	
10.00-10.10AM		Esther Ndinya		Mental Health and ASRHR	
10.10-10.20AM		Veronica Okelo		Comprehensive Menstruation literacy and education to reduce menstrual stigma: A case of Homabay county.	
10.20-10.30AM		Laura Mwangi		Inclusion of Mental health services in any sexual reproductive health services	
10.30-10.40AM		Immaculate Oliech	Faith Based Interventions In ASRHR	Engagement of religious leaders as champions of adolescent and youth SRHR: A Best practice of South-western Kenya experience	
10.40-10.50AM		Valary Shitote		Influence Of Peer Escort Model To Facilitate Linkage Among Adolescent And Young People At Mlaleo Health Centre.	
10.50-11.00AM		Abdia, Esther, Veronica & Immaculate			Plenary

11.00-12.00PM - PANEL DISCUSSION **Moderator:** Dr. Alice Kaaria
- Safe Abortion Policies and Guidelines

12.00-1.00PM - SIDE EVENT
- Straight Talk Foundation

1.00-2.00PM – Entertainment **MC:** Stella Wairimu
- Closing Ceremony
- Vote Of Thanks

2.00-4.00PM - Annual General Meeting (RHNK Members)

5.00PM – Networking Dinner **MC:** Stella Wairimu / Dominic Kimitta

PRECONFRENCE CONFERENCE

Title: Access to SRH Services by Pregnant Adolescent and Young People in Kisauni/ Nyali sub- County.

Authors: Abdalla, S1 Ben M1, Ahlam G1, Priscilla N1, Shikeli K 1

Background

About 1 in 5 (17%) girls aged 15-19 years in **Mombasa County** have begun childbearing; about the same as the national level (Figure 2). Specifically, 5% are**pregnant** with their first child and 11.6% have ever given birth compared to 3.4% and 14.7%, respectively, at the national level adolescent sexual and reproductive health in mombasa county - AFIDEP

Mlaleo CDF Health Centre offer reproductive and youth friendly services. However, there is limited access to SRH services occasioned by poverty, lack of reproductive health information, and negative perception of health workers on youth accessing SRHR services in health facilities.

Objectives

i. To promote Access to SRH Services by Pregnant Adolescent and Young People in Kisauni/ Nyali Sub-County.

Methodology

Strategies used to enhance access to SRH services included distribution of IEC materials during our outreaches by trained peers to reach more people with sexual reproductive information, one on one session during outreaches in the community and also at the facility level, through strong referral system, bi monthly continuous mentorship sessions and establishment of youth programs (SHUGA) on behaviour changes, Online integrated digital platform(one2one), equip parents with SRH information and encourage them to educate their children, giving risk reduction counselling to youths and mentorship programs for the health care providers on integration of youth friendly service.

Results

From the data collected by Mlaleo Epic youth group shows that between January 2018-June 2018, 1030, (from 670 previously 2017), AGYW age 10-24 were reached with SRH information from youth friendly services desk. Out of this 201 were offered with contraceptive, 286 were reached with antenantal care services and 543 reached with HIV testing services, documentation was done at various departments. Reporting was done in capr reporting tools (NACC) and at the facility level.

Conclusions

There has been an increase in access to SRH services from 1030 when youth friendly services started compared to the previous year (2017) where we had 670 before Youth Friendly Services. This has been achieved due to the establishment of youth desk, community mobilization, training of health care providers on youth friendly services, training of peer educators and distribution of information education and counselling materials.

Recommendations

The county government should implement the policies developed for adolescents and young people in Mombasa to enable easy access to SRH services. For example, the right to reproductive health care and protection from harmful cultural rites as stated by (AYP Mombasa county, 2018).

More programs should be initiated to help adolescents make informed decisions concerning their reproductive health for better future.

Title: "Nahesabika" (I count); Improved Access to Youth Friendly services for rural youth in Kajiado

Authors: Jedidah Lemaron

Background

According to Kenya National Bureau of Statistics (KNBS 2018) projections, the youth below 29 years form 59% of Kajiado County's population. This population places great demand on provision of health services, education, water and sanitation, housing and employment. On the other hand, it bears an opportunity to advance the country's development to offer a good foundation in preparing them to be future productive and responsible adults. This segment of population also faces a myriad of challenges triggered by lack of or poor access to SRHR information and services. The government and its stakeholders revised the national adolescent sexual and reproductive health policy (NASRHP) 2015 cognizant of the devolved government system with health being a core mandate of the county governments. Adolescent Sexual reproductive health component has been devolved and counties have taken baby steps to ensure its integration however this needs to be prioritized for optimal results to be realized.

Objectives

The main goal of the study is to contribute to improved access and increased awareness of SRHR among the marginalized youth and girls in and out of school in rural Kajiado

Methodology

This paper acts as a baseline survey and sought to determine the existing gaps in Youth friendly services in order to effectively implement Nahesabika. It was also thought imperative to determine the number of existing Youth friendly spaces, the number of trained service providers and influencers and the knowledge and participation of youth in matters surrounding Sexual Reproductive Health Rights (SRHR). The study is based on desktop review by the author, conversation on the subject matter with officials from the Kajiado County Health Management Team, Random interviews with Health providers in Public Facilities and Youths across Kajiado County.

Results

Kajiado County is ranked the 3rd highest county in the number of teenage pregnancies at 20%. The Female Genital Mutilation/Cutting (FGM/C) prevalence is at 77% and the county is marked as one of the hotspot counties. Kajiado County's Family Planning Costed implementation Plan(FP-CIP) also sites lack of youth friendly services as one of the major issue affecting the uptake of contraceptives. Further the study revealed (1) Kajiado County has 101 Health Facilities and only 3 have Youth Friendly services that are not fully equipped. The 3 are in urban regions which mean the rural youth facing the same challenges do not access YFS. (2) In these facilities there is lack of trained personnel and/or need refresher causes in YFS. (3) The youths on the other hand lack knowledge and should be capacity built to advocate for their rights particularly SRHR i.e. SMART advocacy to be able to engage effectively during public participation and lobby for the prioritization of funds to benefit them,(i.e. Ward Development Fund to equip YFS spaces.) (4) The youths are not included in Community Units, Hospital Boards and the County Department of Health to engage in policy making process and key decisions on Youth SRHR hence they end up with uninformed or no choices for the youths(5) There is no synergy between the private service providers and the government.

Conclusions

In order to improve access and increase awareness of SRHR among rural youths in Kajiado there is need for all state and none state actors to come together to ensure individual awareness of SRHR as a human right among the youths. They should also ensure there is adequate access to resources, information and services for all the hard to reach youths in rural Kajiado

Recommendations

It is against this background that Malkia Initiative's "Nahesabika" (I count);Improved Access to Youth Friendly services for rural youth in Kajiado is based and calls upon all stakeholders to take up their role in ensuring that all the youth count and are accounted for in accessing sexual and reproductive health services as a right.

Keywords

Access, Youth Friendly Services, Sexual Reproductive Health, Youths.

Title: Do Adolescent-Friendly Services influence the uptake of SRH among Adolescent Girls and Young Women (AGYW)? A peer-led model of Mlaleo Epic Youth Group-Mlaleo CDF Health Centre Mombasa County.

Authors: Shuaib M1, Memba B1, Nganga P2

Background

Adolescence is a transitional phase of growth and development between childhood and adulthood. Adolescent-Friendly services are SRH services that are responsive to vulnerabilities and desires of adolescents' i.e. non-judgmental and confidential way. Barriers to care, has made AGYW particularly vulnerable to attrition from access of SRH & FP services.

Objectives

To demonstrate peer-led approach on adolescents of age 15-19 and young women age 20-24 in accessing SRH/contraception services in Mlaleo CDF Health Centre.

Methodology

The methods used to improve SRH services among AGYW are; mentorship programs on adolescent service delivery at the youth desk, continuous mentorship programs on adolescent package of service delivery among health care providers, community mobilization by the peers and community health volunteers, health talks on safe motherhood and nutrition, community sensitization on early unintended pregnancy, family planning and antenatal service delivery in public health facility, community outreaches to reach those who are unable to access health services due to distance and lastly establishment of by led group by January 2018 at Mlaleo CDF Health Centre.

Results

Weekly Mentorship sessions for 10 months made the number of family planning uptake to improve from 57 January-December 2017 to 87 by January-December 2018 among girls of age 15-19 and from 521 January 2017 to 867 by December 2018 among those of age 20-24 respectively. There are two main methods preferred by AGYW Condom use is the most leading method followed by pills. Data was documented in MOH 512 and reported in MOH 731. Monitoring and follow up was done by Sub-County MOH.

Conclusions

Our results demonstrate that our peer– led model helps to improve the access of SRH services among AGYWs of age 15-19 and young women age 20-24 in accessing SRH/contraception services in Mlaleo CDF Health Centre.

Recommendations

Therefore, we are requesting resources for developing health messages and systems to

encourage and educate AGYWs on the importance of accessing health services in public health facilities, capacity building and mentorship programs to be done to the peers.

Title: Utilization of youth-friendly services in kenya; An experience from Reproductive Health Network Kenya

Authors: Patricia Wanza, Ruth Kamau

Background

Sexual Reproductive Health Rights and Services for adolescents and young people has been recognized as a priority and increasingly so in low- and middle-income countries (LMICs). The Adolescent Sexual Reproductive Health Policy 2015 (ASRHP) has been revised by the Ministry of Health and implementation of the same advocated and promoted by Civil Society Organizations and other individuals as a means of ensuring that all young people access quality and standardized SRHR services across the country. The policy has prioritized promotion and protection of adolescent sexual reproductive health and rights by ensuring that sufficient budgetary allocation of the programs is availed and implementation of the interventions around adolescents is monitored.

Objectives; The objective of this paper is to detail the evaluation of Reproductive Health Network Kenya (RHNK) young peoples' access to Youth-friendly services (YFS) against the provisions in the policy which inform initiatives for strengthening these services.

Methodology

A cross-sectional qualitative and quantitative assessment of the access to SRH services was carried out in 18 healthcare facilities supported by RHNK and the experience of 20 young people documented and analyzed from one on one interviews and focus group discussions. Key informant interviews with network members who own the facilities were undertaken and one on one interviews with YFS providers was done. Responses were recorded and transcribed and later analyzed using themes for the qualitative assessments and SPSS for the quantitative data presented in a likert scale to assess the satisfaction of the adolescents and young people to the services offered in the Youth Friendly Service centers.

Results

Nearly n(54%) of the youth who were interviewed had already utilized YFS at least once. The mean scores for the rating of the provision of the YFS from their experience was 4.5 out of 10 with substantial variation across facilities with the highest rank (6.5) being in Nairobi and Lowest rank (2.0) in Southwestern Kenya. Assessment of services specifically addressing SRH services scored less than 50%. The main differences in likert rating (6.5 and 2.0) highlighted by the respondents were healthcare facilities' management of adolescents' presenting complaints and their comprehensive management including psycho-social status and risk profile. Using friends, health care providers and schools as a source of information were significantly and positively correlated with the utilization of the youth-friendly services. In contrast students and daily workers, negative perceptions about counselling for reproductive health services was mentioned as some of the factors associated with the low uptake of these services.

Conclusion

The utilization of youth-friendly services is below average from the study. Knowledge and information about what youth-friendly services are has contributed greatly to the increase in uptake of these services. However, the standards

of the service centres should be improved to ensure that there is increased uptake. Advocacy efforts around budgetary allocation and implementation frameworks that ensure the provision of these services should be accelerated by stakeholders and like-minded CSOs.

Recommendations

Consistent engagement of key stakeholders to ensure that Youth Friendly Services and well managed and that the quality of services offered to the young people is maintained

Advocacy to create a monitoring framework for the youth friendly services and a budgets that support the centers both from the government and NGOs

Regular client satisfaction surveys which form a basis of the facility based review meetings to increase the quality of services offered.

Title: Effectiveness of Peer clubs in dissemination of Sexual and Reproductive health and rights information.

Authors: *Linda Tulina, Joshua Thembo, Sebs Kadokech and Silas Isabirye.*

Background

Naguru Teenage Information and Health Center (NTIHC) has since 2011 worked towards increasing access and utilization of Adolescent Sexual and Reproductive Health and Rights (ASRHR) services for young people in Uganda. It implements youth friendly model in health care delivery and Adolescent Sexual Reproductive Health (ASRH) programming using peer to peer approach, its main mobilization strategy. It has annual average turn up of about 35,000 young people accessing services: 32,000 accessing services at the clinic and 3,000 through outreach sites.

Objectives

To understand peer to peer approach in service delivery.

To assess the effectiveness of peer to peer approach in service delivery.

Methodology

In 2007 Post Test Club was founded, a social support group for adolescents and young people who came for HIV/AIDS testing regardless of their serological test result. Over time the club mainstreamed into the organization programming, compelled to mobilize/sensitizes young people, schools/communities about Sexual Reproductive Health with focus on prevention of Sexually Transmitted Infections and teenage pregnancy. Peer educators are trained/deployed to deliver health and behavior change messages, identify and refer/link peers to SRH service, peer counseling, home visits and condom education in outreaches. Conducts weekly meetings to learn about SRH through edutainment,group discussions and conducts biannual interclub visits.

Results

The club has a commendable output for example for the years 2017 & 2018; it conducted 96 outreaches, 8 inter club visits club visits, distributed 53,900 Information Education Communication materials and 120,174 condoms in Kampala. The community outreaches forcus on information giving,referals from the community to the health centre and through inter club visits they share experiences and learning with similar peer clubs in institutions and schools mainly through quizzes and debates on Sexual Reproductive Health topics such as Consequences of teenage pregnancies,Menstrual hygiene,Body changes among others to help bridge the information gap in young people and adolescents and clear common stereotypes.

Furthermore the club's output inspired formation of other peer clubs at NTIHC; New Born mothers' club (NBMC) and Peer Mothers' club (PMC) that focus on empowering young mothers with information on Pregnancy (prenatal, antenatal, postnatal), Family planning and Nutrition.

Conclusions

In constrained settings, social groups are effective in reaching young people with huge potential of impact and greater ability to penetrate the lowest community levels.

Recommendations

Stakeholders should consider investing in youth and adolescents' health through peer clubs for effective spread of information and awareness. Program implementers should leverage young people, equip them with necessary skills for reaching out. Health programs focusing on changing mindsets of young people stimulates health seeking behaviors, attitudes and practices.

Keywords

Peer clubs, peer educators, effectiveness.

Tittle: Institutionalization of Youth Friendly Services

Author: Wilson Nolly Raye

Background

The 2005 National Guidelines for Provision of Youth Friendly Services in Kenya by the MOH (Pg 10) states there is no standard definition for youth friendly health services. It states that it's a broadbased health and related services provided to young people to meet the individual health needs in a manner and environment to attract interest and sustain their motivation to utilize such services. (Pg 12) Does not factor the minimum condition to include the involvement of the young people in planning, implementation and monitoring and evaluation.

The Mombasa County Health Bill Part II Clause 6 – Establishment and Composition of the County Health Management Board (2) factors women but no provisions for the youth. The youth are also are not considered in Clause 12 – Hospital Management Boards. They are only allocated space in the Health Facility Committees which most at times are dispensaries in the location level as per Clause 14. This indicates that even though there is need of having Youth Friendly Services and centers the existing laws and policies are greatly disadvanating them.

We have fifty eight (58) Health facilities in Mombasa's 30 Wards and Six (6) Sub counties and such with a population of more than nine hundred thousand (900,000) with the youth being the majority it fails to make sence why the youth are not part of the highest Health Decision Management Board in the area. With a youth population of around four hundred thousand (400,000) it still unclear how only seven (7) youth friendly centers shall realize Universal Health Care for the Youth.

Objectives

To advance the inclusion and full representation and appreciation of the voice of the Youth in Youth Friendly Services and Centers anchored on the necessary legislation and policies.

Methodology

We need to amend the Health Bill, development of a County Youth Policity for the affirmative of representation of Youth Voices in all platforms that include health manangement boards and committees from the facility to the county boards. We have been lobying for the handing over of the local YFC to the local youths who are the primary users of the facility. This can be achieved and made

easy through the empowerment of the youth led and serving organizations to initiate a networks to advance the same. The provision and empowerment of the youths on resource mobilization builds their ability to plan, implement and even monitor the programing in the YFC. We already have seven (7) FYC all of which were surported with NGO's and handed to Health Management Boards. When the programs lapsed the facilities are converted to other services like case of Mvita Health Center which has been converted to the administrators office, Mlaleo Health Center which is used as a drugs store.

Results

The incresed empowerment of the youths through formation of networks and project management skills helps like my case at Tudor Youth Friendly Center that was established by Kenya Redcross with surport of Danish Redcross. I mobilized the six (6) Youth led and serving organizations from Mvita Sub County with surport of The Pollination Projects collaborated and applied for HerVoice Fund with which they used and lobbied and now the facility is fully run by the groups who formed Network for Adolescent Girls and Young Women on Sexual, Reproductive and Health Rights. They now stand up and get fully involved in the management and programing in the center which has increased uptake of the services in the YFC, improoved the quality of pragraming and thus the youths lead a quality life. The time for the youths to even initiate their own bargaining terms makes it posible for continued investment in building and sustainable youth continually empowering self.

Conclusions

The YFC/YFS cannot be run and implemented independently by secondary persons. The youths leaders and serving organizations if equiped will be able to fully initiate the programs, resource mobilize implement and measure the outcomes for sustainability. The continued empowerment of youth champions through community health volunteer programs also increased the demand for YFS.

Recommendations

The YFC/YFS should been developed, implemented and measured by the youths. The ability to produce quality services be entrusted to thevery young people. The handing over of YFC should be handed over to County Health Boards with clear term they should not be reverted to other activities when programs lapses.

Keywords

Youth Friendly Services

County Health Management Board

Youth Serving Organizations

Youth Led Organization

TITLE: INCREASING ACCESS TO COMPREHENSIVE SEXUALITY EDUCATION BY YOUNG PEOPLE

Author: **Alvin Mwangi Irungu**

Background

Despite the presence of aspects of Sex Education in the curriculum in schools in Kenya, Adolescent involvement in sexual immorality is still rampant. Less than 20% of young people aged between 10-14 years have comprehensive knowledge of HIV (KAIS, 2012), the main aim of this paper is to assess how Comprehensive Sexuality Education (CSE) is disseminated, and how adolescent and young people are benefiting from it, with a view to determining the way forward. The WSWM (World Start with Me) is an ICT, school based programme which has been implemented in Kenya since 2006. The programme aims at improving the capacity of young people to respond to the challenges associated with transition from adolescence to adulthood. It uses innovative approaches that facilitate youth participation and promote responsible behaviour. Nairobits Trust advocates at policy and community level for enhanced access to comprehensive SRH information and services for young people.

Objectives

To increasing Access to Comprehensive Sexuality Education by Young People

Methodology

Use of Youth Advocates who are trained on SRHR to disseminate CSE knowledge, as a peer to peer approach and also use of social media platforms; through Facebook pages and Groups to create awareness on platforms to the online young people. Through the online platforms, we share information on health facilities and try to create demand for young people to SRHR services.
We also engage the smale young people in various advocacy interventions and strategies.

Results

From the Facebook page;
https://web.facebook.com/Youth-Friendly-Services-Referral-335093403360940/ &
Facebook Group
https://web.facebook.com/groups/youthfriendlyservicereferral/

With approximately 3,000 likes and with about 5000 active members we give a lot of sexual education, information and discussions to young people. Nairobits Trust will continue to reach out to young people with SRH/HIV knowledge and skills, through having member advocates in different sub counties of Nairobi, who empower in and out of school young people with CSE and SRHR programs, thus showing how using young people is effective in information sharing. Recently, Nairobits Trust spearheaded a Twitter Chat on the progress of the 90 90 90 campaign. By involving young people in implementation of CSE and SRHR programs, we increase the knowledge of young people on CSE, thus increase access of CSE.

Conclusions

Social media, is as a strong tool which can be used for reaching out young people with SRH information. Young people who cannot access information via social media may access SRH information from youth friendly centers and from young advocates who are also in the community.

Recommendations

To implement adequate CSE for adolescents in Kenya, a multilevel system of approach is required. Change must first occur at the individual and

interpersonal levels. Thereafter, the community level where the community realizes the benefit of this reproductive health education. Lastly, change is needed at the organizational and policy level. Government policy should mandate adolescents' rights of CSE.

Keywords

CSE – Comprehensive Sexuality Education
SRHR – Sexual Reproductive Health and Rights
HIV – Human Immunodeficiency Virus

TITLE: YOUTH AND TECHNOLOGY: THE SEX POSITIVE APPROACH TO SRHR

Author: Kelvin Mwaniki

For a long time, sex talk and sex topics have been a taboo in most African households and schools. It therefore, becomes difficult for most youth to get accurate and reliable SRHR information from either place.

The youth are left to use the next readily available resources which are either their peers (who are often also clueless) or the internet. The upside to this is that mobile penetration within the country is high and therefore access to internet and information is made easy. The downside to this is that not all information found on the internet is reliable or true. This leaves the youth open and exposed to even further harm from the unverified information.

The use of a sex-positive approach to encourage youth to read and to give accurate information has been seen to work in the platforms that use it.

The youth are brought up is a society that's heavily guarded by religion that encourages them to abstain until marriage even though the youth are already sexually active.

The youth use social media to get answers to the many questions they have on SRHR and do not want to be judged for being sexually active

For Love Matters, the use of the sex-positive approach has proven to work over the years as the youth feel more comfortable and confident to engage with us. Our site has close to 1.4 million users with most of them being youth who including the LGBTQ community.

They engage with us on a daily basis on all our social media pages with questions on SRH without fear of judgment or discrimination. We have done FDG's on the articles on the website for different youth groups including the LGBTQ and the outcome was positive, further proving that sex-positive information resonates well with our youth. They keep coming back for more information through the questions they post as which further proves the effectiveness of our sex-positive approach.

It's therefore important to show the youth that there is nothing wrong with sex and that it can be fun and safe. Therefore the use of sex-positive information is encouraged for organizations that deal with giving youth information on SRHR

Keywords

SEX POSITIVE**,** SRHR, YOUTH LGBTQ, SOCIAL MEDIA

TITLE**:** LEVERAGING TECHNOLOGY TO INCREASE ACCESS TO SEXUAL REPRODUCTIVE HEALTH INFORMATION AMONG YOUNG PEOPLE IN THE INFORMAL SETTLEMENTS.

Authors: Michelle Tracy Achieng

Background

Issues related to Sexual Reproductive Health and Rights remain a taboo within most communities in Kenya that are entrenched within religious and cultural traditions . Silence and stigma associated with these issues have meant that many people particularly those marginalized as the young people living in informal settlements, people with disabilities and women

often do not have a chance to clarify myths and misconceptions around Sexual Reproductive Health. Over the years increasing spread of Information and Communication Technologies (ICTs), especially mobile phones, in urban as well as rural areas, has supported the steady growth of the use of technology to disseminate varied information, including on health and well-being[1]. Technology also presents an immense potential to break the stigma and silence on issues related to sexuality and reproductive health in a way that is relatively confidential[2]. The nature of the content, however, has been geared towards harm prevention and linked to public health outcomes related to reproductive health, family planning and HIV/AIDS. Such an approach has primarily engaged youth and adolescents in the reproductive age group. Therefore, with the technological advances NairoBits uses an online web based platform to engage the youth with meaningful information so that they can successfully transit to adulthood.

Objectives

To stimulate formulation and dissemination of SRHR information and education and lessons learned in Nairobi County

Methodology

To ensure that information and education on sexual and reproductive health and rights is spread, the use of an eLearning web based platform is used and electronic mobile channels. A curriculum embedded online dubbed the World Starts With Me (WSWM) is harnessed which combines the use of online games, presentations and discussions .Through the years we have been able enhance more use of electronic mobile platforms to ensure there are referral services offered to the youth by linking them to service providers. This comprehensive programme helps young people to address sensitive issues around love, sexuality and relations. The issues vary from the development of their bodies to pregnancy, contraceptives, HIV and sexual abuse. Sexuality, reproductive health and loving relationships are beautiful parts of being human and we approach these serious topics positively. If special attention is needed we harness on the partnerships with health facilities that enable us to refer youth who are able to access health services at a safe space.

Results

The use of technology has tremendously led to an increase in access to sexual and reproductive health information among young people and the community at large. From this creation of awareness within the community and among youth there has been a reduction in teenage pregnancies from 15% to 1% resulting from the incorporation of reproductive health information to their lifestyle[3]. This too has further created the state of economic and physical well-being due to the access to services. In addition as the youth are well informed and they know their reproductive and constitutional rights, this has led to an increase in demand for access to youth friendly services and use of technology to be a driver of policy change for sexual reproductive health and rights.

Conclusions

When young people are able to access the right information consistently then they are to make informed decisions for themselves about their sexuality and reproduction so as to safeguard their health and to pursue their aspirations as they are able to make informed choices. Investing in young people, especially adolescent girls, is one of the smartest investments

1 Waldman, Linda & Stevens, Marion. (2015). Sexual and Reproductive Health Rights and Information and Communications Technologies.

2 ECPAT International (2013). Understanding African Children's use of ICT; A youth-lead survey to prevent sexual exploitation online

3 Ruben Mutua.2018. Malala project evaluation report NairoBits Trust

Nairobi County can make and Kenya at large. Furthermore advocating on the right use of technology to receive the right information and education to break the cycle of poverty this shall strengthen the youth social fabric to create a sustainable future.

Recommendations

Civil Society Organizations and parastatals should introduce the use of technology in their programming as a way of increasing fast and efficient way to access Sexual Reproductive Health and Rights information and deliver education to young people.

Keywords

1. Transition
2. E-Learning
3. Technology
4. Results.

TITLE: TRENDS OF HIV AMONG ADOLESCENT AND YOUNG PEOPLE

Authors: Bill Clinton, Kevin Karuga

Background

Kenya ranks fourth in the highest new HIV infections among young people worldwide. It also has the second highest population of young people living with HIV/AIDS. According to statistics from the National AIDS Control Council (NACC), there are 435,224 young people between the ages of 20 to 24 years living with HIV. Almost half of new HIV infections are among adolescents. These form more than 60% of people currently on anti-retroviral therapy treatment countrywide. Only 48.5% of the total populations of the youth between 15 and 19 years have been tested. HIV Prevalence rate young people aged 10 to 24 years increased from 29% in 2014 to 46% in 2016. Of concern, the age of sexual debut among adolescents in recent years has dropped and HIV incidence among young people remains a considerable public health concern in Kenya.This situation is attributed to inadequate access to correct and accurate information regarding adolescent's sexuality, reproductive health and relationships.

Objectives

To understand relationship trends among adolescents and young people and how this trends contributes to sexual decision making in relation to sexual reproductive health especially on HIV.

Methodology

Findings are based on a desk review of existing data on SRHR among young people accessing services at FHOK youth friendly centres and those participating in comprehensive sexuality education sessions.

Results

The results indicate that, adolescents, including those living with HIV are engaging in active sexual relationships with diverse sexual practices. The sexual practicices in their relationships are heavly influenced by media; social media, movies, the internet and print media. This means the social code of 'test before sex' is less common among young people. Young people who have participated in comprehensive sexuality education or other forms of sexual education are empowered to make better decisions regarding their sexual health. This includes visiting a health facility for check up and influencing their peers posivitively in relation to sex and sexuality.

Conclusions

- Adolescents that have participated in comprehensive sexuality education sessions are

able to recognize risks that are associated with irresponsible sexual behaviors and can access SRH services and information whenever they need them confidently. • Life skills knowledge empowers adolescents to make informed decisions regarding their choice of partners, access to RH services and meaningful participation.

Recommendations

Against these findings, it is important, that policies, specifically those targeting adolescents are reviewed to make sure that such policies result in programs and services that are youth friendly. It is also important that integration of Comprehensive sexuality education, Sexual Reproductive Health and HIV services is prioritized to achieve a submerging figure in contrary.

Keywords

Adolescents, HIV, Young people, Sexual reproductive health , Comprehensive sexuality education

Title: INCLUSION OF LESBIANS, BISEXUAL,TRANSWOMEN,QUEER ADOLESCENTS, YOUNG WOMEN AND GIRLS LIVING WITH AND AFFECTED BY HIV IN SRHR INTERVENTIONS.

Authors: Fahe Kerubo

Background

Key populations contribute significantly to the HIV epidemic. Adolescents,young women and girls living with and affected by HIV who identify as Llesbians, Bisexuals, Transwomen,Queer women have limited information on sexual and reproductive health and rights. New infections are high among Lesbains,Bisexuals, Transwomen and Queer adolescents,young women and girls due to gender inequality, stigma and discrimination.

Objectives

Advocate for access to Sexual Reproductive Health and Rights by Lesbians, Bisexuals,Transwomen And Queer adolescents, young women and girls living with and affected by HIV. Promote research on the Sexual Reproductive Health of Lesbians, Bisexuals, Transwomen and Queer adolescents, young women and girls living with and affected by HIV.

Methodology

Through the support of UNAIDS and HerVoiceFund, Positive Young Women Voices has managed to mobilize 100 Lesbians, Bisexuals, Transwomen and Queer people living with and affected by HIV.We has engaged them through economic empowerment whereby they are given technical skills and social empowerment through creation of support group for psychosocial support.

Results

Through economic empowerment we have managed to train 100 young women and girls living with and affected by HIV on beauty and barbering and managed to have two groups start businesses. Through the psychosocial support, there is a support group that exists that has 50 members who meet once every month.

Conclusions

If we are to holistically put an end to new infections among adolescents and young people, then Lesbians, Bisexuals Transwomen and Queer adolescents, young women and girls must be included in the conversation.

Recommendations

Access to treatment, care and support for Lesbians Bisexuals Transwomen and Queer adolescents, young women and girls living with and affected by HIV

TITLE: CHALLENGES FACED BY ADOLESCENTS AND YOUNG WOMEN LIVING WITH HIV IN KENYA; EXPLORATION OF SRHR IMPLEMENTATION

.

Authors: *Victor Kariuki*

Background

According to the Kenya demographic and health survey (KDHS) 2014, adolescent have their first sexual experience by the age of 15 and 11% of teenage girls are married, compared to 1% of their counterpart. the proportion of married women (age15-24) also increases rapidly from 11% to 48%. adolescent girls and young women living with HIV face unique challenges since they are less likely to be in school, likely to be orphaned, lack appropriate services and are often unable to negotiate contraceptive use or even access contraceptive methods. this exacerbates their vulnerabilities and challenges.

Objectives

To come up with action points for interventions and realization of sexual and reproductive health rights for adolescent girls and young women living with HIV.

Methodology

Kenya ethical and legal issues network and aids rights alliance for southern Africa through an open dialogue, met with 17 young women living with HIV, from 7 counties in Kenya. The study
focused on the challenges faced by young women and grown-ups key recommendations to help improve implementation and accelerate progress on realization of sexual and reproductive health rights (srhr) for adolescent girls and young women living with HIV.

Results

Institutional, individual and social barriers to effective implementation of srhr for adolescent girls and young women living with HIV in the selected counties were;

- Lack of privacy and confidentiality in most public health facilities
- Cost of srh services
- Distance to health facilities
- Negative and judgmental attitude of some health providers

Conclusions

It is recommended to develop indicators specific to monitoring and evaluation of ASRH policy implementation at national and county levels and ensure better resource allocations in this regard.

Recommendations

Allocation of resource from the county government for training health service providers on asrh Service provision Encouraging partnerships and collaboration with other partners working on provision of asrh bridging implementation gaps that may undermine the full enjoyment of sexual and reproductive health rights by ensuring approaches are tailored to the circumstances of vulnerable youth living with HIV

TITLE: MENSTRUAL HEALTH AND MENTAL HEALTH IN THE LIVES OF YOUNG PEOPLE, YOUNG WOMEN AND GIRLS' REPRODUCTIVE HEALTH PROBLEMS.

