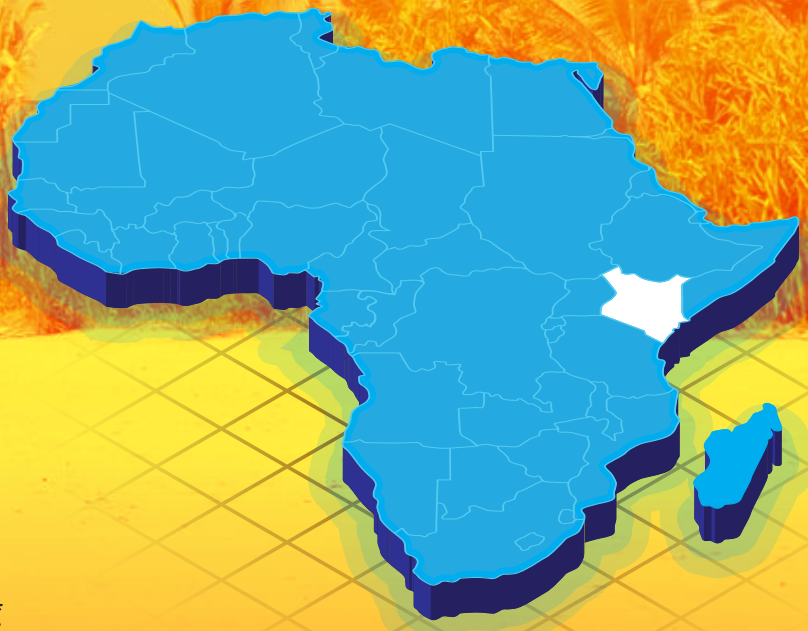
4TH ANNUAL SCIENTIFIC CONFERENCE ON YOUTH & ADOLESCENT SRHR 2020

THEME:

Addressing the THREE ZEROS by Prioritizing Adolescents & Young People's SRHR



1ST - 4TH DECEMBER 2020

DIANI REEF BEACH RESORT, KWALE COUNTY

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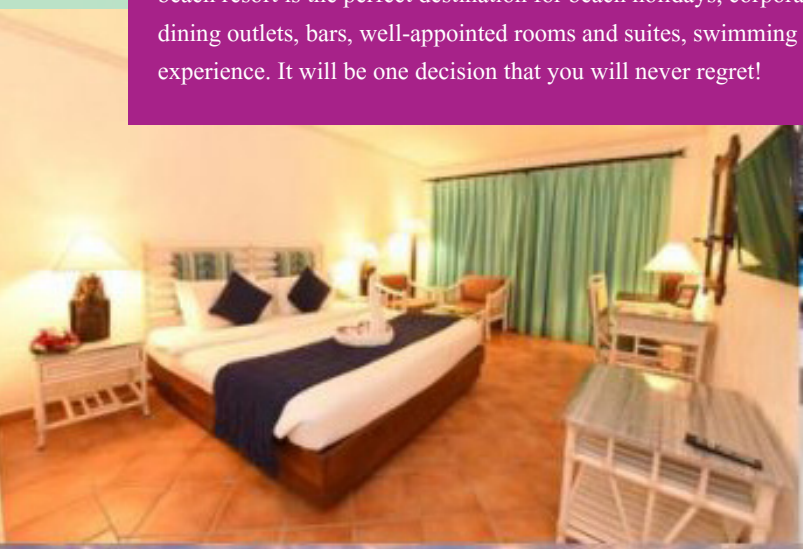
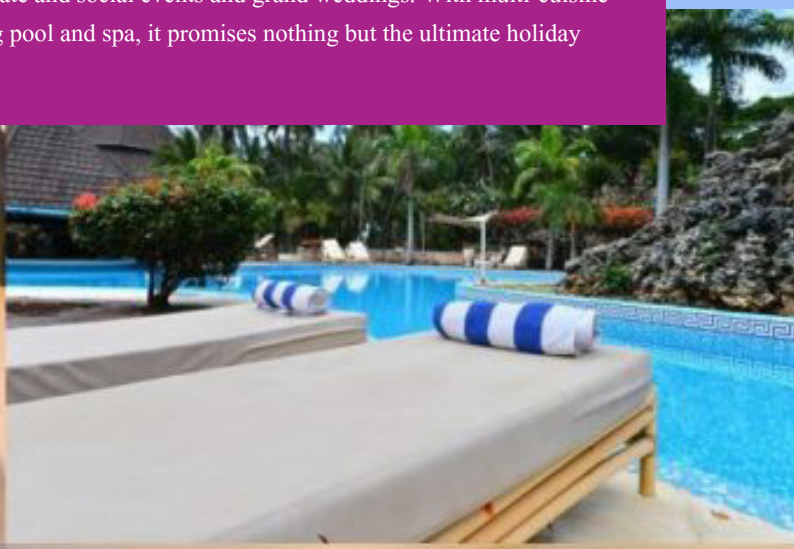
Diani Reef
Beach Resort & Spa

Welcome to the Diani Reef Beach Resort & Spa! Located by the world renowned **Diani beach** over a sprawling and serene area of 34 acres, it is truly a paradise waiting for you with a magical experience. Offering world class hospitality standards, this beach resort is the perfect destination for beach holidays, corporate and social events and grand weddings. With multi-cuisine dining outlets, bars, well-appointed rooms and suites, swimming pool and spa, it promises nothing but the ultimate holiday experience. It will be one decision that you will never regret!



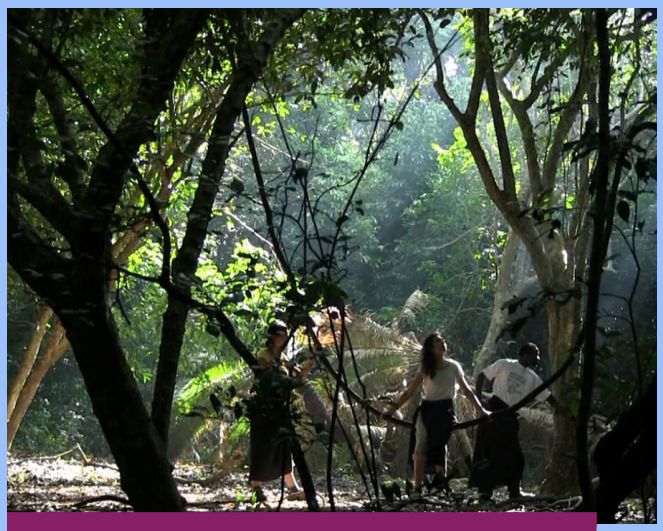


PLACES TO VISIT

Diani Beach.

Colobus Conservation.

Diani Beach Art Gallery.



Kaya Kinondo Sacred Forest.

Jacaranda Diani Beach.

Skydive Diani

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About Diani

Surrounded by the breathtaking Indian Ocean, soft white sands, lush greenery and the striking shade of emerald blue that emerges from its clear warm waters, Diani is Kenya's most relaxing retreat. It is the perfect place to get away from the stress of everyday life or to relax before and after an exciting safari.

With its 17 kilometers of beautiful, flawless, soft white sand, Diani Beach has been awarded the best beach destination in Africa for 5 years running and is popular with families, honeymooners, backpackers and water-sports enthusiasts alike. From visiting its marine national park, diving with dolphins and sea turtles, spotting whale sharks, kitesurfing, skydiving and nightlife, Diani offers a range of activities for all ages.

Diani boasts a wide range of resorts, hotels, B&Bs and budget stays. From the backpacker to the luxury traveler, everyone can find the ideal retreat.
A foodie's heaven, eat al fresco at various local cafés serving the best of local fresh Swahili dishes or enjoy a luxurious seafood platter in one of the highly rated international restaurants.

There is plenty to do in and around Diani, on, off and above water. Take a day trip out on an original dhow boat to Wasini Island to look for dolphins and sea turtles. For a small adventure take a glass bottom boat or small fishermen's dhow to the sandbank and marvel at the fantastic underwater world. Go a bit deeper into the ocean and dive with one of the PADI certified diving companies in Diani. The constant trade winds make Diani a top spot for kite surfers and windsurfers.

Take it to the sky for the thrill seeking; skydiving down onto the pristine beach is a fantastic adventure. On land, guided walks through sacred forests, a monkey sanctuary, a turtle information centre and a trip to Shimba Hills, the only coastal national park that is home to the endangered Sable Antelope, are some of the many options waiting to be explored.

WELCOME MESSAGE FROM THE RHNK BOARD CHAIR

Prof. Joseph Karanja
RHNK Board Chair

> Kongole Sana to the conference planning committee who against all odds ventured into the online space to continue with the planning despite the uncertainties of it actually happening.

Reproductive Health Network Kenya is a network of 587 health care providers from all cadres in all the 43 counties in the Country and a network of young people for advocacy.

A Network that brings in passionate and skilled health care professionals with mission and ambition of providing quality care for all.

The network consists of: Doctors, Nurses, Gynecologists and obstetricians.

The preparation of the 4th Annual Scientific Conference 2020, themed Advancing the 3 Zeros by prioritizing adolescent and young sexual health, has been met by difficult hurdles especially during the onset of COVID-19 pandemic that seized physical meetings proving a huge challenge.

Although, as the world and nation continues to battle COVID 19, the team spent time strategizing on all possible ways in ensuring we have the conference for the benefit of learning. And with that, for the first time, RHNK holds a hybrid conference that will see speakers and delegates join in and connect both virtually and physically.

Kongole Sana to the conference planning committee who against all odds ventured into the online space to continue with the planning despite the uncertainties of it actually happening.

It is my great joy, to welcome you all to Diani come December 1-4th 2020 as we engage with; experts, researchers, development partners, grass root women, health care professionals, and young people doing great works in advancing adolescent and youth SRHR.

Karibuni Nyote to Diani.
Let's meet to connect, collaborate, learn and share ways in which we can better reproductive health care for women, girls and young people across Africa and specifically in our beloved nation of Kenya.

WELCOME MESSAGE FROM THE CONFERENCE CO-CHAIR

BEVERLY NKIROTE MUTWIRI
Network for Adolescent and Youth of Africa.

RHNK Conference Planning Committee Co-Chair, 2020.

It is my pleasure to welcome you to the 4th Annual Scientific Conference on Youth & Adolescent SRHR 2020 hosted by the Reproductive Health Network Kenya. For the very first time, due to the COVID 19 pandemic, this conference will be hybrid and will have both virtual and physical delegates.

The Annual AYSRHR Scientific conference is a great opportunity for youth, partners and like-minded organizations and individuals to share lessons learnt, best practices and experiences in accelerating the International Conference on Population and Development (ICPD) promise of a world where the Sexual and Reproductive Health and Rights (SRHR) of Adolescents and Youth are protected, respected and fulfilled.

It was a great honor and privilege to co-chair this committee of vibrant, passionate and committed young people, advocates, service providers, academia and thought leaders to ensure the success of the conference despite the COVID 19 Pandemic and its challenges. We have learnt a lot during our service.

The committee has worked tirelessly to ensure the active and meaningful participation of young people in their diversity throughout the planning process. This year's conference, held just one year after the Nairobi Summit on ICPD25, seeks to take stock of the promise of zero preventable maternal deaths, zero unmet need for family planning, and zero gender-based violence.

The RHNK 2020 Conference seeks to create a platform for Global, Regional, National and Sub-National stakeholders including adolescents and young people in their diversities, state and non-state actors, advocates and service providers to link and learn from one another, amplify their voices and advocacy efforts and strengthen the movement for a world where all young people enjoy their sexual and reproductive health and rights.

We highly appreciate and acknowledge all our delegates and keynote speakers

participating both physically and virtually for gracing the conference and for their commitment in championing for the SRHR of all adolescents and young people.

Lastly, to Reproductive Health Network Kenya (RHNK), thank you for entrusting me this exciting and humbling opportunity to work with the secretariat in coordinating and planning of this conference.

MESSAGE FROM THE CONFERENCE YOUTH STEERING COMMITTEE CHAIR

FAITH OPIYO
UNFPA Youth Advisory Council Chair

RHNK Conference Youth Steering Committee Chair, 2020

RHNK has always been a hub for meaningful youth engagement and it is my pleasure to welcome you to the 4th Annual Scientific conference. As the chairperson of youth steering committee, I take this occurrence to thank the entire committee as well as the young people who managed to submit their abstracts and are now part of the presentations. I must remark a proficient sense of gratefulness to all young speakers/moderators who have fronted their names to be part of the three zero's and stock staking beyond ICPD +25 and Beijing Platform of Action - indeed keep the candle burning as you light other candles for there is power in numbers.

I want to extend my generous thanks to the entire planning committee supported by Nelly Munyasia and Beverly Nkirote for believing in the leadership of the young leaders. Youth activities would not have been possible if it was not for my team.

My prayer to you is good health and long life for your skills to continue sprouting! To every participant, feel welcome as we learn, relearn and unlearn during the conference.

GOD BLESS YOU!

RHNK CONFERENCE PLANNING COMMITTEE - 2020

1. **Prof. Joseph Karanja** – RHNK Board
2. **Dr. John Nyamu** - RHNK Board
3. **Nelly Munyasia** - RHNK Executive Director
4. **Beverly Nkirote** - Network for Adolescent and Youth of Africa
5. **Saskia Hüsken** – Rutgers International
6. **Kagwiria Kioga** – Planned Parenthood Global
7. **Lucy Minayo** – Centre for Reproductive Rights
8. **Eunice Muthoni** - Kenya Methodist University
9. **Seif Jira** – Dream Achiever Youth Organization
10. **Kennedy Kaburu** – Straight Talk Foundation
11. **Fridah Kaitany** – RHNK Provider
12. **Janeth Mazozo** - RHNK Provider
13. **John Daluma** - RHNK Provider
14. **Lilian Muiruri** - Kenya Methodist University
15. **Aaga Mitoko** - RHNK Board

RHNK CONFERENCE ABSTRACT COMMITTEE - 2020

1. **Prof. Moses Obimbo** – University Of Nairobi
2. **Graham Nyaberi** - RHNK
3. **Kenneth Juma** – African Population & Health Research Centre
4. **Michelle Mbuthia** - African Population & Health Research Centre
5. **Boniface Ushie** - African Population & Health Research Centre
6. **Winstoun Muga** - African Population & Health Research Centre
7. **Sherine Athero** - African Population & Health Research Centre
8. **Grace Kimemia** - African Population & Health Research Centre
9. **Eunice Mwangi** - Kenya Methodist University

SKILLS BUILDING SESSIONS PROGRAM

DATE: 1st December 2020

SHARK 2			
NO.	Topic	FACILITATOR	TIME
1.	Update on MVA and IUD	Hellen Karoki	9:00- 10:30 am
	Break		10.30 am-11.00 am
2.	Advocacy and policy making process Clinical and legal update on access to Safe abortion Post Abortion Care[PAC]	Dr. Nyamu Prof. Joseph Karanja Dr. Nyamu	11.00 am-1.30 pm

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dkt INTERNATIONAL

DATE: 1st December 2020

OYSTER HALL			
NO.	Topic	FACILITATOR	TIME
1.	Uptake of contraceptives among adolescents and youth.	Faith Mbehero Daisy Tuzo	9:00- 10:30 am
	Break		10.30AM-11.00AM
2.	Opposition Monitoring and management	Faith Mbehero Daisy Tuzo	11.00 am - 12.30 pm
3.	SRHR service integration & LGBTIQ+	Kennedy Abott	12.30PM-1.30PM

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OPENING CEREMONY PROGRAM

Day 1

4TH RHNK ANNUAL SCIENTIFIC CONFERENCE SCHEDULE

Tuesday, 1st Dec 2020

9.00AM – 2.00PM

Arrival of Guests & Registration

9.00AM – 2.00PM

Skills building session for adolescents and youths and providers
*(Supported by: **PP Global, Centre for Reproductive Rights, Rutgers, RHNK**)*

OPENING CEREMONY – MAIN CONFERENCE

3.00 - 3.45PM

Guests Seated: MC – **Diana Sifuna & Willson Chivhanga**

3.45 - 4.00PM

National Anthem -All
Opening Prayers - Pastor Jeremiah Masila

ENTERTAINMENT

4.00-4.10PM

Opening Remarks by RHNK Chairman, Prof. Joseph Karanja

4.10-5.10PM

High level panel – *Taking stock on AYSRHR, One year post ICPD+25*
- HE Ambassador MaartenBrouwer -Embassy of the Kingdom of the Netherlands
- HE Ambassador Nicolas Nihon - The Kingdom of Belgium
- Dr Ademola Olajide - UNFPA Country Representative
- Faith Kiruthi - Adolescent SRHR Coordinator, Nairobi Metropolitan Services
- Gaitano Muganda - SRHR Advocacy Officer ,Dream Achievers Youth Organization
- Evelyn Odhiambo - Youth Coordinator, Reproductive Health Network Kenya

SPEECHES

5.10-5.20PM

Ministry of Health - **Dr. Stephen Kaliti**

5.20-5.30PM

Youth Ambassador - **Ms. Ritah Anindo**

5.30-5.50PM

Planned Parenthood Global - **Mrs. Monica Kerrigan**

5.50-6.00PM

Centre for Reproductive Rights - **Ms. Evelyne Opondo**

ENTERTAINMENT/ 6.00PM-6.15PM

SPEECHES

6.15-6.25PM

Aga Khan University - **Prof. Marleen Timmerman**

6.25-6.35PM

UHAI -EASRI - **Dr. Stella Bosire**

6.35-6.45PM

Rutgers - **Mr. Ton Coenen**

6.45-6.55PM

SheDecides Founder – **Dutch M.P. Hon. Lilianne Ploumen**

KEY NOTE/ 7.10-8.00PM

RHNK ED - Ms. Nelly Munyasia

COCKTAIL/ RHNK @10 CELEBRATION/

RHNK CONFERENCE PROGRAM

RHNK CONFERENCE PROGRAM 2020

Wednesday 2nd December 2020 **Day 2**

8.00-8.30AM – Registration ***MC: Willson Chivhanga & Diana Sifuna***

8.30-9.35AM – Abstracts* Presentation *(Thematic Area 6)

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
8.30-8.40AM	**Kagwiria Kioga**	Martha Kombe	**6. Unmet need for Family Planning**	Increasing uptake and access of contraceptive services in Kamukunji and Ruaraka sub-counties through meaningful involvement of young people	
8.40-8.50AM		Faith Mbehero		Post Abortion Family Planning; lessons learnt from Closing the Gap project in South West Kenya	
8.50-9.00AM		Mohamed Shuaib		Do Friendly health providers influence the retaining of adolescents and young people to the access of contraceptives? Experience from Epic Youth Organization.	
9.00-9.10AM		Caroline Nyandat		Addressing cycle of repeat unintended pregnancies and abortions through Integration of Sexual Reproductive Health care in Youth friendly facilities in Kenya	
9.10-9.20AM		Peter Ngure		Reducing unmet need for FP for Adolescents and Youth through IKO Awards	
9.20-9.35AM		**Martha, Faith, Shuaib , Caroline & Peter**			***Plenary***

9.35-10.35AM – PANEL DISCUSSION ***Moderator:*** *Martha Madowo- Youth Champion*

The Challenge Initiative (TCI) - Business unusual model of family planning and ASRHR programming

10.35-11.05AM - Nutrition break

11.05-12.25PM – Abstracts* Presentation *(Thematic Area 1& 7)

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
11.05-11.15AM	**Beverly Nkirote**	Phonsina Archane	**1. Unsafe abortion among**	Regional effort ensuring access to services for adolescents and young women in the times of COVID19	

11.15-11.25AM		Rehema Abdulrazak	Adolescents (Addressing high maternal mortality and morbidity)	Stigma reduction among adolescents' students in secondary schools and out of school in Kibra, Nairobi.	
11.25-11.35AM		Anastasia Mirzoyants		Contraception and pregnancies in the context of COVID-19 lockdown and shortages in Kenya	
11.35-11.45AM		Esther Kimani	7. Sexual and Gender Based Violence	Understanding the drivers and impact of child marriage in Kilifi County, Kenya	
11.45-11.55AM		Ricky Samwel		Need for Improved SGBV Policy Environment	
11.55-12.05PM		Elizabeth Nailantei		Sexual and gender based violence amongst adolescents between 10-19yrs amidst covid-19 in Kisumu East	
12.05-12.15PM		Faith Opiyo		Pointing a finger to cross border cut	
12.15-12.30PM		Phonsina, Rehema , Anastasia, Esther, Ricky , Faith & Elizabeth			Plenary

12:30-1.30PM – PANEL DISCUSSION Moderator: Mr. Aaga Mitoko - National Vice-Chair RHNK

RHNK - Unsafe abortion among Adolescents, addressing high maternal mortality and morbidity in Kenya

1.30 -2.15PM – Nutritional break

2.15-3.20PM - Abstracts Presentation (Thematic Area 10)

Time	Moderator	Speaker	Thematic Area	Title Of Presentation	Plenary or Panel Discussion
2.15-2.25PM	Robert Aseda	Leila Abdulkeir	10. Advocacy in ASRHR (policy, budget, media advocacy, meaningful youth engagement	Engagement of inter-religious leaders in achieving the three zero's among AGYW in Kilifi county	
2.25-2.35PM		MaryAnne Mwangi		Use of policy communication tools for budget advocacy: a case study of MADACI video budget advocacy by young women.	
2.35-2.45PM		Dennis Mwambi		Amplifying Youth Voices; A Case of Samburu Youth Advocacy Network	
2.45-2.55PM		Faith Lisa Abala		ASRH policies and budgetary allocation; NAYA Kenya's experience in Migori and Siaya Counties	
2.55-3.05PM		Esther Aoko		Improving the Provision OF Youth Friendly Services In Nairobi	
3.05-3.20PM		Leila, Maryanne , Dennis, Faith & Esther			Plenary

3.20-4.20PM - PANEL DISCUSSION Moderator: Dr. Griffins Manguro

ICRHK - Sexual reproductive health services for the most vulnerable adolescents

4.20 -4.50PM – Nutritional break

7.00-10.00PM – SIDE EVENT MC: Dominic Kimita - Mamboleo

YOUTH SRHR BONFIRE

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Thursday 3rd December 2020 **Day 3**

8.00-8.30AM – Registration

8.30-9.45AM – Abstracts* Presentation *(Thematic Area 4)

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
8.30-8.40AM	**Brenda Boit**	Dr. Agoyi Mary	**4. Menstrual Health in ASRHR**	Knowledge, Attitude and Hygiene Practices towards Menstruation and the prevalence of Menstrual patterns and Disorders among Adolescents in secondary schools in Ado Odo Ota LGA (a semi urban environment)	
8.40-8.50AM		Mike Wanjeng'u		Support Empower Enable (SEE) Pilot Project	
8.50-9.00AM		Eva Muluve		Impact of Sanitary Pad Distribution and Reproductive Health Education on Education and Sexual Health Outcomes	
9.00-9.10AM		Lucy Maina		Integration of menstrual health in ASRHR	
9.10-9.20AM		James Atito		Men4Periods365 with #ThePeriodMan	
9.20-9.30AM		Kenneth Miriti	**5. SRHR for Adolescents and Youths with Disabilities**	Enhancing government participation in nurse led ASRHR through a multi-sectorial approach; a case narration of Kilifi County	
9.30-9.40AM		Phylis Mbeke		Feasibility study on community led innovation interventions as a platform for SRHR empowerment among Kenyan women with disability: case study of girls and women with disability from Kibra informal settlement in Nairobi county.	
9.40-9.50AM		**Dr. Agoyi, Mike, Eva , James, Lucy , Phylis & Kenneth**			***Plenary***

9.50-10.45AM– PANEL DISCUSSION ***Moderator:*** *Eva Muluve - Population Council*

DAYO - Menstrual Hygiene Management

10.45-11.00AM - Nutrition break

11.00-12.35 PM – Abstracts* Presentation *(Thematic Area 2 & 11)

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
11.00-11.10AM	**Arnold Gekonge**	Pauline Diaz	**11. Innovations and Digitalization in Sexual and**	Providing abortion telecounseling: the role of safe2choose in bridging online users to on-the-ground health-care providers.	

