



7TH RHNK ADOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS **SCIENTIFIC CONFERENCE** THEME: PRIORITIES FOR ADVANCING AYSRHR IN AFRICA

2024



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**7th RHNK Scientific Conference on
Adolescent and Young Sexual and
Reproductive Health and Rights**

THEME:

Priorities For Advancing AYSRHR In Africa

NARRATIVE REPORT

18th -21st June, 2024

Sarova White Sands, Mombasa

Abbreviations

ANC	Antenatal Care
APHRC	African Population and Health Research Centre
AYSRHR	Adolescents and Youth Sexual Reproductive Health Rights
AYP	Adolescents and young people
CHMTs	County Health Management Teams
CHVs	Community Health Volunteers
CRR	Centre for Reproductive Rights
CSE	Comprehensive Sexuality Education
CSOs	Civil Society Organisations
FGM	Female Genital Mutilation
FBOs	Faith Based Organisations
FP	Family Planning
GBV	Gender Based Violence
HCPs	Healthcare Providers
HCWs	Healthcare Workers
HIV	Human Immune Deficiency Syndrome
ICPD	International Conference on Population and Development
IEC	Information Education and Communication
LARCs	Long Acting Reversible Contraceptives
LMICs	Low and Middle-Income Countries
MCH	Maternal Child Health Services
MoH	Ministry of Health
NGOs	Non-Governmental Organization
PAC	Post Abortion Care
PWD	People Living with Disability
PPA	Pregnant Parenting Adolescents
PSI	Population Service International
RH	Reproductive Health
RHNC	Reproductive Health Network Kenya
SARCs	Short Acting Reversible Contraceptives
SDGs	Sustainable Development Goals
SGBV	Sexual Gender Based Violence
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health Rights
STIs	Sexually Transmitted Infections
TCPR	Total contraceptive prevalence 'rate'
TWG	Technical Working Group
VCAT	Value Clarification and Attitude Transformation
WHO	World Health Organization
YACH	Youth Advocates for Community Health
YFC	Youth Friendly Centres
YFS	Youth Friendly Services

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Introduction

THE REPRODUCTIVE Health Network Kenya (RHNK) hosted its 7th Adolescent and Youth Sexual and Reproductive Health and Rights (ASRHR) Scientific Conference with the Ministry of Health – Kenya, Division of Reproductive and Maternal Health as the official partner; International Planned Parenthood Federation–Africa Region (IPPFAR), Hewlett Foundation, Planned Parenthood Global (PPG), Danish International Development Agency (Danida), International Center for Research on Women (ICRW) as the sponsors; and Centre for Reproductive Rights (CRR), HIVOS SRHR Fund, Swedish International Development Cooperation Agency (SIDA) as the co-conveners. The conference brought together government officials, civil society, academia, the private sector, religious organizations, grass roots organizations and other partners, interested in the pursuit of sexual and reproductive health and rights in Kenya and other African countries to share experiences in advocating for comprehensive access to SRH information and services. The conference also provided a platform for stakeholders to network and engage with donor organizations and to chart pathways for collaborative SRHR advocacy. This year's conference themed **"Priorities for Advancing AYSRHR in Africa"** attracted more than 1000 delegates from 26 countries across the region, which saw a renewed commitment to advancing SRHR through increased funding and localization of global SRHR commitments in national laws, policies and their reviews, standards and frameworks. The conference aimed to;

- I. Generating clear and actionable recommendations for policy makers and stakeholders to guide AYSRHR initiatives for strategic and impactful outcomes
- II. Strengthening collaborations among diverse stakeholders, cre-

ating a network/movement committed to addressing AYSRHR challenges collectively

- III. Providing a platform for sharing and adopting innovative strategies, best practices and success stories, fostering a collaborative learning environment to improve AYSRHR outcomes
- IV. Increasing visibility and integration of AYSRHR priorities into national and regional policies, aligning them to the broader development agenda and advocating for universal health coverage
- V. Increasing awareness and commitment from various sectors, leading to more resources and sustainable funding models for AYSRHR

To draw a clear roadmap to realize the above objectives, the conference call for papers and panel discussion were categorized under the following seven (7) Sub-themes;

1. Innovative digital health solutions for advancing AYSRHR
2. Community-based norms shifting and narrative change interventions for AYSRHR
3. Integrating AYSRHR as part of the development agenda
4. Gender equity and social inclusion in AYSRHR
5. Policy Advocacy for AYSRHR in UHC agenda
6. Funding models for AYSRHR
7. Best practices/innovations in AYSRH service delivery

Pre-Conference Youth Caravan

Objective:

Take stock of the current status of Sexual and Reproductive Health and Rights (SRHR) with a specific emphasis on addressing and understanding the issue of sexual harassment at Amref International University.

The Youth Caravan Ahead of the main conference kicked off at Amref International University themed; “What Youth Want”, RHNK in partnership with Amref University hosted a 2-hour physical engagement with the university community to document and highlight the SRH challenges affecting students with a specific focus on sexual harassment. This was followed by physical engagements at Emali and Voi markets where the team engaged community members to highlight the SRH issues affecting them as well as highlight respective strategies for addressing the same.

During caravan stop-overs, key issues raised included:

- a) Knowledge gap on family planning and contraception, existing policies and legal frameworks on SRHR.
- b) The need to integrate culture and SRH for easy access to AYSRHR information and services,
- c) The need to leverage technology for improved access,
- d) The need for a platform to learn, share and exchange high impact practices in SRH, and the role of religious organizations as enablers for access to AYSRHR information and services.

This also provided a platform to collect Young People's proposals regarding the subject matter to be included in the communiqué that will be presented at the RHNK's 7th RHNK AYSRHR Scientific Conference.



Opening Ceremony

Moderators: Janet Mbugua and Eric Ochieng

The conference began with a series of entertainment sessions, followed by singing of the

National and EAC Anthems.

OPENING REMARKS: NELLY MUNYASIA, EXECUTIVE DIRECTOR RHNK

RHNK's Executive Director welcomed the participants of the 7th Annual Scientific Conference on Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR) and delivered a speech that centered on the theme "Priorities for Advancing AYSRHR in Africa" of the conference. The following were the key take aways from her speech;

- Policy makers must commit to fully implementing policies on AYSRHR to enable AY to access full spectrum of SRHR information and services.
- The time is rife to transition from words to action in reviewing policies such as requirement to seek consent for

adolescents to access SRHR information and services unhindered.

- The health care systems should be capacity built to offer you friendly SRHR services
- All stakeholder should be at the forefront in advocating of the commitments made on access to the sexual reproductive health and rights.
- There should be renewed drive in show casing what has been implemented and the progress made using data to inform decisions and policy review where need be.
- There is need to raise awareness on adolescent rights such as rights to re-enter school post giving for adolescent girls to eliminate stigma, campaign strongly against FGM.
- The need for CBO, NGOS and government to work together for full implementation policies to ensure that youths and adolescents SRHR are protected.

Nelly Munyasia, Executive Director RHNK delivers her opening remarks



OPENING REMARKS: DR. JEAN PATRICK, REPRODUCTIVE HEALTH - MOH

DR. Jean Patrick
delivers here
opening speech



In her speech Dr. Jean highlighted that adolescent and young people are faced by a triple threat including; Teenage pregnancy, sexual and gender based violence and Drug abuse. To tackle these threats, she said the ministry of health had put in place measures to save this endangered generation. The key points from here speech included;

- MOH has developed and put in place strong policies to support SRHR among adolescents and young people such as those supporting school re-entry for adolescent and young girls after giving birth as well as clear guideline for parents and guardians on handling SRH Issue
- The ministry has rolled out a program for training on Self-care

to adolescents and health workers on selfcare

- The MOH has been conducting training on Data management with the aim of strengthening use of data to measure the success of different interventions rolled out to promote access to SRHR information and services with emphasis to adolescents and young people
- GOK through MoH has allocated and released funds for SRHR programs to all the counties in the republic of Kenya
- MoH has been conducting training to health care providers on provision of youth friendly SRHR information and services such as selfcare.

Participants follow the proceedings during the opening ceremony



OPENING REMARKS: DR SHEIKH MOHAMED, DIRECTOR GENERAL, NCPD

DR Sheikh Mohamed gives his opening remarks



Dr. Sheikh noted that Chapter 4 Article 42,69,72 enshrines access to highest attainable standard of health, including reproductive health care in the constitution, Kenya is among the 176 governments that accented to and implemented the 1994 International Conference on Population and Development (ICPD) Commitments which places people's dignity and rights at the heart of sustainable development, attainable through; embracing holistic approach for human development, focus on health and education for adolescents and youths, developing a post delivery return to school programme for young mothers, quality education for young people to use modern technology in accessing AYSRHR information and services with adverse effects of climate change in mind;

- In his opening remarks he stressed on the following points.
- Kenya Implementation of 1994 ICPD Commitments and renewed its commitment on the ICPD commitments in 2019 showing the government in placing SRHR in the

core of its development agenda.

- That the GOK Embraces a holistic approach for human development with special consideration of SRHR information and services for youths.
- He reiterated that GOK drafted a return to school policy for pregnant adolescent mothers.
- The government has a good health and education skills framework for youths and adolescents aimed at Countering the triple threats affecting youths and adolescents.
- GOK has renewed its commitment to quality education for young people to leverage on modern technology to access state of the art SRHR information and services.
- Kenya is moving from a child phase population to a youth base population who have to be protected by implementing SRHR policies to protect them.

CHIEF GUEST: DR. EDWARD SEREM, HEAD, DIVISION OF REPRODUCTIVE AND MATERNAL HEALTH, MINISTRY OF HEALTH

Opening remarks by the chief guest



The chief guest, Dr. Serem informed the participants that the RHNK scientific conference offers a time to reflect on the progress made over the past year where several commitments in partnership had been made to improve AYSRHR access in the country and many countries in the African continent. He expressed his satisfaction noting that, the improvement from 400 to 1000 delegates in 2024 drawn from 26 countries showed a renewed commitment to advancing the AYSRHR agenda in the African continent.

In his speech, Dr. Serem noted the following:

- The onset of adolescence breeds not only changes in their body, but also new funnel abilities, human rights abuses.
- That the previous conferencel held in 2023 reflected on localization of AYSRHR global commitments
- That the 2024 conference will see stakeholders engag in priorities for advancing AYSRHR in Africa towards addressing unintended pregnancies, new HIV infections, gender based violence, maternal death, school dropouts, mental health issues, substance abuse as well as effects of climate change on SRHR.
- He noted that data collection is hindered by strong influence of liberal or conservative parents, guardians, teachers and providers religious leaders and some government policies having sections that hinder of access of SRHR information and services by adolescent and young people
- He intimated the need to prioritize SRHR information and service access based on people's health information, for better services, standard coordination and partnership for optimal growth and development of adolescents.
- He noted the need for Increasing availability of SRHR information and services through setting up youth friendly health centers leveraging on technology to reduce stigma.
- He pointed the commitment of Kenyan government to promoting and availing SRHR information and services geared towards reducing FGM, new HIV infections and combating GBV
- GoK is keen on ensuring access to the benefits of the pregnancy package and expanding physical space and environmental relationship to deal with SRHR issues.
- He reminded the participants of the benefits of work together as a government, private and international societies in coining innovative approaches for fighting adolescents' issues i.e ending HIV Aids infections, gender based violence, substance abuse, teenage pregnancies.

High Level Panel Discussion: Priorities For Advancing Aysrhr In Africa (RHNK)

Moderator: Janet Mbugua

Panelists: Dr. Sheikh Mohammed – DG, NCPD, Yasmin Chandani – CEO, Insupply Health, Felicity Nneoma – Youth Focal Point, FP2030 Nigeria, Galliane Parayet – Deputy Director and Director of Membership Support and Development at IPPFAR, Denis Bwana – SRHR Program Officer, EANNASO

This panel discussion discussed the role of government in AYSRHR, use of technology by NGOS to increase access of AYSRHR information and services adolescents and youth, innovative strategies used to enhance supply and access to family planning method, methods that governments can adopt to shift AYSRHR conversions to action, the strategies which can be used to improve implementation Maputo Protocols on abortion, possibilities of allowing sexually active adolescent to access to family planning without need of consent, ways of effectively influencing government agencies to collaborate with youths to eliminate stigma associated with cultural barriers and last on not least countries that have recorded success stories in use of technology to advance AYSRHR agenda.

Q. Dr. Sheikh Mohamed : Highlight the role of the Govt of Kenya in AYSRHR

It was reported that GOK had given consent and was involved in planning of the 7th RHNK scientific conference with intention of advancing AYSRHR agenda through advocacy to reduce teenage pregnancy, promote school re-entry for pregnant adolescents to enable achieving of their full human potential. Further, the Govt has been championing reduction of the Female Genital mutilation through creating awareness, education and sensitization. None the less the government faces Challenges including Social Cultural Issues, Early /Child marriage, Poverty and is implementing reduction of Dependency ratios, promoting urbanization and developing Innovative proper systems in collaboration with NGOs, CBOs to address these challenges.

Q. Felicity: How are NGOS using technology to increase chances on AYSRHR

The world population is composed of about 58 % of adolescent and young and a high percent of which have access to technology through smart phone and other gadgets. This presents

an opportunity to leverage on new technologies such as Mobile APP such as Whatsapp and chatbots to promote anonymous access of AYSRHR information and services among adolescents and young people. Further, Media platforms such as live streamed radio can be used to convey real time interactive SRHR information to large masses of adolescents and young people. It was reported that technology is a vital tool for data collection and analysis to inform prevalence SRHR such as STI, adolescent pregnancies which can inform intervention Strategies by government and NGOs. Technology can also be used as a low cost tool for training and capacity building using virtual Platforms.

Q. Yasmin: Innovative strategies for access to Family Planning Method and supplies

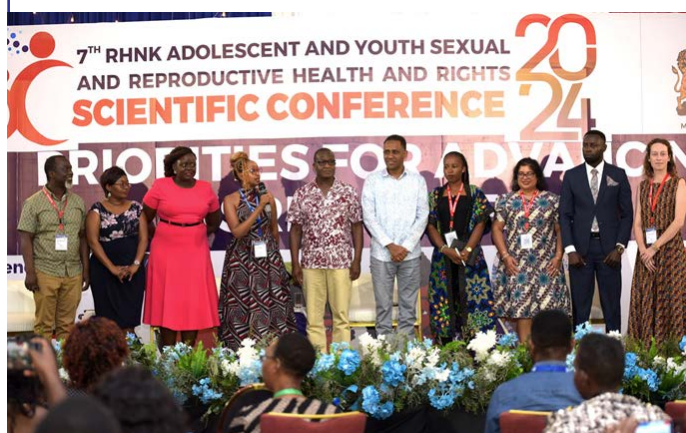
It was report MoH has advanced the access channels for family planning methods by broadening the FP Market. This is realized through closing the existing gaps via implementation of advanced policies which give adolescents girls a choice that address their needs. The MoH is also keen to listen to the girl and involve them in policy formulation including consideration of accessing FP supplies through Pharmacy channel as opposed to only hospitals only. The MoH is keen to Empower health care workers and equip government hospitals Improve accessibility of FP methods and products among adolescent and young girls giving them control of their bodies and future.

Strategies that countries can adopt implement AYSRHR policies action by the government.

For full implementation of AYSRHR policies governments must coordination different ministries not Just MOH, applying a holistic approach backed by strong political will. It should Prioritize Girls Education by providing scholarship for girls from poor family and enforce policies to give them equal opportunities by ending vices such as child marriage and FGM as well as offer them sanitary towels. Further, there need to develop Develop guideline that prioritize girls and women to end stigma by making information accessible by use of technology.

Q. Denis: Steps to adopt for implementation of the Maputo Protocols on abortion.

For full implementation of the Maputo protocols on abortion,



High level panel discussion

there should be acknowledgement of the challenges facing young people taking into consideration the reservations of these protocols by most of the countries especially article 14(2c) on abortion. Noting that a committee appointed to discuss on the implementation of the Maputo protocol was dissatisfied with arrangement for adolescent. In light of this Countries have to accept the reality on AYSRHR to accept the reservation or confirm full implementation. Further, the governments should ratify these protocols by engaging the youths in the policy making to understand their point of view not forgetting the need for political good will. Countries need to do a comparative analysis between countries which have implemented these protocols in full to understand the associated pros and cons.

Q. Dr. SHEIKH: Can sexual active adolescents be allowed access to Family Planning without need for consent?

It was reported that the TCPR rate in Kenya stood at 57%, therefore the need to address causes and prevention as opposed to symptoms of contraceptive use. Constitutionally a Kenyan can access contraception at the age of 18 years without the need for consent. Therefore, there is need to create awareness to the youths, train the parents and teachers to enable these vulnerable adolescents to access contraceptives within the confines of the law.

Q. Felicity: Highlight a specific country that has used technology to advance AYSRHR

Although Nigeria, Kenya, Mozambique and Uganda have made some strides in use of technology to advance access to AYSRHR, Rwanda is a success story in using telemedicine and integrating mobile platforms in their health system. Rwanda has sms and mobiles platforms that are free and dedicated to instant access to AYSRHR information. Fur-



ther, Rwanda has trained and equipped community health workers with mobile devices to aid in data collection and Implementing data driven medical intervention programs on AYSRHR backed by its unwavering political commitment and strategic partnership, prioritizing technology and multisectorial approach by collaborating with private and community organizations to achieve quantifiable results.