Author: Brian Owiti Mukasa

Background

Bloating. Headaches. Moodiness. These symptoms

of premenstrual syndrome (PMS) are well known, likely because more than 90% of women experience at least one symptom before their monthly cycle, J. Weinberger,Talk Space, September 2018. Women suffering from Premenstrual Dysphoric Disorder (PMDD) also take on the risks of major depression, like an increased risk of suicide during the two weeks they are affected

Reproductive health problems are not only problems of Physical health but a major influencer of the mental well-being. Young girls face cultural and practical obstacles in seeking treatment and uptake of contraception. In an environment where sexuality is highly tabooed especially unmarried young women, reproductive health problems, implying a strong element of shame (which is associated with stigmatization), may cause mental health problems and social risk to young women in marginalized areas in Kenya.

Objectives

This finding will contribute to the understudied subject of inter-linkages between mental wellbeing and reproductive health and rights of the marginalized adolescent girls and young women in Kenya.

Methodology

We engaged young people through safe space sessions, in addressing SRHR issues in Mukuru and identify key issues aligned to menstrual Health of young girls and women and mental health problem was raised in at least 2 out of the 5 possible study questionnaires in Mukuru.

The activity was carried out at St. John's Everlasting Church Imara Daima at which 116 young women came for the session and 15 guests from various organizations and well-wishers. Through the initiative, 116 young women and girls aged (11-24yrs) were reached with SRHR, HIV and mental health information and access to sanitary towels and soap. The discussions were organized into three cohorts and in each cohort is was noted that there is always a sign of mental health concern in every response that was aired out by the study group.

Results

This shows that there is a relationship between menstrual health contributing to mental health risks. The result point to the need to enhance hygienic menstrual practices and to raise awareness on young women reproductive health concerns. Culture and religion has played a major role in making the menstrual health agenda to be seen like it's never a parent's affair, this study should not be done behind closed doors, causing all these hindrances but should be made open for the community to enhance young women's identities. This finding will help to initiate menses, menstrual and hygienic practices conversations in different spaces among young women. The norms associated with menstrual health that may lead to mental health will be broken and will take a positive perspective view and terming menstruation as clean. This will create a conducive environment where young women are able to make healthy decisions on their sexual and reproductive rights and increase the uptake of contraception to prevent unprotected sex leading to regrets. This finding shows that there is low awareness in

our communities leading to denial of rights like consent thus reduces the exchange of information on sexual reproductive health leading to poor response in the uptake of resources. As people treat illness as a spiritual not as a disorder, many victims go untreated and this denies the patient empathy and understanding their need hence young people feel stigmatized. This raises the bar in the need of inclusion of mental health on menstrual health training and empowerment sessions. This has been the onset of mental health issue and increasing rate of teenage suicides especially young women.

Conclusions

In promoting young women and girls, it is critical for Kenya as a country to systematically link women to development agenda and abide to the fact of inclusion of mental risks in menstrual trainings and this is not only for country but also organizations that deals in the same line to adjust and shift to this current mode of problems and create awareness on the same.

Recommendations

i. Formulation of more studies on the linkage between Mental Health and Menstrual Health among Marginalized adolescence in Kenya.
ii. Increased partnerships and integration of mental health service in reproductive health care.
iii. Capacity building of Reproductive health care providers on mental health services.

TITLE: INCREASING ACCESS TO QUALITY SEXUAL REPRODUCTIVE HEALTH (SRH) INFORMATION AMONG YOUNG PEOPLE. A CASE OF NETWORK FOR ADOLESCENTS AND YOUTH OF AFRICA NAYA

Author: Hilder Okello

Background

Reproductive health services are the basic human right for all people and adolescents and youth have inherent sexual reproductive rights including right to full range of reproductive health information. Sexual reproductive health information is limited to young people. Majority of them do not have access to quality sexual reproductive health information. Access to information is essential in promoting sexual reproductive health and rights among young people. It enables them make informed decisions on sexuality matters. Adolescents themselves may be hesitant to seek sexual reproductive health services due to inadequate knowledge regarding sexual reproductive needs and services. Information is power, young people need to be enlightened in o to engage opinion leaders and policy makers to address and influence development and implementation of favourable adolescent and youth policies on sexual and reproductive health and rights.

Objective

To increase access to comprehensive sexual reproductive health information and services among young people and provide information that responds to their needs.

Methodology

NAYA Kenya provides holistic and integrated adolescent sexual reproductive health information through multi-pronged approaches that are

effective and efficient in reaching adolescents. Conduct trainings to youth advocates enhancing their knowledge and skills in advocacy .Technical assistance on sexual reproductive health issues. Media advocacy; twitter chats, Face book and local radio stations to reach out to targeted audiences that include the youth as well as general community and policy makers. Empowering through regular mentorship sessions and attaching them to mentors. Trained youth advocates organize and conduct youth and community forums thus providing information on SRHR as well as providing referrals for services.

Results

Enhanced capacity of youth advocates recruited from five counties who undertake Sexual Reproductive Health and Rights advocacy by enlisting the support of policy makers, opinion leaders, donors, media and likeminded organizations and individuals in advocating for reforms and implementation of national policies and legislation to improve quality, affordability and accessibility of sexual reproductive health and rights information and services .Community forums creates an enabling environment for creating awareness to local stakeholders such as Chiefs, village elders, community health volunteers and religious leaders who are influential at the grass root level. Empowered and informed young people who are confident in making choices relating to their sexual reproductive health needs without coercion.

Conclusion

Providing young people with relevant information will make them aware of their own needs
for SRH services and be able to give feedback on various interventions and programs on SRHR
Lack of information about service locations and unfamiliarity with the healthcare system may pose barriers to access for young people who might otherwise make use of SRH services.

Recommendation

Improve capacity of young people by enhancing access to quality information through use of means they can easily access such as social media for them to make informed decision about their SRH and protect themselves against risks. They have great potential to contribute to the process of decision making and program implementation for their own benefit as well as development of society at large.

Key words

Youth Advocate , Young people Quality information

TITLE: HOW YOUTH INVOLVEMENT INFLUENCES DECISION-MAKING PROCESSES ON REPRODUCTIVE HEALTH POLICIES AND INVESTMENTS.

Authors: Mercy Kioko

Background

According to Kenya's 2009 census, the population of Uasin Gishu County was at 893,611 people and is projected to increase to 1,346,882 people by 2030. In keeping with KDHS, the total fertility rate of the county is 3.6% per woman. The contraceptive prevalence rate is 56.2%, which is lower than the national contraceptive prevalence rate is 58.2%, there is a low infant immunization rate of 64% and teenage pregnancy rate of 22%, which is also higher than the national rate which stands at 18% (KDHS 2014). Young people (10-24) constitute to about 40% of the total population in Uasin Gishu. Young people face a number of reproductive

health challenges such as adolescent pregnancies, unsafe abortions, gender based violence and new HIV infections. It is against this background that DSW youth champions are involved in the budget making processes, to address the SRHR needs of young people.

Objectives

To advocate for increased investments by county governments to address the unmet need of contraception among young people through budget hearings and advocacy forums.

To share information about modern contraceptives targeting young people (15-24)

Methodology

DSW Youth champions address the unmet need of contraception among young people in Uasin Gishu by advocating for the inclusion of a family planning budget line in the county health budget. They engage the county assembly members through Health and Budget committee and Ministry of Health officials on the need to invest in Family Planning. As well as actively participating in the Health Budget making process and submitting memos to prioritize SRHR needs of young people and conducting SRH outreaches and online discussions (WhatsApp groups) to create awareness on modern contraceptives to clear myths and misconception associated with family planning.

Results

Owing to capacity building and exposure opportunities, youth champions have been able to engage more than 30 members of the county assembly and Ministry of Health officials of Uasin Gishu. More specifically, youth champions have engaged the Health committee, Budget & Appropriations committee, and Finance and Economic Planning committee to make a case for family planning financing. Champions submit memos during advocacy meetings and public participation forums to decision makers, pointing out areas that need prioritization in planning and resource allocation. Currently, indirect family planning allocations by the county government of Uasin Gishu estimates at Ksh. 79,742,844 during 2018/19 financial year, which is an increase from Ksh. 64,250,232, during 2017/18 financial year (DSW 2019). In 2018, DSW champions conducted about 35 SRH outreaches in six sub counties and reached more than 700 young people (15-24 years) with information about modern contraceptives. This has fostered a new appreciation for SRH information and the general health of young people. In addition, information about family planning has created demand for family planning services and other SRH services offered in health facilities.

Conclusions

The county government's response to young people's involvement in decision-making processes and health financing should be swift and timely. Allocation of money to reproductive health and family planning is in line with the Abuja Declaration and FP-2020 commitments that Kenya acquiesced. Young people must be involved.

Recommendations

When youth take part advocacy, positive change is expected. Results of activities conducted by youths demonstrate that young people can be useful in policy implementation and development. Youth involvement should be encouraged because it recognizes youth as catalysts of the desired change in young people's SRH.

TITLE: MEANINGFUL YOUTH PARTICIPATION

Author: Risper Moraa Mose

Background

Network for Adolescents and Youth of Africa (NAYA) Kenya chapter recognizes the importance of meaningful youth participation. Meaningful youth participation gives young people a platform to initiate change, make decisions and engage in policy formulation on Comprehensive Sexual and Reproductive Health and Rights (SRHR). The 1994 International Conference on Population and Development (ICPD) recognizes that effective adolescent programs involve youths in identifying their SRHR needs and formulation of programs to respond to their needs.

Objectives

The intention of NAYA Kenya in implementing meaningful youth participation is to empower young people to take charge of their SRHR. The organization aims to enhance the knowledge of the advocates on matters relating to SRHR and build their confidence to take part in SRHR policy formulation and implementation.

Methodology

NAYA Kenya recruits youth advocates and takes them through capacity building on issues related to SRHR and the role young people can play in advocating for comprehensive SRHR. The organization further equips its youth advocates in budget advocacy with a specific interest in county budget allocation in sexual reproductive health. NAYA Kenya takes time to train its youth advocates on media advocacy and the power of social media in creating awareness and getting their voice out there on issues affecting them.

Results

Capacity building of youth advocates increases their awareness of issues related to comprehensive SRHR such as comprehensive abortion care (CAC). Training youth advocates on budget advocacy builds their capacity to engage policymakers such as Members of the county assembly (MCAs) on the need for proper allocation of funds to SRH. Capacity building on media advocacy equips the young people on the use of social media as an essential tool in airing out their voices.

Conclusions

The recruitment of youth advocates has extended to counties such as Kisumu, Siaya, Migori, Homabay, Kajiado and Kisii counties from the initial Nairobi County. NAYA budget advocacy efforts in Mombasa might soon lead to the recruitment of youth advocates in the County

Recommendations

Meaningful youth participation is a sustainable intervention because it empowers young people to take charge of their SRHR and it gives them a platform to speak out and contribute to the development of SRHR policies.

Keywords

Adolescents, advocacy, advocates, awareness, budget, formulation, health, Kenya, participation and youth.

TITLE: LEVERAGING ON MEANINGFUL YOUTH ENGAGEMENT IN ADVOCATING FOR SEXUAL REPRODUCTIVE HEALTH RIGHT AMONG ADOLESCENTS AND YOUNG PEOPLE IN NAIROBI COUNTY

Authors: Anindo Ritah; Kombe Martha

Co-authors: Chazara Anthony2; Murira Felix2; Jeckonia Patriciah2; Ondieki Cleophas2; Ikahu Annrita2; Mireku Maryline2; Kiruthi Faith3

Background

The Nairobi Youth Advisory Council (YAC) is a body that constitutes of a variety of young people who are selected based on their commitment to advocate for Sexual Reproductive Health (SRH) issues in their various sub counties.; Nairobi YAC was adopted by the County government as a platform where young people's voices can be heard through not only advocacy and implementation but by influencing change through meaningful youth engagement. It is worth notting that young people constitute 36% of the total population. Sexual reproductive health and right is a key component in addressing the needs of adolescents and youths. This population has unique needs that need to be addressed uniquely, this explains why the county government adopted YAC as aplatform to engage young people in different policy making process all in a bid to impact the youth positively.

Objectives

To highlight importance of meaningful youth involvement in advocacy and policy engagement in Nairobi County.

Methodology

YAC acts as bridge between young people, the government and other NGOs; it hence utilizes the power of partnerships to organizing health forums/ dialogues for youths in their communities; YACs have helped in implementing activities like 'Street love' (targeting street urchins), 'Nivalishe pad' (involvement of boys in menstrual hygiene) 'Bash ya baze yangu' among others. YAC utilizes creative ways such the use of social media to engage young people and social influencers in health conversations. YACs are also involved in developing policies, guidelines and various tools for young people.

Results

The YACs were involved in the review of the second generation Adolescent Package of Care(APOC) guideline, the county budget and one of the SRH tools used to assess Sexual and reproductivr health and right needs of young people in Nairobi. They have also been core contributors in the ongoing development process of the ASRHR policy document for Nairobi county. YACs have participated in relevant forum at county/national level including the NASCOP Conference, ASBC among others. In the last one year; efforts by YACs saw over 20,000 youths registered on LVCT Health one2one Integrated Digital Platform (OIDP). In Kamukunji, Kasarani and Ruaraka 50 youth peers per sub-county were trained on provision of information on contraceptive services this is through The Challenge Initiative. Finally SRH discussions on mainstream media has increased YACs visibility across the County and Country.

Conclusions

Youth responsive services can be realized through meaningfully involving young people in formulations and implementation of policies that target this cohort.

Recommendations

Staging of YACs in different health facilities in their respective sub-counties to facilitate service

uptake should be prioritized by the county government. Need to strengthen networks of YACs to the grassroots that is the chiefs and other main stakeholders in the community to enable authenticity in reporting.

TITLE: COMPREHENSIVE SEXUALITY EDUCATION FOR ADOLESCENTS: TAKING STOCK

Authors: Sebs Kadokech

Background

Sexuality Education (SE) programs have met a number of political and social challenges in Uganda. The proponents of this educational program have argued that sexuality education is actually an empowering solution to the high rate of teenage pregnancies, early sexual debut, HIV infection and low condom use. On the contrary, the opponents submit sexuality education to promote promiscuity and immoral behaviors that is actually responsible for increased negative health indicators among adolescents and young people

Objectives

To assess sexuality education programs and health outcomes among adolescents in sub Saharan Africa and Asia.

Methodology

This paper analyzed sexuality education programs in 4 countries: Senegal, Uganda, Pakistan and Estonia, implemented between 2000 and 2013. In Senegal a school-based sexuality education was delivered through family life education (FLE) and through cross-curricular subjects located within the national curriculum of primary and secondary schools. In Estonia, sexuality education was introduced in 1990, implemented through youth counselling centres (YCCs) and later integrated in secondary school curriculum. In Pakistan a rights-based, life skills sexuality education with comprehensive education on SRH was taught in secondary and upper primary schools since 2004. While in Uganda Sexuality Education and life skill development has informally been delivered through extra-curricular activities in secondary and primary schools and through community youth clubs and health information activities. The analyses is based on 12 population-based surveys reports, from the 4 countries. Data on teenage births, abortions and sexually transmitted infections, HIV, condom use and early marriages were extracted from the reports for analysis.

Results

Generally SE has been well established in all the countries. There has been a trend towards late age first sexual intercourse, increased usage of condoms and reliable contraceptive methods. The abortion rate among 15–19-year-olds declined by 61% and fertility rate by 59% in Estonia between 2000 and 2013, annual number of registered new HIV cases among 15–19-year-olds dropped from 560 in 2001 to 25 in 2009. Condom usage increased both in Uganda and Senegal, early marriage reduced in Uganda although still numerically high.

Conclusions

This study documents considerable improvements in SRH indicators of youths, and indicates a mix of positive results from the parallel SE in school and communities.

Recommendations

A mix of sexuality education delivery through school based interventions and community activities should be adopted for full scale implementation.

Keywords
sexuality education
empowering
health/SRH indicators

TITLE: ADVANCING YOUNG PEOPLE`S SEXUAL REPRODUCTIVE HEALTH NEEDS/RIGHTS THROUGH MEANINGFUL YOUTH ENGAGEMENT.

Authors: **Yusuf Nyanje Anunda**

Background

There exists a number of youth policies from the Kenya national youth policy developed for the first time in 2006 to the United Nations World Programme of Action for Youth that recognizes the youth as key actors in social development processes through the United Nation`s Convention on the Rights of the child (1989) which recognizes that participation is a right of all children and young people.Many a times policy makers develop policies/programs intending to benefit the youth yet they (policy makers) do not loop the youth in the plans nor involve them as active partners in the process making the initiative/policy not benefiting the intended beneficiaries maximumly.i.e the Kakamega youth friendly/empowerment centre which does not serve the intended purpose.Hence the decision to advocate for Meaningful Youth Engagement with the help of AMREF`s YOUTH IN ACTION project and Youth Alive Kenya through our Community Based Organization; Tushirikiane Post Test Club.

Objectives

To ensure adaptability of the developed minimum standards for Meaningful Youth Engagement in Kakamega county recently with policy makers in Kakamega county-(MYE scoring activity).

To promote Meaningful Youth Engagement in committees and other policy making bodies working in Sexual Reproductive Health/ Rights,currently the Kakamega County Sexual and Gender Based Violence policy and the county Sexual Reproductive Health Rights policy are being developed and there ought to be youth representation as the youth are the biggest consumers of most Sexual Reproductive Health services as the youth in Kakamega county of ages 10-34 years stands at 760,320 out of the 1,660,651 county population as per the 2009 census.

Sensitize policy makers on the importance of Meaningful Youth Engagement.

Methodology

Provide opportunities for youth to engage with policy makers,donors and fellow advocates to advance our Sexual Reproductive Health Rights advocacy goals through policy makers engagement forums and discuss effective ways of engagement as youth and policy makers.

Sensitize policy makers on the importance of Meaningful Youth Engagement and also emphasize the importance of meaningful youth participation to the youth as they compliment each other.

Sensitize the youth on the county`s budget/policy making processes making it easy for them to track and keep abreast on what is happening in the county in as far as policy making goes.

Results

Increased participation and involvement of the youth as active partners in relevant policy making committees in the county as a result of the sensitization meetings conducted as presently the youth involvement is very minimal due to a number of reasons ranging from policy makers

attitude towards the youth and the technicalities involved in policy making.

Increased financial allocation for Sexual Reproductive Health services for young people in Kakamega county as the the youth would eventually have their voices amplified,skills and platform to engage with policy makers and to influence policies alterations,formulations,implementations or budgetary allocations on specific Sexual Reproductive Health items like family planning et al.

Increased participation of the youth in civic forums like the public participations where not many youth do attend as most assume it does not concern them yet it does.

Conclusion

Meaningful engagement of the youth boosts access to quality Sexual Reproductive Health services by the youth and also saves the county`s /donor`s resources by coming up with informed programs that will be accepted by the intended beneficiaries as it suits their needs/interests.

Recommendations

Policy makers and donors ought to understand that Meaningful Youth Engagement is the key to transforming the health and wellbeing of the youth**.``Nothing for the youth without the youth!"**

Keywords

Meaningful Youth Engagement (MYE).

Advocacy.

TITLE: MEANINGFUL ENGAGEMENT OF RELIGIOUS LEADERS FOR PROVISION OF ASRHR SERVICES AND INFORMATION AMONG YOUNG PEOPLE

Authors: Ibrahim Sangolo

Background

Religion has a great influence in shaping peoples values. Religious leaders through faith based organizations, and parents nurture adolescents and young people by equipping them with values and skills required to grow into adulthood. The obligation to protect young people's experiences and perspectives are fundamental principles contained within most religions. Ironically, young people are offered inadequate safe space to voice within their religious setting. In addition, young people within religious settings still face SRHR challenges like; unintended pregnancies, gender discrimination, STIs and new HIV infections. Women's rights are the most affected and there is always a struggle to align scripture teachings and sexual reproductive rights, this affects gender equality efforts and access to essential SRHR services and information. Faith based organizations have youth groups, youth formation or youth leadership programs. They run schools, health centers and vocational training centres. These services and platforms are strategic opportunities to engage young people in health promotion activities especially on SRHR and gender mainstreaming. Achieving SRHR for all, especially women and girls is critical to ensuring a world that is safe, inclusive and sustainable.

Objectives

1.To create awareness of the different ASRHR needs for women and adolescents within religious setting.

2.To accelerate achievement of the Sustainable Development Goals 3,4 & 5 by enagaing Faith

based organizations on elimination of HIV, harmful practices and SGBV.

3. To foster a culture of inclusiveness and diversity through empowerment of religious leaders on human rights, including sexual and reproductive health rights of young people.

Methodology

1. Consultative meeting with religious leaders.

Challenging religious fundamentalism to ensure SRHR dispel misconceptions and misinformation spread in the name of religion. The meetings empowered religious leaders to be objective while dealing with young people's wellbeing and value systems.

2. Maskani forums

These were safe spaces where young people engaged with civil society advocates, religious leaders, faith based group, government officials and law enforcement agencies. Views were exchanged in order to break hegemonic narratives in relation to SRHR and religious teachings.

3. Referral services

Religious teachers were equipped with knowledge and skills on conducting effective referral services for young people in need of RH services without stigma or discrimination.

Results

I. Meaningful engagement of religious leader in ASRHR matters promotes open communication and mutual respect among young people and adults.

II. The levels of stigma associated with reproductive health and adolescents sexuality greatly reduces when religious leaders are empowered to empathize and understand young people's needs.

III. Access to services is effected by religious leaders when they are informed about young people's rights and needs in relation to reproductive health.

IV. Young people find it easier to play their responsibilities in sharing their concerns with religious leaders who don't judge them because they view them as role models and concillors.

Conclusions

Evident positive outcomes while working with faith based leaders is clear indication that ASRH milestones and objectives can be easily achieved, with the right and positive approach.

Recommendations

To be effective and sustainable, above interventions must have wide social endorsements for ASRHR to effect and affect changes on the ground. for a major shift to take place that overturns obdurate , absolutist or extreme interpretations, the proliferation of the diverse voices must be ensured , both within and outside of religious discourse.

Keywords

- Religion
- influence
- values.
- adolescents
- inadequate safe space
- voice
- unintended pregnancies, gender discrimination, STIs and new HIV infections.
- Women's rights accelerate
- Sustainable Development Goals 3,4 & 5
- foster
- inclusiveness and diversity
- empowerment
- religious fundamentalism

- dispel misconceptions
- wellbeing and value systems.
- Meaningful engagement
- stigma
- Access
- positive outcomes

TITLE: UTILIZATION OF ABORTION STORIES TO END ABORTION STIGMA

Authors: Tracy Wanja, Kevin Karuga

Background

Abortion is an emotive, sensitive and even divisive issue in Kenyan communities. According to Guttmacher institute, more than 40% of births in Kenya are unplanned and the figure rises to 47% among teenagers. Unwanted pregnancy is nearly behind all abortion cases in Kenya. This is explained by ignorance of or lack of access to contraceptives. The adolescents cite stigma of childbirth outside of marriage, inability to support a child financially and being forced to drop out of school as the main reason that they opt for abortion. Abortion stigma plays a big role in unsafe abortion where young people and adolescents fear being identified for having an abortion or having the intention of having an abortion. Abortion stigma also contributed to poor access to contraceptives where women fear being seen accessing contraceptive services. Considering that around 85% of teenage girls engaging in sex do not use contraceptives, there is still an unmet need in contraception. Speaking of women's experience in regards to abortion gives a face to a conversation that most people put off because it is a topic of contention.

Objectives

i. To end abortion stigma through experience sharing and stories.

ii. To promote contraceptive use among young people as a means of preventing unsafe abortions.

Methodology

Forums are organized where groups of young people are mobilized to attend. Ground rules are set in advance and open sharing is set as the main norm among participants. Participants are then asked three questions where everyone is encouraged to respond to. The questions asked are:

a) Have you ever heard about abortion?

b) Have you ever facilitated or referred someone for an abortion?

c) If a person who procured and abortion is your sister/aunt/mother what could you do?

Sessions are moderated by a facilitator who incorporates values Clerification and attitude transformatioc activities as participants share their different views and feeling about the topic/ questions stated. Participants are then given time to reflect and share on the way forward regarding their objective understanding on abortion and access to reproductive health and rights. Selected stories are recorded ensuring anonymity of individuals. Through sharing of these stories people are able to empathize and be objective in matters regarding abortion.

Results

Use of stories is an effective method of getting people's attention and helping them realize that women have a right to access safe and affordable reproductive health services. Adolescents and young women are willing to risk their lives by opting for unsafe methods of abortion as a result of stigma from their own friends, families and

communities. It was also evident that licensed health care service providers engage in backstreet abortions, they include nurses, pharmacists, Community health volunteers among others. Many young people or their relatives have already experienced an abortion and they are aware of the negative effects that come with unsafe abortion. A woman has reasons to have an abortion and it is important to create access to safe abortion services and contraception services to prevent unitended preganncies. When people share their experiences, it helps them heal as individuals and their stories are important for others to know that they are not alone. The biggest lesson from each stries is to promote contraceptive use among listeners as a way of avoiding unintended risks associated with pregnancies and abortion.

Conclusions

Use of human-interest stories is powerful in addressing sexual and reproductive health issues. Documentation of evidence is vital in end stigma, it encourages people to share and organizations to learn on how to find sustainable solutions in health programs.

Recommendations

Government and players in the health sector should invest more on contraception as it is still the best intervention in prevention of unintended pregnancies that mainly end up as fatal abortion cases. This includes investment in sustainable reproductive health programs like Comprehensive Sexuality Education and youth friendly services that have a ripple effect on the lives of young women and girls.

Keywords

Abortion, Stories, Stigma, Contraceptives, Young people, Comprehensive Sexuality Education and youth friendly services

MAIN CONFERENCE

TITLE: IMPACTFUL STORYTELLING IN ADDRESSING UNINTENDED PREGNANCIES AND UNSAFE ABORTIONS VIA YOUTH-FOCUSED MEDIA PLATFORM SHUJAAZ AND THE "SHE MAKES HER SAFE CHOICE" PROGRAM

Authors: Norah Kopi (Well Told Story), Dr. Anastasia Mirzoyants-McKnight (Well Told Story), Camilo Antillon (Rutgers)

Background

Misconceptions, negative social norms and stigmatizing attitudes constitute important barriers for contraceptive use and access to safe abortion among young African women. Although knowledge of contraception is almost universal in Kenya, recent studies show that (often unfounded) fears of negative outcomes and side effects of contraceptives are one of the main reasons for their non-use (Ochako et al., 2015). Non-contraceptive use leads to unintended pregnancies, which often result in unsafe abortions. One in 7 Kenyan females have their sexual debut and 18% give birth before the age of 20, and at least a third terminate a pregnancy (KNBS, 2015; Shujaaz annual survey, 2018). Stigma and fear of devastating social consequences constitute an important contextual barrier to contraceptive use and access safe abortion services among young African women (Izugbara et al. 2015; Yegon et al., 2016).

Objectives

The key objectives of the study are to (1) explore the emotional, social and physical context of an unintended pregnancy that shape the decisions around keeping or terminating it; (2) understand a girl's path to an unsafe abortion from learning about the options to choosing a provider; and (3) design and test a persuasive media strategy for the Shujaaz media to intervene and reshape a girl's reproductive behavior.

Methodology

The current media intervention is informed by two research methodologies - a formative qualitative study and a 9-month action research study, both heavily integrated with the Shujaaz media for the purpose of testing a collection of Social and Behavior Change Communication messages and the ability of various media channels to enable tailored/targeted message delivery to the priority youth segments (e.g., adolescent mothers or urban adolescent school girls). The formative research consisted of 9 focus group discussions (FGD) with a total of 72 girls and boys aged 18 to 24 (7 FDGs with girls, and 2 FDGs with boys), and in-depth interviews with 20 key informants, in 7 counties in Kenya.

Results

The formative study found that both being discovered as a user of contraception, as well as being discovered as pregnant, are experienced as major crises in the lives of teenage girls. These crises may lead to worsened financial conditions, social isolation, and emotional and physical punishments. The concrete way in which young women experience an unintended pregnancy depends on a number of factors, such as parity, relationship status, views on motherhood and their plans for the future, support network and experience of stigma. These factors condition the decision-making process around the continuation or termination of an untintended pregnancy, and the choice of a safe or unsafe abortion service. Other people in her close social circle, such as her partner, her mother or her close friends, may

influence the girl's decision, as well as other factors, such as her degree of autonomy and the availability of accurate information. Boy's reactions to their partner's unintended pregnancy will also depend on several different factors, such as relationship status, financial situation, and views on gender, sexuality and contraceptive use. Young women with an unintended pregnancy are often harshly criticized in their communities and labled as careless and promiscuous.

Conclusions

The effectiveness of these interventions in attaining the expected results is supported by Shujaaz's previous work in shifting norms and promoting positive behaviours among Kenyan youth, since 2009. Longitudinal studies have established that that exposure to Shujaaz is associated with delayed childbirth, increased use of contraception and improved financial status (Spizer et al., 2018; Hutchinson et al., 2018).

Recommendations

It is our strong recommendation that the results of this research and media intervention are shared with key stakeholders on a rolling basis to stimulate investigative conversations that will help deliver effective support for adolescent African girls. These interventions could be adapted to other context with similar challenges in young women's access to contraception and safe abortion services, related to negative social norms and stigmatizing attitudes.

Keywords

African youth, adolescent females, unsafe abortions, unintended pregnancy, teenage pregnancy, social and behavior change communication, action research.

TITLE: ABORTION STIGMA AMONG ADOLESCENTS STUDENTS IN SECONDARY SCHOOLS IN KISUMU, KENYA.

Authors: Otieno Beatrice, Makenzius Marlene, Oguttu Monica, Otieno Brenda.

Background

Complications due to unsafe abortion cause high maternal morbidity and mortality in developing countries. Unsafe abortion pose a major public health challenge in Kenya due to high proportion of women presenting for Post Abortion Care (PAC) (APHRC, et al. 2013). In Kenya, these complications contribute 30 – 40% of all maternal deaths, against 13% globally, making maternal mortality due to unsafe abortion at 362/100,000 live births (KDHS, 2014). Pregnancy with abortive outcomes contributed to 8.3% of the maternal deaths. Yearly, 120,000 women received care for complications resulting from unsafe abortions. Out of these, 45 % were young women aged 19 years and below (APHRC, et al. 2013). Stigmatizing attitudes and myths in the society towards adolescent girls associated with early sexual debut in Kisumu are potential facilitators of unsafe abortion cases. KMET conducted a study on stigma related to abortion and contraceptive use for a deeper understanding of attitudes toward adolescents.

Objectives

1. To conceptualize abortion stigma among secondary schools' students (1400; 14-21 years).

2. To determine if a school based intervention, targeting gender stereotypes, discrimination, potential contagion, induced abortion, compared to usual standards, will decrease abortion stigma among secondary school students**.**

Methodology/Interventions

Cluster Randomized Control study design was used. Qualitative data was collected via Focus Group Discussions (FGD) using topic guides; quantitative data was collected via structured questionnaires. Adolescents SABA scale, modified from IPAS (2013) tool, was used to assess attitudes on abortion and behavior. Adolescents were from randomly selected secondary schools. A baseline (pre-test) was carried out among 1,207 (14-21 year) students followed by an 8-hours intervention (comprehensive sexual education) among 858 adolescents at intervention school. A post-intervention survey was conducted at 1 month (n =534) and one year (n =324).