11.10-11.20AM		Tabitha Saoyo	**Reproductive Health and Rights (Mobile Applications, Telemedicine, Self-use)**	Telemedicine in Kenya: Legal and Ethical issues on access to misoprostol through online platforms	
11.20-11.30AM		Lidya Mulat		Use of digital platforms to motivate and reward young girls' health-seeking behavior in Ethiopia.	
11.30-11.40AM		Andrew Githiria		Use of WhatsApp based platforms to improve access to SRHR information and products among young people in Nairobi, Kenya	
11.40-11.50AM		Daniel Otieno		Print and social media proving to be effective use of educating young people on sexual and reproductive health and rights	
11.50-12.00PM		Kelvin Mungai	**2. ASRHR Programming (Integration of HIV, Key population : Sex Workers, Inclusion-SOGIE, Drug and substance abuse, Conflict and Humanitarian Contexts)**	Evaluation of Promoting the Participation of Girls and Young Women in Secondary School in Nairobi and Siaya	
12.00-12.10PM		Silvia Okoth		Sex workers rights are human rights	
12.10-12.20PM		Yusuf Nyanje		Lesbians, gays, bisexuals, transgender, intersex and queer voices matter!	
12.20-12.35PM		**Pauline, Tabitha, Lidya, Andrew, Silvia, Daniel , Yusuf & Kelvin**			**Plenary**

12.35 -1.35PM – PANEL DISCUSSION ***Moderator:*** *Saskia Husken – Rutgers International*

RHNK - Innovation and Digitalization - Mobile App, Telemedicine and Self use

1.35 -2:25PM – Lunch Break

2.25.3.40PM - Abstracts* Presentation *(Thematic Area 10)

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
2.25-2.35PM	**Michael Ager**	Selpha Amuko	**10. Advocacy in ASRHR (policy, budget, media advocacy, meaningful youth engagement**	Views of secondary school students on adolescent friendly health services in level two facilities in Mombasa County, Kenya	
2.35-2.45PM		Paul Gitonga/ Linet Juma		Understanding the relationships universe of adolescent females and the linkages between particular relationships, unintended pregnancies and unsafe abortions	
2.45-2.55PM		Mwanaisha Makari		Advancing adolescents sexual and reproductive health and rights in Kenya	
2.55-3.05PM		Levis Onsase		Saving the youth through "Business Unusual Investment Model" - "The Kilifi Experience"	
3.05-3.15PM		Dominic Kimitta		Using Structured community dialogues to	

				address FGM/C among the Maasai of Kajiado west	
3.15-3.25PM		Abdu Mohiddin		Mitigating Adolescent Pregnancy on a County Level, using a Human Rights Based Approach	
3.25-3.40PM		**Selpha, Sylvia, Mwanaisha, Levis, Dominic & Abdu**			***Plenary***

3.40 -4.00PM – Nutritional break

4.00-6.00PM – SIDE EVENT ***Moderator:*** *Dr. Ruth Pukuaah Appiah, Ghana*

HCD Exchange - Youth Integration in HCD+ASRH

Friday 4th December 2020 **Day 4**

8.00-8.30AM – Registration

8:30-9:30AM - PANEL DISCUSSION ***Moderator:*** *Edward Riungu- Straight Talk Kenya*

Straight Talk Kenya - Comprehensive Sexuality Education

9.30-10.45AM – Abstracts* Presentation *(Thematic Area 3, 8 & 9)

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
9.30-9.40AM	**Faith Opiyo**	Dollarman Fatinato	3. **Comprehensive Sexuality Education (Teenage Pregnancy, Maturation Challenges)**	Integrating Use of Digital Platforms in Provision of CSE	
9.40-9.50AM		Faith Wanjiku		Delaying early pregnancy in two marginalized areas of Kenya - Adolescent Girls Initiative Kenya (AGI-K) End-line results	
9.50-10.00AM		Nelson Akoth		Uncovering the true burden of teenage pregnancies on the newborn	
10:00-10:10AM		Fahe Kerubo	**8. Mental Health**	Mental health of LBQT youth during and post Covid19 Pandemic	
10:10-10:20AM		Arnold Gekonge		Meaningfully engaging young people improves access to Mental and Sexual Reproductive Health Information and Services	
10.20-10.30AM		David Ong'owo	**9. Adolescent Capacity and Consent**	Age of consent	
10.30-10.45AM		**Dollarman, Faith, Nelson, Fahe, Arnold & Abdalla**			**Plenary**

10.45-11.00AM – Nutrition Break

11.00-12.25PM – Abstracts* Presentation *(Thematic Area 7 & 10)

Time	*Moderator*	*Speaker*	*Thematic Area*	*Title Of Presentation*	*Plenary or Panel Discussion*
11.00-11.10AM	**Maureen Sirare**	Brian Mukasa	**7. Sexual and Gender Based Violence**	Integrating sexual gender based violence in emergencies contexts and its preventions and responses	
11.10-11.20AM		Fariah Lalaikipian		Value based and survivor centered approach for SGBV interventions for young Muslims.	
11:20-11.30AM		Clement lokoma	**10. Advocacy in ASRHR (policy, budget, media advocacy, meaningful youth engagement**	Scaling Up Adolescent health Through Advocacy(SAHA)	
11.30-11.40AM		Perece Motoywo		Advancing Adolescents Access to sexual and reproductive health information and services through Advocacy (4A's)	
11.40-11.50AM		Mwinyi Masika		Afya Bora Haki Yangu (ABHY project)	
11.50-12.00PM		Emmanuel Lekishon		Data integration with social media advocacy	
12.00-12.10PM		Ikenna Ugwumba		Improving Advocacy Capacity of Adolescents and Young People: A Rights and Evidence-Based Approach	
12.10-12.20PM		Robert Aseda		Utilizing the Universal Periodic Review to advance SRHR for young people	
12.20-12.35PM		**Brian, Fariah, Clement, Perece, Mwinyi , Emmanuel, Ikenna & Robert**			**Plenary**

12.35-1.35PM*- PANEL *DISCUSSION ***Moderator:*** *Beverly Nkirote -NAYA Kenya*

Women Link Worldwide - The effect of criminalization of pregnancy related crimes issues on unsafe abortion

1.35-2.10PM - Nutrition Break

2.10-2.30PM - Entertainment

2.30-3.30PM- Closing Ceremony

(i) MaqC Eric Gitau

(ii) Nelly Munyasia

(iii) Prof. Karanja

3.00-5.00PM - Annual General Meeting (RHNK Members**)**

BONFIRE PROGRAM

YOUTH SRHR VILLAGE

Theme: For Youth, With Youth, By Youth

Date: 2nd December 2020

Time 7:00-10:00 PM

No	Title	Time	Person Responsible
1.	Preliminary (Face painting and entertainment)	6:30-7:00 pm	Faith Opiyo
2.	Grand Entrance	7:00-7:30 pm	Dominic Kimita
3.	Skits and Talents	7:30- 8:00pm	Dominic Kimita
4.	Welcome remarks	8:00-8:10pm	Evelyn Odhiambo
5.	SHE DECIDES AFRICA · Kenya · Malawi · Uganda	8:10-8:40pm	Beverly Nkirote Willson Chivhanga Patrick Mwesigye
6.	Break out group session into respective regions	8:40-9:00pm	Dominic Kimita
7.	Group Presentations	9:00-9:25pm	Dominic Kimita
8.	Recommendations and Conclusion	9:25-9:35pm	Faith Opiyo
9.	Closing and entertainment	9:35-10:00pm	Dominic Kimita


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THEMATIC AREA 1

UNSAFE ABORTION AMONG ADOLESCENTS (ADDRESSING HIGH MATERNAL MORTALITY AND MORBIDITY)

REGIONAL EFFORT ENSURING ACCESS TO SERVICES FOR ADOLESCENTS AND YOUNG WOMEN IN THE TIMES OF COVID19

Phonsina Archane Ebankoli

BACKGROUND

The MAMA Network represents a regional movement of reproductive health and rights activists working to share evidence-based and stigma-free information about self-managed medical abortion and sexual and reproductive health and rights directly with women on community level. MAMA Network aims to expand activism at the community level in across Africa. Maternal morbidity and mortality related to complications of unsafe abortion are major public health problems. Around 56 million abortions are performed each year in the world with a little under half done unsafely (WHO, 2012).

OBJECTIVES

The risk of unintended pregnancies among adolescent girls and young women are greater due to the global pandemic of COVID19. Integrated interventions for Adolescent girls and young women with efforts to address early and/or unintended pregnancy, unsafe abortion, sexually transmitted infections and combat violence against women and girls ensure that adolescent girls and young women have the power to make decisions over their own lives. With current world order, the need for information and access to safe services is primordial to combat unsafe abortions and ensure access to reproductive health services.

METHODOLOGY

The MAMA Network supported the launch of 11 hotlines, with 6 launched in these times of the pandemic. The hotlines have played a significant role to give adolescent girls and young women access to sexual and reproductive health and rights information, in particularly safe abortion and contraceptives.

RESULTS

To strengthen leadership at the grassroots level and facilitate networks of local and regional activists to work towards a shared goal a two (2) weeks training program on hotlines followed by weeks of mentorship designed by TICAH and WHW supports member organizations to launch hotlines in their community. The first 6 months of the lockdown and COVID19 restrictions worldwide saw 9 organizations with ready resources for implementation virtually trained and 6 hotlines launched. The 9 participants came from Kenya, Liberia, Congo Brazzaville, DRC Congo, Nigeria, South Africa and Gambia. MAMA also Network supported organizations with small grants of 7000$ to 10,000$.

CONCLUSIONS

Despite existing challenges on restrictions to movement and scarcity of reproductive health commodities globally, launched

hotlines in their first days of implementation record a minimum of 5 calls a week, with the highest number being 22 calls. Characteristics of the calls vary per country. Despite access to limited resources, hotlines adopted new and improved marketing strategies have been implemented with updated posters, resources and interactive posts and campaigns on social media.

RECOMMENDATIONS

We have designed a training tailored to hotlines that can be easily adjusted for upcoming projects. Furthermore we are in the process of building a manual to launch hotlines that can facilitate replication. We have successfully set up a mentoring project in which more mature hotlines support and teach the recently launched ones. This system facilitates peer-to-peer learning and it's easily replicable in the future.

KEYWORDS

Adolescents and young women, Reproductive Health and Rights Information, COVID-19, Hotlines, Re-grants, organizational

STIGMA REDUCTION ON ABORTION AMONG GIRLS AND YOUNG WOMEN IN KIBRA, NAIROBI

Rehema Abdulrazak, Brian Mukasa

mentorship, Capacity building.

BACKGROUND

Heavy bleeding, uterine perforations, incomplete abortion are some of the complications caused due to unsafe abortion leading to high maternal mortality and morbidity in developing countries.

It is recognized that unsafe abortions have significant implications for young women's physical health; however, women's perceptions and experiences with abortion-related stigma and disclosure about abortion are not well understood. This finding examines the presence and intensity of stigma in the informal settlements and seeks to understand how stigma is perceived and experienced by young women who terminate an unintended pregnancy and influences her subsequent disclosure behaviors. The stigma of abortion is perceived more evident in countries where abortion is highly restricted. In Kenya, these complications contributes to 30-40% of all maternal deaths and 13% globally. This constitutes to 362/100,000 maternal mortality due to unsafe abortion and live births. (KDHS, 2014). Globally, pregnancy with abortive outcomes contributes to 8.5% maternal mortality. Yearly, 45% of those who receive care for the complications caused by unsafe abortion are adolescent and young women aged between 12-19 years. I choose Life Africa, through its project dubbed "HI-FIVE" pressed to reduce stigma and myths on early pregnancy and unsafe abortion by implementing the project in kibra and mukuru kwa Njenga where we reached around 7000 adolescents.

OBJECTIVES

To get information on girls and young women to help come up with a better framework to de-stigmatize the issues. To help identity good practices and interventions that are youth friendly to address stigma and myths around sexual reproductive health and advocacy.

METHODOLOGY

A total of 834 girls and young women were randomly selected from the thirteen villages in kibra and filled a questionnaire. A qualitative data was also collected via focus group discussion (FGD) using some questions and topics in the "Dance4Life" and Unicef tool kit. The questions were structured in relation to the topic of study. A survey was followed by an intervention and open discussions to asses' stigma on abortion and how best it can be tackled.

RESULTS

During the survey, 95% of the girls and young women viewed abortion as a taboo and that they aren't allowed to talk to anyone about it. This number was reduced to 150 after three months of mentoring and follow up interventions. Additionally, 84% of the girls and young women corresponded that ladies who have gone through abortion shouldn't be married in a society posing a big risk of stigmatization and that they shouldn't be treated equally as others. This perception changed after 1 year intervention where only 30% could still agree to the fact. Initially, half of the population agreed to the opinion that girls shouldn't even mention abortion as it brought shame to them, this situation change and only 126 adolescents could cite the same. Most of the correspondence could adhere to the fact and believed strongly in making healthy decisions after 1 and a half year. 87% mentioned that poverty and lack of money were some of the causes leading to unintended pregnancies at an early age, transactional sex being the leading cause, some light was shade after 1 year intervention where only 24% could still stick to the same opinion.

CONCLUSIONS

From the study results, stigma and perception of abortion among adolescents girls and young women can be changed. There is need to increase awareness on abortion related cases and to enhance the ability to have an open discussion on safe abortion services in the informal settlements. Reproductive health services should be made affordable for the young girls as this will reduce maternal mortality.

RECOMMENDATIONS

From the results, there is need to reduce stigma on abortion and increase areas of interventions that enhances sexual reproductive health and rights education among the adolescents and young people.

CONTRACEPTION AND PREGNANCIES IN THE CONTEXT OF COVID-19 LOCKDOWN AND SHORTAGES IN KENYA

Dr. Anastasia Mirzoyants (Shujaaz Inc), Sylvia Thuku (Shujaaz Inc), Norah Kopi (Shujaaz Inc), Caren Namalenya (Shujaaz Inc), Camilo Antillon (Rutgers)

BACKGROUND

As shown by the post-Ebola-outbreak research, a pandemic has a significant negative impact on other issues around health, including sexual and reproductive health. At the early stages of COVID-19 pandemic in Kenya, we can already see increasing reports of financial despair and abuse (including denial of contraception and transactional sex), which disproportionately affects youth and women. With most clinics focused on care for COVID-19 patients, SRH needs of young females are losing priority status. This is of great concern for organizations working on SRHR issues, such as Rutgers and Shujaaz, and other partners in the "She Makes Her Safe Choice" program. Shujaaz Inc have set up a rapid-response data-collection and dissemination framework to continue tracking, understanding and addressing the health challenges of adolescent girls. We believe that continuity in attending to the SRH needs of this population group will contribute to the social, economic and health recovery post-COVID.

OBJECTIVES

The goal of this project is to amplify the voices of young females living through the largest global health and economic crisis in the past several decades and to collect nuanced stories and analysis of shifts in knowledge, attitudes, perceptions, norms and behaviors in SRH in the COVID-19 context.

METHODOLOGY

The study uses a mixed-method and mixed-mode approach. The data are collected through a combination of video-diaries done by a group of girls across Kenya, focus group discussions and other interactive group engagements on WhatsApp, audience feedback to Shujaaz media via SMS and on Social media, as well as Big Data analysis of social media conversations over time.

RESULTS

The study aims at creating a comprehensive overview of the lives of adolescent females across Kenya during the period of the COVID-19-related lockdown and economic downfall with the focus on sexual and reproductive health, including the type of relationships the girls sustain during that period, their use of contraception, encounters with unintended pregnancies and threat of STDs and so forth. Understanding girls' realities, the changes in the context around them, and the choices they are making as part of daily survival is critical to enabling development stakeholders to respond to their needs with rapid, relevant and accessible support mechanisms. This

presentation will provide examples on how to set-up and activate a rapid-response data-collection, analysis and dissemination framework to identify and support the most vulnerable groups during the time of crisis.

The stories will be presented from the perspectives of the girls, who would be grouped into several segments – each with a detailed description and video testimonies. The presentation will also explore in detail the actionable insights that resulted from the Shujaaz research work and how they were used by the SRH donors and implementers in Kenya.

CONCLUSIONS

As we are learning about the full extent of the impact of the pandemic on the lives of the most vulnerable members of the global community, it is critical to understand the context in which this impact is happening and will need to be addressed.

RECOMMENDATIONS

We believe this presentation is an important step in empowering adolescent girls by bringing their voice to the room, by bringing them into the decision-making process, and thus, ensuring girls' buy-in and ownership of SRH interventions in Kenya and Africa.

KEYWORDS

ASRH, SRH, COVID-19, economic and health crisis, adolescent females, contraception, teenage pregnancies, unintended pregnancies

THEMATIC AREA 2

ASRHR PROGRAMMING (INTEGRATION OF HIV, KEY POPULATION: SEX WORKERS, INCLUSION-SOGIE, DRUG AND SUBSTANCE ABUSE, CONFLICT AND HUMANITARIAN CONTEXTS)

SEX WORKERS RIGHTS ARE HUMAN RIGHTS

Silvia Okoth

BACKGROUND

Sex workers in Kenya, more so young sex workers are often subject to violence. Our nature of work is termed as a taboo to most African communities, thus making us very vulnerable to the society as most people in our communities do not consider us as human beings. Sex work is criminalized in most African countries and these puts sex workers between a rock and a hard place as it is hard for a sex worker to go and report to a police station after being violated. These is because we even have some of our police officers as the perpetrators and it becomes even harder for a sex worker, so she just chooses to remain silent after being violated.

METHODOLOGY

In collaborations with the Kenya Red Cross and the Paralegal Support Network {PASUNE} we were able to train 30 paralegals. We have also been holding consultative forums with the law enforcers so that we can try bridge the gap between the sex workers and them. BHESP is also working with human rights organizations for legal support and for protection of our sex workers.

RESULTS

We have been able to identify, recognize and address sex workers issues and problems and how best we can come about with the solutions, these was done through derived conclusions after advocating for policy change with the law makers and law enforcers.

BHESP has always been Actively involved in relevant forums and convening meetings that bring together all stakeholders all the way from the community, the law enforcers, the local administration these has helped us in building a good rapport with the community stake holders which was not the case some years back. We also count these as an achievement for BHESP.

Working closely with our sex workers in the search for practical and efficient solutions to their challenges has helped in providing optimum services to our sex workers. As our famous slogan says “nothing for us without us”.

CONCLUSIONS

There is growing evidence of the importance of addressing the structural and legal barriers that affect sex workers. Ending the AIDS epidemic as a public health threat would require translating this evidence into practice, including by ensuring that governments and all stakeholders prioritize and intensify efforts to protect the human rights of sex workers and to increase their access to HIV prevention and treatment services. BHESP is on the frontline to ensure that sex workers are treated as other human beings in ensuring that she /he is able to enjoy his/her rights freely.

RECOMMENDATIONS

All countries should work toward decriminalization of sex work and elimination of the unjust application of non-criminal laws

and regulations against sex workers. Our government should establish laws to protect against discrimination and violence, and other violations of rights faced by sex workers in order to realize their human rights and reduce their vulnerability to HIV infection and the impact of AIDS -Antidiscrimination laws and regulations should guarantee sex workers' right to social, health and financial services.

KEYWORDS
Sex work is work
Nothing for us without us
Respect us we matter

EVALUATION OF PROMOTING THE PARTICIPATION OF GIRLS AND YOUNG WOMEN IN SECONDARY SCHOOL IN NAIROBI AND SIAYA

Gatuha, Mungai K.; Ng'ang'a, Nyambura C. c/o Trócaire - Kenya

Include us we deserve better

BACKGROUND

Adolescent girls and young women (AGYW) experience higher school dropout rates due to lack of support available to effectively deal with gender-related issues, specifically puberty, sexuality, reproductive health and HIV. This project aimed to support adolescent girls and young women (AGYW) living in Siaya County and in the urban informal settlements of Mukuru and Kangemi in Nairobi to transition from primary to secondary school, to return to secondary school if they have dropped out, and to complete secondary school education upon transition.

OBJECTIVES

The main objective of the project was to increase the rate of enrollment and retention of AGYW (aged 15-24) in secondary school in target areas (Sihay, Nyalenya, Mukuru, & Kangemi).

METHODOLOGY

We adopted a participatory consultative approach and a mixed methods design, specifically partially mixed concurrent equal status design. Partially mixed implies that quantitative and qualitative findings are integrated after completion of data analysis; concurrent implies that quantitative and qualitative data were collected concurrently; and equal status implies that both qualitative and quantitative data were accorded equal weight in addressing the evaluation questions.

RESULTS

Lack of school fees and early pregnancy emerged as the main reasons for school dropout, cited by 87% and 11% of the girls respectively, but the risk of dropout decreased over time. There was a slight increase in the proportion of girls who felt the community embraced stigma and discrimination against them, that is, a 5% increase in the proportion of girls who felt the community's view is that "it is better for boys to go to school than girls." However, knowledge and attitudes expressed by community members with regards to AGYW's education improved. A significant

improvement in AGYW's perception of their confidence and self-esteem was noted: a 24% increase in the proportion of girls who felt "satisfied with themselves" and a 14% increase in the proportion of those who felt "confident to achieve the things they set to do." The girls also increasingly felt "good about their abilities compared to others" and can "stand up for themselves and what they believe in."

The proportion of girls reporting experiencing SGBV reduced by 4-10% and that for girls who reported experiencing intimate partner violence (IPV) in the last 12 months dropped for almost all perpetrator categories. A 5% decrease was noted in the proportion of girls reporting that they had been "hit with a fist or something else that could hurt them" or someone "physically forced them to have sex against their will."

CONCLUSIONS

There is need to conduct a context analysis including risk analysis. Specifically, it is important to plan from the beginning the pathway for girls to schools, including adequate budget to support their transport (bus fare, use of bicycle, etc.) to/from school and ensure their safety in the process. The use of community conversations as a community mobilization approach was very impactful.

RECOMMENDATIONS

Given the multidimensional nature of AGYW vulnerability, continuous application of multidisciplinary approach (as opposed to single interventions, sectors, or disciplines) is appropriate. The is need to provide an innovation that can help the Government of Kenya (GoK) to fulfill its commitment to the re-entry policy were it to be scaled up countrywide.

KEYWORDS

Adolescent girls and young women (AGYW), dropout rates, rate of enrollment and retention and transition.

LESBIANS, GAYS, BISEXUALS, TRANSGENDER, INTERSEX AND QUEER VOICES MATTER!

Yusuf Nyanje Anunda

BACKGROUND

Being queer is still frowned upon our societies, denying queer youth the joy and freedom of enjoying both their social and sexual lives.

Worse, Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning (LGBTIQ) youth have to bear with being minimally involved in decision/budget making processes both at the national, county levels unlike their heterosexual peers. Stigma and discrimination has denied them the chance to participate and be meaningfully involved in development of policies/budget processes which in turn have serious implications on their sexual reproductive health lives and needs as we only see development of policies that are only responsive to the sexual reproductive health needs of their non queer peers hence leaving them vulnerable to sexual reproductive health risks, in as much as article 43 (1) (c) and 53 (1) (c) of the constitution recognizes the need to protect,

respect, promote and fulfill the rights of the vulnerable as per Article 21 of the constitution in all matters regarding health.

OBJECTIVES

1. Meaningful involvement of the Lesbians, Gays, Bisexuals, Transgender, Intersex and Queers(LGBTIQs) youth/adolescents as vulnerable members in accordance to the article 43 (1) (c) and the Article 53 (1) (c) of the Kenyan constitution in relevant policy/ budget making processes that have an impact on their sexual reproductive health needs.
2. Strengthen the capacity of the Lesbians, Gays, Bisexual, Transgender, Intersex and Queer youth to be able to influence policy development or influence policy adjustments to promote and safeguard their sexual reproductive health needs and rights.
3. Have relevant policies and institutions that are alive to the sexual reproductive health need and rights of the Lesbians, Gays, Bisexual, Transgender, Intersex, Queer youth through meaningful involvement.

METHODOLOGY

1. Support and strengthen existing platforms like the public participation framework to provide for full and meaningful engagement of the LGBTIQ youth to be able to champion and advocate for their sexual reproductive health needs.
2. Ensure existing relevant sexual reproductive health policy like the National Adolescent Sexual and Reproductive Health policy does only not have general sexual reproductive health content but also has content that responds to the sexual reproductive health needs of the queer youth.
3. Use of allies by LGBTIQ programs to dispel myths and misconceptions on the LGBTIQ community.

RESULTS

1. Increased policies and interventions that reflect the sexual reproductive health needs and rights of the queer youth hence reducing inequalities in access to quality and comprehensive sexual reproductive Health services and information.
2. Strengthened platforms for engagements and participation like the public participation framework that will see increased involvement and meaningful participation of queer youth to champions and advocate for their sexual reproductive health needs and rights.
3. Reduced stigma and discrimination against member youth/adolescents of the LGBTIQ community through use of allies.

CONCLUSIONS

It will be difficult to realize the three zeros in HIV/AIDS interventions if key players will not adopt the key population; SOGIE,as one of the key players in achieving zero new HIV/ AIDS infections as the KP belongs to the most at risk population.

RECOMMENDATIONS

There is dire need for realizing LGBTIQ-inclusive policies and institutions that will give an enabling environment for the LGBTIQ youth to enjoy their sexuality and participate meaningfully in processes that promote and safeguard their sexual reproductive health devoid of any barriers just like their peers.

KEYWORDS

Queer is an umbrella term for the sexual and gender minorities.

LGBTIQ-Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning

KP-Key population.

THEMATIC AREA 3

COMPREHENSIVE SEXUALITY EDUCATION (TEENAGE PREGNANCY, MATURATION CHALLENGES)

CREATIVE APPROACH FOR PROVIDING CSE AMIDST COVID19

Dollarman Fatinato, Josephine Odhiambo

BACKGROUND

With the spread of COVID-19, it is critical that adolescents, and young people continue to have access to sexual and reproductive health (SRH) information and care. Yet, SRHR and related services are already at risk around the world. In Kenya we've seen an increase in cases of teenage pregnancy, gender based violence among other violations against adolescents, many of this cases can be attributed indirectly to the set measures of containing the spread of the virus including staying at home especially for students.

Adolescents have different developmental needs than adults.COVID-19 social distancing requirements have a different emotional impact on them than adults. Depending on their age and developmental stage, early pregnancies maternal mortality, morbidity, and gender-based violence is bound to happen if no interventions are made. It's important that we use the available platforms such as social media to ensure young people continue to receive sexuality and development information uninterrupted.

OBJECTIVES

The objectives of this program are to: reduce cases of teenage pregnancies, equip adolescents with developmental life skills and provide safe online spaces for adolescents to engaging among their peers, parents and teachers.

