



7<sup>TH</sup> RHNK ADOLESCENT AND YOUTH SEXUAL  
AND REPRODUCTIVE HEALTH AND RIGHTS  
**SCIENTIFIC CONFERENCE**

20  
24

In partnership with



**THEME:**  
**PRIORITIES FOR ADVANCING  
AYSRHR IN AFRICA**

**PROCEEDINGS | VOLUME 6**

**18<sup>TH</sup> – 21<sup>ST</sup> JUNE, 2024**

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## WELCOME MESSAGE FROM THE EXECUTIVE DIRECTOR - NELLY MUNYASIA

Our Excellencies, Esteemed stakeholders, Distinguished Guests and Speakers, it is an honour to welcome you all to the 7th Adolescent and Youth Sexual and Reproductive Health and Rights Scientific Conference convened by the Reproductive Health Network Kenya (RHNK) jointly with the Centre for Reproductive Rights (CRR) and HI-VOS SRHR Fund in partnership with the Ministry of Health – Division of Reproductive and Maternal Health, themed “Priorities for Advancing Adolescent and Youth Sexual and Reproductive Health and Rights in Africa.” Today, we gather with a shared vision of a future where every young person across our continent can enjoy the full spectrum of their sexual and reproductive health and rights (SRHR), empowered to make informed decisions about their lives and bodies.

I want to sincerely thank the team that organized the conference, the speakers gracing different sessions and participants for joining us during this important event in the sexual and reproductive Health Rights movement. To our guests from outside Kenya- I extend a warm welcome to the Country. Kari-buni sana.

Recognizing the growing complexities and challenges faced by the society, especially adolescents and young people in accessing SRHR, and the need to tackle root causes of these problems to create changes in the system, the conference brings government officials, civil society, academia, the private sector, faith-based organizations, grass roots organizations and other partners, interested in the pursuit of sexual and reproductive health and rights within the region to share experiences in advancing access to SRH information and services. Through this convening, the expectation is to build a collaborative ecosystem of actors with a shared understanding of the SRHR problems faced by Adolescents and Young People (AYPs) for coordinated collective action and collective intelligence amidst the growing well-organized, connected, and resourced global opposition to reproductive rights within the continent. The conversations over the next few days should create the agency to enable



SRHR actors across the ecosystem to synchronize efforts and adopt a holistic approach to solving AYSRHR challenges which are complex and multi-dimensional.

As we convene, we are reminded of our commitments to the ICPD Programme of Action, the Africa 2063 Agenda, and the 2030 Agenda for Sustainable Development. These frameworks provide us with a roadmap to achieve universal access to SRHR, ensuring that no one is left behind, particularly our youth. Our journey to advancing AYSRHR requires new, innovative, and strategic partnerships. This means fostering collaboration among youth, civil society organizations, local communities, and the private sector, as well as leveraging cross-regional cooperation among countries. It is through these synergies that we can drive impactful change. However, we must acknowledge the multiple challenges that adolescents and young people in Africa face in accessing SRHR information and services. A recent report by Rutgers International highlights that weak and fragmented policy frameworks hinder effective implementation at the country level. Structural systemic barriers, such as shortages of commodities, laws requiring parental

or partner consent, distance to health facilities, cost of services, and socio-cultural barriers, exacerbate these challenges. The COVID-19 pandemic further amplified these issues, coupled with a rapid decline in donor funding for SRHR. According to a recent United Nations report, Africa has the youngest population in the world, with 70% of the population in Sub-Saharan Africa under the age of 30. This demographic offers a tremendous opportunity for the continent's growth, but only if young people are fully empowered to realize their potential. Unfortunately, the lack of prioritization of SRHR needs for this population has led to increased cases of unintended pregnancies, high unmet need for family planning, new HIV infections, unsafe abortions, and Sexual and Gender-Based Violence (SGBV), including female genital cutting.

Prioritizing AYSRHR in Africa is therefore essential for fostering comprehensive well-being and sustainable development across the continent. This calls for a multifaceted approach to empower young individuals in making informed decisions about their sexual and reproductive health. Let us reaffirm our commitment to achieving universal access to SRHR as part of universal health coverage. We must strive for zero unmet need for family planning information and services, ensuring the universal availability of quality, accessible, affordable, and safe modern contraceptives. Our aim is clear: zero preventable maternal deaths and maternal morbidities. This includes integrating comprehensive SRHR interventions and ensuring post-abortion care, all while upholding the right to bodily integrity, autonomy, and reproductive rights. For our adolescents and youth, especially girls, we must ensure access to comprehensive, age-responsive information, education, and adolescent-friendly services. This will enable them to make informed decisions about their sexuality and reproductive lives, protect themselves from unintended pregnancies, HIV/AIDS and shield against all forms of sexual and gender-based violence and harmful practices such as child, early, and forced marriages, and female genital mutilation. We must recommit to zero tolerance for such practices and the elimination of all forms of discrimination against women and girls as this is essential to realizing the full socio-economic potential of all individuals. Financial mobilization remains key in sustaining the gains made and to the realization of AYSRHR commitments. We must

utilize national budget processes, including gender budgeting and auditing, increase domestic financing, and explore innovative financing instruments. Additionally, international financing must complement domestic efforts to accelerate the implementation of SRHR programs, promoting gender equality and the empowerment of women and girls. We must evaluate our investments in adolescents and youth SRHR programs to enable our region to harness the promises of the demographic dividend as the driver for economic growth and attainment of sustainable development. Finally, we must stick to the principle that nothing about young people's health and well-being can be discussed or decided upon without their meaningful involvement and participation. "Nothing about us, without us."

Therefore, during this conference, discussions among diverse actors with the young people will focus on several sub-themes which include: innovative digital health solutions that can revolutionize access to SRH information and services, bridging gaps and overcoming historical barriers; the power of shifting community-based norms and narratives that create supportive environments that promote positive health behaviours and dismantle stigma and discrimination; the necessity of integrating AYSRHR within broader development strategies to ensure alignment with sustainable development goals; the importance of addressing gender inequalities and promoting social inclusion that recognizes SRH as a human right of all individuals; strategies for advocating the inclusion of AYSRHR within the Universal Health Coverage (UHC) framework; innovative and sustainable financing mechanisms to support AYSRHR initiatives; and success stories and best practices in AYSRHR service delivery.

As we embark on this conference, let us be inspired by our collective commitment and drive to advance AYSRHR in Africa. Together, we can make a profound difference in the lives of our young people and build a future where every individual can thrive in health, dignity, and equality. I want to encourage you to attend all the sessions, and freely share your ideas and case studies.

Thank you and welcome all.



## MESSAGE FROM THE CONFERENCE PLANNING COMMITTEE CHAIRPERSON - PROF. JOACHIM OSUR

**O**n behalf of the Conference Organizing Committee, I take the pleasure to welcome you to this year's RHNK Conference. The conference theme: Priorities for advancing ASRHR, comes at a time of poly-crises in the world. We are at a time of massive disruptions due to technology, climate change, economic instability, increasing fears of another pandemic and political upheavals and major wars which have affected everyone in the world. Amidst the on-going uncertainties and difficulties, young people still believe. They still have hope. They hold the future of humanity and they cannot afford to give up.

They are aware of this. At the core of this hope is their sexual and reproductive health. It should not be the reason for a failed future. We all have to listen and co-create solutions that make ASRH a facilitator of a future full of hope and productivity. In the course of planning this conference we have consulted widely and the youth have led the process. They have collected voices and views from across countries on the aspirations of young people. They have talked to governments, NGOs and the private sector. These consultations have taken six months. This conference is the culmination of all the discussions that have been going on. It is now time to conclude on the priorities to focus on. It is time to make commitments on how we will collaborate to multi-



ply gains for young people. It is time to set rules on how young people will remain at the core of decision making. We have to agree on where to allocate resources and how to keep each other accountable in achieving results for young people.

The committee looks forward to a very productive conference. We thank you all for having chosen to be part of this important journey. Together we can hold the future of young people alive and productive for the sake of humanity.

## MESSAGE FROM THE CONFERENCE SCIENTIFIC COMMITTEE CHAIRPERSON – DR. EDISON OMOLLO

It is with immense pleasure and great honor that I welcome you all to the 7th RHNK AYSRHR Scientific Conference. We gather here with a shared commitment to create lasting positive change in the lives of young people across the region. This year's theme, "Priorities for Advancing AYSRHR in Africa," emphasizes the urgent need to prioritize and address the unique challenges faced by adolescents and youth in our continent. We are here to generate clear and actionable recommendations for policymakers and stakeholders, strengthen collaborations among diverse stakeholders, provide a platform for sharing innovative strategies, and increase the visibility and integration of AYSRHR priorities into national and regional policies. As the chairperson, on behalf of the Scientific Committee,

I wish to applaud the delegates especially the young people who submitted their abstracts and are participating at this year's conference to share their experiences in accessing AYSRHR. I also extend my sincere gratitude to the members of the scientific committee who worked tirelessly in ensuring the over 750 abstracts received



were reviewed and feedback communicated to authors on time. The great work achieved by the Scientific Committee would not have been possible without the immense support from the Planning Committee and the RHNK leadership. Thank you, and I wish you all an engaging and productive conference.



## MESSAGE FROM THE CONFERENCE YOUTH COMMITTEE CHAIRPERSON - INNOCENT INDEJE

**B**eautiful people! Reflecting on the theme of this year's conference, "Priorities for Advancing AYSRHR in Africa," it is crucial to acknowledge the context within which we gather. Africa, as noted in a United Nations report, boasts the youngest population globally, with a staggering 70% of its inhabitants in Sub-Saharan Africa falling below the age of 30. This demographic reality presents both a challenge and an opportunity—an opportunity for the continent's growth and prosperity if we empower our youth to realize their full potential.

As we were collecting youth voices across the continent, we couldn't help but acknowledge the fact that the journey toward realizing this potential is fraught with obstacles. In her kicker, Aisha Oratile from Botswana ranked weak policy frameworks, systemic barriers, inadequate resources, and dwindling donor funding, as the major hurdles impeding progress and the journey towards SRHR freedom. Yet, amidst these challenges lies the promise of the youth demographic dividend, a promise that can only be fulfilled through prioritizing the sexual and reproductive health and rights of adolescents and youth. Achieving this means adopting a multi-faceted approach that empowers young people to make informed decisions about their sexual and reproductive health. Dr. Kizah Blair from USAWA Health Uganda underscores Comprehensive sexuality education, access to contraception and family planning services, and the re-institutionalization of youth-friendly services as indispensable components of this approach. "We must prioritize the empowerment of girls and women, engage men and boys as allies, and leverage digital health solutions to bridge gaps in access and information." Pallavi Ramnath from MFPWA, Mauritius. During our virtual youth caravan, Josephine Adhiambo from Youth Changers Kenya couldn't hide her excitement for the 7th RHNK scientific conference when she said "I believe, by focusing on these priorities, we can construct a holistic framework that not only educates but also supports the diverse needs of adolescents and youth in Africa, thereby fostering a healthier



and more empowered generation." We acknowledge the support and guidance from the respective planning committees including, resource mobilization committee, the scientific committee, the logistics committee, the communications committee and the main planning. It is our hope that this conference will act as a cornerstone for generating actionable recommendations for policymakers and stakeholders, strengthening collaborations, sharing innovative strategies and best practices, increasing visibility and integration of AYSRHR priorities into national and regional policies, and advocating for universal health coverage.

Special thanks to the Youth Committee for your commitment and dedication to ensuring that young people are prepared to take up spaces, and their voices are counted. Towards RHNK's 7th Scientific conference on AYSRHR, the whole process of collecting and documenting youth voices to inform "What Youth Want" has been nothing but inspirational. Building on the national, regional and global AYSRHR commitments, let us keep forging a path forward, one that ensures the fulfillment of the sexual and reproductive health and rights of adolescents and youth. Here's to a healthier, empowered, accountable, and youthful tomorrow!

## LIST OF THE CONFERENCE PLANNING COMMITTEE

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# #WhatYouthWant

## PRIORITIES FOR ADVANCING AYSRHR IN AFRICA



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18<sup>TH</sup> - 21<sup>ST</sup> JUNE 2024

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## **THEMATIC AREA 1:**

### **INNOVATIVE DIGITAL HEALTH SOLUTIONS FOR ADVANCING AYSRHR**

## Providing access to efficient SRHR information and linkage to services: Introducing Nena Na Binti chatbot

Otieno Baker Oyugi<sup>1</sup>, Nelly Munyasia<sup>2</sup>, Pamela Adhiambo<sup>3</sup>

**Keywords:** *Nena Na Binti chatbot, Access, Linkage to services, SRHR*

### Background/Significance

The Nena Na Binti chatbot represents a groundbreaking response to the urgent need for efficient and accessible Sexual and Reproductive Health and Rights (SRHR) information in Kenya. With alarming rates of teen pregnancies and unmet contraceptive needs among adolescents and young women, there's a critical demand for innovative solutions to bridge this gap. The chatbot is strategically designed to address this pressing need by providing instant, accurate, and gender-responsive SRHR information to individuals across diverse contexts, complementing the existing Nena Na Binti hotline.

The 2022 Kenya Demographic and Health Survey (KDHS) sheds light on the significant challenges facing adolescent girls and young women concerning sexual and reproductive health. While there has been progress in certain areas, such as the increase in the Contraceptive Prevalence Rate (CPR) from 50% to 63% between 2014 and 2022, substantial gaps persist. For instance, the survey highlights that, on average, half of men and women begin engaging in sex at ages 17 and 18, respectively, underscoring the critical need for accessible and comprehensive sexual and reproductive health information and services.

Today, statistics underscore the urgency of the situation, with 11% of girls and 20% of boys aged 15-19 initiating sexual activity by the age of 15. Despite a slight decrease in teenage pregnancy rates from 18% in 2014 to 15% in 2022, there remains a significant unmet need for family planning and contraception services. Shockingly, one in five (23%) girls aged 15-19 lacks access to contraceptives, leading to adverse consequences such as early childbearing, with nearly half (47%) of these births being unwanted.

Furthermore, the prevalence of Sexually Transmitted Infections (STIs) among girls aged 15-19 is three times higher than that of boys in the same age group. Additionally, knowledge regarding comprehensive HIV prevention, HIV testing, and condom use is notably low among adolescents compared to other age groups. The national HIV prevalence rate stands at 4.9%, with women exhibiting a higher prevalence rate of 5.2% compared to men. Alarmingly, young people contribute to the highest rates of new HIV infections, emphasizing the urgent need for comprehensive sexual health education and services. The KDHS also highlights alarming rates of sexual and gender-based violence (SGBV) in Kenya, with 34% of

women experiencing physical violence since age 15. This violence is intricately linked to high rates of unintended pregnancy, unsafe abortions, STIs, including HIV, and psychosocial problems among adolescent girls and young women. Furthermore, unsafe abortions contribute significantly to maternal mortality, with approximately 6,000 deaths per year, 17% of which result from complications of unsafe abortion.

In this context, the introduction of the Nena Na Binti chatbot represents a crucial step towards addressing these multifaceted challenges by providing timely, accurate, and stigma-free SRHR information and services to empower individuals to make informed decisions about their sexual and reproductive health.

### Objectives

- To provide quick and efficient access to evidence-based SRHR information tailored to the needs of adolescents and youth.
- To facilitate connections between individuals seeking SRHR services and RHNK healthcare providers, ensuring prompt access to quality care.

### Methodology/Interventions

The Nena Na Binti chatbot leverages cutting-edge technology, specifically Natural Language Processing (NLP) machine learning language models, to deliver sexual and reproductive health and rights (SRHR) information and facilitate connections with healthcare providers. By utilizing NLP techniques, the chatbot learns from text data and predicts the next possible word, ensuring accuracy and relevance in responses. As the model is fed with more data, it continuously improves its accuracy and ability to provide tailored information to individual users.

Moreover, the chatbot serves as a valuable tool for continuous monitoring and evaluation, allowing for the analysis of user data, including user surveys, feedback mechanisms, and AI-driven analytics. This data analysis provides insights into the information most sought after by users, as well as the SRHR services in high demand. These insights enable informed decision-making for future interventions, ultimately enhancing the user experience and effectiveness of the Nena Na Binti chatbot in promoting SRHR.

## Results

Preliminary results demonstrate the effectiveness of Nena Na Binti chatbot in reaching and engaging users with SRHR information. Over 2000 users have accessed SRHR information through the Bot, with 1000 successfully connected to RHNK healthcare providers for further assistance. Additionally, user feedback indicates high satisfaction rates with Nena Na Binti responsiveness and accuracy. Moving forward, ongoing enhancements and partnerships will further optimize Nena Na Binti's capabilities to meet the evolving needs of its diverse user.

## Conclusions

The Nena Na Binti chatbot emerges as a critical solution in the landscape of sexual and reproductive health and rights (SRHR) in Kenya. Its strategic design to provide instant, accurate, and gender-responsive information fills a critical gap in addressing the pressing needs of adolescents and young women. With alarming rates of teen pregnancies, unmet contraceptive needs, and high prevalence of sexually transmitted infections (STIs) among this demographic, the urgency for innovative and accessible solutions cannot be overstated.

The Kenya Demographic and Health Survey (KDHS) underscores the magnitude of the challenges facing adolescent girls and young women regarding SRHR. Despite progress in certain areas, such as an increase in contraceptive prevalence rate (CPR), significant gaps

persist, including low knowledge about comprehensive HIV prevention and high rates of Sexual and gender-based violence (SGBV). These challenges contribute to adverse outcomes such as early childbearing, unsafe abortions, and maternal mortality, highlighting the dire need for comprehensive sexual health education and services.

## Recommendations

**Scale up of Nena Na Binti Chatbot:** Given its effectiveness in providing quick and efficient access to evidence-based SRHR information, there should be a concerted effort to scale up the Nena Na Binti chatbot's reach. This could involve expanding its availability on various platforms and increasing promotion and awareness campaigns targeting adolescent and young adults across Kenya.

**Integration with Healthcare providers:** The chatbot should be seamlessly integrated with RHNK healthcare providers to facilitate prompt access to quality of care. This integration would ensure that individuals seeking SRHR services receive timely referrals and follow-ups, enhancing the continuum of care and support.

**Strengthen Comprehensive Sexual Health Education:** There is a critical need to strengthen comprehensive sexual health education in schools and communities to address gaps in knowledge and promote healthy behaviors among adolescents and young adults. This should include information on contraception, STI prevention, and HIV testing, consent, and gender equality.

## Using Open Data Kit (ODK) to administer Routine Data Quality Assessment (DQA) checklists in the context of the TCI Project in Kenya

**Kirole Ruto Kanyakera**

**Keywords:** *The Challenge Initiative (TCI), Family Planning (FP), Adolescent and Youth Sexual and Reproductive Health (AYSRH), Data Quality Assessments (DQAs), Open Data Kit (ODK)*

### Background/Significance

The Challenge Initiative (TCI) partners with over 15 local governments in Kenya to enhance Family Planning (FP) and Adolescent and Youth Sexual and Reproductive Health (AYSRH) services through evidence-based solutions.

TCI's footprint spans 1,376 health facilities, where it conducts regular Data Quality Assessments (DQAs). TCI's innovative integration of a DQA checklist into the Open Data Kit (ODK) linked to a program dashboard, facilitates near-real-time data collection, reporting, analysis, and visibility, fostering a data-driven approach to programming. This innovative approach promotes a data-centric approach to health programming, enhancing service delivery and data quality. TCI's proactive use of technology streamlines the DQA process, enabling effective monitoring and improvement of FP/AYSRH data quality. This strategy is pivotal for advancing community health outcomes in the targeted regions. Continued cooperation between TCI project personnel, and county health teams is crucial for this initiative's sustainability and scale-up in future.

### Objectives

The objectives of this study were threefold, namely, to:

1. Evaluate the performance of counties against a set benchmark, in this case, the 80% threshold.
2. Understand the differences in performance among counties.
3. Identify existing gaps in data management at the counties.

### Methodology/Interventions

TCI facilitated seven counties in implementing DQA checklists across 70 health facilities (10 per county), selected based on the prevalence of data discrepancies. Trained sub-county teams utilized a structured DQA checklist tool for scoring and gap identification, facilitating efficient follow-ups and improved data quality management. Data was captured using a digital ODK-based DQA checklist, which was integrated with a program dashboard,

enabling prompt data collection, reporting, analysis, and decision-making. This approach ensured a systematic and efficient methodology for improving data accuracy and utility.

### Results

The average performance across all counties was 95%, which exceeds the 80% benchmark. This demonstrates a commendable overall achievement in meeting the set standards.

However, there were variations in performance among different counties, which ranged from 77% to 100%. Almost all (6/7) counties scored above the 80% threshold, they included: Bungoma (99%), Narok (88%), Nakuru (89%), Siaya (81%), Trans Nzoia (100%), and Homabay (92%). While Kajiado, with a score of 77%, fell short of the benchmark, highlighting a need for targeted interventions.

The main data management gaps identified at the counties were: inadequate record-keeping due to inadequate registers in some counties; discrepancies between the data recorded in registers and the data presented in summary tools; and late submission of reports, which was a common issue across several counties.

### Conclusions

TCI's partnership with Kenyan local governments has significantly enhanced FP/AYSRH services, with a 95% DQA score, despite some data management challenges. The use of the ODK app for data audits exemplifies the impact of technology in streamlining healthcare data management, enhancing efficiency, and improving community health outcomes.

### Recommendations

To ensure sustained success, TCI and local governments should focus on addressing the data management gaps identified, particularly in counties underperforming against benchmarks, and continue leveraging ODK to enhance data quality and healthcare service delivery.



## Rafikey; A one stop shop for young people accessing digital SRHR services in Kenya

**Ramwaka Nyadzuwa<sup>1</sup> Lucy Okwemba<sup>2</sup> Phelsia Achieng<sup>3</sup>**

**KeyWords:** Adolescent and Young People (AYP), Sexual and Reproductive Health and Rights (SRHR), Digital, Platform, Access

### Background

Adolescents and young people in Kenya face numerous challenges related to their sexual and reproductive health and rights (SRHR). Despite progress in advancing SRHR in Kenya in recent years, issues such as high rates of unintended pregnancies, unsafe abortions, and sexually transmitted infections remain prevalent among adolescents and young people. The COVID-19 pandemic further exacerbated these challenges, as adolescents and young people have faced disruptions to essential SRHR services, including access to contraceptives and comprehensive sexuality education.

To address these challenges, there has been a spurge of innovations and creative digital approaches that have enabled young people to access SRHR information and services. The use of these digital technologies and social media platforms provides a unique opportunity to engage with adolescents and young people and increase their access to SRHR information and services. By leveraging these technologies, it has been possible to reach a wider audience of adolescents and young people, particularly those who are most marginalised and hard to reach. The interventions have however replicated each other but uniquely serve specific populations of AYP. Such interventions have been costly to maintain and most importantly to disseminate.

### Objective

To increase accessibility and ensure sustainability of SRHR information and services for adolescents and young people (AYP) in Kenya.

### Methodology

The Digital Health Coalition Kenya, in collaboration with 17 partners running different digital health solutions, has spearheaded the development of a pioneering joint landing page known as Rafikey. This innovative platform is designed to serve as a centralized hub for various Sexual and Reproductive Health and Rights (SRHR) digital interventions in Kenya. Its primary objective is to provide Adolescent and Young People (AYP) with an extensive array of choices and services, thereby ensuring accessibility and sustainability, even in the event of platform downtime.

### Results

The Rafikey mobi-site shows promise in simplifying access to SRHR Services for young Kenyans. We conducted testing with 150 youth from various areas of the country through a series of validating and open ended questions that sought to understand the reception of the prototype, what was working and what needed some improvement. The test yielded positive results, demonstrating its potential to significantly improve access to essential Sexual and Reproductive Health and Rights (SRHR) services for young Kenyans aged 18-30.

Here's a breakdown of the key findings:

- Rafi-Key eliminates the need for young people to navigate multiple platforms, functioning as a centralized hub for SRHR resources. This streamlines the process and reduces potential confusion.
- The platform integrates various digital resources, catering to a wider range of needs and preferences. Users can access information, connect with service providers, and explore different SRHR options.
- The collaborative model promotes long-term sustainability for SRHR platforms.
- Rafi-Key's service redirection mechanism ensures uninterrupted access for young people even if individual platforms experience technical difficulties. This vital feature safeguards service continuity and user experience.

### Conclusion

The Rafikey platform shows promise as a centralized hub for SRHR information and services, addressing challenges of accessibility and redundancy by offering a one-stop shop for young people and streamlining service delivery for developers. This collaborative approach fosters sustainability and facilitates the development of even more effective solutions.

### Recommendation

We highly recommend leveraging Rafikey's pioneering approach to consolidate digital SRHR interventions, emphasizing the vital role of digital synergies in promoting sustainability. Additionally, developing a version tailored for non-smart device users would significantly enhance inclusivity, ensuring essential SRHR information reaches a wider audience.

## COMBATING PERIOD POVERTY AND DIGITALLY TRANSFORMING ACCESS TO FREE SANITARY TOWELS AMONG ADOLESCENT GIRLS IN SIAYA COUNTY.

**Pauline Nzuki, Beatrice Wango, Alice Odhiambo, Brian Otieno - 'TIKO AFRICA'**

**Keywords:** Adolescent girls, Menstrual health, sanitary towels.

### **Background/Significance:**

Menstrual health is a pressing issue for adolescent girls in sub-Saharan Africa. Globally, an estimated 500 million women lack adequate menstrual facilities, with 1 in 10 African girls missing school due to their periods. In Kenya, period poverty contributes to school absenteeism, teenage pregnancies, and increased vulnerability to HIV/AIDS. In Siaya County, only 2 out of 10 girls have access to essential hygiene products, exacerbating the challenges. In response, TIKO Africa launched a user-centered menstrual health initiative, this innovative initiative utilizes digital platforms and leverages existing supply chains to provide access to free pads among adolescent girls (15-19), addressing logistical barriers and ensuring a sustainable supply chain, thus potentially mitigating the adverse effects of period poverty.

### **Objectives:**

- Enhance menstrual hygiene products accessibility for Adolescent Girls in Siaya County.

### **Methodology:**

The program intervention methodically tested critical assumptions and assessed the initiative's viability within a two-week sprint duration. It involved comprehensive data analysis of Siaya County, focusing on ward-specific details regarding retailers, mobilizers, and Family planning service uptake among Adolescent Girls. Baseline data on smartphone ownership, data access, and proficiency with specific digital communication platforms, on which access was to be leveraged, were collected. Site visits were conducted to evaluate retailers' capacity to stock and distribute pads. These activities aimed to validate assumptions regarding ecosystem vibrancy, retailer participation, and digital platform utilization, ensuring a robust foundation for the initiative's implementation.

### **Results:**

Between November 2023 and February 2024, 1626 adolescents accessed sanitary pads, totalling 2274 pads. Of these, 1097 were first-time users, and 529 were repeat users. Among the pad recipients, 1060 were enrolled pre-initiative, and 566 post-initiative.

This distribution marks progress in addressing menstrual hygiene needs. Insights include vibrant ecosystems with active healthcare facilities and mobilizers. Retailers expressed interest in stocking affordable brands within TIKO Africa's budget. The digital platforms used streamlined distribution and tracked inventory, fostering a long-term and efficient approach. Challenges included limited retailer availability, pad brand variations, smartphone ownership concerns, and the need for improved machine learning for accurate reimbursement per brand type and retail market value. Addressing these in future implementations can enhance impact.

### **Conclusion:**

Addressing the unmet menstrual health needs of Adolescent Girls requires tailored support and a comprehensive understanding of the local ecosystem dynamics. By addressing technological and supply chain challenges, sustainable menstrual health initiatives can be established, contributing to the overall well-being of adolescent girls in Siaya County and beyond.

### **Recommendations:**

Insights garnered from the program's interventions offer valuable guidance for similar initiatives aiming to transform menstrual health in Siaya County and nationally. These recommendations emphasize the importance of addressing identified challenges while leveraging existing strengths within the local ecosystem to maximize the impact of future interventions.

## SIGN LANGUAGE ACCESSIBLE DIGITAL INNOVATION FOR SEXUAL REPRODUCTIVE HEALTH INFORMATION FOR DEAF ADOLESCENT AND YOUTH

Miss Ann Gloria Njoki - Executive Director, Deaf Outreach Program

**Keywords:** SRHR- Sexual and Reproductive Health and Rights, CSE- Comprehensive Sexuality Education. KSL- Kenya Sign language, DEAFOP- Deaf Outreach Program, PWD- Persons with disabilities

### BACKGROUND/SIGNIFICANCE

In Kenya, Deaf population constitute of a minority population sparsely populated in a largely hearing community with a foundational challenge and barrier being the ability to access information in sign language, including access to sexual and reproductive health and rights (SRHR) information and communications primarily due to the absence of resources in Kenya Sign Language (KSL), presenting an obstacle to inclusion.

Traditionally, educational materials for SRHR in Kenya are packaged either in Voice format or in written format in English or Swahili languages which are inaccessible to the Deaf community. This lack of language representation in KSL, with its unique syntax and structure tailored for signing, results in limited comprehension and hindered access to vital information and services.

### OBJECTIVES

- Demonstrate inclusive innovative approaches and technologies that Deaf Outreach Program is using to advance access of Sexual and reproductive health and rights information for Deaf adolescents and youth.
- Illustrate accessible, affordable and replicable inclusive technology aimed at promoting Comprehensive Sexuality Education.
- Present language barrier as a hindering factor to Deaf SRHR inclusion by advocating for the use of Kenya Sign Language (KSL) as the primary medium for delivering SRHR information to Deaf community.

### METHODOLOGY/INTERVENTIONS

To address this gap, our interventions focus on developing sign language-accessible digital solutions for Deaf audiences seeking sexual and reproductive health and rights information. One such innovation is the SRHR-Sign Language mobile App, serving as an online/offline repository of SRHR information presented in Kenya sign language. The app uses minimal data and features clustered topic segments, allowing users to revisit content offline without consuming data.

The App is available in both play store and App store under the search name SRHR-Sign language or under the QR codes below



SRHR-Sign language  
on play store



SRHR-Sign language  
on App Store

### RESULTS

Since the launch of DEAFOP android SRHR-Sign language, the Mobile App has gained significant traction among Deaf community with over 1,500 users of ages 22-38 and an average daily app engagement of 285 persons exploring various SRHR topics online.

In addition to this, we introduced an offline learning management system by the name Deaf Digital Library, to complement the mobile app where the system disseminates selected app content offline, serving as life skill materials for comprehensive sexuality education for Deaf adolescents in schools. Currently the innovation is in early use in three Deaf high schools, reaching over 400 Deaf adolescents aged 14-19. Accessible through school computer labs, it serves as a valuable resource repository.

Our open design approach to technology has not only facilitated both offline and online SRHR information access but has also facilitated the app's expansion beyond Kenya and we have other Deaf organizations in Uganda and Zimbabwe using our app for disseminating their curated SRHR information in their respective countries' sign languages.

As an organization our aspiration is to position our technologies especially the SRHR-Sign language mobile app as an African repository platform for accurate SRHR information for Deaf adolescents and youth.

## CONCLUSIONS

The rapid proliferation of mobile devices and internet technology presents an incredible opportunity for advancing SRHR through creating an accurate digital footprint of SRHR information, however in doing so it's crucial to recognize the digital divide experienced by PWD and prioritize universal design principles to ensure inclusion of all individuals.

## RECOMMENDATIONS

Achieving full inclusion of Deaf adolescents and youth in SRHR discourse requires prioritizing integration of sign language over text or voice approach. Technology innovations can achieve this through embracing inclusive design principles. Also more financial investment is required to strengthen and broaden inclusive technologies for SRHR.

### WAZZII SOCIAL MEDIA PLATFORMS CREATE AWARENESS AND IMPROVE ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH INFORMATION & SERVICES AMONG ADOLESCENT GIRLS AND YOUNG WOMEN IN MIGORI AND NAIROBI COUNTIES

**Judith Adhiambo, Veronicah Wakarima, Ray Mwiaki**

**Keywords:** WAZZII, CHATBOT, WAZZII dada, influencers, SRHR, Young people.

## BACKGROUND/SIGNIFICANCE

Social media has significantly influenced and changed how adolescents and youth get and share information changing how information flows from one individual to the next. This places them at risk of being misinformed, exposing them to poor sexual & reproductive health (SRH) outcomes and even breaching their confidentiality. Digital health solutions have a great potential to ensure young people, especially adolescent girls and young women (AGYW), have access to quality health.

Wazzii is a digital space that provides SRH information and linkages to services for AGYW, the intervention is a platform established to help AGYW access and make in-formed decisions about their sexuality. It offers an accurate, correct, reliable, easy, and a quick way to access information on SRH, giving a directory that links users directly to a health facility closest to them.

## OBJECTIVES

- Improve access to credible and reliable information on sexual and reproductive health and access to services among girls and young women.

## METHODOLOGY/INTERVENTIONS

Young People aged 18-24 years were selected from different sub-counties in Nairobi and Migori Counties to help co-create the topics appearing on the social media platforms, they were also involved in suggesting which kind of content they watch , which devices they are using .

The youth came from the target communities and

were familiar with the challenges and barriers faced when accessing sexual & reproductive information and services.

Girl Effect also engaged young social media influencers in order to reach the target audience of the influencers. Young people were also engaged through on ground activations run by young women called "Wazzii dadas".

To create awareness of the Wazzii chatbot, selected digital influencers were engaged to develop social media content, which was reviewed and approved by the Wazzii team. The approved content was then shared on social media platforms, including Facebook, Instagram and TikTok. Wazzii Dadas ran on-ground activations introducing Wazzii to the audience in different sub-counties.

## RESULTS

Over 5,187,000 users were reached through Wazzii social media platforms, specifically on TikTok (187,000), Instagram (1,300,000), Facebook (3,700,000) between September 2023 to March 2024. Furthermore, the social media platforms got 42,000 users on the Wazzii chatbot while 11,000 users were reached via the Wazzii USSD service.

The most popular pages included 1) Love & relationships, where girls learned about consent, boundaries, and healthy relationships. 2) Contraception- where users learn about the different contraception methods, how they work, and the possible side effects. 3)Locate a facility page -where girls and young women are guided on where the facility closest to them is and how to get there. 4)About WAZZII platform - which features a brief overview of what the website aims to achieve.

## CONCLUSIONS

Social media is an effective tool to engage and deliver information to young people. Of the 3 social media platforms used by Wazzii, Facebook was the most effective tool having reached 3,700,000 users.

## RECOMMENDATIONS

Organizations working on digital health should prioritize reaching young people via Facebook as this channel attracts and is accessible to most users.

### WAZZII, A VIRTUAL SRH CONCIERGE OFFERING PERSONALIZED “HUMAN” SUPPORT TO AGYW

Naijeria Toweett and Terry Mathenge

## BACKGROUND/SIGNIFICANCE

In Kenya, 15% of adolescents aged 15–19 have been pregnant; the prevalence increases with age, from 3% among those aged 15 to 31% among those aged 19 (KDHS 2022). The unmet need for family planning is highest among sexually active unmarried adolescents (15–19) and young adults (20–29) at 34.5% and 21.5%, respectively (KDHS 2022). Digital technologies such as chatbots have been designed to improve contraceptive uptake amongst the AGYW by providing responsive and accurate information and linkages to SRH products and services. However, users, particularly young people exploring sensitive and important topics, may need more support than an automated chatbot can offer. As a solution, Wazzii piloted a chatbot integration that links users to human support via live chat. A pioneering approach that showcases the potential of leveraging digital technologies to unlock scalable and sustainable change in advancing Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR).

## OBJECTIVES

- To provide comprehensive SRHR support, including counseling and referrals, through an integrated chatbot-human agent platform.
- To ensure accessibility, confidentiality, and youth-friendly interaction for adolescents and youth seeking SRHR support.
- Links AGYW to a network of public and private service providers.

## METHODOLOGY/INTERVENTIONS

Co-created with a cohort of young people, Wazzii runs an intuitive, menu-based “Sheng” chatbot offering comprehensive SRH information in a conversational format and digestible ‘chunks’, a health services directory and human-in-the-loop integration for two-way chat between a user & a helpdesk agent/health professional. Users engage

with the chatbot, which provides SRHR content and the option to speak to a human (human-in-the-loop) on sensitive or urgent topics by typing a question via the “ASK” feature or requesting to be referred to a health facility via the “FIND” a facility feature. These questions are submitted to the human agents at Penda Health via the Turn Helpdesk and classified as either general inquiries or escalated as high-risk cases based on the exposed risk. Penda Health’s trained advisors follow a structured protocol to offer personalized counseling, accurate information on SRHR, and onward referrals to medical services.

## RESULTS

The embedding of human support within the chatbot as a form of service delivery has made it smoother for users to transition between an automated information service and a human in the loop and back again when they need different types of support. Through this virtual SRH concierge, adolescents and youth seeking SRHR services are guaranteed timely and continuous support that is timely, 24/7, anonymous, and non-judgmental.

Based on a 3-month pilot, the Wazzii chatbot engaged **42,000** users, of whom **82%** were within the 18–24 age bracket. Over **12,000** users engaged with the concierge service function (human-in-the-loop) via WhatsApp chat, with **559** chatbot users accessing partner services such as Tiko and Penda Health in the last month of the pilot when the Turn integration was launched.

The project’s impact extended beyond knowledge enhancement, as respondents associated the chatbot experience with consulting a trusted source for sexual health information. This association facilitated discussions with peers, parents, and partners on taboo topics like contraception, indicating the project’s success in fostering positive dialogue.

## CONCLUSIONS

By combining technology with human support, Wazzii has strengthened linkages between young people and service providers, facilitating access to counselors or medical doctors for further assistance as needed. This innovative model ensures accessible, confidential, continuous, and timely SRHR assistance, empowering adolescents, and youth to make informed decisions and practice healthier behaviors.

## RECOMMENDATIONS

To further enhance the impact of digital health solutions in advancing AYSRHR, continuous evaluation and adaptation is essential. Chatbots

shouldn't be developed as a standalone solution but embedded in a service delivery ecosystem. Enabling users to access complex SRH information conversationally via the chatbot to a smooth transition of engaging a healthcare professional for time-sensitive support whilst still maintaining the provision of anonymous and judgment-free services. Chatbots developed for SRH should acknowledge and be built on investment in user-centered design, capacity building for frontline staff, and strategic partnerships with AGYW, and AI to strengthen their reach and impact. Leveraging AI chatbots can streamline communication processes, provide immediate responses to common queries, and enhance scalability, thereby optimizing the delivery of SRHR support services to adolescents and youth.

## USE OF ASKNIVI DIGITAL PLATFORM INTERVENTION TO ACCELERATE CONTRACEPTION USE AMONG ADOLESCENTS AND YOUNG WOMEN POST MEDICAL ABORTION.

**Presenting Author:** Beatrice Otieno, Email: [OtienoB@ipas.org](mailto:OtienoB@ipas.org)

**Co-authors:** Steve Biko, Wilbert Nango, Edward Ngoga **Keywords:** MA- medical abortion

**CM-** Community mobilizer

## BACKGROUND/SIGNIFICANCE

It is estimated 2/3 of the 464,690 induced abortions occur in Kenya annually are unsafe. Induced abortion is becoming common as women and girls have access to medical abortion drugs through various channels including private pharmacies. However, the rapid increase in the rates of induced abortion among adolescents and younger women have significantly contributed to increased unmet need for contraception among the age cohort. Post-abortion contraception can significantly reduce unintentional pregnancy and its sequelae though pharmacists have challenges in providing comprehensive contraceptive counseling. Consequently, digital intervention offers an opportunity to enhance self-care especially for post-MA contraception among adolescents and young women.

## OBJECTIVES

To enhance contraceptive uptake among adolescent girls and women through digital information dissemination.

## METHODOLOGY/INTERVENTIONS

Ipas applied action research to test and improve a digital marketplace intervention. The research targeted 193 women accessing MA from 34 pharmacies. Women were exposed to the intervention by the 34 pharmacists and 13 community mobilisers. The study was conducted between March to June 2023 and sought to

document experiences of women and girls receiving post MA contraception information from the digital platform. Ethical clearance was obtained from the Population Council Institutional Review Board (Protocol 933) and Amref Ethics and Scientific Review Committee (Protocol P804-2020) while the National Commission for Science, Technology, and Innovation (NACOSTI) granted the research permit (NACOSTI/P/22/21628).

## RESULTS

Out of the 193 adolescent girls and women who accessed medical abortion through the private pharmacies in Nakuru County, 72(37%) utilized AskNivi digital platform. During baseline survey, captured at the point of MA purchase, 31% of adolescents and women who utilized the digital platform were using contraceptive post MA services. The clients were thereafter exposed to the platform for informational support and explore various contraceptive options. At 3 months follow-up post exposure to the digital platform, contraceptive continuation rate increased to 97% representing a 66% change in contraceptive use rate. Injectables (40%) was the dominant method as compared to others. Clients' awareness on the intervention increased from 51% at baseline to 69% at 3-month follow-up across owing to ground activations by CMs and pharmacists. Utilization of the digital intervention was higher (47%) among younger women (< 25 years), as compared to 27%, adult women (>25 years). Similarly, use of AskNivi was higher among those with secondary and above

(35%) and never married (34%) as compared to those with lower education level (11%) and married (30%). AskNivi was totally dependent on use of smartphone, therefore, was majorly utilized by clients with smartphones (41%) compared to those with simple mobile phones (13%).

## CONCLUSIONS

Digital platforms for consultation and service deliveries have the potential to enhance

contraception selfcare given privacy, anonymity access and comfort. However, AskNivi is limited and can only do referrals but can't support follow-up. Access to smartphones and literacy level posed a serious challenge to its utilizers.

## RECOMMENDATIONS

Integration of AskNivi platform to the existing government structures to guarantee their hosting and resources for their maintenance.

## EXAMINING SOCIAL MEDIA AS A SPACE TO ADVANCE SEXUAL REPRODUCTIVE HEALTH: EXPERIENCES OF YOUNG PEOPLE IN MOMBASA COUNTY

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<sup>1</sup> Médecins Sans Frontières, <sup>2</sup> Mombasa County Department of Health, <sup>3</sup> Kenya Medical Research Institute, <sup>4</sup> International Centre for Reproductive Health, <sup>5</sup> Youth Advisory Champions for Health

## BACKGROUND

Social media among young people in Kenya significantly shapes information exchange. While some studies suggest the potential of social media in supporting sexual and reproductive health among young people, little is known about the Mombasa context.

## OBJECTIVES

To describe the use of social media as it relates to access and exchange of sexual reproductive information among young people and explore intervention opportunities.

## METHODS

From June 2023 to March 2024, a mixed methods study was conducted with young people (18-24 years) in Mombasa County. It combined a large digital health survey with a longitudinal qualitative cohort. Survey participants were recruited using convenience and purposive sampling, while purposive and referral-based recruitment with maximum variability sampling was used to identify two cohorts of ten participants each (n=20). A total of 20 individual interviews, three full group interviews, and one small group interview were conducted. Analysis of the survey data focused on descriptive and summary statistics, including frequencies and proportions. Qualitative data were analyzed using inductive thematic analysis, with a focus on risks and opportunities of social media.

## RESULTS

Of the 1,053 young people who completed the study survey, most (93.64%) reported using social media. Nearly half of young people reported using social media three or more hours per day (48.05%), while a further 24.69% used it 1-2 hours daily. Also, 28.13% of young people in Mombasa reported using apps to seek sexual or romantic partners. Using data from the qualitative cohorts, participant perceptions of social media for sexuality and health were organized into one thematic category and two sub-categories. Overarching descriptions of social media was the idea of: **'Freedom' for sexuality and learning**. Young people perceived digital spaces as unencumbered and specifically linked this to learning about sexuality and sexual health (e.g., *"I just love how twitter gives you options...you can express yourself in any way and there is no regulation of anything. And the fact that twitter allows nudity is the best thing for me"*). This freedom, however, manifested in both positive and negative experiences around sexual and reproductive health. **Positive manifestations** included experiences like: sharing information (e.g., about PreP and how to access it), asking sensitive questions (e.g., symptoms of STIs), requesting commodities (e.g., condoms), seeking services (e.g., where to get pregnancy tested) and sharing experiences (e.g., of sexuality and online dating). On the other side, **negative manifestations of freedom** included: unsolicited sexual content, harassment and cyberbullying, and blackmail (e.g., *"I was sending naked videos and pictures of me... he told me that if I didn't go to see him then he was going to post them on social media. And I was afraid for my family to see"*).

## CONCLUSIONS

Social media is an important space for young people in Mombasa and the potential 'freedom' it offers presents great opportunities for sexual and reproductive health education. This freedom, however, must be balanced with the potential risks, especially around privacy.

## RECOMMENDATIONS

Investing in social media interventions for sexual and reproductive health in Mombasa is timely

and important. Such programs could focus on the digitization of sexual and reproductive health materials, helping deliver them directly to young people. Any such interventions should be accompanied by programs to increase digital literacy for young people including data security risks and especially in the context of sexuality and sexuality health. These recommendations are relevant to Mombasa and the rest of Kenya.

## LEVERAGING ON THE YOUTH CHAMPIONS TO DELIVER PRIMARY HEALTH CARE AMONG ADOLESCENTS THROUGH PRIMARY CARE NETWORK, CASE OF WASINI ISLAND.

**Makasanda F., Galgalo G., Elizabeth O., Francis N., Happiness O., Masaulo P., Oyaro P.**

**Keywords:** Primary Health Care, Primary Care Network, Youth Champions

## BACKGROUND/SIGNIFICANCE

Primary Health care (PHC) is a person-centered approach to health that aims at provision of essential health care at the highest possible standards of health and well-being considering equity and equitable distribution of health service provision. Access to and utilization of quality health services remains a challenge in most parts of the country despite increased investments by the national and county governments. This is partly due to geographical and financial accessibility, shortage of human resource for health and inadequate equipment and commodities. Achieving universal health coverage (UHC) with an essential package of health intervention is a high priority agenda for the Kenya government. To support the progress towards UHC, the Ministry of Health (MOH) is accelerating efforts to strengthen the primary health care system in Kenya. It has been documented that the implementation of PHC has a return on investment of 1:14, is cost effective, improves health indicators and can prevent up to 80% of preventable diseases from occurring. In Lunga Lunga Sub County, Kwale County government worked with partners to establish one primary care network (PCN).

## OBJECTIVES

The aim of this abstract is to showcase how engagement of Youth Champions improves uptake of PCN services by Adolescent and Young people.

## METHODOLOGY/INTERVENTIONS

The county worked with Amref and USAID Stawisha Pwani to establish a PCN in Lunga Lunga Sub County in October 2022. A multi-disciplinary team (MDT)

was supported to offer weekly comprehensive services to the community members across 30 spoke facilities. The county worked with four youth champions in addition to 20 community health promoters (CHPs) to support identification and referral of clients for scheduled PCN activities.

## RESULTS

The MDT conducted 38 outreaches in the sub county with 4 of these done at Mkwiro Wasini. Out of 217 clients seen for various health conditions, 67 (31%) were adolescents and young people and the other (150) were from the general population. Working with the youth champions enabled the project to achieve the highest number of adolescents and young people coming up for the services which include HPV vaccine uptake, Obstetric ultra sound for pregnant adolescents and Mental health services.

## CONCLUSIONS

Working with youth champions in addition to CHPs as mobilizers have a great potential in creating demand for PHC services among AYPs. It is also evident that bringing comprehensive services closer to the people improves uptake of services among AYPs by reducing the cost of travel to distant hospitals.

## RECOMMENDATIONS

There is need to engage and sensitize youth champions on PHC to further improve their effectiveness in demand creation for PCN services



## INNOVATIVE SOLUTIONS: HOW MYKA THE CHATBOT IS PIONEERING CONTRACEPTIVE EDUCATION THROUGH ARTIFICIAL INTELLIGENCE(AI)

Lilian Muchoki and Pauline Diaz

**Keywords:** Chatbot, Artificial Intelligence(AI), SRHR, Digital Health, Digital platforms, Digital tools, Natural Language Processing(NLP), FindMyMethod, contraceptive

### BACKGROUND/SIGNIFICANCE

The 2022 KDH Survey revealed that the demand for contraceptives among sexually active but unmarried 15-19-year-olds stood at 58.4%. This demand stood higher, at 73.1% for 20-24-year-olds in the same category.

Additionally, the report indicated that uptake increased with higher education levels, underscoring the value of knowledge and information in health-seeking behavior. Digital health platforms can bridge the unmet contraceptive needs by providing widespread information. The FindMyMethod (FMM) digital platforms offer accurate, comprehensive, easy-to-understand, and reliable information in 13 languages including Swahili.

FindMyMethod aims to empower individuals to make informed choices regarding contraceptives and safe sex in a non-judgmental and youth-friendly digital space and addresses common contraceptive-related concerns, including eligibility, side effects, cost, and accessibility—thereby facilitating informed decision-making. While internet penetration continues to increase alongside the growing trend of telemedicine and preferences toward SRH self-care, innovative digital tools like chatbots can accompany contraceptive users in their self-care journey.

### OBJECTIVES

As an expansion to its comprehensive SRHR digital tools, FindMyMethod, a digital platform under Women First Digital, launched in February 2024, a hybrid contraceptive chatbot, Myka, which possesses traditional and natural language processing capabilities.

This means that a user can interact with Myka by either following prompts that are based on predefined rules or through a flexible chat interaction that is based on the bot's understanding of natural language input. Myka has a Natural Language Processing (NLP) training feature that allows for the refinement of AI language replies, to ensure the most accurate and comprehensive replies are provided to the user. This abstract aims to showcase the results of a 3 months review of Myka's performance, as a way of assessing AI's potential in enhancing the responsiveness of

digital SRHR information resources, that have been tailored to respond to the unique needs of youth and adolescents who rely on digital platforms for sexual and (non) reproductive health information.

### METHODOLOGY/INTERVENTIONS

Myka is accessible via the [FindMyMethod](#) website, [Facebook](#), and [WhatsApp](#). Users can interact with Myka through chat-based prompts or by typing questions directly to the bot. Powered by AI, Myka delivers responses based on accurate information resources that it has been trained on; including the FindMyMethod website, with ongoing enhancements to optimize responses.

Myka's features facilitate accessibility, confidentiality, and autonomous decision-making, for users. To assess the value of AI in Myka's performance as an SRHR chatbot, an analysis of Myka's 3 months' performance was conducted. This included a review of user analytics, including traffic, average replies per user, drop-off points, and user rating, and an assessment of the AI knowledge replies to gauge Myka's ability to provide comprehensive and user-centered responses.

### RESULTS

Within 3 months, Myka garnered over 20,000 user interactions. The majority of user queries revolved around contraceptive side effects and pregnancy detection. A review of Myka's AI replies indicated that, artificial intelligence enhanced the personalization of responses—based on the user's context, chat history, and preferences. Through repeat interaction and NLP training, Myka has demonstrated its ability to analyze natural language requests, learn from multiple interactions and training resources, and improve over time to provide more personalized, accurate, and scalable responses. On average, each conversation comprises 10 exchanges, with the highest reaching 146 and the lowest totaling 2. Myka's overall chatbot rating currently stands at 3.9 out of 5. This intervention faces several limitations. The bot lacks important features like inbuilt quizzes, such that users are redirected to the FindMyMethod website to access these important resources, contributing to drop-off rates.

Myka is currently only available in English, and

though it has attempted to provide replies in other languages including Swahili and French, this is mainly to transition users back to English, ultimately contributing to drop-offs. Lastly, Myka's star-based rating system yields inconclusive results, affecting assessment mechanisms for user needs.

## CONCLUSION

Drawing from Myka's initial outcomes, and based on the potential of its ongoing natural language processing training, it is evident that effective management of the AI capabilities of digital platforms can enhance the dissemination of

personalized, comprehensive, and timely SRHR information to facilitate informed decision making.

## RECOMMENDATIONS

To enhance Myka's responsiveness, it can be scaled by, translating it to other languages for broader accessibility; integrating tools like contraceptive and pregnancy quizzes within the chatbot to improve user experience; continuously refining the AI replies to achieve contextualized interactions; and creating more responsive user feedback mechanisms.

### ENHANCING ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH DECISION-MAKING IN KWALE COUNTY THROUGH ONLINE TRACKING OF HIGH-BURDEN FACILITY ADOLESCENT PREGNANCIES

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Keywords: Adolescent and Youth Reproductive Health (AYRH), Adolescent and Youth Sexual Reproductive Health (AYSRH)

## Background/Significance

Adolescents in Kwale County face sexual reproductive health challenges, including limited access to accurate information, barriers to health services, social stigma, and cultural and religious issues. In Kenya, the national teenage pregnancy rate stands at 14.9% whereas in Kwale County, the teenage pregnancy rate is 14.8%. Despite various partners implementing adolescent and youth sexual and reproductive health (AYSRH) programs in the county, gaps persist in health information systems. These gaps hinder effective decision-making and the design of interventions to address adolescents' unique needs

## Objectives

This abstract discusses how the deployment of an online-based tracking tool has improved the decision-making process in high-burden facilities

## METHODOLOGY/INTERVENTIONS

In April 2022, USAID Stawisha Pwani addressed adolescent and youth reproductive health (AYRH) data use challenges by implementing online tracking systems. They lobbied for appointment of county adolescent and youth program (AYP) focal persons and sub-county AYP representatives and established an AYRH technical working group. By technical assistance and training, they equipped 29 healthcare workers from 28 high-teenage-pregnancy facilities, along with 60 youth champions and 20 Edu sports coaches, with the skills to utilize

online platforms for monthly awareness sessions. Additionally, 59 groups for pregnant adolescents were established, utilizing online tools like the Kobo Collect tool and age-disaggregated dashboards to enhance planning and targeted interventions in high-burden facilities

## RESULTS

The data analysis conducted from October 2023 to February 2024 and the findings regarding service utilization rates among adolescents. Notably, 35% of married adolescents (aged 15-19) sought services during this period. Among them, 37% were experiencing their first pregnancies, while 8% were facing second or subsequent pregnancies. This proactive dissemination of information empowered stakeholders and partners to advocate for and allocate resources more effectively, facilitating the implementation of tailored Adolescent and Youth Sexual Reproductive Health (AYSRH) interventions. Furthermore, capacity building initiatives for healthcare workers, particularly emphasizing data driven approaches, resulted in responsiveness in delivering personalized services to adolescents based on the most affected wards and sites

## CONCLUSIONS

The implementation of the online tracking system markedly enhanced data availability, visibility and analysis regarding adolescent pregnancies across 30 high-burden facilities. Utilizing age-disaggregated data tools enabled targeted

interventions, guiding resource allocation and partner distribution in critical areas. This facilitated improved prioritization among decision-makers, enhancing the effectiveness of adolescent reproductive health strategies.

### Recommendations

We recommend prioritizing funding for age-specific data tools to address adolescent sexual and reproductive health challenges effectively. Also, providing training for healthcare workers on digital tools, such as machine learning and artificial intelligence, can better tailor interventions to meet adolescents' needs in targeted areas.

## HARNESSING THE POWER OF MASS MEDIA TO MAKE CSE MORE ACCESSIBLE FOR ADOLESCENTS AND YOUTH.

**Dr Enow Awah Georges Stevens, MD, MPH – Advocates for Youth**

**Duduetsang Mmeti, Ibis Reproductive Health**

**Authors/country/affiliation and areas of work:** [Advocates for Youth](#) and [Ibis Reproductive Health](#) have co-authored this submission and both work within the Adolescent and youth Sexual and reproductive health (AYSRH) space.

**Keywords:** Comprehensive Sexuality Education (CSE), Adolescent and young people (AYP), Sexual and Reproductive Health (SRH)

### Background/Significance

Evidence suggests that access to Comprehensive Sexuality Education (CSE) programmes for young adolescents can assist in delaying early onset of sexual activity and encourage the use of safer sexual practices when deciding to engage in sex. Scientifically accurate and culturally relevant Sexuality education has major positive health and social outcomes for adolescents and young people (AYP).

CSE aims at equipping children and young people with knowledge, skills, attitudes, and values that empower them to realize their sexual and reproductive health, well-being, and rights; develop healthy interpersonal relationships; reflect on the impact of their choices on self and societal well-being; and secure and protect their rights throughout their lives. The need for comprehensive sexuality education especially in Sub-Saharan Africa is reflected in high rates of HIV/AIDS in young people, child marriages, adolescent pregnancies, abortion, and violence against children. Adolescents (age 10-19) [make up 23%](#) of the Sub-Saharan Africa population with more than 80% of HIV-infected adolescents living in the region.

The adolescent pregnancy prevalence rate is estimated at [19.3%](#), the highest across the globe. Child maltreatment is pervasive in Sub-Saharan Africa; the violence can be attributed to the generally low position of the child in African society, and cultural, social, and religious beliefs.

### OBJECTIVES

To equip children and young people through CSE with knowledge, skills, attitudes, and values that empower them to realize their sexual and reproductive health, well-being, and rights; develop healthy interpersonal relationships; reflect on the impact of their choices on self and societal well-being; and secure and protect their rights throughout their lives.

### METHODOLOGY/INTERVENTIONS

Through the [AMAZE Africa](#) initiative, the intention is to do the same. We use mass media to facilitate discussion on the importance of CSE for young adolescents and their parents, and to encourage and equip parents with the resources and language needed to engage safely in conversations around sexuality.

The idea is to shift attitudes from understanding CSE as a concept that encourages promiscuity, to using CSE as a response to delaying early onset of sexual activity in young adolescents, prevent teenage pregnancy and HIV/AIDS and to assist young adolescents in understanding the natural and normal development processes of their bodies. Mass media has the power to change these attitudes and the lens or perspective through which African societies understand children's reproductive development and their sexuality.

This has informed the approach that AMAZE Africa uses to disseminate animated videos and facilitate discussions on the importance of CSE on media platforms with young adolescents and their parents.

## RESULTS

Since March 2023, AMAZE has been featured in over 250 mass media platforms and has equally used social media platforms to reach young people and their parents, facilitating CSE discussions on radio, television, and social media across the region particularly in West, Central, Eastern and Southern Africa.

Advocates reached nearly 810,000 cumulative YouTube views and 3,000,000 impressions across the AMAZE Africa platforms and a selection of partner organizations in the region.

AMAZE Africa has also noticed an increase in SRH organisations keen for collaboration, with an interest from some governments to use the animated videos in school-based curricula and their own media platforms and school activation programmes.

An affiliate Youth Ambassador programme where young adolescents provide strategic guidance on which CSE topics to focus on, and facilitate similar discussions with their peers in schools, youth clubs and their communities, and we anticipate that more people's perceptions will be shifted.

## CONCLUSIONS

Appropriate administration of CSE equips children and young people with decision-making skills useful in tackling challenges related to relationships and sexuality.

Access to age appropriate, and child friendly CSE resources is therefore necessary and critically important, especially in the African context where teenage pregnancy, period poverty, HIV/Aids and in some parts, taboos on discussing sexuality education is met with conservative notions that CSE encourages promiscuity in young children.

## RECOMMENDATIONS

- Mass media provides a powerful platform to shift and change negative narratives on the importance of CSE; and Increase coverage of gender responsive CSE for all children, adolescents, and young people, both in and out of school and in times of crisis, as well as increase the comprehensiveness of curricula itself.
- Invest in teacher training and support, including the development and dissemination of teaching materials and job-aids to provide CSE that is non-discriminatory, inclusive and accessible, non-judgmental, scientifically accurate, rights-based, gender-transformative and effective.

### ADVANCING COMPREHENSIVE SEXUAL EDUCATION FOR MARGINALIZED YOUTH IN AFRICA LEVERAGING DIGITAL HEALTH SOLUTION

John Murage

**KEY WORDS :** Comprehensive sexual education, Marginalized youth, Digital health solutions, Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR)

#### BACKGROUND/SIGNIFICANCE:

In Africa, Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR) are significant concerns, especially for marginalized youth. Limited access to comprehensive sexual education exacerbates health disparities and perpetuates social exclusion.

Marginalized youth, including those in rural areas, low-income households, and with disabilities, face challenges accessing relevant information and services due to societal stigma, cultural taboos, and inadequate infrastructure. Addressing these barriers requires innovative approaches that prioritize inclusivity and leverage digital health solutions. Providing comprehensive sexual education tailored to the diverse needs of marginalized youth is crucial for promoting their well-being and empowering them to make informed

decisions about their sexual and reproductive health. By integrating digital health solutions into AYSRHR initiatives, we can bridge gaps in access, improve health outcomes, and foster a more equitable society.

#### METHODOLOGY

A multi-method approach was employed to advance comprehensive sexual education for marginalized youth in Africa. A literature review identified gaps in AYSRHR programming and explored the potential of digital health solutions. Qualitative interviews with key stakeholders, including youth advocates, educators, healthcare providers, and technology experts, gathered insights on access barriers and the feasibility of digital interventions. Additionally, case studies were analyzed to highlight successful initiatives in other regions, offering valuable insights for adaptation in the African context. This

comprehensive methodology ensured a holistic understanding of the challenges and opportunities in addressing the sexual and reproductive health needs of marginalized youth.

## RESULT

The results underscore the urgent imperative to prioritize comprehensive sexual education for marginalized youth populations throughout Africa. Digital health solutions emerged as potent tools in overcoming barriers to access, including mobile apps for disseminating information, interactive online platforms for peer support and counseling, and telemedicine services for confidential consultations. Stakeholders emphasized the pivotal importance of culturally sensitive and linguistically appropriate content, as well as forging partnerships with local communities and youth-led organizations to ensure sustained relevance and effectiveness. Case studies from various regions

vividly illustrated the effectiveness of digital interventions in reaching underserved populations and empowering young people to make informed decisions about their sexual and reproductive health. These findings underscore the critical role of innovative digital approaches in addressing the unique needs of marginalized youth and advancing sexual and reproductive health rights across the African continent.

## CONCLUSION

Breaking barriers to access comprehensive sexual education for marginalized youth populations is essential for advancing AYSRHR priorities in Africa. Embracing innovative digital health solutions and fostering collaboration among stakeholders creates inclusive environments where all young people can realize their sexual and reproductive rights, leading to healthy, fulfilling lives.

## STRENGTHENING HEALTH SYSTEMS AND ADVANCING AYSRHR IN AFRICA: A CASE STUDY OF MOBILE HEALTH INTERVENTIONS IN SOUTH AFRICA, GHANA AND KENYA.

Faith Moraa Obunga 1

**Keywords:** *Digital Health Strategies, MHealth solutions, UNFPA*

## BACKGROUND/SIGNIFICANCE

Adolescent and youth sexual and reproductive health and rights (AYSRHR) remain critical areas of concern globally, particularly in Africa where access to healthcare services, including in areas of sexual education and reproductive health services, is often limited. Traditional approaches to addressing AYSRHR challenges such as community-based services, youth centers and separate adolescent and youth spaces in health facilities have faced barriers such as stigma, lack of accessibility, need for more space and cultural taboos. However, the rapid increase of mobile phone usage across Africa has presented a unique opportunity to overcome these challenges through innovative mobile health (mHealth) interventions. This paper explores the landscape of mHealth solutions designed to advance AYSRHR in Africa specifically in Kenya, Ghana and South Africa, focusing on their effectiveness, accessibility and manageability.

## OBJECTIVES

1. Evaluate the effectiveness of various mHealth interventions in improving access to sexual education and reproductive health services among adolescents and youth.
2. Assess the reach and accessibility of mHealth solutions in underserved communities, including rural and remote areas.

3. Identify challenges and barriers encountered in the implementation and adoption of mHealth interventions for AYSRHR.
4. Explore opportunities for ensuring successful mHealth initiatives to enhance their sustainability and impact.

## METHODOLOGY/INTERVENTIONS

The method used was systematic review of existing articles and research studies on digital health interventions for AYSRHR in Africa. A comprehensive search was conducted to identify relevant literature and a total of 25 articles were reviewed and included in the analysis. The findings from these articles are organized into six key areas: targeted population, topics covered, digital health strategies, feasibility, effectiveness evidence and gaps in interventions.

## RESULTS

1. Targeted Population: Most digital health interventions for AYSRHR in Kenya, Ghana and South Africa focus on both adolescents and young adults, particularly young mothers. Ages of the population ranges from 14-24 years. However, there is a lack of separate examination of digital health use and impact on SRH for younger participants. Moreover,

there's a general lack of consideration that the vast majority of the target population probably don't own mobile phones, especially those who come from low-income areas.

2. Topics Covered: Mobile health interventions in AYSRHR primarily focus on contraception, pregnancy prevention, sexual health promotion, substance use, family planning counseling and GBV. However, there is a need for more comprehensive coverage of all nine areas suggested by the UNFPA.
3. Digital Health Strategies: strategies include texts, social media and interactive technologies.
4. Feasibility and Effectiveness: The impact evidence of mobile health interventions for AYSRHR is encouraging but mixed. More research is needed to understand the effectiveness mechanisms and long-term outcomes.
5. Gaps in Interventions: There is a lack of digital health interventions specifically targeting adolescents, as well as limited research on mobile health interventions for GBV prevention.

## CONCLUSIONS

Mobile health interventions hold great potential for advancing AYSRHR in Africa. However, there is a need for more targeted interventions for adolescents, comprehensive coverage of all SRH areas and rigorous research to understand the effectiveness and mechanisms of these interventions.

## RECOMMENDATIONS

1. Tailor interventions to reach younger adolescents and marginalized populations
2. Enhance the comprehensiveness of topics covered to meet the nine areas suggested by UNFPA.
3. Invest in research to understand effectiveness mechanisms and long-term outcomes as it will help in refining strategies and optimizing interventions for maximum effectiveness.

[1] The author is a lawyer and at the time of writing this abstract was pursuing a post graduate diploma in law at the Kenya School of Law.

### THE SAFE HUB

Justinah Gichimu

**Keywords:** SRH - Sexual Reproductive Health.

### BACKGROUND/SIGNIFICANCE

The safe hub is a project implemented in Githurai, an estate located at the Nairobi/Kiambu border and a mixture of slum and haphazard arrangement of low-cost lifestyle, thus making it a high-risk hot spot of drug abuse, crime, teenage/unintended pregnancies as well as HIV/STIS. The majority of the community expects adolescents to abstain and this affects the young people's confidence to access SRHR services as a result there has been a high rise in teenage pregnancies and HIV/STIS infections.

### OBJECTIVES

1. To create demand and increase access to SRHR information to the young people so that they can make informed decisions.
2. To create a safe environment where youths can speak out without discrimination.
3. Reduction of teenage pregnancies and HIV infections among young people.

### METHODOLOGY/INTERVENTIONS

The center is youth-friendly with over 25 trained peer educators, who can identify young adolescents within the community and invite them to the youth center for youth-friendly engagements and educational sessions on life skills and SRHR information. We use various methods to attract adolescents at the youth center by offering free Wi-Fi, indoor games, and youth clubs with different activities such as dancing, sports, and sanitary pads distribution. Also, twice a month the center provides free family planning services and HIV testing outreach in partnership with the county government, Population Services of Kenya, and DSW Kenya.

### RESULTS

Through the intervention, the center has created a safe space for the youths, where they can talk freely without being judged, thus giving room for guidance that has led to informed decision-making. For the last two years, more than 1800 adolescents have accessed SRHR services and information, which has decreased the rate of teenage pregnancies and HIV infections among young people. The youths have gained correct information on drugs and substance abuse.

## CONCLUSIONS

The center has helped the youths in the community to access correct information on SRHR, thus dispelling myths and misconceptions in the community and it has impacted change in our locality.

### LIFE YANGU

#### Masika Mwinyi

**Keywords:** FP – Family Planning, SRHR – Sexual Reproductive Health and Rights, Vuta Story – a safe space on Life Yangu for discussions, Life Yangu – an online platform providing accurate information on contraception.

## BACKGROUND/SIGNIFICANCE

In Kenyan public health facilities, contraception is offered for free or at subsidized rates. However, the data shows that contraception uptake indicators (unmet need and modern contraceptive prevalence rate) for the youth are below average and set targets. According to KDHS 2022, contraceptive prevalence rate is at 57% among married and 59% among unmarried women. Demand for contraception is at 76% among married and 89% among unmarried women, and unmet need for family planning is at 14% among married and 19% among unmarried women.

Each year, an increasing number of young people join the population segment, necessitating their empowerment towards attainment of developmental goals on health, empowerment of women and girls, as well as eradicating poverty. Unfortunately, access to sexual and reproductive health services and supplies, including contraception, counselling and information, remains a pipe dream because of significant barriers young people face.

Harmful social norms, gender stereotypes, power imbalances, perceived need to control female sexuality and other inequalities make accessing information and services challenging, if not impossible for youth, especially girls. Moreover, many young people lack comprehensive and correct information on their sexuality because of shame, embarrassment, and disapproval of open discussion of sexual matters by adults, including parents and teachers.

Consequently, many are unlikely to seek health services and when they do, they don't get the required attention either due to the judgmental nature of healthcare providers, concerns around privacy and confidentiality, or low capacities of the healthcare systems.

Ensuring access to reliable information on Sexual and Reproductive Health and Rights is an essential first step to improving young people's sexuality.

## RECOMMENDATIONS

The center wants more partners to join and work with The Link Empowerment Initiative to reach youths with correct information and SRH services.

## OBJECTIVES

To provide correction information on contraception to young people aged 18-24 across the country.

## METHODOLOGY/INTERVENTIONS

DSW Kenya has been successful in implementing SRHR education and advocacy interventions. Building on this success, DSW Kenya developed the Life Yangu website, to enhance young people's access to reproductive health information and services by providing accurate information and the location of youth-friendly services related to contraception and reproductive health for individuals aged 18-24 years on mobile and digital gadgets.

The platform also encourages peer-to-peer discussions through the Vuta Stori, and feedback features, allowing young people to share their experiences and offer valuable feedback about the services they receive at health facilities.

## RESULTS

Lifeyangu successfully provided to over 15 million young people aged 18-24 years with accurate information on family planning (FP) and sexual reproductive health and rights (SRHR) topics through its digital platform across the country. The platform has effectively mobilized and raised awareness among youth, leading to increased demand for contraceptive services. Through community outreaches, radio campaigns, and social media engagement, Lifeyangu drove demand for uptake of contraceptive services among young people in the government health facilities on boarded in the 9 counties. This was heavily achieved through engaging digital influencer during the WCD campaigns to promote the use of contraception among young people.

The Vuta Stori feature provides a safe space for young people to engage in dialogue and share experiences.

The platform has also enabled young people to locate and access youth-friendly health facilities in 9 counties offering contraceptive services in their regions. By providing information on the location and services offered by these facilities, the platform empowered young people to make informed choices about their reproductive health. The platform implemented a confidential feedback mechanism where young people could provide honest feedback about the services received at youth-friendly health facilities. By maintaining confidentiality and anonymity, Lifeyangu ensured that young people felt comfortable providing feedback, thus contributing to continuous improvement in service delivery.

And Lastly, Lifeyangu leveraged on digital communication platforms, such as social media webinars to increase access to SRHR information and services among young people. This innovative approach facilitated convenient access to information and services, aligning with the project's objective of empowering young people to access self-determined contraceptives and reproductive health services.

## CONCLUSIONS

Lifeyangu serves as a model initiative for leveraging digital advocacy and innovative strategies to address FP/SRHR challenges among young people. Moving forward, continued efforts to sustain and scale the Lifeyangu platform will be essential in ensuring that youth in Kenya have access to the information and services they need to make informed choices about their reproductive health, thereby realizing their full potential in personal and national development.

## RECOMMENDATIONS

Lifeyangu.com can be used for educational purposes; all the information on this platform is correct and can be used to give or provide information to young people across the country.

Vuta Stori provides a safe space for young people to have safe discussions and also ask questions around contraception without fear. This will encourage more open and deeper conversation on contraception.

## DIGITAL SOLUTIONS FOR HEALTHY ADOLESCENTS AND YOUTH RIGHTS PROTECTION (DiSHAYRP)

**Neema Nyaundi, ToT YW4A- Faith To Action**

**Keywords:** Adolescents and youth, Reproductive Health and Rights (SRHR), Gender-based violence (GBV), Cultural barriers, Religious norms, Mobile application, Digital Solutions for Healthy Adolescents and Youth Rights Protection (DiSHAYRP), Comprehensive information, Immediate support, Interfaith dialogue, Collaboration and partnerships, Service providers, Sustainable implementation

## BACKGROUND/SIGNIFICANCE

The Adolescent and Youth in Kenya face formidable challenges concerning Reproductive Health and Rights, entrenched in religious norms, cultural barriers, limited awareness, and insufficient support networks. These issues contribute to alarming rates of unintended pregnancies, sexually transmitted infections (STIs), unsafe abortions, and gender-based violence (GBV). In regions like the northeast, societal stigma, cultural and religious beliefs, combined with inadequate information about feminine hygiene, force young girls to resort to using clothes during menstruation due to shame in purchasing sanitary pads. As a Social Media Influencer, I am acutely aware of the pressing need for innovative solutions to combat GBV, challenge religious and social norms, and promote reproductive health among adolescents and youth. The development of a mobile application, named Digital Solutions for Healthy Adolescents and Youth Rights Protection (DiSHAYRP), is crucial in addressing these challenges.

The Communication Authority of Kenya's data from 2021 reveals that mobile penetration exceeds 120% of the population, with millions accessing the internet through smartphones. This widespread mobile technology usage presents a unique opportunity to directly provide reproductive health information and services to adolescents and youth while bridging communication gaps between religious leaders and the youth. Mobile applications and social media offer a convenient and accessible platform for them to access such vital information while ensuring their privacy.

## OBJECTIVES

The overarching goal is to improve the sexual and reproductive health and rights (SRHR) outcomes and well-being of adolescents and youth in Kenya by addressing barriers, promoting gender equality, and combating gender-based violence (GBV) through the implementation of the Digital Solutions for Healthy Adolescents and Youth Rights Protection (DiSHAYRP) program.

### The following are the specific objectives

- **Information Dissemination:** To provide easily accessible and comprehensive digital resources on sexual and reproductive health and rights (SRHR) tailored to the needs of adolescents and youth.
- **GBV Support Services:** Offer immediate support and assistance to individuals experiencing or at risk of gender-based violence (GBV) through the mobile application, including access to hotlines, counseling, and emergency services.
- **Male Engagement:** Engage male champions in promoting gender equality, challenging stereotypes, and addressing violent masculinities through targeted educational campaigns and interactive features within the application.
- **Stakeholder Collaboration:** Establish partnerships and networks with civil society actors, government agencies, and other stakeholders to adopt the usage of the mobile application, enforce human rights laws and effectively combat Adolescent and Youth Reproductive Health and Rights challenges.
- **Interfaith Dialogue:** Facilitate constructive communication between religious leaders and youth to foster understanding, dispel myths, and garner support for SRHR within religious communities.
- **Referral System:** Implement a robust referral system within the application to connect GBV victims with essential support services, including healthcare providers, legal assistance, and shelters.
- **Service Provider Linkages:** Strengthen linkages between service providers and GBV victims to ensure seamless access to comprehensive care, including medical treatment, psychosocial support, and legal aid.

### METHODOLOGY/INTERVENTIONS

In this initiative to address adolescent and youth SRHR and GBV challenges in Kenya, I propose development of DiSHAYRP; mobile application which will serve as a vital resource hub, offering SRHR information, GBV awareness, and access to support services. With features for emergency alerts and legal assistance, it will aid GBV survivors in times of crisis. Tailored campaigns engaging male champions to promote gender equality. Collaborations with civil society and health institutions will strengthen enforcement of human rights laws. DiSHAYRP's user-friendly design ensures engagement and scalability, while anonymous data collection informs continuous

improvement. It will facilitate communication between religious leaders and youth, offering referrals to relevant services.

### RESULTS

The proposed project aims to establish comprehensive SRHR programming in northeastern Kenya, serving as a pilot for future initiatives promoting adolescent and youth well-being nationwide.

1. **Increased Awareness and Access:** The DiSHAYRP app will raise awareness and enhance access to sexual and reproductive health and rights (SRHR) information and services among adolescents and youth in northeastern Kenya. Through user-friendly features and comprehensive resources, young individuals will be empowered to make informed reproductive health decisions.
2. **Improved Response to GBV:** DiSHAYRP will provide immediate support and assistance for individuals affected by gender-based violence (GBV). The app will offer emergency alerts, access to helplines, and pathways to legal assistance, improving the response to GBV incidents and ensuring timely support for survivors.
3. **Positive Behavioral Changes:** Targeted campaigns and engagement initiatives will foster positive attitudes and behaviors among male champions, promoting gender equality and preventing GBV. By encouraging shared caregiving responsibilities and challenging harmful masculinities, we aim to create a supportive environment for SRHR and GBV prevention efforts.
4. **Strengthened Partnerships:** The project will establish partnerships with civil actors, institutions, and stakeholders to strengthen human rights law enforcement and improve GBV response mechanisms. Collaboration with local organizations and leveraging existing networks will enhance the capacity to effectively address SRHR and GBV challenges.

### CONCLUSIONS

The development of the DiSHAYRP mobile application represents a significant step towards addressing Adolescent and Youth Sexual and Reproductive Health and Rights challenges. By leveraging technology and engaging male champions, Tujikaze aims to empower adolescents and youth, promote gender equality, and combat GBV effectively.

## RECOMMENDATIONS

Allocate adequate funding for the DiSHAYRP app's development and maintenance. Promote usage through awareness campaigns on SRHR

and GBV. Collaborate with civil society to enforce human rights laws and prevent GBV. Continuously monitor and evaluate the app's impact to ensure effectiveness and improvement, fostering a safer environment for youth.

