5TH RHNK ANNUAL SCIENTIFIC CONFERENCE ON ADOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS (SRHR) 2022

CO-CONVENER

IPPF International Planned Parenthood Federation Africa Region

Theme:

Advancing Access to Adolescents and Youth Sexual and Reproductive Health and Rights in a Pandemic

21ST – 24TH JUNE, 2022

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She Decides.

Mombasa has a long history the traces can be found from the writings of the 16th century. Many traders did attempt to enforce their governance on the town due to its advantageously central location, where Arab influence is felt prominently till date.

The town of Mombasa remained the center of the Arab trade in ivory and slaves from the 8th to the 16th century. It is known that Arab traders sailed down around to the coast of Kenya from the first century AD who continued to build trade along the ports of Mombasa and Lamu.

Portuguese also had their influence on the port that changed the face of the land by burning it almost three times. It is believed that Vasco da Gama was the first known European to visit Mombasa, whose purpose of exploration was to spread the Christian faith to further expand Portugal's trading area. Mombasa became Portugal's main trading centre of spices, cotton and coffee, where Fort Jesus was constructed. The Fort served as the major center for trading goods that protected the Portuguese from conflicts with locals the remains of which still attracts a great deal of tourists and visitors. As slavery was highly practiced during that era, the local slaves were exchanged for goods.

Until 1698, the Portuguese controlled the city, but soon the Omani Arabs took over the charge.

Finally, the British took control of Mombasa in 1895, wherein the British East African Protectorate was established.

Colonization perpetuated in Mombasa that promoted European culture over the town and the Kenyan lands. Like in India, the British gained momentum and established control of the port. They even completed a railway line in the early 1900's from Mombasa to Uganda which is perhaps the major landmark in the history of Mombasa. Thus, from 1887 to 1907, Mombasa remained the capital of the British East Africa Protectorate.

The British rule ended and Kenya received its independence on the 12th December 1963. From herein, began the creation of political parties and unions that faced elections for the formation of a stable government. Though significant political shifts and oppositions led to violence, the pressure from the international and African community led the leaders to finally come to a consensus and form a power-sharing agreement.

WELCOME MESSAGE FROM THE RHNK AG. BOARD CHAIR

Dr John Nyamu
RHNK Ag. Board Chair, 2022

> **This year's conference theme is "Advancing Access to Adolescent and Youth Sexual and Reproductive Health and Rights in a Pandemic."**

Distinguished guests, partners, delegates and friends of RHNK, welcome to our 5th annual scientific conference on adolescent and youth SRHR.

This year's conference theme is **"Advancing Access to Adolescent and Youth Sexual and Reproductive Health and Rights in a Pandemic."** The abstracts for this programme are anchored in various sub-themes, ranging from advocacy and service delivery, to policy, reproductive health, and self-care. On behalf of the RHNK family and the board, I wish to greatly appreciate all prospective abstract authors, partners, donors and individuals who have made our 5th annual linking and learning gathering possible. This year as we examine the potential of pandemics in advancing SRHR, we also ask ourselves: "what's the SRHR future for adolescent and youth of Africa and specifically in Kenya?" We hope that, by choosing to be part of this great convening, we are able to become even a greater force in our respective spaces in advancing sexual and reproductive health needs and rights of young people in all their diversity. Thank you for choosing RHNK Conference as the platform to unveil your important work, network and create lasting and practical SRHR solutions. We are excited to listen to your presentations and of the hope of successful publication of your papers in reputable scientific journals after the conference. On behalf of the organizers of the conference, I wish you a good sharing and learning experience. I hope that you will enjoy your stay in Mombasa and your interaction with other delegates, as well as with our partners.

Thank you

MESSAGE FROM THE CONFERENCE CO-CONVENER (IPPF)

Your Excellencies,

As per protocol list (from RHNK), all protocol duly observed,

Distinguished Guests,

Ladies and Gentlemen,

Good afternoon.

The International Planned Parenthood Federation (IPPF) Africa Regional Office (ARO), is incredibly humbled and privileged to be a co-convener of this year's 5th RHNK Scientific conference on Adolescent, Sexual and Reproductive Health and Rights. We are proud to be associated with the magnificent work that RHNK has done over the years and continues to do to expand access to comprehensive and integrated sexual and reproductive health services, including abortion care, comprehensive sexuality education and to champion sexual and reproductive justice and rights, especially for those who are the most marginalized.

Let me begin first of all by extending our sincere condolences to RHNK and the Kenyan SRHR community on the passing of Professor Joseph Karanja, a founding member of RHNK. Professor Karanja was a dedicated champion and pioneer of SRHR including comprehensive abortion care. He embodied everything we stand for, was selfless and fought for the privileges we enjoy today. He will be missed and the best way to remember him will be for each of us to continue the important work he started and lived for. Our thoughts are with his family, loved ones, friends and the entire RHNK family.

As you may know, IPPF is a locally owned, globally connected civil society movement and a leading advocate for SRHR for all. Across the African continent, our network of 40 Member Associations and Collaborative Partners of which RHNK is part of, work tirelessly to enable and provide SRH services and ensure everyone has the right to seek healthcare and to bodily autonomy, especially for the poor and most marginalized. From Comprehensive Sexuality Education and maternal care to the provision of contraceptives and access to abortion care, including within humanitarian settings, we pride ourselves on being local through our members, and global through our network. This conference comes at a pivotal time of global opposition to sexual health, rights and reproductive justice by anti-rights groups - from the potential overturning of Roe v Wade in the United States to shrinking funding for SRHR on a global scale.

But the stakes are even higher for adolescents. Every year, millions of new cases of curable sexually transmitted infections and HIV infections occur among adolescents and young people. In 2020, 410,000 young people between 10 to 24 years were newly infected with HIV, of whom 150,000 were between the

ages of 10 and 19. An estimated 5.6 million adolescent girls aged 15–19 seek an abortion each year – majority of which (70%, that is 3.9 million), are unsafe. contributing to maternal mortality, morbidity and lasting health problems. 10-15% of births worldwide are to adolescent mothers, who experience much higher rates of maternal mortality than older women. Rates of reported sexual abuse as well as suicide, often due to emotional and social problems related to sexual and reproductive health, such as sexual violence and the breakdown of relationships are high amongst adolescents. They also face increasing pressures regarding sex and sexuality, including conflicting messages and norms. Structurally excluded adolescents notably those in rural areas, living with disabilities and LGBTI continue to face discrimination with limited access to SRHR services and information. This is unacceptable. We all have a role to play to address these needs from the provision of youth-friendly services to ensuring Comprehensive Sexuality Education and beyond.

That is why we are incredibly proud to be here with you today, to be part of this ecosystem of partners dedicated to advancing the SRHR of adolescents on the continent. Translating these SRHR needs into practice not only requires raising awareness among young people themselves and the communities they live in, but also working with duty bearers, such as health providers, educators, donors and policymakers for them to fulfil these rights in law and through the provision of services. In the wake of the COVID-19 pandemic, IPPF Member Associations have demonstrated exceptional innovation, leadership, and resilience in their advocacy efforts to secure the continuity of SRHR services, especially for adolescents and young people. Through a wide range of strategies with policy makers, they:

- Secured and promoted the continued provision of and access to SRH care and SRHR programmes. In Ghana for example, the Yenkasa contact centre developed by our MA (PPAG), has become an innovative product and an impactful response to the global shift from physical interactions (information dissemination and service delivery) to virtual and digital solutions. For instance, between January and April 2021, 395 clients (75 calls and 320 WhatsApp chats) received various STI information, counseling and referral for services. Of these, 30 were referred to facilities for further information and services on HIV. Over 95,000 people have also been reached through social media engagements.

- Championed innovative approaches to service provision and programme delivery. For example, our Member Association in Togo (ATBEF) has developed two knowledge products: an e-learning platform as well as an application called Infoadojeunes to expand access to CSE and create referral pathways. InfoAdoJeunes was developed as part of the implementation of the project ‘Empowering Young People through Provision of Sexual and Repro-

ductive Health Services and Comprehensive Rights-based Sexuality Education'. The app's relevance in helping Togolese youth access credible sexual health information will continue even after the coronavirus pandemic.

- Countered attacks on SRHR – including by litigating and obtaining a historical decision at the Malindi High Court here in Kenya, upholding the right to abortion care as a constitutional right.
- Ensured that long-term policy design and programming on SRHR is not impacted by a shift in priorities, for example in Madagascar, where the Member Association (FISA) actively engaged in advocacy with decision-makers and supported the government in securing SRH as an essential service package during the pandemic while in Zambia, during the 2nd semester of 2020, the Planned Parenthood Association of Zambia (PPAZ) trained over 1535 women on self-managed care for contraception to avoid the discontinuity of contraceptive services despite the prioritization of the national response to the pandemic.

We must continue to listen to and involve young people in our programs, as well as strengthen meaningful youth participation by supporting innovative approaches.

For instance, the International Planned Parenthood Federation African Region, through its 'Treasure Your Pleasure' digital campaign aims to create a safe space for youth in Africa to talk about sex freely, reducing shame through bold communication that resonates with them and grabs their attention while also advocating for safer sex and the importance of pleasure - ensuring they feel more supported to access services that will enhance their experiences regarding their sexuality and keep them safe whilst doing that. The framing and messaging of this campaign aims to reorient the dominant narrative of sex education from fear of sexually transmitted diseases, medical interventions, unwanted pregnancies, and death, towards a more sex-positive narrative embracing all types of pleasure, gender expressions and identities. I encourage you to follow this campaign through our social media pages.

The next four days will see us learn from each other, share, discuss, listen, and most importantly chart a common path for Adolescent Sexual and Reproductive Health and Rights. I salute all of you in this room, who may be implementers, program managers, donors, collaborators, partners, clinicians, policy makers, legislators young and young at heart. We are here because we care for the future generation to whom we owe a gender equal, inclusive and just future.

I am happy to see such a diverse group of partners here today, all dedicated to this very important issue. I wish all of us productive and mutually beneficial deliberations in the next few days.

Thank you.

MESSAGE FROM THE CONFERENCE PLANNING COMMITTEE CHAIR

Gaetano Ndalo
Conference Committee Chair, 2022

> **The conference coincides with two important ongoing policy development processes; the development of the National Reproductive Health Policy and the Adolescent Reproductive Health Policy.**

The 5th Annual Scientific Conference on Adolescent and Youth SRHR is here, once again with us. An opportunity for stakeholders in the SRHR space to discuss and chart progressive pathways to advance Adolescent and Youth SRHR. The conference coincides with two important ongoing policy development processes; the development of the National Reproductive Health Policy and the Adolescent Reproductive Health Policy. It's my hope that the deliberations at the conference will go a long way in informing the finalization of comprehensive policies that will improve the health and wellbeing of adolescents and young people.

I hope that in the 5th scientific AYSRH conference, we will discuss about the stocks gains made in the realization of comprehensive access to SRHR by adolescents and young people. I want also to thank the planning committee that put in invaluable work hours for the success of the conference. I will be forever indebted to the amazing team. Together all is possible!

MESSAGE FROM THE RHNK ADVISORY BOARD CHAIRPERSON

Evelyne Opondo
RHNK Advisory Board Chairperson/Snr. Regional Director for Africa, Center for Reproductive Rights

This platform is a critical space for moulding and connecting African thought leaders around these complex issues that greatly require context specific evidence, narratives, and solutions.

On behalf of the RHNK Advisory board, I welcome you all to the 5th RHNK Annual Scientific Conference on Adolescent and Youth Sexual Reproductive Health and Rights.

This conference brings together diverse actors in the adolescent sexual reproductive health and rights ecosystem. They include adolescents and young persons, government officials, development partners, academia, researchers, activists, healthcare professionals, private sector actors and investors among others, providing a critical space for dialogue on the issues that affect adolescents.

Our first gathering of this kind was organized in 2013 by RHNK and likeminded partners as a symposium on abortion. It only focused on healthcare providers, and brought together 80 participants. This initiative which started at the national level, has grown into a big regional scientific conference. It brings together over 500 participants from different regions across the globe. This platform is a critical space for moulding and connecting African thought leaders around these complex issues that greatly require context specific evidence, narratives, and solutions.

Adolescence is marked by opportunities and challenges. Adolescents are a heterogeneous group with different and evolving needs, depending on their personal and biological development stages and life circumstances. As they transition from childhood, through adolescence, into adulthood, everyone must

be equipped with the knowledge and skills that will enable them to tap available opportunities and to face the challenges they will encounter in the adult world.

Our deliberations at this conference will contribute to building a sense of self-worth and informed decision making among adolescents. The conference is also an astute opportunity to strengthen linkages among individuals and institutions and their communities and within governments.

Today, the sexual and reproductive health and rights of adolescents remain a battlefield with highly organized groups opposed to both the provision of comprehensive and scientifically accurate information and services to them. The conference is expected to position the voices of adolescents in this conversation. We will hear from adolescents and young people about their lived realities, their priorities and what they see as viable solutions to their challenges.

The COVID-19 crisis has, moreover, amplified the vulnerabilities of adolescents, particularly those experiencing intersectional discrimination including those living with disability, adolescent mothers, those displaced due to conflict or natural disasters, those without parental care, those engaged in transactional sex, and survivors of gender-based violence, among others. These groups of adolescents face even greater disproportionate challenge in accessing healthcare and are susceptible to increased risk of violence. We must develop solutions that are cognizant of these differences and address the situation of those affected by all forms of compounded and intersecting forms of discrimination. We must insist on solutions that are backed by scientific evidence and not emotions, or moral beliefs. We hope this conference will serve as an important building block towards the change that we want to see.

> **"The conference is also an astute opportunity to strengthen linkages among individuals and institutions and their communities and within governments."**

Finally, I take this opportunity to thank everyone who contributed towards the success of this conference, and we look forward to the effective implementation of the recommendations that will come out of this conference.

Thank you.

Message from the conference abstract chair

Dr. Edison Omollo
Chairperson, RHNK Conference Abstracts Committee, 2022

> **The annual conference has shown tremendous growth over the years, and with it a learning experience especially on how best to increase quality abstract submission by the young people.**

It is my pleasure to welcome you to the 5th RHNK Annual Scientific Conference themed 'advancing access to adolescents and youth sexual reproductive health and rights in a pandemic'. Adolescents and young people have always been at the core of RHNK's programmatic work, and therefore the annual conference is always a momentous occasion bringing together adolescents and young people, policy makers, researchers, donors and partners from across the world for experience sharing, learning and networking. The annual conference has shown tremendous growth over the years, and with it a learning experience especially on how best to increase quality abstract submission by the young people. For the first time the Abstracts Committee conducted a series of virtual pre-conference abstracts writing and presentation skills training sessions for adolescents and young people interested participating in the conference. This led to a drastic reduction in rejection rate, an indicator of the positive impacts of the trainings that was further backed by positive post-training survey feedback. As a result of these, proceedings from this year's conference will not only be published on RHNK's website, but for the first time will be published and indexed with an online open-access publisher. As the chairperson, on behalf of the Abstracts Committee, I wish to applaud the young people who submitted their abstracts and are presenting in this year's conference. I also wish to thank in a special way the partners who supported the young people to attend the conference. The great work achieved by the Abstracts Committee would not have been possible without the great support from the Planning Committee and the RHNK leadership. Thank you and I wish you an engaging conference.

MESSAGE FROM THE CONFERENCE YOUTH COMMITTEE CHAIR

Fahe Kerubo
Conference Youth Committee Chair, 2022

I am delighted and thankful that Reproductive Health Network Kenya adopted the plea of young people in all our diversity to meaningfully engage us in the Planning and designing of the RHNK Conference.

This year, we are making the conference so magical and youthful and no wonder this having the youth committee engaged from the first step to the last planning process ensuring that young people write & submit abstracts.

The youth committee saw to it that most of the young people whose abstracts were accepted, got support to attend the Conference. Worth noting that resources are also key in the actualization of youth engagements.

Given the ever skyrocketing number of young people in our diversity, it is vital to invest in our **SEXUAL REPRODUCTIVE** health and the RHNK 2022 conference is one great platform to learn best practices and develop commitments that will eliminate triple threats bedevilling AYPs. Such a platform also plays a role in shaping the youth leadership and improve skills that young leaders get hands on.

I urge my fellow young people to take their sit in amplifying their voices during and post RHNK conference and other platforms. We will be heard because we matter.

Lastly many thanks to all young people attending the conference. This is a major sign that young people are ready- taking upon spaces and spearheading issues that are close to our hearts.

Special thanks goes to RHNK youth committee who in one way or another contributed to the success of the conference, special debt to RHNK secretariat and planning committee for their hard-work commitment and dedication towards ensuring that youth voices are heard.

“I urge my fellow young people to take their sit in amplifying their voices during and post RHNK conference and other platforms.”

LIST OF THE CONFERENCE PLANNING COMMITTEE

Gaitano MUGaNDA (Chair)	- Centre for Reproductive Rights
Faith FAO	- AMREF
Beverly NKIROTE	- Network for Adolescent and Youth of Africa
Dr. Angela AKOL	- IPAS Africa Alliance
Edward NGOGA	- IPAS Africa Alliance
Suzanne MAJANI	- IPAS Africa Alliance
Eric OCHIENG	- IPPF-ARO
Dr. Enow STEVENS	- IPPF-ARO
Dr. Patricia OWIRA	- International Centre for Reproductive Health Kenya
Daisy TUZO	- Planned Parenthood Global
Faith MBEHERO	- Planned Parenthood Global
Wilson CHIVHANGA	- For Equality
Kagwiria KIOGA	- Member
Dr. Edison OMOLLO	- Technical University of Kenya
Nelly MUNYASIA	- Reproductive Health Network Kenya
Brenda BOIT	- Reproductive Health Network Kenya
Evelyn ODHIAMBO	- Reproductive Health Network Kenya
Rita ANINDO	- Reproductive Health Network Kenya
Pamela ADHIAMBO	- Reproductive Health Network Kenya

LIST OF THE CONFERENCE ABSTRACT COMMITTEE

Dr. Edison OMOLLO	- Technical University of Kenya
Dr. Eunice MWANGI	- Kenya Methodist University
Kenneth JUMA	- Africa Population Health and Research Centre
Grace KIMEMIA	- Africa Population Health and Research Centre
Winstoun MUGA	- Africa Population Health and Research Centre
Sherine ATHERO	- Africa Population Health and Research Centre
Michelle MBUTHIA	- Africa Population Health and Research Centre
Emmanuel OTUKPA	- Africa Population Health and Research Centre
Graham NYABERI	- Reproductive Health Network Kenya

LIST OF THE CONFERENCE YOUTH COMMITTEE

Fahe KERUBO
Leila ABDULKEIR
John MBUGUA
Indeje INNOCENT
Collins MUREITHI
Abdalla SHUAIB

THE LATE PROF. JOSEPH KARANJA TRIBUTE

> Prof. is a HERO for reproductive health justice nationally, regionally and globally.

Message: RHNK Family

It is with a heavy heart, profound emotion, sorrow and sadness that we have to say goodbye to RHNK's Board Chairman Professor Joseph Karanja. The RHNK family is deeply saddened by the death of our founding network member and current RHNK board chair. Prof., mentored most of us,sharing his knowledge, skills and expertise. He was always a strong soldier marching with us on the streets and defending the reproductive rights of women at all cost. Prof., had a strong recognition of the humanity of women, respect, dignity and empathy which was and is greatly inspirational. His contribution towards approach to reproductive healthcare and entrenching legal precedence supporting autonomy has transformed the lives of countless women and will continue to protect and empower them.

Prof. is a HERO for reproductive health justice nationally, regionally and globally. His unwavering support for humanity of women and respect for reproductive justice is greatly admirable. We have lost a father, mentor, friend and colleague. His legacy lives on forever. As a network we continue to be strong following his footprints to ensure we achieve his mission and desire for a world where all have access to quality comprehensive sexual and reproductive health care. May his family and all who feel lost and at loss find strength and comfort.

SKILLS BUILDING SESSION PROGRAM

21st June, 2022		Adolescents / Youth session		
No.	**Topic**	**Facilitator**	**Hall**	**Time**
1	Legal framework on SRHR & self-care	Martin Onyango	Main Conference Hall	8:00 - 8:45 AM
2	DMPA-SC method of contraception (self-care)	Dr. Benard Wambulwa		8.45 -9.20 AM
3	DMPA-SC self-injection among youth Lessons learnt from RHNK - PP Global Self-care Project 2022	Faith Mbehero Fridah Kaitany		9.20 – 10.00 AM
BREAK				10.00 - 10.15 AM
4	Self-managed abortion (MA pills)	Edward Ngoga		10.15 - 10.55 AM
5	HIV Self-testing	Wendy Ademba		10.55 -11.35 AM
6	Q&A	All		11.35- 11.45 AM

Opening ceremony program

MC –Trix Ing'ado & Eric Ochieng

TUESDAY	21ST JUNE 2022	DAY 0
8.00– 12.00 PM	**Annual General Meeting - RHNK Members**	
8.00– 11.45 AM	**Self-Care skills building session for adolescents and youths** **Supported by:** *SCTG/PP Global/IPAS/ IPPFARO*	

OPENING CEREMONY – MAIN CONFERENCE

1.30-2.00 PM	Guests Seated	
2.00-2.30 PM	National Anthem	**All**
	Opening Prayers	Pastor Jeremiah Masila

Celebration of the late RHNK Board Chairman's life
Prof. Joseph Karanja (Short video) – Emily Simi

ENTERTAINMENT

2.50-3.00 PM	Opening Remarks	Dr. John Nyamu, Ag. RHNK Chairman
3.00-4.00 PM	High Level Panel	**Moderator:** Gaetano Ndalo **(CRR)**

Reflections on the impact of COVID-19 on Adolescent and Youth SRHR

H.E. Maarten Brouwer, The Ambassador of The Kingdom of The Netherlands; Dr. Stephen Kaliti, Head, Division of Reproductive & Maternal Health; Ms. Angeline Mutunga, The Global Team Leader for The Advocacy and Accountability (TAAC); Prof. Marleen Temmerman, the Director of the Center of Excellence in Women and Child Health, Aga Khan University; Dr. Angela Akol, Director IPAS Africa Alliance and Katia Alupo Olaro, Strategic Litigation Program- CEHURD.

SPEECHES

4.00-4.10 PM	IPPF ARO - Co- Convener	Ms. Galliane Palayret
4.10-4.20 PM	Youth Speaker, Youth Coalition	Ms. Ruth Mbone Agala
4.20-4.30 PM	Planned Parenthood Global	Ms. Achieng Akumu
4.30-4.40 PM	PSI - Self Care TrailBlazer Group	Dr. Sarah Onyango

ENTERTAINMENT

5.00-5.10 PM	FIGO, President Elect	Dr. Ann Kihara
5.10-5.45 PM	MOH Kenya	National/County Representative
5.45-6.00 PM	CRR, Senior Regional Director	Ms. Evelyn Opondo
6.00-6.30 PM	FP 2030, Executive Director	Dr. Samu Dube (Keynote speaker) (Prof. Marleen Awards Session)
6.30-6.45 PM	RHNK, Executive Director	Ms. Nelly Munyasia

7.00-9.00PM – NETWORKING COCKTAIL

MC: Trix Ing'ado & Eric Ochieng

WEDNESDAY 22ND JUNE 2022 DAY 1

7.00-7.30 AM	**Registration**	
	Youth Voices	
7.30– 8.30 AM	**PANEL DISCUSSION**	**Moderator:** Ritah Anindo
	RHNK – Vijana Tubonge	
8.30-9.30 AM	**Abstracts Presentation**	**Thematic Area 2**

Time	Moderator	Speaker	Speaker	Title of Presentation	Plenary or Panel Discussion
8.30-8.40 AM	**Thuthukile Mbatha**	Gladwell Muthoni	**Adolescent and Youth SRHR Programming**	Supporting pregnant and teenage mothers stay in school	***Plenary***
8.40-8.50 AM		Kanyua Micheni		A new implementation strategy to optimize HIV services among young people aged 20-24 at Junda dispensary, Mombasa County	
8.50-9.00 AM		Faith Mbehero		The triple threat of HIV, pregnancy and gender based violence among adolescents in Kenya	
9.00-9.10 AM		Nicholas Odhiambo		Reducing adolescent girls and young women (AGYW) vulnerabilities to HIV and Early Unintended Pregnancies (EUP) during COVID-19 pandemic in Siaya County: A community digital health solution	
9.10-9.30 AM		**Gladwell, Kanyua, Faith & Nicholas**			***Plenary***

9.30-10.30 AM **PANEL DISCUSSION** **Moderator:** Daisy Tuzo

PP Global/NCPD - Teen pregnancy

10.30-10.50 AM **Networking Break/Poster Presentation**

10.50-12.10 PM **Abstracts Presentation** Thematic Area 1, 2 & 7

Time	Moderator	Speaker	Speaker	Title of Presentation	Plenary or Panel Discussion
10.50-11.00 AM	**Peter Ngure**	Ritah Anindo	**2. Adolescent and Youth SRHR Programming**	Sexual pleasure after abortion: Lived experiences from young women and girls in Korogocho-Nairobi, Kenya	**Plenary**
11.00-11.10 AM		Anderson Mwaguta		Improved viral load suppression through peer led support meeting of AYPLWHIV at CGTRH Youth zone	
11.10-11.20 AM		Kenneth Juma		The impacts of COVID-19 Pandemic on sexual and reproductive health services in Burkina Faso, Ethiopia, Kenya, Malawi and Uganda	
11.20-11.30 AM		Melanie Olum	**7. Emerging issues in AYSRHR: Harmful practices and GBV**	Opportunities for technology in advancing sexual violence rights among young adolescents in the coastal region of Kenya during a pandemic	
11.30-11.40 AM		Fatuma Mohamed	**1. AYSRHR Policy and Advocacy: Emerging trends in advocacy (Litigation, arts and creatives, community engagement)**	Advancing adolescents and young people sexual reproductive health and rights by creating a common ground for meaningful engagements with parents/ guardians religious and community leaders to create trust and reduce stigmatization in Bamburi Ward, Mombasa County	
11.40-11.50 AM		Grace Gara		Harnessing art to create an enabling policy environment for improved access to SRHR services for adolescents and young women in Nigeria	
11.50-12.10 AM		**Ritah, Anderson, Kenneth, Melanie, Fatuma & Grace**			**Plenary**

12:10-1.40 PM **PANEL DISCUSSION** **Moderator:** Prof. Marleen Temmerman

Aga Khan University - State of/reflections on AYSRHR in Coast

1.40 -2.30 PM **Networking Lunch/Poster Presentation**

2.30- 4.00 PM **Abstracts Presentation** Thematic Area 1

Time	Moderator	Speaker	Speaker	Title of Presentation	Plenary or Panel Discussion
2.30-2.40 PM	**Suzanne Majani**	Lucy Kombe	1. AYSRHR Policy and Advocacy: - Emerging trends in advocacy (Litigation, arts and creatives, community engagement) - Adolescents and youth legal and policy frameworks - Budget Advocacy - UHC and SRHR	The untapped power of young people's voices in influencing policies through digital spaces	**Plenary**
2.40-2.50 PM		John Mbugua		Impacts of global gag rule on adolescent and youth sexual reproductive health in Kilifi County a case study of Angaza Youth Initiative	
2.50-3.00 PM		Ricky Samwel		Migori County multi-sectoral action plan implementation	
3.00-3.10 PM		Salome Sijenyi		Siaya County: Towards universal health coverage	
3.10-3.20 PM		Jackline Kaisha		Needs assessment on reproductive health for women who inject drugs at Ngara Methadone Clinic	
3.20-3.30 PM		Kansiime Doreen		Sub national level advocacy in budget allocation to family planning services in Ugandan Districts	
3.30-3.40 PM		Lillian Njoki		Migori County multi-sectoral action plan to improve the health and well-being of adolescents and youth: Mid-term evaluation results	
3.30-3.40 PM		**Lucy, John, Ricky, Salome, Jackline, Kansiime & Lillian**			**Plenary**

4.00 -4.30 PM **Networking Lunch/Poster Presentation**

4.30- 6.00 PM **SIDE EVENT** **Moderator:** Charles Nyukuri

MC: Trix Ing'ado & Eric Ochieng

THURSDAY 23RD JUNE 2022 DAY 2

8.00-8.40 AM	**Registration**	
	Entertainment	
	Youth Voices	
8.40-10.00 AM	**Abstracts Presentation**	Thematic Area 3

Time	Moderator	Speaker	Speaker	Title of Presentation	Plenary or Panel Discussion
8.40-8.50 AM	**Billy Graham**	Maria Akinyi	3. Service Delivery: - Integration of HIV and other SRHR services - Innovations in service delivery	Capacity strengthening for the traditional birth attendants (Wakunga) in Siaya County	**Plenary**
8.50-9.00 AM		Evelyn Odhiambo		Breaking barriers on access to sexual and reproductive health services through mainstreaming gender transformative approaches	
9.00-9.10 AM		Doris Kathia		Use of chatbot and virtual platforms to improve access to SRHR services among young women and girls in Nairobi Metropolitan Services	
9.10-9.20 AM		Japheth Ogol		Improving access to quality comprehensive abortion care through task-sharing in Kenya: A narrative synthesis of program evidence	
9.20-9.30 AM		Salim Bakari		"We are not going anywhere" – A qualitative study of Kenyan healthcare worker perspectives on adolescent HIV care engagement during the COVID-19 pandemic	
9.30-9.40 AM		Jacqueline Marwa		Integration of SRHR and HIV care, treatment and prevention services	
9.40-10.00 AM		**Maria, Evelyn, Doris, Japheth, Salim & Jacqueline**			**Plenary**

10.00-11.00 AM **PANEL DISCUSSION** **Moderator:** Ms. Evelyne Opondo

CRR/RHNK - Participation of adolescents and young people in ASRHR policy and legal advocacy

11.00-11.20 AM **Networking Break/Poster Presentation**

Entertainment

10.50-12.10 PM **Abstracts Presentation** Thematic Area 6

Time	Moderator	Speaker	Speaker	Title of Presentation	Plenary or Panel Discussion
11.20-11.30 AM	Faith Fao	Alice Odhiambo	**6. Unmet need for Family Planning among adolescents and youth**	Increased contraceptive uptake among adolescents' girls (15-19years) at Oruba community unit, Suna West Sub-County Migori County "experience from Binti Shupavu program"	**Plenary**
11.30-11.40 AM		Abdalla David		Family planning and comprehensive abortion care: Strengthening policies	
11.40-11.50 AM		Beverlyn Polet		Scaling down unmet needs of family planning among youths in Kakamega County	
11.50-12.00 PM		Collins Ongola		Effectiveness of community influencers engagement in the uptake of contraceptive services among adolescent girls (15-19) in Migori County	
12.00-12.10 PM		Eliphas Gitonga		Urban family planning among blended young Somali women in Nairobi City County, Kenya	
12.10-12.30 PM		**Alice, David, Beverlyn, Collins & Eliphas**			**Plenary**

12.30 -1.30 PM **PANEL DISCUSSION** **Moderator:** Dr. Patricia Owira

ICRHK - Adolescent and youth sexual reproductive health and rights

1.30 -2:20 PM **Networking Lunch/Poster Presentation**

Entertainment

2.20 - 3.40 PM **Abstracts Presentation** Thematic Area 4 & 7

Time	Moderator	Speaker	Speaker	Title of Presentation	Plenary or Panel Discussion
2.20-2.30 PM	Kagwiria Kioga	Leila Abdulkeir	4. Self-Care	Actualizing self-care interventions in the AYSRHR realm amidst the COVID-19 Pandemic in Kenya	Plenary
2.30-2.40 PM		Indeje Innocent		Self-care as an emerging trend in the adolescent and youth sexual reproductive health and rights programming	
2.40-2.50 PM		Dr. Benard Wambulwa		Systematic analysis of Depot Medroxy-progesterone Acetate subcutaneous uptake and use in Kenya	
2.50-3.00 PM		Japheth Ogol		Self-management of medical abortion: A cross-sectional survey in 5 counties of Western Kenya	
3.00-3.10 PM		Catherine Bhoke	7. Emerging issues in AYSRHR; - Boys and Male engagement in AYSRHR	Male involvement in Antenatal Care (ANC) in Kuria West, Migori County	
3.10-3.20 PM		Rohan Dalal		Surveying trends in mobile phone use among adolescent males and females in India to reform SRH education content packaging	
12.10-12.30 PM		Leila, Indenje, Dr. Wambulwa, Japheth, Catherine & Rohan			Plenary

3 .40 -4.30 PM PANEL DISCUSSION **Moderator:** Mr. Kenneth Miriti

APHRC - Lived experiences and pathways to unsafe abortion in Kenya and Benin

4.40 – 5.00 PM Networking Break/Poster Presentation

5.000- 6.00PM SIDE EVENT **Moderator:** Ms. Shallom Rugare

For Equality/KELIN/TICAH – Strengthening accountability for global and regional SRHR commitments

Friday	24TH JUNE 2022	DAY 3
8.00-8.40 AM	Registration Entertainment Youth Voices	
8:40-9:40 AM	PANEL DISCUSSION	**Moderator:** Ms. Suzanne Majani
	RHNK/CEHURD/IPAS – Self-care	
9.40-11.00 AM	Abstracts Presentation	Thematic Area 5 & 8

Time	Moderator	Speaker	Speaker	Title of Presentation	Plenary or Panel Discussion
9.40-9.50 AM	Lillian Nkonge	Eliezer Opulu	8. Mental health	Safeguarding maternal mental health for reduced infant mortality rate among adolescent girls and young women in Kilifi County; A study by Afya Community Care Initiative, Kilifi	Plenary
9.50-10.00 AM		Anthony Ajayi		Examining socioecological factors associated with depression symptoms among pregnant and parenting adolescents in Burkina Faso and Malawi	
10:00-10:10 AM		Robinson Obunga		Adolescent mental health and wellbeing study in Kenya, Brazil and India	
10:10-10:20 AM		Abigael Sidi		Depression trends during group therapy for commercially sexually exploited adolescents	
10.20-10.30 AM		Dr. John Nyamu	5. Unsafe abortion among adolescents and youth	Advocacy to strengthen post abortion care health systems in the public health facilities in Kenya	
10.30-10.40 AM		Selpha Amuko		COVID-19 and post abortion care among adolescents and youths aged 10-24 years at Kitale County Hospital, Transnzoia County, Kenya	
10.40-11.00 AM		Eliezer, Anthony, Robinson, Abigael, Dr. Nyamu & Selpha			Plenary

11.00-11.20 AM **Networking Break/Poster Presentation**

Entertainment

11.20-12.40 PM **Abstracts Presentation** Thematic Area 3

Time	Moderator	Speaker	Speaker	Title of Presentation	Plenary or Panel Discussion
11:20-11.30 AM	**Lillian Nkonge**	Victor Mugambi	**3. Service Delivery:** **- Integration of HIV and other SRHR services** **- Innovations in service delivery**	Intersectional social media interventions that bolster a referral system that improves quality of care of medical abortion self-use and access for youths: Findings from a qualitative evaluation in Kenya	**Plenary**
11.30-11.40 AM		Basra Dahir		Adolescent girls and Young Women Empowered to Speak (YES)	
11.40-11.50 AM		Ruth Mmela		Advocating and advancing HIV care among adolescents and young people living with HIV through the integration of SRH services; A case of Junda Dispensary Kisauni Sub-County, Mombasa County	
11.50-12.00 PM		Joy Lang'at		Access to information on HIV self-testing through an SMS self-learning module by adolescents and young people in the Coastal region of Kenya	
12.00-12.10 PM		Abdalla Shuaib	**5. Unsafe abortion among adolescents and youth**	Accelerating 90:90:90 goal among adolescents girls and young women through peer led model of Epic Youth Organization-Mlaleo CDF Health Centre Mombasa County	
12.10-12.20 PM		Leonidah Ayuma		A qualitative study on youth peer mentors' role in supporting adolescents HIV care: A case of Junda CDF Dispensary, Mombasa County	
12.20-12.40 PM		**Victor, Basra, Ruth, Joy, Abdalla & Leonidah**			**Plenary**

12.40-1.40 PM	**PANEL DISCUSSION**	**Moderator:** Ms. Judy Amina
	CSA - The politics of sexuality education	
1.40-2.30 PM	**Networking Lunch/Poster Presentation**	
2.30- 4.00 PM	**SIDE EVENT**	**Moderator:** Steve Biko/Evelyn Odhiambo
	SCTG/PP Global/IPAS/IPPFARO – Self-care	
4.00 – 4.30 PM	**Networking Break**	