Results

During baseline survey 516(90%) students considered abortion as a sin, and the proportion was reduced to 124(38%) students at one year follow up after receiving the intervention. In addition, 414(72%) students believed that once a girl has had an abortion she will make it a habit, and at 1-year follow-up, the students' perception changed and only 98(22%) still believed so. Initially, 77(14%) students agreed that a girl who has done an abortion should not be treated the same as everyone and the perception changed after one year post intervention where only 23(6%) agreed so. Additionally, 150 (26%) students stated that a man should not marry a woman who has had an abortion, and 23 students i.e. 5% at 1-year follow-up. A quarter were of the opinion that a girl should be ashamed of her decision, however only 30(7%) students believed so at 1-year follow-up. At baseline, 91(16%) students believed girls who have had an abortion are contagious and can infect others with diseases. And the corresponding percentage was 4%(18), at 1-year follow-up. However, almost a third were of the opinion that the girls should be isolated from other people in the community for at least 4 weeks after having an abortion. The post intervention and one year follow up results from control school remained the same with no significant change.

Conclusions

The study results showed that stigmatizing attitudes towards adolescent girls associated with abortion were commonly expressed by adolescents themselves. The Comprehensive Sexual Education (CSE) - intervention within the study was evidently effective to reduce stigmatizing attitudes among adolescent students in secondary school.

Recommendations

From the results, there is need for abortion stigma reduction interventions targeting adolescent, teachers and health providers who offer reproductive health services to adolescents; Ministry of Education to further develop, adopt and implement CSE- interventions; and need for further studies to access change in attitude and behavior post intervention.

Keywords

Abortion Stigma; Adolescent Health; Comprehensive Sexual Education;

Post Abortion Care;

Unsafe Abortion

TITLE: INCIDENCE AND COST OF MATERNALNEAR-MISSCOMPLICATIONS FROM UNSAFE ABORTION IN KENYA: A PROSPECTIVE STUDY

Authors: Kenneth Juma, Michael Mutua, Boniface Ushie, Martin Bangha

Background

Severe obstetric complications, including maternal near-misses (MNM), remain a major public health concern across sub-Saharan Africa (SSA). Near-misses cause severe health, social and economic disruptions for women, households and the health systems. Nevertheless, there is limited evidence especially among adolescents, on the incidence and costs of maternal near-miss treatment in most resource-limited health systems and countries including Kenya. This study aimed to estimate the incidence and the direct financial cost of treating MNM conditions among women with MNM conditions in Kenya

Objectives

This study aimed to estimate the incidence and direct financial cost of treating unsafe abortion-related maternal near misses among adolescent women in Kenya

Methodology

A prospective nation-wide study of adolescent women admitted to level IV, V, and VI health facilities with potentially life-threatening conditions (PLTC) was conducted from February-May 2018, in Kenya. Women were considered eligible for inclusion if they were adolescents (10-19 years), and if the PLTC resulted from unsafe abortion prior to admission, or developed during admission period. Clinical and obstetric history at admission, demographic characteristics, and overall financial cost of treatment at discharge data was collected from eligible participants. We summarize the incidence and describe the total cost of treatment for near-miss cases and other PLTC, and sources of funds

Results

A total of 626 women were recruited and also responded to a cost questionnaire. Near-misses accounted for 58% of the respondents; with majority presenting with hemorrhage (43%), hypertensive disorders (32.3%) and severe anemia (25%). Preliminary results showed, the median cost of treatment for a near-miss case was KES 6,150 ($62), and varied across regions, with Nairobi recording highest median costs, KES 18,560 (IQR; 4,250-49,685). Majority of near-miss patients (60%) paid out of pocket for treatment services, while only 26% had insurance cover, and up to one in four (27%) near-miss patients had their medical bills waived or exempted from paying. The total financial cost of treatment varied significantly by hemorrhage (p=0.034), puerperal sepsis (p=0.002), employment status (p=0.038), age group (p=0.001) and the final facility of discharge (p=0.000) - these are draft results.

Conclusions

There is a high incidence of unsafe abortion among adolescent girls. High cost of treating maternal near-misses risks exposing several individuals and households to catastrophic health expenditures. Improved access to safe abortion services is critical to preventing both deaths and extreme morbidity among these young girls. Affordability of reproductive health services is fundamental in improving access and utilization of critical emergency care to reduce severe reproductive health outcomes

Recommendations

Improve access to safe and legal abortion and also include critical maternal and reproductive health services in the Universal Health Coverage debates

Keywords

Maternal near miss, unsafe abortion, financial cost, adolescents , Africa.

TITLE: PROVIDING SAFE MEDICAL ABORTION IN KENYA WITH MA-KARE: COMBIPACK OF MIFEPRISTONE AND MISOPROSTOL.

Authors: Martin Muthare, Lauren Archer and Saskia Husken

Background

In Kenya, persons aged 19 years and below constitute more than half of the population (KNBS, 2009). Nearly 378,400 adolescent girls aged 10-19 years became pregnant between July 2016 and June 2017 (UNFPA, 2018) furthermore, maternal mortality ratio remains high at 510/100,000 (Knoema,2015) and lifetime risk of a maternal death being 1 in 42. Despite impressive progress in the contraceptive uptake rates nationally, the performance monitoring report round 2016 indicates the prevalence among this age-group to be 48%, lower than the national average of 66.3%. Initial research by DKT Kenya showed that awareness of different contraceptive options among adolescents in Kenya is limited. The 2012 abortion incidence study revealed that 41% of unintended pregnancies are aborted, additionally, 48 in 1000 women induce abortion annually. Inadequate knowledge on contraceptives and safe medical abortion products robs women of the right to control their fertility.

Objectives

Rutgers and DKT are implementing a joint programme 'She Makes Her Safe Choice' in Kenya which will provide information about contraception and safe abortion, making safe abortion products and service available. This program executes a 3-pillared approach in realizing the dream, increasing supply of, demand for, and support of safe abortion technologies. DKT Kenya applies complementary strategies such as contraceptive marketing campaigns targeting adolescents and young women with information and education in order to increase awareness and knowledge on contraception to reduce unintended pregnancies.

Methodology

In 2018, DKT Kenya conducted a market research on contraceptives among 832 adolescents in urban and rural locations of 8 counties with a purpose of evaluating usage, preferences, myths and misconceptions surrounding contraceptives. We instituted a robust product distribution system supported by a sales force, developed and disseminated informational materials to providers, pharma distributors, traders and consumers through various channels such as product promotion sessions, continuous medical education, scientific conferences, health provider trainings and campus activations to improve knowledge and skills level on the effective use of contraceptive and safe abortion products, dispel myths and misconceptions and increase contraceptives awareness.

Results

Results from the market research on contraception done among 832 adolescents showed that only 59% had positive perceptions about their use. Low levels of awareness were also observed with only 25% knowing about oral contraceptives; emergency 23%); injectables (16%); implants (14%); Intra-uterine devices (7%) and 10% did not know any of the methods. Adolescents do not know how contraceptives work. Many myths and misconceptions portend negative health outcomes in the use of contraceptives which bars them from the use, perceived affordability and privacy of a method favors the use of a method. Through the Safe Choice program, DKT Kenya distributed 2,106,234 condoms, 16,440 Injectables, 7,406 IUDs, 97,524 Misoprostol tablets, 34,894 MA Combi-packs 701 MVA kits and as result, a total of 78,956 CYPs were achieved through these sales.

970 health providers were reached with information on Kare products; 203 specialist doctors, 11 Medical officers, 165 clinical officers,111 nurses and midwives and 191 pharmacy workers. Additionally, 148 traders and 6,308 young women were reached with both Kare and Lydia contraceptive information through trade meetings and campus activations. DKT also developed and distributed 3,800 posters, 30 uterine models, and 1120 product catalogues to increase awareness and capacity to use the products effectively.

Conclusions

The last 9 months, DKT-K recorded impressive results in marketing and distribution of contraceptives and MA Kare to providers and consumers. Looking ahead, the Safe Choice program will allow DKT to intensify collaboration with partners hence more Kenyan women can be provided with tools to ensure safe reproductive health decisions.

Recommendations

This programme brings partners together to work simultaneously on supply, demand, and support for safe abortion. DKT Kenya plays a critical role in this partnership, showing that a combination is needed for quality products and services, correct information, stigma-free societies, supportive policies. So that she can make her safe choice.

TITLE: IMPROVING YOUNG WOMEN'S ACCESS TO SAFE ABORTION SERVICES BY REDUCING STIGMA AMONG HEALTHCARE PROVIDERS, THROUGH THE "SHE MAKES HER SAFE CHOICE" PROGRAM

Authors: Camilo Antillon (Rutgers), Moses Wanami (Ipas Africa Alliance)

Background

Abortion-related stigma has been identified as one of the main barriers to access safe abortion services, since women will often avoid formal facilities out of fear of the social consequences they would face if their abortion was publicly known (Jayaweera et al., 2018; Izugbara et al., 2015). Recent studies show that many healthcare providers reinforce stigmatizing discourses toward women who seek an abortion, by labelling these young women's behavior as immoral and by blaming them for their ordeals. Sexual activity among young unmarried women is often seen as a marker of immorality, a defiance to norms of sexual abstinence and propriety, and the true cause of unintended pregnancies and abortions. This demonstrates that, while healthcare providers show relative tolerance of abortion in adult married women, they tend to reproduce condemnatory and stigmatizing discourses when young unmarried women are involved (Izugbara et al., 2017).

Objectives

Contribute to the prevention of unintended pregnancies and unsafe abortions in Kenya, by improving access to services through a stigma-reduction strategy for healthcare providers.

Methodology

A consortium integrated by Rutgers, DKT, Shujaaz and Ipas, is currently implementing the "She Makes Her Safe Choice" program. One of the components of this program aims at improving the supply of safe abortion services to the women who need it, not only by increasing the availability of MVA kits and medical abortion, but also by improving quality of abortion care through stigma reduction strategies among healthcare providers. In order to do this, Ipas and DKT will coordinate the development of value clarification and attitude transformation (VCAT) sessions with pharmacists and providers in two selected counties in Kenya.

Results

Through this strategy, the program expects to improve healthcare provider's knowledge about safe abortion and to promote a reflection that leads to the reduction of stigmatizing attitudes toward women who seek one. This would, in turn, improve access to such services, especially among young women, who are the most vulnerable to experiencing negative social consequences related to unintended pregnancy and abortion.

Conclusions

Abortion-related stigma has been acknowledge as a pervasive influence, limiting access to safe abortion services in many different cultural contexts. By developing a consistent stigma reduction strategy with providers, the "She Makes Her Safe Choice" program will be contributing to similar efforts in other context.

Recommendations

Improving quality of care through stigma-reduction strategies aimed at health providers can be useful to improve access to safe abortion among young women, especially when combined with strategies to improve MVA and MA supplies, to provide accurate information that allow women to demand safe abortion services, and to facilitate a supportive environment.

Keywords

Safe abortion; abortion stigma; healthcare providers; Kenya.

TITLE: SHE MAKES HER SAFE CHOICE GLOBAL PROGRAMME: AN INTEGRATED MULTI-COMPONENT APPROACH TO END UNSAFE ABORTIONS WORLDWIDE

Author: Saskia Husken

Background

An estimated 22,500 to 44,000 women and adolescents globally die each year from unsafe abortions, making it one of the leading causes of maternal mortality, and of those who survive, 5 million will suffer serious health complications (Guttmacher, 2016). Unsafe abortion is a sensitive issue that few donors dare to invest in, and organizations often work in fragmented pillars related to either the supply (products), demand (information and behavioral change) or support (policies and enabling environment) side. The ambitious global programme She Makes Her Safe Choice (2018-2021) is combining these three pillars in a unique partnership led by Rutgers, in collaboration with DKT and several in-country partners, and funded by the Dutch Postcode Lottery.

Objectives

A woman never chooses for an unsafe abortion; it is the circumstances that force her into such a situation. Nowadays there is no reason for women to have to undergo an unsafe abortion, risking her health and often her life. Making contraceptives and safe abortion methods available, by trained providers, in supportive environments, will result in 'no more unsafe abortions' so that She can make her safe choice and live her life healthy and achieve her full potential.

Methodology

The uniqueness of this programme is related to the courageous donor and the integrated multi-component approach of simultaneously working on supply, support and demand on a large scale. In four years' time, safe abortion methods and quality options to prevent unintended pregnancies will be made available to women worldwide, with specific interventions in Kenya and Ethiopia. The programme applies a combination of product distribution, mass- and social media campaigns,

mHealth innovations, research, and advocacy.

Results

By 2021, our programme will have prevented 160.000 unintended pregnancies worldwide, of which at least 60.000 in Kenya. We will also have prevented 2.6 million unsafe abortions worldwide, of which at least 600.000 in Kenya. As a result, 8.000 fewer women will die from complications resulting from unsafe abortion, including more than 3.000 women in Kenya. Over 1 million Kenyan women and adolescents will be informed through mHealth solutions and referred to access contraception and safe abortion methods. Over 20 million women and young people will be reached through mass- and social media campaigns on contraception and safe abortion. County level advocacy in Kiambu and Kajiado county will facilitate progressive policies, statements and budgetary commitments to address unsafe abortion, and generate support for national level advocacy for safe abortion. Collaboration between DKT Kenya, Ipas Africa Alliance, Well Told Story, and Rutgers is ensuring that these ambitious targets are met.

Conclusions

A growing number of women and adolescents will become aware of their options, and quality contraceptive and safe abortion methods will become increasingly available. Globally, safe abortion methods will become cheaper and more financially accessible as a result of larger distribution volumes, giving more women affordable options to decide over their own bodies and lives.

Recommendations

The programme aims to create a snowball effect: the integrated approach in Kenya will inspire other countries to adopt such an approach to advance women's and adolescents' SRHR and end unsafe abortion

TITLE: UNSAFE ABORTION AMONG ADOLESCENTS IN KILIFI COUNTY

Authors: Zaina Gathoni

Background

A study by the African population and health research Centre (APHRC) and the ministry of health (MOH) between 2012 and 2016 found that Kenya used more than shillings 500 million tackling unsafe abortion cases. Launched in February 2016 the report states that an estimated 464,690 abortions take place annually and these comprises of only the cases reported in the public healthcare system meaning the number could be much higher, many of the victims are aged between 10-24 years. An estimated 2,600 women die from unsafe abortions annually which means 7 deaths a day. In 2018 I participated in a project called Dance for Life with the aim of reducing unwanted pregnancy ,it also offered free family planning services. During this period we were able to gather information on teenage pregnancy and unsafe abortion.

Objectives

I)To capacity build young girls on SRHR information and services.

ii) To create demand for contraceptives use among young people in Kilifi County.

Methodology

One of the methods used was focused group discussions, where young girls opened up about their experiences. This enabled us understand the challenges the young girls face in Malindi, this information included some of the methods they used and how they accessed them. We also noticed that most girls do not know about their reproductive rights.

During this forums activities were conducted to build decision making skills and leadership skills among the girls. This included providing information on SRHR and referrals.

We also used questionnaires. They were used to inform on the need among young people in Malindi in regards to abortion and contraceptive use.

Results

The results indicate that young people are sexually active and are engaging in risky sexual Behavior. I was able to refer 20 young girls for long term contraceptives(implants) and 15 girls for post abortion care to Family Care Medical Center. Through the FGDs and forums we had, the girls referred their peers for the sessions and for SRH services as well.

During the sessions the girls were able to make plans and set goals, through this they also made commitments to taking charge of their Reproductive Health.

Conclusions

It is clear that when girls have confidence in decision making they are able to make healthy and informed choices concerning their Reproductive Health, hence more capacity building should be done among adolescent in and out of school.

Recommendations

Information on contraceptives should be readily available for adolescents and young people. This includes reviewing policies that enable adolescents in school access Adolescent Youth Friendly Services. Adolescent and Parent forums should also be conducted in order to build good relationship between the adolescents and the Parents.

TITLE: INNOVATIVE COLLABORATION AMONG CIVIL SOCIETY ORGANIZATIONS THROUGH THE USE OF JOINT ADVOCACY AND ONLINE PLATFORMS; A WAY OF ADDRESSING UNMET NEEDS FOR CONTRACEPTIVES AMONG YOUNG PEOPLE, (A CASE OF KISUMU COUNTY)

Authors: Cynthia Odhiambo and Nelson Akoth

Background

Hundreds of millions of adolescents mostly in developing countries want to delay or avoid pregnancies but do not have access to family planning hence are not using any methods for contraception. For decades, one in every four currently married young women, more so adolescents who are in the more fertile age groups have unmet needs for family planning, as a result of this unfulfilled need, nearly 43% of the recent births among women aged 15-49 years were unintended (KNBS and ICS Macro, 2010). Availability of contraception is some of the important ways to reduce unmet needs for contraceptives. Research done by Smith et.al.,2012, stated that meeting the unmet need for contraceptives will not only prevent unintended pregnancy but also unsafe abortion and maternal and child deaths. Therefore innovative collaboration like joint advocacy and joint social media campaigns should be applied to address unmet needs for contraceptives.

Objectives

To create awareness on access to contraceptives among adolescents through joint advocacy and joint social media campaigns like in twitter as a way of meeting the unmet needs for contraceptives among young people.

Methodology

In order to meet the unmet needs for contraceptives, NAYA-Kenya carryout advocacy campaigns targeting different stakeholders and policy makers like Members of County Assembly through MCAs Champion and advocate for increased budgetary allocation towards contraceptives and priority in the budget and for formulation and implementation of sexual and reproductive health policies that support adolescents' access to reproductive health services such as contraceptives. Joint social media campaign like twitter, where by different CSOs collaboratively support and have targeted campaigns in matters related to SRHR is also another commendable approach to address unmet needs for contraceptive like #contraceptive that have been used.

Results

Collaboration among Civil Society Organizations in addressing contraception barrier has led to creation of awareness on family planning as an integral part of sexual reproductive health and rights. From these platforms, young mothers and adolescents get reproductive health services freely without discrimination and access to family planning information according to their reproductive health intentions and without any barrier, this is because they get to know myths and misconception about family planning and where they can freely access the services which are youth friendly, these has been evident in Kisumu County. Through advocacy, Kisumu County has health sector as one of its top priority areas in the Fiscal Strategy Paper 2019/2020 by being allocating 33% of the county budget which translates to Kshs 3,293,360,000 to health sector. Improved availability and reliability of good quality contraceptives and information concerning family planning has also been achieved through having Kisumu County family planning costed plan which comprise of key priority areas of family planning that are costed, all these together as led to reduction in teenage pregnancy in Kisumu County.

Conclusions

In order to address this problem of unmet needs for family planning among young women, an understanding of the barriers to the use of family planning can provide policy makers, planners and program managers with the information they need to strengthen family planning programs.

Recommendations

Therefore, different Civil Society Organizations with different focus areas and capacity should partner and collaborate in conducting advocacy campaigns for prioritization of family planning in the budget allocations, providing services and information to ensure that adolescents have access to range of methods and use them effectively after making informed decisions.

Keywords

1. CSO (Civil Society Organization)
2. Unmet needs for family planning
3. Contraceptives / family planning
4. Members of County Assembly (MCAs) Champion
5. Partnership and collaboration
6. Fiscal Strategy Paper
7. Kisumu County Family Planning Costed Plan

TITLE: LEVERAGING ON UHC TO PROMOTE POST PARTUM FAMILY PLANNING THROUGH GROUP ANC IN KISUMU EAST SUB COUNTY

Authors: Nailantei, E.K; Okomo, J.M.

Background

Inadequate provision of right information to postpartum women regarding contraceptive use and related benefits during pregnancy is a missed opportunity in health system delivery in Kisumu County.

High unmet need for Family planning in Kisumu County remains despite opportunities offered by introduction of Universal Health Coverage. This study aims to promote Group Antenatal Care as an intervention in promoting post partum family planning. The study will assess its effectiveness on the uptake of contraceptive methods during the first six months postpartum. Pregnant women should be counseled about all forms of postpartum contraception in a context that allows informed decision making.

Methods

The GANG-PPFP model is at two levels of interventions: The Health facility and community levels. a. The health facility interventions: focused antenatal care which includes pregnancy, childbirth, postpartum and newborn; cluster the pregnant women in the same cohort based on gestation age and issuing a return date; ensure availability of commodities and supplies; documentation. b. The community level intervention: sensitization of Community Health volunteers (CHVs) to create demand for the services; ensure households have registered with Universal Health Coverage; identify pregnant women in the households, refer them in the health facility and follow up at the household level.

The data includes proportion of women of reproductive age receiving family planning, the proportion receiving family planning methods right after child birth and six months postpartum, proportion of women attending antenatal care, proportion of deliveries in health facility, proportion of women receiving postnatal care within 48hours post delivery and the fully immunized under ones.

Results

Although data collection continues, to date we have amassed results on service utilization, access, affordability and availability of services; and support from providers and the community. This has been made possible by Universal Health Coverage. The total number of clients in 2018 attending initial antenatal clinic was at 59.4% (dhis), skilled delivery at 29.1% (dhis) and Family Planning Uptake was at 49.2% (dhis). Emergence of champions who use their experience as GANG beneficiaries to advocate for PPFP has created demand for services and has subsequently contributed to an increase in clientele. Factors such as information, provider skills, equipment for service provision, and poor enforcement of policies were all addressed.

Recommendations

Review of primary data tools and reporting tools to capture the data for post partum family planning within 48hours; Counselling of women prenatally about the option of immediate postpartum modern including advantages, effectiveness, risks, side effects of each modern method is key in reducing the unmet need for family planning; Providers, and institutions should ensure availability of post partum insertion kits/devices and family planning commodities in labour ward and delivery unit; human resource is very key in providing post partum FP

TITLE: IMPORTANCE OF TRACKING EARLY CHILDBEARING, FAMILY PLANNING UPTAKE AND MATERNAL DEATHS AMONG SEXUALLY ACTIVE ADOLESCENTS (15-19) YEARS IN KENYA

Authors: P Jeanne *[1] S Wabwire[1]

Background

Adolescence is a period of opportunity and risks. Young people comprise 66% of the total population in Kenya. Teenage pregnancy is a major health challenge among adolescents in Kenya today. Adolescent pregnancy, whether intended or unintended, increases the risk of maternal mortality and morbidities. According to the Kenya demographic and health survey (2014), 15% of womenage 15-19 have already had at least one birth. The percentage of women who have begun child bearing increases rapidly with age, from about 3% among women age 15 to 40% among women age 19. Teenage pregnancy can be linked to early/child marriages, unsafe abortion practices, sexual based violence, HIV/STI infection as well as the mental health problems among of adolescents.

Kenya is operating a devolved health system where implementation of policies is carried out at the county level. In order to make decisions on adolescent sexual and reproductive health programmes by the county health management teams, there should be a vibrant system to facilitate collection, analysis, and utilization of age and sex disaggregated data on adolescents.

Objectives

The objective of this retrospective study was to assess the effectiveness of the DHIS2 in providing information for tracking Key indicators for ASRH including teenage pregnancies and Family Planning methods uptake among adolescents in Kenya. Despite increasing importance being laid on use of routine data for decision making in Kenya, it has frequently been reported to be riddled with problems. Evidence suggests lack of quality in the health management information system (HMIS), however there is no robust analysis to assess the importance of the additional information it provides. With the inclusion of ASRH data in the system, we were able to analyse and compare trends of teenage pregnancies from the year 2016 to 2018 per County.

Methodology

A retrospective data review was conducted from the Health Information System for the period 2016-2018. Service statistics data was analyzed to show trends and comparison made of proportions of teenage pregnancies among 15 – 19 years old per county, this was compared by the rates of teenage pregnancies reported in the KDHS 2014 and the number of adolescents family planning uptake for these Counties. Family planning uptake among 15 -19 year old adolescents was analyzed with an aim of understanding access to contraception in those counties. Maternal Deaths among adolescents was also analyzed to the show the number of adolescents getting pregnant Vis a Vis the number of adolescents dying during childbirth. The facility reporting rates for the 2016-2018 reporting period was also analyzed to assess the number of facilities who reported to have offered ASRH services

Results

According to the Kenya demographic and health survey (2014), Prevalence of early childbearing was highest in Homa Bay at 33.3%, West pokot at 28.6 % and Tana River at

28.2 %. With the lowest prevalence of teenage pregnancies registered in Murang'a at 6.3 %, Nyeri at 6.9% and Kitui at 8%.

For ease of analysis the 47 Counties were grouped

into three groups. The grouping was based on Counties with the highest to the lowest number of adolescents presenting with pregnancies, accessing family planning and maternal deaths.There was a general increase in the number of adolescents (15-19 years) presenting with pregnancy at the facilities in the 2016-2018 reporting period, with the highest numbers reported in Migori (14196),Nairobi(12991) and Kisumu (12472) in 2016, Nairobi (21764),Bungoma (16284)and Homabay 13496) in 2017 and Nairobi (23976), Bungoma(18439) and Kilifi(17549) in 2018.

There was increase in the number of adolescent age (15-19 years) using a contraceptive method with highest numbers reported in Migori (14419), Kisumu (12324) and Homabay (10385) in 2016,Migori(19717),Homabay (16475) and Kisumu (12319) in 2017 and Migori(24513), Kisumu(20204) and Homabay (17065) in 2018. Further, the results showed an increasing trend in adolescent maternal deaths, Counties with the highest numbers were Meru (42), Machakos (35) and Nairobi (35) in 2016, Meru (40), Vihiga (38) and Kwale (24) in 2017 and Meru (36), Machakos (21) and Bomet (19) in 2018.

Conclusions

Service statistics data on Teenage pregnancies, adolescent family planning uptake and adolescent maternal deaths collected through the DHIS2 can be used to monitor access to contraception and ANC services and maternal deaths among adolescents. The data reported is useful especially at the county level, because County Health Management Teams are able to define and compare the trends over time for decision making. The data reported is robust because its recorded from each client and for each service transaction and has a high geographical detail, having been collected at lowest level service delivery points and the information is available on a monthly basis, and is potentially real time. The data is useful for decision-making at County-level as well as for monitoring, planning, implementation, supervision and coordination of all ASRH program activities.

Keywords

Teenage, Reproductive, Pregnancy, Contraception

TITLE: POST PARTUM CONTRACEPTION : A STRATEGY TO REDUCE ADOLESCENTS PREGNANCY

Author: Pamela A.Okumu,

Co authors: Beatrice Oloo, M

artha Ngoya, Alice Muga, Mary Ayacko, Pamela Odoyo,

Background

Migori is among ten counties with the highest burden of adolescent pregnancy nationally (24%) and Rongo is one of the eight sub counties of Migori. According to DHIS2 2018, Rongo Sub county adolescent pregnancy rate was 9.4% and contraceptive uptake was low at 30.6%, hence unmet need for family planning among sexually active adolescents, married and unmarried remains high. Adolescent pregnancy has significant health and socio-economic consequences for young girls,, their families and communities. The pregnancy increases health risks for both the adolescent and her infant and prejudices the girl's future education and employment opportunities.

Family planning is recognized as a key life saving intervention for mothers and their children. Post partum family planning (PPFP) focuses on

enhancing spacing of pregnancy in the first twelve months following end of pregnancy, protects and empowers post pregnant women to prevent unintended repeat pregnancy and improved post natal outcomes for mothers and infants.

Objectives

Reduce adolescent pregnancy in Rongo sub county through provision of quality Post Partum Family planning.

Methodology

Two service providers were trained on PPFP provision and mentorship. Equipmnets for provision of PPFP and training models for mentorship were supplied. PPFP mentorship was conducted in 8 facilities by mentors. Counselling of clients on PPFP was initiated Antenatally, client's preferred method recorded in Mother Child hand book and dispensed in maternity after child birth upon further counselling and ascertaining clients informed choice for method.. Mothers with no Antenatal PPFP counselling were provided with Provider initiated family planning in Maternity, Child welfare clinic, Post Abortion care ward , upon referral by community health workers and method of choice dispensed immediately

Results

At the beginning of 2018, only Rongo subcounty hospital with two trained PPFP providers was providing postpartum family planning (3%) out of twelve eligible facilities. After training of the two providers as mentors and provision of PPFP equipments, additional sixteen service providers two from each of the eight facilities were mentored on PPFP provision by the two mentors, and currently, eight facilities are providing PPFP services (63% increase). The mentored PPFP service providers have continued to cascade the knowledge and skills to other service providers and this has ensured continuous availability of PPFP services in maternities, Maternal Child Health clinics and for post abortion care clients.

According to DHIS2 2018,Post partum contraception uptake among adolescent girls aged 10-19 years improved from 11% in the pre intervention period (January to June) to 66.5% in the post intervention period(July to December) 2018. Similarly, the number of adolescent pregnancies at first ANC declined from 46 to34 (21% decline) for 10-14 years and 746 to 587 (21.3% decline) for 15 to 19 years old. Overrally, adolescent pregnancies declined from 1515 in 2017 to 1410 in 2018, (6.9% decline). The county department of health has adopted and institutionalized Postpartum family planning as a strategy to reduce Adolescent pregnancy.

Conclusions

PPFP is an effective strategy for eliminating missed opportunitiy and unmet need for family planning. This will lead to reduction in unintended/mistimed pregnancy among adolescent, unsafe abortion and related maternal mortality and morbidity. The adolescents can therefore go back to school , stay in school and achieve their educational goals.

Recommendations

The National and County governments should invest in PPFP to eliminate missed opportunities and increase access to family planning. Counseling on PPFP should be an important component of FANC and the Mother Child hand book should be revised to have a provision for recording mother's preferred contraception method post delivery.

Keywords

1. **Adolescent :** Persons aged 10-19 year
2. **Contraception**-teenagers are not yet having families thus ,They receive contraception
3. **Teenager** –age 13-19yrs

TITLE: SERVICE PROVIDER FOCUSED ADVOCACY ON CLIENTS ACCESS TO SAFE ABORTION

Authors: AAGA MITOKO

Background

Recent studies show that more than 40% of births in Kenya are unplanned. The figure rises to 47% among teenagers. Only about 39% of women use contraceptives. Reports indicate that there are about 310,000 abortions every year in Kenya. 21,000 women are admitted to public hospitals in Kenya each year due to abortion related complications from having unsafe abortions – usually done in backstreet clinics. 2,600 of these eventually die. Of the women admitted, 12% were older than 34, 62% were between 25 and 34 while 26% were teenagers. The adolescents cite stigma of childbirth outside of marriage, the inability to support a child financially and being forced to drop out of school as the main reasons they opt for abortion. Women who are older often cite tough economic conditions as their reasons for an abortion. Some in the urban settings say it is more of a lifestyle choice than anything else because they would, for example, rather pursue a career than have a child.

Objectives

To raise the capacity of, and enable 44 service providers, to lead advocacy on safe abortion in South West Kenya.

Methodology

Matibabu Foundation Kenya (MFK) has used different models to promote quality and accurate information on safe abortion that is given to the youths that includes; Youth Peer Provider (YPP) model where youths are trained to provide accurate information to their peers in the facilities and at the community while providers are trained to give accurate information during counselling and service provision, MFK has also focused on commodity supply at the facilities as well as doing renovations to improve the quality of services. However in this phase we are focused on sustaining the gains that have been made since 2013 and hence the focus on providers to advocate for safe abortion (SA).

Results

MFK as an organization has grown its capacity in supporting SA over time since 2013 to date; this is evident in the change in the Comprehensive Abortal Care service provision since the inception of the project where the selected 27 sites were offering only PAC service, while Medication Abortion services were not available in the health facilities. Currently 44 health care providers are now open in offering SA service to clients in our 22 supported sites in service provision. This distribution of providers across the region has made the access of CAC services by the target population more easy with significant increase from 155 in 2013 to 5,041 in 2018.

Conclusions

To strengthen advocacy for safe abortion requires the engagement of various stakeholders in dialogue to win them over. MFK strong presence as a leader in technical knowledge has the opportunity to influence and network with like-minded organizations to advocate for and provide safe abortion to women who require the service.