## BRIDGING THE GAP: LEVERAGING FP INSIGHT AS A DIGITAL SOLUTION FOR ADVANCING AYSRHR KNOWLEDGE SHARING.

**Mercy Kipngeny, Collins Otieno-AMREF, Irene Alenga-AMREF**

**Aoife O'Connor-John Hopkins Centre for communication programs**

**Keywords:**Knowledge, Digital, Repository.

## BACKGROUND/SIGNIFICANCE

The landscape of Adolescent and Youth Sexual and Reproductive Health (AYSRH) presents complex challenges that demand innovative multi-platform solutions including digital. FP/RH professionals working in this field require seamless access to the latest evidence and resources to effectively address these challenges. However, they often encounter barriers to information access and sharing, hindering their ability to stay updated and share valuable resources, tools and lessons. FP Insight, as a user-driven digital platform, has the potential to alleviate these knowledge management barriers. By providing a centralized hub for collaborating, curating and accessing timely AYSRH resources and evidence and facilitating collaboration and knowledge sharing among FP/RH professionals, FP Insight empowers AYSRH program practitioners to overcome these challenges and drive positive change in interventions.

## OBJECTIVES

This abstract highlight the following objectives:

- To enhance knowledge management practices within the FP/RH community by addressing existing barriers through the utilization of FP insight.
- To raise awareness among FP/RH professionals in AYSRH about the existence and functionalities of FP insight as a user-driven digital platform.
- To foster collaboration and facilitate increased knowledge sharing among FP/RH professionals, particularly focusing on the topic of Adolescent and Youth Sexual and Reproductive Health (AYSRH), through the use of FP Insight as a platform.

## METHODOLOGY/INTERVENTIONS

FP insight employs a design thinking approach to address challenges faced by Adolescent and Youth Sexual and Reproductive Health (AYSRH) professionals, providing contextually relevant

resources to overcome information overload. Utilizing behavioral science techniques like engagement badges and personalized news feeds, it incentivizes regular platform use. Community engagement strategies, including the Ambassador program, foster collaboration and promote platform adoption among FP/RH community leaders and technical working groups. By curating knowledge, facilitating collaboration, and incentivizing participation, FP insight enhances access to evidence and best practices, empowering professionals to strengthen AYSRH programs effectively.

## RESULTS

Since the launch of FP insight by the USAID-funded Knowledge SUCCESS project, the platform has experienced significant growth, with over 1,700 FP/RH professionals from more than 90 countries signing up and actively using the platform. Since its inception in June 2021, approximately 4,500 resources have been shared, covering a wide range of topics including gender equality, family planning service delivery, youth engagement, and equitable program development. This demonstrates the platform's role as a digital bridge, connecting professionals across regions and facilitating knowledge sharing and collaboration in the AYSRH field.

The platform has enhanced access to diverse and contextually relevant resources, from my use case enabling informed decision-making, improved program design, and ultimately, better outcomes for AYSRH. The resources available on the platform are varied, ranging from research articles and blogs to webinar recordings and interactive web games.

Unlike traditional academic research hubs, FP insight accommodates a wide spectrum of resources, recognizing that partners and individuals learn in diverse ways. Any web-based resource that FP/RH professionals can utilize to strengthen their programs is welcomed on the platform, further enhancing its utility and relevance.

## CONCLUSIONS

FP Insight serves as a promising digital solution to address knowledge management barriers for FP/RH professionals in the AYSRH field. Designed to empower users to access and curate relevant knowledge, the platform facilitates informed decision-making and collaboration, with potential for further integration of AI and machine learning capabilities.

## RECOMMENDATIONS

As an FP insight Ambassador, I recommend enhancing FP insight's utilization among FP/RH and AYSRH professionals in the region, highlighting its central role in resource discovery and sharing. Integrate FP insight into AYSRH communities of practice/technical working groups, such as The Collaborative, to boost knowledge exchange and enhance the effectiveness of AYSRH initiatives.

## ADVANCING AYSRHR THROUGH DIGITAL HEALTH IN SOKONI WARD, KILIFI COUNTY

**Rahma Guracha, Mustafa Asman, Sarah Kamino**

**Keywords:** *Digital health resources, Digital intervention, Post Rape Care and Post Abortion Care, AYSRHR, Tailoring Interventions, User-centered design*

## BACKGROUND/SIGNIFICANCE

According to the Communications Authority of Kenya, by 2022, Kenya has over 60 million mobile subscriptions, Sokoni ward is no exception, with a high rate of media access and usage, over 85% of the Youth having access to mobile phones and internet. Relatively there have been growing needs of Adolescent girls and Youth in Sokoni ward to use digital platforms to access Sexual and Reproductive Health information among other things. However, KDHS 2022 highlights that many barriers still exist in accessing comprehensive and confidential information and services, including legal issues, fear of discrimination, and high costs .

Despite the success of digital platforms like Tiko, which has connected 362,000 girls to SRHR services, these barriers hinder the full implementation and effectiveness of such interventions. One of the adolescent girls trained on "Nisaidie Usinidhuru " Curriculum on PAC and PRC confirmed that "There is rampant access to inaccurate information on contraception and STIs online thus exposing us to health risks and complications". The Kenya Health Policy 2014-2030 emphasizes the importance of leveraging ICT to improve health service delivery, including AYSRHR. Digital health interventions have emerged as a promising solution to address these challenges. Utilizing technology such as mobile applications, text messages, social media online platforms, digital health interventions have the potential to increase access to accurate information, provide support, and empower young people to make informed decisions about their sexual and reproductive health.

## OBJECTIVES

To increase access to accurate and appropriate information and referral mechanism using digital aids for improved utilization of AYSRHR

## METHODOLOGY/INTERVENTIONS

The study employed an implementation research through the "Nihurumie Usinidhuru project" utilizing focused group discussion engaging 224 adolescent and young girls, 78 women of reproductive age, 20 health service providers through key informant interviews to explore the impact of digital health interventions on AYSRHR in Sokoni ward, Kilifi County. These interviews focused on understanding the knowledge, attitudes, and behaviors related to sexual and reproductive health among the target population and their understanding on accessing and utilizing digital health resources. Thematic analysis was used to analyze the collected data, identifying key themes and patterns. Ethical considerations were strictly followed, ensuring informed consent and maintaining confidentiality.

## RESULTS

The implementation research conducted in Sokoni ward revealed several key findings regarding the impact of digital health interventions on AYSRHR. One significant result was the recognition of digital health interventions as a valuable tool for increasing knowledge and awareness about sexual and reproductive health among young people in the ward[A1] [RO2] [RO3]. Through our social media campaigns, we were able to engage 34,331 people. Participants highlighted the convenience and accessibility of digital platforms, which allowed for easy dissemination of information and resources. This led to improved understanding of reproductive health issues and increased engagement in healthy behaviors.

The study identified the role of digital health interventions in breaking down barriers to accessing healthcare services. Participants emphasized that digital platforms provided a safe and confidential

space for seeking information, advice, and referral systems, particularly for sensitive topics related to sexual and reproductive health.

Additionally, the baseline exercise Conducted by Youth Voices and Action Initiative showed that 90% of adolescent girls and Youth in Sokoni ward use digital platforms showing the importance of tailoring digital interventions to their unique needs and preferences to avoid misuse. Participants expressed the desire for interactive and engaging content, including multimedia resources and peer support networks, emphasizing the significance of user-centered design and the potential impact of personalized digital health interventions on AYSRHR outcomes.

## CONCLUSIONS

The qualitative study and baseline exercise highlights the positive impact of digital health

interventions on AYSRHR in Sokoni ward. These interventions have the potential of increasing knowledge, breaking down the cultural and religious barriers, and providing support, putting emphasis on the need for continued investment in digital health programs to promote reproductive health and well-being among young individuals.

## RECOMMENDATIONS

Based on the study's findings, it is recommended to further develop and implement user-centered and user-friendly digital health interventions in Sokoni ward. These interventions should focus on providing interactive and educative content, ensuring accessibility, and addressing the unique SRHR needs of young individuals. Continued collaboration between healthcare providers, policymakers, and the community is crucial for successful implementation

## LEVERAGING DIGITAL PLATFORMS FOR AYSRHR INFORMATION ACCESS; THE IACCESS HUB BY NAIROBITS TRUST

Umi Said Omar

*Nairobits Trust, Right Here Right Now Coalition*

Key Words

1. **Digital Health Solutions:** Technological innovations and platforms aimed at delivering healthcare information, services, and interventions through digital channels.
2. **Youth-Friendly Services:** Healthcare services tailored to meet the unique needs and preferences of adolescents and youth, ensuring accessibility, confidentiality, and a nonjudgmental environment.
3. **Human-Centered Design (HCD):** A design approach that involves end-users throughout the entire process, ensuring that the final product or service meets their needs and preferences.
4. **Multi-Stakeholder Collaboration:** Partnerships and coordination among diverse stakeholders, such as government agencies, non-governmental organizations, community-based organizations, and youth groups, to achieve common goals and leverage complementary strengths.
5. **Inclusive AYSRHR:** Comprehensive sexual and reproductive health and rights services and information that are accessible, non-discriminatory, and tailored to the diverse needs of adolescents and youth, regardless of their background, abilities, or circumstances.

## BACKGROUND/SIGNIFICANCE

Among Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR), the provision of accredited and practices-based information seems a huge drawback especially for the youth from different geographical locations and persons with disability. Digital Health Applications and Websites provide a compelling way in which this issue is solved to make the education and services of AYSRHR more inclusive. NairoBits Trust has designed the iACCESS Hub, a one-stop interactive website that combines policy updates, events, youth-friendly center referral services, and AYSRHR resources from a gender, accessible, and all-inclusive approach.

## OBJECTIVES

The purpose of this research is to display iACCESS Hub as a digital health innovation that is capable of advancing AYSRHR through the provision of a collection of accessible, credible, and practical resources meant to educate the adolescents, youth and Persons with Disability, while also engaging all stakeholders to understand and focus on solving the specific SRHR issues that are experienced by young people.

## METHODOLOGY/INTERVENTIONS

The iACCESS Hub was built with Human-Centered Design (HCD) methodologies which involved the

youth, the adolescents, the program implementers, the county and sub-county officials, and other stakeholders in the design process. The platform is equipped with SRHR information and resource materials, youth-native referral services, and options for the youth to narrate their stories and experiences. The Hub however, not only exhibits the various best practices and key recommendations, but also features youth, grassroots organizations and civil society organizations.

## RESULTS

The iACCESS Hub has evolved into a platform initiated and promoted by youths and one that provides simple but practical health information from trusted sources on AYSRHR issues. This is made possible through linking adolescents, young people and PWDs to youth-friendly centers in their locality, thereby improving access to important SRHR services. The Hub also fosters partnership among SRH program implementers, county authorities and other stakeholders that in turn help to understand and effectively address the SRH needs of young people. Through inclusion of best practices, recommendations and the youth led content, it gives power to those who actively advocate and engage at policy level for a healthier

or inclusive AYSRHR service provision in Kenya.

## CONCLUSION

The Hub shows how digital health solutions can spearhead the enhancement of SRH for adolescents. Through implementation of platforms with accessible, credible and useful information, connecting youth to services, and by promoting the multisectoral partnerships, inclusive and comprehensive AYSRHR education and solutions are achieved.

## RECOMMENDATIONS

Strengthening partnerships between digital health solution providers like NairobiBits Trust, government agencies, and community-based organizations is crucial. This will facilitate the effective integration of innovative digital platforms like the iACCESS Hub into existing AYSRHR programs and services. By leveraging the strengths and reach of diverse stakeholders, we can ensure that these digital solutions complement and enhance in-person AYSRHR education and services, providing a comprehensive and holistic approach to meeting the evolving needs of adolescents and youth.

## EMBRACING DIGITAL INNOVATIONS TO INCREASE ACCESS TO AYSRHR INFORMATION; A CASE STUDY OF THE A360 USSD CODE IN HOMABAY, KILIFI, NAROK AND MIGORI COUNTIES

**Crinoline Kiriago<sup>1</sup>, Charles Orora<sup>1</sup>,**

**Keywords:** YICs, USSD

## BACKGROUND/SIGNIFICANCE

According to the Kenya Population Health Census 2019 adolescents (aged 10-19 years) contribute to 24% of the population which is approximately 11.6 million in figures and a worrying 15% of adolescents aged 15-19 had every been pregnant (KDHS 2022). Even though comprehensive sexual and reproductive health information provides a unique opportunity for adolescents to gain knowledge and skills for decision-making and other life skills necessary for making healthy, informed choices about their sexual lives, their unmet need for AYSRHR remains high.

The use of digital platforms is an increasingly popular strategy particularly among adolescents and young people to improve universal health coverage .The World Health Organization (WHO) guideline on the recommendations on digital health interventions for health system strengthening in 2019, suggested text message, voice, interactive voice response(IVR), apps or social media for health information dissemination.A360 Kenya therefore in an effort to address the unmet need for AYSRH

introduced the Binti shupavu USSD code, that is toll free and accessible for the underserved Kenyan girl.

## OBJECTIVES

This study aimed to qualitatively assess the effectiveness of using digital platforms to provide access to information through the Binti shupavu USSD code.

## METHODOLOGY/INTERVENTIONS

In November 2021 A360 Kenya conducted a mini digital survey to understand how much their target audience accessed and used digital platforms such as phones and social media. The survey results indicated that 61% of girls with mobile phone access had self-owned phones while 59% of all respondents had internet access. A360 Kenya therefore developed a USSD code to bridge the gap of digital inequities and to serve their target archetypes.

The USSD allowed a mobile phone user to dial a number and engage in an algorithm-guided, text-based exchange in which the user selected options from a series of menus and received pre-programmed responses. These responses were limited to 182 characters. The USSD service was not dependent on the user having a feature phone or a smartphone, was free to the user and left no trace on the phone. Satisfied users could return if they wanted further information. An integral feature of this innovation was its ability to facilitate linkage to care via a list of public health facilities, reminders for contraceptive use and appointments via SMS, and collected user feedback regarding service quality and content satisfaction. The USSD service was used to provide on-demand information on Contraception, pregnancy, STIs and Menstruation.

## RESULTS

Between February 2023 and February 2024 there has been a steady increase from 77 unique registrations to 1,514 unique registrations. With women accessing the platform the most at 74 %, this can be attributed to a targeted campaign by the YICs 60% of users reported they were satisfied by the platform.

## CONCLUSIONS

This innovation can be replicated in rural and poorly connected areas as it is easily accessible with any phone. For the program, it has low development and roll out costs, generates real time data, and can be adapted whenever required. There is also confidence that the innovation could be more impactful if promoted more intensively to reach more girls.

### **RETAILERS TALES: USING LOCAL RETAILERS TO DISTRIBUTE FREE SANITARY PADS TO ADOLESCENT GIRLS AND YOUNG WOMEN IN NAIROBI COUNTY**

**AUTHORS: BEATRICE WANGO, MARYLOU KUPFER, JOAN GICHUKI, ALICE AWUOR**

**TIKO AFRICA**

**KEYWORDS:** *Pads, Retailers, Adolescents, MHM, Tiko Platform, Tiko Africa (TIKO)*

## BACKGROUND/SIGNIFICANCE

In Kenya, 65% of women and girls experience unmet needs for quality menstrual health hygiene products. These challenges pegged mostly on accessibility and affordability are relatively high among Adolescent girls and young women (AGYW) in humanitarian settings in Nairobi county. As a result of the aforementioned challenges, risky sexual behaviors like transactional sex for pads become a concern majorly driven by period poverty. The burden is evident with the rising number of new HIV infections, teenage pregnancies and school dropout among the same age group. Tiko Africa identified this gap and through a robust design thinking approach is piloting free pad distribution in collaboration with community retailers verifying distribution through its digital platform; Tiko. Tiko platform connects partners across supply and demand to give Tiko members access to quality health and wellness services and products. This innovation has enabled sanitary towels accessibility and affordability while destigmatizing menstruation taboos within the community.

## OBJECTIVES

To provide free sanitary pads to support adjacent needs of girls on the platform by leveraging local

retailers existing infrastructures in addressing barriers related to affordability and accessibility.

## METHODOLOGY/INTERVENTION

Through ethnographic research and co-creation with AGYW and key stakeholders, emerging insights were used to design a responsive user journey on the Tiko digital platform. Eligibility for free pads was based on existing enrollment on the platform. To access one pack of pads every 20 days, one sent trigger messages to the platform, received a unique code, gave their local Tiko retailer who validated the code on the platform using WhatsApp, Tiko App or Tiko's facebook messenger and uploaded the pad with the unique code. The retailer received 70 Tiko miles equivalent to ksh.70 per pad pack upon validation.

## RESULTS

The model proved convenient for AGYW, ensuring regular access to essential menstrual hygiene products. Since its launch mid November 2023 to February 2024, the pilot has seen 28,622 pads validated by the retailers, With 17,809 girls and young women accessing pads within 12 shops in Nairobi county. The pilot demonstrated the effectiveness of leveraging local retailers to distribute social impact products. By integrating

the distribution process into existing supply chains, the program reduced wastage and leakage typically associated with longer value chains. Engaging local retailers in the community created an income opportunity, contributing to their financial well-being and potentially fostering a sense of community ownership of the program.

The participating retailers used the opportunity to speak to girls about menstrual health and the project also acted as conversation starter about health services like HIV/AIDS and sexual reproductive Health which girls on Tiko access at fully subsidized rates after thorough eligibility counseling by the health care providers.

Inorder to ensure the fidelity of the distribution; we built on Tiko's backend an artificial intelligence (AI) model to detect pads, brand type and unique Tiko code on the submitted pad image thereby supporting tailored support supervision to participating retailers.

## CONCLUSION

By leveraging existing locally available infrastructure and incentivizing participation through retailer subsidy, Tiko's pilot program exemplified how private sector involvement, through local retailers, can drive social impact such as period poverty. The program demonstrated the key foundation for sustainable and scalable interventions in menstrual hygiene management is through local action.

## RECOMMENDATION

Leveraging existing community private sector infrastructure by implementers is a promising strategy towards bridging the last mile gap. Additionally, the track contained measurable indicators ensuring accountability. Having indicators ensures activity tracking. The application of AI model for management of big data and tailoring support supervision increases program efficiency and effectiveness.

Tiko: A digital platform that connects ecosystem actors and a property of Tiko - [www.tiko.org](http://www.tiko.org)

## INCLUSIVELY BREAKING THE SILENCE ON TEENAGE PREGNANCY

OLELA TONNY , HARIJON AYALLO

Keywords: Inclusivity, Investment, Integration of community stakeholders, Technology, Community Advocacy

## BACKGROUND/SIGNIFICANCE

Kenya's young people, especially adolescents (ages 10 to 19), have certain needs and vulnerabilities that warrant attention. Adolescent sexual and reproductive health (ASRH), is a crucial component of lifelong health and wellbeing and contributes to the health of future generations. Results from Kenya's 2014 Demographic and Health Survey show that facets of ASRH are improving but some areas need further work.

Promoting ASRH in Kenya means providing adolescents with services to prevent, diagnose, and treat sexually transmitted infections, including HIV; giving information on and strategies for preventing unintended pregnancy; ending harmful practices that negatively impact ASRH and empowering adolescents with age appropriate comprehensive sexuality education.

Key investments in ASRH today can yield tremendous returns as adolescents grow up healthy and strong and have more opportunities available to them, and couples are better able to plan, provide, and care for their families.

## OBJECTIVES

Inclusively breaking the silence on teenage pregnancy

## METHODOLOGY/INTERVENTIONS

Community advocacy by engaging the adolescent in dialogues to share experiences, provide insights into the system and also on the policies that affect them directly. Advocate for psychosocial and socioeconomic support group systems to enable capacity building among themselves, and sensitization on family planning. Use of technology to develop an inclusive integrated chat bot linked to Facebook messenger where one can openly ask a question on SRHR and get instant feedback.

Results (200 words)

Early teenage pregnancies generally lower the self-esteem of individuals resulting to mental health, risk of infant death, lowered health, unsafe abortion, traumatic fistula, gender based violence, lower education achievement. Teenage pregnancy statistics indicates high rise not forgetting persons with disability whose data is not clear. With integration to other community stakeholder

based interventions, there's a gradual reduction in teenage pregnancies from 31% in 2018, 27% in 2019 and 22% in 2020.

## CONCLUSIONS

When teens are capacity built, sensitized and exposed to appropriate information about the results of an unplanned teenage pregnancy, it gives them the knowledge and attitude decision about their own bodies and sexuality.

## RECOMMENDATIONS

Teenage pregnancy is a social problem not resolved in developing countries. The ignorance of sexual reproductive health rights education among teens, parents and teachers increases the early initiation of unplanned pregnancies, and the high probability of the cycle repeating once this child becomes a teen. However, stigmatization limits the teen mothers and kids to share their experiences. Checking into this, we are normalizing this conversation in safe spaces, social media, focal group discussions, chat bot with different stakeholders to break this bias.

### HARNESSING DIGITAL SOLUTIONS FOR ADOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH: INSIGHTS FROM NYALI SUBCOUNTY, MOMBASA COUNTY AUTHORS

AUTHORS: PETER CHIVATSI

CO-AUTHORS: ELVIS MWINYI, GEORGINA AKASIBA

Keywords: Digital Innovation

## BACKGROUND/SIGNIFICANCE

Adolescent and youth sexual and reproductive health (AYSRH) remains a critical global concern, with persistent challenges in access to information and services. In recent years, digital innovations have emerged as promising tools to address these challenges. This research explores the landscape of digital solutions aimed at revolutionizing AYSRH. This study analyzes the efficacy, scalability, and sustainability of various digital interventions, including online platforms, telemedicine platforms, and online educational resources such as the life yangu by DWS, one to one by LVCT and I access by Nairobi which provide access to SRHR information, resources or links to relevant materials. By synthesizing existing knowledge and identifying gaps, this research contributes to the understanding of how digital innovations can advance AYSRH outcomes and informs strategies for future development and implementation in diverse settings.

## OBJECTIVES

To assess the benefits of effective digital technology amongst adolescents and young people's sexual and reproductive health and rights in Nyali sub-county of Mombasa County

### Methodology/Interventions

This case study employs a mixed-methods approach, combining qualitative interviews with key stakeholders, including healthcare providers,

community leaders, and young people, with quantitative data analysis from usage metrics and health outcomes. The interviews were done at Ziwa la Ngombe Dispensary which involved a sample of 50 adolescents and young people. The interview questions were designed to be youth friendly so as to gather information on the respondents' perspectives on the use of digital technology for AYSRHR, including their SRHR awareness of existing technologies and their potential benefits. This provided a good comparison between the SRHR information gotten virtually and the information that they got physically.

## RESULTS

Preliminary findings indicate positive outcomes from the implementation of digital health solutions in Nyali Sub County. Increased access to accurate information has empowered adolescents and youth to make informed decisions regarding their sexual and reproductive health. Telemedicine consultations have improved access to healthcare services, particularly for marginalized populations and those facing transportation barriers. Improvements in knowledge and contraceptive or health-seeking behavior was demonstrated as a result of technology use. This suggested that effective technology had the potential to improve AYSRHR outcomes by increasing access to information, services, and products, as well as improving knowledge and behavior. Moreover, digital platforms have facilitated real-time data

collection, enabling targeted interventions and evidence-based policymaking.

## CONCLUSIONS

Digital innovations hold great promise for revolutionizing AYSRH by addressing barriers to access and improving health outcomes. By leveraging digital technologies effectively and engaging stakeholders collaboratively, we can advance AYSRH and contribute to positive health

outcomes for adolescents and youth worldwide.

## RECOMMENDATIONS

There is a need for continued monitoring and evaluation to assess the impact of digital health solutions on AYSRHR outcomes in Nyali Sub County. Collect data on key indicators such as knowledge levels, contraceptive use, and STI rates to track progress over time and inform future interventions.

### LEVERAGING DIGITAL HEALTH PLATFORM TO ENHANCE SRH/HIV OUTCOMES AMONG ADOLESCENTS AND YOUNG PEOPLE IN KILIFI COUNTY.

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**USAID STAWISHA PWANI**

**Keywords**

1. AYP- Adolescents and young people, 2.SRH- Sexual Reproductive Health, 3.GBV- Gender Based Violence, 4.HTS- HIV testing services

#### Background/Significance

Kilifi County faces challenges in SRH and HIV outcomes among Adolescents and Young People due to cultural norms, limited access to comprehensive sexuality education, and inadequate healthcare services. To address these challenges, USAID Stawisha Pwani program implemented a digital health approach using the one2one platform and 1190 free SMS and call toll free number to provide AYP with essential SRH/HIV information and services. We targeted and enrolled ALHIV, AYP from key populations i.e the young FSW and the AYP from the community. We conducted sensitization training on one2one for 22 YACHS, 40 peer educators from institutions of higher learning, 45 community adolescent treatment supporters, 40 peer educators from 10 youth groups and 100 health care workers at facility level to disseminate the information to young people to motivate them to come for integrated SRH services like family planning, HTS/prep services, STI screening and treatment and GBV services.

#### Objectives

The objective of the program was to innovatively mobilize AYP to access the one2one integrated digital platform and disseminate HIV/SRH information effectively. Additionally, the program aimed to increase enrollment of young people to utilize the 1190 toll free call and SMS number for self-learning modules for AYP to increase uptake of HIV/SRH services from 30% to 80%.

#### Methodology/Intervention

Focus group discussions, dialogues and support groups were conducted and this created a safe

environment for open discussions with ALHIV, while conducted to gather feedback about the one2one program. Data was also derived from KEMRI peer calendar module that the KP peer educators trained to deliver integrated health messages to young sex workers with the guidance of a digital health platform.

#### Results

The program successfully registered over 3000 AYP on the one2one digital platform between the period march 2022 up to march 2024, leading to improved access to SRH/HIV/GBV information and increased uptake of healthcare services such as family planning and HIV testing. There was increased knowledge on HIV prevention among over 3000 Adolescents and Young People through the one2one platform, the Peer-led psycho-social support groups for the adolescents on Antiretroviral therapy were facilitated through the guide of the one2one platform and this was well-received by the AYP.

#### Conclusions

Leveraging digital health platforms like one2one proved effective in enhancing SRH/HIV outcomes among AYP in Kilifi County. Information dissemination and tele-counseling through the 1190 toll free services provided through the platform significantly improved access to essential healthcare services, highlighting the potential of digital solutions in addressing AYP healthcare needs.



## Recommendations

Integrated health services for AYP, including digital health solutions, are crucial for addressing diverse healthcare needs comprehensively. Continued

efforts to strengthen these integrated services and expand their reach are essential for sustaining improvements in AYP health outcomes and promoting healthier communities.



## **THEMATIC AREA 2:**

### **COMMUNITY-BASED NORMS SHIFTING AND NARRATIVE CHANGE INTERVENTIONS FOR AYSRHR**

## AFRICA MEDIA TRUST: LEVERAGING DIGITAL PLATFORMS FOR NORMS SHIFTING AND NARRATIVE CHANGE IN ADOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Michael Okun Oliech

*Africa Media Trust*

### BACKGROUND:

Despite progress in Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR), societal norms and stigma continue to hinder access to information and services, in Kenya. To address this gap, Africa Media Trust implemented a community-based norms shifting and narrative change intervention, utilizing digital platforms to promote positive conversations and shift societal attitudes towards AYSRHR.

### OBJECTIVES:

The intervention aimed to:

1. Enhance societal acknowledgment of youth sexual behavior in Kenya and reduce associated stigma.
2. Increase the digital presence of parents or relatives proactive in their children's sexual education.
3. Amplify online discourse on sex education and improve media coverage on the topic.
4. Improve online access to accurate information for parents and relatives engaging in Sex Ed conversations with their children and siblings.

### METHODOLOGY/INTERVENTIONS:

Africa Media Trust employed five key tactics: 7

### RESULTS:

By implementing community-based norms shifting and narrative change interventions, we got the following results:

- Increased parental engagement on social media platforms, demonstrating commitment to children's sexual education.
- Enhanced online dialogues on sex education between parents.
- Improved media coverage on the significance of parental involvement in sex education.
- Enhanced online accessibility to reliable and accurate information for parents and relatives engaging in sex education conversations.

### Conclusion:

The community-based normative change and narrative shift intervention by Africa Media Trust showcased the potential of digital platforms in promoting positive dialogues and transforming societal attitudes towards AYSRHR. By leveraging technology and community influencers, we reached a broader audience and achieved measurable results in improving knowledge, attitudes, and behaviors related to AYSRHR.

### Recommendations:

Based on the findings, we recommend continued investment in community-based interventions focusing on narrative change and norm shifting surrounding AYSRHR. Sustained investment in digital media interventions is crucial in fostering allyship, challenging dominant discourse, and transforming deep-rooted narratives. Efforts should also be made to scale up these initiatives and integrate them into existing SRHR programs and policies to ensure sustained national-level impact.

## BREAKING THE SHACKLING POWER OF HARMFUL NORMS: EVALUATING THE IMPACT OF SRH RELATED NORMS INTERVENTION IN MIGORI COUNTY, KENYA

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**Keywords:** Norms, contraceptives, reference groups

### Background/Significance

Contraception use in Kenya has increased over the years, but challenges still exist for many youths and adolescents. Several barriers exist and these include negative community perception about contraceptive use among youth and adolescents. This has led to unintended consequences such as unplanned pregnancies and school drop outs.

Migori teen pregnancy data is at 23% against the national average of 15%. Contraception use among young people remains low at 17% among unmarried adolescents. With support from Children Investment Fund Foundation (CIFF), Lwala Community Alliance is implementing a Gender-norm transformative program targeting to increase contraception use among youth and adolescents in Migori County.

Through targeted intervention, the project aims to achieve an inside-out transformation in contraceptive use among young people.

## OBJECTIVES

The objective of the study was to evaluate whether norms change interventions is associated with increased utilization of family planning visits and increased couple years of protection (CYP) among young people aged 15 to 24.

## METHODOLOGY/INTERVENTIONS

We routinely collected KHIS data from clinics to conduct a time series analysis, assessing the temporal changes in total monthly family planning (FP) visits and couple years of protection (CYP) delivered. We then used data from the pre-intervention period to fit a model. The parameters from the model were used to predict expected trend during implementation. We then calculated the difference between the data that was actually observed to what was predicted in the model. The deviation between observed and predicted values was to reflect the estimates for the impact of the program. To account for statistical uncertainty, we used 95% prediction intervals rather than 95% confidence intervals.

## RESULTS

**Family Planning visits:** There was an observed significant increase in family planning visits among young people under 25. Our models suggest that in 2023, young people aged 15 to 24 received 37,478 additional family planning visits, reflecting a 57% increase over expectations (95% PI: 16%, 126%). The increase in family planning visits is

largest among the 15 to 19 age group, where we estimate that an additional 21,058 family planning visits occurred, reflecting a 70% increase over expectations (95% PI: 17%, 165%).

**Couple year of protection:** Residents of Migori county received 96,310 additional Couple years of protection (CYP), reflecting a 55% increase over expectations (95% PI: 15%, 120%).

**Method specific trends:** We observed large, significant increases in implants (an additional 26,743 units provided, reflected a 70% increase over expectations) and emergency pills (an additional 2,227 units provided, reflecting a 321% increase over expectations). However, there were no significant changes for other contraception methods.

## Conclusions

The findings suggest a substantial positive impact of norms intervention in FP programming. The sudden large increase in family planning provision closely coincided with the start and implementation of the norms change program. The increase was particularly large among people aged 15-19 and this is consistent with the program's focus age. This demonstrates evidence that addressing harmful SRH related norms can lead to good increase in FP uptake.

## RECOMMENDATIONS

Family planning programs targeting young people should focus on addressing SRH related norms that continue to be a barrier to service uptake. Targeted community dialogues with reference groups, male forums, media engagement and intergenerational conversations are viable norms change interventions.

## PEER MENTORSHIP, CAREGIVING, AND ADVOCACY INITIATIVE INTERVENTION PROGRAM FOR MENTALLY DISABLED ADOLESCENTS ON SEXUAL REPRODUCTIVE HEALTH IN NAIROBI.

**Faith Mbusi- Talk to Mutendwah Foundation**

**Keywords:** Adolescents, advocacy, caregiving, formal, mentally disabled, mentorship, Nairobi, sexual reproductive health

## BACKGROUND

Adolescents with mental health disabilities are at higher risk of sexual abuse and HIV/AIDS and face challenges in services provision due to lack of social inclusion and economic burdens while caregivers have increased anxiety, depression, and numerous questions. Many of these concerns can only be answered by counterparts with similar experiences. The Initiative designed, tested, and adapted protocols for peer mentorship to improve service provision enhancing skills, knowledge, and

capacity to provide quality integrated sexual and reproductive health (SRH) services.

## THE NEED

Our institution lacked a formal peer mentoring and caregiving program on sexual reproductive health for adolescents with mental health disabilities. There is a need for peer mentorship to address common determinants of poor mental, psychosocial and sexual and reproductive health services and rights (SRHR) through multimodal

and multi pronged interventions for adolescents.

### **OBJECTIVES**

The main objective of this study was to identify whether peer mentorship and caregiving interventions targeting Mentally disabled adolescent SRHR and HIV existed in Nairobi.

### **METHODOLOGY/INTERVENTIONS**

The initiative recommended implementation of a formalized program that would promote a structured peer approach to mentoring and caregiving with comparisons to formal health provider.

23 mentees and 10 mentors were recruited and matched in the ratio of 1:2 in the pilot set-up.

Qualitative assessment was conducted to assess experiences and perceptions about peer mentoring and conclusions made from comparisons to previous experiences. In-depth interviews were conducted with peer mentors and mentees and recorded, transcribed, and filed for analysis.

### **INTERVENTION**

In 2023 December, open meetings and an online peer program was initiated.

### **RESULTS**

Since the program's initiation, 200 encounters have been documented. This represents an average of 50 mentees paired with 5 mentors every month averaging 600 annual encounters. Mentally disabled Adolescents and Parents view the mentoring and caregiving relationship as positive and report that they feel understood, less anxious, and less isolated.

### **REPLICATION**

The program initiative leveraged state administrative and social care data to recommend and successfully recruit instructionally effective and experienced peers to serve as mentors, which, in turn, increased pre-service. Prior results, however, focus on self-reported outcomes and stem from single and field experiences raising questions about their replicability. In this paper, we replicate the previous study with a second cohort, finding the need for the recruitment of more peers' mentors. In addition, we examine new outcomes from administrative and program data, observing that candidates assigned to mentors recruited through our lists were rated as significantly more instructionally effective during sessions. Given these promising results, we tested the same initiative with a new program under less oversight from research partners and policymakers, finding that even under these more typical conditions, the initiative successfully produced significantly more effective services though with smaller effects

### **CONCLUSION**

Peer mentoring, advocacy and caregiving is feasible and sustainable over time. Our model is transitioning from a staff referral to self-referral and incorporating real-time mentoring into the new commons area for adolescents assisting in navigating the trajectory of mentally disabled adolescents' sexual reproductive health, decreasing risks and social insecurities.

### **RECOMMENDATIONS**

Policy makers, philanthropists and human rights advocates should incorporate such programs in their endeavors. Fundraisers should prioritize funds to aid organizations steering such programs for progressive results

### **IMPACT OF JAMVINI TALKS IN TRANSFORMING AYSRHR NARRATIVES**

**Author: IBRAHIM MWABAHA SHABANI**

**Keywords**

AYP – Adolescent and Young Adolescent, KHIS – Kenya Health Information System, SGBV – Sexual and Gender Based Violence, SRHR – Sexual Reproductive Health and Rights

### **BACKGROUND/SIGNIFICANCE**

In Kenya, adolescents and young people make up 23.7% of the population, according to 2019 Census report. Nearly 13% of the population is made up of young adolescents, who are currently going through major physical, emotional, and social changes related to puberty. They need access to reproductive health treatments, education, and supportive environments in order to acquire life

skills as a result of these changes. Regrettably, a lot of young teenagers in Kwale County lack the necessary life skills to deal with SRHR difficulties. It is frequently difficult or impossible for parents, guardians, and educators to have a productive conversation with their students about sexuality because the subject is taboo in Kwale Communities. As a result, there are many adolescent pregnancies and a higher chance of HIV/STIs. Inadequate



information, lack of support from the community, negative societal norms and practices, and lack of agency and voice are all contributing issues.

### OBJECTIVES

Overall objective: JAMVINI TALKS enhances the leadership of 2,530 young people to effectively promote reproductive health behavior among peers in Lungalunga, Kwale County.

Project outcome: 2,530 adolescents and young people aged 15-24 in Kwale County have improved SRHR by 2024. The project aimed to achieve the following key output throughout the implementation period:

- Increased knowledge and skills for advancing SRHR.
- Increased uptake of family planning services.

### METHODOLOGY/INTERVENTIONS

“Jamvi” is a coastal cultural safe space that brings together peers. The space brings together people from different religious, age and ethnic backgrounds; the best approach of sharing SRHR information. Lungalunga villages were mapped based on poor SRH indicators. 20-peer educators trained on SRH and engaged to cascade information to peers. Supportive community environment was created, promoting AYP access to SRH services. Jamvini talks is anchored on close collaborations with health facilities and focal person for the AYP and SGBV programs. The project built the agency of adolescents and young people in demanding fulfilment of their SRHR through advocacy platforms.

### A LIFE-SKILL BASED APPROACH AND COMMUNITY PARTNERSHIPS TO PROMOTE ACCEPTABILITY AND UPTAKE OF SEXUAL REPRODUCTIVE HEALTH AND RIGHTS SERVICES AMONG YOUNG PEOPLE AGED 10-24 YEARS IN MOMBASA COUNTY

Author: Mariam Ngoya

#### BACKGROUND:

Sexual and reproductive health rights (SRHR) services continue to be a sensitive topic among many families living in the coastal region of Kenya. Yet, adolescents and young people (AYP) continue to face high and unacceptable rates of teenage pregnancies, new HIV, and sexually transmitted infections. The deep-rooted cultural norms, particularly in conservative settings such as Mombasa County, have led to a phenomenon where this population has limited access to adequate SRHR information and services, hindering their ability to make informed decisions regarding their sexual and reproductive health. To bridge the gap, the Young Women Christian Association (YWCA)

### RESULTS

Through continuous mentorship and regular peer learning sessions, adolescents and young people's confidence levels and ability to make positive SRH choices has improved. School enrollment and transition has improved. Efforts in addressing child abuse GBV cases together with other county efforts has resulted in a reduction of teen pregnancies from 21% in 2022 to 20.6% by September 2023 and 18.7% by December 2023 in Lungalunga Subcounty and 17% in 2022 to 16% in 2023 in Kwale County according to KHIS.

From the Jamvini talks, 800 young people have embedded the uptake of family planning commodities by referring them to different health facilities as well as checking their HIV status.

### CONCLUSIONS

Jamvini talks is a localized peer education model where AYP engage in unstructured SRHR conversation. The discussion is allowed to mushroom in its own nature, AYP engage freely, creatively, in a cool and fun way making the learning enjoyable and memorable. Youth groups are the right pioneers of such interventions.

### RECOMMENDATIONS

For sustainable gains in SRHR, there is a need to address the underlying causes of AYP low risk perception in regards to their sexual health. Furthermore, there is a need for a robust strategy to enhance coordination and multifaceted approaches to reduce poor SRHR indicators. Localize donor funds to youth groups.

implemented an innovative and evidence-based SRH life skill project through partnerships with coastal communities, religious institutions, and youth groups to empower and scale community-led AYP-SRHR issues promotive and preventive approaches in Mombasa County.

#### OBJECTIVES:

To improve the community engagement in AYP-SRHR promotion and prevention intervention as well as to ensure sustainability and effectiveness in the delivery of the SRHR Life skill-based programs in community sites, to enhance access and uptake of sexual and reproductive health and rights services among the youths in Mombasa County.

## METHODOLOGY:

The Young Women Christian Association (YWCA) collaborated with the Department of Health, Mombasa County to implement an SRHR life skill-based Program for 200 AYPs between March to December 2023 using the adopted county SRHR life skill toolkit. The implementation was purely community-centered, where trained peer champions conducted targeted community stakeholder mapping that included a total of 10 village heads, three religious and youth group leaders, who were in direct contact with parents for either administrative purposes or existing community initiatives, sensitized about the program and supported in the participants' mobilization.

The participants were taken through 13 sessions of the curriculum, pre and post-tests administered and analyzed using MS Excel to access change in SRHR Knowledge. Continuous educational workshops, peer-to-peer discussions, and awareness campaigns for community members were done. Focused group discussions and in-depth interviews with community stakeholders were conducted to assess changes in the attitudes and thematic analysis was used to analyze the data.

## RESULTS:

The program significantly improved SRHR issues awareness among the AYPs from 25% to 85%,

## ENGAGING ADOLESCENT GIRLS, THEIR FAMILIES, AND THE COMMUNITY IN THE CO-DESIGN OF A PERINATAL MENTAL HEALTH INTERVENTION: THE MALKIA WA MALENGO PROGRAMME.

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**Keywords:** Adolescent mental health, perinatal health, co-design, LMIC, community engagement, sustainable interventions.

## BACKGROUND/SIGNIFICANCE

Global mental health practices are often criticized for being developed in high-income countries and then implemented in low- and middle-income countries (LMICs) without adequate consideration of local contexts, limiting their effectiveness and sustainability. In response to calls for the decolonization of global mental health, the INSPIRE project in Kenya and Mozambique adopts a community-engaged approach. This project focuses on improving mental health outcomes for adolescents during the perinatal period by actively partnering with local adolescents, their families, and communities. Utilizing a blend of human-centered

with 96% participant retention, which shows the effectiveness of life-skill based approach in disseminating SRHR information and raising awareness.

Despite the efforts being made by a small number of youths, 5% self-reported facing increased stigma and discrimination from their fellow youths regarding their engagement with SRHR services, this enlightens the importance of addressing and countering social barriers to ensure the program's long-term sustainability and acceptance within the community. Caregivers actively participated in facilitating participants to the sessions, both household and virtual follow-up activities were seamless. The community stakeholders facilitated access to safe spaces for the program delivery, cutting the implementation costs.

## CONCLUSION:

The SRHR life skill based program helped foster positive behavioral change among AYP participants, bridging the gap between caregivers and Young people, thus building strong relationships where the participants freely share the challenges they face, hence reducing the potentiality of negative SRHR issues.

design, systems thinking, and implementation science, INSPIRE aims to develop and evaluate interventions tailored to the unique cultural and systemic needs. The project addresses the need for interventions that are not only contextually relevant but also co-designed with stakeholders to ensure they meet local priorities and enhance the mental well-being of adolescent girls. This abstract

## OBJECTIVES

Develop a co-designed intervention and delivery strategy aimed at improving adolescent perinatal mental health by identifying barriers and enablers

to maintaining mental wellbeing during the perinatal period.

### METHODOLOGY/INTERVENTIONS

A participatory, mixed-method study was conducted in partnership with adolescents girls (aged 15-19 years) and young women with an experience of adolescent pregnancy, their families and service providers and community influencers. Participants completed a series of interviews, focus groups and observations (spiral walks and PhotoVoice), to better understand the challenges girls face during the pregnancy and perinatal period. Data collection occurred between November 2021 and December 2022. Multi-stakeholder workshops were carried out to agree priority challenges to good mental health. Further workshops were facilitated to brainstorm potential solutions and develop tailored prototypes and delivery strategies for each context.

### RESULTS

Eighty-one stakeholders took part in the formative and intervention development activities. Major priorities that emerged included good quality antenatal care, understanding pregnancy and contraception, decision making and agency, good relationships with family and friends, preparing to be a mum, taking care of a baby, concerns about leaving school. The resulting co-designed intervention was named '*Malkia wa Malengo*

*intervention*', and consists of nine sessions; groups, individual and family meetings, where girls discuss and learn how to look after themselves and their babies, strengthen life skills and plan for the future. Individual meetings provide an opportunity to tailor support to each girls' specific needs and screen for mental health conditions. It is delivered by respected mothers in the community alongside standard care.

### CONCLUSIONS

Local communities actively engaged in the development, resulting in an intervention deemed acceptable and appropriate for adolescent girls, and a delivery strategy which aligns with the strengths and resources of the target communities. The *Malkia wa Malengo* programme is currently being pilot tested to evaluate its potential for impact, sustainability, and scale. INSPIRE has demonstrated that co-design approaches can be used to develop acceptable and appropriate mental health interventions and delivery strategies tailored to the existing setting.

### RECOMMENDATIONS

Future initiatives should continue to prioritize community engagement and co-design processes to ensure interventions are relevant, simple, and sustainable.

## MOVEMENT BUILDING FOR COMMUNITY ENGAGEMENT IN ADVANCING AYSRHR

Rasheed David Mutaha<sup>[1]</sup>; Elizabeth Wanda; Dr. MaqC Eric Gitau, Ph.D.,

### BACKGROUND/SIGNIFICANCE

Adolescent sexual and reproductive health and rights continue to be an area of great concern in health both nationally and globally. Adolescents and young people continue to face barriers to accessing quality and comprehensive reproductive healthcare services.

These barriers include limited access to information and services, sociocultural factors such as religion and traditional culture, laws and policies that are restrictive and lack of economic empowerment to facilitate payment for reproductive health services.

In response, numerous organizations have propped up and worked tirelessly to define and understand the issues facing adolescents and young people while providing solutions to mitigate these issues. Despite this, these efforts to improve AYSRHR often remain fragmented due to siloed operations.

Movement building, organizing and mobilizing communities to respond to common problems and concerns offers a transformative approach to enhancing community engagement, developing a shared understanding, and advocating for a common vision and agenda for change. **Development Dynamics** has been at the forefront of utilizing movement-building strategies and tactics to advance learning, foster collective action, and reduce siloed approaches to improving AYSRHR outcomes through enhanced collaboration among diverse stakeholders and organizations.

### OBJECTIVES

The objectives of the movement building for social impact were:

1. To explore the role of movement building in advancing AYSRHR.
2. To mobilize for collective action and

collaboration to identify strategies for success and reduce fragmentation in addressing AYSRHR.

3. To collaborate with diverse stakeholders and partners working on a platitude of issues to catalyze sustainable change for AYSRHR.
4. To provide recommendations and stakeholders to support the establishment and sustainment of movements.

### METHODOLOGIES/INTERVENTIONS

To enhance collaboration and engage young people, **Development Dynamics** employed a participatory approach by using a **Movement Building for Social Impact Masterclass** to enhance young people and youth leaders with the skills necessary to advance AYSRHR and other social issues.

This 7-session comprehensive training program was designed to indoctrinate and equip young leaders with the tools and tactics necessary for effective movement building and advocacy. To further support their efforts, we partnered with Planned Parenthood Global to launch a **B!!! Now Now!** hackathon with 30 young scientists, designers, artists, and advocates from East Africa. We unveiled the winning team with resources to advance their work within the communities.

### RESULTS

After conducting two successful movement-building for social impact cohorts with young people leading community organizations, our findings reveal that fostering collaboration and collective action is key to advancing efforts in improving access to AYSRHR for adolescents and young people. Key strategies identified include:

1. **Grassroots mobilization:** Engaging local communities in identifying issues, co-designing interventions, and taking collective action to ensure the inclusion of all diverse voices is imperative. This also supports sustainability, as communities own the solutions designed.
2. **Coalition building:** working with diverse stakeholders helps create a unified front and ensures that resources are well-managed and equally distributed.
3. **Digital advocacy and engagement:** Utilizing different platforms and tools, including social media and other digital tools, helps to amplify voices, disseminate information, and mobilize support to create a well-informed network of advocates.
4. **Policy advocacy:** We can influence policy change on a larger scale through sustained public efforts, campaigning, the use of

media, and working within movements for a coordinated approach.

### CONCLUSION

Movement building is a powerful approach to advancing AYSRHR by enhancing community engagement, reducing the duplication of efforts by different organizations and promoting collaboration for sustained efforts in addressing issues that young people face. For a movement to be effective, we must keep communities engaged and informed, build strong coalitions and partnerships with diverse stakeholders, advocate more strategically, and innovatively utilize digital platforms for wider reach. These elements create an enabling environment that supports the health and rights of adolescents and youth while fostering a collaborative culture among diverse organizations.

### RECOMMENDATIONS

From our learnings, we recommend that practitioners and organizations working in AYSRHR to foster effective movement building to reduce fragmentation in responses. Our recommendations proposed are:

1. Invest in capacity building to train more organizations, youth leaders and community organizers in the necessary skills and knowledge for movement building.
2. There is a need to encourage collaboration between different organizations to bridge gaps, share best practices and foster mutual understanding.
3. We need to create and resource more platforms that facilitate movement development for regular interactions and communication among stakeholders to strengthen the work being done and reduce fragmentation.
4. Organizations and institutions must provide financial support for community-based organizations and grassroots movements to ensure long-term impact and reduce resource competition.

### KEYWORDS

Movement building, community engagement, grassroots mobilization, digital advocacy, capacity building, adolescent sexual and reproductive health and rights.

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## MITIGATING HARMFUL CULTURAL PRACTICES THROUGH “APERIT”.

**Author:** Mr. Musto Joshua

**Keywords:** Aperit - is a Pokot word that means a fire place where only men and adult boys met and talk on various issues

### BACKGROUND/ SIGNIFICANCE

According to a 2017 UNICEF study, 64% of girls of Pokot Origin got married before reaching the age of 18. KDHS 2022 data shows West Pokot County has a teen pregnancy rate of 36% against the National rate of 15%. All these are caused by harmful cultural practices like forced Aperit Marriages and other sexual offences like rape. There is need therefore to include men in SRHR information dissemination since they are the perpetrators of the harmful practices. “Aperit” is a Pokot word that means a fire place where only men and adult boys met and talk on various issues like cattle raids, early marriages, polygamy among others. Bringing in SRHR information to these platforms will greatly reduce early/forced marriages, polygamy and other sexual violences.

### OBJECTIVES

1. The intervention seeks to improve knowledge on SRHR and address harmful cultural practices among men in Pokot Community.
2. Promoting awareness on the dangers of early and forced marriages and other sexual violences to the health of the victims.

### METHODOLOGY/INTERVENTIONS

The activity aimed at equipping men and out of school adolescent boys with valuable information on SRHR and the need to shun away from harmful cultural practices.

Men meet every evening for meals and talk on various topics affecting them, at a fireplace in a homestead which has at least 15 men and

adolescent boys. The information will be shared to them during those meetings.

### RESULTS

The “Aperit” sessions held at homesteads involving men and out of school adolescent boys brought about improved knowledge on SRHR in Kacheliba.

The safe space provided ensured free engagement among men and out of school boys in the community.

There was a reduced number of GBV cases reported in the year 2023 as compared to 2021 and 2022 according to the Gender desk at Kacheliba Police Station.

Reduced number of girls dropping out of school as reported by the school heads in Kacheliba.

### CONCLUSIONS

Engaging men and out of school boys on SRHR matters is proving to be a master stroke in reducing the effects of harmful cultural practices. With more “Aperit” engagements, early/forced will be greatly reduced.

### RECOMMENDATIONS

More resources both financial and human are needed to educate men and out of school adolescent boys will reduce SRH challenges.

Strict enforcement of SGBV laws will also help to address prevalent harmful cultural practices in Pokot Community.

## FROM SILENCE TO EMPOWERMENT: ADDRESSING CULTURAL NORMS TO ENHANCE ADOLESCENT SRHR ACCESS

**Author:** Angela Mideva

*Programs Coordinator Rural to Global Organization*

**Keywords:** SRHR-Sexual Reproductive Health and Rights

### BACKGROUND:

Kenya's Kakamega County faced a staggering 12,057 reported teenage pregnancies in 2022, ranking second highest nationwide. Shockingly, 40-60% of Kakamega's teenagers are either pregnant or have given birth. This alarming trend underscores the urgent need to address deeply entrenched cultural norms surrounding Sexual and Reproductive Health Rights (SRHR) among adolescents and youth, particularly in Kenya. Rural to Global Organization In partnership with Ipas Africa Alliance recognized that traditional beliefs and societal expectations hinder young people's access to vital SRHR services and information. Taboos around sexuality and reproductive health, reinforced gender roles, and stigma contribute to misinformation and risky behaviors.

Addressing these barriers demands a comprehensive approach, including community engagement, education, and advocacy, to empower adolescents and youth to make informed choices about their SRHR.

### OBJECTIVES

1. Develop and implement community-based workshops and educational sessions targeting adolescents, parents, and community leaders to address cultural barriers to SRHR access.
2. Increase knowledge and awareness of SRHR among adolescents and youth by 30% within the targeted communities within six months of intervention implementation.
3. Establish partnerships with local schools, religious institutions, and community organizations to facilitate the dissemination of SRHR information and resources.
4. Address culturally sensitive topics such as gender roles, sexuality, and reproductive health within the context of local traditions and beliefs.
5. Evaluate the effectiveness through pre- and post-intervention surveys to assess changes in attitudes, behaviors, and access to SRHR services within one year of implementation.

### METHODOLOGY/INTERVENTIONS

In partnership with Ipas Africa Alliance, interventions aim to shift retrogressive cultural norms hindering Adolescent and Youth Sexual and Reproductive

Health (SRHR) access. Strategies include community assessments, cultural interventions, youth empowerment, engaging community champions, media campaigns, healthcare system strengthening, and robust monitoring. These efforts seek to empower young people, foster supportive environments, and promote SRHR education while respecting local cultures and traditions. The goal is to catalyze positive transformations, enabling adolescents and youth to access SRHR services and information in environments that honor their rights and choices.

### QUANTIFIABLE RESULTS

1. Developing and implementing community-based workshops and educational sessions:
  - Number of workshops and sessions conducted.
  - Percentage of participation from adolescents, parents, and community leaders. - Feedback from participants on the relevance and effectiveness of the sessions.
2. Increasing knowledge and awareness of SRHR among adolescents and youth by 30%:
  - Pre- and post-intervention surveys to measure changes in knowledge and awareness.
  - Percentage increase in SRHR-related knowledge among adolescents and youth within the targeted communities.

Number of adolescents and youth accessing SRHR information and services post-intervention.

3. Establishing partnerships with local schools, religious institutions, and community organizations:
  - Number of partnerships established.
  - Level of engagement and collaboration with partner organizations.
  - Reach of SRHR information and resources through partner channels.
4. Addressing culturally sensitive topics within the context of local traditions and beliefs:
  - Feedback from community members on the relevance and sensitivity of the topics addressed.
  - Number of cultural norms challenged or changed through interventions.
  - Perceptions of community members regarding the acceptance of SRHR information within local traditions and beliefs.

5. Evaluating effectiveness through pre- and post-intervention surveys:
  - Changes in attitudes towards SRHR topics before and after the intervention.
  - Changes in behaviors related to SRHR access and utilization.
  - Increase in the accessibility and utilization of SRHR services within one year of implementation.

#### **CONCLUSION:**

In conclusion, the outlined methodology offers a holistic approach to shifting cultural norms inhibiting Adolescent and Youth Sexual and Reproductive Health Rights (SRHR) access. By engaging communities, designing tailored

interventions, empowering youth, and leveraging media, positive transformations aim to catalyze attitudes, behaviors, and healthcare systems, ultimately enhancing SRHR access and empowerment for adolescents and youth.

#### **RECOMMENDATIONS:**

Engage stakeholders for sustained support. Enhance culturally sensitive interventions for wider reach. Empower youth through leadership and skill-building. Train healthcare providers for youth-friendly services. Advocate policy reforms for prioritized SRHR. Monitor and evaluate interventions for effectiveness. Foster community ownership for sustainability. These steps promote SRHR access and empower youth for healthier lives.

### **ADVANCING GENDER EQUALITY AND SOCIAL INCLUSION IN ADOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH RIGHTS (AYSRHR) PROGRAMMING**

**Dorcas Nyasani Ombasa, Susan Wandera, Hannah Njoki, Noel Akinyi**

**Keywords:** GESI – Gender Equality and Social Inclusion, AYSRHR- Adolescent and youth sexual reproductive health rights, CHP – Community health promoters

#### **BACKGROUND/SIGNIFICANCE**

Gender Equality and Social Inclusion (GESI) is crucial in addressing the disparities in Adolescent and Youth Sexual and Reproductive Health Rights (AYSRHR) programming, particularly among out-of-school adolescent girls. These adolescents are often marginalized and excluded from conventional SRHR initiatives, and face challenges in accessing comprehensive sexual and reproductive health services. Despite their high levels of vulnerability and significant needs, they remain difficult to reach through traditional approaches. The intersection of Gender Equality and Social Inclusion (GESI) and Adolescents and Youth Sexual Reproductive Health Rights (AYSRHR) highlights the urgent need for interventions that prioritize the inclusion of marginalized youth, especially out-of-school adolescent girls, in SRHR programming. By addressing the structural barriers and social inequalities that contribute further to their exclusion, initiatives can strive to ensure equitable access to information, services, and support for these vulnerable populations, ultimately promoting their sexual and reproductive health and rights.

#### **OBJECTIVES**

1. To promote equitable access to Sexual and Reproductive Health Rights information and services.

2. To reduce gender disparities and improve the sexual and reproductive health outcomes of marginalized youth populations.
3. To promote community engagement and empowerment to foster an inclusive environment for AYSHRH programming.

#### **METHODOLOGY/INTERVENTIONS**

The SHE SOARS Project interventions adopts a multi-layered approach, integrating community-based strategies and youth-led initiatives through; Community Engagement of stakeholders, including religious and cultural leaders, to foster support for GESI in AYSRHR programming; Youth Participation through meaningful youth/adolescents' engagement by including girls and boys to co-design and implement GESI-sensitive SRHR education and services; Capacity Building of Community Health promoters (CHPs) in gender-responsive approaches for outreach to out-of-school girls and boys and intersectional Programming through YSLA( Youth Saving and Loaning) interventions to address the diverse needs of marginalized adolescents and youth. These interventions contribute to the realization of Gender Equality and Social Inclusion as an intersection of AYSRHR.

## RESULTS

The results of the SHE SOARS Community initiative has seen Increased access to AYSRHR information and services, particularly among marginalized adolescent girls and boys in the Nairobi urban informal settlements, Kisumu, Kajiado and Siaya Counties. Additionally, the SHE SOARS project has promoted reduction in gender disparities and improvements in sexual and reproductive health outcomes among marginalized adolescent boys and girls as well as enhanced gender responsive service provision at the project link facilities. There is a demonstrated community awareness and support for GESI in AYSRHR programming, with an increased demand for AYSRHR services.

## CONCLUSIONS

Gender intersects with other social factors (such as age, culture, sexual orientation or disability) to contribute to discrimination or exclusion. The interventions emphasize the critical role of GESI in advancing AYSRHR, highlighting the need for inclusive approaches that address intersecting barriers. By prioritizing community engagement, youth participation, supportive legal and policy environments, health system strengthening, capacity building and tangible progress can be made towards achieving equitable AYSRHR outcomes.

## EXPANDED QUALITY FAMILY PLANNING SERVICES AND SELF-CARE PRODUCTS IN COMMUNITY PHARMACIES.

**Lucy Kerubo Mogesi & Anthony Kabarita.**

## BACKGROUND

Studies have revealed that a high percentage of young people in Kenya use pharmacies for contraception. Specifically, more than 50% of the youth who are sexually active use modern contraception obtained from a pharmacy.

## OBJECTIVES

The Strengthening Pharmacy Provision of Contraceptives in Kenya project aims to unlock the potential of the pharmacy channel to expand access and methods of choice for youth while also developing and testing the viability and scalability of a pharmacy business model.

## METHODOLOGY

This study supported 27 pharmacies across ten counties in Kenya to offer family planning (FP) services. Data collection methods included tally sheet data, in-depth client interviews, structured exit interviews, and key informant interviews with pharmacy personnel. Pharmacies were selected

## RECOMMENDATIONS

1. It is important to partner with communities to ensure interventions accounted for multiple and intersecting identities to promote inclusivity in language, imagery, and terminology.
2. There is a need to Conduct accessibility audits and guidelines to provide insights on best practices for integrating GESI across all aspects of AYSRHR programs.
3. Assess potential backlash or unintended consequences in response to Gender Equality and Social Inclusion and develop risk mitigation strategies.
4. Institutionalize GESI considerations in AYSRHR policies and programs, ensuring sustained support and funding.
5. Strengthen partnerships with community-based organizations and youth-led initiatives to amplify GESI efforts.
6. Continuously monitor and evaluate interventions to assess impact and identify areas for improvement, prioritizing feedback from marginalized youth.

based on criteria such as geographic reach and profile diversity to offer counseling services and injectable. Pharmacists underwent FP training developed by the Ministry of Health, equipping them with skills to provide quality services. Solutions for capacity building, quality service, demand generation, and client retention were provided to help pharmacies develop a viable business model.

## RESULTS

The project pharmacies have seen approximately 23,796 FP clients in the last ten months, with 37% (8,920) being first-time clients. Findings from the pharmacy client exit interviews indicate that more than 70% of the clients were between 18-35 years with the majority (80%) preferring FP injectable. Ninety-eight per cent of interviewed clients reported that the pharmacies met their FP needs and expressed a high customer satisfaction rate of 95%. The counseling services and pharmacists' trust were excellently rated by more than 90% of the clients who were majorly youth. Youth opting for DMPA-SC self-injection cite convenience,

time-saving due to busy schedules, and ease of administration post-pharmacist training and counseling sessions. Pharmacies now offer quality patient-centered care with ancillary services such as blood pressure and blood sugar monitoring resulting from expanding family planning services in their facilities. Notably, comprehensive counseling ensures informed decision-making and open communication fosters strong client-provider relationships which are key among adolescent youth. Retention solutions such as client return cards, appointment reminders through phone calls or SMS, daily activity registers and social media marketing have increased pharmacy business as clients appreciate the information, convenience, affordability, time-saving, and privacy benefits of accessing FP products.

## CONCLUSIONS

Expanding family planning services in community pharmacies positively impacts AYSRHR, with high client satisfaction rates and increased access. Pharmacies provide a convenient platform for young people to seek guidance and access services,

addressing their reproductive health needs comfortably. This underscores the importance of community-based interventions and advocates for further scale-up

## RECOMMENDATIONS

Expanding the pharmacy business model in Kenya is recommended to enhance access to family planning services for AYSRHR. Strengthening pharmacist capacity and sustaining community engagement are crucial for this expansion. Positioning pharmacies as FP providers aligns with shifting norms, empowering AYSRHR to make informed reproductive health decisions and contributing to positive changes in norms.

## REFERENCE

1

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## “YOUTH CHAMPIONS” MENTORSHIP INFLUENCE IN REDUCTION OF EARLY PREGNANCY AMONG ADOLESCENTS 10-14 YEARS IN SUBA WEST SUB-COUNTY, HOMA-BAY COUNTY

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**Keywords:** Youth champion, sexual and reproductive health, early pregnancy, social behavior change, early motherhood, mentor, young adolescents, peer support networks, life skills, leadership, policies.

## INTRODUCTION

Adolescent girls bear the highest burden of early pregnancy and adverse reproductive health outcomes in Sub-Saharan Africa. One in every five adolescent girls in Kenya is either pregnant or already a mother, and Homa-Bay County doubles the national average with highest prevalence in Suba West Sub-County at 26%.

Pregnancy among young adolescents is a gross violation of their sexual and reproductive health and rights. Therefore, reducing pregnancy among adolescents has great impact in addressing their vulnerability. Research suggests programs which support healthy peer relationships can offer additional support to existing self-skills and promote healthy behavior among adolescents.

Programs building leadership skills of older adolescents by training them to run mentoring programs for young adolescents as role models and mentors can bring positive change in reducing cases of early pregnancy and are yet to be evaluated.

There is need to disintegrate interventions by age 10-14 years, 15-19 years and 20-24 years.

## OBJECTIVES

1. To understand “Youth Champions” mentorship influence in reduction of early pregnancies among adolescents 10-14 years in Suba West Sub-County, Homa-Bay County.

## METHODOLOGY/INTERVENTIONS

Older adolescents were trained as “Youths Champions” to mentor and act as role models to young adolescents. They provided social behavior change messages and mentorship on life skills in schools and community forums to adolescents 10-14 years to reduce risky sexual and reproductive health behaviors like early sex debut, unhealthy relationships, wrong decision making and negotiation skills. Health workers were also trained on adolescent sexual and reproductive health to

provide adolescent friendly services at the health facilities linking school education program with youth friendly services. Each month the champions and health workers met to review implemented activities, success, and challenges.

## RESULTS

Youth Champions' mentorship program created an enabling environment for adolescents to access sexual reproductive health services. Youth champions peer support network or mentorship program resulted in reduction of early pregnancy among adolescents 10-14 years with only 2 cases reported between March 2023 and December 2024. Delivering social behaviour change messages by adolescents themselves through peer support networks or mentorship approaches reduced cases of early motherhood and its effects in Suba Sub-County Homa-Bay County. Youth champions were recognized as positive role models in the community and received referrals of adolescents from parents for individual counseling on life skills and sexual and reproductive health guidance.

## CONCLUSIONS

Adolescent lead programs have the potential to make a significant contribution in reduction of early pregnancies. Empowering adolescents to deliver messages to their peers creates an enabling environment for discussing adolescents' sexual reproductive health rights and helps deliver information in the way adolescents understand better.

## RECOMMENDATIONS

Programs should target adolescents 10-14 years with messages on sexual reproductive health rights, they are likely to continue with good life skills as they transition to older age groups. There is need for a holistic approach to support individual life skills by involving community leaders and societal policies and guidelines implementation.

## IMPACT OF EFFECTIVE PARTNERSHIP AND COLLABORATIVE MULTI-PRONGED APPROACH

### IN THE IMPLEMENTATION OF ADOLESCENT HEALTH PROGRAMS. LESSONS LEARN FROM MIGORI COUNTY.

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## OBJECTIVES

Assess the trends of adolescent pregnancy in Migori County as an impact of effective partnership in the implementation of adolescent health program.

## BACKGROUND INFORMATION

Migori County is one of the counties in Kenya that has demonstrated a high burden of adolescent pregnancy. Cumulatively a total of 110,821 pregnancies were recorded among adolescents aged between ages 10 to 19 in the first 5 months of the year 2023.

According to KHIS Data 6,110, were among adolescents aged 10-14 while another 104,711 were for adolescents between ages 15-19 years. This data reflects a half of what was recorded in 2022 which stood at 260,734 and 316,187 in 2021(KHIS Data). Meru County had the largest proportion followed by Narok County. Migori County ranked number 15 among high adolescent pregnancy burdened counties at 20% among other 4 Counties.

In 2018, Migori County strategically adopted Migori County Multisectoral 5 years Action plan for the well-being of adolescents and youths

## METHODOLOGY.

The implementation of the action plan was done through identification of key adolescent health issues, designing key implementation strategies through effective partnership by employing multi-pronged approach through various stakeholders.

Key priority areas for implementation included reducing adolescent pregnancies, responding to Gender based violence including harmful practices like GBV; reducing new HIV infections and promoting advocacy issues. The achievement of the implementation was tracked through activity-based monitoring and tracking system with biannual evaluations while putting the adolescents first.

Various adolescent and youth health support partners and stakeholders could only come in to support the implementation of the action plan.

## RESULTS

Through these strategic approaches, Migori County showed dramatic improvement in most of the Adolescent health indicators evidenced by data. HIS data for 6 months (July to Dec period) for the year

2021 showed that Uriri Sub County had adolescent pregnancy of 23.9%. This came down to 19.7% in 2022 and subsequently 15.5% in the same period in the year 2023. Suna East Sub County also showed an improvement from 23.5% to 24.45% and then to 14.5% in the year 2021, 2022 and 2023 in the 6 months periods. This was a translation across all the other sub counties. Migori County however improved by having adolescent pregnancy reduced from 20.7% to 19.5% and subsequently to 17.8%. This downward trajectory has been informed by various activities carried out by various partners in the implementation model.

GBV response generally improved from 850 in absolute figures in 2021, to 1565 in 2022 and lastly to 757 in 2023 as a sign of positive response. Limited data are available for FGM, teen was quarterly stakeholders' meetings with 6 biannual reviews for the same period.

## CONCLUSION

Adolescent health is a key priority both to the national government and the various county governments. This population mound a lot of pressure to the already existing economically strained system due to its dynamic state. Left

unattended, poor health among adolescents assures the country or counties of ill future.

Multisectoral plan and effective systematic multi-pronged approach, employed by the county and adopted by various stakeholders and partners, is the only sure way to improve adolescent health.

## RECOMMENDATION

The employment of the multisectoral approach through effective partnership and collaboration and also leadership strategy of health systems and strict coordinated management of laid down guidelines is the most cost-effective way of managing adolescent health and should be employed in various departments.

## ACKNOWLEDGEMENT

I Migori County Department of health

I Various implementing partners for Adolescents and Youth Programs in Migori County for the department of health, PSK(A360), LCA, NAYA KENYA, USAID Nuru ya Mtoto-DREAMS PROGRAM,

I Various stakeholders in the adolescent health multisectoral team and Taskforce team members.

## TRANSFORMING THE ROLE OF MEN AND BOYS IN ADVANCING AYSRHR IN UGANDA

ASIIMWE TITUS

Women's Probono initiative (WPI)

**Keywords:** *Male engagement, Sexual and reproductive health and rights, bodily autonomy, positive masculinity*

## BACKGROUND/SIGNIFICANCE

The Women's Probono Initiative (WPI) has been working with partners to promote positive masculinity in Uganda and increase access to sexual and reproductive health and rights (SRHR) for young people. This intervention was developed due to the visible gap in the engagement of boys and men in addressing gender-based violence (GBV) and the low uptake of sexual and reproductive health information and services despite extensive awareness creation. WPI has analyzed the national male engagement strategies in Uganda and is currently engaging policymakers at the district level, university students, schools, religious leaders, and community leaders. So far, over 1,000 students at universities and schools have been engaged to promote positive masculinity. WPI has also secured Memorandum of Understanding (MOU) with some districts and is using gender transformative information briefs to promote cost-effective programming and recommendations for male engagement in SRHR based on national strategies.

## OBJECTIVES

1. To disseminate the "National Strategy for Male Involvement/Participation in Reproductive Health, Maternal, Child, Adolescent Health, and Rights-Nutrition Including HIV/TB" and the 'National male involvement strategy for the prevention and response to GBV in Uganda' as a way of advancing AYSRH.
2. To highlight the gaps inherent in the national male engagement strategies and make recommendations for advancing AYSRHR.
3. To work with district council leaders to include the recommendations on male engagement within the running of council programs.

## METHODOLOGY/INTERVENTIONS

To implement the project, we have developed catalytic gender-transforming initiatives like the brown bag discussions, SRHR school clubs, and debates to spark conversation and dialogue. Through this we have instituted bi-weekly

brown bag lectures at Cavendish University to influence current and future leaders on AYSRHR, we have also conducted debates on sexual and reproductive health issues in different universities and secondary schools. We have developed an ongoing information series on topical SRHR issues to highlight stakeholders' duties and obligations in implementing SRHRs and engaging religious, cultural, and local council leaders to include male engagement interventions in their programs.

## RESULTS

Men and boys have been trained to support bodily autonomy. Attitudes toward shared power and AYSRHR have changed, reducing stigma and shame around sexuality and SRHR topics. The program has fostered a more supportive cultural and religious environment toward positive gender norms leading to effective coordination, and leadership of key stakeholders in the gender transformative space.

WPI is currently collaborating with policymakers to create a new gender transformative national strategy for male participation in existing SRH programs. We are using an evidence-based approach and have partnered with male allies to advocate for a comprehensive sexuality education strategy focused on male adolescents in schools.

By involving men and boys in efforts to address GBV and improve SRHR, we have also promoted

economic empowerment in families. However, we are careful to avoid perpetuating patriarchy by ensuring that boys and men do not dominate the SRHR space but that the space is shared equitably across the board. Therefore, WPI refers to boys and men who promote SRHR as allies rather than champions.

## CONCLUSIONS

The exclusion of boys and men from SRHR discourse is a significant setback since boys and men are still the major decision-makers in many African countries regarding essential SRHR issues. Policies and programs should be intentional to make them part of the solution. Their neglect has detrimental consequences for everyone.

## RECOMMENDATIONS

1. A comprehensive national male engagement policy reviewing current laws that reinforce patriarchal norms; transforming them into gender-equal strategies.
2. Increased funding for gender transformative programs that engage men beyond just as clients or role models.
3. The current programming landscape, which focuses mainly on women, should be revised to involve men.

## ENGAGING INFLUENCERS AND MEDIA TO SHIFT THE NARRATIVE AND INCREASE ACCESS TO AYSRHR IN BENIN

Hermine Bokossa, Ana Aguilera

**Keywords:** Influencers, AYSRHR, Hackathon

## BACKGROUND/SIGNIFICANCE

According to "Digital Report 2022", there are 3.66 million Internet users in Benin with over 1.66 million active users of social media. Furthermore, adolescents 15 years old make up 45% of Benin's population. This young population active on social media is highly oriented towards the engaging content of other young people, who account for thousands of followers and millions of likes. Additionally, [digital technology has been proven](#)<sup>[1]</sup> to support healthy sexual and reproductive behaviors globally. Additionally, young people can be heavily influenced by their social networks, which are increasingly online and include social media influencers.

In Benin, 20% of adolescents (10-19) have already initiate sexual activity: 15% have already had a live birth and 5% are pregnant with their first child. Against this backdrop, there is poor access to SRH information and services, despite favorable

laws that support young people accessing SRH information and services, and this is exacerbated by stigmatization by peers, parents, health workers. This stigma is amplified by content disseminated by social media. To improve access, it was important to use appropriate channels (i.e. digital social media platforms) to deconstruct the myths and narratives inhibiting access to AYSRHR services.

## OBJECTIVES

- Improve influencers and journalist's knowledge of the adolescent and young people sexual and reproductive situation in Benin, and of the national, regional, and international AYSRHR legal framework.
- Co-create content (art, video, writings, etc.) to reduce the stigmatization of AYSRHR services for adolescents, young people and minority groups.
- Encourage influencers and the media to speak

out on young people's and girls' rights and access to SRH services and information.

### **METHODOLOGY/INTERVENTIONS**

**Identification:** We identified 10 content creators to take part in the “DSSR Hackathon” and prioritized influencers with a minimum of 500,000 followers and the hackathon topics were chosen based on the priorities of the new legal context for SRHR in Benin including conditions of access to abortion, destigmatization of abortion services and communication.

**Capacity building:** Experts enhanced participants' knowledge through sessions on clarifying values, identifying stigma associated with adolescent girls' access to SRH services, and intersectionality.

**Content creation:** Participants created digital? content based on the concepts they learned.

### **RESULTS**

By the end of the hackathon, participants created content on SRH and referrals to care centers offering friendly services to young people. 12 videos were produced and are being used by youth organizations for community events. From September 2022 to March 2024, 20 web influencers offered informative content on their social media and during their live performances. The main topics addressed are access to AYSRH services, violence against women, stigmatization, the lack of dialogue between parents and children on sexuality, and how health workers receive patients when offering health services. Influencers are highlighted at mass mobilization events. This

was the case, for example, with the #La nuit orange concert organized in December 2023 with our support to raise awareness of violence against girls and women. More than 1,000 people were reached.

These results were observed through the increasing presence of SRHR topics in the subjects addressed by influencers trained, the number of web influencers and web-media posting content on SRH, the presence of content creators at major mobilization events on statutory days such as the sixteen days of activism against violence against women and IWD.

### **CONCLUSIONS**

The influencers who took part in the Hackathon continue to create non-stigmatizing content on their social media and are now ambassadors for increased access to SRH. We continue to engage them in national awareness campaigns and are hopeful they become life-long advocates for SRH and rights.

### **RECOMMENDATIONS**

Since 2022, EngenderHealth has been involved in this initiative to engage web influencers and the media in changing the narrative on AYSRHR. Our recommendations:

- Implement awareness campaigns with media and social media influencers.
- Make greater use of art to change the narrative and attitudes in favor of AYSRHR.

[1][DigitalHealthSBC-EN.pdf fphighimpactpractices.org](https://digitalhealthsbc.org/fphighimpactpractices.org)

## **OUR VOICES: QUALITY IMPROVEMENT FROM MONITORING THAT BUILDS CLINIC-COMMUNITY COLLABORATION**

**Author:** Lorna Nyandat

### **BACKGROUND/SIGNIFICANCE**

Monitoring is not, in our Programme philosophy, primarily about health. Health is an entry-point, a channel, a more easily accessible pathway for civic voice, public participation, social accountability; monitoring is a tool, a strategy. It's also the right and responsibility of citizens who are claiming/ expressing leadership in democratic societies. Monitoring is important for Nyimine Empowerment Community Based Organization (NYECBO) because it creates support, encouragement and methods that amplify voices of young women in all their diversity; Young Women Living with HIV (YWLHIV), Young Women with Disability (YWWD) and Young Women who identify as Lesbians,

Bisexuals, Transgender or Intersex (LBTI)

### **Objectives**

Improved sexual Reproductive Health Service delivery through Community-led monitoring

### **METHODOLOGY/INTERVENTIONS**

NYECBO with support from Positive Vibes and We Lead has been able to monitor the quality of services offered in 3 facilities in Siaya County; Bondo Sub-county Referral Hospital, Kambajo Dispensary and Matangwe Health Center, through qualitative focus group-driven thematic group discussions with service providers, YWLHIV, YWWD and LBTI by `Setting The Levels (STL) methodology, that focuses on different levels of satisfaction of health

services and information provision.

STL was in April 2023; ma'Box commenced in July and data was collected with assistance of Peer Monitor for five months before community members convened to analyze and interpret the data in November 2023. During this time, 2000 service users gave feedback on ma'Box. In total, 1,600 Young women in all their diversity have participated in monitoring across all the stages and processes

## RESULTS

The community and specifically young women in their diversity have over the period been empowered and feel confident to provide feedback on mà Box after service delivery. They now have a voice and are able to create urgency for SRHR services and information. They have been able to call out relevant officials whenever there are commodities stock-outs and need for behavior change in reception and handling of queer women during service delivery

Service providers have improved their attitude and behavior towards service provision of SRH services to young women in their diversity. They are also receptive to feedback from mà Box and this has increased efficiency and saved time spent on service provision.

Both the community and the service providers

have been able to hold each other accountable on matters service provision, a phenomenon that is attributed to the process.