Q. YASMIN: How to effectively influence system parameters to collaborate with youths to eliminate cultural barriers.

There is need to adopt an all rounded approach involving religious leaders, political and grassroots leaders and the government by all collaborating to address AYSRHR. From a System perspective this approach would narrow the gap between policies and their consumers by integrating the policies to the community. Further, rigorous sensitizing of the public on the barriers in the policies and culture and developing rounded solutions should be a continuous process to enhance provision and access of youth friendly AYSRHR information and services in the community.

Q. GALLIENNE: How to involve adolescent and young in policy formulation

All design of policy and programme should be backed with data which can be collected by empowering young people to provide the information by creating safe spaces for them and including in budgeting process to enable them understand how the funds will be used. Further clear feed back mechanisms should be created for improvement in service delivery. Peer to peer programmes should be encouraged the young people to engage with each other. Most importantly there is need to training, supporting and capacity build the youth and

mentoring them to develop own fundable intervention programs to thus get empowered to address own SRHR issues.

Q. Dennis: Social Accountability

For social accountability, young people involved in budget Process and provided with proper training on budget tracking for them to hold the government accountable, providing them with proper Feedback mechanism and have the young people on record by having community monitoring systems. Further, young people should be included in various working groups by having the youths in the policy making and engagements and provide funds to youth led organizations.

Other notable highlight from the panel included;

- It was noted that the government has developed a booklet called Understanding adolescents which has been implemented in the schools curriculum.
- There is need to focus more on prevention of teenage pregnancies, spread of HIV.
- There is a need for male involvement in AYSRHR since mostly young men are used as conduits for buying family planning for women.
- There is need to engage both boys and girls AYSRHR training in schools
- It was noted that Girls bear the greater burden of reproductive health in comparison with boys.
- Specific people including PWDs have specific SRHR need and these are well captured in different SRHR policies.
- The government partners with private institution to ensure there is adequate supply of SRHR commodities.

FROM THE ADOLESCENT VOICE BY LAUREEN HILL ELEGWA, TICAH

Laureen Hill Elegwa reflected on her personal experience of teenage pregnancy which almost shattered her life leading to depression and subsequent self harm. Laureen got pregnant at 16 years and tried procuring abortion but was assisted by the organization TICAH which helped through her pregnancy journey.

She highlighted the challenges faced by adolescents and you



people as follows;

- Lack of adolescents and Youth friendly policies and services where most public service points for SRHR are manned by aged people who are not approachable.
- Lack of proper technologies – there are no apps and websites from where youth can easily access SRHR information and services.
- Mental Health Services – there is glaring lack of guidance and counseling facility targeting adolescent and youth.
- Available Health Facilities are not accessible because they are not pocket friendly thus the government should reduce the cost of SRHR information and services
- The youth are not consulted on AYSRHR issues thus the government develops policies that don't comprehensively address needs of adolescent and youth.
- There is minimal partnership between the Government private organizations in educating young girls on options available in accessing AYSRHR.

LIMPO CHINIKA, COUNTRY DIRECTOR, HIVO SRHR FUND

In her presentation, she highlighted the outright Lack of information and involvement of adolescents in policy formulation, stressing the need to work collectively with different sectors. She further intimated the need to conduct due diligence and we work hand in hand with partner who can provide mentorship and offer relevant connections needed to carry out organization's mandate and establish linkages with the Ministry of Health and government. She further alluded that;

- Many Youth led organization are not able to have access for funds thus the need to Connect them to technical working groups.
- There is need to strengthen Capacity and Knowledge on data management among partners in implementing AYSRHR
- All partners and ministries should Linked to work together on Policy advocacy and campaigns Ensuring that the youths are heard
- There is need to Connect young people for them to learn from each other
- Conducting side events to get clear data guided inferences on matters such as age of consent.

SALIMA NAMUSOBYA, VICE PRESIDENT, CENTER FOR REPRODUCTIVE RIGHTS

The vice president, center for reproductive rights appreciated participants for showing up in large numbers, appreciating many familiar people from last years conference indicating the popularity the depth of the conversations expected during the 7th RHNK conference. She raised concerns about adolescent Girls not being unable to go back to school after giving birth due to stigma indicating that need to ensure continuity of their education noting how many parents abandon their children in such dilemma. Further, she noted that every young person deserves the right to make make informed choices about their health and future, free from discrimination or any other barriers.

She noted the following as priority areas in advancing AYSRHR;

- we should work together to advocate for policies that elimi-



Limpopo Chinika,
Country Director,
Hivo SRHR fund

nates barriers to full access of AYSRHR information and services including age of consent and access to contraceptives for adolescents and young women

- Enforce none exposure and effective implementation of school reentry policies as a critical component of ensuring development for our adolescents and youth post pregnancy
- Prioritize decriminalization of non consensual non exploitative sex among adolescents.
- Acknowledge the troubling regression affecting reproductive health rates across the continent. The rollback of reproductive rights threatens the health and wellbeing of millions of young people.
- There is need to foster collaborative efforts among governments civil society international organizations and communities to device interventions that can address anticipated challenges in accessing AYSRHR information and services.

KEYNOTE SPEAKER: LORI ADELMAN, EXECUTIVE DIRECTOR, PLANNED PARENTHOOD GLOBAL

The executive Director, planned parenthood global appreciated all stakeholders who pulled resources to ensure that the 7th RHNK Conference planning was a success. Noting

Executive Director, PPG giving her remarks during the opening ceremony



the important of unity in growin the bravery of organizations addressing AYSRHR issues across the continent of Africa. Noting that Africa is the youngest and fastest growing continent in the world, it is important for every person to have and access the right to control their reproduction and build their families with dignity noting that PPG has partnered with RHNC over the years and is committed to full implementation of this agenda.

She highlighted the following four areas as fundamental in SRHR;

- SRHR is public health and Access to srhr information and services is fundamental
- SRHR is linked to Gender equality and girls/women tend suffer the consequences
- There should never be fear of criminalization amongst service providers
- SRHR is a political and governance issue and is intertwined with development,

In conclusion she noted the importance of equality while establishing partnerships and the need to give a strong voice to the young people paying attention to SRHR data collection to inform new partnerships with PPG with the aim of protecting the fundamental right of the youths.

ICRW, Regional Director, gives closing remarks during for the opening ceremony



CLOSING REMARKS: EVELYN OPONDO, REGIONAL DIRECTOR, INTERNATIONAL CENTER FOR RESEARCH ON WOMEN

The opening ceremony was closed with remarks from the regional director, International Center for Research on Women who appreciated all stakeholders for their role in making the 7th RHNC scientific conference a success. She challenged MOH in to involve all gender in AYSRHR dialogue. Further, she noted that childhood is recognized as a critical period followed by adolescence and the AYSRHR issues around these two age sets must be addressed candidly especially interventions that target marginalized adolescents or marginalized view.

In conclusion it was noted that adolescents are not a homogeneous group as has been treated by the government. She noted the importance of using scientifically researched data to inform laws and policies that the government make noting how such laws and policies have failed to address the SRHR issues of the marginalised youth such as those who are HIV Positive or experienced Gender based violence. Noting that the Conference ought to be catalyst for change and implementation of SRHR seeds; learning from the evidence, best practices and from each other.

Day One



June 19, 2024

Moderators: Janet Mbugua and Eric Ochieng



SPOTLIGHT SPEAKER: HALIMA ABBA ALI ZAID, PROGRAM SRHR, ROYAL DANISH EMBASSY



Conference attendees react to the spotlight speech by Halima Abba

As an Advocate for gender rights, sexual reproductive health rights, Halima noted the need to recognize the unique challenges experienced by the young people and the commitment by Denmark to strongly support and protect their sexual reproductive and health and rights. She indicated that

Denmark is among the top 5 donors in Africa supporting programs targeting the fight against HIV, TB, Malaria and SRHR which are 100 percent youth led.

She intimated that despite the efforts in empowering communities on SRHR and Supporting level 1 and 2 grassroots hospitals, issues of teenage pregnancies were still on the rise. She noted that Danish embassy has been working with local partners in 13 counties having poor SRHR indicators to train health workers on providing quality health services but Stigma associated with gender is still on the rise. In an effort to combat this the Danish arm on SRHR has 7 youths who sit on the board in Kenya, holds People's dialog festivals annually and has Exchange programs on good governance, gender equality mainstreaming on sexual reproductive rights.

In conclusion she urged all to stand together in solidarity and take concrete bold steps to advance the well being of the young generation by creating an enabling environment for them exercise their reproductive rights without fear reaffirming the commitment to establish new partnership during the conference.

PANEL DISCUSSION - REPRODUCTIVE HEALTH SELF CARE INTERVENTIONS (MOH/RHNC)

Moderator: Dr. Albert Ndwiga

Panelists (Service Delivery - Elizabeth Jumwa, Policy Environment - Karen Aura /Dr. Jeanne Patrick, Client/Young person - Vanessa Sekpon, CSO - Nelly Munyasia)

Selfcare or taking care of oneself is the ability for individual, family and communities to promote health and cope with illness. This should be done appreciating that at no one time no nation will have enough health care providers.

Q. Elizabeth Jumwa: What are the key benefits of self care among adolescents and youths?

Among many benefits of selfcare the following stand out;

- Its affordable and readily available and youths can access family planning
- Empower youths to be self aware of their bodies

- Empower on breast examination for any abnormalities
- HPV self sampling – take their own sample and take to the lab for testing for early interventions
- Empower on self pregnancy tests and interpretation of the results
- Self HIV testing and results interpretation
- Empower adolescent and youth on stress management – recreation activities
- Negotiate for safe sex use of condoms and promote reporting on matters GBV
- Promotes contraceptive oral pills and self injection at home

However, there is need more training on self care and although training has been ongoing more ought to be done to reach more healthcare providers.

Q Vanessa Sekpon: what are the barriers to accessing sexual reproductive health information?

Vanessa noted that Benin has no mechanism for addressing access to SRHR and currently its wholly addressed by the NGO. Further, there is no counseling offered as required by WHO and young people depend on the internet ending up with rampant inaccurate SRHR information. Therefore, the urgent need to draw Policies to address SRHR issues for women and youth.

Q. Karen Aura: what are the existing policies on selfcare and impact on funding priorities

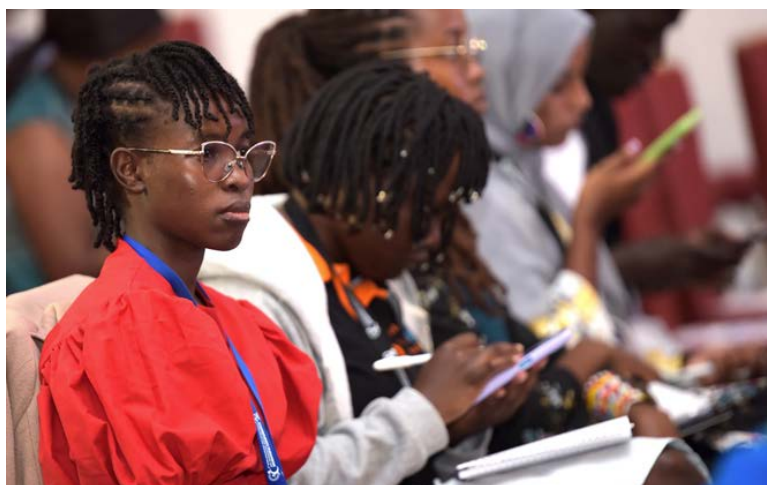
Several policies have been developed to address selfcare including; Kenya health care, Quality of care, RAMCA – family planning provision, Reproductive care policies, Family Planning policies, UHC policies and Community health policies. These policies have enhanced; Access to services, access to modern contraceptives, Enhanced youth services and empowerment through self care depo.

These policies have played a great in secure more funding, promoted data collection and strengthening, guided community education and creating awareness, led to Integration of self care at the community level, resulted in adoption of Technology such Mhealth for promoting access to SRHR information and services, promoted strong partnership and enhanced policy advocacy and political good will in addressing social cultural barriers

Q Nelly Munyasia: Elaborate on the advocacy on partners and empowering youths on factual information

As the selfcare ambassador in Kenya, selfcare is the game changer in access of SRHR information and services among adolescents and the youth and the govt has established structures to roll-out selfcare.

RHNK has been in the fore front to Compliment the work done by the government to promote adoption of selfcare in the country by support fronting the young people to drive the agenda, training health care providers on self care, training the pharmacy outlets and medicine vendors, empowering youth advocates on where to access youth friendly information, championing for county level budget allocations and resource mobilize from donors. Further, Information on people who are abled differently is accessible giving them a right to choose on the self care.



Attendees follow deliberations on reproductive health selfcare interventions

ABSTRACTS PRESENTATION – SUB THEME 7 and 2

ABSTRACTS PRESENTATION – SUB THEME 7 (BEST PRACTICES/ INNOVATIONS IN SERVICE DELIVERY)

This session was on presentation of Abstracts in Sub-Theme 7 on best practices /Innovations in AYSRH service.

Moderator: Sheila Waridi

The abstracts presented in this session were;



Theme 7 abstract presenters pose for a group photo



ABSTRACTS PRESENTATION - SUB THEME 2 (COMMUNITY BASED NORMS SHIFTING AND NARRATIVE CHANGE INTERVENTIONS FOR AYSRHR)

this section was on abstracts presentation under sub theme 2 on community based norms shifting and narrative change interventions for AYSRHR

Moderator: Sarah Makongo

The abstracts presented in this session were;

Presenter	Abstract Title
Margrette Hanselmann	Engaging adolescent girls, their families and the community in the co design of a perinatal mental health intervention: THE INSPIRE project
Mariam Ngoya	A life skill based approach and community partnership to promote acceptability and uptake of sexual reproductive health and rights service
Brenda Otieno Achieng	Supporting Adolescent mothers: expanding access to quality, comprehensive SRH services in Homa bay County
Rashid David Mutaha	Advancing movement building as a response to community engagement in responding to AYSRHR
Saraphina Ambale	Empowering caregivers to enhance SRHR information to deaf adolescent and young people
Rukia Nzibo	Safeguarding adolescent and youth sexual and reproductive health rights: A human security approach in kenya

Moderator: Judy Amina

Lucy Kerubo Mogesi	Expanded Quality Family planning services and self-care products in community pharmacies
Inviolata Nafula Wanyama	An operational evaluation of an SBC pilot addressing the social norms affecting youth SRHR in the Western Region of Kenya
Liziah Ndonga	Empower us Organization
Jeff Omondi Onyancha	Combined approaches towards improving access to and use of contraceptives amongst AYPs: A case study of Nyalkinyi health center in HomabayCounty
Robert Bonyo	Youth Champions" Mentorship Impact Towards Control of Teenage Pregnancy Among Adolescents 10-14 Years in Suba West Sub-County
Betty Mtuweta	Empowering young women with disabilities: The we lead program in Kilifi county, Kenya

Moderator: Peter Ngure

Musto Joshua	Mitigating harmful cultural practices through "Aperit" Key highlights
Angela Mideva	From silence to empowerment: Addressing cultural norms to enhance adolescent SRHR access
Winnie Cheptoo	The RATA narrative: Utilizing traditional narratives to advance AYSRHR in rural pastoral communities
Dorcas Nyasani	Community Norms Change for Adolescent Health and Rights



A section of attendees listen to abstract presentation by Dr. Eliphas Gitonga

Sekpon Déo-Gracias	Social norms' Influence on adolescent girls and young women's abortion experiences in Benin: perspectives from a qualitative study
Michael Waweru Waithaka	Exploring the tapestry of Postpartum Family Planning: A Deep Dive into Community and Social Norms Across Four Kenyan Counties
Moderator: Dr. Were	
Michael Okun Oliech	Leveraging Digital Platforms for Norms Shifting and Narrative Change in Adolescent and Youth Sexual and Reproductive Health
Samwel Oyugi	To improve maternal health outcomes for teen mothers in Migori county, Kenya
Faith Mbusi	Mutendwah mentorship program for mentally disabled girls
Ibrahim Shabani	Community-based norms shifting and narrative change interventions for AYSRHR
Violet Akisa	Characteristics of Youth and Adolescents with reproductive system fistula; An analysis of Webuye County Hospital Fistula datacamp data
Collins Munene	The Experiences Of Gay, Bi And Queer GBQ]Men In Kenya: A CRSW-Kenya Baseline Survey on Safety, Security and Healthcare

PANEL DISCUSSION: ENHANCING YOUTH ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN NAKURU, KENYA (RHNK)

Moderator: Saskia Husken

Panelists (Dorothy Njagi - RH Coordinator, Elizabeth Rono - Midwife, Rose Atieno - Nurse/Midwife, Clara Kerich - Nurse/Midwife, Esther Kariuki - Nurse/Midwife)

This panel discussed access to AYSRHR services in the context of Nakuru county. It was reported that 80% of youth can access SRHR services while the remaining 20% were either reluctant to these services, lack required resources or were denied consent by parents.

Q. Agatha Mwangi: What are the reflections from the youths

Having providers who give youth friendly information has greatly boosted access of SRHR services by youth, these providers interact with those in need of services at community level and get to understand the challenges faced by each unique set of youth. Further, community health promoters are key in providing grassroots data.