Closing Ceremony

4.30-5.00 PM **Entertainment**

5.00-6.30 PM **Speeches**

11.50-12.00 PM	(i) H.E. Peter Maddens	- Ambassador of the Kingdom of Belgium
	(ii) Dr. Shakira Choonara	- Technical Support Specialist, World Health Organization
	(iii) Ms. Monica Kerrigan	- RHNK Advisory Board Member
	(iv) Johnstone Kuya	- Netherlands Embassy

6.30 - 6.45 PM **Vote of thanks**

12.10-12.20 PM Ms. Nelly Munyasia

POSTER PRESENTATIONS

No	Salutation	Full Name	Thematic Area	Title of Presentation
1	Ms.	Pauline Mutie	1. AYSRHR Policy and Advocacy: - Emerging trends in advocacy (Litigation, arts and creatives, community engagement) -Budget Advocacy -Adolescents and youth legal and policy frameworks	Dance and advocacy merge to raise awareness for sexual reproductive health and HIV prevention among young people; lessons from Miss Condom, Mombasa County-Kenya
2	Mr.	Keith Terah		Social media advocacy and online platforms: A tool for addressing unmet needs for contraceptives among young people
3	Mr.	Emmanuel Mutwiri		use of playing cards to disseminate comprehensive sexuality education
4	Ms.	Lucky Namunyak		Role of CSO'S in advocating against environments enabling retrogressive cultural Laikipia County
5	Mr.	Isaiah Ochieng		Multisectoral and policy advocacy for reducing mental health burden among adolescents in Siaya County
6	Ms.	Betty Muchiri		Reduction of the information gap on matters budgets through budget advocacy trainings for the youth; JASIRI Youth Champions Initiative
7	Ms.	Mercy Chepkemoi		Youth led budget implementation and follow up: A case of advocacy for youth friendly services in Nakuru County
8	Mr.	Henry Wasswa		"Examining youth-led social accountability": Engaging lower local governments to allocate funds for family planning and adolescent sexual reproductive health (ASRH) services amidst the COVID-19 pandemic
9	Mr.	Omiyo Joel		How young people are making their voices heard through advocacy on sexual reproductive health: A case of Mombasa Youth Advisory Champions
10	Mr.	Suleiman Salim		Transitioning adolescents and young people living with HIV from pediatric clinic to a youth clinic
11	Dr.	Anthony Ajayi		Effects of the COVID-19 pandemic on pregnant and parenting adolescents' access to sexual and reproductive health services in Malawi and Burkina Faso
12	Mr.	Emmanuel Otukpa		Prevalence and correlates of contraceptive use among pregnant and parenting adolescents: results from a cross-sectional survey in Ouagadougou, Burkina Faso, Blantyre and Malawi

13	None	Dollarman Fatinato	2. Adolescent and Youth SRHR Programming	Providing sexuality Information out of school setting
14	Mr.	Seth Midenyo		How implementation of Migori County multisectoral action plan has helped reduce adolescent pregnancy in Nyatike Sub-county, Migori County
15	Dr.	Mary Murigi		A sustainable model for the provision of youth friendly sexual and reproductive health services in Kenya: An integrative review of literature
16	Mr.	Seth Midenyo		Implementation of Migori County multi sectoral action plan for well-being of adolescent and youths to reduce teenage pregnancy in Nyatike Sub-County
17	Ms.	Evelyn Odhiambo	3. Service Delivery; Innovations in service delivery	Advancing SRH service provision for AYP using evidence based reusable face masks during COVID-19 Pandemic
18	Ms.	Beatrice Akinyi		Using youth saving and loaning approach to address teen pregnancies– case of Safire intervention in Kiambu, Kenya
19	Dr.	Eunice Mwangi		Promoting delivery of reproductive health services through legal support and capacity development of healthcare providers in a health provider network in Kenya
20	Ms.	Kephine Ojung'a		Advancing SRH service provision for AYP during COVID-19 pandemic: Experiences from Reproductive Health Network Kenya providers
21	Mr.	Thomas Onsabwa Omache		Access and uptake of digital sexual reproductive health services among adolescents and young people (15-24 years): Lessons from one2one™ digital platform users in Mombasa County, Kenya
22	Ms.	Antoinette Akinyi		Access to contraception information by adolescents and youth in Kenya during the COVID-19 pandemic: Lessons from one2one Integrated Digital Platform
23	Mrs.	Lilian Kunyiha	3. Service Delivery; Integration of HIV and other SRHR services	How one2one digital health has revolutionized access to HIV self-testing information among adolescents and young people (10-24) in Nairobi, Kenya
24	None	Fahe Kerubo Nyambasora		Prioritization of queer HIV and SRHR interventions in the HIV and SRHR programming in Dandora, Kenya

25	Mr.	Winstoun Muga	3. Service Delivery: Comprehensive Sexuality Education	Implementation, monitoring, and evaluation of school-based sexuality education: Stakeholder perspectives in Bungoma and Mombasa, Kenya
26	Ms.	Anunsiata Nabwire		How youth educate and facilitate reproductive health services and information
27	Mr.	John Mbugua	4. Self-Care	Advancing access to HIV self-test kits among men in kilifi County
28	Ms.	Caroline Nyandat		Task shifting with pharmacists to increase access and uptake of medical abortion and contraceptive services among Adolescents in Kenya
29	Mr.	Indeje Andrew Innocent		Scaling up the uptake of self-managed safe medical abortion among rural women and girls in Kakamega County
30	Mr.	Elvis Mwinyi Mbitsi	5. Unsafe abortion among adolescents and youth	Increased rates of unsafe abortions among Adolescents girls and Young Women in Mombasa, Kisauni Sub County
31	Ms.	Wilfrida C. Bore	6. Unmet need for Family Planning among adolescents and youth	Factors influencing unmet needs of family planning among youth in Western Region
32	Ms.	Kate Ogutu	7. Emerging issues in AYSRHR: Menstrual Hygiene Management	Addressing menstrual health hygiene information gaps among girls and young women through the OKY Kenya period tracker App
33	Ms.	Chepkoech Dorcas		Menstrual hygiene management practices and associated outcomes among rural adolescent girls and young women in Bomet and Kericho County, Kenya
34	Ms.	Faith Lisa Abala		Role of youth anti FGM network in ending female genital mutilation: A case of Migori County
35	Ms.	Mercy Kwamboka		Menstrual health promotion in schools in Homabay County
36	Ms.	Glory Kathambi Mbaabu		End Violence on Campus (EVOC): A model for student engagement at Moi University
37	Ms.	Melanie Olum	8. Mental health	Psychosocial support for adolescent survivors of sexual violence in Mombasa County during a pandemic
38	Mrs.	Leila Abdulkeir Isaak	9. Climate change and AYSRHR	Bridging unmet needs of contraceptives among AGYW through the Binti Kwa Binti groups in Kilifi County
39	Ms.	Abdiah Lalaikipian		The linkages between climate change and sexual reproductive health and rights: A case of pastoralist women and girls in Samburu County

THEMATIC AREA 1:

AYSRHR POLICY AND ADVOCACY

(EMERGING TRENDS IN ADVOCACY; ADOLESCENTS AND YOUTH LEGAL AND POLICY FRAMEWORKS; BUDGET ADVOCACY; UHC AND SRHR; SOCIAL ACCOUNTABILITY; MOVEMENT BUILDING)

IMPACTS OF GLOBAL GAG RULE ON ADOLESCENT AND YOUTH SEXUAL REPRODUCTIVE HEALTH IN KILIFI COUNTY: A CASE STUDY OF ANGAZA YOUTH INITIATIVE

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Keywords: *Global Gag rule, AYSRH, AYPs, Global HER act*

Background

The Global Gag rule was reinstated and expanded in 2017 by President Trump's administration, from the rule; foreign organizations were prevented from receiving U.S global health assistance to facilitate provision of information, referrals legal abortion and advocating access to safe abortion services. In Kilifi County, unsafe abortion is among the leading cause of maternal mortality despite the availability of modern contraceptives. In 2018 teenage pregnancy statistics stood at 35% a clear indication of a great possibility of Global Gag rule influence. Currently teenage pregnancy cases accounts to 13.4. In 2020 Kilifi County 7,055 adolescent girls presented with pregnancy at ANC first visit with 127 girls aged 10-14 years and 6,928 girls aged 15-19 years.

Objective

To deepen understanding of the impacts of the Global Gag rule in AYSRH services, information and referrals provision in Kilifi County

Methodology

The review of the Impact of Global Gag rule on AYSRH programming in Kilifi County utilized a desk review conducted by Angaza staff. They assessed the impact of GGR on collaborations with USAID funded Afya Pwani Project that ended in the 1st quarter of 2021. Angaza staff assessed accessibility and affordability of the AYSRH services. County DHIS and Performance Monitoring Action data for the 2020/2021was also reviewed. Angaza staffs further reviewed the APHRC data of 2021 bearing lived experiences and pathways to abortion in Kilifi County. The data was analyzed using SPSS.

Results

Like many counties, Kilifi County health care services are donor funded, thus the resurgence of global gag rule was detrimental in abrupt closure of AYSRH service and information provision. The closure of Family Healthcare Option Kenya (FHOK) Clinic in Malindi offering safe abortion services, presented Adolescents and Young people accessing SRH services and information with accessibility, affordability and stigma related questions. Withdrawn AYSRH services in health care facilities near AYPs ultimately led to increased cost of accessing services thus escalated teenage pregnancies, unsafe abortions, sexual gender-based violence, unmet needs for contraceptives and new HIV infections. There were shortages of commodity supply in health care facilities thus denying AYPs access to reproductive health care services. A 2020 research by the African Population and Health Research

Center (APHRC) showed that a large portion of reproductive health service providers in Kenya, especially those in poor and marginalized communities, that are funded and supported by foreign aid organizations were directly crippled by this directive. Thus denying 65% adolescents and Young people aged 10-24 years a chance to access their reproductive health services in youth friendly centers in Kilifi County as majority were closed.

Conclusion

There is a dire need to support Global HER Act repeal through grassroots advocacy in Kilifi County and Kenya to ensure that no future US president will reinstate the Global Gag rule to cause difficulty in providing and receiving AYSRH Adolescents and Young people in developing countries.

Recommendation

The global policy makers should prioritize positive policies that will promote and advance access to adolescent and Youth sexual reproductive Health services and information and disregard the Global Gag Rule for good. Kenya government should increase domestic funding for adolescent and Youth sexual reproductive services.

MIGORI COUNTY MULTI-SECTORAL ACTION PLAN TO IMPROVE THE HEALTH AND WELL-BEING OF ADOLESCENTS AND YOUTH: MID TERM EVALUATION RESULTS

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Introduction

The County Government of Migori developed a five-year Multi-Sectoral Action Plan to Improve the Health and Well-being of Adolescents and Youth (AY) in 2018. The action plan is meant to provide strategic guidance for the county's response to the needs of AY and its implementation begun in July 2018.

Upon implementing for a period of two and a half years, and in collaboration with various stakeholders, a midterm evaluation was conducted. The purpose of the evaluation was to assess progress made towards achieving the intended results in the six priority areas of the action plan; Adolescent pregnancy, HIV/AIDS, sexual and Gender Based Violence (SGBV), Advocacy, Governance and Coordination, Monitoring and Evaluation

Methodology

The review period was from July 2018 to December 2020.A mixed methods approach with qualitative and quantitative data collection and analysis was adopted. Qualitative data was collected through Focus Group Discussions and Key Informant Interviews while other data were obtained from desk reviews, Kenya Health Information Software (KHIS2), departmental registries and the action Plan M&E tracking & monitoring tool (Kobotool). Comparative analysis of the indicators was done against the baseline findings.

Results

Adolescent pregnancies reduced from 37% in 2016 to 20.8% in December 2020.Reporting of adolescent pregnancies in schools improved from 361 cases in 2018 to 850 in 2020, of which 65% from both periods were from primary schools. The school drop-out reduced from 238 in 2018 to 134 in 2020, and85% of the girls re-admitted back to school. Contraceptive uptake for 10-19 years improved from 16.9% to 20.1% while for ages of 20-24 years was 26.4% to 30.9%. HIV positivity increased from 0.9% in 2018 to 1.6% in 2020 which is attributed to targeted testing strategies. SGBV reporting increased from 91cases to 667 in 2020 and 46 cases were successfully prosecuted. Department of gender showed reduction in defilement cases from 95 in 2018 to 7 in 2020, while child marriages reduced from 43 in 2018 to 34 in 2020. Probation department reported 104 young people successfully rehabilitated during with 17 of them attached to local artisans for skills development. Department of youth affairs enrolled 4159 on Life Skills Training and 3956 on business skills while on review of advocacy priority area, county resource allocation increased from 16 million in 2018/2019 to 16.7 million in 2020/2021. On coordination and governance, the County established a multi sectoral government system on adolescent and youth. Key among them is rotational positions of the chair person, a draw from different government departments. The County operationalized an online monitoring framework that allows for capturing the real time data on strategy implementation.

Conclusion

The demands of AY are beyond health, this process demonstrates the importance of multi-sectoral collaboration in improving their health and wellbeing. The approach provides a joint monitoring and learning, thus providing an effective and efficient scale up of best practices in the next phase of implementation.

Recommendations

There is need to: expand scope of AY service provision to include aspects such as HIV self-testing and Adolescent living with disabilities, enhance interventions targeting adolescents in primary schools, strengthen implementation of strategic directives such as 100% transition in schools and harmonize

policies of various line ministries on provision of AY Health. The multisectoral approach can be used by other counties with similar AY background and challenges.

MIGORI COUNTY MULTISECTORAL ACTION PLAN IMPLEMENTATION

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Keywords: Adolescent and Youth, Multisectoral Plan

Background

The Migori County Multi-sectoral Action Plan was launched in 2018 to improve the health and wellbeing of Adolescents and Youth in Migori county. According to the Kenya Demographic Health Survey (KDHS) Migori County has a youthful population of 248,809, age (15-24), 25% being 10-19 years. Investments in health, including sexual and reproductive health, seeks to enable young people to make a healthy transition from adolescence into adulthood. This move is seen as a milestone in enhancing the development of the County with a key focus to decrease teenage pregnancies, new cases of HIV infections and gender-based violence among the youth especially young women. This is in line with the Kenya Vision 2030. This plan further brings together all sector departments and line ministries in seeking to address the SRHR challenges in Migori County taking a multi-sectoral approach in improving the life of the young people

Objectives

The Multisectoral Action Plan seeks to improve the health and wellbeing of adolescents in Migori County including:- to reduce adolescent pregnancy by 10%, Scale up of HIV prevention interventions to reduce HIV burden among adolescents and youths by 5% by 2022, reduce incidence of gender-based violence and improved response, to increase funding and support for AY program, to strengthen inter-sectoral coordination in the provision of AY services and to strengthen monitoring and evaluation for AY services

Methodology

Implementation of this plan was done through involvement of youth champions in the Adolescent and Youth Task Force Technical Working Group and stakeholder stock taking meetings where young people raised concerns, gaps, challenges and experiences. Mapping and mobilization of Adolescent and Youth stakeholders to support the plan using different mitigation strategies. Young people drawn from the eight sub counties were involved in data collection through focused group discussions including; -assessing achievement towards set goals in the Action Plan priority areas, identify best practices for adaptation, scale up and institutionalization, identifying challenges to inform programming and generate actionable recommendations for subsequent implementation.

Results

The Migori County Task Force in collaboration

with the Adolescent and Youth SRHR Stakeholders developed, designed, Launched and Disseminated the Mid Term Review Multisectoral Action Plan Report. Young people drawn from the eight subcounties were taken through the dissemination of the Mid Term Report. The Mid Term report exhibited a 17% decrease in teenage pregnancy from 37% in 2016 to 21% in 2022.The HIV/AIDS viral load has been suppressed at 90% by 2022 from 88% in 2018.Stakeholder collaboration has enhanced coordination and response to Sexual and Gender Based Violence including improved data collection and management and increased community SGBV awareness and reduced stigma. The Adolescent and Youth Sexual and Reproductive programme has received a consistent allocation increase from 16 million in FY 2018/2019 to 17.6 million in FY 2020/2021.

Conclusions

Implementation of AYSRH strategy has led to increased meaningful engagement of young people in decision making, design and implementation of the Action Plan priority areas. The Action plan further enhanced and harmonized partnership and collaboration of County Government sector departments and line ministries including AYSRH CSOs.

Recommendation

The County Government of Migori to ensure consistency in ringfencing of allocation of resources towards Sexual Gender Based Violence. The County to further increase allocation of resources for Adolescent and Youth Sexual and Reproductive Health. The County Government of Migori to urgently expand provision of Adolescent and Youth Friendly services to include aspects of HIV self-testing and Adolescent living with disabilities

SUB-NATIONAL LEVEL ADVOCACY IN BUDGET ALLOCATIONS TO FAMILY PLANNING SERVICES IN UGANDA DISTRICTS

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Keywords: Budget Advocacy, Advance Family Planning (AFP) SMART Approach, Youth

Background

Despite significant momentum gained at national level, local governments in Uganda still need to appreciate the relationship between Family Planning (FP) and socioeconomic development. Districts allocate funds for reproductive health (RH) in general, without particular consideration for FP in their plans and budgets. In comparison with the national Contraceptive Prevalence Rate (CPR) of 35% (UDHS 2016), most of the sampled districts' CPR is much lower; (Kibaale; 22.9%, Rakai; 24% and Kabale; 26%). The gap between the actual demand and the demand satisfied is huge. Since 2011, Partners in Population and Development Africa Regional Office (PPD ARO) and

Reproductive Health Uganda (RHU) have engaged several district leaders through the Advance Family Planning (AFP) initiative to revitalize FP programmes through increased and more effective funding and improved policy commitments.

Program intervention

PPD ARO and RHU made the case for the need to prioritize FP in district plans and budgets. The goal of the program was to empower Ugandan institutions to advocate for increased funding and improved policy for FP. Advocacy interventions were deployed in 32 pilot districts selected based on their poor FP and fertility indicators. Specific objectives included creation of specific budget lines for FP, mainstreaming by making FP a cross cutting issue through all sectors. Creation of youth friendly spaces, redistribution of FP commodities between and among health facilities.

Methodology Program

AFP SMART advocacy approach was employed by implementing partners who worked with key stakeholders including; the National Population Council (NPC) and district based CSOs. RH/FP respective district indicators were gathered for evidence generation. Established FP Advocacy Working Groups (FPAWGs) within the district leadership, comprising of technical experts, politicians, religious and cultural leaders to form advocacy action plans with SMART advocacy objectives. Key actions; meetings with FPAWG members, Local district plans made clear reference to the National Development Plan (NDPII), the National Costed Implementation Plan (NCIP) and included the district indicators alongside national indicators. The teams continuously provided advocacy capacity building and technical support through meetings, telephone calls, and email exchanges.

Results

Through the AFP initiative, PPDARO and RHU successfully engaged district leaders. Commitments were made that led to a more enabling policy environment and financial investments in FP. Established 29 multi-sector FPWGs out of the 32 districts reached. All FPWGs developed SMART objectives to engage their respective decision-makers. Funds were allocated for community mobilization (radio talk shows on FP), training of village health teams' (VHTs) and improving their conditions of work. Developed district specific FP CIPs (Nebbi, Bushenyi, Dokolo, Rakai, Kabale, Kanungu), among others, official institutionalization of FP WG in district structures, creation of youth friendly services, and Dokolo district in particular dedicated 2 hours weekly to provide adolescents with FP/SRH services. The national mCPR increased from 26.1 in 2015 to 32.2 in 2016.

lessons

- Local revenue and specific budget allocation is key for inclusion of FP services as well as program sustainability.
- Multi sectoral approach is paramount for synergies.
- While FP is a health issue it is key to consider it as a development agenda.

ADVANCING ADOLESCENTS AND YOUNG PEOPLE SEXUAL REPRODUCTIVE HEALTH AND RIGHTS BY CREATING A COMMON GROUND FOR MEANINGFUL ENGAGEMENTS WITH PARENTS/GUARDIANS RELIGIOUS AND COMMUNITY LEADERS TO CREATE TRUST AND REDUCE STIGMATIZATION IN BAMBURI WARD MOMBASA COUNTY

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Keywords: Sexual Reproductive Health and Rights (SRHR), Adolescent and young people (AYP), Advocate

Background

SRHR is significant for AYP; it provides Comprehensive Sexual Education and empowers AYP with basic information to make well-informed decisions about their health. There are numerous policies addressing AYP's SRHR including the 2015 National Adolescent Policy on Sexual Reproductive Health and the 2018 Mombasa County AYP Strategy on HIV and Sexual Reproductive Health. However, myths and stereotypes regarding SRHR stemming from culture, religion, and legal barriers that have age limitation and parental consent, among other social factors hinders AYP from fully benefitting from these policies. These factors have led to increase in Sexually Transmitted Infections and unplanned pregnancies among AYP'S. According to Ministry of Health Kenya, at least 98 girls aged between 10-19 years are infected with HIV every week; between January and February 2022, Kenya recorded 45,724 cases of teenage pregnancies. This means increased poverty rate due to children born to teenage parents, increased number of school dropouts, and unhealthy AYP thus unhealthy future. It is due to this reason we sought for a program during the school holiday for AYP in Bamburi to understand their challenges and experience on SRHR, find ways to reduce unplanned pregnancies, Sexually Transmitted Infections, and equip AYP with a set of core skills to enable them manage a healthy social life.

Objective

To reduce the gaps and barriers to AYP access to information and services relating to SRHR in the Bamburi ward by creating trust between AYP and their guardians to confide in them in matters relating to SRHR and reduce stigmatization from the community.

Methodology

Through our youth group, Sleak_Girlz, we conducted weekly sessions throughout March 2022 for AYP within Bamburi on SRHR to improve awareness and understand their challenges on SRHR where questionnaires, group discussions and interactive sessions were used to assess their knowledge and understanding. We engaged 50 AYP in the program and held an interactive session with youth leaders from various

youth groups within Bamburi Kisauni at Bamburi Dispensary. Through participants' perspectives and experiences, we analyzed that everyone is responsible in contributing to or preventing Sexually Transmitted Infections and unplanned pregnancies among AYP hence we advocate for; (a)Meaningful engagements with local, religious leaders and guardians with the help of Medicens San Frontiers (MSF) to create a common ground to promote adolescents and young people's access to SRHR information and services in Bamburi ward and reduce the barriers to SRHR, creating trust and reducing stigmatization from the community, (b) Sensitize the elders in the ward on AYP sexual health challenges and the significance of AYP access to sexual reproductive health rights/ needs.

Results

The in-depth interactive sessions created a safe space and at least 50% of AYP opened up on their experiences and challenges on Sexual Health. The initiative improved social health relationships among participants and their guardians building trust and creating conducive environment to confide their sexual issues to them increasing their involvement and awareness in their children's sexual health and well-being.

Conclusion

SRHR for AYP is a social responsibility and not limited to health organizations or schools, creating a common ground for meaningful engagements on AYP sexual health with local and religious leaders, and parents/ guardians will promote AYP access to SRHR and improve their well-being.

Recommendations

Parents, religious and local leaders should be upfront in communicating with AYP regarding sexual health matters and not rely on the limited school programs. Comprehensive Sexual Education should begin at home and be embraced by communities to influence SRHR among AYP.

HARNESSING ART TO CREATE AN ENABLING POLICY ENVIRONMENT FOR IMPROVED ACCESS TO SRHR SERVICES FOR ADOLESCENTS AND YOUNG WOMEN IN NIGERIA

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Keywords: Adolescent Girls and Young Women, Culture of Silence, SRHR Services

Background

In Nigeria, Adolescent Girls and Young Women (AGYW) continue to experience violence perpetuated by strong cultural norms that support male supremacy. 7.6% of AGYW age 15-19 and 10.3% of age 20-24 have experienced sexual violence. Cases of Sexual and Gender Based Violence (SGBV) are largely unreported due to the blaming

and shaming that survivors experience. 55% of women aged 15-49 who have experienced physical and sexual violence have never sought help to stop the violence. This culture of silence around sexual violence denies survivors access to Sexual Reproductive Health and Rights (SRHR) services thereby increasing their vulnerability to unplanned pregnancy and Sexually Transmitted Infections. This intervention was critical to breaking the culture of silence around sexual violence, empowering AGYW experiencing violence to speak up and access immediate SRHR services and served as evidence to decision makers on creating an enabling policy environment for improved access to SRHR services for AGYW.

Objectives

The objectives of the project include; increase awareness of existing legislation that is meant to protect vulnerable women and girls through community dialogues and bilateral meetings on legislation, and advocate for the enforcement of existing protective legislation through the ''What She Wore'' Photo Exhibition.

Methodology

Education as A Vaccine and partners organized community dialogues with 160 Adolescent Girls and Young Women in Gombe and Nasarawa states on Sexual and Gender Based Violence. This facilitated the collection of 48 stories of rape survivors. 3 art exhibitions were held titled ''What She Wore'' to share the stories of the survivors and pictures of what they wore when they were violated to challenge social norms that blame and shame survivors. The exhibition was used as evidence to advocate to decision makers on the urgent need to adopt and effectively implement the Violence Against Persons Prohibition (VAPP) law.

Results

48 survivors of sexual violence shared their stories following community engagement activities and awareness on the negative social and health impact of the culture of silence especially on access to SRHR services. 4 community dialogues and 24 radio programs were held which contributed to the collection of stories. Both activities reached women and girls with information on Sexual and Gender Based Violence and the importance of speaking up to ensure access to SRHR services. The art exhibitions created a shift in the mindset of 13 critical decision makers and increased their support to strengthen Sexual and Gender Based Violence response in the 2 states through the adoption and effective implementation of the Violence Against Persons Prohibition Law.

Conclusions

Long term strategies towards improving access to SRHR services especially for survivors of SGBV need to challenge gender norms that perpetuate violence against women and girls. Additionally, adoption and effective implementation of protective laws is critical to ensuring that perpetrators are punished and there are effective remedies for survivors.

THE UNTAPPED POWER OF YOUNG PEOPLE'S VOICES IN INFLUENCING POLICIES THROUGH SOCIAL MEDIA

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Background

In Kenya 75.1% of the population comprises young people below the age of 35 years (census 2019). Despite the existence of policies and guidelines of sexual and reproductive health information and services, young people still face a wide range of barriers in accessing quality sexual and reproductive health services and have reported poor reproductive health outcomes like unsafe abortions and teenage pregnancies in our country. Limited knowledge about the policies and guidelines that exist puts major barriers to young people's ability to advocate for improved services and easy access to SRH information. This in turn leaves them at the mercy of healthcare workers and leaders who might not necessarily have their best interests in mind.

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Objectives

To bridge the gap between policies and young people hence improving their meaningful participation in policy advocacy. To galvanize supporters to act towards improving the lives and health of women and girls in all their diversities.

Methodology/Interventions

Zamara Foundation consistently used social media to bring out the gendered

aspects of policy and legal environments when it comes to advancement of Sexual reproductive health. The unique hashtags used on these social media activations included #NASRHPolicy #FeministVoices #ZamaraVoices that brought perspectives and voices together online, mobilizing consciousness and influencing action. Through these social media engagements, we were able to build a diverse group of young people, especially young women in Kenya who demand transparency, accountability, and reproductive justice from their counties, shifting mindsets and challenging the very norms and systems at the core of inequality and social exclusion.

Results

Under the She Acts for Adolescent, a regional SRHR program which intended to promote and advance meaningful engagement of adolescent girls in decision-making spaces, Zamara Foundation and partners in Kenya held a series of Digital media engagement. The purpose was to disseminate the policy as well as the recommendations from the consultative meetings. The program was led and hosted by Women's Global Network for Reproductive Rights in Africa. The women and girls actively engaged and shared recommendations during these consultations and on social media. We documented and compiled these recommendations into a position paper that had strong recommendations on CSE which was presented to Dr. Jean Patrick from the Ministry of Health at a consultative meeting. These recommendations are being tabled in the recent consultation in the national review of the AYSRH Policy 2015 this month. Our impact and consistency have set precedence for Zamara Foundation as an organization that has successfully used digital media to advocate for the realization of SRHR for women and girls in all their diversities, challenging anti-gender movements and misinformation.

Conclusions

Digital and social media are constantly growing and changing. Therefore, it is paramount to be receptive to the possibility of change and keep evaluating your plans and programs to make sure that you are maximizing your reach and meaningfully engaging with your audience.

Recommendations

There is a need for continuous designing and implementation of sustainable and innovative interventions that will ensure that young people are aware of the policies that affect them and are well equipped with tools and information on how to influence change and implementation of the said policies.

NEEDS ASSESSMENT ON REPRODUCTIVE HEALTH FOR WOMEN WHO INJECT DRUGS AT NGARA METHADONE CLINIC

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Keywords: Reproductive health, women injecting drugs, needs assessment

Background

The purpose of this study was to engage in a need's assessment on reproductive health for women who inject drugs at Ngara Methadone Clinic. This was necessitated by the fact that women who inject drugs face multiple barriers to accessing reproductive health care in traditional settings: personal histories of trauma, judgmental treatment from providers, and competing demands on their time. Further, those who use drugs are twice as likely to have unintended pregnancies as compared to women in the general population.

Methodology

The study was a quantitative survey study which used questionnaires to access data from 30 women. Descriptive statistical tools were used to analyze the data.

Results

The study found that 75.3% were aged between 19-30 years while 24.7% were 30 years and older. Then, 40.0% of the women had one child, 36.7% had 2, 13.3% had 3-5 children and 10.0% had none. Majority of the women at 40.0% were not employed with the rest working as casual laborers and traders. Further, 40.0% of the women were married, 30.0% were single, and 10.0% were cohabiting while the remaining 10.0% were either dating or widowed. Majority of the women at 73.3% attended ANC while expectant, only 53.3% completed at least 4 visits. Also, 73.3% had not had any miscarriages or abortion, and got all the necessary assistance and had gone through normal delivery. 83.3% had taken their babies through immunization, 60.0% of the women had planned pregnancies and were on family planning drugs. Majority of the women at 30.0% were on implants, 13.3% depended on the condoms, 10.0% were on pills and only 3.3% were on any injections. Further, majority at 73.3% were not aware that the MAT Clinic offered family planning services, but 66.7% had been screened for cervical cancer. Also, 66.7% had been testing for HIV after every 3 months. The results also show that 60.0% had not suffered from any STI while 40.0% had and 50.0% got treatment while 50% did not. Further majority at 60.0% had experienced GBV but unfortunately 76.7% did not get any assistance. Finally, majority at 76.7% did not feel like the MAT clinic addresses their reproductive and child health issues.

Conclusions

From the results it can be concluded that women who use drugs are not getting optimal reproductive health care at MAT.

The level of awareness of women that MAT offers any reproductive health service is low. Further, the facility does not currently have comprehensive reproductive health services and yet there is need for the same. The study recommends that the facility incorporates RH services in the clinic by having all applicable RH structures.

SIAYA COUNTY: TOWARDS UNIVERSAL HEALTH COVERAGE

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Keywords: Health Systems Infrastructure, Human Resource for Health, Universal Health Coverage

Background

Kenya undertook to attain Universal Health Coverage (UHC) by the year 2022 (Kenya Health Policy, (KHP) 2015). Health care services are provided in the country by public and private facilities. Services in the public sector are provided at community units, primary health care, County Referral and National Referral hospitals (KHP, 2015). Health service delivery is devolved to 47 County Governments while the Ministry of Health (MoH) provides policy direction (County Governments Act Kenya, 2012). County Governments are therefore at the core of implementation and success of UHC. However, Kenya's weak health system has slowed progress towards attainment of UHC (Barasa, Nguhiu, & McIntyre, 2018). The County Government of Siaya recently launched a UHC scale up after previously allocating Ksh.10 million to the program which missed its targets (County Government of Siaya, 2022). This study therefore seeks to examine infrastructural and human resource preparedness of the County towards attaining UHC.

Objectives

- To assess infrastructural preparedness of the department of health services in delivering UHC to the people of Siaya by 2022.
- To assess the state of HRH in delivering UHC to the people of Siaya by 2022.

Methodology

This study was a qualitative analysis of secondary data on the implementation of UHC obtained from County Government of Siaya and national government bodies, including the Ministry of Health (MOH), National Health Insurance Fund (NHIF), Kenya Medical Research Institute and the National Treasury. The documents included County government reports, and policy briefs. Data from reports developed by various stakeholders such as the World Health Organization (WHO) and the World Bank were also utilized.

Results and Discussion

There is acute shortage of health care workers in Siaya County. None of the 38 cadres have adequate number of staff to serve in the existing facilities. The County has

only 16% of the required Clinical Officers, 11% of required medical engineering technicians and 46% of the required nursing staff. These acute shortages greatly affect the quality and range of service delivery within facilities and negatively impact patient outcomes. The department has over the years focused on construction of new facilities. This has resulted in 23 non-functional facilities across the County. The department has built three new X-ray blocks, none of which are functional. Similarly, only one of the two X-ray machines acquired since 2013-2022, is functional, leaving three buildings and one X-ray machine lying idle. 70% of recurrent budget goes to personal emoluments, leaving 30% for health commodities and development, resulting in under equipment in all health facilities.

Conclusion

Universal Health Coverage is a multifaceted journey comprised of various elements. Public hospitals in Siaya County are not delivering the expected services at their various levels. It is therefore bound to fall behind the national targets for offering Kenya Essential Packages for Health and miss out on its UHC targets.

Knowledge Contribution

The recommendations of this study are important in guiding UHC roll out in the 47 County Governments of Kenya.

Recommendations

Primary health care facilities should be well equipped and staffed before the public is given NHIF cards to seek services. Also, UHC programs should concentrate on the preventive aspects of health to manage the disease burden and spearhead multi-sectoral coordination to fight infectious and zoonotic diseases.

HOW YOUNG PEOPLE ARE MAKING THEIR VOICES HEARD THROUGH ADVOCACY ON SEXUAL REPRODUCTIVE HEALTH; A CASE OF MOMBASA YOUTH ADVISORY CHAMPIONS

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Background

According to the eight standards that are defined under the National standards and guidelines on delivery of Youth Friendly services, Standard 8. Refers to Adolescents' participation: Adolescents and youth are involved in the planning, monitoring, and evaluation of health services and decisions

regarding their care, as well as in certain appropriate aspects of service provision. This leads to improving the capacity of Adolescents and Young People to engage in policy, research, and programming and adoption of AYP contributions in all interventions that can achieve improved health and well-being of adolescents and young people within the county and nationally who are healthy, empowered, and productive.

Objectives

To share best practices of the YACH Mombasa in advocacy and amplifying the voices of young people in Mombasa County

Methodology

The YACH were part of the agenda-setting to decision-making table to influence effective policy and frameworks like the Adolescents and Young People Technical working groups that aim is to address policy gaps at the county level. The YACH also conceptualized and published an e-magazine that shared the success stories of youth advocacy around the county. They also participate in reviews and policies like the second face of the AYP strategy 2022-2027. Additionally; the group was involved in the AYP youth Group mapping in order to strengthen their capacity and form an AYP approach on multi-sectoral engagement to improve health and community systems for HIV & SRH services for AYP.

Results:

Over 20 Advocates shared success stories in their advocacy that were featured in the YACH Inspire Zone magazine. The advocates representing different sub-counties (6) have been able to attend 3 technical working groups to create demand for access and uptake services of SRH/HIV services amongst their peers. The YACH supported the development of a tool kit that will be used to disseminate information to adolescents and young people aged 10-19 years on life skills education and the county AYP/GBV directorate that will be used to Map the safe spaces for GBV across Mombasa County.

Conclusions:

Adolescents and young people are uniquely positioned to be effective advocates to hold their national and county governments accountable for the delivery of promises, policies, and programs that affect their lives (Advocating for Change adolescents in Kenya 2018)

Recommendations:

Promotion of partnerships, collaborations, and the creation of open channels of communication are essential for the achievement of the goals of meaningful youth participation; including those who are: living with HIV, disabilities, using and injecting drugs, orphans and vulnerable, exploited through sex and engaging in the same sex. Their representation and involvement are critical to attaining the vision of healthy and productive AYP.