## CONCLUSIONS

Monitoring has promoted improvement of services; there was a change of receptionist based on feedback from young women in their diversity to a more youth-friendly receptionist. There has been improved intersectional relationships between diverse communities from interactions in the process and this has led to change in behavior among service providers and reduction of stigma and discrimination on LBTI women whenever they access SRH services. The process has also strengthened community networks and helped NYECBO build relationships with county officials and this enables advocacy for young women's SRHR needs like commodity stockouts

## RECOMMENDATIONS

From the intervention in Siaya County, NYECBO ascertains that monitoring increases voice; and public participation can improve health service-delivery, this is as being witnessed at Kambajo Dispensary where service provision numbers have significantly increased and the quality of SRH health care improved as evidenced in the facility records and mà Box feedback

## STAKEHOLDER PERSPECTIVES ON THE ROLE OF PEER MENTORS IN THE IMPLEMENTATION OF LONG-ACTING ANTIRETROVIRAL THERAPY FOR USE BY ADOLESCENTS AND YOUNG PEOPLE IN WESTERN KENYA: FINDINGS FROM A FORMATIVE STUDY, KUWAFREE! LIVEFREE!

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**Keywords:** Adolescents, youth, peer mentors, long-acting or injectable ART, family planning

## BACKGROUND/SIGNIFICANCE

New HIV treatment modalities, such as long-acting (LA) ART have potential to overcome some of the barriers and challenges AYPLHIV face in adherence to care and treatment<sup>9</sup>. LA ART, specifically injectable cabotegravir/rilpivirine, is approved for people as young as age 15, given demonstrated safety in this population<sup>8</sup>. National programs are gearing up for potential implementation of LA ART<sup>9</sup>. LA ART modeling studies have shown that LA ART will become cost effective if the cost of

introduction falls below twice the current cost of providing oral ART<sup>10</sup>. AYPLHIV have shown marked interest in LA ART<sup>11</sup>. However, how best to reach subpopulations, such as AYPLHIV, remains unclear and peer mentors may have a significant role to play in reaching specific subpopulations.

## OBJECTIVES

Our study explored stakeholder perspectives on the role of peer mentors in implementing LA ART as part of youth-friendly comprehensive care services,

especially those that included family planning, for AYPLHIV at a tertiary care facility in western Kenya.

### **METHODOLOGY/INTERVENTIONS**

We conducted seven focus group discussions with a total of 58 participants from November 2021 to April 2022 from four key stakeholder groups, including: (1) AYPLHIV, (2) health care providers, including peer mentors, (3) health advocates, and (4) policymakers. We held the discussions in-person or virtually, audio-recorded them, and translated the recordings in English if needed. We inductively coded the English transcripts and used thematic analysis to explore emerging themes. This analysis explored three themes pertinent to peer mentors: (1) why are peer mentors so important? (2) how exactly can peer mentors help with LA ART implementation?; and 3) what tools do peer mentors need to support LA ART implementation?. At the end we also held two stakeholder dissemination meetings at the study health facility, involving adolescents, youth, and healthcare providers.

### **RESULTS**

First, peer mentors were identified as important in LA ART implementation for AYPLHIV because they can facilitate communication for AYPLHIV, referrals for various medical and social services, and provide empathy from lived experiences.

Second, the roles peer mentors could play in LA ART implementation included serving as early adopters or role models for LA ART use, navigate service points within facilities, especially for family planning, especially in integrated service models, and messaging on LA ART for benefits and drawbacks. Lastly, the stakeholders

underscored the need for training peers for LA ART implementation and involving them in the scale-up planning to ensure youth-friendly processes and messages are developed from the onset of national implementation planning.

From the dissemination forum we held, participants showed great enthusiasm for LA ART and engaged in an interactive question-and-answer session. Health providers concurred with the findings and discussed challenges such as managing stock outs, confidentiality concerns, and treatment failure. They also raised important questions about injection fear, medication costs, safe storage, and potential drug interactions.

Other topics included the availability of LA ART for specific demographics, viral load monitoring, and cultural considerations. The meeting provided an opportunity for stakeholders to validate FGD results and raise critical questions and concerns related to LA ART.

### **CONCLUSIONS**

In conclusion, various stakeholders in Kenya perceived peer mentors to be key members of the service provision team for LA ART, including for communication and referrals navigation for AYPLHIV. Lastly, involving peer mentors in the development of youth-friendly LA ART messages and training peer mentors, alongside the other health workers, for consistent messaging also emerged as important themes.

### **RECOMMENDATIONS**

As national programs begin scale up of LA ART for various subpopulations, peer mentors should be included in implementation plans, especially for AYPLHIV.

## **SAFEGUARDING ADOLESCENTS AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH RIGHTS: A HUMAN SECURITY APPROACH IN KENYA**

**Author:** Rukia Nzibo

**Keywords:** SRHR, Safety, Human Security, Community, interventions

### **BACKGROUND/SIGNIFICANCE**

In Kenya, the violation of sexual and reproductive health rights (SRHR) is alarmingly prevalent, disproportionately affecting vulnerable populations such as adolescents and youth, individuals with disabilities, internally displaced persons and refugees, individuals living with HIV, and sexual minorities. Despite efforts to address these violations, challenges persist due to factors including cultural norms, inadequate service quality and delivery, economic barriers, and environmental obstacles. The consequences of these violations are dire, contributing to increased

vulnerability, stigma, and discrimination among marginalized groups.

### **OBJECTIVES**

This research employs a human security framework to delve into the intricate connections between different aspects of security and their implications for sexual and reproductive health rights. Building upon the definition provided by UNDP (1994), emphasizing the examination of links between poverty, accountability, and vulnerabilities, the study embraces the expanded concept of human security. This expanded view incorporates a

spectrum of dimensions including economic, environmental, personal, community, political, and health securities. By adopting this comprehensive approach, the research aims to illuminate how each of these dimensions influences individuals' ability to access SRHR services in the Kenyan context.

### **METHODOLOGY/INTERVENTIONS**

Utilizing a mixed methods approach, the study engages with 11 community organizations working with specific right-holder groups: individuals with disabilities, those affected by displacement, people living with HIV, and sexual minorities. Surveys and observation studies are employed to capture the experiences of these groups and the communities they represent, shedding light on the challenges they face in accessing SRHR services.

### **RESULTS**

The study delves into primary findings that underscore the critical importance of prioritizing safety and security in community-based SRHR interventions. Stigma surrounding SRHR contributes to reduced access, while safety concerns deter individuals from accessing SRHR services, particularly among vulnerable populations. Other individuals encounter discrimination in healthcare settings, exacerbating untreated sexual health issues. Individuals with disabilities face intersectional barriers, and displaced populations lack access to adequate SRHR services. Stigma impedes prevention and treatment efforts, while cultural and religious beliefs create significant barriers emphasizing the critical need for tailored interventions. As a result, neglecting these concerns heightens vulnerability, exploitation, and discrimination, exacerbating existing inequalities.

Through an exploration of intersecting factors such as gender, sexuality, disability, displacement, and HIV status, the study illustrates the complex dynamics shaping vulnerability within these communities. This study proposes interventions aimed at challenging harmful norms, creating protective environments, and empowering individuals to advocate for their SRHR. Education, awareness-raising campaigns, and capacity-building activities emerge as key strategies to shift societal attitudes, combat stigma, and foster inclusive spaces where individuals feel safe and supported in asserting their rights.

### **CONCLUSIONS**

Central to the discussion is the recognition that SRHR can only be guaranteed through a respectful approach to sexuality and concerted efforts to address disparities in resource allocation and power dynamics. Without mechanisms to tackle poverty, inequality, and disempowerment, the realization of universal access to SRHR remains elusive. Collaboration with local stakeholders emerges as essential for the effective implementation and sustainability of interventions.

### **RECOMMENDATIONS**

By leveraging human security approaches, aligned with global frameworks such as the Maputo Plan of Action and the Millennium Development Goals (MDGs), stakeholders can work collaboratively to dismantle systemic barriers and promote inclusive SRHR programming. The potential benefits of this approach are vast, offering a pathway towards achieving the overarching goals of SRHR initiatives while ensuring the safety, dignity, and well-being of all individuals in Kenya and beyond.

## **EMPOWERING YOUNG WOMEN WITH DISABILITIES: THE WE LEAD PROGRAM IN KILIFI COUNTY, KENYA**

**Author:** Betty Mtweta

**Keywords:** *Sexual Reproductive health and Rights, Young women with disabilities, Healthcare providers, Duty Bearers*

### **BACKGROUND/SIGNIFICANCE**

Kilifi County, like many other counties in Kenya, grapples with the challenge of ensuring equitable access to Sexual Reproductive Health and Rights (SRHR) services, particularly for young women with disabilities. This marginalized population faces numerous barriers, including stigma and discrimination, limited awareness, and inaccessible healthcare facilities and limited access to reproductive health services.

Young women with disabilities face barriers to

accessing reproductive healthcare services and information such as contraception, prenatal care, and maternal health services. Healthcare providers may lack knowledge about their needs and may not offer accessible facilities and information, leading to disparities in healthcare outcomes. In response to these challenges, an innovative and far-reaching SRHR program that aims to strengthen the influence and position of young women whose sexual and reproductive health and rights (SRH-R) are neglected the most was initiated in Kenya and Kilifi County, aimed at empowering young women



with disabilities to advocate for their rights to comprehensive SRHR services.

## OBJECTIVES

- To increase and understanding among healthcare providers and community members about the unique sexual reproductive health and rights (SRHR) needs of young women with disabilities.
- To enhance the knowledge, skills, and attitudes of healthcare providers, duty bearers, and community leaders on disability inclusion in SRHR.
- To provide a platform to young women with disabilities for peer-to-peer learning, sharing experiences, and mutual support for realization of their SRHR.

## METHODOLOGY/INTERVENTIONS

The program in Kilifi County employs a multifaceted approach to address the sexual and reproductive health rights (SRHR) needs of young women with disabilities.

It includes sensitization workshops for healthcare providers and community members and duty bearers to promote inclusivity and create awareness on the SRH-R of young women with disabilities and on the laws and policies that are inclusive of young women with disabilities, capacity-building for young women with disabilities, duty bearers, and community leaders to advocate for disability inclusion in SRHR, and the formation of peer support groups to foster empowerment and community among the young women with disabilities.

Additionally, advocacy efforts aim to create public support and drive policy changes for enhanced SRH-R services and information for young women with disabilities.

## RESULTS

Since its inception, the program in Kilifi County has made significant strides in improving accessibility and inclusivity in accessing SRH-R services for young women with disabilities. By providing

disability sensitivity training to healthcare providers and duty bearers and conducting awareness campaigns through radio shows and community dialogues: the program has effectively reduced stigma and discrimination within healthcare settings and communities.

Engaging community gatekeepers and religious leaders as champions for mainstreaming disability rights has been instrumental in fostering acceptance and understanding thus reducing the stigma and discrimination that young women with disabilities face. The establishment of peer support groups has offered young women with disabilities a platform to share experiences, access accurate information, and advocate for their rights.

Through these networks, young women with disabilities have cultivated self-confidence and assertiveness in making informed decisions about their sexual and reproductive health. The program's holistic approach on awareness creation, advocacy, and community engagement, has not only empowered young women with disabilities but has also created a ripple effect in promoting inclusivity and advancing the rights of marginalized populations in the broader context of gender equality and social inclusion.

## CONCLUSIONS

The We Lead program in Kilifi County offers a replicable model for other regions by adapting its components to local contexts and collaborating with stakeholders. Prioritizing young women with disabilities, it promotes inclusive SRHR service delivery, fostering individual well-being and advancing gender equality and social inclusion efforts.

## RECOMMENDATIONS

For the government to realize social inclusion they need to align programs with laws on disability rights, such as Kenya's Persons with Disabilities Act (2003). Through advocacy, capacity-building, and service provision, challenging stigma and promoting inclusive SRHR norms, fostering a supportive environment for all.

## THE EXPERIENCES OF GAY, BISEXUAL AND QUEER (GBQ) MEN IN KENYA: A CRSW-KENYA BASELINE SURVEY ON SAFETY, SECURITY AND HEALTHCARE.

Collins Munene, Willis Madioli, Brian Mwai

Keywords: *GBQ men, Kenya, Social stigma, Marginalization, Discrimination, Public expression of identity, Unsafe areas, LGBTQ-friendly healthcare services, Access barriers, Mental and emotional wellbeing, Healthcare accessibility, Anti-discrimination laws, Healthcare disparities.*

**Keywords:** *Family planning, Religious leaders, Community targeted dialogues*

### BACKGROUND

Discrimination and violence based on sexual orientation and gender identity (SOGI) are widespread concerns for LGBTQ+ communities globally.

Public expression of LGBTQ+ identities can be met with social disapproval, harassment, and even physical violence (Human Rights Watch, 2015). A report by Human Rights Watch details attacks against LGBTQ+ people on the Kenyan coast, highlighting the dangers they face.

Additionally, accessing healthcare services can be difficult for LGBTQ+ individuals due to a lack of awareness for LGBTQ-friendly providers or fear of discrimination within healthcare settings.

A study by PEMA Kenya and Human Rights Watch found evidence that discrimination against LGBTQ+ people denies them access to quality healthcare. Understanding the specific challenges faced by GBQ-men in Kenya is crucial to developing targeted interventions and promoting a more inclusive society.

### OBJECTIVES

1. To examine the factors influencing public expression of sexual orientation and gender identity among GBQ men in Kiambu, Murang'a and Nairobi.
2. To explore the lived experiences of GBQ men regarding unsafe environments in Kiambu, Murang'a and Nairobi focusing on their knowledge and perception of these areas.
3. Evaluate the availability and accessibility of LGBTQ-friendly healthcare services for GBQ men in their areas, identifying barriers and facilitators to access.

### METHODOLOGY

The baseline survey was administered online using a convenience sampling method. This approach

targeted existing networks of GBQ men residing in Kiambu, Murang'a and Nairobi. To capture a comprehensive understanding of the participants' experiences, we employed a mixed methods approach.

Quantitative data, gathered through closed-ended questions, was analyzed using descriptive statistics such as mean, median, mode, and standard deviation. Qualitative data, obtained through open-ended questions underwent thematic analysis to identify recurring patterns and themes within the responses.

### RESULTS

The main findings reveal significant challenges by GBQ men in Kenya. A staggering 92.2% reported feeling that it was not acceptable to express their identity in public.

A significant majority (96%) were aware of areas deemed unsafe for GBQ men, indicating a pervasive sense of vulnerability.

Discrimination and harassment based on sexuality were reported by 53% of respondents, underscoring the prevalence of prejudice in Kenyan society. Alarmingly, 30% of participants reported difficulty in finding LGBTQ-friendly healthcare providers in their areas, highlighting barriers to accessing essential services.

### CONCLUSION

The study highlights the dire situation for GBQ men in Kenya, revealing widespread social repression, marginalization, and discrimination.

This not only detrimentally affects their mental and emotional health but also obstructs access to healthcare, as LGBTQ-friendly providers are scarce, risking further health issues for GBQ individuals.



## USING RELIGIOUS LEADERS TO INFLUENCE SOCIAL NORMS AND UPTAKE TO FAMILY PLANNING SERVICES; CASE STUDY OF BALAMBALA SUB COUNTY, GARISSA COUNTY

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<sup>1</sup>SUPKEM Garissa, <sup>2</sup>Amref Health Africa in Kenya

### BACKGROUND/SIGNIFICANCE

Improving access to family planning (FP) is associated with averting nearly a third of all maternal deaths and 10% of childhood deaths. Kenya has made great strides in improving access to FP services.

However, amid this progress, regional variation exists where Muslim-dominated countries have registered low uptake on Family planning services. Although at the national level, modern contraceptive prevalence rate (mCPR) among married women is 57%, the KDHS 2022 show counties such as Garissa and Tana River have low mCPR of 11% and 23% respectively.

The two counties also have high unmet needs for family planning services at 10.8% in Garissa and 34% in Tana River respectively. In Muslim populated counties, the concept of family planning has not been fully accepted due to misconceptions on cultural and religious beliefs.

### OBJECTIVES

The main purpose of this abstract is to showcase how the use of religious leaders can influence social norms and improve family planning services.

### METHODOLOGY/INTERVENTIONS

SUPKEM in partnership with Amref Health Africa in Kenya is implementing a research-based project to understand whether the engagement of religious leaders can improve utilization of FP services in three sub counties of Garissa and Tana River counties.

In May 2023, through the Deepening Sustainable and Equitable Increases in Family Planning Project (DEESIP), 60 Muslim religious leaders and 120 scholars were trained using a training manual (Reproductive Health and Family Planning from Islamic perspectives) to explain the Islamic perspective on FP.

After the training the religious leaders and scholars participated in community targeted dialogues together with other key influencers. The religious leaders also conducted one on one discussions with

community members on misconceptions about modern contraceptive methods.

### RESULTS

There has been an increase in family planning coverage from 11.2 % (July 2022 to June 2023) to 14% in (July 2023 to June 2024) which shows an increase in the family planning coverage. There has also been an increase in the number of Women of reproductive age (WRA) receiving family planning (FP) commodities from 1,354 in (Jul 2022 to Jun 2023) compared to 1,704 in (July 2023 to June 2024).

Besides the coverage, the health workers have reported increased motivation from the community health promoters and the other influencers which are linked to the support provided by the religious leaders.

Due to the DEESIP influence, health workers have incorporated the religious leaders in the monthly public health education at the target facilities who further clarify myths and misconceptions on FP. As a result of religious leaders publicly supporting family planning, there has been increased acceptance of FP services in the community.

### CONCLUSIONS

Worldwide, nearly 85% of people are affiliated with a religious faith and virtually all faith traditions support the concept of healthy timing and spacing of pregnancy.

The participation of religious leaders in the community dialogues with other influencers such as health workers in Balambala Sub County contributed to improving uptake of FP services.

### RECOMMENDATIONS

In Muslim dominated communities, religious leaders hold positions of power, influence and authority.

Therefore, it's important to leverage on them to promote acceptance and attitudes of community members towards family planning and health in general.

## EXPLORING ADOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH (AYSRH) INTEGRATION: INSIGHTS FROM KEY INFORMANT INTERVIEWS

Waithaka Michael, Njeri Nyamu, Asumpta Matekwa, Polycarp Oyoo,

Arthur Mboya, Jane Wausi and Jane Kageha

Keywords: Adolescent and Youth Sexual and Reproductive Health, Family planning

### BACKGROUND/SIGNIFICANCE

Adolescent and Youth Sexual and Reproductive Health (AYSRH) is a vital component of public health, influencing the well-being and future prospects of young populations.

Key informant interviews (KIs) offer unique insights into the complexities surrounding AYSRH integration efforts, shedding light on barriers and facilitators within communities.

Understanding these dynamics is essential for designing effective strategies to promote AYSRH and address the diverse needs of adolescents and youth.

### OBJECTIVES

This study aims to uncover gender-specific barriers to accessing family planning (FP) services, understand cultural influences on FP decision-making, and assess community perceptions of FP and abortion.

Additionally, the study explores gender dynamics in decision-making processes, evaluates provider attitudes toward sensitive service delivery, and examines strategies for enhancing FP service demand.

### METHODOLOGY/INTERVENTIONS

Qualitative analysis of KIs conducted in Kakamega, Isiolo, Kwale, and Makueni counties in Kenya offers a nuanced understanding of AYSRH integration efforts.

The data delve into cultural norms, access challenges, provider perspectives, and community engagement strategies, illuminating the complexities surrounding AYSRH programming.

### RESULTS

KIs unveil entrenched cultural beliefs shaping FP access, including perceptions limiting young

people's FP-seeking behaviors and traditional views dictating the appropriateness of FP utilization. Gender norms hinder male involvement in FP services, underscoring the necessity of targeted education and empowerment initiatives. Provider attitudes present barriers to service provision, emphasizing the need for gender-sensitive training. Community engagement initiatives, like school health programs and support groups, emerge as crucial for boosting FP demand and accessibility.

Despite leadership commitments to gender equity, financial constraints and gender imbalances in health management teams persist. Cultural influences, notably the influence of mothers-in-law on decision-making, highlight the importance of comprehensive community engagement strategies.

### CONCLUSIONS

Efforts to integrate AYSRH considerations into existing frameworks should prioritize addressing cultural norms, gender disparities, and provider attitudes.

Initiatives should focus on empowering adolescents and youth, enhancing male engagement, and fostering community dialogue on reproductive health.

Leadership commitment and resource allocation are essential for sustainable AYSRH programming. By addressing these challenges, policymakers can advance AYSRH integration efforts, promoting inclusive and sustainable reproductive health outcomes for all young populations.

### RECOMMENDATIONS

Efforts should focus on targeted education to challenge cultural norms, enhance male involvement in family planning, provide gender-sensitive training for healthcare providers, and strengthen community engagement initiatives to promote AYSRH integration effectively.



## VIIKAOS 4 AYSRHR: PRIORITIZING ADOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS THROUGH COMMUNITY-SPECIFIC DIALOGUES

Betty Wangui Muchiri

**Keywords:** CE- Comprehensive Education; FGM- Female Genital Mutilation; SGBV- Sexual and Gender-based violence; PPI-Pathways Policy Institute; LHS- Laikipia Health Service.

### BACKGROUND/SIGNIFICANCE

In Africa, entrenched cultural norms, patriarchal structures, and socioeconomic factors often hinder access to contraception and Reproductive Health information, particularly among the youth from marginalized communities. Laikipia County in Kenya reflects these challenges, with pastoralist communities influenced by traditional beliefs that impact reproductive choices. The remote areas where they live also hinder access to quality services and information that would allow them to achieve full autonomy of their bodies when it comes to their SRH.

Matters that touch on AYSRH have been left to be handled behind closed doors leading to a lot of misinformation among the youth. Misinformation has thus led to high numbers of teenage pregnancies and early fatherhood, botched abortions leading to deaths, and mishandling of contraception in situations where they are used. Prioritizing Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR) at the community level is essential for fostering comprehensive well-being and sustainable development across all levels of life.

### OBJECTIVES

4. Addressing the unmet need for contraception and reproductive health services and information among adolescents and youth in remote Laikipia County (and beyond), through community-based interventions and advocacy.
5. Sensitizing the community, including the opinion shapers and local leaders about the unmet need for contraception and reproductive health services and information among adolescents and youth through community-based vikaos.
6. Have the male populations in marginalized communities support and understand the importance of AYSRHR in their communities and thus reduce internal resistance to the same.
7. Collect data on community needs and gaps allowing for evidence-led advocacy for AYSRHR by PPI.

### METHODOLOGY/INTERVENTIONS

In collaboration with local partners including LHS, PPI conducted a campaign to promote AYSRHR leading up to World Contraception Day 2023. This was done in 3 sessions on market days at the chief's compound in the rural Doldol area in Laikipia North to allow access to services and information for all. It was aimed at the local youth. The sessions included youth dialogues and community discussions to provide accurate information and dispel myths about AYSRHR with the assistance of a local nurse from the local hospital and community health volunteers.

A demonstration session, with actual commodities, was carried out to ensure there was no miscommunication on any topics allowing the community members to hold the different commodities. The sessions were delivered in the local language/ dialect encouraging open dialogue and even humour while learning and fostering conversations crucial for breaking down barriers.

### RESULTS

The campaign involving 3 sessions engaged over 100 youth in open dialogues delivered in a context-based approach in the local dialect, which facilitated community discussions reaching opinion shapers, religious leaders, and ethnic and community group leaders. The vikaos saw over 300 participants come out to the local hospital for SRHR services and information during the World Contraception Day commemoration. The attendance of the male members of the community, who initially would never attend such forums also signaled an openness to the conversations on AYSRH. By addressing the diverse needs of the community and providing accurate information, the campaign made significant strides in promoting AYSRHR in Laikipia County and allowed for the involvement of the opinion shapers in the community.

### CONCLUSIONS

Through sustained efforts, including CE, policy reform, and collaboration with local stakeholders, we can work towards a future where all youth have access to the services they need, fostering a more inclusive and informed society. This multi-

sectoral approach will ensure that conversations on contraception use for the youth, FGM, and SGBV are welcome at the community level, breaking biases that amplify them.

## RECOMMENDATIONS

For a multifaceted approach to AYSRH, adjust

the scope of the topics as the sessions progress to tackle different topics including FGM, SGBV, climate justice, economic empowerment, and policy engagement. Train youth champions to join in advocacy for SRHR budgets in their counties. Increase the frequency of sessions and partners involved for continuous engagement with the community.

## SCHOOL- BASED DIALOGUE SESSIONS CHANGES NARRATIVE ON HIV- RELATED STIGMA AMONG THE YOUTHS IN KISUMU COUNTY.

Bright Achieng Owuor.

### Background/Significance

Adolescents and young adults are at or near the epicenter of the global HIV epidemic across almost all geographic risk profiles and locations. Accounting for nearly 60 percent (59%) of new HIV infections in 2021, Sub-Saharan Africa remains the hub of the HIV epidemic. In Kenya, approximately 29% of all new HIV infections occur among adolescents and youth. Still very little has been done to empower Adolescents and Youths to overcome HIV-related stigma.

Lack of skills among teachers for imparting sensitive information, especially on school health programs has derailed the elimination of HIV-related stigma in schools. Community Dialogue sessions are a potentially effective tool for HIV prevention messaging among youths in Kisumu County. This study aims to evaluate the effectiveness of school-based dialogue sessions in addressing HIV-related stigma among adolescents and youth in Kisumu County.

### OBJECTIVES

To evaluate the effectiveness of school-based dialogue sessions in addressing HIV-related stigma among adolescents and youth in Kisumu County.

### METHODOLOGY/INTERVENTIONS

Eagle Wings Organization, a youth-led organization based in Kisumu County through its program Ending Triple Threat-Youth Engagement, carried out dialogue sessions aimed at changing narratives on HIV-related stigma and behaviors in 12 primary and 8 secondary schools in Kisumu in 2023. A total of 350 students aged 15-24 participated in the dialogue sessions. Information on HIV prevention was delivered through dialogue sessions where students shared their experiences, priorities, and changes. Post-dialogue surveys were conducted

to assess the impact of the sessions, and data were analyzed using dedoose.

### RESULTS

The study found that 60% of respondents were female, 35% were male, and 5% did not reveal their identity. The mean age of sexual debut was 14 for girls and 15 for boys. Most participants (70%) were in secondary school.

The data revealed that school-based dialogue sessions were effective in increasing knowledge of HIV transmission, improving self-efficacy in condom use, and enhancing participants' confidence in sharing their HIV prevention and treatment journey. Some participants also expressed intentions to initiate condom and contraceptive use. However, fewer significant effects were observed in terms of promoting abstinence, delaying sexual debut, or reducing the number of sexual partners.

### CONCLUSIONS

School-based dialogue sessions have demonstrated effectiveness in increasing tolerance and understanding among adolescents and youth, thereby influencing HIV-related outcomes and combating stigma. These sessions empower adolescents to share their experiences and promote open discussions about HIV prevention and treatment. To maximize impact, program implementers should establish mechanisms for sustaining dialogue sessions in schools.

### RECOMMENDATIONS

School-based dialogue sessions should be sustained in schools, since it plays a very crucial role in empowering adolescents ,to share their experiences and promote open discussions about HIV prevention and treatment.

## BEHAVIOR CHANGE AMONG THE YOUTHS THROUGH SENSITIZATION AND SERVICE DELIVERY

ZACHARIAH KAHWAI

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**Keywords:** GBV-Gender based violence; SRHR -Sexual reproductive Health and Rights.

### BACKGROUND/SIGNIFICANCE

According to Kenya National Bureau of Statistics (KNBS) 2022 most commonly reported perpetrators of sexual violence among women who have ever been married or ever had an intimate partner were current husbands or intimate partners (71%) and former husbands or intimate partners (19%).

Similarly, the most commonly reported perpetrators of sexual violence among men who have ever been married or had an intimate partner were current wives or intimate partners (63%) and former wives or intimate partners (32%). Through this survey we saw the need for sexual behavior change intervention through SRHR sensitization and services delivery in our locality where we conduct 15 SRHR sessions and 4 service delivery per month.

### OBJECTIVES

- To improve access to youth friendly services by reaching young people with information and services on Gender based violence and sexual reproductive health.
- To create awareness and importance on different types of contraceptives and how they are used.
- To create a safe space and platform enabling young people to share issues on SRHR and GBV.

### METHODOLOGY/INTERVENTIONS

The Link Empowerment Initiative manages a Youth Empowerment Centre in Githurai, Roysambu Constituency, Nairobi county where we work with different partners to conduct youth friendly integrated services in the center. We use dance, thematic skits and peer to peer to reach the youths with targeted information on different types of contraceptives and how they are used. This initiative has brought together the youths and the community and creating a safe space in our locality.

### RESULTS

For the past one year we have managed to find more than 5000 young people with information on different types of contraceptives and how they are used. Among them we have been able to offer 1256 long term methods of contraceptives and 867 short term methods.

### CONCLUSIONS

The project has helped us to fight stigma and discrimination as well as dispel myths and misconceptions in the community and impacted change in our locality. Since youths have access to free SRHR services the teenage pregnancy rate has gone.

### RECOMMENDATIONS

We would like more partners to come on board and work with Local Organizations in order to reach more people with information and SRHR services in our society.

## UNVEILING THE SILENT CRISIS: CLIMATE CHANGE, GENDER-BASED VIOLENCE AND SEXUAL REPRODUCTIVE HEALTH DISPARITIES AMONG ADOLESCENTS AND YOUNG PEOPLE IN SAMBURU

Leseketeti Frank<sup>1</sup> purity Koech<sup>2</sup> Lennox Kabuga<sup>3</sup>

### BACKGROUND/SIGNIFICANCE.

Samburu County, located in northern Kenya, has a population of 310,327 (Kenya Census 2019) and faces prolonged drought, strong cultural traditions and pastoralist lifestyle as their main form of livelihood. From 2019-2022, these conditions have worsened, exacerbating issues like gender-based violence (GBV), teenage pregnancy, and the spread of HIV/AIDS. Adolescents and youth aged 10-24 make up 75% of the population. Rising teenage

pregnancy rates, from 19.7% in 2014 to 50% in 2022 (KDHS), are linked to climate-induced economic pressures that lead to child and forced marriages to restock livestock. Limited access to sexual and reproductive health services, disrupted by nomadism and insecurity, further aggravates the situation. GBV and teenage pregnancies are indicators of increased HIV/AIDS cases, with climate change intensifying these vulnerabilities. The patriarchal system and cultural barriers restrict

youth leadership and decision-making, with 70% of the youth, including Morans and Shangaa girls, out of school and lacking vital sexual and reproductive health information.

### **OBJECTIVES.**

To create continuous grassroots awareness campaigns Amongst Adolescents and Youth groups in Samburu on GBV/SRHR targeting both boys and girls in and out of school and integrating it with climate change intervention to reduce GBV/SRHR challenges in Samburu.

### **METHODOLOGY/ INTERVENTIONS**

We utilized the technical structure in the county to involve community health assistants (CHAs), community health promoters (CHPs), community administrators, and local implementing partners to leverage an existing technical working group that focused on gender, SRHR, and climate change. This integrated approach involved mapping sites for dialogue and mobilizing key community actors, facilitated by identified champions during community dialogue sessions. Post-dialogue follow-up sessions assessed behavior change, aiming to reduce GBV cases, improve Sexual Reproductive health and Rights (SRHR), and find alternatives to mitigate climate change effects. This method was preferred due to its collaborative nature, Cultural sensitivity, which has proven effective in similar settings by enhancing community engagement and fostering sustainable behavior change.

### **RESULTS**

The intervention involved sensitizing homogenous women's, Elders, Shangaa girls and Moran's groups, about the intertwined issues of climate change, sexual reproductive health and rights (SRHR), gender-based violence (GBV), and female genital mutilation (FGM) in Samburu. These sessions empowered women to advocate for change within their communities by understanding how climate change exacerbates SRHR issues and GBV, including FGM.

Furthermore, Moran's received comprehensive sensitization sessions on SRHR and sexual and gender-based violence (SGBV), aiming to turn

them into advocates capable of challenging harmful practices and promoting positive health behaviour's. Selected Moran's were further trained as Champions, enabling them to educate and influence their peers effectively, thus localizing SRHR commitments and fostering community resilience.

These efforts led to improved access to SRHR information and increased contraceptive uptake within the community. The establishment of new GBV/SRHR champions facilitated better dissemination of information and support. Additionally, the intervention strengthened links to health services by establishing a seamless community-based referral system, promoting better health-seeking behaviours, and offering avenues for further support and intervention. This comprehensive approach showcased significant progress in tackling the interconnected challenges of climate change, SRHR, GBV, and FGM in Samburu.

### **CONCLUSION**

Community dialogues have contributed to improved access to SRHR information, improved uptake of contraceptive, new GBV/SRHR champions in our communities and created avenues for referrals for other health services improving health seeking behaviors.

### **RECOMMENDATIONS.**

To realize a free county from GBV violation and secure health of young people in samburu a number of awareness sensitization campaigns should be invested on and making sure this service is integrated given the low literacy levels knowledge gap on the linkage between SRHR, GBV and climate change. County to allocate resources for awareness creation and be innovative in offering SRHR service to young people in hard-to-reach areas using a multi-sectorial approach in the development of gender responsive climate interventions.

### **KEY WORDS.**

Gender based violence, Sexual Reproductive health and Rights, Adolescents, Teenage Pregnancies, Social Inclusion, Community engagement.

## ART4WELLNESS

Authors: Josephine Achieng Odhiambo & Venoranda Rebecca Kuboka

### BACKGROUND/SIGNIFICANCE

Women living with HIV rarely receive mental wellness support. Emphasis is always put on adherence to treatment and viral suppression. It is assumed that they should not struggle with treatment. Many of them struggle with treatment fatigue, anxiety, stress and depression. Mental wellness has been neglected among HIV women because Kenya does not have policies that adequately address their needs, limited resource allocation for mental health services, few trained mental health experts and the stigma associated with mental health.

During the COVID period, there have been increased incidences of anxiety and depression among Women living with HIV. Youth Changers Kenya (YCK) implemented the Art4 wellness project. The project provided a safe space for young women living with HIV to have discussions about treatment adherence, mental wellness, resilience, disclosure, collective care and participated in art therapy sessions where their paintings acted as a reminder of their brighter future.

### OBJECTIVES

- To increase the number of young women who seek psycho social support.
- To promote mental wellness and treatment adherence.
- To develop a buddy system where young women can support each other with treatment adherence.
- To create a pool Young women become champions for mental wellness and promote treatment adherence.

### METHODOLOGY/INTERVENTIONS

YCK implemented the Art4wellness project in Nairobi County, Kenya which brought on board 20 adolescent girls and young women living with HIV aged 16-25 years from (4) different sub counties. The project was implemented for 6 months. The young women were mobilized from partners working in HIV response and different health facilities. The project provided an opportunity for them to have structured conversations on mental

wellness, stigma, journey to self-acceptance, disclosure, adherence and collective care. A counsellor offered group counselling sessions to them. An artist guided them during the art session to create artistic impressions depicting how they envisioned their future.

### RESULTS

- o **Change in attitudes and beliefs;** it is okay to seek help and talk about challenges. The Art4wellness project enabled the young women to understand that they are predisposed to mental challenges and there is no shame in seeking help.
- o **Increase in knowledge levels;** young women acquired skills which have enabled them to identify their triggers and manage stress.
- o **Increased knowledge levels;** there was an increase in mental & emotional wellness among young women. This has made them practice self and collective care.
- o **Increased levels of healthy seeking behaviors;** young women were linked to therapists to access mental health support.
- o **Network establishment;** the young women have established a buddy system which continues to promote treatment adherence

### CONCLUSIONS

Comprehensive care for women living with HIV includes availability of Anti-Retroviral Treatment and provision of mental health support. The project identified policy gaps; there is need for duty bearers to enact policies that prioritize the needs of young women with HIV and allocate resources for mental health services.

### RECOMMENDATIONS

- Investment in the mental wellness for young women living with HIV through allocation of budgets at the County level.

### KEYWORDS

- Mental Wellness
- Art
- Young Women Living with HIV
- African Women Development Fund

## PRIORITIZING ADOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (AYSRHR) IN NORTHERN PART OF KENYA: LESSONS FROM THE SHARP PROJECT

Ms. Brenda Alwanyi, MrNoor Sheikh, Ms Francisah Akope

**Keywords:** Adolescent Sexual and Reproductive Health (ASRH), Youth-led Civil Society Organizations (CSOs), Social Accountability, Community Mobilization, Capacity Building, Grassroots Participation, Youth Engagement Empowerment, SRHR Service Delivery, Evidence-based Advocacy, Community Scorecards, Stakeholder Engagement

### BACKGROUND/SIGNIFICANCE

Northern Kenya faces significant challenges in accessing sexual and reproductive health and rights (SRHR) services due to its geographical remoteness and economic constraints. This region experiences disproportionately high rates of teenage pregnancy, with Isiolo at 17%, Marsabit at 29%, and Mandera at 14% compared to the national average of 15%. Early marriage is prevalent, and there is a low uptake of contraceptive measures. Accepting contraception is a challenge due to deeply rooted cultural barriers and societal norms, exacerbating limited access to SRHR services. Consequently, the SHARP Project, a four-year program funded by the European Union and led by Faith to Action Network, aims to advance AYSRHR, particularly for vulnerable groups like girls, through policy advocacy and service provision. Implementation in Isiolo, Marsabit, and Mandera involves advocating for inclusive policies, enhancing SRH service delivery, and amplifying voices through strategic communication. By engaging stakeholders and leveraging community-based platforms, SHARP seeks to shift norms and narratives around AYSRHR, aiming for lasting improvements in adolescent health outcomes and rights protection in these regions.

### OBJECTIVES

- Adolescents (esp. girls) have increased access to ASRH services and commodities due to their improved availability, accessibility, acceptability, and quality, along with decreased socio-cultural-religious barriers.
- Build capacity of CSOs and youth-led groups in social accountability to monitor ASRH service delivery, promoting increased access for girls.
- Engage CSOs and youth-led organizations in reviewing county AYSRHR policies, advocating for inclusive policies that prioritize ASRH service provision.

### METHODOLOGY/INTERVENTIONS

The program employs workshops, advocacy efforts, and community mobilization to achieve its objectives. It offers training, conducts evidence-based advocacy, and supports ASRH service

providers. SHARP also facilitates community involvement to nurture positive behavioral change.

This multifaceted approach ensures comprehensive engagement in advancing its goals, fostering awareness, and empowering stakeholders to drive impactful change in adolescent sexual and reproductive health. Through strategic workshops and advocacy initiatives, SHARP builds capacity, informs policy, and encourages grassroots participation, ultimately strengthening community support networks and promoting informed decision-making around ASRH issues.

### RESULTS

The SHARP project has catalyzed tangible change led by young people, prioritizing adolescent girls and boys. By training over 30 youth-led Civil Society Organizations (CSOs) in social accountability and media advocacy on Sexual and Reproductive Health and Rights (SRHR), the program has empowered them to actively engage policymakers. These CSOs, spearheaded by representative adolescent girls and boys, leverage initiatives like community scorecards to assess public health services and advocate for improvements, ensuring their voices are heard and needs addressed.

SHARP's provision of grants enhances the organizational capacity of these CSOs, enabling them to spearhead impactful initiatives for the betterment of SRHR within their communities. This support not only fosters local ownership but also amplifies the voices of young advocates in shaping policies and programs that directly impact them. Through strategic capacity-building and targeted advocacy efforts, SHARP cultivates a network of empowered youth leaders equipped to drive sustainable change in SRHR outcomes.

The program's emphasis on youth-led initiatives underscores a commitment to meaningful youth engagement and ensures that adolescent perspectives are central to decision-making processes. By leveraging grassroots advocacy and capacity-building, SHARP effectively harnesses the potential of young changemakers to drive positive transformation in SRHR domains.

## CONCLUSIONS

The Sharp program has empowered youth-led CSOs to take the reins in driving change within their communities. Through training, advocacy opportunities, and organizational support, these CSOs have emerged as effective leaders in advancing Sexual and Reproductive Health Rights, ensuring sustainable progress and empowerment for future generations.

### AN OPERATIONAL EVALUATION OF AN SBC PILOT ADDRESSING THE SOCIAL NORMS AFFECTING YOUTH SRHR IN THE WESTERN REGION OF KENYA

**Inviolata Nafula, Debra Oyugi; George Mbugua; Eunice Javan; Loyrine Ochieng'; Florence Mwangi**

Keywords: *SBC, Social Norms, SRH, Western Kenya*

#### Background/Significance

Marie Stopes Kenya (MSK) provides Sexual and Reproductive Health (SRH) services for all people across Kenya. To address some of the challenges faced by young people in realizing their SRHR, MSK partnered with local youth champions to design an innovative pilot intervention to better support adolescent and young people overcome the barriers related to gender and social norms affecting their SRH access. The pilot ran for five months from November 2023 to March 2024.

#### OBJECTIVES

The main goal of this evaluation was to examine how MSK's pilot has affected participants' understanding of sexual and reproductive health (SRH), their ability to talk about SRH within their families, and the general community support for SRH services.

#### METHODOLOGY/INTERVENTIONS

This study used a mixed method approach, including a cross-sectional post-pilot survey of those participating in the pilot activities (youths and parents), qualitative interviews with those involved in the pilot and analysis of routine service statistics from the health facilities in the pilot areas. Data collection involved telephone interviews by trained research assistants and face to face interviews and discussions. Post-pilot survey data was entered electronically, using a secure KoboToolbox (ODK software) account and online form. Upon completion of the survey the dataset was downloaded and transferred to quantitative data analysis software (RStudio) for cleaning and analysis. In-depth interviews and discussions were recorded and transcribed. Transcriptions were uploaded to qualitative analysis software (Dedoose) for analysis.

## RECOMMENDATIONS

To sustain progress, continued support for youth-led CSOs is essential. Strengthening partnerships among CSOs and stakeholders will amplify the impact of SRHR initiatives. Extending training opportunities and providing seed capital for CSOs will enhance their capacity.

## RESULTS

From the findings, the questionnaires were completed with n=267 parents who were part of the parental dialogues. 2 in 5 of the parents had not spoken to their adolescents about SRH issues. Of those who did, only 1 in 4 had discussed how to prevent unplanned pregnancies. Most participants (80%) were comfortable with the concept of gender norms. Norms and values around men and boys were strongly perceived than those around girls and women. More than half of participants (59%) had discussed SRH with their adolescent children. 31% had rated their SRH discussion with adolescents as "very good". The questionnaires were completed with n=780 teen's participants. Teen's participants were well informed about FP and confident to speak to their health providers about this topic. 70% had previously discussed Family planning with someone-mostly a friend and health care provider. However, they were less comfortable speaking about FP or SRH with their parents. Although 75% of teens knew someone who was currently using or had used contraception, there was still resistance from both older women in families and community leaders on this topic. Teens were comfortable with concept of gender norms.

## CONCLUSIONS

Participants felt informed about FP; however, FP was not perceived as supported by community leaders, and men still reported feeling shame for being with someone using contraception. Teen participants are well-informed about FP and confident they can speak to their health providers about this topic. However, they were less comfortable speaking about FP or SRH with their parents. Although most participants know someone who is using or has used contraception, there is still resistance from both older women in families and community leaders on this topic.

## RECOMMENDATIONS

There is need to scale up interventions that address individual, parent and community barriers to access sexual and reproductive health among adolescents

and young people. The adolescents need to be involved in the designing of such interventions to guarantee success.

### **Marcellina's Crusade: Eradicating FGM and Championing AYSRHR in Her Community**

#### **Harnessing Education, Access to SRH and Advocacy for Adolescents Empowerment**

**Marcellina Chebet**

## BACKGROUND

Female Genital Mutilation (FGM) is a deeply entrenched cultural practice in many African communities, posing significant health risks and violating the rights of girls and women. Furthermore, adolescents and youth face significant challenges in accessing comprehensive sexual and reproductive health and rights (AYSRHR). The vitality of Africa's future lies in the youths. prioritizing AYSRHR is essential to harness this potential and foster sustainable development. This initiative adopts a comprehensive approach, addressing the multifaceted needs of young individuals and empowering them to make informed decisions about their sexual and reproductive health. Marcellina, a young youth advocate from a rural community, has taken a stand against FGM, aligning her efforts with the broader goals of Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR). In the fight against FGM, the key focus was involving the male counterparts because they are our fathers and community heads hence their decision is always final and strictly followed.

## OBJECTIVES

1. To eradicate FGM and promote AYSRHR
2. To empower adolescents and youth to make informed decisions about their sexual and reproductive health.
3. To dismantle stigma and discrimination
4. To provide comprehensive sexual education
5. To establish youth-friendly health facilities.

## METHODOLOGY

Mixed-methods approach was employed, open ended discussions and male involvement. The areas prioritized were north, south and west Pokot subcounties. Program's interventions included educational workshops, religious leaders involvement, radio talk shows and advocacy campaigns.

- **open-ended discussions**-They provide deeper insights into personal experiences and narratives.

- **Educational Workshops:** participants informed about the health risks associated with FGM and the importance of sexual and reproductive rights.

- **Religious leaders involvement**

- Influential figures within communities and can use their positions to educate and advocate against the practice.

- **Radio Talk Shows:** Utilizing radio as a medium to reach a wider audience.

- **Advocacy Campaigns:** Targeted efforts to influence public opinion and policies

- **RESULTS**

- **Engagement of Religious Leaders:** Thirty religious leaders in Kalma, Sigor, and Makutano were actively involved. They integrated anti-FGM messages into their religious teachings, effectively raising awareness about the detrimental effects of FGM and advocating for its abandonment.

- **Radio Talk Shows:** Over twenty radio talk shows were broadcasted on Kalya, North Rift, and Kokwo radios. These shows played a crucial role in educating the community and heightening awareness about the consequences of FGM and emphasizing the importance of Adolescent and Youth Sexual and Reproductive Health Rights (AYSRHR).

- **Educational Workshops:** Youths in Makutano and Marich Pass received education on the health hazards associated with FGM, the significance of reproductive health rights, and the need for age-appropriate comprehensive sexual reproductive health information.

- **Open Discussions:** Forty youths from West Pokot Subcounty participated in candid discussions about FGM and Sexual and Reproductive Health (SRH). These discussions were pivotal in altering attitudes towards harmful cultural practices and dispelling myths and misconceptions related to FGM.

- **Advocacy Campaigns:** Following the discussions, the youths received training in advocacy and assumed responsibility for articulating their concerns, ensuring that their



voices were heard. They engaged in activities such as participating in sectoral hearings, contributing to the annual development work plan, interacting with decision-makers to prioritize the construction and outfitting of youth empowerment centers, deploying youth-friendly healthcare providers.

## CONCLUSION

Results indicate a significant shift in community attitudes and an underway construction of youth empowerment center in Bendera .Additionally, there was a marked increase in the utilization of sexual and reproductive health services among adolescents and youths according to RMNCAH outcomes

Marcellina's program demonstrates that

community-led initiatives can effectively combat FGM and advance AYSRHR. The model serves as a replicable framework for similar contexts, highlighting the importance of local leadership and culturally sensitive approaches.

## RECOMMENDATIONS .

- **Comprehensive Sexuality Education:** Accurate information about sexual and reproductive health.
- **Youth-Friendly Health Facilities and services:** Establish health facilities that are welcoming, accessible and cater to their specific needs without judgment or stigma.
- **Policy Advocacy:** Advocate for legal reforms that protect the rights of adolescents and youth and prohibit harmful practices like FGM.

## ADDRESSING THE TRIPLE THREAT OF TEENAGE PREGNANCIES, GENDER-BASED VIOLENCE AND HIV AMONG YOUNG PEOPLE IN MATUNGU

**Aura A. Dorah, Lawi Bernstar, Hellen Odenyi**

## BACKGROUND

Shame, stigma, accompanied by guilt and self-blame afflict women, especially where patriarchy is prevalent. Teenage pregnancy is an experience filled with shame for the young girl and her family. S.O.A 2006, makes intercourse with under 18 illegals in Kenya.

Teenage pregnancy, Gender-Based Violence and HIV/AIDS continue to pose significant threats to the realization of demographic dividend in Africa. For instance, one in four young women give birth before their 18th birthday in sub-Saharan Africa, compared to a global average of 14%. 35% of young women in SSA are married before age 18, accounting for a disproportionately high number of adolescents living with HIV 89%.

Shame is culturally rooted and socially practiced to the extent that many teenage girls and their families never even try to seek justice in the first place. Fighting triple threat requires concerted efforts by all stakeholders including community members, non-government organizations and the government.

## OBJECTIVE

- To bring together key stakeholders from government, development partners, community and the private sector to deliberate on the triple threat of teenage pregnancies, GBV, and HIV/AIDS among young people in Matungu Subcounty.
- To identify holistic cross-sectoral approaches

to addressing the triple threat, particularly the intersection with the transformative results on education, livelihoods, gender, and youth issues.

- To explore cross-sectoral approaches, strategies and actions to addressing these challenges, particularly the intersection on education, gender and adolescent health issues.

## METHODOLOGY

Focused group discussions and school-based health talks were applied, in addressing effectively GBV risks, effects and consequences.

The initiative started in 2021 December and saw a total of 182 SGBV cases being reported in the years 2022-23 versus 139 reported the previous two years.

## OUTCOMES

1. Increased facilities reporting rate from 40% to 96% of GBV cases.
2. Early and timely flagging of negative impacts of the triple threat; teenage pregnancies, gender-based violence, and HIV/AIDs, among young people in Matungu.
3. Increased commitment from stakeholders in prioritizing investments in the education, health and well-being of young people in Matungu Sub county, particularly girls.
4. Creation of a social platform (WhatsApp) termed" End teenage pregnancy in Matungu

SC" which aids in timely actioning of cases.

- Identification of partnerships that will support and place the health of adolescent girls at the center of development in Matungu.

## CONCLUSION

In summary, Triple threat is real and it is with us especially the adolescents and the Young people. This can be combated via joint efforts and inclusion of the young people themselves. Therefore;

- More funding is needed to support Adolescent and Young people activities as they are the majority of the population in Kakamega County.
- More young people are affected due to lack of knowledge and myths surrounding triple threat contributors like sexual intercourse.

- Teachers can play a big role in reducing the triple threat since most young persons' lives are spent in schools.
- One on one engagement of the young persons as opposed to group engagements works out better since they tend to open up more.

## RECOMMENDATIONS

- Need for religious leaders to incorporate SRH in their engagements with the young persons.
- Social media can be used to help engage a large group at a low cost reducing the triple threat.
- Health and education sectors to work and walk hand in hand in engaging the young people in reducing the triple threat.

## SAUTI SALAMA IS EMPOWERING SURVIVORS AND TRANSFORMING SUPPORT

Malkiah Mutwoki John

### BACKGROUND

Sexual violence is a pervasive issue in Kenya, disproportionately affecting adolescents and youth. According to a 2020 National Crime Research Centre report, 4 out of 10 girls experience sexual violence before the age of 18[1]. This not only inflicts deep emotional trauma, but also disrupts their Sexual and Reproductive Health and Rights (SRHR). Sauti Salama[2], an innovative digital health solution, stands at the forefront of addressing Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR) challenges in Kenya. This groundbreaking app, co-developed by my team and I, provides a lifeline for survivors of sexual violence, offering a safe and confidential platform for accessing critical services and support.

### INTRODUCTION

Adolescents and youth in Kenya face significant barriers in accessing SRHR information and services. With only 41% of young women aged 15-19 have comprehensive knowledge about their bodies and reproductive health[3], stigma surrounding sexual violence further silences survivors, preventing them from seeking help and jeopardizing their physical and mental well-being. In this regard, Sauti Salama is contributing to the solution. Grounded in the principles of survivor-centered care, this app transforms the landscape of support services, ensuring that survivors have the resources they need at their fingertips.

### INNOVATION IN ACTION

Sauti Salama offers a range of innovative features tailored to the needs of survivors. Upon opening the app, users are greeted with a discreet and user-friendly interface. They can access these services:

- Safe Reporting:** Survivors can anonymously report sexual assault incidents, reducing fear of stigma and reprisal. This empowers them to take control of their healing journey and seek justice.
- Essential Resources:** The app provides comprehensive information on SRHR, post-exposure prophylaxis (PEP), emergency contraception, and mental health resources. This empowers young people to make informed decisions about their health and well-being.
- Supportive Community:** Survivors can connect with a network of peers and advocates who understand their experiences. This fosters a sense of belonging and reduces feelings of isolation.
- Sauti Salama leverages the power of mobile technology, recognizing that adolescents and youth are highly connected. The app is:
- Accessible:** Available on smartphones, making it readily accessible even in remote areas.
- Anonymous:** Protects user privacy, encouraging survivors to come forward without fear of judgment.
- User-Friendly:** Designed with a simple interface, ensuring ease of use for young people with varying technical literacy.

## THE IMPACT

Since its ideation, Sauti Salama has managed to onboard 800 users in the waitlist, having been taken through the Figma designs of the app[4], where survivors will find solace and guidance in moments of crisis. Survivors have also shared stories that will be uploaded to the app, with many expressing gratitude for the immediate assistance and compassionate support it will provide.

## PARTNERSHIPS AND SUSTAINABILITY

To ensure the app's sustainability, we have forged partnerships with local NGOs e.g. Wangu Kanja Foundation, Survivors of Sexual Violence in Kenya, healthcare providers e.g. Kliniki, who will provide free medical services to survivors, law enforcement agencies and legal experts. These collaborations not only expand the reach of Sauti Salama but also create a network of support for survivors beyond the digital realm.

## CONCLUSION

Sauti Salama embodies the spirit of innovation in addressing AYSRHR challenges. It stands as a testament to the power of technology to empower survivors, amplify their voices, and catalyze change. As we continue on this journey, we envision a future where every survivor has access to the support they deserve, right at their fingertips.

[1]<https://www.crimeresearch.go.ke/wp-content/uploads/2020/12/Report-on-Protecting-the-Family-in-the-Time-of-Covid-19-Pandemic-6th-August-2020.pdf>

[2] <https://sauti.cashcade.co.ke/>

[3]<https://dhsprogram.com/pubs/pdf/PR143/PR143.pdf>

[4] <https://sauti-salama-prototype.vercel.app/>

## BLOGGING TO DEMYSTIFY MENSTRUATION AND ITS CULTURAL TABOOS

FADZAYI NDIKODZI MAPOSAH

Keywords: *Menstrual health management, taboos, myths, misconceptions*

### BACKGROUND/SIGNIFICANCE

Menstrual health management is a priority area in reproductive health programming. MHM is a widely used term now often based on a definition formulated at a meeting of the World Health Organisation / UNICEF Joint monitoring programme in 2012. MHM is defined as women and adolescent girls using clean material to absorb or collect menstrual blood and this material can be changed in privacy and as often as possible. Menstruation is tagged with a lot of cultural taboos and in the Zimbabwean context, it is not an issue for open discussion. As a result of this, there are apprehension and misconceptions regarding a very natural issue. Lack of discussion regarding menstruation contributes to poor access to reproductive health rights which has a bearing on sexual health.

### OBJECTIVES

- To encourage open discussions on Menstrual Health Management
- To disseminate correct and factual information on menstruation
- To dispel myths and misconceptions around menstruation

### METHODOLOGY/INTERVENTIONS

The writer is employed by the Zimbabwe National Family Planning Council an organization

implementing MHM activities under the goal:

To improve the sexual reproductive health rights status of young people 10-24 years in Zimbabwe through the promotion of access to SRHR and Comprehensive Sexuality Education services.

During the MHM activities conducted, the writer realized that there are limits in terms of what is shared as preparing young people, girls in particular for menarche. The writer then started to draw from her experiences so as to initiate discussion around menstrual health management issues, bringing them closer home and breaking cultural barriers.

There has also been engagement of young people and other key stakeholders through the media since the writer is a Correspondent/ Blogger for The Herald which is Zimbabwe's largest daily newspaper with an article on reproductive health being published every week (Saturday). Besides the hard copies, The Herald is also available online. The stories published in The Herald are also shared through the Zimbabwe National Family Planning Council social media platforms, website, Facebook and the online magazine Straight Talk

### RESULTS

It is noted that menstrual health management issues though normal have a lot of myths and misconceptions attached. Initial discussions are usually riddled with a lot of mistrust and members of the discussion being withdrawn. This is because

though menstruation is part of being a woman, in Africa, Zimbabwe included there are other attached issues that even relate to taboos.

Because of this, young girls approach menarche with a lot of fear where they should be celebrating the advent of womanhood. As alluded to in the article: *Nightmares of early menstruation*, (an article that won a media award in 2021) and subsequent articles, menstruation is approached as a dreadful experience that is shrouded in a lot of mystery. This is because those who are expected to share information, such as mothers, aunts and older sisters are not confident to share the information that they have. There are some words that seem to be difficult to talk about or even mention.

## CONCLUSIONS

MHM information should be available to young girls through as many platforms as possible. Young people should be able to access information that

is relevant to their needs. It is also important for programming to note that sharing of experiences is able to assist young people to realize that whatever they are going through is normal and that there is nothing to fear.

## RECOMMENDATIONS

1. There is need to continue discussions on Menstrual health management
2. Discussion on MHM should be on platforms
3. Parents, guardians and caregivers should be involved in MHM discussions and activities as a way of empowering them to share the information with their families and within the communities in which they live.
4. MHM should be taken as a top priority advocacy issue for all organizations working with adolescents and young people.
5. All MHM activities to involve boys and girls

## Navigating Reproductive Identity as a Choice and its Impact on Adolescent Girls in Kenya

Authors: Bridget Muthoni and Berta Kihenjo

Keywords: RI- Reproductive Identity, Comprehensive Sex Education, Adolescent Girls, Sexual Reproductive Health & Rights and Reproductive Health.

## BACKGROUND/SIGNIFICANCE

Fertility rates are almost double in Sub-Saharan Africa at 4.6 births per woman compared to other parts of the world and is even worse in Kenya with a high mortality rate of about 5000 girls and young women dying annually due to pregnancy and childbirth complications where 80% of these deaths are attributed to poor quality of Care (UNFPA Kenya 2022). Large families are considered morally right but chastity and sexual conservatism are celebrated. This intervention addresses the critical need for Comprehensive Sexual and Reproductive Health education among adolescent girls in Kenya. Recognizing the importance of Reproductive Identity (RI) as a fundamental right, the program aims to empower young girls to make informed decisions about their reproductive futures, while combating early pregnancies and harmful stereotypes. Contraceptive uptake is influenced by women's autonomy and levels of education thus open dialogue about gender and family planning in Kenya can shift social norms, enable more equitable communication, and enhance empowered decision-making.

## OBJECTIVES

- Assess the level of understanding of reproductive identity among adolescent girls.

- Analyze changes in attitudes and knowledge regarding RI before and after educational interventions.
- Combat stereotypes and reduce rates of early and unwanted pregnancies among adolescent girls.

## METHODOLOGY/INTERVENTIONS

The intervention, “Navigating Reproductive Identity Choices and its Impact on Adolescent Girls,” spanned over two months and engaged 180 girls aged 13-19 from diverse communities. Utilizing interactive workshops, group discussions, and educational materials, the program explored the multifaceted nature of RI. It employed the use of questionnaires through storytelling and drawing exercises to assess girls’ understanding of RI before and after educational sessions. Topics covered included identity exploration, RI dimensions, reproductive life planning, and diverse paths to parenthood.

## RESULTS

The intervention successfully increased awareness and understanding of RI among participants. Girls demonstrated enhanced knowledge of their reproductive rights and choices, with a significant shift in attitudes towards embracing their authentic



selves and planning for their reproductive futures. From our findings, most girls prefer to have children between the ages of 23 and 28 because that is when the fertility rate is high. While the intervention aimed to combat discrimination against women in their decision towards parenthood, we can conclude that some girls felt more confident in shifting their choices from society's expectations and embracing what they wanted concerning parenthood.

The intervention also aimed to prepare the girls in creating their families in a creative way by considering other factors such as financial freedom and personal preferences. Findings revealed varied perspectives among participants, influenced by age, biological, physiological, geographical, economic, socio-cultural factors, and religious beliefs.

## CONCLUSIONS

The program achieved its objectives by effectively educating and empowering adolescent girls through interactive workshops and discussions. Participants exhibited a deeper understanding of RI and expressed agency in shaping their reproductive identities.

## RECOMMENDATIONS

Building on this success, replication of similar programs is recommended across diverse communities in Kenya and beyond. Involving parents and stakeholders in discussions on RI is crucial for creating supportive environments. Long-term follow-up is advised to assess sustained impacts on girls' reproductive health outcomes. Policymakers are urged to prioritize comprehensive sex education programs that address RI issues to advance AYSRHR in Africa.

### Factors affecting FP services among women of reproductive age in Tana River County: Experience from community targeted dialogues

**Jamila Farah<sup>1</sup>, Aden Awle<sup>1</sup>, Kennedy Wakoli<sup>2</sup> Happiness Oruko<sup>2</sup>**

<sup>1</sup>SUPKEM Garissa, <sup>2</sup>Amref Health Africa in Kenya

**Keywords:** Religious leaders, community dialogue and child spacing

## BACKGROUND/SIGNIFICANCE

Globally, sexual and reproductive health is a significant public health issue for women of the reproductive age (WRA) group. By practicing family planning, couples can improve the health of mothers and children through birth spacing and avoiding high risk pregnancies. According to KDHS 2022, the modern contraceptive prevalence rate (mCPR) for married women in Tana River County is at 23% which is still low compared to 57% at the national level. Various barriers still exist that hinder women of reproductive age from accessing family planning services especially in Muslim dominated Countries. SUPKEM in partnership with Amref Health Africa in Kenya in John Templeton Foundation project is working in Tana River County to advocate for sustainable and equitable initiatives, increases in FP and also create demand and care seeking behaviors for FP among WRAs.

## OBJECTIVES

The purpose of this abstract is to showcase the factors affecting uptake of family planning services in Tana River County as highlighted in dialogue forums at community level.

## METHODOLOGY/INTERVENTIONS

Through the DEESIP project, the partners worked with religious leaders and existing cultural gatekeepers in Garsen sub county in Tana River County to advocate for uptake of FP services. The project trained 60 religious leaders and sensitized 120 Muslim scholars who have been demystifying myths and misconceptions on family planning related to the Muslim community, through targeted community dialogues. At the facility level, the health care workers provide technical support to the champions, receive feedback from the community as well as referrals made by the FP champions. Data from community dialogues was summarized in activity reports and analyzed thematically through deductive and inductive methods. Quantitative data for Tana River County was extracted from the Kenya Health Information System from (July 2021 to June 2022) to 25.4% in (July 2022 to June 2023).

## RESULTS

Engaging religious leaders led to increasing acceptance of FP services in Tana River County. The religious leaders became champions in FP

and have been facilitating community dialogue sessions on FP. The findings from the community dialogues indicate that most common barriers are on religious misconceptions. Others include cultural expectation that young mothers are required to bear many children before menopause and also the desire for a large family. Similarly, it was noted that most women are not able to make decisions on their reproductive health as they face opposition from their spouses. Some of the community members also cited that they experienced side effects as a result of use of contraceptives. Quantitative data showed that there is an increase in FP coverage from 25% in (July 2021 to June 2022) to 25.4% in (July 2022 to June 2023). A notable increase was in Garsen South Ward that increased from 25.2 to 41% in the same period.

## CONCLUSIONS

Community dialogues is a great platform to demystify myths and misconceptions on FP. Engaging religious leaders led to improved attitudes and acceptance among them to participate in the dialogues. This in turn contributed to demystifying negative social norms and community perceptions towards family planning leading to uptake of FP services.

## RECOMMENDATIONS

Following the acceptance of the religious leaders to participate in the community dialogue is an indication that the barriers can be addressed with more community dialogue sessions that involve them in other sub counties.

### **Supporting Adolescent Mothers: Expanding Access to Quality, Comprehensive SRH Services in Homa Bay County.**

**Ms. Brenda Otieno, Mr. John Okere**

Keywords: *What Adolescent Moms Need, Adolescent SRHR*

## BACKGROUND/SIGNIFICANCE

Adolescent motherhood presents significant public health challenges including increased risk of disability and death due to unsafe abortion, prolonged labor, and complications during/after birth. Many succumb to depression; pregnancy increases their vulnerability to exclusion and exploitation; and their children are at higher risk of illness and death. However, adolescence remains largely overlooked in policy, research, funding, and health programming. Early childbearing is linked to high fertility and rapid population growth, which puts pressure on available resources and hampers national development. Any investments in this developmental stage, therefore, have long-lasting and important implications for the life chances and trajectories for individuals, communities, and the next generation.

## OBJECTIVES

The study aims to generate evidence on what adolescent mothers need to support their growth and development including their children. Specifically, it aimed to document the lived experiences of adolescent mothers; and to understand the types of support adolescent mothers need to realize their personal & parenting aspirations.

## METHODOLOGY/INTERVENTIONS

This was a cross-sectional study conducted in Homa Bay County using mixed methods approaches. In-depth interviews using semi-structured guides

were used to document their lived experiences, motherhood challenges and aspirations, while structured interviews were used to collect socio demographic statistics. Purposive sampling was used in selecting respondents between 10-19 years. Consent/Accent obtained from girls and guardians.

## RESULTS

A total of 95 adolescent mothers were reached with 88pc being between 15-18 years. 82pc were married. 54pc were school dropouts with 14pc having some source of income. 66pc had received SRH information. Information focused majorly on abstinence and Family Planning. Main source of information was NGOs. 46pc opted not to use contraceptives because information received was either misleading (84pc) or packaged and delivered in a confusing manner (14pc). Other barriers to access include financial constraints, social isolation, health provider stigmatization and victimization, inadequate access to contraceptive commodities, and lack of professional guidance/support.

## CONCLUSIONS

Based on this study, the majority of adolescents still lack comprehensive information on SRH and sexuality. Gender inequalities, difficulties in accessing ASRH services, inadequate sexual and reproductive health education and poverty are among the key drivers of teen pregnancies. This leaves adolescent girls unsure of how to protect themselves, heightening their curiosity

and the girls end up being susceptible to sexual predators and thus poor SRH outcomes.

## RECOMMENDATIONS

Understanding unique SRH challenges faced by

adolescent mothers, having policies that address the specific SRH needs and having targeted comprehensive support programs is essential for empowering adolescent mothers and providing opportunities for a brighter future for both mothers and their children.

## EMPOWERING CAREGIVERS TO ENHANCE SEXUAL REPRODUCTIVE HEALTH AND RIGHTS INFORMATION TO DEAF ADOLESCENT AND YOUNG PEOPLE.

SARAPHINA AMBALE ANJIA

**Eagle Wings Org**

Keywords: FGD- Focused Group Discussions AYPs- Adolescent and Young people SRHR- Sexual reproductive health and rights.

## BACKGROUND/SIGNIFICANCE

Adolescent and young deaf individuals encounter notable obstacles when seeking access to Sexual and Reproductive Health and Rights (SRHR) information and services. Communication hurdles pose a significant challenge as many SRHR resources are not available in sign language, the primary mode of communication for the deaf community. Stigma and discrimination in healthcare settings and lack of tailored support systems exacerbates feelings of exclusion and isolation. deter them from seeking necessary care.

Previous discussions with deaf young individuals in Kisumu have highlighted a significant gap in SRHR understanding among this demographic, with reliance on potentially inaccurate information from caregivers exacerbating the issue. Communication barriers, particularly within healthcare settings, further impede access to accurate SRHR information and services. Given the critical importance of accurate SRHR information for overall well-being, there is a pressing need to empower caregivers with the knowledge and skills necessary to provide factual and inclusive SRHR information to deaf adolescents.

## OBJECTIVES

1. To increase parental and caregiver involvement in providing SRHR support to Deaf adolescents.
2. To foster open communication between Deaf adolescents and their parents/caregivers regarding SRHR.

## METHODOLOGY/INTERVENTIONS

Eagle Wings Organization, a youth-led organization based in Kisumu County carried focused Group discussion sessions targeting adolescent and young deaf individuals in Kisumu on accessing SRHR information and services. 32 boys and 51

girls aged 12-25 years were engaged in the 3 dialogue sessions. The participants were engaged in group discussion with support of the local sign language interpreter to assess knowledge gap and access of SRHR information. From identified gaps, caregivers/ parents were sensitized and later on a joint training was conducted. Pre and post surveys were shared to identify areas of focus on SRHR.

## RESULTS

The study found that 85% of respondents have not had a chance to acquire information from a skilled and or trained individual. 80% acknowledged to acquire information from parents and or caregivers who also do not offer comprehensive information.

Most of the respondents agreed that stigma and discrimination still remained the main challenge when it comes to SRHR information and service access. They shared that parents / caregivers shared information that favoured them as caregivers and not giving them( deaf AYPs) options to make decisions from. The data revealed that caregivers and or parents to adolescent deaf are key to ensuring young deaf individuals can access accurate information on SRHR hence increasing uptake of services and reducing risks of negative health outcomes. Some participants also expressed intentions to hold support meetings with deaf individuals to pass information shared from caregivers and or parents

## CONCLUSIONS

Addressing the SRHR needs of young deaf individuals requires a multifaceted approach that prioritizes accessibility, inclusivity, and community involvement. By empowering caregivers/ parents to deaf AYPs with correct information on SRHR, we are empowering the deaf to make informed decisions about their Reproductive Health.

## RECOMMENDATIONS

To promote Youth-Led Initiatives with Caregiver Involvement. The FGDs underscores the vital role of caregivers and parents in providing accurate SRHR information to young deaf individuals. Caregivers

are key influencers, engaging them in educational initiatives can significantly impact the uptake of SRHR services and reduce negative health outcomes among deaf adolescents.

## COMBINED APPROACHES TOWARDS IMPROVING ACCESS TO AND USE OF CONTRACEPTIVES AMONGST ADOLESCENTS AND YOUTHS: A CASE STUDY OF NYALKINYI HEALTH CENTRE IN HOMABAY

**Jeff Onyach, Immaculate Oliech, Corneleous Okal**

*Ministry of Health*

## BACKGROUND

The rate of teenage pregnancy and motherhood in Homabay stands at 22% in comparison with 18% countrywide in Kenya. This implies that about 1 in every 4 adolescents has ever been pregnant or is pregnant with her first child. In Nyalkinyi health Centre teenage pregnancy stands out at 20% (KHIS data 2022). This infers that, in about 20 new antenatal mothers seen at Nyalkinyi health center 4 are teenagers. It is estimated that about 13000 girls drop out of school annually due to unintended pregnancy. Adolescent pregnancy also increases the risk of maternal and neonatal mortality and even complications from unsafe abortion.

Kenya demographics and health surveys show that unmet family planning needs are high among adolescents aged 15-19 at 23% while in youths aged 20-24, it stands at 19%. To improve this situation ASRH policy and strategy enacted in 2015 advocates for multi-sectoral approaches and inclusion of AYPs for the success of AYSRH programs. This abstract demonstrates the successful uptake of contraceptives among AYPs at Nyalkinyi Health centre through the implementation of targeted community and facility interventions.

## METHODOLOGY

An AYP score card assessment was conducted in 2022 September that revealed inadequate knowledge on youth friendly services among health care providers, lack of facility-community linkage and unclear referral pathways as major barriers to accessing SRH services among AYPs. Youth advocates were therefore recruited and trained together with Nyalkinyi health center staff using the AYSRH curriculum developed by NAYA. Simplified information education and communication

materials were developed and issued to youth advocates, community health promoters and service providers for sensitization. Monthly facility service in-reaches and community outreaches were conducted with intensified mobilization done during school breaks. The team comprising youth advocates, NAYA technical team, CHPs and facility AYSRH champion held monthly consultative forums to track performance. We developed referral SOPs and shared with CHPs and the youth advocates. Contraceptive commodities were supplied with the county government.

## RESULTS

A total of thirteen (13) people were trained on AYSRH (1 clinician, 1 Nurse, 1 Community health officer, 3 Community health promoters, and 7 youth advocates). Nyalkinyi was able to provide contraceptives to 639 new AGYWs adopting contraceptive use in 2023. 58.8% being those aged between 15-19 years, 40.4% those aged between 20-24 years and about 0.8% being those aged between 10-14 years. 25.2% of AGYW adopted the use of long term contraceptives while 78.8% adopted the use of short term contraceptives. 76.4% were referred for services by youth advocates and peer educators while 23.6% were self-referrals.

## CONCLUSION

Combination of facility and community approaches while involving AYPs are key to improving contraceptive uptake among AGYWs. We recommend meaningful engagement of youth advocates and sensitization of healthcare providers on youth friendly services as a prerequisite to improving contraceptive uptake.

## 'EMPOWER US'

**Lizziah Ndonga**

Keywords: *Narrative change in SRH, Challenges faced by young people in accessing RH.*

### BACKGROUND/SIGNIFICANCE

AYSRHR face multifaceted challenges in advancing and accessing RH care because of underlying community and cultural norms. According to ICPD, studies indicate that the sexually active adolescent girls (15-19yrs) rarely use contraceptives, thus the alarming rate of early unplanned pregnancy increases the percentage of women who have begun childbearing by 40% (survey from ICPD). Social cultural factors and norms influence how decisions are made and the confidence to use contraceptives and other RH services, the influence of family/community also influence AYSRHR in decisions making on SRHR. The cultural values and beliefs play a critical role in deciding whether or not to provide contraception to the adolescent or the youth. It has also been reported that women aged between 15 to 24yrs old are twice more likely to be infected by HIV than boys of the same age from the FGD carried out, the adolescent girls and young women reported that they did not have influence on condom use to protect them from STIs and HIV due to the perception that condom use implied infidelity.

### OBJECTIVES

- To identify barriers and challenges faced in accessing reproductive health care
- To understand the cultural norms and belief perspective
- To have tailored interventions that are culturally sensitive and responsive to the needs of adolescents and young persons.

### METHODOLOGY/INTERVENTIONS (100 WORDS MAX)

Adolescent and young women participated in focus group discussions, these were adolescents mapped from the slums of Kisumu (Manyatta and Nyalenda) and rural areas of Kisumu (nyahera and wathorego) reaching out to 30 youths and adolescents.

In depth interviews were done through interviewer

administered questionnaires, the interviews lasted for 3 minutes and were recorded, we reached out to 10 adolescents, 10 young women and 10 young men.

### RESULTS

Results show that women could not make decisions on their own sexuality making it difficult for young women to seek SRH services without the approval of the partner. Parents also influence the decisions of their children when it comes to accessing services. The youths also believed in unprotected sex hence failing to recognize the importance of using protection exposing them to the risks of STIs and unplanned pregnancies. The service providers with their belief and narrative that young women should only get contraceptives or FP after childbearing to prove fertility and that unmarried youths should not further preventing them from getting the services as they reported this from the FGD carried out.

### CONCLUSIONS

To enhance adolescents and youth utilization of SRH, it is important to educate, empower and build their confidence in decision making process through focusing on comprehensive messages that gives information on reproductive health for them to make informed decisions. Community outreach should be tailored to reach a wide coverage with SRH information.

Recommendations (50 words)

- There is need to involve parents and guardians in understanding comprehensive sexuality education for them to address issues of SRHR at household level.
- There is need for CHVs to mobilize AGYW and youths to get reproductive health services.
- There is need to train the health care providers to shift and change their narratives on cultural and social norms.

## EXPLORING THE INTERCONNECTIONS: COMPARATIVE ANALYSIS BETWEEN ADOLESCENT PREGNANCIES, SGBV AND HIV INCIDENCE AMONG ADOLESCENTS IN TURKANA COUNTY

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Samuel Pulkol<sup>2</sup>, Shadrack Elim<sup>2</sup>, Fatuma Rajab<sup>2</sup>, Gabriel Lopodo<sup>2</sup>, Bonaventure Ameyo<sup>2</sup>

Keywords: *Antenatal Care, Human Immunodeficiency Virus, Kenya Health Information System, Sexual Gender Based Violence*

### BACKGROUND/SIGNIFICANCE

The United Nations Office on drug and crime reports that Gender-based violence disproportionately affects 1 in 3 women and girls worldwide. Global overlapping challenge of new HIV infections (47%), unintended pregnancies (16 million), and SGBV (29%) among adolescents 10 to 19 years mirrors a malignant triad of sexual risk and vulnerability. About 17 million adolescent girls give birth yearly, mostly in low- and middle-income countries. Teenage pregnancy in Sub-Saharan Africa's high fertility countries revealed a prevalence of 24.88%. In Kenya, 18% of first ANC attendance and 14% of GBV cases were reported among adolescents in 2022. Further, KHIS revealed a national HIV prevalence of 4%, 41% of the new infections occurring among adolescents. In Turkana County, the HIV prevalence is 3.1%, with 17% of the infections being among 10-19 years.

### OBJECTIVE

To compare the proportion of teenage pregnancies, SGBV cases, and new HIV infections in Turkana County.

### METHODOLOGY/INTERVENTIONS

This was a descriptive analysis, done by cross-sectional review of data abstracted from KHIS, on adolescent pregnancies, SGBV, and new HIV

infections reported between 2020 and 2023. The study utilized a convenience sampling method. Various reports were used; ANC - MoH 711, SGBV - MoH 365 and 711 and for HIV new infections - MoH 731. A trend analysis was conducted to assess the differences in adolescent pregnancies and covariates overtime.

### RESULTS

There was an increase in adolescent pregnancies from 2020 to 2023 (8414, 6974, 6646 & 8529), with 367(4.36%), 468(6.7%), 756(11.3%) and 996(11.6%) SGBV cases respectively. However, there was reduction in new HIV infections (80, 75, 70 and 59 respectively) among the same group. Adolescent pregnancies were approximately 22 times more than the reported SGBV cases.

### CONCLUSIONS

Similar to other findings, there is a high rate of teenage pregnancies in Turkana County, with a bi-directional relationship between adolescent pregnancies and SGBV. As a multifaceted problem, this requires an urgent multi sectoral response.

### RECOMMENDATIONS

Conduct further research to clarify contextual determinants of adolescent pregnancies and provide direction for integrating youth within SGBV prevention.