Q. Dorothy Njagi - RH Coordinator - What has changed

and how is she providing services after the survey

She alluded to door to door campaign which gives her an opportunity to talk to adolescents and youth who are not sexually active and educate the sexually active. It also gives her an opportunity to empower those with children and the married on available contraceptive options that they can use for family planning. The approach has yielded adoption of contraception for family planning, evading unwanted pregnancies and STIs.

Further she has trained and helped the teachers on embracing child safety, becoming SRHR promoters who can engage with young people on SRHR issues since most of them fear of the parents.

Q. Rose Atieno - Nurse/Midwife: How do you tackle challenges facing the patients in informal settlements?

Rose adopted group family planning and later formed groups that engage with the community and religious gatherings to train the youth on SRHR services. The approach led to visiting the facility to seek SRHR information and services. Further, parent and guardian have been trained and guided on signing the consent forms increasing the number of minors who accessed SRHR services.

Q. Elizabeth Rono - Midwife: Tackling Low uptake of family planning

Abstract presenters share thoughts as a member of audience react to the presentation





Panelists share a light moment after discussion on enhancing youth access to sexual and reproductive health services in Nakuru, Kenya

In 2021 the number of people who sought FP services was very low. Elizabeth talked to the mothers and school children who then started visiting the facility to seek FP services. FP services reduced the number of people seeking abortion services and she adopted giving medals to those who visit the clinic where she also conducts cancer screening. These extra services have led to an increase in the number of people who visit the facility and this had reduced stigma since they understand that their children are in no danger.

Q. Martin Onyango - Advocate of Kenya: Legal framework on sexual health care services reproductive rights

Reproductive health care should be available to everyone as stipulated in right to reproductive health care. Article 43:1 gives rights of children to healthcare services. Abortion is also clearly addressed in the constitution of Kenya. Children (0-18 age) form majority of Kenya population and fall within the age of Age of protection.

Abortion is not permitted unless, in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law or under circumstances where one is a survivor of sexual violence. Under such circumstances a victim should undertake pregnancy test prior to subsequent procedures.

PANEL DISCUSSION - INVESTMENT OF SRHR+GE BUSINESS CASE IN THE PRIVATE SECTOR-KENYA AND UGANDA (DFPA/RHNK/FKE)

Moderator: Stephen Obiro

Panelists (Jimmy, William Wandera-Federation of Kenya, Employers, George Federation of Uganda Employers, Brenda Boit)

The implementation of SRHR in Uganda are guided by; Constitution, Labour Acts and International Law. The core mandate of Federation of Uganda employers is to provide safe space in SRHR by providing a technical role in policy formulation and implementation in private sectors, helping companies in understanding the SRHR and helps companies review and improve on their HR Policies to protect employees in workplaces on SRHR.

The federation create a space to ensure that companies review and know their SRHR policies, develop policies for organization to adopt, set up gender policies, push for implementation of occupational rights and health policies in workplaces including establishment of daycare facilities for women to be able to take care of the kids which has reduced absenteeism of women and helped reduce accidents at work.

Federation of Kenyan Employers has supported employers in developing SRHR policies, built capacities in HOSH commit-

tees that is mandatory for all employers in Kenya, ensured organizations have committee champions whose roles are to implement SRHR policies, promoted discussion of SRHR in organizations, established clinics and policies in workplaces where the employees can get convenient and accessible medical treatment within the organization, ensured Gender equality in Staff employment, and have streamlined support structures for gender equality and safe workplace for employees.

Q. Jimmy: What are the achievements that organizations have made in implementing SRHR especially in business cases.

- Gender equality in business places
- SRHR issues are well articulated and organizations have now trained their employees
- Reduction in Violence at work including reduced sexual harassment.
- HIV positive and cancer patients employees are no longer stigmatized as they are integrated and accepted at work places
- SRHR programmes have promoted general wellness and mental health state of workers so as to enhance active participation of workers.

George – an employee of Kibos Sugar Company highlighted that;

- The Company has set up welfare committees to create a safe space for workers to air out their issues.
- The SRHR welfare committee has educated women on family planning and use of contraceptives to reduce pregnancy leaves
- Updated data to track and educate workers by incorporating SRHR in HR policies
- Having SRHR escalation flow charts where workers can voice their grievances at work so as to promote employees production in the company

Jimmy Kevin:

Q. Are the SRHR measures in place in companies based on Government policies or Privately formulated by the specific companies policies.

- Through partnership with SRHR stakeholders, The company has been able to come up with policies to protect workers and enhance productivity in companies and businesses
- Companies have incorporated employment act and Labour law together with SRHR policies as the government has just provided basic law and policies for employees.
- The Occupational Act is being amended so that it can be incorporated in the SRHR policies.

Q. There are a lot of company focus policies. How are the companies adopting the standardized Government policies?

Federation of Kenya Employers –Employer Organization

- Ensure that there are nurses to handle both safety issues and SRHR in work places
- Champions Companies policies and National Policies for the wellness of employees.

Q. How to deal with chronic drunkards staff at a work

Federation of Uganda Employers

- Advocates for decent workplace policies that are of benefit to both employers and employees.
- Having SRHR escalation flow charts where workers can voice their grievances at work so as to promote employees production in the company

Q. Brenda: Study on the SRHR is not effective. What different approach should be used for the programme to be effective.

- All companies are borrowing the national policies
- The government engages Counties And health workers in providing SRHR
- The government looked at the company structures and engaged various company leaders in setting up SRHR policies
- The government came up with committees that had Champions that enforced creation of safe spaces in the company for employees
- Companies have accommodated and adopted SRHR policies in their existing HR Policies.



An attendee reacts to a panel discussion

- Empowering champions in different committees to handle employees SRHR issues
- Ensure that safe spaces start from the Leadership to the employees.
- Building relevant SRHR Capacities where there is no capacity.
- Connecting SRHR policies to make a business sense for productivity increase in companies
- Using strategic partners in promoting the implementation of SRHR policies.

Q. What are the strategies of ensuring sustainability and effectiveness and scaling up of SRHR in Companies?

Kibos Sugar Company

- The Company has allocated a budget to ensure continuance of implementation of SRHR.
- SRHR issues can only be seen on the long term effect lens on how it can affect work productivity in a positive way.
- SRHR are not female issues contrary to men beliefs i.e a husband can remind the wife of using contraceptives as a family planning method.

Jimmy

- SRHR enhances productivity by creating a diverse work environment and safe workplace resulting in the creation of a diverse pool of talented employees.
- Allocated budget for SRHR that covers up issues even at the

end of the SRHR project.

- Have SRHR champions who are workers in the company and train them to ensure success of the programme.

Uganda Federation

- Have a clear demonstration of how the SRHR program will give positive financial returns to the Company.
- Invest in SRHR for a productive and healthy working environment.

Federation of Kenya Employers

- Have formed a clustered Networks that has championed wellness and SRHR issues
- Formed HOSH committee that has adopted SRHR issues.
- Helps organizations on Policies formations i.e gender policies

Brenda

- Implementing SRHR Policies in the companies
- Ensure companies budgets for SRHR policies
- Continuance follow up on budget allocation for SRHR in companies
- Continuous monitoring of organization and learning loops even after the programme ends.
- Leverage on the existing policies and improve on them.

PANEL DISCUSSION: NATIONAL LEGAL AND POLICY PRIORITIES FOR ADVANCING ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS- A CASE OF KENYA, UGANDA, AND ZAMBIA (CRR)

Moderator: CRR

Panelists (WRO in Kenya, WRO in Uganda, WRO in Zambia, MOH – Kenya, Young Person)

This panel discussed focused on National legal and policy framework addressing adolescent sexual and reproduction health and rights in Kenya, Uganda and Zambia.

Q1: What are the gaps in the re- entry to school and how can the existing policy be improved?

Golden from Zambia

Zambia has ratified 11 international treaties including the maputo protocol, Local policies such as the youth policy, the national adolescent strategy, national AIDS strategy. The existing barriers include; geographical barriers, limited access to SRHR products, requirement of parental and school consent for adolescents to access some services and the penal code in law makes providers shy away from offering this much needed service. Further, Zambia has no reproductive health policy and according Zambia DHS 2018 – teenage pregnancy prevalence stands at 29%.

Some Proposals for improving the policies include;

- Incentivize peer educators, due to high rate of peer educator's turnover from centers they are attached.
- Advocate for removal the requirement of parental consent in access of SRH services for adolescents.
- Advocate for development a reproductive health policy, which shall cover the sexual health needs of the adolescents and youth.
- Advocate for the amendment of the education act which says a child is anyone under the age of 16 to an upper limit.

Harris from Uganda

Teenage pregnancy remains a key concern in Uganda and 2020 saw a surge in teen pregnancies. Moreover, about 8% of girls get to go back to school post-delivery. Policy gaps in-

clude; mandatory pregnancy testing in schools (not done in the best interest of the girl but of the school), forced maternity and paternity leave for learners at three months and return after six months, lack of supporting infrastructure and amenities for pregnant girls in schools e.g. breastfeeding areas, abstinence promotion as an overarching strategy of sexual education in schools, guidelines on schools does not cover possible perpetrators comprehensively, social perception that allowing pregnant girls and young mothers back to school is encouraging other school girls to become pregnant, school re-entry characterized by stigma and discrimination by the teachers and the community, no penalty in the guidelines for anyone who violates these guidelines.

To address these gaps in the SRHR policy;

- Disseminate these guidelines at all levels to increase awareness and information
- Review the religious stances and their impact on SRHR

Lucy Koome from Kenya

The major policy gaps in Kenya include; lack of dissemination of the guidelines; although the guidelines had good intentions many stakeholders such as parents and schools are not aware of their existence. Poor coordination in the implementation of the policies by different players. Use of vague language in the policy, e.g. "support pregnant learners", without clarifying what this support entails and Mandatory testing of school girls

To address these gaps;

- There should be effective dissemination of SRHR guidelines by providing a summary draft of this policy
- There is need for clear and detailed implementation procedure for school re-entry of pregnant learners
- Introduce a mandatory support system for learners who have been away from school for over a month to help them cover the lost time
- Advocate for prohibition of forced pregnancy testing in schools
- Advocate for having clearly defined guidance and counseling protocols in schools

There should be collaboration and coordination between



Panel discussion on National legal and policy priorities for advancing adolescent sexual and reproductive health and rights- a case of Kenya, Uganda, and Zambia

MOE, schools, parents teachers associations, community

Lucy MOE- Kenya

Kenya has a school re-entry policy drafted in 1994 which was revised in 2016 and MOE developed a guidelines of the same in 2020; the policy is comprehensive in that it covers other areas not just re-entry of pregnant girls, but also addresses other areas such as early pregnancy, long illness and re-entry for people above 18 years of age.

Some Gaps in the policy include; lack of clear SOP's leading to ambiguity in implementation by different players. Exploring the methodology of dissemination i.e. hard copy or soft copy. It lacks of county implementation plans because while education is not devolved, health is. Limited financial resources to implement the policy such as daycare services, formula milk. Not enough professional personnel to support implementation of this policy e.g trained guidance counsellors.

The gaps can be addressed through;

- Providing SRHR information to the adolescents and youth
- Developing novel ways of disseminating this information

- Strengthening health systems to support SRHR
- Guarantee confidentiality of adolescents in SRHR matters
- Conditional cash transfers/incentives for vulnerable girls to motivate them to stay in school
- Sensitize and teach the adolescents on areas of convergence for safe dissemination of SRHR information and services

PANEL DISCUSSION - EVIDENCE-BASED MEDICO-LEGAL DIALOGUE ON SRH IN KENYA (PP GLOBAL)

Moderator: Eric Latiff

Panelists (Nelly Munyasia - ED RHNC, Allan Maleche - ED KELIN, Davis Malombe - ED KHRC, Dr. Muiruri Joseph - Gynaecologist)

Q1. Are sexual reproductive health and rights in the constitution

Chapter 4 Article 42,69,72 enshrines access to highest attainable standard of health, including reproductive health

care in the the Kenyan constitution. This means that Children and adolescents have a right to information on Sexual education and counseling using age appropriate information and programming.

Q. Nelly Munyasia: How does public health and adolescent rights affect public health

Public health constitutes reproductive, physical and mental well being. Reproductive health is largely affected by social cultural norms where adolescent cannot access SRHR information and services freely due to clauses in law such as the need to seek consent before attaining the age of 18 years. This often results in rise to Issues such as unsafe abortions, school dropout, and consequently un empowered women in the community.

Poor or no access to SRHR information and services has led to teen pregnancy, new HIV infections which are public health issues. Stigma attached to teen pregnancy culminates in Economic issues where young women work in companies or do other menial jobs sometimes paid below government stipulated daily wage to fend for their kids. This is further compounded by climate change puts adolescents in vulnerable situation leading to increased adolescent and youth mortality.

Muiruri Joseph: Why do we have a gap in access to SRHR among adolescents and youth?

The gaps in access to SRHR information and services are caused by lack of well research data to inform policy on adolescent reproductive health matters. Some SRHR services are accessible in private hospitals which are expensive leaving adolescents at the mercies of ill equipped public facilities. Therefore, a concerted efforted is needed to establish you adolescent and youth friendly centers where they can access SRHR information and services at affordable cost. Further, such establishments should leverage on technology to ease access to such information and services anonymously to eliminate stigma.

Allan Maleche: What is the position of Law and youth vs adolescents with relation to SRHR

The common understanding is that adolescent covers the ager of 10-19 yrs. The world health organization defines youth be between 15-24yrs. On the other hand the Kenyan constitution defines a child as those in the age gap of 0 -18yrs while Youth lie in the age gap of 18-35yrs. The Ken-

yan law challenges access to SRHR services such condoms to adolescents aged below 18yrs although it has been established that most of these adolescents are sexually active. This presents a huge disconnect between what the law says and what can be administered despite the clause some clause in regional agreements such as maputo protocol to which Kenya accented and adopted. Lack of Knowledge results in policy gap and policy implementation as well as enforcement by the national government and this triggers stigma among adolescents and youth who need to access SRHR information and services.

Davis Malombe: What other rights are there for adolescents and youths with regards to SRHR

Apart from Article 43 which is also clear in the bill of rights and human rights, adolescent and youth have the right to education including sexuality education and right to life. Further adolescent and youth rights are also extensively covered in International human rights law where the state has an obligation to protect, fulfill and have this group of people enjoy their human rights. Within these set of laws, service providers can help adolescent and youth access and enjoy SRHR information and services. However, there is need to amends some of the laws to protect service providers.

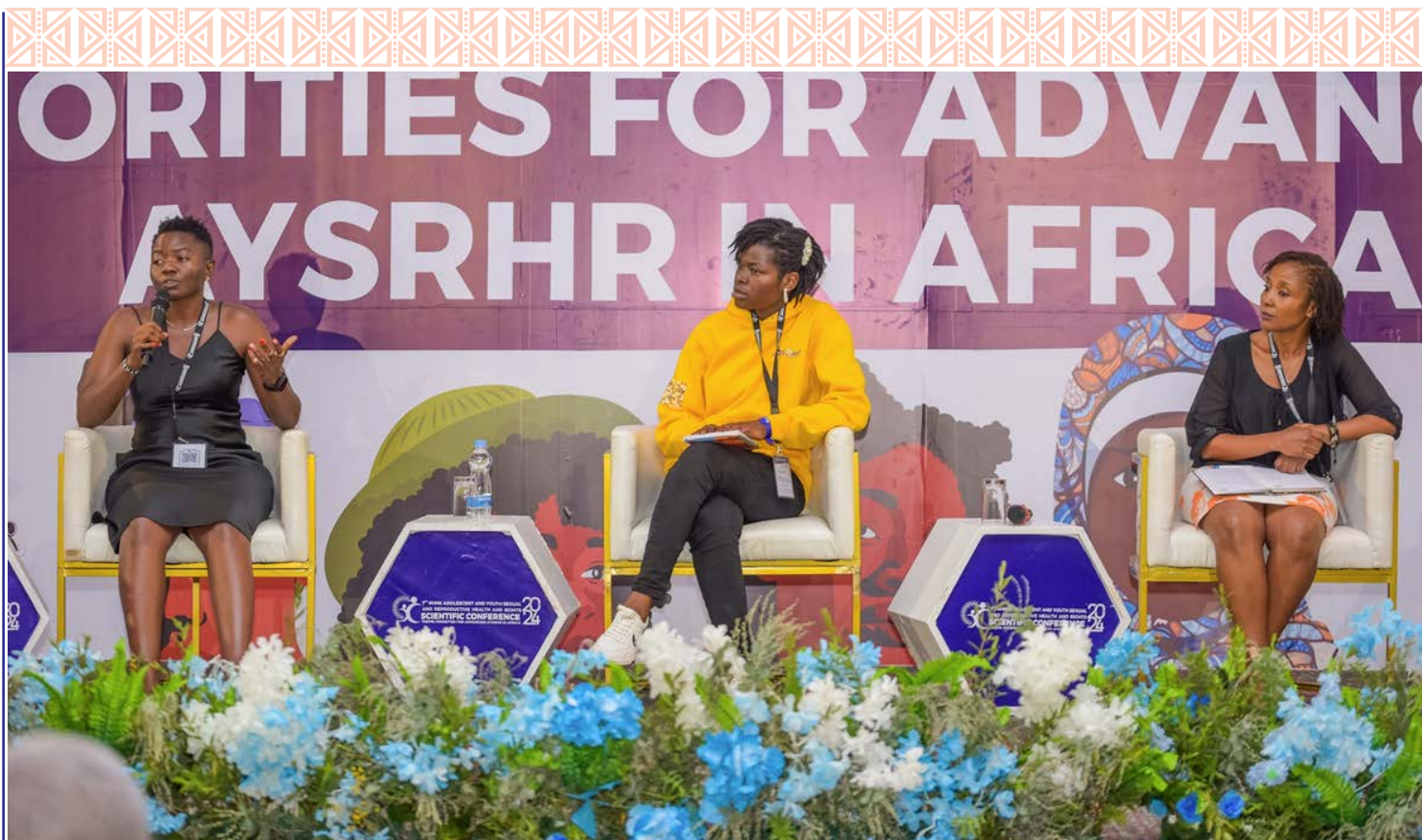
SIDE EVENT: UNLOCKING POTENTIAL: INNOVATE, COLLABORATE, ACCELERATE AYSRHR - HIVOS KENYA

Moderator: Caroline Nganga

Q. What innovations have been implemented

Joy Ogingo - Clinical Officer and Executive Director Health and Economic Development Strategy Organization (HEDSO)

HEDSO has implemented several innovations through engagement with the community beforehand. For instance, it has used Intergenerational dialogue i.e consulting older generation on their views about the importance of family planning for young people. Such engagements have led to implementation of Youth friendly projects such as pamoja tucheze (conduct engaging sport activities such as football) through which peer to peer mentorship is conducted with an aim to end triple threat by offering Youth friendly services to the youths such as HIV testing and condom distribution. During such activities providers are brought to the field to



A panelist responds to a question during a panel discussion

teach the youth on the importance of knowing their HIV status and behavior change among the youths.