DANCE AND ADVOCACY MERGE TO RAISE AWARENESS FOR SEXUAL REPRODUCTIVE HEALTH AND HIV PREVENTION AMONG YOUNG PEOPLE; LESSONS FROM MISS CONDOM, MOMBASA COUNTY-KENYA

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Background

Mombasa is one of the Kenya coastal City counties reported to be on a reverse gear in the HIV response, with an 87% increase in the number of new HIV infections among children aged below 15 years and 51% among adults aged 15 years and above. About 1 in 5 (17%) girls aged 15-19 years in Mombasa County have begun childbearing; about the same as the national level. HIV prevalence in Mombasa is 1.2 times higher than the national prevalence at 7.5% compared to 3.4% and 14.7%, respectively, at the national level (AFIDEP, 2017). While at the helm, Miss Condom-Mombasa 2019-2022 utilized her dance and SRHR skills to raise awareness among young people through organized dance, performance art, and poetry.

Objectives

To determine the relevance of dance and performance art in the HIV prevention and SRH communication campaigns' messages to young people. The second objective was to find out if dance and performance art is better at reaching the audience of young people.

Methodology

With the support of Swahili Pot and other implementing partners within Mombasa County; Miss Condom-Mombasa 2019-2022 in partnership with Mombasa YACH organized and conducted 10 edutainment (drama and dance) sessions for 60 participants. The sessions merged the worlds of public health and performance art. It brought together young people, dancers, musicians, and the community to talk about HIV prevention, stigma, and sexual reproductive health. During the sessions, the YACH provided health talks and referrals to the one2one digital platform for tele-counseling and virtual interaction with SRH service providers.

Results:

Between June- December 2021; a total of 579

youths were reached with information on HIV prevention and SRH (Gender-based violence, early pregnancy, condom discussion and distribution, and menstrual hygiene) were 398 (69%) males and 181 (31%) females, and out of these 350 youths were issued with both male and female condoms and referred for service uptakes such as HIV testing, GBV screening and psychosocial support in different health facilities. Data was captured in improvised registers by YACH Mombasa.

Conclusions:

Throughout history, African dances have communicated stories and educated people. Communication strategies meant to raise the young people's awareness about HIV and SRH aimed at helping them adopt protective behaviors such as using condoms, and accessing psychosocial support, should never use a single communication channel but rather a variety of them

Recommendations:

It is important to strengthen social network venues such as theaters and social halls where young people convene to participate in entertainment activities. These avenues provide a platform where key messages on HIV prevention and SRH can be shared.

YOUTH-LED SOCIAL ACCOUNTABILITY IN ALLOCATING FUNDS FOR FAMILY PLANNING AND ADOLESCENT SEXUAL REPRODUCTIVE HEALTH (ASRH) SERVICES AMIDST THE COVID19 PANDEMIC IN BUSHENYI DISTRICT, UGANDA

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Keywords: Accountability, youth, empowerment, responsiveness

Background

Thirty-five percent of Uganda's population are young people (10 - 24 years) with teenage pregnancy rate, 25%, FP unmet need, 30.4% among adolescents, above national average (28%); 36% school girls who are sexually active, of whom 80% become pregnant and 95% dropped out of school (Statistics, 2017). In Bushenyi, 15% girls never attend school due to sickness, school dropout due to pregnancy 26% and marriage-21%, lack information and access SRH services (Ankole and Society, 2018). Reproductive Health Uganda (RHU) employed youth led Social accountability (SA) approach to the improve the highlighted Health Indicators through a range of actions, mechanisms and civic engagements where young people hold duty bearers accountable for the delivery of youth friendly services as per the national or local guidelines and policies (IPPF, 2019). The trained youth facilitated community level processes, empowered to be aware of their SRH rights and redefine their relationship with duty bearers in exacting accountability.

Objectives

To understand challenges faced by youth when engaged in health social accountability initiatives; strengthen capacity of youth in social accountability mechanisms for YFS in public health facilities; support young people to exercise their rights and roles to hold duty bearers accountable for YFS; Improve health facility standards for YFS with increased access to youth responsive services and information; advocate and strengthen district leadership to increasing access to SRHR services and youth participation in decision-making within local administrative units.

Methodology

Through the Bill and Melinda Gates Foundation funded Advance Family Planning (AFP) Initiative, RHU engaged young people into social accountability in Bushenyi district between 2018 and 2021 using the Community Score Card (CSC) tool and Advance Family Planning SMART advocacy approach. RHU and the district health officer, empowered and strengthened capacity of 20 young people to lead advocacy efforts for better and responsive youth friendly services through community participation, providing essential information and constructive feedback. AFP SMART objectives were presented to the district council and follow up action plans developed to monitor achievement of advocacy asks.

Results

Twelve sub counties allocated 1% of local revenue; more than $1000 each to support youth friendly services and report quarterly on youth activities. Increased uptake of Family planning among 10-19 years; with 150% and 180% increase in 2020 and 2021 respectively. Two functional youth corners (Kyabugimbi and Kyamuhunga) implementing rights-based youth responsive services; young people empowered to participate in decision making. District leaders empowered to engage in strengthening SRHR and developing scale up plans for adolescent health services. Youth participation affected by lack of leadership, management skills, exposure; limited timely and accurate Information; and budget responsiveness.

Conclusions

The prioritization of YFS buffered the effects of COVID-19 with increased uptake and access to services by teenagers (10-19years),CSC and AFP SMART advocacy yielded results, strengthened engagement of district leadership and service delivery with inclusion of young people thus shaping future national and local advocacy engagements, also Social accountability improved outcomes for service quality improvement, responsive planning, empowerment, rights, youth tailored leadership for age-specific services amidst COVID 19

Recommendations:

Equipping health workers with skills necessary to serve young people; Governments to create supportive environments for participation, engagement and access to information on young people's health rights; active representation on young people in the Health Unit Management Committee structure and increased budget allocations for Youth Friendly Services for local ownership and sustainability.

YOUTH LED BUDGET IMPLEMENTATION AND FOLLOW UP: A CASE OF ADVOCACY FOR YOUTH FRIENDLY SEVICES IN NAKURU COUNTY

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Keywords: Budget implementation, advocacy and follow up

Background

Nakuru county has an estimated population of 2,176,581 people. 6 out of 10 are adolescents and youth whereas 457,431 being women of reproductive age. 18.1% of girls in Nakuru have begun child bearing by 19 years which is a raising concern. Teenage pregnancy in Nakuru county stands at 18.1% against the national average rate of 18.3%. the challenge of teenage pregnancy and inadequate access to sexual reproductive health services which include availability and utilization of youth friendly services have been brought about by the miss direction of funds and lacks of awareness on the availability of the said services. Adolescent friendly centers are believed to be one of the innovative strategies and approaches for delivering age and culturally appropriate sexual and reproductive health information and services. A large number of adolescents' lack access to comprehensive sexual and reproductive health information, education and services this is due to lack of adequate funds to finance the youth friendly services and creation of awareness on the existence of the same among the youth friendly services.

Objectives

- To increase assess to youth friendly services by 2022/2023 financial year.
- To ensure meaningful youth participation in budget cycle especially implementation and follow up by the beginning of 2022/2023 financial year.

Methodology

In collaboration with other youth advocates in Nakuru County and the county planning committee we have been able to advocate for increase access to modern contraceptive for youth between the ages of 15 and 24 through budget and investment in youth friendly services. Youth have been more engaged in the decision-making process of county policies, program implementation and evaluation on AYSH. This have been possible through public participation during the development of county annual development plan and approval of the budget. The youth have been submitting the memorandums and presenting their ideas in different forum where the voices have been able to be heard by the administrators and acted upon.

Results

The youth led organizations in the county have been able to educate the youth on the importance of participating in the public participation since the people benefiting are them. Reproductive health youth friendly and environment conservation (RHYFE) is one of

the organization that have been empowering the community and the county on the importance of giving priority on reproductive health budget. This because in matters to do with health the core cause is reproductive, mental health and HIV. By reviewing the county annual development plan, we get to know the plans the county had. This will be used to follow up on the development that have been done so far in the county annual development report. According to the county annual development plan of Nakuru County 2021 the county was planning to have 5 facilities with youth friendly services by the end of the financial year 2021/2022. So as to increase uptake of youth friendly services by the adolescents. By the end of the first half of 2021/2022 financial year according to the county government budget review paper the money that was allocated to the reproductive health 1740000 had not been utilized. This has made the inaccessibility of the same services fully in the health centers and the youth friendly centers that have been constructed and not in us.

Conclusions

The county government should consider the agendas and views raised by the public during the public participation when the annual development plan is being developed. The county legislature should educate the members of public in their jurisdiction on the important of the same and ensure that they consider their views and approve them.

Recommendations:

In the line of the same during implementation and follow up stage the public should be invited and attest to the development and the benefit they have gained in the ideas that putted out during the planning staged.

ROLE OF CIVIL SOCIETY ORGANIZATION IN ADVOCATING AGAINST ENVIRONMENTS ENABLING RETROGRESIVE CULTURAL PRACTICES IN LAIKIPIA COUNTY

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Background

Retrogressive cultural practices such as Female Genital Mutilation (FGM) and early child marriage have, over the years, entangled women in Laikipia County in their pursuit of economic empowerment and advancement in education. Both practices have been illegal in Kenya since 2001 when the Children's Act became law. However, the prevalence of child marriage in Laikipia County is 31.4%, of children marriages. And according to data analyzed (KHIS) 2021 January to October, Laikipia reported 3495 teenage pregnancies, 44.2% of all ANC mothers in Laikipia North, Laikipia West at 22.7% while 12.7% from Laikipia East. A while ago it was taboo to talk about contraceptives, and reproductive health generally but the above data communicates that women and girls are making informed choices and are

delivering in facilities that have significantly reduced the mortality rate.

Objectives

Increase the rate of enrollment and retention of Adolescents and teenagers in secondary school in Laikipia North sub-county, Laikipia County Kenya. • To integrate community-based champion-led initiative towards the reduction of FGM and child marriages in Laikipia North Laikipia County. • Increase the number of Male-anti FGM champions in the community level.

Methodology

In partnership grassroots organizations Pathways has synergized and strengthen community-led engagements, in and out of school mentorship programs, holiday programs that involve parents, caregivers, religious leaders, and other stakeholders in the community in the quest of ensuring that they are capacity built, and informed and understand the importance of education for both girls and boys and the implications of the retrogressive practices. Through watching videos of the effects of FGM and early child birth on the girls, emotions and reason is triggered and hence a win for us as they become Anti-FGM champions in the community.

Results

Through the different outreaches done within the community, FGM cases are significantly reduced due to the information shared in the forums. The number of skilled birth is increasing thus a significant reduction in the mortality rate during childbirth. Initially, we were the only implementers and now have gotten a buy-in from different stakeholders who are currently supporting and working towards being part of the mentorship programs to inform and advocate against environments enabling retrogressive practices. Through evidence-based advocacy, the Laikipia Health services have for the past year trained 100 traditional birth attendants who are now certified and informed traditional birth companions. Their role is to encourage any woman to attend the ANC visits and deliver in a facility as well as be the anti-FGM champions. We have been able to encourage male involvement in MHM and reproductive health conversations. Through this, we continue identifying #JasiriChampions who push for the rights of all girls and women to get an education and make informed choices around their sexuality. Increased rate of enrollment of Adolescents and teenagers in secondary school in Laikipia North sub-county, Laikipia County Kenya.

Conclusions

Protecting the girl child from these retrogressive cultural practices such as FGM, and child marriage takes a collaborative effort from all stakeholders including all ministries in government, CSOs, law-enforcement agencies, media, community, parents, caregivers, religious leaders, and the adolescent and youths.

Recommendations:

There is a need to increase areas of intervention that enhance sexual reproductive health and rights information and services among adolescents and youths. There is a need for meaningful advocacy and community dialogues to rope in boys/men in the conversations that for long have been considered a women's affair such as MHM, reproductive health.

JASIRI YOUTH CHAMPIONS INITIATIVE: REDUCING THE INFORMATION GAP ON BUDGET ADVOCACY THROUGH TRAININGS FOR THE YOUTH IN LAIKIPIA, NAKURU AND NYERI

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Background

Research shows that youth populations are both the least involved and informed about budget processes in Kenya. This has been attributed to an information gap in the youth about the processes involved leading to a dispirited approach to the issue. Many CSOs have tried to bridge this gap by training youth champions but many of the champions trained are not actively involved in the processes and thus never use the skills acquired. Over the years, youth led messages on youth needs have been observed to be taken up better when they are voiced by those very youth and are more likely to elicit accurate interventions i.e. policies from the concerned decision makers. This however has not been the case due to lack of youth representation for the same. After noticing this disconnect Pathways Policy Institute (PPI) through the Jasiri youth champions' initiative targeted 15-18 yr. old's who are passionate about budget advocacy and capacity built them through training and active involvement in budget advocacy while providing them with the technical support to voice their budgetary needs using appropriate avenues.

Objectives

Establish and strengthen the capacity of youth champions in evidence-based advocacy, planning, implementing and evaluating advocacy work in Laikipia, Nyeri and Nakuru counties where the project was being piloted through interactive and hands-on training.

Methodology

The youth were offered the opportunity to participate in the training through an online call for application advertised on all social media platforms as well as though Pathways' partner organisations a month before the training. This was followed by an intensive interview from which a team would be shortlisted for the training. The team would then go through an interactive training session using different methods of instruction including discussions, use of sample documents, role playing sessions

After the training the champions are awarded certificates and encouraged to put their skills to use by participating in public participations and writing memos to their county governments with the help of PPI.

Results

As a result of the inclusion of youth in the budget processes and equipping them with the required information, Pathways has been able to train 38 Jasiri champions who have attended much public participation in their respective counties while also talking to their peers about the budget process. Jasiri

champions have successfully submitted 4 memos. The inclusion of youth champions has seen the push for an FP budget in Laikipia County which has been successful. Another major win through the inclusion of youth champions in budget advocacy is that initially there was only one health budget catering to all the health care facilities in Laikipia but presently all facilities each have their different budgets. Champion's involvement has also led to the increment of the FP budget allocation from 800000 to 2.2 million. This has also led to the creation of Laikipia CSOs forum where CSOs have discussions allowing the merging of their core concerns to prevent replication of ideas and strategies which may not be sustainable in the long run.

Conclusions

The inclusion and capacity building of champions is a sustainable way to ensure information is passed to the public in a language that in understandable to them while ensuring they learn about the processes involved in the budget process while also ensuring the issues affecting them are well articulated and presented.

Recommendations:

Key Information i.e. county budgets should be made available ensuring the writing of memos is easy for the champions. Organizations with youth champions should also develop sustainability plans that ensure the champions are provided technical support post training to ensure the information and skills learnt are put to use effectively.

A CASE FOR MULTI-SECTORAL POLICY ADVOCACY FOR REDUCING MENTAL HEALTH BURDEN AMONG CHILDREN, ADOLESCENTS, YOUTHS AND YOUNG PEOPLE WITH DISABILITY IN SIAYA COUNTY

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Keywords: Vulnerable groups; mental health; psychological harm

Abstract

The reduction of the dangers that COVID-19 poses to people's physical health has been the primary focus of the public health incentives. Understanding how the global pandemic affects mental health, particularly in populations that are already vulnerable, has received less attention and effort than it should have. This qualitative study was conducted in Siaya's Ugunja Sub County with the purpose of gaining a deeper understanding of the perspectives of children and adolescents regarding their experiences with COVID-19. Assessment of public awareness of the status of adolescent mental health in Siaya; Identification of mechanisms of enhancing access to school-based peer support on

mental health; and Determination of ways of community participation in advocacy for mainstreaming the implementation of mental health policy were the three specific objectives of the assessment. In order to gain a better understanding of the effects of the second COVID-19 pandemic restrictions and a nationwide shutdown, this qualitative rapid assessment conducted 49 interviews. Children and their parents had a conversation about the negative effects that the restrictions have on the health of young people. As a direct consequence of the rapid assessment, children and adolescents have been subjected to negative effects on their mental health. These effects include feelings of social exclusion, despair, and apprehension, as well as an increase in avoidance, disengagement, and passive aggressive behavior. Because of the disruptions in their daily routines, families with disabled children reported higher rates of mental health problems around this time. According to the findings, excessive limits are harmful to the mental health and well-being of vulnerable populations like children, adolescents, and people with disabilities. This group is especially susceptible to the negative effects of excessive limits. In addition to this, it draws attention to the necessity of prioritizing the prevention of the negative effects that mental health challenges have on children and adolescents.

SOCIAL MEDIA ADVOCACY AND ONLINE PLATFORMS: A TOOL FOR ADDRESSING UNMET NEEDS FOR CONTRACEPTIVES AMONG YOUNG PEOPLE

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Background

Social media has significantly influenced and changed the way adolescents and youths get information and communicate, changing the way information flows from one individual to the next. Most of the adolescents and young people (AYP) in developing countries spend most of their time on various social media platforms, but do lack information and access to family planning methods. Consequently, AYP do not meet the target contraception uptake with a significant increase in teenage pregnancy recorded in various counties across Kenya. Being one of the three zeros of ICPD, this anticipation can be catered by youth advocates, integrating and channeling information on the various social media platforms to create awareness and information that will engender the realization of the three zeros of ICPD. For many years, one in four currently married young women, especially adolescents have unmet needs for contraception. As a result, nearly 47% of the recent births among women aged 14-45 years resulted from unintended pregnancies. Availability of contraception is one of the important ways to address the unmet uptake and need for contraceptives. Research by UNFPA states that meeting the unmet need for contraception is a key factor in reducing poverty, preventing unintended

pregnancy, unsafe abortion, and maternal and child births. Therefore, social media and other online platforms advocacy plays a major role in advocating and creating awareness to address the unmet need for contraception among AYP.

Objectives

- To create demand for contraceptives use among young people in Kakamega county.
- To capacity build adolescent youth on SRHR information and services via social media and other online platforms.
- To create awareness on access to contraceptives among adolescents through joint advocacy and joint social media campaigns like in twitter, WhatsApp and Instagram as a way of meeting the unmet needs for contraceptives among the adolescent youth.

Methodology

Extensive up-scaling in use of social media advocacy with distinct info-graphics which included SRHR information coded with graphics e.g. pictures and videos based on Facebook, twitter and WhatsApp platforms that have the most subscribers would be a prudent approach towards detailing,. Destroying marginalization and bringing inclusivity, twitter hashtag, extending to other social media, have become the most common and effective `way of calling out responsible parties and holding policy-makers and relevant persons accountable, all in the public eye. For this, developing creative hash-tags for events, claims and complains are gaining root and capitalization of the same would be a great approach.

Results

In country where, boys spend more time on the internet than girls (Girls spend more time doing household work), boys more likely to own phones, 80% compared to 70% of the girls.90% of them go online every day and are registered to more than one social platform. On average, they spend a minimum of 4 hours on social media advocacy. Facebook, WhatsApp, Instagram and YouTube are the most popular social sites for young people. Information on SRHR is limited on social media and existing ones are boring. They prefer having SRHR information on social media that is well packaged to meet their needs (95%). Prefer use of content that reflects use of content that reflects their day to day lives and isn’t too formal. Prefer use of short video clips, memes, and use of celebrities, GIFs, Humor and photos.

Conclusions

The adolescent and youth composition in Kenya make up the majority, that’s 62%, of the population with heavy internet reliance. Investing in creative methods of advocacy through internet would be the best way to promote inclusivity through attitude of transformation. This would open avenues to dispel the marginalization that has hampered inclusivity for SRHR.

Recommendations:

Organizations offering SRHR information need to integrate social networks in their work and aim at reaching adolescents through these platforms with information, messages and activities and also creative use of smart interventions such as viral social media movements and hash-tags.

Development of internet strategies, smart advocacy and innovative approaches such as hotlines and applications play a major role in the breakthrough regarding SRHR and contraceptive popularization.

THEMATIC AREA 2:

ADOLESCENT AND YOUTH SRHR PROGRAMMING

IMPROVED VIRAL LOAD SUPPRESSION THROUGH PEER LED SUPPORT MEETING OF AYPLWHIV AT CPGH YOUTH ZONE

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Introduction

Kenya is one of the four HIV 'high burden' countries in Africa about 1.5 million people were living with HIV infection at the end of 2015. Mombasa County contributed to 3.6% of the total number of people living with HIV in Kenya, and is ranked the seventh nationally. By the end of 2015 a total of 54,310 people were living with HIV in the County, with 19% being young people aged 15-24 years and 7% being children under the age of 15 years. (Kenya HIV County Profiles-2016). Because of the high rise of HIV infections among adolescents and youths CGTRH YOUTH ZONE took an initiative to conduct a study among adolescents and youths through peer led support groups.

Methodology

Non-adherence; The peer led support meetings/groups were established in October 2017 at Coast Provincial General Hospital Youth Zone which is a Teaching and Referral Hospital/Public Health Facility. Where we divided 310 adolescent and young people between the ages of 10 -24 into groups of 15 support groups and each group consisted of 20-21 members. Where four support groups meet every Saturday for sexual reproductive health education, peer mentorship, support for positive living and treatment adherence. Each group was headed by our Peer Educators/Mentor. Our target was adolescent and young people on ART between the ages of 10-24 years old at a Public Health Facility to improve their viral load suppression.

Results

October 2017 to May 2018 a total of 310 (159 Males and 151 females) adolescent and young people between the ages of 10-24 were active in the Peer Led Support Meetings/ Groups.86% (267). Through peer led support meetings, the numbers of deaths were significantly reduced by keeping them in track and monitoring their viral loads until they are suppressed, adolescent and young people who achieved viral suppression out of the 310 adolescent and young people only 96% (300) were retained on ART.

Conclusion

Based on the results we have achieved so far it shows that Peer-led-support groups have worked in a public health facility with this intervention. We believe if it's kept into practice in other health facilities we will achieve the 95-95-95 goal.

Recommendation

We recommend this intervention to be implemented and adopted in our country both Public and Private Health Facilities dealing with AYP.

THE TRIPLE THREAT OF HIV, PREGNANCY AND GENDER BASED VIOLENCE AMONG ADOLESCENTS IN KENYA

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Keywords: Triple threat, adolescents, HIV infection, pregnancy, GBV, Kenya

Background

According to the Kenya Population and Housing Census, 2019, adolescents (10-19 years) form a quarter of Kenya's population with a sex ratio of 1.03. The Triple Threat in Adolescence refers to the debilitating challenges presented by rising new HIV infections, pregnancy and Gender Based Violence (GBV) among Kenyan adolescents.

Significance

Adolescence is a critical human development stage characterized by both physical and mental growth as children transition to adulthood. Without focused investments in healthcare, nutrition, basic education and skills development, the potential of this young population and indeed that of a country's human capital could be lost for a lifetime. Already, Kenya is grappling with a high proportion of adolescents and young people who are not in education, employment or training and the triple threat forms part of the key determinants. Further, adolescent pregnancy rate has remained unchanged for several decades. Implementing strategies to end the triple threat in adolescence is critical in the attainment of the ICPD25 Country Commitments 1, 2, 8, 10, 11 and 14.

Objective

Investigate the situation of the triple threat among adolescents (10-19) in Kenya in terms of trends, proportions and levels of new HIV infection, pregnancy and GBV.

Methodology

The study used data from the Kenya Health Information System (KHIS) as well as conducted desk reviews between January and May 2022 in order to build a situation analysis. For purposes of drawing trends, levels and proportions of adolescent pregnancy, new HIV Infections and Sexual and Gender Based Violence, KHIS data was used. KHIS collects county specific data on women (10-49 years) who present with pregnancy on their first Ante Natal Care (ANC) visit. KHIS also collects data on HIV infection from infancy into adulthood as well as on Gender Based Violence (GBV) cases

reported at health facilities by both male and female victims aged 0 to 50+. The study used data collected up to end 2021.

Results and Discussion

In 2020 adolescents 10-19 contributed 15 percent of all new HIV Infections contributing to non-achievement of the 75% new HIV infection reduction target. High HIV positivity rates (over 1%) were recorded in 2020 and 2021 among girls and boys 10-14 years. Approximately 317,644 pregnancies were reported among adolescents during their first visit for antenatal care in various health facilities across the country in 2021 – translating to about one in five of all first ANC reported pregnancies. Reporting of SGBV cases increased more than three-fold between 2018 and 2021. Almost half (45.4%) of the cases reported in six counties with Kisumu taking lead. Girls were more affected than boys.

Conclusion

The triple threat, coupled with high household poverty, has a bearing in the proportion of adolescents and youth not in education, employment or training which ultimately translates to adverse development indicators.

SUPPORTING PREGNANT AND TEENAGE MOTHERS STAY IN SCHOOL

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Introduction

According to KDHS (2014) one in 5 (18%) girls aged 15-19 years in Nakuru County have begun childbearing; similar to the national level (Figure 2). Specifically, 5% are pregnant with their first child and 13.4% have ever given birth compared to 3.4% and 14.7%, respectively, at the national level. As a result, girls drop out of school due to psycho-social and economic factors that emanate from the circumstances forcing some to seek informal employment and marriage. Though a 'Return to school' policy was developed, during the intervention it was evident that girls who were pregnant and those that were parents faced challenges that made it difficult for them to perform well and stay in school. Some of the findings during the interventions on reason for dropping out were; embarrassment and shame that was a result stigma, not having a care giver to take care of their child while they were in school, difficulty in nursing their children and studying at the same time making it difficult to perform well in their studies compared to their peers, financial burden to the family. As a result of these challenges some opted to drop out and take care of their children by looking for informal jobs or getting married. The objectives of the intervention were; to promote for access to comprehensive SRH information and services including contraceptives, to promote creation of safe

spaces for teenage mothers in school and to ensure implementation of the return to school policy in schools in Nakuru.

Methodology

To support pregnant and teenage mothers, support groups were established to provide psychosocial support, SRH information, nutrition, and referral to services. The session was conducted once a week for a period of 4 months. This included Parent teacher dialogues on adolescent sexual and reproductive health that were conducted twice in the four months, SRH forums that comprised of both boys and girls were conducted. The topics covered were teenage pregnancies, SGBV, rights, Menstrual hygiene Management and mental health (managing and coping with stress)

Results

10 teenage mothers, 3 pregnant girls, and 15 girls from the two schools were referred for SRH services. 7 girls were referred for therapy and 2 girls that had dropped out returned to school. As a result of the SRH sessions in school, there were no cases of teenage pregnancies between November 2021 to February 2022. Pregnant teenage girls adhered to their ANC appointments while still attending school. The school provided favorable conditions such as lighter physical duties for the pregnant teenage girls. The girls have also reported reduction in stigma and discrimination in school, from peers and teachers.

Conclusion

Pregnant and teenage mothers still face issues such as stigma and lack of access to services and information on contraceptives and nutrition resulting to recurring pregnancies and malnutrition for the girls and their children. It is important to advocate for the review of policies targeting adolescents by both the ministry of health and ministry of education. The ministry of education should provide clear guidelines and allocate resources to support pregnant and parenting teenage mothers from low-income areas. Given that young people and adolescents are not homogeneous the government and developmental partners should establish programs that uniquely address the issues young people face by meaningfully engaging adolescents and young people in the designing of the programs.

SURGE, A NEW IMPLEMENTATION STRATEGY TO OPTIMIZE HIV SERVICES AMONG YOUNG PEOPLE OF AGE 20 - 24 AT JUNDA DISPENSARY, MOMBASA COUNTY

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Background

With an HIV prevalence of 5.8% and ART treatment coverage of 40%, Mombasa (1) aims to improve efficiency and effectiveness of HIV service delivery towards epidemic control. Afya Pwani in collaboration with the county health management of Mombasa has a novel strategy called Surge, a comprehensive multi-pronged approach to optimize health and human resources in public health facilities in Mombasa and communities.

Objectives

To identify strategies that optimizes HIV services at Junda dispensary - Mombasa County

Methodology

surge implementation at Junda dispensary in Mombasa started in April 2021 based on a "pull-push-hold on" approach to enhance services across the HIV care cascade at health facilities (pull); redesign testing and treatment interventions in communities (push); and target interventions to boost retention (hold on). Efforts included daily monitoring of key data elements; expanded index case testing; deployment of patient navigators to counsel and escort patients between services; revised patient, lab, and pharmacy flows; expanded same-day ART initiation; and active phone follow-up. To assess change, we compared routinely collected aggregate data from the facility.

Results

Following implementation of the Surge strategy the number of people tested for HIV increased by 42% compared to the previous year including a 30% increase in the number of children < 15 tested, (63 to 260). There was a 43% increase in linkage to treatment among patients newly identified as HIV positive patients. The number of viral load tests increased by 85%.

Conclusions

The first results of Surge strategy in Junda dispensary are encouraging. Through immediate identification of missed opportunities to test, treat and retain, Surge allows for immediate recognition of gaps in service delivery to achieve 95-95-95 goals. Surge contributes by identifying efficiencies across the major components of the health systems in order to provide more effective HIV services including access, coverage and quality of service delivery. Afya Pwani continues to work with the county health management team of Mombasa county government to bring Surge to scale.

Recommendations

The County needs to strategize more on SURGE to increase the number of young people accessing HIV services in order to achieve the 95- 95- 95 cascade

THE IMPACTS OF COVID-19 PANDEMIC ON SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN BURKINA FASO, ETHIOPIA, KENYA, MALAWI AND UGANDA

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Key words: COVID-19, sexual and reproductive health, equity, equality, family planning, Impact, health system

Introduction

Since the first case of COVID was reported in China in late 2019, the ensuing global pandemic has challenged human health and development and hampered the attainment of global, regional, and national health priorities and development goals. In sub-Saharan Africa (SSA), where health systems remain fragile, the COVID-19 pandemic brought unprecedented disruptions to healthcare delivery and utilization. The policies and actions of certain governments to control the pandemic further exacerbated existing inequalities, especially for the most vulnerable groups. Even so, more research and analysis is needed to understand the impacts of COVID-19 on sexual and reproductive health (SRH) services and help improve preparedness to future pandemics.

Main Question

This multi-country analysis sought to examine the impacts of the COVID-19 pandemic on the availability of, access to, and use of SRH services in five SSA countries (Burkina Faso, Ethiopia, Kenya, Malawi, and Uganda).

Methods

We conducted interviews with a national representative sample of 3,473 women and girls and 466 healthcare providers in Burkina Faso, Ethiopia, Kenya, and Uganda. In addition, we conducted in-depth interviews with 211 women and girls, 176

healthcare providers, 64 representatives from civil society organizations (CSOs) and non-governmental organizations (NGOs), and 13 policy makers (Ministry of Health officials) in the five countries (including Malawi).

Results

Women and girls seeking SRH services reported significant barriers to access contraceptive services (34.6%), antenatal care (19.3%), safe abortion care (12%), HIV/AIDS (10.2%), and SGBV (6.4%). About 26% of those who needed various modern contraceptives had no access; while among those that received, 58% got short-acting contraceptive methods vs. 35% for long-acting reversible contraceptive methods. Most barriers were linked to government's restrictions and COVID-19 infections. For instance, 60.7% of women and girls reported restrictions in movements (such as curfews and lockdowns), long distances to health facilities (24.0%), high cost of care (17.6%) and closure of health facilities as main impediments to accessing services.

Across the five countries, health facilities were closed, while some were converted to COVID-19 isolation and treatment centers. Consequently, patients had to go to other, more distant health facilities. Notably, 46.2% those having trouble in accessing services delayed seeking the needed SRH service, while 21.7% visited alternative care providers and health facilities (self-medication, over-the-counter medications, and traditional healers/birth attendants). About 16.1% failed to visit a health facility at all.

Health providers reported reduction in the availability of some SRH services. Unavailability of these services was due to shortages of supplies, absence of trained healthcare personnel (many deployed to COVID-19 units), infection of healthcare providers, staff reductions, and the closure of health facilities. However, 37.2% of health facilities adjusted timings, 30.5% altered referral patterns, 27.7% introduced self-care, while 6.6% implemented telemedicine to ensure continuity of SRH services.

Conclusion

The COVID-19 pandemic has had adverse effects on the availability of, access to, and utilization of critical SRH services across the five countries, with resulting in increased unmet need for family planning, as well as limited access to and use of such services as antenatal care, post-abortion care and HIV/AIDs. Government responses to pandemic must strike a delicate balance between mitigating the impacts of the virus and adopting multisectoral responses that are fit-for-purpose and address sexual and reproductive health needs, challenges and priorities.

REDUCING ADOLESCENT GIRLS AND YOUNG WOMEN (AGYW) VULNERABILITIES TO HIV AND EARLY UNINTENDED PREGNANCIES (EUP) DURING COVID-19 PANDEMIC IN SIAYA COUNTY: A COMMUNITY DIGITAL HEALTH SOLUTION

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Key words: Digital Health, HIV, Teenage Pregnancies

Background

According to the Kenya World AIDS Day Progress Report 2013- 2021, the total number of adolescent pregnancies is 331,578; with 22.6% of adolescents attending the first antenatal clinic. Approximately 42% of new adult HIV infections are among adolescents and young people (15-24 years); with 15-29 years contributing to 61% of the new adult infections. Siaya County has increased teenage pregnancy (15-19 years) rates from 17% (KDHS 2014) to the current 35% (KHIS2, 2018) against 18% nationally (KDHS, 2014). During the COVID-19 pandemic, access to healthcare was hindered by factors such as reallocation of resources and overwhelmed health facilities. Digital health played a key role in easing the burden on healthcare systems during the pandemic.

Methodology

The project was implemented in Bridge Centres in Sihay and Nyalenya, Ugenya Sub-County, Siaya County between 2018 to December 2021; targeting 322 adolescent girls and young women (AGYW) aged between 15-24 years. The AGYW were selected based on their vulnerability to HIV and unwanted pregnancy by the community facilitators and community gatekeepers (local administration and religious leaders) based on their socio-economic status at home, school attrition, and the likelihood of the AGYW dropping out of school. Project Imara executed interventions at the individual, community, and County levels. The project was executed by community facilitators (CFs) and LVCT Health Program staff through one-on-one mentorship sessions, community engagement sessions, and policy advocacy. LVCT Health's one2oneTM bulk SMS, tele-counseling services and referrals via the hotline (1190) ensured personalized interventions for the 322 AGYW during the COVID-19 pandemic. The SMS were developed by utilizing insights and frequently asked questions from the AGYW on sexual reproductive health (SRH)- messages on contraception were disseminated to the sexually active AGYW- HIV prevention, and gender-based violence (GBV). The AGYW received tele-counseling services from the CFs; offering psycho-social support and advice on sexual reproductive health, HIV,

GBV, and life skills. The project also ensured regular online capacity-building sessions for both the AGYW and the CFs- enabling them to provide quality and reliable SRH information to the AGYW. The AGYW received virtual school classes via Zoom. This ensured the AGYW utilized the Bridge Centres as classrooms and safe spaces; reducing risky sexual behavior during the pandemic and ensuring all AGYW returned to school post-pandemic. Project feedback from the AGYW was gathered through human interest stories at the program level and anonymous letters from the AGYW where they wrote what they felt were the best practices and what needed improvement.

Results

322 AGYW were reached with mentorship and counseling sessions by the 10 CFs- physically and virtually. AGYW accessed the one2oneTM website through scheduled sessions at the bridge centers and unsupervised sessions through mobile phones (AGYW's/ caregivers' phones); hence they were able to learn about SRH, HIV, and GBV information and services. AGYW utilized SMS services through self-learning modules on topics relating to SRH, HIV, and GBV- they sent a total of 16,008 SMS and made an average of 674 calls to the 1190 hotline. The CFs engaged with the community resulting in 16000 indirect beneficiaries accessing the digital interventions.

Replication

Digital Health Interventions are reliable in reducing AGYW vulnerability to EUP and HIV despite the technological gaps between the rural and urban youth. These interventions ease the burden on the healthcare systems during the COVID-19. Embracing a human-centred design in AYP and AGYW programming, such as the co-creation of messages for bulk SMS, increases cohort-specific intervention uptake.

SEXUAL PLEASURE AFTER ABORTION: LIVED EXPERIENCES FROM YOUNG WOMEN AND GIRLS IN KOROGOCHO-NAIROBI, KENYA

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Introduction

Conversations around abortion are complex in the Kenyan setup compounded by cultural context. Sex conversations also has some degree of sacredness and classified as taboo. Worldwide, people Google the term "sex after abortion" roughly 2,000 times a Month. During post-abortion-care services, women receive information about contraceptives to ensure that repeat abortion will not take place. Sexual pleasure is not talked about. Many women are left with more questions than answers. Is sex going to hurt? Feel different? In many African communities' sex is seen as a pathway towards reproduction. While it is important to talk about contraceptives and reproduction, this conversation is not always

aligned with the reality of the worries and questions of women who just experienced an abortion. Sexual pleasure is in integral part of human's life and should be addressed through all stages of women's lives, also after an abortion. In order to gain insights on sexual pleasure after abortion, young girls who have undergone abortion from Korogocho, one of the peri-urban regions in Nairobi, were involved in a focused group discussion to document their experiences on sexual pleasure after abortion.