Recommendations

1. Strengthening the management and organization of MFK as a formidable for safe abortion advocacy
2. Transforming the social and gender norms at all levels of governance regarding safe abortion

but within the context of the Kenyan law and international laws ratified by Kenya.

3. Ensuring that the legal framework is consistent while conducting education about the legal framework to key stakeholders at all levels for harmonious interpretation.

TITLE: INTERNET AND SMART ADVOCACY FOR PENAL CODE SECTION 162 MITIGATION AND LESBIAN, GAY, BISEXUAL AND TRANSGENDER YOUTH INCLUSIVITY

Author: Alfred Mutua Mueke

Background

The constitution of Kenya entitles every citizen to the highest attainable standards of health, including reproductive health. However, Sexual Reproductive Health and Rights still experiences a wide gap when it comes to inclusivity in service delivery to the Lesbian,Gay, Bisexual and Transgender community, partly influenced by particular policies that criminalize certain sexual activities. The penal code article 162 states that anyone that has canal knowledge against the order of nature, or permits a person to have canal knowledge about the order of nature against them has committed a crime. It's thus criminal for both same-sex and opposite sex individuals to participate in any sexual activity that does not involve the penis penetrating the vagina. Because of these, Sexual Reproductive Health and Rights (SRHR) indicators consistently fall below target, a trend which looks to continue, until the inclusivity gap has been tackled by smart approaches. Taking to account the imperative influence of social media and internet information to Kenyans, a smart approach engrained in provision of holistic and integrated SRHR information through internet platforms such as websites and social media would tap immensely to the advocacy for mitigation or amendment of article 162.

Objectives

Scaling up use of Internet and Smart Advocacy for Penal Code Section 162 Mitigation and Lesbian, Gay, Bisexual and Transgender Youth Inclusivity

Methodology

Kenyan youth have high accessibility to the internet and social media. Extensive up-scaling in use of smart social media advocacy with distinct info-graphics (information with graphics, e.g. pictures, GIFs) based on face-book, twitter and whatsapp platforms that have the most subscribers would be a prudent approach towards mitigation of Art.162 for stigma reduction and bringing inclusivity. In the past, using both social media and the website, NAYA Kenya targeted campaigns that worked well in achieving the above over specific time-frames. Among others, #Repeal162 by the gay and lesbian coalition of Kenya is also a smart approach towards this course of Art.162 mitigation.

Results

In a country where 2 out of 3 youth either have a smart-phone, or can access one, with a minimum usage of 5 internet hours at least 4 times a week, the scope of reach grew, and the analytics of each website and social media platform recorded increased visits and interaction. Advocacy for the rights of Lesbian,Gay, Bisexual and Transgender community enlightened the society and efforts to order inclusive Sexual Reproductive Health and Rights(SRHR) have been growing in the right direction. Discussions were raised online on Art 162 mitigation and expert opinions were also delivered on the same, and the previously marginalized groups became more open, and more

willing to share their experiences in pursuit of health. Shortfalls were addressed and a number of Civil Society Organisations (CSOs) took up the course to deliver inclusivity on SRHR comprehensively.

Conclusions

Partly due to internet and smart advocacy through platforms such as #Repeal162, mitigation of Section162 is happening. High Court banned forced anal testing of men suspected of being gay and promised a ruling on the scrapping of colonial-era laws which criminalise homosexuality. Smart information has increased awareness and Lesbian, Gay, Bisexual, Transgender youth inclusion.

Recommendations

With the mobile phones penetration of the Kenyan population at 87% and youth composition of the Kenyan population at about 20.3%, the reliance on digital media is heavy, as such; misleading information and profiling would be easily circulated. This is why investing in digital methods of smart advocacy through internet means would be the best way to promote inclusivity through attitude transformation and focused discussions. This would open up confidence to speak up and dispel the marginalization that has hampered inclusivity for Sexual Reproductive Health and Rights for a long time now

Keywords

Youth, internet, smart advocacy, Sexual Reproductive Health and Rights, Lesbian, Gay, Bisexual and Transgender artical162, Penal Code, #Repeal162, Stigma, Inclusivity, information, mitigation, social media, website.

TITLE: STRENGTHENING COALITION BUILDING AND PARTNERSHIPS OF LIKE-MINDED CIVIL SOCIETIES ORGANIZATIONS AS AN EFFECTIVE ADVOCACY STRATEGY

Authors: Beverly Nkirote and Brian Alili

Background

In 2013, a study carried out in Kenya , by The Ministry of Health, the African Population and Health Research Center titled the Incidence and Complications of Unsafe abortion in Kenya was launched. This study revealed that 465,000 abortions occurred in Kenya in 2012, translating to one of the highest national abortion rates in the world. The study showed that 120,000 women received care in health facilities for complications from unsafe abortion, and that more than three-quarters of those treated had moderate or severe complications. Further, young women aged 19 and younger were disproportionately affected. In 2018, the Kenya Medical Practitioners and Dentists Board (KMPDB) banned one of the largest international charity providing abortion service, the Marie Stopes Kenya (MSK). The Center For Reproductive Rights (CRR) brought together twelve like-minded organizations together and developed a submission to Nairobi County Governor by twelve civil society organizations on addressing abortion stigma in Kenya.

Objectives

To advocate for coalition and partnership, in harmonizing civil society organizations (CSOs) advocacy efforts.

Methodology

The goal of convening the twelve CSOs was to address the misleading information that was being conveyed on abortion through the billboards put

up in Nairobi. The messages shared included "Abortion is Murder !" or " Shut down abortion clinics !" with a picture of a fetus, this messages promoted stigma as a result limiting women and girls from accessing the appropriate sexual and reproductive health services and information , i.e. Abortion. Nevertheless , the coalition also through the support of Center for Reproductive Rights (CRR) developed a Petition that was titled "Petition To Nairobi City county for Removal of ALL Advertisements with Misleading Information On The Constitutional Right to Abortion "

Results

On April 24th, 2019, CSOs and "Mashinani " Women (Women living in informal settlements) led a March to Nairobi City Hall to present the Petition to the Nairobi County Governor to act upon the removal of the Stigmatizing Abortion Billboards in the next fourteen days which was received by the Acting County Secretary at the time. Nevertheless Partners were also engaging in Online discussions on twitter using #KeepWanjikuSafe and #EndAbortionStigmaKe calling out the opposition i.e. Citizen GO , SOZO Church of God that was responsible for the billboards put up within Nairobi County to stop sharing misinformed messages that stigmatizes women from accessing Abortion Services. Media played a critical role in amplifying the collective voice of CSOs in calling upon the Nairobi Governor and other relevant agencies such as The Kenya National Commission on Human Rights (KNCHR), through the publications that were made on various dallies such as The Star and Daily Nation print dallies as well online print dallies such as Citizentv and Kenyan Digest.

Conclusions

Coalitions have been able to consolidate their advocacy efforts and strategies on the best possible ways of ensuring that the Stigma placed on Abortion is addressed , and women and girls are able to access the services as guaranteed within the Kenyan Constitution .Moreover it's important to recognize that media plays a critical role in amplifying the advocacy efforts of CSOs be it traditional , print or Social media , therefore as CSOs it's important to continuously leverage on media as an Advocacy tool.

Recommendations

CSOs need to invest more in building partnerships as a key strategy in reducing duplication of roles but harmonizing their advocacy efforts to reach more policy makers and advocate for implementation of the policy and legal frameworks i.e. our Constitution on the Rights to access to comprehensive services by all women and girls in Kenya.

TITLE: EMPOWERING COMMUNITY-LED HEALTH INITIATIVES TO REDUCE TEENAGE PREGNANCIES AND INCREASE ACCESS AND AWARENESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN NORTH KAMAGAMBO SUB LOCATION, MIGORI COUNTY, KENYA.

Author: Elisha Ochieng Opiyo

Background

Kenya Demographic and Health Survey (KDHS) (2014), contraceptive prevalence rate (CPR) in Migori County is 44.6% which is lower than the national CPR which stands at 58%. 24.3% of women aged 15 to 19 have begun childbearing in Migori County which is higher than the national average which stands at 18.1% (KDHS, 2014). Lwala Community Health Center (LCHC)works in North and East Kamagambo, Migori County

to address challenges in sexual and reproductive health (SRH). LCHC works towards increasing awareness ,access to, and use of quality family planning (FP), particularly long acting reversible contraceptive (LARC), permanent family planning methods and Post Abortion Care (PAC) information and services to women and young people of reproductive age.

In early 2015, the SRH team in Lwala community health center (LCHC) realized the high cases of teenage girls reporting to facilities seeking removal of implants. The girls were instructed to remove the implants by their teachers who noticed them during routine school inspections. Other cases of negative attitudes towards and opposition of family planning for young people were noted from parents, village elders, chiefs, religious leaders and some community members leading to low uptake of family planning services by young people. The team also took note of the high cases of teenage pregnancies in North Kamagambo area.

Methodology

To address the above challenges, the LCHC SRH team decided to come up with SRH Advisory Committee in June 2015 comprising of Community Resource Persons (CORPs) namely: 5 teachers, 5 village elders, 3 chiefs, 3 religious leaders, 5 young people aged 15 to 24 years and 9 community members (including parents). The advisory committee was formed with the objective of sensitizing them (CORPs) on the benefits of FP and how it can reduce teenage pregnancies in the area.The committee underwent a four-day sensitization forum to demystify the myths and help them understand the benefits of FP, they have ever since underwent at least four day sensitization each year to refresh their memory and address any new matters arising from the team. The SRH Advisory Committee holds monthly meetings where monthly updates and reports are shared and plans for the month are agreed on.The LCHC team envisioned that once sensitized, the CORPs would make a positive change in the community due to their influential nature largely through sensitization of community members and law enforcing.

Results

As a result of the intervention, the team observed changes in attitudes on family planning after demystifying myths and misconceptions. The teachers who were checking the girls for implants and instructing them to go for removal no longer do this. Instead, they provide LCHC team with an opportunity to hold health education sessions in schools. The chiefs talk positively about contraceptives in public meetings and social gatherings. They encourage community members to take up FP and they sensitize them on the dangers of having large families. All the chiefs who are in the committee cite insecurity as one of the dangers of having unplanned pregnancies. There is increased support and advocacy from religious leaders, parents and the community on young peoples' right to access family planning and other sexual reproductive health services including HIV testing services and STI screening and treatment services among others.

Prior to the intervention, no rape and/or defilement cases were reported from North Kamagambo, not because there were no such cases but because the community feared to report such cases, they were as well not enlightened on their rights as regards the same and they also did not know the channel to follow with such cases. After July 2015 to date, 9 defilement and 4 rape cases have been reported (5 culprits are currently in prison while 4 cases are still in court pending conclusion). Between the year 2015 and 2018, 16 schools recorded 173 teenage

pregnancies, this number was spread through the years as follows: 52 teen pregnancies in the year 2015, 64 pregnancies in the year 2016, 30 pregnancies in the year 2017 and 27 pregnancies in the year 2018. During the same period, LCHC recorded an increase in uptake of long acting and reversible contraceptives (LARC) for clients aged 24 years and below. Lwala also managed to serve 14 clients all of them being above 24 years with permanent family planning methods in the year 2018.

The following is a table that shows the trend of some SRH service uptake among young people (13 – 24years) and permanent family planning method uptake by older women as from the year 2015 to the year 2018 as observed at LCHC.

Service	Year 2015	Year 2016	Year 2017.	Year 2018	Total
Intra uterine contraceptive device (IUD)	65	223	270	228	786
Implant	530	909	1448	1893	4780
Short term FP methods (STM)	1117	1077	959	551	3704
Post abortion care (PAC)	22	44	26	20	112
Teen pregnancy	52	64	30	27	173
Permanent family planning (all are above 24 years)	0	0	0	14	14

Lesson Learnt

Using CORPs in a structured manner is key in addressing sensitive issues SRH such as FP uptake by young people, especially in an African set-up. Such an intervention sensitizing teachers is pivotal in accessing schools to reach out to not only more teachers but also to young people with SRH information. Changing attitudes of religious leaders is critical as an entry point in religious institutions, more so in cases where there are hard liners. Parents are vital and influential in the lives of their children and hence, sensitizing them is critical in ensuring that they do not oppose uptake of FP by young people.

Next Steps

LCHC intends to apply this concept of using a structured way of engaging CORPs in other projects in education, economic empowerment, community health and the clinic. This is upon realizing the benefits of using CORPs to address local issues to enhance local ownership and sustainability. Nonetheless, there is need to develop a guide to

come up with a more structured way of sensitizing CORPs on SRH, particularly FP which should have simplified medical language. In addition, a more structured way should be developed to facilitate documentation and tracking of such an intervention to encourage continuous learning.

TITTLE: MAKING YOUNG PEOPLE CO-IMPLEMENTERS AND COLLABORATORS IN POLICY ADVOCACY IN SRHR: NAYA KENYA'S EXPERIENCE.

Authors: IMMACULATE OLIECH AND FAITH ABALA

Background

Today the world holds the largest youth population in history between the ages of 10-24. 45 % of general population in Kenya are youth below the age of 15 while 19% being youth between the ages of 15-24 years. Despite commitments having been made globally years ago to meaningfully engage youth in decision making, it's still not a reality. Currently Kenya has a progressive policy and legal environment on sexual reproductive health and rights (SRHR). However, access to comprehensive youth friendly services remain inadequate with only 10 % of facilities in Kenya providing comprehensive youth friendly services. NAYA focuses on health frameworks that support implementation of existing policies promoting sexual and reproductive health and rights, of adolescents and youth. It engages with national and county governments to influence and increase resources for provision of adolescent and youth friendly services, family planning commodities and development of County specific SRHR policies.

Objectives

To create enabling environment for development and implementation of adolescent and youth ASRH policies and programs.

To enhance meaningful youth engagement in policy making processes, through engaging county government and civil societies to provide an easy to use platform for innovation and engagement.

Methodology

NAYA Kenya uses a multidimensional approach that targets different points at which adolescent health can be effectively addressed. This includes; advocating for action on adolescent needs and access to care with policy makers, parents and community leaders; increasing access to youth friendly services, peer education and advocacy exchange programs to enable adolescents make healthy and responsible decisions about their sexuality; creating opportunities for the empowerment of adolescents through the acquisition of vocational skills that include advocacy and lobbying and participatory education theatre (PET).

Results

Submission of the budget memorandum regarding the Kisumu County Fiscal strategy paper for fiscal year 2019/2020 which was presented to the County Treasury and the County Assembly of Kisumu County by a Network youth advocates, highlighting the sexual and reproductive health challenges affecting young people and women and opportunities for realizing the right to the highest attainable standard of healthcare. Youth advocates taking lead role in the development of Kisumu adolescent and youth policy, participation in Kisumu Universal Health Coverage (UHC) technical working group through meaningful collaboration with ministry of health and SRHR partners that will advancing SRHR issues in the County. Youth advocates empowered and trained in advocacy to engage with policy makers, to influence implementation of SRHR policies and

play lead role in social accountability. Vocational training offered to the young people provides them with skills and knowledge that assist them in advocating for their sexual reproductive health rights and provide them with the skills to analyze county financial documents and present them to policy makers.

Conclusions

Making young people co-implementers and collaborators equip adolescents with right knowledge, attitudes and skills to make informed decisions and provides a platform for young people to engage with key policy makers. It also creates networks for young people to advance SRHR advocacy agenda.

Recommendations

Empowering young people and making them co-implementers increases their advocacy capacity, through equipping them with skills on advocacy. Consistent involvement of young people provides more platform of engagement and increases their capacity.

Keywords

Young people, co-implementers, collaborators, policy advocacy.

TITLE: ADDRESSING PROVIDER ATTITUDES ON LARC PROVISION THROUGH VCAT IN SOUTH WEST KENYA

Authors: George Kapiyo1, Faith Mbehero1, Josephat Nyamwaya2, Ben Haggai2, Amon Rufus2

Background

Unplanned pregnancies and maternal mortality are some of the major public health challenges being experienced globally and Kenya is not an exception. Homa Bay County is one of the most affected counties in Kenya. Fertility rate stand at 3.9 in Kenya while in Homabay County, the rate is at 5.2 (Kenya Demographic Health Survey (KDHS), 2014). KDHS (2014) further reveals low uptake of contraceptives in Homabay County with a contraceptive prevalence rate (CPR) of 46.7% which is lower than the national average of 58%. Facility-focused needs assessment in five facilities revealed unclear values and negative attitudes among providers, myths and misconceptions, key one being LARC insertion is time consuming

Objectives

It is against this background that selected providers were taken through Values Clarification and Attitude Transformation (VCAT) process with the objective of exploring, addressing and transforming their beliefs for them to be able to provide LARC.

Methodology

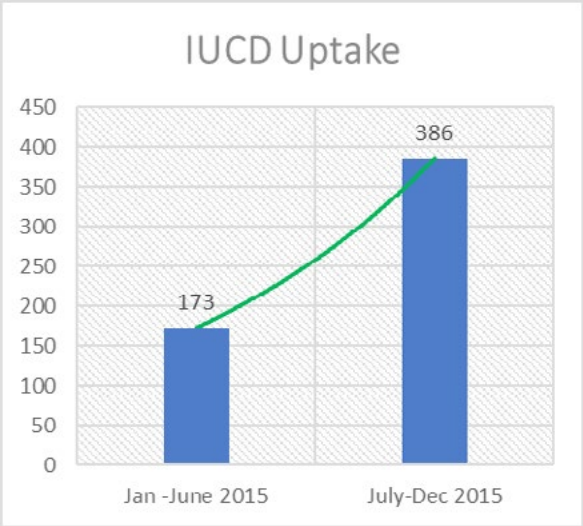
Facility needs assessment was conducted across all the five facilites supported by Closing the gap project where gaps were identified in availabity of choice to provide FP/LARC by providers. Based on needs assessment, health care providers were purposively randomly selected from five health facilities and invited for a 5-day VCAT workshop. Facilitators used a guide designed to help participants reflect on their levels of comfort discussing, advocating for and providing LARC services. During project implementation, performance of the seven providers on LARC provision was monitored through monthly reports, supportive supervision and monthly meetings.

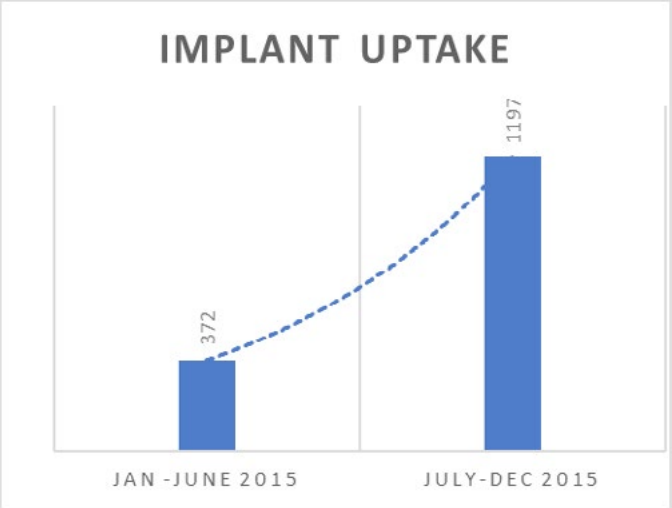
Results

During monthly program meetings and supportive supervision meetings, it was observed that there

was increased level of open mindedness and comfort to talk about LARC among the service providers. In addition, there was increased confidence on provision of LARC services by the providers who also reported their realization that it was not time consuming to provide LARC.

Uptake of LARC services improved tremendously between July and December 201 as compared to January to June in the same year. IUCD uptake increased by 123% while that of IMPLANT increased by 222% as shown in the graph below;





Conclusion

Providers' negative values and attitudes affect FP service provision.

The VCAT process not only improved knowledge and attitudes of health care providers, but also yielded positive health outcomes as evidenced through improved utilization of LARC services.

Recommendations

Clarifying values and transforming attitudes of health service providers before engagement in health promotion and service provision is important to overcome socio-cultural barriers

Keywords

Family Planning
Long acting and reversble methods
Implants
UUCD
Providers
Facilities
contraceptive prevalence rate (CPR)
Kenya Demographic Health Survey (KDHS

TITLE: PILOTING THE IMPLEMENTATION OF QOC ASSESSMENT TOOL DEVELOPED BY PP GLOBAL FOR CLOSING THE GAP PROJECT IN SOUTH WEST KENYA

Authors: George Kapiyo[1], Faith Mbehero[1], Josephat Nyamwaya[2], Ben Haggai[2], Amon Rufus[2]

Background

Planned Parenthood Global (PP Global) has been working with six service delivery implementing partners in SWK since 2015 in the implementation of "Closing the Gap" Sexual and Reproductive Health (SRH) project and in line with its approach of providing local organizations with the technical assistance and financial support, they need to run strong, sustainable SRH advocacy and service delivery programs, special focus has been put to ensure that provision of quality Comprehensive abortion care and Contraception services remain the key priority to the service delivery partners.

This means that implementation has evolved with every year/phase from best practices and lessons learnt (such as need to have anassesment tool for use of quality of care improvement assessment) that have worked to inform more effective and efficient implementation of quality of care framework to the need to realign the Quality of care framework tool to the seven pillars of Health system streghthening.

Objectives

With renewed focus on quality of Comprehensive abortion care and Contraception services, PP Global quality improvement team embarked on activity to Support service delivery partners across five counties in South West Kenya to review and implement the Qualty of care (QoC) framework.Key objectives were to Update QoC framework and define minimum package for center of excellence development ,develop a comprehensive framework including tools, agree upon the measurement tools (metric and tools)/ indicators and Create a Technical Assistance plan to support Quality of care activities at partner and facility levels

Methodology

PP Global ARO, developed a draft assessment tool that covered service, advocacy and community assessments - CtG comprehensive document for the QoC framework. Measurement and means of verification of the indicators were also looked at with the team developing means of verification on the specific sub-components within the tool. The tool is filled at the Partner and facility level . The six facilities are part of health facilities supported by all the implementing partners. During the exercise we used the PP Global Quality assessment tool and adopted it for use across all the 80 partners supported facilities in SWK.

Results

All the facilities reported that the tool enabled quick identification of Quality of care gaps/ issues for follow up,All facilities reported that the tool provided avenue for identification of issues to be subjected to Quality improvement cycle matrix within the facilities and functional Quality improvement teams established at the facility level and the tool is being used as the reference tool to provide checklist to identify quality gaps for continuous improvement. However, some challenges were encountered during the pilot exercise and these included issues such as averagely the tool takes about 2 hrs. to administer hence the risk of losing provider concentration is high, Some sections of the tool not realistic to the prevailing circumstances i.e. Facility investment plan especially for MOH facilities hence the need to qualify some of the indicators for assessment in

Health financing pillar.

Conclusions

The tool had direct positive impact on provision of quality Comprehensive Abortion care and Contraception services with significant improvement in quality of care reported within the supported facilities. A strategy for roll out of its use in all the 80 CtG facilities in South West Kenya currently in place.

Recommendations

The tool addresses quality gaps in health systems strengthening across partner supported facilities as it is aligned to the seven pillars of health systems strengthening.The tool can be used effectively during routine support supervision as well as periodic quality assessment for quality improvement in supported facilities across South West Kenya.

Keywords

PP Global,

Quality of Care(QOC),

Quality of care frame work,

Health systems strengthening.

PP Global Quality assessment tool

TITLE: 2ND NATIONAL DIALOGUE ON SEXUALITY EDUCATION IN KENYA; CREATING SYNERGIES FOR A COORDINATED EFFORT TOWARDS HUMAN SEXUALITY EDUCATION

Authors: Owino Helen; Kivuvani Mwikali

Background

In 1994, the global community through the International Conference on Population and Development's (ICPD) Programme of Action established a policy framework and called on governments to provide sexuality education to promote the well-being of adolescents, in response to young people's needs for information and skills to protect their sexual and reproductive health (SRH) and lives. The framework stated that such education should be taught both in schools and at the community level, be age appropriate, begin as early as possible, and foster mature decision making. In 2013, Kenya was among the 20 countries that affirmed East and Southern Africa (ESA) Ministerial Commitment on adolescents and young peoples' sexual and reproductive health issues affecting them. Human Sexuality Education (HSE) underlies all aspects of young people's lives and is core in addressing the health and social challenges they face especially that result in negative sexual reproductive health outcomes. HSE is effective in decreasing HIV risk factors in adolescents and young people, and improving SRH in general by creating demand for SRH services including testing and treatment for HIV and other STIs.

Objectives

Promote sexuality education as integral part of health promotion and as crucial element in supporting the healthy development of young people. Specific objectives; 1. To provide an overview on trends and the current state of human sexuality education in Kenya 2. Identify current challenges related to the implementation of human sexuality education at county and national levels 3. Identify opportunities and provide recommendation for improving access to effective sexuality education to young people

Methodology

The Centre for the Study of Adolescence, Sexual Reproductive Health and Rights Alliance and Right Here Right Now Platform have planned a pre-formed panel to handle different components of the selected topic. The panel will convene diverse stakeholders from key Ministries of Education, Health, Kenya Institute of Curriculum Development, Religious groups and youth champions for an interactive, cross-cutting discussion about opportunities, challenges, and lessons-learned in policy and programing in sexuality education. The panel aims to galvanize action of Reproductive Health Network Kenya conference participants, and encourage them to think creatively and inclusively about concerted efforts towards the realization of access to human sexuality education as a basic right as guaranteed by the Constitution.

Results

Panel session begins with presentations of two study reports on access to human sexuality education through the national school curriculum and perspectives from young people on content, sources and how human sexuality should be provided. This will be followed by a panel discussion by panelists who will talk about their experiences on implementing case study programs, efforts put in place by government at county and national level and by stakeholders in ensuring access to human sexuality education and propose ways to create synergies for a coordinated effort towards human sexuality education in the country. The panelists will also respond to questions from the plenary reactions. This will culminate in adoption of recommendations from the session participants to inform either a joint position paper/declaration/statement that will be part of final conference report and a plan for engagement of stakeholders in promoting access to human sexuality education for young people.

Conclusions

The panel aims to galvanize action of RHNK conference participants, and encourage them to think creatively and inclusively about concerted efforts towards the realization of access to human sexuality education as a basic right as guaranteed by the Constitution.

Recommendations

Key outcomes we hope to achieve include; securing verbal commitments from government and other stakeholders on support for provision of human sexuality education through the national school curriculum and development of an inclusive mechanism for coordination of human sexuality education programs at county, national and regional levels.

Keywords

Human sexuality education

Inclusive coordination mechanism

Commitment from stakeholders

IMPLEMENTATON OF FPCIP FOR IMPROVED ADOLESCENT AND YOUTH SEXUAL REPRODUCTIVE HEALTH A CASE OF NAKURU COUNTY

Author(s) *

JENIFFER WANGUI

Background/significance (150 words) *

In 2012, Kenya committed to provision of affordable sexual reproductive rights, services and information including family planning to women

of reproductive age. Consequently, modern contraceptive preference rates increased from 35.2% in 2012 to 42.7% in 2018. Nakuru County has 1,959,880 residents 62.7% of the population includes youths below 25 years[1]. In 2008, Contraceptive Preference Rates (CPR) improved from 42.4% to 56.8% in 2014. In 2017, Nakuru County launched the first FPCIP. The strategy aimed at ensuring provision of equitable, affordable and high-quality reproductive health services among adolescents and women of reproductive age. It projected that by the 2021, the mCPR would increase from 56.8% in 2017 to 70% by 2021[2]. However, Nakuru is faced with increased teenage pregnancy cases 18.4% in 2017 and adolescents' birth rates estimated at 69 births per 1000 girls. The major causes of the rise in teenage pregnancy in Nakuru include socio-cultural and religious beliefs resulting in early marriages, inadequate health management systems and low investment in adolescents and youth sexual reproductive health (AYSRH), low men involvement and gender based violence.

Objectives *

INCREASED INVESTMENT ON SEXUAL REPRODUCTIVE HEALTH IN NAKURU COUNTY

INCREASED ENGAGEMENT OF YOUTHS ON ADVOCACY FOR INVESTING IN SEXUAL REPRODUCTIVE HEALTH

Methodology/Interventions (100 words) *

The implementation of the FPCIP in Nakuru County requires the county to invest in family planning and AYSRH in the annual budget. The budget line will cater for costs in establishment of youth friendly centers, training of staff, purchase of equipment and supply of commodities while monitoring progress. Interventions include training organized youth groups on budget cycle, FP methods and importance of FPCIP and SMART advocacy by CSOs. Additionally, CSOs to support youth-led engagement with the department of health, treasury, county assembly health committee members on the need for funding AYSRH activities along the budget making process. The department of health must adapt family planning budget line and integrate sexual reproductive health in school health programs.

Results (200 words) *

CSOs train youths as champions of family planning and support them to develop an action plan that highlight advocacy activities to be held with clear targeted decision makers and timelines. Youth champions engage the decision makers along the budget cycle periods and deliver memorandums with ASKs that prioritize increased investment for Family planning. A network of informed youths on budget cycle and SMART advocacy. As a result of youth-led advocacy engagement with the decision makers, Nakuru County invests in family planning budget line and AYSRH activities in the Annual work plan and the annual budget. Increased peer mentorship and awareness creation among youths on family planning services; a health workforce that has YFS skills and that can mobilize youths to access ASYRH services in health facilities. Integration of SRH lessons in the school health programme. Overall result, increased uptake of family planning services and information among adolescents and youths leading to reduced cases of teenage pregnancies; more young girls completing school education.

Conclusions (50 words) *

The implementation of the FPCIP and increased

1 United Nations Population Fund (UNFPA)- http://kenya.unfpa.org/news/counties-highest-burden-maternal-mortality

2 Nakuru County Costed Implementation Plan 2017-2021

investment on FP in Nakuru County require capacity building of youths on budget cycle, budget advocacy and Smart advocacy. Additionally, CSOs should support youth-led effective engagement with policy makers on investing in AYSRH through an FP budget line.

Recommendations (50 words) *

The most cost effective and sustainable actions towards reducing teenage pregnancy in Nakuru should be from a multi-sectorial and coordinated approach. Thus, the department of health, education and social service must work closely to ensure nondiscriminatory provision of age-appropriate and medically accurate services. This is through provision of comprehensive sexual education, youth friendly reproductive health services, provision of information of FP in communities and age appropriate school health programs.

Key Words: youth-led engagement with decision makers; youths understand budget cycle and budget advocacy; increased investment in FP; school health program

TITLE: ADDRESSING INDIVIDUAL AND SOCIETAL BARRIERS TO HEALTH, INFORMATION AND JUSTICE FOR ADOLESCENT GIRLS IN KISUMU AND HOMA BAY COUNTIES, KENYA

Authors: Naomi Monda, Linda Kroeger & Tabitha Saoyo

Background

Kenya and Legal Issues Network on HIV & AIDS (KELIN) is a human rights NGO working to protect and promote health-related human rights in Kenya. We do this by: providing legal services, training professionals on human rights, engaging in advocacy campaigns that promote awareness of human rights issues, conducting research and influencing policy that promotes evidence-based change. Young people aged (15-24) contribute significantly to Kenya's HIV burden at a prevalence of 51% of all new infections with adolescent girls and young women accounting for a disproportionate amount of this burden. The intrinsic connections between HIV and sexual and reproductive health and rights are well established given that HIV is predominantly sexually transmitted. Informed by this, the KELIN is implementing a project: "Facilitating access to sexual and reproductive justice for orphaned and vulnerable adolescent girls", aimed at securing sexual and reproductive justice as an avenue to reduce the HIV prevalence among Adolescent Girls and Young Women (AGYW).

Objectives

To secure sexual and reproductive health justice for orphaned and vulnerable adolescent girls in Homabay and Kisumu Counties

Methodology

The two-year project was structured to address individual and societal barriers of access to health, information and justice through: Increased knowledge and understanding on sexual rights, HIV by AGYW; Addressing structural barriers of access to services and access to justice through engagements with key stakeholders including: elders and widows; the Judiciary and its structures; and policy makers and legislators; and Nurturing AGYW through sports and drama. One of the foundational discussions in this project is "realizing your dreams" and dismantling stereotypes on what spaces AGYW should or ought to belong in.