METHODOLOGY

Provision of high-quality, age- and developmentally-appropriate sexuality and relationship education has proven to reduce vulnerability of young people to harmful sexual behaviors and sexual exploitation and prepare them for a safe, and productive. This program dabbed Preparing for school has and continues to integrate the use of social media platform (What's app), while working closely with teachers and parents to reach boys and girls with appropriate knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships, consider how their choices affect their own well-being and that of others.

RESULTS

Preparing for school (P4S) program was initiated by AFYAHR which is a network under The Centre for the Study of Adolescence (CSA), this was sparked by the restrictive measures to contain the spread of COVID-19 which has made it even more difficult for young people to access sexual and reproductive health and rights (SRHR) services, including comprehensive sexuality education (CSE) and contraception; putting them at greater risk of early adolescent pregnancies, gender-based violence (GBV), sexually transmitted infections (STIs) and unsafe abortion which contributes greatly to maternal mortality among adolescent and young people.

P4S provides access to sexuality and development information to adolescents and young people through what's app and other similar digital platforms. The

young people are be able to understand emotional up and downs, learn how to identify and appreciate body changes. With this intervention adolescents are able to get accurate information about sexuality and love, both boys and girls unlearn and learn about menstrual cycle, early pregnancy and implications of the same.

CONCLUSIONS

Digital integration and dynamic approach is high priority for ensuring continuous access to sexuality information among adolescent and young people. Meaningful involvement of parents and teachers in designing CSE digital information materials and delivering to adolescent will make it seamless and impactful.

RECOMMENDATIONS

Integrating digital provision of CSE that is no-discriminatory, culturally acceptable, age appropriate together with teachers, parents and other relevant stakeholders that complements the in-person including classrooms delivery of information, availing one-stop center to provide adolescent and young people friendly reproductive health services, will significantly improve SRH outcomes among young people.

KEYWORDS

Comprehensive Sexuality Education
Sexual Reproductive Health and Rights
COVID19
Gender Based Violence
Teenage Pregnancy

DELAYING EARLY PREGNANCY IN TWO MARGINALIZED AREAS OF KENYA - ADOLESCENT GIRLS INITIATIVE KENYA (AGI-K) END-LINE RESULTS.

Mbushi-Njagah, F., Kangwana B., Austrian, K. *Population Council – Kenya*

BACKGROUND

Early pregnancy is a challenge for girls in Kenya which often has immediate effects on girls' educational opportunities, future implications for her own social, health and economic outcomes, as well as negative impacts on their children. However, early pregnancy is an outcome shaped by the myriad of issues shaping an adolescent girl's life – including community norms on gender roles, violence and the value of girls, barriers to formal education, household poverty, lack of economic independence, experience of violence and social isolation. Starting in early adolescence, girls living in marginalized environments face an intertwined set of challenges that set them on the course to experience multiple negative events that both result in or follow from early pregnancy. Therefore, it is critical to intervene early.

OBJECTIVES

The goal of AGI-K is to test packages of four multi-sectorial interventions, rather than only single-sector interventions.

METHODOLOGY

The Adolescent Girls Initiative–Kenya (AGI-K) delivered the multi-sectorial interventions to over 6,000 girl's ages 11–15

in two marginalized areas of Kenya: 1) the Kibera informal settlement in Nairobi and 2) Wajir County in Northeastern Kenya. These interventions were carried out for two years (2015 – 2017) and comprised a combination of girl-level, household-level, and community-level interventions. The End-line Survey was conducted two years after the completion of the interventions in 2019. The hypothesis is that these interventions would build girl-level social, education, health, and economic assets, as well as improve household economic assets in the medium term, which will lead to delayed childbearing in the longer term. A randomized controlled trial (RCT) was used to compare the impact of three different packages of multi-sectorial interventions relative to a single community-level intervention, to assess if and how intervening in early adolescence will impact girls' life chances.

RESULTS

In Kibera, two years after the intervention, the CCT had an impact on delaying sexual debut and pregnancy by 27% and 43%, respectively. In addition, there was a modest increase of 5% on primary school completion and transition to secondary school. Finally, households that had received the CCT had 7% relative higher wealth status. In Wajir, two years after the intervention, for girls who were out of school at baseline, the CCT led to long term improvements in delayed marriage (50% v. 30%) and pregnancy (34% v. 17%). There was also sustained school enrollment (16% vs. 45%), as well as improved literacy and numeracy.

CONCLUSIONS

Overall, the two year follow up results largely confirmed the AGI-K theory of change and held up the notion that an investment in early adolescents amongst the right groups of marginalized girls would have short-term benefits on asset accumulation, educational attainment and household economic status that translated into longer term impact on delaying childbearing. In addition, the causal mechanisms for delaying childbearing proposed – delaying sexual debut in Kibera and delaying marriage in Wajir – were also confirmed by the long-term results.

KEYWORDS

Delaying early pregnancy, Adolescents, delaying sexual debut, delaying marriage

UNCOVERING THE TRUE BURDEN OF TEENAGE PREGNANCIES ON THE NEWBORN

Nelson Akoth, Sarah Oracha
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BACKGROUND

The impacts of teenage pregnancies in Kenya are many and complex. Studies are showing varied results of teenage pregnancies with few touching on the real life after child birth. Teenage pregnancy statistics indicates high rise, there's limited studies on its consequences on the child.

For most teenagers, the real consequences of having a child at a young age are not known. While much focus has been on the teen mothers, teen kids are going through devastating experiences unnoticed because no one speaks out the realities of the impacts on them.

OBJECTIVES

Leaving no one behind in addressing the three zeros

METHODOLOGY

Community advocacy through real life story sessions for 100 kids born to teenage mothers and 100 teen mothers to stand up and speak out and trigger community action towards ending teenage pregnancies

Using testimonies to advocate for establishment of psychosocial and socioeconomic support structures at all levels of government and influence policy change in regards to parental rights and responsibilities

Advocate for positive inclusion of teen kids in SRHR programming as beneficiaries as well as co decision makers

RESULTS

Effects of teenage pregnancies on the newborns; lowered general health, increased risk of infant death; being anemic; retarded cognitive development; lowered educational achievement; lowered job attainment: increased behavior problems; lowered impulse control; warped social development; self-hatred; negligence; increased welfare dependency. With integration to other community based interventions, there's a gradual reduction in teenage pregnancies from 31% in 2018, 27% in 2019 and 22% in 2020. These would be replicated from the teen mother's cycle of teenage pregnancy pains

CONCLUSIONS

When teens are exposed to age appropriate information about the results of an unplanned teenage pregnancy, they are self-forced to analyze whether sex is worth the risk of forever changing their lives, and those of their future children or worse their early grave

RECOMMENDATIONS

Teens need to be aware of the harsh reality of raising a baby; negative implications of unplanned pregnancy on both the mother and the child's lives and that it takes a toll on other aspects of their own and the newborns lives, and the high probability of the cycle repeating once this child becomes a teen. However age legal issues (consent), fear of shame and loss of reputation hinders teen moms and kids to talk about their life experiences. To envisage this, we're normalizing the stories without documentation and looking into having inter communal story centers.

UTILISING THE UNIVERSAL PERIODIC REVIEW TO ADVANCE SRHR FOR YOUNG PEOPLE

Robert Aseda, Victor Rasugu

BACKGROUND

The constitution of Kenya guarantees the right to the highest attainable standard of healthcare including reproductive health for all. Further, Kenya has developed key policies and guidelines on sexual and reproductive health and rights including access to comprehensive sexuality education and comprehensive youth friendly services. However, young people still face critical SRHR challenges including high HIV/AIDS prevalence, teenage pregnancies, sexual and gender-based violence and unsafe abortions. They are also unable to access comprehensive youth friendly services and information for informed decision making. These policies and frameworks have not been properly disseminated, resourced and implemented. Accountability mechanisms such as the Universal Periodic Review provide an opportunity to advance SRHR by holding decision makers accountable.

OBJECTIVES

Advance SRHR in Kenya through the Universal Periodic Review

METHODOLOGY

Kenya was reviewed by the United Nations Universal Periodic Review in January 2020 and the official report was adopted in the 45th session of the Human Rights Council in September, 2020. NAYA led a CSO taskforce to develop and submit a shadow report on the SRHR situation in Kenya, participated in the UPR pre-sessions in Geneva and held bilateral meetings with over forty states to advocate for them to give recommendations on SRHR. The shadow report included situation of unsafe abortions, inadequate youth friendly services, discrimination due to SOGIESC and comprehensive sexuality education.

RESULTS

Following the submission of the shadow report and engagements with UN member states, the UN member states gave Kenya specific recommendations to respect, protect and fulfil sexual and reproductive and health and rights including by developing a reproductive health law, strengthening access to comprehensive youth friendly services and comprehensive sexuality education. Of the recommendations given, Kenya accepted key recommendations on health and SRHR including to develop and adopt appropriate legislative and administrative measures to combat discrimination against women as well as discrimination and violence against lesbian, gay, bisexual, transgender and intersex people, implement a comprehensive policy to ensure gender equality, particularly in enhancing the participation of women in decision-making, amend discriminatory laws against women and eliminate harmful practices and gender-based violence against women and girls, collect and analyse disaggregated data on women with the aim of combating discrimination based on religion, ethnic background, age, health, disability

or sexual orientation and to take additional measures to eliminate discrimination and harassment in the workplace, including on the basis of sex and sexual orientation and gender identity.

CONCLUSIONS

The Universal Periodic Review is a critical accountability mechanism to strengthen the domestic policy and legal framework on SRHR and to hold government accountable to their duty to respect, protect and fulfil SRHR.

RECOMMENDATIONS

The Universal Periodic Review is a critical accountability mechanism to strengthen the domestic policy and legal framework on SRHR and to hold government accountable to their duty to respect, protect and fulfil SRHR.

KEYWORDS

Accountability, UPR, SRHR

THEMATIC AREA 4

Menstrual Health in ASRHR

KNOWLEDGE, ATTITUDE AND PRACTICES TOWARDS MENSTRUATION AND THE PREVALENCE OF MENSTRUAL PATTERNS AND DISORDERS AMONG ADOLESCENTS IN SECONDARY SCHOOL IN ADO-ODO OTA LOCAL GOVERNMENT AREA (A SEMIURBAN ENVIRONMENT)

Dr. Mary O. Agoyi, Prof. Kofo A. Odeyemi, Dr Doyin Ogunyemi

BACKGROUND

Adolescence is an important phase of growth and development from childhood into adulthood which spans over the ages of 10 – 19 and in females, it is accompanied with a major change; Menstruation – a mark of womanhood into motherhood – which makes the big difference in the life time of females.

Menstruation, starting in adolescence as part of puberty, can be defined as a natural physiologic process of monthly bleeding or shedding of a female's uterus lining in her womb par vagina. However, it has become an important part of the growing issues contributing to the morbidity of the female population as it has a direct and indirect effect on their reproductive health and features, while adolescents are the most susceptible making up to one – quarter of the world's population.

OBJECTIVES

This study is aimed to access the knowledge, determine the attitude, practices and prevalence of menstrual patterns, disorders and hygiene among secondary school adolescents in Ado-Odo Ota LGA, Ogun State, Nigeria.

METHODOLOGY

A descriptive cross sectional survey using self-administered questionnaire was carried out among 408 secondary school adolescent girls between the ages of 10 – 19 in public secondary schools with junior and senior students in Ado Odo Ota Local Government Area, Ogun state.

RESULTS

The mean age of respondents was 14.17±3.64 years, 91.18% of them have heard about menstruation, 31.86% had good knowledge and only 2.70% had excellent knowledge of menstruation (including knowledge on menstrual cycle, safe period and menopause). Well over half of the girls (68.38%) had positive attitude towards menstruation while a range of 3.92% - 16.42% of the respondents had no attitude towards menstruation. 63.97% of the girls had attained menarche, the mean monarchal age was 12.85±1.49 years and mothers were the main source of information and help for menstruation. Most prevalent menstrual symptom and disorders were abdominal pain (45.60%), PMS (67.43) and dysmenorrhea (66.28). health seeking behaviors for menstrual issues was low and religious participation was the most affected activities during menstruation. Generally, most of the respondents had fair to good menstrual hygienic practices, with cost of sanitary pads, lack of knowledge and lack of conducive bathroom and toilet in school has the major setback.

CONCLUSIONS

The level of complete knowledge about

menstruation and its related issues among adolescent is significantly low, although most had a good attitude towards it and some ideal practices are being left out. Some unhygienic or unhealthy practices related to menstruation and various menstrual patterns and disorders are prevalent among adolescents.

RECOMMENDATIONS

Parents (most especially mothers), sisters, schools, mass media, health professionals and centres, religious groups, the community, various leaders and government should be well equipped and provide a conducive enabling environment for the health of adolescents – a special fraction of the world's demography.

KEYWORDS

Adolescents, Menstruation, Menstrual Hygiene, Menstrual Disorders

SUPPORT EMPOWER ENABLE (SEE) PILOT PROJECT

Wanjeng'u Mike, Arthur Onyango and Sharon Ouma

BACKGROUND

MeTA Kenya CSOs Alliance is a youth-led network of organizations in Kisumu County and it focuses on mental health, SRHR, and gender equality. On this account MeTA Kenya CSOs Alliance observed that Menstrual Health Management (MHM) was one of the factors leading to the rise of teenage pregnancy and HIV among AGYW, with 21% of new HIV infection occurring among AGYW between 15-24 years mostly as a result of transactional sex. 15% of teenage girls contribute to the burden of Kisumu teenage pregnancy cases (KDHS, 2014). Adolescent girls miss 3.5 million learning days each month and are at increased risk of school drop out because of lack of MHM commodities and the shame associated with menstruation (Jewitt. S & Ryley. H, 2014). This in the long run leads to slow development and risk of missing out on the potential of achieving the much-anticipated demographic dividend.

OBJECTIVES

Main Objective:

Ensure that environment is supportive, girls and young women are empowered and are enabled to access MHM resources making it possible for them to achieve their fullest potential.

Objective 1:

Ensuring that decision-makers acknowledge the gender disparities resulting from lack of MHM facilities and commodities and potential impact of providing them.

Objective 2:

Adolescents and young people have access to correct SRHR information and are supported, empowered, and enabled them to handle their menarche and subsequent period.

Objective 3:

Eliminate MHM taboo in the community and build male support for access to sustainable quality menstrual health support through family and community support.

METHODOLOGY

1) Advocacy meetings and sensitization on MHM for decision makers. (schools, county officials, political leaders, Religious leaders)
2) SRHR education and MHM training for both adolescent girls, boys, young men and women community MHM drives and commodity distribution among a selected cohort.
3) Community dialogues on MHM, parent to child communication training of community tailors to make reusable pads, men to men talk on their involvement in MHM.

RESULTS

1. Leaders, CSOs and County government are embracing and are joining distribution of MHM commodities.
2. Participating adolescent boys, girls, young men and women have reduced stigma and are supporting young girls to have their periods with dignity.
3. Parents especially fathers are supporting girls to access sustainable MHM commodities (reusable pads).

CONCLUSIONS

MHM is an important component of women empowerment and sustainable development. If all the community is involved, MHM can be more sustainable enhancing gender equality and equal participation in the society. Men can be equally concerned about MHM if women are open to discuss with them

RECOMMENDATIONS

There is need for more meaningful advocacy and community dialogues to rope in the boy child into the conversation of MHM and as such galvanize support for the same in the households and community at large. This will go a long way in giving our girls dignity as the have their menses.

KEYWORDS

Menstrual Hygiene Management (MHM)

IMPACT OF SANITARY PAD DISTRIBUTION AND REPRODUCTIVE HEALTH EDUCATION ON EDUCATION AND SEXUAL HEALTH OUTCOMES

Muluve, E., Kangwana B., Austrian, K. *Population Council – Kenya*

BACKGROUND

The onset of puberty and menarche is a particularly vulnerable time for girls, a time when they begin to show interest in the opposite sex and also become exposed to a myriad of external pressures, including sexual coercion or harassment from boys and men, expectations to marry from their families, and the need to perform well in primary school in order to qualify for secondary school. These pressures can be exacerbated by girls' lack of knowledge of their bodies, their rights, and the implications of their decisions, and by their inability to manage puberty and adolescence safely and comfortably with appropriate menstrual health and hygiene management (MHM) products. While several programs have previously been developed to address girls' MHM needs in Kenya, as well as globally, few have been rigorously

evaluated, and where evidence does exist, the results have been mixed. Existing studies are characterized by small sample sizes and predominantly rely on qualitative methods of self-reporting making generalizations and assessment of the challenges at scale difficult.

OBJECTIVES

The main objective of the research is to evaluate the effect of combining reproductive health education and sanitary pad distribution on girls' education and sexual health outcomes versus reproductive health education or sanitary pad distribution alone.

METHODOLOGY

This was a longitudinal cluster randomized controlled trial (RCT) The intervention was implemented across 140 public primary schools in three rural sub-counties of Kilifi County. The schools were randomly assigned, stratified by sub-county to one of four study arms:

Control;

1. Sanitary pad distribution;
2. Reproductive health (RH) education sessions; or
3. Both sanitary pad distribution and RH education. School size ranged from 25 to 138 girls; 25 girls per school were randomly selected into the research sample. Study outcomes included school attendance, RH knowledge and attitude, gender norms, acceptability of intimate partner violence and self-efficacy.

RESULTS

A total of 3,489 randomly selected girls in primary grade 7 were enrolled into the study with around 872 participants per study arm. Girls in arms 2 and 4 received on average 17.6 out of 20 packets of sanitary pads and girls in arms 3 and 4 participated on average in 21 out of 25 RH sessions. Pads led to improved menstrual hygiene management, RH education led to improved SRH knowledge, self- efficacy, gender norms and attitudes on menstruation. Combined intervention had stronger impacts on reducing shame/stigma around menstruation. Neither intervention had an impact on education outcomes.

KNOWLEDGE CONTRIBUTION

The findings suggest that sanitary pads, together with SRH, helped girls manage menstruation and feel better about their bodies and increased RH knowledge and attitudes. Neither sanitary pad distribution nor RH education, on their own or together, were enough to improve primary school attendance. The evidence however suggests that MHM education and products is an effective entry into a broader SRH and comprehensive sexuality education program for girls in school settings.

KEYWORDS

Adolescent girls
Menstrual health management
School attendance

INTEGRATION OF COMMUNITY - BASED MENSTRUAL HYGIENE MANAGEMENT IN ADOLESCENCE SEXUAL REPRODUCTIVE HEALTH AND RIGHT IN KILIFI COUNTY, KENYA.

Ms.Lucy Nyawira Maina

BACKGROUND

Menstruation is a normal biological process and an important point to understand women's sexual and reproductive health journey. It accompanies women from the beginning of puberty until menopause and is a predictor and indicator of health yet it is treated as something negative, shameful or dirty. Despite its importance health workers have often overlooked its value and as a consequence girls don't receive appropriate education about their menstrual cycle and fertility.

The continued silence around menstruation and limited access to information at home and in schools' results in millions of girls having very little knowledge about what is happening to their bodies and how to deal with it. This has contributed to lack of confidence and body ownership which are essential elements to make informed decisions throughout their sexual reproductive life.

Period management is affected by a number of other factors including limited access to affordable and hygienic sanitary materials and disposal options leaving many managing in an ineffective, uncomfortable and unhygienic ways. In some contexts, natural materials such as mud, leaves and dung are used to manage menstrual flow (UNESCO 2013, Puberty Education and Menstrual Hygiene Management).

Girls and women exchange sex for money to buy sanitary materials and some rely on 'safe days" as a method of contraception raising concern for STI and HIV risk exposure hence a need to integrated MHM in ASRHR to bring a greater impact in ensuring a secure healthy community.

OBJECTIVES

To integrate community based menstrual hygiene management in adolescent sexual reproductive health education in the community.

METHODOLOGY

The project was carried out within six months targeting girls and women in Kilifi County. Two community outreaches, four schools, two religious institutions and one dialogue were held to introduce discussions on MHM in ASRHR .Two entrepreneurial skill trainings were conducted whereby fifty female youths benefited. Two community chief barazaa's were held with the local leaders and parents to discuss ways on how to bridge the gap between parents and their adolescent children. Thirty youths (20female&10males) were trained on peer education, life skills, SRHR advocacy and MHM. Reproductive health partners were sought to provide free sanitary pads to girls who cannot afford them.

RESULTS

From the start of the project 700 girls and 400 women were reached and benefited in terms of economic empowerment and free sanitary

towels that reduced the cases of adolescent girls engaging in transactional sex. Informed and empowered experience of puberty and menarche increased body ownership and literacy as well as the ability to negotiate safe sex there by reducing the case of teenage pregnancies and unintended pregnancies in the community. Education and practice on good personal hygiene especially during menstruation reduced cases of urogenital tract infections. Identifying abnormal menstrual patterns in adolescence improved early identification of health concerns in adulthood .Impacting knowledge of valuing menstruation as a predictor and indicator of health was potentially useful in detecting signs of HIV ,diabetes ,endometriosis and cervical cancer .Menstrual health was a good entry point to discuss sexual health and family planning in conservative settings because it relates to puberty and bodily changes topics that are more easily accepted than contraception and sex. The result points to the need to enhance hygienic menstrual practices and to raise awareness on young women reproductive health concerns. This intervention led to increased community awareness and open conversations on menstrual hygiene and menstrual health issues.

CONCLUSIONS

In reproductive health, MHM should be included and taken into account since menstruation is an important and integral part of women's sexual lives and reproductive cycle. Menstrual health has a direct correlation to other sexual and reproductive health challenges affecting young women and girls like early marriages, unintended and teenage pregnancies.

RECOMMENDATIONS

There is need for joint collaborations between CSOs working on SRHR with the government to ensure integration of MHM in their programs and even in the health policy documents since it is an essential component of reproductive health of women and girls. Young people should be empowered and made co-implementers through equipping them with skills and advocacy on MHM and SRHR.

KEYWORDS

Menstrual Hygiene Management (MHM)
Integration
Sanitary towel
Policy documents
Civil Society Organizations (CSOs)
Adolescent Sexual Reproductive Health Rights (ASRHR)

#Men4Periods365 with The Period Man

Atito J, Achieng' R, Okong'o D, Ouma E, Nyambura L, Oginga P, Dr. Salma S

BACKGROUND

Significant barriers to high-quality menstrual hygiene management (MHM) persist across Kenya, remaining particular challenge for low-income women and girls. Girls face monthly challenges with 65% of women and girls unable to afford sanitary pads. Only 50% of girls discuss menstruation at home

and only 12% are comfortable receiving information from their mother. Although there is evidence illustrating problem of sex4pads, the evidence linking impact of poor menstrual health, an encompassing term for menarche and MHM, on critical outcomes is limited. Immediate opportunities exist to better support adolescent girls' MHM in Kenya, including improved access to timely menstruation and puberty education, improved product access and affordability for low-income consumers, integration of girl-friendly features into sanitation design and infrastructure, and political advocacy for improved MHM at the county level. 88.5 % of Kenyans use facebook, most aged between 21-35 years spending more than 3 hours on social media daily with 31% acquiring information.

OBJECTIVES

To use Facebook for breaking silence on period stigma and promote dignified menstruation.

METHODOLOGY

Atito identified a brand name "The Period Man". Using village based focused group consultative meetings with both girls and boys including male parents, he identified specific gaps in household MHM management. He started facebook page with the brand name. Using #Men4Periods365, he posts daily blogs, vlogs, e-posters, live coverage of community sessions, all with well researched MHM information. He tags MHM experts, gynecologists who respond to technical questions and do referral for related complications. Using both online and offline platform he sensitizes, capacity builds and advocates for men engagement in MHM, reducing sex4pads related HIV infections and pregnancies.

RESULTS

Since 2nd/01/2020 the inception of #Men4Periods365 campaign to 15th/09/2020, The Period Man initiative has reached 137,663 people via facebook page alone 67% being women and 33% Men with MHM education. At least 71% of people reached are between 13-34years. Through the same platform he has directly engaged with 7,987 people 64% women and 36 % men. Amongst the engaged people he has referred 11 cases of endometriosis and 3 ovarian cysts to experts, mobilized sanitary products worth Ksh150, 050/- and directly reached 2,781 via one on one consultative forums. At least 50 young men donate 2 packs of sanitary pads monthly from 1 technical college reached with men sensitization program. The Period Man is currently spearheading establishment of Mombasa county technical working group on MHM and taskforce to roll out a well-coordinated MHM programs by the county government. At least 22 organizations working on MHM programs have been identified across the country from online engagement which led to participation at the MHM inclusion Conference 2020 organized by Janet Mbugua in Nairobi and Men4Periods Conference 2020. At least 10 mobilization events were held in Mombasa leading to distribution of sanitary products to at least 2500 most at risk, vulnerable girls.

CONCLUSIONS

Misinformation related to MHM is still common. Girls report feeling shame and embarrassment during menstruation.

MHM products remain unaffordable and inaccessible to adolescent girls, especially those in informal settlement, pushing them to having sex4pads, hence risking HIV infections and pregnancies. However, most girls use facebook for information sharing and acquisition.

RECOMMENDATIONS

Facebook is very powerful in putting message across. It is flexible to utilize and share very authentic information. When used objectively it can be a medium to enable behavior change among users. With effective coordination and strategy, specified message can reach a very wide population hence creating desired results.

KEYWORDS

Periods, Menstrual hygiene management, Men-involvement, facebook.