## BRAND ACTIVATIONS AS A STRATEGY TO INCREASE ADOLESCENT AND YOUTH ENGAGEMENT AND DRIVE SRH UPTAKE

Innocent Wapukha, Jane Anyango, Inviolata Wanyama, Florence Mwangi

Keywords: *Brand activation, customer engagement, Sexual and reproductive health, young people, Effectiveness Measurement*

### Background/Significance

Brand activation is a market strategy used by organizations to drive customers towards their brand. The goal of brand activation is to attract, engage and motivate consumers at various points along the path to actual service uptake. Brand activation is not a means of activating the brand itself but rather a communication mechanism due to its immediate and interactive influence. In Kenya, Sexual and reproductive health (SRH) uptake among adolescents and youth is low because

many organizations offering these services use marketing techniques which are perceived as old-fashioned and outdated resulting in lack of interest and engagement. Marie Stopes Kenya (MSK) use activations as a tool to retain SRH information within the minds of young people as well as drive them to its service delivery channels for service uptake.

## OBJECTIVES

1. To showcase how brand activations can be used to compel youths to retain SRH information within their minds and visit health facilities for service uptake.
2. Provide evidence of how brand activations has positively impacted SRH uptake among youths at MSK.
3. To showcase how Co.Co mobile application can be used to track the impact of brand activations as well as promote SRH communication.

## METHODOLOGY/INTERVENTIONS

MSK has employed community mobilizers (activation officers, youth champions and demand generators) specifically for promoting SRH services offered at MSK. MSK conducts activation events on streets in major towns, universities and colleges, companies and malls. We also organize village baby showers for expectant mothers, most of whom are young people usually aroused by such trendy events. During these events, we engage in fun activities, offer free SRH services as well as distribute brochures and client information material. Participants interested in further specialized services are referred to our centers and maternity services through "Community Connect" (CO.CO).

## RESULTS

To be able to track the impact of these brand activation activities, MSK developed an innovative tool dubbed "Community Connect" (CO.CO). CO.CO is a mobile application designed to help community mobilisers by revolutionizing their operations efficiency and highlighting their invaluable role in health advocacy. CO.CO facilitates real-time tracking of demand generation activities, client referrals, follow-ups, and confirmation of successful

referrals after service delivery. Additionally, the application hosts a comprehensive digital library of Behavior Change Communication Resources to help clients make informed decisions regarding their health. By normalizing conversations on SRH, family planning and safe abortion services and elaborating the risks associated with unsafe abortion to dispelling misconceptions around safe abortion through evidence-based information dissemination, these mobilizers catalyze behavior change, ultimately reducing stigma and fostering healthier communities.

In 2023 alone, MSK reached 218,586 people with information through activation activities. 55.8% (147,505) of all the people reached were adolescents and youths (<25 years) and 8% of them expressed interest in further specialized care and they were referred to an MSK service delivery channel for a service. Due to these proactive measures by MSK, we realized a 37% increase in adolescent served at MSK in 2023 compared to 2022.

## CONCLUSIONS

Holding brand activations in areas frequented by young people with engaging activities can raise awareness of SRH and foster youth engagement in related services. CO.CO, a digital tool for tracking mobilization and referrals, improves data collection, visualization, and reporting, enhancing intervention effectiveness and targeted messaging.

## RECOMMENDATIONS

It is good to identify the needs and expectations of young people and conduct activations in those localities in a manner that resonates with the current generation.

Organizations should use digital tools like CO.CO for tracking mobilization activities and referrals to enhance data collection and improve intervention effectiveness.

## DAD AND DAUGHTER DUO

JILLO FUGICHA DUBA

ELIZABETH LUSWETI

**Keywords:** Adolescent, Youth, Sexual and Reproductive Health and Rights, Access to Resources, Taboo subject, Shift in dynamics, Platform for family discussions, Inclusive governance structure

### BACKGROUND/SIGNIFICANCE

Men (Fathers and brothers) have been making decisions for the family within Marsabit cultures for a long time and the youths in Marsabit who are growing up amidst social media explosion are recognizing the inequalities inherent within their cultures. They are sometimes torn between respect for the culture and a need to do right. With our intervention, the youth need not go it alone as we are bringing in the fathers (and Mothers) and the elders to be part of the shifting norms within our cultures. Fathers who are traditionally the power holders in the family, and mothers the greatest influencers, are capacity built to accept changes and be change's greatest advocates within the community with the help of their daughters and sons.

### OBJECTIVES

Foster a comprehensive shift in Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR) dynamics within Marsabit by establishing a platform for family discussions. This objective encompasses breaking down cultural taboos, raising awareness, and addressing misconceptions, ultimately leading to improved AYSRHR practices within families and the broader community.

Promote empowerment and inclusion of women and youth across all levels of decision making, from family to national policies. This objective aims to create a more inclusive governance structure, ensuring that the voices of women and youth are actively considered, leading to a representative and diverse decision-making landscape.

Facilitate socio-economic empowerment by enhancing access to key resources and strengthening legal frameworks. This overarching objective encompasses improving family livelihoods, breaking cycles of economic dependence, and empowering women and youth through legal protection, contributing to positive and sustainable societal transformations in Marsabit.

### METHODOLOGY/INTERVENTIONS

Provide a platform where Fathers, Mothers, their Sons and Daughters can come together and freely discuss cultural issues around Sexual and

Reproductive Health and Rights, a taboo subject within Marsabit.

Encouraging women and youth to participate in decision-making at all levels, including family, community, and national levels through advocacy, training, and mentoring programs that build their leadership and decision-making skills.

Facilitate access to resources by Women and youth such as credit, land, and technology to contribute meaningfully to family livelihoods. An empowered woman/Mother will empower their daughters which will create an empowerment cycle.

Strengthen legal frameworks: Women's and youth rights should be protected by law, and legal frameworks should be strengthened to ensure that women/youth can access justice and redress when their rights are violated.

### RESULTS

**Establishment of a Platform for Family Discussions:** A platform has been successfully created where Fathers, Mothers, Sons, and Daughters in Marsabit freely engage in discussions about cultural issues surrounding Sexual and Reproductive Health and Rights. This initiative has broken down taboos, fostering open communication within families and the community. Participants report increased awareness and understanding, leading to improved SRHR practices.

**Empowerment through Decision-Making:** Women and youth in Marsabit have been actively encouraged and empowered to participate in decision-making processes at various levels—family, community, and national. Through advocacy, training, and mentoring programs, women and youth have developed strong leadership and decision-making skills. This has contributed to a more inclusive and representative decision-making landscape, ensuring diverse perspectives are considered in shaping community and national policies.

**Enhanced Access to Resources:** Facilitation of access to resources, including credit, land, and technology, has resulted in meaningful contributions by women and youth to family livelihoods. Empowered women, in turn, are creating a positive cycle of empowerment, influencing their daughters and fostering economic sustainability within families. This has led to improved socio-

economic conditions and increased self-reliance among women and youth in Marsabit.

**Strengthened Legal Frameworks:** Legal frameworks in Marsabit have been strengthened to protect the rights of women and youth. Comprehensive measures have been taken to ensure that legal provisions are in place, facilitating access to justice and redress in case of rights violations. This has created a more secure environment, empowering women and youth to assert their rights without fear of impunity.

## CONCLUSIONS

In conclusion, the project in Marsabit has successfully addressed critical aspects of Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR), empowerment, and socio-economic development. By breaking down cultural taboos, fostering inclusive decision-making, and enhancing

access to resources, the project has positively transformed the community. The ongoing success highlights the effectiveness of the interventions, emphasizing adaptability and the empowerment of women and youth. While challenges persist, the project's outcomes underscore the potential for replication in other regions, emphasizing the importance of context specific approaches for sustained positive impact.

## RECOMMENDATIONS

This project can be replicated successfully in other counties/places. However, the successful replication of the aforementioned interventions and the attainment of similar results in other counties hinge on diverse factors, including socio-cultural nuances, existing infrastructure, local leadership, and community engagement and establishing robust monitoring and evaluation mechanisms.

## MALE ENGAGEMENT TO INCREASE ACCESS TO FAMILY PLANNING IN TRANSNZOIA COUNTY

LEVIS OTONDI, KIROLE RUTO, PETER KAGWE, GLADYS GATHONI

Keywords: Male Engagement, Family Planning, Gender Equality, Reproductive Health, Community Advocacy

### BACKGROUND/SIGNIFICANCE

Our definition of male engagement draws on a categorization that was developed by Greene et al. (2006) and adopted by the Interagency Gender Working Group and includes the need to address gender norms. We define male engagement as:

The intentional inclusion and participation of men and boys in family planning programs as supportive partners, contraceptive users, and agents of change, with an emphasis on addressing gender norms and power differentials throughout the life-cycle.

To reach global goals related to women and girls' access to modern family planning (FP) and gender equality, evidence shows that it is critical to understand and account for the role of men and boys as users of reproductive health services, as partners for millions of women & girls around the world, and as advocates in their communities. FP2030's objective to ensure universal access to sexual and reproductive health services and rights by 2030, as laid out in Sustainable Development Goals 3 and 5 aims to ensure that no one is left behind.

TransNzoia County is fostering healthier communities with a particular focus on male engagement. As advocates for reproductive health, we recognize the pivotal role men play in shaping the family planning landscape.

### OBJECTIVES

To sensitize men in TransNzoia County about their crucial role as users of reproductive health services, partners in promoting family planning, and advocates for gender equality.

To dispel myths and misconceptions surrounding family planning through open dialogues and education sessions aimed at fostering a supportive environment for reproductive health discussions among men.

To assess the impact of male engagement efforts on family planning uptake and community advocacy through quarterly review meetings and participation in mobilization activities for FP integrated outreaches.

### METHODOLOGY/INTERVENTIONS

The county government in collaboration with TCI, County sensitized 115 men to understand and account for their role as users of reproductive health services, as partners for thousands of women & girls around the TransNzoia, and as advocates in their communities. These sessions aimed to demystify family planning, dispel myths, foster open dialogues around reproductive health, and gender equality. This was then followed by a series of quarterly review meetings to update and share best practices in engaging fellow men to promote FP uptake. They were also involved in mobilization for FP integrated outreaches and inreaches.

## RESULTS

Over 80% of the men have shared their concerns and misconceptions during our sensitization sessions. By addressing these directly, we've witnessed a transformation in perspectives. Men are now more open to understanding the benefits of family planning not just for their partners but for the overall well-being of their families.

"Understanding and supporting family planning is not just about women's health; it's about the well-being of our entire community. When men step up as partners and advocates, we create a healthier environment for our families and set a positive example for future generations." Male community leader.

"Before joining the program, I believed family planning was solely a woman's responsibility. Now, I see how vital my role is in this process. By actively participating and encouraging open discussions, I've realized that family planning benefits both my partner and me." Participant in the male engagement program

WRA accessing family planning service increased from 73% in Aug 2022 to 94% in July 2023

## CONCLUSIONS

Developing FP programs that target men and boys as people deserving of reproductive health services, as partners with women in building their families, and as social activists in their communities, will complement and strengthen existing FP programs as well as promote broader goals related to gender equality.

### Recommendations

- Increase outreach efforts to reach more men with reproductive health education.
- Develop tailored family planning services to address men's specific concerns and misconceptions.
- Incorporate male involvement components into existing family planning programs.
- Continuously monitor and evaluate the impact of male engagement initiatives.
- Emphasize men's role in promoting gender equality within families and communities.

## A MULTISECTORAL APPROACH TO ENHANCE HPV VACCINATION UPTAKE AMONG THE ADOLESCENT GIRLS IN UNDERSERVED RURAL AREAS OF KITUI COUNTY, KENYA."

**ZIPPORAH MBUTHIA**

**CO-AUTHORS: THERESIA MUKETHE, JESSE KIHUA.**

Catholic Medical Mission Board (CMMB)

Keywords: Human Papilloma Virus, girls, Kitui County, HPV Vaccine, Cervical Cancer.

## BACKGROUND/SIGNIFICANCE

Cervical cancer accounts for 13.1% of all new female cancers globally, affecting over one million women. Inadequate control strategies in low-income countries result in over 90% of deaths occurring. Human Papilloma Virus (HPV) is the leading cause, accounting for over 95% of cervical cancer. WHO recommends HPV vaccination in the early adolescent period as a primary prevention method against HPV types 16 and 18. In 2019, Kenya introduced the HPV vaccine for 10-14-year-old girls.

However, the uptake of the vaccine especially among children residing in hard-to-reach rural areas of Kitui county was suboptimal. Only (2,102 girls) 7.8% of the target had received HPV dose 2 in 2020 and (2,388 girls) 8.8% in 2021. CMMB sought to attend to the drivers of the low uptake through a multisectoral approach. To address the potential

barriers undermining vaccine uptake, CMMB attended to drivers of the low uptake through engagement of various stakeholders.

## OBJECTIVES

To address barriers to HPV vaccine access and utilization.

To enhance HPV vaccine uptake among girls aged 10-14 years.

## METHODOLOGY/INTERVENTIONS

Negative narratives on vaccine safety and effectiveness were countered through monthly media talk shows and sensitization meetings to bolster confidence in the vaccine. Vaccine access barriers contributed by long distances of travel to health facilities were addressed through School Vaccination Outreaches - provision of logistics

for HCWs to reach girls in schools within their catchments. Partnership was forged with the Ministry of Education and teachers engaged to sensitize parents and seek their consent for the girls to be vaccinated. Religious leaders, Cancer survivors and Community Health Promoters generate demand through debunking misconception and mobilization for vaccination.

## RESULTS

The coordinated effort showed improved vaccination uptake. As of February 2024, 31,874 girls had been vaccinated with HPV dose 2 reaching over 480 primary schools. The girls were also reached with health messages on abstinence and delayed sexual debut.

Graph showing vaccination before the

intervention-2021 and after the intervention. Data up to February 2024

## CONCLUSIONS

It is evident that continuous community engagement and a multisectoral approach should be employed to link young adolescents to promotive and preventive health services. Additionally, differential strategies should be employed to engage communities in addressing pockets of resistance.

The journey in eradication of cervical cancer begins with protecting our adolescents (90-70-90).

## RECOMMENDATIONS

There is need to engage multiple stakeholders to enhance HPV vaccine uptake.

## A MODEL OF COMMUNITY TRANSFORMATION- A CASE STUDY OF COMMUNITY SRHR ACADEMIES IN SIAYA COUNTY

**SHIRLEEN ADHIAMBO, HILLARY OMONDI, JOSEPHINE PAMELA, JOY SHANNICE**

Keywords: AGYW, SRHR, Community SRH Academies, Power Analysis Model

## BACKGROUND/SIGNIFICANCE

Inequalities limit the ability of AGYW's in and out of school to exploit their potential rendering them powerless. This exposes them to SGBV which suppress potential to realize social and economic rights and make informed decisions on SRH needs leading to multiple vulnerabilities that severely impact their well-being. Siaya recorded 21% teenage pregnancy and 24% GBV (KDHS 2022) which calls for the need to strengthen community-led innovations and best practices that positions AGYW at the center of co-creating and collectively leading the execution of solutions that address and respond to their SRHR needs. Through She Deserves Her Rights & Skills and Adolescent Girl Power Project, SIMUN involved AGYW's to establish and pilot 12 Community SRHR Academies - structures for accessing SRHR information, strengthen reporting and referrals of SGBV and challenge inequalities that exacerbate AGYW's vulnerabilities to access timely SRHR information and services in the rural parts of Siaya.

## OBJECTIVES

To enhance the ability of adolescent girls and young women to make healthier choices regarding their sexuality through gender sensitive SRHR information, education and skills.

To strengthen community led structures for access to comprehensive SRHR information for socially

and economically marginalized adolescent girls and young women in Siaya.

To increase community understanding of AYSRHR and mobilize their support to transform social norms hindering AGYW access to SRHR information, services and participation in SRHR spaces in the community.

## METHODOLOGY/INTERVENTIONS

Power Analysis Sessions targeting 400 AGYW: 5 tools to identify how power unfolds and limits the opportunities of AGYW's to access SRHR services and further perpetuates SGBV and help identify solutions to address the gaps. Community Intergenerational Dialogues: AGYW's with societal actors to mobilize support for access to SRHR while demystifying myths and identifying areas of convergence..

Training and Mentorship on gender-transformative SRHR information: Strengthening capacities and self-esteem to speak about their SRHR needs. SIMUN is growing the number of AGYW's mentors and SRHR advocates. Documentation of AGYW's impact stories: Publications of AGYW's stories and experiences on influence of SRHR academies.

## RESULTS

a. Improved self-esteem and power of 400 Adolescent Girls and Young Women to speak about their SRHR needs and challenge social norms

that contributes to inequalities in SRHR decision making.

b. Societal Actors including chiefs and religious leaders engaged in intergenerational dialogues committed their support and collaboration with SIMUN and Community SRHR academies to create an enabling environment for AGYW's access to SRHR information and services.

c. 25 adolescent girls and young women out of school SRHR advocates raised and supported to lead SRHR conversations and advocacy in the community SRHR academies while supporting reporting and referrals of SRHR related cases such as SGBV.

d. Lived stories of AGYW's and the impact of Wajibika Community SRHR academies documented for dissemination with stakeholders.

## CONCLUSIONS

The Wajibika Community SRHR academies have proven to be a locally led scalable model that

contributes significantly in building solutions with communities and strengthening sustainable opportunities to improve access to SRHR information & service to marginalized AGYW's at the grassroot level.

The Wajibika Community SRHR academies have contributed to increased information access and challenge of norms and therefore need to be strengthened and upscaled.

## RECOMMENDATIONS

Diversification of contents to handle intersecting issues relating to SRHR

Training on savings for transformation to improve young women and girls financial literacy and facilitate financial inclusion in the SRHR academies

Sponsorship programs for young women and girls in the SRHR community academies to acquire skills in different vocational training centers for job creation.

## COMMUNITY BASED NORMS SHIFTING AND NARRATIVE CHANGE INTERVENTIONS FOR AYSRHR. A CASE FOR THE WE LEAD PROJECT KILIFI

SOPHIE PWANI

Co Authors; Lucy Agong, Susan Lankisa

## BACKGROUND/SIGNIFICANCE

Globally the aspirations, priorities, and concerns of many adolescents and Young people with disabilities about their sexual and reproductive health continue to be disregarded by caregivers, family members, communities, and health service providers due to social norms and narratives which limit their sexuality, personal choices, and rights at different levels. These societal stigmas and cultural stereotypes have created barriers, preventing the fulfillment of the sexual and reproductive health and rights of adolescents and young people with disabilities. Additionally, adolescents and young people with disabilities are at a heightened risk of sexual abuse and exploitation due to the regressive norms and narratives in the society.

## OBJECTIVES

To put Adolescents and Young Women with Disabilities at the driver's seat of Advocating for their Sexual and Reproductive health and Rights and increase acknowledgement and support of Adolescents and Young Women with disabilities SRHR by the general public .

## METHODOLOGY/INTERVENTIONS

The project uses a four-outcome approach that entails right Holders Empowerment for them to take up spaces and speak for themselves in decision making spaces. Additionally, the project puts into consideration the mental strain of the regressive norms and provides psychosocial support through mental health training and access to a therapist. Movement building, through working with like minded organizations, media and community leaders to have progressive dialogues on the SRHR of young women with disabilities. Working and capacity strengthening Health care workers to offer dignified, respectful and inclusive services and advocating for inclusive development and implementation of policies.

## RESULTS

The empowered right holders; Young women with disabilities developed a memo highlighting the challenges they face while accessing SRH services and how the different departments at the county level can support in mainstreaming disability inclusion. The memo was then presented to Kilifi County policy makers who gave verbal commitments among them creating employment opportunities for persons with disabilities,

employing sign language interpreters in public offices.

Psychosocially, through the Art for Healing workshop, right holders were given a chance to create art pieces for healing and share their stories without judgment. The culmination of the workshop was narratives and collectively created art pieces that amplify young women living with disabilities experiences. Copies of the artwork, together with the narratives generated during the workshop were compiled into a book which will be used in awareness creation and advocacy.

Through movement building the Kilifi County Disability Network successfully advocated for the enactment of the Kilifi County Persons with Disabilities Act gazetted in 2023. Capacity strengthening health care workers on meaningfully including and serving young women with disabilities contributed to one facility in Kilifi South to develop a scorecard to capture feedback on their service delivery gaps to persons with disabilities at the facility.

## CONCLUSIONS

Shifting narratives requires all hands on deck and especially empowering the disadvantaged. Having empowered right holders bold enough to shift the norms and fight for inclusion and dignified treatment from the community is paramount before even having other players join in advocating for change.

## RECOMMENDATIONS

The project's outcomes underscore the significance of having a holistic approach in shifting community based norms with the right holders at the core of it all. The success of this project calls for continued empowering of right holders, public support, dignified & respectful care and inclusive policy development and implementation.

## RATING SRHR SERVICES TO IMPROVE SRHR UPTAKE AND ACCESS

### MARY MAINA

**Keywords:** Sio Bora Afya Ni Afya Bora.

### BACKGROUND/SIGNIFICANCE

Through Partnership with PATAPATA, NAYA KENYA undertakes a yearly performance review at Eastleigh Health Centre, employing a scorecard approach. This comprehensive evaluation scrutinizes the quality of services rendered, the accessibility and consumption of health commodities, the facilities condition, and the health care workers attitudes. Insights gleaned from the scorecards are pivotal in the quarterly strategy meetings attended by health care professionals and peer advocates from the Work Improvement Team. The discourse during these sessions is crucial for shaping a Quarterly Quality Improvement Plan that addresses specific needs. The ongoing assessment process has been instrumental in pinpointing areas that require enhancement, understanding the community's immediate needs and reinforcing the effectiveness of role playing in health-care delivery.

### OBJECTIVES

1. To identify and address areas of improvement within the facility's capabilities
2. To celebrate and recognise health care workers who demonstrate exemplary performance
3. To engage the community by sharing outcomes of future directions of the Quality Improvement Plan (QIP)

### METHODOLOGY/INTERVENTIONS

Conduct a comprehensive scorecard assessment annually in partnership with PATAPATA and NAYA KENYA at Eastleigh Health Centre.

Evaluate the quality of services, availability and use of health commodities, facility conditions and healthcare workers attitudes.

Discuss scorecard findings in quarterly meetings with healthcare workers and peer supporters from the Work Improvement Team to inform the development of the Quality Improvement Plan (QIP)

### RESULTS

- The scorecard evaluation has highlighted areas needing improvement within the facility's scope, pinpointing specific needs and potential enhancements.
- Health care workers who have shown outstanding performance have been acknowledged, fostering a culture of excellence and motivation.
- The community has been involved in identifying the problem in their immediate health center, providing possible solutions and engaging in the outcomes.

## CONCLUSIONS

Having scorecards is like an active suggestion box whereas QIP can help improve the quality of service offered to young people by giving them tailored needs and putting in place accountable healthcare workers.

## RECOMMENDATIONS

It is my recommendation that scorecards are integrated in all facilities and work improvement teams are set to improve the quality of care and service.

### THE ROLE OF RELIGIOUS LEADERS IN INFLUENCING FERTILITY BEHAVIOR FOR THE SUCCESSFUL ADOPTION OF FAMILY PLANNING AMONG YOUNG WOMEN; A CASE STUDY OF MANDERA COUNTY BY POPULATION SERVICES KENYA.

**A. Adhan<sup>1</sup> D. Kinyua<sup>1</sup> Dr Rotich<sup>1</sup> Dr Pahe<sup>1</sup> - Population Services Kenya<sup>1</sup>**

**Keywords:** Family Planning, Religious Leaders, Couple-Years of Protection (CYP), Healthcare providers

## BACKGROUND/SIGNIFICANCE

Uptake of FP is a cost-effective public health strategy that faces many challenges. Cultural and religious resistance to modern family planning accounts for one-third of method discontinuation and up to 40% of reasons for the non-use of FP in Kenya. In arid and semi-arid lands including Mandera, harsh climatic conditions also make it difficult to attract and retain healthcare workers, and communities struggle to reach health facilities for family planning services due to the vastness of the region. This paper explores how religious leaders can influence the adoption of Family planning services in their setups in such areas to better maternal and child health outcomes and help bridge the gap between healthcare providers. While the majority of the population is strongly influenced by Islamic religion, we postulated that religious leaders are influential in the communities and their endorsement can positively influence family planning decisions.

## OBJECTIVES

1. To Reduce unmet need for family planning by improving mCPR
2. To shift mindset on uptake of family planning and adoption.
3. To assess the impact of engaging religious leaders in community Family planning advocacy.

## METHODOLOGY/INTERVENTIONS.

PS Kenya through the DESIP program facilitated

open dialogues between religious leaders and healthcare providers to address misconceptions and concerns in family planning. Religious leaders were later trained on reproductive health, family planning, counseling, and addressing cultural and religious aspects related to FP and encouraged to incorporate family planning messages into sermons, community meetings, and religious teaching. Accurate information on family planning methods and their benefits was provided to assist in mobilizing community members for awareness campaigns and outreach programs. Healthcare facilities supported religious leaders for easy access to family planning services

## RESULTS.

The program achieved 102% CYPs of the targeted 6640 CYPs in year 1. Despite revising the targets in year 2, from 6640 to 10976, 10255 CYPs were achieved from a target of 10976 in Y2 with implants contributing half of the CYPs

## CONCLUSIONS.

Religious leaders' opinions can have a significant influence on individuals' reproductive decisions. Efforts are still needed to sensitize and mobilize them in family planning programs

## RECOMMENDATIONS.

Establish a task force or working group to coordinate efforts between religious leaders, healthcare providers, and government agencies and Provide a strategic curriculum to support the training of religious leaders on matters concerning health.



## **ZEROING IN ON NEW HIV INFECTIONS TEENPREGNANCIES AND SEXUALGENDER BASE VIOLENCE FOR ADOLESCENTYS AND YOUNG PEOPLE**

**DELMA CHIHENYO, PAULINE SHABAKI, PATIENCE MUTUNGA, LULU KATANA**

### **BACKGROUND**

In November 2022, the END TRIPPLE THREAT Campaign by the NATIONAL SYNDEMIC DISEASE CONTROL COUNCIL revealed a concerning trend: 52% of new infections were among adolescents and young adults aged 15-29. This spike is attributed to stigma surrounding HIV and sexual health services, which deters young people from seeking necessary information and support. Consequently, they face heightened risks of contracting HIV, experiencing sexual and gender-based violence, and becoming pregnant prematurely.

The nationwide campaign seeks to combat this TRIPPLE THREAT SYNDEMIC by fostering public awareness and education. In collaboration with the Ministry of Interior and other partners, the council aims to target the specific factors putting adolescents and young people at risk. By addressing these challenges head-on, they hope to curb the rise in new HIV infections and remove obstacles hindering progress towards the global and national goal of ending AIDS by 2030.

Through strategic partnerships and concerted efforts, the council aspires to eliminate the TRIPPLE THREAT SYNDEMIC altogether. This ambitious goal not only aligns with the broader aim of achieving Universal Health Coverage (UHC) but also prioritizes addressing the unmet sexual and reproductive health rights (SRHR) needs of adolescents and young adults. By focusing on prevention, education, and collaboration, the council aims to create a safer and healthier environment for the youth, ensuring they have access to the care and support necessary for their well-being.

### **OBJECTIVES**

To provide and understand insights into sexual health education needs, substance use and other risky behaviors.

To assess the impact HIV has and its effects in adolescents and young people both physically and emotionally.

To identify adolescents and young people friendly health services that respects their sexual reproductive health needs

### **CONCLUSION**

To understand risk factors to HIV infections in relation to adolescents and vulnerable risk of the TRIPPLE THREAT , and this leads to a health burden nationally increasing the new HIV rates sexual gender based violence a gap in sexual education and this has led to a lot of health inequalities

in order for us to zero in on the TRIPPLE THREAT and promote healthy practices and behavior change we need to educate and inform young people to fill in the gap on their unmet sexual reproductive health and HIV prevention needs by involving them in conversations and activities that add to their psychosocial growth leading us to achieve

### **RECOMMENDATIONS**

Mentor Chica Initiative to work in collaboration with other youth led and youth serving organization that work with adolescents and young people on peer education to disseminate sexual and reproductive health and HIV information in health care facilities and schools for better sexual reproductive health rights and HIV programming which will lead to advancing AYSRH un met needs.

We reached 50-100 adolescents and young people through focus group discussions where we got to educate the adolescents and young people about the various HIV preventive measures and how to keep safe. Through social media a good number of young people who use social media platforms such as TikTok where we actively engaged with them through live sessions in discussing sexual gender based violence and many shared their experiences.

### **RESULTS:**

We reached 50-100 adolescents and young people through focus group discussions where we got to educate the adolescents and young people about the various HIV preventive measures and how to keep safe. Through social media a good number of young people who use social media platforms such as TikTok where we actively engaged with them through live sessions in discussing sexual gender based violence and many shared their experiences.

## EMPOWERING ADOLESCENT AND YOUTHS

Brenda Oyiko

Background/Significance

In many communities, narratives surrounding Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR) often initiate stigma, misinformation, and barriers to accessing essential services. These norms result in gender inequalities, limit the discussion of sensitive topics, and hinder young people's autonomy in decision-making regarding their sexual and reproductive lives. Furthermore, traditional approaches to addressing AYSRHR issues have often overlooked the importance of community engagement and the need for contextually relevant interventions. As such, there is a growing recognition of the necessity for community-based initiatives that focus on norms shifting and narrative change to promote positive attitudes, behaviors, and outcomes among adolescents and youths.

### OBJECTIVES

To assess the effectiveness of community-based interventions in shifting harmful norms related to AYSRHR, including attitudes towards contraception, gender roles, and sexuality. To explore the impact of narrative change strategies, such as storytelling or media campaigns, on altering community perceptions and discourse surrounding AYSRHR issues.

To examine the role of community participation and engagement in the design, implementation, and evaluation of norms shifting interventions for AYSRHR. To identify key facilitators and barriers to the success of community-led initiatives aimed at promoting positive AYSRHR norms and behaviors.

To evaluate the sustainability and scalability of community-based interventions for AYSRHR, including their potential for long-term impact and replication in diverse settings. To contribute to the evidence base on effective strategies for addressing AYSRHR challenges through community mobilization and empowerment. To inform policy and programming efforts by providing insights into the effectiveness of community-based approaches in promoting AYSRHR rights and well-being among adolescents and youth.

### METHODOLOGY/INTERVENTIONS

This study was carried out using interviews where I conducted interviewers with key stakeholders, including adolescents, youth activists, health care providers and policy makers.

Also the use of focused group discussions on adolescents.

### RESULTS

In-depth Understanding. Through in-depth interviews and focus group discussions, an understanding of the prevailing norms and narratives surrounding AYSRHR within communities was gained. Participants shared their perspectives, experiences, and challenges related to sexuality, gender roles, and access to reproductive health services.

The focused group discussions highlighted various barriers to AYSRHR, including cultural taboos, stigma, and lack of accurate information. Participants discussed the influence of family, peers, and community leaders in shaping attitudes and behaviors related to sexual and reproductive health. Despite existing challenges, the research revealed presence of resilience and agency among adolescents and youth. Participants expressed a desire for comprehensive sexuality education, access to youth-friendly health services, and opportunities for meaningful participation in decision-making processes.

### CONCLUSIONS

Both studies underscored the importance of community engagement and participation in addressing AYSRHR challenges. Community-led initiatives that are involved stakeholders at all stages of the intervention process are more likely to be successful and sustainable. Let's unite and Empower adolescents and youth to make informed decisions about their sexual and reproductive health emerged as a key theme. Strategies that promote agency, autonomy, and meaningful participation in decision-making processes are essential for fostering positive AYSRHR outcomes.

### RECOMMENDATIONS

We should also invest in capacity building initiatives for community members, healthcare providers, educators, and policymakers to enhance their knowledge, skills, and attitudes related to AYSRHR. Provide training on effective communication, advocacy, leadership, and program management to empower individuals and organizations to drive positive change.



## YOUTH-LED SRHR IN KENYAN HUMANITARIAN SETTINGS: SRHR ACCESS AT DADAAB AND KAKUMA

VICTONE ONYANGO & MONICA ANYITH

**Keywords:** We Lead, SRHR (Sexual and Reproductive Health and Rights), Young women Affected by Displacement, Participatory Action Research (PAR), Refugee camps, Right holders, Advocacy, Community participation, Capacity building, Access to services, Marginalized groups, Humanitarian settings

### BACKGROUND/SIGNIFICANCE

A project like "We Lead" holds significant importance on multiple levels. Firstly, it directly addresses the often overlooked sexual and reproductive health and rights (SRHR) needs of marginalized groups, including young women with disabilities, those living with HIV, LBTI individuals, and those affected by displacement. By empowering these groups to lead and advocate for themselves, the project fosters a sense of agency and ownership over their own well-being, challenging traditional power dynamics.

Secondly, the project contributes to broader efforts in humanitarian and development sectors to prioritize inclusivity and diversity in programming. By engaging directly with affected communities and amplifying their voices, it ensures that interventions are tailored to their specific needs and realities, thereby enhancing effectiveness and sustainability.

Overall, "We Lead" not only improves SRHR outcomes for marginalized young women but also sets a precedent for more equitable and rights-based approaches within humanitarian and development initiatives.

### OBJECTIVES

#### Strengthening Right Holder-Led Groups

To empower young women affected by displacement in Dadaab and Kakuma to form and lead strong right holder groups, focusing on those representing young women with disabilities, young women living with HIV, young women who identify as LBTI, and young women affected by displacement.

To foster leadership skills and advocacy capabilities among these right holder groups, enabling them to effectively advocate for their sexual and reproductive health and rights (SRHR) within their communities and beyond.

#### Enhancing Access to Comprehensive, Inclusive SRHR Services

Engage services providers and other actors to ensure improved access to comprehensive, high-quality, and respectful SRHR information and services for young women affected by displacement in Dadaab and Kakuma refugee camps.

To address the systemic challenges hindering

SRHR access through targeted interventions and advocacy efforts led by the empowered right holder groups.

### METHODOLOGY/INTERVENTIONS

The We Lead project employs a Participatory Action Research approach to empower young women affected by displacement in Dadaab and Kakuma. This methodology ensures active community engagement, with right holders leading community scorecards on SRHR services and participating in decision-making processes. Capacity building with technical partners fosters co-creation between right holders and service providers, enhancing service accessibility and quality. Through an action-oriented approach, SRHR manuals are developed by right holders and utilized in youth-friendly service outreaches. Continuous reflection and adaptation, facilitated by outcome harvesting, enable stakeholders to assess contributions and changes in the lives of right holders and systems. By harnessing wisdom agency, the PAR approach drives meaningful SRHR change in refugee communities.

### RESULTS

"We Lead" project has yielded significant results

1. Empowered Right Holder Groups: Young women affected by displacement have emerged as empowered leaders and advocates for SRHR, initiating community scorecards and policy briefs to address SRHR availability and access. They have been integrated into community health teams, enhancing support for youth-friendly outreaches.

2. Improved Access to SRHR Services: The project has led to the development of SRHR manuals and adoption of innovative approaches such as USSD codes for accurate information dissemination. Community-led outreaches ensure access to correct information and strengthen facility referrals, while proactive measures like mobile clinics support expectant mothers in accessing essential care.

3. Sustainable Community-Led Initiatives: Capacity building efforts have catalyzed sustainable SRHR initiatives, including peer education programs and advocacy campaigns, ensuring lasting impact beyond the project's duration.

By leveraging the collective wisdom and agency of young women affected by displacement, "We Lead" has not only driven meaningful change in SRHR landscapes but has also laid the foundation for sustained progress towards SRHR equity in refugee communities.

## CONCLUSIONS

Young women, empowered through leadership and participation, have become catalysts for SRHR change. Project interventions have improved access and fostered sustainable initiatives. As it concludes, the project's legacy calls for ongoing empowerment, amplification of voices, and policy advocacy for displaced populations' SRHR needs.

## RECOMMENDATIONS

**Community:** Establish empowering systems for marginalized groups' voices and needs within camps.

**Governments:** Prioritize SRHR resource allocation, implement inclusive health policies, and involve marginalized groups in decision-making, taking consideration of regional legal frameworks that protects the right of the person affected by displacement.

**Partners:** Invest in capacity building for community organizations and support sustainable, research-based interventions led by local networks in refugee camps.

## COMMUNITY NORMS CHANGE FOR ADOLESCENT HEALTH AND RIGHTS

DORCAS NYASANI OMBASA, JOHN MIRERI, LVIS OCHIENG

### BACKGROUND/SIGNIFICANCE

In many societies, cultural norms often dictate the discourse surrounding Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR), shaping perceptions, behaviors, and access to services. Unfortunately, out-of-school adolescent girls frequently find themselves marginalized within these cultural frameworks. Despite being among the most vulnerable populations, they are often excluded from traditional SRHR programming due to various barriers, including societal stigma, lack of education, and limited access to healthcare services. This exclusion worsens their vulnerability, leaving them with unmet needs and inadequate support systems. Furthermore, the complexity of reaching out-of-school adolescents adds another layer of challenge to addressing their AYSRHR needs effectively. Thus, understanding and challenging these cultural norms are crucial for designing interventions that can effectively reach and support out-of-school adolescent girls in accessing comprehensive sexual and reproductive health services. The SHE SOARS project recognizes the pivotal role of community norms in shaping access to comprehensive SRHR services.

### OBJECTIVES

1. To understand and challenge cultural norms that perpetuate the exclusion of out-of-school adolescent girls from accessing comprehensive SRHR services.
2. To bridge the critical gap in traditional Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR) programming, particularly in addressing the needs of out-of-

school adolescent girls.

### METHODOLOGY/INTERVENTIONS

The SHE SOARS project employs a multi-layered approach, combining elements of community engagement, gender analysis, and empowerment strategies through: Conducting gender and power analyses to understand the dynamics influencing AYSRHR access; CARE's Social Analysis and Action (SAA) model, to facilitate critical reflection on harmful norms; Engaging male gatekeepers through the Engaging Men and Boys Approach to foster support for girls' autonomy and rights to SRHR services and Empowering adolescent girls to lead community-led actions aimed at challenging and transforming restrictive norms.

### RESULTS

Through the SHE SOARS intervention, positive shifts in community attitudes towards girls' decision-making and SRHR have been observed through: Increased support from male and female gatekeepers has created a conducive environment for girls to assert their rights to education, healthcare, and economic empowerment. These changes have contributed to greater autonomy and agency among adolescent girls, leading to improved access to comprehensive SRHR services.

There is a demonstrated reduction of adolescents' vulnerability and increased support systems that have enabled a space environment for girls to determine their own path in life while building greater community support for girl's rights to education, SRHR services, and economic empowerment. Boys and Men have embraced



positive masculinity and gender roles that support women to in joint parental care and responsibilities.

## CONCLUSIONS

The gradual liberalization of community norms regarding AYSRHR discussed in the abstract is a positive trend that should be supported. The SHE SOARS community initiatives demonstrate the transformative potential of challenging community norms surrounding AYSRHR. By fostering dialogue, reflection, and action within communities, SHE SOARS has contributed to empowering adolescent girls and breaking down barriers to SRHR access. However, sustained efforts are needed to ensure that these changes are lasting and inclusive.

## RECOMMENDATIONS

Ongoing monitoring of norms is important to ensure shifts are inclusive and promote the rights of all adolescents and youth regardless of personal characteristics like gender, sexuality or disability. Advocate for policy changes and resource allocation to support ongoing efforts to challenge harmful

norms and promote gender equality in AYSRHR programming.

## KEYWORDS

Community Norms: Shared beliefs, values, and behaviors within a community regarding sexual reproductive health practices, influenced by cultural, religious, and societal factors.

Sexual Reproductive Health (SRH): The physical, mental, and social well-being related to sexuality and reproduction, encompassing aspects such as contraception, family planning, STI prevention, and menstrual health.

Empowerment: The process of increasing adolescent girls' agency, confidence, and ability to make informed decisions about their sexual reproductive health and overall well-being.

Accessible SRH Services: Healthcare services that are affordable, geographically accessible, culturally sensitive, and tailored to meet the specific needs of adolescent girls



## **THEMATIC AREA 3:** **INTEGRATING AYSRHR AS PART OF THE DEVELOPMENT AGENDA**

## THE AFRICA WE WANT: IS AFRICA INVESTING ENOUGH IN ITS ADOLESCENTS?

Margaret Mwaila

**Keywords:** Adolescents, Agenda 2063, Africa, Sexual and Reproductive Health, Kenya, Ghana, Tanzania, DHS

### BACKGROUND/SIGNIFICANCE

One of the goals in Aspiration 6 of Agenda 2063 of the AU addresses empowerment and meaningful engagement of youth in Africa through opportunities for early childhood development, safe and secure environments, promotion of self-growth and access to health, education and jobs. Adolescent education, health and employment are important variables that contribute to the goals of science, technology and innovation-driven education and skills development as well as quality healthcare for all. The study includes some behavioral indicators on health and wellbeing of adolescents in Ghana, Kenya and Tanzania.

Adolescents and young people are an important demographic the world over requiring key socio-economic investments to build a valuable human capital. Adolescent Sexual Reproductive Health (ASRH) is at the core of young people's development. WHO defines Adolescents as young people aged 10-19. In Kenya, this cohort comprises a quarter of the total population, while in Tanzania they form 23.6% of the population and in Ghana 22%.

### OBJECTIVES

This study aims to investigate the status of adolescent health and wellbeing in the three countries. Specifically, the study looks at key variables, i.e. levels of education, access to SRH information and services, age at sexual debut, marital status, adolescent pregnancy, HIV/STIs knowledge, screening for breast and cervical cancers, use of alcohol and tobacco and employment. The study attempts to identify governments' prioritization of ASRH programmes and projects

### METHODOLOGY/INTERVENTIONS

This is a retrospective study using Demographic and Health Survey data from three countries, namely Kenya, Tanzania and Ghana. A search of all 51 countries in SSA to identify countries which conducted DHS in the recent past yielded the three countries which conducted their DHS in 2022. Datasets of the three countries were requested and analyzed for comparability on 10 variables. Using SPSS, descriptive and inferential statistics helped in drawing frequencies and proportions as well as building correlations. The sample size comprised

9,753 adolescents from Kenya, 4,265 from Ghana and 4,599 from Tanzania.

### RESULTS

Majority (70%) of adolescents sampled were from rural Kenya compared with 54% in Ghana and two-thirds (66%) in Tanzania. In the three countries, more girls reported attaining secondary school education compared to boys (56.2% in Tanzania, 75.8% in Ghana and 58.1% in Kenya). Adolescents generally felt they were in good health, with the highest reported being Kenya (88.8% /very good and good), followed by Ghana (83.8%) and Tanzania (78.5%). Two-thirds (66.5%) of adolescents in Tanzania have not had sex compared to 64.3% in Ghana and 64% in Kenya. Over 97% of boys and girls in Tanzania and 90% of boys in Kenya reported non-use of alcohol. Abstinence is highest (70%) among Tanzania adolescent boys. Screening for breast and cervical cancer among girls is negligible in the three countries. Most adolescents are not working.

Bivariate correlation analysis on education and working; wealth and education; and education and self-reported health status revealed the latter was not significant in Kenya and among females in Ghana. In all the countries education and wealth was very significant ( $pvalue=0.000$ ) with a moderate relationship reported among males in Tanzania ( $R^2=0.476$ ). Girls in Ghana reported an inverse relationship. Though significant, education and working had a weak negative relationship.

### CONCLUSIONS

Despite the job crisis faced by African adolescents, there is a need to continually invest in education as a catalyst for development. Africa must strive to achieve gender parity in education and most importantly, leverage on cutting edge research, technology, Science and innovation is paramount for competitiveness in the global labor market arena.

### RECOMMENDATIONS

Africa must deliberately invest in her adolescents for the achievement of its socio-economic transformation.



## USE OF TECH-FIXED MOBILE CLINIC TO ACCESS HEALTHCARE SERVICES AMONG TEEN MOTHERS, IN MARARIANTA COMMUNITY, NAROK COUNTY

Emmanuel Lekishon, Sharon Siamanta Marie Akoth Ochieng'

**Keywords:** Inclusivity, Mobile Clinic, Technology, Community Advocacy, Integration of community stakeholders

### BACKGROUND/SIGNIFICANCE

HealthReach is a healthcare initiative targeting rural communities in Mara Rianta and surrounding areas in Narok West, Kenya. Over three years, HealthReach plans to implement mobile clinics to enhance healthcare access, promote preventive measures, and reduce mortality rates related to preventable diseases. The program aims to reach pregnant mothers, children, people with disabilities, and adults to encourage behavior change in seeking healthcare and improve overall community health outcomes. Challenges in accessing essential health services due to climate variability and poor transportation routes have been identified, leading to the need for improved healthcare delivery. The initiative also addresses the shortage of medical professionals by partnering with organizations like Gertrude Hospital Foundation to provide telemedicine services for children in remote areas. Additionally, efforts are being made to enhance data retrieval through the Kenya health information system linked to Marariantia health facility.

### OBJECTIVES

1. To provide annual 15,500 comprehensive healthcare services including maternal care.
2. Reduce mobile transfers annually at MMC by 50% from 88 Medical Transfers as per 2023.
3. To improve access to healthcare services for 15,500 underserved community members in Marariantia and its environs.

### METHODOLOGY/INTERVENTIONS

We conducted community advocacy in Narok West, Marariantia by engaging the 100 pregnant mothers, children, people with disabilities 10-26 years in dialogues to share experiences, provide insights into the access of health care services and also on the policies that affect them directly. Advocate for psychosocial and socioeconomic support group systems to enable capacity building among themselves, and sensitization on family planning. Use of technology mobile clinics to develop inclusive integrated healthcare services where communities can be reached easily including telemedicine. Work together with CHP for community mobilization and patient follow ups. For sustainability there are small charges for the service.

### RESULTS

Adolescents reported that early teenage pregnancies generally lower the self-esteem of individuals resulting in mental health, risk of infant death, lowered health, unsafe abortion, traumatic fistula, gender-based violence, lower education achievement. Teenage pregnancy statistics indicate high rise not forgetting persons with disability whose data is not clear. With integration to other community stakeholder-based interventions, there's a gradual reduction in teenage pregnancies from 31% in 2018 to 15% in 2022.

1. Increased access to healthcare services for Mara Rianta communities, leading to improved health outcomes and better living conditions.
2. Reduction in maternal and child mortality rates through the provision of timely and quality healthcare services.
3. Enhanced Narok West and Transmara South community engagement and participation in healthcare delivery, leading to sustainability and long-term impact.
4. Strengthened health systems at the grassroots level through capacity building and training of community health volunteers.

### CONCLUSIONS

When communities are capacity built, sensitized and exposed to appropriate information about the results of healthcare services, it gives them the knowledge and attitude to make decisions about their own bodies and sexuality.

### RECOMMENDATIONS

Access to healthcare services in marginalized communities is a social problem not resolved in developing countries. The ignorance of sexual reproductive health rights education among teens, parents and community increases the early initiation of unplanned pregnancies, and the high probability of the cycle repeating once this child becomes a teen. However, stigmatization, lack of healthcare service access limits the teen mothers and kids to share their experiences and seek healthcare services. Checking into this, we are normalizing this conversation in safe spaces, mobile clinics, focal group discussions, with different stakeholders to bridge these gaps.

## **YAMBALA 4ME (WEAR 4, FOR ME) BEHAVIOURAL CHANGE CAMPAIGN EXTENDING HIV&AIDS, TB AND COVID-19 AND SAFETY INFORMATION AND SERVICES AMONG MOST-AT-RISK POPULATION IN UGANDA.**

**G. Tamale<sup>1</sup>, I. Murungi<sup>2</sup>**

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**Keywords:** *HIV & AIDS, STS, Youth, Tuberculosis, COVID-19, road & marine safety, workplace accidents*

### **BACKGROUND/SIGNIFICANCE**

COVID-19 exacerbated national health systems, requiring increased community involvement in combating health issues like HIV/AIDS, STIs, TB, malaria, and mental illnesses. In Uganda, a 2021 campaign called YAMBALA 4Me (Wear 4 or for me) aimed at risk reduction and behavioral change, particularly among youth, was designed by the Private sector constituency and supported by the Government, the Global Fund, and The AIDS Support Organization (TASO). The campaign aimed at;

- enhancing access to HIV & AIDS, STIs, COVID-19, GBV, tuberculosis, and road and industrial safety services for vulnerable populations, particularly young adolescents and youths,
- raising public awareness and participation in prevention of COVID-19, HIV & AIDS, STIs, TB, and road and workplace accidents,
- training the regional community, media, and business as Yambala4Me ambassadors and mobilizers with prevention information, and disseminated user-friendly messages and information on COVID-19, HIV & AIDS, STIs, Tuberculosis, and road traffic and workplace accidents

### **METHODOLOGY/INTERVENTIONS**

A community engagement approach through trained community ambassadors, social behavioral change communication, media engagements, a branded four vehicle van model with icon bearers giving information and messages, and community multi-disease testing and treatment services to vulnerable groups. Using a youthful appeal, focus was placed on four well-branded elements, i.e., condoms for HIV&STI prevention, masks for TB/ COVID-19, seatbelts and life jackets for road and water safety, and helmets for motorcycle and workplace injuries.

### **RESULTS**

Provided HIV, TB, and malaria testing services to over 2,980 most at-risk youths and young people. Reached over 22 million people with HIV, STIs, COVID-19, TB, and malaria testing services with information through trained 480 media personalities.

Capacitated 720 Community YAMBALA Ambassadors nationwide from communities of all walks of life were involved in disseminating 120,000 social behavioral change messages on HIV & AIDS, STIs, TB, COVID-19, road/marine, motorcycle, and workplace accidents and injuries.

Distributed 360,000 condoms, 2,500 masks, 3,000 motorcycle helmets, 800 industrial helmets, 1400 aprons, and 2,800 wristbands.

### **CONCLUSIONS**

Involving grassroots community leaders and communities in integrated disease surveillance and management yields results, as using a branded 4-vehicle van model with icons is appealing, especially among youth, to promote health-seeking behavior through edutainment.

### **RECOMMENDATIONS**

A community health need-based approach using local members has the potential to change local realities as it increases awareness of key risks, collective action, integration, and health in the community. Working at the community level allows for close and direct involvement with the Ministry of Health Promotion, local leaders, and most at-risk populations. This also enables us to work at different levels, make health information appealing, and interact with various members of the community.



## AN IMPERATIVE FOR SUSTAINABLE PROGRESS

Sebastian Santa Kagendo

### BACKGROUND:

Adolescent youth sexual reproductive health and rights (AYSRHR) are critical components of global development agendas, impacting individuals, communities, and societies at large. This abstract outlines the imperative of integrating AYSRHR into broader development frameworks to ensure sustainable progress and equitable outcomes for all.

In Kenya, about 9.2 million Kenyans are adolescents aged 10-19, constituting 1 out of every 4 in the population. Adolescents who face severe challenges in their lives and general well-being particularly in relation to their sexual and reproductive health (SRH). Poor SRH outcomes in adolescence have long-term adverse effects on health, wellness and productivity.

AYSHRH is firmly grounded in human rights principles, including the right to health, bodily autonomy, and non-discrimination. Integrating AYSRHR into the development agenda is essential for advancing gender equality and empowering young people, regardless of gender, to make informed decisions about their sexual and reproductive lives.

### OBJECTIVES:

1) The abstract aims to raise awareness of the importance of integrating adolescent youth sexual reproductive health and rights (AYSRHR) into the development agenda. By highlighting the significant impact of AYSRHR on individuals, communities, and societies, it seeks to emphasize the necessity of addressing these issues within broader development frameworks.

2) To advocate for the promotion of human rights, particularly the rights of adolescents to access comprehensive sexuality education, contraception, and healthcare services. The abstract underscores the importance of addressing gender disparities in access to sexual and reproductive health services and advancing gender equality within the context of AYSRHR.

### METHODOLOGY:

1. Implementation of Comprehensive sexuality education programs to offer accurate and
2. comprehensive information that assists in building skills for negotiating sexual behaviors and making informed decisions on sexual reproductive health.
3. Ensuring adolescent participation in key

decision making processes around policy, advocacy, budgeting, planning, research and implementation processes. By actively engaging young people in decision-making processes and program design, stakeholders can ensure that development initiatives are responsive to the needs and priorities of adolescents.

4. )Bridge the gap on unmet need for adolescent reproductive health services by ensuring access to youth friendly sexual reproductive health services.

### RESULTS:

The integration of adolescent youth sexual reproductive health and rights into the development agenda is driven by a combination of demographic, public health, human rights, gender equality, evidence-based, and youth-led advocacy factors. By prioritizing the sexual and reproductive health and rights of adolescents, policymakers and stakeholders can advance both individual well-being and sustainable development outcomes.

Empowering adolescents with accurate information and services enables them to fulfill their potential, contribute to their communities, and break the cycle of poverty. Addressing issues such as early and unintended pregnancies can reduce school dropout rates, improve maternal and child health outcomes, and drive economic growth.

### CONCLUSION:

Integrating AYSRHR into the development agenda is not only a moral imperative but also a strategic investment. By addressing the unique challenges faced by adolescents and empowering them with accurate information and services, the development initiatives can yield significant returns in terms of improved health outcomes and economic productivity.

### RECOMMENDATION:

1. Increase funding to adolescent SRH programs from government and development partners.
2. Inspire action and collaboration among policymakers, stakeholders, and youth-led organizations to prioritize AYSRHR within development initiatives. This encourages stakeholders to work together towards achieving sustainable progress in adolescent sexual and reproductive health and rights.

## STRENGTHENING THE INTEGRATION OF SAFE ABORTION SERVICES INTO ROUTINE REPRODUCTIVE HEALTH SERVICES - THE GHANA EXAMPLE

Ebenezer Antwi Amankwaah

**Keywords:** *Comprehensive Abortion Care, Contraceptive Prevalence Rate, Institutionalization, Life cycle approach, Maternal mortality rate, Sustainable Development Goals, Sexual Reproductive Health services, Universal Health Coverage (UHC), Value clarification*

### BACKGROUND/SIGNIFICANCE

Ghana's maternal mortality rate reduced from 760 in 1990 to 310 per 100,000 live births in 2017. Despite this, the mortality rate is still high and above the global average of 210 per 100,000. Ghana currently ranks 145 amongst 183 countries in the World Bank Global maternal mortality rate rankings with a lifetime risk of maternal death at 1 in 74 women. Although Ghana has made impressive gains, access to maternal health services is still limited, particularly for adolescents and the majority who live in urban slums and rural communities. There remains a sizable unmet need for family planning services and a low contraceptive prevalence rate. Although legally available, access to safe abortion services continues to be a challenge. These factors demonstrated the need for extensive and strategic policy and program efforts leading to the implementation of a Comprehensive Abortion Care Programme to reduce unwanted pregnancy and abortion-related maternal mortality.

### OBJECTIVES

- Coordinate and deploy the comprehensive abortion care package throughout the country.
- Establish and strengthen systems for training of comprehensive abortion service providers across all levels within all sectors.
- Institutionalize systems for stigma reduction and value clarification for communities, health facilities, and management teams.
- Establish and strengthen systems for institutionalization of CAC programming and supportive supervision of comprehensive abortion services across all levels.
- Establish and improve on timely recording and reporting of service data related to safe abortion, family planning, and post-abortion family planning care services.

### METHODOLOGY/INTERVENTIONS

A systematic and descriptive review of the implementation of the strengthening the institutionalization of safe abortion services in Ghana programme. The programme is implemented through continuous dialogue with stakeholders across multiple sectors, building

the capacity of service providers, infrastructure and equipment improvement and availability of health commodities, ensuring interventions and strategies are focused on integrating safe abortion services within the existing reproductive health service provision and as part of the Universal Health Coverage (UHC) agenda for Ghana.

### RESULTS

The programme implementation is expected to build an efficient system for the provision of SRH services with a significant focus on adolescents and young people, as an integral part of the health system, continuous availability of quality Sexual Reproductive Health services including safe abortion care nationwide, and equitable services designed to meet the unique needs of all categories of the Ghanaian population, using a life cycle approach. The capacities of the health system (both public and private), civil society organizations, and other relevant stakeholders will be strengthened in relation to the provision of sexual and reproductive health care information and services, particularly safe abortion care for all including adolescents and young people.

### Conclusions

A well-integrated CAC service within the existing wider sexual and reproductive health (SRH) at all levels of the healthcare system. The improvement in the SRH system, quality of care, and overall access to SRH services, including safe abortion services will contribute significantly toward progress and the achievement of SDGs.

### RECOMMENDATIONS

- Collaboration with partners to leverage and maximize resources, particularly for downstream activities.
- Regular and in-depth engagement of lower-level leadership such as district directors, medical superintendents, and district public health nurses is prudent to galvanize support and commitment.
- Regular monitoring, supportive supervision, and feedback at different levels are key for accountability.



## INTERSECTIONALITY OF AYSRHR.

Noel Akinyi Rombo

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**Keywords:** Adolescents, Youths, Sexual reproductive health rights, Marginalized Communities, well-being, comprehensive sexuality education, cultural norms, gender norms.

### BACKGROUND/SIGNIFICANCE:

Adolescents and Youth Sexual Reproductive Health Rights (AYSRHR) is essential for the good health and well-being of the young people in Kenya and beyond. Adolescents often face unique life challenges and vulnerabilities related to their sexual and reproductive health. Whereas Sexual Reproductive Health Rights (SRHR) is a fundamental right, many adolescents are deprived of these rights. Gender norms and inequalities often contribute to the challenges adolescents face in accessing SRHR services. Addressing these disparities requires an integrated approach of Adolescents and Youth Reproductive Health Rights with other development processes and agendas to ensure comprehensive and inclusive approaches that align with and address diverse needs and challenges faced by adolescents.

### OBJECTIVES

This study examines the level of integration of Adolescents and Youth Sexual Reproductive Health Rights (AYSRHR) into development agendas and to understand the intersectional factors influencing Adolescent and Youth Sexual Reproductive Health Rights (AYSRHR) outcomes.

### METHODOLOGY/INTERVENTIONS

This study entailed a mixed approach through document analysis of policy documents from government, non-governmental organizations, and the existing SRHR Projects to assess the level of integration of adolescents within broader development frameworks. This study adopts an intersectional lens to examine how the social identities of adolescents and youths intersect to shape SRHR outcomes.

### RESULTS

The study identified that National policy on sexuality education and implementation remains inconsistent and inadequate. It is also faced with a lot of criticism from quarters in the society that have not embraced AYSRHR rights. Enforcement of these policy frameworks remains weak with resistance from traditional quarters of the society to implementation of comprehensive sexuality education with the perception of this as a taboo topic.

Resource allocation for AYSRHR is often not

considered or prioritized and hence limited allocations in the national and County budgets only support sections of the SRHR with less focus on adolescents' priority needs. Existing interventions fall short of adequately addressing the complex needs of adolescents, particularly adolescents from multiple marginalized groups and communities.

Intersecting factors such as gender, socio-economic status, and cultural norms greatly influence the outcomes of AYSRHR. Traditional gender roles restrict girls with multiple vulnerabilities from accessing education and healthcare, increasing their exposure to unintended pregnancies and early marriage. Boys on the other side face pressure to conform to masculine ideas which affects their sexual behaviors.

### CONCLUSIONS

The findings of this study point to the need to integrate AYSRHR within the development agenda to address the diverse needs and rights of adolescents. Efforts should prioritize intersectional approaches that consider the complexities linking AYSRHR and SDGs. Policies and programming interventions need to be guided by contextually responsive and transformative right-based and inclusive frameworks within the broader context of sustainable development.

### RECOMMENDATIONS

Strengthen the multisectoral coordination of different stakeholders for the integration of AYSRHR within development programs and policies and address structural determinants that impede the realization of AYSRHR outcomes.

Engage adolescents in meaningful participation, decision-making, and policy discussions to ensure the influencing and representation of Adolescents and youths in the development agenda. Regular policy dialogues and periodic policy reviews backed by evidence-based and reflective policy dynamics in the sector.

National and County Governments to prioritize and allocate additional budget to AYSRHR with a more focus on multiple marginalized communities.

Development of integrated policies and restructured programs that recognize the integration of AYSRHR across sectors of gender equality, education, and poverty reduction and address the complex needs of adolescents.

## EVALUATING THE PREPAREDNESS OF HEALTH FACILITIES IN KENYA TO PROVIDE SAFE AND POST-ABORTION CARE (PAC): FINDINGS FROM A NATIONAL SURVEY

Esther Mutuku

### BACKGROUND/SIGNIFICANCE

Unsafe abortion continues to be a main global contributor of maternal morbidity and mortality with developing countries bearing the burden where 97% of abortions are unsafe. In Kenya, unsafe abortion claims the lives of 2600 women and girls yearly translating to 7 deaths daily. Article 26(4) provides for the right to abortion where, in opinion of a trained health professional, there is need for emergency treatment, or life or health of pregnant woman or girl is in danger. Additionally, a 2019 High Court ruling allows for abortion in instances of rape. While PAC is a critical emergency service, results from a 2019 study by Juma et al., pointed to severe gaps and weaknesses in delivery of PAC. This study aims to evaluate the capacity of health facilities in Kenyan to provide post-abortion care.

### OBJECTIVES

To evaluate the capacity of health facilities in Kenyan to provide post-abortion care

### METHODOLOGY/INTERVENTIONS

A nationwide quantitative cross-sectional survey was conducted using a structured questionnaire to collect data from gynecologists or senior health providers, knowledgeable on the provision of PAC within their health facilities. The sample of 750 facilities was randomly selected from a sample frame of over ten thousand facilities in Kenya. The survey captured several safe-abortion and post-abortion care related service indicators, including provision of PAC, SAC, PAC staff training, equipment, commodities, and supplies. Data analysis involved summarizing proportions of the different levels of health facilities with the capacity to provide either basic and/or comprehensive post-abortion care PAC.

### RESULTS

Of the 614 participating facilities, 24% were identified as capable of offering all essential components of basic post-abortion care services, while 8% were deemed ready to provide comprehensive post-abortion care services, according to Campbell et al.'s classification. Only 2 out of 3 level VI facilities, 5 out of 19 level V facilities, and 40 out of 407 Level IV facilities could offer comprehensive PAC services. Basic comprehensive PAC was offered by 16% of Level III facilities and 11% of Level II facilities, while 84% of Level III facilities and 89% of Level II facilities provided less than basic PAC services. None of the facilities at Level III or Level II were able to provide comprehensive PAC services. The primary reason given for the failure to offer comprehensive post-abortion care was the absence of necessary equipment and supplies.

### CONCLUSIONS

The findings highlight the limited capacity of health facilities to provide comprehensive and basic post-abortion care services, despite the legal provisions in place. Key constraints identified include a shortage of essential equipment and supplies.

### RECOMMENDATIONS

Governments and key stakeholders must prioritize increasing funding and allocation of resources to guarantee the availability of necessary equipment and supplies for post-abortion care services. Moreover, it is important to carry out community awareness campaigns to inform women and communities about the significance of obtaining timely and safe post-abortion care.



## KNOWLEDGE AND UTILIZATION OF FAMILY PLANNING AMONG CHILDREN OF PARENTS WHO INJECT DRUGS: A CASE STUDY OF KISAUNI METHADONE ASSISTED TREATMENT CLINIC

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Keywords: *Children of parents who inject drugs, family planning, knowledge and utilization*

### BACKGROUND/SIGNIFICANCE

Children of parents who inject drugs (CPWID) enrolled in the methadone assisted treatment (MAT) programme are a marginalized group. They are at higher risk of HIV, unplanned pregnancies and key population related behaviors. Engaging in transactional sex in exchange for food and money, use of illicit drugs characterized by high-risk sexual behaviors such as multiple sexual partners as well as engaging in unprotected sex in exchange for drugs and limited knowledge on sexual and reproductive health services such as family planning are significant risk factors for unplanned pregnancies. It is for this reason we sought to investigate knowledge and utilization of family planning among this population.

### OBJECTIVES

Investigate knowledge and utilization of family planning among children of parents who inject drugs.

### METHODOLOGY/INTERVENTIONS

This was part of a larger cross-sectional study that sought to document the vulnerability of girls of parents who inject drugs enrolled in the MAT programme at Kisauni MAT Clinic. Using convenience and snowball sampling we recruited 35 participants aged 10-24 years who were then enrolled in the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) programme. We documented knowledge and utilization of family planning.

## INTEGRATING ADOLESCENT AND YOUTH SEXUAL REPRODUCTIVE HEALTH AND RIGHTS INTO THE AFRICAN DEVELOPMENT AGENDA

Prudence Kanana

### BACKGROUND

Adolescents and youth in Africa constitute a significant proportion of the population, yet their sexual and reproductive health and rights (SRHR) are often neglected. The region faces a myriad of challenges, including high rates of teenage pregnancies, sexually transmitted infections (STIs), and limited access to contraception and comprehensive sexuality education. These issues

### RESULTS

Majority of the participants (71.4%) were not aware of any family planning methods. Injectable and pills were the commonly known family planning methods among the 28.6% participants who had knowledge of family planning methods. All those who reported they had knowledge of family planning methods were not currently using any family planning method and all the participants reported being sexually inactive. A larger percentage (91.4%) were not enrolled in any mentorship programmes that provided reproductive health services.

### CONCLUSIONS

Ignorance about family planning remains pervasive among CPWID. Additionally, specific policies and guidelines for providing sexual and reproductive health services for CPWID are lacking. Addressing these barriers can help provide accurate information about their risk of becoming pregnant and avoid the health and psychological problems associated with unplanned pregnancies.

### RECOMMENDATIONS

There is need for continuous health educational sessions to create awareness of the importance of family planning and the full range of contraceptive options to enhance pregnancy prevention in this high-risk group. More research is needed on sexual and reproductive health needs among this population to implement similar interventions.

are compounded by cultural stigmas, lack of awareness, and inadequate health services. The absence of youth-friendly policies and programs have resulted in a gap between the needs of adolescents and the services available to them. Addressing these gaps is crucial for fostering a healthier and more empowered young generation.

## OBJECTIVES

1. .Comprehensive Sexuality Education: To empower adolescents and youth with knowledge and skills to make informed decisions about their sexual and reproductive health.
2. Access to Youth-Friendly Services: To ensure adolescents and youth have access to contraception, STI/HIV prevention, and maternal health care.
3. Advocacy for Rights: To promote policies and programs that protect and uphold the sexual and reproductive rights of adolescents and youth, ensuring access to information and services without discrimination.

## METHODOLOGY

This study employed a mixed-methods approach, combining qualitative and quantitative data collection techniques. Primary data was collected through structured interviews and focus group discussions with adolescents, youth, healthcare providers, and policy-makers across several African countries. Secondary data analysis was conducted using reports from health agencies, NGOs, and government publications. The data was then analyzed to identify trends, challenges, and best practices in promoting adolescent and youth SRHR in Africa.

## RESULTS

The study found that comprehensive sexuality education is essential but lacking in many African countries. Adolescents and youth often lack accurate information about sexual and reproductive health, leading to high rates of teenage pregnancies and STIs. Access to youth-friendly services is limited, with many adolescents facing barriers such as stigma, cost, and lack of confidentiality. Additionally, policies and programs supporting SRHR are often outdated or not enforced, leading

to discrimination and coercion. Despite these challenges, successful initiatives in some regions demonstrated that culturally appropriate education and youth-friendly services could significantly improve SRHR outcomes for adolescents and youth.

## CONCLUSION

Integrating adolescent and youth SRHR into the African development agenda is critical for the continent's future. Addressing gaps in education, services, and policies can lead to healthier and more empowered young people.

## RECOMMENDATIONS

1. Strengthen Comprehensive Sexuality Education: Governments should invest in age-appropriate, culturally relevant sexuality education programs.
2. Expand Youth-Friendly Services: Healthcare systems should ensure accessible, confidential, and non-discriminatory services for adolescents and youth.
3. Advocate for SRHR Policies: Policymakers should create and enforce legislation that protects the sexual and reproductive rights of adolescents and youth.

## KEYWORDS

- Sexual and Reproductive Health and Rights (SRHR)
- Adolescents and Youth
- Comprehensive Sexuality Education
- Youth-Friendly Services
- Africa
- Teenage Pregnancy
- Sexually Transmitted Infections (STIs)
- Advocacy
- Policy Development
- Discrimination and Coercion

## UTILIZATION OF MOBILE MEDICAL OUTREACHES TO ENHANCE ACCESS TO QUALITY CONTRACEPTIVE UPTAKE AMONG YOUTHS IN HOMA BAY COUNTY, KENYA.

**Molly Ochar<sup>1</sup> Eddie Young<sup>2</sup> Charles Orora<sup>3</sup>**

Keywords: *Mobile medical outreach, youth, Homa Bay County, Reproductive health, healthcare access, WITs, QIT, Kenya.*

## BACKGROUND/SIGNIFICANCE

Mobile outreach services address inequities in access to family planning services and commodities in order to help the adolescents and youths meet their reproductive health needs.

Outreach models allow for flexible and strategic

deployment of resources, including health care providers, family planning commodities, supplies, equipment, vehicles, and infrastructure, to areas in greatest need at intervals that most effectively meet demand.

Almost half of teenagers residing in rural set-



ups of Homa Bay, have at least one child and are bagged with high poverty levels and low FP (Family Planning) uptake. This has since resulted in high rates of teen pregnancies, school dropouts, unsafe abortion, and psychological torture of adolescents and youths.

Use of mobile outreach clinics can, directly and indirectly, improve quality of care and health outcomes of adolescents and youths in marginalized areas.

### OBJECTIVES

To assess the effectiveness of utilizing medical outreaches to enhance access to quality contraceptive uptake among youths in Homa Bay County, Kenya

### METHODOLOGY/INTERVENTIONS

Utilization of County's Outreach Van to link health service providers and users to conduct specific activities to improve youth friendly health services in marginalized areas.

Through the Governor's mentorship program in institutions and DESIP Binti Shupavu program, the youth champions were trained on community dialogue methodology, basic FP technical information, Afrika online engagement through theatre plays, household visits.

Annual Organizational assessment using KQMH was done by County QI champions from January to April 2024 assessing adherence to standards and guidelines on evidence based medicine. Patient feedback solicited through exit interviews and Real-time feedback given to WITs for action.

### RESULTS

There's increased uptake of contraceptives, whereby a total of 5000 youths accessed contraceptive services through mobile outreaches, compared to 3000 in the previous year without mobile interventions.

High satisfaction levels were reported among youths through real time feedbacks with 85% expressing confidence in the quality of services received through the mobile outreaches. According to KDHS 2022 the adolescents (10-19) who received FP services in 2021 were 27,523 while total FP clients were 204,991 in 2022, however, the intervention led to increment of 10-19 who received FP services to 30,326 and Total FP clients were 132,708 in 2022

### CONCLUSIONS

Mobile outreaches help AYSRH programs to broaden the contraceptive method mix available. The DESIP strategy to work with youths has been successful due to accurate mapping and AYSRH implementation in marginalized areas. This increased contraceptives demand creation by reaching their peers and referrals to health facilities with youth friendly services.

### RECOMMENDATIONS

RH Programs should train healthcare providers on latest contraceptive methods, youth friendly service provision and other health services integration.

Integrate CQI activities in Mobile outreaches and AYSRH programs by leveraging technology for better outreach and follow-up.

Mentorship of youth champions on digital reporting platform to strengthen community engagements and education.

## FROM VISION TO ACTION: CHARTING A NEW COURSE IN KWALE COUNTY'S ACTION PLAN FOR AYP SRHR, TACKLING UNMET NEEDS WITH INNOVATIVE STRATEGIES

**Said Hamad Madzambo, Juma Mwakulola, Salim Kidzuga, Maureen Martin, Mishi Soza, Anzazi Zahoro, Mwanasha Salim, Mwanarusi Mwakusema, Elizabeth Akinyi**

**Keywords.** CIDP-County Integrated Development Plan, YACH-Youth Advisory Champions for Health

### BACKGROUND/SIGNIFICANCE.

Kwale County, situated along the coast of Kenya, presents a complex socio-cultural landscape where traditional norms intersect with modern influences. Despite efforts to improve healthcare infrastructure and services, AYP in Kwale County face persistently high rates of unintended pregnancies, sexually transmitted infections (STIs), and limited access to youth-friendly SRHR services. While the adoption of the Sexual and Gender-Based Violence Protection

Bill 2024 is a milestone, various factors such as political priorities, cultural and religious beliefs, ignorance, and systemic barriers hinder AYP from accessing SRHR services effectively.

### OBJECTIVES.

1. To enhance SRHR services accessibility for AYP by establishing youth-friendly facilities within Kwale County.

2. To develop a comprehensive County Action Plan for SRHR, integrated into the County Integrated Development Plan (CIDP), and supported by sustainable funding mechanisms.

#### **METHODOLOGY/INTERVENTIONS.**

Quantitative surveys, qualitative interviews, and community consultations were employed to comprehensively understand the SRHR needs and experiences of AYP in Kwale County. The establishment of Communities of Practice (CoP) facilitated information exchange and collaboration among stakeholders. Community engagement forums conducted by the Youth Advisory Champions for Health under Stawisha Pwani in Kwale provided insights into challenges and best practices related to SRHR.

#### **RESULTS.**

Analysis of collected data revealed significant disparities and challenges in SRHR access and outcomes for AYP in Kwale County. These challenges include insufficient knowledge about contraception, high prevalence of early pregnancies, stigma surrounding SRHR issues, and limited engagement of AYP in policy-making processes.

#### **CONCLUSIONS.**

Establishing a comprehensive SRHR Action Plan for AYP in Kwale County is crucial to uphold their rights and address their health needs effectively. By addressing the multifaceted challenges faced by AYP in accessing SRHR services and information, this action plan has the potential to empower young people, reduce health disparities, and contribute to the overall well-being and development of Kwale County.

#### **RECOMMENDATIONS.**

1. Develop and implement a comprehensive SRHR Action Plan tailored specifically for AYP in Kwale County, incorporating strategies such as comprehensive sexuality education, youth friendly healthcare services, community engagement initiatives, and policy advocacy efforts.
2. Foster collaboration among government agencies, non-governmental organizations, community leaders, and AYP to ensure the successful implementation of the action plan.

### **UTILIZING TECHNOLOGY TO ADDRESS HIV PREVENTION AND TREATMENT ADHERENCE IN DISTRICTS OF WEST NILE, IN UGANDA**

**Kayonga Hakim - Regional Youth Coordinator African Network of Network of SRHR Alliances**

#### **BACKGROUND**

In Uganda, HIV/AIDS remains a public health challenge with approximately 1.4million people living with it. This has sparked prevention and treatment adherence being critical components of the national response in the country.

My abstract presents the Strengthening Covid-19 Response (SCR) project implemented by SRHR Alliance Uganda, its Youth Advisory Committee and Reach A Hand Uganda. It utilized technology to enhance prevention efforts and improve treatment adherence among Young People in 3 districts of west Nile: Arua, Terego and Adjumani.

#### **DESCRIPTION**

This project happened between January and November 2022 in the three districts.

•It employed a multi-faceted approach leveraging various technological tools such as Airtel SMS reminders, Sauti Plus mobile application embedded with telemedicine services such as **Refill my ART** to reach people at risk of HIV and those already

living with the virus

•Partnerships were established between local health authorities, health centres, community-based organizations, and telecom companies to implement and evaluate the interventions.

#### **LESSONS LEARNED**

- Using technology for HIV prevention and treatment adherence in Uganda has shown promising results. The project's success can be attributed to the convenience offered by technology, particularly in reaching marginalized populations who face barriers to accessing traditional healthcare services.
- The use of **Sauti plus** application and **Airtel SMS** reminders provided continuous support and information, empowering youth, young people and other individuals to take control of their health and make informed decisions.
- Refill my ART telemedicine service bridged the geographical gap ensuring that individuals in remote areas had access to healthcare



professionals for counselling and treatment support.

- SMS reminders increased condom use by 30% among young people and facilitated a 25% increase in regular HIV testing.
- Sauti plus application was downloaded by over 10,000 individuals, with 79.8% reporting increased knowledge on HIV prevention methods.
- Treatment adherence rates among individuals using Refill my ART improved by 12.4% compared to those who received standard care.

## CONCLUSION

- This project demonstrated the effectiveness of using technology for HIV prevention and treatment adherence in Uganda.
- The integration of technology into the national HIV response can significantly enhance efforts to reduce new HIV infections and improve the 95-95-95 HIV clinical cascade health outcomes.
- Scaling up more of these interventions and ensuring equitable access to technology will also be crucial for achieving the U=U goal and an AIDS-free Uganda by 2030.

## UNLEASHING THE POWER OF YOUTH TO INCREASE PUBLIC SUPPORT FOR YOUNG PEOPLE'S SRHR; LESSON FROM RHRN 2 & STAND-UP PROJECTS.

Tracy Rita Achola

### BACKGROUND/SIGNIFICANCE

The Stand Up for SRHR project currently in year three of implementation is aimed to promote sexual and reproductive health and rights (SRHR) for marginalized and vulnerable right-holders, notably adolescent girls (15-19 years) and young women (20-24 years) in Uganda and Mozambique. The project is grounded in a progressive, comprehensive approach to SRHR and applies a three-pillar change strategy where CEHURD specifically contributes to Pillar 1 which promotes positive gender-and sexuality-related norms, raising individual and community awareness around SRHR to exercise meaningful decision-making and increased use of SRH. The target locations in Uganda include; Eastern region (Namayingo and Mayuge district) and West Nile region (Nebbi, district, Terego, Arua City and Madi Okollo as well as the two settlements of Imvepi and Rhino Camp.

### OBJECTIVES

- To increase the equitable use of SRH/SGBV services by diverse and marginalized groups of AGYW, including refugees.
- To improve the provision of quality, gender-responsive, inclusive, and accountable SRHR services and information for diverse groups of AGYW.
- To improve the effectiveness of key stakeholders to advocate for evidence-based, accountable and equitable SRHR policies, legal frameworks and services.