A Panelists gives her insights during a side event

These events are faced with some challenges including;

- Some participant of the Sports – dont positive attitude such as during demonstration on condom use demonstration
- Some consumable not enough including condoms and HIV test kits

HEDSO has adopted some Strategies to attract donor financing including; Strategic Partnership through which it taps into strengths of other organizations, branding of grassroots organizations and integrating of projects on climate action in their interventions. They are currently considering working in Consortiums for wider reach of the organization.

Nancy Nyambiso: Empower Her

Through its SRHR programming, Empower her provides adolescent girls with knowledge, sanitary products, and facilities to understand and manage their menstruation. Its 5-week health education program focuses on improving psychosocial well-being and menstruation-related behavior among girls aged 13–18, including women with disability.

This educational program includes introductory sessions about hygiene and puberty, reproductive anatomy, menstrual cycle, sexual abuse, menopause, reusable pad care, and reusable sanitary pad sewing sessions. Empower HER recognizes that traditional financing options for MH products can be burdensome and restrictive. They have developed an innovative payment wallet technology that improves the purchasing power of MH products in the community. It promotes access to Sanitary Pads through a 'Save Now Pay Later' platform that empowers women to acquire MH products such as period panties hassle-free.

Some challenges faced include;

- Accessing sanitary pads was difficult for many participants

of the project

- Some participants had doubts during piloting on how the money would be used but sensitization is currently on going
- Low uptake on i.e menstrual cup
- Men were the more of the decision making regarding female participation in the project
- Registration is done through Agents who charge a fee to the participants
- It has been difficult to work with schools
- Some ethnic groups have not been receptive to the intervention

Some success recorded include

- Community empowerment and inclusion
- Girls and mother are able to access sanitary pads
- Women with disability form the task force
- 5 weeks menstrual training on brail has been successful
- Subsidized pad costings has empowered many women to access them
- No missing work/school due to menstruation

Diana Orego: Voice

Who is voice and what's her main objects?

Voice Funds social services organizations, civil rights and supports grassroots movement to apply for funding. It is not donor focused and work with marginalized communities

Voice offers funding to support initiatives such as;

- Innovation
- Linking and learning on SRHR

Role of innovation in SRHR

- It can help adolescents and the Young to solve every day issues
- It can be used as a tool to access information and services
- It help adolescents learn their sexual reproductive health rights

VOICE Funding faces some unique challenges;

- There are very many unique innovations that are under or not funded due do funds limitations.
- Proposals are submitted on need basis thus some unique ideas are not floated
- Funding is very flexible – enable make them think and innovate to realize better results
- Funding is contact based for need analysis

To attract donor funding organizations:

- Must clearly spell out the uniqueness of the innovation
- Must address SRHR programmes in adolescents paying attention to effects of climate change

ANN GLORIA NJOKI – Create concept for SRHR for deaf

This program targets to reach deaf adolescents and youths in boarding schools. The provides them with offline Money management app with Well guided content for use while in school. They are trained how to interact with the Mobile app using SRHR sign language

The app features;

- Edutainment films
- Whatsapp integration

The program is funded by voice to develop the digital platform which has changed the lives of the deaf. The program is running in 5 deaf schools who will access the system as long as they have computers.



SIDE EVENT: SAFELY NAVIGATING THROUGH ADOLESCENCE - WORKING TOGETHER WITH THE FAITH COMMUNITY - FAITH TO ACTION NETWORK AND SHARP

Moderator: Susan

Panelists (Pastor Isabela, Sheikh Ibrahim, Sheikh Emasiku, Pastor Musili, Pastor Lydia Mwaniki, DR.Scho-la Kaaria)

Faith to work Kenya together with sharp have conducted AYSRHR trainings in 5 different Africa countries

The Objectives of this side event were to;

- Establish the role of religion and faith actors in advancing reproductive and Sexual Rights amongst young people.
- Take stock of factors affecting reproductive Health in Adolescent
- Equip participants with knowledge and skills on Sexual Reproductive Health Rights

Isabela

The Church has been playing a major role in disseminating on AYSRHR information by working with adolescents and engaging them in AYSRHR issues, policy formulation sensitizing them on their reproductive health rights. It's difficult for adolescents to come out since the church might reject them however the church informs the adolescents of consequences of involvement in sex. The Church incorporates different leaders across churches in the country for implementation of the AYSRHR policies and conveying information to adolescents.

Some church doctrines make it difficult for young people to speak about SRHR issues making it difficult for religious to know the challenges that the adolescents are facing thus not able to guide/advise them appropriately. Christians do not live as per the Commandments in the bible hence living a reality that is contrary to the commandments therefore the Church should start with sensitizing the community on AYSRHR and be intentional in providing access to AYSRHR information to the youths and empower them to make informed decisions.

SHEIKH MASIKO-ZAMBIA FAITH LEADER

It was noted that there have been discussions between Muslims and Christians about the faiths' perspective of AYSRHR in Zambia. There is a need to use media platforms as a way of conveying information to the public on AYSRHR. Sheikh noted that abortion is forbidden in Islam but Quran allows use of contraceptive.

Panelists discuss the role of religious in SRHR during a side event

In Zambia classes are held after mosque sessions to educate congregants on AYSRHR. This is achieved by teaching parents and childrens on Islamic morals and norms in relation to AYSRHR. The muslim faith encourages adolescents to open up to their parents i.e Girls to open up to their mothers on menstruation issues and other matters reflecting women. During the sessions women are engaged to teach adolescent girls on AYSRHR since Quran gives Surah on parents being open to their children. Furthermore, Sensitisation on AYSRHR has also been done through the media.

SHEIKH IBRAHIM

On how faith Leaders are engaged on policy implementation on AYSRHR stated that;

- Religion is an asset and not a liability when properly used and understood in implementation of AYSRHR.

Perspective on conflict between religions

- Government should come up with policies and terminologies that are not sensitive to the community but sensitive to religion standing on some matters of SRHR
- When the 2017 Sexual reproductive health bill was introduced, religious leaders who are members of faith to action were tasked to identify specific actions that were to be harmonized with religion.
- They were tasked to sensitize their regions on the bill and how it will improve the lives of their congregants.
- Religion recognizes normal situations and abnormal situations that affect the society and in relation to SRHR.

Lidya - Director gender and women population in All African Churches Nairobi

Programmes addressing AYSRHR

- Set up Youths Programs and Gender Programs and engaged the youths in decision making and implementing of AYSRHR.
- Prioritises AYSRHR issues that have been reduced to only abortion and LGBTQ
- Encourages religious leaders to be more reactive to AYSRHR issues and public sensitization on the same.
- Encourages the youth to drive AYSRHR by creating awareness amongst the youth through peer education
- Identified 6 Countries where they set gender platforms and engaged men in matters of AYSRHR
- Encourages generational dialogue where youths can freely engage religious leaders in discussions issue pertaining to AYSRHR.
- Trained 22 youths to be National Youth Health Ambassadors on AYSRHR
- Runs a campaign dubbed "let love live" where children were engaged on issues affecting them like GBV and SRHR in 10 countries
- Encourages religious leaders to be vocal on GBV and AYSRHR
- Inform religious leaders what is happening to adolescents to equip them on how to deal with the adolescents on AYSRHR

Pastor Musili-Isiolo

His views about religion and SRHR

- Churches are currently advocating for AYSRHR
- Everyone has a belief and the Religious and Faith actors are working to enhance their beliefs.
- All religions advocates for good morals, family units and good morals at work places and this includes matters relating to

SRHR

Steps they have taken towards implementation of AYSRHR Agenda

- Conducted seminars on AYSRHR to all religious leaders and educated them so that they can understand the issues affecting adolescents.
- Urged church leaders to be reactive as opposed to being proactive on AYSRHR
- Conducted talks in media platform to communicate AYSRHR messages to parents who have no information or knowledge on the same
- Engaged parents and encouraged them to talk to their children to create a safe space for their kids to interact and engage them on AYSRHR issues

Q. What are activities and programs surrounding SGBV and scope of interventions on the same?

- Defilement is a crime and should be dealt as such.
- Parents tend to settle defilement cases through an out of court settlement as opposed to going to court.
- The Church has developed a biblical based approach in defilement cases.

Q. What are the actions that you are implementing to reduce the rate of teenage pregnancies and how are you stopping sexually active adolescent stigmatization?

- The organization has set up programmes that children are mentored by mentees who are able to walk the children through life skills so that it is easier for them to handle their daily lives challenges.

Q. How do you bridge between value based approaches and other approaches?

Christian perception has many denominations and each religion has its own doctrine.

- Religious leaders have to create a friendly environment for the Adolescents to approach them.
- Religious leaders have to research and focus on teachings that help them to live a good life and should use the forum to teach and guide young people on how to live in the world in accordance with those teachings.
- There are laws and regulations in religion on how to deal with daily life hurdles.
- Religious Leaders should not misinterpret religion and they should be guided by the quran and the bible which will help people navigates challenges according to the will of god

SIDE EVENT: POST PREGNANCY FAMILY PLANNING: A BEST PRACTICE IN SERVICE DELIVERY (MOH)

Moderator: Wambule

Panelists: (Dr. Michael , Monicah Thumbi – Population Services Kenya, Emily Mutege – Nurse, Dr. Albert Ndwiga – Pharmacist – Chairperson National Family Planning logistics working group)

Post pregnancy family planning starts way before pregnancy and delivery

Objectives

This side event aimed to define PPF, share its background, current status and future prospects

PFPP refers to provision of contraceptive services, counseling and support to women shortly after they have given birth through to 1 year post pregnancy. On the other hand, services mean, information, products and support.

Current FP program aims to;

- Achieve a mCPR of 58 by 2030 and 70 by 2050
- Lower the unmet need to less than 10%

Fm priorities include

A section of panelists during the PPFP side event



- Lower stock outs
- Financing
- PPFP –Planning, data, capacity, supplies
- Access – CBD, pharmacy, TMA, selfcare
- CHOICE– RAPTIS committee

PPFP is preferred because of ; convenience and accessibility, High demand for services, addresses Unmet need and missed opportunities, immediate decision making, avoidance of unwanted pregnancies, appropriate timing or FP initiation, breast feeding considerations, Integration with maternal and newborn care, addresses health system gaps and offers opportunity for health education

Strategic objectives

Improve access

Increase Awareness

Monitor and evaluate PPFP interventions

Panel Questions

Q. What are some of the PPFP choices that are available?

Emily: These include; POPs, Emergency contraceptives, IUCD, oral contraceptives and TBL.

Q. What are the key benefits of PPFP integration at facility level?

Emily: It reduces missed opportunities, reduces unmet need, increases access to contraceptive options, increases the decision making when the women come for other services, reduces maternal and child mortalities by reducing unwanted risk pregnancies.

Q. What are some of the challenges faced by facilities offering PPFP services?

Emily: low integration levels to infrastructure challenges, lack of enough capacity such as lack of HRH knowledge on the products, some providers attitudes towards certain PPFP methods, Commodity stock outs, lack of knowledge on availability of PPFP products and services, sociocultural myths and misconceptions.

Q. Dr. Michael: To address these challenges, medical training institutions need to assess the gaps in training with regards to PPFP across all cadres of HRH. Engage stakeholders in charge of curriculum review to incorporate training that is addressing the current community needs, Get teacher practitioners – people teaching in colleges that are also practitioners as opposed to people who are just confined in academia solely teaching.

Q. Does academia understand the new approaches required to address PPFP priorities?

Dr. Michael: Institutions do not fully understand, because

they are focused on just getting people educated without them getting empowered to address the community challenges

Emily mutugi: There is a very big gap between what is being taught and what is actually being practiced.

Q. What support can the government and other partners offer to change the above scenario?

Dr. Michael: Infrastructure, being able to have the right tools to teach, the govt can come in the area of policy review to promote engagement of teacher practitioners

Q. How can CSO's support the scale up of PPFP services in this country?

Monicah Thumbi: CSOs should offer capacity building through training, from the national levels to the grassroot and offer technical support to the government. They should also help in cascading guidelines to the relevant stakeholders to create a demand for services in the community.

Q. What are some of the successful interventions that CSO's have offered to support government?

Monicah Thumbi: Advocacy in county government to ensure that there is allocation in the budget for PPFP, they have also support in research, identification of success stories in the communities. They are currently advocating for inclusion of FP in the medical covers, conducting M&E of interventions and documenting their outcomes.

Q. What are some of the PPFP products available in the private sector?

Dr. Michael: Some of the available products include; E pills,

oral pills etc, its noteworthy that most mothers prefer the pharmacies as their first point of contact and therefore its very important to capacity build for the private sector pharmacies HRH. Moreover, Kenya has curricula to train HRH in private sector pharmacies to provide PPFP services. Therefore, data collected from the private sector engagement is very important in understanding utilization of PPFP services in the country and the role of the private sector.

Q. Does MOH need to enhance PPFP services beyond the current status?

Dr. Michael: Yes there is need for integration of private and public health sector to provide a good referral system for services that the private sector is not providing.

Q. What are some of the policy frameworks and policies that we have on PPFP?

Dr. Albert Ndwiga: PPFP is a high impact intervention, a research survey showed that 50% of pregnancies in the country are unplanned. The government intends to review the current family planning guidelines, revise data collection tools to include PPFP, developing a stand alone strategy for PPFP, which includes a stand alone excellence center on PPFP in Embu County, developing a curriculum to train HRH in PPFP, collaborate with private sector, through provision of commodities and capacity building for PPFP.

ABSTRACTS PRESENTATION - SUB THEME 5 and 3

ABSTRACTS PRESENTATION - SUB THEME 5 (POLICY ADVOCACY FOR AYSRHR IN UHC AGENDA)

This session was on presentation of Abstracts in Sub-

Presenter	Abstract Title
Beth Moraa	The impact of the legal environment surrounding adolescent sexual and reproductive health rights access in eastern and southern africa
Grace Ocholla	Accelerating school retention and reentry for pregnant learners and teen mothers through effective accountability engagement. A case study of kisumu east
Mary Kemunto Nyangau	Amplifying Youth Voices: A case of Kilifi youth advisory council for health
Jumba Mildred	State of intersectional feminist leadership in East, West and South Africa

Phelsia Achieng Kojwang	State of intersectional feminist leadership in East, West and South Africa
Tony Mutuma	Forced Sterilization of Adolescent Girls: The Expectations, the Law and the Reality
Gabriel Musundi	Policy advocacy for AYSRHR in Universal Health coverage agenda through health clubs programs virhembe Shinyalu sub county.
John Nyamu	Assessment of the legal and policy framework on safe abortion care in Kenya
Margaret Nyambura	Priorities for Advancing AYSRHR in Africa: Policy and Legal Reforms on Sexual & Reproductive Health Rights To Promote Universal Health Cover
Sylvia Kibisu	Bridging Beliefs: Integrating Social Accountability and Religious analysis tools to Enhance SRHR Understanding in marginalized Youth
Tracy Nabbaale	A case digest on abortion litigation in Africa
Henry Waswa	Gender-Based Violence- Magnitude and Types in Northwest Ethiopia 2022
Dhafa Esther	Challenging the ban on Comprehensive Sexuality Education (CSE) and delay to pass a policy
Festus Kisamwa	Policy Advocacy on Self-care Interventions in Kenya: A Case of the National Guideline for Self-care Interventions in Reproductive Health
Sylvester Otieno Adhaya	Essay on Priorities for Advancing AYSRHR In Africa, A Case of SEME Sub County

ABSTRACTS PRESENTATION - SUB THEME 3 (INTEGRATING AYSRHR AS PART OF THE DEVELOPMENT AGENDA)

This session was on presentation of Abstracts in Sub-Theme 3 on Integrating AYSRHR as part of the development agenda.