Results

Most adolescents do not have access to legal services, particularly when sexually violated.

This is either due to lack of knowledge of their rights, the legal process and where they can get services. The project raised awareness on the rights of adolescents and young women to their sexual and reproductive health rights and facilitated access to sexual health and reproductive justice for vulnerable adolescent girls in Kisumu and Homa Bay Counties. Furthermore, KELIN strove to meaningfully involve young people in decision making processes for policies and laws targeted at protecting their human rights. Adequate safe spaces where young people can go to access information and get youth-friendly sexual and reproductive health services are scarce. The project works with other partners to provide social protection programmes and services against stigma and discrimination. There is continuous stigma towards persons living with HIV/AIDS and most especially among young women and adolescent girls. This is propounded by various myths and misconceptions within the communities. These myths and misconceptions were apparent to us as we engaged with the communities through cultural structures in the form of community dialogues with elders' widows, chiefs, police, health care providers and AGYW. Programmatic interventions for HIV fail to explore the intrinsic connection with SRHR leaving a gap in information for AGYW. There has been a cultural inhibition towards SRH discussions. An inquiry into how the adolescents learned about SRH culminated in many saying that they learned it through peers or boyfriends which put them at a higher risk of contracting HIV as many were misinformed. Empowerment of AGYW without cognizance of their societal contexts may not yield intended results because structural and cultural barriers have an overarching impact on their vulnerability to HIV. Most of them are not the decision makers on their respective communities hence without getting the good will of the decision makers the intervention tend to fail.

Conclusions

There is a need to replicate intervention models that seek to address both structural and individual barriers. Interventions solely aimed at addressing the individual needs of AGYW fail to address the societal contexts in which AGYWs come from and the areas of vulnerability that individual empowerment cannot shift.

Recommendations

There is need for HIV interventions to make the link with other holistic interventions including access to justice, legal aid and information on contraception.

TITLE: COMPREHENSIVE SEXUALITY EDUCATION AS A PREVENTIVE INTERVENTION FOR ACTION TO ADDRESS SRHR CHALLENGES AMONG YOUNG PEOPLE IN KENYA

Authors: Njuguna Bruce Kinuthia

Background

Nakuru has the highest number of women who die in a year due to pregnancies complications in Kenya. The County also has early child bearing rates which starts by age 15. There are more teenagers who become first time mothers before completing education. According to Nakuru County health department data, teenage pregnancies in Nakuru rose from 18% to 27% against the nation average of 18%. This is attributed to low access to information on family planning available for them. This is further aggravated by the inadequate youth friendly centers to provide access to sexual reproductive health services and comprehensive information to peers. Sisi is a theater group from FHOK youth center committed to empower young

people with knowledge, skills and values through Comprehensive sexuality education. The topics are acted out inform of skits, music and dance among beneficiaries schools.

Objectives

1. To empower adolescent and young people with skill, knowledge and positive attitude, so as they can make informed decisions, thus, accountable for their actions.
2. To improve adolescents referrals for uptake of SRHR services and counselling.
3. To accelerate achievement of the Sustainable Development Goals 3,4 & 5, through meaningful youth participation.

Methodology

Mapping is done to identify schools withing Nakuru town that are need of CSE intervention. Stakeholders in the proposed schools and are involved to give concent and help in monitoring of the program to be implemented in their schools. Guidance and counseling teachers play a major role of mobilizing and organizing the students for activities. A safe space is created through experiential activities related to the topic of the day to encourage participation and sharing of experiences among participants. A skit is then presented using participatory educative thearter technics to deliver the message of an identified topic. This is then followed up by a question and answer session and referrals for services. Young people who need health services are reffered to Family care clinic and a nearest public health facility that is convenient to them. Follow ups are done in the subsequent sessions, it includes further counseling and coaching.

Results

Results from the evalution forms revealed that the team has inspired many because of the approach that we used. Educative skits and drama suplimented by facilitation worked for the participants, it helped them to reflect and relate with the topics.

The safe space is attained by setting ground rules that will neutralize both the facilitators and the students thus they will be free to share because we are on the same level. The extra time saved after sessions provides an opportunity to interact with the students and mentor them.

When students feel free to share their concerns, it also easy for them to access SRHR services when they need them, We provide referrals for them to go and access those services. This has seen an increase in the number of young people accessing services such as HIV testing and coubnselling and STI screening.

Conclusions

Adolescents and young people have a right to access to information and SRHR services on demand. Effective and innovative strategies to be adopted to take the message home while breaking barriers such as gender, social status and sexual orientation. Comprehensive sexuality education should empower skills, knowledge and positive attitude on SRHR, it is impotant since the young are the ones who are to achieve sustainable development goals.

Recommendations

Comprehensive sexuality eduaction should continue to be taught to adolescents as a preventive action for sexuality problems among adolescents and young people. Effective methods of information delivery should also be adopted to achieve expected outcomes. More capacity building is needed for diverse groups of people that deal with adolescents to accelerate access to information and SRHR services as per the Adolescent Sexual Reproductive Health and Rights (ASRHR) policy 2015.

Keywords
Comprehesive Sexuality Eduxcation (CSE), Adolescent Sexual Reproductive Health and Rights (ASRHR), Family Health Options Kenya (FHOK), Safe space, Meaningful Youth Participation (MYP), Sustainable Development Goals.

TITLE: INVEST IN THEM, IMPROVE THE SOCIETY

Authors: Oliver Wanyama

Background

Over the past years, the adolescence age group has been named trouble makers in the society. Since they are always very energetic and if left idle could be disastrous. Majority of the youth become sexually active due to peer pressure, media influence and idle experimental minds. According to data from FHOK clinic Malindi, most of them become sexually active at 14 years, when a good fraction of them do not know about prevention of pregnancy or STIs. During the "In Their Hands" project that was tailored for girls' age between 15 to 19 years, I discovered the girls were very active and willing to participate in all activities according the set curriculum "Journey 4 Life". The project aim to training the girls on informed decision making also provided free Family planning services. The curriculum comprised of activities that kept them active although the training. I enjoyed every bit on the training

Objectives

I wanted to know what possible ways can be used to help reduce the rate of early pregnancy in the community. I would like to hold safe space for the youth and adolescents to learn SRHR issues. I would like to help discover and nurture talents of the youth and adolescent into productive careers. I would like to reduce the time wasted idling or in evil plans. I would like to keep the busy meaningfully as to enhance security and promote personal development.

Methodology

Through question and answer method, in order to establish the general understanding of Sexual Reproductive health in the target youth and adolescents. By use of one on one session with individual youth and adolescents to create a rapport with me that in turn generate trust hence easy for them to open up and explain their plight in the community. Through outreaches where you mobilize the youth and adolescents to take part in community activities. Organizing talent shows and exhibitions that seek to display the diverse talents and abilities in the target community. Establishment of talent centres for them in the target community.

Results

During the implementation of the recent project ITH, the Journey for Life (J4L), I discover that most of the girls like to participate in most activities. When called upon for demonstration, they were very ready. Whenever I requested for talent, most could boldly see their talent also, show their potential. I asked what they would like l, most wanted to nurture their talents into career. Others would like their talents to open doors for better opportunities. With the right mentorship, they can grow into independent and productive members of the community. If kept busy, the youths and adolescent will be less harmful and more productive. Through the training and interactions I was able to refer a good number of them for counseling and family planning service. These also helped me to iron out gender issues among them. This also provided space to correct

myth and misconceptions around STIs, gender and contraceptives among the youth and adolescents. Since their explorative energy is under utilization, they had no time to idle. Most of their energy is on a productive course hence less friction with the law. If well mentored and proper investment in the youth and adolescent, the community is remarkably safe.

Conclusions

If at adolescence talents are nurtured, they can achieve their full potential while still young. This will translate to long career period to generate revenue for the country and income for them, nurture and mentor others on the same path. This ensures maximum utilization of potential, less wastage of time and economic boost.

Recommendations

I call upon the government, county government and the responsible authorities and organizations to support the adolescence into productive citizens who understand and can direct the course of the lives purposefully. This can be done by identification, proper investment and mentoring of talents and abilities. We can reduce much on early pregnancies, spread of STIs among other vices by investing in their idle energy.

Keywords

Implement- to facilitate and hold space for learning
Participate- play a steering roll in the training or activity
FHOK- Family Health Options Kenya
J4L – Journey for Life
ITH- In Their Hand
Curriculum- a time based routine for running certain activities or sessions.

TITLE: STRENGTHENING ADVOCACY LEADERSHIP FOR YOUTH FOCUSED CIVIL SOCIETY ORGANIZATIONS IN KENYA, THE CASE OF SAFE COMMUNITY YOUTH INITIATIVE AND DECLARES INSPIRATIONAL GROUP IN KILIFI AND WEST POKOT

Author: Sammy Chale

Background

Kenya has a huge population of close to 70% being young people whom most are in organised groups, clubs and Youth empowerment centres however they have very weak organisational systems and capacities to support sexual reproductive health and Family planning advocacy in the country.

DSW implements the Strengthening Local Advocacy Leadership project in East Africa which focusses on enabling youth-focused Civil Society Organizations (CSOs) in Kilifi and West Pokot counties in Kenya to implement effective and well - coordinated FPRH advocacy.

Methodology

DSW conducted a *capacity assessment* for six (6) selected youth focused CSOs namely Safe Community Youth Initiative, and Declares Inspirational group in West Pokot County.

DSW Capacity development model involves three key strategies;

i. Training,
ii. Mentorship and
iii. Sub granting

Training

DSW designed a *training module* for capacity development covering Family Planning and

Reproductive Health basics, Global and National FP commitments, National Policy Making Process, Advocacy strategy development , Media Engagement, Resource Mobilisation and Organisational development.

Mentorship and Sub granting

Sub Granting- Two sub grantees selected; Safe Community Youth initiative in Kilifi and Declares Inspirational group in West Pokot out of six youth organisations.

Mentorship – A 24-months of in-depth-process guided by the *Mentorship guide* developed under SLALE. *Capacity Assessment* gave priorities for mentorship under the *capacity development pan* which include advocacy; project management, Resource Management, organisational development, financial management skills, communication.

Results

i. Youth-focused CSOs in West Pokot and Kilifi County are enabled to implement effective and coordinated FPRH advocacy.

- 20 instances of decision-makers demonstrating uptake of advocacy messages from youth- focused CSOs on FPRH

ii. Strengthened advocacy capacity of 6 youth focused CSOs

- In strategy and advocacy knowledge and skills of youth-focused CSOs as a result of training and support

iii. Strengthened leadership of sub-grantees in locally owned and coordinated advocacy on FPRH through increased partnerships, linkage to decision makers and linkage to global/regional advocacy opportunities.

Conclusions

- Youth form 70% of Kenyans population with a lot of groups, clubs, YECs in which when invested in through this model then adolescent health issues will be advocated

- Sustainability and dynamism in Youth CSO can be well dealt with through capacity model to enhance them conduct FP and SRH work.

TITLE: USING YOUNG PEOPLE AS A TRANSFORMATIVE SHIFT TOWARDS IMPROVING HEALTH

Authors: Samson Kalume Baya

Background

Kilifi county has a staling problem with teenage pregnancy (Kilifi county survey, 2018). A clear indication that young adolescents are having unprotected sex resulting to early pregnancies, sexually transmitted infections.This has resulted to greater negative impacts on the youths that are found victims of the act including death, school dropout and stigmatization. Limited education and responsibility of caring among young mothers and the affected youths reduces girls' chances to access paid employment, compelling a cycle of poverty for the youths yet the youth have not yet gone out to reclaim their sexual rights. It has been a great challenge in addressing these problems because youths are not willing to join the health advocacy groups due to community norms and religious practices. This research seeks to understand the reasons as to why youth are failing to join the advocate team and demand for their health rights.

Objectives

1. To gain deeper understanding of knowledge, attitudes, beliefs and practices relating to the usage of contraceptives through quality research in communities in Malindi
2. To design, implement and a evaluate integrated community based strategy to address intricate health education and Live hood issues associated with teenage pregnancy
3. To facilitate access to confidential and youth friendly services at community level

Methodology

The study targeted representatives from the community, direct beneficiary, education provider and heath provider 1.Teenage girls with children (13-19) 2.Teenage boys (1319) 3.young mothers (13-19) 4.STI affected young adolescent both boys and girls (1319) 5 .community members 6.SRHR clinics Focus group Teenage mothers -questioner Affected young adolescent on STI-questioners Community members Key informant
Interview with young mothers Interview with STI affected youths SRH clinic interviews

Results

More youth from the communities are finding it difficult to go outside and be ambassadors of SRHR due to the fear of exclusion and stigmatization from parents and friends. Majority of the community members do not freely discuss with young people issues related to SRH reasons being that it is cultural inappropriate and the community members are lacking the knowledge themselves to initiate any discussions on issues of SRH. Gender norms and behavior can have a significant impact on teenage sexual activities, particularly if one gender is in position of subordination the choice on sex may not be their own to make.

Conclusions

SHRH is a right for young people regardless of their age, race, sexuality social and economic status. Everyone need to know that young people are an opportunity and a resource that must be harnessed to create a transformative shift towards improving health, gender and economic outcomes, with adequate investments young people can help to address major local, National and International health challenges. It is important for organizations with partnership with the government to continue supporting the work of young people and help strengthen their capacity.

Recommendations

1 .Schools should have SRHR topic in the guidance and counseling department.
2. More outreaches to be harnessed within the community for effective advocacy on SRHR
3. Home trainings for parents and guardians on SRHR should be initiated.
4. Youths should be supported to be good advocates of SRHR through provision of community
Sexual Reproductive Education (CSRE) materials and trainings

TITLE: GIRLS VOICES INITIATIVE IN KAJIADO COUNTY

Authors: Vilmer Nyamongo

Background

In Kenya, girls are disproportionately affected by harmful cultural practices, such as child marriage and Female Genital Mutilation (FGM). FGM is prevalent in Kajiado County with 46% of girls aged 15-19 years reporting that they have undergone FGM. This is four times higher than the national level (11.4%)

(KDHS,2014). FGM is closely tied to child marriage, teenage pregnancies, and high dropout rates for girls in schools in Kenya. It is estimated that Sexual Reproductive Health (SRH) education and services, addressing cultural and traditional barriers, promoting gender transformative thinking and engagement of men and boys will significantly improve adolescent girl's welfare. However, whereas these interventions are directed at adolescent girls and leaders in their communities, they do not create a broad based network of girls and younger women who can create national girl champions in Kenya. The Centre for the Study of Adolescence (CSA) funded by Public Health Institute has therefore been implementing a program dedicated to girls' empowerment and voice, known as Girls Voices Initiative (GVI).

Objectives

1. Increase the capacity of girl leaders to engage decision-makers on issues impacting girls' education.
2. Strengthen county level engagement between the girl leaders, teacher allies, community gate keepers and government officials to improve girls' rights in Kajiado West Sub County.

Methodology

CSA equipped girls who have gone through Sexuality education with additional skills in public speaking and decision-maker education. CSA conducted two simultaneous five-day workshops for 20 teacher allies and 48 girl leaders from Kajiado West Sub County. The training assisted girls to identify the issues that affect them in their community and guided them to plan how to approach decision-makers to make positive change in their lives and the lives of other girls. Teachers learned to become mentors and champions for the girls. CSA then created spaces in policy forums e.g. meeting with Kajiado Members of County Assembly (MCAs), Ministry of Health and Ministry of Education technical meeting etc. for these girls to amplify their voices and speak out against injustices towards the girl child in their communities.

Results

The GVI girls mobilized 240 additional girls in Kajiado West Sub County schools on FGM, child marriage, advocacy and girls' rights. Together, these girls and the GVI girls helped mobilize support for girls' rights within their schools, calling for support from the school chairmen, teachers and boys. The girls have also signed agreements with the chiefs within their communities committing to stop FGM within the community. In addition, three of the GVI girl leaders were invited to join a meeting with the Members of County Assembly (MCA) from Kajiado County organized by the Yes I do Alliance (YIDA), a partnership of organizations including CSA, Plan International Kenya, AMREF Health Africa, Network of Adolescent and Youth of Africa (NAYA) and Ujamaa Africa. The girls' advocacy contributed to the MCAs committing to domesticate the FGM Act and the signing of the Kajiado accord, which commits to: Increasing the percentage of healthcare facilities providing comprehensive adolescent and youth friendly services; Increasing the budgetary allocation for SRHR services to youth and adolescents and increasing the budget for girls education and bursaries. Finally, the MCAs also committed to continue discussions with the girl leaders and other girls in the community to create

more effective and holistic solutions to improve girls' lives and protect their rights in the community.

Conclusions

These advocacy successes from the girl leaders have the potential to improve the lives of over 150,000 adolescent girls across Kajiado West Sub County by protecting their sexual and reproductive health rights and their rights to education.

Recommendations

Creating a broad based network of girls champions and empowering and supporting them to amplify their voices and advocate for their rights ensures that the decision makers listen and act.

TITLE: MEN BREAKING BARRIERS ON STIGMA OF MENSTRUATION WHILE PROMOTING LEGAL FRAMEWORKS AMONG ADOLESCENT GIRLS.- THE CASE OF ADOLESCENT GIRLS ON TRANSFORMATIVE ADVOCACY (AGOTA) PROJECT IMPLEMENTED BY STRETCHERS YOUTH ORGANIZATION (SYO) IN MOMBASA COUNTY, KENYA.

Authors: James Atito, Rebecca Achieng, Evans Ouma, Dickson Okongo

Background

Menstrual hygiene is a necessity for every girl in puberty. However, some girls are unable to access them due to ignorance from the parents especially fathers and poverty.65% of adolescent girls and young women in Kenya are unable to afford the sanitary towels according to Menstrual Health in Kenya | Country Landscape Analysis. Majority use the rags, mattresses, cotton etc bringing painful, rashes and infections. Some girls miss classes every month, limiting their performance and missing other useful engagements. These challenges push girls to unprotected sex to get sanitary towels putting them at risk of STIs, HIV or unintended-pregnancy, even both. With these challenges, girls have remained soft target for sexual gender based violence, limiting their ability to compete with men in political, social and economic opportunities in society.

Objectives

To promote legal and policy frameworks that empowers girls and advance their sexual reproductive health and rights while accelerating men involvement in breaking the barrier on stigma of menstruation among adolescent girls in Mombasa, Kenya.

Methodology

SYO through AGoTA project in Mombasa County used holistic and multi-faceted approach to handle young people. 35 youths (20females&15males) were trained on peer education,lifeskills,Sexual reproductive health right (SRHR) advocacy and menstrial hygiene management. Champions acquired knowledge and skills to engage policy makers in consultative forums. Male champions conducted door-to-door campaigns, sensitizing men on the need to support adolescent girls in menstrual hygiene managemet by providing quality sanitary towels, lifeskill empowerment, clean water,soap and alternative absorbent materials like menstrual cups in poverty stricken settings without sexual exploitation. 20 female champions were given a pair menstrual cups as alternative to sanitary pads.

Results

Through focus group discussions, mentorship and

girl's forum 1356 girls & 1032 boys aged 15-24 years and 750 fathers were reached within Mombasa from May 2018-February 2019 with information on menstrual hygiene management;among them importance of menstrual cups as alternative to sanitary pads and life skills. Parent's -girl's communication has been adopted by more family heads especially fathers in order to break the communication barriers often experienced especially on matters of menstruation and sexuality among adolescent girls. At least 50 men report to our office monthly with packs of quality sanitary pads to support vulnerable adolescent girls in our community. Men involvement among them clerics has made it easy to continue with conversation on menstrual hygiene management and sexuality despite the community being Islam dominated with strict religious beliefs. Menstrual cups are user friendly, economical and environmental friendly as expressed by our 20 girls from low income households who are using them. From the consultative forums, girls drafted action points and memorandums that were submitted to county executive committee member of health and chair of county assembly. These influenced the formulation of Mombasa county adolescent and young people strategy on SRH& HIV 2018-23.

Conclusions

Active men involvement in menstrual hygiene management is key to ensuring girls need are responedto.Sensitizingtheparentsandcommunities in supporting their girls during menstruation reduces stigma. Male sensitization enables fathers to take charge of their responsibilities. Meaningful youth engagement improves responsiveness in formulation and implementation of policies.

Recommendations

Actors therefore need to:

use menstrual health education and awareness curriculum to help shift gender norms improving gender equity.

Leverage on free/highly-subsidized pad programs to educate girls and women about power dynamics in intimate relationships.

Integrate menstruation into existing community-led total sanitation efforts to shift community attitudes and practices.

Keywords

Men-involvement, menstruation, adolecent girls, policy frameworks

TITLE: THE RIGHT TO CHOOSE MENSTRUAL MANAGEMENT OPTIONS

Authors: Jedidah Lemaron

Background

In 2015, A documentary "period of shame' was aired, depicting the troubles girls have to go through to manage their periods. The news shook the nation; many organization came to the rise to distribute sanitary towels to girls in school. According to a UNICEF report 1 of 10 girls in sub Saharan Africa miss 5 days of school every month due to lack of sanitary towels to manage their periods. In Kenya 2 of 3 girls cannot regularly afford menstrual products to manage their period. As a result they use homemade materials like cloths and rags, which are ineffective and can lead to infections. Globally, menstrual hygiene management has gained momentum with all sorts of innovation around menstrual products hitting the market. We now have the reusable sanitary pads, menstrual pants and the menstrual cups supplementing the disposables. However, high costs and distribution challenges limit the accessibility of menstrual products to the majority of low-income girls and women, especially in rural areas. There is an

increase in low-cost sanitary pad enterprises but their reach is still limited. It is in this breath that charities, individual and well-wishers have taken the liberty of donate to schools and supplying them with menstrual products. Kenya achieved middle-income status and is now the 9th largest economy in Africa. Increasing governmental intentionality and action on gender inequity is further contributing to improved opportunities and outcomes for girls and women. This paper informs on the rights of girls especially on menstrual management options

Objectives

This study sought to understand;

i. Girls experience with sanitary materials (both reusable and none reusable)
ii. Girls preferred choice of sanitary materials and what influences their choice
iii. Opportunities for research, advocacy and programming to better address these needs

Methodology

This paper is the result of a review of over 20 peer-reviewed articles and grey literature. It was also informed by 30 interviews of adolescent girls from Tala in Machakos County, Ntulele in Narok County and Majengo slums in Kajiado Town in the following categories: (1) early post-menarche 0 to 1 year post-menarche, (2) post-menarche 1 to 3 years post-menarche, and (3) late post-menarche 3+ years post-menarche up to 18 years old. Interviews were also conducted with 20 influencers including teachers, mothers' sisters, and service providers. The regions were selected based on urban setting and rural setting for contrast.

Results

Menstrual Hygiene Management (MHM) is still under-prioritized given significant gaps in access to menstrual products and sanitation facilities in rural, low-income settings. Girls' ability to manage their menstruation is influenced by broader gender inequities across Kenya and can be hindered by the presence of discriminatory social norms. Girls in the first 2 categories reported to having not known their menstrual choices at menarche and the most available choice was 'always' referring to disposable pads. Due to lack of money to access sanitary towels the girls used pieces of clothes and saved pads for special occasions that they must attend. Most girls reported to have accessed menstrual products from well wishers/ organizations visiting their schools. They had little to no knowledge of the different types of products even though they had seen them in the past. The girls had been offered the information mostly on reusable products but the girls reported that it was either against their culture or faith. i.e they cannot touch or pour their menstrual blood. Others could not burn the blood and also could not dry the pads in the open. The girls had fear in regards to disposable products as champions of reusable products had warned them that the products might cause harm to their reproductive health including cervical cancer. Teachers and mothers expressed their worries that the menstrual cup will break the hymen of the girls taking away their virginity. They also feared that they might lead to promiscuous behaviours. Some mothers liked the menstrual pads as one pack was enough for all her 4 daughters as they would share cutting down the cost of buying disposable pads. There was a clear sense of competition between suppliers of disposable and reusable menstrual products each trying to market their products all giving reasons why their product is better than the other. They argue that their donations to the girls is to ensure that girls do not miss days of school due to menstruation.

Conclusions

The lack of access to appropriate and/or menstrual

product of choice and information about how to use them comfortably is a manifestation of a broader issue- girls rights. Particularly the rights of those living in poverty are not part of the global agenda as a result, girls are forced to use improvised materials in shame and secrecy and end up missing school days and withdraw from the social life.

Recommendations

While we feel very philanthropic and want to champion humanitarian causes, we should realize that though some girls are needy and vulnerable they too have the right of choice. In solidarity with the SHE DECIDES manifesto a girl has the right to decide what happens to her body including the Menstrual products she wishes to put on to maintain her periods. Lets the girls menstruate with dignity they deserve. #MENSTRUATIONMATTERS

Keywords

Menstruation, Menstrual products, Choice.

TITLE: INTEGRATION OF MENSTRUAL HEALTH IN SRHR FOR HOLISTIC WOMEN NEEDS; AN INITIATIVE OF YOUNG PEOPLE.

Authors: Olivia Otieno,Faith Abala and Immaculate Oliech

Background

Menstrual health has been neglected for a long time not just by the society but also by the different organizations working under sexual reproductive health and rights of women and girls, yet it is one of those signs of reproductive maturation in girls. Civil Society Organizations continually talk about SRHR challenges like issues of family planning, unintended pregnancies, sexually transmitted infections that may increase susceptibility to HIV /AIDs but not menstrual health, yet menstruation comes before all these. When girls are not able to afford sanitary material or menstrual products then they resort to commercialization of sex which is a risky behavior and mostly leads to unintended pregnancies and even HIV/AIDS infections, since they are not in positions to negotiate for safe sex. Poor menstrual hygiene can result to reproductive tract infections that also put girls and women at a high risk of getting HIV infections.

Objectives

To integrate menstrual health into SRHR for holistic women needs.

Methodology

Young people through *"Empower Her initiative*" conducted community dialogues on sexual reproductive health with all members of the community; parents, teachers and young girls in Siaya county. These dialogues were used to introduce discussions on menstrual hygiene as an essential part of girls' reproductive health. Joint collaboration with Siaya county ministry of health and reproductive health partners was sought to provide free menstrual hygiene products; sanitary pads to girls in rural areas who cannot afford them. Joint advocacy was conducted with tailored messages and materials on menstrual health for girls and women with disabilities to meet their menstrual health needs.

Results

This intervention led to Increased community awareness and open conversations on menstrual

hygiene and menstrual health issues. Young girls of reproductive age became more aware and understanding of their bodies and the linkage between menstrual hygiene and SRHR challenges as well as poor Sexual Reproductive Health outcomes. Increased distribution of sanitary towels among young girls in rural areas and continued conversations on integration of menstrual health issues in universal health care in Siaya County.

Conclusions

When we talk about reproductive health of women and girls, menstrual hygiene should be included and taken into account since it is the beginning of all reproductive processes and therefore has direct correlation to other sexual and reproductive health challenges affecting young women and girls like early marriages and unintended pregnancies.

Recommendations (50 words)

There should be joint collaborations between Civil society Organizations working on sexual reproductive health and rights of women with the government to ensure integration of menstrual hygiene management in their programs and even in the health policy documents since it is an essential component of reproductive health of women and girls.

Keywords

- Menstrual Hygiene Management
- Reproductive maturation
- Sanitary towel
- policy documents
- Intergration
- Collaboration

TITLE: THE CENTRALITY OF POLICY FRAMEWORKS GUIDING QUALITY AND COVERAGE OF ADOLESCENTS AND YOUTH FRIENDLY SERVICES

Authors: Abdalla David Ong'owo and Nelson Onyimbi

Background

Addressing adolescent's needs is a challenge that goes beyond the role of health services alone and requires policy and legal framework, safety of communities, and opportunities for education and recreation that are key to adolescent development. The stigma attached to adolescent sexuality has raised opposition to youth access to Sexual Reproductive Health information and services for fear of promoting promiscuity among them. For that reason, there have been efforts by policymakers in designing and passing Bills, providing lawful protection to relevant SRH providers and advocates. If adolescents do not find services relevant and attractive, they are likely to rely on resources outside the formal health service provision system, like traditional remedies of contraception, clandestine abortion, or over the counter drugs. To address these issues, multiple specialized adolescent-friendly approaches have been developed, and are being implemented, with the view of providing adolescents with high quality, medically sound and safe services.

Objectives

1. To evaluate the approaches that constitutes the policy framework structure for youth-friendly health services.
2. To disseminate existing adolescent-friendly policies and guidelines for achievement of high

quality youth friendly services.

Methodology

Policy frameworks in youth friendly services have existed in health spheres for some time now, and political will has been able to develop constitutional clauses that purpose to reap the most out of the health sector for adolescents and youth. Earlier studies indicate that there exists a significant moderate positive correlation between policy factors and effectiveness of YFCs (Spearman's rho(r) =0.596 p=0.019, CL=95%); among others (Onyando, O.J. (2018) "Factors Influencing Effectiveness of Youth Friendly Centers in Kenya: A Case of Kisumu County." On this basis, broadcasting and bettering these policies through advocacy best fits as the way forward.

Results

In a joint effort to enhance the quality and the uptake in relation to coverage of adolescent and youth friendly centers, NAYA Kenya has, over the recent past, invested heavily in capacity building of key policy-makers in the health departments. In this line, the South-Western Kenya Inter-County SRHR MCA Champions Network was launched in April 2016 at Tourist Hotel in Homabay as a policy advocacy strategy pooling together Members of Kisumu, Homabay, Migori, Kisii and Siaya County Assemblies, county clerks, young people and civil society organizations to maximize on the political influence of the county assemblies for health policies to deliver adequate ASRH deliverables. The innumerable successes of the same have been documented, disseminated in newsletters and articles on the national dailies, with key benefits of the policy advocacy strategy being the development of the Community Health Volunteer Act to Bills, enabling Community Health Volunteers receive stipends, resulting to a direct positive impact on the adolescent and youth health indicators, hands-on involvement of adolescents and youth alongside political SRHR champions in Public-Participation and Meaningful Youth Participation to develop favorable health policies, e.g. Kisumu County Adolescent and Young People Health Policy and establishment of a number of youth friendly centers in various sub-counties.

Conclusions

Under the devolved government, legislative tasks are aided by Members of the County Assemblies, and these legislative roles include making and influencing policies. Keeping in mind the significant moderate positive correlation between policy factors and effectiveness of YFCs highlighted above, all efforts towards health without policy influencing/advocacy remain conceited.

Recommendations

Individuals/organizations in the field of adolescent and youth friendly services can't optimally work without political will. The purpose of this best-practice abstract calls upon recognition of the political authority in order to manipulate policies to favor the friendliness of these services and ultimately the best in their quality and coverage.

Keywords

Policy, Framework, Influence, Correlation, Political Will, Advocacy, Best Practice, Adolescent and Youth Friendly Services.

TITLE: USING ADVOCACY TO PROMOTE ACCESS TO YOUTH FRIENDLY SERVICES

Authors: Betty Ndawa Mtuweta

Background

Lack of Youth Friendly Services/Centers has contributed to poor Adolescents and Young People Sexual Reproductive Health indicators in Kilifi County. Inadequate knowledge and information on AYPSRH, poor access to AYPSRH services among youth have been occasioned by high unmet needs for contraception. The county population is estimated to be 1,498,647 in 2018 as projected from the Kenya Population& Housing Census of 2009 with a youth population of 19.7% (10-24yrs). The county is also experiencing rapid population growth at 3.05% due to high fertility rate which stands at 5.1% compared to the National rate of 3.9%. Teen pregnancy is high at 22% (KDHS 2014) in comparison to the National average of 18%(KDHS 2014). The contraceptive prevalence rate is low at 34.1%(KDHS 2014) in Kilifi thus implying a low utilization of family planning services among adolescents and young people.