THEMATIC AREA 5

SRHR FOR ADOLESCENTS AND YOUTHS WITH DISABILITIES

ENHANCING GOVERNMENT PARTICIPATION IN SRHR THROUGH A MULTI-SECTORIAL APPROACH A CASE NARRATION OF KILIFI COUNTY

Miriti K1 Onsase A2

BACKGROUND

1,498,647 people in Kilifi¬ County in 2018 (KDHS 2014 data estimates) 65% of the population is below the age of twenty-four. The SRHR issues of adolescents have been handled by department of health. However, adolescents are found everywhere especially in schools. Thus there was need to bring in multiple sectors to discuss strategies to address negative SRH outcomes among adolescents like teen pregnancies, GBV and HIV.

OBJECTIVES

To demonstrate the bene¬fits of multi-sectorial approach in responding to SRHR issues affecting adolescents and young people

METHODOLOGY

A desk review of existing documents was conducted in December 2018.

· Documents reviewed include; · A study by Faith to action on teenage pregnancies in Kilifi¬ · National AYSRH policy and policy framework of 2015 · National Gender Based Violence guidelines · National Family Planning guidelines · 4 FGDs with interest groups were conducted which included; · Adolescent's in and out of school · Opinion leaders · Parents · Religious leaders · Cultural leaders · Policy makers Results from the focused group discussions were analyzed to come up with strategic responses that informed the formulation of a ¬county strategic response document.

RESULTS

As a result of engaging multiple sectors in understanding and support SRHR issues among Adolescents:

1. Multi-sectorial taskforce formed to address adolescent pregnancies
2. Youth advisory council for health formed as a think tank for reaching AYP and informing strategies
3. Increased budget allocation by the county government to address SRHR for adolescents
4. Strengthening health system to ensure providers are trained and commodities available
5. Increased number of facilities providing adolescent friendly sexual reproductive health services from the initial 25 facilities to 75 facilities in one year of implementation and a pool of AYFS health care providers from 5 to 200

CONCLUSIONS

Multi-sector approach towards tackling ASRH issues in Kili¬fi County has proved to work in the early stages of the AYP strategy implementation, this approach combined with meaningful engagement of young people in policy formulation and reviews are key drivers to excellent ASRHR outcomes.

RECOMMENDATIONS

We highly recommend this model of advocacy fo all counties to achieve a meaning-

ful government participation in partner led SRHR activities, this approach can be modeled to enhance government commitment in all SRHR asks.

KEYWORDS
Government participation
Multi-sectorial approach

FEASIBILITY STUDY ON COMMUNITY LED INNOVATION INTERVENTIONS AS A PLATFORM FOR SRHR EMPOWERMENT AMONG KENYAN WOMEN WITH DISABILITY: CASE STUDY OF GIRLS AND WOMEN WITH DISABILITY FROM KIBRA INFORMAL SETTLEMENT IN NAIROBI COUNTY.

Dr Alice Kaaria MMed OB/GYN (UoN) / WSA Board Member, Phylis Ndolo-Director WSA and Krestein Mwai BACD (Hons) MDS Student (SPU)/ WSA.

BACKGROUND

The Kenyan Population and Housing Census 2019 revealed that 918,270 people aged 5 years and above had a disability. More females (523,883) than males (394,330) had disabilities. (KNBS, 2019). Being a Kenyan girl or woman and having a disability makes one double marginalized within the context of getting any form of SRHR services and information. The significant few previously funded projects concerning women with disabilities have focused on rehabilitation and economic empowerment and have been dis-empowering on Disability Sexual rights (NCAPD, 2008). Those that concerned safe abortion focused on able-bodied girls and women and GWWDs were passive beneficiaries. Few studies have explored the challenges faced by Women and Girls with disability in accessing Safe abortion related information and contraceptive care (Ahumuza et al., 2014). This presents a missed opportunity to create new evidenced based interventions, more bottom up approaches to Disability mainstreaming in SRHR projects.

OBJECTIVES

1. To describe the experiences of girls and women with disability living in Nairobi County informal settlements while accessing abortion related services from their own perspective
2. To investigate the feasibility of SMS text and social media as means of increasing the level of awareness about Safe abortion related information and knowledge to girls and women from informal settlements in Nairobi County.
3. To describe the role of community mobile outreaches and home-based support services as a strategy of increasing access to SRHR services and contraceptive care for girls and women from informal settlements in Nairobi County.
4. To establish the feasibility of using Braille IEC material as a means of disseminating key messages related to disability and sexual rights

METHODOLOGY

In 2019, Women Spaces Africa (WSA), a Women Disability-led grassroots organization received grant funding from

Grand Challenges Canada for a 2-year project. The study is being guided by the suggested project activities it proposed. These interventions included disability-friendly Mobile SRH outreaches with robust mechanisms for support and follow up, Sexuality Discussions amalgamated with economic empowerment, and community-led interventions using a social research and action model based on SMS and Braille. The study uses qualitative, participatory methods in group and individual formats utilizing convenient sampling and purposive sampling to select 400 GWWD respondents from Kibra and Mukuru Informal settlements.

RESULTS

The study has been ongoing since October, 2019 and is about to complete its initial first phase in Kibra. It has been able to conduct 21 sexuality discussions, 9 monthly peer support meetings for peer educators and 10 home based support visits and linkages.

Data collected from 204 GWWDs engaged in the learning discussions indicate that over 74% have had improved knowledge on where and how to seek safe abortion information and services.

19 health providers were recruited from the most utilized health facilities and chemist by girls and women with disabilities in Kibra as informed by an initial mystery client exercise and participated in a disability sexual rights sensitization forum. The unprecedented pandemic impeded the possibility of conducting a second mystery client exercise to verify the impact of this training. However, a significant number of the facilities represented have been used as referral points during the CORVID partial locked down period for safe abortion related services from monthly home based support and linkage activities.

Despite this study specifically targeting Women and Girls with disability, Men with disability have also expressed interest as potential allies as it pertains to safe abortion information and service, contraceptive care and issues surrounding menstrual hygiene.

CONCLUSIONS

The COVID-19 pandemic has offered a new opportunity to bring aboard new energetic foot soldiers towards the overall goal of campaigning for Disability Sexual Rights. This ongoing study is challenging the predominance of research on or about people with disabilities, while advocating for research with people with disabilities.

RECOMMENDATIONS

Disability groups such as WSA should begin to offer technical support to safe abortion service provider to offer disability friendly services, such as ramps and lower examination beds. It also urges participants in this conference demonstrate improved support for Disability SRHR in public.

KEYWORDS

Comprehensive Sexuality Discussions, Disability Friendly SRH outreaches, Disability friendly SMS Text intervention, Mystery client exercise, Disability Sexuality Rights, Community based innovations, Peer support mechanism and Home based support follow up visits and linkages.

THEMATIC AREA 6

UNMET NEED FOR FAMILY PLANNING

INCREASING UPTAKE AND ACCESS OF CONTRACEPTIVE SERVICES IN KAMKUNJI AND RUARAKA SUB-COUNTIES THROUGH MEANINGFUL INVOLVEMENT OF YOUNG PEOPLE

Martha Kombe1, Ritah Anindo1, Ann Wahome4 2, Molly Otieno4 2, James Karongo2 3, Magdalene Mbondo, Maureen Sirera Faith Kiruthi

1. Youth Advisory Council (YAC) - Nairobi County
2. Nairobi County Government
3. JHPIEGO
4. LVCT Health

BACKGROUND

Despite evidence that adolescents and young people(AYP) want to avoid, delay, limit and space pregnancies, Unmet family planning needs among adolescents and young people is the greatest factor leading to unplanned pregnancies among this population, statistics indicate that in Kenya persons age 15-24 have fertility rate of 121/1000 which is higher than global and sub-Saharan fertility rates ;recent status updates from the Ministry of Health and Nascop indicates that Nairobi County leads in the number of persons age 10-24 presenting with pregnancies. Even with this statistics there has been limited evidence on specific strategies to reach this population with contraceptive services. The Challenge initiative through its Implementing partner JHPIEGO and the Nairobi County government have adopted a model that utilizes Involvement of young people in designing interventions to improve uptake and access of family planning among this population.

OBJECTIVES

The program seeks to put young people at the center of the intervention in order to increase demand and accessibility of contraceptive services thus providing a bold approach to rapidly and sustainably scale impactful family planning solutions at Kamkunji and Ruaraka sub counties.

METHODOLOGY

TCI utilizes a demand-driven model scaling up successfully tested innovations from Urban Reproductive Health Initiative; In 2019 Youth Advisory Council were placed as part of a project implementing team to advise and coordinate activities in Ruaraka and Kamkunji. The program leverages on community strategy therefore, YACs were involved in recruiting youth community based distributors who were trained and reported on a monthly basis through community health agents. Activities are conducted in a multipronged manner, including community Dialogues, open and action days, outreaches, whole-site orientations, mentorship and support supervision. Data is collected using available MOH tools and transferred to KDHIS through the ODK.

RESULTS

In 2019, Kamkunji sub-county had a total 8283

adolescents aged 10-24 who accessed family planning services through the program, this is higher than the previous year which had 2639. Among the client's 137 were persons age 10-14, 3413 were of age 15-19 whereas 20-24 were

4733. In 2019 Ruaraka sub-county had a total of 12,887 adolescents clients also higher than in 2018 that had 6012 adolescents clients ; among the client's, 107 were adolescents aged 10-14, 3073 were of age 19-20 whereas those of 20-24 were 9707.

In both sub-counties there was more acceptability for injectable contraceptive over other contraceptive methods due to its discreet nature, condom uptake was high however, there were few re-visit; implants had relatively high uptake and very low retention with most clients reporting perceived side effects. Most 20-24 demonstrated readiness to use contraceptive services whereas the retention rates for 10-14 was low following factors such as parental consent, fear and inadequate information. One of the challenges experienced is limited evidence on ways to reach specific groups of adolescents such as younger adolescents age 10-14, the married ones and those living with disability.

CONCLUSIONS

Putting young people at the center of programs that involve them is an effective strategy in provision of positive health outcomes and demand generation.

Making data on adolescents and young people visible helps to better plan and prioritize on specific needs for them.

RECOMMENDATIONS

Need to increase the scope of this model to other counties.

Need for mentorship and capacity building for youth advisory council and regular ongoing job training for youth community based distributors.

KEYWORDS

Youth Advisory Council NMS
The Challenge Initiative
Contraceptive services
Family planning
Kamkunji and Ruaraka sub counties

POST ABORTION FAMILY PLANNING; LESSONS LEARNT FROM CLOSING THE GAP PROJECT IN SOUTH WEST KENYA

Faith Mbehero1 Ruth Momanyi2

BACKGROUND

In Kenya, abortion is common and is almost always illegal and unsafe, according to the World Health Organization's definition: "carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both. The only national estimate of abortion in Kenya is based on a study of women who were treated in public hospitals for abortion related complications over a three-month period in 2002. According to that study, more than 300,000 abortions occur in Kenya annually, or 46 per 1,000 women of reproduc-

tive age. A study carried out by the Ministry of Health, African Population and Health Research Center, Ipas, and Guttmacher Institute in 2013 shows that induced abortions cut across all reproductive age groups, religions, social status and education even pulling in girls as young as 10 years. The health care worker has a role in preventing unintended pregnancies, provision of safe abortion and post abortion contraception. However, the shortage in the health workforce, poor interpretation of the law, inadequate skills, equipment and supplies, data for decision making and health providers attitudes towards CAC hinder quality FP /CAC service provision. Research studies and data from program implementation consistently show that when clients are counseled and offered contraception as part of post-abortion care most women will opt to leave the facility with an effective family planning method. Despite this evidence and decades of investments to improve PAC programs, health care systems continue to fall short. In Kenya, 9 of 10 post-abortion clients left the facility with a method, but the vast majority left with male condoms due to limited contraceptive choice. The study also found significant gaps in the information provided to clients, such as how to use the method correctly and follow-up information. Post-abortion family planning is one of several High Impact Practices in Family Planning (HIPs) identified by a technical advisory group of international experts. When scaled up and institutionalized, HIPs will maximize investments in a comprehensive family planning strategy Based on this evidence; Closing the Gap (CTG) a sexual and reproductive health service delivery and advocacy project implemented through a consortium of 6 partners (KMET, Omega foundation, Matibabu Foundation, Dawuoye, NAYA Kenya, and Viagenco) with technical assistance from Planned Parenthood Global aimed to increase access to quality family planning services while addressing issues of unsafe abortion specifically among young people. This project worked towards supporting access to quality CAC service provision including post-abortion family planning uptake.

OBJECTIVES

To integrate long acting reversible contraceptives (LARC) uptake in Comprehensive Abortion Care Services (CAC) services.

METHODOLOGY

Closing the Gaps project implemented a three-year strategy that promoted integration of family planning specifically long acting reversible contraceptive services (LARC) into CAC services. The project conducted baseline assessment to 101 health facilities, trained and mentored service providers and provided continued technical support for quality improvement. Quality mark involved counselling of FP uptake at the time of abortion service provision as fewer clients returned within 2 weeks for FP method. The other quality mark was achievement of over 75% Post procedure contraception (PPC) at all the CTG supported health facilities in South West Kenya.

RESULTS

Cumulatively in three years, 43,830 clients received CAC services with 37,227(84%) clients receiving post-procedure Contraception out of which 9,829 received IUDs while 23,033

received implants. Among this number, 20,637(55%) clients aged 24years and below. Additionally, the CTG project created a pool of 254 knowledgeable and competent health providers providing quality LARC services in the five counties where the project was being implemented.

CONCLUSIONS

Most clients seeking Comprehensive Abortion Care (CAC) services are not willing to get pregnant within the next one year. With proper counselling on family planning form the health providers, they prefer LARC services. However, providers are not usually competent to provide LARC services. With training and mentorship of the health providers, they are able to acquire the technical competency for LARC service provision. Integration of FP in CAC service provision contributes greatly towards LARC uptake across all age groups while at the same time addressing abortion stigma at facility level and enabling more women to walk into the facilities for confidential CAC services.

RECOMMENDATIONS

Health facilities should prioritize the Integration of family planning specifically long acting reversible contraceptive services (LARC) into CAC services.

Training and mentorship of health providers will enable acquire technical competency for LARC service provision.

Health providers to ensure they provide proper counseling to abortion clients.

KEYWORDS

Post abortion Family planning, CAC services, and LARC services

DO FRIENDLY HEALTH PROVIDERS INFLUENCE THE RETAINING OF ADOLESCENTS AND YOUNG PEOPLE TO THE ACCESS OF CONTRACEPTIVES? EXPERIENCE FROM EPIC YOUTH ORGANIZATION.

Mohamed S1, Ben M1, Abdalla S1, Ahlam M2, Jackline T3 Epic Youth Organization

BACKGROUND

The unmet need for contraception remains too high. This inequality is fuelled by both a growing population, and a shortage of family planning services. In Africa 24.2% United Nations Department of Economic and Social Affairs (UNDESA), of women of reproductive age have an unmet need for modern contraception. To improve retention, services must be tailored to meet their unique needs for the adolescents and young people i.e. non-judgmental and positive attitude towards them. Negative health provider attitudes may also lead to adolescent service disengagement but receive less attention.

OBJECTIVE

To demonstrate an influence of youth-friendly health providers in retaining adolescent girls and young women accessing contraceptives in Mlaleo CDF Health Centre.

METHODS

We conducted cross-sectional surveys with 20 peer supporters at Mlaleo CDF Health Centre. Together, they support 533 AGYW accessing contraceptives. Surveys set out to compare the strength of young women's preferences for specific family planning services. We provided respondents with choices within which the following six attributes were varied: waiting time (no wait, or a 1-, 3- or 5-hour waiting time), distance from home (1, 5 or 10km), visit frequency (1-, 3- or 5-monthly), clinic hours (weekdays until 16h00, or weekdays until 18h00 plus weekends), and health provider attitudes ("friendly and kind" or "rude and unfriendly"),confidentiality ("Old or young healthcare provider"). Data was analyzed using -Statistical Package for Social Science (SPSS) - version 22.

RESULTS

Respondents were 100% female, with a mean age of 20 years and originated from Kisauni (60%), Frere Town (34%) and Junda/Kajiweni (6%) with a preference of short term methods (70%). For each hypothetical choice, young women exhibited a strong preference for the clinic with "friendly and kind" providers, regardless of its waiting time, distance from home, visit frequency or operating hours. Young women were willing to accept a longer waiting time (5 hours as opposed to no wait), greater distance from home (10km as opposed to 1km), more frequent visits (monthly as opposed to 6-monthly), and operating hours (weekdays until 16h00 as opposed to weekdays until 18h00 and weekends) in order to access "friendly and kind" providers, 80% of the young women preferred to be served by a young health care provider as opposed to old healthcare provider.

CONCLUSIONS

Findings suggest that for young women, positive provider attitudes are the most desired feature of care. Moreover, young women are willing to relinquish convenience to access client-centered providers.

RECOMMENDATIONS

Friendly health providers to be adopted to improve the influence and the retaining of adolescents and young people to the access of contraceptives.

To satisfy young women's preferences and enhance the quality of the client experience, programs should invest in health provider training and sensitization.

ADDRESSING CYCLE OF REPEAT UNINTENDED PREGNANCIES AND ABORTIONS THROUGH INTEGRATION OF SEXUAL REPRODUCTIVE HEALTH CARE IN YOUTH FRIENDLY FACILITIES IN KENYA

Caroline Nyandat, Monica Oguttu

BACKGROUND

Fifty-five million unintended pregnancies in developing countries occur every year to women not using a contraceptive method or as consequence of incorrect or inconsistent use of a contraceptive. Unmet need to contraceptive in Kenya is still at 45% which is still low among women of reproductive age.

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 contraceptive services including safe abortion in high need communities

OBJECTIVES

Increase awareness of, access to and use of quality contraceptive services including safe abortion in high need communities

METHODOLOGY

KMET implemented a youth program in Migori, Kisumu and Siaya counties in Kenya and provided contraceptive information and services in the 16 youth friendly clinics. The young people were sensitized and through health education using social media, use of toll free hotlines, during SRHR sensitization campaigns on SRH information and education. KMET trained 32 service providers on Youth friendly services as well as 32 youth peer providers (YPPs) as educators and advocates who intern educated young people through safe spaces in the community and referred those in need of services to youth friendly health clinics.

RESULTS

In the period 2015-2019 a total of 24,456 young people aged 10-24 accessed contraceptive services in the health care facilities and while 7,534 young people accessed safe abortion care services. The YPPs conducted grassroots advocacy sessions with parents, health facility managers and youth leaders who provided enabling environment for young people access SRHR services in the supported facilities. YPPs participated in various events that young people frequently visited during their leisure time and during theatre performances, fashion shows and sport activities and used hard talk sessions to educate to young people on SRHR services. The 32 providers in the youth friendly clinics were friendlier and provided services that young people needed and the service providers engaged the YPPs as the link between young people in the community and health facilities.

CONCLUSIONS

KMET overcame barriers at community and facility level by meaningfully involving the youth peer providers and service providers who were successful in crafting access and utilization of SRHR services including contraceptives

RECOMMENDATIONS

Addressing commodity stock outs at the youth friendly facilities is key in creating access to SRHR services. Strengthening MOH engagement in SRHR interventions improves provider accountability and commitments in youth friendly service provision. Strengthening youth adult partnership at community and facility

KEYWORDS

Sexual Reproductive Health
Contraceptive
Safe Abortion
Youth Friendly Services

REDUCING THE UNMET NEED FOR FAMILY PLANNING FOR ADOLESCENTS AND YOUTH THROUGH IKO BOLD HEALTH CARE PROVIDER AWARDS

Peter Ngure and Lucky Namunyak
PATHWAYS POLICY INSTITUTE (PPI)
Laikipia County

BACKGROUND

Research has shown that a major obstacle for providing services to young people married and unmarried has been provider bias, a large number of young people do not visit health facilities due to the attitude of health workers as well as lack of specific spaces that are friendly for the youth.

The government has tried in many ways to address provider bias i.e. training programs on values clarifications and whole site orientations. The downside has been that governments deem these as expensive and time-consuming to implement and thus don't invest enough in the same.

At Pathways, having looked around for a solution found out that one way to approach this is simply celebrating service providers across the public and private sector who have been the best examples of overcoming provider bias. After realizing the challenge in FP provision; that we lack Adolescent and Youth ambassadors among health workers; we came up with I Know One (IKO.)

IKO approach is aimed at reducing the unmet need for family planning among adolescents and youth, by recognizing and awarding Health care providers who are bold enough to offer Family planning services to adolescents and Youth out of the conventional setting i.e. normal working hours or normal working spaces.

OBJECTIVES

The project, which was being piloted in Laikipia and West Pokot, aims at identifying, motivating, and recognizing the BOLD health workers (Nursed and Community Health workers) through;

- Giving the Bold Health Workers a platform to speak out,
- A platform to mentor their peers and
- An opportunity to challenge societal mindset on Youth Access to Family Planning.

METHODOLOGY

The project used a multi-pronged approach to arrive at the successful health workers. Together with a team of 10 adolescent and Youth, the project first, through the use of Youth champions, developed a criterion of what or who they think is the best health worker for them, e.g. those using motorbikes to offer FP to youth at home, those doing door to door and those doing moonlight night service provision, etc.

The county departments of health nominated health workers, using the youth set criteria, who were then subjected to an online poll on Facebook and twitter and young people were given the chance to vote and select their top health workers;

RESULTS

- So far, the Project has awarded 4 Health care workers in West Pokot County, out of a competition of 60 health workers who agreed to engage in the competition. The 4 were voted for by 300 online youth on the day of the selection.
- Buy in; we started the project alone, and now have gotten buy-in by youth CSOs in the two counties but also by Other NGOs and the county government
- We now have the awards as part of Both Counties Annual work-plan meaning more ownership by the counties.
- After the award, the 4 winners of the IKO BOLD HEALTH CARE Awards will be supported to go to one or two meetings within their sub-counties to mentor other health workers but more so to motivate them so that they come out of their shell and BOLDLY OFFER SERVICES!

CHALLENGES

- Limited Number of health workers willing to engage in the 'competition'
- Slow buy-in by counties and CSOs leading to delay in implementation
- Mobilization for awards requires a 'moment' we had created around WCD and International Youth Day which both were affected by government calendars.
- Covid disrupted service provision to adolescent and Youth

CONCLUSIONS

More efforts should be put in capacity strengthening the health care providers who work tirelessly to ensure that they offer services to their clients despite the harshness and stereotypical ideas that come with offering family planning services, especially to adolescents and youths. Awarding the providers as a way of motivating them to emulate good practices as well as encouraging unity and joint efforts in providing the services in a better way.

KEYWORDS

IKO Awards
Bold health care providers
Adolescent and Youth

THEMATIC AREA 7

SEXUAL AND GENDER BASED VIOLENCE

UNDERSTANDING THE DRIVERS AND IMPACT OF CHILD MARRIAGE IN KILIFI COUNTY, KENYA

Esther Kimani

BACKGROUND

Article 16 (2) of the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) provides that: 'the betrothal and the marriage of a child shall have no legal effect'. Nevertheless, child marriage is common in many parts of the world, claiming millions of victims annually and hundreds of thousands of injuries or death resulting from abuse or complications from pregnancy and childbirth. In Kenya, the prevalence of women married before 15 years was at 3.9% while the prevalence of women married before the age of 18 was 40.5% in 2015. Being married before 18 carries with it numerous risks and problems that affect girls including maternal mortality and domestic violence. Some of the reasons that have been given for such high rates of child marriage as have been experienced in the recent past include gender inequality, traditions, lack of access to education, and sexual and reproductive health services and information, particularly for girls, alongside severe poverty and weak legal and enforcement mechanism.

OBJECTIVES

It is against that background that this study set out to investigate the drivers of early and child marriages in Kilifi County Kenya. It aimed specifically to i) explore the drivers of early/child marriages in Kilifi county Kenya, ii) determine levels of knowledge among women of drivers of early/child marriages in Kilifi county Kenya, and iii) determine perceptions of women in Kilifi County on effective strategies for reducing early/child marriages. The researcher aimed in this endeavour to contribute to the body of knowledge on the drivers of child marriages and to inform policy on effective ways of reducing the incidence of early and child marriages in Kenya.

METHODOLOGY

The study pursued an overall case study research design largely exploratory in form seeking to establish the significant factors that drive the prevalence of early child marriages in Kilifi County. This allowed in-depth study of the drivers rather than relying entirely on statistical survey or comprehensive comparative inquiry, which would be expensive. The researcher exploited this design to narrow down the rather broad issue of early child and forced marriages to a researchable unit – the case in Kilifi County in Kenya.

RESULTS

In summary, the study established that education levels (for both parents and girls), income of parents, culture and the absence of a father figure in households where girls are raised contributed substantively to the incidence of early/child marriages in Kilifi County Kenya. The study also established the importance of access to reproductive health services as contraceptives to delay motherhood and focus on education. Regarding perceptions on effective strategies for reducing early/child marriages, it emerged

that enforcement of legal framework to protect girls from abuse and forced into early marriages would be the most effective.

CONCLUSIONS

Obtaining from the analyses and conclusions that focus on more rigorous enforcement of existing laws and policies to discourage early marriage, empowerment of communities to advocate on the negative impacts of early and child marriages and continued public investments in development programs that ensure reduce poverty and inequality can help reduce early and child marriages in Kilifi County.