Moderator: Margaret Nyambura

The abstracts presented in this session were;

Presenter	Abstract Title
George Tamale	AMBALA 4Me (Wear 4, for me) behavioral change campaign extending SRHR&GE services among most- at-risk population in Uganda
Sebastian Santa Kagendo	An imperative for sustainable progress
Ebenezer Antwi Amankwaah	Strengthening the Integration of Safe abortion Services into Routine Reproductive Health Services – The Ghana Example
Noel Akinyi Rombo	Intersectionality of AYSRHR
Ndarathi Joy	Knowledge and Utilization of Family Planning among Children of Parents Who Inject Drugs at Kisauni Methadone Assisted Treatment Clinic
Veronicah Wakarima	Amplifying the Adolescent & Young People Sexual and Reproductive Health & Rights Voices through 'Space Yako' Podcast in Kenya
Esther Mutuku	Evaluating the preparedness of health facilities in Kenya to provide safe and post-abortion care (PAC): Findings from a National Survey
Margaret Mwaila	The Africa we want: Is Africa investing enough in its adolescents?
Joyce Adhiambo	Forgotten Adolescents and young people living with HIV, is CPHDP interventions enough? kwa ground vitu ni different.

Day Two



June 20, 2024



Spotlight
speech by
Benedicta
Oyedayo

Moderators: Janet Mbugua and Eric Ochieng

SPOTLIGHT SPEAKER: BENEDICTA OYEDAYO OYEWOLE - COMMUNITY ENGAGEMENT PARTNERSHIP LEAD, IPPFAR

Benedicta Oyedayo, a disabled girl from Nigeria, was made to believe that disabled women don't have romantic prospects. Her periods started at 10 years, welcoming her to womanhood.

In her speech

- She highlighted the plight of PWDs around relationships
- Her mother and siblings considered giving her away for early

marriage

- She was not given any space to voice her SRHR as a disabled woman
- Later in her life she found her voice and came out as a proud lesbian woman
- Her sister, a lesbian, was raped and murdered in Kenya because of her gender affiliation
- She clearly highlighted the need to give voice to PWDs and more so the LGBTQ community, develop policies that address their SRHR needs

In conclusion, she urged all to unite and tear down the shameful walls of exclusion.

PANEL DISCUSSION - THE EVOLVING MEDIA ECOSYSTEM FOR THE YOUTH IMPLICATIONS FOR SRH STRATEGIES (GIRL EFFECT)

Moderator: Nancy Njoki

Panelists (Judith - Volunteer GE, Terry - GE, Dr. Jacky Kisia - MOH, Linah - UNFPA, James Kamande - PSK)

Girl Effect is a sector leader in Artificial Intelligence (AI) and Machine Learning (ML), leveraging this technology to create new, custom solutions specific to girls' experiences. It has three award-winning sexual health chatbots (Big Sis, Bol Behen, WAZZII) that are designed to equip adolescent girls and young women with accurate information about their SRHR and to connect them with trusted local service providers. These chatbots are built using AI and ML on a database of mix-coded languages to answer questions and speak in terms girls use and understand helping them to make informed choices. It uses radio, TV dramas, support lines and social media use to inform young women about their SRHR and won bronze medal in digital mobile and social crafts. It has offices in Ethiopia, India, Kenya, Nigeria, South Africa and Tanzania

Dr. Jacky Kisia - Moh: Role of traditional media in SRHR

- There is need to adopt the use different media channels since social media may not be in marginalized areas like Samburu in Kenya
- It is prudent to use the most reachable means of communication to reach out like traditional mainstream media
- Some popular urban radio stations and the internet can be used to disseminate information to adolescent and the youth still listen to radio
- There is need for parental guidance considering that they are more informed knowledge is power.
- New new Technology should be safe and accurate for the ages consuming
- Establishment of youth friendly facilities is key for adolescent and youth to access SRHR information and services

James Kamande - Psk: Role of traditional TV in SRHR

- Research has shown that out 8 out of 10 young people watch traditional TV

- Information does not reach them real time
- Traditional media does not offer a lot of creativity to pass information
- Access to youth centered information is not very easy
- It does not offer the youth an opportunity to make money if any
- Does not give enough space for youth to create information for the youth

On the other hand, new technology;

- Offers entertainment to the youth
- Gives opportunity for entrepreneurship
- Offer data information and insight
- Bridges the gap giving opportunity to track campaigns and impact and
- Can be a good too to advocate for behavior/attitude change
- It offers real time information

Judith - volunteer girl effect: What are the challenges that youths are facing

- Accessing sex reproductive health info is a challenge.
- Information distortion for the young people
- Judgment and stigma - around health facilities
- Health facilities are far and don't offer privacy for youth to access SRHR information and services

Thus, youth rely on Radio, Tv and new technology such as social media to access SRHR information

Linah - UNFPA : What sources do you use to access SRHR information and what's is the role of new technology

- Uses devices such as mobile phone as the main source of information
- Uses online blogs and influencers championing SRHR to access information

New technology offers;

- Opportunity to push marketing through AI and social media



Panelists pose for a photo after discussion on evolving media ecosystem for the youth implications for SRHR strategies

- It helps people to understand the young people
- Creates avenues for young people to have global solutions for local problems
- Real time solutions to problems

Terry – Girl Effect: Has the youth moved from radio and Tv and what's the role of technology

- Many young people don't listen to radio and Tv but rely mainly on social media

Role of new Technology;

- It bridges the gap in accessing SHHR information among the youth
- Creates awareness on social behavior change

For age appropriate information it is recommended that adolescents and youth should get trusted information from specific sites and GE provides guidance and monitors the information that is accessed.

Conclusion

- There is need to optimize where the information is to disseminated
- Adolescent and youth must be properly educated on misinformation
- A USSD option for users in rural areas should be provided for them to access SRHR information
- Social media has a lot of information on SRHR but there is need for control to avoid misinformation
- GE has youth friendly chatbot for access of SRHR information
- The MOH is a trusted source for SRHR information and services

ABSTRACTS PRESENTATION – SUB THEME 1, 2, 4, 6 and 7

ABSTRACTS PRESENTATION – SUB THEME 1 (INNOVATIVE DIGITAL SOLUTIONS FOR ADVANCING AYSRHR)

This session was on presentation of Abstracts in Sub-Theme 1 on Innovative digital solutions for advancing AYSRHR.

Moderator: Brenda Boit

The abstracts presented in this session were;

Presenter	Abstract Title
Beatrice Auma Otieno	Use of AskNivi digital Platform intervention to accelerate contraception use among adolescents and young women post medical abortion
Gloria Njoki	Sign Language accessible digital innovation for sexual reproductive Health information for deaf adolescents and youth
Judy Odhiambo	WAZZII Social Media Platforms
Terry Mathenge	Wazzii, a virtual SRH concierge offering personalized “human” support to AGYW
Elizabeth Omondi	Enhancing Adolescent Sexual and Reproductive Health Decision-Making in Kwale County through Online Tracking of High-Burden Facility Adolesce
Moderator: Nyokabi Njogu	
Harrison Otieno	Leveraging Social Media as a Strategic Tool to Address Menstrual Stigma in Kenya: According a Voice to the Voiceless
Kirole Ruto Kanyakera	Using open data kit (ODK) to administer routine data quality assessment(DQA) check list in the context of the TCI project In Kenya
Ramwaka Nyadzuwa	RAFI-Key: a one stop shop for young people access digital SRHR services in Kenya
Pauline Nzuki	Combating period poverty and digitally transforming access to free sanitary towels among adolescent girls and young women in Siaya County
Rhoda Loreen Musungu	Interplay of social media, peer influence and sexual and reproductive health decision making among adolescent girls in Kisumu- Kenya
Lilian M. Muchoki	Innovative Solutions: How Myka the Chatbot is Pioneering Contraceptive Education through AI

MODERATOR: Margaret Mwaia

Crinoline K. Kiriago	Embracing Digital innovations to increase access to AYSRHR information; A case study of the A360 USSD Code Kenya
Grace Mwendar	Examining Social Media As a Space to Advance Sexual Reproductive Health: Experiences of Young People in Mombasa County
Felix Makasanda	Working with the Youth Champions to deliver Primary Health among adolescents through Primary Care Network, Case of Wasini Island
John murage	Advancing Comprehensive Sexual Education
MODERATOR: Kudzai Meda	
Faith Moraa Obunga	Strengthening Health Systems and Advancing AYSRHR in Africa: A Case Study of mobile health interventions in South Africa, Ghana and Kenya
Justinah Gichimu	The Safe Hub Community expect teenagers to abstain from sex making it difficult for young people to seek AYSRHR intervention
Masika Mwinyi	Life Yangu Its a digital platform for young people to access correct information. Encourages young people to get services from approved government centers



Sub-theme 1 Abstract presenters pose for a group photo

Neema Kwamboka Nyaundi	Faith to action – Digital Solution for Healthy Adolescents and Youth Rights Protection (DiSHAY)
Mercy Kipngeny	Bridging the Gap: Leveraging FP insights as a Digital Solution for Advancing AYSRHR Knowledge Sharing
Moderator: Melanie Olum	
Rahma Guracha Oda	Advancing AYSRHR Through digital health

ABSTRACTS PRESENTATION - SUB THEME 4 (GENDER EQUITY AND SOCIAL INCLUSION IN AYSRHR)

This session was on presentation of Abstracts in Sub-Theme 4 on Gender equity and social inclusion in AYSRHR.

Moderator: Richard Mugenyi	
Laura Adema	TUJUANE TUJAMINI- Community consultation mapping intersectional stigma
Caroline Nyandat	KMET Effect of psychosocial support on adolescents who have undergone post abortion care in Ruiru sub county Kiambu County Kenya
Rhoda Loreen Musungu	How Young Women's Experience with Health Care Providers Affect Their Attitudes Towards Uptake of Contraception In Kisumu City, Kenya
Dinah Kitongo Baraza	Addressing GBV among adolescent and youth in west Pokot County
Kelvin Njoroge	Implications for Gender Equity and Social Inclusion in matters mental health for young gay,bisexual, men who have sex with men, and transgender
Moderator: Dorah Aura	
Faith	Building the agency of Adolescents and young people (AYPs)through anchor groups for healthy transition into adulthood
Biasha Omar Jasho	Prioritizing Gender Equity and social Inclusion in advancing AYSRHR
Faisa Abdalla	Promoting Access to Quality SRHR Services for Youth with Disabilities Through Population Led Model: Right Here Right now
Elvis Mwinyi	Impact of Inclusive and Confidential SRHR Services on SRHR Uptake Among Adolescents and Young People: A Case Study of Kisauni Dispensary
Kevin Oyugi	Impact of youth-led advocacy in advancing AYSRHR: Case Study of Right Here Right Now Program (RHRN) in Kenya
Eric Ndenga	Are adolescent boys left behind in the fight against HIV/AIDS? Reflections from Homabay County
Moderator: Levi Onsase	
Agnes Cavillah Namuwonge	Empowering minoritized youth:A path to gender equity and social inclusion through the intersectional community scorecard

ABSTRACTS PRESENTATION: SUB THEME 7 (BEST PRACTICES / INNOVATIONS IN SERVICE DELIVERY)

This session was on presentation of Abstracts in Sub-Theme 7 on Best practices/innovations in service delivery

Moderator: Melanie Olum	
Maureen Kawira	Creating a path to youth friendly health centers Key highlights
Caroline N. Wangire	Empowering Adolescent Health: Group Antenatal Care in Kitui County's 'Linda Uzazi' Initiative
Ackson Banda	Access of Safe Abortion in Zambia
Mbuyi Ngoya Sephora	Improving sexual and reproductive health rights and access to services adapted to the needs of adolescents and young people in the City Prov
Abdiaziz Ibrahim	Are adolescent boys left behind in the fight against HIV/AIDS Reflections from Homabay County

ABSTRACTS PRESENTATION: SUB THEME 2 (COMMUNITY BASED NORMS SHIFTING AND NARRATIVE CHANGE INTERVENTIONS FOR AYSRHR)

This session was on presentation of Abstracts in Sub-Theme 2 on community based norms shifting and narrative change interventions for AYSRHR

Moderator: Levi Onsase	
Sekpon Vanessa Dossi	Social Norms Influence on adolescent girls and young women's abortion experiences in Benin: perspectives from a qualitative study
Asimwe Titus	Transforming the role of men and boys in advancing AYSRHR in Uganda

Hermine Bokossa	Involvement of influencers and media in changing the narrative for access to AYSRHR
Lorna Nyandat	Our voices: Quality improvement from monitoring that builds clinic-community collaboration
Salim Bakari	Stakeholder perspectives on the role of peer mentors in the integration of long-acting antiretroviral therapy and family planning

ABSTRACTS PRESENTATION – SUB THEME 6 (FUNDING MODELS FOR AYSRHR)

This session was on presentation of Abstracts in Sub-Theme 6 on Funding models for AYSRHR

Moderator: Kudzai Meza

Perece Motoywo

County Budget Analysis as an advocacy tool for improving ASRHR funding

PANEL DISCUSSION: EVIDENCE- INFORMED ADVOCACY TO ADVANCE LEGAL AND POLICY REFORMS FOR AYSRHR ACROSS EAST AFRICA (CASE STUDIES) (PP GLOBAL)

Moderator: Nyokabi Njogu

Panelists (Zipporah Muthama – Haki Jamii, Sharon Pamela Leni Afya Na Haki, David N. Njoroge – Lawyer, Amina Mohamed)

Zipporah Muthama – Haki Jamii

Hakijamii is an economic and social rights centre that champions human rights national among marginalized communities to claim and realize their economic and social rights and improve their livelihoods. To realize this, it;

- Uses Human Rights Based Approach (HRBA) principles, including universality, interdependence, indivisibility and equality.
- Recognizes society as made of people who are equal irrespective of their sex/gender, age, class tribe or political orientation.
- Works with marginalized communities to promote and protect their economic and social rights.

- Collaborates with other organizations locally and beyond to realize its vision and mission.

Despite the universal sex rights for adolescent, many still face challenges. To understand the underlying issues, two research studies were conducted namely;

- They can't hear me
- Influence of social norms especially in Mombasa county

These studies revealed that;

- Cultural, social norms and belief hinder successful access to SRHR information and services
- Many adolescents can't discuss SRHR issues during madrasa lessons in mosque
- Many adolescents have limited access to SRHR information and services
- Many young girls make uninformed decisions
- Many adolescents are faced with inadequate education as schools lack knowledge and information on SRHR.
- There are policies and legal barriers due to restrictions stipulated in the law
- Many health systems are ill prepared to address SRHR issues
- Many health professionals are not well trained on SRHR issues
- Many young people cannot access SRHR information and services due to socio-economic barriers
- The rates of school drop are high due to teen pregnancy

To avert these challenges;

- There is need to prioritize SRHR for the youths
- There is need to have a multi-agency approach – including



Panel discussion on evidence-informed advocacy to advance legal and policy reforms for AYSRHR across east Africa (case studies) (pp global)

policy makers, religion, community members, law enforcement officers

- Enable access to age appropriate for the youths and make informed decision

The approach for this should focus on policy reform, integration of SRHR in education system, community engagement using community champions, use of strong social movement and media engagement. This approach would ensure bridging of the gap in the religious quarters and softening some stances among policy makers to establish such reproductive policies within the legal frameworks in mombasa based on evidence (photo and essay study) advocacy.

Sharon Pamela Leni - Afya Na Haki

Afya na Haki (Ahaki) is an African research and training institution that advances health, human rights, and Sexual and Reproductive Health and Rights (SRHR). It uses Afri-centric approaches within a national, regional, Pan-African and global context to achieve its aims.

It uses access to justice as mitigation strategies for determining relation between individual and the state. A case on the rights and welfare of children revealed the need to develop policies to combat expulsion of pregnant children from school thus enforce rights of adolescents that are sometimes violated by discriminative court decisions which can be realized through strategic litigation which should be; tac-

tical, have strategic objective and should be impactful. This could be a catalyst to propel instrument and state actors as well as citizens to take action in ensuring full access of SRHR information and services among its youth.

Amina Mohamed - Uganda

Situation in Uganda

- Violation in Uganda did not start when anti homosexuality campaigns were started but it has always existed
- The campaign saw an increase in propaganda
- Civic education places for SRHR have been closed
- DiC (drop-in centers) for SRHR related services have been closed
- The law is very harsh
- There have been reports of raid of shelters for gay people
- Gay people have been evicted from their homes

Though some of the anti SRHR actions have been challenged in court there is has been no reports of any success any many people are afraid of being arrested.

The above has had the following adverse effects on SRHR including;

- Making it impossible to access some SRHR services
- Increase in new HIV infections
- Forced early marriage
- Psychological torture
- Poor access to good nutrition

David N. Njoroge – Lawyer

- According to the constitution access to justice is a right and human right
- PPP form is the evidential form for sexual matters
- Each case must be evaluated.
- Most of the victims are usually very poor and can't afford legal fees
- The cases must clearly paint the true picture of SRHR in the community
- Kenya has good policy which are not well implemented
- Abortion law has not been well implemented
- most of the cases don't end at conviction
- There is need to increase the rate of prosecution
- There is a need to create awareness on people's SRHR for them to seek justice in court if these are violated
- Service providers should know their legal entitlement

In conclusion people should stand up, work together and support each other to have one voice. There is also need to establish reforms legal that can protect lesbian and gay people in the community and this should be supported by research to integrate their SRHR issues in policies.