Main Question/hypothesis:

This research study sought to answer the following questions;

- What does sexual pleasure mean to young women and girls who have undergone abortion?
- What is the connection between sexual pleasure and abortion according to young women and girls?
- What are the sexual experiences and sexual pleasure after abortion among young women and girls who have undergone abortion?

Methodology

A series of semi-structured qualitative interview guides focused on probing the understanding of sexual pleasure, the connection between sexual pleasure and abortion and obtaining personal sexual pleasure experiences after abortion was developed as a follow-up to the Pleasure Project. Purposive sampling was used to identify and select the study location and participants for the FGD. Korogocho was selected on the basis of being a peri-urban area of Nairobi County, with high prevalence of unsafe abortion among young women and girls. A total of twenty young women and girls, who have undergone abortion were engaged and the sample age span ranged from 15 – 20 years. The FGD was conducted in January, 2022. Prior to the FGD, the purpose of the interview was described, intended use and sought consent from all participants. The FGD was recorded, transcribed and stored for analysis. The FGD lasted for 1 hour 30 minutes. Data analysis was done using NVivo (V.12), which was used to code interview transcripts. The coding was done according to the three research questions the study sought to answer. The findings were then presented as descriptive statements, by highlighting key voices (personal experiences) emerging from each sub-theme.

Results and Discussions

From the study, it was found that majority of young women and girls linked sexual pleasure to consensual sex; and the connection between sexual pleasure and abortion as being a result of unwanted pregnancy. A majority of the participants felt guilty after undergoing abortion, and experienced pain and excessive bleeding. After abortion, most of the young women and girls took between a period of 1 and 2 years before engaging in sexual activity, as they took time to heal. Friends and close relatives were found to be the most supportive people, who encouraged participants to move on and enjoy sex post abortion. All young women and girls involved in the study agreed information on sex and family planning methods was the most crucial advice they wished they received at a tender age, which could have prevented them to have an abortion. All participants also

agreed that socio-cultural background of the community was not supportive of abortion, which caused stigma

Conclusion

This small-scale study shows how abortion and sexual pleasure resonate with young women's lives. The results show a high potential for scaling up to include more and diverse young women's voices and cover a larger geographic area as no other studies linked to sexual pleasure after abortion in low-income countries have been done. The study not only addresses access and barriers to comprehensive abortion information for young women, it has the potential of strengthening the entire sexual and reproductive health sector because it shows the urgency of including sexual pleasure information and messaging in sexual and reproductive health programs, including safe abortion programs. The study results can inform abortion programs for the development of comprehensive resources for young women and health professionals. If young women experience more support in navigating their sexual life's after abortion with pleasure-based information, women will no longer have to suffer in silence and fear about enjoying their sexuality again. Furthermore, the results serve as useful input for advocacy messaging for sexual pleasure in sexual and reproductive health programmers, including abortion programs. A sexual-pleasure based approach equips women to make fun, consensual, healthy and informed choices throughout their reproductive lives after an abortion.

EFFECTS OF THE COVID-19 PANDEMIC ON PREGNANT AND PARENTING ADOLESCENTS' ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN MALAWI AND BURKINA FASO

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Introduction

Access to quality sexual and reproductive health and rights (SRHR) services is central to preventing morbidity and mortality among adolescents. However, adolescent girls are among the groups least likely to access SRHR services and the most likely to develop or die from pregnancy and related complications.

At the early stages of the COVID-19 pandemic, researchers predicted dire consequences of the pandemic on SRHR service provision. Pregnant and parenting adolescents (PPAs) may face unique challenges in accessing SRHR services due to their age and the stigma associated with early pregnancy. Our study examined the effects of the COVID-19 pandemic on PPAs' access to SRHR services in Burkina Faso and Malawi. Evidence on the pandemic's impact on PPAs' SRHR can inform the design of targeted interventions.

Methods

The data analyzed in this abstract is part of a larger study aimed at documenting the lived experiences of pregnant and parenting adolescents. Between March and September 2021, we conducted a mixed-methods study in randomly selected urban and rural enumeration areas (EAs) of Blantyre (66 EAs) and Ouagadougou (71 EAs). We conducted a household listing in sampled rural and urban EAs to identify households with PPAs. One PPA was selected in each household. From these EAs, we successfully interviewed 980 and 669 PPAs in Burkina Faso and Malawi, respectively. Interviews were conducted by trained research assistants after obtaining informed consent from each participant. Survey data were electronically collected on Android tablets using Survey CTO. Twenty and 18 pregnant and parenting girls were purposively selected to take part in the in-depth interviews in both study sites to provide more information on their lived experiences. We asked PPAs if since the COVID-19 pandemic began they faced any difficulties accessing specific SRHR services and products, including contraceptives, antenatal care, post-abortion care, testing for HIV and sexually transmitted infections, maternity care, period supplies, and baby wellness checks. Respondents were asked to describe their challenges. Data were analyzed using descriptive and thematic analyses.

Results

Health facilities continued to provide SRHR services during the pandemic by introducing COVID-19 preventive measures, such as social distancing, masks wearing, handwashing and sanitizing, and other measures to prevent overcrowding. These measures resulted in a substantial proportion of PPAs having difficulties accessing SRH services during the pandemic, especially in Burkina Faso. Approximately 30% of PPAs in Burkina Faso reported challenges in accessing antenatal care during the pandemic compared to 8.2% in Malawi. More than one-fifth of PPAs experienced difficulties accessing maternity (20.4%) and well-baby care (22.5%) in Burkina Faso compared to 7.8% and 3.6% in Malawi. Similarly, more PPAs had trouble accessing contraceptives in Burkina Faso (13.9%) than in Malawi (8.2%). When probed to elaborate on specific difficulties they faced, PPAs reported that hospitals were sometimes closed, health facilities restricted the number of women visits to about 30 per week in both study sites. They had to wait until the following month if they missed an appointment. In addition, PPAs reported that sometimes health workers lacked PPEs, and, therefore, did not attend to patients. Respondents also reported health worker mistreatment and abuse and said they reduced clinic visitation due to the fear of contracting COVID-19. Lastly, COVID-19 imposed additional challenges

on PPAs' livelihood activities, which created or exacerbated financial hardship, making it untenable to afford services in private facilities where people could go if restrictions prevented them from utilizing public facilities in both study sites.

Conclusion

The COVID-19 pandemic created additional difficulties, limiting PPAs access to and use of SRHR services in Burkina Faso and Malawi. While these challenges may not be limited to adolescents, their lack of resources could mean they are more likely to be adversely impacted and without options to access care in private facilities. The results underscore the need for interventions that address the health challenges that PPAs face in accessing SRHR services during health crises. Given concerns about accessing health services from facilities, results suggest that community-based service provision may be worth exploring. Further, social protection measures that target PPAs may help them overcome the financial obstacles that may impede their use of SRHR services. In addition, our findings suggest that health workers adapted and managed to keep services open despite the challenges Covid-19 created and inadequate resources to respond. There is a need for more resources like PPE to ensure the safety of health workers and patients as we continue to navigate the current pandemic.

PROVIDING SEXUALITY INFORMATION IN AN OUT OF SCHOOL SETTING

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Keywords: Adolescents, Sexuality, Information

Background

One in every six persons globally is below 25 years of age. Today, there are about 1.8 billion young people aged 10-24 years. Despite the existing legal and policy frameworks around sexuality in Kenya, the delivery of Comprehensive Sexuality Information (CSI) in and out of school continue to face numerous challenges associated with religious and cultural beliefs. Ensuring Adolescent and Young People (AYP) access CSI remains critical whether in or out of school set up, the need becomes even more as UNESCO estimates that globally, 263 million children are out of school. To contribute to SDG 10 of reducing inequalities, particularly in access to life-saving education and information, this abstract seeks to add to the much-needed improvements by sharing lessons learned from the delivery of sexuality information for adolescents and young people in an out of school setting in the informal settlements across three Kenyan cities.

Objectives

Provide comprehensive sexuality information to adolescents and young people in low-

income areas. Explore cost-effective and sustainable interventions for reaching adolescents and young people out of school with sexuality information.

Methodology

The program recruited rovers above 18 years with previous knowledge on sexuality from Kamkunji and Embakasi South (Nairobi); Kisumu East (Kisumu) and Kisauni and Nyali sub-counties in Mombasa. The rovers got trained and proceeded in delivering age-sensitive CSI for six months using participatory methodologies. Every session lasted for 30-40 minutes and allowed participants to share their thoughts on the specific SRH topic. The rovers prompted questions before providing clarifications where needed. Pre and post-assessment tests were then provided to guide every session and inform on the next steps.

Results

More than 1000 adolescents and young people were reached with CSI including the understanding of their personal values, their bodies and emotions, what influences their developing feelings and choices, and how gender roles and stereotypes affect them, how to develop skills that will reduce risk-taking behavior, Identify and develop short- and long-term goals concerning their future welfare. The delivery of information which was conducted through a gender lens in the low-income areas of Nairobi, Kisumu, and Mombasa, empowered young people to protect their sexual and reproductive health, and how to reduce sexual and gender-based harassment and violence that occurs among their peers, in and out of school. Even though it's not possible to draw conclusions yet on the larger impact of the program among participants exposed to the interventions, the pre and post-assessment analysis indicated that adolescents were able to comprehend the information shared with them, the use of the tests allowed the session to be responsive to their specific needs. The rovers exhibited knowledge and skills in engaging with community leaders and gatekeepers. They seamlessly mobilized adolescents and young people, this can be attributed directly to them being members of the specific community

Conclusions

Early adolescence is a critical window in human development that if addressed appropriately through SRHR interventions such as CSI by the global health and development community, it provides an opportunity to significantly reduce the investment in harm-reduction required later in their lives including adulthood.

Recommendations

There is a need to equip rovers with skills of persuading community leaders and establishing partnerships. Investing in rovers from specific areas of intervention should be considered effective and of low cost. Stakeholders should evaluate interventions that address the role of interactions between adolescents in addressing poor reproductive health outcomes.

TRANSITIONING ADOLESCENTS AND YOUNG PEOPLE LIVING WITH HIV FROM ADULT CCC & PEDIATRIC CLINIC TO A YOUTH CLINIC AT CGTRH MOMBASA COUNTY

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Background

AYPLHIV in Kenya face a lot of challenges like stigma and discrimination, adherence issues, peer pressure and many more while transitioning from the childhood to adulthood. The Mombasa County Adolescent and Youth Survey (NAYS, 2017) confirmed that the main health issues include; STIs or HIV/AIDS, Drug and Substance Abuse as well as Teenage Pregnancy. These challenges are closely related to their daily uptake of HIV treatment services. The Kenya HIV Estimates 2018 by National AIDS Control Program (NASCOP) indicate that 105,230 adolescents are living with HIV, 20,663 are on antiretroviral therapy but only 6,700 have had their viral load suppressed. Statistics also point out that there are 8,177 new infections per year and 2,072 annual AIDS related death among youths. It is on this note that CGTRH under the CCC department Coast General Teaching & Referral Hospital (CGTRH), decided to transition adolescents and young people (10 years-24 years) to a youth friendly clinic for a better approach to access all other services they need and adhere to their ART.

Objectives

- To transition all adolescents and young people to the Youth clinic
- To improve the uptake of care and treatment and SRH services in a favorable environment for AYPLHIV

Methodology

Youth Zone is a care and treatment clinic as well as a youth friendly center, which acts as transitioning place for young people before joining the adult Comprehensive care Clinic (CCC). Young people were recruited and trained on delivery of sexual reproductive health and HIV services to AYP. In march-2016 the facility started a transitioning process for all AYPLHIV who are between the ages of 10 - 24 years and fully disclosed to the Youth Zone. The peer mentors' responsibilities are coordinating activities, peer led meetings, monitor HIV clinic days, tracing defaulters, Home visits, adherence sessions and support groups for AYPLHIV.

Results

By December 2021 the program had transitioned and enrolled a cumulative number of 506 AYPLHIV and more than 159,153 individuals were offered SRH services (HIV testing, psychosocial counseling, Nutrition services, Health talks etc.) Also, the Youth zone was able to do outreaches to 6

secondary schools and 1 learning institute. We impacted the community around with SRH information. Transitioning young people has helped the peer champions to do support groups conduct FGD on a daily basis, monitor all clients' appointments and tracing them back.

Conclusions

The intervention has improved AYPLHIV adherence to their treatment with the support of their fellow peer leaders who are on the same treatment. It has also helped AYP to access services freely and express their emotions because of the friendly environment.

Recommendations

We recommend the implementation of this intervention across the country for better service delivery to adolescents and young people.

PREVALENCE AND CORRELATES OF CONTRACEPTIVE USE AMONG PREGNANT AND PARENTING ADOLESCENTS: RESULTS FROM A CROSS-SECTIONAL SURVEY IN OUAGADOUGOU, BURKINA FASO, AND BLANTYRE, MALAWI

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Background

Contraceptive use among adolescent mothers can prevent rapid repeat pregnancy with implications for health, education, and economic prospects. The high incidence of teenage pregnancies across certain sub-Saharan African countries especially in the backdrop of the covid-19 pandemic has highlighted a significant gap in the realm of adolescent SRH.

Objectives

The broader study was implemented to understand the lived experiences of adolescent mothers in relation to their experiences in pregnancy and childcare, issues around school reentry, and future prospects.

Methodology

As a cross-sectional quantitative survey. We used interviewer-administered questionnaires to obtain information on contraceptive awareness, use, and reason for non-use. We used descriptive and inferential statistics with a binary logistic regression to summarize the data.

Results

Most adolescent mothers knew of male condoms (93.3% in Burkina Faso; 91.4% Malawi), pills (88.4% in Burkina Faso; 89.1% Malawi), and injectables (85.1% in Burkina Faso; 93.6 % Malawi). Few adolescent mothers knew about emergency contraception (42.8% in Burkina Faso; 56.9% Malawi), rhythm (58.1% in Burkina Faso; 66.3% Malawi), and withdrawal (45.6%

in Burkina Faso; 67.7% Malawi). Four in five (0.8%) adolescent mothers had ever used any contraceptive methods in both study sites. Current contraceptive use prevalence was higher in Burkina Faso (70.1%) than Malawi (64.8%, but a lower proportion in Burkina Faso (55.7%) reported using modern methods than Malawi (63%). Single adolescent mothers were significantly less likely to use any contraceptive methods than those married in Burkina Faso (AOR: 0.46; 95% CI: 0.27-0.81) and Malawi (AOR: 0.19; 95% CI: 0.11-0.32). In Burkina Faso, adolescent mothers aged 18 (AOR: 2.34; 95% CI: 1.06-5.19) and 19 (AOR: 3.08; 95% CI: 1.42-6.69) were more likely to use any contraceptive methods compared to those younger than 17 years. Similarly, adolescent mothers who rejected gender norms were more likely to use contraceptives than those who accepted them (AOR: 1.16; 95% CI: 1.08-2.80).

Conclusion

Knowledge of contraceptive methods is nearly universal among parenting girls, and the contraceptive prevalence is higher than the national average in both study settings.

Recommendations

Overall, our results underscore the need for more interventions targeting adolescent mothers with accurate information on contraceptive methods, including emergency contraception and fertility awareness methods such as the rhythm method. These interventions should address the religious objection to contraceptives in Burkina Faso and infrequent sex in Malawi.

USE OF PLAYING CARDS TO DISSEMINATE COMPREHENSIVE SEXUALITY EDUCATION

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Background

The biggest population in Kenya comprises adolescents and young people who account for more than 60% They continue to experience challenges in accessing reproductive health services and correct information leading to irresponsible sexual behavior and poor sexual reproductive health outcomes. Technology offers scale to connect adolescents with information, and services with privacy without gatekeeping from the community and providers. Providing adolescents with services is not enough without creating demand, addressing provider bias, challenging norms, and building movements for intersectional inclusive services. The access to age-appropriate reproductive health information among adolescents and young people will be a contributing factor to debunked myths and challenging retrogressive societal norms to achieve positive SRHR outcomes. Hence launching a Comprehensive Sexuality Education card game that is both online and offline that reaches adolescents and young people by bypassing the existing retrogressive societal norms.

Objectives

To integrate Comprehensive Sexuality Education for online and offline users. To provide easily accessible comprehensive sexuality information. To create demand for reproductive health services among adolescents and young people.

Methodology

Centre for the Study of Adolescence developed playing cards engraved with information on the thematic areas of Comprehensive Sexuality Education; Relationships, Values, attitudes, skills, Culture and human rights, Human development, and Sexual reproductive health. The development of the playing cards was informed by focus group discussions held with young people across the counties of Nairobi, Kisumu, and Mombasa. In addition, the findings informed the integration of CSE playing cards for not only offline access but also online access with exciting music that is captivating to increase the reach among adolescents and young people while retaining their attention for a long period.

Results

Based on our preliminary findings, since the launch of the cards, there has been an increase in adolescents and young people who have accessed SRHR information. We have received more queries for youth-friendly services and contraceptive use on our tagged social media platforms. The number of adolescents and young people reached with Comprehensive Sexuality Education has increased since the launch also informed by related analytics and numbers from community sessions with related SRHR programs.

Conclusion

Through consequent interactions adolescents and young people are more aware of their reproductive health. This contributes to a delayed sexual debut and those who are sexually active have correct and factual information to make informed decisions. All this is a result of positive sexual reproductive health messaging.

Recommendations

There is a need to employ new and innovative ways of engaging adolescents and young people in SRHR programming. Marginalized areas could also use offline games that address their SRHR needs as it has proven to influence positive change.

FACTORS CONTRIBUTING TO LOW LEGAL FOLLOW-UPS OF GENDER BASED VIOLENCE IN NYATIKE, MIGORI COUNTY

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Introduction

Nyatike Sub-County in Migori County boarders Lake Victoria and has mining and fishing as major economic activities that contribute to increased cases of gender-based violence. Between July to December 2021 there were 42 cases of survivors of violence who presented themselves for services while over 800 adolescent mothers reported first pregnancy (presumably sexually violated) i.e. 800 teenage pregnancies against 42 reported cases of survivors of violence. Problem statement: Despite so many adolescents and children reporting to various facilities with pregnancy at their initial ANC visits, only few presented themselves as survivors of violence for evaluation and subsequent legal redress. Few survivors of sexual violence that present themselves to the hospitals in Nyatike Sub-County seeking for post violence care services despite the existing secondary data demonstrating invariable and high numbers of adolescent pregnancies (as an outcome of sexual violence).

Objectives

To establish why most survivors of sexual violence do not seek for post rape care services and proceed for legal redress in Nyatike Sub-County

Methodology

An analytical study design was employed. Quantitative data was obtained from secondary data sources through hospital care records. Secondary data was used for the development of hypothesis and, structured interviews and observations used to collect data for the actual study. 29 clients were followed through from the time they were first seen at the hospitals, up to a period of 6 months (post initial care).

Results

From the study, it was found that 10 (34%) had their cases going to court and healthcare providers going to court to give expert witness, of which 3 had their cases determined. Despite all the 29 study population survivors of violence being seen in the hospital (documented in the MOH 365), only 18 (62%) were documented in the PRC forms and only 15 (51%) reported to the various police stations and came back to the various facilities with P3 forms and initiated legal follow-ups. All the 15 clients came back for the 2nd visit in the hospital while only 10 came back for the 3rd visit. Home settlements (Kangaroo courts), accessibility problems, unfriendly and insensitive response by healthcare workers, bureaucratic procedures and charges at various points of service deliveries are some of the reasons the cases fail to reach full prosecution. The cases flop at different levels.

Conclusion

Home settlements (Kangaroo courts) are used due to poverty levels and cases of sexual violence in close relation to long waiting periods and distances between different service centres including police and court services play significant roles. Poverty, fear and lack of information of where to obtain services were found to be major setbacks.

Recommendation

There is need to improve community engagements, subsidize travel costs for survivors to facilities, improve witness protection services to focused target clients.

There is also need to evaluate all pregnant adolescents for sexual violence and treat them as survivors.

A SUSTAINABLE MODEL FOR THE PROVISION OF YOUTH FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN KENYA: AN INTERGRATIVE REVIEW OF LITERATURE

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Background

Globally, countries are mandated to provide Youth Friendly Sexual and Reproductive Health services to the youth. However, the world's prospect for achieving Sustainable Development Goals 3.7 and 5 is jeopardized by the growing youth population. Nearly half of the world's population comprise youths. However, addressing their Sexual and Reproductive Health (SRH) remains a challenge. Globally countries are mandated to continually provide Youth Friendly Sexual and Reproductive Health services (YFSRHs) to the youth, there is therefore need for a Sustainable model in order to achieve this objective.

Objectives

The Integrative literature review was the first phase of a three phased study which intended to develop a sustainable model for the provision of Youth Friendly Sexual and Reproductive Health services in Kenya

Methodology

The review was guided by the principles of systematic literature review. The PICO\PICo formats guided the review process. Searches were conducted to studies done between January 2012 to January 2020. CINAHL: Cumulative Index to Nursing and Allied Health Literature (EBSCOhost), PubMed and Cochrane databases were the search platforms for electronic evidence. Thematic analysis was used to synthesis evidence.

Results

A total of 653 studies were identified during the search strategy however the filtering process led to the selection of 30 studies for review. Worldwide, young people's sexual and reproductive health problems are similar. Replicated barriers to sustained provision of youth friendly services included: poor appointment times, unavailable commodities, poor acceptability mostly due to cultural and religious reasons, inaccessibility, and lack of health service providers training on youth sexual and reproductive health issues. From the review, a targeted approach to YFSRH services provision generated better outcomes than an integrated approach.

Conclusion

The review indicated that the considerations such as the involvement of the youths before, while and after receiving the services at the delivery sites should be underscored. To

ensure a sustainable model for the provision of YFSRHs, there is need for a multi-sectoral and stakeholder involvement that is; youth, health care system structure, health care service providers, parents and community.

Recommendation

To achieve sustainable change, a sustainable model for the provision of youth friendly services in Kenya is the entry point to prevention and improving youth sexual and reproductive health issues. All the stakeholders including the youth should be involved in the development of the model for sustainability of Youth Friendly Sexual and Reproductive Health provision as well as utilization.

HOW IMPLEMENTATION OF MIGORI COUNTY MULTISECTRAL ACTION PLAN HAS HELPED REDUCE ADOLESCENT PREGNANCY IN NYATIKE SUBCOUNTY, MIGORI

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Introduction

Nyatike is one of the 8 sub-counties in Migori County that is situated on the western side of the county. It has two major economic activities, gold mining significantly influencing outcome of poor adolescent health. Migori County developed and adopted the multisectoral action plan 2018-2022 for implementation of well-being of adolescents. This document describes all activities done to improve well-being of adolescents. It contains different priority areas and is used in various sub-counties in Migori County and by all partners implementing adolescent activities in the county and a monitoring and tracking tool which monitors multisectoral engagement. Adolescent health progress and monitoring has been a challenge in Nyatike Sub-County due to different implementing partners without a common activity tracking and evaluation system and due to poor engagement with different stakeholders-teachers, chiefs etc.

Objectives

To upscale common implementation and monitoring system of different priority areas in regards to improving the lives of adolescents by different partners in Nyatike Sub-County, Migori

Methodology

Different implementing partners were mapped and oriented on the use of multisectoral action plan tool in the implementation of any activity for young people. The action plan has different priority areas including reducing teenage pregnancy, new HIV infections, gender-based violence, promoting advocacy and research and monitoring and evaluation. 54 activities were conducted in the Sub-County while only 44(81%) were tracked, guided and evaluated

by the adolescent focal person across different priority areas in the sub-county. They included DREAMS interventions, Binti Shupavu clinics by PSI and integrated school health activities. These were keyed in the developed M&E tool (KOBO Collect).

Results

80% of the analyzed activities were fulfilling priority area number 1 i.e. reducing teenage pregnancy. 16% were geared towards integrating AY activities with HIV implementation programs. 4% were community interventions that were geared towards reducing and responding to gender-based violence. Community integrated interventions yielded good results. This included integrating the activities with education, children department, police, county administration and local administration response. School based intervention was found to have been useful. Monthly reviews enabled us track the interventions.

Conclusion

Monitoring and evaluation tracking system through Enketo Kobo tool box has been imperative in tracking and monitoring performance of Migori County Multisectoral action plan for well-being of youths and adolescents. Multisectoral approach has seen the achievements of the planned actions. Pregnancy prevalence reduced from 27% to 21% in Nyatike.

Recommendation

There is need for continued engagement of different multisector players for focused activities. There is also need to integrate the model of the action plan to the implementation of other key priority areas. A system should also be developed that enables all players to key in data on the various service need points.

THEMATIC AREA 3:

SERVICE DELIVERY

(INNOVATIONS IN SERVICE DELIVERY; INTEGRATION OF HIV AND OTHER SRHR SERVICES; COMPREHENSIVE SEXUALITY EDUCATION; KEY POPULATION – SOGIE; ADOLESCENTS AND YOUTHS WITH DISABILITIES)

HOW YOUTH EDUCATE AND FACILITATE REPRODUCTIVE HEALTH SERVICES AND INFORMATION

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Background

According to Kenya's 2019 census, the population of Usain Gishu County is 1,163,186 people an increase of 30.1% from 2009. According to KDHS 2014, the total fertility rate of the county is 3.6% per woman. The contraceptive prevalence rate is 56.2%, which is lower than the national prevalence rate of 58.2% this contributing to the teenage pregnancy rate of 22% in Usain Gishu County which is higher than the national rate which is 18% (KDHS). Lack of access to reproductive health services and information in Usain Gishu County among youth is a risk.

Objectives

- Involvement of the young people in education and facilitating the provision of affordable reproductive health services to women and girls.
- Use of social media platforms to create awareness about reproductive health services during the COVID 19 pandemic.
- Create awareness about reproductive health services during the COVID 19 pandemic.

Program Intervention/Methodology

The main intervention was using the young people (Big sister) to improve access to the reproductive health information and services in Uasin Gishu County. As Big Sister we are working with the community to ensure young girls aged 10 -19 access reproductive health services. We achieve this through sensitizing the community on the SRH, we also used social media platforms such as Facebook, especially during the pandemic to enable them to make the right decision about their sex life and clear myth and misconception associated with access to reproductive health services. We act as a linkage between the girls in the community and health care providers to ensure, continuous access to reproductive health. Questionnaire and interviews approaches were used to determine the effectiveness of using youth to educate and facilitate reproductive health services and information among girls aged 10-19 years.

Findings

Big sister has been able to engage more than 700 little girls per month in Usain Gishu County. More specially, we reach 250 girls in each sub-county with information every month. Capacity building have enabled girls to open up and a dress some of the reproductive health issues they are facing. This have able the programmes to identify some of the reproductive health issues girls face such as Gender-Based and unsafe abortions, to ensure they get adequate and affordable care. Compare to the previous years, the reproductive organization's hotline manager received over 50 girls per week during the pandemic, either seeking clarification or thanking them. Additionally, more than 20

girls weekly log in to reproductive platforms such as save to choose to access information. This is an indication that the use of social media in creating awareness abled girls to information regardless of the restriction of their movements to the health facility. Access to information has increased the number of girls seeking reproductive health services, this is proven by the increase in the number of little girls seeking reproductive health services at the FHOK youth-friendly center Eldoret. The involvement of parents and the community have abled us to demystify myth and misconception that hinder girls from accessing reproductive health services.

Conclusion

Young people should be given priorities in implementation of young people's projects. To ensure access of reproductive health services, the inclusion of family planning, just as indicated in the adolescent sexual reproductive health policy 2015 and Kenya's constitution. Our accomplishments prove that when big sisters are integrated into the implementation of reproductive health activities, results are forthcoming.

Acknowledgement and Funding

I wish to acknowledge Reprodrive organization Uasin Gishu County for the financial support. Special recognition goes to Reprodrive project manager Uasin Gishu, Mr. Kigen Kisori for guidance when coming up with this study. I wish to also thank big sister for participating in the study.

ACCELERATING 90:90:90 GOAL AMONG ADOLESCENTS GIRLS AND YOUNG WOMEN THROUGH PEER LED MODEL OF EPIC YOUTH ORGANIZATION-MLALEO CDF HEALTH CENTRE MOMBASA COUNTY

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Background

Adolescents and youth between the ages of 15-24 years are the most affected by HIV/AIDS, accounting for 40% of all adult HIV infections globally with infection prevalence rate of 4.9% in Kenya according to [KENPHIA]2018. Limited access to contraception and related information as well as early engagement in sex among adolescent, youth has contributed to an increasing number of HIV infection and unwanted pregnancies contributing to negative socio economic impact as well as increased disease burden.

Objectives

To accelerate the 90:90:90 goal of having a health society free from HIV and AIDs infections and undetectable viral load through the use of a youth friendly client centered peer to peer Mlaleo Youth Friendly Center in Mombasa County.

Methodology

Epic Youth Organization used outreaches to sensitize AGYW on contraception and HIV prevention and management, HIV transmission values clarification and attitude transformation by sharing related messages to improve timely voluntary HIV testing and counseling and responsible sexuality. Epic engaged trained peer educators, youth advocates in conducting mhealth referrals, linkages and follow ups using Nena na Binti Hotline for timely access to SRHR information particularly on HIV testing, management, and reporting. In addition, we have been tracking effectiveness of support groups (Operation Triple Zero) OTZ Club of AGYWs infected with HIV who receive HIV related information under PMTCT clinic at Mlaleo CDF Health Centre. All this is done to enhance retention, drug adherence and viral load suppression and use of contraception to prevent unplanned pregnancy among AGYWs by being encouraged to attend Whole Site Orientation (WSO) training at the facility in order to enhance knowledge on contraceptives.

Results

Through these approaches, 33 AGYW in support groups and ongoing ART, HIV treatment had viral suppression reports due to treatment compliance, 600 young people were reached with contraceptives within the period January 2019 to June 2019. Epic Youth organization has also registered 120 in the above-mentioned support groups and reached 10260 adolescent girls and Young women during various outreach and in reaches activities in Mombasa County. Since the Launch of Nena na Binti Hotline by Reproductive Health Network Kenya in MAY 2020, Epic Youth Organization has referred and linked 102 young persons for various services with a majority AGYWs seeking contraception, comprehensive abortion care, HIV testing and management as well as on safe motherhood after reaching out using Epic's social media pages or during in reach and outreaches conducted. Our support group has motivated community members on understanding the need for HIV screening improved HIV medication compliance and increased number of community members speaking positively on HIV and persons on HIV treatment care reducing disease infection rate and timely interventions improving overall health outcomes and more productive future generation.

Conclusion

Peer-led approach is an effective way of enabling the creation of safe space to provide HIV counselling, treatment, care and sharing of age appropriate information for AGYW to achieve HIV viral load suppression, infection prevention and have a society with good health seeking behavior a realization of 90:90:90 goal.

Recommendations

Creation of more comprehensive youth friendly facilities and a Peer-led approach in SRHR information and services provision and timely HIV treatment commodity supply in increasing adherence to ART among AGYW Living with HIV in Kenya.

WE ARE NOT GOING ANYWHERE– A QUALITATIVE STUDY OF KENYAN HEALTHCARE WORKER PERSPECTIVES ON ADOLESCENT HIV CARE ENGAGEMENT DURING THE COVID-19 PANDEMIC

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Keywords: HCW perspectives, adolescent HIV care, COVID-19 pandemic

Background

The COVID-19 pandemic, caused by the novel coronavirus SARS-CoV-2, has had Dramatic impacts on economies, healthcare systems, education and social life across the globe. Adolescents are greatly influenced by the social determinants of health and maybe vulnerable to structural impacts of the pandemic. They may also be particularly affected by health systems changes impacting their healthcare for complex or chronic conditions such as HIV.

Methodology

We assessed healthcare worker (HCW) perspectives on impacts of the COVID-19 pandemic on adolescent HIV care delivery and engagement in western Kenya. We performed in-depth qualitative interviews with HCW at 10 clinical sites in the Academic Model Providing Access to Healthcare in Kenya, from January to March, 2021. Semi-structured interviews ascertained pandemic-related impacts on adolescent HIV care delivery and retention. Interviews were conducted with 22 HCW from 10 clinics.

Results

HCW observed adolescent financial hardships, unmet basic needs, and school drop-outs during the pandemic, with some adolescents relocating to rural homes; to partners; or to the street. Marked increases in adolescent pregnancies and pregnancy complications were described, as well as barriers to family planning and antenatal care. Transportation challenges and restrictions limited access to care and prompted provision of multi-month refills, refills at local dispensaries, or transfer to local facilities. Adolescent-friendly services were compromised, resulting in care challenges and disengagement from care. Clinic capacities to respond to adolescent needs were limited by funding cuts to multidisciplinary staff and resources. HCW and youth peer mentors (YPM) demonstrated resilience, by adapting services, taking on expanded roles, and leveraging available resources to support adolescent retention and access to care. ALHIV are uniquely vulnerable, and adolescent-friendly services are essential to their treatment. The combined effects of the pandemic, health system changes, and funding cuts compromised adolescent-friendly care and limited capacity to respond to adolescent needs.

Conclusion

There is a need to reinforce adolescent-friendly services within programs and funding structures. Support for expanded YPM roles may facilitate dedicated, scalable, and effective adolescent-friendly services, which are resilient and sustainable in times of crisis.

ADOLESCENT GIRLS AND YOUNG WOMEN EMPOWERED TO SPEAK (YES)

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Background

Through the Her Voice Fund, 80 lead adolescent champions and young women have so far been capacity built in order to effectively engage with fellow peers, decision makers, CSOs and community members at large. The trainings empowered AGYW to speak out and demand for their SRHR issues. Together with other stakeholders the AGYW formed the Homa Bay Adolescent youth sexual reproductive health and right (AYSRHR) TWG that pushed for one common agenda- AYSRHR- through development of TOR, Petitions and commitments. The biggest contribution in the space was the Meaningful AGYW Participation while including their voices in key decision-making forums and pushing for the development of AYSRHR policies and frameworks. Through AYSRHR advocacy network, a safe space was created for adolescents to speak up and influence policy and frameworks in Homabay County. Conversations on domesticating the National Youth Adolescent Reproductive

Health (NYARH) framework started and the county decision makers committed to support the process.

Objective

Empowering Adolescent girls and young women of reproductive age to participate in shaping access to SRHR services in the complicated context of COVID-19 and HIV. We envisioned a situation where young people are able to raise their voice and engage constructively with key decision maker and stakeholders. Amplifying Voices of AGYW in Homa Bay County Kenya

Methodology

The process was moved and started by AGYW and AYSRHR Youth movement. 2000 AGYW have been reached through community dialogue, focused group discussion, during key international and national action days i.e. World AIDS Day, 10 days of activism against GBV, Homa Bay Youth Summit Week 2021, contraceptive day and trainings empowering them to know how and where to get AYSRHR services. Homa Bay is known for high cases of teenage pregnancies and new incidence of HIV and AIDS notwithstanding high cases of gender-based violence among young people. As a result, 7 medical health outreach sessions were conducted providing family planning services, HIV testing, COVID -19 vaccination and general observation reaching 725 AGYW.

Results

Increased utilization of comprehensive SRHR information and education by all young people, increased interest of young people participating in decision making processes and Increased no of national and local gender/SRHR policies made more gender-responsive.

Lessons Learnt

The continuous engagements between the AGYW and decision makers fostered a sense of dignity and ownership some of which previously felt overlooked and side lined. Additionally, the meeting deliberations underscored the need to update current and develop policies based on issues emerging from the dialogues realizing AGYW have the ability to engage constructively across board if well prepared and involved in the solutions of issues affecting them. 'When AGYW are empowered and engaged they are able to voice out their needs and demand for quality services'.

Recommendations

Intensify advocacy for increased investment towards SRHR work, strengthen the AGYW participation and inclusion on digital space, integrate mental health and vocational trainings in SRHR advocacy and Support AGYW Living Positively with income generating activities (IGAs) to cushion them against non-adherence as a result of food insecurities.