RECOMMENDATIONS

A more rigorous enforcement of existing laws and policies is required to discourage early marriage. Allow anonymous reporting, work with the police and others, and make it clear that early marriage is a major violation of the rights of children.

KEYWORDS

SRHR- Sexual Reproductive Health and Rights

CEDAW- Convention on the Elimination of all Forms of Discrimination Against Women

ROLE OF CSOS IN ADVOCATING FOR AN ENABLING ENVIRONMENT FOR SRHR: A CASE OF NAYA KENYA'S EXPERIENCE IN MIGORI COUNTY.

Ricky Samwel Ngere

BACKGROUND

According to DHIS (2014), 45% of women and 44% of men age 15-49 have experienced physical violence in Kenya. 14% of women and 6% of men age 15-49 report having experienced sexual violence at least once in their lifetime. In Migori County, UN women survey recorded 49.5% physical abuse in 2015 higher than the national average at 19%.In 2016, 90 cases of SGBV among adolescents aged 10-17 years presented to health facilities in Migori (DHIS2 2016). The prevalence of SGBV in Migori and its impact necessitated development of a comprehensive policy framework which ensures interventions and strategies effectively respond to the unique county context. NAYA in collaboration with the County SGBV stakeholders has continued to champion for increased access to AYSRH in Migori County. This has been achieved through a series of technical working group meetings with the county SGBV stakeholders, to strengthen an improved policy environment.

OBJECTIVES

To advocate for an enabling environment for access to SGBV services.

METHODOLOGY

NAYA Kenya is part of the Migori County Multi-sectorial SGBV taskforce where adolescent and youth issues are addressed. Through the taskforce, NAYA continues to advocate for an improved policy environment in the County and the National government. The County's improved policy environment continues to create increased access to AYSRH services

through continued engagement with the policy makers, the department of Gender both at the County and National level. Through this partnership, NAYA Kenya has been on the forefront in the development of key policy documents including the Migori County SGBV POLICY that seeks to address the SGBV challenges adolescents face.

RESULTS

NAYA in her commitment to advocating for enhanced policy environment and increased access to AYSRH services, participated in the process of drafting and designing of the final Migori County SGBV policy document. This was achieved prior to a series of meetings with SGBV policy taskforce members and the county SGBV stakeholders, to help strengthen systems, institutions, structures and process to address SGBV in Migori County. The policy seeks to enhance and sustain a community owned SGBV mitigation intervention geared towards SGBV prevention and response. Through a multi-sectorial approach for coordination and partnership for SGBV activities, establish a common SGBV coordination framework across the county. Increased access and utilization of quality and comprehensive SGBV services, infrastructure and facilities to enable the delivery of SGBV services including SGBV commodity management, recovery centers, safe shelters and spaces, gender and child protection units. The policy also seeks to enforce county specific legislative policy framework relevant to mainstreaming of SGBV interventions in policies and actions of all related Ministries, Departments and Agencies. The policy will further generate data for evidence based decision making process for enhanced capacity development of duty bearers to effectively use the local data for decision making.

CONCLUSIONS

Kenya has a progressive Constitution prohibiting any form of violence, promotes the freedom and security of an individual. The government should address SGBV as part of her commitment towards elimination of gender inequalities where legislative and policy frameworks adopted and ratified by Kenya are part of domesticated laws to fight SGBV.

RECOMMENDATIONS

Capacity build the stakeholders on policies, legal frameworks and procedural standards to effect implementation of policies. Establish a Multi-sectorial SGBV coordinating mechanism across the county. To establish infrastructure and facilities for delivery of quality and comprehensive SGBV services across sectors including SGBV commodity management, recovery centers, safe shelters and spaces.

KEYWORDS

Enabling environment, policy framework, SGBV policy

WIDOWHOOD IS A NEGLECTED RISK FACTOR FOR HIV IN SUB-SAHARAN AFRICA

Evelyn Odhiambo and Jackeline Odhiambo

BACKGROUND

According to the United Nations 2011, widows are the most neglected yet vulnerable group of women. The majority of the 258 million widows globally live in low-income settings (LICs) where widows suffer economic, cultural, sexual, and physical violence that risk their health. Social norms and cultural rituals in LICs expose widows to HIV, however, the rates and risk factors for HIV for widows are limited.

OBJECTIVES

To understand the relationship between widows and HIV

METHODOLOGY

We conducted a scoping review of the rates and risk factors for HIV among widows in sub-Saharan Africa. We searched the PubMed database for articles with 'widow*' AND 'HIV AND 'Africa' as search terms. After reviewing 239 abstracts, we included 10 articles in the study. Two independent reviewers abstracted data from the articles and synthesized quantitative and qualitative data.

RESULTS

The 10 articles were disseminated between 2008 and 2018, with 50% published after 2018. The countries represented in the included articles were Cameroon, Tanzania, Uganda, South Africa, Kenya and Congo. The number of study participants included in the articles ranged from 1643 to 6250 but were not exclusively widows. 95% of the 10 articles studies assessed widows as part of a widowed, divorced and separated group. HIV rates among widows (6.5%) was higher than among the married (5.7%) of the sample size 1643 to 6250 of the 10 articles studied. Quantitatively, HIV risk factors for widows included: being widowed (engage in transactional sex), perceiving self as not being at high risk, perceived to be not sexually active. Qualitatively, the HIV risk factors included widow inheritance, sexual cleansing, sex work, Sexual Violation mostly for the elderly widows.

CONCLUSIONS

Analysis of HIV among widows as a distinct group of vulnerable women is needed for a proper understanding of risk factors. For example, practices such as sexual cleansing and wife inheritance are unique to widows and not to divorced or separated women. Behavior change and policy interventions to stop sexually exploitative practices that increase HIV risk for widows are needed.

RECOMMENDATIONS

1. Most of the study's findings suggested that specific HIV programs be directed at vulnerable women, in particular those widowed. Similar programs are needed for both poorer and wealthier women.
2. We recommend economic interventions as a substitution to transactional sex as the main source for financial benefits.

KEYWORDS

HIV
Widowhood

SEXUAL AND GENDER BASED VIOLENCE AMONG THE ADOLESCENTS BETWEEN 10-19YRS AMIDST COVID-19 IN KISUMU EAST

Nailantei E. Kileku, Sub Reproductive Health Coordinator in Kisumu East, Dr Festus Ogada, Sub County MOH Kisumu East

BACKGROUND

Violence has increased with the covid 19 pandemic. It's a daily reality for women, girls and boys across Kenya. With the stay at home restrictions, closure of colleges and schools, the children and adolescents are suffering in the hands of their abusers. At the time of the study, there was no facility offering sexual gender based services in the whole sub county. The number of referrals obtained from the central gender based violence desk situated at the main teaching and referral hospital in Kisumu indicated there was more than 15 cases originating from Kisumu East between March and August 2020 with lowest age being six years.

OBJECTIVES

The study aims to understand and reduce incidences of sexual gender based violence against adolescents in Kisumu East.

METHODOLOGY

The study used two levels approaches: The Health facility and community levels. At the facility level, the service providers from fifteen health facilities as the key informant shared insights on their understanding of sexual gender based violence, management of cases and experience in relation to the subject matter.

At the community level, focused group discussions were held in 3 community units where several cases of sexual violence originated as per the data obtained at the sexual gender based violence desk. The opinion leaders, the chiefs and the police were consulted on incidences and follow ups of cases

RESULTS

Fifteen health care providers' from the fifteen facilities often referred sexual gender based violence cases to JOOTRH, the main referral hospital in Kisumu. They cited inadequate knowledge and skills in handling sexual gender based violence cases as their main challenge. Some reported fear of cross examination in the courts.

The community had limited knowledge on the necessary actions they should take in case of an incidence. The study revealed existence of 'kangaroo courts' thus obstructing justice for the survivors. There was no synergy amongst key actors in addressing issues of sexual gender based violence. The health management team was able to understand the glaring gaps in the management of SGBV cases for the adolescent in the sub county.

CONCLUSIONS

In conclusion, the researcher was able to understand the incidences, the existing gaps and how to reduce sexual gender based violence cases among adolescents in Kisumu East. The results of the study were shared with the health management team

RECOMMENDATIONS

The study recommends training of health care providers to equip them with knowledge and skills, identify three pilot sites (health facilities) in the sub county to initiate SGBV services; initiating a safe space for sexual gender based survivor to minimize exposure; ensure availability of commodities and supplies; strengthen documentation.

KEYWORDS

SGBV-sexual gender based violence, adolescent-10-19years, health Care providers-Nurses, clinical officers, opinion leaders-elders, boda boda base chairpersons

POINTING A FINGER TO CROSS BORDER CUT CASE STUDY OF KITUI-KENYA

Faith Fao Opiyo

BACKGROUND

21% of girls and women aged 15 to 49 years have undergone FGM in Kenya (DHS 2014). Recent estimates indicate that between 2015 and 2030, about 800,000 girls are at risk of undergoing FGM (UNFPA 2018). The practice is generally rooted in traditional beliefs, values and attitudes and is valued in many countries as a rite of passage into womanhood and child marriage. FGM is one of the manifestations of gender inequality and human rights violations and has adverse effects on women and girls' health, especially sexual and reproductive health, education and empowerment. The president of Kenya, issued a directive to end FGM by 2020, this has focused on 22 hotspot FGM counties leaving the few communities who still practice FGM but are not highlighted like Kitui County. There has been reported cases of cross border FGM and most of the time based on existing relationships. Tharaka one of the Districts in Kitui county has also been affected by cross border cut, it borders Tharaka Nithi County which is one of the hot spot counties, girls are transferred by relatives to Tharaka in Kitui since the government is strict on the practice in Tharaka Nithi, there has been high cases reported in Tharaka and this has called for intervention by the communities and government, this abstract focuses on cross border FGM in Tharaka- Kitui County. With wake of COVID 19 this numbers have gone high since adolescent girls are now at home.

OBJECTIVE

- To understand the data on reported cases in Tharaka
- To look for alternative options for rites of passage
- To ensure the stop of cross border FGM in Tharaka

METHODOLOGY

Engaging media (radio talk show, road shows,

articles, and social media). We conducted the media engagements on importance of community awareness on Gender Based Violence and putting a stop to child marriage as it is related to FGM.

- Community engagement on public declarations of female genital mutilation abandonment and alternative rites of passage in partnership with traditional/ religious leaders and faith based organizations. This was done through community dialogues with leaders and local administration.

RESULTS

This cross border practice is one of the strategies for communities to ensure that the FGM is done in secret or without risks of prosecution.

Shared traditions, especially intermarriage that contributes to perpetuate FGM and child marriage is highly rampant, close relationship between Tharaka Nithi and Tharaka has ensured the spread of this vice.

Fear of arrest in Native County and feeling of limited prosecution in neighboring counties, the government has strict warning on FGM in Tharaka Nithi therefore parents are moving their daughters to be cut in Tharaka since the local administrators are not very keen in following the law.

Lack of proximity to circumcisers has also contributed to spread of FGM in Tharaka, there are bad roads, poor network and un-civilization that acts as a hub for the vice.

Income sources for circumcisers encouraging them to continue with the cutting, the women who are the custodians of this practice are said to be benefiting financial as this is a business.

CONCLUSION

Considering the differences and the particular ethnic and cultural traditions and beliefs that underpin FGM in the region, it is important to tailor the initiatives and strategies accordingly. Empowering girls and women to exercise their rights, including through education and income generating activities. For instance, where girls are subjected to FGM in their early age (1 to2 years) the alternative rite of passage (ARP) wouldn't be appropriate. Parents, especially mothers or caregivers should be better targeted for interventions Engaging men and boys within communities and through youth programmes, gender hubs.

RECOMMENDATION

- Integration of female genital mutilation into sexual reproductive health services package for prevention through sensitization of women during pregnancies
- Promoting community surveillance for female genital mutilation prevention through monitoring, alerting and referring cases for care services.
- Advocacy and resources mobilization to sustain the results achieved. Setting up coordination mechanisms at national and local levels.
- Integrate the cross border female genital mutilation related indicators in national databases and monitoring mechanisms and in the Data-for- All. Strengthen community awareness and surveillance, considering the cross-border aspect.

INTEGRATING SEXUAL AND GENDER BASED VIOLENCE IN EMERGENCIES IN KENYA.

Brian Owiti Mukasa *UNFPA-Youth Advisory Panel*

BACKGROUND

Natural and man- made crises have different impact on women, girls, boys and men in emergencies situations. There has been13% in GBV cases in Kenya between January and March 2020 (GBV-hotline 1195), 23.6% of Kenyans have witnessed or had cases of domestic violence in their communities. In Kenya, 32% of young women aged 18-24 years and 18% of their male counter parts was reported experiencing Sexual violence before the age of 18 years (W.H.O 2018) There has been surge in cases of GBV in emergencies, conflict and natural disasters in Kenya. The victims are usually women and adolescents. Taking certain roles like searching for food and firewood and isolation always put them at a greater risk of exploitation and abuse. The reliable data is usually disrupted by the crises.

OBJECTIVES

To enhance knowledge and understanding of Gender Based Violence among adolescents and youths in emergencies. To explore collaboratively the interactions between GBV, disasters and conflict.

METHODOLOGY

The study adopted a tool on GBV as agreed by the UNFPA and the Inter-Agency Standing committee (IASC) https://interagencystandingcommittee.org/iasc-reference-group-gender-and-humanitarian-action/iasc-gender-handbook-humanitarian-action-2017 guidelines for integrating Gender Based Violence in humanitarian settings. Qualitative data was collected through focus group discussions (FDGs) carried out between May and August 2020 in one of the disaster affected informal settlement to provide a variety of urban informal settlement perspectives. The research was prepared in Mukuru slums in Nairobi County in light of the Covid-19 pandemic. We carried random sampling on 565 adolescents and young women.

RESULTS

The findings showed that 513 (90%) could identify disaster as a serious disruption of normal life and may lead to a major loss of live, 88% greed that GBV in emergencies may lead to sexual violence and unintended pregnancies. 280 alluded to the fact that there has been low gender mainstreaming in all the planning and activities carried out during emergencies. 93% of the respondents couldn't know whether MISP is being implemented. Five hundred and thirty-one (91%) of the respondents responded that there has been misinformation on data and poor co-ordination of the GBV response. The study established that (70%) prevention and response to sexual exploitation and abuse is low in humanitarian settings. Reporting and law enforcement mechanisms as well as services for GBV survivors are often disrupted by disasters. This also affects the collection of data of GBV prevalence in emergencies.

Given the stigma and shame associated with GBV, statistics on its occurrence are always problematic. This applies on the emergency situations too.

CONCLUSIONS

GBV has been largely unseen and unheard, this study concludes that more should be done to determine the frequencies and occurrence of GBV during disasters, the forms and what responders can and should do to prevent GBV and respond effectively during its occurrence.

RECOMMENDATIONS

In humanitarian community, Responders need to make themselves aware of possible risks factors and be sensitive to GBV a cross preparedness, preventions, response and recoveries. There is need to develop strategies for preventing and addressing GBV in organizational response and individual safety.

KEYWORDS

Gender based violence
Emergencies
Crises
Minimum initial service package

VALUE BASED AND SURVIVOR CENTERED APPROACH FOR SGBV INTERVENTIONS FOR YOUNG MUSLIMS.

Fariah Lalaikipiani, Yusuf Ahmed

BACKGROUND

The aim of SGBV intervention programs is to support those at risk or survivors. According to DHS National research, violence like FGM affect women in Islamic cultured societies more with Somali women leading with 90%. Muslim women are also seen to be highly affected with them leading with FGM cases at 51.1% compared to other religions in Kenya. Most of this communities argue that such heinous acts are religiously supported. Experience from both global and National response to SGBV cases have shown that participatory, multi-sectored and right based approaches result to successful protection of those at risk. However the failure to put into consideration community values has hindered full coverage of these risk cases as well as survivor cases. SGBV is a sensitive component of SRHR. Longitudinal research done on young Muslims highlight that most young Muslims who are either at risk or victims are reluctant to access information and services because of their perception of SRHR in regards to their religion. According to international debates, autonomy and choice are highly influenced by social-cultural factors. Autonomy described as individual's ability to act or think indecisive of others. However this may not apply to young Muslims whose actions are dependent of religious influence.

OBJECTIVES

To support in the development of sustainable and full coverage SGBV interventions that is inclusive of young people's unique beliefs, values and culture by using the religious books and any material that they are guided as a source point of intervention guide.

To contribute to the development of a sustainable inclusive support system for SGBV interventions for young Muslims at risk of it without discriminating against the survivors.

METHODOLOGY

This study involves three FDG activities with 50 young Muslims aged 13-24. The study also involved 10 caregivers all enrolled in the religious classes offered in two mosques in Imenti- North, Meru. The FDG was to assess their understanding on their knowledge on SGBV as well as how comfortable they were to access SGBV information and services.

RESULTS (200 WORDS)

The study had sampled 50 young people and 10 care givers which add up to 75% of people who frequent the respective religious classes. Through this method of study quite a number of things came out. During discussions 68% confessed to have gone through some sought of SGBV, 78% did really didn't see the need to deal with SGBV issues with the fear of going over religious boundaries and fear stigmatization, 80% agreed that they did not access information and services because they felt discriminated. One of the participant highlighted "As much as I have gone through SGBV, I don't have to deal with it if I have not been affected physically or my body's biological functioning." Throughout the study a number of participant were even reluctant to speak about the SGBV issue especially on the side of the caregivers. The young Muslim men shared that issues that affected the ladies was best dealt with by the ladies and not them. Another participant shared "I feel like the anti SGBV campaigns don't consider survivors. Therefore they end up hurting us more than helping." This only goes to show that most interventions don't hit as much ground because they have not put in place the different factors that encompass the human life which include human emotion and their general beliefs. This mean we can only reach ones full potential if we tap on their norms and beliefs.

The incorporation religious and cultural principles that support human rights which includes the value of each gender in the religion will help Young people to own this information without having to feel out of place or judged. Their outlook about the religion and SRHR will be more defined and clear. This will in turn create a link between SGBV interventions and religion and enable religious leaders to own and support the SGBV interventions in their communities. This will reduce issues of stigmatization especially for Young Muslims who've undergone SGBV. It will help in motivating young people to take full ownership of their bodies, their reproductive health, as well as their safety. This in turn will reduce SGBV issues like FGM, early marriages and so on. Apart from that it will also help bring in the conversation about SRHR in Muslim homes, something that had been branded as a taboo for the longest time. Young people will stop feeling like there is war between SRHR and their religion.

CONCLUSIONS

With this realization, stakeholders went ahead to work together to support the inclusion of cultural and religious values and principles like 'do no harm', value of human value and many other values found within

the doctrine of Islam that support dignifying human life to create information material. With the support of religious leaders SGBV IEC material with quotes from the Qur'an was created. Apart from that language sensitive sensitization was done to peer educators to help them during their SGBV related session. This helped them to be very cautious so as not to do more harm to survivors of SGBV instead of giving hope.

RECOMMENDATIONS

Putting into consideration Islam verses that are against SGBV i.e. verses that dignifies women, while coming up with SGBV management toolkit/ curriculum and programs will support its use in even religious classes and gatherings. It also creates a sense of belonging for every young Muslim in the fight to access to create a world of healthy young people.

KEYWORDS

SGBV- sexual gender based violence

Value based approach- a programing tool that puts the values of the community at the center of interventions

IEC materials- information education and communication materials.

THEMATIC AREA 8

MENTAL HEALTH

MEANINGFULLY ENGAGING YOUNG PEOPLE IMPROVES ACCESS TO MENTAL AND SEXUAL REPRODUCTIVE HEALTH INFORMATION AND SERVICES

Arnold Gekonge

BACKGROUND

Negative effects of poor mental health such as suicide, are a global public health problem that calls for the attention of all players responsible for global good health and well-being, including scientific and professional organizations, support groups, service providers, academia, patients and their families. Young people remain vulnerable, yet they have the power to contribute to improved mental health outcomes through their active involvement in interventions. First established in Kenya in March 2019, Champions for SDGs is a youth-led initiative bringing together youth champions to contribute meaningfully towards the realization of a future in which all young people are well informed, economically empowered and actively take part in global development issues regardless of their background, gender or social status.

OBJECTIVES

The objective of this paper is to demonstrate how meaningfully engaging young people improves access to Mental and Sexual Reproductive Health Information and Services.

METHODOLOGY

The Champions for SDGs Youth Dialogues intervention is an innovative approach of using young people's creativity and energy to express themselves as a tool for Mental and Sexual Reproductive Health information and advocacy. The young people involved are of ages below 30 years and their facilitators are well informed with extensive experience in the relevant Sustainable Development Goals' indicators particularly SDG 3; Mental Health and Sexual Reproductive Health and Rights, for them to effectively intervene in the network's regular youth dialogues activities. This initiative has created a unique platform for adolescents and young people to meaningfully contribute towards the realization of Agenda 2030 through Mental and Sexual Reproductive Health information sharing and policy advocacy.

RESULTS

As a result, Champions for SDGs youth and partners have been able to reach out to 120 young people in-person and online with essential mental health information. The forums have also highlighted its relationship with sexual reproductive health rights and hence Sustainable Development Goals. Currently, Champions for SDGs' regular interactive youth dialogues aim to scale up interventions on suicide prevention among adolescents and young people. By involving young people in such matters, the youth network has increased their knowledge on good mental health practices, which as a result has contributed significantly to youth empowerment for sustainable development.

CONCLUSIONS

Young people should be given access to opportunities, necessary tools and incentives to take part in all Mental Health Interventions

targeting them, adopt responsible sexual behaviors and consistently demonstrate their ability for confident self-express so as to positively contribute to improved mental and sexual health outcomes.

RECOMMENDATIONS

Organizations implementing programs on mental health should formulate sustainable strategies and initiatives in which adolescents and young people can meaningfully engage and express themselves while taking into account the aspects of gender equality and regional balance.

KEYWORDS

Adolescents
Young People
Mental Health
Suicide Prevention
Information
SRHR – Sexual Reproductive Health and Rights
Meaningful Involvement
Sustainable Development Goals

MENTAL HEALTH OF LBQT YOUTH DURING AND POST COVID19 PANDEMIC

Fahe Kerubo Nyambasora

BACKGROUND

A lack of social connections, within Dandora LGBT youth during Covid19 Pandemic has exacerbated existing mental health problems. Research shows that One in every 4 Kenyan has suffered some form of mental illness which is approximately 11.5 Million Kenyans. 40% of them being LGBTIQ Community. The physical toll of the pandemic is tangible, though its impact on mental health is just starting to be understood and this includes the mental Health impacts on LBQT youth. At baseline, LBQT youth are more than four times as likely to attempt suicide as compared to their straight cis gender peers. Since the pandemic began, we have lost quite a number of LBQT youth to suicide. Currently, the LBQT youth are at significantly increased risk for depression, anxiety and suicide attempt largely due to increased experiences of victimization, discrimination, rejection, stigma and violence.

OBJECTIVES

Increase Visibility and raise awareness of Mental Health among the LBQT Community

METHODOLOGY

1. Since the onset of the pandemic, the number of youths reaching out to Nena na Binti hotline (Youth friendly service provider that offers SRH and Counseling services to Adolescents and Youths) has been significant, a total of about 300 LBQT of ages ranging between 18-35 and this is because of the increased community awareness on Mental health done through online dissemination of information and the peer to peer referral mechanism 2. Use of online platforms eg WhatsApp groups in passing information

and supporting LBQT Youth through regular check in Sessions 3. Referrals and linkages to safe houses for those youth who are homeless.

RESULTS

1. The LBQT youth reached with Nena Na Binti hotline counseling services are about 300 in three months.
2. Increased demand of Nena Na Binti counseling services
3. Increased demand for mental health information from the LBQT Community

CONCLUSIONS

There is need for continuous raise of mental health awareness to the LBQT community. This is achievable through focus discussion groups and community outreaches.

RECOMMENDATIONS

1. There is need for resource mobilization towards raising mental health awareness in Dandora for both the community members, the LBQT Community and Health care providers eg Counselors

EMPHATIC STRENGTH-BASED APPROACH WITH COGNITIVE BEHAVIORAL THERAPY; RECOVERY MODEL

QUEENTAH WAMBULWA (Tele counsellor UN Women MSA), ESTHER AOKO

BACKGROUND

Mental health conditions account for 16% of the global burden of diseases and injury in people aged 10-19 years. Half of all mental health conditions start by fourteen years of age but most cases are undetected and untreated (Kessler RC, 2007). Suicide is the third leading cause of death in 15-19 year olds. If left untreated, adolescent mental health conditions extend to adulthood. Multiple physical, emotional and social changes such as poverty, rape, defilement, abuse can make adolescents vulnerable to mental health related problems. Their psychological wellbeing after severe and disruptive events is strongly linked to their knowledge and skills that they possess available social support, culture and values that influence their experience.

OBJECTIVES OF THE RECOVERY MODEL

1. To restore safety, enhance control and reduce the disability effects of fear and anxiety on mental health.
2. To restore attachment and connection to other members of the community.
3. To restore meaning, identity and hope to life.
4. To restore dignity and value through counselling therapy session.

INTERVENTION

Client therapy intervention was conducted via Tele-counselling sessions on county government of Mombasa toll free line (0800720587) at the Situation Room Tononoka social hall

The model is based on five phases;

1. Assessment and education. Where clients retold their stories which enabled the counsellor to conduct a psychosocial

assessment of the client that later helped in the delivery of psycho-education.