Objectives

- To strengthen partnership for Youth Friendly Services advocacy in Kilifi County by Jan 2021.
- To increase media support for Youth Friendly Services advocacy in Kilifi County by Jan 2021.
- To leverage on advocacy moments for implementation of the Kilifi County Family Planning Costed Implementation Plan 2017-2021 by Jan 2021.

Methodology

Meeting with Key Influencers and policymakers to accelerate the implementation of the Kilifi Family Planning Costed Implementation Plan 2017-2021. Engage in radio/TV talks with youth, key influencers and decision makers to deliberate on how important YFS is to positively improve AYSRH indicators. SCYI will be leveraging on advocacy moments by supporting youth attend the World Contraceptive Day and World Population Day. These are platforms to pull decision makers to make commitments towards the establishment of YFCs. We shall portray AYSRH messages for YFS advocacy and submit memos to influence policymakers to the implementation of the Kilifi County FP CIP2017-2021.

Results

Strengthened partnership for youth-friendly services advocacy through meetings with Key Influencers and policymakers. Increased media support for youth-friendly services advocacy by conducting tv and radio talk shows and twitter and face book storms while engaging the youth, key influencers and decision makers Leveraged advocacy moments by supporting youth to attend the (World Contraceptive Day, World Population Day).

Conclusions

To address challenges of poor meaningful youth engagement, policy makers ought to meaningfully engage youth in policy development processes and decision making. Policy makers can tap into social media sites to attract more youth to get involved in policy development processes and decision making.

Recommendations

Organizations and policy makers should establish creative ways to reach out to youth and adolescents to be meaningfully engaged in policy development and decision making.

Keywords Youth friendly services , adolscents and young people sexual reproductive health

Title: Utilization of YFS among the youths/ adolescents

Authors: Beverlyn Anyango Polet/Jane Immaculate Ademba

Background

Background Globally, there are 1.8 billion young people aged 10 to 24 years with over 80% unmet reproductive health needs in rural areas(KDHS, 2014). In sub-Saharan Africa, sexual and reproductive health needs among the youth remain a challenge (WHO, 2014). Young people in sub Saharan Africa are more at risk of experiencing sexual and reproductive health problems more than other youth from around the world. These challenges include Teenage Pregnancy, early marriages, sexually transmitted infections including HIV/AIDS and unsafe abortions (Pathfinder International, 2010). Unsafe abortions account for 6 percent of all maternal mortality Worldwide. In Latin America, Abortion among the youth account for over 40 percent, over 85 percent occur in developing countries. These cause high emotional, social, physical and economic consequences that are lasting and devastating. Young people therefore, have a lot of unmet needs that require to be addressed (Godia, P 2010). In Kenya, statistics from Kenya National Bureau of Statistics (2010) report reveal that thirty-six percent of the total population is made up by youth. In pursuit of reproductive health Agenda which was deliberated in International Conference on Population and Development (ICPD) 1994, with an aim to redouble efforts to promote development through strengthening reproductive health and rights of the youth (KNBS, 2010). The government adopted the National Reproductive health strategy for Kenya (1997-2010) which identified health services to cater for the unmet reproductive health needs for the youth. In 2010, ministry of health approved the country's National reproductive health policy to provide a framework for equitable, effective and efficient delivery of youth friendly reproductive health services to the vulnerable groups of youth (MOH, 2014) Youth friendly reproductive health services should be made available, accessible, acceptable and affordable to young people in order to use them to prevent teenage pregnancy. In Kakamega county, the services are offered in health institution within various counties. When the services are well utilized by the youth, this will reduce preventable complications arising from sexual and productive health issues.

Objectives

• The main objective of the study was to assess utilization of youth friendly reproductive health services in Kakamega County, Kenya.

• To Establish awareness of the youth on youth friendly reproductive health services among the Youth in Kakamega county, Kenya.

• To Examine the practice of youth on youth friendly reproductive health friendly services among the youth in Kakamega county, Kenya.

• To Evaluate the health care system factors that influence utilization of YFRH Services in Kakamega County, Kenya.

Methodology

Study Design The study adopted analytical cross-sectional design where data was collected at one point in time within Health Institutions, schools and Higher learning institutions under study and relationship between variables established. Study Population The target population was all youth between the ages of 10-24 years who were in schools/colleges at the time of the study. Systematic random sampling technique was used to select respondents to participate in the study. School/College admission register was used at the registry department to select the respondents after calculating the Kth value. Systematic random

sampling technique was used to select respondents to participate in the study. The sample size was determined thus from the sample size calculation shown. The sampling interval was calculated by dividing the total population by population of the youth 10-24 years thus, 183,977/53,955=3.465. Kth value therefore was 3rd. The sampling interval (kith value) was every 3rd youth was selected for the study. The researcher then blindly selected from the list made of random numbers, the starting point. Because this number was between 0-3 as the Kith value thus 3 then the researcher had to consider the last digit or first digit of random number selected from the list. The researcher then started with the random selected number for example it was 3rd and then picked every 3rd youth.Next was the 6th as it continued. This process continued until the required sample size of 423 was achieved.

Results

Socio-Demographic Factors and the Frequency of Utilization of YFRHS . Females used the services 2.70 times more than males ($p<0.001$). Those in secondary schools and colleges used the services 1.84 times more than those in primary school. p value (0.031) < 0.05. Respondents from boarding schools used the services 2.30 times less frequently than those in day school. respondents from employed parents background used the services 2.04 times less than those from unemployed parent background. p value (0.008). Source of information about YFRHS most of respondents heard the information about YFRHS through their friends (56.1%) parents (27.1%) and teacher (16.8%). Majority of the respondents knew that VCT services were the only services being provided (43.7%). Followed by Family Planning services (36.7%), post abortal care (16.2%) and finally antenatal services (3.4%). majority of the youth had at least utilized YFRHS (61.5%) and only (38.5%) had not utilized the services in the past 1 year. only a few (4.4%) used post abortion care services. Those who used YFRH services majority (36.2%) intended to use several times and had a desire to continue using the services (64.7%). A few (35.3%) didn't intend to continue using the services and the main reason was that religion could not allow (43.0%), side effects (22%), lack of confidentiality (9%), feared their parents (3.0%), culture couldn't allow (18%) and stigma of using the services (5%). Reasons the respondent gave for discontinuation of usage of YFRHS Most of the respondents (43.0%) indicated that they will not continue to use the services because their religion cannot allow them to use the services. Others (22.0%) feared the side effects, some culture couldn't allow (18.0%), there was also lack of confidentiality (9.0%) stigma of using the services (5.0%) and a few of the respondents feared their parents /guardians (3.0%).

Conclusions

Demographic characteristics play a significant role in utilization of the YFRHS. Despite good knowledge, utilization of services is still low as the youth miss services due to inconsistent services in health facilities thus YFS should be conducive in terms of availability, affordability and accessibility in order to reduce unwanted pregnancy that lead to unsafe abortion

Recommendations

Strengthen YFS clinics in terms of hours of operation, service provider, supplies,privacy and confidentiality Active sensitization of the youth in schools, colleges on YFS through school curriculum, parental involvement Await mobile outreach YFRHS to reach the youth to expand accessibility of the service

TITLE: YOUTH PEER PROVIDERS: THE MISSING LINK IN COMPREHENSIVE ABORTION CARE SERVICES IN KENYA

Authors: Caroline Nyandat , Monica Oguttu, Cindy Aketch & Javan Ogoch

Background

Adolescents and young people below the age 24 years and below constitute 66% of the total population in Kenya. Adolescents 24 years and below on the other hand make up 24% of the country's total population (9.2 million). Nonetheless, they experience some of the poorest reproductive health outcomes in the country. The health care delivery system acts as a barrier in limiting young people accessing Sexual Reproductive Health And Rights services, with only 12% of the current SRHR services being labelled as "youth friendly". Kisumu Medical and Education Trust implemented a (SRHR) project in Kisumu, Siaya and Migori counties with the goal to increase awareness of, access to and use of quality Comprehensive Abortion Care (CAC) services in high need communities. The project worked with 22 youth friendly facilities, 66 service providers trained on CAC and Youth Friendly service (YFS|) provision, 44 Youth Peer Providers (YPP) trained on community-based YFS and CAC messaging.

Objectives

- Providing an enabling environment for provision of Comprehensive Abortion Care (CAC) services through integration in clinic setting.
- Advocating for expansion of access to comprehensive abortion care services and information among adolescents and young people ages 10 to 24 years

Methodology

Young volunteers were identified and recommended to KMET by the Community Health Assistants. KMET oriented the recommended group on the objectives, requirements and expectations and selected a final group as Youth Peer Providers (YPPs). The YPPs were trained on CAC messaging and skills for reaching peers using the harm reduction model. A support system was put in place to continuously build their knowledge and a formal referral system established and the YPPs linked to facilities for referrals. KMET upgraded the youth friendly sites and trained service providers to be friendlier and provide quality CAC services and provided mentorship and support supervision.

Results

A total of 9,227 adolescents and young women in the 3 counties were provided with CAC services by from 2015 to 2017. Out of these, 54% (4,977) of beneficiaries received safe abortion service while 15 % (1348) received post abortion care services. Young people use public forums, the Twak platform, and the toll-free line as safe space for discussions around sexual reproductive health especially getting facts on abortion care. The platforms provided opportunity for experience sharing and refferals for young people and 18,009 beneficiaries were reached with information on CAC and 574 were referred for CAC services at the 22 facilities.

Conclusions

There is need to consider youth peer providers as they can convey of CAC messages, improve youth to youth engagement and access of youth friendly health services especially CAC services.

Recommendations

There is need for involvement of young people in planning, implementation and use of innovative

youth-friendly avenues for passing information as it increases young people's access to correct SRH information and services. Ministry of Health engagement in planning and implementation is key in program ownership and sustainability of the intervention.

Keywords
Comprehensive Abortion Care, Sexual reproductive Health and Rights,Youth friendly Services, Young people.

TITLE: YOUTH FRIENDLY SERVICES

Authors: Dunya Felix

Background

Availability of equality and equity for Youth Friendly Services enables young people to make free and informed choices in all spheres of life. Young people don't access Sexual Reproductive Health services required due to judgmental nature of health providers, risk of confidentiality and privacy and ill-equipped healthcare system. Young people sometimes feel their needs are not responded to while accessing comprehensive Sexual Reproductive Health services. Investment in Youth Friendly Services can only be achieved when the budget allocation is done appropriately to evaluate outcomes and measure progress. The Ministry of Health, Civil Society organizations, Non-Governmental organizations' and other partners should advocate for youth friendly healthcare package of services. The Youth Friendly Services should be offered too at convenient locations where young people who are in need of Sexual Reproductive Health services feel comfortable.

Objectives

To develop Innovative Partnerships for Youth Friendly Services.

Methodology

The Ministry of Health and Civil Society organizations could develop more youth friendly centers to ensure Youth Friendly Services and supportive programmes are available and accessible to all young people. Existing youth friendly centers should be supported to provide affordable and safe contraceptive methods of quality service. NAYA Kenya conducts community forums as a strategy which targets gate keepers, parents and young people to offer sensitization for action on needs of adolescents and access on Sexual Reproductive Health. The Youth Friendly Services should meet the needs of young people, be accessible and acceptable by young people.

Results

In a country where Youth Friendly Services is free of coercion, young people who are marginalized will be able to reach the services. Young people will have an accessible environment to Sexual Reproductive Health services that suits their preferences. This will result to reduced teenage pregnancies, unsafe abortion and provide opportunity for young people to make informed decisions. Young people will also be able give feedback on the services offered to them and this will be an indicator to create room for improvements on the services offered to them. There will also be Youth Champions pioneered by Youth Friendly Services to advocate for Sexual Reproductive Health services among youths in the country so that more young people access the services. The concept of Contraceptives use in Youth Friendly Services will reduce the need for procuring unsafe abortions since the future of the

country lies in young people.

Conclusions

Variety of issues on Youth Friendly Services must be addressed to offer quality reproductive health care to young people. Simple and innovative approach should be done to improve Youth Friendly Services through additional activities like trainings on young people conducted by Ministry of Health and other partners.

Recommendations

The country should invest more on Sexual Reproductive Health services tailored by young people so that more young people access the services friendly .The Ministry of Health should ensure that many health facilities in the country offer Youth Friendly Services at affordable cost to young people when they seek them.

TITLE: MEETING YOUNG WOMEN CONTRACEPTION NEEDS THROUGH THE PRIVATE SECTOR, THE CASE OF TUNZA SOCIAL FRANCHISE CLINICS IN KENYA

Authors: Joseph Mutweleli, Rachel Mutuku

Background

Sub-Saharan Africa is characterized by a high population growth rate, a situation impacting its socio-economic development and health outcomes (The National Planning Authority, 2014). It is estimated that a significant proportion of young women globally have unmet need for contraception, with low income countries reporting even higher figures of about 33 million young women with unmet need for contraception, with the biggest burden being reported in Sub Saharan Africa. (Population Reference Bureau, 2016). Kenya as well is occasioned by the high unmet need for contraception among adolescent girls and young women (23.0% and 18.9% respectively) (Kenya Demographic Health Survey, 2014). Whereas a significant proportion of adolescent girls and young women would like to delay pregnancy for an average of 4 years, the unmet need for contraception makes it difficult to achieve this (Hubacher, Olawo, Manduku, & Kiarie, 2011).

Objectives

Access to a wider range of contraceptive options to adolescent girls and young women provides them with the opportunity of choosing a contraceptive method that is suitable to their fertility preferences and intentions. This means that the young women are able to access and use a contraceptive method that enables them to have a child when they will want to. We hypothesize that when adolescent girls and young women are offered a wide range of contraceptive options, they will choose a contraceptive method that adequately suits their needs

Methodology

Population Services Kenya (PS Kenya) is using the Tunza Social Franchise spread across 42 out of the 47 counties in Kenya to provide comprehensive contraceptive services to women aged 15-49 years. The social franchise provides youth friendly services through clinic based model by having an integrated approach where the adolescent girls and young women receive services together with the general population. The franchise providers are trained on Value Clarification Attitude Transformation (VCAT) ensuring the services are youth friendly and are provided by staff who have the right attitude and are not judgmental, insensitive and understand the unique needs of the young people. PS Kenya collects the data on number of adolescent girls and young women

reached with contraceptive methods per month.

Results

The Tunza Social Franchise Clinics provided a total of 64,015 contraceptive methods to Adolescents and youth. This accounted for 27.3% of all the contraceptive methods provided through this social franchise network. Among the adolescents and youth aged 15-24 years the injectable was the most preferred method of choice accounting for 59% this was however lower than the percentage of women aged 25 – 49 years whose choice preference for the injectable was at 66%. The choice preference for long term methods for this age cohort was higher at 25% as compared to the older women whose choice preference for the long term methods was at 20%. This means that a young woman attending the Tunza social franchise clinic was more likely to choose a long term method as compared to an older woman visiting the same clinic. Further analysis on contraceptive method mix among the adolescents aged 15-19 revealed an increased choice preference for long term methods. 35% of adolescents attending the Tunza Social franchise clinics chose a long term method, 5% choosing the IUCD and 30% choosing the implant. This is way above the Kenya national DHS average which shows a 0% preference for the IUCD and 13% preference for the implant among this age cohort.

Conclusions

Provision of integrated youth friendly services increases contraceptive uptake among adolescent girls and young women. With appropriate comprehensive contraceptive counselling in Tunza Social Franchise Clinics, informed choice and availing wide range of contraceptive options more adolescent and young women are willing to take up long term contraceptive methods. This agrees with the study by (Hubacher, Olawo, Manduku, & Kiarie, 2011) which found out that adolescents girls and young women are willing to try out long term contraceptives even if they came to the facility with a priori notion of using short acting contraceptive methods. The unmet need for contraception among adolescent girls and young women is largely on child spacing and not limiting. To achieve the required birth spacing Short acting reversible methods requires a lot of input from the user including revisit to a health facility every month/3months and/or taking a pill daily a requirement which may be too demanding for adolescent girls and young women and sometimes associated with low adherence and high discontinuation rates.

Recommendations

Contraception for all women including adolescents and youth remains to be a key proximate determinant of fertility therefore young women should be offered the widest option for contraception to include long acting and reversible contraceptive methods. This agrees with the global consensus statement for expanding contraceptive choice for adolescents and youth to empower them to meet their need for contraception and avoid unintended pregnancies.

TITLE: PROMOTING ACCESS TO ASRH INFORMATION AMONG YOUNG PEOPLE 10-24 USING TOLL FREE HELPLINE.

Authors: Nyakabwa Julius,Namuwonge Beatrice and Kusemererwa J.Rose

Background

Naguru Teenage Information and Health Centre provides information on sexual and reproductive health. This information helps young people to make wise decisions for better health choices. One of the methods used to enable young people access

ASRH information is using toll free help lines. Toll free line can help young people who are unable to go to a health centre to get right information on ASRH

Objectives

To evaluate whether toll free promotes access to ASRH information. To evaluate the effectiveness of toll free service.

Methodology

NTIHC established a Toll free help line to reach young people with right ASRHR information and counseling. Young people can call from anywhere in Uganda using any network for free and talk to trained counselors about their sexual and reproductive health issues. At the center we have a specific room for toll free line which has a phone being managed by a trained staff. NTIHC has actively promoted this toll free help line through health drives, radio and TV talk shows and through sticker distribution and we have printed Information Education Communication (IEC) materials which has our toll free number.

Results

A sturdy entitled: Assessment of the awareness and utilization of a toll-free helpline for sexual and reproductive health information and counseling by adolescents and young people attending Naguru Teenage Information and Health Centre and Kisenyi Health Centre, Kampala conducted in 2017 by Doctor Joseph Rujuba on behalf of NTIHC had these key conclusions: 1. Most young people in the study area (73%) had ever owned a mobile phone and 60% owned a mobile phone at the time of the study. This presents opportunities to reach young people through mobile phones to empower them including on SRH, 2. Most of the respondents who had used the toll-free helpline were satisfied with the service (78%) and of the adolescents and young people interviewed (95%) were willing to use the toll-free helpline. For the period April 2018 – March 2019 we offered services to 4904 young people through toll free. Out of these 52% were females reached with information on family planning, Sexually Transmitted Infections (STIs), and others. Out of these 57% were out of school with the same services. These have been linked to different service areas to access other services. Many young people have expressed their satisfaction in using our toll free help line

Conclusions

Use of toll free helpline increases access to SRHR information for young people and it bridges the physical distance between the client and the service provider which make it cost effective. It is mainly the out of school, 20-24 and females who utilize this service

Recommendations

We recommend that all organizations dealing in issues that affect young people should establish a toll free help line because it is cost effective and can be accessed by the most vulnerable young people. And these are females and those not at School

TITLE: INVESTING IN COHORT BASED PEER LEARINING APPROACH TO IMPROVE HEALTH SEEKING BEHAVIOR IN ADOLESCENTS

Authors: Kevin Kinyua, Lulu Ndapatani & Dorcas Khasowa,

Co Authors: Francis Nanga, Monica Syombua, Mary Nduta, Mary Kariuki, Dan Wendo, Faith Kiruthi, Teresa Simiyu.

Background

Kenya's population leans heavily towards adolescents and young people who comprise over 62% of the population (UNICEF, 2013). 21% of all pregnancies in Nairobi County are from youths below 19 years demonstrating a high adolescent sexual reproductive health burden. Sustainable community interventions that empower and support young mothers to make informed choices have a focus on peer led models.

Objectives

To demonstrate improved messaging for mertanal neonatal health among adolescents and young people in care through community peer models.

Methodology

USAID Kenya/Afya Jijini Maternal Neonatal Child Health (MNCAH) program tried and tested a community approach dubbed "Binti Shujaa', a peer-based and mentorship model, anchored on the social learning theory which posits that people learn from one another through observation, discussion, imitation and modeling. The model aims at developing a cadre of catalysts from among young female members of the community to champion the mobilization of young pregnant adolescent girls and those with children and link them with health and socio-economic services. Afya jijini piloted the program in makadara Sub County centered in makadara health center and Bahati health center.

Results

This model has increased the health outcome for 387 adolescent girls who have been followed up since September 2018.The peer model allows for identification, building confidence of the young to be mothers to visit public health facilities for the different maternal child health needs. During the visits the Binti Shujaa peer educators escort pregnant adolescent girls to assist them navigate through the facility reducing the numbers that would otherwise drop off. The Binti's take up services consistently a trend that has also provided for opportunity to Zero new HIV infections.

Conclusions

Binti Shujaa peer champions have addressed the myths and misconceptions of health seeking behavior for adolescents and act as the link between the community and health facilities. Cohort approach provides opportunity for consistent and comprehensive messaging and service uptake

Recommendations

Biniti Shujaa model is a proven way of increasing meaningful engagement of adolescents in sexual reproductive health. There is a need to put more resources in its scale up and leveraging on technology platforms to improve interaction.

Tittle: My SRH My Choice: Understanding How High Risk Sexual Behavior among University Student's Influences Uptake of Reproductive Health Services: A Case of Kenyatta University Nairobi, Kenya.

Authors: Wanjau, M.N, Kathuri-Ogola, L.N. & Maina, L.W

Background

High risk sexual behavior (HRSB) and its consequences among university students' continues to be a serious concern for learning institutions, parents, researchers and policy makers. This concern has been marked by the increased number of reproductive health services (RHS) interventions worldwide aimed at ensuring young adults have access to reproductive health information and

services. In Kenya, a number of Universities have developed policies and set up programs to curb student HRSB. However, this has not resulted in a decrease the behavior among students. In addition there is paucity of literature on studies assessing students' uptake of reproductive health interventions in Kenyan universities. The purpose of the study was to assess students' knowledge, attitude and practices relating to uptake of RHS in Kenyatta University. The study was guided by the Health belief model. It is envisaged that it would sensitive university students about available RHS, inform health policymakers on determinants of HRSB influencing students' uptake of RHS in designing of evidence based RH programmes.

Objectives

The study was guided by the following specific objectives.

1.To determine the influence of socio-demographic characteristics on students' uptake of available reproductive health services.

2. To determine students' knowledge on forms of high risk sexual behavior influencing their uptake of reproductive health services

3. To identify students' high risk sexual behavior practices that influence uptake of reproductive health services

Methodology

The study used survey research design which was cross-sectional because it was carried at one point in time. The study was carried out at Kenyatta University (main campus) sample size of 178 students who were registered undergraduate students for academic year 2014/2015 first semester residing within the main campus hostels from September 2014 to December 2014 as the main participants for the research and were selected using random sampling. Data was collected using a structured questionnaire for students' Qualitative data was analyzed using content analysis while quantitative data was analyzed by use of SPSS using both descriptive and inferential statistics.

Results

This study established that 44.4% of the students had utilized available reproductive health services in the University whereas 55.6% had not utilized the reproductive health services. This demonstrated that only less than half of the respondents were willing to utilize reproductive health services in the University. This study revealed there were no significant influence of students' social demographic characteristics and uptake of reproductive health service. Chi square results revealed significant relationships between uptake of reproductive health services and students attitude to abstinence till marriage ($p=0.014$), attitude in condom use ($p=0.005$), maintenance of confidentiality ($p=0.001$), friendly service providers ($p=0.000$) students engagement in inconsistent condom use ($p=0.012$), multiple sexual partners ($p=0.028$) Sex under influence of alcohol ($p=0.002$) and sex for favor ($p=0.022$). These findings are in agreement with (E2A, 2016) study that revealed only 12.7% of students had utilized YFS at KU. As well as Walsh, et al., (2010) who claimed that the implementation of reproductive health services is encouraging, but creation of services does not necessarily guarantee their use. Hence, the need to identify measures and strategies to make reproductive health services known to students enhancing their uptake

Conclusions

The study concluded that students' engagement in high risk sexual behavior and their attitude towards service provision influenced uptake of reproductive health services whereas students' social demographic characteristics and their awareness of high risk sexual behavior practices did not influence uptake of reproductive health services

Recommendations

Based on the study findings we recommend re engineering of how students are sensitized about reproductive health services. Such strategies would include: use of social networks, increasing number of student peer counselors and provision of information on available reproductive health services during students' admission hence these strategies will increase students' awareness and uptake of reproductive health services.

Keywords

Students, Reproductive health services, High risk sexual behaviuor, Uptake

Title: Adherence to Single Dose Administration Treatment for Recurrent Sexually Transmitted Infections among Young People at NTIHC

Authors: NAKALYANGO JUSTINE

Background

Taking medicines is not a likeable thing to young people. young person is most likely to take his/her medicine once a day or even none at all even when the prescription is three times a day. This has since caused no response to treatment and eventually drug resistance to especially antibiotics. This being the common characteristic of the young people, there is a great need to find a workable solution for the young people. Naguru Teenage Information and Health Centre (NTIHC), is implementing the Ministry of Health Guidelines, where a single dose is prescribed and thus taken once.

Objectives

To reduce recurrent Sexually Transmitted Infections among young people.

Methodology

This was done at Naguru Teenage Information and Health Centre, a pioneer organization in Uganda providing YF/RS for young people 10-24 years. This centre is located in Nakawa Division on the eastern part of Kampala City

The Medical service providers were taken through a series of Continuous Medical Education Sessions (CMEs), which was aimed at equipping them with knowledge and skills of prescribing effective drugs in a single dose for particular infections. The prescribed medicine is administered to the young person, to which s/he swallows in the presence of the dispenser. This happened only at this centre

Results

In the year 2015, the number of young people that were treated for recurrent STIs were 329. In 2016, the number reduced to 263, in 2017, the number reduced further to 124 and in 2018, the number drastically reduced to 51. Training of all the clinical team (7) including Nurses, Midwives, and Dispensers on MoH guidelines on single dose administration.

Conclusions

The number of young people responding to the prescribed single dose treatment has increased over time.

Recommendations

Single dose treatments should be rolled out in all health facilities where there are youth friendly/ responsive service corners.

Keywords

Adherence, Single Dose Administration, Recurrent STI's

TITLE: STARTING FROM THE ROOTS—USING HUMAN CENTERED DESIGN TO INNOVATE AN ADOLESCENT-CENTRED PREGNANCY PROGRAM IN WESTERN KENYA

Authors: Okerio O[2], Thorne JG[1,3], Ramsey N[4], Mogeni R[2], Millar HC[3], Doyle R[5], Atkinson-Graham M[5], Chepkoech M[2], Kibet V[2], Apondi E[2]

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Background

By age 20, nearly 50% of all women in Kenya will have begun child-bearing (KDHS 2014). Adolescent pregnancy is associated with poor maternal and neonatal outcomes and contributes to the potentiation of poverty (United Nations & Fund for Population Activities, 2015). In Kenya fewer than 50% of pregnant adolescents attend 4 antenatal care visits and fewer than 50% deliver in a health facility (Population Reference Bureau ASRH Kenya Status Update 2015). The Kenyan government has identified Adolescent Sexual and Reproductive Health (ASRH) as a key health priority, however their policy guidance has not been widely implemented (Kenya MOH ASRH Strategy 2015). The ASRH policies call for engagement of adolescents in the design, leadership and implementation of healthcare programs. Human-centred design (HCD) is a replicable method that develops creative solutions to problems by working directly with end users to develop and test solutions that aligns to their needs and experiences (Brown, Design Thinking, Harv Bus Rev 2008). Central to design thinking is a technique called empathy-building, the process of deeply understanding and engaging with users and their needs.

Objectives

To address the healthcare needs and poor outcomes in pregnant adolescents, AMPATH (the Academic Model Providing Access to Healthcare) partnered with Idea Couture to use human-centred design as a unique methodology to innovate an adolescent-centred pregnancy program at Moi Teaching and Referral Hospital in Western Kenya.

Methodology

A team of eight Kenyan designers (pregnant or parenting adolescents, healthcare providers, parents, a youth peer navigator, and a community health volunteer) were recruited to learn the human-centred design process. Inclusion criteria was a commitment to two weeks with 100% attendance. Further, research participants were recruited for the context and co-creation labs; these included parenting and pregnant adolescents, parents, and healthcare providers as end users of an adolescent pregnancy program. Interviews were conducted; two design team members to one interviewee; the labs were two design team members to six–eight participants per group.

Results

The Design Team was taught research methodologies that include ethnography, interviewing, focus group facilitation, qualitative analysis, prototyping of ideas, and iteration. A total of six one on one interviews and nine focus groups in the form of context labs and co-creation labs were hosted by the Design Team. The purpose of the context labs was for the Design team to both implement the qualitative methods they had learned and to understand the needs of our key stakeholder groups. These included poor treatment healthcare workers, stigma, lack of financial support, fear of judgement, myths and misconceptions around pregnancy and family planning, long queues etc. . The co-creation labs were focused on developing ideas to address our challenge of building an adolescent-friendly pregnancy and parenting program. Ideas to support pregnant and parenting adolescents included Healthcare Provider Empathy Training, Community Outreach Support, Peer Support Groups, Skills Building Programs and more, all under the umbrella of a final

Adolescent-Centred Clinic. The design team members found the process to be engaging and empowering; attendance was 100%.

Conclusions

Human centred design is a unique methodology to generate solutions to complex health challenges that targets the patient experience concurrent with health outcomes. Our partnership with Idea Couture facilitated the use of innovative research strategies with visual outputs to communicate our ideas to various stakeholders for partnership formation and buy-in.

Recommendations

Next steps include engaging the design team in launching, evaluating, and iterating the top priority prototypes. This methodology should be considered by others seeking to enhance youth engagement in the sexual and reproductive health field.

Keywords

pregnancy, adolescent friendly health services, human-centred design (HCD)

TITLE: IMPROVING ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES AMONG ADOLESCENTS AND YOUTH IN BARINGO COUNTY

Authors: Leiro Roseline[1]; Nyauchi Benard[2]; Kipkurui Mitchel[2]

[1]Department of Health, Baringo County

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Background

Kenya experiences high adolescent fertility rates, currently estimated at 82 births per 1,000 females aged 15–19 years[1]. Teenage pregnancies in Baringo County often result from low contraceptives use and/or unmet need for contraception. Only 8% of currently married girls aged 15-19 in the county use modern contraceptives[2], which is considerably lower than the national average (37%)[3]. Many pregnant adolescents and those with young children tend to shy away from seeking health services because of the negative perception that the community attaches on contraception by young people. In increasing and creating safe environment for adolescents to access health services, the Department of Health for Baringo County trained healthcare providers on comprehensive Adolescent Health and Youth-friendly Services (AH-YFS) as an immediate intervention for offering adolescent responsive and sensitive services.

Objectives

To increase uptake of family planning (FP), antenatal care (ANC), skilled birth attendce (SBA) services by adolescents and youth in Baringo County.

Methodology

Forty-eight (48) service providers were identified, trained on comprehensive adolescent and youth sexual and reproductive health (AYSRH) services provision, and another 20 reached through on-job trainings (OJTs) and comprehensive medical education (CMEs). The service providers developed small doable actions within their facilities to encourage young people access health services. The intervention also strengthened linkages between the community and facility as the service providers are engaged during youth clinic days, comprehensive sexuality education

1.The World Bank (2016); World Bank collection of development indicators https://tradingeconomics.com/kenya/adolescent-fertility-rate-births-per-1-000-women-ages-15-19-wb-data.html

2. MOH (undated) Adolescent Sexual and Reproductive Health in Baringo County https://www.afidep.org/download/Fact-sheet_Baringo-Final.pdf

3. Ministry of Health (2015); National Adolescent Sexual and Reproductive Health Policy https://www.popcouncil.org/uploads/pdfs/2015STEPUP_KenyaNationalAdolSRHPolicy.pdf

(CSE) sessions, as well as teen mother's dialogue days. A total of 52 clinic days and 162 dialogue sessions were conducted.