INTEGRATION OF SRHR AND HIV CARE, TREATMENT AND PREVENTION SERVICES

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Background

Despite remarkable interest in integrating sexual and reproductive health (SRHR) into HIV Services, limited focus has been laid on the linkages in different directions. While girls and women are at an increased risk of acquiring HIV, providing HIV testing services during family planning visits offers critical opportunities to mitigate unwanted pregnancy and HIV needs.

Methodology

The study conducted a systematic review of various services that compare family planning with integrated HIV testing services. The systematic review was primarily based on key outcomes which include: provider knowledge regarding attitudes and knowledge about integrating HIV testing services, service quality and client satisfaction, dual method use, linkage to HIV treatment and care, new case of HIV identified offer counselling and uptake of HIV testing services. The researcher searched four databases and included literature published in well recognized journals. The primary objective was to identify the specific integration models for such services that have been evaluated coupled with the positive and negative outcomes.

Results

Only six studies met the inclusion criteria of all one hundred citations identified. Rigor was moderate with one cluster-randomized trial. HIV testing services uptake was found to be higher compared to integrated sites, although the findings slightly varied across the studies. One study identified a small rise in HIV seropositivity among female clients testing after integration. Another study found that female patients at integrated site were more likely to be satisfied with services. The paper contributes to existing knowledge on the global process and success for reaching HIV and SRHR targets, it confirms that the integration of HIV testing services and family planning is feasible and has a huge potential to present positive outcomes.

ACCESS TO INFORMATION ON HIV SELF-TESTING THROUGH AN SMS SELF-LEARNING MODULE BY ADOLESCENTS AND YOUNG PEOPLE IN THE COASTAL REGION OF KENYA

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Keywords: Adolescents and young people (AYP), SMS self-learning module, Digital health

Background

According to a 2021 report on Adolescent HIV prevention by UNICEF, only 25% of adolescent girls and 17% of adolescent boys in Eastern and Central Africa had been tested for HIV in the past 12 months. The report noted that comprehensive knowledge on HIV prevention is below 50% in the countries within these regions. In sub-Saharan Africa, adolescents and young people accept m-health interventions that promote HIV prevention. In Kenya, young people who own mobile phones mostly use SMS service and are willing to access HIV services. This paper demonstrates use of digital health intervention to increase knowledge on HIV self-testing to Adolescents and Young people in Kenya.

Methodology

Information on HIV self-testing was made accessible to adolescents and young people aged 15 to 24 years through an SMS self-learning module. Adolescents and young people (AYP) in Mombasa, Kilifi, Kwale and Taita Taveta counties were sensitized by county Youth Advisory Champions for Health (YACH) and leaders of local youth groups on one2one SMS digital platforms. The AYP shared their phone numbers to be registered with one2one SMS youth platform. An introductory message of the HIV self-testing module was sent to them between December 2021 and March 2022. The module consists of English and Kiswahili language options and 6 Menu items. English menu option: Menu, What is HIV self-testing, Where to get a HIV self-test kit, How to use a HIV self-test kit, How to interpret results and language select. The Kiswahili menu option: Menu, Kifaa cha kujipima HIV, Mahali pa kupata HIVST, Njia ya kutumia HIVST, Jinsi ya kutafsiri matokeo and language select. Descriptive statistics were used for data analysis.

Results

1805 adolescents and young people (AYP) aged 15 to 24 years received the HIV self-testing SMS module introductory message. 512 (28.4%) AYP chose English as their preferred language while 366 (20%) opted for Kiswahili as their preferred language and 927 (51.6%) did not select any language. Within the English language select option, 4

(0.8%) participants selected Menu, 123 (24%) selected what is HIV self-testing, 112 (21.9%) selected where to get a HIV self-test kit, 90 (17.6%) selected how to use a HIV self-test kit, 76 (14.8%) selected how to interpret results, 2 (0.4%) selected language select, 24 (4.7%) opted out of the flow and 81 (15.8%) selected none of the options. In the Kiswahili language select option, 15 (4.1%) selected menu, 101 (27.6%) selected Kifaa cha kujipima HIV, 62 (16.9%) selected Mahali pa kupata HIVST, 30 (8.2%) selected Njia ya kutumia HIVST, 36 (9.8%) selected Jinsi ya kutafsiri matokeo and 2 (0.5%) selected language select, 10 (2.7%) opted out of the flow and 110 (30.1%) selected none of the options.

Conclusion

Adolescents and young people (AYP) can access information on HIV self-testing through SMS self-learning modules. Many of the AYPs chose no language and no topic on the menu. This indicates there is need for them to receive training on how to use the module before gaining access to it especially during the sensitization process for them to fully benefit from it. The information within a also module needs to be reviewed on a regular basis to ensure it is up to date with the needs of the AYP.

A QUALITATIVE STUDY ON YOUTH PEER MENTORS' ROLE IN SUPPORTING ADOLESCENTS HIV CARE: A CASE OF JUNDA CDF DISPENSARY - MOMBASA COUNTY

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Background

Adolescents living with HIV (ALHIV) experience poor outcomes due to complex challenges and unmet needs in care facilitated by COVID 19 pandemic caused by SARS- Cov - 1 since its first case in March 2020 which includes: stay at home orders, curfews maintaining social distance, ban on non – essential activities health, distance from the home to the health facility, stigma from their peers and service providers and their immediate families, absent parents and poverty, this has led to poor adherence in medication for those who are initiated on Antiretroviral therapy. Scalable strategies are needed to mitigate these challenges for vulnerable adolescents (Mombasa AYP strategy 2018 – 2023) Youth peer mentors (YPM) at Epic Youth organization advocating for access to Reproductive Health services liaise with Junda CDF

dispensary Comprehensive Care Clinic and health care providers to facilitate care and adherence. We sought to investigate YPM roles supporting ALHIV to navigate HIV care, as well as critical supports for YPM during the pandemic which has affected their social-economic, and phycological wellbeing.

Methodology

We comprehensively sampled 15 YPM for semi-structured key informant interviews (KIIs) at the Junda dispensary for a period of one month hourly per YPM. YPM described their own past traumatic experiences in HIV care, in contexts of severe illness, unsupported disclosure, and intense stigma. KIIs investigated the roles and responsibilities of YPM in ALHIV care, their current supports for this work, and their need to expand their role. Five trained health care providers conducted the interviews in Kiswahili and English. Sessions were recorded, and transcripts were coded and analyzed through thematic analysis.

Results

YPM's roles include counseling for HIV education and adherence, disclosure, mental health, and sexual and reproductive health. They advise on navigating peer and romantic relationships and overcoming stigma. YPM frequently field questions and help manage challenges that otherwise may not be brought to the health care providers. Much of their work extends beyond the clinical setting, through texts, calls, support groups, and one on one sessions. YPM was supported by health care providers at the facility and encouraged the integration of services including family planning, Antenatal care services, PEP and PrEP services in the whole facility, a comprehensive adolescent care program, and by the use of mobile where the young people register on an online integrated platform where young people can call or ask questions on SMS for free and get sexual reproductive health information.

Conclusions

YPM performs multiple roles to "fill" gaps in care and support vulnerable ALHIV through individualized support. YPM can be supported by establishing effective and supportive partnerships with comprehensive care clinic service providers, technological supports, and by empowering YPM to address current gaps in the care program. Research is needed to learn how to best scale-up YPM programs and evaluate their impact on ALHIV outcomes and find strategies on how to work towards achieving U=U during the COVID 19 pandemic.

ADVOCATING AND ADVANCING HIV CARE AMONG ADOLESCENTS AND YOUNG PEOPLE LIVING WITH HIV THROUGH INTEGRATION OF SRH SERVICES AT JUNDA DISPENSARY KISAUNI SUB-COUNTY

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Background

Adolescents and young people age (15-24) in Kenya today accounts for an approximate rate of 33% of new HIV infections (1). Adolescent and young people have challenges in adhering to medication this is due to stigma, drug and substance abuse, pill burden and negative perception from health care providers. HIV viral load suppression which places young people at the centre of response and go a long way to reduce rate of new infections through advocacy on ART adherence (2) A psychosocial support strategy to improve viral suppression amongst young people and adolescents known as 'operation triple zero' where counselling information and education is provided to HIV positive adolescents and young people through adolescent peer mentor implementation.

Objectives

To increase uptake of HIV treatment services among adolescents and young people in Kisauni/Nyali sub - county. To demonstrate and optimize follow ups of adolescents and young people living with HIV in Kisauni/Nyali sub-county.

Methodology

Operation triple zero (OTZ) model was adopted by Epic Youth group. Three trained health care workers facilitated HIV care clinic days where health education and counselling sessions, support groups to ALHIV, disclosure sessions, nutrition and reproductive health issues were conducted at Junda dispensary. Using DHIS from the sub-county data was analyzed focusing on gender, viral suppression, and anti-retroviral therapy, adherence and nutrition status categorization.

Results

The data indicated that from January 2020 to December 2020there were 30 adolescent and young people who were tested positive for HIV on ART where 10(33%) males and 20 (67%) and linked to care at the facility and out this 94% were retained on care where 8 (27%) were male while 20 (67%) were female and 2(6%) were not initiatedon ART and are on follow up and out of the total number taking medication 1 (4%) were viremic. Data

was reported in 361B register and 367 daily activity register.

Conclusion

The county government should implement more programmes in government facilities which will assist young people to achieve and maintain viral suppression which is crucial to reduce new infections. Support initiatives should also focus on nutritional counselling and support. This will contribute to viral suppression.

ACCESS TO CONTRACEPTION INFORMATION BY ADOLESCENTS AND YOUTH IN KENYA DURING THE COVID-19 PANDEMIC: LESSONS FROM ONE2ONE INTEGRATED DIGITAL PLATFORM

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Background

Unintended pregnancies are a significant sexual and reproductive health risk for adolescents and young people (AYPs). According to a study by Mumah in 2020, 47% of births among adolescents in Kenya are unintended, and 24% of adolescents have a need for contraceptive methods. The minimum age for sexual consent is 18 years and those under 18 years are considered minors and cannot consent to have sex however, due to the growing trend of teenage pregnancies and early sexual debut, they can get age-appropriate information and learn about contraception. Correct information on contraception has the potential to reduce the number of unplanned pregnancies. This paper demonstrates the use of one2one digital health intervention in providing information on contraception to adolescents and young people during the COVID19 pandemic.

Methods

LVCT Health's one2one™ Integrated Digital Platforms (OIDP) comprises the toll-free Hotline (1190), Bulk SMS, social media, Website, WhatsApp, YouTube, Podcast, Chatbot, Interactive Voice Response (IVR) as well as Blogs. All these channels provide an opportunity for young people to engage and access information from professional adolescent and youth-friendly counselors at any time on issues related to HIV, mental health, SRH, and GBV information and services. The platform also serves as a virtual safe space for open peer-to-peer discussions that help young people make informed choices with guaranteed confidentiality. This study specifically observed trends in toll-free calls between October 2020-September 2021.

Results

Inbound calls that came through 1190 on contraception from October 2020 to

September 2021 were 136 in total. Out of these, 46 (33%) calls were from AYPs aged 10-24. Female callers made up 71.7% of the total calls and 28.3% were from males (33 females and 13 males). General inquiries on what is contraception were the highest (32.6%) followed by inquiries on the emergency pill (26.1%), the 3-month injection (19.5%), daily pill (10.9%), implants (8.7%), and the intrauterine device (2.2%) respectively.

Conclusion

There is a need to disseminate more information on contraception that is accurate and age-appropriate to adolescents and young people.

Recommendations

One2one is an integrated digital health platform that utilizes a human centered design to disseminate credible and age-appropriate information that can bridge the gap on access to contraception information to adolescents and young people.

PRIORITIZATION OF QUEER HIV & SRHR INTERVENTIONS IN THE HIV & SRHR PROGRAMMING IN DANDORA, KENYA

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Background

The Constitution of Kenya 2010 states that all Kenyans have a right to the highest possible standard of health and this includes LBTQ womxn, a sexual and gender minority Group in Kenya. The overlap between our progressive constitution and SRHR policies should enable a more effective realization of SRHR and HIV for LBTQ womxn; however, we are far from achieving this. There remain glaring gaps between policy and the lived realities of LBTQ Womxn. According to research done by Aidsfonds, more than 45% of new HIV infections occur among key populations, yet in most countries, they have the least access to prevention, treatment, and care. LBTQ womxn are significantly more vulnerable to HIV infection than the general population.

Objectives

To put a spotlight on the unique challenges that LBTQ womxn face in accessing SRH and HIV information and services and highlighting the gaps that exist in the SRH and HIV programming.

Methodology

PYWV has an LBQ Support forum comprising Lesbians, Bisexuals, Transgender, and Queer persons living with and affected by HIV from the Dandora community. The support forum came into existence because of the challenges the LBQ Womxn are facing such as Sexual and gender-based Violence, Stigma, and discrimination based on Sexual Orientations and Expressions that hinder the LBTQ womxn from accessing SRH and HIV information and services. Through a series

of physical dialogues and online discussions PYWV has created a safe space for over 60 LBTQ womxn living with and affected by HIV.

Results

Through the physical forums and online discussions with LBTQ womxn, there's a demand for access to non-judgmental SRHR information and services by this community. Most LBTQ womxn shared that the attitudes of healthcare providers and the lack of knowledge around the burden of disease among LBTQ womxn and a lack of Data on the LBTQ womxn that should be used to inform programs and interventions are among the few reasons why LBTQ womxn shy away from going for services in healthcare facilities. Also, SRHR and HIV interventions and programs lack recognition of LBTQ womxn as part of their design, planning and implementation.

Conclusions

Sexual and reproductive health rights (SRHR) are about the intersecting issues and concerns that affect the lives of all individuals. Many LBTQ womxn struggles with issues such as mental wellness, owing to the internal and external pressures they experience. For LBTQ Womxn, SRHR means having service providers who are not only 'sensitized', but also able to competently provide access to comprehensive services.

Recommendations

Supporting evidence-based advocacy in Advancing human rights and gender equality including gender-affirming care and sexual and reproductive healthcare. Develop and incorporate knowledge and attitude transformation within the curriculum for healthcare service providers.

HOW ONE2ONE DIGITAL HEALTH HAS REVOLUTIONIZED ACCESS TO HIV SELF-TESTING INFORMATION AMONG ADOLESCENTS AND YOUNG PEOPLE (10-24) IN NAIROBI, KENYA

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Keywords: Hotline, HIV Self-testing, Digital health

Background

Accessing and testing for HIV remains a huge challenge among the young people due to lack of information on HIV and being hesitant to walk into a clinic. This study comes in to show one of the ways to increase knowledge among young people on HIV is through the use of digital health intervention and giving them another alternative for testing.

Methodology

Using an inbound approach where the client initiates to call to get information on HIV self-testing which is followed by an outbound approach where the client will give their

bio-data voluntarily. Data was collected on demographics and specific inquiries made on HIV self-testing for the period of September 2019 to December 2021 through an in-depth retrospective digital chart review.

Results

Majority of the callers were male aged 20-25 years. The most frequent asked questions about HIV self-testing were on; what is self-testing; how to carry out the test; the cost and where to get the kit; how to interpret results and what to do with Positive or negative results. Young people are interested in having another alternative of testing for they value their privacy and would want an easier way to avoid the unfriendly services most get through the clinics.

Conclusion

The hotline is a safe space for young people to have access to information that they need to know their HIV status, make healthy decisions, reduce their risks of getting HIV, and get treatment and care if they have HIV. It would be important to use digital health as virtual safe space for open peer-to-peer discussions that help young people make informed choices with guaranteed confidentiality. It may also help improve sexual reproductive health care by reducing ineffectiveness, improve access and make services more personalized to youths.

USE OF CHATBOT AND VIRTUAL PLATFORMS TO IMPROVE ACCESS TO SRHR SERVICES AMONG YOUNG WOMEN AND GIRLS IN NAIROBI METROPOLITAN SERVICES

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Keywords: sexual and reproductive health, abortion, contraception

Background

Unsafe abortion is a significant cause of death and ill health in women of reproductive age. The outbreak of COVID- 19 has instilled fear across the world and impacted most of us as young people in some form or another. With all the attention shifted towards the COVID-19 a lot of reproductive health services suffered following government directives limiting access to these services.

Objectives

The Nimechanuka platform seeks to put young people at the center of the intervention in order to increase demand and accessibility of safe abortion services thus providing a bold approach to rapidly and sustainably contribute to the reduction of maternal morbidity and mortality among Kenyan women and girls.

Intervention

Ipas Africa Alliance has programs to train health care providers, support health clinics that offer abortion services to provide SRH information and services, including comprehensive abortion care, and develop youth champions for sexual and reproductive health and rights. Ipas Africa Alliance through Nimechanuka has for the past months since the pandemic, utilized social media, to engage with young people about their issues through a series of comprehensive understanding about their Reproductive Health and thereafter are able to make informed decisions about their sexual life as well as provide services by ensuring young people have access to services that are youth friendly. Nimechanuka is a semi-autonomous platform within Ipas Africa Alliance run by youth for the youth started in 2013 to provide SRHR information and referrals to adolescents and young people who are social media users.

Results

In the period of January to December 2021 one year after COVID- 19 outbreak, a total of 5000 adolescent and young women had access to sexual and reproductive health services including counseling through Nimechanuka. Out of which 3000 of them were from Nairobi county and accessed comprehensive abortion care which includes safe induced abortions, treatment of incomplete and unsafe abortion complications, counseling, contraceptive and family planning services, reproductive and other health services and community and provider partnership.

Conclusion

I believe challenges are milestones to better opportunities. Therefore, I acknowledge efforts made by Ipas Africa Alliance through Nimechanuka in advancing accessibility of Sexual and Reproductive Health information and services to adolescents and young people during this pandemic.

BREAKING BARRIERS ON ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES THROUGH MAINSTREAMING GENDER TRANSFORMATIVE APPROACHES

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Keywords: Gender transformative approach, safe abortion, providers

Introduction

Access to quality Sexual and Reproductive Health (SRH) services in Kenya, for adolescent and young people, remains limited due to health care providers' biases and judgment. This extends to negative attitudes, stigma, judgment and violence from health care providers that deeply stems from their socialization, culture and religion.

Ensuring access to non-discriminative and comprehensive SRH care among adolescents and youth, is central to addressing many health challenges that the bulging population experiences as they transition to adulthood. One way of addressing this is through integration of Gender Transformative Approaches (GTA). Through capacity strengthening, healthcare providers are able to drop barriers and offer services without any form of bias or discrimination. Expanding access to critical information that enables service providers, act progressively is the cornerstone of this intervention.

Objectives

To protect and increase SRH service uptake among adolescents and youth in all their diversities and enhance quality and non-discriminative service delivery among RHNK providers.

Methodology

This intervention was focused on protecting adolescents and youth while accessing SRHR service and increasing non-discriminative service delivery and uptake. Between April-December 2021, we trained a select number of service providers under the network. The GTA in Abortion Service Delivery manual by Rutgers aims at generating increased awareness and critical thinking on gender and power imbalances. The various modules utilized during the training stimulates a process of transformation that starts at the individual level, influencing the knowledge, attitudes and skills of healthcare providers to become more gender equitable. The aim of the module is to provide tools to support this process that ultimately will benefit the SRH outcomes of young people that seek services without experiencing any form of discrimination, or judgment. A total of 20 RHNK network healthcare providers from Nairobi, Kisumu, Mombasa, Kilifi, Kakamega, and Bungoma underwent a two-day interactive (group discussion-zoom breakout rooms) virtual training. The training focused answered "what is a gender transformative approach? Why a gender transformative approach to safe abortion? And provided the linkage between the two further explain how cultural, religious and personal beliefs can hinder the provision of quality SRH services. The training used both pre-questionnaire and post surveys, in measuring providers' perception on GTA and knowledge gained after the training.

Results

The providers attested to the fact that the GTA, upholds the need of appreciating gender and diversity apart from mainstreamed binary male/female in the provision of care and services thus reducing discrimination. A gender transformative approach to safe abortion training booklet for health care providers developed and launched for scale up of GTA mainstreaming in reproductive health service delivery; the service providers who attended the GTA training provided extensive support during the process. The long-term impact of the intervention is under continuous monitoring and definitive results may not be available currently however immediately feedback received from the provider's point towards the direction of possible long-term impact in breaking systemic barriers on access to SRH among young people in all their diversities

IMPROVING ACCESS TO QUALITY COMPREHENSIVE ABORTION CARE THROUGH TASK-SHARING IN KENYA: A NARRATIVE SYNTHESIS OF PROGRAM EVIDENCE

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Background

Chronic shortage and maldistribution of health care providers coupled with the restrictive legal environment is the leading barrier to women accessing safe abortion care. Though the World Health Organization (WHO) launched task-sharing scale-up programs to optimize the health workforce in the provision of safe abortion at the country level in 2019, approximately 500,000 unsafe abortions occur annually in Kenya, causing significant maternal mortality. Whereas the task-sharing program notes that abortion care can be safely provided by properly trained healthcare workers (HCWs), including non-physician providers who are trained in basic clinical procedures related to reproductive health, the recommendations are yet to be fully operationalized within the context of functioning mechanisms for referral, monitoring, and supervision, as well as access to the necessary equipment and commodities. This intervention aimed to improve access to quality comprehensive abortion care (CAC) through task-sharing in Kenya.

Methodology

Ipas implemented a 3-year project to increase access to CAC in selected government facilities in Kenya, implementing a phased approach. The learning phase (September to November 2015) transitioned into a scale-up phase (December 2015 to December 2018). Training began with a series of service delivery-based training of trainers (TOT) sessions, didactic training, and clinical practicums. Immediately after the CAC training, each health facility represented in the training was provided with commodities to enable them to initiate CAC services at their respective health facility. To reinforce clinical competency, Ipas project staff conducted 3-month clinical mentoring visits and performance review meetings.

Results

From September 2015 to December 2018, 43 TOT sessions trained 517 clinicians and nurses from 151 public health facilities in Kenya. By the end of the project, a total of 50,572 women and girls received quality CAC services through Ipas-supported service delivery points with an impact of 32%, compared to 1,698 women and girls who received quality comprehensive abortion care services at the start of the project with an impact of 16% prior to task-sharing. Moreover, 37, 480 (74%) of women and girls accessed post-abortion contraception services compared to the Kenya CPR of 59% indicating the impact of the intervention. In addition, we observed an increase in CAC services at the Ipas-supported service delivery point from 12% at the start of the project to 49% at the end of the project. Simultaneously, the post abortion care rate reduced from 43% before the project to only 15% after the project.

Conclusions

The Task Sharing Approach increases access to quality safe abortion services now that the services provided by nurses and clinicians are associated with high quality of care indicators in the facilities, and the program supported the integration of CAC services into the existing public health service delivery system.

Recommendations

While Ipas continues to build the capacity of middle-level care providers to continue offering comprehensive abortion care, there is a need to provide Uterine Evacuations services as an outpatient and ensure the availability of MA and MVA kits since it increases access to comprehensive abortion care services.

ADVANCING SRH SERVICE PROVISION FOR AYP DURING COVID-19 PANDEMIC: EXPERIENCES FROM REPRODUCTIVE HEALTH NETWORK KENYA PROVIDERS

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Background

Sexual and reproductive health services in Kenya, especially for adolescent and young people, was severely restricted as health systems struggled to contain COVID-19 pandemic. A report by Population Council that determined the impact of COVID-19 on adolescents in Kenya, depicts prevalence of HIV infections, teenage pregnancies, early marriages and harmful practices, mental health cases and gender-based violence. Due restrictions in movement and fear of contacting COVID-19 disease, health facilities closed down, a situation that was exacerbated by commodity stock outs due to global supply chain disruption brought by the pandemic.

Objectives

To enhance service delivery for ASRHR among RHNK providers through mask distribution, online sensitization trainings and adopting self-care including telemedicine.

Methodology

In order to mitigate the effects of the pandemic on adolescent SRH in Kenya, RHNK providers through the secretariat adopted a mass mask production and distribution program, conducted sensitization training for its network providers through online platforms, adopted SRH information and service provision through its hotline NenaNaBinti and implemented commodity sharing among its 600 network providers across 43 counties. RHNK providers also reviewed downwards their service provision fees. To decongest the overburden health care system, RHNK providers adopted self-care services and provided follow-up support and counselling through its NenaNaBinti hotline. The number of adolescents served during the lockdown period both walk-in and through the NenaNaBinti hotline were monitored and recorded monthly. A questionnaire was used to collect provider perception on the interventions adopted by the secretariat to promote service delivery for adolescents during the lockdown period. The data was analyzed and presented using descriptive statistics.

Results

During the lockdown period, RHNK providers experienced a gradual monthly increase in the number of AYPs seeking SRHR information and services. The total number of AYPs served during the period were 6598, 72% being referred from NenaNaBinti hotline. 92% of RHNK providers indicated that mask distribution boosted their confidence in provision of services during the pandemic. 95% of the providers thought that service provision increased as a result of adopting self-care for access to SRHR information and services, 78% thought it was as a result of free PPE provision while 97% thought it was as a result of adopting telemedicine. 99% thought that adopting telemedicine and self-care holds the most potential in advancing access to ASRHR information and services.

Conclusions

Experiences from RHNK providers indicate that healthcare providers approve self-care services as a way of increasing AYP confidence and autonomy in seeking SRHR services, while PPE distribution boosted provider confidence during service provision in the pandemic.

Recommendations

There is need for scaling up telemedicine and self-care to promote ASRHR services as a way of decongesting the already overburden healthcare system in a pandemic.

CAPACITY STRENGTHENING FOR THE TRADITIONAL BIRTH ATTENDANTS (WAKUNGA) IN SIAYA COUNTY

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Background

Traditional Birth Attendants (TBAs) has been a contentious topic in rural Kenya which led to the TBAs ban by the government of Kenya in 2013. This ban was accompanied by the free maternal services policy to encourage women in grass root communities to give birth and seek reproductive health services in health facilities. In Kenya, maternal mortality remains high at 488 maternal deaths per 100,000 live births. Despite this, rural women still prefer the services offered by TBAs as compared to going to hospitals due to factors such as: long distances to hospital, unfriendly service providers, cost implications (transport cost, hospital registration, lab tests cost etc.) and socio-cultural beliefs that limit women from going to hospital.

According to KNBS data, three out of ten children were delivered at home in 2018 in Kenya; with children born at home in rural areas being 40.7% as compared to 13.3% children born at home in urban areas. This therefore displays the value that rural communities uphold with regards to TBAs. They not only offer maternal services but also safe abortion services and after care. In a country where seven women die daily from unsafe abortions, it is important to equip TBAs with adequate skills to offer safe abortion services and post abortion care services to grassroots women and girls.

Methodology

Through Nawiri's objective to eliminate and reduce abortion stigma; it engaged twenty TBAs in Siaya County via VCAT trainings, information and skills capacity strengthening on safe and legal abortion between January-March 2022. Nawiri held eight community outreaches and dialogues on abortion stigma, experience sharing and empowerment of TBAs and AGYWs to become advocates of change in busting myths and misconceptions surrounding access to safe and legal abortion services and information in their communities. Nawiri provided psychosocial support programs to (TBAs) who took up the role of birth companions to AGYWs that cannot access health centers for maternal and safe abortion services. Healthcare service providers were empowered to be allies of SRH rights through trainings on Values Clarifications Attitude and Transformation (VCAT) on safe and legal abortion as well as the legal context of safe abortion in Kenya. They were encouraged to form partnerships with TBAs who can offer referrals to AGYWs at the community level

to seek reproductive services at the health facilities including safe abortion and post abortion care.

Results

- TBAs have the confidence and boldness in offering safe and legal abortions services and information as well as share positive abortion stories from the community.
- TBAs becoming birth companions and a linkage in providing tele health referrals for women seeking medical abortions services and information.
- Adolescent and young women who seek safe and legal abortion services became agents of change and propel stigma busting and demystifying myths and misconception surrounding safe and legal abortion services in accordance with the law.

Replication

- Nawiri developed a TBA training curriculum on skills empowerment for safe and legal abortion.
- Nawiri developed a psychosocial support toolkit for TBAs providing maternal and safe abortion services, guidance and referrals to AGYWs.
- Nawiri in partnership with MOH Siaya county launched these two documents that will be implemented by the county government and other relevant partners for continued skills strengthening among TBAs in the county.

INTERSECTIONAL SOCIAL MEDIA INTERVENTIONS THAT BOLSTER A REFERRAL SYSTEM THAT IMPROVES QUALITY OF CARE OF MEDICAL ABORTION SELF USE AND ACCESS FOR YOUTHS: FINDINGS FROM A QUALITATIVE EVALUATION IN KENYA

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Keywords: Medical abortion, safe abortion, community intermediary

Introduction:

Quality of care is an important element in health care service delivery in low and middle-income countries. Innovative strategies are critical to ensure Medical Abortion services are inclusive and that private providers implement quality of care interventions. Health as defined by World Health Organization is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Medical abortion provision should uphold the highest level of healthcare hence the need to adopt interventions that ensure complete physical, mental and social wellness of MA patients. We explored a community intervention involving

private providers/pharmacists, community intermediaries (locally known as brokers) and peer educators using social media to improve the quality of care.

Methods

Data was collected as part of BIG IDEAS project by IPAS AFRICA ALLIANCE in Kenya between November and December 2019. 20 Private providers were strategically selected from geographical areas with high student and adolescent population i.e., in Kajiado and Kiambu counties. 40 Peer educators were also mapped from the same geographical areas as well as a team of 8 community intermediaries. Community intermediaries comprised of youths who previously served as linkages to medical abortion drugs from private providers. It also included of nurses and medical students who were a vital population in provision of MA services. Capacity building was done to the peer educators and CIs on understanding MA procedures. They were to serve as educators on Safe Abortion procedures as well as agents of change and advocates. Peer educators adopted robust social media strategy that was geared to bolstering quality of care through; referring the girls to providers after being educated on abortion procedures, offering psychosocial support throughout the procedure and elevating the ladies to champions of SA.

Results

Private providers felt they benefited from the trainings in clinical methods as well as the referral system through social media interventions. Social media education through WhatsApp, Instagram, Twitter and Hesperian apps made it easier for their patients to understand the MA process as well as provide psychosocial support during the process. This also helped minimize opposition hence ensuring safety of the providers when providing the service. This intervention also helped reach people from marginalized communities as well as persons with disability, hence embracing intersectionality. In a month the minimum number of referrals was 50 girls seeking MA services.

Conclusion

Our findings suggest that invoking social media interventions into MA service delivery systems is essential to quality improvement and is most preferable. It covers a wide range of population and factors in psychosocial wellness of girls seeking the service However, further research that looks at the implications for cost is required.

USING YOUTH SAVING AND LOANING APPROACH TO ADDRESS TEEN PREGNANCIES–CASE OF SAFIRE INTERVENTION IN KIAMBU, KENYA

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Background

Adolescent girls are twice as likely to have an unmet need for contraception and are at higher risk of unintended pregnancy. Latest evidence shows that 23 million girls aged 15 to 19 years in developing regions have an unmet need for modern contraception, and as a result, half of pregnancies among this group are estimated to be unintended. Pregnancy puts adolescent girls at higher risk of morbidity and mortality; complications in pregnancy and childbirth are the leading cause of death for this age group globally. Where girls seek an abortion, social, legal or economic barriers result in girls resorting to unsafe methods of abortion and unable to access post-abortion contraception. In addition, we know that, for many girls, their pathway is fraught with misinformation, fear, and stigma. Services and information are often not tailored to girls' specific needs. This year, 3.9 million girls in developing countries will have an unsafe abortion–over 10,600 every day. This leads to avoidable deaths and injury; the WHO estimates that 10,000 teenage girls will die each year, and for every death, 15 will suffer life-changing injuries. The program 'Supporting Access for Adolescents to Integrated Sexual and Reproductive Health Services' (Safire) is an innovative programme seeking to considerably reduce deaths and injury from unsafe abortion among girls in the country. The goal is to Improve access to quality ASRH services to women (ages 15-19 years) through task-shifting to minimize missed opportunities, and our aim is to evaluate the acceptability, efficiency, and effectiveness of the Safire delivery model in providing quality adolescent sexual reproductive health (ASRH) services for girls aged 10 to19 years. Poverty in all its forms negatively affects the intended SRHR Outcomes. Teen pregnancy is strongly linked to poverty, with low-income levels associated with higher teen birth rates.

Methodology

KMET integrated economic empowerment–Youth Savings and Loaning, in her ASRH intervention, to address young people's economic vulnerability towards improving Sexual Reproductive health outcomes. This is because economic vulnerability is both a cause and a consequence of negative Sexual Reproductive Health and Rights Outcomes. The young women were recruited from the trained ASRH peer providers who serve in the communities of Kiambu. The peer providers provide health education to communities and refer adolescent girls for ASRH information and services at the pharmacists. Through the work they do in the communities, they are reimbursed stipends which some of which they contribute in their groups to empower themselves economically. The groups were taken through a five-day training with objective to Improve their entrepreneurial capacity, Inculcate the culture of saving, increase their access to credit for income generating activities and to diversify and sustain livelihoods even after the project end. At the end of the training, the groups elected their leaders, drew constitutions, registered with the Ministry of Labour and Social protection, opened bank accounts, and started saving their contributions. To support the groups, KMET does monthly mentorship on record keeping, leadership trainings, conflict resolutions and group dynamics.

Moreover, quarterly support supervisions where the group operations are reviewed, and weaknesses strengthened.

Results

The 4 groups composing 108 members have been trained mentored, transformed into Self-help group, registered with Social Services with bank accounts. The groups have saved up to KES. 224,650.00 with 31 having operational income generating income (IGA) and 23 girls have expressed that they will use their savings to go back to school, as a result by economic empowerment information and loan from the groups. We have averted unintended pregnancies by empowering young girls with access to finance, reducing their vulnerability and giving them a safe space.

Conclusions

One of the anticipated effects of COVID-19 related consequences was a high number of teen pregnancies, with economy being disrupted. Safe spaces provide a viable ground for engaging young people. The approach is replicable within interventions that target young people and if they are given any stipend, then the same could be saved and later divided amongst themselves. Secure livelihood has proven to empower young people and their communities to take charge of their SRHR, resulting in positive outcomes.

ADVANCING SRH SERVICE PROVISION FOR AYP USING EVIDENCE BASED REUSABLE FACE MASKS DURING COVID-19 PANDEMIC

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Keywords: Reusable face mask, SRHR, healthcare providers

Introduction

Sexual and reproductive health services in Kenya, especially for adolescent and young people, was severely restricted as health systems struggled to contain COVID-19 pandemic. In order to prevent the spread of COVID-19 disease, the use of personal protective equipment (PPE) such as face masks, especially for healthcare workers, became mandatory. However, the virus caused the global supply chain to be broken due to the rapid rise in PPE demand, leading to an acute shortage of PPEs for healthcare workers further hindering service delivery. The shortage prompted WHO to appeal to governments and industry to increase local PPE manufacture. As an intervention to protect and increase service delivery among its members, Reproductive Health Network Kenya (RHNK) through a grant from COVID-19 Africa Action Network for Nurses and Nurse Midwives (AAN), designed, produced and distributed evidence based reusable face masks to its providers, focusing on youth

friendly facilities in rural and marginalized areas.

Objectives

To protect and enhance service delivery among RHNK providers through mass distribution of evidence-based reusable masks contributing to resilience, empowerment and independence from unreliable supply chains.

Methodology

In collaboration with the Department of Textiles at Technical University of Kenya (TUK), RHNK designed and produced a three-layered reusable face mask. The mask performance i.e. bacterial filtration efficiency, synthetic blood penetration resistance and microbial cleanliness were tested at Kenya Bureau of Standards and Nelson Labs (US). Mass production of the evidence based reusable masks was done by fashion design students from TUK. Mask distribution was done through RHNK's existing organizational projects such as workshops and training, community outreaches and dialogues and during provider support and supervision. Provider feedback on reusable mask use was captured through a structured survey.

Results

The three-layered reusable face mask made from 100% polyester twill weave was found to have high bacterial filtration efficiency (92%), no synthetic blood penetration and high microbial cleanliness. RHNK produced reusable masks performed best when compared to other AAN reusable mask making projects in Africa. Through this intervention, over 8000 reusable masks were distributed to RHNK network providers across 43 counties, reaching 80% of the nurses and midwives providing essential sexual and reproductive health services to the most vulnerable and marginalized population of women, girls and young people facilitating the provision of sexual health services at the community level. As a result, service provision levels by RHNK network providers increased by 20%. Survey feedback from providers showed that a majority found the reusable masks comfortable, cost effective and increased their confidence during service provision amidst the pandemic. 15 fashion design students engaged during production, of which 90% were young women also generated income as a result of this intervention.