2. Rapport and strengths, where clients use coping skills learnt from preceding experiences.
3. Cognitive behavioral therapy. This phase helped to identify the clients thought pattern in order to evaluate their perception on said trauma.
4. Emotion focused where the client was guided through grounding techniques and breathing exercises that helped them center their emotions.
5. Trauma narrative. Clients retold their stories in the third persona which allowed them to take a bird's eye view of their trauma experience and perceive it differently which often resulted in clients permitting more empathy and understanding for themselves.

RESULTS

Out of 200 counselled clients 36 were adolescents between the ages of 10-19. Of the 36, 19 of them reported to the office with cases of defilement. 9 suffered trauma from domestic violence, 4 faced challenges of early pregnancy. 2 were victims of attempted rape, only one child presented with neglect, abuse and assault respectively. Most of these clients presented with signs and symptoms of depression and anxiety, guilt, shame, physical injuries and changes in self-care. The most worrying sign was that of suicidal thoughts.

Clients were taken through therapy following the intervention process. Out of the 36, 20 of them have been consistent with the counselling process, 4 dropped along the way, 6 of them were inconsistent and the remaining 6 did not make a follow up.

Through Action aid, we created awareness on mental health at Mwakirunge to help fight the stigma on mental health.

On the 10th of October, we held a group therapy, "Coffee with Queentah" facilitated by different speakers at Swahili pot Mombasa. It helped to sensitize the community on mental health. In attendance was more than 150 people from different organizations and the community.

CONCLUSION

The psychotherapy program for the survivors was a success to the clients who were consistent .We managed to have them in specific group therapies where they could share their stories without fear of feeling judged.

To some cases, we made referrals for pharmacotherapy (use of medication to manage disruptive trauma reactions)

RECOMMENDATIONS

Through Tele-counselling, the survivors cannot heal instantly from the trauma. The recovery model allows them to go through the five phases which allows them to have had a minimum of 8 sessions as recommended.

Unfortunately most clients cannot maintain that because of lack of finances to help them come for the sessions and the group therapies.

The self-care kit launched on 10th October allows the caregivers to have an in depth understanding of self-care both for the survivors and the family. Having a trauma informed community allows the survivors to thrive in a holistic way.

1. Having income generating activities

that enhance that will enhance financial empowerment of the caregivers that will help them facilitate for the counselling sessions for the survivors

2. Sale of the self-care kit that will that will also help in the facilitation of the group counselling
3. Create more awareness on mental health, suicide prevention on youths and adolescents through media an publications

KEYWORDS

1. Mental health:

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act

2. Adolescents:

Adolescence, transitional phase of growth and development between childhood and adulthood

3. Tele-counselling:

Telecounselling is a modern way to receive therapy through a secured platform to facilitate video sessions,

4. Defilement:

The act of making something dirty or no longer pure, especially something that people consider important or holy

5. Rape:

The crime, typically committed by a man, of forcing somebody to have sex with him, especially using violence.

6. Harassment:

The act of annoying or worrying somebody by putting pressure on them or saying or doing unpleasant things to them

7. Child abuse:

The crime of harming a child in a physical, sexual or emotional way

8. Domestic violence:

Violent or aggressive behavior within the home, typically involving the violent abuse of a spouse or partner

9. Group therapy

A form of psychotherapy in which patients meet to describe and discuss their problems

10. Trauma informed

Trauma-Informed Care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize

11. Psychotherapy

The treatment of mental illness by discussing somebody's problems with them rather than by giving them drugs

12. Pharmacotherapy

The use of medication to manage disruptive trauma reactions

THEMATIC AREA 9

Adolescent Capacity and Consent

AGE OF CONSENT

Abdalla David Ong'owo

BACKGROUND

Among the many impediments to positive health indicators that depend on a single policy to mitigate for, include constantly debated upon age of consent. Removal of this barrier would promote gender equality, end child marriage and reduce teenage pregnancy, school dropout and lower HIV incidence. The first element of informed consent relates to the individual's capacity. Capacity is decision-specific; that is, it relates to the specific treatment being proposed to a patient in a specific situation under specific conditions. Capacity to consent to or refuse a particular treatment represents the ability to understand and to appreciate the information disclosed related to the proposed treatment. The second element of informed consent requires that patients receive an adequate disclosure of information, relating to the nature of proposed treatment, expected benefits, risks and side effects of treatment, alternative action that could reasonably be pursued, and the likely consequences of not having the treatment.

OBJECTIVES

To explore the doctrine of informed consent and the development of capacity in adolescents

METHODOLOGY

We discuss the relevant literature and explore the role of psychiatric impairment in adolescents' ability to consent.

RESULTS

In common law, there is no minimum age at which individuals are able to consent to medical treatment and no age below which they are unable to consent. Adolescents' right to self-determination is based on their ability to understand and appreciate the information relevant to the medical decision and on their ability to consent voluntarily and freely. There is a consensus in the literature that, around age 14 years, adolescents have the cognitive ability to understand information necessary for consent. However, there are limited empirical data regarding adolescents' ability to appreciate the information and to make a voluntary decision.

CONCLUSIONS

Health care providers need to involve adolescents in the consent process to the extent possible and assess the elements of capacity to consent to treatment/information on an individual case basis, recognizing that capacity may evolve as adolescents' cognitive capacities and values mature.

RECOMMENDATIONS

Desexualize SRHR services and treat them as you would any other health system access. Have statutory rape provisions in place to protect adolescents from predatory adults. Decriminalize consensual sex so that young adolescents having consensual sex with one another do not have to go to jail.

KEYWORDS

Age of Consent

THEMATIC AREA 10

ADVOCACY IN ASRHR (POLICY, BUDGET, MEDIA ADVOCACY, MEANINGFUL YOUTH ENGAGEMENT)

ENGAGEMENT OF INTER-RELIGIOUS LEADERS IN ACHIEVING THE THREE ZEROS AMONG AGYW IN KILIFI COUNTY.

Leila Abdulkeir, Levis Onsese, Kilifi Youth Advisory Council, Pac-Kenya.

BACKGROUND

Kilifi County has a youthful population accounting to 47%of the total population. About 1 in 4 (24%) are adolescent age 10-19years. Addressing sexual reproductive health issues, most young girls in the rural and urban from the inter-religious groups have low SRHR information and knowledge that has created myths and misconception of family planning, neither do them know about what the religion says in access to family planning services nor on the fear of accessing family planning services at the facility with no judgment hence this leads to unmet needs of family planning services. Some religious and cultural beliefs limit adolescents and young women which hinders them not to access health services. The taboo that they are not supposed to visit hospitals when they are sick or having any complication this has created the risks of high maternal deaths. According to CREAW baseline survey on Gender base violence in 2013, 45% of women between the ages of 15-49 in Kenya have experienced either physical or sexual violence with women and girls accounting for 90% of the gender-based violence (GBV) cases reported. The silence of religious and cultural groups in eliminating gender-based violence has not been felt in the community hence risking the lives of adolescent and young women.

METHODOLOGY

Through collaboration with Supreme council of Kenya Muslims (SUPKEM), Power Action Changers and Angaza Youth Initiative have been conducting dialogues with parents, AGYW and community gatekeepers in addressing SRHR and GBV issues more specifically by promoting religious leaders' participation in achieving the three zero's. In addition, a Focus Group Discussion meant to determine the position of inter-religious groups in matters of AYSRHR and GBV was done. Using contextualized evidence -based curriculum of the Adolescents and young people strategy (2019-2022) Kilifi county, Youth champions from Youth Advisory Council of Kilifi, Power Action Changers (PAC), Angaza youth initiative who were trained as peer facilitators have been advocating for engagement of inter religious and traditional leaders to shape the discourse of provision of Sexual reproductive health rights information and services, eliminating gender-based violence.

RESULTS

Inter-religious groups dialogues with the AGYW, parents and community gate keepers proved to be more effective as safe space where a commitment was reached upon on how interreligious and traditional leaders vowed to support AYSRHR and GBV issues prioritization in Kilifi County, in fact the religious leaders agreed that "we have to protect our young people at all costs" since there was a lot of disagreement on

what should and shouldn't be done upon the context of religious books. Maskani visits talks by AYP champions in collaboration with the interreligious groups in matters of SRHR and GBV issues in the community resulted in acceptance of the community that inter-religious leaders have a role in working closely with the AYPs and parents in SRHR, GBV referrals and linkage systems. Inter-religious support enhanced reductions of some cultural norms that acted as a barrier in addressing SRHR and GBV issues. Community engagements and capacity building on the AYSRHR package equipped most of the inter-religious groups with SRHR and GBV concepts and knowledge and this was a recommendation arising from the focus group discussion.

CONCLUSION

Working with Inter-religious leaders with well-respected position in the community has proven to be effective in provision of information, referrals of AYSRHR and GBV issues.

RECOMMENDATION

There is a dire need to engage religious and traditional leaders to enhance achievement of the three zeroes.

KEYWORDS

Interfaith, dialogues, SRHR, GBVs, AGYW, AYSRHR.

USE OF POLICY COMMUNICATION TOOLS FOR BUDGET ADVOCACY: A CASE STUDY OF MADACI VIDEO BUDGET ADVOCACY BY YOUNG WOMEN

(Lisa) MaryAnne Mwangi and Mariah Akinyi

BACKGROUND

According to the report on the ministry of health in Kenya adolescent girls aged 10-19 years became pregnant or has experience child bearing. The Kenya Demographic and Health Survey (KDHS 2014-2018) reports the increase in teenage pregnancy every passing year with Nairobi County at 21%; hence our efforts to influence policy change in the County to end teenage pregnancies. In 2018, the former Education Cabinet Secretary Amina Mohammed declared teenage pregnancy a national crisis after more than 200 teenagers sat for their Kenya Certificate of Primary (KCPE) and Kenya Certificate of Secondary Education (KCSE) while pregnant. National Guideline for Provision of Adolescent Youth Friendly Services in Kenya indicates young people should access YFS but despite strong policies we still have a huge gap between policy commitments and implementation.

OBJECTIVES

To ensure policy makers commit to increase SRHR funding to improve uptake of contraceptive commodities within the existing youth friendly centers in Nairobi County.

METHODOLOGY

IYAFP and PRB developed a video with Lisa MaryAnne from MADACI as the voice over artist. The video was used as a policy communication advocacy tool to lobby MCAs to increase budget allocation for SRHR within the 2019/2020 financial year. As a result prioritizing the need of youths in accessing contraceptive services within YFS centers. The County officials were mobilized and trained on the need of ensuring stock up of the YFS with sufficient family planning commodities to help reduce the number of teenage pregnancies in the County. Furthermore, the team ensured follow up engagements were held on the realization of the commitments made on increase in budgetary allocation. NAYA held various youth workshops to develop a budget memorandum. The trained youth were meaningfully engaged during the public participation forums to submit the memorandum with the key recommendations on SRHR financing for YFS in the 2019/2020 financial year of Nairobi County.

RESULTS

Trained youths led an evidence driven campaign that encouraged other young people from Nairobi County to actively participate in various public participation forums in the sub-counties to voice the need for increased budget allocation for youth friendly SRHR services to help reduce teenage pregnancies.

Nairobi MCA's that were committed to prioritizing the need for increased funding for youth friendly contraceptive services to help reduce teenage pregnancies in the County.

Nairobi County government in their 2019/2020 budget increased the funding for health and SRHR and YFS funding was prioritized in the allocation which was a noted increment from the previous financial year.

CONCLUSIONS

The use of video as an advocacy tool ensured the youths' (voices and key asks) were showcased in a digitally captivating way. Policy makers were able to understand the SRHR gaps and needs of adolescents and young people, taking consideration and prioritizing budget allocation for YFS.

View the video via this link https://youtu.be/EYXXkrxZTdo .

KEYWORDS

Budget advocacy, Teenage pregnancies, YFS.

AMPLIFYING YOUTH VOICES; A CASE OF SAMBURU YOUTH ADVOCACY NETWORK

Dennis Mwambi , Chrys A. Shem1, Angeline Siparo1, Irene Senei , Silvana Lessuda3, Shelley Megquier4

Population Reference Bureau, PACE project, 2 Samburu County Government, 3 Samburu Youth Advocacy Network, 4Population Reference Bureau

BACKGROUND

According to 2019 Kenya Population and Housing Census, Samburu County has a youthful population with people below the age19 making up almost half (40%) of the total population. About one in six (17%) people in Samburu County are adolescents aged 10-19. This youthful population has implications on the County's health and development agenda as it puts increasing demands on provision of services including health and education. According the KDHS 2014, about one in four (26%) girls aged 15-19 years in Samburu County has begun childbearing, which is notably higher than the national average of 18%. In Samburu, cultural practices like beading encourage early sexual debut and increased teenage pregnancies. Teenage pregnancies often result from low use of contraceptives and/or unmet need for contraceptives. In Samburu County, only 18% of currently married girls aged 15-19 use modern contraceptives which is two times lower than the national rate (37%)

OBJECTIVES

To build capacity of youth to scale up and strengthen youth participation in planning and budget making process as well as be change agents for their fellow youths.

METHODOLOGY

Policy Advocacy Communication Enhanced (PACE) project seeks to build commitment to reproductive health (RH) and family planning (FP) by using data to focus decision makers' attention on real County RH and FP issues, needs, and opportunities. This is achieved through mobilizing domestic financing for RH and FP which includes capacity strengthening, continuous partnering, and catalyzing public participation in budget hearings and through media engagement. In 2019, PACE supported training of 24 youths drawn from all the three sub counties in Samburu on policy communication, advocacy and budget negotiation. PACE also provided ongoing mentorship and linkages of this network with the county government.

RESULTS

The youth formed the Samburu Youth Advocacy Network (SYAN), with a formal governance structure and duly registered. The network developed a joint action plan highlighting key activity, timelines and required resources. Based on the action plan, the network has been creating awareness on the socio-economic impact of high rates of teenage pregnancies through peer education to fellow youths in and out of school. The County government has

recognized the youth network and involved them during county planning and budget making processes, hence ensuring their voices are heard and considered. For example, after being encouraged to do so by SYAN, the County government created a specific budget line item for youth friendly health services in FY 2020/2021 budget estimates. The Gender and Youth affairs department, in an effort to develop a gender and youth policy, recognized SYAN and invited them to a county led gender policy workshop where they provided invaluable contributions on how the gender policy could address youth issues in Samburu. SYAN members continue to engage on various topical issues affecting the youth through weekly radio talk shows hosted by local community FM radio stations, an excellent platform to canvas youth issues and create awareness among the general public.

CONCLUSIONS

Youths are powerful agents of change when empowered with the right information, tools, and skills. The youths can be a powerful source of inspiration for fellow youth as well as the decision makers.

RECOMMENDATIONS

Encouraging government engagement in the creation of youth-led networks and development of joint action plans helps to further recognition and build trust. Championing for youth friendly services through participation in planning as well as mentorship of fellow youths could achieve much traction if the youths affected by these are directly engaged.

KEYWORDS

Youth network, agents of change, mentorship, youth friendly services

ASRH POLICIES AND BUDGETARY ALLOCATION: A CASE OF NAYA KENYA'S EXPERIENCE IN MIGORI AND SIAYA COUNTIES.

Faith Abala and Immaculate Oliech

BACKGROUND

The Ministry of health launched a new national adolescent sexual reproductive health policy on 3rd September 2015, reaffirming commitment to ensure adolescent have access to comprehensive SRH information and services. 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. The aim of the ASRH policy therefore is to enhance the SRH status of adolescents in Kenya and contribute towards realization of their full potential in national development. 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 promote and increase access to ASRH information and services by addressing SRHR needs of youth population.

METHODOLOGY

NAYA Kenya uses a multidimensional approach that targets different points which adolescent health can be effectively addressed. This is through improved policy environment both at the county level and national level including; advocating for action on adolescent needs and access to care with policy makers and community leaders; Continuous engagement with policy makers and county health management teams at the county levels; NAYA has been able to leverage on her consistent advocacy strategies in engaging the county governments in developing key SRH documents and policies and increased and continuous budgetary allocation at the county and national levels.

RESULTS

ASRHR Policies

Siaya county adolescent and youth action plan on HIV//AIDS and SRH 2019-2022. This policy marked a milestone in the county's investment plan in youths. With aim to improve access to quality and comprehensive HIV/AIDS information and services by adolescent and youths.

Migori county multi-sectorial action plan to improve the health and wellbeing of adolescents and youth county. This action plan addresses drivers of HIV, teenage pregnancy, gender based violence, unemployment and drug and substance abuse among adolescents. Seeking to increase access to and utilization of ASRH information and services by consolidating gains made scaling up interventions that have proven to deliver results and ensure synergy aiming the SRH stakeholders.

Budgetary allocation

Siaya County for the FY 2019/2020 had an allocation of Kshs 2.5 Million targeted towards training of health care workers on reproductive health. In Migori county, in their Fiscal strategy paper for FY 2020/2021 had a proposed allocation towards Family health and reproductive health of Kshs 47.4 million (25%) , Family planning services and commodities at Kshs 14 million and HIV/AIDS management and a projection of Kshs 15.5 Million.

CONCLUSIONS

SRHR is a right for young people regardless of their age, sexuality, social and economic status. Under the devolved government, legislative tasks are aided by members of the county assemblies and these roles include making and influencing policies. Continuous and strategic advocacy activities targeted towards development and implementation of these polices at county level is quite significant and have a positive correlation between policy factors and effectiveness of Youth friendly services, provision of FP information and commodities.

RECOMMENDATIONS

Strengthen the capacities of institutions, service providers and communities to provide appropriate information and services to adolescents and youth with clear guidelines from the policy documents developed by

the county governments; this is both in the health sector; improving the capacity of health system to provide adolescent friendly services and the education sector as well in advocating for improved access to age appropriate comprehensive sexuality education.

KEYWORDS
ASRHR policies
Budgetary allocation

IMPROVING THE PROVISION OF YOUTH FRIENDLY SERVICES IN NAIROBI

Esther Aoko, Ritah Anindo, Evelyne Odhiambo

BACKGROUND

In Kenya 66% of the population comprises of young people below the age of 25 years (census 2009), despite the existence of the National guidelines on the provision of Youth Friendly Services, Adolescents and youth still face a wide range of barriers in accessing quality sexual and reproductive health services (SRH) and have reported poor reproductive health outcomes in our country. In 2010 estimates from the Kenya Service Assessment Survey (KSPA) showed that only 7% of facilities are able to provide youth friendly services.

In 2018 the Reproductive Health Network Kenya adopted a model that sought to utilize young people as a means for advocacy and grass root engagements in order to improve availability, referrals and access to youth friendly services in their various facilities in Nairobi hence bridging the gap between services and young people in the community.

OBJECTIVES

To advocate for and ensure the availability of youth friendly services for Adolescents and youth.

To bridge the gap between services and young people hence improving the uptake of SRHR services for Adolescents and young people.

METHODOLOGY

RHNK has been training young people on value clarification and attitude transformative approach and equipping them with SRHR advocacy skills to spearhead its advocacy projects. Reproductive Health Network Youths have played a key role in facilitating community sensitization, dialogues, media campaigns and distribution of youth friendly IEC materials to young people within their community.

RHNK invented the NENA NA BINTI hotline to fill the gap on access to Reproductive health care during and after the COVID-19 pandemic. The hotline aimed at providing non-judgmental and confidential SRHR information and services.

RESULTS

The Reproductive Health Youth Network has successfully referred 3030 people for services within the first three months April - June 2020 since the onset of the pandemic (2812 youth through outreaches and 218 through clinic in reaches). During the outreaches, the network collaborated with CHVs, Youths, community gatekeepers, police and the sub-county health management team increasing the scope of services, improved care in the local facilities, reduced covid-19 and abortion stigma and community accountability on matters reproductive health care.

The Reproductive Health Network youths have been able to lead online campaigns and conversations with facts and effective referral techniques being fully equipped with SRHR knowledge and the legal context on provision of services to adolescents, youth, women and girls.

Through the Hotline, Reproductive Health network youth have been able to effectively make follow ups on referrals made and have been able to provide safe spaces for other youth and adolescents to confide in, speak up and seek SRHR services in the community.

CONCLUSIONS

Building the capacity of young people in different SRHR topics has proven to increase youth productivity and inclusion in organizational project implementation and effectiveness. Realizing responsive adolescents and youth friendly health systems require active engagement of young people in the formulation, implementation, and evaluation of programs.

RECOMMENDATIONS

There is need for continuous and sustainable youth sexual and reproductive health programs in ensuring increased access to essential sexual and reproductive health information and services.

There is need to build the capacity of young people through trainings on the different sexual and reproductive health topics.

VIEWS OF SECONDARY SCHOOL STUDENTS ON ADOLESCENT FRIENDLY HEALTH SERVICES IN LEVEL TWO FACILITIES IN MOMBASA COUNTY, KENYA

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BACKGROUND

Adolescence is defined as a period of optimum health and active life. However, globally, an estimated 1.2 million young people die of preventable causes. Sexual and reproductive health problems remain a major cause of ill health and or death among adolescents. Despite adoption of adolescent friendly health services in all government facilities in Kenya, incidences of teenage pregnancies and HIV infections among adolescents aged 15-19 years continue to rise.

WHO states that adolescent and youth friendly health services are an important intervention targeting young persons in the hopes of achieving sustainable development goal three on good health and wellbeing.

OBJECTIVES

The study was conducted to assess the views of secondary school students on adolescent friendly health services in level 2 facilities in Kisauni Sub-County, Mombasa County, Kenya.

Methods:

The study looked at these independent variables (staff characteristics, facility characteristics and interpersonal relationships). A survey was conducted with 313 secondary school going students from two public schools (one girls only and one boys only) in Kisauni Sub-County, Mombasa County Kenya. Researchers administered questionnaire; students were selected using a simple random selection process. Additionally, four public primary care facilities were assessed using observational checklist. KII were carried out on the facility in charges who were selected purposively. Relationships between variables were assessed using Chi-Square at 95% confidence interval. Qualitative data was triangulated with the quantitative data.

RESULTS

Of all the respondents, 42% (n= 313) reported the services to be friendly. More than half 65.5% (n 205) of all the respondents thought facilities had appropriate staff to provide AYFHS whereas majority 98% of all the respondents reported to prefer staff of same sex and age to offer services to them since they could understand them easily. Media (radio, newspapers) and static advertisements significantly influenced AYFHS p - values 0.017 and 0.004 respectively. Less than a half of those who reported friendly services mentioned being aware of services offered in other settings (43.2%(n=32) drop-in centers, 43.7%(n=44) community outreach and 39.2% (n=65) school health programs). Accessing facility by use of vehicle and walking on foot had significant influence on AYFHS, p- values of 0.001 and 0.003 respectively. Involvement of other agencies in service review had a significant influence on the friendliness of services, p- value 0.003.

CONCLUSION

Generally, the services are rated as unfriendly. Policy makers and implementers in the health sector found these study findings useful in quality improvement of adolescent health services.

RECOMMENDATIONS

Health literacy on AYFHS required to ensure increased access and utilization of the same.

Public- private partnership crucial to increase access to services

Embrace use of radio and newspaper in advertising services offered.
Increased service delivery in other settings to increase access and utilization.

KEY WORDS
Reproductive health services; Adolescent health services; Adolescent; Kenya

UNDERSTANDING THE RELATIONSHIPS UNIVERSE OF ADOLESCENT FEMALES AND THE LINKAGES BETWEEN PARTICULAR RELATIONSHIPS AND UNINTENDED PREGNANCIES AND UNSAFE ABORTIONS

Norah Kopi (Shujaaz Inc), Sylvia Thuku (Shujaaz Inc), Dr. Anastasia Mirzoyants (Shujaaz Inc), Camilo Antillon (Rutgers)

BACKGROUND

Teenage pregnancies remain a significant burden on the Kenyan society. PMA2020 reports 16% of Kenyan girls give birth by the age of 18; the total number of abortions is estimated at 0.5m+ every year. Relevant, contextualized messages are proven more powerful and effective than general messages aimed at the entire target audience, especially as diverse as Kenyan adolescents. Shujaaz research shows that girls in specific types of relationships have greater risk of falling into the two segments whose pregnancies are likely to result in unsafe abortions. This presentation will show how Shujaaz used data and audience feedback collected in the context of the "She Makes Her Safe Choice" program, lead by Rutgers and DKT International and funded by the Dutch Postcode Lottery, in order to design and implement a media campaign shifting norms and behaviors of adolescent girls related to the decision-making process around unintended pregnancies and unsafe abortions.

OBJECTIVES

The key objective of this project was to explore the types and characteristics of such "risky" relationships, inform a media campaign addressing girls in such relationships, offer a detailed analysis of girls' feedback to the campaign messages, as well as preliminary impact of the Shujaaz media campaign in addressing unsafe abortions.

METHODOLOGY

This project drew on a mixed-method action research. The project included two rounds of interactive, qualitative studies with adolescent girls; both studies used a blended approach relying on ramified group experiences, in-depth interviews with positive deviants and adult-informant interviews. In addition, the study analyzed audience feedback received through SMS conversations and social media interactions prompted and moderated by the Shujaaz team.

RESULTS

Over the past 2 years, the Shujaaz media campaign resulted in significant positive

changes in young Kenyans' norms and behaviors, e.g., Shujaaz fans are 43% more likely to use condoms than nonfans, which led to a prevention of approximately 5 maternal deaths and 5,000 unsafe abortions. Moreover, every quarter 20,000+ girls reach out to the Shujaaz team to report a "pregnancy crisis" and/or to ask for advice, referral or support.