Results

Between January to December 2018, 500 new adolescent girls received family planning services, 22% of which were solely attributed to facility linkages, increased knowledge on AYSRH, service provision and dialogue sessions. Moreover, 708 new adolescents accessed ANC services and 436 received SBA.

Conclusions

Engaging service providers in providing young people with sexual and reproductive health (SRH) information and services through the existing healthcare system presents an opportunity that should be further optimized.

Recommendations

Service providers' value clarification and attitudes transformation is green leverage to providing quality AYSRH services which is an essential pillar to tacking the needs of adolescents. Utilizing existing Community Health Services (CHS) systems in training Community Health Volunteers (CHVs) is important in keeping track of adolescent emerging needs and linking them to facilities

Key words

Adolescent fertility; Teenage pregnancy; On-job training; Comprehensive medical education; Comprehensive sexuality education.

TITTLE: STARTING FROM THE ROOTS: DEVELOPMENT OF A TRAINING PROGRAM FOR HEALTHCARE PROVIDERS IN THE PROVISION OF YOUTH FRIENDLY REPRODUCTIVE HEALTH SERVICES

Authors: Chepkoech M[1], Okerio O[1], Thorne J[2,3], Mogeni R[1], Kosgei W[1], Kibet V[1], Apondi E[2]

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Background

By age 20, nearly 50% of all women in Kenya will have begun child-bearing (KDHS 2014) Adolescent pregnancy is associated with poor maternal and neonatal outcomes, including preterm birth and obstetrical fistula (United Nations & Fund for Population Activities, 2015). These adolescents experience social stigma, are less likely to complete their education, and remain in poverty (Kenya MOH ASRH Strategy 2015). The Kenyan government has identified Adolescent Sexual and Reproductive Health as a key health priority. In September 2018 the MNCH Innovations team at Moi Teaching & Referral Hospital (MTRH) partnered with Idea Couture to engage stakeholders, including adolescents, in Human Centred Design (HCD) to innovate new strategies that will improve the care and health outcomes of pregnant and parenting adolescents. Human Centred Design (HCD) is an approach to program, design and implementation that keeps the human perspective at the forefront (Brown, Design Thinking, Harv Bus Rev 2008). Ten programmatic

prototypes were designed, the first of which was a Healthcare Provider Empathy Training Program.

Objectives

To design, implement, and evaluate a Healthcare Provider Training Program in the Provision of Youth Friendly Reproductive Health Services that features a comprehensive and hands-on training in empathy and to improve communication, understanding, and empathy between HCPs and pregnant or parenting adolescents.

Methodology

We have partnered with AMPATH-Plus RMCAH-WASH FP and MOH (Uasin Gishu County) in their USAID-funded reproductive health initiative to deliver this training. The training is 5 days: first two days focus on didactics: the basics of adolescent reproductive health and consent law, gender-based violence and mental health.Then will incorporate principles of HCD, where they'll learn the basics of ethnography, participate in clinic observations and lead focus group context labs with adolescents. The training will culminate in role play with pregnant and parenting teens in a simulated first antenatal visit, with bilateral feedback. We anticipate this will contribute to adolescent retention in clinic and improved healthcare experience.

Results

In May 2019, 40 HCPs from the 6 sub counties of Uasin Gishu County will complete the 5-day intensive training program. It is estimated 40 pregnant or parenting adolescents will participate as experts in their own experiences. Partnership and collaboration with CHVs from each sub-county will be paramount. Healthcare provider participants will take a validated Empathy Scale at the start and completion of the training, and the results will be compared for significant differences using a paired t-test analysis. The HCP participants will fill Acceptability of Intervention Measure (AIM), Intervention Appropriateness Measure (IAM), and Feasibility of Intervention Measure (FIM) evaluations at the completion of the training. These evaluations will allow for improvement and iteration of the training curriculum.

Conclusions

Adolescents have identified perceived stigma and lack of empathy as important reasons why they do not engage in healthcare during their pregnancy. Incorporating empathy training for healthcare providers as part of a curriculum for Youth Friendly Reproductive Health Services is a unique approach to changing their experience.

Recommendations

There is no formal MOH curriculum on Provision of Youth Friendly Reproductive Health Services, and certainly none that focus on empathy skills building. Our goal is to develop a replicable training manual and curriculum that upholds Kenya's ASRH policy and that can be incorporated into MOH guidance in the future.

Keywords

Human Centered Design, Pregnancy, Adolescent health Services, Health care providers

TITLE: MEANINGFUL YOUTH ENGAGEMENT FOR IMPROVING ACCESS TO ADOLESCENTS AND YOUNG PEOPLE (AYP) SRH&HIV INTEGRATED SERVICES: THE CASE OF CHAANI YOUTH FRIENDLY CENTRE, IN MOMBASA COUNTY, KENYA.

Authors: Geoffrey Kithuku, James Atito, Evans Ouma, Dr Mohammed Iddi

Background

Many adolescents and young people (AYP) do not have access to quality HIV and SRH services. This is majorly due to lack of correct and comprehensive HIV/SRH information, gender based violence, harmful cultural and religious practices, gender and economic inequalities among others. Integrating HIV and SRH services is a health and community systems response that can improve access and uptake of srh services, increase coverage and reduce costs to users and services that can ultimately improve the health outcomes of AYPs. When young people visit health facilities for curatives, in a provision of youth friendly service, fellow youth champions within the facility would adequately feed peer clients with accurate knowledge and information on various SRH services available. These increases SRH service acceptors hence make integration of SRH services among AYP easier.

Objectives

To increase numbers SRH&HIV services acceptor among AYPs in government health facilities in Mombasa, Kenya

Methodology

Chaani Youth Friendly Centre is a joint program by Stretchers Youth Organization (SYO), Youth Mentors group and Chaani level 2 health facility in Mombasa County, Kenya. SYO, Youth Mentors and Chaani health facility through consultative forums gathered 2 youths from 10 youth organization in Changamwe sub-county to discuss youth challenges and way forward. The 20 leaders through 4 meetings developed operational guideline and structure of leadership for youth centre. Chaani Youth Friendly Centre comprises of one nurse in-charge who is a member of board of management, 10 youths from 10 youth organization who are youth centre advisory committee. The centre is run by a team of 7 youths (4 males and 3 females, 17-26 years). Through weekly in and outreaches, at least 50 youths are served with SRH services when they came for curatives and laboratory tests.

Results

The youth centre has operational structure and guideline headed by 1 youth centre coordinator who is 25 years. Other dockets are monitoring and evaluation, advocacy officer, service provider, outreach officer, communication officer, treasurer and information officers. This team comes from 7 different organization bringing inclusivity in management. They have been capacity built with skills in peer education and service provision. 20 other champions from the community groups have been trained on peer counselling and referrals to assist peers access srh services in health facilities. Advocacy officer has led various advocacy initiatives at policy making level leading to provision of 1 40-feet container and service providers awaiting fabrication and delivery to the site. Through outreaches and in clinic services, we have reached at least 560 youths 15-29 years with SRHR services and information between 2nd January 2019 - March 31st 2019 among them 33 with cervical, breast and prostate cancer screenings (23 female, 10 males), 97 with HIV testing (50males, 47 female), 51 girls family planning services (33/51 long term).Using participant lists segregated in age cohorts, data of service seekers are collected and influence decision making on allocation of resources and commodities.

Conclusions

Youth involvement in providing information and services to fellow youths creates more appealing avenues for young people to access SRH services in health facilities. Meaningful youth engagement in making operation structure for youth friendly centre require youth –led actions for them to be more receptive for sustainability of programs.

Recommendations

Therefore, in spirit to achieving Universal health coverage, youth need to be put at the centre of health programming through meaningful involvement in design, development, implementation and evaluation of key policies and initiatives targeting them. This way you will improve youth accessibility to SRH services and integration across our nations

Keywords

Meaningful youth engagement, intergration, access to srh services

TITLE: USE OF TECHNOLOGY FOR INCREASED UPTAKE OF SEXUAL REPRODUCTIVE HEALTH RIGHTS (SRHR) SERVICES AMONG YOUNG PEOPLE.

Authors: Amollo C[1], Oyier E, Nyandat C, Oguttu M, Otieno B.

Background

In today's digital world, mobile technologies are increasingly being used by young people around the world to connect, communicate and share information. For the last 3 years, KMET has been implementing a Sexual, Reproductive Health Rights (SRHR) project which seeks to enhance access to comprehensive SRHR information and services among young people (10-24 years) by use of digital platforms.

Objectives

To enhance increased uptake of sexual reproductive health rights services among young people, through use of technology.

Methodology

KMET's user-friendly digital platforms deliver age appropriate and responsive SRHR information linking young people to services. The platforms include *TWAK* Facebook page, toll-free line, bulk SMS and Twitter designed to offer relevant SRHR and Comprehensive Sexuality Education (CSE) content; and a Safe Space (Chat box) linking health providers. These activities are collected and stored in a database that sends invites and SRHR information directly through mobile and electronic platforms (website, SMS, and a hotline).For young people who cannot access internet, KMET has a toll-free hotline that enables communication between young people and health providers for accurate SRHR information and services.

Results

KMET has observed an increased use of SRHR information among young people in Kisumu, Homabay and Siaya Counties through social media and distribution of information materials. A total number of 284,049 young people have been reached since 2016 to 2018. The number of young people (608,396) who received the SRH services at the YFC in the three counties increased by 65% in 2018. A total of 113 healthcare workers and 89 youth peer providers who work in the Youth Friendly Centres have been capacity built on use of web technologies e.g. website chat, WhatsApp communication and managing a hotline. Through these platforms campaigns, a total 32,980 male condoms have been distributed to young people.

Conclusions

During the process of implementation, KMET realized that the young people needs safe spaces for self expression free from bias and discrimination. With the user friendly digital platforms and rising wave of technology, more young people can be reached with relevant and appropriate SRHR information and timely services.

Recommendations

Based on successful implementation on the use of technology to increase awareness and access to SRHR information and services there is; Need to strengthen referral system for young people and empowerment of youths with CSE and SRHR to demystify common myths, Enhance policy environment to break barriers for access.

Keywords

Mobile Technology
Twak
Youth Friendly Centre
Comprehensive Sexuality Education

Sexual Reproductive Health Rights
Safe space

TITLE: INNOVATIVE COMMUNICATION FOR YOUTH ON SRHR

Authors: Daniel Haliwa, Nicholas Oyoo, Kenny Kaburu

Background

Straight Talk Foundation (STF) came together with Trust for Indigenous Culture and Health (TICAH) in collaboration to ensure both organizations reached even more young people through communication and information (targeting 10-24 years) one offering innovative Behaviour Change Information and the other the Aunty Jane Hotline, it added unique value. Effective communication involving the adolescents themselves regarding sexuality is a highly important reproductive health issue. With young people in Kenya constituting a significant proportion of the population, where 43% of the population is younger than 15 years and about 9.2 million are adolescents aged 10-19, representing 24 percent of the population (Gok and KNBS 2010), allowing adolescents to participate on matters about them is no brainer. Aunty Jane questions often led us to decision on what to headline in the next edition.

Objectives

To introduce an innovative platform of back and forth communication that will have young people open up and become participants in ASRHR to offer information that will create demand for uptake of SRHR services. The Straight Talk Clubs and My Body My Choice Clubs were involved are used to develop the focus group discussions to explore amongst other things; social, cultural and religious barriers to communication. This helps to identify the young people that can serve in the editorial boards to receive the articles from their colleagues and be engaged in the thematic content analysis to help to identify the content that will best be carried in the publications as well as other articles that are picked. The clubs are also the recipients and custodians of the magazine products and their utilization.

Methodology

Editorial boards are used to pick articles to be included to back up the main story. The board is also used for pre-testing of each edition that is developed. TICAH and STF used their networks to ensure the medical and other questions that the pupils and students asked were appropriately dealt with. The Straight Talk Clubs and My Body My Choice Clubs are useful in ensuring that the magazines are used in discussions of the content and encourage the uptake. Parents and guardians are also included in the projects for purposes of authorization but they were encouraged to allow the children develop their own content.

Results

The issues that came up included: An erroneous belief that adolescents were too young to understand; non-conducive environment for open discussions of sexual and reproductive health matters; cultural and religious beliefs. We also noticed a gap in communication with adolescents in that everybody communicates for them but nobody is communication with the adolescents themselves. The fear of who to go to when they have issues and that the society and the health centers are not friendly was helped with Aunty Jane Hepline. The systems that ought to help them in schools are really are not working well. There is the need for professionalism in issues of guidance and counseling as in most schools the teacher who deals with religious studies such as CRE/

IRE, Social Education or even Home Science are regarded to be closer to the question of adolesents and therefore put in charge of issues guidance even when they have no such professional training as many adolensents seemed not to trust these teachers.

Conclusions

This underscores the importance of youth involving channel to discuss issues of SRHR on reproductive health choices and push uptake of services. Young people need an eruptive channel of letting issues off their chest in a manner that this can be used to start a discussion to help others.

Recommendations

Products such as publications involving the participation of youth themselves can be better tools in understanding and applying the information received. If these are done with applications such as Aunty Jane Hotline and deployment of technology, they become very important future interventions, the clubs brought teamwork, usage feedback & storage.

Keywords

Aunty Jane Hotline, Young Talk, Straight Talk Clubs, My Body My Choice Clubs

TITLE: DRIVING PROVIDER ACCOUNTABILITY AND IMPROVEMENTS IN THE QUALITY OF SRH SERVICE PROVIDED TO ADOLESCENTS THROUGH THE USE OF RATINGS

Authors: Matikanya, Richard; Donjon, Nathalie-Ann; Mwongeli, Mercy; Mutua, Caroline; Mayersohn, Julia; Manywali; Faith

Background

Kenya has one of the highest adolescent pregnancy rates in the world with 18% of adolescent girls aged 15-19 having begun childbearing. According to KDHS (2014), approximately one third (29%) of pregnancies among adolescent girls aged 15–19 in Kenya are unintended. 23% of them have an unmet need for modern contraception and are thus at elevated risk of unintended pregnancy. Preventing unintended pregnancies among them is essential to improving their sexual and reproductive health and their social and economic well-being. Adolescent feedback via ratings on the Triggerise digital platform identifies provider bias as a key barrier for adolescents' uptake and utilization of contraception and other SRH services in Kenya. There has been limited transparency and accountability by providers on the services that they provide to adolescents and providers have little incentives or motivation to address their bias in the provision of SRH services to adolescents.

Objectives

To drive service provider accountability for SRH services provided to adolescents by placing power in the hands of adolescent to improve service provision using ratings.

Methodology

Triggerise's digital platform provides girls the opportunity to rate the services they receive anonymously. After receipt of a service, girls are surveyed via SMS and asked to rate the quality of contraceptive counselling they received, including whether they were informed about other methods, side effects and what to do should they experience side effects. They are asked if they have a complaint and would like to be contacted to provide additional feedback and to rate their overall service experience. Ratings are shared with adolescents to inform their decisions on where to

access quality services and with providers to drive improvements.

Results

A total of 160,192 girls enrolled onto the digital platform using SMS between 1st April 2017 and 31st March 2019 of whom 79,929 girls (50%) accessed SRH services. 45% (35,638) of girls who accessed services rated the quality of the service provided with average provider ratings of 4.92 and 4.85 for clinics and pharmacies respectively. The rating data shows that clinics with the highest ratings have the highest number of girls visiting the facilities. The data also indicates that girls chose providers based on these ratings and are influencing their peers and consequently motivating providers to improve their customer service experience to attract more girls to use services at their facilities. The ratings data identified gaps in the quality of contraceptive counselling provided to adolescents; approximately 70% were neither informed about other methods nor about side effects. Qualitative insights highlighted the limited opportunity girls initially had to provide feedback and the empowering nature of their ability to rate services through the digital platform.

Conclusions

Providing girls the opportunity to anonymously rate services leads to improved quality provision of SRH services. The transparent feedback loop enables girls to drive improvements in customer service, holding providers accountable to deliver non-judgmental, youth-friendly ASRH services. In turn, girls feel empowered to demand the quality services they deserve.

Recommendations

Create ownership by empowering girls to provide feedback on the services they receive. Opportunities to utilize ratings through digital platforms should be incorporated into SRH programmes as they provide anonymity, transparency and accountability leading to improved quality of service provision. Training to improve the quality of counselling provided is critical.

Keywords

KDHS (2014): Kenya Demographic and Health Survey (2014)

Platform: a digital innovation that links adolescent girls to service providers near them

Ratings: feedback from users (adolescent girls) on the quality of service received through SMS using a scale of 1-5

SRH: sexual and reproductive health services

Contraceptives: a method or a device used to prevent pregnancy

TITLE: INCREASING THE AVAILABILITY OF MEDICAL ABORTION INFORMATION THROUGH ICT

Authors: Lilian Muchoki, Sonia Naik and Pauline Diaz

Background

The advent and growing use of the internet has allowed innovative strategies to connect users to abortion information and services, as part of a larger movement for reproductive justice. Information and Communications Technology (ICT) have increased the possibilities of both users and providers directly accessing vital information and interactive opportunities straight into smartphones or computers. Websites such as Howtouseabortionpill.org and safe2choose.org have been leveraging the power of the digital revolution to address abortion misinformation and provide safe medical abortion protocols and

counselling services to women and providers all over the world. A 2018 analysis of Google searches by BBC indicated that, Kenya is one of the top 11 countries that have the highest number of online searches for abortion pills. Commonly asked questions on the Google search engine include: "How to use Misoprostol", "Misoprostol price", "buy Misoprostol" and "Misoprostol dosage". (https://www.businessdailyafrica.com/lifestyle/fitness/Kenya-ranks-high-in-online-searches-for-abortion-tips/4258372-4608918-hkfjex/index.html)

Objective

To determine use of online resources to access information on medical abortion

Methodology

Data was extracted from Google Analytics to capture site visits and video views, while internal platform communications were used to assess live chat numbers as well as number of referrals made. All data was dis-aggregated by country, user age, gender, and acquisition

Results

Between 2015 and 2018, safe2choose had a total of 6,364,479 site visits. The platform also had a total of 20, 857 live chat interactions, 70,355 emails received and 4,983 referrals made. In Kenya safe2choose website has had a total of 88,844 lifetime visits and 74,221 users with 85.46% consisting of visitors in the 18-35 brackets. Since its launch in September 2015 up to December 2018, HowToUse has received total site visits of 1,032, 242. Of the total lifetime visits 22,774 are from Kenya, with 49.5% of this number consisting of visitors in the 18-35 age bracket. In addition, HowToUse medical abortion course for pharmacists has been visited 4,597 times while the medical student abortion course has been visited 2,607 times. Top visiting countries for both platforms include India, Nigeria, Brazil, USA and the Philippines. Kenya is in the top 10 of the countries with the highest number of visits to the HowToUse website, and in the top 15 visiting countries for the safe2choose website.

Conclusions

There is a growing number of Kenyan youths that rely on online platforms for information on medical abortion. To avoid cases of gross misinformation, which is largely exacerbated by the restrictive abortion environment in Kenya, there's a need to leverage on verified ICT sources of information on safe medical abortion.

Recommendations

HowToUse and safe2Choose are both global online platforms that leverage digital technology to share sexual and reproductive health information. The use of information and communication technologies to share reliable and accurate health information can easily be explored and replicated by organizations in order to ensure wider reach and meaningful impact.

Keywords

Information and communication technology
Online resources
Digital platforms
Medical abortion information
Counseling
Live chats
Referrals
safe medical abortion protocols
Abortion pills
Misoprostol
Abortion course

TITLE: MENSTRATION A TABOO? WHAT DO THEY KNOW?

Authors: Bevy N. Kinyua, James Atito, Evans Ouma

Background

Despite momentum at the national level, girls and boys still have limited access to high-quality and comprehensive puberty education. As a result, communities perpetuate taboos and misconceptions about menstruation that restrict girls' mobility and activity during menstruation according to Menstrual Health Landscape Kenya. In more remote and rural areas, taboos play a stronger role. For example, in the semi-nomadic Maasai region and parts of Kilifi, menstruating women and girls are not allowed to enter goat pens or milk cows for fear they will contaminate the animal. While these practices vary across regions and families, common discriminatory practices include the belief that menstruating women and girls are unclean, restrictions on the type of food they can eat (e.g., menstruating women cannot eat meat), and the policing and restricting of adolescent girls' interactions with men and boys.

Objectives:

To assess the level of awareness about menstrual health and hygiene and how it affects rural school going adolescent girls during menstruation.

Methodology

Stretchers youth organization trained 20 research assistants for 3 days who then conducted 10 FGDs in 10 schools in 3 rural sub-counties: Ganze, Kaloleni, and Magarini, targeting 150 girls (13-17years), 50 one on one interviews targeted - 20 men(25-45years),15 young mothers and 15 teachers. Data were collected using questionnaires and pictures were also taken. Set up of interviews was organized in various chiefs' camps and some were impromptu interviews with random passersby. The survey took 30 days between 10th September 2015-10th October 2015.

Results

20 research assistants were trained and equipped for the survey-12 females and 8 men.65% of girls expressed that they feel ashamed of their body when having their period, and this proportion was significantly higher in Magarini (67% Ganze; 49% Kaloleni; and 79% Magarini).At least 30 girls confessed to have slept outside their house and 8 young mothers shared their experience of being forbidden from cooking for the family when menstruating. 86% of young mothers said they got their pregnancies because of lack of knowledge on when they would expect their menses. 80% of teachers related how difficult that topic is to discuss with the girls in a class where men express stigma. 90% of men explained how upbringing in the society since their ancestors has made them believe that girls are unclean during menstruation and that they are raised to respect traditions. 50% of men said that they would stop their sisters from attending school every month when they notice they are menstruating.67% of girls feel uncomfortable in their bodies when menstruating, 17% of girls agreed that a girl is unclean during her period and 60% agreed they can easily concentrate in class during their periods.

Conclusions (50 words):

The quality of instruction by teachers varies significantly across the county finding the topic embarrassing to discuss in a classroom setting and will often provide their specific point of view rather than the official curriculum. Communities misunderstand menstruation leading to taboos and misconceptions restricting girls' mobility and activity during menstruation.

Recommendations

Awareness regarding the need for information about healthy menstrual practices is needed. It is essential to design a mechanism to address and for the access of healthy menstrual knowledge ultimately contributing to the goal of providing Menstrual Health Management education and mentorship programs to rural adolescent girls of menstruation age.

Keywords:

adolescents, menstruation health hygiene information

TITLE: TRIGGERISE'S TIKO SYSTEM: ETHIOPIA DIGITAL PLATFORM TO INFORMED CHOICES

Authors: Lydia Mulat, Natalie Ann Donjon, Mercy Mwongeli, and Aida Bilajbegovic

Background

Ethiopia has one of the highest fertility rates in Africa. More than 41.6% of the population is under the age of 15. Due to reservations from parents and teachers towards discussing sexuality, young people lack proper information and education about sexual reproductive health. Since 2006 Ethiopia has had relatively liberal abortion legislation. However, the annual number of unsafe abortions remains high and is decreasing only very gradually. In 2014, ± 620,000 abortions were performed in Ethiopia, of which around 290,000 are unsafe. With a high unmet need for contraception (40%) and a high number of unintended pregnancies (38%). Many young pregnant girls drop out of school and young mothers are forced to work as commercial sex workers in order to generate income. To prevent unsafe abortions and address the unmet need to contraceptives Triggerise Ethiopia is enrolling young women 15 to 24 years old to the Tikosystem digital platform.

Objectives

The objective of Tikosystem is to reduce unintended pregnancy and unsafe abortion through use of a digital platform, which creates a healthy lifestyle membership for adolescents providing offers on looking good, learning and healthy choices.

Methodology

The Tikosystem is a digital platform that creates membership for young women to access offers for SRH counseling, quality services, discounts on goods and opportunities to be a part of various trainings for skill development. Each interaction on the platform is captured via cell phone and digital Tiko Miles are rewarded for adapting a positive behavior. The Tiko Miles are redeemed at shops and services in the ecosystem for goods and services and to receive future discounts and promotions. The Tikosystem measures attribution of the most effective demand creation interventions linking to the desired behaviour of health services uptake.

Results

Triggerise piloted the Tikosystem in Awash/Afar pastoralist area and in one sub city of Addis Ababa mid 2018 and scaled up to 6 sub cities and additional 4 areas respectively in Addis Ababa and Afar by 2019. Since June 2018, of 8,720 adolescents who joined the membership program 8,210 of them accessed different SRH services while 210 of them became Tiko Pro Agents (entrepreneurs) with an average income of 35 Euro per month. The current conversion rate from enrollment to service uptake is 94%. In total, 1,469 adolescents have taken up a contraceptive method. Method mix includes 7% implants, 7% IUDs, 30% oral contraceptives, and 53% injectable. Twenty-five young women have accessed safe abortion care followed up with a contraception method to prevent future unintended pregnancy. Apart from access to SRH services, The Tikosystem facilitates a way for adolescents to digitally give feedback on whether she received friendly and quality services with informed choice of options. The digital ratings system gives the young woman a voice as well as a way for clinics to improve the quality of service delivery. Funding & Support from: EKN, Engenderhealth, & Rutgers.

Conclusions

The Triggerise Ethiopia Tikosystem adopted the Kenya In Their Hands (ITH) t-safe platform

which provides over 250,000 Kenyan young women lifestyle memberships to looking good, feeling well, and learning. In 2019, the Ethiopia Tikosystem will increase access to 18,000 Ethiopian adolescents to choices on contraception and economic opportunities.

Recommendations

Building on the success of the Kenya t-safe platform, Tikosystem will replicate the self-enrollment digital strategies to increase the reach and scope of information and linkage to services for adolescents with a phone. Replicating the rating optimization, and diversifying the lifestyle offers will also increase consistent use of the platform.

TITLE: USE OF SOCIAL MEDIA AMONG ADOLESCENTS IN KISUMU COUNTY KENYA

Authors: Michael Okun Oliech

Background

Social media has dramatically changed the way young people get information and communicate with each other. While it is already very popular among youth in the western countries, it is gaining in popularity in Africa more so in Kenya and is becoming an important tool of communication, which can bring health information to more young people more quickly than ever before. Social media is uncharted territory with potential for health information campaigns aimed at reaching youth. However, up until this point it remains unclear for policy makers and practitioners how social media is used by youth in Kenya and how they might inform young people about sexual and reproductive health. In order to understand more about the use and role of social media by Kenyan youths in general and related to sexual and reproductive health messages in particular, this study was conducted among adolescents aged 15–19 years in two urban settings over three months.

Objective

To find out how social media are used by adolescents and how they might inform adolescents about sexual and reproductive health.

Methodology

Data were collected from September –November 2018. On the assumption that internet access is higher in urban centers, the study was conducted in Kisumu County, the third largest city of the country. I visited 6 estates (Manyatta, Nyalenda, Obunga, Migosi, and Nyamasaria, railways) to talk to 60 adolescents in total. A mixed methods approach was used, including a structured questionnaire with pre-coded multiple responses and in-depth interviews. The Adolescents were interviewed about their user behavior on the internet, using the questionnaire. The questionnaire covered demographic information, frequency of internet use, access to internet, favorite websites, money spent on online activities, use of social networking sites and use of the internet and social networks to seek sexual and reproductive health (SRH) information, websites frequented, and familiarity with Kenyan SRH websites.

Findings

- Accessing the internet via mobile phone was the preferred medium among the majority of the 60 respondents (75%)
- Boys spend more time on the internet than girls(Girls spend more time doing household work)
- Boys were more likely to own phones than girls, 80% compared to 70% of the girls.

- 90% of them go online every day and are registered to more than two social sites
- On and average, they spend a minimum of 4 hours on social media everyday
- Facebook, whatsapp, Instagram and YouTube are the most popular social sites for young people
- Main reason they use social media is chatting and stay in touch with fiends, share photos and express themselves freely, watch funny videos, memes and GIFs, listen to music, look for new information (News, fashion etc.) shop online
- Websites are the least preferred social network by young people to get information
- Pornographic websites are popular among boys than girls
- Information on SRHR is limited on social media and existing ones are boring to them
- They prefer having SRHR information on social media that is well packaged to meet their needs (95%). Prefer use of content that reflects their day today lives and isn't too formal. Prefer use of short video clips, memes, use of celebrities, GIFs, humor, Photos mainly (Edutainment)

Conclusion

Given the interest expressed by our respondents in sexual and reproductive health information, Social media platforms have significant potential for sexual and reproductive health campaigns that aim at reaching adolescents.

Recommendations

Organizations offering sexual and reproductive health and rights information need to integrate social networks in their work and aim at reaching adolescents through these platforms with health information, messages and activities.

Key Words

Adolescents
Social Media
Sexual and reproductive health information/ messages

TITLE: THE INTERNET AND SMART ADVOCACY FOR SRHR INCLUSIVITY

Authors: Nelson Onyimbi

Background

Despite the constitutional entitlement of every citizen to the highest attainable standards of health, SRHR still experiences a gap in an inclusive service delivery to adolescents and youth, majorly because of their lack of knowledge on the available youth friendly services and centers, and because of marginalization that has led to exclusion of groups such as the differently-abled, the LGBTI society and the general key populations. Because of these, SRHR indicators fall below target, until the inclusivity gap has been tackled by smart approaches. For this, considering the imperative influence of social media and internet, a smart approach that conjoins holistic and integrated ASRH information and services to demystify this through platforms on the internet would tap into their immediate environment, to be advanced through popular platforms as websites and social media maximally targeting the youth who have the largest share in usage of internet in the country, at 87%.

Objectives

- To innovatively expand use of internet and smart advocacy for SRHR inclusivity.

Methodology

Extensive up-scaling in use of smart social media advocacy with distinct info-graphics (information with graphics, e.g. pictures, GIFs) based on face-book, twitter and whatsapp platforms that have the most subscribers would be a prudent approach towards detailing information, destroying marginalization and bringing inclusivity. Twitter Hash-tags, extending to other social media, have become the most common and effective way of calling out responsible parties and holding policy makers and relevant persons accountable, all in the public eye. For this, developing creative hash-tags for events, claims and complaints are gaining root and capitalization of the same would be a great approach.

Results

In a country where 2/3 youth either have a smart-phone, or can access one, with a minimum usage of 5 internet hours at least 4 times a week, the analytics, in this case, twitter case-scenario, show that consumption of smart internet approaches travel a long way, fast.

Most recently, we saw the success of the creativity of the LGBTI community with the Rainbow colors, creating a solid global network on social media. The analytics for the hash-tag #Repeal162 (https://tweetreach.com/reports/22890937?first_run=true) show that about 100 of 154 tweets reached 421,156 accounts with 649,108 impressions. The retweets based on original tweets by @NGLHRC, @NyarwekC and @AmnestyKenya clocked over 200,000 impressions, influencing the landmark rulings on the Rights of the LGBTQ by the Kenyan Court of Appeal to uphold justice, equality and freedom to all. This also quashed discrimination, leading to a constitutional rights clarification that includes equal rights to access SRHR services by other previously marginalized minority groups such as the key population.

Discussions were raised online and expert opinions were delivered on the same, and the previously marginalized groups became more open, and willing to share their experiences in pursuit of health, a clear indication of the capabilities of innovative internet use.

Conclusions

The adolescent and youth composition in Kenya makes up majority of the population with heavy internet reliance. Investing in creative methods of advocacy through internet would be the best way to promote inclusivity through attitude transformation. This would open avenues to dispel the marginalization that has hampered inclusivity for SRHR.

Recommendations

Development of internet strategies, smart advocacy and innovative approaches such as hotlines and applications are crucial in the breakthrough regarding SRHR inclusivity. Policy influencing organizations and persons should take advantage of the possibilities that are enshrined in creative use of smart interventions such as viral social media movements and hash-tags.