PANEL DISCUSSION - BRIDGING THE GAP IN SRHR SERVICES FOR PERSONS WITH DISABILITIES: REDEFINING NORMS FOR AYSRHR EQUALITY (GEM TRUST)

Moderator: Monica Wanjiru

Panelists: [Gladys Etemesi – Kilifi, Pauline Muchiri – GEM Trust, Wiwa Muchiri – GEM Trust, Dr. Lincoln Kabanya – Nairobi, Lucy Agong – DAYO]

WIWA Muchiri

- Has cerebral palsy and got judged after getting a family planning injection
- The society is judgemental on people with disabilities seeking SRHR Services.
- Women with disability are told not to worry about contraceptives or SRHR services

Mitigation

- Encourage women with disability to have a voice in SRHR issues
- Encourages young girls and women to use technological innovation to get the SRHR.

Pauline

- Has presented bills to the legislature and members of parliament with disabilities and discussed with them on the content of the bills which they promised to table in Parliament.
- Advocated for transportation that accommodate persons with disabilities
- Person with disabilities to be included in the budget

Pauline Muchiri – Care Giver

- Didn't get her menses for 5 months after getting a family planning injection. She gave her cerebral Palsy sister the idea of the family planning injection Depo. Her sister was judged when she went for family planning.
- She informed her cerebral palsy patient sister on family planning information on how to manage her menstrual hygiene despite her disability.

Gladys Etemesi– A Health care provider in Kilifi

- Women with disability are culturally not expected to indulge in sex which makes it hard for them to access SRHR Services
- Society feels like they are a burden and are not allowed to look for SRHR
- Disabled people are assumed to not be able to have a family



Panelists pose for a group photo after discussion on bridging the gap in SRHR services for persons with disabilities: redefining norms for AYSRHR equality

- Community culture and norms tend to be judgemental on people with disability when they seek SRHR Services.
- Disabled people have barriers in assessing the SRHR Services since they are not given information.

DR Kabanya

- Some cultures are barrier to access of SRHR information and services among the disabled
- He visited a girl in the hospital who was admitted after procuring adoption and the health service providers were judgemental towards her which clearly shows stigma associated with disability while accessing SRHR services
- There is a lack of proper dissemination of SRHR services among disabled people making it hard for to access required services.
- Belief that disabled people cannot have a child or give birth tends to alienate them from the community.

Q. What do you involve PWDs in SRHR conversation

- By having programmes that bring PWDs together to share their views
- Taking part in disability awareness day in schools and create

awareness on people with disabilities SRHR

- Created safe space where people with disability can air out their issues and have candid discussion
- Have made publication themed art for healing and used art as a healing method through sharing their stories and expounded the same through an abstract

Q. Is there improvement to Healthcare for persons living with Disabilities

- Health care providers living with disabilities are stigmatized
- We have held meetings with providers on the inclusion in social programmes
- Health care workers have been trained on how to deal with people with disabilities by offering a course on the same.
- There is a bias in provision of SRHR Services to PWDs due to judgement
- Girls with disabilities find it difficult to get SRHR information "We Lead programme" has creating awareness and sensitisation on the same
- Empowering people with disabilities to fight for their rights

- Have disabilities awareness and involve PWDs in policy making
- Have broken down SRHR cohorts affecting PWDs
- Been able to consult with health care providers with the mainstream so as to advocate for the rights of people with disabilities
- Girls that have been empowered to know their rights through the lead project
- They have partnered with more than 50 partners that have worked with on People with Disabilities issues and have had quarterly meetings
- Have provided a platform for people with disabilities to be heard.
- Have reviewed the Person with disabilities bill and proposed amendments on the rights and inclusion of the people with disability.
- Have co created SRHR messages by involving MOH and persons with disability in getting messages that make a meaning on the people with Disability
- Have disability days that create awareness on Persons with disabilities

Q.What are some of the gaps that policy and legal framework that are barriers to persons with disabilities

- No engagement to persons with disabilities to contribute in the policy making
- Ensure that there are policies that are beneficial to persons with disabilities.
- No proper implementation of policies made on Persons with disabilities .
- Articulate the issues of people with disabilities.
- Advocate for every one to join hands in implementing policies for people with disabilities
- Communities to stop stigmatization by taking children with disabilities to see other disabled children for self appreciation and acceptance
- The public should be accommodative to people with dis-

abilities i.e by setting up good structure that is needed for movement of people with disabilities.

- Have sign Language interpreters in meetings and conferences.

Q. What needs to be done in regards to policy and advocacy for people with disabilities

- Young women with disabilities die while giving birth and hospitals should be sensitized on how to deal with people with disabilities to reduce stigma when they seek hospital services during birth.
- There is need to include all spectrum of disabilities in policy making
- Caregivers should be trained on how to protect PWDs
- PWDs and their caregivers should be empowered
- The general public should learn sign language for effective communication with PWDs.

PANEL DISCUSSION: BUILDING TOGETHER: ADOLESCENT AND YOUTH CENTRIC APPROACHES TO SRHR AND FAMILY PLANNING (PS KENYA)

Moderator: Harrison Ayallo

Panelists (A360, Youth Champion, Samburu Moran, PWD Beneficiary, Healthcare Provider), Christine Tina, Ali Jilo, Crinoline Kiriago, Emmanuel Kiptom, Frank

How is PSI Kenya addressing SRHR issues in ASAL counties.

ASAL areas can be categorized either using drought and flooding. The regions are vast majorly occupied by pastoralist community and are characterized by a lot of insecurities. PSI Kenya targets implementation of programs in marginalized areas. These areas are given priority using unique interventions to meet dynamic culture. Community based organizations and CHPs are trained and supplied with Non-injectable FP methods.

Manyatta model provides services closer to the people

whereby Morans are trained on FP separately with the rest of the community. On the other hand, since the northern part of Kenya is Muslim dominated, religious leaders model leverages on imams and other religious leaders since they have influence on the population.

The project is designed to provide support to the counties by working collaboratively with the govt and other stakeholders to ensure this is upheld. to reduce teenage/adolescent pregnancies the programs have a component financial empowerment since lack of finances contributes greatly to adolescent pregnancy. Youth are involved in the design and implementation of the programs where a sketch is initially developed and refined collaboratively. Economic empowerment programs are tailored to meet the needs and goals of the girls, showing clearly how they intersect with AYSRH.

The programs leverage on digital health and technologies for girls in rural and semi-urban areas. Digital programs have a USSD code option for ease of accessibility using any type of phone. The programs work primarily with communities to ensure that services are closely to the communities.

Key influencers in decision making for young girls are their mothers, mothers-in-law, spouses who share the importance of family planning with adolescents. They are also taught both soft and hard skills using a whole curriculum that guides this model. The training on the skills are tailored and contextualised from region to region to meet the needs of specific region.

Q. What are the realities of SRHR and GBV cases in Samburu County? What are also the challenges encountered by young people?

Samburu county is on the lead with respect to adolescent pregnancies and many young people are greatly exposed to GBV cases. A typical Samburu moran is an adolescent to young man aged 10 to 24 years. These are categorized as traditional and Elite morans.

Morans have normalised physical violence and the society appreciates being 'disciplined' as a form of life. Most girls don't have formal education which highly disadvantages them. Some of these girls are face a special form of violence called binding where one is seen as a sex toy and it occurs between people of very close blood line.

Due to lack of information and high illiteracy levels, access to

basic SRHR information is limited. Any available services are always interrupted due to their culture and migratory nature of the community. This then makes them discontinue receiving essential services as needed. This is further aggravated by perceived lack of importance on protected sex. Such as use of condoms.

Community perceptions such culture conditioning toughens the Morans hence do not seek services including SRH Services and can also not be served by women. Further, poverty and drought including loss of cattle (their wealth) diverts attention of the community from SRHR services.

Q. what are challenges in west pokot that act as a barrier to access of SRHR information and services among young girls and mothers.

- Illiteracy and lack of information thus they cannot take part in decision making process.
- Harmful practices where women are not allowed to make or have a say on anything.
- Insecurity and banditry levels in the region.

Q. What is the status of the PWD on matters SRHR in ASAL regions?

Despite the huge numbers of people with disabilities their needs still remain neglected.

- They suffer marginalization.
- Ignorance and attitude on PWDs pose barriers for PWDs on SRHR services.
- Transportation barrier for persons who suffer physical disability.
- They need special mobility tools, financial support, guidance to access SRHR centers.
- Challenges in physical access i.e., Lack of lifts, ramps and other accessibility features in buildings.
- Access to information- There are no clear policies that guide access of SRHR information by PWDs
- Facilities and centers have no communication channels for deaf and dumb people

- SRHR needs of PWDs tend to be ignored
- Home based care and community outreach–The homes of PWD are skipped and its assumed that this group of people do not need this service.

Q. What are the adaptation strategies used by of health service delivery points in ASAL regions

The plight of pregnant adolescent girls in ASAL regions is brought out through the story of Asha, a girl of 15 years in Buna. She lives 6kms from the nearest dispensary. She is pregnant and develops bleeding. She is rushed by a donkey cart to the facility still bleeding. She is received by a nurse who does basic assessment. She goes through a very difficult and traumatizing delivery experience and eventually loses her life and that of the baby.

- Through PSK, an anti-FGM policy has been developed to stop the bad practice.
- Technical working groups in the region have been established to support the process.
- Economic empowerment programs have been developed to discourage transactional sex.
- High expectations –The girls are vulnerable and have high expectations which may not be met by the program
- Sustainability–Economic empowerment programs are very costly to run.

Q. What are the successful strategies that morans have done to improve the SRHR situation and what are the recommendations?

- Reduced toxic masculinity due to the emphasized campaigns and advocacy efforts.
- Use of traditional mentors–These are relatively young elders who mentor the younger boys.
- Early morning mentorship and knowledge sharing meetings with morans before they leave to go herding.
- Training and capacity building of morans to be champions through PSK.
- Adoption of alternative ways of livelihood that encourage

news ways of life.

- Partnership and collaboration.
- Traditional and advocacy dances to enables social ways of passing meaningful information Donation of condoms.

PANEL DISCUSSION: COMPREHENSIVE NEED FOR EDUCATION TO SUPPORT SEXUAL AND REPRODUCTIVE HEALTH AMONG ADOLESCENTS AND YOUNG PEOPLE (MOMBASA COUNTY)

Moderator: Dr. Adan Ahmed

Panelists [Celine Kithinji, Mwanakarama Athman, Caroline Agutu, AYP Representative, Hakima Masud, Grace Mwendwa]

To understand the SRHR needs of adolescent and young people;

- A study was conducted via digital survey
- The participants of the study were from within Mvita and Kisauni sub county
- The participant had to be residing in Mombasa at the time of the study
- The study involved 1400 participants
- Each cohorts had 10 participants of different gender identities and gender orientation
- The initial results revealed low rates of condom use, and early high pregnancy rates.
- Qualitative part of the research still ongoing

Q. What are the gaps in research and education for SRHR in mombasa?

There has not been a holistic approach in studying SRHR need of adolescents. There is need to address self-awareness and psychological needs associated with SRHR not forgetting to engage the parent for them to play their role in SRHR. There are also gaps on inclusivity i.e. need to bring

in religious leaders, community leaders and members in the SRHR dialogue.

Q. What are the barriers to implementing comprehensive SRHR education

Lack of a clear definition of an adolescent based on legal provision vs the community perception. Community perceives SRHR education as 'sexualization' of their children. Therefore, the need to bring parents and guardians onboard in this conversation.

Q. What strategies can be employed to ensure accessibility of comprehensive SRHR education?

Parents should be integrated in teaching of their children on SRHR to compliment the knowledge received. The parents need to be sensitized about the age appropriate policy on sexual education.

Q. How SRHR programs be integrated for inclusivity of all populations including PWDs

This can be done by ensuring accessibility of SRHR information and services to all, ensuring all infrastructure is PWDs sensitive, this includes; washrooms, availability of ramps, audio materials for visually impaired, train sign language interpreters. Information and services should be tailored to suit and respond to the needs of all diverse groups of people. Programs should bring on board peers and empower them to be advocates for SRHR and promote partnership and collaborations with different organizations in areas such as research on SRHR.

Q. What roles can community organizations play in supporting comprehensive SRHR education?

- They create awareness within their catchment areas having population of adolescents and young people.
- They should create safe spaces for these young people to express and seek information
- They should offer mentorship and capacity building to the peer educators

- They should involve the young people in decision making platforms, and developing solutions to their challenges
- They should adopt a learning approach that documents what is happening such as data collection as well as document their learning and challenges to identify areas of priority for interventions
- They adopt M&E approaches for interventions to be able to measure effectiveness of interventions
- They should foster partnerships to identify best practices
- They should conduct studies on the view of parents on SRHR education

Q. How can parents and guardians be involved in SRHR education without compromising the autonomy of the young people?

- Empower parents to understand the needs of the young people
- Removing some barriers such as communication, age, religious beliefs that hinder communication on SRHR between parents and children
- Parents should be encouraged to start having these conversations with their children early. Many young people would like to get SRHR information from their parents, therefore parents need to work on eliminating fear

Q. How can schools and communities collaborate to provide SRHR education?

- By enhancing the involvement of males, often times you will find mothers in school meetings and fathers are absent
- Developing parental engagement programs in education system
- Parents should be deliberate to be present in their children's lives
- All departments need to work together because SRHR multidimensional

Q. What role does technology and social media play in

enhancing SHRH education?

- Take advantage of social media and technology to disseminate information
- Package SRHR information making it age appropriate to reach the targeted audience
- Use telemedicine to provide SRHR health services

Q. Which policies should be implemented to strengthen SRHR?

- Kenya has many policies that have not yet been implemented
- Initiate curriculum review to gauge the efficacy of SRHR education in schools
- Reduce over reliance on donor funding to implement SRHR by integrating SRHR activities into other health interventions, so that it does not become a stand-alone conversation but to be as part of other health services and interventions thus make it cost effective
- Leveraging on already established health systems to provide SRHR information and services

Q. Intersectionality between srh and climate change in mombasa county

- The country has different activities towards this such as inter school competition
- The county government has been making efforts to provide care packages when there are challenges associated with climate change. For example, there are groups that are making sanitary towels using locally available materials
- The current AYP policy seems to have no climate change inclusion and needs to be reviewed

Q. What is the position of mombasa county in matters PPF for adolescents and what is the uptake?

The return to school policy is now gaining momentum in the county, previously girls would stay at home until delivery, but now girls are staying in school until it is time to deliver and are able to return to school afterwards. The option of referral is also explored when a facility is not able to offer PPF services

SPOTLIGHT SPEAKER: COMPREHENSIVE SEX EDUCATION - DR. ENOW AWAH GEORGES STEVENS, REGIONAL LEAD FOR AFRICA, AMAZE INTERNATIONAL

The speaker gave a brief talk on the importance of comprehensive sex education among adolescents and youth as well as addressed our role in comprehensive sex education. The following key points were discussed.

- CSE provides change in attitude – it helps to normalize conversation around topics like abortion which were traditional a taboo and provides knowledge about the changes that our bodies experience
- Provides information on importance of investing in own personality-it guides adolescent and youth people on how you become CSE advocate, acquire knowledge on self-personality and enables one to work with their peers
- Education – CSE stresses that the basis of life is education and provides guidelines on how to implementing knowledge to eliminate misinformation in the society

PANEL DISCUSSION: EMPOWERING WOMEN AND GIRLS: ADVANCING ACCESS, AFFORDABILITY, AND SUSTAINABILITY OF SELF-INJECTABLE CONTRACEPTIVES VIA INFORMED CHOICE PROGRAMMING (ACCESS COLLABORATIVE)

Moderator: Dr. Edison Omollo

Panelists (Dr. Albert Ndwiiga - FP Manager - MOH, DRM-NH Kenya, Monica Mutesa - Path's Injectable Access Collaborative Country Coordinator, Zambia, Nelly Munyasia, Self-Injectable Ambassador, Kenya, Dr. Carolyn Aling' - Senior Program Manager, Chai Rwanda, Michelle Kariuki - Young Person)

Q. Dr. Albert Ndwiiga: What strategies has the Ministry of Health put in place to curb challenges in access to FP method choice with a focus on self-injectables?

The introduction of self-administered injectable contraception presents an opportunity to address the unmet need for family planning. According to Kenya Demographic and Health Survey 2022, 57 per cent of married women use modern

contraceptive methods, 6 per cent traditional methods and there is a 14 per cent unmet need for contraception caused by scarcity of knowledge on the implementation practices and contextual conditions for self-injectables

Panel discussion on empowering women and girls: advancing access, affordability, and sustainability of self-injectable contraceptives via informed choice programming

In 2019, Kenya's Ministry of Health (MOH) released its National Depot Medroxyprogesterone Acetate (DMPA-SC) Implementation and Scale-Up Plan. The Kenya MOH has cultivated a total market approach to DMPA-SC scale-up through partnerships with the Pharmaceutical Society of Kenya and the Kenya Pharmaceuticals Association to the enthusiasm of family planning (FP) users and advocates.

DMPA-SC scale up plan of 2018 has so many gaps and there is limited research to provide solid evidence for full implementation of the policy. The government is leading stakeholder to carry out research to provide more evidence of the causes of the gaps and provide a guideline for use with minimal support of healthcare workers.