CONCLUSIONS

This project provides a significant contribution in understanding the context in which an adolescent girl makes choices related to the use of contraception and their responses to unintended pregnancies. It explores several types of relationships as important contributors to the choice against contraception and in favor of unsafe abortions. It also details several approaches to using audience feedback and human-centered design to producing an impactful and scalable engagement with adolescent girls in Kenya via a combination of analogue and digital media channels

RECOMMENDATIONS

The presentation will be for both researchers interested in engaging adolescents in a meaningful manner as well as practitioners aiming to design an intervention targeting adolescents.

KEYWORDS

Adolescent girls, teenage pregnancy, unintended pregnancy, unsafe abortion, relationships, media campaign, human-centered design

ADVANCING ADOLESCENTS SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN KENYA

Dorothy Okemo, Mwanaisha Aura

BACKGROUND

According to the Kenya 2019 population and Census results, 75% of the total population 47,564,296 is of under the age of 35 years out of which adolescents (10-19yrs) comprise of 24.5% of the total population. This is a very diverse group of individuals that represent an asset for any county. Research has revealed many hurdles for young people who want or need to use services, including legal and policy hurdles, confidentiality concerns, fear of discrimination, disrespect, and high costs. Whereas the country has taken some measures to respond to adolescents' health and well-being, including the development of the National Adolescent Sexual and Reproductive Health Policy, full implementation of this policy is still a challenge both nationally and at the county level. Without addressing implementation of this policy, the reproductive health outcomes of the adolescents will remain poor.

OBJECTIVES

To advance the sexual and reproductive health rights of young people and adolescents in Kenya.

METHODOLOGY

Strengthening capacity of youth led an youth focused Civil Society Organizations in effective communication, policy advocacy, budget advocacy and social accountability.

1. Research and evidence generation of reliable data on availability, affordability and Stock outs of Sexual and Reproductive Health(SRH) commodities in 10 counties in Kenya. This has provided the evidence to these CSOs for result oriented advocacy.
2. Facilitated multi-stakeholder engagements to strengthen dialogue and dissent spaces that have led to meaningful youth engagement in policy and decision making spaces.

RESULTS

1. Formation of vibrant youth led CSOs networks in the Lake Basin region and Narok County that are now engaged at the highest levels both at the county ministry of health and county assembly.
2. Meaningful youth engagement between the network and the Kisumu County government has resulted in the network being in official relations with the county government on SRHR policy implementation.
3. Through sustained evidence based advocacy there has been an increase in Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) budgets from Ksh 46,167,393 FY 2019/2020 to Ksh 60,125,645 FY 2020/2021 in Kisumu County.
4. Development of family planning plan in Kisumu County which is currently being implemented. This framework recognizes that the county will take responsibility of financing FP services including for youth.
5. Increase in the number of integrated youth friendly centers in Kisumu County from 117 in 2018 to 210 in 2019. This ensures that the youth have a safe space to access SRH services, commodities and information.
6. Adoption of the Kisumu County Youth Empowerment plan that includes financing of Adolescent and youth SRH needs.
7. Implementation of the return to school policy for teenage mothers in Narok county which has seen girls go back to school after giving birth to complete their education.

CONCLUSIONS

Effective involvement of young people in the design, implementation, and evaluation of programs helps to ensure that their needs are addressed. In addition to that, strengthening their capacity in advocacy and social accountability equips them with skills to present their issues to decision makers and demand for their rights in a meaningful way.

RECOMMENDATIONS

1. Organizations working around health should be proactive in advocating for changes in policies and laws that restrict access to sexual and reproductive health services for young people.
2. Capacity strengthening of youth led and youth focused organizations on policy, budget advocacy and social accountability.

3. Scaling up of learning and sharing forums among youth networks for education, sensitization for implementation of best practices to increase policy implementation for youth and adolescent SRH with accompanying budgets.
4. Advocate for full implementation of youth friendly policies including the ASRH policies; the Youth Empowerment Policies, the Return to school policy for teenage girls that get pregnant as well as age appropriate Comprehensive Sexuality Education.
5. Integrate functional youth friendly corners in existing public facilities, where possible set up youth friendly centers and eliminate barriers to accessing SRH services and commodities by the youth.

KEYWORDS

Sexual and Reproductive Health, Young People, Adolescent needs, Rights, Youth Led, Youth Focused, Youth empowerment, policy implementation, SRH Commodities, information and services, meaningful engagement, capacity strengthening, sensitization and education, learning, sharing and linking, advocacy and multi-stakeholder engagement, research and evidence generation

USING STRUCTURED COMMUNITY DIALOGUES TO ADDRESS FGM/C AMONG THE MAASAI OF KAJIADO WEST

Dominic Kimitta -Mamboleo

BACKGROUND

The Maasai are a patriarchal community where men own and control resources. Women have little or no voice in decision making and control of resources. It is the elders who decide for the women and the youth. The youth are not listened to nor heard. The Maasai have deeply rooted cultural beliefs and practices. Legal context Kenya has many laws against FGM: 1. The Children Act 2001 (revised 2016), states in Article 14: No person shall subject a child to female circumcision, early marriage or other cultural rites, that are likely to negatively affect the child's life. 2 The Prohibition of FGM Act 2011 is a comprehensive piece of legislation that established the Anti-Female Genital Mutilation Board and sets out the offences and punishments for FGM/C in Kenya. Consent is not a defense to the crime of performing FGM/C in Kenya. 3 Medical practitioners and dentist Act + Nurses Act: state that practitioners performing FGM/C shall have their licenses revoked

OBJECTIVES

Structured Dialogues with Community members and gate keepers including cultural elders, Female cutters/TBAs; (Traditional Birth attendants) Religious leaders

- Meaningful youth participation
- Comprehensive sexuality education through whole school approach
- providing alternatives to girls through education and economic empowerment
- Advocacy-Engaging policy makers and duty bearers to commit to implement laws and/or policies against FGM/C

METHODOLOGY

Use of Structured dialogue with the community Reasons for selecting this approach: Men take lead in these dialogues as key decision makers. It gives women and youth a chance to express themselves. It opens inter-generational and inter-gender discussions. Cultural conservatives have a chance to be heard. Dialogues are consultative. Role models and champions are brought on board in the discussions. The community holds the final decision. Programmers act as facilitators.

RESULTS

There is improved conversation around FGM/C. There is improved reporting of FGM/C, TP and CM cases.

- The community has formed Community Advisory teams (CAT) to end FGM/C and CM. Roles: · Co- creating an alternative to replace FGM/C
- Planning for the Alternative Rites of Passage (ARP) ceremonies
- Vetting girls for ARP, invite guests, speakers,
- Reporting and following up on FGM/C, TP and CM cases
- Reinforce a sustainability structure. The CATS HAVE reached 1676 Girls and 950 Boys through ARP interventions and forums
- Community Advisory teams are currently sharing reports on: # of FGM incidences in their respective villages # of CM cases in the area # of FGM cases being followed up # of CM cases being followed up
- Community advisory teams have become a platform for meaningful youth participation.
- The advisory teams to end FGM/C are also a forum for the beacon teachers' movement to report on child protection issues and deliberate on appropriate action.
- Through the advisory teams, communities are more receptive to the ARP concept.
- Two advisory teams have been registered with the ministry of social services as CBOs fighting to end FGM/C and promote adoption of ARP.
- The community advisory teams are a sustainability structure for ending FGM/C and a monitoring structure.

CONCLUSIONS

Conclusion Community Advisory Teams ensure community ownership of alternative initiation rites (ARP). They are a forum for identification, reporting and follow up of child protection issues.

RECOMMENDATIONS

There is, however, need to strengthen the capacity of the advisory teams in fundraising issues, advocacy and lobbying in order to sustain implementation of interventions to end FGM/C · Expand the program across counties practicing FGM and support them to implement ARPS

KEYWORDS

ARP – ALTERNATIVE RITES OF PASSAGE
FGM/C – FEMALE GENITAL MULTILATION / CUTTING
CBOS – COMMUNITY BASED ORGANIZATION
CM – CHILD MARRIAGES
TP – TEENAGE PREGNANCY
CAT – COMMUNITY ADVISORY TEAMS
TBA – TRADITIONAL BIRTH ATTENDANTS

SCALING ADOLESCENT HEALTH THROUGH ADVOCACY (SAHA)

Clement Lokoma

BACKGROUND

Implementation of the National ASRH policy 2015 in west Pokot County has not yet been to its full implementation. For so long, partnership and collaboration between key policy implementers both state and non-state actors has been a missing link to full implementation of ASRHR policy in west Pokot County. As a result, adolescents' girls both in and out of Schools have been deprived their right to equitable access to high quality, efficient and effective adolescents friendly ASRH information and service thus subjected to making uninformed decision concerning their sexual and reproductive health. These has left Adolescents vulnerable to high number of teenage pregnancies at 29%(KDHS 2014), FGM, Early forced Marriages, SGBV and uncertain future.

OBJECTIVES

1. To strengthen inter-sectoral coordination, partnership and networking in advancing adolescents sexual and reproductive health
2. To contribute to increased access to Adolescent Sexual and reproductive health information
3. To Increase and strengthen Media engagement in Adolescents Sexual Reproductive Health

METHODOLOGY

Quarterly meetings among key ASRHR policy implementers through quarterly RMNCAH TWG meetings

1. Adolescent engagement and participation in key decision making spaces at both the county and National level.
2. Media engagement, both offline and online media platforms
3. Awareness creation through education of parents and community on Adolescent Sexual Reproductive Health and Right
4. Partnership and networking

RESULTS

1. Synergized efforts among key ASRHR stakeholders in provision of SRHR information to Adolescents has resulted to allocation of 4 youth friendly spaces in 4 youth empowerment Centers in west Pokot County
2. Partnership and networking among ministry of education and ministry of health towards provision of Age Appropriate Comprehensive Sexuality Education for in school Adolescent and Sexual reproductive health Sensitization through radio talk shows.
3. Strengthened capacity of institutions, service providers and communities on the provision of appropriate sexual reproductive health information and services to adolescent who require them
4. Improved leaders action towards implementation of the National Adolescent Sexual and reproductive health Policy
5. Increased access to Sexual Reproductive Health information among adolescents in west Pokot County

6. Increased Media coverage on issues surrounding adolescents sexual and reproductive health information and stakeholders' roles and responsibility that has so far yield a discussion on the need for Domestication of ASRH policy to suit west Pokot county context for effective implementation.
7. Increase in Adolescents demand for SRH services and information in the Health facilities

CONCLUSIONS

Provision of accurate and youth friendly information and service ought to be promoted and existing channel of SRHR service provision should be enhanced to provide quality, effective and accurate information and services on a wide range of contraceptive method to capture diverse needs of adolescents.

RECOMMENDATIONS

Adolescent sexual and reproductive Health right policy should be domesticated to be a county government document to factor in the context of west Pokot ASRHR needs. Also, to foster a sense of ownership of the document among key Policy implementers and stakeholders for its full and effective implementation.

KEYWORDS

ASRHR – Adolescent Sexual and Reproductive Health Rights

RMNCAH- Reproductive, Maternal, Newborn, Child and Adolescent Health

MOH- Ministry of Health

MOEST- Ministry of Education Science and Technology

TWG- Technical Working groups

ADVANCING ADOLESCENTS ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND SERVICES THROUGH ADVOCACY (4A'S)

Perece Motoywo

BACKGROUND

Adolescent girls in West Pokot County bordering Uganda to the north, a rural pastoral and arid land in Kenya are deprived of their sexual reproductive health rights. We reach up to over 100,000 girls a year on issues of teenage pregnancies, Female Genital Mutilation, Menstruation, Hygiene Management, Early forced marriages among other issues. Being a county where marginalization is historical, access to general healthcare is a major challenge. Owing to cultural beliefs and practices, reproductive health isn't a topic discussed openly hence Adolescent girls are denied their sexual reproductive health and rights leading to high levels of teenage pregnancies, increased sexually transmitted infections (STI) including HIV, early marriages and maternal deaths much worse for adolescents from remote rural areas. West Pokot is among the top leading counties on teenage pregnancy in standing at 29% which is notably higher than the national rate standing at 18% (KDHS 2014)

METHODOLOGY

Evidence generation- Successful advocacy campaign is based on standardized statistics and facts. Declares uses evidence to justify the gravity of the problem to ensure achievement of intended OBJECTIVES

Community/youth engagement- Declares engages the community and beneficiaries in designing, planning, implementation, monitoring and evaluation of 4A's intervention.

Advocacy gathering- 4A's project conducts meetings with decision makers and leverage on any available opportunity to advance ASRH of young girls in West Pokot County

Partnership and networking- Declares works with like-minded and committed groups of people whom we share a common goal to expand and strengthen advocacy network, reduce duplication of efforts, create synergies towards realization ASRHR.

Media engagement - Declares utilizes mainstream and social media to increase visibility and civic voices in championing for young people's rights.

RESULTS

We have seen increased capacity on SRH and Advocacy among the trained adolescents as demonstrated in their participation in key advocacy platforms demanding for their rights resulting in the prioritization of Adolescent reproductive health Services in West Pokot County Annual Work plan 2020/2021. Working with other partners and stakeholders have strengthened multi-sectoral coordination, partnership and networking in West Pokot County that has enhanced effective coordination, partnership and created synergies leading to reduced duplication of efforts towards activities and initiatives that are targeting to end gender inequalities in the County. Out of our advocacy efforts, 4 youth friendly centres were constructed with 4 spaces for FPRH which will be providing high quality, effective and efficient Sexual and reproductive health information and services we have also seen progress towards increased media engagement with the media both mainstream and social. These platforms have amplified the voices of the girls and the issues around gender disparities that are around girls and women in the County. Establishment of 4 spaces for youth friendly services in West Pokot County

CONCLUSIONS

Recognizing sexual and reproductive health rights as human rights contributes to positive educational and health outcomes. Partnerships and putting beneficiaries (adolescents) at the forefront in championing for their rights and engaging community as well in designing, implementation and evaluation brings positive results, enhances social mobilization and empowerment that brings sustainable changes, solutions.

RECOMMENDATIONS

Engagement of beneficiaries throughout implementation period is key to yielding advocacy gains. Embrace new technology and media to sustain effective work and to counter unexpected challenges. Always choose the right Partners to collaborate with, this saves resources, reduces duplication of efforts and yields better results

KEYWORDS

SRH- Sexual and Reproductive Health

FPRH- Family Planning and Reproductive Health

AFYA BORA HAKI YANGU

Masika Mwinyi, Jefferson Mudaki

BACKGROUND

Inadequate implementation of the Kenya National Adolescents Sexual Reproductive Health 2015 Policy, by the ministry of health at the county government of West Pokot County specifically section 5.1.4.1 a section that promotes Adolescents Sexual Reproductive Health as a human Right. While ASRH policy exists at the national level its implementation at the sub national level is deficient, proper implementation of this policy would allow adolescents' in the rural pastoral community of Lomut and masol wards in central Pokot sub county, West Pokot County, Kenya access quality, affordable and youth friendly Sexual Reproductive Health information and services. Adolescents in these areas are denied the right to access Sexual Reproductive Health, this has increased the vulnerability of young adolescents (most affected being girls aged 10-14 years in Masol and Lomut wards) to teenage pregnancy, early and forced marriages, FGM, SGBV and uncertain future. The Counties Teenage pregnancy rate stands at 29% according to the Kenya Demographic Health Survey 2014 while FGM stands approximately 74 per cent based on a 2017 UNICEF report. This has led to increase in the number of girls dropping out of school due to Teenage pregnancies, FGM and early forced marriages, High number of maternal mortalities among adolescents in this area.

OBJECTIVES

1. To strengthen voices, skills and participation of adolescents in Masol and Lomut wards to advocate towards access to ASRHR information and services and resource priorities in the areas of Adolescents Sexual and Reproductive Health in West Pokot County.
2. To Enhance Partnership and networking among government, CSOs, Media, Religious leaders and the community towards ensuring young people and adolescents in Lomut and masol wards get access to sustainable, quality, affordable SRH information and services in west Pokot County

Methodology/Interventions (100 words max)

30 adolescents aged 14-19 years from Masol and Lomut wards were trained on ASRHR advocacy skills, leadership and communication skills to enable them be ASRHR champions so they can advocate for their Sexual Reproductive Health and rights West Pokot County. We also created advocacy platforms i.e. West Pokot County ASRH symposium, Hearts For Arts Festival, RMNCAH technical working groups, radio talk shows etc. where these trained adolescents were engaged meaningfully to advocate for the provision of quality and effective ASRH information and services in Masol and Lomut wards of West Pokot County.

RESULTS

Afya Bora Haki Yangu (ABHY) Project has strengthened the voices skills and participation of adolescent in central Pokot sub county precisely adolescents from Lomut and Masol wards to key decision-making platforms i.e. RMNCAH quarterly

technical working group, Radio talk shows and panel discussions with key decision and Policy makers. The project has also strengthened media engagement both electronic and print media on Adolescent Sexual Reproductive health rights as a result of journalist orientation on the same. So far there are weekly ASRHR programs conducted on the local radio stations i.e. North rift radio and Kokwoo FM.

CONCLUSIONS

This intervention was purely an adolescent driven advocacy. with the skills acquired from the training, and being at the bracket age, they understood well the needs of their fellow adolescents. also involving media personnel's in our advocacy made easy to reach our targets because most decision makers and policy makers pay attention to what media brings out. The use of Digital Media in Specific online campaigns i.e. Facebook live has proven to be most effective in reaching decision makers and large masses with key ASRHR information and services in regard to the Kenyan government directive on COVID-19 that would have hindered reaching such number of masses due to limitation of groups of people and social distancing. Involving key decision makers in the project both from the county and community level from the project inception has been vital in terms of smooth running of the project to this point

RECOMMENDATIONS

Using adolescent themselves to advocate for their ASRH needs because they understand better. Also embracing creative digital platforms to integrate with our advocacy plans/ strategies will contribute to the success of our advocacies

KEYWORDS

RMNCAH – Reproductive Maternal Neonatal Child & Adolescent Health

ASRHR – Adolescent Sexual Reproductive Health Rights

FGM – Female Genital Mutilation

SGBV – Sexual Gender Based Violence

CSO – Civil Society Organizations

SRHR DATA INTEGRATION WITH SOCIAL MEDIA ADVOCACY

Emmanuel lekishon

BACKGROUND

Social media has been a great tool of not only advocacy but also for visibility and resource mobilization both domestic and external. To create legitimacy of any advocacy you must have backing data to it. Having the two combined strategically will create a big impact in influencing more budget allocation to SRHR and youth decisions taken into consideration. My point is to strategically use social media being backed up by data to influence good policies and more budget allocation to SRHR and youths matters, these data comes from the county documents like County Integrated Development Plans (CIDPs), Annual Development Plan (ADPs), County Fiscal Strategic Paper (CFSPs), Annual reports and NGOs data and reports etc. Being consistent in social media especially twitter, creating allies of the same minds, tagging

relevant personalities, institutions objectively with evidence based system.

This will create integration of family planing, SRH, HIV with strong partnerships thus reducing maternal deaths, unwanted pregnancies, spread of HIV.

Advocates of the same goal are able to interact and drive agendas with a buy in of other people not of the same field.

Easy availability of information and evidence due the available data with proper coordination

OBJECTIVES

1. To educate youths on how to objectively use social media as a tool of advocacy and finding evidence..
2. To increase knowledge on sexual reproductive health information to adolescent.
3. To strengthen referrals and linkages to access to SRH commodities and services
4. Enhancing the knowledge, skill and attitude of youth & adolescents on sexual and reproductive health; leading to behavioral change which enables young people to make evidence based and informed decisions with responsible choices.

METHODOLOGY

Educating youths on how to analyse and review county and National budgeting and planning documents to be able to find evidence and further being involved in the process. Target population being the adolescents, youth and key population. Training are done with them on data collection, analysis, dissemination and meaningfully use of social media to disseminate information while influencing policy makers to increase SRH budget allocation.

Giving the advocates and youths strategic mechanisms to use on social media to be able to find space and influence the policy makers' space.

This intervention is cheap in that it does not require a lot of resources to start. Social media tool is created and young people connected with specific hastags and common topics of discussions.

Such an intervention is done in Narok County while advocating for increased budget to teenage pregnancy and immunization. Legitimacy was done well and collected data from Narok East and Narok west which we found 40% teenage pregnancy. And allocation in Narok County was increased to 11m and 15m respectively after making the campaign for teenage pregnancy interventions and immunization

RESULTS

Boys and girls educated on how to collect, analyze and meaningfully use social media to disseminate information. Adolescents, key population are reached with SRH information and 40% are able to utilize. Girls and boys are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so.

Adolescents to access accurate information and the safe, effective, affordable and acceptable contraception method of their choice. Thus reduced date cases of preventable disease and reduce mortality rates.

Girls informed and empowered to protect themselves from sexually transmitted infections

Informed youths who respect all genders and protect each other and can also educate other youths. Meaningful use of social media with ethics and objective. Youths will be involved in all planning processes with the spirit of leave no one behind.

Track the utilization of allocated budgets and full implementation of the health priorities. Thus a roadmap in achieving zero preventable maternal deaths and unmet need of family planning.

CONCLUSIONS

Youth and adolescent need to be well informed in order to participate in policy formulation and in budget processes for a sustainable health and social life of youth, adolescent and women.

Social media is a robust platform that suits advocacy and bring up topics to duty bearers attentions. All these are informed by timely, reliable data that will be the evidences

RECOMMENDATIONS

Data information is key in developing evidence and creation of legitimacy thus should be prioritized.

Integration of Sexual reproductive health services with other health related services should be done.

Social media especially twitter should be a basic skill for youth advocates in order to influence the policy space.

KEYWORDS

1. Sexual reproductive health rights
2. Twitter
3. Advocacy
4. Evidence based
5. Adolescents
6. Social media
7. Health

IMPROVING ADVOCACY CAPACITY OF ADOLESCENTS AND YOUNG PEOPLE: A RIGHTS AND EVIDENCE-BASED APPROACH

Ikenna George Ugwumba

BACKGROUND

Research has shown that adolescents and young people (AYP) in Nigeria are still facing issues of poor access to quality healthcare including sexual and reproductive health & rights services. Young key populations (including the LGBTI community) face even greater challenges accessing these services for fear of stigma or harassment. Findings from research carried out by Education as a Vaccine identified restrictive laws and policies - like the age of consent - pose a major barrier in addressing these challenges. Furthermore, primitive laws like the Same-Sex Marriage Prohibition Act (2014), and health service providers' bias plays a huge role in limiting access to health services for the LGBTI community. To this end, we sought to improve the capacity of adolescents and young people to conduct rights and evidence-based advocacy, equipping them with adequate information and providing platforms for sustained impact.

Objectives

To improve the capacity of adolescents and young people (AYP) in advocating for SRHR and LGBTI issues.

To increase public support for adolescents and young people's SRHR and LGBT rights.

To influence global, regional, and national policies to protect and ensure all young people's SRHR and LGBTI rights.

METHODOLOGY

A multi-level intervention involving three components was conducted around the middle belt region, with reach across the country. One sought to improve awareness and access to SRHR and LGBTI rights information and services of 3,000 AYP, by providing digital platforms for optimization. Another sought to equip 11 AYP with advocacy skills, using a standard advocacy training curriculum that included modules for gender, diversity, and media advocacy. The other sought to increase the participation of 31 AYP in policy and budgetary process, through the development of a scorecard to evaluate the implementation of SDGs 3, 4, and 5 in eleven states.

RESULTS

Between January and October 2020, a total of 4,859 new users were reached with information on SRHR and key population - including LGBTI rights – via 4 digital platforms of Education as a Vaccine. The tech platforms include FRISKY, a sexual health information and risk assessment app, DIVA, a menstrual health and care app, LINKUP, a youth-friendly services finder app, and the My Q&A platform, a platform where AYP can discuss with a counsellor. Also, a total number of 8,458 new users were reached with SRHR and LGBTI information via bulk SMS. COVID-19 impacted negatively on the project as delays were encountered, in carrying out some interventions due to the lockdown, with limited face-to-face interactions. Pre-test and post-test evaluation from the training of youth advocates showed an improvement in SRHR, sexual and gender diversity, media, and policy advocacy knowledge; and capacity to conduct rights-based and evidence-based advocacy. This confirmed that if given the necessary information and mechanisms, AYP will better conduct effective advocacy. From data ethically collected from the 11 states where young people engaged with government stakeholders, it was observed that the LGBTI community isn't part of the stakeholders engaged in state dialogue for the implementation of the SDGs.

CONCLUSIONS

The Project Rights, Evidence, Action (REA) was successful in improving the capacity of adolescents and young people in advocating for change. Results were particularly striking for young LGBTI persons. As opposed to proffering solutions to their problems without engaging them, this approach capitalizes on capacity development and meaningful engagement.

Recommendations (50 words)

More studies should be carried out to understand the intersectionality of young key populations, with a view to engaging them in ensuring no one is left behind as we begin the decade of action.

KEYWORDS

SRHR

AYP

LGBTI

Advocacy

Evidence-based

MITIGATING ADOLESCENT PREGNANCY ON A COUNTY LEVEL, USING A HUMAN RIGHTS BASED APPROACH

Ahmed Bulhan (AKU Human Rights Legal Intern), Dr Abdu Mohiddin (Asst Prof), Prof Dr Marleen Temmerman

BACKGROUND

The adolescent pregnancy rate in Kilifi County is one of the highest nationally (23%, KDHS 2014) with about a five-fold difference between its sub counties. The County Governor set up a Taskforce to consider how to mitigate adolescent pregnancies with the challenges around rights and duties a part. Taking a human rights based approach to health has proved effective in general and its application to adolescent pregnancy is promising. It can be used to identify barriers, access to and enforcement of rights, and identify new insights for mitigating action for the Taskforce to consider.