### METHODOLOGY/INTERVENTIONS

The peer to peer model is an active strategy that takes advantage of the impact and connection of peers in their communities to spread knowledge, encourage discussion, and encourage changes in behavior. This methodology facilitates the creation of a safe and accessible venue for talks on key themes, such as health education on SRHR, social challenges, or skill development, through peer educators who possess similar backgrounds, experiences, and language as their audience. Peer educators utilize interactive community sensitizations, dialogue meetings and mentorship to foster meaningful acquaintances that empower individuals to make informed decisions, and promote a sense of ownership over their personal SRHR decisions.

### RESULTS

- Improved understanding of SRHR concepts by young people at grassroots in rural communities
- Created a movement of communities that appreciate SRHR and advance social norm change at community level.
- Built alliances with the local leaders and stakeholders such as cultural and religious leaders to transform social and gender justice in communities.

### CONCLUSIONS

This method cultivates a supportive network that promotes resilience and positive transformation among young individuals starting from the

grassroots level, and guarantees that interventions are both relevant and successful.

## RECOMMENDATIONS

- To enhance youth participation in advancing SRHR
- To continuously mentor the youth

- To influence policy and legislative frameworks that support progressive realization of SRHR outcomes.
- To nurture a movement of young sexual reproductive health advocates at grassroots level for sustainable mobilization of resources and a representative voice of young people.

## AMPLIFYING THE ADOLESCENT & YOUNG PEOPLE SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS VOICES THROUGH 'SPACE YAKO' PODCAST IN KENYA.

**Veronica Wakarima, Rachel Mwiaki and Lindsey Evans**

**Keywords:** Adolescents and Young People, Adolescent and Young People Sexual and Reproductive & Health Rights, Sexual & Reproductive Health, Sexual and Reproductive & Health Rights, Space Yako Podcast

## BACKGROUND/SIGNIFICANCE

A podcast is among the strategies identified by adolescents and young people in Kenya as a conversation starter for safe and non-judgmental conversations on Sexual and Reproductive Health (SRH). The SRH needs of adolescents and young people are often overlooked despite their evident necessity. The prevailing stigma and cultural and gender barriers surrounding SRH are significant obstacles when providing adolescents and young people in Kenya with accurate information, appropriate healthcare services, and safe and confidential spaces for discussing SRH topics openly and without judgment. Insufficient access to accurate SRH information among adolescents and young people has been recognized as a primary catalyst for teenage pregnancies, new HIV infections, Gender-Based Violence, and other SRHR risks (Ministry of Health, 2022).

## OBJECTIVES

Wazzii program was co-created with and for adolescents and young people aged 18-24 years (but designed to target adolescents and young people aged 15-24 years) in Kenya to reach them with accurate and reliable information on sexual and reproductive health and improve their access to Sexual and Reproductive Health services. The purpose of the program was to assess the efficacy of the 'Space Yako' Podcast as a strategy for engaging Adolescents and Young People in a safe space, to educate and share conversations on love, relationships, and SRH in a safe and confidential way. The podcast episodes address the specific challenges and questions that are relevant to young people in rural and urban Kenya.

## METHODOLOGY/INTERVENTIONS

Adolescent girls, young women, adolescent boys, and young men from Migori and Nairobi Counties

were engaged by Girl Effect as Youth Advisory Panel members and Youth Creators from February 2023 till December 2023 and helped to co-create the Podcast. They told us why a Podcast would make sense for them, came up with its name and the design of how it should look and feel, and proposed topics that they would like discussed. To champion the conversations, 3 Young women from the two groups hosted the 'Space Yako' Podcast from November 2023 to December 2023. A total of 10 episodes on different topics were aired via Girl Effect social media channels specifically on YouTube, Instagram, Facebook and TikTok. Throughout the episodes, young people were invited as guest speakers to share their experiences and stories. We have hosted influencers and sector experts to help deep dive into selected topics which young people told us were important for them.

## RESULTS

A female-led podcast, co-created and hosted by 3 young people for young people, where they share their lived experiences and engage in Sexual & Reproductive Health conversations in a safe, fun, and educative way. The 'Space Yako' Podcast boasts of 10 episodes on a range of topics including, My First Time, Periods, Contraception, Dating, Sexual Health, Body Image & Self Esteem, Sex Education, Consent & Boundaries and Gender Roles. Overall, between November 2023 and January 2024, the Podcast has had 1,334,970 unique impressions on Facebook, 1,213,019 unique impressions on Instagram, 142,267 views on YouTube and 2,632 unique interactions on TikTok. 'My First Time' episode generated the highest views on YouTube with more than 73,000 unique views within two weeks of airing while the 'Dating, Sex and Relationships' episode generated more than 800,000 unique impressions both on Facebook and Instagram by end of January 2024. 'Space Yako' Podcast has shown us that podcasting



is not only an effective storytelling tool on AYSRHR but provides edutainment. Young People have told us that, through 'Space Yako' they are able to learn, get informed, connect with young people like them, share their thoughts without feeling judged, and are able to listen to it anywhere and at their own time.

## CONCLUSIONS

This youth-led podcast significantly made it easier for adolescents and young people to feel confident to learn, discuss and engage on sexual and

reproductive health topics affecting them without feeling judged.

## RECOMMENDATIONS

For greater reach and sustainable engagement with adolescents and young people on Sexual & Reproductive Health, it's important to involve them throughout the process from the design, implementation to monitoring & evaluation. Ensuring a safe space for them to express themselves without feeling judged.

## COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH EDUCATION TO AYPS STRATEGY TO REDUCE UNINTENDED PREGNANCY AND IMPROVE HIV MANAGEMENT, A CASE OF NYAMIRA COUNTY

**Floridah Abuga<sup>1</sup>, Barlin's Kanyango<sup>2</sup>**

<sup>1</sup>Department Of Health Nyamira 2Endiba Health Centre, 3USAID Nuru Ya Mtoto

## BACKGROUND

Adolescent and young people undergo growth and development, hence face many challenges including peer influence, sexual and reproductive health, HIV infection, mental health, alcohol and drug abuse, education, economic empowerment, poverty, poor retention, sexual and gender-based violence, all this makes them at risk of unintended pregnancies and new infections. Endiba health center, realized that, long term family planning method uptake was at 20%, short term method at 45%, condom use at 40%, emergency contraceptive use at 30%, teenage pregnancies at 40%, HIV testing at 25%, and 10% prep uptake. Because of this, the facility with support from Nuru Ya Mtoto, decided to identify approaches and solutions among AYPs to create for them a world where all youth people have the power to choose where, when, and how they meet their sexual reproductive health needs hence reduce unintended pregnancies and improve HIV management and care for better outcomes.

## OBJECTIVE

To ensure all young people enjoy their sexual reproductive health rights in productive, equal and healthy society

## METHODOLOGY

A cross-sectional study was conducted in January to December 2023, where 20 HIV positive and 30 HIV negative AYPs between the ages of 13-24 years participated, it engaged adolescent leaders as peer ambassadors, using social media and physical meetings to create awareness about sexual and reproductive health by implementing comprehensive sexual education, condom distribution, provision of family planning methods,

adolescents HIV testing campaigns in schools, adolescent events in communities, psychosocial support groups were formed, anti-stigma campaigns done, OTZ clubs activated, and assisted disclosure done

## RESULTS

Among 50 AYPs receiving information on sexual and reproductive health messages 80% were given long term family Planning methods, 15% took short term family planning methods, 90% took condoms, there was 5% use of emergency contraceptive pills, reduction of teenage pregnancies to 15%, among them 50% of the AYPs got tested for HIV, 29% started prep, 70% had behavioral changes, 90% joined psychosocial support groups, there was improved retention and 100% suppression for those who were on care.

## RECOMMENDATION

Implementing comprehensive sexual education and prioritizing adolescent and youth friendly sexual and reproductive health rights, helps in empowering young individuals in our communities to make informed decisions about their reproductive health and sexual life, essential for reducing unplanned pregnancies and improving HIV management.

## CONCLUSION

Comprehensive AYSRHR education is key, since adolescents and young people in their diversity have control of their lives and bodies, and can make decisions about their sexuality free from discrimination, coercion or violence. This includes whether, when and with whom to have sex, marry and have children, hence fostering a healthier and more empowered generation.

## PRIORITIES FOR ADVANCING ADOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (AYSRHR)

RUTH NAMNYAK

**Keywords:** Adolescent, Youth, Sexual and Reproductive Health, Rights, Grassroots Communities, Africa, Comprehensive Sexuality Education, Youth-Friendly Health Services, Contraception, Reproductive Rights, Advocacy, Community Empowerment.

### BACKGROUND/SIGNIFICANCE

In Africa, Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR) are critical issues marked by disparities in access to information, services, and rights, especially in grassroots communities. These disparities are compounded by socio-economic factors, cultural norms, and limited healthcare infrastructure. Adolescents and youth in grassroots areas often face barriers to accessing comprehensive sexuality education, youth-friendly health services, contraception, and reproductive rights. Addressing these challenges requires targeted interventions that empower communities, provide culturally sensitive support, and advocate for policy changes. Understanding the unique perspectives and needs of grassroots communities is essential for developing effective strategies to advance AYSRHR and promote the health and well-being of young people across the continent.

### OBJECTIVES

**Comprehensive Understanding:** Gain insight into the lived experiences, perceptions, and challenges surrounding Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR) within grassroots communities.

**Identification of Priorities:** Identify key priority areas for advancing AYSRHR in grassroots settings, including access to comprehensive sexuality education, youth-friendly health services, contraception, and reproductive rights.

**Examination of Influencing Factors:** Explore the sociocultural, economic, and political factors that impact AYSRHR outcomes in grassroots communities, elucidating the context for targeted interventions.

**Capacity Building:** Strengthen the capacity of grassroots communities to advocate for and address AYSRHR issues through tailored interventions, education, and skill-building initiatives.

**Collaborative Action:** Foster collaboration between local stakeholders, including community leaders, healthcare providers, educators, and policymakers, to develop and implement effective strategies for advancing AYSRHR in grassroots areas.

**Empowerment:** Empower adolescents and youth in grassroots communities to take ownership of their sexual and reproductive health by providing them with knowledge, resources, and support to make informed decisions and access essential services.

### METHODOLOGY/INTERVENTIONS

Utilizing mixed-methods research, qualitative data will be gathered through in-depth interviews and focus group discussions with stakeholders in grassroots communities. Quantitative data will be collected through surveys administered to adolescents and youth. Thematic analysis will be employed to analyze qualitative data, while descriptive and inferential statistical analyses will be conducted for quantitative data.

### RESULTS

Qualitative analysis revealed diverse perspectives on AYSRHR priorities and challenges in grassroots communities, emphasizing the importance of culturally sensitive interventions. Key themes included limited access to comprehensive sexuality education, stigma surrounding reproductive health issues, and barriers to youth-friendly health services. Quantitative data highlighted disparities in AYSRHR outcomes, with significant variations in knowledge levels, service utilization, and contraceptive access among adolescents and youth in grassroots areas. These findings underscore the urgency of targeted interventions to address systemic barriers and promote equitable access to AYSRHR services.

### CONCLUSIONS

The research underscores the critical importance of addressing Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR) challenges in grassroots communities. Through targeted interventions, collaborative partnerships, and community empowerment, sustainable improvements can be achieved, promoting the health and well-being of adolescents and youth across Africa.



## RECOMMENDATIONS

- Implement culturally sensitive comprehensive sexuality education.
- Establish youth-friendly health services.
- Increase contraceptive access and reproductive rights awareness.

- Build grassroots advocacy capacity.
- Foster collaboration between stakeholders.
- Empower adolescents and youth to take ownership of their sexual and reproductive health.

## UNLOCKING POTENTIAL: INTEGRATING AYSRHR FOR HEALTHIER FUTURES AND PROSPEROUS SOCIETIES

BRIAN ODHIAMBO OJUNG'A, MARYANN WAMBUGU

**Keywords:** *If we incorporate and prioritize AYSRHR into the development agendas, we will ensure societal well-being and economic growth.*

## BACKGROUND/SIGNIFICANCE

AYSRHR addresses a wide range of issues concerning young people, including access to SRHR information and education, healthcare services, contraception, and promotion of bodily autonomy. Recognizing and meeting these requirements is not only important for human rights and social justice, but also for enhancing health, preventing bad health decisions and supporting social and economic growth.

### Objectives

This abstract underlines the need and benefits of the integration of AYSRHR in the development agenda by looking at the implications of minimal prioritization of AYSRHR in the country according to the research done by Nairobi County adolescent health unit, NSDCC, CREA-Kenya and data from Kenya Health Information Systems.

## METHODOLOGY/INTERVENTIONS

The methodology examines and reviews data from Kenya Health Information Systems, NSDCC, CREA-Kenya, and the Nairobi County Adolescent Health Unit. Research undertaken between 2022 and 2023 gives fundamental insights into adolescent and youth sexual and reproductive health and rights (AYSRHR). Gender-based violence, teen pregnancies, and new HIV infections are all included in the statistical study.

## RESULTS

In 2023, Kenya recorded 22,155 new HIV infections. In Nairobi County, AYP represents 30% of new HIV infections, with 508 new infections reported daily compared to 178 in 2021. According to the UNAIDS 95'95'95 Targets, only 69% of AYPs tested between

10 and 14 years old are identified and receiving care, which falls short of the 95% criterion. According to Kenya Health Information Systems data, 110,821 pregnancies occurred among teenagers aged 10 to 19 in the first five months of 2023. The Centre for Rights Education and Awareness (CREAW-Kenya) reported approximately 3,762 incidences of gender-based violence in 2022, where 2,985 instances of GBV were reported by women, whereas 777 cases were filed by men. The data showed that the highest form of GBV was denial of resources including financial resources at 68.3%, followed by defilement at 7.9%, emotional abuse at 6.7%, rape at 5.7% and physical assault at 4.5%.

## CONCLUSIONS

The alarming statistics of rising HIV infections, teenage pregnancies, and gender-based violence underscore the urgent need to integrate AYSRHR into development agendas. Addressing these issues is not only a moral imperative but also a strategic investment in healthier, more prosperous societies. Prioritizing SRHR of AYPs paves way for healthier, more equitable, and prosperous societies for generations to come.

## RECOMMENDATIONS

Strong measures against gender-based violence, including severe sanctions, are essential. Prioritize comprehensive sexuality education to lower teen pregnancy and dropout rates. Ensure equitable access to youth-friendly reproductive health services to reduce unwanted pregnancies and HIV transmission. Recognize that investing in adolescent health is critical to economic growth and development.

## **“ YOUNG PEOPLE LEADING CHANGE: LESSONS FROM THE PROMISE II PROGRAM, SOUTH WESTERN UGANDA”**

**Matovu Quraish, Reproductive Health Uganda (RHU)**

### **BACKGROUND/SIGNIFICANCE**

The PROMISE/ UDECIDE II program is an ongoing four years program implemented in Hoima district in South western Uganda. It's implemented as a collaborative partnership between Reproductive Health Uganda(RHU) and Reach A Hand Uganda (RAHU) with financial and technical support from DFPA. The program puts young people at the center due to the fact that they constitute a significant percentage of the Ugandan population (78% under 30 years), they are vulnerable to SRHR challenges including teenage pregnancy (24%), High HIV prevalence (3.7%), Sexual Gender Based Violence (SGBV), Poor menstrual Health among others. The program focuses on developing engaging decision makers to make SRHR responsive policies and programs, empowerment of young people to make informed health choices through sexuality education and access to youth friendly services as well as strengthening civil society organizations and networks to advocate for SRHR in Hoima district and Uganda at large.

### **OBJECTIVES**

1.0 Duty bearers at national and sub-national level will have appreciated the urgent need and also act towards development or implementation of youth focused SRHR policies, laws, and guidelines specifically the School Health Policy, the Sexuality Education Framework for Out of school and the Adolescent Health Policy. Meaningful youth participation will be adhered to

2.0 Young people aged 10-24 are able to make informed life decisions about their SRH as well as able to hold duty bearers accountable to developing and implementing policies and programs which promote young people's SRHR

### **METHODOLOGY/INTERVENTIONS**

The program uses a mix of approaches to advance young people's SRHR including: (i)Peer Education; here where 60 young people were capacity built to disseminate SRHR information to fellow hard to reach young people as well as mobilize them to access SRHR services at 15 public health facilities. (ii) Youth-Led social accountability and advocacy: Here 36 young people were capacity built and supported to use a community score card to assess health facilities' adherence to the 3 principles of youth friendly service delivery including friendly physical environment, service providers and policies. (iii) School and Community Based Sexuality Education: These approaches are used to enhance access to quality

sexuality education information to the diverse groups of young people within the school communities (20 secondary schools) as well as those in the community who are specifically reached through youth groups. (iv) Collaboration with 15 public health facilities to deliver youth friendly services.

### **RESULTS**

**Key results:** For the past two years, the program:

- 60 young people have been recruited and capacity built as peer educators. These have been equipped with toolkits and also been facilitated to conduct SRHR information dissemination, sexuality education for out of school young people in their communities reaching 38,147 young people (35,306 reached with SRHR information and 2,841 completed 8 modules of sexuality education) and mobilization for SRHR service utilization.
- In collaboration with the Ministry of Education and sport, developed a sexuality education toolkit for lower secondary schools to guide in school sexuality education programs in 20 secondary schools
- 40 teachers from 20 secondary schools have been trained on delivering sexuality education
- All 15 public health facilities have designated special service days and hours for young people, designated and equipped spaces for youth (youth corners), nominated young people to health unit management committees, integrated peer educators within their Village Health Team structures among others.
- 144 health workers have been capacity built and mentored in Youth responsive service delivery, policies and guidelines consequently leading to improved knowledge and attitudes towards youth responsive service delivery
- Have enabled 69,047 young people to access SRHR services information and services.

### **CONCLUSIONS**

Centering young people in the PROMISE II program has highly contributed to attainment of the above-mentioned results. Through youth led social accountability and advocacy, they have influenced own inclusion in vast spaces such as health unit management committees, designation of spaces and service hours for young people, facilitated access and utilization of SRHR information and services as well as sexuality education.



## NOTES



## **THEMATIC AREA 4:** **GENDER EQUITY AND SOCIAL INCLUSION IN AYSRHR**

## TUJUANE TUJIAMINI- COMMUNITY CONSULTATION MAPPING INTERSECTIONAL STIGMA

**Laura Adema, Rivet Amico, Kevin Ouma, Lauren Harison.**

**Keywords:**Community centered consultation, mapping intersectional stigma, marginalized/key-population, community – academic partnership

### BACKGROUND/SIGNIFICANCE

Despite stigma's well-recognized impact on HIV prevention and treatment, community experiences of intersectional stigma are underexplored. LGBTQ+ members in Obunga, an informal settlement outside Kisumu Kenya, participated in adapted group concept mapping meetings organized by Tugutuke Jamii a community-based organization (CBO)- University Of Michigan partnership to explore stigma experiences, expand understanding of intersectional stigma, and generate recommendations for improvement. We considered stigma associated with sexual orientation, gender identity, poverty, sex work engagement, drug/alcohol use, living with HIV.

### OBJECTIVES

To develop a better understanding of intersectional stigma with and among the LGBTQ+ community and sexual & gender minority population residing in informal settlements within Kisumu Kenya.

### METHODOLOGY/INTERVENTIONS

A trained facilitator and CBO staff led consultations using a semi-structured facilitation guide to brainstorm and synthesize concept mapping. 5 Community Consultations were planned: 1 consultation with gay, bisexual or other men who have sex with men (GBMSM), 1 consultation with GBMSM who were involved in sex-work, 1 consultation with transgender men and women, 1 consultation with cisgender lesbian or bisexual women, and 1 consultation with individuals living with HIV. Results were recorded and thematically analyzed, generating a concept map of intersectional stigma.

### RESULTS

Between 17th-26th Nov '22, a total of 67 community members engaged in 1 of 5 community consultations; 12 gay, bisexual, or other men who have sex with men (GBMSM), 13 GBMSM sex workers, 13 lesbian

women, 15 transgender men and women, and 14 people living with HIV. Participants shared several overlapping stigmatized identities. Poverty and "slum"-residence amplified experiences of other stigmas and challenges in Sexual Reproductive Health, HIV prevention, and -treatment services. The findings mapped the causes (laws and policies, community ignorance, negative attitudes and beliefs fueled by norms and institutions) of stigma, ranging from public harassment to violence. Stigma related to poverty and residence limited one's sense of safety and acceptance at clinics, even those engaging LGBTQ+ individuals; general discrimination at clinical care sites was common across consultations. Group recommendations included; Expanding inclusive services from HIV-defined key populations to all community members; Including poverty stigma in sensitization efforts with service providers; and working to remove poverty-related barriers to accessing HIV prevention and -treatment services.

### CONCLUSIONS

Stigma related to gender identity, sexual orientation, and sex work exerted a unique influence on the mental health and well-being of LGBTQ+ members within Obunga. Stigma related to 'slum'-residence intersected with marginalized identities when interacting with service organizations outside Obunga. Community recommendations should be considered in developing policies and programs to remove stigma-related barriers.

### RECOMMENDATIONS

1. Expanding inclusive services from HIV-defined key population to all community members
2. Including poverty stigma in sensitization efforts with service providers
3. Increase advocacy to remove poverty-related barriers to accessing sexual reproductive health, HIV prevention, and treatment services.

## EFFECT OF PSYCHOSOCIAL SUPPORT ON ADOLESCENTS WHO HAVE UNDERGONE POST-ABORTION CARE IN RUIRU SUB-COUNTY, KIAMBU COUNTY, KENYA

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**Keywords:** Adolescent, Safe abortion, psychosocial support care

### BACKGROUND/SIGNIFICANCE

Adolescent girls are vulnerable to unsafe abortion due to their mental and intellectual development. The interpersonal and contextual influences that impact their sexual and behavioral health knowledge to access reproductive health services are critical (Schölmerich, 2016). Adolescents continue to report psychosocial needs before, during and after abortion care; culture and economy have created barriers to accessing safe abortion and necessitate the need for psychosocial support (Okonofua, et al 2006).

### OBJECTIVES

To determine the characteristics of adolescents seeking services, establish a psychosocial support package provided to the adolescents procuring abortion and determine the outcome of the psychosocial support given to the adolescents who are procuring abortion.

### METHODOLOGY/INTERVENTIONS

Descriptive design deployed both qualitative and quantitative research techniques. The first phase involved data collection through key informant interviews. The second phase involved data collection using a structured questionnaire that was administered to adolescent girls who had terminated pregnancy. The study participants: were 18-19-year-old adolescent girls who had procured abortion and the service providers who provide abortion services drawn from the 6 wards in Ruiru Sub-County. In-depth Interviews were conducted with adolescent girls while the FGD was with the service providers. Both the qualitative and quantitative results were analyzed.

### RESULTS

126 adolescent girls were interviewed, and 6 pharmacists participated in an FGD. 76% of girls learnt abortion and psychosocial support care services from a community health volunteer, 18% from friends, 3% from pharmacists, and 1% from school, internet, and guardian. 78% were aware of chemists as to where to get the services, 19% at private clinics, and 3% at government facilities.

In 2020-2021 Service providers reported increased services after referrals by community health volunteers. Clients narrated that the counselling provided through service providers, community health volunteers, and toll-free numbers assisted during 'traumatizing situations' before and after abortion.

### CONCLUSIONS

Community members to be sensitized on safe abortion to reduce stigma. Psychosocial support care is crucial to clients. More integrated service provision centers are to be established.

### RECOMMENDATIONS

1. Parents/caregivers and community members should be sensitized through the awareness creation on safe abortion process to address the stigma that exists.
2. There is a need for the creation of psychosocial support offices in each sub-county to ensure easy accessibility of the services.
3. More service provision centers should also be established within the sub-counties.

## HOW YOUNG WOMEN'S EXPERIENCE WITH HEALTH CARE PROVIDERS AFFECT THEIR ATTITUDES TOWARDS UPTAKE OF CONTRACEPTION IN KISUMU CITY, KENYA

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**Keywords:** Adolescent Girls and Young Women, Health Care Providers Attitudes, Contraceptive Uptake

### BACKGROUND/SIGNIFICANCE

Accessing sexual and reproductive rights (SRHR) services is particularly challenging for adolescent girls and young women (AGYW) unlike their male counterparts. This is due to the stigma around sexuality among girls making it hard for them to access SRHR services. Despite advancements in healthcare and access to contraceptives, the prevalence of early and unintended pregnancies among AGYW remains a pressing social and economic challenge in Kenya. According to the Kenya Demographic and Health Survey 2022 report, 9.2% of adolescent girls have had live births and 11.1% have been pregnant in Kisumu. Quality of care can influence contraceptive uptake among AGYW. Little research has been conducted on AGYW experiences with health care providers and how this affects their attitude towards uptake of contraceptives. This study sought to look into this.

### OBJECTIVE

To explore how young women's experiences with healthcare providers affects their attitudes towards contraception uptake in Kisumu County, Kenya.

### METHODOLOGY/INTERVENTIONS

The study was done under Future of Sexual and Reproductive Health Research which aims to equip AGYW to improve access to quality sexual and reproductive services for themselves and their peers through evidence-based solutions. 10 AGYWs between 18-24 years were recruited from Migosi. Selection ensured inclusion of diverse characteristics across age and marital status. Interviews were conducted by researchers in the hospital and community. Recruitment and interviews took three days. Anonymized post-

interview report forms with unique identifiers, were completed after each interview to allow for rapid analysis. Transcriptions were done and uploaded into Dedoose. Thematic analysis was done.

### RESULTS

Participants chose to use contraceptives for several reasons including, education, child spacing and prevention of pregnancy. Majority of the participants noted that the health care providers at the facility were always ready to help and jovial in their communication. They provided comprehensive counseling on the various available contraceptive methods, allowing them space to make decisions on which method they prefer and time for questions and consultations when need arises. Few mentioned that they had bad experiences with healthcare providers, especially when there were many clients to be attended to. They mentioned they were questioned on why they needed contraception at their young age making them uncomfortable and hence seeking services elsewhere. From their experience with healthcare providers with a positive attitude, they were motivated to visit the facility as their regular point of access for contraceptives and recommended the facility to their peers who need the information.

### CONCLUSIONS

The attitude of health care providers influences contraceptive uptake among AGYW

### RECOMMENDATIONS

Healthcare providers should be encouraged to offer youth friendly services to AGYW to increase their uptake of contraceptive services.

## BUILDING THE AGENCY OF ADOLESCENTS AND YOUNG PEOPLE (AYPS) THROUGH ANCHOR GROUPS FOR HEALTHY TRANSITION INTO ADULTHOOD.

Ms. Salima Mohammed, Ms. Faith Chesang

### BACKGROUND/SIGNIFICANCE

Agency for adolescents in relation to Sexual Reproductive Health and Rights (SRHR) includes the ability to make decisions; capacity to deal with difficult situations; freedom to interact with peers and others in the community; self-efficacy, self-esteem, attitudes toward sexual and gender-based violence, and gender roles and norms.

However Individual, Interpersonal, Community, and Structural vulnerabilities impact on adolescent Pregnancy and Childbearing. Other gender and social inequalities include child marriages, female genital mutilation. This affects the ability of AYPs to make decisions that affect their life including SRHR related decisions due to limited agency. Various programs and studies have shown that AYPs learn better and are willing to practice skills they obtain from their peers.

### OBJECTIVES

To provide a platform for engaging adolescents and young people through layering, sequencing and integration to address their sexual and reproductive health needs and rights.

### METHODOLOGY/INTERVENTIONS

Mercy Corps Kenya through the USAID Nawiri program implements the anchor group model that brings together 20 – 30 AYP in a group to build their personal, social and economic capabilities. Each group consists of members within the same age group and gender (10 – 14 (boys and girls); 15 – 19 (boys and girls); 20 – 24 (women) and 20 – 29(men)) which responds to their unique needs, vulnerabilities and aspirations. This encourages peer-to-peer learning and mutual support which enhances program effectiveness and is sustainable as it builds on social/economic capital. The group members identify a mentor who facilitates sessions with them. Through the anchor groups, the members are provided with information and skills across a range of topics building their resilience in different aspects.

### RESULTS

Group members have been taken through sessions and supported to build their resilience and ensuring that they are

1. Health and Well – Nourished: ensuring access to quality health, nutrition & ASRH information

and services; Adolescent nutrition & MIYCN knowledge and behaviors; Nutrition screening & referral; Access to safe water for domestic & productive use; WASH knowledge, practices & WASH products and Health insurance & social services

2. Productive and Stable: supported to participate in agribusiness - production, value addition and marketing; Entrepreneurship skills training; Self – and wage employment in service & trade sectors; VSLA and linkages to formal financial institutions and Division of labor for productive activities
3. Educated and Skilled: Ensuring access to formal education (enrolment, retention and transition); Life skills training; Basic literacy & numeracy and Vocational training
4. Empowered and Engaged: Building agency for personal and community decision making processes; Joint household planning & decision making; Shared responsibility for unpaid care and domestic work; Positive parenting and Participation in community-level decision making and activities
5. Safe and Inspire: Promoting safe and nurturing environment; Strengthen social network (family, friends & community); IPV and VAC awareness creation; Referral and linkages of GBV survivors.

In one quarter, this has resulted in 29,774 (F:20,997; M:8,777) adolescents received information and counseling on Sexual and reproductive health, 163 (F:163) were referred for Antenatal Care (ANC), 348 (F:237; M:111) for family planning (FP), 97 (F:97) for postnatal care (PNC) and 345 (F:159; M:186) for HIV counseling and testing. in addition, 1,129 (F:814; M:315) savings groups' pooled cumulative savings of KES 1,573,995 and the social welfare fund of KES 197,120 with inter loans totaling KES 289,530 disbursed to 59 (F:29; M:10) members to facilitate investment into livelihood diversification activities.

### CONCLUSIONS

Reaching adolescents with more than one service is crucial in addressing their resilience. SRH cannot be looked at as a stand-alone aspect of the lives of AYP but consideration also needs to be taken to ensure that there is an enabling environment that supports uptake of information and services.

## RECOMMENDATIONS

Enhancing partnerships with different organizations including those outside the health sector to provide diverse services so as to meet the needs of

adolescents and young people. This will build not only their health assets but also their social and economic assets resulting in the overall well-being of the communities.

### PRIORITIZING GENDER EQUITY AND SOCIAL INCLUSION IN ADVANCING AYSRHR

#### BIASHA OMAR JASHO

MSAMBWENI QUEENS SELF HELP GROUP

##### Keywords

AYP – Adolescent and Young People

AYSRHR - Adolescent and Youth Sexual and Reproductive Health and Rights

FP – Family Planning

PET – Participatory Education Theatre

SGBV – Sexual and Gender Based Violence

## BACKGROUND/SIGNIFICANCE

According to the Kwale county population project Kwale county is largely dominated by young people aged 24 and below which marked 57% of the total population. Young women and girls in the Coast region have long suffered economic and socio-cultural injustices. There are many causal factors, including oppressive cultural practices, sexual violence, strong religious beliefs, as well as illiteracy. Teenage pregnancy rate in Kwale Stands at 15% which requires urgent action. In Kwale, the unmet need for FP among married women is 24% and 35% of those sexually active take up FP services compared to 14% and 62% nationally respectively. Therefore, there is a need to create more equitable and inclusive reproductive health programs to address the inequalities and barriers that hinder access to comprehensive AYSRHR services, particularly concerning gender equity and social inclusion. This will ensure the well-being and empowerment of young people on AYSRHR

## OBJECTIVES

Address the social cultural inequalities and exclusion of women through building a strong young girls and women movement at the community level in order to increase demand for SRH services and champion for gender equality and social inclusion of young women and girls in Kwale County.

## METHODOLOGY/INTERVENTIONS

At the start of the project we mapped three youth and young women led clubs in Msambweni Sub County. The grassroots clubs are expert in grassroot mobilization and community sensitization through PETs. The network boasts a membership of 60 young women and girls aged

15-28 years. 45-members are trained on gender mainstreaming, peer education and advocacy for AYSRHR investment and enhancement of gender equity. 30-network members were trained on transformative feminist leadership to enable them to penetrate decision-making spaces. 2762-AYP from the community were reached with SRHR and gender equality information. 10-members have taken part in the county budget advocacy process.

## RESULTS

Building young women and girls' network has increased awareness on SRH and addressed cultural and religious barriers affecting uptake of FP services and participation of women in decision making. The network has gained pace and support from local leaders thus its involvement in enactment of Kwale SGBV prevention and protection ACT 2023 and development of Kwale County Meaningful Adolescents and Youth Engagement Framework. Further, young women and girls have gained space in the county and sub county technical working groups where decision making on investment and program implementation are made.

## CONCLUSIONS

Building grassroot movement of young women and girls enables collective advocacy action, provides opportunities to access information and learning. Further it provides a safe space for women to discuss issues affecting them thus being able to demand for gender equality and social inclusion.

## RECOMMENDATIONS

Young women and girls' network is an effective strategy in reaching their peers and challenging retrogressive cultural practices. There is a need

for community engagement, targeted campaigns, and establishing partnerships to bridge the gap. Integrating gender equity and social inclusion

principles into AYSRHR shall promote healthier outcomes, and foster social justice in Kwale County.

## **PROMOTING ACCESS TO QUALITY SRHR SERVICES FOR YOUTH WITH DISABILITIES THROUGH POPULATION LED MODEL: RIGHT HERE RIGHT NOW**

**Seif Jira**

**Co-Authors: Feisal Abdalla, Enos Opiyo, Georgina Obonyo**

**Keywords:** SRHR, PWDs, Forums, Sarah Movie, Puppetry, Healthcare workers, Youth advocates

### **Background/Significance**

The Dream Achievers Youth Organization, in collaboration with Nairobi, Mombasa, Kisumu county health departments and youth advocates, undertook an initiative to promote access to HIV/Sexual and Reproductive Health and Rights (SRHR) services for youth with disabilities. PWDs continue to face multi-layered challenges while accessing health services.

### **OBJECTIVES**

1. empower youth with disabilities to make informed decisions about their SRHR and raise awareness in the community regarding the challenges and barriers faced by persons with disabilities (PWDs) in accessing
2. To increase access to SRHR services by Youth with disability
3. Create public support among communities for PWDs

### **METHODOLOGY/INTERVENTIONS**

The Project was conducted through three key approaches: interactive forums, community-level outreaches using Puppetry and Movie dubbed Sarah. Forums were organized at health facilities, engaging youth with disabilities and their caregivers, while the outreaches utilized puppetry as a powerful model for community conversations. The Movie was screened at different events. Healthcare professionals and youth advocates facilitated the forums

The forums empowered PWDs to assert their SRHR and make informed decisions. By engaging healthcare workers and youth advocates, PWDs gained access to necessary services, breaking down barriers and reducing stigma surrounding SRHR.

### **RESULTS**

The project reached 771 PWDs : 402 female and 369 males received essential HIV/sexual and reproductive health services. Data collection involved qualitative and quantitative methods, with

a focus on gender-disaggregated data to ensure inclusivity

The findings demonstrated significant progress in achieving the project's objectives. The forums empowered youth with disabilities to assert their SRHR rights and make informed decisions regarding their sexual and reproductive health. By engaging with healthcare workers and youth advocates, the youth with disabilities gained access to necessary services, breaking down barriers and reducing stigma surrounding SRHR.

The puppetry-based outreaches proved highly effective in reaching the broader PWD community, creating awareness about SRHR issues and promoting inclusivity. The screening of the movie "Sarah" resonated deeply with the audience, sparking conversations on the challenges faced by PWDs in accessing healthcare services.

The puppetry-based outreaches proved highly effective in reaching the broader PWD community, creating awareness about SRHR issues and promoting inclusivity. The screening of the movie "Sarah" resonated deeply with the audience, sparking conversations on the challenges faced by PWDs in accessing healthcare services.

### **CONCLUSIONS**

The project's outcomes underscore the significance of prioritizing SRHR for PWDs. By empowering PWDs society can foster an inclusive healthcare environment that respects their rights and addresses their unique needs. The success of this project calls collaboration between stakeholders, including healthcare workers, youth advocates to ensure sustained access to SRHR

### **RECOMMENDATIONS**

The innovative approaches in this project, such as interactive forums, puppetry-based outreaches, and movie screenings, offer replicable models for promoting SRHR among PWDs. Policymakers and program implementers should take note of the project's results and implications to strengthen efforts towards a more inclusive and equitable healthcare system for all

## IMPACT OF INCLUSIVE AND CONFIDENTIAL SRHR SERVICES ON SRHR UPTAKE AMONG ADOLESCENTS AND YOUNG PEOPLE: A CASE STUDY OF KISAUNI DISPENSARY

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Keywords; *Diversity, Inclusivity, SRHR.*

### BACKGROUND/SIGNIFICANCE

Healthcare access encompasses multiple facets, including approachability, acceptability, availability, accommodation, affordability, and appropriateness. Navigating sexual and reproductive health rights (SRHR) can pose challenges for young people, including young people with disability (PWD), those living with HIV/AIDS, and sexual gender minorities<sup>1</sup>. Inclusively providing SRHR services encourages young people from diverse backgrounds to seek SRHR services without fear of stigma or discrimination<sup>2</sup>. Training healthcare providers to offer culturally sensitive care and implementing policies prioritizing all individuals' rights are essential in promoting inclusive SRHR services. By embracing diversity and fostering inclusivity in SRHR care, healthcare providers can empower young people to make informed decisions about their sexual and reproductive health, ultimately improving health outcomes and well-being.

### OBJECTIVES

To assess the impact of the provision of Inclusive and Confidential SRHR Services on SRHR Uptake Among Adolescents and Young People in Kisauni Dispensary.

### METHODOLOGY/INTERVENTIONS

The study was conducted at Kisauni Dispensary, Nyali Sub County, in Mombasa County – Kenya, in March 2024. Data was collected via 3 focused group discussions that brought together diverse groups of 25 adolescents and young people and two healthcare providers. The interview transcripts were coded and analyzed thematically using QDA Miner Lite software.

### RESULTS

The study established that adopting an inclusive

approach in the provision of SRHR information and services at Kisauni Dispensary increased the uptake of contraceptives, HIV testing, and STI screening services among adolescents and young people who visit the health facility. This is because it creates an environment within the facility where young people do not feel discriminated against, which is judgment-free, instilling confidence among adolescents and young people seeking these services. The facilities customized information and educational intervention initiatives that honor cultural, religious, and gender diversity, enhancing adolescents and young people's understanding of SRHR. Additionally, the provision of confidential and non-judgmental services has further encouraged engagement with SRHR services service providers, increasing the uptake of contraceptives, HIV testing, and STI screenings. This approach reflects a commitment to meeting the unique needs of diverse populations and has contributed to improved access to and utilization of SRHR services among adolescents and young people.

### CONCLUSIONS

Embracing diversity and inclusion in providing SRHR services for adolescents and young people increases access to quality SRHR information and services for those who need it the most, such as young PWDs, young people living with HIV, and gender-diverse groups of young people. This is, however, not possible until we are ready to challenge our deep-rooted cultural and societal beliefs.

### RECOMMENDATIONS

Establishing safe spaces is crucial for ensuring equitable access to sexual and reproductive health and rights (SRHR) services among adolescents and young people, including those with disabilities, living with HIV, and gender-diverse individuals.

## ARE ADOLESCENT BOYS LEFT BEHIND IN THE FIGHT AGAINST HIV/AIDS? REFLECTIONS FROM HOMABAY COUNTY

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Keywords: Human Immunodeficiency Virus (HIV), Sexual and Reproductive Health and Rights (SRHR), Gender-sensitive approaches, Adolescent boys and young men (ABYM), Community engagement processes, gender

equity and social inclusion

### BACKGROUND/SIGNIFICANCE

Human Immunodeficiency Virus (HIV) and the resultant Acquired Immuno-Deficiency Syndrome (AIDS) continues to be a persistent global health challenge especially in developing countries like Kenya, where Homabay County is leading with a prevalence rate of 19.6% against a national prevalence of 3.7%. Recent government statistics do not show a significant variation of prevalence by genders with prevalence at 1.0% (95% CI: 0.6%-1.4%) among girls and 0.9% (95% CI: 0.5%-1.4%) among boys. Despite the apparent small variations in the gender profile for HIV prevalence, many interventions to prevent heterosexual HIV transmission have been centered on females. Exceptionalism with HIV interventions targeting females has left adolescent boys and young men (ABYM) trailing behind, thus becoming a marginalized and underserved population that may grow into resentment and rage during their life course.

### OBJECTIVES

The overall objective was to assess the extent to which adolescent boys are involved in the Sexual and Reproductive Health and Rights (SRHR) initiatives in Homabay County, Kenya, with a specific focus on HIV/AIDS prevention and treatment efforts within the Health Care System.

### METHODOLOGY/INTERVENTIONS

This was a qualitative single arm embedded quality improvement health system trial. Adolescent males 11-17 years were purposely selected from the accessible population. Informed consent was obtained from all participants, and confidentiality maintained. Four FGDs were conducted, with 8-10 participants utilizing open-ended questions and detailed notes taken. Data was analyzed

thematically with triangulation of study findings with relevant stakeholders involved in SRHR initiatives to gain insights, ensure the relevance and applicability of the research findings. Quality assurance was by training of the research team, member checking, maintaining an audit trail, peer debriefing, researcher reflexivity and aiming for data saturation.

### RESULTS

The study revealed that adolescent boys and young men (ABYM) faced significant barriers to accessing comprehensive sexuality education and youth-friendly health services, which contributed to their limited involvement in reproductive health initiatives. ABYM when seeking reproductive health services commonly expressed concerns about stigma and discrimination. ABYM displayed clear ignorance of the steps to take in case of sexual assault as well as the stakeholders involved in such interventions in the County. ABYM expressed optimism in their desire for age-appropriate SRH knowledge through new and emerging technology like mobile phone games if they were supported with appropriate skill and resources. ABYM hailed Community engagement processes as being channels they could trust to discuss their issues.

### CONCLUSIONS

The findings underscored the importance of adopting gender-sensitive approaches in AYSRHR initiatives to address the specific needs of adolescent boys.

### RECOMMENDATIONS

Targeted Community engagement interventions are recommended to enhance the inclusion of adolescent in HIV/AIDS prevention efforts, emphasizing the necessity for policymakers and healthcare providers to prioritize gender equity

and social inclusion to drive policy change in SRHR programs in Homabay County, Kenya.

## **Empowering Minoritized Youth: A Path to Gender Equity and Social Inclusion through the Intersectional Community Scorecard.**

**Agnes Cavillah Namuwonge**

**Keywords:** Sexual and Reproductive Health and Rights - SRHR, Intersectional Community Score Card - ICSC

Accessibility, Acceptability, Affordability, and Quality - AAAQ

### **BACKGROUND:**

The Intersectional Community Score Card (ICSC) is a social accountability tool that aims to improve sexual and reproductive health and rights (SRHR) service delivery. MakeWay program utilizes the ICSC to promote engagement between vulnerable youth and service providers addressing issues such as discrimination based on gender, disability etc. The ICSC was implemented at two health facilities in Kampala, to enhance availability, accessibility, acceptability and quality(AAAQ) of SRH services.

### **OBJECTIVES:**

The objectives of ICSC processes are to address the SRHR needs and priorities of minoritized youth, improve the AAAQ of SRH services, and engage minoritized youth as the lead target group of all ICSC processes.

### **METHODOLOGY:**

The ICSC methodology involves a six-step process: 1) understanding the context, 2) rights awareness, 3) youth- service evaluation, 4) duty bearer self-assessment, 5) an interface meeting, and 6) subsequent action. Young people identified areas of focus, stakeholders, and potential risks. In addition, they received education on their sexual and reproductive health and rights (SRHR). Issues were prioritized through pairwise ranking, with duty bearers evaluating alongside youth. A joint meeting facilitated discussion and collective response, leading to the formation of a Joint Monitoring Committee to implement the action plan.

### **RESULTS:**

The utilization of the Intersectional Community Score Card (ICSC) at Kisugu Health Centre (III) and Hope Clinic Lukuli has resulted in notable improvements in the delivery of sexual and reproductive health (SRH) services for vulnerable youth. Hope Clinic has

successfully established a designated “Youth Day” as part of its efforts to promote youth healthcare. Kisugu Health Centre (III) restocked the youth corner with necessary SRH commodities such as family planning while Hope Clinic onboarded a youth representative to their health committee. The deployment of youth health workers with enhanced attitudes towards vulnerable youth has facilitated greater access to SRH services. Over 1,000 youths underwent HIV testing and counselling, about 600 females received family planning services, about 100 underwent cervical cancer screening. Two community outreach initiatives engaged over 500 youths, including over 50 youth with disabilities.

Condom dispenser locations have also been relocated to ensure privacy. Emergency contacts are now available to ensure that any concerns related to the services provided are promptly addressed. These successful outcomes underscore the efficacy of the ICSC strategy in elevating the AAAQ of SRH services for vulnerable youth within the community.

All these being realized in a period of two months of the ICSC implementation.

### **CONCLUSIONS:**

The ICSC offers crucial insights into the pivotal role of gender equity and social inclusion in advancing the SRHR of vulnerable young people. Its intersectional approach empowers youth-led advocacy, facilitates dialogue between duty-bearers and marginalized youth, and creates avenues for Civil Society Organizations to advocate for improved SRHR service delivery.

### **RECOMMENDATIONS:**

The suggested approach for the ICSC intervention involves embedding it within current health and education schemes with policy and financial backing. To guarantee the effective establishment and execution of SRHR programs, Civil Society Organizations should actively involve the ICSC in the process, utilizing its data for advocacy led by youth.

## Breaking Barriers: Promoting Gender Equity and Social Inclusion in Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR) in Africa\*

Wakesho Langali

### BACKGROUND/SIGNIFICANCE

Despite strides in Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR) initiatives, numerous marginalized youth and adolescents in Africa, especially those belonging to minority gender identities and socially excluded groups, still confront significant hurdles in accessing comprehensive sexual and reproductive health services. These challenges persist due to various factors, including cultural taboos, discrimination, inadequate healthcare infrastructure, and limited education on sexual and reproductive health. As a result, many young people are unable to make informed decisions about their reproductive health, leading to negative outcomes such as unintended pregnancies, sexually transmitted infections (STIs), and unsafe abortions. Therefore, addressing gender equity and social inclusion in AYSRHR is paramount to ensuring the holistic well-being and fulfillment of rights for all young people across the African continent, empowering them to lead healthy, fulfilling lives free from discrimination and stigma.

### OBJECTIVES

Identify the unique barriers that marginalized youth and adolescents face while accessing sexual and reproductive health services in Africa, with a focus on gender equity and social inclusion.

Explore innovative techniques and interventions for encouraging gender equity and social inclusion in AYSRHR among marginalized youth and adolescents.

Provide evidence-based recommendations to policymakers, healthcare providers, and civil society organizations to advance gender equity and social inclusion in Africa's AYSRHR efforts.

### METHODOLOGY/INTERVENTIONS

A mixed-methods approach will be utilized, involving qualitative interviews, focus group discussions, and quantitative surveys with marginalized youth and adolescents, as well as key stakeholders in AYSRHR, including policymakers, healthcare providers, and civil society representatives. Sampling will prioritize individuals from minority gender identities and socially excluded groups across urban and rural areas in multiple African countries. Thematic analysis will be conducted to identify key themes and patterns in qualitative data, while quantitative

data will be analyzed using descriptive statistics.

### RESULTS

Firstly, through qualitative interviews, focus group discussions, and quantitative surveys, unique barriers faced by marginalized youth and adolescents in accessing sexual and reproductive health services will be identified. These barriers may include cultural stigmas, economic disparities, lack of education, and discriminatory practices within healthcare systems.

Secondly, the research will explore innovative techniques and interventions aimed at encouraging gender equity and social inclusion in AYSRHR among marginalized youth and adolescents. These may include community-based education programs, peer support networks, and targeted outreach initiatives tailored to the specific needs of diverse populations.

Lastly, evidence-based recommendations will be provided to policymakers, healthcare providers, and civil society organizations to advance gender equity and social inclusion in AYSRHR efforts across Africa. These recommendations may involve policy reforms, capacity-building for healthcare professionals, and advocacy for inclusive healthcare policies and practices.

Overall, the research aims to generate insights that can inform more inclusive and effective approaches to AYSRHR in Africa, ultimately improving the well-being and rights of all young people on the continent.

### CONCLUSIONS

In conclusion, addressing gender equity and social inclusion in Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR) in Africa is imperative. Through a mixed-methods approach, this research identifies barriers, explores interventions, and provides evidence-based recommendations to ensure holistic well-being and rights for marginalized youth and adolescents continent-wide.

### RECOMMENDATIONS

Implement culturally sensitive and inclusive sexual and reproductive health education programs targeting marginalized youth.

Strengthen healthcare infrastructure and service delivery to ensure accessibility and affordability of AYSRHR services for all adolescents and youth.

Enact policies and laws that protect the rights and promote the well-being of marginalized groups in accessing sexual and reproductive health services.

#### KEYWORDS

Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR): Refers to the rights of adolescents and youth to access comprehensive sexual and reproductive health services, including information, education, and healthcare, while ensuring their rights and well-being in matters relating to sexuality and reproduction.

Gender equity: The principle of fairness and justice in the distribution of resources, opportunities, and responsibilities between genders, aiming to address and eliminate disparities and discrimination based on gender.

Social inclusion: The process of ensuring that all individuals, regardless of their background or identity, have equal access to opportunities, resources, and participation in society, fostering a sense of belonging and acceptance.

Marginalized youth: Refers to young people who are disadvantaged or excluded from mainstream society due to various factors such as poverty, discrimination, or social stigma.

Barriers: Obstacles or challenges that hinder or prevent marginalized youth and adolescents from accessing sexual and reproductive health services, including cultural, economic, and systemic factors.

Innovative techniques and interventions: New or creative approaches and strategies aimed at addressing the challenges and barriers to gender equity and social inclusion in AYSRHR, including community-based programs, peer support networks, and targeted outreach initiatives.

Evidence-based recommendations: Suggestions or proposals for actions and policies derived from empirical research and data analysis, aimed at promoting gender equity and social inclusion in AYSRHR efforts in Africa, grounded in scientific evidence and best practices.

Holistic well-being: Refers to the overall health and wellness of individuals, encompassing physical, mental, emotional, and social aspects, and emphasizing the importance of addressing all dimensions of well-being for marginalized youth and adolescents.

Policy reforms: Changes or amendments to existing policies and regulations aimed at improving the legal and institutional framework governing AYSRHR services and promoting gender equity and social inclusion.

Capacity-building: Activities aimed at enhancing the knowledge, skills, and capabilities of healthcare professionals, policymakers, and civil society organizations involved in AYSRHR efforts, to better address the needs of marginalized youth and adolescents.

### THE INFLUENCE OF WOMEN EMPOWERMENT TO REPRODUCTIVE HEALTH AND RIGHTS AND GENDER BASED VIOLENCE IN KENYA.

**Wabwire S. T Mburu.M Patrick. J**

**Keywords:** Gender, Reproductive, Empowerment

#### BACKGROUND/SIGNIFICANCE

Gender-Based Violence (GBV) is a pervasive human rights violation that affects millions of women and girls globally, cutting across all social, economic, and cultural backgrounds. It can be in form of physical, sexual, psychological or economic violence (Duncan, 2022). It's essential to challenge harmful gender norms and promote gender equality to prevent and eliminate GBV effectively (Desai & Mandal, 2018). Reproductive health encompasses the physical, mental, and social well-being related to reproductive processes, systems, and functions. It includes access to reproductive healthcare services, family planning, maternal and child health and prevention and treatment of sexually transmitted infections (STIs) (Lutkiewicz et al., 2023). Women's empowerment involves enabling women to have control over their lives, making choices, and exercising power to participate fully in

social, economic, and political spheres (Hill, 2003). Key components of women's empowerment include access to education, economic opportunities, political participation, healthcare services and decision-making processes. Empowerment also involves challenging discriminatory practices and attitudes that perpetuate gender inequality (World Health Organization, 2017).

#### OBJECTIVES

To assess the influence of Empowerment in prevention of Gender based Violence and Reproductive health decision Making

#### METHODOLOGY

This is a further analysis of the Kenya Demographic Health Survey (KDHS) 2022 results on women

empowerment in relation to age and level of education in relation to Reproductive health and rights and Gender Based Violence.

## RESULTS

The recent Kenya Demographic Health Survey found Bungoma (62%), Muranga and Homabay (54%), Migori (51%) and Samburu counties (48%) to have high proportion of Physical violence a form of GBV in Kenya compared to the National average (34%). Sexual Violence was more among women 13% than Men 7%, commonly on women age group 40-49 (18%) and age group 20-29 (8%) among Men. Most women justify wife beating compared to men, women agree that they should be beaten when they leave food to get burned (Women 6%: Men 4%), when a woman argues with a man (Women 18 %: Men 15%), when a woman goes out without telling him (Women 14%: Men 12 %), A woman neglects children (Women 24%: Men 18%) and when a woman refuses sexual intercourse (Women 13%: Men 7%), (KDHS,2022).

The percentage of women who make their own informed decision about sexual relations, contraceptive use and reproductive health care are as follows; a high percentage is among women aged 25 to 49 years (25 to 29-35%:30 to 34-35%:35 to 39-34%:40 to 44-35% and 45 to 49-36%, compared to those below 25 years (15 to 19-26%, 20 to 24-30%) ; Women who make general informed decisions are more among those with more than secondary Education (43%) compared to those with no education (16%).

On general women empowerment, the KDHS reported that 98% of men compared to 69% of women (age 20-49) were in employment. On women's control over their earnings; 55% had control of total earnings, 40% jointly with partner and 4% had their partners controlling their earnings. On ownership of assets 38% of women own houses either alone or jointly with husband. Eighty six percent of women make decisions of their health, 78% of Major household purchases, 82% make decisions to visit relatives or friends while 66% make all the three decisions (KDHS, 2022).

## CONCLUSIONS

Women who are empowered are able to make informed choices in reproductive health specifically on sexual relations, contraceptive use and reproductive care, they are able to avoid and remove themselves from situations that involve Gender based abuse. Empowerment is majorly influenced by age, education level, Social and economic status.

## RECOMMENDATIONS

1. Comprehensive Gender Education
2. Equal Access to Education
3. Elimination of Gender-Based Violence
4. Economic Empowerment
5. Promotion of Gender-Responsive Policies, Engaging Men and Boys as Allies

## INVESTMENT OF SRHR BUSINESS CASE IN THE PRIVATE SECTOR; SUGAR PROCESSING COMPANIES, DEVELOPMENT AND TREATMENT AUTHORITIES IN WESTERN KENYA.

**Boit Brenda, Stephen Obiro - Advocacy Programs Manager,(RHNK)**

**Head of Advocacy, Consulting & Partnership (FKE)**

### BACKGROUND/SIGNIFICANCE

Kenya has kept the leading economic position in the East African region with the gross domestic product of 98.84 billion US dollars in 2020 according to World Bank in 2021. It has 47% of the labor market including 22.1% food services, 14.5% manufacturing & 16.4% of any other labor services according to [2019 labor market information](#). Gender distribution among persons in the labor market consists of 76.5% male and 23.5% female respectively with majority of the women aged under 28 years.

The government of Kenya under Social Pillar of Vision 2030, envisioned having “Enhanced Equity and Wealth Creation Opportunities for the Poor”. This commitment requires collaborations and partnerships from state and nonstate actors for

stronger and safer working places for women and vulnerable persons at the workplace.

Workplace policies and leadership understanding on SRHR[[iii](#)], SGBV[[iv](#)], Grievance reporting, documentation and path for justice are of significant impact in creating safer workplaces with high staff satisfaction, retention and high production and profits.

### OBJECTIVES

1. To support by 2025, National decision makers as well as local companies to give high priority to SRHR and gender equality through strengthened relevant policies, structures and processes - and increased funding to ensure their enforcement.

2. To support by 2025, having an empowered, productive and more competitive private sector where employers and workers promote, respect and enable workers to access and exercise their rights to decent work, gender equality and sexual and reproductive health rights.
3. To enhance organizational capacity and activities to adjust strategies, practices, systems and procedures in the implementation of the Sexual Reproductive Health Rights and Gender Equality at the workplace.

### **METHODOLOGY/INTERVENTIONS**

The DFPA private sector project adopted a top down approach for creating leadership buy-in to workplace SRHR business case, company project acceptance and sustainability. Secondly, selection of project Site-Companies was done based on Denmark Embassy Business investment strategy and local companies registered with FKE with an average 900 staff. Senior management including the HR department were trained for increasing their knowledge and linkage to their roles in influencing policy reforms, development and implementation for creation of a safe workplace for ALL. The project also mapped and trained [v]OSH, welfare and disciplinary committees and establishment of SRHR committee (=OSH, HR, Champion, Welfare) for stronger coordination in creating an equal, happy workplace for All. RHNK and FKE further provided company specific SRHR in reach and provided technical expertise in company policy reviews, inclusion of SRHR+GE[vi] and implementation of workplace policies.

### **RESULTS**

Key results seen between June 2022 and March 2024 include: Buy in of SRHR+GE BC[vii] by selected company decision makers and prioritization in company work plan, training of 5 company directors and 7 other members of the company directorate on SRHR and GE BC, training of 15 company human resource managers and 12 HR[viii] officers on SRHR+GE BC, conducting SRHR wellness program that has so far reached 2300 company employees, among them are 1250 women

and vulnerable persons with related services, trained 45 company SRHR champions on SRHR + GE BC and their role in promoting SRHR+GE, trained 40 company OSH committee on SRHR and GE BC and their role in promoting a healthy workplace safe for all staff to stay and work from, development of workplace SGBV reporting tool and flowchart for escalating and resolution of any form of abuse at workplace, ALL companies has included SRHR+GE in the HR policy or developed separate SRHR and GE policies and purchase on an ambulance by one of the company management and employment of a designated driver,5 locum standby first Aiders and a resident nurse.

### **CONCLUSION AND RECOMMENDATION**

Private sectors are workplaces that work with the majority of the young and vulnerable women and youthful persons often on casual or lower levels of employment. Staff time is often very demanding and staff get little time to prioritize their wellness and contraception and family planning needs. Creation of conducive workplace policies, wellness committees give room for freedom of expression, equal rights at workplace, path to end SGBV at workplace and optimize staff productivity.

Investment of SRHR +GE BC in the private sector is an entry point for ending SGBV at the workplace. Enhanced policy review and development with inclusion of SRHR+GE improve staff productivity, staff sense of belonging, equity, increased business production, profits and improve company profile and brand related to staff satisfaction and societies company's return on investment.

[i] Reproductive Health Network Kenya(RHNK)

[ii] Federation of Kenya Employers (FKE)

[iii] Sexual Reproductive Health and Rights ( SRHR)

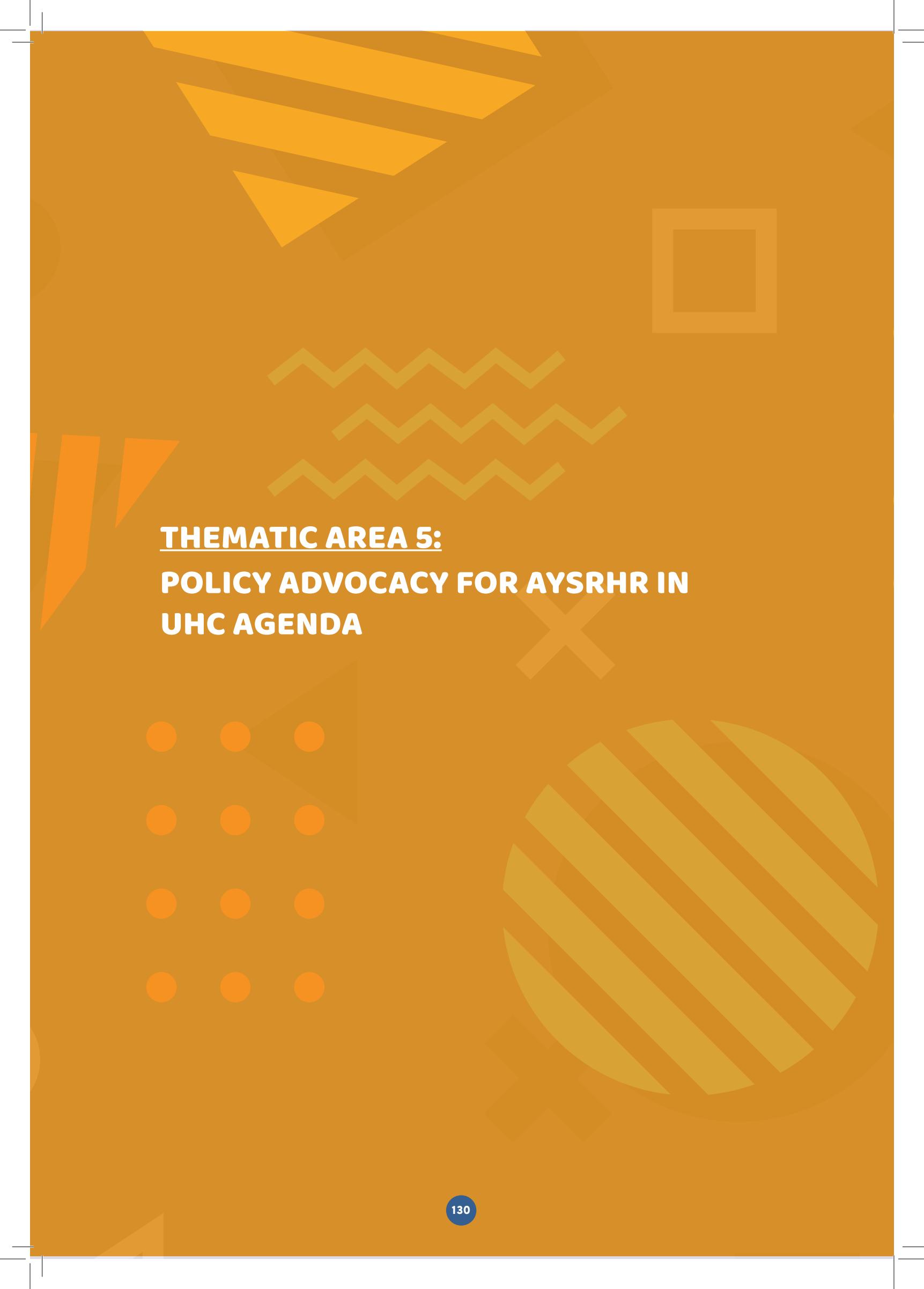
[iv] Sexual Gender Based Violence.(SGBV)

[v] Occupation Safety and Health (OSH)

[vi] Gender Equity(GE)

[vii] Business Case (BC)

[viii] Human Resource(HR)



## **THEMATIC AREA 5:** **POLICY ADVOCACY FOR AYSRHR IN UHC AGENDA**

## THE IMPACT OF THE LEGAL ENVIRONMENT SURROUNDING ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH RIGHTS ACCESS IN EASTERN AND SOUTHERN AFRICA.

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**Keywords:** ASRHR (Adolescent Sexual and Reproductive Health Rights), Legal Environment, Impact, Access, Uptake, Laws, Policies.

### BACKGROUND/SIGNIFICANCE:

The legal environment plays a pivotal role in shaping the sexual and reproductive health (SRH) outcomes of adolescents and young people in Eastern and Southern Africa. The last two decades has witnessed the development of laws and policies that are progressive and cognizant of the contextual reproductive health needs of adolescents, and their evolution as well. However, the impact of existing legal frameworks on SRH rights and the nuanced dynamics of their implementation and effectiveness remains inadequately explored and understood. This research seeks to address this gap by examining the intricate interplay between legal and policy environments and adolescent SRH rights, aiming to identify key challenges, and to highlight opportunities and pathways for policy reform and practice.

### OBJECTIVES:

This research aims to comprehensively assess the impact of the legal environment surrounding SRH rights on adolescents and young people in Eastern and Southern Africa. The specific objectives

include: (1) identifying existing legal frameworks pertaining to adolescent SRH rights, (2) evaluating the accessibility and quality of SRH services in light of legal constraints, and (3) to identify key challenges, opportunities, and pathways for legal reform to advance youth-centered SRH outcomes.

### METHODOLOGY:

This research involved a comprehensive desktop review of legal frameworks pertaining to adolescent sexual and reproductive health (SRH) rights in Eastern and Southern Africa. 5 countries were arrived at through random sampling and they include: Kenya, Uganda, Tanzania, Zambia and South Africa. Relevant laws, policies, and regulations were identified and analyzed to extract key information regarding SRH rights, including age of consent, HIV testing, access to contraception and abortion services, comprehensive sexuality education mandates, confidentiality and sexual and gender minority protections. A comparative analysis was conducted to identify similarities and differences across the 5 countries, while also assessing implementation and enforcement challenges.

COUNTRY	AGE OF CONSENT TO SEX	AGE OF CONSENT TO HTS	AGE OF CONSENT TO MEDICAL CARE	AGE OF ACCESS TO CONTRACEPTION	SEXUAL AND GENDER MINORITY PROTECTIONS	LEGAL ABORTION AND POST ABORTION CARE	SRHR SERVICE UPTAKE
KENYA	18	15	18	18	Somehow progressive	Parental consent	HIGH
UGANDA	18	12	18	18	Regressive	Parental consent	MODERATE
TANZANIA	18	18	18	No age specifications	Regressive	Not specified/Illegal	LOW
ZAMBIA	16	16	18	16, in practice	Regressive	Not specified -16	MODERATE
SOUTH AFRICA	16	12	12	12	Progressive	No parental consent	HIGH

This data has been drawn from various sources including scholarly works, reports from reputable nonprofit organizations such as the World Health Organization and the laws and policies retrieved from official government websites.

Countries with flexible legal provisions, such as South Africa, especially in terms of age of consent to access to adolescent friendly reproductive health, recorded an uptake, of the services, at and better SRH outcomes for adolescents, whereas

their counterparts with stringent laws on access, continue to record concerning statistics on the same. Some countries recorded inconsistencies between policy intent and on the ground realities, which was attributed to socio-cultural issues.

### Conclusion:

In conclusion, we cannot underscore the influences of legal and policy provisions in determining SRHR outcomes. We must seek to invest in legal

and policy advocacy to ensure that reproductive health and rights for adolescents are enshrined in, guaranteed and protected by law.

#### **RECOMMENDATIONS:**

1. Advocate for the revision and enactment of laws and policies that uphold and protect adolescent SRH rights, ensuring alignment

with international human rights standards.

2. Strengthen mechanisms for monitoring and enforcing existing legal frameworks to ensure accountability and compliance.
3. Prioritize research and data collection to inform evidence-based policy-making and program development.

### **ACCELERATING SCHOOL RETENTION AND RE-ENTRY FOR PREGNANT LEARNERS AND TEEN MOTHERS THROUGH EFFECTIVE ACCOUNTABILITY ENGAGEMENTS AMONG STAKEHOLDERS: A CASE STUDY OF KISUMU EAST SUB COUNTY, KISUMU COUNTY, KENYA.**

**Grace Ochola**

*Nyanza Initiative for Girls Education and Empowerment (NIGEE)*

#### **Keywords**

*School Retention and Re-entry, Adolescent girls and young women (AGYW), Accountability mechanisms*

#### **BACKGROUND/SIGNIFICANCE**

Education is pivotal for adolescent mothers as it offers a pathway to empowerment, independence, and poverty reduction. Globally, about 244 million children and youth between 6 -18 years were out of school in 2021, of which 118.5 million were girls. In Kenya, 15% of adolescent girls between ages 15-19 have experienced pregnancy, resulting in 6.5% school dropout compared to 5.9% for boys KDHS (2022). KHIS (2023) recorded 110,821 pregnancies among adolescents aged 10 -19 in the first five months of 2023, this emphasizes the severity of the problem. The Constitution of Kenya (2010) recognizes basic education as a fundamental right and freedom, ratified in Acts of Parliament such as the Basic Education Act (2013), additionally, Kenya has ratified various international and regional instruments that protect the right to education including the Convention on the Rights of the Child (1990), 2030 Agenda for Sustainable Development, African Union Agenda 2063.

#### **OBJECTIVES**

To explore the extent of the dissemination and awareness creation process of National Guidelines for School Re-Entry in Early Learning and Basic Education 2020 and its association to effective implementation.

#### **METHODOLOGY/INTERVENTIONS**

This intervention approach explored the efficiency of effective dissemination and awareness creation to the relevant stakeholders and right holders on the National Guidelines for School Re-Entry in

Early Learning and Basic Education 2020 and how it would increase its uptake and implementation and attributed to the increase in school retention and re-entry by the pregnant learners and teen mothers. Consultative meetings with school heads and principals were conducted on the provisions on the roles of the stakeholders, also with out of school adolescent girls and young women caused by pregnancy related cases and not married at the time of discussion.

#### **RESULTS**

Majority of the girls were out of school for 0-6 months (34.7%), followed by 25-30 months (21.7%), 19-24 months (13%), lastly 13-18 months 8.7%. Most of the learners dropped out in form 3 (56.5%) followed by (30.4%) in form 2 and lastly 13% in form 1. 60.9% of the girls dropped out in term 2 upon realizing their pregnancy status while 56.5% continued. Of those who continued, 21.7% remained in school for 5-6 months, 17.4% for 7-8 months, 13% for 3-4 months and 4.3% for 1-2 months. 26.1% of the girls had plans for school re-entry while 73.9% preferred to enroll in vocational training centers, 8.7% indicated lack of fees as a barrier. 91.3% confirmed knowledge on the provision of the school retention and re-entry guidelines while 4.3% sighted no knowledge.

88.2% of the heads were aware of the guidelines while 11.8% declined. 29.4% had the copy while 70.6% didn't, 41.2% had not received it from the Education Department while 11.8% were newly transferred. 5.9% have heard of the guideline but not seen. 41.2% had shared the provisions with parents, caregivers, and teachers while 5.9% with

BoM. 58.8% had referred students to other service providers for guidance and counseling, sensitizing the community.

## CONCLUSIONS

Stakeholders consultative meeting held with County Department of Education, Principals, school heads and CSOs to validate findings and collectively identify recommendations to bridge the gap including hard copy distribution to schools, conducting sensitization workshop school heads and cascade to other stakeholders, map partners

implementing education interventions for effective resource mobilization.

## RECOMMENDATIONS

1. For effective implementation of the existing guidelines, there is a need to adequately invest in dissemination and awareness creation for the stakeholders and right holders.
2. Accountability may not only be used to put to task the stakeholders responsible but can also be used to determine gaps in implementation.

## EMPOWERING ADOLESCENT GIRLS IN BUSIA COUNTY: STRATEGIES AND OUTCOMES OF SCALING UP SELF-ADMINISTERED MEDICATION ABORTION.

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KMET Kenya, Department of Health Busia County.

**Key Words:** YYP- Young peer Provider, CHP-Community Health Promoters, KMET-Kisumu medical and Educational Trust, AYP-Adolescents and Young People, ASRH-Adolescent Sexual Reproductive Health

## BACKGROUND

The ambiguity of Kenyan law regarding abortion accessibility has led to misinformation and fear within communities that might need to access this service for a reason. This lack of clarity has driven individuals to seek abortion services from herbalists or deviant health providers rather than following due process. Rogue health providers exploit this confusion by charging exorbitant fees for abortion and post-abortion care under the guise of providing a favor to their clients. This misinformation also derails the efforts of Youth Peer Providers (YPP) and Community Health Promoters (CHPs) in their daily activities. They are conflicted about providing comprehensive reproductive health information and facilitating safe abortion referrals due to the legal uncertainty surrounding the issue.

## OBJECTIVES

1. To build the capacity of pharmaceutical technologists and health facility referral care providers to deliver quality medical abortion and other ASRH services.
2. To create an enabling environment for ASRH among AYP through working with County governments and existing Community Structures.
3. To Strengthen supply chains for MA products, and data generation and utilization by institutionalizing a digital health information system and platforms

## METHODOLOGY

KMET implemented a project that conducted legal and policy training aligned with Kenya's legal framework on abortion in Busia County. This training targeted community actors, health providers, and pharmacists, providing comprehensive information on reproductive health and creating pathways for safe abortion referrals, the training reached 72 Community actors, 35 Pharmaceutical technologists, and 20 health Facility referral care Providers. Post the training the Project followed up with the community actors to fast-track the demand creation activities through Community sessions to map and refer girls for services. Values clarification exercises were also employed to address conflicts or misconceptions regarding providing abortion services.

## RESULTS

The legal and policy training enabled community actors to understand and effectively communicate Kenya's abortion laws. So far 17,887 girls have been referred for safe and legal termination of pregnancies, mitigating potential injuries and deaths associated with unsafe abortion practices. In the reporting period of January to December 2023, 1233 women aged 10-24 years sought a safe medical abortion. Additionally, 4489 women aged 10-24 sought family planning services, this success is linked to the continuous community engagement by KMET staff and the empowered YYPs and CHPs. The project's approach led to a significant



increase in the uptake of safe abortion services and a reduction in unsafe abortion incidences in the targeted communities.

## CONCLUSION

The collaborative efforts between the KMET Project and the Busia County Department of Health effectively addressed gaps in Kenyan abortion law. Through legal and policy sensitization, community actors were empowered to provide increased access to safe abortion and family planning services, thus

mitigating risks associated with unsafe practices.

## RECOMMENDATION

Establishing explicit legal regulatory framework governing AYSRHR to curb mortalities arising from deviant health providers.

The training curriculum for Universal Health Coverage should incorporate inclusivity in terms of the legal perspective to enable dissemination of information to all stakeholders within the healthcare system.

## STATE OF INTERSECTIONAL FEMINIST LEADERSHIP IN AFRICA

**Phelsia Achieng,<sup>[1]</sup>Dr. MaqC Eric Gitau Ph.D.**

### Keywords

*Intersectional feminism, systemic balance, Sexual Reproductive Health Rights(SRHR), Cross-sectoral collaboration, racism, classism, misogyny, ableism, homophobia, capitalism, colonialism, Sustainable Development Goals(SDGs), Gender inequity, marginalization, social impact, theoretical framework.*

## BACKGROUND/SIGNIFICANCE

Coined foremost by legal scholar and feminist Kimberle Crenshaw in 1989, intersectional feminism is an analytical framework that acknowledges, theories and explains the interconnectedness of various forms of oppression. This ranges from racism, classism, misogyny, ableism, homophobia, capitalism to colonialism. Through this clear recognition that gender inequity deeply intersects with these forms of oppression and other social identities, creating uniquely disturbing experiences of marginalization that need sober and nuanced responses, intersectionality has become inextricably central to social impact spaces and initiatives. In alignment with this recognition, intersectional feminism directly contributes to most, if not all, Sustainable Development Goals (SDGs), specifically, SDG 5 - Gender Equality, SGD 1 - No Poverty and SDG 3 - Good Health and Well-being.

This state-of-sector paper analyzes the state of intersectional feminist leadership in social impact, drawing on the rich bodies of theoretical and grassroots work and ongoing discourse started and facilitated by the aforementioned renowned intersectional feminists.

## OBJECTIVES

The objectives of this paper are to explore;

1. The Contributions of Intersectional Feminist Leadership
2. Emerging Trends Influencing Intersectional Feminist Leadership
3. Challenges & Ongoing Efforts in Feminist Leadership and to offer;

## 4. Recommendations & Call To Action

## METHODOLOGY/INTERVENTIONS

The analysis is focused on the works of different intersectional feminist leaders, offering unique but much-needed complementary perspectives on what it looks like to lead intentionally in intersectional awareness and truth. This theoretical framework creates a foundational basis for the principles and resulting actions. Further, it provides an opportunity to dissect how different theories can be applied in various sectors of work and cultures. For instance, a comparison between traditional approaches in delivering Sexual Reproductive Health(SRH) services to all women regardless of their background vis a vis recognising that factors like socioeconomic status, sexual orientation and accessibility needs are vital in advancing and rooting these approaches in intersectionality.

## RESULTS

The result of this critical research is a dissection of intersectional feminist leadership in Africa and a comparative analysis of its application in different countries across Africa across three areas; *contributions of intersectional feminist leadership, emerging trends influencing intersectional feminist leadership and challenges and ongoing efforts in feminist leadership.* This white paper has also been reviewed by academics, various actors within the Sexual Reproductive Health Rights and Justice sector and feminist leaders in different capacities. This ensures that the paper reflects actual views from different individuals and incorporates holistic perspectives in understanding intersectional feminist leadership in Africa.

## CONCLUSIONS

Intersectional feminist leadership provides a clear avenue for a safer, equitable and holistically attuned world. While theoretical work is important in establishing the cause and interrogating what different feminisms look like, intersectionality implores us to unlearn and reimagine what other methods are useful in achieving systemic balance that seems like a pipe dream but is equally achievable. By embracing the interconnectedness of our individual and collective challenges, we can advocate for an intersectional feminist leadership in all sectors that will ultimately lead to the much needed corporate and cultural transformation.

## RECOMMENDATIONS

### Examine Cultural Norms

We need to intentionally investigate the implications of traditional African practices and how they interact with sexuality, gender and other complex elements

in order to effectively challenge and make the shift from harmful practices.

### Cross-Sectoral Collaboration

In order to facilitate innovation that positively builds up on multi sector knowledge, we need to collaborate within the ecosystem, governments and the private sector as opposed to operating in silos.

### Invest in Locally-Led Grassroot Movements

To faster effect change, sustaining locally led feminist initiatives is imperative. It is through engaging and leveraging local ongoing efforts that we avoid duplication of efforts and building in silos.

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Development Dynamics.

## POLICY ADVOCACY FOR AYSRHR IN UHC AGENDA THROUGH HEALTH CLUBS PROGRAMS IN VIRHEMBE ,SHINYALU SUB- COUNTY KAKAMEGA ,KENYA.(2022-2024 )

Miss . Nakhumicha .S ; Mr. Musundi Gabriel

## BACKGROUND/SIGNIFICANCE

Rural communities lack comprehensive access to reproductive health services ,insufficient integration of RH education ,cultural and a societal taboo surrounding discussion sexuality lack of youth friendly reproductive health centers in virhembe ,kakamega county .