The government is providing more guidelines for commodity security based on total market approach in collaboration with partners. Further, the MOH is negotiating for more funds to be allocated to family planning budget for better service delivery and establish solid link between policy coordinators and clients by providing training to community worker to train and guide the client. Further, a family planning policy is being developed to address bottlenecks such as fear of needle, personal hygiene and infection risks.

Q. Michelle Kariuki: What are some of the known barriers hindering access to contraceptives among young people?

Access to contraceptives among young people is faced with many barriers, these include lack of well trained personnel to administer FP to the youth. There is a missing link between the young people in the community and service centers due to associated stigma that youth face when they seek such services which hinders access to SRHR information and services. There is lack of information to demystify some myths and misconceptions associated with contraceptives. Further, gender imbalance takes away the power from the woman to decide on own SRHR needs. This calls for proper education

to service providers on safe provision of these services to adolescent and youth to avert the increasing rates of unwanted pregnancies.

Q. Nelly Munyasia: As a self-injectable ambassador in Kenya, what is your role in shaping policies and improving access to self-injectable contraceptives? What challenges have you encountered? What best practices can be deployed in DMPA-SC self-administration scale-up programs in the Kenyan Context?

As the self-injectable ambassador one of the roles is to ensure implementation of policy governing the same, push for budgetary allocation for self-injection through engagement with relevant stakeholders such as the government. Further, bring cross regional learning to demystify the myths thus advocate for self-injectables among the young. I also work with partners to ensure the right information trickles down to the society and ensure community health promoters have the right information and training.

Adoption of self-injectables is faced with multiple challenges including lack of stand-alone data to support self-injectable FP. Though some training has been carried out there is biased information by service providers which is compounded by unavailability of self-injectables in outlets in some communities.

Dr. Carolyn Aling': As a healthcare provider, what are the challenges of accessibility, affordability, and sustainability of contraceptives encountered in health facilities? What are the possible solutions to address these challenges?

Some health care workers show an attitude which is attributed to their human nature. There is limited data collected that can be used to qualitatively measure whether women are comfortable with the contraceptives. There is need for informed consent due to possible side effects of some contraceptives thus the need for proper education on such side effects need to be conducted.

Accessibility of contraceptives is tied to menstrual hygiene policy, there is limited affordability thus provision of some contraceptives is funding dependent. This calls for total market approach supported by government ownership through well researched data for development of sustainable models for supply of contraceptives.



Panelists share a light moment after a side event on strategic litigation

Q. Monica Mutesa: *As a self-injectable ambassador in Zambia, what is your role in shaping policies and improving access of self-injectable contraceptives? What challenges have you encountered? What best practices can be deployed in DMPA-SC self-administration scale-up programs?*

Availability of self-injectable contraceptives is a game changer globally. In Zambia self-injection is introduced through private, public and community and is highly appreciated by the young people. Great success has been recorded because the policy framework is in place, with clear guidelines and roadmap which are being revised to strengthening.

There has been some challenges associated with self-injectables in Zambia including lack of proper data collection and use whereby providers don't give accurate information. Making supply on commodities is a challenge. The private sector is very comfortable to work with to the pharmacist making access easy. Further, attitude by the healthcare workers limits access of FP. These challenges call for empathy, human centre in design of self-injectables and establishment of youth friendly services and centers for ease of

accessibility of such services.

To register meaningful success in adoption of self-injectables;

- There is need for efforts to address gaps left when partners pull out when funded interventions programs are wound up
- Self care should be considered as one of the core FP methods
- Policies that are in place should be strengthened to support roll out of self-care.
- Intervention should be formulated with sustainability in mind
- There is need to enforce continuous training
- There is need to advocate for more funding to support self-care

SIDE EVENT: STRATEGIC LITIGATION AND YOUTH EMPOWERMENT FOR ADVANCING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) IN EAST AFRICA - AFYA NA AHAKI INSTITUTE

Moderator: Bakshi

Panelists (Allan, Nimrod, Everylene Opondo, Tracy Ochola)

This side event delved into the role of strategic litigation in advancing SRHR agenda in east Africa

With reference to litigation and consent Allan indicated that young girls can decipher legal advice from attorney and that it's not the duty of a doctor to persuade a client to seek legal redress. It is the decision of the client to seek legal action as this may have an impact on their mental health thus the doctor's opinion should be devoid of parental consent. This can easily guide the client on whether to seek legal services if need be, with clear alignment to government guidelines as young people seek SRHR services.

Nimrod of haki na Kenya noted that majority of the cases that his organization handles involve minor which directly affects the ability healthcare provider to provide services. This demands for legal literacy to enable the service providers work within the confines of the law.

The organization offers short course on reproductive health and the legal requirements to service providers.

Ms. Evelyn Opondo noted that research and data are key in litigation. She highlighted that SRHR service providers are targeted by the government and many have been sued by the ministry of health. This calls for research to collect data about the number of service providers detained in cells as well as that of mothers detained in hospitals to address such violations. She noted that a study of the magnitude of abortion was conducted in Kenya and the government was sued leading to development of guidelines on abortion. However, there is an SRHR opposition group challenging the report. This demands more research to provide support SRHR related cases in courts. Further, service providers have a lot of undocumented data and this calls for training on data analysis

and dissemination.

Tracy Achola noted the importance of push by the young people especially youths in urban areas who have easy access to information. They can challenge some laws that hinder unrestricted access to SRHR services by adolescent and youth for amendment. She cited the importance of collaboration between health providers and the judiciary for better understanding of the law.

Strategic litigation is useful and courts should be tools for positive change by reducing impunity and abuse of power which mostly results in backlog of SRHR related cases. The community must pressure the government to for full implementation of some of its policies. Though litigation has worked in some cases but the process takes long and this need to be addressed to fasttrack many cases that are pending in courts.

SIDE EVENT: ACCESS TO SEXUAL REPRODUCTIVE HEALTH SERVICES AND INFORMATION BY YOUNG PEOPLE: FOCUS ON YOUNG MOTHERS - TICAH

The session kicked off with simple activity and quiz on teenage hood, teenage pregnancies and the experiences that young girls and mums go through. A true story of a young girl called Florence was shared. Florence a girl from a very humble background got pregnant during her teenagerhood, goes through a difficult journey growing up and raising her child.

Data shows existence of a gap when it comes to utilization of AYSRH services. AYSRH issues and low uptake of services are highest in informal settlements occasioned by lack of youth-friendly services and poverty. People need to adopt story telling as way of addressing teen pregnancy. Story telling gives an opportunity to hear and document real life stories.

Q. How can we strengthen participation of young people in policy

There is need to engage young people in everything that touches on their lives. This will present an opportunity for them to participate in decision making and contribute ideas when formulating policies to ensure that their issues and needs are well embedded in such policies. Such participation would help to stop stigma on young people and offer psycho-social on matters SRHR.



Side event on access to sexual reproductive health services and information by young people: focus on young mothers

Q. How can we better leverage on lived experiences of young people in policy and programme development and interventions:

Simplified policies make them easy to comprehend. This can be achieved by leveraging on data and information based on real life experiences of adolescents and young people which in turn informs decisions, policies and implementation measures. Policies and implementation activities should be aligned with specific needs of teen and young mothers. This gives a chance to the evolving needs and tailor made interventions based on the needs shared.

Q. Why are the voices of young mothers missing in intervention program?

Some tradition and culture are oppressive and deny woman a voice and those who speak out are stigmatized. These reduce any meaningful engagement with young mothers and youths. Many young people seek SRHR information and services while intoxicated because of stigma. Further, many young people have difficulty articulating their SRHR needs. A lot of fragmented association of young people. This calls for an organ that can articulate the ideas and needs of young

people bringing onboard teen fathers into such consultative forums.

Interventions undertaken by CSOs must be awake to the needs of young mothers with disabilities with a keen shift of thought to include mothers faced with compounded vulnerabilities such as those with mental health issues, those in refugee camps. Interventions should have avenues that support adaptive learning for the programmes to achieve positive impact. Such would enable adolescent and young people to choose the right priorities and consider growing up as expected.



Side Event: Fostering Partnerships In Advocacy Around ASRH: Calling Out For Commitments

SIDE EVENT: FOSTERING PARTNERSHIPS IN ADVOCACY AROUND ASRH: CALLING OUT FOR COMMITMENTS – SPONSORED BY EANNASO

Emmanuel Ngumbao Khahindi kicked off the session with Assessment of Contraceptive use patterns among adolescent girls aged 15–19 years in Kenya based on Binti Shupavu Client Exit Survey Findings. The study highlighted that Adolescent reproductive health is a global concern as most girls are facing challenges in accessing contraceptive services according to a Survey conducted in June 2022 focusing on 96% facilities and 4% in Private facilities. Which further established that one in three girls were married. It was

further noted that 58% of the girls were on contraceptive. However, some counties reported higher cases of girls using contraceptive methods than others. It was also found out that Education level influenced the access and use of contraceptive methods to contraceptive methods. The research recommended the need for efforts to improve outcomes and barriers on contraceptive use as well as prioritize education on contraceptives.

Q. How Did you know that the girls had sex based on your Survey?

It was reported that the survey was conducted confidentially and the girls who were interviewed provided the answers

freely and openly

Q. Considering that most girls go to private facilities how were the numbers in the Survey obtained?

It was clarified that the programme wholly focused on public facilities and so was the reported data in the Survey. Further, allocation of the facilities for the survey were focused on the new clientele and the facilities with more adaptors.

Musa Ogoni Muhamed made an insightful presentation on A case study of West Pokot focusing on Youth-led social accountability for improved accessibility and utilization of ASRH education and YFS provision. It was noted that young people face immense reproductive health challenges despite the Maputo Protocol Article 14 which gives young people right to access health services. It was noted that the scorecard approach is based on theory changes and county allocating budget toward Reproductive health thus the need to generate data from the community and use the evidence at facility level that are informed by the priority community and engaging the county assembly based on domestic budget allocation.

The study aimed to analyze factors contributing to the lack of access to Contraceptive Services in West Pokot so that to provide a solution on the same.

To realize the objectives; the study Partnered with different stakeholders, trained a focus group on community score card, undertook a focus group discussion, held dialogue between service users and service providers, carried out follow up at facilities level to analyze improvement on Service Delivery.

The study promoted can prompt feedback and engaged the adolescent in decision making of AYSRHR issues. In conclusion the study found out that Social Accountabilities play a major role in AYSRHR. Empower young people and give them capacity to influence decisions on AYSRHR.

Emmanuel Katama gave a presentation on Use of electronic community health information system to identify teenage mothers focusing on Kwale County considering the global shift towards adopting digital Technology.

The study focused on the use of Phones to capture data with the objective of identifying mothers enrolled in e-CHIS since its inception. To realize this the study used trained CHPs

Through the captured Live data, the organization identified pregnant mothers who were referred to Health facilities and it was found out that the Data from eCHIS was accurate and it made it Easy to make decisions and perform targeted intervention. Further it made it easy to categorize the mothers for a specific package to use.

The session was concluded through a presentation by George Otieno Ongulo who gave a presentation on widening the implementation of out of school's sexuality education programs in Bondo Sub County.

The presentation was based on an intervention aimed to Supports Adolescent girls with a component to include the boychild. The study targeted adolescents who dropped from school for various reasons. It was also noted that adolescent don't have information on sexual education hence people take advantages of them

The study aimed to Increase sexual Education programmes for diverse groups of adolescents. To realize this; Adolescents are taken through sexual reproductive health programs, Youth Loaning and savings associations like encouraging Youths to join groups dubbed Chamas, Social analysis action and encouraging intergenerational dialogues.

The intervention revealed that; Kenya has a supportive Policy for Schools Sexuality education guided several policies at multiple levels, Services providers willingly gave data on people who had received services while adolescents have enjoyed services in facilities within their reach.

It was concluded that peer engagements are a key factor in enhancing SRHR service uptake and Meaningful youth engagement should be prioritized while there is CSE programmes should be revamped.

SIDE EVENT: THE STATUS QUO OF AGE OF CONSENT AND SRHR FOR ADOLESCENTS IN EASTERN AND SOUTHERN AFRICA - HIVOS SRHR FUND

Moderators: Peter N Ngure and Josephine Odhiambo
HIVOS

Panelists (Dr. Christine Wambugu, Head Division of Adolescent Health MOH, Sammy Wangombe Aaron Action



Side event on the status quo of age of consent and SRHR for adolescents in eastern and southern Africa

Hope Malawi, Georgina Obonyo DAYO, Dan Joshua Oduor Stawisha Africa Initiative]

This side event revolved around age of consent and access to SRHR information and services access. The pressing issues around this conversation all over Africa focused were highlighted and the efforts made to identify the obstacles young people face in accessing SRHR services with recognition of the numerous times that age of consent had been brought up in courts with several judgements given on different occasions.

Georgina Obonyo had her first period was when she was in form two, she reluctantly discussed it with her mother who told her that she was a 'big' girl and she shouldn't play with boys. This shows that restrictions of age result in restrictions to access of srhr information and services for people under the age of 18, because the situation at the hand is left to the health provider to make their own interpretation whether to provide the services or not.

What impact does denial of these services and stigmatization of adolescents in health facilities have on their mental health

Age of consent requirement is a barrier to access of SRHR services.

Sammy from Malawi noted that, the age of consent in Malawi is 14 years old, but there are many inconsistencies with other policies such as the education policy which caps the age of consent at 13 years, while the law classifies anyone under 18 years as a child. These inconsistencies need to be addressed because young people are currently having their sexual debut at a much earlier age occasioned by the recent technological advancement.

Dan from stawisha;

Teenage pregnancy in Siaya county is at 21% prevalence. It is assumed that silence means consent in many African services because many people shy away from discussing age of consent. Further, the conversation of consent also feels like a competition of power between the adolescents and the parents, guardians and lawmakers. There is a need to have an inter-generational dialogue on matters consent with respect to SRHR and all players involved must be willing to yield power.

In Zimbabwe, the age of consent is 18 years and is aligned with the marriage act and the law. However, the age at which an adolescent can freely access SRHR services remain unresolved issue. The requirement of parental consent leaves out sexually vulnerable children such as those without parents or those in abusive homes without any chance of accessing

the much needed SRHR information and services.

Dr. Christine Wambugu;

Medically, the part of the brain responsible for rational thinking develops much later in the 20's as opposed to that dedicated to pleasure. Therefore, teenagers have a contradiction on what to do and decision making processes is always irrational. For this reason, parent /guardian plays an important role in the consent conversation to assist adolescents in decision making while seeking or accessing SRHR services. Further, the law has a provision for a category known as children who require provision of care, which includes children who are sexually active.

Q1: Does the parent have to sit with me during an SRHR service consultation?

Confidentiality is different from consent. An adolescent has a right to confidentiality in accessing healthcare services but the parent has a role in decision making.

Q2: In university some people are 16 – 17 years old and do not have ID cards, do they still require parental consent?

The law is clear on who an adult is, and therefore for certain services these adolescents shall be required to get consent from their parents.

Q3: How do we handle cases where some communities are comfortable with their girls getting pregnant but not taking PreP?

There are many parents and guardians who do not understand the use of Prep and therefore there is need to educate them about the same.

Q4: How can parent be involved in things they do not understand? How do you tailor the SRHR language so that it is acceptable to different audiences.

There is a need to simplify SRHR language to bring communities on board. Further, meaningful engagement with all the people that this issue affects including parents and the adolescents must be encouraged. This can be achieved through developing programs that are acceptable to the society and engaging local leaders in SRHR program implementation.