OBJECTIVES

1. To assess the current access to and action taken by the County government regarding ASRHR
2. To identify the barriers and challenges faced by Duty Bearers and Rights Holders regarding ASRHR
3. To describe the views and experiences of adolescents and stakeholders dealing with underage pregnancy in the County
4. To examine the current implementation of Constitutional and legal rights relating to ASRHR in the County
5. To identify and recommend mitigating actions for the County Government and other stakeholders.

METHODOLOGY

Qualitative (in-depth interviewing) was used with thematic analysis. Three separate groups of people interviewed were: professional stakeholders' e.g. county officials of the health, education and gender departments, judicial officers and NGO representatives; Kilifi County Community Members e.g. Religious leaders, Youth workers; and, Youth Representatives from the Kilifi Youth Advisory Council

RESULTS

The main themes identified were:

Parenting – parental irresponsibility and neglect along with a lack of awareness of legal duties of a parent, inadequate parenting style and communication

Culture –this included religious opposition to ASRHR, community myths and misconceptions, customary/community based resolutions, funeral parties, Mwenye (patriarchy) syndrome, witchcraft, dangerous exposure of minors in adult environments and early marriage

Poverty and Access –a major risk factor limiting access to basic rights by adolescents

County government duties –not enough adolescent friendly services and funding of adolescent policies and programs, lack of reporting avenues for adolescents and unsuccessful prosecution of defilement cases

Mistrust of stakeholders by adolescents – the

trust between Duty bearers and stakeholders, and Rights holders appears to be an issue. Adolescents cited limited government action, some unhelpful community leaders, fear of medical staff and stigma accessing reproductive healthcare

Quality of Data –a need for a data monitoring body for ASHRH incidents and issues, and non-recording of data.

CONCLUSIONS

Both rights-holders and duty bearers were to varying extents unaware of the law or acting from incomplete or erroneous assumptions. This existed amongst stakeholders including parents who have primary responsibility for their adolescent children and need support in this. The local culture and its patriarchal aspect presents a major challenge.

RECOMMENDATIONS

- Human Rights capacity building for youth, parents, communities, law Enforcement/ Judicial officers, County officials and civil servants
- Parenting Workshops and Teacher training on Rights and comprehensive sexuality education
- Collection and reporting of relevant data including rights infringements relating to adolescents.

KEYWORDS

Adolescent, pregnancy, rights, qualitative, mitigation

THEMATIC AREA 11

INNOVATIONS AND DIGITALIZATION IN SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (MOBILE APPLICATIONS, TELEMEDICINE, SELF-USE)

PROVIDING ABORTION TELECOUNSELING: THE ROLE OF SAFE2CHOOSE IN BRIDGING ONLINE USERS TO ON-THE-GROUND HEALTH-CARE PROVIDERS.

Pauline Diaz

BACKGROUND

With an increase in smartphone market penetration and access to faster cable and wireless internet, as well as the global COVID-19 pandemic forcing people to social distance, the market for telemedicine is projected to increase by 19.3% annually by 2026 (source: Global Market Insight). According to UNESCO and the ITU, 75% of the population will also have stable access to the internet in the next five years (source: Broadband Commission for Sustainable Development). This market expansion creates opportunities for platforms such as safe2choose to leverage the power of the digital revolution and provide women, worldwide, with life-saving information on their reproductive health. With a team of multilingual counselors medically-trained on each abortion method, safe2choose connects its users to accurate information and quality, affordable abortion services. This abstract introduces some of the organization's recent experiences in connecting online services to offline resources.

OBJECTIVES

safe2choose is an online counseling, referral, and information platform that supports women who want an abortion with pills; an in-clinic abortion, such as vacuum aspiration; a surgical abortion, such as Dilation and Evacuation (D&E); or Post-Abortion Care (PAC) support. As and when needed, safe2choose refers women to trusted, trained, and pro-choice health-care providers close to their location for safe and empathetic abortion care.

METHODOLOGY

In order to connect online users to health-care providers on the ground, safe2choose needs to develop customized strategies for both audiences. On one side, the communications team creates time-sensitive, informative, inclusive, and relatable content on its Multilanguage social media accounts while the tech team constantly improves its internal software with tools such as AMP, which enables low-bandwidth audiences to access the website. On the other side, the referral department works towards developing a trusted network of on-the-ground professionals, including international NGOs that have affiliates in several countries, local grassroots organizations and networks of providers in order for the online counselors to refer women to the closest locations.

RESULTS

Since its inception in 2015, safe2choose has received worldwide more than 8 million visits on its platform and has a pool of 200,000 followers (5,090 in Kenya) on its social media channels (Facebook, Instagram, and Twitter), totaling a reach of 11,694,877 and engagement of 1,471,114 in 2020. This year, safe2choose has also opened a TikTok account and a Youtube channel and has collaborated with

influencers to target younger audiences with relatable content. Since 2015, safe2choose has counseled more than 53,000 women (441 in Kenya in 2020) and referred 11,600 women (382 in Kenya in 2020) to on-the-ground providers. safe2choose currently covers 117 countries with referral information and has built many strong relationships with local partners; our online counselors filter women and send them customers. Our latest evaluation results show that 90% of the user's rate safe2choose as "very good" or above and that 93% would recommend the provider they were referred to. safe2choose faces challenges in identifying providers and building trust in restricted areas, but with the use of encrypted technologies and counselors' context-sensitive language, safe2choose is able to generate demand for abortion services online without the fear of on-the-ground retaliation.

CONCLUSIONS

With around 50% of its users referred in 2020, safe2choose has developed considerable experience in facilitating access to local providers, which proves that online and offline interactions complement each other in the process of developing a global, yet individualized, abortion counseling system online.

RECOMMENDATIONS

Strong local connections are needed in order to build a culturally sensitive online service, and these connections should transcend user/counselor interactions and be extended to local providers and activists who often lack technical resources or the freedom to openly promote safe abortion access.

KEYWORDS

Safe abortion, telemedicine, online counseling, referral, encrypted technology, multilingual

TELEMEDICINE IN KENYA: LEGAL AND ETHICAL ISSUES ON ACCESS TO MISOPROSTOL THROUGH ONLINE PLATFORMS

Saoyo Tabitha, Sofia Rajab-Leteipan & Chrispine Sibande

BACKGROUND

Technology has significantly evolved and changed trends in the health sector. Patients are now able to secure appointments and receive medical prescriptions online. The Kenyan Health Act, 2017 defines telemedicine as the provision of health care services and sharing of medical knowledge over distance using telecommunications, including consultative, diagnostic, and treatment services. In the wake of COVID, the sexual and reproductive health arena has equally seen creative evolutions in access to safe abortion with organizations advancing the use of misoprostol through online platforms. This route has been lauded as encouraging easier access to highly restrictive services, particularly for women in rural areas or countries that criminalize abortion. This form of access to safe abortion has further been

appreciated as discreet and thus protecting the true identity of the woman/ girl and maintaining her privacy, particularly in societies that highly stigmatize women and institutions that offer abortion.

OBJECTIVES

This paper seeks to explore the legal and ethical issues surrounding telemedicine and,in particular, access to misoprostol via online platforms in Kenya. The paper critically analyzes the benefits and risks of accessing medication via online platforms.

METHODOLOGY

We used a mixed-method approach, involving key informant interviews with civil society organizations in Kenya such as service providers offering safe abortion care. We also conducted focus group discussions with adolescents and young women who are consumers of the services. We also interrogated the existing legal and policy environment to identify existing gaps in law.

RESULTS

Legal and ethical issues surrounding access to misoprostol via online websites are yet to be critically nuanced in Kenya. Online dispensation of abortion-related drugs is premised on the presumption that the pregnancy's gestational period has been ascertained. In the wake of teenage pregnancies, irregular period cycles, and sexual violence, where young girls and survivors, respectively, are often unsure of the exact date of last menstrual period, online platforms run the risk of prescribing an over-dose of misoprostol to an unsuspecting client who may be more eager to have the pregnancy terminated than ascertain the gestational period. Additionally, not all existing online platforms are linked to physical facilities where patients can be referred to should complications arise. As a result of such gaps, patients with adverse reactions to misoprostol risk over bleeding in the silence of their homes for fear of prosecution, stigmatization or victimization if they present at facilities that are not sensitive to abortion issues. Legally, the use of the online platforms not only presents a probable cause for worry due to the above complications but also the risk of lawsuits for medical malpractice.

CONCLUSIONS

Whereas telemedicine is quickly being embraced as the new trend which cannot be ignored, critical measures must be put in place to lessen possible risks of overdose, malpractice lawsuits, and lack of clear referral facilities in cases of severe adverse effects.

RECOMMENDATIONS

There are many instances where women are often unsure of pregnancy gestational periods, online platforms run the risk of over dosage to an unsuspecting client who may be more eager to have the pregnancy terminated than ascertain the gestational period. This presents probable course for complications and heightens risk of law suits for medical mal-practice.

KEYWORDS

Telemedicine, online, technology, malpractice

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

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.

Reference

Family Planning 2020, Ethiopia, 2018, http://www.familyplanning2020.org/entities/56.

https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-adolescents-ethiopia.

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 Tiko system 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 Tiko system 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, Engender health, & Rutgers.

CONCLUSIONS

The Triggerise Ethiopia Tiko system 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 Tiko system 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, Tiko system 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.

USE OF WHATSAPP BASED PLATFORMS TO IMPROVE ACCESS TO SRHR INFORMATION AND PRODUCTS AMONG YOUNG PEOPLE IN NAIROBI, KENYA.

Githiria A, McCulloch H, Nyagichuhi F, Cherotich Z, Krong R, Dibo C, Telewa F, Oonagh C, Howroyd C, Baraitser P.

BACKGROUND

Unintended pregnancy among adolescents is associated with adverse health, economic, social and psychological outcomes, but can be prevented through use of effective contraception. In Kenya, in 2012 there were 348,900 pregnancies among young women aged 15-19, with a teenage pregnancy rate of 174/1000 women aged 15-19.

Digital health services may improve access to contraception, and the World Health Organization (WHO) recommends prioritizing interventions accessible via mobile devices, including client-to-provider telemedicine and targeted client communication. Kenyan census data shows that in Nairobi county, 68.2% of women aged over 3 years own a mobile phone.

Jojo Kenya offers expert contraceptive advice through a mobile messaging service (WhatsApp) from specialist clinicians (doctors and nurses) with free online sexual health products

(Contraceptive pills, emergency contraception, pregnancy tests and female condoms). Within the service, product

delivery is currently available to women in Nairobi county; advice is available nationwide

OBJECTIVES

When freely available:

1. Who uses WhatsApp-based contraceptive information, advice and delivery service?
2. What are the patterns of use of those using the service?

METHODOLOGY

Jojo Kenya offers contraceptive advice via WhatsApp from specialist clinicians, appropriately qualified Kenyan clinical staff, who work to clinical protocols consistent with both Kenyan and WHO guidance on sexual and reproductive health care. Jojo goes beyond the provision of information only, towards the delivery of comprehensive sexual and reproductive health services through mobile phones, in English, Swahili and Sheng. The service is promoted by paper and digital marketing, with a target population of adolescents and young women in Nairobi, particularly those living in informal settlements.

Jojo Kenya was built through a process of user centered design in Nairobi, and a theory of change based on research with UK populations. The service is designed and delivered in partnership with SH:24, a UK-based online specialist sexual and reproductive health service and funded by the Children's Investment Fund Foundation.

Descriptive statistics from routinely collected data allow us to document broadly who is using the service and patterns of use.

RESULTS

From February to June 2020, Jojo carried out 3,622 consultations with 2,884 users. Of the 2584 users who completed a consultation and provided demographic data, 2,518 (97.5%) of Jojo users were female. The service was accessed by users aged 15-52 years old, but the majority were young people; 2,206 users (85.4% were aged under 25, with 671 (26.0%) aged 15-19, and 1,535 (59.4%) aged 20-24. 2,029 users (78.5%) were from Nairobi; half of these were from informal settlements in Kwangware, Mathare and Ngara. Despite only being promoted in Nairobi, 555 users (21.5%) who contacted the service were from outside Nairobi.

During this five-month period, in their Jojo consultations, 1364 (52.8%) users received information only and 1220 (47.2%) received both information and products. Jojo delivered a total of 1366 products to 1220 users, including emergency contraception (EC), the progesterone only pill (POP) and female condoms.

Even in a short period of time, users returned to Jojo for multiple WhatsApp consultations; of all users of the service from February – June 2020, 496 users (19.2%) had two or more consultations with Jojo, whilst 2,088 users (80.8%) had a single consultation.

CONCLUSIONS

Jojo has demonstrated demand for contraceptive advice and products delivered through WhatsApp and by courier in Nairobi, Kenya. Young people and adolescents, including those living in informal settlements, used the service, many returning for multiple consultations. WhatsApp allows private, confidential and secure communication between users and clinicians; such factors may explain why the service is attractive to

adolescents.

RECOMMENDATIONS

There is a need for continuous development and evaluation of WhatsApp based interventions to improve access to information and products in sexual reproductive health. Such interventions may be a potential tool to address the prevailing challenges such as high rates of adolescent pregnancy. Robust research into the impact of such services on reproductive health indicators, such as contraceptive continuation and transition from emergency contraception to a more reliable method of contraception, should be pursued.

KEYWORDS

Jojo, Digital health services, WhatsApp, Kenya

SAVING THE YOUTH THROUGH "BUSINESS UNUSUAL INVESTMENT MODEL" - THE KILIFI EXPERIENCE

Levis Onsase, Peter Kagwe, Kenneth Miriti, Njeri Mbugua, Freda Nyaga

BACKGROUND

Teenage pregnancy is a major health and social concern because it is highly associated with high maternal and child morbidity and mortality. In Kenya, teenage pregnancy is not only a reproductive health issue, but also affects the socio-economic well-being of women. Childbearing during the teenage years affects female educational attainment, as young girls who become mothers in their teen period are unlikely to complete their education.

Kilifi County has one of the highest rates of teenage pregnancy in Kenya. In 2018 alone, teenage pregnancy rate was at 30%, higher than national level at 26%. Reports indicate that only 3 out of 10 women are using modern methods while 22% of girls aged 15-19 years in Kilifi County are bearing children.

Under The Challenge Initiative (TCI), the MoH team at Kilifi County is working to improve resource allocation and utilization for provision of quality contraception services for adolescents and youths.

OBJECTIVES

To learn how Local Governments can create an enabling environment for adolescents and youths in increasing their contraceptive choices

To learn how investment in Adolescent Youth Sexual Reproductive Health can be Local Government led, owned, sustained and scaled-up.

METHODOLOGY

TCI is a demand-driven model, meaning that cities self-select to be part of the TCI program and bring their own financing, human resources and ideas to the table. They also prioritize, adapt and implement proven approaches for scale, ultimately achieving sustainable health outcomes in an efficient and cost-effective manner. Local governments demonstrate their demand-driven engagement throughout all four stages of TCI's model. The four-stage process is intended to prime local government ownership at the outset and preserves the

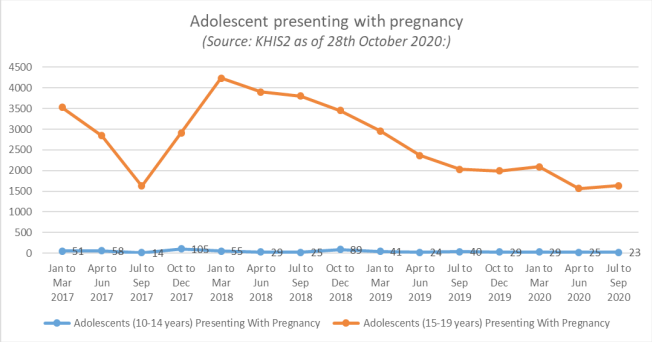
leading role for cities in their application of TCI from expression of interest (EOI) and program design (PD) to implementation of TCI's proven solutions and increasing self-reliance and eventual graduation from TCI financial and coaching support.

RESULTS

Increased resource allocation and utilization:

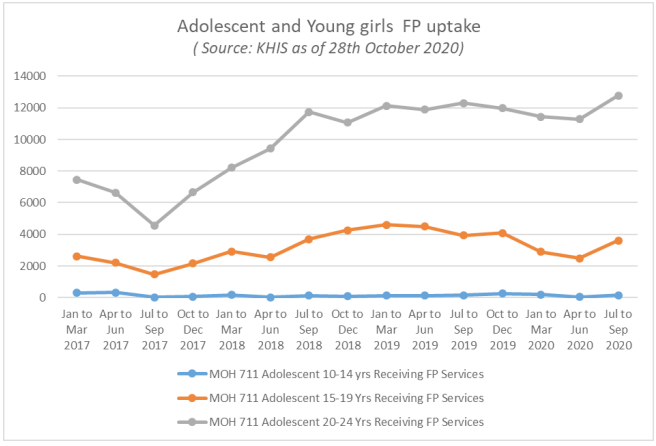
FY	2019/202	2018/19	017/18
% Expenditure	125%	101%	13%
FP commitment	6,000,000	5,216,000	3,500,000
AY commitment	7,176,000	1,500,000	0

Teenage pregnancy rates:



Source: KHIS 2020

Contraception uptake- AY



Source: KHIS 2020

CONCLUSIONS

The high-impact best practice interventions used by TUPANGE have been collected in TCI University – both in TCI's current regional hubs and in the Global Toolkit. The Global Toolkit's Services & Supply, Demand Generation and Advocacy program areas, the interventions can be adapted and right fitted to the various contexts of counties implementing Family Planning/AYSRH interventions.

RECOMMENDATIONS

Continuous advocacy engagement with the county leadership to ensure resource allocation and utilization for the intended purpose.

Institutionalization of the high impact interventions into the county annual work plans, strategic plans and other guidelines for purposes of sustainability

Meaningful Youth engagement in Project design, implementation and evaluation has seen an increase in contraceptive uptake among the youths.

KEYWORDS

Advocacy
Demand driven model
High impact best practices (HIBP)
Institutionalization
Sustainability

MENTORSHIP OF YOUNG PEOPLE IMPROVES INTERPERSONAL COMMUNICATIONS ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Daniel Joseph Otieno - Network For Adolescent and Youth Of Africa (NAYA Kenya)

BACKGROUND

Mentoring adolescents to openly talk about matters affecting their sexual and reproductive health is critical to reducing stigma associated with unintended pregnancy, unsafe abortion and living with HIV. The network for adolescent and youth of Africa, initiated a mentorship program to equip the youth advocates with skills to openly talk about matters affecting their sexual and reproductive health. In this program, the youth advocates were supported to write articles on the various SRHR thematic areas including legalizing access to safe abortion, Family Planning, Maternal Morbidity and Mortality, Health Financing, Teenage Pregnancy, and Access to Timely Information on Sexual and Reproductive Health and Rights.

OBJECTIVES

To build capacity of youth advocates to openly communicate on matters affecting their sexual and reproductive health

METHODOLOGY

Through the focus group discussions, article writing and article reviews, youth advocates were informed to write on topics they preferred on issues of reproductive health. The topics included prevention of teenage pregnancy, prevention of unsafe abortion, health financing and accessibility to youth friendly services. Through the technical support of the media and communication department, youth advocates reviewed and sent the articles to the media houses, Daily Nation, The Star and standard newspapers. Working with radio, two youth advocates participated in live radio shows on a weekly basis, highlighting issues of reproductive health. The radio interviews were guided by a journalist trained by NAYA Kenya on Sexual and reproductive health and rights of young people.

RESULTS

- Published 15 articles on sexual and reproductive health on the local dailies between December 2019 and February 2020. Topics included accessibility to family planning, unsafe abortion, health financing, and reduction of teenage pregnancy and elimination of female genital mutilation.
- Adolescents who went through mentorship were able to talk openly on matters relating to sexual health during radio interviews and during focus group discussions
- Analysis of twitter campaigns also revealed improved tweeter messaging on sexual and reproductive health issues.

CONCLUSIONS

Involvement of young people in discussing issues affecting their sexual and reproductive health increases interpersonal conversations and enables behavior change. In addition,

understanding the impact of mentoring interventions for different populations of adolescents can strengthen programmatic approaches to meet their needs. However more research is needed to understand the potential of mentorship program among different populations of adolescents

RECOMMENDATIONS

Mentorship programs can improve poor reproductive health outcomes among adolescent and young people. However, more research is needed to better understand the characteristics of successful mentoring programs; and the influence mentoring alone has on reproductive health outcomes, versus mentoring as a part of a larger program.

KEYWORDS

Adolescent mentorship, sexual and reproductive health Reproductive health outcomes

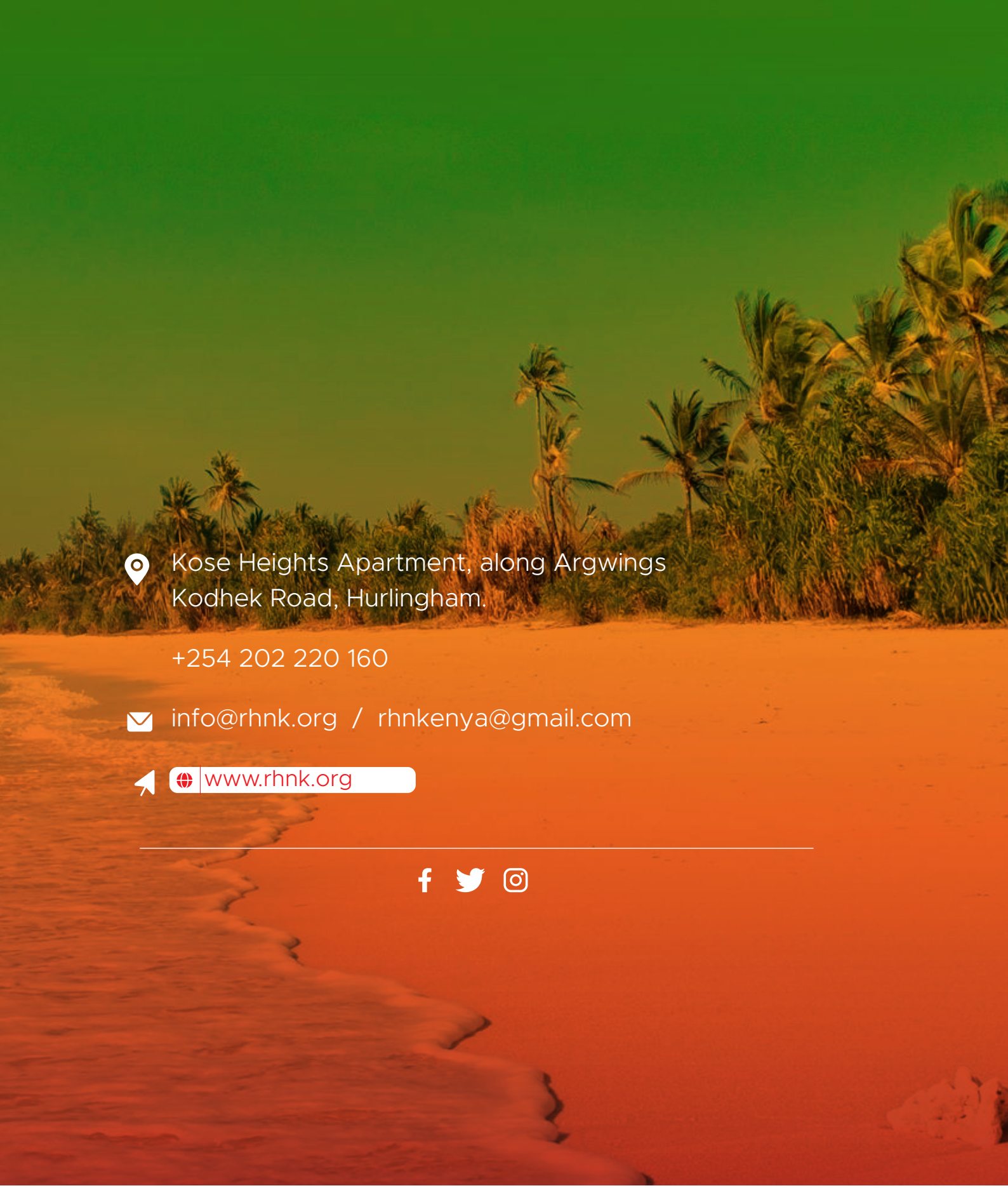
THANK YOU MESSAGE

NELLY MUNYASIA
Executive Director - RHNK

As RHNK we are very grateful to the entire conference planning committee, sponsors, partners, the young people , RHNK secretariat and the RHNK board who came together to ensure the effective planning of the conference.

As an organization we were scared and worried when the world was hit by the COVID-19 pandemic. We were not sure whether the conference would take place, however we did not stop planning as we had the thoughts of ensuring youth and adolescent SRHR was still prioritized especially during the pandemic. We have put all the COVID-19 guidelines into consideration as per the Ministry of Health to ensure all our delegates and surakarta are protected and safeguarded during the conference.

Wishing you all a lovely journey during the entire conference period. Remember to learn, have fun and also take time to visit the beautiful coastal region.



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