Leaving the youths and adolescents vulnerable to misinformation ,exploitation and negative health outcomes, young people face high rates of unintended pregnancy ,staggering burdens of disease from sexually transmitted infections, sexual violence adolescent pregnancies are associated with several adverse outcomes such as miscarriage ,unsafe abortion ,obstructed labor and other complication which can result long term morbidity. CHV present a community led advocacy initiative addressing these challenges through social accountability mechanism to enhance adolescent sexual reproductive health and right.

Adolescent and Youth Sexual and Reproductive Health and Rights are integral components of Universal Health Coverage (UHC) agendas worldwide.UHC frameworks necessitates innovative approaches such as ASRH Health Clubs Programs These programs serve as vital platforms for engaging young individuals, fostering awareness, and advocating for inclusive policies that prioritize AYSRHR .

## OBJECTIVES

- To improve uptake of SRHR information and services among the youths and adolescents.
- To contribute to prevention ,protection and response mechanism on sexual transmitted infection
- To Reduce early and cases of unintended pregnancy among the youth

## METHODOLOGY/INTERVENTIONS

CHV interventions include health education clubs programs in 37 schools the interventions are a combination of program elements and strategies that influence knowledge ,attitudes and practices of adolescent concerning ASRH .The program was conducted over two year from January 2022 to March 2024 and targeted learners in shinyalu sub-county .weekly health education classes, men forum on adolescent boys in schools and out school received training on ASRH,Patrons staff received training in ASRH .Key measurements included where the adolescent behavior changes rates, improvements in ASRH knowledge, assessment on numbers of pregnancies in schools , evaluation of teacher training effectiveness, and the impact,to increase social support ,create supportive environment like CHV youth friendly center and channel resources to improve adolescent health



status ,these intervention were implemented using various strategies to enhance a large reach ,capacity support ,advocacy ,research knowledge sharing , public private partnership,promoting male involvement referred to men forum ,health systems strengthening for quality purposes and community involvement .

## RESULTS

A total of 20 schools, including primary and colleges, were visited from Monday to Friday for health education sessions. Total population reach was 6175 .Topics covered included Adolescent Sexual and Reproductive Health (ASRH) programs, distribution of sanitary pads to 2340 girls and environmental awareness sessions to 10 schools. Additionally, 200,000 trees were planted across five schools, contributing to environmental sustainability efforts on the year 2023 .

An increased reach for 17 schools in the first quarter of the year 2024 of 6315 adolescents reached in schools with RH information and services ,contributing to 37 health sessions mentorship and 10 peer educator training on quality based on centered SRH advocacy .

There is Increased evidence based RH information for decision making / implementation, reduced cases of school drop out among the 37 schools we have mentored ,Behavior change among the youth out of school and reduced cases of teen pregnancy among partnered schools.

## CONCLUSIONS

ASRH is vital to reducing the rate of negative health outcomes among youths. CHV challenges it has insufficient funding , and anticipates future opportunities for collaboration. We can stop the unintended pregnancy amongst the youths if correct information is reached to the adolescent on time. Appreciation to RNHK for the chance ,

## RECOMMENDATIONS

ASRH demonstrates significant potential as effective mechanisms for policy,sustained

investment, multisectoral collaboration, and targeted interventions are essential to overcome existing barriers and maximize impact. Future advocacy efforts should prioritize youth leadership, community engagement, and evidence-based approaches to foster transformative change in AYSRHR policies within broader UHC frameworks.

## KEYWORDS

**UHC**-Universal Health Coverage is a health system where all individuals and communities receive the quality health services they need without suffering financial hardships it includes full spectrum of essential ,quality health services from health promotion ,to prevention ,treatment ,rehabilitation and palliative care .goal of UHC is to ensure that everyone can access the health care they need

**RH**-Reproductive Health,state of complete physical,mental and social well-being in all matters relating to the reproductive system and its function ,encompasses a range of issuing including but not limited to contraception,fertility sexually transmitted infections STI and success to health care services related to reproduce organs and functions .

**ASRHR** -Adolescent Sexual Reproductive Health Right encompasses rights adolescents to make informed decisions about their sexual and reproductive lives ,free from coercion ,discrimination and violence including sexual education

**CHV**- Community Health Volunteers is a registered community based organization headquartered in Kakamega East , in Virhembe market .

**POLICYASRH** – guidelines,principles and programs aimed at promoting the sexual and reproductive health of adolescents address issues such as access to accurate information about sexuality ,contraception ,prevention of sexual transmitted infections and support for adolescent in making informed decision

## A CASE DIGEST ON ABORTION LITIGATION IN AFRICA.

Women's Probono Initiative (WPI), Dr Maria Nassal, Tracy Nabbaale

**Keywords:** *abortion, case digest, litigation, maternal mortality.*

### BACKGROUND/SIGNIFICANCE

Abortion remains one of the most contentious issues hindered by political, social, cultural, and religious norms. There are very few cases on abortion from the courts of record in Africa. These include courts from South Africa, Kenya, Rwanda, and Malawi. These cases articulate critical issues among which include the status of the foetus vis-à-vis women's human rights; the meaning of health; the full bundle of reproductive health and rights; the child's best interest; adolescent's right to give informed consent; the state's obligation to prevent maternal mortality due to unsafe abortion; and the anchoring of abortion within the discourse of democratic constitutionalism and social justice. To this end, WPI developed a case digest on abortion jurisprudence in Africa. This resource is a reference primarily anchored in the gender justice and feminism framework to address the issues of bodily autonomy and the inherent dignity of the human person.

### OBJECTIVES

- To advocate for policy and legislative changes that improve access to safe and legal abortion services in Africa.
- To serve as a reference resource for the judiciary and lawyers on abortion matters that go to court.

### METHODOLOGY/INTERVENTIONS

This case digest is informed by the research obtained through a doctrinal legal study in which a desktop review of the different court decisions on abortion was reviewed.

### RESULTS

The research conducted during this case digest found different advocacy approaches that are often used in framing of abortion advocacy discussing their pros and cons. They include the following:

- Decolonization approach which demystifies the myth that abortion is un-African and an imposition of western values.
- The reproductive rights approach which calls for the consideration of reproductive rights of women in abortion litigation and advocacy.
- The harm reduction approach which obliges the prevention of re-victimization of the victims by protecting their safety and privacy as well as mitigating the effects of unsafe abortion.
- The best interest of the child approach which provides for enabling a child to participate in the decisions affecting her as well as promote their holistic and harmonious development.
- The liberal approach which is premised on the right to bodily autonomy and choice over issues concerning one's private life.

Only four jurisdictions in Africa have litigated on abortion: South Africa, Kenya, Rwanda, and Malawi. Therefore, there is need to conduct more legal advocacy on abortion in Africa especially within the courts.

### CONCLUSIONS

Overall, it is strategic to have a holistic approach that cumulatively builds on each of the frameworks to foster a more transformative agenda that yields substantive justice in advancing access to abortion for all.

### RECOMMENDATIONS

- The litigants must make a careful choice of the approach used depending on the facts, the existing laws and prevailing atmosphere at the time.
- Reproductive justice approach is evidently the most ideal, but that choice should take into consideration the politics, stigma and secrecy, poverty, health, and social systems.



## ASSESSMENT OF THE LEGAL AND POLICY FRAMEWORK ON SAFE ABORTION CARE IN KENYA

Dr John Nyamu, Dr Carol Odula

**Keywords:** Legal, policy, framework, safe, abortion

### BACKGROUND/SIGNIFICANCE

Before the promulgation of the Constitution of Kenya in 2010, Safe abortion was restricted to only when there was the recommendation of two doctors for a legal abortion to be performed openly in a hospital. Currently, it is the prerogative of a trained healthcare professional in consultation with the patient for a safe abortion procedure to be provided in a healthcare facility that meets minimum medical standards.

The Kenya Constitution (2010) and the MOH abortion-related policies and guidelines have not been fully implemented and most of the service providers are not aware of the laws and policies in place. Moreover, no safe abortion services have been started in public health facilities.

This assessment will seek to collect information on the Legal and policy framework of safe abortion in Kenya to inform stakeholders and recommend the commencement of safe abortion services within the law in MOH facilities and the Public Sector.

### OBJECTIVES

Our first objective was to look at the current laws and policies on the provision of safe abortion care services in Kenya.

Our second Objective was to educate the reproductive health service providers on the current safe abortion laws and policies to enable them to perform their duties without fear of prosecution.

The third objective is to inform stakeholders and SRHR advocates of the findings and also recommend the commencement of safe abortion services in public and private health facilities.

### METHODOLOGY/INTERVENTIONS

This was a desk review of the various Kenyan safe abortion laws and policies currently in place. It

was supported by interviews of the MOH DRMH Officials and the Reproductive Health Network Kenya service providers and other stakeholders working in the sexual and reproductive health space in Kenya.

### RESULTS

The penal code, the Constitution of Kenya (2010), and the Health Act are some of the laws Kenya has enacted to guide on the provision of Safe Abortion Care.

The National Government and County Governments have also produced several policies, standards and guidelines on safe abortion care.

Additionally, the MOH recently developed the Reproductive Health Selfcare guidelines, the Big 5, and combi pack guidelines to enhance opportunities for the provision of safe abortion in Kenya.

Several directions by the court such as the JMM case have elaborated on the legality of safe abortion services in Kenya.

### CONCLUSIONS

Kenya has a favorable legal and policy framework for the provision of safe abortion services and that applies to both public and private healthcare facilities

### RECOMMENDATIONS

Based on the assessment of data on the legal and policy framework for the provision of safe abortion services in Kenya, this study recommends the commencement of safe abortion procedures within the law in both public and private health facilities.

## PRIORITIES FOR ADVANCING AYSRHR IN AFRICA: POLICY AND LEGAL REFORMS ON SEXUAL & REPRODUCTIVE HEALTH RIGHTS TO PROMOTE UNIVERSAL HEALTH COVERAGE AGENDA IN KENYA

Rachael Mwikali, Esther Aoko, AYARHEP and KELIN

**Keywords:** sexual and reproductive health, constitutional petition, Reproductive Health (RH) Policy 2022-2032, universal health coverage, women and girls.

### BACKGROUND/SIGNIFICANCE

The Ministry of Health launched the National Reproductive Health Policy 2022-2032 (RH Policy) in July 2022, to realize reproductive health for all persons in Kenya in line with the Universal Health Coverage Agenda<sup>[1]</sup>. In his foreword note, the then Cabinet Secretary for Health, Mutahi Kagwe, intimated that the RH Policy would address the gap of the unique reproductive health needs of adolescents and young people. However, the RH Policy excludes adolescent women and young girls from accessing reproductive health services and commodities. The RH Policy therefore fails to lay a foundation for actualizing universal health coverage in the country.

### OBJECTIVES

Article 43 (1) (a) of the Constitution of Kenya, 2010 guarantees every person the highest attainable standard of healthcare, including reproductive health. Sexual and reproductive healthcare encompasses the entire life cycle of an individual, from cradle to grave. The exclusionary language used in the RH Policy denies critical reproductive healthcare interventions to women and girls. The Policy intentionally excludes single and unmarried women with no children as it only provides access to contraceptive care alternatives to couples that have had children. There is no reasonable justification for this limitation of rights being

placed on adolescents and young people. Implementation of the existing RH policy therefore poses a continued violation of the constitutional rights guaranteed for Kenyans, especially young women and girls on matters relating to sexual and reproductive health.

Further, the Ministry of Health began developing the RH Policy in 2017, through the Division of Reproductive and Maternal Health (DRMH). However, this process was conducted without the participation of the public and civil society. The Ministry of Health did not provide information on the process nor were there publicized invitations for participation of stakeholders in the process. The process of formulation of the RH Policy was also not validated.

As such a constitutional petition has been filed challenging both the substance and the process of formulating the RH policy.

### METHODOLOGY/INTERVENTIONS

KELIN, alongside Ambassador for Youth & Adolescent Reproductive Health Programme (AYARHEP) filed **High Court Constitutional Petition No. 27 of 2022** challenging the RH Policy for being in contravention of Articles of the Constitution of Kenya, 2010 which relate to the right to health, freedom from discrimination and access to information, among others. The Petition relied on qualitative analysis of secondary data on the process leading up to the development of the RH Policy, the contents of the RH Policy and the sources of the contents of the RH Policy<sup>[2]</sup>.

### RESULTS

The Petition filed seeks to advance legal and policy reforms that would enhance access to reproductive health services for adolescents and young girls as well as ensure universal health coverage for all. The prayers under the Petition are for the Constitutional Court to:

1. Declare that the RH Policy violates the rights of persons under the age of 21 years, in the manner that it limits the provision of reproductive health interventions to adolescents.
2. Issue a mandatory order compelling the Ministry of Health to review the National Reproductive Health Policy 2022-2032, to consider all views of interested and affected parties.

The above Petition was filed alongside an application for Conservatory Orders calling for suspension of implementation of the RH Policy or in the alternative, the problematic clauses that endanger the health and life of millions of Kenyans. The court, however, did not grant the orders sought in the Application for conservatory orders and the main Petition is still pending a judicial determination before the Constitution Court.

### CONCLUSIONS

The existing provisions in Kenya's RH Policy that restrict reproductive health services to adolescents and young people infringe on their enjoyment of the right to health. The Ministry of Health will exclude this demographic when budgeting, and this will significantly hinder their access to reproductive and sexual health services.

## RECOMMENDATIONS

Human rights advocates and proponents for universal health coverage ought to continue advocating for a Reproductive Health Policy that addresses the inequities surrounding the sexual and reproductive health and rights of adolescents and young people, including the introduction of sexuality education into the basic education curriculum.

[1]<http://guidelines.health.go.ke:8000/>

[media/The\\_National\\_Reproductive\\_Health\\_Policy\\_2022 - 2032.pdf](#)

[2] These were obtained from communications with the Ministry of Health, reports by the Ministry of Health and the National Syndemic Disease Control Council, the Constitution of Kenya, 2010, Public Service Commission Guidelines for Public Participation in Policy Making, 2015, the East African Community HIV Prevention and Management Act, 2012 and the Access to Information Act.

## FORCED STERILIZATION OF ADOLESCENT GIRLS WITH DISABILITY: THE EXPECTATIONS, THE LAW AND THE REALITY!

**Tony Mutuma**

Keywords: *Young Women With Disabilities, Forced Sterilization*

### BACKGROUND/SIGNIFICANCE

Persons with disabilities have for a long time been discriminated against in Kenya. This situation was so serious that the Constitution of Kenya 2010 declared them to be a vulnerable group.

This declaration served as a means of ensuring that whenever state organs or public officers make any decision they have to consider the impact of the decisions or policies on persons with disabilities. It serves as a safeguard to ensure that persons with disabilities enjoy all the rights enshrined in the constitution along with other citizens. However, has this particular right of adolescent persons with disabilities to reproductive health, including whether or not to have a child, been actualised in Kenya?

### OBJECTIVES

1. To find out which entities are responsible for creating policy and fulfilling the reproductive health rights of adolescent girls in Kenya.
2. To find out whether there are policies put in place to protect adolescent girls with disability from forced sterilization in Kenya.
3. If the policies exist, to find out whether they are being implemented.

### METHODOLOGY/INTERVENTIONS

This is desk based research. It considers existing Kenyan policies, regulations, guidelines, statutes, case law and the Constitution of Kenya, in relation to their protection of young girls with disability from forced sterilization.

### RESULTS

The right to the highest attainable standard of health, including reproductive health, is a guaranteed right for all Kenyan citizens. Health is a devolved function under Kenyan law, therefore both the County and National governments have a responsibility to protect, fulfill and promote the reproductive health rights of adolescent girls.

A National Reproductive Health Policy exists for 2022-2032. The policy recognises the vulnerability of children with disabilities but does not expressly propose the prohibition of sterilization of children with disability.

No law has been enacted yet that embodies the recommendations of the policy, nor has any county created a policy of their own to supplement the national policy as the policy had recommended.

### CONCLUSIONS

The law provides for the right to reproductive health and for the protection of persons with disabilities. However, with no laws or regulations in place at the national and county levels to expressly prohibit the sterilization of young women with disabilities, each case is taken at the discretion of the medical practitioner involved, to the detriment of the adolescent.

### RECOMMENDATIONS

All county governments develop their own reproductive health policies with the national policy as a guide and enact the accompanying statute.

The Legislature to enact a national reproductive health statute capturing the recommendations of the national reproductive health policy and expressly prohibit sterilization of children and youth with disabilities.

## CHALLENGING THE BAN ON COMPREHENSIVE SEXUALITY EDUCATION (CSE) AND DELAY TO PASS A POLICY IN UGANDA (CASE STUDY OF H.C MISC CAUSE 309/2016)

**Dhafa Esther**

*Keywords: A blended strategy of strategic partnerships, advocacy and litigation facilitated the realization of a positive judgment in the CSE case, before, during and post the judgment phase.*

*The ban on CSE in 2016 was counterproductive to efforts by Government to fight teenage pregnancies, sexual violence and the spread of HIV/AIDS among children and young people, because many young people are indeed prone to different SRHR related challenges and issues, because of lack of information and education on the same.*

### BACKGROUND/SIGNIFICANCE

Uganda has had initiatives on Comprehensive Sexuality Education like the “World Starts with Me”, aimed at teaching adolescents aged 12 – 19 about emotional, physical and social aspects of sexuality. Controversy over CSE peaked in 2016 following media reports that schools were training students and teachers homosexuality and masturbation. On 17th August 2016, Parliament passed a resolution banning all forms of CSE programs in schools and halted dissemination of training materials until a Policy is put in place. On 28th October 2016, the Ministry of Gender Labour and Social Development emphasized that the ban was applicable everywhere in Uganda (in school and non-school environments). The Center for Health Human Rights and Development (CEHURD) on 18<sup>th</sup> November 2016 responded by filing a case (CEHURD Versus Attorney General & Anor High Court Misc. Cause 309/2016) challenging the ban and moving the Court to issue an order to the Government to pass a law/policy on CSE.

### OBJECTIVES

- To challenge the ban on CSE in Uganda, and highlight the importance of Strategic Litigation in ensuring the implementation of the Ministerial Commitment on Comprehensive Sexuality and Sexual and Reproductive Services for Adolescents and Young People in Eastern and Southern Africa (ESA), to formulate policies on CSE, and other related commitments.
- To draw an intersection between Strategic Litigation as an advocacy tool and other advocacy approaches in ensuring the realization of commitments for Adolescent and Young Peoples SRHR by Government.

### METHODOLOGY/INTERVENTIONS

The Abstract is based on a strategic litigation case Center for Health, Human Rights and Development (CEHURD) Versus Attorney General & Another H. C Misc Cause 309 of 2016, that challenged the delay and omission by Government to pass a policy on CSE, as a violation of the rights of young people

to information (health) and education (sexuality) contrary to key legal provisions. The case was premised on the ban of CSE in Uganda.

We have positively engaged key stakeholders (Parliament, MoES, MoGLSD) on the issue and received positive responses to implement programs and policies on Sexuality Education.

### RESULTS

We received a positive judgement from Court, with the Lady Justice declaring that the Government's inordinate delay and omission of over ten years to develop a comprehensive sexuality education policy in Uganda was indeed a violation of Uganda's obligations under international law and key provisions of the Constitution, the Children Act 2016 as amended, and the Education (pre-primary, primary and post primary) Act 2008.

The Government of Uganda through the Ministry of Education and Sports was ordered by Court to develop a Comprehensive Sexuality Education Policy, within 2 years.

The Government of Uganda through the Ministry of Education and Sports was tasked to identify and work with a breadth of relevant stakeholders and address all issues competently.

The Attorney General was tasked to compile and submit a report to the Court every six months showing progress and implementation of the orders.

The Ministry of Education and Sports indeed passed a National Sexuality Education Framework, and together with the Ministry of Health is in the process of finalizing the National School Health Policy, the Adolescent Health Policy and Strategy, and the National Health Policy all aimed at promoting SRHR for young people. These however need to be fast tracked and implemented accordingly.

### CONCLUSIONS

Strategic Litigation transforms global and regional commitments into reality, and impacts young people's SRHR. It doesn't stop at getting a positive ruling, but following up implementation to bring the commitments to fulfillment.

Access to quality CSE and youth-friendly services



enables the progressive realization of rights for young people in Uganda.

## RECOMMENDATIONS

Strategic Litigation (SL) on its own, may not lead to the realization of SRHR for young people, and

should be accompanied by further advocacy engagements to spur the needed outcomes.

Building public interest and support for Strategic Litigation cases positively influences and impacts judges prior to making their decisions.

### POLICY ADVOCACY FOR THE DEVELOPMENT AND IMPLEMENTATION OF THE NATIONAL GUIDELINE FOR SELF-CARE INTERVENTIONS IN REPRODUCTIVE HEALTH.

**Susan Kimani and Festus Kisamwa**

*Senior Programmes Manager, MSK*

*Partnerships and External Relations Advisor, MSK*

*Keywords:MSK, MOH, DR&MH, Self-care Interventions, Reproductive Health Services, WHO, implementing partners*

## BACKGROUND/SIGNIFICANCE

MSK advocacy has been geared towards the development and implementation of the National Guideline for Self-care Interventions in Reproductive Health to provide a comprehensive framework to trained health professionals and health actors to deliver and provide support for self-care on matters related to reproductive health in Kenya. Selfcare strives to promote individuals' own health in a cost-effective manner, which also ensures increased access to and utilization of reproductive health services.

Kenya did not have a national guideline on self-care which affected the accessibility of the promotion of an individual's own health. Marie Stopes Kenya (MSK), the Division of Reproductive and Maternal Health (DRMH) and other partners embarked on advocating for developing the National Guideline for Self-care Interventions in Reproductive Health to provide guidance to healthcare workers on the optimal support for self-care and provide information on the interventions to local health challenges while highlighting opportunities to scale-up uptake.

MSK advocacy work, together with combined efforts from other implementing partners consolidated both technical and financial resources to ensure the DR&MH had the necessary support to develop the National Guideline. The combined synergy led to the final document being approved by the Director-General of Health in January 2023.

## OBJECTIVE

To advocate for the dissemination and implementation of the National Guideline for Self-care Interventions in Reproductive Health.

## METHODOLOGY/INTERVENTIONS

MSK collaborated with Reproductive and Maternal Health Consortium Kenya (RMHC-K), DRMH in pooling technical and financial resources to develop the national guideline as outlined below.

- The partners held a workshop and conducted a desk review to conceptualize Self-Care and to review the World Health Organization (WHO) Self-Care Interventions document for adoption and adaptation.
- The first consensus building and drafting workshop with various cadres and healthcare providers participating. The policy formulation and service delivery professionals were involved in the drafting stage.
- A follow-up consensus building and drafting workshop was held up to consolidate and finalize the draft National Guideline for Self-care Interventions in Reproductive Health in Kenya.
- The partners held a validation workshop in November 2022.

## RESULTS

In January 2023, the Director- General of Health (DG-Health) approved the National Guidelines for Self-care Interventions in Reproductive Health. As such, individuals can get support on self-care, including evidence-based, high-quality drugs, devices, diagnostics and/or digital interventions that can be provided fully or partially outside formal health services and be used with or without a health worker.

## CONCLUSIONS

Individuals and actors in reproductive health (both private and public) should refer to the National Guideline in their day-to-day work as more people get empowered to manage their own reproductive health.

## RECOMMENDATIONS

The MoH, county governments and implementing partners should disseminate and implement the

National Guideline for Self-care Interventions in Reproductive Health..

## ESSAY ON THE PRIORITIES FOR ADVANCING ADOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, A CASE OF SEME SUB COUNTY, KISUMU COUNTY.

Sylvester Otieno Adhaya

### BACKGROUND OF THE ABSTRACT.

Everybody, including those who are most marginalized, should be able to realize their sexual and reproductive health and rights (SRHR) and freedom from S/GBV. SRHR are human rights that allow people to make informed decisions about relationships, their bodies, family planning, sexuality, and wellbeing. It also means having access to a full range of sexual and reproductive health services, including antenatal and maternal care, prevention detection and treatment of STIs and STDs, including HIV, choice of safe and effective contraceptive methods, prevention and management of sexual and gender-based violence, and positive comprehensive sexuality education which also directly links to sexual gender based violence.

### SIGNIFICANCE OF THE ABSTRACT.

A community scorecard carried in Seme sub county by Make way youth champions and St. Francis Oriang' Development program, among the community youths about some of the challenges they undergo in regards to their sexual reproductive health rights and sexual gender based violence, among the pressing issues such as lack of access to information, erratic supply of SRH commodities and services, unfriendly service providers and negative societal norm, the main issue that stood tall and most pressing was the lack of Youth friendly centres in the entire Seme sub county, led by the Kombewa county and referral hospital where most youths access their sexual reproductive health commodities including GBV services like post GBV care. This which is not different from what youth from other marginalised regions in Kenya and beyond experience.

This abstract is therefore a significant cornerstone as a wakeup call for action by various governments, both county and national, civil society organizations, strategic investors, other donor funding agencies and the general public to holistically and unanimously come together and salvage SRHR barriers rampant in Seme sub county, Kenya and even Africa in general.

### OBJECTIVES.

Sexual Reproductive Health For All

### METHODOLOGY

The activity was carried out in Seme sub county using community scorecard with youths with compounded vulnerabilities from various contexts and identities. Focused group discussions were used mostly during this intersectional community scorecard which was fruitful for providing intersectional responses. The activity took place for eight (8) months from 2023 May.

### RESULTS

Many people cannot realize the full range of their SRHR, particularly, those with multiple, compounded vulnerabilities within Seme sub county. For example, youth (especially girls) living in poverty with a disability - face high barriers to accessing the services they need and want. Interrelated and systemic barriers keep marginalized youth from realizing their SRHR. Negative societal views and (gender) norms cause stigma, discrimination, and exclusion. Sexuality education is often not comprehensive and inclusive or even non-existent. SRH services are often not accessible or of low quality. This is due to chronically underfunded and understaffed health systems as well as persistent siloes in health system funding.

Moreover, youth in most cases are not involved in decision-making that affects their lives, many don't have youth friendly centers, many also don't have access to youth friendly centers and their rights and needs are not reflected in SRH policies, budgets and health system strengthening plans. Finally, civil society organizations working on SRHR have limited (financial) support, and the SRHR agenda lacks intersectional awareness. All these have therefore left the SRH sector performing dismally in Seme sub county with the dwindling donor fund calling for priority from the government in order to improve SRH services and commodities.

### CONCLUSIONS.

In conclusion, realization of SRHR in various communities, regions and Africa as a continent requires a multifaceted, comprehensive and intersectional approach. All the stakeholders, C.S. O's, governments, donors and the general population plays a crucial role in this. We have to stand together, decolonize the SRHR in

Afrocentrism approach and be an Eye opener, for the current and future generations.

### RECOMMENDATIONS.

Lack of a youth friendly structure or spaces in Seme sub county and various regions in Kenya and beyond has to a larger extent affected service delivery especially on the sexual reproductive health sector, therefore priority should be given on the establishment of the either physical structure (youth friendly center) or space that is inclusive and accessible by all youths.

The services providers should be capacity built on adolescent and youth friendly packages as this will render them flexible, inclusive and able to provide comprehensive sexual reproductive health services at the best interest of the youths.

Health financing should also be prioritized and

this calls for a multifaceted approach involving both the governments, civil society organizations, stakeholders and the general population.

The youths should be put at the center of the SRH sensitization, lobby and advocacy, they are mostly the victims of SRH and SGBV cases and this makes them more vulnerable and affected therefore it is important to put them at the core of SRHR lobby and advocacy in order to address their needs in the best of their interests.

These insights and views would therefore play a pivotal role in improving the situation and also adopting better approaches. It is therefore important for both the government and civil society organizations to give the youths a platform where they are able to air their views effectively and at the same time develop effective solutions to these challenges affecting them mostly.

## FACTORS CONTRIBUTING TO A SIGNIFICANT BURDEN OF HIGH TEENAGE PREGNANCIES IN SAMBURU, WEST POKOT, MARSABIT, NAROK, MERU, HOMA BAY, MIGORI, KAJIADO, SIAYA, AND BARINGO COUNTIES IN KENYA.

Millicent Oluteyo<sup>1</sup>, Bernard Kiprotich<sup>1</sup>

<sup>1</sup>National Council for Population and Development (NCPD) Nairobi, Kenya;

### BACKGROUND

The 2022 Kenya Demographic and Health Survey (KDHS) data was further analyzed to uncover the unknown. While KDHS reported on national/county teenage pregnancy prevalence in Kenya, this paper explores factors contributing to the high prevalence in top ten counties.

### OBJECTIVES

To determine socio-cultural, socio-economic, and demographic factors contributing to a significant burden of high teenage pregnancies in Samburu, West Pokot, Marsabit, Narok, Meru, Homabay, Migori, Kajiado, Siaya, and Baringo Counties in Kenya

### METHODOLOGY

Univariate, bivariate, and multivariate analyses were undertaken in 2024 using SPSS. The **outcome variable** is teenage pregnancy (women aged 15-19 with child/ren), currently pregnant, or lost pregnancy). **Independent variables** were grouped as **Socio-economic** (region, education, occupation, place of residence, wealth index); **Demographic** (Age); **Socio-cultural** (religion, marital status); and **intervening** (media exposure; knowledge of ovulatory cycle; current contraceptive use).

### RESULTS

Bivariate analysis revealed age, exposure to media, contraceptive use, marital status, religion, work status, wealth index, place of residence, and education level are significantly associated with teenage pregnancy across the ten counties. At multivariate analysis level, age, place of residence, education, wealth index, work status, religion and media exposure, contraceptive use and marital status are the main contributing factors.

Regarding education level, prevalence of teenage pregnancy decreases with increased educational attainments. More than half (67.6%) of the teenagers who have ever been pregnant have no education compared with those with primary (30%) and secondary (20%). Prevalence of teenage pregnancy is highest among teenagers in rural areas (26%) and among those from poorest households (34%). Prevalence of teenage pregnancy is highest among the married (93%), followed by widowed /divorced /separated (75%), as opposed to the unmarried (14%). With regard to age, prevalence of teenage pregnancy increases with age. Prevalence is highest among those aged 19 years (51%), 18 years (36%); 17 years (22%); 16 years (13%); and the least 15 years (4%).

Occupation-wise, teenage pregnancy prevalence is highest (39%) among the unemployed compared



to 23 percent among the employed. For religion, teenage pregnancy prevalence is also highest among those with no religious affiliation (60.4%) compared to Muslims (35%), Protestants (25%) and Catholics (22%). Prevalence was also found to be high among those exposed to media (40%) compared with 23 percent without exposure. Contrary to expectation, prevalence was found to be high among those using contraceptives (53%) compared to only 19 percent not using, an indication of improper use or method failure.

### **CONCLUSIONS**

Age, place of residence, wealth index, work status, religion, exposure to media, and education are significantly associated with teenage pregnancy.

### **RECOMMENDATIONS**

Multi-sectoral engagements in:- Encouraging effective [tools, resources](#), and [training /content materials](#) and utilization of evidence based teenage pregnancy prevention programs by schools and other

organizations to help reduce teenage pregnancies; Intensifying their role of ensuring teenagers are sent and kept in school and encouraged to focus on their career goals; Supporting and acting collectively to empower and protect the girl child; Allocating budgets for implementing evidence-based teen pregnancy prevention program in all counties; and intensifying their monitoring efforts on the influence of media on teenagers; working jointly and providing/ strengthening career counseling on educational and employment opportunities as part of the curriculum; Partnerships on job opportunity creation; According special attention to rural dwellers where teenage pregnancies are on the rise; and Conducting further research on factors contributing to teenage pregnancies in the other 37 counties.



## INTEGRATING ADOLESCENT & YOUTHS SEXUAL AND REPRODUCTIVE HEALTH RIGHTS [AYSRHR] INTO THE UNIVERSAL HEALTH COVERAGE

JOAN MUTHEU MULEVU- THE LINK INITIATIVE

**Keywords:** *Universal Health Coverage - UHC, Sexual and reproductive health and rights -SRHR, adolescent and youths, health services*

### BACKGROUND/SIGNIFICANCE

Adolescents and youths are a vulnerable population when it comes to Sexual and Reproductive Health. This brings the importance of educating young girls on SRHR which includes prevention of STIs, early detection of reproductive cancers, contribution to family planning services and sexual education.

All this brings positive impact on the economy because youths and young teenagers will be in a better position to make informed decisions and influence other young people in the community about workforce and participation by women

### OBJECTIVES

- To promote the SRHR of children, adolescents and young people through the provision of comprehensive Sexuality Education
- Advocate for SRHR policy and youth empowerment

### METHODOLOGY/INTERVENTIONS

The Universal Health Coverage policy 2020-2030 conveys the health sector policy directions, implementation and strategies framework from the period between 2020 and 2030. Its main Goal is to ensure all Kenyans have access to essential quality health services. The ministry of health, Non Governmental Organisation, Community Based organization and other self-care partners should identify Adolescents between 10-19 yrs and link them to universal Healthcare Cover, school personnel in charge of guidance and counseling, community volunteers and health workers.

### RESULTS

The collaboration between Government Agencies and civil society organizations has promoted the community ownership and participation of adolescents and youth; through youth empowerment and community dialogues.

Healthcare providers have been able to conduct youth friendly services and it has improved the relationship between the youths and the service providers

Research has shown that provision of the youth friendly services has improved the uptake of SRH services in the grassroots encouraging the delivery of high quality services through a network of public and private health facilities in Githurai

### CONCLUSIONS

To deliver on UHC, Opportunities Exist to ensure:

1. That the quality of health services is good enough to improve the health of those receiving the services
2. That there is Equity in access to health services
3. That people are protected against financial-risk ensuring the cost of using universal healthcare cover is minimal

### RECOMMENDATIONS (50 WORDS)

The Government should be intentional in ensuring health care services are effective for the Youths, Adolescents and young people by providing them with efficient, safe and integrated services

## STRENGTHENING ADVOCACY FOR COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS BY KWALE YOUTH ADVISORY CHAMPIONS FOR HEALTH. AUTHORS

SALIM JUMA KIDZUGA; KWALE YOUTH CHAMPION FOR HEALTH. - COUNTY AYP FOCAL PERSON; MOHAMED MWACHAKURE.- MATUGA SUB-COUNTY AYP FOCAL PERSON: MWANARUSI MWAKUSEMA.

ELIZABETH AKINY- USAID-STAWISHA PWANI

**Keywords:** Adolescent and youth sexual reproductive health and rights (AYSRHR), universal health coverage

(UHC),*Youth Advisory champions for Health(YACH)*

### BACKGROUND/SIGNIFICANCE

The Youth Advisory Champions for Health (YACH) in Kwale County advocate for SRHR and HIV issues among adolescents and young people. These champions represent youth in advocacy at county and national levels. Kwale County reduced teenage pregnancies from 24% in 2014 to 15% in 2022, aligning with the national average. According to (KNBS, 2022)adolescents (aged 15-24) are 20.1% of the population, emphasizing the urgency of addressing sexual and reproductive health and rights (SRHR). According to the various program reports AYPs still face significant level of dissatisfaction with some health services. Major contributing factor to this is inadequate budget allocation to support provision of youth friendly services. There is need for robust advocacy strategies to push for increased budget allocation for provision of Youth friendly services.

### OBJECTIVES

The objective of this abstract is to demonstrate how YACH can lead to increased budget allocation on SRHR programs through advocacy.

### METHODOLOGY/INTERVENTIONS

In September 2022, the USAID Stawisha Pwani project, alongside the Kwale County Department of Health, trained 19 Youth Advisory Champions for Health (YACH) representing all 20 wards. The training focused on policy and budget advocacy for Adolescent and Youth Sexual and Reproductive Health Rights (ASRHR). Monthly structured dialogues were conducted in high-burden wards,

and 36 young mothers' support groups were established in high-volume facilities. YACH also received mentorship on MEMO development and engaged in four public forums and various online activities to gather perspectives from young people and stakeholders.

### RESULTS

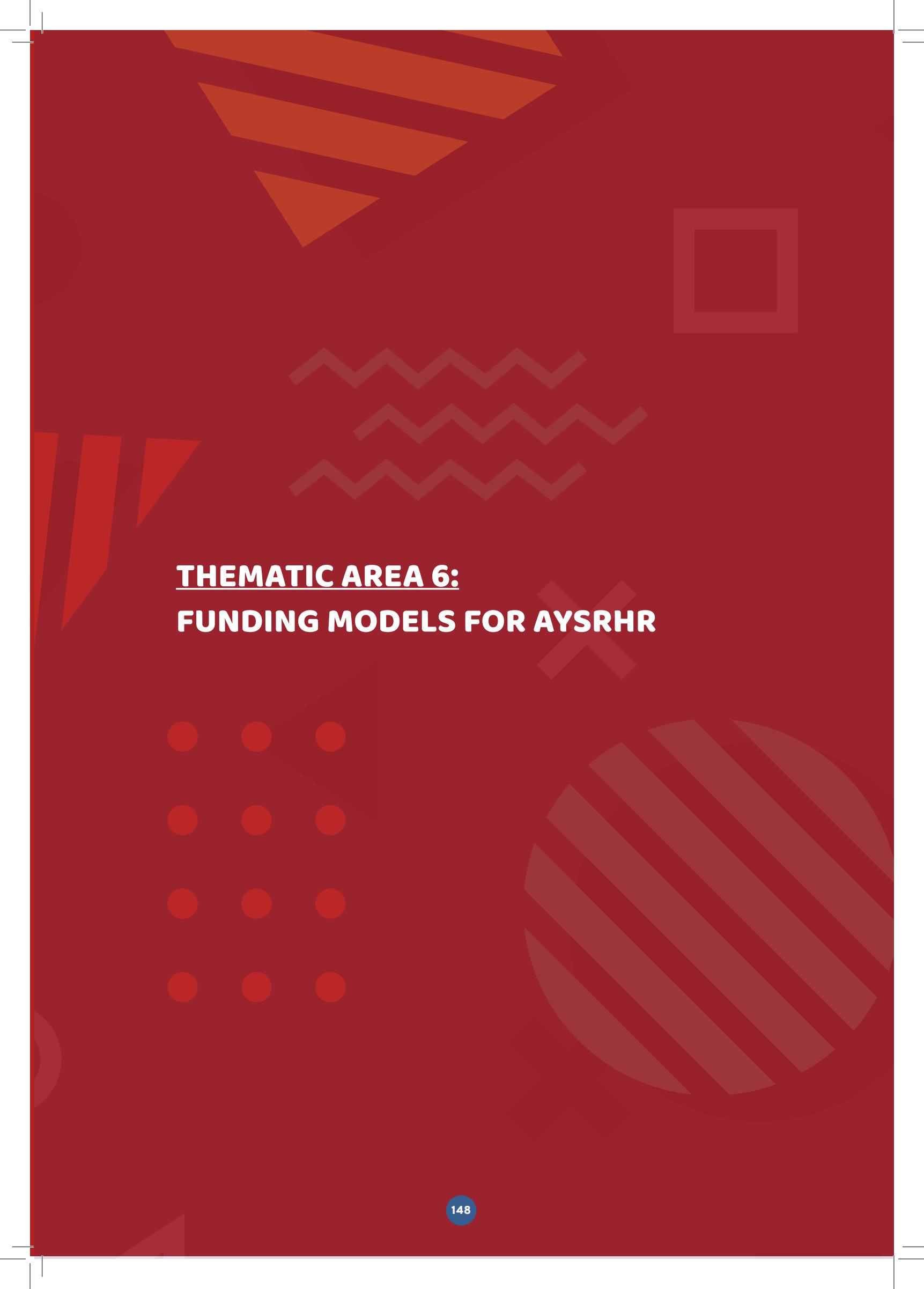
In Kwale, YACH-led ASRHR advocacy was impactful. Monthly dialogues engaged 30% of the AYP population, boosting community awareness. MEMO development mentorship enabled effective policy advocacy, with memos submitted in 3 sub-counties for youth-friendly services and resource allocation. Active online participation expanded YACH's reach, involving around 400 young individuals and strengthening ASRHR advocacy.

### CONCLUSIONS

In conclusion, enhancing YACH capacity in ASRHR advocacy has led to remarkable progress. Their involvement in reviewing county documents highlights sensitivity to budget allocations.

### RECOMMENDATIONS

Kwale County should prioritize implementing the national AYSRHR policy to strengthen the healthcare system. This will establish youth-friendly centers in all facilities, enhancing Access to AYSRHR services. Dedicated spaces and tailored services for young people will address their unique healthcare needs, promoting informed decision-making on sexual and reproductive health.



## **THEMATIC AREA 6:** **FUNDING MODELS FOR AYSRHR**

## Budget Analysis as an advocacy tool for improving ASRHR funding

Perece Motoywo

**Keywords:** ASRH - Adolescent Sexual Reproductive Health, AWP-Annual Work-Plan, ADP-Annual Development Plan, PBB-Program-Based Budget, FPCIP-Family Planning and Costed Implementation Plan RMNCAH-Reproductive, Maternal, Neonatal Child and Adolescent Health

### BACKGROUND/SIGNIFICANCE

Kenya has made significant advancements in enhancing the sexual and reproductive health (SRH) outcomes of adolescents; however, insufficient domestic financing allocated to adolescent SRH initiatives at the county level remains a persisting challenge hindering progress. In West Pokot County, for example, teenage pregnancy increased from 29.4% in 2014 to 36.3% in 2022, according to the KDHS 2022.

In an effort to increase domestic resource allocation on ASRH, DSW Kenya, through the Youth for Health (Y4H) project, co-funded by the European Union, is implementing an advocacy intervention in West Pokot County. Last year, the project conducted a budget study to analyse ASRH allocations in approved budget documents such as AWP, PPB, and ADPs from FY 2020/2021 to 2022/2023. The goal was to estimate the ASRHR allocation as West Pokot county does not have a specific budget for ASRH. Based on the findings, effective solutions were recommended to help increase domestic resource allocations for ASRH in FY 2023/2024.

### OBJECTIVES

1. Track funding disbursements/releases and spending on ASRHR by governments.
2. Provide recommendations to inform advocacy, resource mobilization, and accountability of ASRHR resources in Kenya and in West Pokot county

### METHODOLOGY/INTERVENTIONS

The study employed desk reviews, key informant interviews with relevant Ministry of Health and county officials, and FGDs with select respondents to gather health and ASRHR budget allocation for West Pokot county for the FYs2023/22; 2022/21 and 2021/2020.

Mixed method approach involving both quantitative and qualitative approaches were used to gather information, analyse and come up with inferences

### RESULTS

Based on the interviews and information collected, there is no evidence of a dedicated direct budget line allocation for ASRHR components. This lack of

allocation makes it difficult to determine how much the county allocated and is spending directly for ASRH. However, the analysis showed approximate allocations of ASRHR as KES. 377,571,697 and KES. 487,887,337 for FY 2021/2022 and FY 2022/2023 budget estimates respectively.

One key observation was that the county's annual work plans are dependent on partner funding. From this, DSW Kenya was able to develop key advocacy messages, including the need for the county to allocate more domestic resources to address ASRH. It is also important to ensure there is a specific budget line for ASRH/FP, improve implementation of the FPCIP to ensure commodity security and availability, train personnel on the provision of friendly ASRH information and services, conduct outreaches, and increase male involvement in family planning.

### CONCLUSION

Budget study is a key advocacy tool in influencing allocation of domestic resources on ASRH by tracking the health and ASRH budget allocations and expenditure against approved budgets and the implementation of existing FP policies. This will guide formulation of evidence-based recommendations towards increasing financing for ASRHR.

### RECOMMENDATIONS

1. Counties should allocate sufficient resources to ASRH programs to reduce dependency on donor funding.
2. The national government should ensure prompt and consistent disbursement of funds to support ASRHR programs.
3. Advocate for implementation of program-based budgets to effectively monitor allocations for ASRHR.
4. Partners to advocate for the inclusion of program-specific budget codes (e.g., RMNCAH, FP, HIV/AIDS) in the Integrated Financial Management Information System (IFMIS) to streamline the tracking of program expenditures.
5. County Assembly members should be sensitized on the importance of prioritizing ASRH in policy making and resource allocation.

## ESTABLISHMENT OF FAMILY PLANNING REVOLVING FUND

Miss Jeronim Obwar- Executive Director YESAM

**Keywords:** Contraceptive Revolving Fund (CRF), Family Planning Prevalence (FPP), Sexual and Reproductive Health and Rights (SRHR), Family Planning Financing (FPF), Total Market Approach (TMA)

### BACKGROUND/SIGNIFICANCE

Countries where citizens enjoy fulfilling sex life, make informed choices on sexual and Reproductive Health have full access to and high quality contraceptives, information and services on Family Planning. And also, voluntary FP can help curb rapid population growth and drive development. Notably, increasing the Family Planning Prevalence rate there is need to lay special focus on Commodity Security, Financing and Sustainability, Service delivery and Demand Creation. Developing Countries have made progress towards increased uptake of FP In terms of strategies and policies to facilitate the use of FP services as a step towards reducing the fertility rate, increasing the Contraceptive Prevalence Rate (CPR) and reducing Unmet FP Need. Regardless of their progresses, however, disparities in FP Utilization rates are still visible among different regions and specific populations e.g the persons with Disability among others

### OBJECTIVES

For governments:

- To be Intentional about scaling up Family Planning Financing
- To work with non-state actors to scale up Family Planning financing.
- To Increase Family Planning utilization and meet the Unmet Family Planning needs.

### METHODOLOGY/INTERVENTIONS

To Scale up Family planning financing and sustainability through approaches like

- Total Market Approach
- Establishment of a Contraceptive Revolving fund that will engage the stakeholders through Advisory groups and network Analysis, assembling evidence for decision making such as determining the needs of private providers to provide FP, Identifying market segments, surveying commercial product availability and modeling different financial scenarios and build the Total Market Plan.
- Also the establishment of a contraceptive revolving fund that will ensure sustainability for Post-donor funding for procurement of contraceptives arising from the re-sizing of economies to lower middle income status.

### RESULTS

1. Economic Benefits: There will be reduced fertility that continue to create favorable conditions for socio-economic development and also reduction of the proportion of dependent children in the population. A lower ratio of children to adults can create a "Demographic Bonus". However, some caution is in order when drawing connection between lower fertility and socio-economic development the "Demographic Bonus" is not automatic but dependent on appropriate Policy in other areas.
2. Health and Quality of Life benefits: Will escalate Improved health for children, Reduction of risk of Maternal Mortality, Improved life options for women, Easing the burden on schools and reducing pressures on the environment and public services.
3. Benefit for Donor Countries:  
Developing countries are not only beneficiaries of Family Planning Programs. Donor countries provide approximately one fourth of the funds for International Family Planning Programs also benefit in these ways:
  - i) Improved Stability and Co-operation.
  - ii) Achieving Humanitarian goals.
  - iii) Boosting of the economic strength of potential Trading partners.

### CONCLUSIONS

Highlighting current fertility trends in the developing world, their consequences and measuring How effective FP programs help in fertility reduction and the roles of donor nations especially the US that has greatly taken part historically and currently in FP programs. It will also lessen donor dependency, create a continuum of product provision independently.

### RECOMMENDATIONS

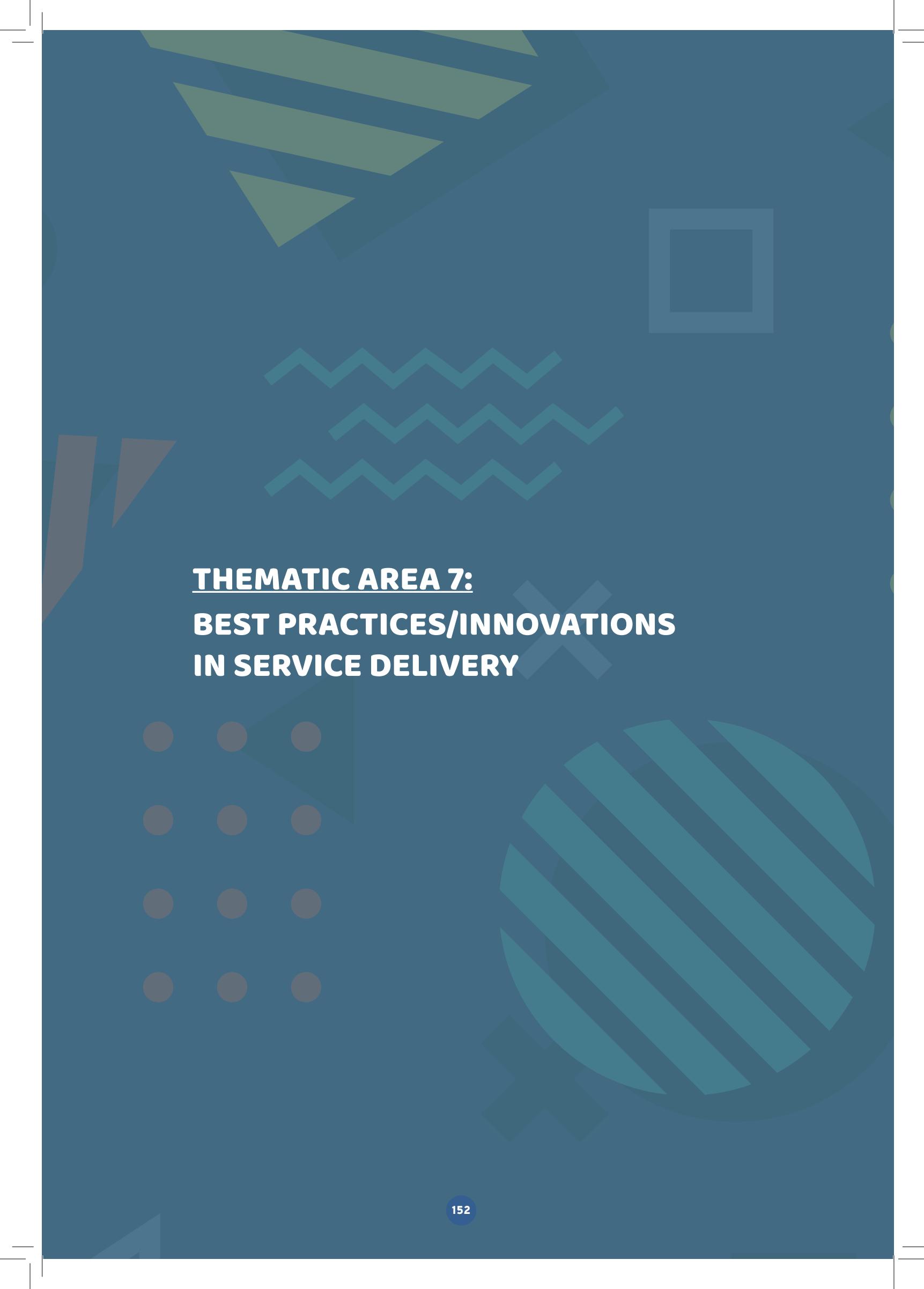
To increase Family Planning prevalence Rate there is need to

1. Lay a special focus on commodity security.
2. Ensure Financing and sustainability.
3. Enhance governance and partnership
4. To have proper Information Management in terms of Research and monitoring and



5. Evaluation, service delivery and demand creation.
6. Ensuring good strategies and policies put in place to facilitate the use of FP.

***With Esteemed support from the Kenyan SRHR Alliance***



## **THEMATIC AREA 7:** **BEST PRACTICES/INNOVATIONS** **IN SERVICE DELIVERY**

## ENGAGING YOUNG WOMEN IN DESIGNING AND IMPLEMENTING HIV INTERVENTIONS TARGETING THEIR PEERS: LESSONS FROM A PREP STUDY IN SIAYA COUNTY, KENYA.

**Sarah Ndelema, Sophie Otticha, Joyce Boke, Sarah Roberts, Kawango Agot**

**Corresponding author: Sarah Ndelema**

*Nyanza Initiative for Girls Education and Empowerment, Impact Research and Development Organization, 3 RTI International*

### **Background:**

In Kenya, adolescent girls and young women (AGYW) bear the brunt of the HIV epidemic, accounting for twice as many new infections as their male counterparts (NASCOP, 2020) and in 2022, were estimated to contribute to about a third of the country's new 40,000 HIV infections (NACC, 2021). Drivers of HIV infection among AGYW include engagement in risky sexual behaviours, sexual violence and limited access to SRH services. These vulnerabilities are further compounded by the failure of researchers and program implementers to engage AGYW in designing strategies to make their peers use available effective interventions. We report on a best practice from a study that actively engaged AGYW in both the design and implementation phases.

### **Objective:**

To capacity build AGYW to design and implement a research intervention to support their PrEP use in the context of GBV and gender inequality.

### **Methodology:**

We employed a participatory approach involving training AGYW with no prior research experience to develop and pilot an intervention to support their PrEP use in the context of gender based violence and stigma in Siaya County, Kenya. AGYW aged 18-24 were recruited through competitive selection from MoH facilities and DREAMS safe spaces. The recruitment criteria included being aged 18-24 years, possessing knowledge of PrEP, having completed secondary education, proficiency in computer use, and competency in English and one local language (Kiswahili or Luo). Written exams were administered to select the top 12 to form the youth research team (YRT). A one-week training was conducted for the finalists covering study protocol, PrEP stigma (types and manifestations), and research methods. The YRT administered

participant consent and surveys; conducted data entry into Redcap; co-facilitated focus group discussions; transcribed audio-recordings; translated cognitive interview tools and final survey forms; assessed participants' comprehension of interview questions during the cognitive interview process; and coded and analyzed qualitative data.

### **Results:**

The engagement of YRT improved research study conduct; quality reviews revealed minimal error rate on surveys (per question 0.0002%, per page 0.18%) and high-quality data from FGDs, which were comparable to those obtained by experienced research assistants. The YRT provided valuable youth perspectives in identifying drivers, facilitators, manifestations, outcomes, intersecting stigmas, health and social impacts of Prep stigma. They also contributed to the development of a quantitative scale to measure Prep stigma among AGYW on PrEP. Their involvement in translations enabled better comprehension of survey questions by study participants. Furthermore, the YRT's participation in cognitive interview reviews enabled refinement of the cognitive interview guide.

### **Conclusion:**

AGYW with basic education can be mentored to successfully perform key roles in research or program interventions targeting their peers. To replicate our efforts, the MOH Kenya and/or SRH/HIV program implementers need to first identify and recruit participants from relevant community settings, provide training sessions to equip the selected AGYW with pre-requisite skills and knowledge, followed by active involvement in each step of the implementation process. Continuous support and collaboration with experienced researchers and/or program experts is crucial to ensure fidelity to research procedures.



## EMPOWERING HEALTHCARE PROVIDERS TO ACCESS AND PROVIDE CONTINUOUS, QUALITY, DIVERSE, AFFORDABLE AND COMPREHENSIVE SRHR SERVICES IN KENYA

Ms. Lawreen Sakini, Dr. Edison Omollo, Ms. Nelly Munyasia

**Keywords:** SE- Social Enterprise

### Background/Significance

Kenya exhibits a higher prevalence of modern contraception use compared to many Sub-Saharan African countries. However, recent years have witnessed a slowdown in uptake, primarily attributed to challenges in the supply chain resulting in increased stockouts of contraceptive commodities. The unmet contraceptive need is notably elevated among adolescents (15-19) and individuals aged 20-29, reaching approximately 30%, surpassing the rates observed in older age groups. Rural areas experience a higher level of unmet need (27%) compared to urban areas (20%). Access barriers include limited availability and choice of contraceptive methods, concerns about side effects, cultural or religious opposition, poor service quality, and gender-based impediments. Weak local structures and low political accountability contribute to deficiencies in health supply chains, as identified by recent audits. Persistent stockouts of essential drugs and commodities in Kenya, attributed to shortcomings in the procurement and supply chain processes, have led to dissatisfaction with the Kenya Medical Supplies Authority (KEMSA), responsible for the procurement, storage, and distribution of medical products.

### Objectives

To become a reliable and affordable source of SRHR commodities through bridging the quality, accessibility and affordability gaps.

### Methodology/Interventions (100 words max)

RHNK team went through two consecutive short courses by IPPF that enabled them to identify what models to apply to set up the social enterprise.

Leveraging on the 500+ member providers and the data collected from them, a business plan was developed with projections for the next 5 years on commodity demand and supply.

A summary of the current market situation was done on the availability of SRH commodities and the findings documented.

Through provider surveys 327 providers responded indicating stock outs on the key commodities considering also government supply priorities in the private sector.

A team from FPA-Sri Lanka also provided physical

Technical Assistance for the RHNK SE team.

A business manager and procurement specialist were hired and application and registration of the Enterprise was done.

### Results

The enterprise was officially started in August 2023 and from then to December 2023 total number of products distributed were 10,437 with a customer retention of 82%. The number of clients served has had an average monthly increase of 7% with them comprising both RHNK providers and partners.

Post-launching survey also led to findings of the need for complementary products for the SRH products that were the only focus as at 2023.

This has led to the product diversity supply by the organization.

A database ordering and reporting system has been adopted by the organization that aids clients to make their orders through it as well as capture client data consecutively.

A pharmacy has been opened within the SE store to also cater for the needs of the immediate community as well as complement the services provided by the RHNK model clinic which is adjacent to the SE.

### Conclusions

The RHNK SE model is a very relevant model in the SRH space and health sector at large.

Through this model RHNK is able to mitigate commodity supply and demand stock outs that is one of the key challenges facing providers especially in the private sector.

RHNK SE aims to incorporate the total market approach and have a positive systematic change within the Health sector.

### Recommendations

The data on the progress of the enterprise suggest a potential of exponential growth through the model. Coordination of both the private and public sectors to implement the model will lead to a supply and demand stability with significant decrease in commodity stock outs which will increase social welfare.

Adapting this model and the total market approach in the existing market is the next best step within the health sector

## EFFECTIVENESS OF SEXUAL AND REPRODUCTIVE HEALTH INFORMATION VIA THE NURSE NISA WHATSAPP CHATBOT AMONG UNIVERSITY STUDENTS IN WESTERN KENYA.

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### Introduction:

The use of digital technology, such as chatbots, has emerged as a promising approach to delivering sexual and reproductive health (SRH) information to individuals in low-resource settings. This abstract presents a study that evaluates the effectiveness of the Nurse Nisa WhatsApp chatbot in providing SRH information to university students in Western Kenya.

### Aim:

The primary aim of this study is to assess the impact of the Nurse Nisa WhatsApp chatbot in improving SRH knowledge, attitudes, and behaviors among university students in Western Kenya.

### Methodology:

A mixed-methods approach was employed, combining surveys, focus group discussions, and interviews with university students who interacted with the Nurse Nisa WhatsApp chatbot. Quantitative data were collected to assess changes in SRH knowledge and behaviors pre- and post-engagement with the chatbot. Qualitative data were gathered to explore users' experiences, perceptions, and satisfaction with the information provided by Nurse Nisa.

### Results:

The study findings indicate that the Nurse Nisa

WhatsApp chatbot was well-received by university students, with high levels of satisfaction reported. Users appreciated the convenience, anonymity, and accessibility of the chatbot. Preliminary results show positive changes in SRH knowledge and behaviors among students who engaged with Nurse Nisa, suggesting that WhatsApp chatbots can be an effective tool for delivering SRH information in Western Kenya.

### Conclusion:

The study concludes that the Nurse Nisa WhatsApp chatbot is a promising approach to disseminate SRH information to university students in Western Kenya. The positive feedback and initial outcomes suggest that WhatsApp chatbots can play a significant role in enhancing access to and utilization of SRH information in low-resource settings.

### Recommendation:

Further research is recommended to explore the long-term impact and scalability of using WhatsApp chatbots for SRH information dissemination among university students. It is essential to continue monitoring and evaluating the effectiveness of Nurse Nisa in improving SRH knowledge and behaviors. Additionally, efforts should be made to promote awareness and trust in WhatsApp chatbots like Nurse Nisa to maximize their potential benefits for SRH information dissemination in Western Kenya.

## CENTERING PREGNANCY: A GROUP ANTENATAL CARE MODEL TO IMPROVE MATERNAL HEALTH OUTCOMES FOR TEEN MOTHERS IN MIGORI COUNTY, KENYA

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### BACKGROUND/SIGNIFICANCE

The 21st C marked great change within the healthcare system with creativity, quality & efficiency within the system. There has been a lot of advancement in the care of adolescents and young people. However, young people in Kenya still face challenges in accessing SRH care and support. Teen pregnancy rate stands at 15% in Kenya, with most adolescent mothers attending their first ANC later than the recommended time.

In Migori, the proportion of women attending

4+ANC visits remain low in rural areas with 32 % of the mothers-initiated ANC within 14 weeks while 72% attained the 4+ ANC. This was low compared to 90% 4+ ANC achievement goal. (KDHS 2022).

Trotman et al (2015) pregnancy is a time of affiliation for most women. The GANC model therefore aims to build peer support and reduce feelings of isolation, leading to ANC retention and good pregnancy outcomes for the adolescents.

## METHODOLOGY

Centering pregnancy model is based on shared medical appointments (SMA) to enable grouping and tracking of women of equal gestation. Mothers are booked from the antenatal register and grouped according to gestation. Health professionals facilitate the sessions and provide care to 8-12 pregnant adolescents. Group sessions replace traditional one-to-one appointments and lasts about 2 hours. Clinical checks are combined with information sharing and peer support through group discussion led by participants. The mothers are encouraged to engage in self-monitoring to increase their knowledge and confidence besides building social support and networks to improve their livelihoods and other economic activities

## RESULTS

Between January to December 2023, the program had recruited 1323 adolescent mothers across 31 health facilities. 45 teen mum groups were established with each having cohorts of 8-12 participants. A total of 990 were antenatal teen mothers while 332 were attending postnatal sessions.

By the end of December 2023, 314 girls out of 336 (93.4%) who were in the 3rd trimester cohort had achieved hospital delivery with 98% achieving 4+

ANC by the time of delivery. For postnatal girls, 289 out of 303 had received post delivery Family planning (87%) out of which 16 girls benefited from immediate postpartum Family planning (PPFP). Other milestones include 134 postnatal girls who were linked to safety net opportunities while 102 were able to go back to school after delivery.

## CONCLUSIONS

The Group Antenatal Care model has proven highly successful, enhancing team mums' satisfaction, fostering community support and improving better pregnancy outcomes for adolescents, underscoring its potential as a transformative approach in prenatal care practices. Such success advocates for its broader adoption in health care settings.

## RECOMMENDATIONS

We recommend the adoption of the group Antenatal Care model across healthcare systems due to its demonstrated success in improving maternal and neonatal outcomes, increasing patient engagement and enhancing education. Implementing this model can lead to more effective care, reduced healthcare costs and a supportive community environment for expectant mothers.

## AN AGYW-CENTERED APPROACH TO SERVICE PROVIDER CAPACITY STRENGTHENING FOR ENHANCED UPTAKE OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES AMONG AGYW IN KISUMU COUNTY.

**Lucy Masika<sup>1</sup>, Grace Ocholla<sup>1</sup>, Winnie Aketch<sup>1</sup>, Kawango Agot<sup>1</sup>, Elizabeth Okumu<sup>2</sup>**

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**Keywords.** AGYW-Adolescent girls and young women., SRHR-Sexual Reproductive Health Rights., AYP- Adolescents and Young People., GBV -Gender based Violence., STI-Sexually Transmitted Infection Uptake of services.

### Background:

AGYW bear a disproportionate burden of poor SRH outcomes compared to adolescent boys and Young Men. In Kenya, AGYW have a two-fold higher risk of HIV acquisition compared to their male peers. Adolescent girls aged 15-19 years' experience elevated pregnancy rates, reaching 15%, with the incidence increasing with age from 3% among 15-year-olds to 31% among 19-year-olds. Additionally, the percentage of unmet family planning needs is higher among adolescents aged 15-19 compared to young women aged 20-24, standing at 22% and 17% respectively. Factors driving these disparities among AGYW include low educational levels, stigma and discrimination, and

judgmental attitudes of healthcare staff. Engaging AGYW as key agents in training health care providers on youth friendly SRH service provision can increase uptake of services among AGYW. This intervention employed an AGYW centered approach in strengthening the capacity of health care workers to enhance uptake of SRH services among AGYW.

### Methodology:

Between November 2022 and October 2023, this intervention engaged 250 AGYW from Kisumu, Siaya, Homabay and Migori in 4 dialogue sessions and 4 FGDs to identify challenges and design strategies to enhance SRH service uptake among

their peers. AGYW with support from SRH experts trained 80 service providers from 40 health facilities across the four counties on AGYW reproductive health risks, legal and policy frameworks, youth-friendly service models and recommended essential service packages. Five radio talk shows were held where AGYW raised awareness and championed for enhanced access to and utilization of SRH services among their peers.

#### **Results:**

Deploying trained AGYW at the health facility to reach out to and assist their peers to utilize the services has streamlined the process of seeking SRH services and obtaining appropriate referrals, thereby improving accessibility of SRH services for AGYW. A total of 149 and 61 AGYW from the 4 counties accessed postnatal and antenatal services respectively. Additionally, 552 AGYW accessed contraceptive services, 65 accessed STI treatment, and 115 accessed HTS services. A total of 1278 AGYW participated in GBV sensitization meetings. Additionally, the radio talk shows have raised awareness about SRH issues affecting adolescent

and young people (AYP) on larger scale, resulting in a surge of phone calls from AYP seeking information and guidance on SRH issues affecting them. Furthermore, the initiative is receiving full support from the sub-county MOH through the provision of commodities and services under one roof, enabling the AGYW to conveniently access a range of SRH services in a single location.

#### **Conclusions:**

Involving AGYW as key agents in providing routine refresher training to service providers had a significant effect on access and utilization of the SRH services among AGYW.

#### **Recommendations:**

The MOH and other SRH program implementers should engage AGYW with support from SRH experts in providing regular SRH refresher training targeting service providers and other key stakeholders including caregivers and policy makers to sustain the positive outcomes.

### **AMPLIFYING YOUTH VOICES; A CASE OF KILIFI YOUTH ADVISORY COUNCIL FOR HEALTH**

**Mary Kemunto,<sup>1</sup>Reena Atuma<sup>2</sup>, Philip Masaulo<sup>2</sup>, Patrick Oyaro<sup>2</sup>**

#### **Keywords**

*Policy making, Adolescent Sexual and Reproductive Health Rights, Reproductive Maternal Newborn Child Adolescent Health (RMNCAH), Youth, Budget Advocacy.*

#### **Background/Significance**

According to the 2019 Kenya Population and Housing Census, the population of Kilifi County was 1,453,787. This population is projected to rise to over 2,600,000 by the year 2050. Almost half of the population is youthful where 47 percent are below the age of 15. The youth find themselves vulnerable due to their young/tender age. They have inadequate access to information and to basic conditions required to develop and live an independent life such as adequate education, occupational expertise, and weak community structures. Due to these challenging conditions, the youth have limited representation on decision-making for matters that affect them. The current constitution of Kenya emphasizes the need for public participation in both policy and budget making. Young people's voices in Kilifi County remain underrepresented in health policy and budget processes ranging from advisory roles to communicating findings.

#### **Objectives**

1. To enhance young people's participation in policy-

making processes in Kilifi County

2. To enhance the capacity of youth budget champions on budget advocacy for sexual and reproductive health.

#### **Methodology/Interventions**

USAID Stawisha Pwani project supported 35 youths drawn from all the 7 sub counties in Kilifi County to become youth advocates in the county through skill sharpening sessions on advocacy, community participation, local level engagement and Peer to Peer Networking including Youth Exchange networks. Furthermore, the project supported the youth to improve their communication competencies including preparation of written and oral submissions to legislators and other leaders occupying positions of influence.

#### **Results**

The champions meaningfully engaged with duty bearers and key stakeholders to voice their concerns, propose alternate solutions, and advance their participation in both policies, planning and implementation of ASRHR programme. As a

result, marginalized young people in Kilifi County, including those with disabilities and vulnerable girls, received support, mentorship, and coaching. The inclusion of youth in policy-making platforms improved, leading to the development of several key policies, such as the Kilifi County Sexual and Gender-Based Violence Policy 2023, the Kilifi County Climate Change (Amendment) Bill 2023, the Kilifi County Menstrual Health, and Hygiene Policy 2023, and the Reproductive Maternal Neonatal, Child, and Adolescent Health Bill 2023. Additionally, the champions' advocacy efforts led to increased funding for Reproductive, Maternal, Neonatal, Child, and Adolescent Health from Ksh. 9,814,510 to Ksh. 54,214,150 through a supplementary budget, allowing for essential activities like midline surveys for adolescents and youth programs in FY 2023/2024. The youth network also demonstrated personal development through capacity-building opportunities and active participation in SRH activities at the county level, using social accountability tools.

## Conclusions

The youth have a vital role to play in policy and programmes design and development today, and we need to support and empower them to do so. This requires a shift in mindset, where young people are no longer viewed as passive recipients of aid but as active agents of change.

## Recommendations

To amplify youth voices and improve health outcomes, Kilifi County should actively involve the Kilifi Youth Advisory Council in policy and budget making processes and in ASRHR programme implementation. [By reducing formal barriers and providing necessary resources, the county can enhance youth participation and trust, ultimately benefiting adolescent sexual and reproductive health programs.](#)

## SOCIAL NORMS' INFLUENCE ON ADOLESCENT GIRLS AND YOUNG WOMEN'S ABORTION EXPERIENCES IN BENIN: PERSPECTIVES FROM A QUALITATIVE STUDY

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- **Keywords:** Unintended pregnancy, abortion, social norms, adolescent girls and young women, Benin

### Background/Significance (150 words max)

In Africa, adolescent girls and young women's sexual and reproductive health and rights (SRHR) are highly influenced by social norms. However, there are still gaps in knowledge on how social norms influence teenagers and young women's abortion experience and how they can drive unsafe abortions. Yet, such information are key on prioritizing areas of investment to enhance adolescent and young people access to their rights, and reduce death from unsafe abortion

### Objectives

An ethnographic approach was adopted for data collection among girls and young women who have undergone abortion, their confidants, and other community members. During six months, we conducted participant observation in public

and private health facilities and the neighboring communities in the Atlantic department (south Benin). Participant observations were complemented with repeat in-depth interviews with the girls and young women, focus group discussion with female and male community members, and key informant interviews.

### Methodology/Interventions

An ethnographic approach was adopted for data collection among girls and young women who have undergone abortion, their confidants, and other community members. During six months, we conducted participant observation in public and private health facilities and the neighboring communities in the Atlantic department (south Benin). Participant observations were complemented with repeat in-depth interviews with

the girls and young women, focus group discussion with female and male community members, and key informant interviews.

## Results

The findings show that young women in the Atlantic department in Benin face a threefold normative burden in their social environment. They juggle contradictory norms that simultaneously stigmatize early pregnancies, hinder proper sexual education, and strongly condemn abortion. These normative pressures often drive them to terminate unintended pregnancies using unsafe procedures. The study also highlights the significant role parents play in the abortion decisions and processes of girls under 20 years. When men (partners or male relatives) are involved in seeking care for abortion, adolescents and young women are more likely to access safer procedures. However, their access to aftercare and contraception following an abortion is hindered by healthcare professionals' values and attitudes.

## Conclusions

Even though Benin has made the honorable effort by changing his sexual and reproductive law in October 2021-which expanded women's access to safe and legal abortion, studies in other contexts have demonstrated that law changing is not enough to guarantee women's effective access to safe abortion and the reduction of abortion-related deaths.

## Recommendations

It is imperative to implement interventions to address persistent harmful norms amongst health care workers, nurse training institutions in the official curriculum must include courses on adolescent SRHR and respect in care delivery as well as value clarification. The government should also establish a law which can constraint healthcare providers to not allow their personal values to impact their SRHR services delivery.

## IMPACT OF PARTNER COLLABORATION TO IMPROVE HEALTH OUTCOMES OF ADOLESCENTS AND PREGNANT YOUNG MOMS AT MIGOSI SUB-COUNTY HOSPITAL IN KISUMU COUNTY

**Dorothy Muriithi, Everlyne Metobwa, Beatrice Oloo, Cecilia Boke**

### Background/Significance

Adolescents encounter numerous health challenges during their transition to adulthood. Unmet sexual and reproductive health information, services and contraceptive needs among the adolescents may contribute to sexually transmitted infections, including HIV, HPV infection and unintended pregnancies.

Pregnant adolescents face significant stigma from peers and other members of the community, which may lead to mental health problems that may affect their wellbeing and that of the unborn infant. Teenage pregnancies are associated with several adverse outcomes, like miscarriage, unsafe abortion, obstructed labor, and other complications, which can result in long-term morbidity or even death.

Cervical cancer ranks as the 2nd most frequent cancer among women between 15 – 44 years of age in Kenya. HPV remains the cause of almost all cervical cancer cases and is responsible for a vital fraction of other ano-genital, head & neck. Thus the focus should be on preventive and promotive interventions.

### Objectives

Enhanced peer to peer school and out of school based support system among the adolescent in family planning services and other sexual reproductive health information in services accessibility and utilization.

Tailored young moms clubs for educating the pregnant adolescents' moms which enhance peer to peer support among them and support adolescents become economically independent, improve pregnancy outcomes and provision of family planning services.

HPV vaccination to prevent cervical cancer and other genital cancers among girls through awareness creation and increase proportions of adolescents who get recommended doses

### Methodology/Interventions

Use of Peer to peer model in eradicating the Triple threat of teenage pregnancy, new HIV infections & gender based violence through advocacy, sensitization and dissemination of information thus shifting the power to Adolescents hence promoting family planning services uptake.

Establishment of Young mom's clubs in all health facilities for the pregnant adolescents &

linking them to facilities to train them on sexual reproductive health alongside income generating activities.

Integrated outreaches on adolescent & youth sexual Reproductive Health education and immunizing girls with HPV Vaccines which is administered in two doses, 6 months apart and a card issued to them.

## Results

2021-2023 Girls aged 10-19 years of age received family planning 70, 81 and 183 respectively thus an upward trend on the uptake of the services.

At the onset 2021, the adolescent clubs secured 80 pregnant adolescents, while 2022 2<sup>nd</sup> cohort of young mom club of 55 pregnant teenage girls was initiated and 2023, 3<sup>rd</sup> cohort of 38 pregnant teenage girls formed another club who attended 8 series of similar antenatal visit sessions and had successful deliveries; some through spontaneous vaginal delivery while others by a cesarean section. Each cohort got an opportunity to partner with USAID Boresha Jamii to learn hands skills such as making matts, disinfectant, shampoo as a way of being self-reliant and generating a source of income for themselves. Also linked over 40 adolescent mothers to Dream Girl for rescue and child protection program.

In 2021-2023 in Migosi Sub-county hospital 153,

1376, and 1638 and 129, 398 and 2382 girls aged 10-14 years were vaccinated for first and second doses of HPV vaccine respectively with a positive drift whereby County of Kisumu social media conveyance facilitated in widening the scope of reach and also campaigns on HPV vaccination being conducted.

## Conclusions

Increase of contraceptives use among sexually active adolescents is noted after Peer to peer sessions.

Young mom clubs practice in 7 health facilities within the county curbed teenage pregnancies hence improved maternal health outcomes.

HPV vaccination rate noted from school health activities prevented more than 90% of HPV attributed cancers.

## Recommendations

The use of Peer to peer model both school based and out of school education to improve unmet needs for contraceptives among adolescents.

Adoption of young mom clubs for antenatal care among pregnant teenagers to Promote maternal and newborn outcomes.

Advocate enhanced health outreach to help improve HPV vaccine uptake.

## USING SPORTS AND PEER EDUCATION TO IMPROVE ACCESS TO SRHR INFORMATION AMONG YOUTH AGED 10- 24 YEARS IN KACHELIBA

**Cyril Ayopo Malcolm**

### Keywords

*Community dialogues, football tournament, absenteeism, SRHR, SGBV*

### Background/Significance

Increased rates of teen pregnancies in West Pokot County are majorly contributed by lack of information about sexual and reproductive health and rights among young people, Inadequate access to services tailored to young people, harmful cultural practices such as FGM and early forced marriages and sexual violence. KDHS 2022 data shows West Pokot County has a teen pregnancy rate of 36% against the national rate of 15%. This contributes to poor sexual reproductive health outcomes among young people. About six out of ten adolescents and the youth in Kacheliba are faced with the challenge of unintended pregnancies. Majority of the population are ignorant and lack sensible information on SRHR. Homeboys Youth Organization aims to improve access to SRHR information among the youth aged 10-24 years in Kacheliba, West Pokot County

through sports, SRHR dialogues on menstrual health and contraception use, life skills education, sensitization on harmful cultural practices, SGBV, and HIV & STI prevention.

### Objectives

1. The intervention seeks to improve knowledge on SRHR including menstrual hygiene management among adolescents and young people empowering them to make informed choices.
2. To engage the right actors/ stakeholders in the fight against teen pregnancies.
3. It also seeks to contribute to reduced cases of unintended pregnancies in North Pokot Sub-County.

## **Methodology/Interventions**

Homeboys organization addresses the knowledge gap on SRH among young people through awareness creation targeting young people. Through football tournaments young people are mobilized for the games and for SRHR training sessions prior to the tournament and in between the matches. The sessions are conducted by trained youth mentors and mentor parents. School based peer learning sessions on sexual reproductive target adolescents in seven schools in Kacheliba, to create a platform for knowledge-sharing among peers. Community-based peer learning sessions in the youth empowerment centers are adopted to discuss best practices on AYSRH with young people out of school or during weekends and holidays. Community dialogues target the older men and women in the community to increase their knowledge on SRHR challenges affecting adolescents.

## **Results**

The in-school peer learning sessions, mentorship sessions conducted at the organization and sports activities translated to improved knowledge on SRHR and behavior change among young people in North Pokot Sub County. With the safe space provided by the Homeboys Youth Organization, young people can freely engage with their peers on

issues affecting them. Mobilization through football activities has resulted in an increase in the number of young people accessing the youth empowerment center for information on SRH being realized. Absenteeism during menstruation is on a downward trend as girls gain knowledge on menstrual hygiene management.

## **Conclusions**

It is envisioned that by 2025 the intervention will have positively impacted the lives of over 3,500 young people in six targeted schools in Kacheliba and within the Organization's catchment area. This will be evident through reduced school dropout cases, reduced absenteeism in the schools, improved behavior changes and reduced teen pregnancy cases.