Keywords

Adolescents and Youth, innovative, creative approaches, SRHR inclusivity, indicators, develop, take advantage of, influencing, capabilities, technology and internet.

TITLE: ACCELERATING HEALTH SERVICES UPTAKE AMONG YOUTH THROUGH GAMING

Authors: Zoya Mohamed

Background

To explore how to enhance health literacy through gaming, John Snow, Inc. (JSI) launched Health Games on the yeepa® platform with the aim of sharing credible health content, developing communities for ongoing learning, and measuring knowledge acquisition. Health Games uses gamification to relay health messages to change behaviours by positively influencing knowledge, perceptions, and attitudes and break down barriers that prevent access to health services. As a measurement platform, yeepa® allows game administrators to assess knowledge acquisition to modify programming. The platform currently hosts a sexual and reproductive health game.

Objectives

To accelerate health service uptake among youth through gaming

Methodology

The JSI-led team launched the games in 10 diverse youth cohorts in Kenya from October-December 2017. Each launch was accompanied by a dramaturgy outlining the incentives and social media connections to encourage changes and reward positive behaviour changes linked to offline gaming activities. Health service providers were onsite to respond to questions from the youth and offer advice on locally accessible health services.

Results

Gamers answered 244,436 questions over the period, with a 17% increase in the number of players who achieved a 50% success rate or higher over time. For continuous users, their yeepa index average score improved from 297 points to 367 points, suggesting an increase in knowledge acquisition over time. We noted that behavioural questions that invoked knowledge on current practices such as the usage of contraceptives were well answered compared to the scientific questions that tested knowledge on scientific facts. Gamers testified that Health Games empowered them with information that otherwise would not be conveyed to them, to make better decisions that prevent adverse health outcomes such as unintended pregnancies.

Conclusions

Gaming provides the privacy and comfort needed to learn about sensitive topics and provides a fun, habit-forming interface allowing users to stay engaged and change knowledge and behaviour. It also has great potential to improve service uptake by integrating gaming at youth-friendly service clinics and promoting key youth-relevant health outcomes

Recommendations

While still in its infancy for health literacy, gaming offers a strategy that has the potential to succeed where traditional training has failed.

TITLE: SURROUNDING JOHNNY: A CONDOM SOCIAL MARKETING APPROACH TO INCREASE CONDOM USE

Authors: Maina, E.1, Mdawida, B. 1, 1 Population Services Kenya

Background

Condom use is still a major strategy to curb Human Immunodeficiency Virus (HIV) transmission. In Kenya, the latest KDHS reports 67% condom use at last high-risk sex. This coupled with low comprehensive correct knowledge of HIV/AIDS among population age 15-24 (59%) positions this population a higher risk of HIV transmission. The HIV epidemic has inordinately affected Kenyan youth, with 51% of new adult HIV infections in the 15-24 age group in 2015, which represents a 17% increase from 2013. Several HIV prevention programs have developed interventions that position condom use strategies within a comprehensive HIV prevention strategy to great success. Studies have also shown the need to develop and utilize interactions between condom promotion, including condom social marketing and peer-based condom education, and other prevention strategies. The socio-ecological model of behaviour leverages on the multifaceted and interactive effects of personal and environmental factors that determine behaviour.

Objectives

The organisation sought to utilize this approach to develop a social marketing strategy to drive condom use for dual protection purposes amongst this, and a wider target population; Johnny aged 18-35 years old- increased condom use, increased brand sales and increased brand awareness

Methodology

The Social Marketing strategy through the Trust Condoms "*Kuwa True"* campaign which is slang for "be true to yourself" by the organisation seeks to revolutionize and innovatively brand the condom in a way that the user sees themselves in their communication. This ground-breaking campaign targets "Johnny" the archetype developed through an empathy-diagnose design approach has enabled the team to design approaches including communication geared towards making trust condoms more than just a physical preventive measure but also appealing to Johnny's emotions and social space. Positioning condom marketing points that revolve around the target audience ensures a 360-degree approach to reach Johnny. This approach utilizes activities such as university activations, market storms and activations at social engagement locations such as malls, restaurants, barber shops and clubs/bars which are a natural, comfortable space that has translated to increased condom use since Johnny is free and lacks social judgements and limitations with him being "true to self".

Results

Immersing and understanding "Johnny" is a key element of designing activities and communication for him. Making it "cool and fun" to use condoms speaks to the social emasculation of "Johnny" to use a condom and therefore increased the use of trust condoms which has a proportional impact on decreasing high risk sexual acts leading to lower transmission of HIV. This approach translated to a 13% increase in market share nationally for the Trust brand of condoms in the first year of implementation and a volume sales growth of 25%. The brand scored 99% in spontaneous awareness for an equity study conducted the first year post campaign launch

Conclusions

An in-depth understanding of an interventions

target audience and placing him at the centre of any social marketing strategy is key in unlocking growth/change. Developing and implementing this strategy through this approach encompassing both the individual and socio-environmental aspects of "Johnny" enabled a dual-ownership feeling building on both the physical and the emotional aspects of sex and condom use.

Recommendations

Further studies and co-creation with the target audience is necessary to ensure that any communication evolves in line with the key needs of the target audience. This will result in increased Trust condoms access points which will in turn increase uptake and thus leverage on this behavioural pattern on halting the spread of HIV and Sexually Transmitted Infections (STIs) further driving an improvement in his sexual reproductive health.

Keywords

Social Behavior Change Campaigns; Engagement, innovative strategies, increased condom use**.**

TITLE: ADVANCING HIV CARE AMONG ADOLESCENT & YOUNG PEOPLE LIVING WITH HUMAN IIMMUNODEFICIENCY VIRUS

Authors: Lulu Ndapatani, Dorcas Khasowa, Lawrence Kimathi, Chris Baraza, Mary Kariuki, Dan Wendo, Carol Ngunu, Teresa Simiyu

Background

Adolescents and young people (15-24) in Kenya today account for approximately 33% of new HIV infections (Kenya HIV estimates,2018). Investing in HIV prevention, HIV treatment and optimizing adherence and HIV viral load suppression interventions that place young people at the center of the response go a long way to reduce rates of new infections in this age band, through harnessing the power of young people as leaders, advocates for themselves (Fast track plan, UNAIDS, 2015). A psychosocial support strategy to improve viral suppression amongst young people and adolescents known as 'Operation tripple zero' where counseling, information and education is provided to HIV positive adolescents and young people through adolescent peer mentors was implemented.

Objectives

To demonstrate optimized follow up through psycho social support among Adolescents and Young People Living with HIV

Methodology

Afya Jijini a USAID HIV program through Nairobi Health management team provides a comprehensive adolescent friendly approach with, a psychosocial support model known as Operation Triple Zero (OTZ) where trained champions coordinate peer led HIV care clinic days, education and counseling sessions, pscychosocial support groups for 15-24 HIV infected young people receiving HIV care in 4 high volume facilities. Using electronic medical records from these facilities data was analyzed focusing on gender, viral suppression, anti retriviral therapy, adherence and nutrition status categorization. 661 records were analyzed for Adolescents and Young people living with HIV receiving care as of March 2019.

Results

The purpose of operation triple zero initiative is to ensure that adolescents and young people achieve viral suppression, do not miss clinic appointments and do not miss taking drugs. Through routine monitoring 661 records were reviewed as at March 2019, 242 (37%) were male, 419 (63%)

were female. 71% (173) male clients had achieved viral suppression, 22 % (54) were unsuppressed, 6% (15) missed data on suppression. 76% (321) suppressed females, 10% unsuppressed, 12% (52) missed suppression data. 21% male clients were categorized as underweight, 4% overweight, 2% obese and 56% were of normal nutritional status, while 9% female clients were underweight, 16% overweight, 5% obese and 51% normal. 93% of young people reported good adherence, 2% reported poor adherence while, 5% had fair adherence to Anti retroviral therapy.

Conclusions

This data indicates female Adoelscents and young people living with HIV have higher viral suppression rates than their male counterparts, more males than females were underweight while more females than males were overweight. Over 90% of adolescents and young people living with HIV reported good adherence to Anti retroviral therapy which is one of the corner stones of the 'operation triple zero initiative'.

Recommendations

Psychosocial support intiatives centered around adolescents and young people have the potential to assist young people achieve and maintain viral suppression which is crucial to reducing new HIV infections. Psychosocial support intiatives should also focus on nutritional counseling and support as about 1/3 of clients were malnourished which may contribute to viral suppression.

Keywords

Adolescents and Young People Living with HIV

Anti retroviral therapy

Human Immunodeficiency virus

Viral suppression

TITLE: OTZ AND PEER WHATSAPP GROUPS IN IMPROVING ADOLESCENT (10-19 YEARS) VIRAL SUPPRESSION. A CASE OF MIGOSI SUB COUNTY HOSPITAL.

Authors: Millicent Ndai, Stella Odhiambo, Lydia Angujo

Background

In 2016, the proportion of adolescents accessing ART in Migosi Sub County Hospital and active in care was at approximately 5% compared to the adults. Among them, only 43% had achieved viral suppression or at least a viral load of 999c/ml and below. In 2017 the clinicians enrolled active adolescent patients into OTZ clubs and with the support of a local NGO, acquired mobile phones with internet access. With their parents' consent, some adolescents were provided with the phones for their personal use. A Whatsapp group was created where they discussed reproductive health topics, had reminders to take their drugs and clinical appointments to help improve on their viral suppression. Peers were selected to support those with low suppression rates while the clinicians acted as chaperones of the group.

Objectives

To evaluate the impact of involvement in OTZ and peer WhatsApp group on adolescent viral suppression between 2017 and 2018 in Migosi SCH.

Methodology

To join the whatsapp group minimum age had to be 15 years, complete disclosure done, consented or sought parents or guardians' consent to join and be active in discussions. Peers were selected to support those with low suppression rates. Internet bundles were sent to individual phones depending

on how active one was in the discussions. All 68 active adolescent patient files and the OTZ register were studied retrospectively in evaluating the dates and trends in viral loads.They must have enrolled into care before January 2017 and files had at least one viral load taken in 2017 and another in 2018.

Results

Of the 68 active clients enrolled into care, there were 35 females and 33 males. Of this, more than 70% were aged between 15 and 19 years. Only 72% were involved in the whatsapp group and 60% in the OTZ club by 2018. Of the number enrolled into OTZ group by 2018, approximately 60% were female and 40% males. Only slightly more than half of the adolescents aged above 15 years were both in the OTZ and Whatsapp group. Overall, the viral suppression improved from 52% in 2017 to 83% in 2018. Challenge experienced was with adolescents who were attending boarding schools who wanted to be in the whatsapp group but could not remain active in the discussions or be consistent in the OTZ meetings.

Conclusions

There was a significant improvement in viral suppression among the active adolescent patients involved in the OTZ and WhatsApp groups where peer support was encouraged.

Recommendations

Active peer support and psychosocial groups remain to play a vital role in improving adolescents confidence in facing their sexual and reproductive health problems. Schools should also be encouraged to embrace adolescent peer groups, strengthen health clubs and come up with more strategies to empower adolescents with SRH information.

Keywords

HIV, Operation Triple zero, Adolescent Viral Suppression, Antiretroviral therapy, Adolescent peer support.

TITTLE: ACCELERATING 90:90:90 GOAL AMONG ADOLESCENTS AND YOUNG PEOPLE THROUGH SPORTS.

Authors: Winnie Nyabenge

Background

Study according to the county government of Kilifi shows that the county has the highest rates of teenage pregnancies, early and forced marriages, sexual and gender-based violence and high school drop outs. This has resulted in high HIV/AIDS prevalence rate among the adolescents (16%) in the area, this is further compounded by retrogressive cultural practices and lack of adequate information. According to a survey done by Kilifi county hospital, out of the 20,066 pregnancies registered in 2016, 185 were mothers aged 10-14 years and 3,671 were aged 15-19 years. This was attributed to high illiteracy levels among the adolescents, poverty and lack of adequate SRHR information and services. The 90-90-90 target set by UNAIDS aims to diagnose 90% of all people with HIV, provide antiretroviral therapy for 90% of those diagnosed and achieve undetectable HIV RNA for 90% of those on treatment, by 2020.

Objectives.

i) To increase uptake of HIV Treatment services among adolescents and young people in Kilifi County.

ii) To reduce incidences of child pregnancies in Kilifi County.

Title: Improving Client Satisfaction in HIV Testing Services (HTS) through Task Shifting at Naguru Teenage Information and Health Centre

Authors

Nuwagaba Polly, Nyakabwa Julius, Musubika Winnie and Kadoketch Sebs

Background/Significance

Shortages of human resources for health (HRH) have severely hampered HIV testing services in many health facilities in Uganda. As a result, the level of satisfaction with HIV counselling and testing has been compromised. It is even more challenging when it comes to the category of young people with unique characteristics which include but not limited to desire of taking short time at health facilities, being attended to at any time they come in and being sure of privacy and confidentiality.

With the above in mind, Naguru Teenage Information and Health Centre (NTIHC) embarked on task shifting for councillors, thereby allowing them to do HIV counselling and testing for young people.

Objectives

To increase HIV Testing Services (HTS) to young people in HIV prevention strategy

Methodology/Interventions

NTIHC through the capacity building department trained all counsellors in screening of HIV (using rapid diagnostic test kits). This was a 5 days training and further mentorship was continued at the facility by the medical laboratory team for perfection in regard to quality control and quality assurance.

This was aimed at reducing the long time spent at the facility including long lining to the laboratory for testing. This therefore meant that counselling and testing of clients would be done in one room within a short time and thus having clients satisfied with the service.

A midterm clients' satisfaction survey was conducted for various services at the facility, under the question, "how satisfied were you with the service received" and results were obtained.

Results

At the time when counsellors were being trained in HIV testing, (2015/2016) clients were satisfied up to 57.2 %. After the training,(2016/2017), there was an increase in the level of satisfaction up to 65.4%. The level of satisfaction further increased in the year 2017/2018 to 85.4%.

Conclusions

Task shifting is an effective strategy for increasing satisfaction of clients in HIV counselling and testing of young people. Task shifting reduces on time spent at the facility and increases privacy and confidentiality of the young people.

Generally, with increased access to HIV Testing Services, it gives an upper hand in preventing HIV spread since everyone is aware of their status and are informed on how to move on (if negative, how to remain negative and if positive, how to live positively, with no re-infections and not spreading the virus).

Recommendations

Task shifting should be highly utilized in all public health facilities for proper HIV prevention, management and care for quality and satisfactory services to the young people.

Keywords

Clients' satisfaction

HIV Testing Services (HTS)

HIV prevention strategies

Human Resource for Health (HRH)

Task shifting

Methodology

Moving The Goalposts(MTG) has employed different strategies in accelerating realization of 90:90:90 goal among adolescents and young women. This has includes use football drills to pass HIV messages and sessions to adolescent girls during MTG annual football leagues and tournaments. MTG also use support groups at the health facility level where all positive adolescents are encouraged to join the (Operation Triple Zero) OTZ clubs in order to enhance retention and drug adherence. Lastly,MTG also rduces incidences of child pregnancy by increasing acess to contaceptives among young people.

Results

Through this engagement, over 9000 registered girls and young women on MTG program have increased their knowledge on their sexual and reproductive health rights creating more awareness on how to reduce teenage pregnancies and this has also seen an increase in utilization of HIV testing services, adherence to treatment and viral suppression especially among the young people. 75 adolescents who are on HIV treatment and care have been enrolled on the OTZ clubs and constant follow up is done to ensure they adhere to their medication and achieve viral suppression. Also, over 1000 clients are reached annually with contraceptive services.

Conclusions

Use of sports is an effective way to mobilize and meaningfully engage adolescents and young people.

Recommendations

Sports to be adopted as a tool in engagement of adolescents and young people in matters SRHR. Life skills and personal development to also be integrated into SRHR during sports.

TITLE: ANIMATED SRHR: THE LOVE ABC CAMPAIGN

Authors: Fiona Nzingo

Background

We are aware that exclusively LGBT content often does not stimulate our hetero, cisgender Kenyan audience to open and read content. We aimed to increase this awareness through an online campaign. This is why we came up with the Love ABC; a fun, engaging way to introduce this audience to some of the basic
LGBTQ-related terminology. With the Love ABC, we offer this information alongside terminology that is interesting for everyone, regardless of sexual orientation or gender identity.

Objectives

The Love ABC campaign aims to raise awareness among young adults in our target countries on issues surrounding LGBTQ terminology. The long-term goal of the campaign was to change attitudes and behaviours towards LGBTQ issues among our audience.

Methodology

The Love ABC was a multi-platform campaign: a website article, with elaborate definitions of terms and links for continued reading. Images were shared on the various social media platforms
daily. There were banners on the social media pages promoting the campaign, and a campaigns page on the website. We looked at page views, time on page, bounce rate, engagement, number of comments, and shares. We measured the reach of articles and social media posts. Collection of all comments from posts and articles, and analysis of the content, especially looking at positive, neutral,

or negative comments on LGBTQ-terminology monitored our impact.

Results

The website performance was far lower than anticipated. One reason for this was because Facebook disapproved our advertisements to the article, due to the images seeming 'pornographic'. This had drastic effects on traffic on our website article. The social media results,
however, exceeded our expectations. One week into the campaign, the engagement rose 58 per cent higher. The amount of page likes also increased by 17414 during the campaign. Unfortunately, not all posts were successfully promoted on our platforms, therefore affecting the
performance of some posts (such as the website article). Positive reactions were also observed on our Instagram platform; each post received over 1000 impressions. Twitter, though not so active,
was able to generate at least 50 post impressions on each campaign post. Comments observed from our audience show that positive feedback was observed during the campaign; 18 of the 26 posts had positive feedback. For example, a user commented on the 'gay'-image: 'There are some thngs you can't change people are there doing it every day whether they are being encouraged or not. They are who they are, and you can't do anything about it so let them feel the way they feel.'

Conclusions

The Love ABC was a great way for us to explore with taboo content. We believe that our approach of packaging taboo content around LGBT-topics and sexual rights in a fun, approachable way that isn't obviously related to these 'difficult' topics worked very well for us in regards to engagement.

Recommendations

It's important for us to speak in a and 'tone' that youth could relate to in order for them to adapt to the realities on SRHR. If you properly provide young people with honest information and news on sex, they'll be more likely to have safer, healthier sex and relationships.

Keywords

Love ABC**,** SRHR, LGBTQ, Facebook, Engagement, Campaign, Audience,
Content

TITLE: ENGAGING ADOLESCENTS IN PROTECTING THEIR HEALTH AND RIGHTS:A CASE OF MUSLIM GIRLS IN NAKURU.

Authors: Abdiah Laikipian

Background

Adolescence(10–19years)isauniqueandformative time. Whilst most adolescents have good mental health, multiple physical, emotional and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems. Promoting psychological well-being and protecting adolescents from adverse experiences and risk factors which may impact their potential to thrive are not only critical for their well-being during adolescence, but also for their physical and mental health in adulthood. During implementation of comprehensive sexual education (CSE) in and out of school within Nakuru County we noticed that despite the sexual reproductive health (SRH) needs among adolescents Muslim girls the turn out during CSE sessions was very low. I probed and discovered that, in this community, the girls are forced to stay at home while the boys attend the sessions. From

the preliminary activities I established an initiative known as Muslimah together with other youth advocates to deliberately target Muslim girls with knowledge and information on CSE and mental health. We reached out to Muslim women and religious leaders whom we shared and discussed about the benefits of empowering the girls with knowledge and information on sexual education as a strategy of addressing the risky behaviors and promoting informed decision making.

Objectives

- To empower adolescent Muslim girls with information on sexual and reproductive health rights and mental health.
- To improve the desired reproductive health outcomes among adolescent Muslims girls.
- To establish referral chains and increase uptake of SRH services.

Methodology

We organize monthly Muslimah edition where we mobilize adolescent Muslim girls to attend sensitization forums where we equip them with knowledge and skills in sexual and reproductive health and rights and mental health awareness. Experiential learning is a mode of delivery used to explore experiences and empower the participants with new knowledge. We begin with activities that create safe space among the participants, which involved singing and creative introductory session, the participants were able to open up and share with each other. The majority of the sessions are unique since they are packaged with activities that are creative and bring out key topics by using themed role plays which are a reflections of the community. Part of our sessions package are group and individual therapy sessions done by a trained counsellor where adolescent girls get to share some of the challenges they face in accessing sexual and reproductive health services and information and the adverse effects that result. They are provided with an array of solutions and they are able to make informed decisions.

Results

It was realized that the number of girls attending our sessions increased from 25 to 200 in our last edition. This was attributed to success stories told by the girls in their circles.

During our sessions with the girls parents it was noted that girls had improved in their communication skills with their parents and now they could easily share without fear of stigmatization .

The perception on SRH to be just related to “sex” has significantly changed in the muslim community, we have witnessed this muslim girls championing for sexual and reproductive rights and creating awareness on mental health. The different sessions enabled them to reflect on self-awareness, how to be responsible about their health and in the community. The activities also brought about social norms and human rights and how to relate well with others while maintaining religious value.

In our recent assessment at Family Health Options Kenya Nakuru Clinic the service providers recorded an increase in number of adolescent Muslim girls assessing reproductive health services and information from 10 mid last year to 120 by begining of this year.

Conclusions

Creating space where adolescent muslim girls can access information and services on sexual reproductive health is key in enhancing their mental well-being and improving desired reproductive health outcomes amongst adolescents muslim girls.

Recommendations

Developing a curriculum on Comprehensive Sexual Education that is in line with the teachings of Islam on reproductive health to guide religious leaders in Madrassas(Islamic religious institutions) to disseminate information on sexual health.

Keywords

SRH-sexual reproductive health.

CSE -comprehensive sexual education.

Madrassahs-Islamic learning centers for adolescents.

TITLE: MENTAL HEALTH AND ASRHR

Author: Miss Esther Ndinya

Background

60% of the Kenyan population are young people aged 10-24 years with 1 in every 4 persons being an adolescent. This population is considered vulnerable as the period of adolescence is characterized by physical, social and psychological changes. However, many adults lack the patience and even time to indulge the young people at this stage, especially on mental health; most of them regard mental illnesses as "disease of the rich", or fall back on religion and culture to validate mental illness. Having no guidance and feelings of neglect, many young people get withdrawn; get depressed, experience anxiety and may end up committing suicide. Young people who have mental illnesses are at a risk of making irrational decisions regarding their reproductive health, most of them cannot access contraceptives due to the stigma surrounding mental illnesses. Additionally, they can wallow in drugs and alcohol abuse, translating to sexual gender based violence also unsafe sex which is responsible for the increased new HIV infections among young people, increased number of teenage pregnancies and unsafe abortions.

Objectives

To champion for multi sectoral collaboration and young people involvement in holding robust discussions on mental health.

To advocate for comprehensive contextualization of mental health within the National Adolescent Sexual and Reproductive Health policy.

Methodology

Advocating for integration of mental health in the health management systems.

Establishment of a monitoring and evaluation system for evaluating the improvements in adolescent health also the health gaps.

Results

Youth friendly centers within the counties to have at least 2 trained clinicians attending to young people with mental illnesses at an affordable cost.

Conducting quarterly sensitization sessions within the counties to reach at least 25% of young people with information on mental health; the mental health policy, mental illness triggers and where to get help.

Conclusions

For young people to enjoy wholesome sexual and reproductive health and rights, there is need for addressing their mental health which in turn will ensure that they stay healthy and make logical decisions.

Recommendations

Introduce family intervention programs that will ensure young people have a safe space to share their emotional and social needs/ struggles.

More clinicians to be trained on a standard package of care for patients with mental health illnesses and improved quality of life.

Keywords
Mental health, young people, data, reproductive health

TITLE: COMPREHENSIVE MENSTRUATION LITERACY AND EDUCATION TO REDUCE MENSTRUAL STIGMA: A CASE OF HOMABAY COUNTY.

Authors: Veronica Okello, Caroline Nyandat, Judy Amina, KMET

Background

Menstruation is associated the most pervasive stigmas that holds back girls from speaking out. Kisumu Medical & Education Trust through the Get Up Speak Out (GUSO) programme ensures that they tackle the stigma related to Menstrual Hygiene Management (MHM) through delivery of menstrual health related education, information and services. The programme provides a window of opportunity to teach young girls and boys about menstruation and the changes occurring in their body besides their sexuality, fertility, contraception and other issues surrounding reproductive health as an avenue for reducing teen pregnancy, early marriages, risks for HIV/AIDS, STIs. While awareness around MHM is increasing, much of the attention has been geared towards making better menstrual products; which is a 'simplified' solution to the issue. Many existing MHM initiatives assume that access to better menstrual hygiene products alone will lift girls out of poverty and liberate them from the systemic oppression.

Objective

To integrate Menstrual Hygiene Management (MHM) into Adolescence Sexual Reproductive Health (ASRH) for in and out of school adolescent health.

Methodology

KMET under Get up Speak out (GUSO) program uses the Youth peer provider (YPP) model to reach young people in and out of schools with information, education and referrals AYSRH. Through community sessions, it was clear that menstrual stigma especially in schools and in rural areas brought humiliation and shame to young girls thus translating into psychosocial stress, trauncy, exclusion from activities and lack of SRH information and services. Through review meetings with reproductive health coordinators of the different counties, service providers and the youth peer providers' some strategies were put in place to integrate MHM into ASRH information, education and youth friendly services.

Results

- A healthier and more confident adolescent with increased self esteem.
- Increased safety, privacy, dignity and better school attendance for the in-school adolescent and young people.
- Better Adolescent sexual reproductive information, education and services at the supported youth friendly clinic sites.
- Greater mobility, self-determination and general well-being.
- Increased Youth Friendly Services uptake at the supported GUSO facility sites.

Conclusions

Menstruation is a sign in puberty and reproductive health. Menstrual health is therefore an opportunity to drive more comprehensive conversations around understanding body changes, consent, contraceptives and teen pregnancies among other reproductive health issues. Menstrual health management should be part of the expanded definition and agenda for SRH information education and services.

Recommendations

Girls have various challenges faced because of menstruation including limited access to toiletries, toilets and inadequate menstrual health education. The community by virtue of culture and socialization have used menstruation against the girls to body shame them, caliling the biological process dirty and sometimes causing self-stigma among the girls.It should be understood that sanitary pads are a material solution however they cannot by design solve a social issue on cultural and societal stigma around menstruation. There is need to comprehensively integrate ASRH information and education with Menstrual Hygiene Management because menstrual health is a lens to a girl's reproductive health.

TITLE: ENGAGEMENT OF RELIGIOUS LEADERS AS CHAMPIONS OF ADOLESCENT AND YOUTH SRHR: A BEST PRACTICE OF SOUTHWESTERN KENYA EXPERIENCE

Authors: Charles Ombonya: Immaculate Oliech

Background

Religious leaders play a pivotal role in enhancing Sexual Reproductive Health and Rights outcomes for the youth and the general population. This is because of the great influence they wield due to the 'power of the pulpit'. This potential and force if not well tapped can be a great stumbling block to the achievement of desired SRHR outcomes for young people. Anglican Development Services – Nyanza, a faith based organization working in Kisumu, Siaya and Homa Bay County through collaboration of Kenya SRHR alliance partners identified this inherent potential in religious leaders and carefully planned to tap into it to facilitate the creation of an enabling environment for youth SRHR. This is done with the support of funding from Get Up Speak Out project and technical support from the Kenya SRHR Alliance.

Objectives

To create an enabling environment for Youth SRHR through engagement of religious leaders

Methodology

ADS – Nyanza in collaboration with Kenya SRHR alliance partners including NAYA KENYA and being the development wing of the Anglican Church in Kenya used existing church structures to identify and profile religious leaders who are influential to be capacity built as Champions for Youth SRHR. The Diocesan Bishops and Inter religious council facilitated this process. The religious leaders training focused on adolescent and youth sexual reproductive health and rights, presenting facts and contextualizing the content with scriptural texts and also integrating HIV.

Results

Signing of an accord by 77 religious leaders champions from the three counties drawn from different churches and denominations including Muslims; a commitment to create space for young people to exercise their SRHR even in religious set ups This aggressive team of religious leader's champions has reached out to 18,132 youths with SRHR information such as on contraception and on STI (age 10-14 years; F-3532, M – 2814; age 15-19 F – 3351, M – 3177; Age 20-24 years, F – 2472, and M – 2786) in different fora and through Diocesan Kenya Anglican Youth Organization conferences 2018.

Conclusions

Sustained advocacy with 77 religious leaders led

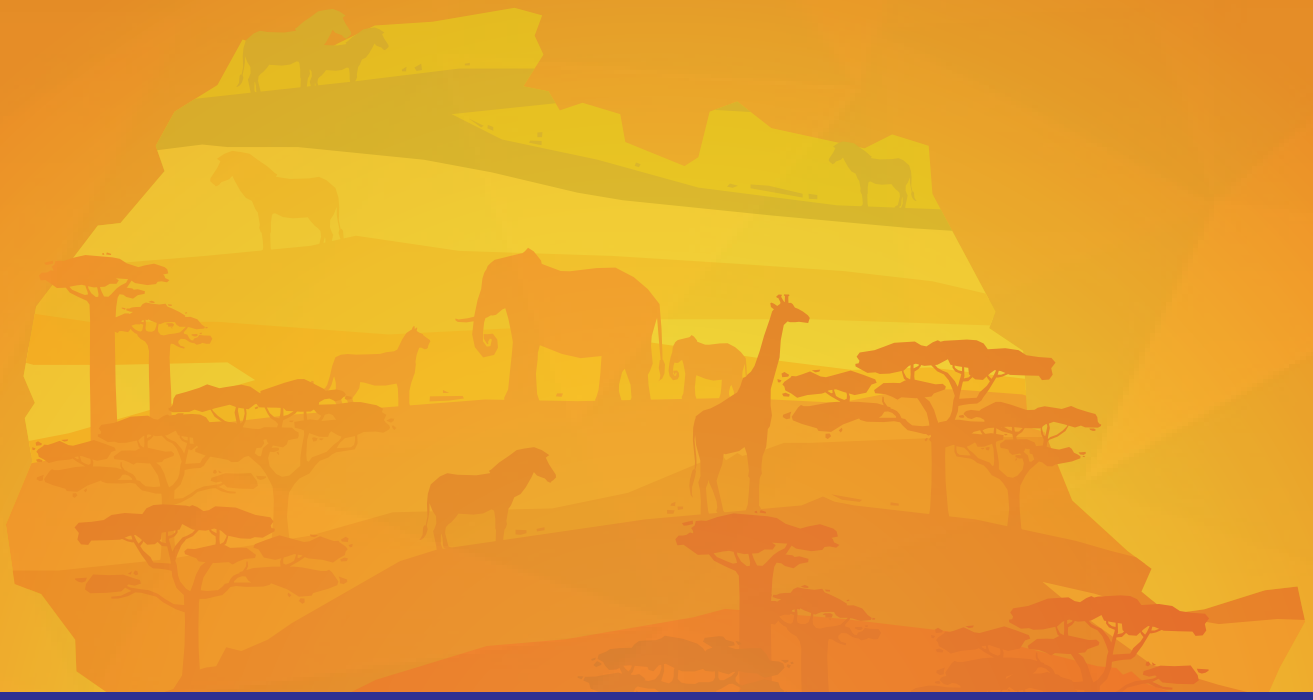
to them signing an accord to support youth SRHR in Siaya, Homa Bay and Kisumu counties. Fast tracking the development of religious leaders training manual is key and will go along way to support stakeholders and champions to train other religious leaders.

Recommendations

There is need for continued engagement of religious leaders as champions of adolescent and youth SRHR since they play an integral decision-making and influence towards realizing SRHR among young people and community.

Keywords

Accord, Religious leaders , Sexual reproductive health, Champions



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Reproductive Health Network

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