Discussion

There is need for more partnerships between research institutions and healthcare providing organizations to produce efficient and cost-effective reusable PPEs. RHNK evidence based reusable mask can be further optimized to achieve filtration levels greater than 98%, increasing protection and access to PPEs by healthcare workers.

Conclusion

RHNK evidence based reusable masks shows the potential of adopting the use of locally produced PPEs by healthcare providers to increase service provision in a pandemic, while creating income generating opportunities for young people and reducing cost and environmental burden caused by single use PPEs.

ACCESS AND UPTAKE OF DIGITAL SEXUAL REPRODUCTIVE HEALTH SERVICES AMONG ADOLESCENTS AND YOUNG PEOPLE (15-24 YEARS): LESSONS FROM ONE2ONE™ DIGITAL PLATFORM USERS IN MOMBASA COUNTY, KENYA

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Keywords: uptake, digital technology and sexual reproductive health services

Background

Young people aged below 24 years make a significantly increasing proportion in Mombasa County at 29.1% (KNBS, 2019). Adolescents face multiple barriers to accessing accurate SRH information, in most cases, they are uninformed or misinformed about their sexual reproductive health, hence likely to engage in risky sexual behaviors and poor reproductive health practices that often result in unintended teenage pregnancies, contraction of sexually transmitted infections and HIV (MSAAYPS, 2018-2023). Youth advisory champions for Health-Mombasa advocate for use of digital technologies among AYP to access SRH information.

Objectives

To measure experiences, knowledge, attitudes, and practices of AYPS 15 – 24 accessing digital reproductive health services in Mombasa County.

Methodology

We randomly sampled 28 young people where 15 were female and 13 males. Each sub-county in Mombasa was represented by 7 AYPs from the community accessing information from digital platforms, 4 healthcare workers from Mwembe Tayari, Kingorani, Chaani, and Junda dispensaries, and 2 youth organization leaders offering SRH services to AYPs using the platform in the cross-sectional qualitative survey between January 2022 and February 2022. We used an interview schedule to conduct in-depth and key informant interviews. Among the AYPs we sought to identify their experiences using the platform, knowledge, attitude, and practices on access and uptake of SRH services. Among the KIIs we sought to establish their experiences, roles, and recommendations in service provision to AYPs using the platform. Data was analyzed

using thematic analysis.

Results

Out of the 28 AYPs interviewed, 25 (90%) reported the services offered in the platform are anonymous and therefore confidentiality is assured. Access to SRH services through referrals has also enabled AYPs to reduce the prevalence of risky sexual behaviors among young people such as transactional sexual practices that increase the risk of contracting STIs and HIV. The healthcare providers reported positive practices such as uptake of HIV prevention service notably Prep and HIV self-testing kits. In addition, youth organization leaders reported the self-learning model in the platform has improved knowledge on SRH issues, condom use, and enhanced positive health-seeking behaviors.

Conclusion

Provision of this digital solution that is well structured and secure, compliment other routine physical activities and interventions and minimizes some key barriers to access SRH services. Using digital technology, especially in youth health programming is important, targeted technologies can change knowledge, attitudes, and beliefs about SRH among youth

Recommendations

Mombasa County health management team to scale up digital sexual reproductive services in public health facilities to create more awareness on SRH which will increase the service uptake among AYPs.

PROMOTING DELIVERY OF REPRODUCTIVE HEALTH SERVICES THROUGH LEGAL SUPPORT AND CAPACITY DEVELOPMENT OF HEALTHCARE PROVIDERS IN A HEALTH PROVIDER NETWORK IN KENYA

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Introduction

Health provider networks (HPNs), an innovation in the private sector, is a service delivery model that has improved access to health services. However, there are no known studies or empirical evidence to support their effectiveness in Kenya.

Objectives

To determine the influence that legal support and provider capacity building have on providing quality reproductive health services in a healthcare provider network in Kenya.

Methodology

A cross-sectional study design was used. The study was carried out among Reproductive Health Network Kenya (RHNK) healthcare providers spread all over 42 counties in Kenya. The target population was 457 health care providers within RHNK. A sample of 252 health care providers was drawn using simple random sampling. A structured questionnaire was used to collect data from the 252 health care providers in the network. Quantitative data were analyzed using the IBM SPSS software, version 23, for descriptive and inferential statistics, and results were presented in tables.

Results

A total of 252 respondents were included in this study; 52 (n=132) were male. Forty-six percent% (n=117) of the respondents were between 41-50 years. Nurses were the majority at 73 (n=184), and 31% % (n=78) of the respondents owned nursing homes. Fifty-one percent (n=127) of the respondents were diploma holders, and 28 (n=70) had 16-20 years of% work experience. The bivariate analysis reported that legal support (r=.235**, p< .05) and capacity building (r= .213**, p< .05) had a positive and significant influence on the provision of quality reproductive health services in the provider network.

Conclusion

Legal support and capacity building through training, mentorship, and coaching significantly impact reproductive health services quality in a provider network.

Recommendations

The study recommends that (i) the national MOH as well as County Health Offices should adapt the use of health provider networks to improve quality in the provision of primary care services in public facilities (ii) the health provider networks should consider providing access to legal services for their members which would include updating and interpreting laws and policies, and (iii) the health provider network should provide capacity building through training, coaching and mentoring of its members to strengthen the provision of SRHR.

IMPLEMENTATION, MONITORING, AND EVALUATION OF SCHOOL-BASED SEXUALITY EDUCATION: STAKEHOLDER PERSPECTIVES IN BUNGOMA AND MOMBASA, KENYA

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Background

According to the Kenya Demographic Health Survey the age of sexual debut for adolescents is about 15 years. The unmet needs of contraception among adolescent girls specifically between 15-19 years old is 20%. The lack of access to contraception and reproductive health services by adolescents

leads to most of these pregnancies ending in abortions. Almost half of induced abortions, which amounted to about half a million, were carried out by young women, according to a study by the African Population and Health Research Center. In order to prevent or reduce these negative health outcomes among young people, factors such as teenage pregnancies, same sex relationships, cross-generational relationships lack of guidance by parent/guardians, poverty, social media influence and HIV/AIDS must be addressed.

Objectives

To get information on girls and women, pupils and secondary school students' knowledge on sexual reproductive health education. To health come up with a better method and frame work on how best we can engage these youths on sexual reproductive health education at the grass roots. To find proper youth friendly methods to engage youth in Sexual reproductive health Education programs.

Methodology

The evaluation utilizes a pre- and post-intervention design involving a mixed-methods approach to data collection. The target population included adolescent students in Form 1 and 2, school teachers (particularly, guidance and counseling teachers) and heads, school nurses, public health officers, and policy-makers – officials of the ministries of education and health, county reproductive health personnel, and quality assurance officers. The qualitative part involved all the other categories other than students in which we expected to interview about 80 participants.

Results

On policies, nearly all the participants are not aware of existing adolescent SRH/CSE policies. There is also no specific curriculum for CSE; hence teachers have to come up with their teaching notes. Most teachers have not been trained on CSE/SRH topics. Life skill educators are just "hand-picked" from among the teachers who are seen to portray some qualities of a counselor, regardless of their level of training. Life skill education, in which SRH topics are taught, is non-examinable; hence, both teachers and the ministry of education do not consider it a priority.

Conclusion

Education programs must use training methods that allow adolescents to ask questions discreetly. Findings also suggest the importance of training key stakeholders, including teachers, school heads, and school nurses, among others, on the LSE curriculum and delivery.

Recommendations

There is a need to educate young people about contraceptives and to address myths and misconceptions that may hinder their use.

THEMATIC AREA 4:

SELF-CARE

SYSTEMATIC ANALYSIS OF DEPOT MEDROXYPROGESTERONE ACETATE SUBCUTANEOUS UPTAKE AND USE IN KENYA

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Keywords: Self-care, DMPA-SC, FP unmet needs

Background

In 2019, the Ministry of Health (MOH) released The National Depot Medroxyprogesterone Acetate Subcutaneous -DMPA-SC Implementation and Scale-Up Plan. This plan was the result of 3 years of effort by the MOH and partners to put in place supportive policies and health care provider training curricula in order to create a solid foundation for DMPA-SC roll-out and self-injection in public and private sectors. The Revised National Family Planning Guidelines (2018) explicitly clarified, for the first time, that pharmacists and pharmaceutical technologists can administer injectable contraceptives. In the same year Self-injection label was approved by the Pharmacy and Poisons Board—PPB. In late 2019, DMPA-SC was piloted in 12 counties in Kenya though the uptake was varied. The MOH plan recognized the value of DMPA-SC in expanding choices for women and increasing the contraceptive prevalence rate well as ensuring its availability for self-injection at the community level to help meet the FP unmet needs. We seek to demonstrate the uptake, challenges and successes of DMPA-SC pilot in select Counties and the steps being taken by stakeholders to increase uptake. Specifically, we sought to establish the uptake of DMPA-SC in select pilot counties; demonstrate the challenges and successes experienced during the pilot. We also demonstrate the activities being undertaken to increase uptake of DMPA-SC in both public and private Health facilities and Pharmacy outlets.

Methodology

A retrospective analysis of relevant data and available information was done to answer the main and specific objectives. The information was obtained from KHIS-Kenya Health Information system and also searched via google for online reports of various stakeholders and Health Partners Implementing FP activities in Kenya. These information/data are presented in graphs and text.

Results

Generally, the uptake was good in pilot counties despite the fact that the supplied batches had a short shelf life of less than 6 months. The highest number of doses were administered in Kakamega County, followed by Mombasa and Uasin-Gishu, while the least doses were given in Kisii, Makueni and Migori Counties. From late 2019, over 650 Pharmacy Staff from 200 pharmacy outlets across Nairobi, Mombasa, and Kilifi Counties were trained and are offering DMPA-SC injections though at a low scale.

Conclusions

Much work remains to be done to bring DMPA-SC to scale; significant investments are needed in comprehensive FP training for public-sector providers. Targeted efforts are needed to roll out DMPA-SC-specific training through various training approaches. Self-injection and its adoption by the private sector remain key issues that will require attention and effort.

Recommendations

MOH needs to embark on massive roll out of DMPA-SC via targeted trainings and DMPA-SC should be availed in KEMSA in adequate quantities to allow Counties to pull the needed stocks. Sharps disposal for self-injection programs remains a challenge, returning of sharps to health facilities or disposing in pit latrines remains viable options to be considered.

SELF-CARE AS AN EMERGING TREND IN THE ADOLESCENT AND YOUTH SEXUAL REPRODUCTIVE HEALTH AND RIGHTS PROGRAMMING

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Keywords: Self-Care, National Self-Care Network, Self-Care Advocacy, Evidence and Learning Technical Working Group, Task sharing, Primary Healthcare

Background

To many, Self-Care is portrayed differently. Strong suggestions indicate its potential to revolutionize health and well-being from supporting individual health literacy and decision-making to strengthening and sustaining broader health systems; and removing stigma and barriers which prevent them from seeking care. Kenya has a rapidly growing population with the majority being below 24 years. This youthful population puts great demands on provision of health services, education, water and sanitation, housing and employment and hence the social, economic and political agenda of the country. In 2019, the World Health Organization consolidated a guideline on self-care interventions for health; Sexual and Reproductive Health and Rights (SRHR). This aimed at communicating health information for SRH purposes, and demonstrating positive findings while noting the need for better interventions that link the effective use of digital health tools for self-care with relevant health outcomes and more conclusive research to measure effectiveness and cost-utility.

Objectives

- To improve on SRHR outcomes related to: maternal & pre-natal health; family planning and contraception; abortion; STI, HIV, and cervical cancer; sexual health, and GBV.
- To institutionalize investments in self-care interventions that actualize equity, rights-

based approaches, and people centered self-management, self-awareness, and self-testing.

Methodology

After its formation in 2018, the Self-Care Trailblazer Group (SCTG) formed the Self-Care Evidence and Learning Technical Working Group, a voluntary collection of individuals committed to contributing to the evidence base for what it takes to integrate SRHR self-care interventions into health systems. Over 50 organizations globally hosted 16 sessions, examining self-care's connections with digital health, adolescent health, humanitarian settings, gender transformation, and universal health coverage. White Ribbon Alliance institutionalized the Self-Care Learning and Discovery Series, a galvanizing moment for existing and new champions for self-care. The Discovery Series drew 1,858 individuals from 119 countries.

Results

In 2019, policy widows, moderate political will and enabling environment for self-care advancements were realized in Kenya. In 2020, Salient Advisory self-care policy landscaping identified opportunities to advance self-care work in Kenya including task shifting to increase channel availability and advance telemedicine policies. In 2021, Kenya was identified as the fourth country to develop a National Self-Care Network, to lead and coordinate country-level self-care advocacy and policy work, and to scale-up self-care policy and practice in the national health system. The Reproductive Health Network secured this opportunity as the National Self-Care Network Lead. The Self-Care TWG developed a theory of change (TOC) and learning agenda to inform country-specific implementation and policy goals related to Sexual Reproductive Health and Rights self-care and established a technical community of practice to facilitate knowledge exchange around SRHR self-care approaches. The Self-care Advocacy Roadmap (2020-2023) was developed to guide collective advocacy action globally with an emphasis on sexual, reproductive, maternal and newborn (SRMN) health and right being its entry point. Advocacy strategies were developed to adapt, adopt, and implement the WHO Self-Care Guidelines around self-care advocacy include UHC; adolescent and youth Sexual Reproductive Health, digital health, and self-administered products (i.e. HIV self-testing, self-injection of DMPA-SC).

Conclusions

Self-Care builds upon existing movements, including task sharing, task shifting, which are powerful strategies and transformative interventions with potential to increase young people's autonomy to make healthy decisions, and strengthen societal health systems. Digital technology can expand the primary healthcare, strengthen health systems, reduce costs, improve quality of care and accelerate UHC.

Recommendations

The National Self-Care Network Lead should connect with Kenyan participants in the Discovery Series and SMART Advocacy Workshops and engage them as part of the self-care movement in Kenya; Develop and implement contextualized advocacy strategies, to advance self-care policy and practice based on the local context, particularly self-care in SRHR.

SELF-MANAGEMENT OF MEDICAL ABORTION: A CROSS-SECTIONAL SURVEY IN 5 COUNTIES OF WESTERN KENYA

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Background

Despite, advancing women's access to safe and legal abortion as a priority reproductive health need following the new SDGs focused on health and gender equality, about 121 million unintended pregnancies occur globally, and more than 73 million encounter abortion annually. The COVID-19 pandemic has significantly disrupted the delivery of critical sexual and reproductive health (SRH) services given government prioritization of virus control measures including restriction of movements, and facilities being converted into isolation centers. While the provider caseload increased, and traditional service delivery points were perceived as a high-risk area for COVID-19 infection, women, and girls in need of these services had limited opportunities to care thus a high incidence of unintended pregnancies and unsafe abortions. Given the evolving need of women and girls, self-care is becoming an alternative pathway to care especially in highly stigmatized reproductive health services. Even though pharmacists and drug sellers are increasingly stocking medical abortion drugs, evidence shows that women and girls can effectively self-manage their abortions outside health systems with pills so long as they have accurate information about dosing regimen and when to seek treatment for complications. Therefore, it is critical to understand women's experiences with self-management of medical abortion and post-MA contraceptive use in Kenya.

Objectives

The overall goal of this study is to explore Kenyan women's self-management of medical abortion use and post-medical abortion contraception. Specifically, the survey sought to 1) identify the sources of MA information, 2) complications, pain management, and follow-up rates, and 3) determine the uptake of post-MA contraception.

Methodology

A cross-sectional survey adopted a quantitative data collection approach that targeted 28 purposively identified pharmacists dispensing MA drugs to women of reproductive age between November

2021 and February 2022. The pharm techs were trained on a comprehensive package including MA use and contraceptive counseling. Women and girls were eligible for participation in the study if they had purchased MA drugs for self-use at the pharmacy and private clinics and were able to provide informed consent. All pharmacies were registered in the country to operate. Quantitative data were analyzed using Stata 15. Descriptive statistics analyzed the distribution of the participant's characteristics by outcomes. The study protocol was approved by the Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) Ethics and Scientific Research Committee.

Key Results

By February 2022, a total of 361 women and girls had visited a pharmacy to purchase MA drugs for abortion services out of which 346 (95.84%) received MA while 15 (4.34%) were either referred to the public for MVA or gestation age above 10 weeks. More than a quarter of the clients were adolescents (19 years and below); 25.2% followed by 38.5% aged between 20-24 years while 36.29% were 25 years above. Majority: 87.81% were walk-in/self-referral cases while 12.19% were referred by youth champions/peers and healthcare workers. Of the walk-ins, more than half; 71.92% learned about MA from peers and family members while 8.83% received information from the Ipas Nimechanuka website. In addition, 9 out of 10 (90.4%) had received a combi pack while 7.8% received misoprostol alone with a success rate of 100% for combi and 98% for misoprostol. Pain management was above 84% with a 100% follow-up for all clients. More than 80% of the clients had post-MA contraceptive use with more than a third (35.18%) preferring injectables, 15.51% pills, 12.47% implants, 6.09% condoms, 6.09% IUCD while 3.88% were referred for other LARC services not offered at the preferred service delivery points.

Knowledge contributions

Despite several research findings showing overwhelming evidence that mifepristone-misoprostol use has 95% efficacy in medical abortion and the combination packaging of the medical abortion drugs being part of the WHO's Essential medicines List, Kenya is still experiencing increasing incidences of unsafe abortions leading to high maternal mortalities. Most studies emphasize the need to invest in telemedicine and other digital self-care approaches to expand access to SRH services during the pandemic without exploring the quality parameters like pain management, complication management, follow-up, and referrals whose data remains scarce. Our results demonstrated that women and girls below 10 weeks gestation can safely and effectively manage their abortions outside the health systems. However, digital platforms including a well-coordinated What's App group, virtual meetings, and periodic technical support are key to enhancing the quality of care. With the heightening of health disparities and inequities due to the COVID-19 pandemic, policymakers and health care providers should consider the increasing evidence on self-care for safe abortion to expand access to reproductive health services. Hence, this study demonstrates the evidence and effectiveness of abortion self-care to avert maternal mortalities in Kenya where 17% of

mothers are dying annually due to unsafe abortions. Further research is needed to strengthen this important evidence base.

ACTUALIZING SELF-CARE INTERVENTIONS IN THE AYSRHR REALM AMIDST THE COVID-19 PANDEMIC IN KENYA

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Keywords: Community health volunteers (CHVs), SRHR, Universal Health Coverage (UHC), selfcare

Background

Kenya has a broad-based population structure with 75% of the population constituting of persons aged 18 to 35 years. This population has a great impact on a country's developmental agenda. Unfortunately, statistics indicate this population faces poor reproductive health outcomes due to barriers in accessing essential healthcare services including reproductive health. Statistics indicate that 13000 girls drop out of school annually because of teenage pregnancy and 7 girls die each day because of unsafe abortions (APHRC). WHO published guidelines on Self-care and abortion care with recommendations and best practice statements addressing SRH: law and policy, clinical and service delivery? WHO also offers technical support to countries to adapt sexual and reproductive health guidelines to specific contexts and strengthen national policies and programs related to contraception and safe abortion care? Self-care has proven to have the potential to increase efficiency, affordability, equity and choice of SRHR interventions, depending on how they are financed, designed and targeted.

Objectives

To institutionalize Self-care interventions that enhance the increase of young people's autonomy in making decisions about their own SRHR, strengthen the country's health systems, and pave the way toward UHC.

Methodology

RHNK trained its youth advocates on media advocacy, peer provision of Sayana press, legal framework SRHR self-care, conducting community dialogues and Value Clarification and Attitude Clarification. The advocates were then engaged in community outreaches and in reaches coupled with provision of contraceptives and other SRH services. The youth advocates write progressive SRHR articles and conduct online conversations to create awareness on AYSRHR needs. RHNK youth advocates conduct weekly peer to peer WhatsApp trainings to build on their capacity. The youth advocates have reviewed and gave recommendations to the Kilifi Menstrual Health Hygiene Policy, Reproductive Maternal and Newborn Child

Health Strategy and the Nakuru Maternal and Child Health bill.

Results

4, 968,553 adolescents and people were reached through live twitter chat and twitter space conversation; 5288 adolescents and youths accessed services and information through the #NenaNaBinti from January-December 2021. 45 articles written by Young writers ranging from safe abortion, mental health, menstrual health hygiene, Contraceptives, HIV/AIDs and self-care in the period of Sep 2020- March 2022. Adolescents and Youths are given a chance to be speakers and moderators of online activities like FB live and Twitter space conversation, the youth advocates have been representing RHNK in high level meetings in respective meetings i.e., the technical working groups. RHNK youth advocates were able to reach over 5000 adolescents and youth with information on sexual reproductive health through community outreaches. In reaches, dialogues and other community engagements.

Conclusions

Involvement of young people in all levels of program implementations results in better reproductive health outcomes.

Recommendations

Develop and implement advocacy strategies that will: Catalyze synergy across the national self-care SRHR advocacy working group; Improve sharing and visibility at all levels; Institutionalize task-shifting to accelerate access to SRH services and commodities through CHVs and pharmacists; Contextualize the developed Self-Care and Digital Health Framework, implementation and advocacy tools.

TASK SHIFTING WITH PHARMACISTS TO INCREASE ACCESS AND UPTAKE OF MEDICAL ABORTION AND CONTRACEPTIVE SERVICES AMONG ADOLESCENTS IN KENYA

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Keywords: ASRH, Pharmacy, adolescent

Background

The World Health Organization (WHO) recommends and recognize the importance of involvement of community providers in self-care including medical abortion (MA) among patients. In Kenya, young people between the ages of 15 to 24 constituting one-fifth of the total population are disadvantaged in accessing affordable and quality drugs at the pharmacies or chemists. Although, Misoprostol and mifepristone, used all over the world for MA are sold in many pharmacies in Kenya, adolescent women encounter barriers, including long queues, vigorous screenings and questioning to ascertain whether they are 'genuine' or mystery clients when accessing these drugs. The Kenyan,

family planning guidelines also authorize pharmacies to dispense various forms of contraception, including pills and condoms. These contraceptives can be accessed for free in Kenyan public facilities but are available for sale from private pharmacies.

Methodology

KMET implements an Adolescents health program dubbed Safire, that supports adolescents integrated Sexual and Reproductive Health through a task shifting. The goal is to improve access of quality adolescent sexual reproductive health (ASRH) services to women ages 10-19 years through task-shifting to minimize missed opportunities. The objective is to evaluate the acceptability, efficiency, and effectiveness of Safire delivery model in providing quality ASRH services for girls. The program received support from Kenya pharmacy Association and Ministry of health to map, recruit, and train 108 pharmacists and 56 health providers in Kiambu, Uasin Gishu, and Bungoma Counties. The pharmacists and providers were trained on quality provision of Sexual and Reproductive Health information and Services to patients. The pharmacies were then linked with trained community volunteers from likeminded civil society organizations (CSOs) to conduct community education and make referrals for sexual reproductive health information and services including abortion. After receiving the services, the volunteers follow up such clients to assess their satisfaction and feedback on services received from the pharmacies.

Results

The project has served 7,900 girls (aged 10-19 years) with MA services with 84% (6,636) receiving post-abortion family planning (PAFP) from March 2020 to February 2022 and no reported complication. Among the girls served, successful referrals by community volunteers to the pharmacies constituted 60% (4,740) during the period. Most of the clients served reported high satisfaction level after following up by the volunteers.

Conclusions

The strengthened relationship among community health volunteers and the pharmacists created a synergy enabling cross referrals of clients for various services. This improved successful referrals and linkages. Routine quality of care assessments, support supervision and mentorship empowered the pharmacists for improved quality service provision. The engagement of local commodity distributors at negotiated price ensured reduced stock outs among the pharmacist and prices standardization for quality MA products to clients.

The ministry of health should invest in training pharmacists as a task shifting approach in offering quality adolescent sexual reproductive information and services in Kenya.

SCALING UP THE UPTAKE OF SELF-MANAGED SAFE MEDICAL ABORTION AMONG RURAL WOMEN AND GIRLS IN KAKAMEGA COUNTY

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Background

According to WHO, 6/10 of all unintended pregnancies end in an induced abortion. Approximately 45% of all abortions are unsafe. 97%. The unsafe abortions take place in developing countries. Despite being preventable, it remains a leading cause of maternal deaths and morbidities. In 2020, the WHO listed Comprehensive Abortion Care as one of the essential health-care services. In 2010, Kenya adopted a new constitution which permits abortion under specific circumstances. However, it is unclear how widely the new legal status of abortion is understood or being implemented. In Kakamega County, as a result of stigma, limited Sexual Reproductive Health and Rights information, retrogressive cultural practices and economic constrains, women still obtain abortions from, midwives, traditional herbalists and other untrained providers; some women induce abortion themselves. Most unsafe abortions result in physical, and mental health complications, social and financial burdens for women, communities and health systems.

Objectives

- To improve rural women and girls' access to quality, affordable and verified sexual reproductive health care services and the recognition of person-centered care.
- To provide an enabling environment where adolescent girls and women are empowered to rise above societal inequalities to access sexual quality reproductive health and rights in Kakamega country.

Methodology

Through "Her Choice Project" health-care providers were capacity strengthened on the provision of MA and referrals to increase the uptake of self-managed safe medical abortion, and at a pocket friendly cost in Kakamega County. Through community outreaches, age appropriate candid SRHR discussions ensured women and girls are fully informed, and the community respects dignity, autonomy, privacy and confidentiality, with respect to individuals' needs and perspectives. Using both online and offline platforms, women are capacity strengthened on Medical abortion Regimens, abortion myths bursting, contraception and unintended pregnancy legal frameworks and policy regulations as well as referrals and linkages.

Results

Through focused group discussions, the following were learned; the high rate of induced abortion in the county is associated with the high levels of un-met need for family planning and high unintended pregnancy among women and girls while culture and taboos inhibit open dialogue about sexuality education. Since 2019, through both online and offline platforms the project reached women and girls with information and services on sexual reproductive health and rights including awareness and creation of referrals as well linkages with healthcare service providers and hotline numbers where women and girls would access information and services. The project also supported young people to engage in both online and physical advocacy activities. The strategies have thus realized: Reduced cases of abortion related complications, maternal deaths and morbidities; Women and girls have reported an improvement in the quality of abortion-related procedures and experiences during abortion and the post-abortion care; An increase in the uptake of self-managed safe medical abortion among girls and women and recognition of Client-Centered care is that care that is, respectful of and responsive to individual women and their families' preferences, needs, and values Increased demand for and access to safe abortion services.

Conclusions

Presence of contradictory laws, including policies requiring the ministry of health to provide contraception services to individuals of reproductive age are undermined by laws or policies requiring parental consent to provide health services to minors; and the presence of restrictive laws, such as restrictions to the provision of safe abortion care.

Recommendations

Form strong integrated networks of SRHR stakeholders to forge forward the agenda of maintaining the health and human rights of girls and women with meaningful involvement of adolescents; conduct research for advocating entities to present compelling facts about the impact of unsafe abortion; Create awareness to reduce abortion stigma.

ADVANCING ACCESS TO HIV SELF TEST KITS AMONG MEN IN KILIFI COUNTY

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Keywords: Self-care, HIV self-test kits, ABYM

Background

HIV self-test kit is an innovation in self-care intervention that was meant to increase the number of hard-to- reach population to know their HIV status. National Aids and STIs control Programme (2021) reported that there has been a rise of the numbers of clients who self-tested in last two years, the number rose from 20,934 in 2018 to 236,660 in 2020. The main clients of the HIV self-test kits were men whom have been reluctant to access the HTC services in VCTs. According to Ministry of health, only 45% of Kenyan men know their HIV status. Kenya pride in been the first country in East Africa to approve access to the use of HIV self-kits. Currently Kenya has approved ora Quick, Atomo, INSTI and Sure Check to complement ordinary HIV testing. Notably, 39% of all kits were sold to men aged 20-35 years, 28% as opposed to men above 35years.

Objectives

To promote access to HIV self-test kits among men in Kilifi County, Kenya

Methodology

At Angaza Youth Initiative we have been using a hybrid intervention of both community engagement and social media platforms to sensitize adolescent boys and Young men about self-care intervention as a solution to achieve non-judgmental, accessible, affordable and appropriate Sexual reproductive Health services. Our main priority and emphasis in programming has been highlighting male responsibility in accessing reproductive services including HIV self-test kits. The distribution of the HIV self-test kits is undertaken where men work. Essentially conducting focus group discussion with men can help us to understand the underlying factors that inhibit access to SRH services and assess their acceptability of HIV test kits intervention.

Results

Self-care sets a precedence of opportunities that uniquely positions men to interact and engage with health system in a way that responds to their SRH demands and needs. However, men have been reluctant to access SRH self-care options due to limited knowledge. Essentially, SRH self-care options for ABYM have proved beyond doubt to demystify misconceptions about self-care and address stigma and taboos that hinder accessibility of quality reproductive health services. By extension, the distribution of approximately 1000 self HIV testing kits and male condoms in informal sectors as well as sensitizing men on available SRH self-care options for them has led to increased ownership and increased number of men accessing them thus leading to an improved health seeking behaviors. Our concerted efforts have increased ABYM to access sexual reproductive health services and information through the digital telemedicine and M-health platforms such as Nena na Binti, toll free lines, and hotlines.

Conclusion

To increase the number of ABYM accessing self-test kits, contraceptives and general primary health care, there is a need to sensitize men about the existing self-care options in reproductive health through the community and digital platforms.

Recommendation

Intentional male involvement in self-care intervention especially in health messaging and information creation enhances men understanding of the benefits of the self-care intervention in promoting their sexual reproductive health.

THEMATIC AREA 5:

UNSAFE ABORTION AMONG ADOLESCENTS AND YOUTH

FACTORS LEADING TO UNSAFE ABORTIONS AMONG ADOLESCENT GIRLS AND YOUNG WOMEN IN KISAUNI SUB COUNTY OF MOMBASA COUNTY

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Keywords: Adolescent girls, Nena na Binti, Abortion

Background

Unsafe abortion is one of the major problems that adolescent girls and young women are facing during this time of Covid-19 pandemic. This problem impacts negatively on the social, psychological as well as their wellbeing. The International Federation of Gynecology and Obstetrics (FIGO) indicate that the cases of unsafe abortions in Kenya are among the highest in Africa. Maternal mortality is high at about 6,000 deaths per year, 17% of them from complications of unsafe abortion. Unsafe abortion has led to increased rates of maternal mortality due to stigma and ignorance of the law among qualified healthcare providers which also causes discrimination.

Objective

To assess factors leading to increased rates of unsafe abortions among adolescent Girls and Young Women in Kisauni Sub County of Mombasa County.

Methodology

A qualitative study design was used to assess the factors leading to increased rates of unsafe abortions in Kisauni Subcounty of Mombasa County. Data was collected through interviews and focus group discussions of which a community dialogue was held as well and a study in 3 health facilities in Kisauni Sub County (i.e Kisauni Dispensary, Mlaleo CDF Health Centre and Junda Dispensary) targeting the youths and health care providers. Thirty-three adolescent girls and young women and three health care providers were involved in the study.

Results

From the data collected and research findings, some of the factors leading to the increased rates of unsafe abortion among the adolescent girls and young mothers included; lack of information and knowledge on safe abortion services, desire to pursue education, cultural and religious negative perception on safe abortion, fear and avoidance of parental disappointment, unaffordable abortion care services, stigma and ignorance of the law among qualified healthcare providers.

Conclusion

The factors were cited by participants as situations leading to increased rates of unsafe abortion in Kisauni sub county, Mombasa

County. There is a great gap when it comes to issues related to unsafe abortions. There is a dire need to establish the causal factors that make unsafe abortions rampant in Mombasa County. Platforms and hotlines such as Nena na binti can be publicized to reduce the unsafe abortion cases in Mombasa County.

ADVOCACY TO STRENGTHEN POST ABORTION CARE HEALTH SYSTEMS IN THE PUBLIC HEALTH FACILITIES IN KENYA

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Background

Reproductive and Maternal Health Consortium – Kenya (RMHCK) supported the MOH to strengthen Post Abortion Care Health Systems in the Public Health Sector by advocating for the development of PAC policy documents and supporting county PAC ecosystem dialogues to introduce the project in the counties. The MOH developed the following policy documents: Post abortion Care (PAC) Guidelines, PAC Standards, Post Abortion Care Training Package, Post abortion Care Register and PAC CIP. County PAC ecosystem dialogues were conducted to bring the CHMT on board and 1 PAC focal person and 3 PAC service providers were trained. PAC Training Package and PAC register as well as PAC equipment and supplies were provided in the County referral Hospitals. PAC technical support supervision was made in the selected County referral Hospitals. The Ministry also, through the RMHCK partners, provided five Manual Vacuum Aspiration KITS and Misoprostol Tablets to each of the 10 pilot counties. The next steps were to support in the renovations of the MOH facilities in the pilot counties before moving to the other county Hospitals. This phase will start as soon as we get funds from a donor who has shown interest to support the initiative.

Objective

The advocacy project aimed at developing PAC policy documents including PAC register and PAC Costed implementation Plan, conduct a baseline survey to inform on the status of PAC services in 8 administrative regions of Kenya by sampling 10 counties from these regions. We also conducted county entry PAC ecosystem dialogue meetings to introduce the project to the county Health Management teams and trained 1 PAC focal person from each of the 47 counties. We trained 3 Service providers from each of select 1 county referral hospitals and planned to renovate and equip the targeted PAC units.

Methodology

The RMHCK reviewed the two national studies

on abortion, Ipas (2002) and APHRC 2013 and noted that one on of their recommendations was to make PAC services available, accessible and of high quality. In collaboration with MoH (Division of Reproductive and Maternal Health) and stakeholders, the RMHCK embarked on fund raising to conduct a baseline survey on the status of PAC Services in Kenya. We also fund raised to support the development of PAC Guidelines, PAC Standards, PAC Training Package and the PAC Register to prepare for the roll out of PAC Services. All the 47 counties were involved in the project and we conducted County entry meetings for county Health Management Teams and Trained PAC focal persons for the counties. Service providers were trained and Commodities were distributed to the target County Hospitals as well as technical support visits to find out how far the project had been implemented.

Results

The baseline survey showed that PAC services were available in level 4,5 and 6 hospitals but needed to be supported in form of renovations, training of service providers and provision of MVA KITs and misoprostol in addition to support with other necessary supplies. County Entry visits in form of Post Abortion Care Ecosystem dialogues was conducted for 4 County Health Management Teams members per county from all the 47 counties. The PAC guidelines, PAC Standards, PAC Costed Implementation Plan, the PAC Training Package and the PAC Register were developed. The MOH trained 1 PAC Focal Person per county and 3 Service providers in each of the selected county referral hospitals from all the 47 counties. A Technical support visit was done for six referral Hospitals to have a look at how the PAC rooms were operating and what support was needed. We found out that data was being collected using the PAC registers and MVA Kits were in place and were being used.

Conclusion

Our advocacy efforts have contributed towards the opening of a space to Strengthen Post Abortion Care Health Systems in the Public Health facilities in Kenya. Also, the fact that the Government has sent out circulars authorizing the strengthening of PAC services in the public sector to the County Directors of Health, through the Council of Governors, is sure bet that PAC services in all Public Health Facilities are now legal, accessible and acceptable and any partner can work in the counties to support PAC. It will also reduce stigma associated with abortion care.

Recommendations

The PAC units established or renovated by the project will be used to manage all cases of abortion complications and use of post abortion contraception. The units will also serve as a counselling centers for abortion cases and some women might also benefit in having their abortions managed there or referred elsewhere and advice for legal abortion in case the clients get another unwanted pregnancy in future.