## **Recommendations**

To comprehensively address SRH challenges there is a need for more programmes targeting young people on comprehensive sexuality education. To improve health seeking behaviors among young people, youth friendly services should be provided in all public hospitals and strict enforcement of law on SGBV to address prevalent harmful cultural practices.

## **THE AYP CHAMPION APPROACH IS AN EFFECTIVE STRATEGY TO IMPROVE PREP UPTAKE AMONG YOUTHS IN KWALE COUNTY, KENYA.**

**Otieno Pamela Mbuya, Nzola James, Kirishwa Geoffrey, Masaulo Phillip, Oyaro Patrick**

## **Background/Significance**

According to the latest statistics from the National Syndemic Diseases Control Council (NSDCC), the County's HIV estimates for 2022, youth accounted for 23% of new HIV infections. To reduce this burden, oral pre-exposure prophylaxis (PrEP) is an effective method of lowering the risk of HIV acquisition among these high-risk populations. USAID Stawisha Pwani project implements preventive measures using different programs to control HIV infection among Adolescents and Young People (AYP) by use of the AYP Champion Approach as one of the ways to reach these populations in Kwale County, Kenya.

## **Objectives**

The objective of this abstract is to showcase the effectiveness of using the AYP Champion approach to improve PrEP uptake among youths in Kwale County, Kenya.

## **Methodology/Interventions**

30 adolescents and young people (AYP) aged 15-24, and 25 HTS Providers were trained in October as PrEP Champions for one week. Two AYP Champions were attached to facilities, to sensitize, educate, and mobilize, their peers in the community for outreaches, and in-reaches and referred them to the facilities for PrEP initiation and other HIV Testing Services. They accompanied HTS Providers, and Clinicians in the community outreach activities in churches, mosques, and institutions of higher learning. Online reminder messages through 1190 digital platforms were shared as part of the intervention for PrEP Continuation. Data were recorded for the first six months from October 2021 to March 2022, October 2022 to March 2023, and October 2023 to March 2024 to monitor the progress of the implementation.

## Results

Before implementation, the number of the youths newly initiated on PrEP and those on PrEP continuation for 3 months, for the periods Oct 2022 -Mar 2023, and Oct 2023 -Mar 2024 was recorded and compared with the implementation period of October 2021 to March 2022. HIV positivity for the same periods was also recorded. The number of new clients taking up PrEP increased substantially from 8 in the pre-implementation period to 103 in the period ending March 2024. Similarly, the number of clients who were continuing on PrEP rose from 30 to 304 over the same period. This highlights improved adherence and understanding of the importance of HIV Prevention. HIV testing positive rates remained relatively constant, with values of 77, 88, and 72 recorded across the periods indicating that the HIV-positive youth were adhering to care and treatment hence attaining viral suppression, and the HIV-negative ones using HIV Prevention methods.

## Conclusions

The substantial rise in new PrEP initiations and continuation at 3 months following the introduction of AYP champions in Kwale County demonstrates the efficacy of using the AYP Champions approach to promote HIV prevention. Despite these gains, constant HIV testing positivity rates indicate that lowering HIV prevalence among the youth group remains a problem.

## Recommendations

To address this, the study recommends expanding and sustaining the AYP Champion approach, improving community participation, integrating Social Behavior Change Communication, eliminating barriers to HIV testing and PrEP uptake, and investing in holistic prevention methods.

## SELF CARE AWARENESS ENHANCES ACCESS TO AND UPTAKE OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING SERVICES IN PUBLIC HEALTH FACILITIES IN MUKONO DISTRICT, UGANDA.

**Frank Ategeka**

### Keywords

Self-care, HIV/AIDS, HIV self-testing, self-care guidelines, WHO self-care consolidated guidelines, National level self-care guidelines

### Background/Significance

Self-care interventions are among promising approaches and exciting approaches to improve health and well-being of people in remote settings. The World Health Organization (WHO) developed the consolidated Guideline on Self-Care Interventions for Health Sexual and Reproductive Health and Rights and called up countries to adopt the guidelines in their context in an effort to achieve universal Health Coverage. In order to develop a country context specific guideline aligned to the WHO guidelines to regulate self-care interventions in Uganda, the ministry of health with support from civil society organizations and donors undertook a pilot self-care program in Mukono district partnering with 10 public health facilities and 8 private health facilities as providers of self-care service providers.

### Objectives

The self-care pilot intervention's aim was;

1. To create awareness on the concept of self-care among health services providers including health workers, Community Health Workers (CHWs) /Village Health Teams (VHTs);

community members, local leaders and religious leaders

2. To implement the draft national Self-care guideline for SRHR in selected settings

To generate evidence to be utilized to develop/ finalize a consolidated Guideline on Self-Care Interventions for Health Sexual and Reproductive Health and Rights in Uganda's context

### Methodology/Interventions

15 Health service providers were mapped from Mukono district participating health facilities and at national level and trained as "National Trainers of Trainers (TOT) on Self-Care". These in turn later trained other health service providers including; 61 health workers, 28 Village Health Teams (VHTs) and health assistants from their respective health facilities and 29 local leaders, 27 community health workers (CHWs) and cultural leaders on self-care. They also held community awareness sessions on self-care via radio talk shows. A joint monitoring assessment was conducted by the ministry of health, Mukono district local government, the Center for Health, Human Rights and Development (CEHURD) and other self-care partners to establish the self-care outcomes of the intervention. Health

workers were purposely selected for interviews from those that were trained as trainers of trainers and those that were trained by the trainers of trainers; self carers were randomly selected for focus group discussions from health facility patients at the OPD at the point of the assessment. Document review focusing on the health facility records including the HIV register, Antenatal register among others.

## Results

A joint monitoring assessment conducted by ministry of health, Mukono district local government, CEHURD and their partners in 18 participating health facilities revealed that;

During the one-year pilot phase, 18,350 people had accessed self-care services and commodities from the participating health facilities; there was increased demand for HIV self-testing services and 3,615 HIV self-testing kits were distributed (unassisted) by the participating health facilities; Of the clients that took the HIV self-testing kits, 519 clients that self-tested had positive results and 79% of these were confirmed positive at the respective health facilities. 35% of the trained health workers could train women to self-care inject (DMPA-SC); 50% of the trained health workers could train individuals to do HIV self-testing; 39% of the trained health workers could train women to self-sample for STD specimens; 66% of the participating health facilities were holding self-care awareness sessions in the Outpatient Department (OPD); 94% of the participating health facilities reported improved men are involved in self-care; and 56% of the participating health facilities had established adolescent-friendly services for adolescent self-carers. Health workers and community members

reported that Self-care improves health worker-client relationships, saves time and transport, reduces workloads among health workers and reduces overcrowding at the points of care. It was also reported that uptake of self-care services was affected by stockout of self-care commodities; Documentation and reporting for self-care services at the heath facilities was poor, community members hold fears/negative perception that self-testing may result into wrong results.

## Conclusions

Self care awareness among health services providers and community members increases access to and uptake of self care services especially HIV self testing services. Self care approaches have potential to contribute to the attainment of the 95-95-95 HIV targets.

## Recommendations

1. Government should address drug stock outs challenges in public health facilities for uninterrupted uptake of self-care services.
2. Integrate self-care in the national Health Information Management System (HMIS) to improve self-care documentation and reporting
3. Address negative attitudes and perceptions on self-care at community level
4. Adopt a participatory approach involving health service providers, policy makers including ministry of health, district local government, media, donors in developing national guidelines on self-care in developing national self-care guidelines.

## LITIGATION AS AN INNOVATIVE TOOL TO IMPROVE ACCESS TO MATERNAL HEALTH SERVICES IN UGANDA

**Ajalo Ruth**

**Keywords:** Maternal Health, Sexual and Reproductive Health and Rights (SRHR), Litigation, International Instruments, Maternal Mortality Ratio (MMR), Court Judgments

### Background/Significance

Uganda is a signatory to many international instruments through which it has commitments to improve the right to health for all. These include the ICESCR, Maputo Protocol, ICPD etc. However, in practice, these commitments have not been implemented. Uganda has for long grappled with a high Maternal Mortality Ratio (MMR); 524/100,000 (UDHS 2001); 418/100,000 (UDHS 2006); 336/100,000 (UDHS 2016). Under the SDGs, Uganda committed to reduce maternal death from 336/100,000 to 70/100,000 by 2030 and has

made great strides, now standing at 189/100,000 (UDHS 2022).

While the country committed to increase funding for health to 15% threshold under the Maputo Protocol, the funding oscillated between 6% to 9%. As a result of non-implementation of the commitments, Uganda witnesses increased cases of maternal mortality among adolescents and young people. To respond to government's non implementation of its commitments, CEHURD filed several cases across several courts of law challenging the government's actions and omissions to provide basic maternal

health services in public health facilities as contravening the right to health, right to life, rights of women and children and freedom from cruel, inhuman and degrading treatment.

These cases included; CEHURD & Others V. Nakaseke District Local Government [Civil Suit No. 111 of 2012]; CEHURD & Others V. Executive Director, Mulago National Referral Hospital & Attorney General [Civil Suit No. 212 of 2013], CEHURD & Others V. Executive Director, Mulago National Referral Hospital & Attorney General [Miscellaneous Cause No. 327 of 2016] and CEHURD & Others V. Attorney General [Constitutional Petition No. 16 of 2011] among others. These cases in a nutshell challenged Uganda's increase in maternal deaths which were attributed to health worker absenteeism, absence of maternal health commodities, low budget allocation for maternal health, frequent stock outs of essential maternal health commodities, non-supervision of public health facilities, unethical behaviour of health workers, gross negligence in health care facilities among others as indicated in the highlighted cases.

However, due to the increase in innovative litigation aimed at addressing the shortfalls and inadequacies in Uganda's health care sector, there have been great improvements in maternal health services and a reduction in the MMR. As such, litigation has proved to be a viable and innovative approach for the improvement of maternal health services in Uganda.

### **Objectives**

- To demonstrate how litigation is a viable and innovative approach aimed at enhancing the efficiency and effectiveness of maternal health service delivery in Uganda
- To make recommendations aimed at improving the quality of litigations challenging poor quality maternal health services delivery in Uganda
- Highlight the importance of litigation as innovative approach to expanding Uganda's implementation of the commitments made under various International and regional frameworks
- Highlight the importance of funding for better maternal health services
- To draw the intersection between Strategic Litigation as an advocacy tool and other conventional advocacy approaches in ensuring the realization of commitments for Adolescent and Young Peoples SRHR as a role of government in ensuring better maternal health care services.

### **Methodology/Interventions**

The research was done for a period of 12 years, based on the highlighted cases stemming from 2011 to 2020 and the impact of the judgments assessed from the time of judgment up to 2023. The cases were from different parts of Uganda; Central Uganda (Kampala, Nakaseke and Mityana Districts) and West Nile Region (Arua District). Despite the fact that these cases arose from these areas, the impact of the litigation has improved maternal health service delivery across Uganda.

The research was done through desk review and included a comprehensive review of policy documents, highlighted court cases and judgments and peer reviewed journal articles.

The court judgments were reviewed, the declarations and orders of the Court were implemented. Several engagements like meetings were held with key stakeholders to bring the judgments to their attention and to address and implement the orders of the Court.

Information from these shows that litigation, when employed in a timely fashion, has the potential to improve health outcomes. For instance, after the successful litigation of the above-mentioned cases, hospitals have been able to put in place measures aimed at ensuring the availability of medical staff at hospitals to attend to pregnant and expecting women, safe handling and movement of babies dead or alive while in the hospital through placing tags on babies immediately after birth for proper identification, cameras in all the wards and ensuring proper identification and registration of all hospital staff while in the maternity wards and the hospital at large. This has greatly enhanced the ability of the hospitals to account for all deliveries, the safety and well-being of babies and mothers.

### **Results**

The successful litigations of the highlighted cases shows that litigation when employed in a timely fashion has the potential to improve health outcomes. For instance, after the successful litigation of the above-mentioned cases, there has been an increase in funding for maternal health in Uganda (Petition 16), the safety and movement of babies at Mulago hospital has greatly improved (See Mubangizi case), renovation of Nakaseke hospital and the question of availability of health workforce was addressed (Nakaseke), compensation was awarded and successfully paid to the aggrieved parties (Nakaseke, Mulago) and is yet to be paid by Arua and Mityana District local governments (Petition 16) and Mulago hospital (Fatumah). These litigations have also buttressed the justiciability of the right to health in Uganda and the judicial enforcement of this right in Uganda.

The litigations have also served as an opportunity for the government to address critical issues affecting health service delivery in Uganda such as health worker absenteeism, frequent stock outs of essential drugs and medicines as well as maternal health commodities for pregnant women and mothers.

### Conclusions

Litigation is an innovative approach that has the capacity to improve health service delivery as discussed above. However, for it to cause lasting change, potential litigants need to complement the litigation with advocacy as legal advocacy has the

potential to promote the realization of rights and safe-guard the rights of adolescents and young people's SRHR.

### Recommendations

Legal advocacy is relevant to improve health service delivery.

Litigation can successfully challenge violations and cause systematic change. This has the ability to strengthen the health system.

Involve the media in the process because they are a key partner to amplify messages and cause change.

Fund the health sector.

## EMPOWERING YOUTH TO LEAD ACCOUNTABILITY MEASURES TO ADDRESS SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS NEEDS FOR YOUNG PEOPLE

**Wanja Margaret**

**Keywords:** YLSA-Youth Led Social Accountability; MCGL-Momentum Country Global Leadership

YSD-Youth for Sustainable Development Machakos Chapter CBO ; MOH-Ministry of Health

SRHR-Sexual Reproductive Health and Rights; FP/RH-Family Planning and Reproductive Health

### Background/Significance

Youth-led social accountability (YLSA) – where youth-lead processes that hold governments and systems accountable – has the potential to foster youth leaders, improve the quality of sexual and reproductive health (SRH) services for youth, and strengthen the responsiveness of the health system to the needs and rights of youth. Youth for Sustainable Development (YSD) in Kenya, with support from USAID's MOMENTUM Country and Global Leadership (MCGL) project, implemented a two-year YLSA activity that yielded impressive results. Beginning in 2021, YSD utilized the community scorecard methodology with a youth-driven approach to implementing its YLSA activities, which included education sessions and online campaigns with young people and duty bearers, as well as community scorecard assessments and follow-up sessions. YSD implemented its approach across 20 facilities in four sub-counties (Machakos, Kalama, Mwala, Kangundo) in Machakos Kenya.

### Objectives

1. Increasing awareness of and advocacy towards youth's FP/RH rights and entitlements among young
2. people and key stakeholders (community, opinion leaders, policymakers, health staff)
3. Increasing youth involvement in youth-led social accountability mechanisms
4. Improving learning around how youth social

accountability mechanisms operate and their impact on FP/RH outcomes for young people

5. Improving YSD's organizational capacity and performance

### Methodology/Interventions

YSD utilized the community scorecard methodology with a youth-driven approach to implementing its YLSA activities, which included education sessions and online campaigns with young people and duty bearers, as well as community scorecard assessments and follow-up sessions. YSD implemented its approach across 20 facilities in four sub-counties in Machakos Kenya. To measure their impact on community scorecard indicators, YSD conducted additional assessments at a sample of nine facilities midway through the project and again at the end of the project. YSD's approach engaged stakeholders, including adolescents, youth, parents, community leaders, religious leaders, and health staff, to assess and address barriers to youth's access and use of SRH services in their respective communities. In building relationships between young people and different groups, YSD supported stakeholders to propose solutions that addressed young people's unique needs and preferences, in addition to fostering partnerships between YSD, the public health system, and the community. YSD monitored and supported health system officials to take action towards those agreed-upon issues through discussions with young people, leading to

innovative and responsive solutions.

### Results

For the sample of nine facilities where YSD conducted baseline, midline, and end-line assessments, all community scorecard indicators improved from baseline to end-line. Some of the quality of care improvements seen as a result of the YSA activities include new opening hours dedicated to youth at the health facilities; outreach activities on SRHR organized for out-of-school youth; feedback mechanisms put in place for youth to provide inputs on their care received at facilities; improved understanding by health care providers of supply chain management to ensure availability of SRH commodities for youth and others; and creation of a supportive environment for youth through community sensitization and meetings with parents. YSD also measured their youth-led social accountability activities' effect on Positive Youth Development through different learning and documentation activities, including monthly pause and reflect sessions, as well as net mapping exercises, Most Significant Change sessions, and after-action reviews conducted at the start and end of the project. Results from these exercises showed that YSD's activities positively impacted all four domains of Positive Youth Development: assets, agency, contribution, and enabling environment. Beyond the quality of care and Positive Youth Development achievements, YSD gained considerable skills and technical expertise

through its support from MCGL.

### Conclusions

Promoting partnerships with youth-led organizations for social accountability work is highly recommended to achieve youth health justice. This activity shows the value of working and engaging with youth-led organizations for social accountability work. In a relatively short amount of time, YSD has been able to produce impressive results, both in terms of contributions to positive youth development and to the overall responsiveness of the health system to adolescent and youth needs. USAID, MOH, and other youth-serving organizations should give us the chance to grow and showcase our skills as well as provide opportunities to contribute to health activities and the health system.

### Recommendations

We recommend using a similar model to what MCGL used with our organizations, providing tailored mentorship, capacity development funding, and support for learning throughout the activity. Considerable time is required to establish relationships that are necessary for this type of work. The partners need to invest more time to help the government understand the value of youth involvement in social accountability. This has ultimately ensured our success in implementing the work but requires a lot of time for the activity implementation period.

## CONTRACEPTIVE UPTAKE AND CONTINUATION AMONG WOMEN AND GIRLS WHO SELF-USE MEDICAL ABORTION: RESULTS FROM PMAC ADAPTIVE LEARNING PHASE IN NAKURU COUNTY, KENYA.

Steve Biko Sugu

### Background/Significance

Induced abortion is increasingly common, as women and girls can obtain medical abortion drugs from various sources, including private pharmacies. However, those who access these drugs through private pharmacies often miss out on comprehensive contraceptive counseling, which can impact their consistent use of contraceptives post-abortion. This study presents findings from an intervention conducted in partnership with private pharmacies in Nakuru County, Kenya, aimed at improving the continued use of contraceptives following medical abortion between March 2023 and August 2023.

### Objectives

The research objective is to evaluate the patterns and determinants of contraceptive uptake and

continued use among women and girls in Nakuru County, Kenya, who have self-administered medical abortion, as observed during the PMAC Adaptive Learning Phase.

### Methodology/Interventions

The project utilized an adaptive learning approach that combined research and program implementation to enhance pharmacy-based interventions aimed at boosting contraceptive use and continuation following self-administered medical abortion. Pharmacists received comprehensive training in areas such as contraceptive counseling and service delivery, supply chain management, and commodity seedstock to address both demand and supply challenges in contraceptive service delivery. A total of 193 women and girls who accessed medical

abortion through the 28 private pharmacies involved in the project participated in surveys and in-depth interviews. These assessments focused on contraceptive uptake and continuation after medical abortion with data collected at baseline and three-months follow up. Ethical clearance for the study was obtained from the Population Council Institutional Review Board and the AMREF Ethics and Scientific Review Committee, while the National Commission for Science, Technology, and Innovation (NACOSTI) granted the research permit (NACOSTI/P/22/21628).

## Results

Program data demonstrated that out of 1,300 women seeking medical abortion services from participating pharmacies, 1,095 initiated contraception afterward. The research further indicated that majority (88%) of the women had ever used a contraceptive method, with the methods most commonly ever used being injectables (60%) and pills (42%), while 29% had ever used IUD, 22% had ever used male condoms, and 21% had ever used emergency contraceptives. Among those who had ever used a method, less than half (45%) were using a method prior to the just ended pregnancy, with the most common method used being pills (33%), followed by injectables (25%), and emergency contraception (18%).

Three-quarters (75%) of the women obtained a contraceptive method when they purchased MA

pills although insights from qualitative interviews showed that many obtained a method a few days after using MA pills and the abortion process was successful (not shown). Majority (89%) of the women were using contraception at the time of follow-up at 3 months while 47% of those who were not using had used a method since the baseline interview.

Majority (91%) of women who were using a method at baseline continuously used or switched to another method by the time of 3-month follow-up; contraceptive continuation was slightly lower among older (25 years and above) than younger women, and among formerly than never or currently married women. Contraceptive continuation was high across the main method types but highest for implants (100%), followed by pills (94%), and injectables (91%).

## Conclusions

Building pharmacists' capacity in contraceptive service delivery has the potential to improve contraceptive uptake and continuation among women and girls who self-use medical abortion.

## Recommendations

Pharmacy are drug shops that have untapped potential in expanding contraceptive coverage given their neighborhood location and convenient access. Programs can leverage on this to attain modern contraceptive prevalence rate.

## UPTAKE OF POST-ABORTION CONTRACEPTIVE THROUGH COMMUNITY PHARMACISTS

**Lucy Kerubo Nyamwaro**

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## BACKGROUND

Self-managed abortion is becoming increasingly available through various service delivery channels including pharmacies and drug shops. However, women accessing abortion through pharmacy channels may not receive comprehensive care including contraceptive counseling and method choice given pharmacists and pharmaceutical technologists are not adequately skilled and knowledgeable to provide Post Abortion Contraception after medical abortion. Ipas mapped, assessed, and recruited 28 community pharmacies in Nakuru county, to develop intervention that can improve post abortion contraception service delivery through pharmacy channels. The main objective of the intervention was to demonstrate that with adequate training and effective support supervision, trained pharmacy personnel can competently offer post abortion contraception

after dispensing medical abortion pills.

## Methodology.

The project customized training curriculum to build the capacity and equip the pharmacy personnel with the right skills and knowledge to offer medical abortion service through correct dispensing. The training package included client's assessment, gestation age rating, MA regimens, Post MA follow up and Post Abortion contraception. Preceding the formal training the providers underwent Values Clarification and Actions Transformation (VCAT) workshop to help the providers examine and address the influence of their beliefs and actions on MA service access and subsequent post-abortion contraception. Subsequently, formal training was conducted focusing on comprehensive counseling, client assessment including gestational

age determination, MA regimen and post-abortion contraception. The providers gained required skills that enabled them to provide client centered counseling using tools such as job Aids, Medical Eligibility Criteria (MEC) wheels and contraceptive method tables. Additionally, the project developed a service delivery guide that supported the providers to deliver quality services, and finally the providers were supported through regular support supervision to monitor service provision and address any challenges.

## RESULTS.

The tailored training curriculum, along with the provision of job aids, a developed service delivery guide, and ongoing support at the pharmacy level, significantly enhanced the quality of services provided by pharmaceutical personnel. Before the training, from January to August 2023, 45% of the 1,134 MA clients served opted for a method. This figure increased to 70% of clients from September

to February 2024, out of a total of 1,025 clients. Furthermore, the quality of services led to the strengthening of pharmacists' business cases, as previously served clients began referring more clients, not only for medical abortion services but also for other pharmaceutical needs. This notable increase in referrals highlights the positive impact of improved service quality on both client satisfaction and business growth within the pharmacy setting.

## CONCLUSION.

Leveraging on community pharmacists to increase access and uptake of post abortion contraceptives is pivotal in the bid to reduce the number of unintended pregnancies in the communities given their neighborhood location and Fastrack services offered. Training of the pharmacists proved key as well as supporting them routinely to keep assessing the utilization of the skill as it contributed to the increased uptake and continuation of post abortion contraception.

### PEER COUNSELING AS A BRIDGE TO THE PROVISION OF AYSRHR AT KENYATTA UNIVERSITY (KU)

**Sharon Atieno-Pathfinder International, Pamela Onduso-Pathfinder International, Dr. Gabriel Waari-KU, Professor Ruth Wanjau-KU, Ann Afande-KU, Nancy Jelangat-KU, Steve Obiero-KU**

**Key words-** Adolescent and Youth Sexual and Reproductive Health (AYSRHR), peer counseling, youth-friendly services, community health promoters, university intervention, sexual health outcomes.

## BACKGROUND

Kenyatta University (KU), one of Kenya's largest public universities, is dedicated to ensuring the well-being of its students, including their sexual and reproductive health (SRH). Like many academic institutions, KU has been experiencing rapid growth, currently enrolling over 50,000 students. Keeping pace with such expansion, poses a challenge, and the university has been exploring what more it can do-or do differently- to respond to the SRH needs of its increasingly large and diverse student body. A study conducted by Pathfinder International explored the SRH challenges faced by KU students, revealing high-risk sexual behavior, a high rate of unplanned pregnancies, and low utilization of SRH services. This was attributed to misinformation, peer pressure, and a lack of confidence in service delivery due to fears of discrimination. This called for an urgent need for KU to reassess and enhance its SRH program to effectively meet the needs of its student population.

## OBJECTIVE

To enhance the availability, accessibility, and inclusivity of SRH services for young people through the implementation of youth-centered

initiatives, with a focus on ensuring convenience and confidentiality.

## METHODOLOGY

KU established a dedicated youth friendly service delivery point and trained qualified health workers to provide responsive care. Additionally, the university recruited housekeepers as community health promoters to advocate for healthy behaviors among students. To ensure relatable support, a peer counseling program was implemented, training student volunteers as peer counselors who collaborated with housekeepers and health workers. The program encompassed service delivery outreaches, awareness creation, social media campaigns for demand generation, condom distribution and the operation of a resource room to offer AYSRHR information and services. Annual recruitment is conducted to fill the gap left by graduating counselors.

## RESULTS

Implementation of the peer counseling program has yielded significant outcomes. Peer counselors played an important role in dispelling misconceptions, addressing fears, and combating

the stigma associated with seeking services. Overtime, they reached over 178,000 youth with accurate SRH information. Their efforts successfully encouraged utilization of SRH services, leading to improved health outcomes. Notably, there was a 37% reduction in unplanned pregnancies and 52% reduction in unsafe abortion cases, indicating better reproductive health choices. The prevalence of sexually transmitted infections (STIs) also decreased, with new HIV infections reduced by 67% and other STIs by 49%. Consequently, uptake of contraception increased by 58%. Further, the program's success gained recognition from the Ministry of Health, resulting in the registration of three community health units within the university and 30 peer counselors enrolled as community health promoters (CHPs). KU's pioneering initiative to register students as CHPs sets a model for implementing community health strategy within educational institutions. The remarkable achievements of the peer counseling program have been acknowledged by the university, with the peer counseling club receiving the "Best Club" award for

three consecutive years. This recognition reflects the dedication and impact of the peer counselors in advancing well-being within the KU community.

## CONCLUSION

The comprehensive approach implemented by KU to address students' SRH needs has yielded significant positive outcomes. The peer counseling program, alongside youth-friendly service delivery and community engagement, has led to improved access to services, reduced risky behaviors, and enhanced SRH outcomes.

## RECOMMENDATION

The peer counseling program at KU can be scaled up and replicated in other learning institutions. Replication requires the development of a standardized curriculum for training, clear selection criteria for peer counselors, institutional ownership and support for the program, and collaboration with stakeholders such as government agencies and NGOs.

### **FACILITATING COMMUNITY AND HOUSEHOLD PARTICIPATION (MANYATTA MODEL) TO SUSTAIN UPTAKE OF FAMILY PLANNING AMONG YOUNG WOMEN: ACCELERATING RIGHT-BASED FAMILY PLANNING IN SAMBURU COUNTY.**

**Purity Koech, Lennox Kinyua**

**Key Words-** *Manyatta Model, Community Engagement, Social Inclusion, Male Champions, Male Involvement, Informed Choice.*

#### **Background/ Significance**

Emphasis on community and household access to family planning services and information has emerged as a major goal in sub-Saharan Africa. Studies indicate that community participation interventions that are context-specific, involving Healthcare workers (HCWs), Community Health Promoters (CHPs), and household members play a significant role in increasing met needs and also sustaining family planning. PS Kenya explored the Manyatta Model, a community engagement initiative to enhance family planning services in the hard-to-reach areas of Samburu North. The approach united diverse community segments in Manyattas, engaging men, elders, women, adolescents, and youth in family planning discussions. It was hypothesized that fostering community collaborations, dialogues, and cultural sensitivity discussions, would bridge gaps in family planning, sustain uptake of FP, promote informed choices, and improve overall well-being in communities.

#### **OBJECTIVES.**

- Evaluate the Manyatta Model's effectiveness in involving communities and households in family

planning uptake among women of reproductive age in Samburu County.

- Investigate unexpected outcomes like reduced gender-based violence and stigma around teenage mothers accessing family planning due to male engagement.
- Explore the Manyatta Model's scalability in addressing unmet family planning needs and achieving FP 2030 goals, emphasizing its cultural sensitivity and inclusivity.

#### **METHODOLOGY/ INTERVENTIONS**

In collaboration with the Samburu County government, the DESIP program selected six health facilities for implementing the Manyatta model based on a non-biased scientific criterion. Community dialogues were conducted to create demand for FP services and enhance behavior change. Community health promoters from functional community units were onboarded to disseminate messages on the availability of FP commodities. Joint household visits were also conducted by the Tag team (CHPs, manyatta model champions, and HCWs) to empower the communities to develop customized solutions for family planning issues and reinforce a sense of ownership. The joint visits also strengthened links

to service delivery and the establishment of a seamless community-based referral system.

## Results

Tag-team participation with healthcare workers in Manyatta planning increased the reach of FP information and services. Joint household visits reduced community hostility towards healthcare workers and enhanced community appreciation of health education. The Tag-Team approach unexpectedly reduced gender-based violence by involving men in FP decision-making. Reduced stigma around teenage mothers accessing FP services was observed. The composition of male and female CHVs in Tag Teams helped address insecurity threats and allowed for more efficient work in challenging terrain. Monthly data reviews improved data collection and commodity security at facilities. Male engagement challenged social norms on sexual reproductive health and respected community practices in Samburu County.

### **Empowering Adolescents: Advocacy for Improved Contraceptive Uptake at Nyagoro Health Centre, Homabay County, Kenya**

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**Keywords:** Adolescent and Young people (AYP) Score card, Adolescent sexual and Reproductive Health (SRH) Contraceptive Uptake, Peer Model Advocacy, Youth Friendly services.

## Background/Significance

Teenage pregnancy is a threat in Kenya at 18% according to UNESCO and KHIS 2022. In Homabay County the rate is 33% which is almost double the national percentage (UNICEF, 2021). Worldwide, pregnancy complications are the leading cause of death for women and girls 15 to 19 years old.

Nyagoro Health Centre, a facility in Rangwe sub-county, Homabay County with an estimated catchment population of 9365 and is equally grappling with teenage pregnancy which was at 45%. The contraceptive use was at 12% in 2020. We did a facility Adolescent and Young People (AYP) scorecard and identified key drivers of teenage pregnancy to include, Lack of Sexual and Reproductive Health and Rights (SRHR) information and lack of youth friendly services.

We implemented a peer model in Sexual Reproductive Health (SRH) to bridge knowledge gaps, mobilization and link the adolescents for SRH services. The facility also started a youth friendly Centre.

## Conclusion

The Manyatta model departs from short-term, geographically limited interventions to focus on sustainable behavior change, employing culturally appropriate strategies. Devising strategies like the Manyatta model to responsively bring the wider community can be an added push to increasing FP access and uptake for men, women, girls, adolescents, youth, and all who need it in patriarchal societies. Attention should be paid to identifying and recruiting the right community participants who represent and have a vast understanding of community family planning.

## Recommendations.

The Manyatta Model, with its team-based, culturally sensitive, and gender-inclusive approach, effectively addresses unmet family planning needs and should be scaled up to achieve FP 2030 goals.

## Objectives

To increase Contraceptive Uptake among adolescents from 12% to 80% by December 2024 at Nyagoro Health Centre.

## Methodology/Interventions

Following the AYP scorecard feedback, we trained 7 Advocates from the adolescent community to engage adolescents as mentors, providing accurate information and support regarding SRHR issues. The advocates used whatsapp chat box and face to face interactions at the facility, distributed IEC materials and sensitized them on Contraceptive use, Sexually Transmitted Infections and menstrual health issues among others.

The Advocates also spearheaded awareness campaigns to advocate for SRH policy changes, engagements with community owned resource persons to raise awareness about the importance of SRH rights of adolescents to access quality healthcare services.

We installed a Youth Friendly Centre (YFC) and assigned a focal health worker and a youth advocate

to offer SRH services throughout the week. YFC offers flexi hours for AYPs. The Advocates escorted the adolescents from the community to the facility for various services.

### Results

In 2020 the number of AYP who were only 25 who came for contraceptives. In 2021, the number was at 35 and there were no referrals. Since the inception of the peer models in 2022, the uptake of contraceptives improved to 259 AYP with 42% being referred and escorted by the advocates. In 2023 the number of the AYP escalated to 855 with referrals at 50%. Looking at the HIV Status, 35% of

the AYP were tested and 45% turned HIV Negative, 3% had unknown status while 17% were Known Positives. 78% of the AYP were in school and 12% not in school.

### Conclusions

The use of the AYP scorecard analysis is necessary for designing responsive SRH services for the AYP. Advocates referrals ensured community-facility linkage.

### Recommendations

The AYP scorecard analysis should be included in the standard package of care for the AYP.

## CALL FOR MEN TO END FEMALE GENITAL MUTILATION (FGM)

(Best Practice- Male involvement, male champions)

Dancan Matiko Kemanga.

Ricky Samwell, Onyimbi Nelson

NAYA Kenya

**Keywords:** FGM, harmful traditional practice, male involvement, shifting attitudes, collaborations, active participation, community awareness, and decision-makers.

### Background/Significance.

Men in their roles as decision-makers, husbands, and fathers have a great role in decisions regarding either promoting or eradicating female genital mutilation, an enduring human rights violation practice that psychologically, mentally, and physically tortures young girls and women. The practice involves the total or partial removal of the external genitalia for non-medical reasons. Despite the efforts aimed at ending the practice, it persists, and estimates from the Demographics and Health Survey (KDHS) show that the prevalence of FGM is 15% in the country, indicating that 15% of women aged 15 to 49 have undergone the cut. The FGM situation portrays the need to call for the active participation of boys and men in the journey toward ending the practice since research has proven the effectiveness of male involvement and the use of male champions in furthering the interest of girls and women in patriarchy-based societies.

### Objectives.

To explore and analyze the perspectives of men regarding female genital mutilation and their potential role in its abandonment.

### Methodology.

A qualitative research approach was used to assess the effectiveness of male engagement in shifting the narrative towards abandonment of female genital mutilation, including consistent community forums, inter-generational dialogues, and men-only forums to explore the perspectives and experiences

of men regarding female genital mutilation and their role in its abandonment.

These are also supported by literature reviews on the existing data and reviews on publications from the United Nations Children's Fund (UNICEF), February 2023, that explored men's attitudes, beliefs, and behaviors regarding female genital mutilation, and their idea about bringing the harmful practice to a stop.

### Results.

The analysis and reviews brought to light the men's potential in shifting the narrative towards abandonment of FGM. The community forums, inter-generational dialogues, and men-only sessions provided insights into the perspectives and experiences of men regarding FGM and the possible ways of being engaged as anti-FGM champions. Many men wished to join efforts and advocate against the practice of FGM as a result of the harmful effects associated with the vice which ranged from psychological to mental, and physical impacts of the vice.

Literature review on the existing research and reviews from publications further supported the findings, supporting the importance of involving men in the journey towards eradicating FGM. Existing data and publications confirmed that when men are actively engaged in the efforts towards ending FGM, the pace towards shifting decisions, attitudes, and abandonment of the harmful traditional practice is enhanced.

## Conclusion.

Cultural norms, failure to engage men alongside women in anti-FGM dialogues, and lack of community awareness of the negative impacts of female genital mutilation, emerged as notable barriers to the abandonment of female genital mutilation. Engaging men at all levels in advocacy will help achieve a female genital mutilation-free society.

## Recommendations.

There is a need for tailored interventions that are male involvement-centered alongside stakeholders such as community leaders, Ministry of Health, religious leaders, child protection departments, and clan elders since most men dominate in those sectors to ensure that there is effectiveness in engaging men towards the abandonment of FGM.

## CREATING A SUPPORTIVE ENVIRONMENT TO ADVANCE SELF-CARE IN THE HUMANITARIAN SETTINGS IN UGANDA.

Brenda Akot<sup>[1]</sup>, Brian Opoka<sup>1</sup>, Betty Akullo<sup>1</sup>, Juliet Nabunje<sup>[2]</sup>, John Baptist Tumusiime<sup>2</sup>, Esther Nandutu<sup>2</sup>, Caitlin Mannerling<sup>2</sup>, Nathatly Spilotros<sup>2</sup>, Justus Muhwezi<sup>[3]</sup>.

**Keywords:** Self-care, Self-administered contraception, Refugee Settlement

### Background/Significance

Women and Rural Development Networks-(WORUDET), International Rescue Committee-IRC, and Agency for Cooperation in Research and Development Uganda are implementing a project Leaving no Woman or Girl Behind: Advancing the Learning Agenda on Self-Care in Humanitarian Settings (She-Cares) project in Palabek Refugee Settlement and Bidi-bidi Refugee Settlement in Uganda.

Self-care is defined by the World Health Organization (WHO) as the ability for individuals, families, and communities to promote, maintain health, prevent disease and cope with illness with or without the support of healthcare provider. Globally, over 500 girls in humanitarian settings lose their lives to unintended pregnancy & unsafe abortion annually<sup>[4]</sup>. Self-managed contraception (SMC) can reduce the high rates of teenage pregnancy and unsafe abortions among refugee adolescent girls and young women. Assessing the availability of SMC products and selfcare promoters, readiness to offer the services is crucial in addressing the barriers to SMC access and uptake.

### Objectives

To assess the availability of self-managed contraceptives and the readiness of self-care promoters to offer self-managed contraception in both Bidi-bidi and Palabek Refugee settlements.

### Methodology/Interventions

In September 2023, the She-Cares Project mapped out self-care service providers that are legally registered by the National Drug Authority (NDA).A Knowledge, Attitude and Practices survey was self-administered to health workers, pharmacy and drug shop owners to assess their readiness to offer self-managed contraception to adolescents

in humanitarian settings. A total of 78 selfcare promoters in Bidi-bidi Refugee Settlement camp (Yumbe district) and Palabek Refugee Settlement camp (Lamwo district) were assessed. Pharmacies and drug shops that were not registered by the National Drugs Authority were not considered in the survey.

### Results

In general, pregnancy self-test strips (90%), male condoms (78%), and emergency contraceptives (51%) were the most used SMC methods in both refugee settlements. The self-care promoters showed relatively high levels of knowledge around the need for medical eligibility screening before giving a client any Family Planning service. The availability of tools and job aids to support contraceptive counseling was high in Bidi-bidi (90%) but a bit lower in Palabek (69%), however the medical eligibility criteria tool for contraceptive methods were less available and used in both locations.

There were lower levels of knowledge concerning emergency contraception, supporting clients to troubleshoot oral contraceptive pill use after a missed dose, the use of dual prevention, describing oral contraceptive pill benefits to clients and helping women rule out pregnancy.

Apart from fear of clients managing the side effects of the DMPA-SC, Self-Care promoters showed fears about incorrect use of emergency contraceptives and condoms. On a positive note, self-care promoters acknowledged stigma reduction, convenience and women empowerment as benefits of self-managed contraceptives.

On attitudes, although most self-care promoters disagreed that contraceptives should only be used by married couples, nearly half of them believed offering contraceptives to young unmarried girls would encourage them to have sex.

## Conclusions

Adolescents from humanitarian settings still face immense challenges when it comes to accessing contraception because of many factors but not limited to provider biases, cultural barriers and distance from the health facilities. Addressing these challenges requires pivoting from providers administered to SMC while ensuring that services are inclusive for adolescents.

## Recommendations

In the implementation of self-care in FP in humanitarian settings, self-care promoters and stakeholders should consider and emphasize

the benefit of confidentiality and convenience that comes with SMC and is critical for the bodily autonomy of adolescents and has been acknowledged by self-care promoters as an advantage of the SMC.

[1] Women and Rural Development Networks (WORUDET)

[2] International Rescue Committee(IRC)

[3] Agency for cooperation in research and Development Uganda (ACORD-U)

[4]<https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-023-01594-z>

## Creating a path to youth friendly health

Moreen Kawira

**Keywords:** adolescent friendly health resources, preparedness and staff capacity

There is growing recognition of the need to make all health facilities youth friendly, an approach that has been shown to increase access to contraceptive services (USAID, 2015). According to the WHO's global standards for quality healthcare services for adolescents, youth friendly facilities characteristics include the health facility having convenient operating hours, a welcoming and clean environment and maintains privacy and confidentiality. It has the equipment, medicines,

supplies and technology needed to ensure effective service provision to adolescents.

**Methodology:** qualitative and quantitative approach was used; stratified random sampling and simple random sampling were used to establish study participants. Data was collected using structured questionnaires and focus groups discussions for adolescents. Analysis was done using statistical package for the social science version and presented in tables and graphs.

## Social demographic data of healthcare providers

Gender	male	24 (25.68%)
	Female	83 (77.57%)
Age (years)	<20 years	1(0.9%)
	21-25 years	13 (12.1%)
	25-35 years	48 (44.8%)
	35-45 years	33 (30.8%)
	45-55 years	10 (9.3%)
	55+ years	2 (1.8%)
Educational level	Certificate	2 (1.8%)
	Diploma	64 (59.8%)
	Higher Diploma	24 (22.4)
	Bachelor degree	15 (14.0%)
	Post graduate	2 (1.8%)

### Social demographic data of adolescents

Gender	female	141 (66.5%)
	Male	70 (33.0%)
	Others	1 (0.5%)
Age (years)	<20 years	13(6.1%)
	21-25 years	91(42.9%)
	25-35 years	46 (21.6%)
	35-45 years	39 (18.3%)
	45-55 years	11 (5.1%)
	55+ years	12 (5.6%)
Educational level	Certificate	57 (26.9%)
	Diploma	104 (49.1%)
	Higher Diploma	37 (17.5%)
	Bachelor degree	13 (16.1%)
	Post graduate	1 (0.5%)

#### Results:

The study established that there is a limited adolescent friendly health service in the facility. Even though 107(73.3%) of the healthcare providers referred to the adolescent health services offered at the facility as friendly. Health workers capacity

was limited in regards to adolescent friendly health service delivery. On the other hand 212(100%) adolescents recommended specific health resources to be incorporated within the health system to improve the services rendered to them.

### HEALTH WORKERS ATTITUDE IN SERVICES DELIVERY TO ADOLESCENTS

	YES	NO	SOMETIMES
Staff introduced self	45	14	4
Called patient by Name	53	13	3
H/W listened carefully	56	4	5
H/W explained things	47	11	8
Respondent treated to satisfaction	43	19	6
Respondent feels free with H/W	39	22	5
Respondent felt confidential	38	21	12
H/W had interrupted talks by other staff	25	33	5
Sex of H/W an issue to respondent	35	23	7

## ADOLESCENTS RESPONSE ON HEALTH FACILITY ORGANIZATION

	YES	NO
Long queues	44	22
No money for services	37	26
Found neighbors	33	32
Pleased with services	34	29
Separate rooms	40	24

## SUGGESTIONS BY ADOLESCENTS TO IMPROVE SERVICES

	YES	NO
Eliminate service fee	61	3
Set up separate room for adolescents	50	7
Friendly staff	59	6
Shorter waiting time	59	2
Convenient working hours	53	3
Improve on privacy	64	4

### Conclusion

The link between health care resources and adolescent health is not well understood by health workers and managers leading to inadequacy of services specific to adolescents. Laborious awareness drives to sensitize health facilities to

make significant investments in the health system that supports adolescent friendly health facilities and services. Similar studies need to be done in other regions health facilities to generate more supportive evidence.

### Empowering Adolescents Through Group Antenatal Care (GANC) in Kitui County.

**Caroline Wangire,<sup>1</sup> Theresia Mukethe<sup>1</sup>, Zipporah Mbuthia<sup>1</sup>**

*Catholic Medical Mission Board (CMMB)*

**Keywords:** Group Antenatal Care , Adolescents, Linda Uzazi and Skilled Birth Attendance.

### Background/Significance

Despite concerted global efforts to reduce adolescent pregnancies, the incidence remains high with 12 million girls aged 15-19 years giving birth annually. In low- and middle-income countries (LMICs), about 1/3 of all women start childbearing in adolescence. According to the 2022 Kenya Demographic Health Survey, Kitui county recorded a teenage pregnancy of 9% compared to 15% nationally. However, Kitui county service delivery data showed a higher rate at 20% in 2023. Fourth antenatal care (ANC) and skilled birth attendance (SBA) coverage remain unacceptably low in the county at 43% and 80% compared to the national coverage of 66% and 88% respectively. Adolescents are more likely to receive poor quality of care and morbidity and mortality are higher among their newborns compared to older women. Complications of pregnancy are among the leading causes of death for adolescents in LMICs. This poor coverage and outcomes are attributed to biological,

developmental, and social vulnerabilities.

### Objectives

The overall objective is to enhance uptake and quality of ANC services in Kitui County. Specific objectives include enhancing provision of adolescent friendly ANC services, promoting early initiation of ANC, and strengthening peer to peer support.

### Methodology/Interventions

GANC was initiated in Mwingi Central, Mwingi North, Kitui Central and Kitui South sub-counties. Health management teams and healthcare workers (HCWs) were sensitized. Community health promoters (CHPs) were engaged to mobilize pregnant women (PW) for services. HCWs recruited and grouped PW according to age and gestation during maternity open days. Each group of 15 PW was served by 1HCW and 2 CHPs. Linda Uzazi meetings included

interactive learning, clinical assessments, and peer to peer support activities. Service delivery data was recorded in ANC registers and reported through the national reporting system. Support supervision was conducted by county health and program teams.

## Results

The program conducted a sensitization on Group ANC implementation among 10 members of the county, 55 sub county health management team members (C/SCHMTs) and 95 HCWs. As a result, 116 groups were established in 90 HFs with 10 being adolescent groups. A total of 385 teenagers aged 10-19 years were among the 2,121 PW reached. SCHMT conducted 9 support supervision and mentorship sessions in the health facilities to provide technical support on grouping of PW and ensuring the stipulated package of care was adhered to. There has been a 12.5% increase in the number of adolescents 10-19 years seeking ANC services in February and March 2024 compared to the same period in 2023. The number of PW attending the first ANC before 12 weeks increased

by 89% from 359 in 2023 to 659 in 2024. During peer-to-peer support activities PW in 50% of the groups started saving plans towards individual birth plans.

## Conclusions

Adolescent focused GANC is an effective approach to improving utilization and quality of ANC services with potential to improve maternal and child health indicators. Its client centered aspect provides an opportunity to address context specific barriers to utilization of reproductive health services and provides platform for provision of adolescent friendly services. Top of Form

## Recommendations

There is a need to scale up GANC to more HFs and include all PW in a catchment in line with existing guidelines on prenatal care. Adolescents-only GANC sessions should be prioritized for delivery of adolescent friendly ANC services. Further, continuous support supervision to guarantee fidelity in implementation is key.

### Role of Satisfaction cards in addressing Adolescent and young person Sexual and Reproductive Health needs (AYSRH) in Homa Bay County, Kenya

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<sup>1</sup>Peer Provider <sup>2</sup>CSA <sup>3</sup>MOH Homabay

**Keywords:** Adolescent and Young person

## Background/Significance

According to KDHS 2022, in Kenya, 15% of adolescent women aged 15-19 in Kenya have ever been pregnant. Homa Bay County has 318,121 adolescents of which 49.8% are girls, its teen pregnancy is 23% above the national average of 15%. HIV infection among adolescents is 33,342 of which 23.1% are girls while 20.9% are boys. Further, 54% of women aged 15-49 have ever experienced GBV. It has been established that limited access to comprehensive sexuality education and societal norms causing gender inequalities contribute to the inaccessibility of AYSRH services.

Human-centered design (HCD) is an approach that involves the beneficiaries in making decisions about their Health. In this study, HCD model was adopted for both in-school and out-of-school adolescents through the use of a satisfaction card tool to provide targeted and responsive AYPSRH interventions.

## Objectives

To enhance SRH service delivery amongst

adolescents and young people.

To promote adolescent and youth friendly services through the use of satisfaction card approach

## Methodology/Interventions

The Centre for the study of adolescent in collaboration with Homa Bay County Health Management Team through the support of Danish family planning association identified peer providers and peer educators trained on AYSRH services and use of satisfaction card tool to monitor and improve uptake of SRH services among AYP in Homa Bay County. Peer providers distributed satisfaction cards to peers in and out of schools. Satisfaction card report analysis was done and feedback used to design youth friendly services. Peer educators referred peers for SRH services from Community to facility. Peer providers received clients and offered friendly AYSRH services at the facility.

## Results

A total of 30 peer providers and peer educators were trained on AYSRH and use of satisfaction

cards. Each peer was attached to the 30 facilities in three sub counties (Rangwe, Homabay and Ndhiwa). Peer educators referred a total of 6470 AYPs (Rangwe 2000, Ndhiwa 1520 and Homabay town 2950) for SRH services and administered satisfaction cards. The data collected and analyzed by CSA indicates that, the satisfaction rate from 2022, 1589 of AYPS who received service and 1787 satisfied with SRH services. In 2023, 5987 AYP received SRH service and 6546 AYP were satisfied with SRH services through the Satisfaction rates among AYP have a notable improvement with over 90% of respondents reported following youth centric interventions, according to data from 30 facilities across the three sub counties within Homa Bay County.

## Conclusions

Satisfaction cards are tools that can help assess AYP acceptance of SRH services in facilities. The integration of satisfaction cards and youth-centric strategies are essential in achieving SRH goals amongst AYP.

## Recommendations

We recommend the use of satisfaction cards across more facilities offering SRH services to AYP from Homa Bay County, Kenya.

In addition, continuous engagement with Community stakeholders and the integration of comprehensive sexual education are essential to ensure inclusive approach to AYSRH in Kenya.

### Use of implants among modern contraceptive users aged 15-24 years in Kenya; In-depth analysis of Kenya Demographic and Health Survey 2022

Eliphas Gitonga & Felarmine Muiruri

Keywords: *Implants, modern contraception, young women, adolescents*

#### Background/Significance

Modern contraception is effective in preventing pregnancy, birth spacing, and women's empowerment. The use of effective contraception is cost-effective at the family and national levels. Contraceptive uptake among young women is a critical intervention in managing fertility. The benefits of contraception include improved birth spacing, reduction of unwanted pregnancies, prevention of unsafe abortions, and improved maternal and child health. In a broader sense, contraception empowers women and ensures sustainable development in communities and countries. Thirty-five percent of maternal deaths can be prevented via modern contraceptive use. Implants prevent pregnancy for three to five years and are deemed long term reversible contraceptives. Implants are over 100 times more effective than injectables and pills in typical use, and 360 times more effective than condoms. The current analysis focused on the use of implants among women aged 15–24 years in Kenya, with a focus on predicting variables and factors.

#### Objectives

The main objective of the in-depth analysis was to determine the prevalence and predictors of use of implants among modern contraceptive users aged 15–24 years in Kenya.

#### Methodology

The approach was an in-depth analysis of KDHS 2022 with the use of implants as the dependent

variable in a population aged 15–24 years, with modern contraceptive users as the study population (denominator). Usually, KDHS data is collected using household surveys (mainly using cross sectional survey design) every 5 years. A sample of 3263 participants was analyzed. The independent variables that were cross-tabulated were age (v013), region (v024), residence (v025), religion (v130), education (v106), and wealth (v190). The codes in brackets are as they appear in KDHS 2022. The inferential statistics included binary logistic regression after a chi-square screening. STATA version 18 software was used for analysis.

#### Results

Majority of the participants were aged 20–24 years (88%), lived in rural areas (64%), were protestants (37%) and had secondary level of education (47%). The prevalence of implant use among modern contraceptive users is 42%. The predictors of use of implants are level of education, where the chance of use is 1.9 times higher among those with primary education compared to those with no formal education (OR = 1.8, P = 0.002). This may be related with ability to make decisions and to access information on contraception. The chances of use are decreased by being Muslim compared to being Catholic (OR = 0.59, P = 0.002). Previous studies have demonstrated that Muslim faith is not supportive of contraceptives that limit the number of children. The Catholic faith has reservations on modern contraception. The residence, age, and wealth quartiles did not have a significant relationship.

## Conclusions

About four in ten women using modern contraceptives, aged 15-24, choose and use implants. The drivers for use have attained primary education and religion.

## Recommendations

More interventions are needed to overcome the cultural barriers to modern contraceptive uptake, especially implants, which are high-impact contraceptives. The current stakeholder focus on long acting reversible contraceptives especially among the young women needs more support.

### **Strengthening Delivery of Adolescent Responsive Services through Comprehensive Whole site Orientation; A Case of LungaLunga Sub County, Kwale County**

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<sup>1</sup>USAID Stawisha Pwani, <sup>2</sup>County Government of Kwale

#### **Background/Significance**

According to KDHS 2022, the current prevalence of teenage pregnancy in Kwale is 14.8%, slightly below the national average of 14.9%. Youth responsive services (YRS) play a key role in addressing this issue by providing adolescents and youth (AY) with access to comprehensive sexual and reproductive health information and services in a supportive and non-judgmental environment. Kwale County grapples with key YRS challenges, including a shortage of facilities, insufficient training for service providers in YRS, low awareness among healthcare workers on adolescent and youth sexual reproductive health (AYSRH), limited access to comprehensive and accurate AYSRH information for parents and caregivers, and ineffective dissemination of AYSRH guidelines.

teenage pregnancies among adolescent antenatal clients from 22.4% in January 2023 to 18.7% by December 2023. We have noted Improved reporting rates of Sexual Gender-Based Violence (SGBV) cases among adolescents within 72 hours, from 19% to 44% in LungaLunga Sub County.

The onsite whole site orientation for non-technical staff has been key in development of local-based solutions. These solutions include the establishment of seven support groups for pregnant adolescents, the development of AYSRH facility specific service packages, and the implementation of flexible hours and clinic dates for AY services. In addition, efforts to promote contraceptive uptake and child spacing have contributed to the reduction of second and third pregnancies among AYs. Additionally, integration and promoting mental health among adolescents have been initiated. Lastly, the Technical Working Group (TWG) has played an important role in enhancing the coordination of sexual reproductive health services in the sub-county, ensuring a more comprehensive approach to addressing the needs of AY.

#### **Objectives**

The abstract highlights an approach that was deployed to strengthen adolescent responsive services in LungaLunga Sub County, Kwale County.

#### **Conclusions**

Whole site orientation promotes uptake of SRH services. The model increased healthcare worker skills, contributed to reducing teenage pregnancies, and improving reporting rates for sexual and gender-based violence cases. The approach has increased community engagement and coordination of sexual and reproductive health services

#### **Methodology/Interventions**

In June 2022, USAID Stawisha Pwani trained 29 health care workers from 28 facilities with high burden teenage pregnancies on AYSRH in Kwale County to support in facility whole site orientation. The project later conducted monthly YFS whole site orientation in five facilities in Lungalunga from Jan to June 2023 to both technical and non-technical staff. The project equally supported formation and monthly support group meetings for pregnant adolescents in nine facilities. At the community level, the project trained 29 youth champions to conduct monthly awareness sessions with adolescents and youth.

#### **Recommendations**

We therefore recommend that the County and National governments prioritize the completion and enactment of AYSRH policies. They allocate resources for training of healthcare workers and facilitate the integration of AYSRH services. Additionally, support facilities with data-driven community engagement initiatives to enhance resource utilization and service delivery effectiveness.

#### **Results**

Enhanced skills and confidence among healthcare workers have significantly improved the delivery of Adolescent and Youth Responsive Services (AYRS). This improvement is attributed to the reduction of

## **Strengthening management for RH commodities to improve and sustain delivery of AYSRH services. A case study on use of RH-SPARS under the HEROES program in East Central districts of Uganda**

**Apio Agatha Judith;**

**Amref Health Africa.**

*Suzan Nakidodo; Henry Wasswa; Michael Muyonga; Dr. Patrick Kagurus; Amref Health Africa Uganda.*

**Keywords:** FP- Focal Persons

*RH SPARS – Reproductive Health Supervision Performance Rewards/Recognition Strategy*

*HMIS- Health Management Information System*

### **Background/Significance**

Uganda still faces significant challenges in ensuring access to essential maternal commodities, which are critical for the health and well-being of adolescent and young people. This has been perpetuated by supply and demand barriers both at national and subnational level; therefore, hindering equitable access, availability and utilization of Reproductive Maternal Neonatal Child Adolescent Health (RMNCAH) healthcare.

The country's national online facility stock status for the month of November 2023, reported an overall 63 percent availability of RMNCAH commodities, and key maternal commodities such as Oxytocin and Misoprostol reported a stock out of 19% and 28% respectively in facilities. The RH SPARS is a quality improvement intervention aimed at the improving RH commodity management at the facility through 5 key indicators domains such as clinical quality, stock management, HMIS 105 reporting, Procurement planning and Ordering, quality and timeliness, implementation started in Dec. 2023 in 4 districts in Busoga region.

### **Objectives**

#### **Main Objectives**

To Strengthen supply chain management across the Heroes supported facilities in the 4 supported districts.

#### **Specific Objectives**

- To conduct supervision RH SPARS assessments using the RH SPARS tool across the 29 HEROES

#### **supported facilities.**

- To conduct stock monitoring data for the RH commodities across the 29 supported health facilities in East Central Cluster

### **Methodology/Interventions**

RH SPARS combines interventions such as educational, managerial, clinical, and recognition interventions with performance assessment to

improve medicines management practices at health facility level. Education intervention is provided by supervisors, trained district staff, called Medicines Management Supervisors (MMS), i.e. health worker on-the-job supervision, coaching and mentorship.

The HEROES program trained 8 MMS, 3 Heroes FPs a mixed classroom and practical training in RH SPARS. The 8 MMS carried out RH SPARS in 29 facilities in 4 districts in the Eastern Central Uganda. RH SPARS implementation started in December 2023 as baseline assessment and the second visit happened after 2-month period.

### **Results**

The was a 3% increment in performance of aggregated results from 29 facilities in the Iganga, Mayuge, Bugiri and Namayingo.

- The Procurement planning was domain at 16%, this deals with the facility planning for its needs through forecasting and quantification for a year.
- The stock management domain improved at 12% and this deals with inventory management of 13 RH commodities in SPARS tool
- The clinical quality showed a 3% increment, domain deals with standard ANC, Family planning guidelines, tools, training, supervision of staff, proper use of ANC, FP tools.
- The HMIS 105 reported improvement at -5%, domain deals with reporting of stock outs, quantities dispensed and stocks on hand from the data capture tools at facility.
- The order, timeliness and quality improvement at -9%, this domain is responsible for monitoring ordering of RH commodities from National warehouse and timeliness of ordering and delivery and quality measures completeness and accurate order form.

## Performance of 4 district across the 5 domains

Domain	Baseline	Visit 1	% improvement
Clinical Quality	85%	88%	3%
Stock management	56%	67%	12%
HMIS 105 reporting	90%	85%	-5%
Procurement Planning	76%	92%	16%
Ordering, quality and timeliness	52%	43%	-9%
Overall Av. % performance	72%	75%	3%

### Conclusions

The results indicate the continued need to strengthen data use derived based from RH SPARS intervention and involvement of district health team for leadership, accountability and ensure that the facility improves better, irrespective of delivery or non-delivery of RH commodities by National warehouses.

### Recommendations

1. Systems development and supply chain data visibility,
2. Quantification, warehousing and distribution support to improve on availability;
3. Client centered supply chain models to reduce overstocks and enhance redistribution.
4. Need to strengthen supply chain leadership, ownership and sustainability to ensure commodity security

## YOUTH-LED SOCIAL ACCOUNTABILITY FOR IMPROVED ACCESSIBILITY AND UTILIZATION OF ADOLESCENT SEXUAL REPRODUCTIVE HEALTH EDUCATION AND YOUTH FRIENDLY SERVICE PROVISION: A CASE STUDY OF WEST POKOT COUNTY

**Musa Ogony Mohamed - Deutsche Stiftung Weltbevölkerung (DSW)**

### Keywords

- Adolescent Champions
- Adolescent Sexual Reproductive Health
- Community score card
- Social accountability.
- Service Users
- Service providers
- Annual work plan
- Duty bearers
- Fiscal year
- Youth friendly services
- Budget allocation.

### Background/Significance

Adolescents and youth in Kenya encounter numerous challenges related to sexual and reproductive health, such as high rates of teenage pregnancy, complications from unsafe abortion, exposure to sexually transmitted infections (STIs), high rates of HIV/AIDS infections, lack of access to youth-friendly sexual and reproductive health services, prevalence of gender-based violence (GBV), and lack of support for mental health issues.

These challenges are attributed to the lack of adequate access to information to Adolescent Sexual and Reproductive Health (ASRH) services. According to the Kenya Demographic and Health Survey (KDHS) of 2022, West Pokot County stands out with a high prevalence rate of teenage pregnancy: 36% of girls aged 15-19 having experienced pregnancy, compared to the national average of 15%. Access to modern contraception in

the County is also notably lower at 23% compared to the national level of 57%.

Kenya's commitment to addressing these challenges is evident through its endorsement of various international and regional human rights treaties and declarations including the Programme of Action of the International Conference on Population and Development (ICPD, 1994), and the Maputo Plan of Action 2007-2010. Thus, it is imperative to provide ASRH services tailored to the specific needs of young people and adolescents, including those living in rural and hard-to-reach areas. There is a clear need for social accountability which is a citizen-led process that demands accountability and responsiveness from the duty bearers including public officials and health service providers. Our case study in West Pokot shows how important social accountability is to ensure the provision of ASRH that meets the specific needs of adolescents in the County.

## Objectives

1. Share our evaluation on the satisfaction levels of the community/users regarding ASRH services offered by West Pokot County.
2. Provide documentation of our lessons learned, best practices, and recommendations for enhancing ASRH service delivery and utilization in West Pokot County.
3. Gather other evidence from other organizations/CSOs on their experiences

## Methodology/Interventions

DSW Kenya facilitated the training of 15 adolescent champions (8 male, 7 female) on the community score card process as a social accountability tool in West Pokot County under the Youth for Health Project (Y4H). The Y4H project is a consortium project, which is co-funded by the European Union. The project aims to expand access to life-changing ASRHR through increasing demand for, and access to, information and services and securing more supportive policies and funding environments. The aim of the training was to empower adolescents to improve youth-friendly services through advocacy.

Following the training, these adolescent champions conducted the community score card process at Kapenguria County Referral Hospital and Kacheliba Sub County Hospital, using focus group discussions, key informant interviews, and interface meetings, to identify key ASRH issues. They also facilitated the development of action plans, focusing on improving the availability of ASRH information and services. This comprehensive approach aimed to address gaps in service provision and enhance the overall wellbeing of adolescents in the region.

## Results

A majority of the respondents rated various aspects of ASRH Services in West Pokot County with an average of 3 (on a scale of 1-5, 1 being low and 5 being high), indicating a fair level of satisfaction. Identified areas of improvements included: better interpersonal communication with youth, quality

of integrated services, more service uptake, client satisfaction, improved access to commodities and supplies (specifically family planning commodities), improved privacy and confidentiality spaces, more male engagement in family planning and community awareness on ASRH services.

The community score card has proven instrumental in providing immediate feedback to service providers, allowing ongoing monitoring and improvement of service quality. Notably, it has facilitated increased demand and access to services among adolescents, serving as evidence for adolescent champions to advocate for youth friendly services in public forums and budget allocations. The County government of West Pokot has committed KES 4.6 million in its 2024/2025 fiscal year annual work plan to implement adolescent sexual and reproductive health service interventions. This commitment highlights the county's dedication to addressing identified needs through social accountability initiatives.

## Conclusions

It is clear that social accountability plays a pivotal role in fostering community engagement, transparency, and accountability within healthcare systems, especially in rural areas, where access to essential ASRH services is often limited. Ultimately, an inclusive and responsive healthcare system that prioritizes the needs of youth and adolescents, will lead to improved health outcomes and well-being for the community.

## Recommendations

Adolescents and youth possess unique perspectives, energy and connectivity within their communities. This makes them an ideal catalyst for driving social accountability initiatives. By empowering them to take the lead in monitoring service provision, advocating for improvements and ensuring transparency in decision making and improved service delivery, they can transform healthcare access in the country.



## USE OF ELECTRONIC COMMUNITY HEALTH INFORMATION SYSTEM TO IDENTIFY TEENAGE MOTHERS; A CASE OF KWALE COUNTY

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### Keywords

1. Electronic Community health information system (e-CHIS)
2. Community Health Promoters (CHPs)
3. Universal Health Coverage (UHC)

### Background/Significance

The Kenyan Government is scaling up its efforts to fortify community health systems. The Kenya electronic community health information system (e-CHIS) is a standardized community health digital tool developed to improve community health service delivery and supply chain, reporting and performance management for better health outcomes at level one. The e-CHIS was developed on the backdrop that community health promoters (CHPs) were using manual tools for data collection as such it provided a platform to digitize CHP's work so as to advance Universal Health Coverage (UHC) for all Kenyans. The goal of the landmark e-CHIS is to improve service delivery through timely data quality and usage for decision making. The platform is comprehensive with a potential to address the health needs of everyone served by a CHP in a community unit. The current work showcases deployment and use of e-CHIS in Kwale County since its inception.

### Objectives

1. To identify teenage mothers enrolled in e-CHIS since its inception
2. To assess the quality of data on teenage mothers captured by e-CHIS compared to conventional paper-based records

### Methodology/Interventions

In October 2023, there was a heightened conversation around primary health in Kenya culminating in recognition of community health as a key prerequisite towards the achievement of Universal Health Coverage in the country. The Community Health Units for Universal Health Coverage (CHU4UHC) project in collaboration with USAID Stawisha Pwani trained 1670 CHPs on use

of eCHIS in Kwale County in the Month of October 2023. In November 2023, the CHPs were trained on service delivery, commodities distribution and household counseling and identification of the young mothers through household eCHIS registration.

### Results

By the end of April 2024, 15900 households had been registered representing 89.6% of the total households. Five hundred and eighty eight (588) young mothers aged 10-19 years were identified through e-CHIS in Kwale County from January to April 2024 which is 15% of the total pregnant women (3,943) ever registered through the eCHIS platform. The identified teenage mothers were referred to the health facilities to form support groups.

### Conclusions

The data from Echis is more accurate compared to the normal routine clinic visit since it captures even the teenage mothers who have not begun the Antenatal care clinic and are still in the community. The overall goal of the use of e-CHIS is to collect, manage, analyze and report health data electronically so as to aid in decision making. The platform provided an opportunity to categorize the teenage mothers so as to enhance their targeted access to health care

### Recommendations

There is a need to support CHPs in utilizing the platform and also support them to complete 100% household registration and linking clients to care services at health facilities. Since Kenya and Africa is emerging as an economic hub, it is notable that there is a great need to embrace technology in the key sectors like health care and e-CHIS is one step.

## WIDENING THE IMPLEMENTATION OF OUT OF SCHOOL'S SEXUALITY EDUCATION PROGRAMS IN BONDO SUB COUNTY.

George Ongulo. O Eric Omundi. O

### Background

Evidence affirms that the timely provision of accurate and comprehensive information and life skills training regarding sexual and reproductive health and rights (SRHR) is essential for adolescents to achieve sexual health and right and avoid adverse health outcomes by empowering adolescents to make informed, voluntary, and healthy choices about engaging in sex. Despite efforts by different stakeholders in Kenya to provide life skills and provide SRHR information, many adolescents still lack adequate information to access contraception or skills to negotiate safe sex.

### Objectives

To assess the increase in implementation of the sexual education programs for diverse groups of adolescence and young people in Siaya County, Bondo sub county.

### Methodology/Interventions

This was a case study conducted in Siaya County, Bondo Sub County, between October and November 2022. The data was obtained from desk review, FGDs and case narratives from diverse groups of adolescents, parents, teachers, programmers, and policymakers in the AYSRHR space. The study adopted qualitative data collection methodologies to allow the participants to describe their interactions and experience freely. The data were transcribed verbatim and coded in Cobo before analysis. Qualitative finding was triangulated with finding from the desk review to ensure the validity of the results. Informed consents and confidentiality ethical requirements were adhered to in the study.

### Results

Kenya has a supportive policy environment for in school sexuality education guided by several policies at multiple levels-from National laws to

local school administrative guidelines. Sexual Reproductive Health and Economic Empowerment Supporting out of School Adolescent girls Right and Skills (SHE SOARS), is an essential platform for sex education for out of school adolescents and youth, with a curriculum offered for sex education. This curriculum focuses on gender and human rights, information in several key topic areas such as contraceptive methods, sexuality, abortion and gender-based violence, and it has responsiveness to emerging societal issues by focusing on abstinence. The curriculum also addresses these gaps, there are still restrictions in accessing adolescents and youths who are out of school due to fear from religious leaders that children are being 'sexualized' when it comes to SRHR for the young PWDs and LGBTQI+ groups. The curriculum is standardized to targeting the exact SRHR needs. Through SHE SOARS, referrals and linkages in the community has been enhanced, adolescents have enjoyed safe SRH services from the facilities that are within their reach and they have been able to share personal stories and testimonies.

### Conclusion

Peer engagement is a key factor in enhancing SRHR service uptake among adolescents. However, challenges such as attrition rates for adolescents necessitated the need to train more rovers and Peer educators every time.

### Recommendations

Meaningful youth engagement should be prioritized in CSE curriculum development and implementation for relevance, realism, and relatability. CSE programs should be revamped and the content expanded to address adolescent's diverse needs, and peer educators should be trained on content delivery methodologies to benefit from the interventions fully.



## EXPANDING ACCESS TO CONTRACEPTIVE SERVICES AMONG ADOLESCENT GIRLS THROUGH THE MARIE STOPES KENYA (MSK) SOCIAL FRANCHISE MODEL, AMUA

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Susan Kimani<sup>1</sup>, Sham Musyoki<sup>1</sup>

**Keywords:** Adolescent and youth friendly services (AYFS), Social economic empowerment for adolescents and youth

### Background/Significance

According to the Kenya master health facility list 2020, the private sector accounts for over 50% of all health facilities in Kenya, with approximately 39% of all FP users, including adolescents, receiving services from the private sector. Despite a large segment of population receiving services from the private sector, adolescents still face a challenge in unmet need of contraceptives and teenage pregnancies.

To ensure an adolescent and youth centered approach towards service delivery, MSK used its AMUA social franchise model with 100 providers to improve access to adolescent and youth friendly services. AMUA providers are medical entrepreneurs who own licensed clinics and agree to work under specified terms to ensure uniformity in quality of services provided. The model employs a client centered approach to address issues of quality and access. interventions involved training for quality improvement and subsidies on FP services to cushion the providers and clients on cost of contraceptive services.

### Methodology/Interventions

A baseline assessment was conducted on the 100 facilities focusing on quality of service delivery, accessibility and affordability. To ensure an adolescent and youth centered approach towards service delivery, the providers were also subjected to a self-assessment tool for youth friendly services. Out of the analysis of the baseline assessment and self-assessment tool, adolescent centered approach was used to address the accessibility, cost and quality of services. The approach involved AYFS training, operational and structural changes and subsidies on service delivery to adolescents in the form of financial tokens. The intervention's success was assessed through AY youth service

numbers in 2023.

### Results

One provider from each of the 100 AMUA facilities was trained on AYFS and quality improvement plans focusing on structural and operational changes developed and tracked. Each facility was also branded with AYFS messaging and staff operated beyond normal working hours and on weekends to accommodate the clients. Through collaboration with a social economic empowerment partner, contraceptive services were subsidized and over 54,498 adolescent girls benefited socially economically through the financial toe. Cumulatively, the number of adolescents served with contraceptive services increased by 21.4% in 2023

### Conclusions

The provision of AYFS services in private facilities is significantly influenced by access, cost and quality which are essential elements in advancing adolescent responsive health services. A robust and holistic approach which ensures systems change, a sustainable financing model structural and environmental changes are key in making private health services both attractive to adolescents and financially sustainable to the service providers.

### Recommendations

An adolescent centered approach with a social economic lens leads to client powered health rights and provider motivated service provision which is scalable and feasible. Deliberate resource mobilization for AYFS in private sector facilities is needed to have a mutually beneficial outcome to adolescents, youth and medical entrepreneurs.

## EMPOWERING REPRODUCTIVE HEALTH CHOICES: ADVANCING CONTRACEPTION ACCESS IN KENYA THROUGH SELF-CARE WITH THE CHAGUO MKONONI CAMPAIGN

Pamela Adhiambo<sup>1</sup>, Nelly Munyasia<sup>2</sup>

**Keywords:** *Self-injectable, Autonomy, Access, Self-care*

### BACKGROUND/SIGNIFICANCE

Kenya faces significant hurdles in providing comprehensive sexual and reproductive health (SRH) services, especially concerning family planning and contraception. These obstacles, such as societal stigma, restrictive policies, limited accessibility, financial constraints, periodic stock shortages, and healthcare provider training gaps, disproportionately affect women nationwide.

Unmet needs remain high (14% nationally, 38% in some counties) despite a decline since 1993. Unintended pregnancies are down but more end in abortion (38% vs 24% in 1990s). Teenage pregnancy is also an issue. There's a rise in contraceptive use (63% in 2022) with injectables being most popular (20% overall, 16% for unmarried women).

The Chaguo Mkononi Campaign tackles this by empowering women with self-care options like injectable contraceptives. The campaign involves advocating for policy reforms, bridging accessibility gaps through promoting the use of self-injectable contraception. This aims to reduce unintended pregnancies and unsafe abortions, promoting access to contraception services, leading to better health for Kenyan women.

### OBJECTIVE

To empower women and girls to embrace reproductive health autonomy by promoting self-care strategies for enhanced access to family planning and contraception services, focusing on self-injectable contraception (DMPA-SC).

### METHODOLOGY/INTERVENTIONS

The Chaguo Mkononi Campaign employs a comprehensive strategy to empower women and girls in accessing contraception services. The campaign uses the Nena na Binti Call Center, offering a safe and stigma-free environment for individuals to access vital contraception information and support.

Through advocacy and stakeholder engagement, the campaign is facilitated to create a conducive policy environment. Community empowerment initiatives, leveraging local influencers and gatekeepers, foster ownership and empowerment. Healthcare provider capacity building on self-

injectable ensures professionals are equipped to support self-care interventions in family planning, while media collaboration amplifies campaign messaging. Embedded research guides adaptability enhancing the campaign's effectiveness.

### RESULTS

The Chaguo Mkononi Campaign will enhance the availability and accessibility of family planning and contraception services, particularly through promoting self-injectable contraception, to offer women a broader range of options. The campaign will empower women and girls, promoting informed decision-making and active participation in family planning choices, thereby promoting autonomy and agency. Additionally, the campaign will strengthen engagement and support from men, creating a more inclusive environment and promoting gender equality in reproductive health matters. Through these efforts, tangible policy reforms are anticipated for sustainable improvements in reproductive health outcomes and community well-being.

### CONCLUSIONS

The Chaguo Mkononi Campaign signifies a movement set to redefine the landscape of family planning practices across Kenya. Rooted in a dedication to empowering women and girls through self-care initiatives, this campaign embodies a commitment to reshaping societal norms, nurturing informed decision-making, and advocating for crucial policy reforms in reproductive health.

### RECOMMENDATIONS

It is important to scale up initiatives like the Chaguo Mkononi Campaign. This campaign's multifaceted approach, including advocacy for policy reforms, community empowerment, healthcare provider capacity building, and strategic media collaboration, presents a promising framework for advancing reproductive health autonomy and access to services.

Strengthen partnerships with governmental bodies, non-governmental organizations, and the private sector to ensure sustainability and widespread impact.



## IMPROVING QUALITY OF ADOLESCENTS AND YOUTH FRIENDLY SERVICES (AYFS) THROUGH WHOLE SITE ORIENTATION (WSO) IN FOUR COUNTIES IN KENYA

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### Background/Significance

Adolescents in Kenya constitute 24.5% of the population according to 2019 Census, yet they face barriers in accessing quality Health services responsive to their needs. Evidence shows that adolescents have the highest unmet needs for FP consequently resulting in teenage pregnancies which is at 15% country wide. In-spite of the fact that unique sexual and reproductive health needs of adolescents and youth (AY) are widely recognized, the issue remains integrating adolescent- and youth-friendly health services (AYFHS) effectively with a health systems lens that is replicable. This abstract provides evidence from 4 counties of focus that aimed at overcoming this challenge by institutionalizing Whole site orientation as one of High impact intervention in ensuring services in health facilities are responsive to adolescent and youth needs.

### Methodology/Interventions

Mombasa, Tana River, Bungoma and Trans-Nzoia Counties partnered with Maries Stopes Kenya through the Health System Strengthening (HSS) model to improve access to quality sexual reproductive health (SRH) services in 35 selected facilities. A baseline assessment tool was administered during recruitment of facilities assessing quality of AYFS. The program intervention focused on effectiveness, which was on competencies and skills on interacting with adolescents and youth in the facility setting. To address the gap, whole-site orientation was done which comprised of 7 sessions targeting service provider, facility management and facility support staff.

### Results

The program was implemented between 2020 to December 2022 aimed at improving quality

of Sexual Health (SRH) services to women and vulnerable groups. With support from county management teams, 35 Health care workers were identified and trained on AYFS. They were tasked to implement whole-site orientation sessions in selected facilities in the four focus counties. Thirty-five providers trained on WSO tool kit conducted sessions in 35 facilities. The intervention's effectiveness was assessed through the number of adolescents and youth served over the period

The outcome resulted in an increase in the number of adolescents served in the facilities from 5,345 in 2020 to 11,896 by December 2022, a significant growth of 123%. Consequently, adolescent and youth numbers served increased from 29,208 in the year 2020 to 41,654 by December 2022 which represented an increase of 30%.

### Conclusions

The quality of AYRSH services is significantly influenced by skills, values and information the staff have concerning AY responsive services. The successful implementation of WSO approach on AYFS in 35 sites resulted in improved access and utilization of AYFS hence its replicability at a scale in other counties.