COVID-19 AND POST ABORTION CARE SERVICES AMONG THE ADOLESCENTS AND YOUTHS AGED 10-24 YEARS AT KITALE COUNTY HOSPITAL, TRANSNZOIA COUNTY, KENYA

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Background

Post Abortion Care (PAC) constitutes emergency treatment of complications from spontaneous or induced abortion. During the international conference on population and development in 1994, majority of the countries agreed that women should have access to quality PAC services. Worldwide, abortion complications are among the major reasons why women seek emergency obstetric care. Unsafe abortion still a leading cause of maternal death in most sub- Saharan African countries. In Kenya, nearly 465,000 induced abortions occur each year. Medical workers have been associated with mistreatment and violations of privacy to patients seeking abortion services worldwide. Provision of quality PAC in Kenyan healthcare facilities still low, with access hindered by legal restrictions on abortion. In Trans Nzoia County, there is a dearth of information on the quality of PAC services. The number of government-owned facilities that provide PAC services is low. In terms of private facilities, there is no readily available database. COVID-19 pandemic is believed to have had negative implications on access to essential health services in the county. During the pandemic, restrictions in movement and fear of getting infections from the hospitals resulted in reduced access and utilization of health services to include PAC. The study therefore seeks to assess the status of the accessibility of PAC services at the County Hospital amidst COVID 19 pandemic.

Methodology

A descriptive study design was adopted to review data retrospectively for the period January – December 2020. The PAC outpatient log register was the main source of data reviewed. Data for all women who sought PAC services was reviewed. Data was entered anonymously and analyzed on excel, the results presented in tables, graphs, proportions and narratives.

Results

We collected data for 333 women who attended PAC clinic at Kitale County Hospital between January 2020 and December 2020. The mean age was 25.0 years (SD±7.2). Majority of the women, 186(55.8%) were aged between 15 – 24 years old. Over half of the women at the PAC clinic, 196 (58.9%), had simple clinical presentation. Cases with severe clinical presentation were 74 (22.2%) with 71(95.9%) recorded under incomplete abortion cases. Almost a third of the cases, 91(27.3%), were elective abortion, with those aged between 15 – 19 years being the majority, 51(15.3%). Majority of women who visited the KCH PAC

clinic with incomplete abortion were aged between 20 – 24 years, 71(21.3%). Majority of elective and incomplete abortions were carried out between weeks 7-8 of gestation (44(13.3%) and 86(25.6%) respectively). Manual vacuum aspiration was done in 216 (64.9%) of the cases. A combination of mifepristone and misoprostol was used in 79 (23.7%) of the cases. According to the commodity stock control cards, the consumption of mifepristone/ misoprostol packs and misoprostol tablets at KCH was 370 and 224 respectively during the period under review. Intramuscular depot-medroxyprogesterone acetate and implants were the most common PAC family planning methods chosen by women at KCH PAC clinic. More than a quarter, 87(26.1%) of the women did not receive any PAC family planning method. Majority of the women who attended PAC clinic had a friend of family member as a source of PAC services information.

Conclusion

Adolescents and youth present with challenges of unwanted pregnancies hence the increased number of both elective and incomplete abortion reported among the age group. Low numbers of elective abortion across all age groups due to associated stigma and legal restrictions.

THEMATIC AREA 6:

UNMET NEED FOR FAMILY PLANNING AMONG ADOLESCENTS AND YOUTH

FAMILY PLANNING AND COMPREHENSIVE ABORTION CARE: STRENGTHENING POLICIES

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Keywords: MARWA, universal health coverage, indigent

Background

Several counties within Kenya have gradually intensified their quests for Universal Health Coverage for their citizens for one main reason; to ensure that quality health services are accessible on demand by everybody without financial constraint. It attempts to reduce out-of-pocket expenditures, founded on the universality & importance of health, including reproductive health as a human right. Kisumu government is equally strengthening Service Delivery through infrastructure improvement, passing of health bills, Healthcare workers support (training and competitive remuneration), availing adequate and quality Health products and technologies and strengthening the referral system.

After lessons learnt from Universal Health Care (UHC), Kisumu County rolled out a new medical cover to cater for disadvantaged members from the community. Marwa, a dhuluo word meaning 'it's ours," has enlisted 45,000 household beneficiaries in Kisumu who can now walk into any of its 48 selected health facilities across the County and receive services. MARWA SOLIDARY HEALTH COVER is a healthcare scheme facilitated through a partnership between KISUMU county government as the administrator, PharmAccess as a technical adviser to Administrator and NHIF as Insurer. The aim was to ensure everyone has access to quality care and is equitably accessible with more focus on indigent households and vulnerable communities of Kisumu. Those enlisted in the cover will be able to access outpatient services, oncology, chemotherapy, road ambulatory services, referrals, maternity services, dialysis, kidney transplant, surgical services, radiology and MRI and overseas treatment. The County assembly already passed the Kisumu County Health Bill that provides for all the major issues towards health financing and County Indigent Health Insurance Scheme that will provide 100% health insurance to 90,000 indigent households in Kisumu.

Objectives

To streamline contraception into mainstream health services for MARWA Health Scheme (An adoption after the UHC pilot stage in Kisumu County).

Methodology

Interventions deployed included MARWA Health Insurance Scheme: A County Government- sponsored insurance that operated through subsidies to help cover the poor and specific target groups and through partnership packages with private firms for provision of commodities; and budgetary

allocation shift from curative services to preventive services, including contraception.

Results

The number of households registered were over 45,000. 151,188 women of reproductive age accessed family planning and 50,819 adolescents aged 10-19 years, 811 women aged 20-24 years and 1,123 women aged 25 years and above received PAC services.

Conclusions

A streamlined system of contraceptive health into primary healthcare adds up to preventive health. By this, the growing demand for contraception meets access and reproductive health is promoted.

Recommendations

In order to have this provision, contraceptive health should be assimilated and provision of services on demand should be available out-of-pocket and/or with insurance for an all-inclusive citizens health.

INCREASED CONTRACEPTIVE UPTAKE AMONG ADOLESCENTS' GIRLS (15-19YEARS) AT ORUBA COMMUNITY UNIT, SUNA WEST SUB COUNTY MIGORI COUNTY: EXPERIENCE FROM BINTI SHUPAVU PROGRAM

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Keywords: Contraceptives, Goal Setting, Adolescents girls

Background

In Migori county teenage pregnancy is at 24% compared to the national average of 12.7%and the age-specific fertility rate for girls 15-19yrs (adolescents birth rate) is 136/1000 girls, much higher than the national average of 75/1000 girls. It was the same in Oruba Community Unit Suna West Migori County where teenage pregnancy has been on the rise since 2016, with adolescents dropping out of school and married off before completing their secondary school. Thus, the implementation of Binti Shupavu program focusses on reducing the consistent high trends. Oruba Dispensary was a prototype testing site for Binti Shupavu for 2 months, August and September 2021 and continued piloting the final refinement between October and December 2021.

Objectives

To reduce teenage pregnancy by increasing contraceptives uptake among adolescent girls (15-19 years).

Methodology

Targeted mobilization was conducted by one community health volunteer and two adolescent champions in the villages surrounding the facility. Mobilized girls were invited for an adolescent specific Binti Shupavu Clinic Day. A novel aspirational programming with goal setting component

exercise was conducted at the clinic for the adolescents to see the relevance of contraceptives to the aspirations and goals in their lives. Girls would then share their experiences in the community on SRH. After the session adolescents are allowed to see a service provider in an opt out session for more information, private counseling, and even contraceptive service provision.

Results

Since the inception of the intervention contraceptive uptake among adolescent girls increased and teenage pregnancy reduced i.e. adolescent girls contraceptive uptake increased from 21 to 107 and adolescent girls who visited ANC reduced from 9 to 3. Married adolescents have learned the Importance of child spacing and delaying pregnancy. The program created a safe space, a huge demand for contraceptive commodities at the Oruba dispensary, with adolescent girls having confidence and being assured of their future dreams and goals.

Conclusions

Integrating adolescence sexual reproductive health information with other ASRH services, creating a safe space at the facility then allowing a voluntary choice of services by adolescents led to increased contraceptive uptake at the Oruba community unit evidenced at the link facility.

Recommendation

All Migori county Community Units to Integrate ASRH services during adolescent clinic sessions and allow self-choice of services.

SCALING DOWN UNMET NEEDS OF FAMILY PLANNING AMONG YOUTHS IN KAKAMEGA COUNTY

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Keywords: Community health volunteers, Contraceptives, Youth, Family planning

Introduction

Contraceptives services to youths is still a challenge worldwide. Access to this commodity is vital to youth's well-being. Though Community Health volunteers (CHV) promote family planning in Kenya, the unmet need for contraceptives among youths remains high. CHVs seem to show little specific attention to the contraceptive needs of the teenagers and youths. Therefore, this study aims at scaling down unmet needs of family planning among youths in Kakamega County.

Methodology

We conducted a qualitative study exploring the role of CHWs in increasing access and

uptake of contraceptive services among youth aged 15-24 years in Kakamega County, Kenya. We undertook 10 interviews and 5 focus group discussions involving CHVs, Youths, community members, community leaders, and youth leaders. Data was recorded, transcribed, translated, coded and thematically analyzed, according to a framework that included community, CHW and health system-related factors.

Results

Our findings show that CHVs' roles regarding contraceptive services entailed creating awareness, counselling, distribution of male condoms and referring to health facilities for any other contraceptive method. The majority of participants agreed that culture, religion and tradition often do not support the use of contraceptives. Women using contraceptives methods are seen as prostitutes. Participants agreed that CHVs play a major role in the youth uptake of contraceptives though some youth reported not being aware of CHVs offering contraceptive services. This can be explained since some CHVs reported they attend to more married than single youth. Some CHVs acknowledged they did not offer contraceptive services to single youth, given their own religious values. CHVs themselves, reported that they need training and refresher training for those trained. Some youth as well as other participants perceived that facility services were of better quality, as they questioned the knowledge and skills of CHVs. As one single female youth leader put it, CHVs don't give information that is sufficient or reliable. Some health workers, were not in favour of CHVs taking up new roles regarding contraceptive services. They felt that CHVs, even when trained, would not be ready to deal with contraceptive side effects, among others.

Conclusions

CHVs have the potential to increase access to contraceptives for youths though their services are still limited, culture, religion and tradition don't support contraceptives. CHVs are preferred by youths to provide them with contraceptives though their knowledge and skill on contraceptives needs strengthening. It also important for Ministry of Health to enforce the 2017 task-shifting guidelines and CHVs to be assisted by stakeholders in addressing cultural and religious norms and create understanding and support for contraceptive services.

EFFECTIVENESS OF COMMUNITY INFLUENCERS ENGAGEMENT IN THE UPTAKE OF CONTRACEPTIVE SERVICES AMONG ADOLESCENT GIRLS (15-19) IN MIGORI COUNTY

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Background

The social-ecological model is one of the globally accepted methods of behavior change communication in health. In family planning, the socio-ecological model has been used in demand creation for service

delivery for women of reproductive age. However, there are limited studies and programs defining the type of influencer and level of impact in demand creation. Additionally, there is also limited text and evidence on the level of impact of community influencers in the demand for contraception uptake in Kenya among adolescent girls. The Binti Shupavu program targets adolescent girls with contraceptive information and services in Kenya, across 5 counties (Narok, Kajiado, Kilifi, Homabay, and Migori).

Methodology

This study focuses on the effectiveness of working with community influencers (opinion shapers), in the demand creation of contraceptive services among adolescent girls (15-19) in Migori County between November 2021 to February 2022. Targeting community influencers was aided by the classification of girls into archetypes and identifying their key influencers of decision making. The program identified fathers, mothers, husbands of adolescent girls as well as other community gate keepers as key people that influence decisions of adolescent girls. Contraceptive uptake was measured monthly against influencers reached in community engagement sessions dubbed Binti Shupavu Stories. Contraceptive uptake data was obtained through data reported in government's KHIS from engaged 20 public health facilities while influencers reached were reported through DHIS2 capture mobile app. Comparative computation was hence made on influencers reached versus girls adopting contraception.

Results and Discussion

During the 4 months period, Binti Shupavu reached a total of 708 community influencers. That comprised of 189 mothers of adolescent girls,8 husbands of adolescent girls, 261other male influencers and 189 other female influencers. Other male and female influencers included teachers, religious leaders, chiefs, assistant chiefs and village elders. The program also reached 2880 adolescent g 606 girls adopted contraception in the 4 months period. The adopters here refer to girls taking up contraception for the first time in their life.

URBAN FAMILY PLANNING AMONG BLENDED YOUNG SOMALI WOMEN IN NAIROBI CITY COUNTY, KENYA

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Background

The urban population is growing rapidly, about three times the rural population. The global urban population by 2050 is expected to constitute 68% of the total population, with most of the increase attributable to Asia and Africa. Globally, 16 million adolescents give birth annually, and the risk of maternal mortality is higher among adolescents than adult women. Family planning is linked to sustainable goal 11 on sustainable cities and communities by influencing population

dynamics, which affects poverty levels, quality of education, and gender equity. Blended Somali women (refugees and non-refugees) rarely use contraceptives. Family planning among them is also focused on achieving spacing and not limiting the number of children. The study examines the utilization of family planning by blended Somali women aged 15–25 years in Nairobi city, living in Eastlands. The results will inform reproductive health, refugee and urban development policies, including funding, programing, education, advocacy and research.

Objectives

- To determine the proportion of blended Somali women utilizing family planning in Nairobi City.
- To determine the factors associated with the utilization of family planning among blended Somali women in Nairobi City.
- To establish the determinants of family planning among blended Somali women in Nairobi City.

Methodology

The data source is a household survey in Nairobi City (Ruaraka, Kamukunji, and Embakasi Sub counties) of a sample of 386 blended Somali youth and adolescents aged 15-25 years. The blended Somali women include native Somalis and Somali refugees from Somalia and Ethiopia. The group mainly consisted of refugees. The dependent variable was utilization of family planning and the independent variables were age, residence (formal vs. informal), duration of living in the city, inclusion in free maternal health care, constructive male involvement, and possession of NHIF cover. The data collection tools were semi structured questionnaires, focus group discussion guides and key informant guides. Household survey involved purposive sampling of households with the women meeting the entry criteria until the sample was attained. Inferential analysis was conducted using chi square, and multiple logistic regression.

Results

The proportion of female Somali youth and adolescents using family planning is 25.9%. The main methods being used are implants (33.3%), daily pills (19.4%) and injectable (25.9%). The factors associated with utilization are age, residence, sub-county, constructive male engagement, duration of living in the city, possession of NHIF, perception of family planning as a right and inclusion in free maternity health care. On Multiple Logistic regression, young women are five times (OR = 5.6, P = 0.000) likely to use family planning if they have high support from their male partners (compared with those who received no support) and six times (OR = 6.3, P = 0.009) likely to use family planning if they reside in Ruaraka Sub County (compared to Kamukunji residents). Somali young women are 4 times (OR =4.39, P = 0.002) more likely to use family planning if enrolled in free maternity health care, and 5 times (OR =5.4) more likely to use contraceptives if they have dwelt in the city for more than 20 years. On the perception of family planning as a right, women who strongly agreed that it is a right are eight times (OR =8.5, P =0.046) more likely to use contraceptives.

Conclusion

The level of utilization of family planning is

25%. Implants, daily pills, and Depo-Provera are the common methods. The strong determinants of utilization are sub-county of residence, inclusion in free maternal health care, duration of living in the city, constructive male involvement, and perception of family planning as a right.

Recommendations

Urban reproductive health stakeholders should invest more program and research efforts in continuously improving male partner involvement in family planning, and more inclusion of young women should be done in free maternal health services. More education is needed about reproductive health services as a right for all women.

FACTORS INFLUENCING UNMET NEEDS OF FAMILY PLANNING AMONG YOUTH IN WESTERN REGION

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Keywords: Family planning, Youths, Contraceptives, misconceptions

Background

The Unmet need for family planning (FP) refers to the desire by women to delay pregnancies, limit or space child bearing but have no access or not currently using family planning methods. Reducing unmet need for family planning will reduce the high level of unintended pregnancies, unsafe abortions, material and neonatal morbidity and mortality. Therefore, this study evaluates the Factors influencing unmet needs of family planning among youth in Western Region.

Methodology

This study was qualitative approach because of the great need for in-depth exploration of un met needs of family. The study specifically used focus group discussions, and in-depth interviews, with the following target groups of youths; family planning methods users, discontinuers and non-users of 15 to 24 years. The recorded data was transcribed verbatim and then coded using a thematic framework and analyzed using Nvivo.

Results

From the study, it was identified that most of the respondents are familiar with the family planning methods (FPMs) though some were not sure of how some of the methods work. The main reasons for not using the family planning as mentioned by the respondents involve: myths and misconceptions associated with the family planning method,

fear of side effects, partner refusal, ignorance, inconvenient to use some family planning method, financial constraints, use of other alternative methods, infrequent sex, religion refusal, stigma, distant health facilities and stock outs of some of the family planning methods. It was evident that youths do not make decisions to use contraceptives in isolation but in consultation with others in their social networks such as: friends, relatives, neighbors, partner, mothers and doctors/ nurses. The following are some of the reasons as mentioned by the respondents for method discontinued: some FPMs are perceived to be inconvenient to use, side effects associated with some FPMs, myths and misconceptions, method failure, infrequent sex, out of stock of some FPMs. During the study, it was identified that women obtain family planning (FP) services from diverse sources such as: health facilities, chemist, herbalists, and retail shops.

Conclusions

Most of the youths are familiar with family planning methods though they were not aware on how to use them. Stigma, ignorance and use of alternative methods are among major reasons of not using family planning methods, and most of the respondents mention public hospital as source of family planning services.

THEMATIC AREA 7:

EMERGING ISSUES IN AYSRHR

(HARMFUL PRACTICES AND GBV; MENSTRUAL HYGIENE MANAGEMENT; BOYS AND MALE ENGAGEMENT IN AYSRHR)

MALE INVOLVEMENT IN ANTENATAL CARE (ANC) IN KURIA WEST MIGORI COUNTY, KENYA

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Keywords: male participation, antenatal care, reproductive health

Background

Kuria West face challenges in accessing skilled birth services, the majority of women deliver at home and seek help when they have complications. Maternal deaths arise from pregnancy, child birth or postpartum complications, but their occurrences can be reduced by making birth plans for pregnant women and their partners. Men's involvement in ANC has potential to reduce delays, maternal mortality and morbidity, have direct bearing in decisions to utilize antenatal care services, hence intended to encourage husbands to support women's care and other reproductive health interventions, including prevention of mother-to-child transmission, safe delivery thus decreasing maternal mortality and morbidity. The paper reports findings from a study I conducted in Kuria West Sub County (Nyatechi, Korosaro, Ntunyigi, Kegweso and Igena village), from May 2021 to March 2022, to assess the impact of men engagement in health priority setting process and its implication on availability, access and use of emergency obstetric care services.

Objectives

To assess the impact of men engagement in reducing maternal mortality and morbidity.

Methodology/interventions

Kuria West is located in Migori County, Western Kenya and has a population of 19,476 as per the National population census of 2019. A structured, interview-administered questionnaire were used to collect data on, socio-demographic variables e.g. age, educational level, income, ethnicity, religion and employment status, which were predictors; participation in birth process, e.g. accompanied wives on ANC visits; birth plans, based on numbers of arrangements the male had made, including money saved for delivery, arranged transportation, arranged skilled birth attendance. Questions probed their level of involvement in their partner's last pregnancy, post-delivery and queried on pre-identified barriers based on illiteracy.

Results

35%, 44% and 20% of men accompany their partners to antenatal care, delivery and postnatal care services, respectively. Male involvement in antenatal care and delivery was influenced by sociodemographic (partner's education, type of marriage, living arrangements and number of children) and enabling/disenabling (distance to health facility, attitude of health workers, prohibitive cultural marriage, living health policies and gender roles) factors. The level of men's involvement in antenatal care was high 53.9%. Majority 89% of respondents

made joint decisions on seeking antenatal care. More than half 63.4% of respondents accompanied their partners to the antenatal clinic at least once. Less than a quarter 23.5% of men was able to discuss issues related to pregnancy with their partner's health care providers. 62.9% of men arranged money for delivery, 6.9% of men knew at least one danger sign in pregnancy, while only 69% knew of three or more danger signs, 84.3% of men arranged transportation to hospital for delivery. Women's ability to seek health care or implement it is often determined by the household head, who usually is the husband. This study explored the involvement of men in reproductive health and demonstrates how its importance in positively impacting maternal health and child health.

Conclusion

The low male in maternal health care services warrants interventions should focus on designing messages to diffuse existing sociocultural perceptions, religion, occupation, non-indigenous ethnicities, waiting time, awareness creation, creating a client-friendly environment clinics and men's perception about health care provider attitudes which influence male involvement in maternal health care services.

Recommendations

Advocate for policies that are all-inclusive and strategies that can enhance men engagement as key stakeholders in ANC and promote participation of both husband and wife to visit and provide support to each other during the antenatal, delivery postnatal periods and access to other reproductive health services including contraceptives uptake.

SURVEYING TRENDS IN MOBILE PHONE USE AMONG ADOLESCENT MALES AND FEMALES IN INDIA TO REFORM SRH EDUCATION CONTENT PACKAGING

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Background

Reproductive health outcomes in lower-income countries are poor, with inadequate knowledge regarding accurate reproductive information among adolescent boys. Although adolescent males have not historically been prioritized as a canonical target of public health interventions to improve reproductive health outcomes, this segment of the population holds great promise to improve reproductive health. With the use of mobile-based serious games, interventions can be engineered which confer strong efficacy, but do so with unprecedented cost-efficiency. A foundational step for designing such a game

is acquiring a deeper understanding of the target population.

Objectives

This study investigates how adolescent boys in the developing world engage technology, specifically cell phones, compared to adolescent girls. This electronic survey and video interview study were conducted to determine the feasibility of a mobile phone platform for educational video games specifically designed for boys to improve health knowledge, influence behavior, and change health outcomes, namely teen pregnancies.

Methodology

With the assistance of Plan India, a subsidiary of Plan International, informed consent was obtained from parents of adolescent males and females who participated in an electronic survey and video interviews via Microsoft Teams. An electronic survey was created including 27 questions about mobile phone usage, gaming preferences, and sexual and reproductive health (SRH) with a sample size of 181 adolescents, ages 11-25, near New Delhi. Interview questions were written to explore in-depth topics after survey completion. Twelve boys, aged 15, underwent 40-minute interviews about gaming, mobile phone usage, and SHR.

Results

154 boys and 27 girls completed the survey. 84% (129/154) boys and 74% (20/27) girls used mobile phones. 99% (128/129) boys and 90% (18/20) girls utilized smartphones. 52% (66/128) boys and 30% (6/20) girls borrowed phones. Samsung was most popular (22%, [29/128] boys; 20% [4/20] girls). 30% (37/148) males viewed cellphones 1-10 times/day, <1 hour (29% [37/128]). 30% (6/20) females viewed cellphones 10-19 times/day, 1-2 hours (35% [7/20]). 11% (14/128) boys and 5% (1/20) girls viewed phones 60+ times/day. 9% (11/128) boys and 10% (2/20) girls had >5 hours screen time. Wifi was accessible to 76% (99/130) boys and 85% (17/20) girls. 99% (129/130) males and 85% (17/20) girls had phone apps. For boys: 12% (16/13) gaming, 5% (6/130) educational. For girls: none were gaming, 12% (2/17) educational. 95% (123/130) males and 100% (20/20) females had social media; WhatsApp, Instagram, YouTube. 59% (76/130) boys and 55% (11/20) girls played video games. Boys' favorite games: Free Fire, PubG, shooting/assassin games. In boy video interviews, appealing game characteristics included customized avatars and shooting/guns.

Knowledge Contribution

This electronic survey and video interview study provide an initial comparison of differences in mobile phone usage between adolescent males and females and an understanding of SRH education in New Delhi. The data demonstrate boys and girls have wide access to smartphones, apps, and social media; boys enjoy gaming apps. These data support mobile phone platforms for gaming and education for adolescent boys. Enhanced access to information and social media postings may improve SRH engagement. This information will be used for serious video game creation to educate adolescent males about SRH in order to lower the rate of unwanted pregnancies.

OPPORTUNITIES FOR TECHNOLOGY IN ADVANCING SEXUAL VIOLENCE RIGHTS AMONG YOUNG ADOLESCENTS IN THE COASTAL REGION OF KENYA DURING A PANDEMIC

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Background

In many developing nations, a culture of tolerance for sexual violence (SV) discourages survivors and their families from reporting, which contributes to sexual violence. Young adolescents are most vulnerable to sexual violence, as demonstrated by the 16% of girls and 6% of boys that have experience sexual violence before the age of 18 in Kenya. Moreover, most minors are inadequately informed of what qualifies as an act of sexual violence and some may experience SV but will not report. SV may have been exacerbated by of the COVID-19 containment measures put in place from March 2020 in Kenya. The closure of schools, closure of non-essential business, and travels bans to contain the spread of COVID-19 may have increased violence among young adolescent due to social and economic pressures among parents and the lack of protection that schools offer. These realities necessitated innovative approaches to advancing sexual violence rights awareness among children, especially during the COVID-19 pandemic period.

Methodology

ICRHK in collaboration with the Equality Effect implemented a 6-month community awareness intervention dubbed “160 Girls Virtual Justice Club (VJC)” that commenced in January 2022 that seeks to leverage the opportunities for technology and unique young adolescent learning to promote access to SV rights. The aim is to ensure that the young adolescents and overall community have adequate information on children’s sexual violence rights and the responsibility the police has to investigate and prosecute perpetrators to meet these rights. The VJC is composed of online educative, and interactive content on sexual violence rights for young adolescent that is uploaded onto a tablet. The intervention caters to 225 children in Kwale and another 225 in Kilifi aged 12 – 15 years. The content is adolescent friendly and the devises are easy to use. A cluster of 5 children share a tablet and review lessons that run at an interval of a two-week cycle. Each family keeps the tablet for 2 days at a time (5 families, 2 days each, 10 days in total). The element of sharing promotes peer-to-peer learning that is beneficial to better understanding. At the onset of the intervention, the children and parents were trained on device usage to ensure effective use. The content was developed by the Equality Effect team and reviewed by the Ministry of Interior Services through the Children’s Departments in both Kilifi and Kwale. The content was re-designed based on feedback from young adolescents and stakeholders who were involved in the pilot intervention in 2019, Mombasa County.

Results

A total of 450 children are actively engaged in the project. They were trained on using the devices with an overview of sexual gender-based violence, alongside their parents and 12 teachers. Partnerships have been encouraged between local law enforcement entities and administrators to increase ownership and accountability in tackling sexual violence among young adolescents.

Conclusions

This intervention can be extended to other urban and semi-urban regions with a documented prevalence of SV among minors aged 12 to 15 years old. It can also be adopted in locations where cultural inhibitors prevent open conversations around sexual violence rights among minors. Infusing the VJC curricula into school programs may increase outreach to young adolescents within the Counties, and possible the entire Nation. This will require co-creation in re-designing the content to suite the expectations of the Ministry of Education.

MENSTRUAL HYGIENE MANAGEMENT PRACTICES AND ASSOCIATED OUTCOMES AMONG ADOLESCENT GIRLS AND YOUNG WOMEN IN BOMET AND KERICHO COUNTIES

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Keywords: Human Centered Design, Menstrual Health Management, Co-Design, Adolescent Girls and Young Women, Community Based Organizations, Girl-Led Design

Background

Studies have shown that menstrual health and management issues still remain unsolved globally and locally because of some political, environmental, economic, social, technological and legal factors. Basic Education Act No. 17 of 2017 addresses the importance of provision of menstrual products in learning institutions which is still not the case in most institutions. The aim of the study was to assess the status of Menstrual Health Management (MHM) and level of social support among Adolescent Girls and Young Women in Bomet and Kericho counties to determine the unmet needs so as to design interventions to overcome the identified challenges.

Methodology

A study done between September 2021 – January 2022 on 100 AGYWs aged study and subjects obtained through simple random sampling and subjected to unstructured open ended questions through individual interviews and focused grouped discussions

.Human centered design was applied all through the study in problem identification and data was analyzed using content analysis during the synthesis phase of HCD to co-create solution with AGYWS from the same region and issues with similarities reported by different respondents put into clusters.

Results

Majority of the respondents expressed a lot of myths on MHM and lack of knowledge on other menstrual products other than sanitary towels which also caused some discomfort through itchiness and burning sensations on the genitalia with delay to change and also loss of adhesiveness over time. The few that had heard of other products reported that they were not available in the local markets and were still expensive to purchase.

Conclusion

There is need to improve access to quality, acceptable, feasible, affordable, sustainable and safe menstrual products. There is need to consider the 4 components of the MHM framework of the MHM strategy 2019-2024: Access to hardware, Hygiene promotion, Access to affordable menstrual products and an Enabling environment in an integrated multi-sectoral approach so as to achieve the 5 MHM objectives of the MHM policy.

STATUS OF MENSTRUAL HEALTH MANAGEMENT IN THE COMMUNITY

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Keywords: Adolescent Girls and Young Women, Menstruation, Digital platform

Background

Globally, according to World Bank 2018, at least 500 million women and girls lack proper access to menstrual hygiene facilities. Several factors influence difficult experiences with menstruation, including inadequate facilities and materials, menstrual pain, fear of disclosure, and inadequate knowledge about the menstrual cycle. Africa is home to one of the world's fastest-growing teenage girl populations a majority of which will or have had onset of menstruation. Studies from Africa estimate that between 50% and 70% of girls miss on average 1.6–2.1 days of school every month due to menstrual-related issues. A large number of women and girls in Kenya menstruates every month. Analysis done by Ministry of Health (2016) showed that information about menstruation is received from mothers, 87.7% and from teachers, 15.5% and only 12% of girls would be comfortable receiving the information from their mothers. Only 50% of girls in Kenya say that they openly discuss menstruation at home.

Methods

Between the month of July and September 2020, 50 adolescent girls and young women aged between 10-25 years from 8 different

counties in Kenya were randomly selected to investigate the status of menstrual health and hygiene within the community. The counties included; Siaya, Kisumu, Migori, Nairobi, Kilifi, Homaboy, Kiambu and Mombasa. The girls were asked a number of questions regarding their menstruation; where they first got information about menstruation, how long their menstrual cycle is, how periods affect their day to day lives, if they experience any pain or discomfort during and after their periods, if they experienced any abnormal symptoms during their periods, how they managed the symptoms, the sanitary products they use during their periods, how they access the products, what they used in case they were not able to access the products and what reminds them of their period dates. The results were thematically analysed.

Results

An online questionnaire on google was designed for the participants. The results were thematically analysed. Out of the 50 girls, 98% were single while 2% were married. 84% were students, 4% were employed, 6% were self-employed and 6% were unemployed. 48% received their first menstrual information from their parents, 38% from teachers, 12 % from friends, 2% from IEC material. 88% shared that they experienced discomfort during their periods, 12% shared that they did not experience any discomfort. 42% shared that they experienced some abnormal symptoms during their periods, 58% did not experience any abnormal symptoms. Most of the girls shared that they managed the discomforts by taking painkillers. 14% of the girls use reusable sanitary products, 86% use non-reusable sanitary products. 96% of the girls purchase the sanitary products, 2% are given for free and 2% receive through donation. Most of the girls shared that they used clean cotton if they did not access the sanitary products. Most of the girls use the calendar to remind them of their period dates.

Conclusion

Lack of information has affected adolescent girls and young women ability to manage their periods in a confident way. It has also increased their risk of unintended pregnancies and sexually transmitted infections. Digital platforms and applications give young girls and boys a chance to access information they want easily.

MENSTRUAL HEALTH PROMOTION IN SCHOOLS IN HOMABAY COUNTY

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Introduction

Menstrual hygiene management (MHM) is a major health issue affecting women and girls of reproductive age worldwide. 52% of the female population is of reproductive age at any given time. The transition into reproductive age for some girls is often met with fear and anxiety due to a lack of knowledge about menstruation and a lack of resources about the changes that are occurring in their bodies. School-aged girls in marginalized communities face the largest barriers to MHM, as many schools do not have the necessary facilities, supplies, knowledge, and understanding to appropriately support girls during menstruation. This negatively impacts their education and ability to stay in schools. Five advocates from Homabay County were selected to join the Empowered for Change (E4C) project supported by LVCT Health to improve access and uptake of SRH services including MHM.

Methodology

LVCT Health trained Youth Advocates on MHM equipping them with knowledge on MHM, community engagement, adolescent and youth mobilization and sensitization and linkage to appropriate services. The five advocates worked in collaboration with the county to select schools from wards that were recording high teen pregnancies and also known for high rates of poverty to benefit from the sensitization. A total of 10 schools were selected and the advocates got permission from the County Ministry of Education – School Health department. On a weekly basis, the E4C advocates would visit 1 school to conduct MHM sensitization.

Results and Discussions

The Five E4C Advocates were able to reach out to 13 Schools within the period of the engagement constituting to a Total Number of 2440 Males &2331 Females. Schools Visited were: Rarua Primary School, Marindi Primary School, Wasaria Primary, St. Williams Sec, Got Kokech Primary, Kowuor Primary, Asego Primary, Makongeni Primary, Pala Koguta Primary, Nyalkinyi Mixed Secondary. The E4C Advocates mobilized Pads through the Office of the 1st lady Homabay County, Pads drive& Implementing Partners in the County and hence distributed Sanitary Pads to the Females attendees. The Male attendees were provided with knowledge on MHM & empowered on their roles such as fighting Stigma associated to menstruation.

Conclusion

The MHM key messages needs to be integrated within the School Health Curriculum development especially in the School Health Clubs Operational interventions. The Ministry of Education needs to allocate budget for Sanitary towels for each Female Learners who have begun their periods and as well promote the use of reusable Sanitary Pads. The identification of Learners who have started their periods needs to be done through the Guidance & Counselling department/ School health departments in a friendly manner ensuring that Confidential concerns by Learners are taken with utmost privacy. The government should impose Sanitary towels subsidies in order for other Learners in the private school.

ROLE OF YOUTH ANTI-FEMALE GENITAL MUTILATION/CUTTING NETWORK IN ENDING FEMALE GENITAL MUTILATION: A CASE OF MIGORI COUNTY

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Keywords: Anti-Female Genital Mutilation/Cutting, Campaigners, Child marriage

Background

According to UNICEF report of 2020 Female Genital Mutilation/Cutting (FGM/C) prevalence in Kenya stands at 21%. Kuria community in Migori County is one of the highest FGM/C practicing communities with 84% prevalence. Girls between ages 9-19 are cut and married off creating a strong connection between FGM/C and child marriage. This denies girls many of their rights i.e., right to life, right to be protected against violence and right to education. Being cut comes with many risks for girls' health including loss of life, complicated births, fistula and the stigma associated. Ending FGM/C is a collective responsibility and everyone has a role to play. Young people being directly affected and majority in the community representing 78% of the population in Migori County, have been at the forefront of efforts to raise awareness of the devastating impacts of FGM/C.

Objectives

Meaningfully engage young people to end Female Genital Mutilation.

Methodology

Youth end FGM/C Campaigners in Kuria community has been operational since 2018 and was officially launched in 2021. The campaigners have organized community intergenerational dialogues to discuss and derive strategies to end FGM. Youth have also used media i.e., radio talks, recorded awareness messages and twitter campaigns to collect views, create awareness and raise nationwide attention on the rising cases of FGM.FGM survivors have had the platform to speak and share their stories through the youth led organizations. The uncut female youth have also been used as role models to speak to young girls. The youth campaigners from the community have also been able to attend conferences where they have had the opportunity to speak and inform partners and stakeholders on the state of FGM in the community. Youth campaigners have been able to disseminate and enlighten the community on the contents of the FGM laws in ANTI FGM prohibition Act of 2011 through support from Anti FGM board.

Results

Since the youth Anti FGM Migori chapter was launched in 2018 young people have rallied and joined the end FGM/C campaign changing the belief that male are obliged

to marry cut girls. The youth have formed a strong Youth Anti FGM Network, an umbrella body for youth led organizations campaigning for eradication of FGM to concert efforts to end this retrogressive act. Girls' forums have been established in primary schools headed by matrons and patrons who are youth to monitor girls vulnerable to FGM. Through the network young people have been able to hold government accountable and ensuring there has been enhanced rescue strategies and follow up on FGM cases due to the collaboration between government agencies and non-state actors i.e., Anti FGM board, UNFPA and police. Youth representatives were also selected to be part of the county Anti FGM steering committee chaired by county commissioner. This has recognized that youths can become champions in matters affecting them. More youth have also been capacity built and trained on using media to create awareness and campaign to end FGM. Some of the youths were also part of the taskforce in formation of the SGBV policy 2020 of Migori County that addresses ending FGM. Over 1000 girls were susceptible to the cut in 2018, in 2021 the average number had dropped to 700 girls. Incidences of teenage pregnancies that were caused by early marriages which are the main effects of FGM, reduced from 34% in 2018 to 8% in 2020 during the mid-term review of the Migori Multi-sectoral Action Plan.