### Recommendations

High impact interventions on quality adolescent and youth responsive services as evidenced by the WSO approach needs to be coupled with community interventions which is the demand side for AYFS services. This presents a holistic approach for a sustainable adolescent and youth friendly ecosystem that addresses needs for that cohort.

Keywords: Whole-Site-Orientation (WSO), Sexual Reproductive Health (SRH), High Impact Intervention, youth friendly, ecosystem, Adolescent Youth Friendly services(AYFS)

## USING PEER TO PEER MODEL AS OUTLINED IN HUMAN CENTERED DESIGN (HCD) APPROACH TO REDUCE TEENAGE PREGNANCY IN WAKULA HEALTH CENTRE, SUBA CENTRAL SUB COUNTY, HOMABAY COUNTY.

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Homabay County Government, Breakthrough Action Kenya

**Keywords:** Teenage Pregnancy, HCD-Human centered Design, Youth Champions

### Background

Teenage pregnancy remains high among Youth and Adolescent Girls in rural communities such as Wakula which is situated deep in Mfangano Island in Homabay County. The facility serves a total of 1,156 adolescents (10-19 years) who make up 23.7% of the total catchment population. Facility data at the end of year 2022 showed that 46 out of 80 (57.5%) clients who attended 1<sup>st</sup> Antenatal visit were teenage girls between ages 10-19 years. This raised serious concern and action needed to be taken to avoid the situation getting out of hand. This could be attributed to several factors to include; socio-cultural activities promoting SGBV and early marriages, myths and misconception surrounding family planning use among adolescents, inadequate information on importance of delaying sexual debut, lack of bargaining power for safe sex, drug and substance abuse, stigma and discrimination when seeking services from the facility, poor linkage and referral pathways among others.

### Objectives

To demonstrate how Peer to Peer engagements has contributed to the reduction of teenage pregnancy in Wakula Health Centre.

### Methodology

Homabay County Government Department of Health Services in collaboration with supporting partners trained 2 Adolescent and Young Persons (Youth Champions) identified from the community and 2 Healthcare workers from Wakula Health Centre. They Youth Champions started by dividing the Adolescents into 2 cohorts; 10-14 years and 15-19 years before conducted focused sensitization meetings by use of a four phase HCD; discovering target population, problems identification, problem prioritization that will solve other problems, innovating local solutions achievable at the community level giving age appropriate information using Tuko Pamoja & YAK handbooks and linking to facility through referrals for services by trained healthcare workers.

### Results

A total of 102 Home Visits, 126 Group Meetings, and 97 Individual Counseling sessions were conducted by the youth champions in the community. Out of the activities 201 females, 167 males of age cohort 10-14 years and 378 females and 293 males of 15-19 years totaling to 1,049 adolescents reached with AYSRH information focusing on sexual reproductive health and rights, assertiveness, delay of sexual debut, healthy relationships, drug and substance abuse among others. It created a free environment for peer to peer experience sharing and also empowered them to make healthy decisions and take control of their own health. With the continued engagements, a drop in teenage pregnancy has been witnessed from 57.5% in 2022 before the model was implemented to 21.6% in 2023 when the Youth champions started engaging their peers in the community, reaching them with information and referring them for services at the facility. This has further dropped to 11.8% in Q3 of FY 2023/2024 (Jan-March). The model has played a key role as it has provided a platform for empowering the adolescents with information and linking them to services from HCWs who have been taken through Values Clarification and Attitude Transformation thus no stigma and discrimination.

### Conclusions

The use of Peer-to-Peer engagement model has made the youth champions meet and empower more peers with relevant information and has shown positive results and has significantly contributed to the steady drop in the teenage pregnancy in the facility from 57.5% in 2022 to 11.8% in Jan-March 2024

### Recommendations

Upscaling the model by training more youth champions in communities to actively engage their peers, reaching them with information on AYSRH and referring them to health facilities for services. This model can also be used as a framework to engage local stakeholders to optimize intervention designs and implementation.



## COMMUNITY PEER LED MENTORSHIP TO TRANSFORM REPRODUCTIVE HEALTH OUTCOME AND YOUTH LIVELIHOODS IN HOMABAY COUNTY

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Keywords: AYSRH, rural, HIV/AIDS

### Background/Significance

In many rural communities, youth often lack access to comprehensive reproductive health education and economic opportunities [1]. Rachuonyo Sub County is one of the Sub Counties in adverse affected triple threat (teenage pregnancies, gender-based violence and HIV/AIDS infection) among adolescents and young people at 20.5%, 16% and 23% respectively[2].

Recognizing these health outcomes including increased teenage pregnancies, gender-based violence and school dropouts among adolescents and youth, a peer mentorship program was initiated by empowered youth champions to educate youths on reproductive health and addressing these interconnected issues. By engaging youth champions into reproductive health training and continuous capacity support, the champions used the knowledge into a snowballing replication to mentor fellow youths. This promoted holistic development among adolescents and youth towards the formation of a community organization (Rural to Action) to accelerate community led peer mentorship in Homabay.

### Objectives:

1. To equip youths with accurate and comprehensive knowledge about sexual and reproductive health,
2. To provide business mentorship and entrepreneurship training targeting teen mothers to pursue economic opportunities for financial stability.

### Methodology/Interventions

The intervention utilized a multifaceted approach, including interactive workshops, peer-led discussions, - and one-on-one mentoring sessions. Through a trained and coordinated peer mentorship approach for youth champions, the delivery of community led reproductive health engagement through health education session, linkage and mentorship birthed the need for a

common binder for the youth for sustainability. The group was formally registered as a community-based organization to support other peers in the community by engaging with youth groups, development partners and the government to generate income required for peer mentorship by integrating AYSRH during community meet up engagements

### Results

1. Increased reproductive health knowledge among 300 youths in Rachuonyo south sub county.
2. Accelerated coordination and linkage/referrals to health services among youths in the community.
3. Led to formation of 4 support groups for continuity and coordination to spur reproductive health and economic empowerment.

### Conclusions

In conclusion, the peer mentorship program catalyzes formation of community led youth sustainability initiatives. The formation of the Rural to Action Community Organization served as testament to the collective efforts of empowered youths in driving positive change within their community.

### Recommendations

Integration of reproductive health with economic empowerment initiatives to address the holistic needs of youths, therefore, should be embraced and promoted by AYSRH.

### Reference:

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- [2] "Ministry of Health." Accessed: Oct. 07, 2020. [Online]. Available: [www.nacc.or.ke](http://www.nacc.or.ke)

## INCREASING UPTAKE OF POSTPARTUM FAMILY PLANNING AMONG ADOLESCENTS AND YOUTHS IN VIHIGA

Veronicah Musiega, Abigael Osendi, Cynthia Muhambe and Evans Oduor

### Background/Significance

Family planning refers to the use of contraceptive methods to help women and men achieve their preference for children and to have wanted children when they want them (Megan L, et al 2013). Post-pregnancy family planning is the initiation of an FP method for the prevention of unintended pregnancy and closely spaced pregnancies through the first 12 months of Childbirth. Surveys in 27 countries reveal that 95% of women who are 0-12 months postpartum want to avoid pregnancy in the next 24 months. FP is an effective intervention in Ending Preventable Maternal Mortality ( EPMM). Many maternal deaths occur in the first few weeks after delivery and mothers who are given adequate care in the postpartum period have better health outcomes. ([WHO progress report 2023](#)). MCGL and Breakthrough in collaboration with Vihiga County are implementing a post-pregnancy family planning program in Vihiga County. The program aims to increase access to quality voluntary postpartum family planning as a strategy for reducing maternal and child mortality in the county, especially among adolescents and youths

### Objectives

This study aimed to evaluate how the uptake of postpartum family planning could reduce the unmet need for FP in WRA, especially among adolescents and youths in selected health facilities within the County of Vihiga

### Methodology/Interventions

10 mentors and 30 HCPs were trained on PPFP. This was followed by 20 providers being trained on QI in PPFP counseling. Facilities were then equipped with

PPFP kits. The trained providers were followed up by mentors for 12 months to improve on uptake and quality of PPFP within 48 hours and 6 weeks after delivery. The QI team initiated QI-related projects on the quality of person -centered counseling, in PPFP at MCH and maternity. Binti Shujaas were trained to mobilize for pregnant youths for FP services

### Results

After one year of implementation, between January and March of the 3482 births recorded, 2864 (82%) postnatal clients received quality counseling and were administered with an Fp method at 6 weeks voluntarily. April to June of the 3235 deliveries 1342 (42%) were administered an Fp method by 6 weeks, July to Sept 3302 deliveries, 1470 (46%) clients were administered the method, October to Dec of the 3161 deliveries, 1405 (45%) got an FP method of their choice

### Conclusions

Capacity building in PPFP has proven to be instrumental in diversifying method hence improving uptake of FP

Unmet need of contraception can be met through targeted interventions to improve access , quality and availability of contraceptive services

### Recommendations

There is need to strengthen FP counseling at ANC to enable pregnant mothers make a choice of the FP method to take at delivery

Mentorship and follow up of service providers on PPFP at all MNH departments is key to improving FP uptake

## LEVERAGING ON OUTDOOR GAMES TO INCREASE DEMAND AND SERVICE

### USER FEEDBACK FOR AYSRH SERVICES

Geoffrey Kithuku, Ann Maina (TAYO),

Dr. Mercy Otieno (CGTRH Chaani)

Keywords: Adolescents and Young People, Youth, SRH, SRHR, "Fun Friday"

#### Background/Significance

According to the World Health Organization, many young people regard health services as not meeting their needs and distrust them thus seeking them when they are desperate. The county government of Mombasa through the department of health purchased six containers to offer adolescent and youth friendly sexual and reproductive health services under the 2018-2022 CIDP, Chaani Youth Friendly Center is one of the containers although it is yet to be equipped thus working closely with Coast General Teaching and Referral Hospital Chaani outreach to offer the intended services. It is in that regard, that The Amplifiers Youth Organization (TAYO) in partnership with the center came up with an innovative way that aims at ensuring that AYPs freely access SRH services and also provide an environment for them to give feedback on the services offered at the facility to ensure improved Sexual and Reproductive Health outcomes among them.

#### Objectives

1. To create a friendly environment for AYPs to freely access and give feedback on SRH services offered at Coast General Teaching and Referral Hospital Chaani Outreach.
2. To bridge the gap between service seekers (AYPs) and service providers of Coast General Teaching and Referral Hospital Chaani Outreach.
3. To impart AYPs with SRHR information and provide them with life skills education for them to make informed choices SRHR.

#### Methodology/Interventions

The "Fun Friday" activities that happen every Friday involve three methodologies, which include outdoor games, open discussions and Life skill sessions. The outdoor games involve games such as carrom, ludo, draft, CSE cards, monopoly and trending Tik Tok challenge(s). While the AYPs are engaging on the outdoor games we initiate candid conversations that also include service providers from the facility. Lastly, we end the activity with a life skills session guided by a manual adopted from DSW Kenya, the session is aimed at ensuring the AYPs are equipped with information and skills to

make informed choices and decisions concerning their SRHR.

#### Results

In 2023, 649 adolescents and young people were reached through the "Fun Friday" activities and those seeking for services due to those activities under the program. The data is collected using participant lists, visitor's book and referral forms that segregate the data in age cohorts. The data includes those who participate in the "Fun Friday" activities and those seeking services due to the activities. The number reached includes, 418 for the "Fun Friday" activities where adolescents aged 10-19 years were 168 (males were 63 and females were 105). For young people aged 20-24 years, about 250 (where 80 were males and 170 were females) were reached through the "Fun Friday" activities. The data on those who visited the Youth Friendly Center for information and referral for services due to the "Fun Friday" activities includes 114 AYPs (where 10-19 years were 31 males and 83 were females) whereas those aged 20-24 years were 117 (75 males and 42 females). Through the "Fun Friday" engagements with AYPs, a total of 4 memorandums were submitted to the county government in 2023 and a WhatsApp group formed where the AYPs interact with service providers from Coast General Teaching and Referral Hospital Chaani Outreach and issues addressed.

#### Conclusions

Public Health facilities should act as a safe space for AYPs and not be places where they only receive services thus addressing the issue of AYPs seeking services when desperate. Embracing innovative ways to make AYPs free to access SRH services and give feedback on the services is critical.

#### Recommendations

The government and different stakeholders to sufficiently support and ensure county governments have budget line for Adolescents and Youth Friendly services to ensure access to comprehensive and high standard SRH services by AYPs as envisaged in the National Guidelines for Provision of Adolescents and Youth Friendly Services (Revised Edition 2016).

Initiating HIV prevention strategies led by

## AYPLHIV. A case for Maisha Youth Kilifi Chapter

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**Youth For Sustainable Development, Youth voices and Action Initiative.**

**Keywords:** Adolescents, young person, AYSRH, ART defaulters and Advocacy

### **Background/Significance:**

In 2019, KNBS reported Kilifi County's population at 1,509,503, with females at 51% and males at 49%, mostly adolescents and young people facing unique challenges. Limited access to AYSRH info leads to high ART default rates, teen pregnancies, and stigma, exposing AYPs to HIV transmission. KCAIP2021/25 shows AYPs aged 15-24 account for 38.4% of new HIV infections in Kilifi. This hostile environment complicates AYPs living with HIV managing their sexual and reproductive health. Emphasizing quality ASRH info and services for AYPLHIV is crucial.

### **Objectives:**

To increase uptake of HTS and ART services among the young people.

Advocacy Intervention.

### **Methodology/Interventions:**

The project focused on adolescents and young people, offering a comprehensive AYSRH package via an "Advocacy Toolkit" co-developed by AYPs and multi-sectoral teams. It addressed HIV, sexual reproductive health, and gender-based violence with chapters on strategy, team analysis, and information dissemination. Initial consultations highlighted HIV indicators, teenage pregnancy, and defaulter rates in Kilifi County, leading to piloting peer-to-peer behavioral change in five sub-counties. AYP champions were trained to facilitate HIV prevention and advocacy sessions, promoting positive health-seeking behaviors and providing referrals for testing and reproductive health services.

### **Results**

Supported by NSDCC-Kenya, The Maisha Project

empowers Maisha Youth Kilifi to conduct peer to peer HIV/AIDS forums across 5 sub-counties in Kilifi County. This forum emphasizes prevention and advocacy enabling AYP champions to combat stigma, promote adherence to ART and advocate for youth friendly treatment. This initiative originated from county consultations that identified gaps in HIV knowledge, service uptake and the inclusion of AYPLHIV in decision making. Using NSDCC's Tool kit, 5 facilitators reached 10,000 AYP, referred 5000 for testing, and distributed 10000 condoms during the pilot phase.

Two youth champions now represent AYPLHIV in the county's HIV/AIDS technical group, contributing to the establishment of youth-friendly centers in 5 hospitals and over 60 public health facilities. The Sub-county engagement varied, with Kilifi South leading in reach and services provided. Overall, the project significantly enhances HIV awareness, service utilization, and youth involvement in Kilifi's fight against the epidemic.

### **Conclusions**

To combat Kenya's high HIV rates among adolescents (42% new infections) prioritize peer education and comprehensive sexuality programs. Research shows peer-to-peer education delays sexual activity onset. It's effective due to informal relationships, common language, and open discussion of personal issues. County governments should invest more in these initiatives.

### **Recommendations:**

In Kenya, adolescents account for 42% of new adult HIV infections yearly, with girls and young women comprising 30%. To curb this, the county government should increase investments in peer education and comprehensive sexuality programs.



## EFFECTS AND PERCEPTIONS OF A PEER-LED LIFE SKILLS PROGRAM ON PREVENTION AND RESPONSE TO COMMERCIAL SEXUAL EXPLOITATION AMONG LEARNERS IN MOMBASA, KENYA.

**Norah Mwangi**

**Keywords:** *Commercial Sexual Exploitation of Children (CSEC), Comprehensive Sexual Education (CSE), Sexual Reproductive Health (SRH) and sexual violence (SV).*

### **Background/Significance**

Commercial sexual exploitation of children (CSEC) is a widespread and global concern (Jimenez et al., 2015). The Violence Against Children (VAC) 2019 report estimates that about 32% of girls and 16% of boys experience sexual violence before the age of 18 years in Kenya. Sexual exploitation of minors is associated with sexual violence (SV), and adverse sexual and sexual reproductive health (SRH) outcomes including HIV/AIDS, STIs and unintended pregnancies. Interventions that promote accurate, age-appropriate knowledge on sex and sexuality could help adolescents and teenagers identify and respond to CSEC.

### **Objectives**

To promote accurate, age-appropriate sexual reproductive health knowledge and prevent and respond to commercial sexual exploitation of children.

### **Methodology/Interventions**

We implemented a program to identify minor's victims of CSEC and link them to psychosocial support and to identify community drivers of CSEC. A school-based peer-led life skills program to raise awareness on CSEC in 20 schools in Mombasa County was applied. A total of 349 peer educators (PE) and two teachers from each school underwent a one-week training based on a national Life Skills curriculum. PE provided one-on-one and group life-skills based education to fellow learners through school health talks, mural paintings and football tournaments for a period of one year. With support from teachers, they also set-up life skills clubs and some PE had an opportunity to conduct health talks during school assembly once a week. After implementation for 1 year, we conducted 8 FGDs

targeting approximately 64 learners across 20 schools using a convenience sampling approach. Data was analyzed thematically involving both deductive and inductive approaches.

### **Results**

Sensitized learners identified 35 cases of sexual exploitation among fellow learners and linked them to counseling programs for psychosocial support. Additionally, FGDs at end-line evaluation indicated that learners could identify potential CSEC children and contributors to CSEC among their peers. Learners felt that they had accurate and adequate knowledge of sexual exploitation and could comfortably discuss issues related to sex and sexuality.

### **Conclusions**

School based peer-led life skills education is a potentially effective approach in providing a safe space to create awareness of CSEC and SRH. Providing accurate, age-appropriate information on CSEC enables minors to identify potential sexual exploitation to themselves and their peers and to respond appropriately.

### **Recommendations**

By implementing Comprehensive Sexual Education in schools, learners will be empowered with the knowledge, skills, and resources to protect themselves and their peers from exploitation, thereby promoting their overall well-being and reducing the prevalence of CSEC in Kenya. Such initiative aligns with international best practices and commitments to ensuring the rights and safety of children and adolescents.

## HARNESSING MEN-LED COMMUNITY REFERRALS FOR ACCESS TO QUALITY SRHR SERVICES AND INFORMATION IN KAJIADO COUNTY

Catherine Githae

Fredrick Nyagah

Keywords

ANC-Antenatal Clinic

ASRHR-Adolescent Sexual and Reproductive Health Rights

MENKEN-Men Engage Kenya Network

REAL Parent-Responsible, Engaged, and Loving (REAL) Parents

SRH-Sexual and Reproductive Health

### Background/Significance

Poor sexual and reproductive health among adolescents is a serious public health concern globally. The burden of teenage pregnancy in Kenya remains high with 15% of adolescent girls aged 15-19 reporting to have ever been pregnant according to KDHS 2022, with about 17% of all pregnancies reported in Health facilities in 2023 being among adolescents aged 10-19 years. Half of Kajiado County women (20-49 years) first had sex by age 17, whereas, half of men (20-54 years) first had sex by age 18. Consequently, the pregnancy rate among school girls ranks at number 10 countrywide.

Parent-child communication has been ascertained as one factor that impacts adolescent sexual behavior. Given their direct involvement with adolescents, parents have the unparalleled opportunity of conveying SRH information and life skills positively influencing adolescents' sexual attitudes, behaviors, values, and risk-related beliefs. This is however hampered by social-cultural norms of the maasai who are the predominantly highest population in the county.

### Objectives

- Strengthen capacities to innovatively engage men to promote access to quality SRHR information and services with a focus on prevention of adolescent pregnancies and unsafe abortion.
- Increase access to quality SRHR services and information through men-led community referral healthcare pathways.
- Promote the development of new areas of policy advocacy to meet the SRHR needs in Kajiado County

### Interventions

MENKEN implemented a parent-centered intervention in preventing adolescent pregnancies through promotion of the engagement of men in ASRHR. The intervention was dubbed Responsible,

Engaged, and Loving (REAL) Parents locally known as 'Intoiwuo Ate'. 24 respected Parents in the community, both men and women were recruited through a community-led process and trained to be Parental Empowerment Facilitators (PEFs) using an evidence-based training manual that had content on Gender, SRHR, adolescent pregnancy and positive parenting. The intervention entailed community mobilisation of parents through churches by working with religious leaders as allies to ASRHR where parents were recruited and linked to the parental empowerment sessions. The sessions, majority of which were held in churches, took 4 half-days or 2 full days imparting skills and knowledge aimed at increasing their capacity to empower the adolescents under their care with sexuality education to reduce SRH risks facing the adolescents.

### Results

A trend analysis revealed that there was a 25% decline in adolescent pregnancies in Kaputiei ward from 483 in 2022 to 363 in 2023. Isinya Health centre reported the highest number of adolescent pregnancies in 2023, with a total of 259 cases (16% of all first ANC visits), while Olturoto Dispensary recorded the least number of cases (2), representing 11% of first ANC attendees. All the four health facilities recorded a decline in adolescent pregnancies between 2022 and 2023. The highest decline was observed in Ereteti Dispensary, recording only 5 cases in 2023 from 110 in the previous years (95% decline).

### Conclusions

Community models in ASRHR programming are effective and scalable. Parents, especially male caregivers when constructively engaged they are able to appreciate their roles in reducing the risk of unsafe abortion and other SRH challenges. Engaging fathers and male caregivers increased their involvement in matters of ASRHR and subsequently led to increased reporting of adolescent pregnancies and eventual decline.

## Recommendations

Sustainable community models such as the REAL parents interventions to be replicated.

Increased advocacy on male engagement to improve access to ASRHR services and information should be scaled up in all counties.

Age appropriate sexuality education to be integrated in community education models for sustained SRH advocacy.

Parents and caregivers as first sex educators of their children to be promoted as an effective strategy.

## PRIMARY HEALTH CARE NETWORKS; A TOOL FOR STRENGTHENING THE SKILLS OF HEALTH CARE WORKERS IN GARISSA COUNTY.

**Abdiaziz Ibrahim<sup>1</sup>, Kennedy Wakoli<sup>1</sup> Baddasoh Raphael<sup>1</sup>, Happiness Oruko<sup>1</sup> Habon G. Abdi**

**Key words;** Primary Health Care (PHC), Primary care network (PCN), multi-disciplinary team (MDT), hubs, spokes

### Background:

While many counties strive to achieve universal health coverage by improving access to and utilization of essential health services for their populations, the majority are undertaking health system transformations to prioritize and strengthen primary health care. A growing number of counties have designed and implemented primary care networks to realize improved primary health care financing, delivery, improved access to and utilization of care. In 2020, Garissa County was selected nationally to pilot a 3- year Primary Health Care (PHC) model which was implemented in partnership with the Ministry of Health. The model was envisioned to provide equitable access and provision of; integrated Affordable, Quality, Comprehensive, Promotive, Preventive, Curative, Rehabilitative, Palliative health services as well as Social protection services for all residents of Garissa.

**Methodology:** The network has a component of sharing human resources for health expertise through a multidisciplinary team (MDT) that supports Primary care network (PCN) hubs and spokes. Garissa County has a total of 250 Units primary health care network in 7 Sub counties, who collaborate with primary care providers such as health care workers working together to provide quality primary care to patients in a coordinated approach.

### Result

Primary health care networks contributed in enhancing the skill set of health care workers in

Garissa, and this has facilitated resource sharing among the hubs and advanced referral centers. They have also contributed to reduced congestion, improved service delivery and access to quality primary health care services. Further, they have also contributed to linking facility-based health services to the community, fostering a seamless approach to healthcare delivery. Primary health care networks have led to fostered integration by providing care at the optimal level and ensuring that no one is left out. The skill set of health care workers in Garissa has been enhanced as a since with their presence comes training of health care workers such as community health promoters on preventive rather than curative healthcare. Additionally, it creates an efficient emergency referral system while improving sharing of resources across levels of care as well as improving data flow for better decision making. Through primary health care networks, the skill set of health care workers is enhanced since teams and individual health care professionals from across disciplines identify and adapt best and promising practices in the implementation and measurement of primary health care.

**Conclusion:** Primary health care enables peer to peer learning and transfer of skills among health care workers.

**Recommendation:** There is need for other counties to adopt and scale up use of primary health care networks as it's a promising model of enhancing health care worker skills at all levels

## ENHANCING POST-PREGNANCY FAMILY PLANNING THROUGH A STRUCTURED WHOLE-SITE ORIENTATION: A LOW-DOSE-HIGH-FREQUENCY STRATEGY IN 28 HEALTH FACILITIES IN MAKUENI COUNTY.

Jane Wausi, Michael Waithaka, Assumpta Matekwa,

Christine Muindi, Njeri Nyamu.

**Keywords:** Adolescents and Young people, Post pregnancy family planning, Whole site Orientation

### Background/Significance

Improving the availability of contraceptives is essential to achieving the 2030 Sustainable Development Goals (SDGs) and ensuring universal access to reproductive health services during pregnancy, childbirth, and the first year postpartum. Whole site orientation (WSO) is a cost-effective approach that orients all health workers and staff (both clinical and non-clinical) at health facilities on post-pregnancy family planning (PPFP), adolescent and youth sexual and reproductive health (AYSRH), and gender-transformative programming using a low-dose, high-frequency model.

This abstract describes WSO as one of the key interventions implemented in 28 health facilities in Makueni County. The goal is to ensure all facility staff become champions of PPFP, gender, and AYSRH, enabling them to directly counsel, provide services, or appropriately refer for PPFP services.

### Objectives

This abstract aims to showcase the effectiveness of a simpler and more cost effective way of capacity building of all staff (clinical and non-clinical staff) in a health facility on High Impact practices for family planning i.e. post pregnancy family planning by utilizing a comprehensive structured whole site orientation package.

### Methodology/Interventions

The Accelerating Post-Pregnancy Family Planning Integration into Primary Health Care (APIP) project, implemented by Jhpiego, conducted six-week Whole Site Orientation (WSO) sessions in 18 health facilities in Makueni in June 2023. Data on post-pregnancy family planning (PPFP) and adolescents and youth (AY) family planning were abstracted

from the Kenya Health Management Information System (KHMIS) for the periods before and after the WSOs were conducted. Descriptive analysis was used to summarize the data.

### Results

A total of 217 out of 240 eligible clinical staff (90%) and 107 out of 114 eligible non-clinical staff (94%) completed the six-week WSO package. According to KHIS data, the uptake of PPFP within 48 hours increased from 42 out of 1465 (3%) at baseline (April 2023) to 516 out of 1477 (35%) in March 2024. PPFP uptake from three days to six weeks postpartum increased from 131 out of 634 (21%) at baseline to 249 out of 777 (32%) in March 2024. Post-abortion family planning uptake increased by 12%, from 10 out of 98 (9%) to 15 out of 71 (21%) between April 2023 and March 2024. Additionally, family planning uptake among adolescents and young women (ages 10 to 24 years) increased from 703 to 1055 clients between the baseline and March 2024.

### Conclusions

The results demonstrate a remarkable improvement in PPFP and AY indicators, largely attributed to the project's interventions at the facility level, including capacity building of healthcare providers through PPFP WSO sessions. These sessions emphasize quality counseling at antenatal clinics using the Balanced Counseling Strategy Plus (BCS).

### Recommendations

Implementing low-dose, high-frequency interventions such as a structured WSO is a best practice for increasing knowledge, creating demand, and raising awareness of PPFP and AY services among all clinical and non-clinical staff in a facility.



## AN APPRAISAL OF THE DETERMINANTS OF YOUTH-FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICE DELIVERY AMONG HEALTH WORKERS IN CALABAR NIGERIA.

Felicity Nneoma Ike, Dr. Philip Bassey, Elvis Anyahiechukwu Okolie

### Background:

The provision of youth-friendly sexual and reproductive health services (YFSRHS) is critical to improving the current and future health outcomes of young people. However, millions of young people face numerous challenges in accessing vital sexual and reproductive health (SRH) information and services in Nigeria. Such challenges have facilitated the rapidly growing burden of teenage pregnancy, unsafe abortion, maternal deaths, and sexually transmitted infections, including HIV. Health workers play a critical role that may impede or facilitate access to life-saving sexual and reproductive health services. Health workers' knowledge and competency in delivering YFSRHS is a global best practice that contributes to desired reproductive health outcomes and the SDGs. Hence, this study assessed the determinants of YFSRHS among health workers in Calabar Metropolis, Nigeria.

### Objectives:

To assess the determinants of youth-friendly sexual and reproductive health services among health workers in Calabar Metropolis, Nigeria.

### Methodology/Interventions:

This study utilized a cross-sectional research design. Data was generated from 412 health workers across 50 selected primary health care facilities and 22 wards in Calabar Metropolis using a multistage sampling technique. A 26-item semi-structured questionnaire, which was self-administered, and an observation checklist were employed to generate relevant data from study participants and primary health care facilities. Data was analyzed using SPSS version 26 to produce descriptive and inferential statistics.

### Results:

In this study, 300 (72.8%) of the respondents were female while 112 (27.2%) were males. One hundred and sixty-one (39.1%) of the respondents were CHEWs, 141 (34.2%) were nurses/midwives while the least of cadres were medical doctors (7.0%). Most (80.1%) respondents indicated a lack of training as a barrier to youth-friendly sexual and reproductive health services delivery (YFSRHS). More than half (60.0%) of the respondents stated that religious and cultural beliefs are critical barriers affecting their service delivery, and almost half (49.8%) reported a lack of motivation as a factor influencing YFSRHS delivery. The Chi-square results revealed that age, religion, ethnicity, health worker cadre, and marital status were significantly associated (P).

### Conclusions:

In this study, poor practices, cultural and religious beliefs including poor training and low motivation were reported to be major barriers affecting service delivery which calls for intensified educational programs, transformative approaches, and evidence-based strategies to improve YFSRHS

### Recommendations:

This study recommends comprehensive training and retraining of health workers, including the provision of job aids to improve young people's access to YFSRHS. Equally important is the re-framing of the sexual and reproductive health agenda to align with socio-cultural contexts and sensitization of religious and traditional leaders for reproductive health promotion in their communities, especially for young people.

## UNVEILING THE COMPLEXITIES: SEXUAL AND REPRODUCTIVE HEALTH ISSUES FACING STUDENTS AT MOUNT KENYA UNIVERSITY

Bernice Keya

### Background

Student wellbeing is a top priority at Mount Kenya University (MKU), which also recognizes the need of addressing issues related to sexual and reproductive health (SRH).

Social pressures, material scarcity, and gender-based violence are a few of the problems affecting students' general well-being and academic achievement.

Students' overall well-being and academic achievement at MKU will be aided by addressing and identifying important areas for intervention and assistance via an examination of their experiences, attitudes, and behaviors.

### Aims

1. Examine students at Mount Kenya University (MKU) with regard to their sexual and reproductive health.
2. Examine the variables affecting MKU students' SRH behaviors and service use.

### Techniques

1. Making use of a mixed-methods approach to acquire a thorough grasp of the SRH of the pupils.
2. Gathering quantitative information using standardized questionnaires to evaluate students' understanding, perspectives, and behavior related to SRH.
3. Purposive sampling will be utilized in qualitative techniques to guarantee a range of representation.
4. Thematic analysis of interview transcripts and statistical analysis of survey data will be used in the data analysis process.

### Outcomes

- a quantitative investigation of MKU students revealed significant gaps in their

knowledge regarding STI/HIV prevention and contraception, and differences between awareness and behavior were noted.

- More than 15,000 students expressed a need for freely accessible SRH programmes on campus, however most of them run into problems due to stigma and a lack of funding.
- Qualitative interviews can shed information on the barriers to access that are shaped by digital and cultural norms.
- In general, the findings show that attitudes, knowledge, and access constraints interact in a complicated way, highlighting the necessity of large-scale interventions to address SRH concerns among more than 15,000 regular MKU students.

### Conclusion

The study sheds light on the complexity of sexual and reproductive health (SRH) issues facing Mount Kenya University (MKU) students, identifying notable gaps in knowledge and practices around HIV and STI prevention as well as contraceptive usage. Cultural norms, budget limitations, and the difficulty in accessing SRH services exacerbate the hurdles. These results highlight the necessity of thorough treatments designed to address the complex character of SRH in MKU students

### Recommendations

1. among the suggestions are the introduction of comprehensive sexual health education programmes that cover STI/HIV prevention, healthy relationships, and contraception and are tailored to the age and cultural backgrounds of the students.
2. Establishing youth-friendly sexual and reproductive health facilities on campus, which would safeguard privacy, reduce stigma, and offer a range of services tailored to the needs of teenagers, should also be given top priority.

## KIJANA SMART: TAILORED INNOVATIONS FOR MALE ADOLESCENTS IN HUMANITARIAN SETTINGS OR INFORMAL SETTLEMENTS

BY MOSES MWEMA NGAYA

**KEYWORDS:** AYSRHR, Male adolescents, Humanitarian settings, Informal settlements, Sexual Reproductive Health (SRH), Kijana Smart

### BACKGROUND

Men have specific needs when it comes to their sexual and reproductive health. These needs include male cancers, infertility, treatment and prevention of HIV and other STIs, and the need for contraception. These issues are made worse by the breakdown of traditional support structures, however, there are several reasons why these needs are frequently unmet, including a lack of services, men's poor health-seeking habits, the fact that medical facilities are often not seen as "male-friendly," and the lack of established guidelines for providing clinical and preventative services to men and teenage boys. The Kijana Smart intervention responds adeptly to pressing SRH challenges. Its collaborative approach aligns with best practices, resonating with community insights. Documented outcomes validate the efficacy and stress the urgency of prioritizing male adolescents' SRH in policy. It serves as a cornerstone for resilient, equitable communities amid adversity.

### OBJECTIVES

This intervention seeks to (1) evaluate the unique requirements and difficulties related to sexual and reproductive health (SRH) that male adolescents in informal settlements and humanitarian situations confront, (2) work with community stakeholders to co-design and carry out a customized intervention called "Kijana Smart," which is intended to address the recognized SRH requirements of male adolescents, and (3) provide evidence-based perspectives and suggestions to stakeholders, practitioners, and policymakers.

### METHODOLOGY

A participatory approach was used to construct the Kijana Smart intervention, which involved male adolescents, community leaders, and experts in sexual and reproductive health. There are two primary stages to the methodology:

- Needs Assessment survey: A comprehensive needs assessment was conducted involving literature reviews, focus group discussions, and surveys with male adolescents, caregivers, and community stakeholders in Mukuru Kwa-Njenga, Nairobi.
- Intervention Design: Based on the findings from the needs assessment, the intervention was

co-designed with input from male adolescents themselves, to ensure tailored solutions, integrating culturally sensitive educational materials and digital platforms for SRH information dissemination and support.

### RESULTS

The empirical analysis yielded compelling insights into the impact of the Kijana Smart intervention on male adolescents' SRH outcomes. Firstly, there was a discernible enhancement in the understanding of SRH topics among male adolescents. This encompassed a broad spectrum of knowledge, ranging from reproductive anatomy intricacies to refined comprehension of contraception methods and strategies for STI prevention. This accentuates the intervention's efficacy in bridging knowledge gaps and empowering male adolescents with comprehensive SRH knowledge.

Secondly, the data revealed noteworthy shifts in participants' attitudes towards seeking SRH information and services. Participants exhibited a pronounced inclination towards proactive engagement with SRH resources, characterized by heightened receptivity and a sense of agency in navigating their sexual health journey. This attitudinal transformation is indicative of a broader cultural shift towards destigmatizing SRH discourse and fostering a supportive environment for seeking SRH-related support and guidance.

Thirdly, the findings elucidated tangible behavioral changes among male adolescents, reflective of the intervention's transformative impact on their SRH practices. Of particular significance was the observed increase in the utilization of contraceptives and consistent condom use, indicative of a proactive approach towards mitigating sexual health risks.

### CONCLUSIONS

This research advances discourse and informs policy and programmatic activities focused on improving SRH outcomes for male adolescents in humanitarian contexts and informal settlements by critically analyzing and synthesizing empirical results. It promotes ongoing funding for specialized programs that give male adolescents rights and overall well-being, fostering resilience amidst adversity.

## RECOMMENDATIONS

- a. Develop culturally sensitive instructional resources;
- b. Monitor adolescent social media use, particularly sexually explicit content, and assess its impact;
- c. Educate on sexual consent and nonconsent fundamentals; and

- d. Discussing sex and family planning, promoting barrier techniques and contraception when appropriate.

[1] LL. B (Hons), University of Nairobi, Vice Chairperson UNFPA-YAP Kenya.

## LACK OF COMPREHENSIVE SEXUAL EDUCATION RESULTING INTO HIGH TEENAGE PREGNANCIES AND HIV INFECTIONS

CATHERINE NAMULANDA AND NYOKABI NJOGU

*Keywords: comprehensive sexual education, HIV infections, reproductive health, adolescents, unintended teenage pregnancies.*

## BACKGROUND

In 2022, the Kenya National Bureau of Statistics (KNBS) in collaboration with the Ministry of Health (MOH) conducted a survey which resulted in the Kenya Demographic and Health Survey 2022 report (KDHS)[1]. KNBS collected data through household questionnaires tailored at obtaining information from both women and men across all 47 counties in the country. The questionnaires were tailored to obtain information on reproduction, family planning, marriage, sexual activity, HIV/AIDS, other STIs. The survey revealed that 15% of young girls between the age of 15 -19 have ever been pregnant and the percentage increases with age to 31% to those aged 19. The report also indicated that knowledge on HIV prevention is lowest among adolescents aged 15 -17 years, who had little or no knowledge on the use of condoms during sexual intercourse to prevent unintended pregnancies and HIV infections.

## OBJECTIVES

The objective of this intervention is to advocate for the integration of comprehensive sexuality education (CSE) into the country's health and education systems to combat the continued unintended teenage pregnancies and HIV infections in Kenya.

## INTERVENTIONS

Article 43 of the Constitution of Kenya provide for the right to health, including reproductive health. This right is related to other rights including right to education and the right to access to information. The provision of comprehensive sexual education (CSE) is key to adolescents as it equips them with the necessary health information when it comes to their sexual reproductive health especially on pregnancy prevention and knowledge on HIV & AIDS and HIV prevention tools. This intervention therefore seeks to advocate for the government

of Kenya to put in place measures that would adequately address this need.

## RESULTS

The findings from the KNBS 2022 survey demonstrate that adolescent girls, between the age of 15 -19 have engaged in sexual acts which have resulted in unintended teenage pregnancies. The effect of this is that majority of them have dropped out of school due to unintended or unwanted teenage pregnancies.[2] While this is the lived reality in Kenya, the Ministry of Education (MOE) and (MOH) have not adequately incorporated comprehensive sexual education (CSE) to adolescents in schools and established youth friendly facilities where they can readily obtain and easily access sexual reproductive health services (SRHS). The result of this, is that a relatively high number of adolescents do not have access to sexual reproductive health information and reproductive health services like contraceptives and appropriate family planning options. Consequently, the percentage of teenage pregnancies, unsafe abortions, and risk of HIV infections in Kenya continues to be on the rise.

## CONCLUSIONS

The lack of CSE has contributed to the unintended teenage pregnancies and the increase in HIV infections among adolescents. Adolescents continue to engage in risky sexual behaviors with little or no knowledge on HIV prevention or access to adolescent friendly health services.

## RECOMMENDATIONS

Comprehensive sexual education must be prioritized in the country's development and planning agenda. Through CSE adolescents can be aware of what sex is, how to have safe sex, repercussions of having unsafe sex and where one can access contraceptives. This also goes along way on prevention of HIV infections.

[1] The Kenya Demographic and Health Survey 2022 accessed at <https://dhsprogram.com/pubs/pdf/PR143/PR143.pdf>

[2] Understanding teenage pregnancy in Kenya: The Magnitude and Policy Intervention <https://csakenya.org/resources/>

## TRANSFORMING HEALTHCARE USING MA'BOX ONLINE PLATFORM TO ENHANCE COMMUNITY SRHR AT KAMBAJO DISPENSARY, SIAYA COUNTY.

1. Tracy Iminza, 2. Claris Abwao

### BACKGROUND/SIGNIFICANCE

Adolescents and young people in Siaya County face significant challenges in accessing comprehensive Sexual Reproductive Health (SRH) services. Siaya county has one of the highest rates of adolescents' pregnancies (21% KDHS 2022) and HIV prevalence in Kenya. Cultural taboos, Gender inequalities, and lack of youth friendly services often impede the ability to make informed decisions about their Reproductive Health. Ma 'Box recognizes the importance of fostering an inclusive environment that empowers adolescent and young people to seek essential SRH services without fear of stigma or discrimination. Ma 'Box is a virtual suggestion box – an online platform that places the power for monitoring and accountability in the hands of the young people. It is an inclusive platform which captures the sexual orientation, gender identity, HIV status, disability status among other demographics which are important in providing SRH services.

### OBJECTIVES

To improve Sexual Reproductive Health Service delivery through community- led monitoring.

#### Methodology/Interventions

Ma 'Box has been operational since July 2023. A peer monitor stationed at the monitored facility with a data enabled device introduces Ma 'Box, familiarizes clients with its application, and assist clients who may wish to submit a review on site. This is usually through a one-on-one interview or the client entering their review on the platform by themselves. The first data review was conducted in November 2023 where community members convened to analyze data collected. 2000 service users had given feedback on Ma'Box and 1600 young people in their diversity had given their feedback on the platform. The analysis gave insights of what young people across different demographics want

while accessing reproductive healthcare.

### RESULTS

Through Ma 'Box inclusivity has been promoted in provision of SRH information and services that are quality, comprehensive, respectable and dignified to adolescents and young people in their diversity by health service providers who have been capacity build. Young people and adolescents in their diversity felt that Kambajo dispensary was not youth friendly. Through Ma 'Box the young people are able to access services without fear of stigma and discrimination. This is as a result of onboarding of a more youth friendly receptionist

### CONCLUSIONS

Ma 'Box has shown the significance of incorporating client feedback into the evaluation of health services. By leveraging the insights provide by diverse demographics including gender, sexual orientation, disability and HIV status, Ma 'Box has demonstrated its capacity to foster inclusivity and tailor services to meet the needs of everyone in their diversity. Continued utilization of Ma 'Box can serve as a valuable tool in advancing equitable access and delivery of sexual reproductive health for marginalized populations.

### RECOMMENDATIONS

There is need to adopt Ma 'Box in health facilities across Kenya as it is inclusive for young people's needs. Moreover, integrating virtual platforms like Ma'Box can enhance monitoring and accountability, empowering young people to actively engage in their Reproductive Health care and access information and support.

## Role of Religious Leaders in Adolescent and Youth Advocacy for Child Spacing: A Case Study in Isiolo County

Brian Plimo<sup>1</sup>, Dickson Kinyua<sup>1</sup>, James Kamande<sup>1</sup>

Keywords: Religious Leaders, Child Spacing, Advocacy, Adolescents and Youth

### BACKGROUND/SIGNIFICANCE

Religious leaders can be indispensable contraceptive advocates for policy change, funding, and service. These leaders armed with their deep scriptural knowledge and influential positions, are pivotal in transforming societal perceptions about child spacing and Sexual Reproductive Health (SRH). Historically, misinterpretation of religious texts and cultural barriers have hindered the acceptance of family planning, making faith leaders vital agents of change. Overcoming challenges such as patriarchal decision-making and deeply ingrained socio-cultural barriers, faith leaders utilized various platforms- worship places, madrassas, community groups, and radio talk shows- to disseminate accurate information and debunk family planning myths, especially among adolescents and young adults. This paper establishes the role of religious leaders in breaking the religious barrier towards child spacing and sexual reproductive health using faith leaders as advocates.

### OBJECTIVES

- To find out the impact of engaging religious leaders as advocates for child spacing.
- Identify the specific strategies and approaches employed by religious leaders to promote child spacing
- Assess the effectiveness of partnerships between religious leaders in advancing adolescent and youth advocacy for child spacing in Isiolo County.

### METHODOLOGY/INTERVENTIONS

Population Services Kenya from its inception in 2019 partnered with the County Government of Isiolo through the Department of Health oriented religious leaders to advocate for FP and SRH within their communities. The intervention clarified scriptural texts through umbrella bodies, promoting cohesive understanding among religious leaders. The empowered religious leaders later utilized diverse channels like radio talk shows to disseminate FP messages, fostering broader awareness and acceptance. The religious leaders

were also facilitated to conduct household visits providing intimate spaces for discussions, and personal experiences sharing. Digital platforms were explored to educate adolescents and young adults confidentially.

### RESULTS

In 2019, the program targeted 840 Couple Years Protection (CYP) in the first two quarters, whereby eight CYP was achieved (1%). With intervention, including the involvement of religious leaders as advocates for child spacing and sexual reproductive health there was a notable increase in uptake of sexual reproductive health services, with 99% (7,128 achieved against a target of 7205) CYP in 2022. The collaboration among faith leaders, facilitated by umbrella bodies, led to improved advocacy techniques and community presentations. Household visits humanized the message, with faith leaders becoming relatable figures and influencing positive health-seeking behaviors. Radio talk shows, bridging gaps in male health education, significantly increased awareness and acceptance of family planning and SRH. Religious leaders as cohesive advocates, harmonize interpretations of scripture, providing essential support for FP initiatives.

### CONCLUSIONS

Religious leaders, by bridging the gap between faith and family planning, significantly contribute to dispelling myths and promoting acceptance of SRH services. Their pivotal role in fostering understanding and acceptance cannot be overstated. Efforts should focus on overcoming harmful community norms and narratives by ensuring comprehensive engagement across all age groups.

### RECOMMENDATIONS

Streamlining of the bureaucratic processes within umbrella bodies is crucial to expediting FP activities. Also, continuous training and dialogue among religious leaders require ongoing efforts to maintain the positive momentum in family planning advocacy.



## INCREASED UPTAKE OF SRH SERVICES AMONG THE ADOLESCENTS IN NDIRU LEVEL-4 HOSPITAL AS A RESULT OF YOUTH LED COMMUNITY SCORE CARD

ENOCH OSIRE, HASSAN NYAWANGA

### BACKGROUND/SIGNIFICANCE

Rangwe Sub County is among the 12 sub counties of Homabay County. It has 32 health facilities and 30 Community Health Units (CHU), among them is Ndiru Level -4 Hospital and Kanyiriema CHU. The catchment population of

Rangwe Sub County and Ndiru level-4 Hospital has approximately 132340 and 12804 people respectively. The adolescents (15-24 years) among the catchment population of Ndiru level -4 Hospital is approximately 2586. (Male-1035, female-1551)-KHIS, 2023. For the period of January to December 2022, Ndiru recorded poor performance in adolescent reproductive health indicators; 7.4% access and adoption of contraceptive services, 44% teenage pregnancy and 17% of the pregnant adolescents achieving at least 4 ANC visits. In order to understand the underlying issues hindering access and utilization of services, we employed Community Score Card (CSC) as a social accountability approach to health service delivery. It serves to promote ownership and participation of community members in ensuring provision of quality health service.

### OBJECTIVES

The aim of CSC is to ensure that clients are at the center of quality service delivery, mobilize community resources, and build trust between service providers through enhanced ownership and community participation.

### METHODOLOGY/INTERVENTIONS

The process began by training of 7 Community Health Committee members among them, 4 youth advocate as the administrators of the CSC questions in December 2022. This was followed by CSC intergenerational dialogue with 35 members held on 14th December 2022, assessment and scoring based on the 9 CSC indicators was done, subsequently an Interface dialogue between community members and Ndiru level-4 hospital leadership held on 15th December 2022, an Action plan and Follow up mechanism was developed. Subsequent quarterly SCS review dialogues were held on 17th June 2023, 06th October 2023 and 24th January 2024. The data is abstracted and entered into KHIS

### RESULTS

The 9 CSC indicators are scored as GOOD, AVERAGE or BAD. As at 15th December 2022, the scores were as follows; GOOD-22%, AVERAGE-56% and BAD-22%. During the final review of 24th January 2024, the scores were; GOOD-89%, AVERAGE-11% and BAD- 0% (KHIS, 2024). GOOD as a score on CSC indicators increased by 67% over the period of 12months. The increases is attributed to implementation of the action plans developed over the same period which resulted to increase in the number of staffs in all the cadres; improved communication and feedback system and improved infrastructures; tiling of floor, repair on sanitation facilities, power back up among others. Consequently the number of adolescents receiving contraceptives increased from 7.4% to 11% between the period of January - December 2022 and January-December 2023.

January - December 2022, a total of 2295 adolescents received contraceptive services compared to 3500 adolescents receiving similar services for the duration of January- December 2023. Consequently teenage pregnancy also reduced from 27% to 22% over the same period.

January - December 2022 a total of 683 adolescent sought 1st ANC services Compared to 569 adolescents who sought similar services for the duration of January -December 2023.

### CONCLUSIONS

The number of adolescents receiving SRH services in Ndiru increased by an average of 35% in the year that CSC was actively implemented. The drop rate for contraceptive also reduced significantly by 12% during the same period

#### Recommendations

CHC should be strengthened by involvement of youths to institutionalize CSC as a routine responsibility hence ensuring sustainability because CSC has the potential of ensuring sustainable development in public health sector and should be adopted as a quality improvement project in all health facilities in the county.

## IMPROVING POLICIES, PROGRAMS AND INVESTMENTS TO PROMOTE THE SRHR OF AYPS ACROSS THE AFRICAN CONTINENT.

RISPER SAROTA

**KEYWORDS:** SRHR, AYPS, CSE, Youth-Friendly Services, Policies, Programs.

### BACKGROUND

Adolescent and youth sexual and reproductive health and rights (AYSRHR) are critical components of public health and development in Africa. Despite progress in recent years, significant challenges persist, including high rates of teenage pregnancy, HIV/AIDS prevalence, gender-based violence, and limited access to comprehensive sexual and reproductive health services. Addressing these challenges requires a multifaceted approach that prioritizes the needs and rights of young people, fosters collaboration among stakeholders, and integrates AYSRHR into broader health and development agendas. This will require an understanding of the socio-cultural and economic settings within which they live.

### OBJECTIVES

1. To implement Age-Appropriate CSE program in schools and communities thus provide AYP with accurate information, skills and value related SRHR, gender equality and human rights.
2. Strengthen health systems to enhance Youth-Friendly SRH Services that are accessible, and tailored to the needs of young people.
3. Promote gender equality and social inclusion in AYSRHR interventions to address harmful gender norms, empower young people of all genders and address intersectional forms of discrimination and marginalization.
4. Advocate for policies and investments that prioritize AYSRHR within national and regional health agendas to help strengthen legal policy frameworks, and ensure accountability for meeting the SRHR needs of young people.

### METHODOLOGY

Methodology will involve a comprehensive and participatory approach, incorporating various research methods, stakeholder engagement. This will include a review of existing literature related to AYSRHR in Africa. We will identify key challenges, trends, best practices, and gaps in knowledge and implementation. Engage with stakeholders e.g., government officials, policymakers, healthcare providers, educators, youth advocates, civil society organizations, and researchers, through interviews, focus group discussions, and surveys followed by Dissemination of the findings, recommendations and Advocating for the adoption and implementation

of the evidence-based strategies to address the complex challenges facing AYSRHR in Africa.

### RESULTS

From PEVAWG (Prevention and Elimination of Violence Against Women and Girls) sessions I facilitated between 2022 March- 2023 July, Young people receive a range of conflicting and confusing messages about sexuality and gender on a daily basis mostly because schools, religious institutions and some parents are still against adolescent sexuality education citing it a taboo. This has seen many Adolescent and Youth still at risk as they are unable to seek Reproductive Health Services for fear of being judged, discriminated and the need for most of them requiring consent from a third party either a parent or guardian. The evaluation identified capacity-building opportunities for stakeholders to strengthen their knowledge, skills, and resources for advancing AYSRHR and leverage on existing resources in Africa. It also identified programmatic interventions and best practices for promoting Comprehensive Sexuality Education, Youth-Friendly Health services, Gender Equality, Social inclusion, and youth leadership in AYSRHR. Better understanding of the challenges and opportunities related to AYSRHR in Africa and provide actionable insights for improving policies, programs and investments to promote the SRHR of young people across the continent.

### CONCLUSION

Prioritizing these practices/innovations and working collaboratively across sectors and borders, Africa can advance AYSRHR and ensure that young people have the knowledge, skills, and services needed to make informed decisions about their sexual and reproductive health and rights, achieve their full potential, and contribute to sustainable development on the continent.

### RECOMMENDATION

1. Integrate AYSRHR with Health and Development Initiatives including HIV/AIDS, Maternal and Child Health, Education, and Economic Empowerment to foster collaboration among stakeholders to leverage resources and expertise.
2. Develop policies and advocacy priorities to integrate AYSRHR into National and Regional Health Agendas to strengthen legal and policy frameworks.

## ASSESSING HEALTH CARE PROVIDERS' KNOWLEDGE, ATTITUDES, PRACTICES AND USE OF THE MEDICAL ELIGIBILITY CRITERIA (MEC) FOR CONTRACEPTIVE METHODS PROVISION IN UGANDA:

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**Keywords:**Knowledge, Attitudes and Practices, Medical eligibility criteria; family planning, digital tools; smart phone; service providers.

### BACKGROUND/SIGNIFICANCE

The Ministry of Health, through its Reproductive Health division, adopted the 2015 WHO medical eligibility criteria for contraceptives in 2016 to improve the quality of care for family planning and ensure a method mix for users based on their individual needs. Attitudes towards long-acting methods provider bias related to client age, parity and marital status, remains a significant barrier to initiation and continued use of different contraceptives. The utilization of MEC in the provision of contraceptive methods is critical in ensuring quality and accessibility of family planning services, however, there is limited evidence on using medical eligibility criteria to initiate or continue contraceptive use in Uganda. This study delved into the Knowledge, attitudes, practices and use of MEC among healthcare providers implementing in the Women's Integrated Sexual Health Project in Uganda. The research aims to shed light on this underexplored area, addressing gaps in provider competency, attitudes, and adherence to MEC guidelines.

### OBJECTIVES

To assess the Knowledge, Attitude, and Practice of Service providers on the use of the medical eligibility criteria in the provision of contraceptive methods in the selected Health facilities in Bugisu, Busoga, Lango, Acholi, Bukedi, and Central regions of Uganda.

#### Specific Objectives

1. To investigate how the competency of healthcare workers affects the use of MEC when providing contraceptive services in selected facilities in six regions of Uganda.
2. To evaluate the Knowledge and attitudes of healthcare workers towards the use of medical eligibility criteria during contraceptive services provision across six regions of Uganda.

### METHODOLOGY/INTERVENTIONS

A cross-sectional research design utilizing quantitative and qualitative methods was used to collect quantitative data electronically using Computer-assisted Personal Interviews (CAPI) using two stage cluster random sampling design. A modified WHO assessment tool to identify knowledge gaps among clinical providers in family

planning was used to assess provider practices using Medical Eligibility Criteria and reviewed facility records. Descriptive statistics for univariate variables and Pearson's Chi-Square test were to determine the association between independent and dependent variables at P values <0.05 at a 95% confidence interval. Participants consent and ethical clearance sought from TASO Uganda Research Review Board (REF No TASO-2023-211), Ministry of Health (REF No ADM10/309/05) and National Council of Science and Technology (REF No SS1697ES).

### RESULTS

Most respondents were Comprehensive Nurses (Enrolled)/Midwives (74.1%) in Health Centre III facilities (45.5%).Training on contraceptive methods was prevalent, focusing strongly on injectable (100%) and contraceptive implant insertion (98.53%) and implant removal (97.50%). Moreover, 63.56% and 44.26% of providers received training on Copper Intrauterine device (Cu-IUD) and Levonorgestrel-releasing intrauterine device (LNG-IUD) removal, respectively. However, training gaps were observed in areas such as IUD insertion (Cu-IUD-71.98% and LNG-IUD-62.39% and removal at 63.56% and 44.26% for Cu-IUD and LNG-IUD respectively..MEC availability is present in 76% of facilities, only 46% of providers utilize them during service provision. Smartphone ownership was high (86%) among providers especially at HCIIIs, which correlates with MEC use, though understanding MEC mobile apps is lacking at 9%. The correlation between smartphone ownership and MEC use indicates the potential for digital tools to facilitate MEC implementation. Conducting urine tests and being reasonably certain that the woman is not pregnant is significantly associated ( $\chi^2=3.3503$ ,  $p=0.0119$ ;  $\chi^2=6.251$ ,  $p=0.0255$ ) with providers using MEC, respectively and 67% can initiate implants within 7 days after the start of normal menses or on the same day after an abortion.

### CONCLUSIONS

Providers displayed varied Knowledge and practices related to initiation and timing for different methods using MEC. Provider attitudes

towards MEC were mixed with some displaying misconceptions, while others recognising its importance for client-centered care. The study's findings indicate prioritizing targeted interventions to address knowledge, attitudes, and practice gaps to enhance the quality and accessibility of contraceptives.

## RECOMMENDATIONS

- Emphasis should be placed on disseminating

MEC guidelines through user-friendly mobile applications to enhance provider adherence.

- Comprehensive training, especially in IUD insertion and removal, should be prioritized.
- Task-shifting strategies should be expanded to ensure a wider pool of trained providers.
- Interventions should address misconceptions and enhance attitudes towards MEC to foster more client-centered care.

## ADVANCING TRIPLE THREATS INTERVENTION AMONG AGYW IN KILIFI COUNTY, KENYA.

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**Keywords :MHH, AGYW, DHIS, GBV, SRHR, FGD**

## BACKGROUND/SIGNIFICANCE

According to the Kilifi County DHIS data, 17,897 teenage pregnancies occurred in Kilifi in the year 2018. 98% of these pregnancies affect teenagers aged 15-19 due to the vulnerability to negative sexual and reproductive health outcomes and cultural inhibitions that limit AGYW from accessing age-appropriate Sexual reproductive health information and services. According to the Qualitative study done by Faith to Action Network, adolescents and young people face multiple challenges that are driven by inadequate SRHR information, transactional sex, early sexual debut, coerced sex and multiple sexual partners. These have highly contributed to poor SRHR outcomes such as teenage pregnancies and high incidences and prevalence of HIV/AIDS. In 2010, Kenya Violence Against Children reported that 32% of young women aged 18-24 years in the country reported experiencing sexual violence before the age of 18 since most of the GBV cases in Kilifi among AGYW are related to early marriages, rape, defilement, physical assault and economic and harmful traditional cultures. Most of the adolescence stages infringe on a young person's fundamental right to education, increasing new HIV infections among AGYW impedes ending AIDS in the county. Sexual violence among AGYW increases the risk of both HIV infection and pregnancy, sexual violence threatens AGYW the agency to negotiate for sex and safer sex, increasing the risk of HIV infection, unintended pregnancy, and other negative health and socio-economic outcomes.

## Objectives

To reduce triple threats among AGYW in Kilifi County Kenya.

## METHODOLOGY/INTERVENTIONS

In collaboration with the State Department of Gender and the office of the county commissioner, Youth Voices and Action Initiative (YVAI) utilized the peer-to-peer comprehensive approach to provide SRHR information to AGYW between 15-24 years. The programme targeted both AGWYs in schools and out of school and provided information on sexual, physical and emotional health, sexuality, relationships and informed decision making. Further, through collaboration with the Department of Health, TCI, KYMDO and Haki Jamii, we conducted 10 outreaches and in reaches at health facilities. The outreaches and in reaches were conducted with AGYW involvement to increase access to SRHR information and services including GBV and HIV services. YVAI also have conducted FGDs with community gatekeepers and AGYW on adolescent pregnancy, new HIV infections and sexual and gender-based violence cases among AGYW in line with the Kilifi County AYP-SRHR and HIV Strategy 2020-2025. These strategies addressed the triple threats which impact on AGWYs health and wellbeing and entrench further inequalities.

## RESULTS

According to the DHIS, adolescents presenting with pregnancies reduced from 26.2% in 2019 to 14% in 2022. This could be attributed to improved access to youth friendly SRHR information and services. Through peer-to-peer approach 2500 AGYW in 4 Subcounties in Kilifi were impacted on sexual health, physical, emotional, and social aspects of sexuality information and services according to different age groups. Through partnership with the Department of Health and State Department of Gender, out of 376 facilities reached, 25 facilities in the 4 sub counties conducted in reaches and outreaches

on provision of GBV, SRHR and HIV services and information to AGYW. From our concerted efforts DHIS 2022, 30.4% of adolescents reporting SGBV cases, Adolescent HIV cascade 15-24 years 58% are currently on ART 37% viral suppression and the Prep uptake 15-19 years at 35%.

## CONCLUSIONS

There is a need to create awareness of the devastating impacts of the triple threat among AGYW leading to an increase in burden on healthcare

and other vital social services. There is a need to prioritize programs targeting AGYW in championing advocacy efforts on reducing the triple threats.

## RECOMMENDATIONS

The county government of Kilifi need to finalize, launch and implement the Draft GBV Policy, draft Gender Policy and Draft MHH policy to ensure prioritization of AGYW issues and address the triple threat to AGYW health and well-being.

## IMPACT OF EFFECTIVE PARTNERSHIP AND COLLABORATIVE MULTI-PRONGED APPROACH IN THE IMPLEMENTATION OF ADOLESCENT HEALTH PROGRAMS. LESSONS LEARNED FROM MIGORI COUNTY.

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## OBJECTIVES

Assess the trends of adolescent pregnancy in Migori County as an impact of effective partnership in the implementation of adolescent health programs.

## BACKGROUND INFORMATION

Migori County is one of the counties in Kenya that has demonstrated a high burden of adolescent pregnancy. Cumulatively a total of 110,821 pregnancies were recorded among adolescents aged between ages 10 to 19 in the first 5 months of the year 2023. According to KHIS Data 6,110, were among adolescents aged 10-14 while another 104,711 were for adolescents between ages 15-19 years. This data reflects a half of what was recorded in 2022 which stood at 260,734 and 316,187 in 2021 (KHIS Data). Meru County had the largest proportion followed by Narok County. Migori County ranked number 15 among high adolescent pregnancy burdened counties at 20% among other 4 Counties. In 2018, Migori County strategically adopted Migori County Multisectoral 5 years Action plan for the well-being of adolescents and youths

## METHODOLOGY.

The implementation of the action plan was done through identification of key adolescent health issues, designing key implementation strategies through effective partnership by employing multi-pronged approach through various stakeholders. Key priority areas for implementation included reducing adolescent pregnancies, responding to Gender based violence including harmful practices like GBV; reducing new HIV infections and promoting advocacy issues. The achievement of the implementation was tracked through activity-based monitoring and tracking system with

biannual evaluations while putting the adolescents first. Various adolescent and youth health support partners and stakeholders could only come in to support the implementation of the action plan.

## RESULTS

Through these strategic approaches, Migori County showed dramatic improvement in most of the Adolescent health indicators evidenced by data. HIS data for 6 months (July to Dec period) for the year 2021 showed that Uriri Sub County had an adolescent pregnancy of 23.9%. This came down to 19.7% in 2022 and subsequently 15.5% in the same period in the year 2023. Suna East Sub County also showed an improvement from 23.5% to 24.45% and then to 14.5% in the year 2021, 2022 and 2023 in the 6 months periods. This was a translation across all the other sub counties. Migori County however improved by having adolescent pregnancy reduced from 20.7% to 19.5% and subsequently to 17.8%. This downward trajectory has been informed by various activities carried out by various partners in the implementation model. GBV response generally improved from 850 in absolute figures in 2021, to 1565 in 2022 and lastly to 757 in 2023 as a sign of positive response. Limited data are available for FGM, teen was quarterly stakeholders' meetings with 6 biannual reviews for the same period.

## CONCLUSION

Adolescent health is a key priority both to the national government and the various county governments. This population puts a lot of pressure on the already existing economically strained system due to its dynamic state. Left unattended, poor health among adolescents assures the country or counties of an ill future.

Multisectoral planning and effective systematic

multi-pronged approach, employed by the county and adopted by various stakeholders and partners, is the only sure way to improve adolescent health.

#### **RECOMMENDATION**

The employment of the multisectoral approach through effective partnership and collaboration and also leadership strategy of health systems and strict coordinated management of laid down guidelines is the most cost-effective way of managing adolescent health and should be

employed in various departments.

#### **ACKNOWLEDGEMENT**

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I Various stakeholders in the adolescent health multisectoral team and Task Force team members.

### **ENHANCING KEY POPULATIONS, HEALTH CARE ACCESS IN HOMA BAY: EVALUATING THE IMPACT OF IMORNITOR INITIATIVE ON HEALTH AND OTHER SRHR SERVICES.**

**Kevin Otieno&Brian Kadiam.**

**Center for the study of adolescence.**

#### **BACKGROUND.**

Health system in Homabay and in Kenya generally is characterized by a weak culture of accountability and limited spaces for LGBTQ+ individuals to access quality SRH services. Since 2022, Centre for the study of adolescence has been implementing the Equal rights equal access project, specifically aimed at improving healthcare services and accessibility of SRH services for LGBTQ+ persons. The project introduced the Community Scorecard as a tool to facilitate dialogue between the LGBTQ+ community and healthcare providers, creating a platform to address service provision gaps. This study evaluates the Community Scorecard approach as a tool used for measuring the quality of SRH services offered to LGBTIQ+ people within the given contexts.

#### **OBJECTIVES.**

To assess the quality of service offered to LGBTIQ+ people in selected health facilities using the community scorecard approach.

To provide insights and recommendations based on the findings to inform future interventions and policy measures.

#### **METHODOLOGY.**

A mixed-methods study design was employed to assess the impact of the Community Scorecard (CSC) approach on health service delivery in Homa Bay County. Purposive sampling selected representatives from the LGBTIQ+ community, targeting those accessing services and health care providers from selected facilities. Quantitative data was collected through a structured survey questionnaire based on the CSC framework.

Qualitative insights were gathered through in-depth interviews, dialogues, and focused group discussions with participants, exploring their perspectives on the CSC approach's impact on service delivery. Participants included LGBTIQ+ individuals, health care providers, community health assistants and facility in-charges affiliated with the Equal rights Equal access project.

#### **RESULTS**

The scorecard assessment reveals diverse perceptions of LGBTIQ+ healthcare experiences across 11 indicators. For Indicator 1 (inclusivity and cultural competence), 24.24%(n=26) found health facilities poor, 54.00%(n=15) rated the facility on average, and 21.76%(n=10) rated the facility at good. Indicator 2 (non-discrimination policies) received poor scores from 73.64%(n=30) rated the indicator at an average from 25.02%, and good from 1.33%(n=2) of respondents. Indicator 3 (affirming and inclusive environment) showed poor scores from 65.27%(n=20), average from 31.71%(n=11), and good from 3.02%(n=2) of participants. In Indicator 4 (compassionate care), 23.89% (n=6) rated poor, 37.56%(n=10) average, and 43.33% (n=13) good. For Indicator 5 (knowledge of LGBTIQ+), 76.59%(n=15) perceived poor, 17.86% (n=6) average, and 5.56%(n=2) good. Indicator 6 (gender affirming care) received poor scores from 36.07%(n=15) average from 59.96%(n=9) and good from 3.97%(n=3) On Indicator 7 (mental health support), 85.85%(n=14) found poor, 6.01%(n=7) average, and 8.13%(n=9) good. Indicator 8 (availability of medicines and diagnostic services) had 54.72%(n=11) poor, 38.53%(n=6) average, and 6.75%(n=2) good. For Indicator 9 (responsiveness to community health needs), 52.94% (n=9), rated poor and

47.06%(n=6) average. Indicator 10 (cleanliness) received poor scores from 6.94%(n=3), average from 54.17%(n=10), and good from 38.89%(n=7). Indicator 11 (safety and security) showed poor scores from 5.16%(n=3) average from 50.40(n=12), and good from 44.44%(n=12) of participants. Overall, the composite mean scores indicated 45.94%(n=11)poor, 38.39%(n=9)average, and 16.11%(n=3) good perceptions across all indicators and health facilities.

#### **RECOMMENDATIONS.**

The Center for the study of Adolescence in partnership with the homabay county department of health to take lead in offering capacity building forums among health care providers regarding LGBTQI+ SRHR needs, establishment of comprehensive policies to create an environment conducive to service accessibility, ensuring the

availability of essential health commodities for LGBTQI+ people and regular engagement forums between healthcare providers and the LGBTQI+ community to address pressing issues and concerns.

#### **CONCLUSION**

The scorecard assessment has shown that there is a lot that needs to be done in order to assure access to the highest standards of care for the LGBTQI+ individuals in Homa Bay County. The low performance on the indicators implies that there are many LGBTQI+ individuals that may be refraining from seeking SRHR services at health facilities due to fears and uncertainties. The LGBTQI+ community members need to be involved in planning, implementing, monitoring and evaluation of interventions aimed at providing SRHR services to them.

#### **THE ROLE OF COMMUNITIES IN EMPOWERING WOMEN LIVING WITH HIV.**

**REBECCA ACHIENG – PROGRAM OFFICER**

**Co Author: Evans Ouma – Program manager**

**Keywords: ANC, Expectant Women, 4th and 8th ANC, Kakamega County.**

#### **BACKGROUND/SIGNIFICANCE**

Mombasa, with its rich cultural diversity and dynamic urban landscape, serves as a backdrop to the multifaceted challenges faced by women living with HIV. Against the backdrop of this coastal city, the prevalence of HIV among women underscores the urgent need for comprehensive community-driven interventions. The socio-economic disparities and cultural complexities in Mombasa create a unique context wherein the role of communities becomes paramount in empowering women living with HIV. Understanding this backdrop is essential to delve into the nuanced dynamics at play and to appreciate the localized efforts required to foster a supportive environment for these women. According to the 2018-2022 Mombasa county AYP strategy, many adolescents and young people do not have access to quality HIV and SRH services. Poor sexual reproductive health and HIV have shared drivers such as lack of correct and comprehensive HIV/SRH information and gender based violence, among others.

#### **OBJECTIVES**

To empower young women living with HIV with knowledge and skills that will help them participate in development processes

#### **METHODOLOGY/INTERVENTIONS**

Stretchers Youth Organization empowers adolescent girls and young women (ages 10-24) living with HIV through the We Lead project, supported by Hivos. By 2025, it aims for resilient young women, including those with disabilities and living with HIV, to lead and influence strengthened and inclusive movements for SRHR rights. Since 2021, this has been achieved through; Trainings and capacity building sessions , community dialogues and engagement forums ,Value clarification and attitude transformation sessions , marking and celebrating international days, having community social media engagements and campaigns among other interventions. Trained champions advocated for SRHR rights, challenge stigma, and promote inclusive environments.

#### **RESULTS**

Pre- and post-training surveys revealed a significant knowledge increase (60.08% to 87%) among girls and young women with HIV on HIV, sexuality, county budgeting, and social accountability. They actively engaged in county development processes, influencing policymakers through forums and memorandum submissions. Their advocacy resulted in positive responses from duty bearers, securing a 5M KES budget for sanitary pads, benefiting 20,000 girls. Additionally, 1M KES was approved in the Annual Development Plan for 2023-2024 and 2024-2025. A girl was selected to contribute to developing the county's HIV/SRH strategy. Training empowered them to openly disclose and accept their HIV status. Healthcare providers improved

their attitudes towards providing SRHR services, evident in positive experiences shared by service recipients. Trained champions conducted peer support groups, reaching 1772 community members through dialogue sessions. These interventions demonstrate meaningful progress in addressing the needs and rights of young women living with HIV, fostering empowerment and inclusion within the community.

## CONCLUSIONS

Community support is vital for empowering women

with HIV, breaking stigma, and fostering inclusion. By promoting education and healthcare access, communities enable women to lead fulfilling lives. The We Lead program showcases how collective efforts enhance resilience and pave the way for a compassionate, equitable future.

## RECOMMENDATIONS

No one should be discriminated against or left out, regardless of their health status. Empowerment is beneficial to everyone

## ENHANCING MATERNAL AND NEONATAL CARE THROUGH GROUPED ANC: A SUCCESS STORY FROM KAKAMEGA.

HELEN ODENYI

### BACKGROUND/SIGNIFICANCE

Maternal and neonatal mortality rates are the best indicators of any country's healthcare service. In developing countries, women form the backbone of the economy while children provide security against extinction. Global maternal mortality estimates indicate that most of the countries in sub-Saharan Africa have maternal mortality rates that are greater than 550/100,000 live births. On the other hand, Kenya's maternal mortality rate is 414/100,000 live births. According to KDHS2022 Kakamega County recorded 45 deaths per 1,000 live births. The uptake of antenatal care which is a critical contributor to maternal and neonatal mortality rates remains low globally, with only 64% of women worldwide having less than 4 ANC visits and 52% in African countries. Timely utilization of antenatal care (ANC) is crucial in reducing maternal mortality, with the World Health Organization (WHO) recommending an increase in ANC visits to eight by 2018. Among the strategies to overcome this challenge is timely utilization of antenatal care which remains paramount, particularly in Sub-Saharan Africa (SSA). The WHO encourages the positive experience of ANC and increases the recommended number of ANC visits from four to eight by 2018. However, it's revealed that only 64% of women worldwide had less than 4 ANC visits, 52% in African countries.

### OBJECTIVES

The main objective was to improve the quality of maternal and neonatal care, reduce maternal and neonatal morbidity and mortality, and increase the uptake of 4th and 8th ANC visits.

### METHODOLOGY/INTERVENTIONS

In Kakamega County, Kenya, despite government efforts and free maternal care policies, ANC uptake, specifically the 4th ANC visit, remains low at 66%. To address this issue, an innovative approach was implemented at the Kakamega County Teaching and Referral Hospital (KCGH) in Lurambi Sub-County. The approach involved grouping expectant women into cohorts for their ANC visits. This means that instead of receiving ANC services individually, women are organized into groups and attend their visits together. During these cohort ANC visits, expectant women participate in health assessments and discussions led by health workers. This approach not only streamlines the ANC process but also provides a supportive environment where women can share experiences and learn from each other. It also allows providers to efficiently provide education on important topics such as nutrition, danger signs during pregnancy, and birth preparedness.

### RESULTS

The implementation of grouped ANC at KCGH resulted in a significant improvement in ANC uptake. The 4th ANC uptake increased from 30% to 80% where the numbers of expectant women accessing ANC services skyrocketed between February 2023 and January 2024. In addition, the 8th ANC uptake increased from 2% to 30% indicating a tremendous positive social behavior change among expectant women in Kakamega county.

### CONCLUSIONS

Grouped ANC is an effective strategy to improve

ANC uptake and can contribute to reducing maternal and neonatal morbidity and mortality. The success of this approach at KCGH suggests that it can be replicated in other facilities to enhance maternal health outcomes.

## RECOMMENDATIONS

It is recommended that other health facilities consider implementing grouped ANC to improve the quality of maternal and neonatal care and increase ANC uptake. Additionally, further research is needed to evaluate the long-term impact of this approach on maternal and neonatal health outcomes.

### BEYOND PILLS: A HOLISTIC APPROACH TO SUPPORTING ADOLESCENTS AND YOUNG PEOPLE LIVING WITH HIV (AYPLHIV) - THE OPERATION TRIPLE ZERO (OTZ) YOUTH KILIFI CHAPTER EXPERIENCE

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**Keywords:** OTZ: Operation Triple zero, AYPLHIV: Adolescents and Young people living with HIV

#### BACKGROUND/SIGNIFICANCE:

Kilifi County, as per KNBS 2019, hosts a youthful population of 1,509,503, with females and males comprising 51% and 49%, respectively. Adolescents and young people living with HIV (AYPLHIV) aged 10-24 years in this demographic face unique health challenges dealing with a chronic illness amidst the physical, emotional and psychological developmental changes of transitioning from childhood to adulthood heightened by inadequate access to adolescent sexual and reproductive health (ASRH) information and services. This makes them often fall out of care or not receive the support they need to remain on treatment due to challenges like Self-stigma, stigma and discrimination and transition from child care to adult care. This has led to an escalated rate of ART non-adherence, surges in teenage pregnancies, and a prevailing climate of stigma and discrimination. These factors contribute to increased HIV transmission rates among AYP, notably with 38.4% of new infections occurring in the 15-24 age group.

Addressing these distinct and diverse needs of adolescents living with HIV to improve their HIV-related outcomes requires a comprehensive and integrated approach.

**Objectives:** To reduce incidence of High Viral Load, mortality rates as a result of high defaulting rates.

#### METHODOLOGY/INTERVENTIONS:

The OTZ initiative in Kilifi is a novel program targeting "triple zero outcomes" for AYPLHIV: zero missed appointments, zero missed doses, and zero viral load. Through an asset-based approach, the OTZ Kilifi chapter has engaged and supported 130 AYPLHIV from January 2020 to January 2024. Participants, organized into cohorts, underwent a comprehensive program, including bespoke

HIV services with weekend clinic hours, robust treatment literacy, skill development for personal care involvement, life skill enhancement, and building social support networks. Additionally, interactive educational activities were employed to enhance self-esteem and reduce stigma.

#### RESULTS:

The intervention has seen a 61% progressive achievement of viral suppression among 0-14 years and among adults over 15, identification and treatment initiation surpassed targets (113% and 119%, respectively), yet viral suppression was achieved in only 50%, signaling a critical need to enhance adherence and treatment efficacy.

#### CONCLUSIONS:

Addressing the complex challenges of AYPLHIV demands a multifaceted approach that extends beyond medical treatment to include psychological and social support, reinforcing their ability to navigate their diagnosis, diminish stigma, and promote supportive community environments for sustained health outcomes.

#### RECOMMENDATIONS:

The expansion of OTZ support groups to a wider audience of HIV-positive adolescents is recommended. Such an endeavor requires collaboration with development and community organizations, healthcare providers, and governmental agencies to ensure a comprehensive, adaptive, and effective support system. Regular evaluation of the program's impact and the continuous adaptation of its interventions are essential for achieving holistic well-being among AYPLHIV.



## NOTES



## NOTES



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