Conclusions

Youth are majority and most affected by FGM/C. Most are educated and have the zeal to join the end FGM campaign. Empowering young people to participate actively in campaigns and Anti FGM forums can help accelerate efforts to end FGM in Kuria by 2022 as per the presidential decree.

Recommendations:

There is need to lobby and allocate more resources for youth led grass root organizations to enhance their campaigns against FGM. Strengthen the capacity of youth end FGM campaigners to improve their ability to engage with the community, partners and stakeholders. Meaningfully involve youth in FGM interventions.

END VIOLENCE ON CAMPUS (EVOC): A MODEL FOR STUDENT ENGAGEMENT AT MOI UNIVERSITY

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Background

The impetus for the End Violence on Campus (EVOC) project was deep concern that Moi University (MU) had a serious problem of gender-based violence (GBV), but was not doing enough to monitor and prevent GBV, and assist survivors. Although the University had a Sexual harassment and discrimination policy, the process for handling complaints was not transparent as informed by the baseline survey and case studies that informed the project. Additionally, its health center was not youth-friendly, particularly

after assaults.

Objectives

EVOC's aim was to develop and test a comprehensive, low-cost, feasible, and student-driven model of prevention, monitoring, and victim services at the Health Centre that Moi University would be able to sustain.

Methodology

Interventions included: Prevention by Creation of an EVOC Club.

Monitoring-MU lacked data on student harassment and assault, EVOC conducted a survey of sophomores' students from departments in MU. This was done by randomly issuing questionnaires during classes and major events targeting random but great masses. Sophomores were targeted since they would easily remember first experiences on campus unlike other years. This provided baseline data and performed bi-annually.

Services-EVOC introduced counseling and began making services youth-friendly (YFS) by training MU nurses in YFS, and established an YFS Champions Committee of students and staff to develop an action plan to improve services.

Results

EVOC Club received a campus award for the most active new student group. It trained 125 male and female students in consent and bystander interventions, and raised awareness of GBV issues at fresher orientations. EVOC established a data survey toolkit that targeted mostly second year students. This has helped in guiding interventions around GBV and reproductive health services. The first EVOC survey found that 53.5% of students had been sexually harassed or assaulted, but only knew how to get help. According to the second survey conducted for second years; the YFS Champions, increased privacy and confidentiality at MU's health center. Introduction of confidential counseling services in the university increased uptake of health services among adolescents and youth. However, the results revealed that MU students avoided visiting the health facility because some students were treated harshly.

Conclusions

Unlike other campus sexual harassment projects, EVOC notably appealed to both male and female students equally. It introduced a campus-wide student monitoring survey, and began the process of assessing and improving university health services and sexual harassment policies.

Recommendations:

EVOC is to scale into more universities in Kenya and beyond especially to the Universities that have expressed interest to the Centre for the Study of Adolescence to offer support. For this reason, EVOC will be developing a training manual for staff and students wishing to adopt the model.

THEMATIC AREA 8:

MENTAL HEALTH

DEPRESSION TRENDS DURING GROUP THERAPY FOR COMMERCIALLY SEXUALLY EXPLOITED ADOLESCENTS

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Keywords: CSE, PHQ9, HIV

Background

Commercial sexual exploitation of young adolescents is a concern in many parts of Africa, including Kenya. Globally, an estimated 1.8 million young adolescents are commercially sexually exploited, with approximately 30,000 exposed in Kenya. Adolescents exposed to Commercial Sexual Exploitation (CSE) suffer physical, social, and psychological consequences. However, majority of CSE response in Kenya is focused on legal aid and management of clinical effects such as unintended pregnancies, HIV and sexually transmitted infections, with little emphasis on psychosocial support.

Methodology

Between May 2021 and January 2022, 268 adolescents who were commercially sexually exploited were identified by community health volunteers as part of a project on CSEC by the International Center for Reproductive Health-Kenya; and linked to psychosocial support. Each adolescent was to receive six group counselling sessions as a standard package. The identified adolescents were clustered into cohorts comprising of eight adolescents of the same age, gender and social status. Each session lasted one to two hours. At the end of each session, clinical counsellors administered the patient health questionnaire (PHQ9) to determine the level of depression. Data was analyzed longitudinally for 33 cohorts in different counselling sessions ranging from (n=268) session one to (n=85) session 6. We observed the changes in the PHQ9 scores for children in each counselling session. Depression was defined as a consistent inability to be pro-active in previously enjoyable activities and persistent sadness, according to the World Health Organization.

Results

Of the 268 adolescents, 90% were female were 10% were male. 5% were between the age of 10 to 12 years, 59% between the ages of 13 to 15 years while 36% were between the ages of 16 to 17 years. The mean age was 15 years. 64% were in primary education, 17% in secondary education, while 19% had dropped out of school. The longitudinal analysis across the six counselling sessions showed that the adolescent's mental wellness improved at each time point. At baseline which is the first counseling session, 8% of the adolescents presented high depression with (92%) of the adolescents presenting mild to minimal depression. At the sixth counselling session, only (4%) of the adolescents presented as highly depressed. The depression levels among the adolescents exhibited a

downward trend from session one to session six. After completion of the 6 sessions, 64% self-reported to have reduced CSE, 28% had stopped while 21% still continued. The depression levels improved at each of the five time points after the initial visit.

Conclusions

The use of the PHQ9 is important to monitor and inform interventions for addressing depression amongst adolescents. Additionally, adoption of group therapy is effective in providing psychosocial support for adolescents who experience sexual violence and exploitation. Groups' foster collective care, universality and help adolescents to feel understood and supported. Adolescents also interact, encourage one another, embrace coping mechanisms and develop healthy relationships.

EXAMINING SOCIOECOLOGICAL FACTORS ASSOCIATED WITH DEPRESSION SYMPTOMS AMONG PREGNANT AND PARENTING ADOLESCENTS IN BURKINA FASO AND MALAWI

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Background

Mental health problems are a significant contributor to the disease burden among adolescents and young adults, with depression and suicide among the leading causes of death and disabilities in the age cohort. Pregnant and parenting adolescents face worsen mental health because of stigma and social exclusion. However, only a few studies have examined the multi-layered factors associated with depression symptoms among pregnant and parenting adolescent girls in sub-Saharan Africa. None, to our best knowledge, has comprehensively examined the role of individual, family, peers and neighborhood-related factors associated with depression symptoms among pregnant and parenting girls. Our study addresses this gap by examining the socioecological factors associated with depression symptoms among pregnant and parenting adolescent girls in Burkina Faso and Malawi.

Methodology

Between March and September 2021,

we conducted a mixed-methods study in randomly selected urban and rural enumeration areas (EAs) of Blantyre (66 EAs) and Ouagadougou (71 EAs). We conducted a household listing in sampled rural and urban EAs to identify households with pregnant or parenting adolescents. We selected one adolescent in each household. From these EAs, we successfully interviewed 980 and 669 adolescents in Burkina Faso and Malawi, respectively. We used the Patient Health Questionnaire-9 (PHQ-9) tool to determine pregnant and parenting adolescents with depression symptoms. We categorized scores between 0 to 13 as minimal depression, 14-18 as mild depression, 19-23 as moderate depression, 29 to 36 as moderately severe depression and 29 to 36 as severe depression. Scores of 19 to 36 are further grouped as probable depression. We also obtained information on individual, family, peers and neighborhood characteristics. We used logistic regression models to examine the significant factors associated with probable depression.

Results

The average age of girls in Malawi and Burkina Faso was 17.86 (SD1.15) and 18.36 (SD 0.92) years, respectively. The prevalence of probable depression was 14.5% and 18.8% in Malawi and Burkina Faso, respectively. At the individual level, having secondary education was significantly associated with a lower likelihood of reporting depression symptoms in Malawi, but not in Burkina Faso. Girls with one or more births were more likely to report lower levels of probable depression compared to those currently pregnant in Burkina Faso but not in Malawi. PPAs who reported experiencing intimate partner violence were more likely to report probable depression symptoms compared to those who did not. At the family level, PPAs who reported that their partner denied paternity were more likely to report depression symptoms compared to those whose partners were happy with their pregnancy. Similarly, those who described the support they received from their parents and partners as poor or fair were more likely to report depression symptoms. At the community level, perceived neighborhood safety and having support and a safety net within the community were protective against depression symptoms. PPAs who perceived their community to be safe were less likely to report depression symptoms in both Malawi and Burkina Faso. Having a safety net and support within the community was associated with lower odds of depression symptoms in Burkina Faso but not in Malawi.

Conclusion

Mild to severe depression symptoms are common among pregnant and parenting adolescents suggesting the need to regularly screen them for depression during antenatal and postnatal checks. Factors associated with depression among pregnant and parenting girls operate at multiple levels suggesting a need for multilevel interventions that address all areas of vulnerabilities.

SAFEGUARDING MATERNAL MENTAL HEALTH FOR REDUCED INFANT MORTALITY RATE AMONG ADOLESCENT GIRLS AND YOUNG WOMEN IN KILIFI COUNTY; A STUDY BY AFYA COMMUNITY CARE INITIATIVE, KILIFI

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Keywords: Maternal, Mental Health, AGYW

Background

According to World Health Organization, Maternal mental health is key to achieving global health targets relating to women because of its direct and potentially long-term effect on their general well-being and social and economic participation. It also influences women's caregiving capabilities, which in turn impacts children's health and development. Despite it being a basic right for every woman and important for the psychosocial well-being of women and their children, recognition of maternal mental health has not been a priority on health agendas for many middle-income countries. Review by Fisher J states that almost one in every five women experiences one or more maternal mental disorders during pregnancy or after childbirth. Adolescent mothers are not only at higher risk of pregnancy-related complications, e.g. miscarriage and stillbirth but also face challenging social circumstances including forced marriage, poverty, and stigma, making them more vulnerable to mental health problems like depression.

Objectives

The objective of this intervention was to broaden understanding of the importance of investment in Maternal Mental health for better health outcomes for adolescent girls and young women.

Methodology

Afya Community Care Initiative with support from Coalition Action for Preventive Mental Health conducted four radio talk sessions on SBS Radio targeting the Kilifi general population, one health talk at the Kilifi County Hospital Maternal Child Health unit, and one community workshop at Mikingirini Kilifi. The sessions were conducted between April and May 2021 focused on postpartum depression awareness as one of the Mental Health conditions affecting women especially first-time mothers in Kilifi that are between 15-24

years. There was subsequent incorporation of the Maternal Mental Health awareness talk in our other activities.

Results

According to Radio SBS coverage data estimates; 10,000-15,000 listeners were reached during each of the four radio talk sessions. The split sessions focused on what Mental Health is, the definition of post-Partum depression, the causes, and management. In the last session, we brought on board two women to share their experiences with post-partum depression. The talk at the Kilifi County Hospital Maternal Child Health (MCH) unit reached 20 women between the ages 18-30 years who were on their Antenatal visits. The community workshop on post-partum depression at Mikingirini reached 41 women whereby 80% were young mothers' ages 17-24 years. The subsequent incorporation of maternal mental health awareness included activities such as Gender-based Violence and community health talks.

Conclusions

From the intervention it was noted that there is a wide knowledge gap on Maternal Mental Health conditions among women of reproductive age. There is no prevention awareness program at the county level and there is limited access to maternal mental health care such as screening at the child health clinic level.

Recommendations

It was therefore recommended that Mental Wellness is a key indicator in Adolescent Girls and young women's (AGYW) sexual and reproductive health programming hence should be considered a priority investment area. Investment areas include awareness creation on maternal mental health conditions and self-care management and prevention ways.

ADOLESCENT MENTAL HEALTH AND WELLBEING STUDY IN KENYA, BRAZIL AND INDIA

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Keywords: mental health, emotional wellbeing, mental illness, gendered experiences, gender, NCDs

Background

In 2020, Plan International UK commissioned Paperboat Consulting to carry out Adolescent Mental Health and Wellbeing Study better to understand the policy environment around adolescent mental health, lived experiences, and adolescents' insights regarding adolescent mental health and links to the NCD risk factors in Kenya, Brazil and India.

Objectives

The study had three objectives: provide insight into policy environment around adolescent mental health, identifying good

practices, gaps in policies and plans, and barriers to their implementation; understand linkages between adolescent mental health, gender norms and NCD risk factors and behaviors; gain insight into young people's gendered experiences of mental health and access to appropriate mental health services, and how wider dimensions such as ethnicity, socio-economic status, sexual orientation have on their experiences.

Methodology

This was a qualitative and online research in Kenya, Brazil and India. It consisted of stakeholders' interviews, FGDs with adolescents and in-depth interviews with girls and boys.

Results

External factors that impact mental health and wellbeing are significantly gendered. Also, ability to give and receive peer support, to feel seen and valued, is an important part of increasing young people's power and agency to mitigate poor mental health. Adolescents often engage in NCD risk behaviors to mask stress, anxiety, depression, dissatisfaction and boredom. Young people rarely get professional support for their mental health needs unless they develop serious mental health issues or experience a particular crisis. Finally, focusing on NCD risk behaviors and supporting young people to use their agency to adopt healthy lifestyles is a vital preventive strategy.

Conclusion

Mental health ill-health affects adolescents and the government should develop and fund policies and programmes that prevent negative impacts on adolescent mental health.

PSYCHOSOCIAL SUPPORT FOR ADOLESCENT SURVIVORS OF SEXUAL VIOLENCE IN MOMBASA COUNTY DURING A PANDEMIC

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Background

In Kenya, women, and children are disproportionately impacted by sexual violence (SV). In Kenya, females are more than twice as likely (16%) to experience sexual violence in childhood as males (6%). Instances of sexual violence in the region have been exacerbated with the recent global health crisis caused by the novel SARS-CoV-2 viruses. Increased sexual violence in Kenya as a result of COVID-19 was likely due to societal stress caused by the pandemic's psychological, emotional, and economic effects, as well as school closures that gave perpetrators more access to children. Although emphasis is often placed on providing emergency medical care to SV survivors, psychosocial and legal care are equally important and have an effect on overall outcomes. The Gender-Based Violence Recovery Centre (GBVRC)

at the Coast General Teaching and Referral Hospital Mombasa which is co-run with the International Centre for Reproductive Health Kenya, a local NGO provides comprehensive clinical, legal and psychosocial support. While majority of survivors are minors who would benefit from the available psychosocial support, uptake of sessions has been low and less than 10% of survivors attend all five recommended sessions.

Methodology

To address this, and in response to the covid-19 pandemic, we introduced tele counselling sessions as well as caregiver counseling to encourage their support in accompanying or ensuring the counseling attendance of their adolescents. Survivors typically cover 3 in-person and 2 tele-counseling sessions with a counsellor at intervals of two weeks. Children aged 4 to 16 receive tele-counseling via their caregivers' mobile phones, which must be scheduled ahead of time. It is however easier for the adolescents aged 14-19 to engage in the tele-counseling sessions. Because few caregivers have smartphones with sufficient bandwidth for video calls, the majority of the sessions are limited to regular phone calls lasting 20-30 minutes. In recognition of the caregivers' trauma, the therapist provides services to them as well. Group sessions for caregivers are held to keep them informed about their children's progress while also providing a forum for sharing and lesson learning. Tele-counseling promotes convenience, accessibility, as well as cost and stigma reduction. It also helps in follow-up on the status/progress of the survivors while encouraging revisits. Tele-counseling can be adopted as a complementary approach to in-person counseling among adolescents aged 11-19 who have a better grasp of verbal expression. Challenges in tele-counseling among young adolescents include limited time and access to smartphones, plus difficulty in verbal expression due to trauma. The GBVRC adapts a family-focused approach to psychosocial support that encourages family involvement in goal-setting for improved clinical outcomes and the family's general well-being.

Results

Although undocumented, conversations with the caregivers who have benefited from this intervention show that engaging caregivers who do not typically get involved in therapy encourages their cooperation while upholding kindness and collective responsibility. Moreover, their feedback suggests that support groups for caregivers address their mental trauma while equipping them with knowledge on managing the child's emotions. This intervention caters to the realities of psychosocial support among child survivors in underserved communities during a pandemic and advances opportunities for improvement through family involvement. It can be adapted by other GBVR Centers in underserved communities where the importance of the family unit is upheld and social-economic circumstances prevent easy access to psychosocial support for survivors.

THEMATIC AREA 9:

CLIMATE CHANGE AND AYSRHR

THE LINKAGES BETWEEN CLIMATE CHANGE AND SEXUAL REPRODUCTIVE HEALTH AND RIGHTS: A CASE OF PASTORALIST WOMEN AND GIRLS IN SAMBURU COUNTY

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Keywords: Climate Change, SRHR-Sexual Reproductive Health and Rights

Background/Significance

Samburu County is characterized by high levels of variability in climate systems and resource availability, and the impact of climate change on the already vulnerable ecosystems has increased the frequency and severity of drought resulting to food insecurity, environmental degradation, loss of livelihood and water scarcity. Given gender disparities in social and economic roles, women suffer more due to vulnerability in gender division of labour and allocation of power at the household and other levels. Pastoralist women have to travel longer distance in search of water this predisposes them to sexual gender-based violence. Climate Change induced conflict among pastoralist communities has led to disruption of health services including sexual reproductive health services. These services are often limited or unavailable in healthcare centers predisposing women and girls to poor sexual reproductive health outcomes. In addition, women and girl's ability to manage their menstruation is impaired due to lack of clean water and menstrual products.

Objectives

- Improved policy environment for climate change and sexual reproductive health
- Identify the linkages between climate change and sexual reproductive health and rights
- To strengthen referral pathways to sexual reproductive health services

Methodology

Effective climate change governance at county level through coordination among community institutions to engage and advocate for a transparent, accountable, participatory climate change governance process. Conducted an assessment to identify the linkages between climate change and sexual reproductive health and rights (SRHR), the findings provided pathways to policy makers and advocates in realizing rights and climate resilience. Women and youth were identified as Climate Justice Champions and trained on budget advocacy, SRHR and climate change advocacy and supported to engage in county decision making processes that affect them and their community. In order to strengthen referral pathways to SRHR services including safe abortion the project leveraged on the existing grassroots networks and built their capacity on SRHR and climate change. 540 young women and girls from grass root networks were sensitized on different SRHR components. Community dialogue sessions were conducted to improve community willingness to support SRHR.

Results

The ultimate goal of the program was resilient communities with the capacity to anticipate, plan and adapt to climate change. Women and youth in Samburu County are actively engaged in County budget processes and have developed the County Climate Change policy and Sustainable Forest Management policy to address climate change gaps within governance processes as well as enhancing community institutions capacity to effectively engage in environmental decision-making processes. Improved knowledge among policy makers and advocates on the linkages between climate change and sexual reproductive health and rights among pastoralist communities. Through this project there has been an inclusive development of climate action plans that incorporate investments in health, gender, education and empowerment of women and girls. Increased meaningful engagement of women and girls in environmental decision making. Established referral directory where young people can access information and services on Sexual Reproductive Health and Rights. Improved knowledge on contraceptive use among young women in Samburu County. From the assessment report that clearly highlighted the impact of climate change on women SRHR, the stakeholders have included SRHR and gender within the climate change policy and highlighted developed policy recommendations.

Conclusions

The worsening climate crisis in Samburu County is disrupting access to SRHR services, efforts to mitigate and adapt to climate change need to include SRHR. Women and girls are on the frontlines of the fight against climate change and must be at the heart of climate action.

Recommendations

Pastoralist women and girls should be empowered to claim their environmental rights and actively participate in decision making processes. Efforts to mitigate and adapt to climate change need to include SRHR. Samburu County being patriarchal, there is need for value clarification and attitude transformation on SRHR to improve community willingness to support SRHR.

BRIDGING UNMET NEEDS OF CONTRACEPTIVES AMONG AGYW THROUGH THE BINTI KWA BINTI GROUPS IN KILIFI COUNTY

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Keywords: AGYW, FP, PMA, YFS, FP-CIP, CHV, Binti Kwa Binti

Background

According to DHIS Kilifi County (2019), 27.8% of total ANC Clients were adolescent, and 22.6% in 2020. The total number of client's visits reduced 2020 due the COVID-19 pandemic which distracted the normal RMNCAH service provision, AGYW missed opportunities to report to health private facilities. According to PMA Kenya Phase 2 December 2020 proves that-AG are more than 2 times less likely to have discussed FP with their health providers/ CHW in the past year compared to older women, 13%(15-19yrs), 28%(20-24yrs) of and AYP received FP information from a provider. The majority of AGYWs lack knowledge about contraception methods and FP. AGYW lack sexual reproductive health services that meet their needs, owing to service provider bias, stigma, and discrimination; most of them lack support from their partners, families, and communities to help AGYW access modern contraceptives. Their well-being and prospects are further harmed by their vulnerability to HIV, STIs, unintended pregnancy, and unsafe abortions.

Objectives

To reduce unmet needs of contraceptives among AGYW through Binti Kwa Binti Groups in Kilifi County.

Methodology

Programs must be strengthened in order to increase access and provide quality FP services by implementing the most recent and evidence-based guidelines on contraceptive method safety and service delivery. We conducted evidence-based 20 in-reaches and out-reaches targeting AGYW with SRHR information and services in collaboration with the County Department of Health, TCI, YVAI, and YACH. We also used the existing Binti Kwa Binti Group, which provides a safe community space for AGYW while reducing unmet contraceptive needs. Using the Kilifi FP CIP 2017-2021, we held community-based sensitization forums for AYP, primarily AGYW, to debunk contraceptive myths and misconceptions and to refer them to YFS at a nearby public health facility.

Results

From our concerted efforts, PMA (2020) reported that there was an Increased Demand FP services, 71% of the women (15-49yrs) obtained their current method from a public health facility (There has been an increase in long term contraceptive method use among all women from 9% in 2014 to 17% in 2020 since most of the health care providers were trained to provide YFS). Essentially, through the Binti kwa Binti groups made up of AGYW of different age groups, we reached a total of 3000 AGYW in 7 sub county who were imparted with access to age appropriate SRH information through Great partnership of YVAI, YACH,TCI with the health care providers, CHVs, Community gate keepers, AGYW in the community. In order to reduce teenage pregnancy through access to integrated reproductive information and services. 37 out of 282 Health facilities in 7 Sub-County of Kilifi at the grassroots level were equipped with commodities in order to provide integrated services for prioritized AGYW needs in the community through the support of department of health.

Conclusion

There is a dire need to prioritize access to youth

friendly Reproductive health integrated Services in order to increase access and provide quality FP services. The Programs needs to be strengthened by adopting latest and evidence-based guidelines focusing on AGYW. The county needs to review and update the FP-CIP 2017-2021.

Recommendation

According to PMA Kenya-Phase 2 November–December 2020 there were stock-outs for implant among public facilities reported in 2020, the facilities should be equipped with all FP and contraceptives commodities in order to increase the demand of integrated YFS among AGYW in the community.

Nena Na Binti HOTLINE

Nena Na Binti hotline 0800 211 227 (Toll Free) / 0775533117 (Text/WhatsApp) is a non-judgmental confidential number providing 24 hour uninterrupted access to comprehensive SRHR information and services to adolescent girls, young women, young people and key populations (LGBTQ+ persons).

The hotline was founded in May 2020 as a result from a rapid needs assessment survey conducted at the onset of COVID-19 by RHNK among girls, youth, young women and key populations. The survey report indicated a gap on access and uptake of SRHR services and information among youth.

Nena Na Binti Hotline is managed by trained, youthful health care provider counsellors. Between March 2020 and May 2022, the hotline has reached over 1M persons in its digital platforms and served over 6500 needy persons with abortion, contraception and HIV/AIDs among other SRHR information and services through self-care or linked to in facility/home based SRHR care through an interlinked pathway of intervention that involve trusted riders and network health care providers that complete healthcare pathway with principal reference to the 2010 Kenyan constitution.

The hotline is available in digital spaces including Twitter, Facebook, Tiktok, Instagram and YouTube among other SRHR awareness creation, referrals and linkages.

Call/chat is the link between clients and us in strengthening access to safe spaces and comprehensive, affordable SRHR information and services in Kenya.

ARASA

The AIDS and Rights Alliance for southern Africa (ARASA) was established in 2002 as a regional partnership of civil society organisations working in 18 countries in Southern and East Africa. Between 2019 and 2021, the partnership is working to promote respect for and the protection of the rights to bodily autonomy and integrity for all in order to reduce inequality, especially gender inequality by promoting health, dignity and wellbeing in southern and east Africa.

ARASA conducts its work in a multi-dimensional, multi-level and multi-directional operational approach under two programme areas, namely (i) capacity strengthening; and (ii) advocacy, both of which utilize the diversity of the ARASA partnership to build and strengthen the capacity of civil society for advocacy and have regional and national components. We also work to elevate the experiences of our partners to influence international health policy and to advise global political, health and financing institutions.

Our Focus Areas

- **Promoting the rights to bodily autonomy and integrity:** ARASA will promote social justice, Universal Health Coverage and the achievement of the SDGs (with a focus on Goals 3, 6 and 10) through respect for and protection of the rights to bodily autonomy and integrity, equity, equality and ensuring accountability to regional and international health and human rights instruments.
- **Transforming culture and discourse:** ARASA will seek to influence culture and discourse on bodily autonomy and integrity, recognising that cultural and religious influencers such as media, artists and community leaders can help shape cultural and religious norms that influence how the rights of bodily autonomy and integrity are valued and upheld.
- **Removal of structural barriers:** ARASA will focus on the removal of structural barriers – such as national, regional and international policies and laws on gender, SRH, sexual orientation and gender identity – that prevent accelerated progress on rights-based responses to HIV, TB and SRH, in particular for people living with HIV, key populations and other vulnerable communities.
- **Protection of civil society space:** ARASA will focus on protecting the rights of civil society advocates to expression, association and engagement – to ensure their full and critical role in rights-based action on HIV, TB and SRH that responds to the real needs of communities.
- **Sustaining and increasing health financing:** ARASA will focus on holding

national governments, regional institutions and international donors to account for their funding commitments for HIV, TB and SRH, and ensuring sustained and increased investment – especially in structural interventions and programmes for key populations and other vulnerable communities – in order to achieve the SDGs.

SENJE HOTLINE

Senje is a local term meaning "Aunty". It resonates well with the locals since from way back, young girls were sent to their aunties for advice when it was time to get married or when they were going through puberty. Unfortunately, gone are the days when aunties come in handy for advice. As a result SENJE toll free center was born. We offer open and candid conversations on comprehensive SRHR free from stigma and discrimination.

Senje operates all over Kenya providing confidential, quality information and services on Sexual reproductive Health and rights(SRHR) more so information on access to safe and legal abortion services (including countrywide shipping of pills) and contraceptives to adolescents, young people, key population and LGBTIQ+ persons .

Our social media platform:

Toll free number 0800720944

Facebook: @senjeHotline

Twiiter:@SenjeHotline

MESSAGE FROM THE EXECUTIVE DIRECTOR, RHNK

On my own behalf and on behalf of RHNK, I am pleased to welcome you all to the Fifth Annual Scientific Conference on Adolescent and Youth Sexual and Reproduction Health & Rights. I also wish to acknowledge the support of our partners and co-conveners, the International Planned Parenthood Federation. Thank you very much for standing with us to make this conference possible, and for other forms of support and cooperation that we have continued to share.

This conference is appropriately themed, “Advancing access to adolescents and youth sexual and reproductive health and rights in a pandemic.” The timing of the conference, as well as the selection of the theme are spot on. Both coincide with the season of the Covid-19 pandemic, which has continued to tease the global community with the thought that it has dissipated, only to begin picking up again.

Equally important is the fact that the challenges of sexual and reproductive health rights for young people are reaching a crisis point everywhere, and especially so in Africa and in the Third World generally. In their own way, the challenges have often threatened to spiral out of control, to take on the character of a pandemic. Indeed, we have seen some of the dangers expressed in the HIV-Aids challenge that remains very much alive, several decades after the first case was reported.

We live today in a world that tries to close its eyes to the harsh truths around these challenges. It is, no doubt, hoped that by doing so, the challenges within will melt away, somehow. We face various layers of barriers to conversations in our attempt to confront these truths. Some are individual, such as deficient knowledge on sexual reproduction health, and myths and other forms of limited and self-limiting misinformation. Others are socio-cultural.

Socio-cultural barriers come fully-loaded with stigma and other restrictive norms around youth sexuality and gender norms. Cultural received orthodoxy has conditioned us to be prudish, judgmental and intolerant, to the disadvantage of our young people – and eventually the disadvantage of future generations, at the individual, family and community levels.

Our young people, meanwhile, are exposed to an information splash that has complicated their ability to think things through, slowly and logically, and clearly. To its credit, the Government of Kenya now has policies on reproductive health and sexual education. These have been progressively

developed over the period 2003 – 2015. Yet, the very mention of the word "sex" remains taboo in a majority of African communities and households, and certainly in Kenya too. Worse still is the notion of reproductive health education, despite these policies and guidelines.

The need for ethical conduct and social norms; as well as morals and values in overall human behaviour in matters of sex and sexuality cannot be naysaid. Each society must have its benchmarks on what it considers the minimal levels of social permissiveness. Certain kinds of behaviour will invariably be deemed to be prurient and devoid of any meaningful redeeming value.

Yet, it is true, that prudery pushed beyond certain limits does more harm than good. Such prudery encourages us to shut our eyes to gross realities around us. If we deny, for example, that young people are having sex at much younger age than was the case two-to-three decades ago, that does not take away that reality. It does not stop the engagement.

The facts on the ground are harsh and mind boggling. Some 11.63 million Kenyans are adolescents, aged 10-19 years. Another 13.8 million are aged 18-35. One in every five girls aged 15 to 19 is either pregnant, or already a mother in Kenya. Meanwhile, 20,000 girls either seek abortion, or have an abortion related complication annually. Unsafe abortion remains the main cause of maternal mortality and morbidity, among girls aged below 20.

And there are more disturbing facts. By the time they are 15 years old, 12 percent of our girls have already had sex. The statistics are higher for boys, at 21 percent. And by the time they are 18 to 24, some 55 percent of the boys and girls have had sex. What should worry us even more is that much of this sex has been unsafe, and it has even led to unsafe ways of looking for abortion.

In certain environments in the country, underage marriage for girls is normal. United Nations Population Fund statistics for Kenya show that 23 percent of our girls are married before age 18. And in these marriages, there is no attention to reproductive and sex health care or rights. It is essentially an abusive and indifferent situation that we should no longer tolerate as a decent and caring nation. We need to face the facts and speak to them with candour.

On a more hopeful note, an ever growing number of girls and women are conscious of the need for contraceptives, safe sexuality and they are actively pursuing all these. Some 65 percent of married women and girls aged 15 to 49 in Kenya want to delay or prevent pregnancy and their demands are being met by modern contraceptive methods. Equally encouraging is that data from recent Kenya Demographic Health Survey shows that contraceptive prevalence among sexually active unmarried girls aged 15 to 19 is 49 percent. It is even higher at 64 percent among girls aged 20 to 24.

Meanwhile, more than half of Kenya's married women aged 15 to 45 use modern contraceptive methods. Contraceptive use peaks among married women who are aged between 30 and 35, and among single women aged between 25 and 29.

The positive indicators notwithstanding, it remains noteworthy that a lot needs to be done. Progress has been made despite resistance and absence of support and even

non-cooperation by those we should be counting upon to lead. Yet we should not give up. We must continue seeking conversations that will lead to more conscious and even law-supported adoption of safer sex, and the necessary attention to sexual and reproductive health among the youth and adolescents.

As in all other areas of national agenda, adolescent and youth sexual and reproductive health is a matter that must concern all of us. It is indeed a critical national agenda. We cannot possibly lock it in a pigeonhole and leave it behind to be a matter of future conversations when the young people are full grownups, for some will not even get there – for the same reasons we refuse to engage; while others will get there when they are already a wasted population. We need to engage, now.

We appreciate the intervention that the Kenya Government has so far made through the Adolescent Reproductive Health Development Policy (2003), Policy for Education and Training that Incorporates Life Skills and HIV-Aids (2004), National Guidelines for Provision of Youth-Friendly Services (2005), National School Health Policy (2009), and the National Adolescent Sexual and Reproductive Health Policy (2015), among others.

More remains to be done individually and collectively, however. Mutual condemnation of one another will not help our situation. We need to talk. And this conference is one astute forum for the kind of talk we need. I encourage all of us to participate actively. Listen actively and contribute actively, too. In the end, let not the useful issues that will come out of our deliberations remain here. Let us carry them to our various places of work and operation and let us keep the discourse and the effort alive.

Thank you.

Ms. Nelly Munyasia

The Executive Director, RHNK

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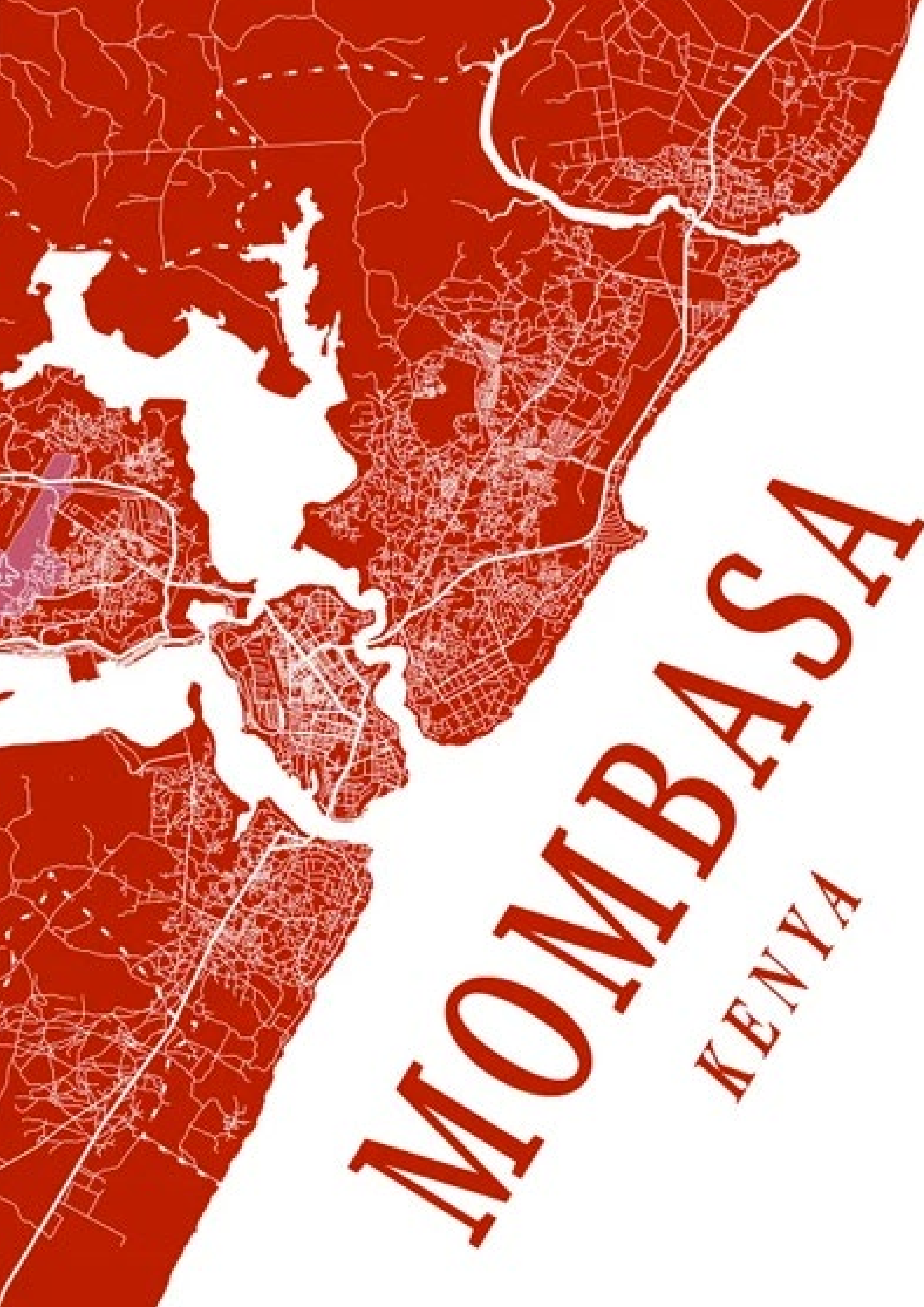
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