ABSTRACTS PRESENTATION – SUB THEME 2, 3, 4, 7

ABSTRACTS PRESENTATION – SUB THEME 2 (COMMUNITY BASED NORMS SHIFTING AND NARRATIVE CHANGE INTERVENTIONS FOR AYSRHR)

This session was on presentation of Abstracts in Sub-Theme 2 on community based norms shifting and narrative change interventions for AYSRHR

Moderator: Ishmael Ochola	
Aden Abdi Awle	Using religious leaders to influence social norms and uptake to family planning services; Case study of Balambala Sub County, Garissa
Betty Wangui Muchiri	VIKAOS 4 AYSRHR: Prioritizing Adolescent and Youth Sexual and Reproductive Health and Rights through Community Dialogues
Steve Juma	Addressing Norms perpetuating Early Sexual Debut, Sexual Violence, and SRHR Denial in Homa bay County
Sheillah Mmboga	School-Based Dialogue Sessions changes narrative on HIV-related stigma among the youth in Kisumu County
Zachariah Kahwai	Behavior Change among the youths through sensitization and service delivery
Moderator: Dr. Gilbert Ngoga	
Leseketeti Frank Ltaniki	Unveiling the silent crisis: climate change, gender-based violence and sexual and reproductive health disparities among adolescents and young people
Josephine A. Odhiambo	Art4wellness
Noor S. & Brenda A.	Prioritizing Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR) in Northern part of Kenya

ABSTRACTS PRESENTATION – SUB THEME 4 (GENDER EQUITY AND SOCIAL INCLUSION IN AYSRHR)

This session was on presentation of Abstracts in Sub-Theme 4 on Gender equity and social inclusion in AYSRHR

ABSTRACTS PRESENTATION: SUB THEME 7 (BEST PRACTICES / INNOVATIONS IN SERVICE DELIVERY)

Moderator: Dr. Gilbert Ngoga

Wakesho Langali	Breaking Barriers: Advancing Gender Equity & Social Inclusion in Adolescent & Youth Sexual & Reproductive Health Rights in Africa
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This session was on presentation of Abstracts in Sub-Theme 7 on Best practices/innovations in service delivery

Emmanuel N Khahindi	Assessments of Contraceptive use patterns among adolescent girls aged 15–19 years in Kenya: Binti Shupavu Client Exit Survey Findings
Musa Ogony Muhamed	Youth-led social accountability for improved accessibility and utilization of ASRH education and YFS provision: A case study of West Pokot
Emmanuel Katama	Use of electronic community health information system to identify teenage mothers , Kwale County
George Otieno Ongulo	Widening the implementation of out of school's sexuality education programs in Bondo Sub County

ABSTRACTS PRESENTATION: SUB THEME 3 (INTEGRATING AYSRHR AS PART OF THE DEVELOPMENT AGENDA)

This session was on presentation of abstracts in Sub-Theme 3 on Integrating AYSRHR in Development agenda Moderator: William Wandera

Prudence Kanana	Integrating Adolescent and Youth Reproductive Health and Rights into the African Development Agenda: A Holistic Approach
Moderator: Baker Oyugi	
Molly Ochar	Utilization of mobile medical outreaches to Enhance access to quality contraception uptake among youth in Homabay county
Said Madzambo	From Vision to Action: Charting a New Course in Kwale County's Action Plan for AYP SRHR, Tackling Unmet Needs with Innovative Strategies"
Hakiimu Kayonga	Utilizing technology to address HIV prevention and treatment adherence in Districts of West Nile, in Uganda
Tracy Rita Achola	Unleashing the power of Youth to increase public support for young people's SRHR; Lessons from stand up project
Emmanuel Lekishon	Health reach, save lives in Mararianta
Margaret Nyambura	Policy and Legal Reforms on Sexual & Reproductive Health Rights to Promote Universal Health Coverage Agenda in Kenya

Sub-theme 3 abstract presenters



Day Three



June 21, 2024



Youth forum Panelists pose for a photo

PANEL DISCUSSION: SHAPING THE DISCOURSE AND POLICY ADVOCACY FOR ADOLESCENT, YOUTH SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (AYSRHR): FOCUS ON THE ROLE OF MEDICAL-LEGAL STUDENTS AND THE ENTIRE YOUTH FRATERNITY IN DRIVING CHANGE (USAWA HEALTH) ROLE OF THE MEDICAL, LEGAL AND MEDIA STUDENTS ROLE IN THIS SPACE

Moderator: Dr. Andrew Were

Panelists (Ms. Naisoi Kerorio, Ms. Sally Nyawira, Ms. Elizabeth Mueni, Mr. Harrison Otieno)

Q. Do current SRHR programmes of and do they speak the needs of the youth

In some SRHR programs there is restricted access to, information and services among a set of people especially the youth. This is caused by;

- Lack of comprehensive sexuality education
- Limited access to contraceptive by the young people – FP and (family) creates stigma and barriers to access to services
- Legal framework of GBV and medical aid
- Misinformation
- Gender disparities for women and stigma in men to access services
- Financial implications
- Poor quality of healthcare facilities

Considering that these challenges are caused by stigma, gender, cultural, social norm and religion there is need to

have gender inclusive, culture look to safeguard the SRHR needs of young people.

Q. Ms. Sally Nyawira: What are challenges faced in medical universities with regards to AYSRHR

- There is an enormous opposition for wide reach and coverage due to the stigma attached to seeking SRHR services

■

Some lecturers are pro life and thus victimize students who are pro-choice.

■

There is fear associated to Pro-choice due to fear in future career recruitment

■

There is limited access to information which overburdens the medical students due to lack of information occasioned by a wide knowledge gap

■

Some SRHR services are only available in private facilities and access is limited due to sometimes the huge resources involved.

■

There is a lot of fear of judgement on SRHR issues due to societal expectation that students should be 'morally upright'

■

There are harmful gender practises such as FGM which are finding their way into the society.

■

There is a lot of violation of human rights in institutions of higher learning including GBV, period poverty and lack of your friendly health service centres.

■

Effects of climate change especially among the marginalized communities are extremely high leading to scarcity of resources such as in refugee camps subject-

Q. Kento Hodhana: Why is there shortage in access of reproductive health services in universities?

- There is a high shortage of access to SRHR information and services in universities to students to turn to private facilities for the youth friendly services because public health facilities/providers are not youth friendly. This is caused by bad attitude by the health care providers towards the youth and most facilities give poor services

and mostly under stocked

- This can be resolved by fully implementation of SRHR policies and training medical students to offer services to their peers. Further, there is need to create comprehensive health care that addresses mental health and SRHR matters.

Q. Ms. Elizabeth Mueni: What can be done to overcome barriers to access of SRHR

- Many young people are using social media to shape their future
- Social media has made access to AYSRHR information easy among the youth
- It has created a community of empowered young people through easy access to SRHR information
- Podcasts have also enhanced access to SRHR information and services among the youth as it can host students for discussion of different SRHR topics

It is noteworthy that social media has negative impact such as

- There are opposition influencers who share misinformation on SRHR issues
- Shadow burning where content is limited to people who are going to view
- There is stigma on certain issues such as FGM and abortion

There is a need to create a website that provide comprehensive and correct information on SRHR that can be accessed anonymously. Also, there is need to capitalize on the gadgets used by people to amplify discussions on SRHR

Q. Mr. Harrison Otieno: Do SRHR policies speak to the needs of the youth?

The RHR policy is not comprehensive towards AYSRHR matters for instance;

- It demands the need to seek parental consent for ado-

lescents

- According to the policy only those above 18 can access the SRHR services
- The policy is silent about people living with HIV, LGBTQ issues, drug addicts and access to services
- It is not clear about sexuality education

These gaps in the policy can be addressed through;

- Giving a wider audience to the views of youth regarding their SRHR needs
- Critically addressing sexual education

- Adding the needs of marginalized group in the SRHR policy
- Reviewing the policy to address the need consent
- Budget allocation to establish youth friendly SRHR centers
- Enhancing social media campaigns
- Capacity building through training future young leaders
- Development and implementation of a comprehensive sexual reproductive rights curriculum
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ABSTRACTS PRESENTATION – SUB THEME 2, 4, 6 and 7, ABSTRACTS PRESENTATION: SUB THEME 7 (BEST PRACTICES / INNOVATIONS IN SERVICE DELIVERY)

Moderator: Judy Amina

This session was on presentation of Abstracts in Sub-Theme 7 on Best practices/innovations in service delivery

Elvis Orimba Odhiambo	Using Peer to Peer Model as outlined in Human Centered Design approach to help reduce incidence of teenage pregnancy in Wakula Health Center
Beryl Adenyo Achieng'	Community peer led Mentorship to Transform Reproductive Health Outcome and Youth Livelihoods in Homabay County
Teresia Mutogia	Structured Mentorship Approach for Increasing LARC Healthcare Service Delivery to Adolescents and young women in Narok and Baringo County
Susan Kimani	Expanding Access to Contraceptive Services among Adolescent Girls through The MSK Social Franchise Model in Kenya

Moderator: Dr. Eliphas Gitonga

Veronica Daisy Musiega	Increasing uptake of postpartum Family Planning among Adolescents and Youths in Vihiga
Geoffrey Kithuku	Leveraging on Outdoor Games to Increase Demand and Service User Feedback for AYSRH Services
Mhamed Hassan	Initiating HIV prevention strategies lead by AYPLHIV: A case for Maisha Youth Kilifi Chapter
Norah Mwangi	Effects and perceptions of a peer-led life skills program on prevention and response to CSEC among learners in Mombasa County, Kenya

ABSTRACTS PRESENTATION – SUB THEME 2 (COMMUNITY BASED NORMS SHIFTING AND NARRATIVE CHANGE INTERVENTIONS FOR AYSRHR)

This session was on presentation of Abstracts in Sub-Theme 2 on community based norms shifting and narrative change interventions for AYSRHR

Moderator: Dr. Caroline Tatua

Janeth Akech	Strengthening Access to AYSRH Services among Young People Through Community Action Cycle (CAC)– A Case of Suba West Sub County Homabay
Chebet Marcellina	Marcellina's Crusade: Eradicating FGM and Championing AYSRHR in Her Community
Aura A. Dorrah	Use of community stakeholders to reduce teenage pregnancies in Matungu sub-county
Malkia Mutwoki John	Exploring Dynamics of Youth Engagement in SRHR: A Community-driven Approach in Kenya

ABSTRACTS PRESENTATION – SUB THEME 4 (GENDER EQUITY AND SOCIAL INCLUSION IN AYSRHR)

Moderator: Dr. Caroline Tatua

Wabwire Scolastica	The Influence of Women Empowerment to Reproductive Health and Rights and Gender Based Violence in Kenya
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ABSTRACTS PRESENTATION – SUB THEME 2 (COMMUNITY BASED NORMS SHIFTING AND NARRATIVE CHANGE INTERVENTIONS FOR AYSRHR)

Moderator: Gaitano Ndalo

Fadzayi Ndikodzi Maposah	Logging to Demystify Menstruation and Its Cultural Taboos
Bridget Wanjeri Muthoni	Navigating Reproductive Identity as a Choice and its Impact on Adolescent Girls in Kenya
Jamila Farah	Factors affecting FP services among women of reproductive age in Tana River county: Experience from community targeted dialogues

ABSTRACTS PRESENTATION - SUB THEME 6: FUNDING MODELS FOR AYSRHR

Jerome Obwar	Establishment of Contraceptive Revolving Fund
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ABSTRACTS PRESENTATION: SUB THEME 7 (BEST PRACTICES / INNOVATIONS IN SERVICE DELIVERY)

Felicity Nneoma	An appraisal of the determinants of youth friendly sexual and reproductive health service delivery among health workers in Kalaba Nigeria
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SPOTLIGHT SPEAKER - ALLAN MALECHE, EXECUTIVE DIRECTOR, KELIN

There is law and policy that has been set out to protect the rights of women in various groups but it calls for multi stakeholder approach for full implementation and realization of meaningful impact. This requires the building of implementation and championship movement across different sectors and age groups leveraging on experiences of the older to build capacity of the young ones.

Cross sectoral partnership can be a strong foundation for creating comprehensive information and advocacy channels. This can form a platform for learning from each other to create an academy for activists of all ages to advance the SRHR agenda in the society. This can be based on community center approach focusing on specific target groups. Further, digital aids can be used to enable adolescent and young

to access SRHR information and services safely.

PANEL DISCUSSION: INNOVATIONS FOR PEER-TO-PEER AWARENESS CREATION ON SRH TO EMPOWER THE ADOLESCENTS AND YOUTH COMMUNITY TO DEMAND SRHR (PP GLOBAL)

Moderator: Judy Amina

Panelists (Ramwaka Nyadzuwa – SRHR Alliance, Dr. Muiruri Joseph – Gynaecologist, Youth Leader – BNN, West Africa, Youth Leader – BNN, West Africa)

Q. Ramwaka Nyadzuwa – what is red card campaign and its relevance in srhr

Red card campaign is bold move try getting solutions and

speaking a language that the young understand. Young people are faced with lack of information, radicalization, lack of employment opportunities, child labor and teen pregnancies.

Further, young people don't have courage to discuss SRHR issues and don't know who to blame. The society does not have space for young people leaving them intimidated. The people in the public sector need to understand that they are serving the public and young people have a right to demand for services.

Red card campaign is committed to report offences committed against youth in the office. It focuses on addressing teenage pregnancies which are high in the country according to reported data.

Red card conducts its campaigns through press conference, TV panel discussions, political choices and conversations as well as through election choices and associated consequences.

The campaign has been found to be effective based on;

- Political aspect where the governor of Machakos ac-

knowledge support on the region
little opposition of the campaign

The red card uses a 6 weeks campaign approach with media presser involvement aimed at ensuring accountability for people in office based on statistics of the leaders.

Q. How does the campaign protect adolescents

- It urges governors to work with police closely
- It discourages out of court settlement of disputes and promotes prosecution of the cases for judiciary to handle such cases.
- Return to school policy
- Material of the campaign
- Awareness of amendment of the sexual offence act
- Some of the issues raised can be included in the policies
- Evidence informed cases – for consent cases

Panel discussion on innovations for peer-to-peer awareness creation on SRHR to empower the adolescents and youth community to demand SRHR



- Public participation will be key in matters that affect them
- Its everyone's right to participate

Q. Dr. Muiruri Joseph – What are your thoughts of the red card campgain

There has been an spike in teenage pregnancy associated with violence, social economic issues, society stigma, facility stigma and government reluctance to address SRHR issues among the youth.

The red card campaign is very important because it ensures that all levels are reached out to for everyone to access SRHR information and services on this matter and for involvement of all stakeholders in policy making.

Red card campaign ensures engagement of reproductive rights and human rights in heath care systems to ensure that:

- access to health is a basic right
- everyone has access to primary right to highest std of health.

- access to right to confidentiality and service – they have a right to decide on the product the want.
- Access to right to mental health – teens go through so much mentaly when pregnant
- access to information and explanation where need be
- provision of condusive environment to explain SRHR issues

Red card has revealed that young people are ready to take center stage and that the system needs to support to the providers through information.

Red card campaign seeks to address human rights violation such as;

- right to education – school drop out
- right to life and dignity – complications of pregnancies
- right to health – access to health facilities
- right to equality and freedom of discrimination



Closing Ceremony



PANEL DISCUSSION: YOUTH PANEL - SO WHAT?

Moderator: Elvis seriki

Panelists (Vanessa Dosi, Felicity Neoma, Emily Mumbua, Lauren Hill, Dr. Jeane Patrick)

The number of youths is growing significantly in African. The youths have potential but are limited by lack of resource such as money and policies that places them in the midst of the development agenda. These youths are faced with challenges such as teenage pregnancy and insecurity, lack of access to information and sexual reproductive services because sometimes they are expensive, and available policies don't address needs of PWDs.

To tap on the energy of the youth in advancing the development agenda of African countries, there is need to prioritize the needs of the youth by collecting voices from different countries on matters sexual reproductive rights. The young people should also hold themselves accountable by creating a platform to learn and exchange ideas and mentor each other. The young people should be empowered to be in the front line in decision making and access to information through training, research, and taking up leadership positions.

Youth panel discussion- So what?

Dr. Jeane Patrick: Take away from the conference

- There is need to grow knowledge and bring people together to advance AYSRHR
- The importance of building strong partnerships and collaborations
- There is need for meaningful engagement of the young people on matters SRHR
- For meaningful impact on AYSRHR there is need diversity and inclusivity
- Organization should leverage on the power of technology to advance SRHR
- Young people must believe in themselves, shape their thoughts and ideas

Vanessa Dosi: Key take away from the conference

Youthful leaders should be encouraged to strengthen capacity of young people by:

- Helping them to learn political context
- Providing them with SRHR knowledge using mentorship programs
- Promoting accountability mechanism through the community monitoring, community score card as well as data collection and analysis
- Encouraging them to be innovative to develop new solutions
- Urging them to take advantage of existing mechanism such as awareness and mentorship

Felicity Neoma: Key achievements from the conference

The role of knowledge and innovation in advancing AYSRHR

- Importance of partnership and collaborations
- Importance of sharing stories/experiences
- Diverse knowledge

The importance of youth leaderships and the pillars of action

- Priority of youth program policies and understanding the policies
- Data driven policies
- Championing youth leadership
- Building alliances
- Establishing accountability mechanism

Emily Mumbua: Priority needs of the youth

- There are organizations which are keen to partner with disabled teen mums

- The importance of paring with experienced partners
- The need to encourage youth engagement
- Role of collaboration youth/ adult partnership in mentorship and capacity building

For accountability;

- Create opportunities for young people and listen to their views
- Engage the young and have their interests at heart
- Involve youth in advisory committee
- Create funding opportunities for the youths – challenge youth fund

What might strengthen collaboration with youth organizations in sexual rights, policies and interventions?

- Adopt co-creation
- Communicate with the youth
- Have alliance of youth organizations to forge a way
- Invite them into those spaces
- Empowering them and networking
- Coordination
- Provide opportunities
- Offer flexible funding
- Improve an awareness of srh issues
- Capacity build the youth

PANEL DISCUSSION: FUNDING FOR AYSRHR IN AFRICA

Moderator: Prof. Joachim Osur

Panelists [Galliane Palayret – IPPF ARO, Brenda Waguna – CIFF, Lori Adelman – PP Global, Saskia Husken – Rutgers, Monica Mutesa – PATH, Jackson Otieno-Impact

Kenya]

Q. Why should we work with you in the projects you are taking

Jackson: Co-Impact

Co-Impact is a global organization that was founded in 2017, it focuses on building just and equitable systems. To achieve this it brings together philanthropists, foundations, and private sector partners from around the world to pool funding that supports efforts to drive systems change in the sectors of health, education and economic opportunity, in Africa, Asia, and Latin America. It works with locally-rooted program partners and advisors, to form global collaborative that advances inclusive systems change, gender equality, and women's leadership. The discussions held in the 7th RHNC scientific conference align well with the organization mission which is centered around supporting access to SRHR by adolescent and young women. Therefore, Co-Impact looks forward to building new partnerships with the organizations represented in the conference.

The organization is keen about discussion on youth funding and has been pushing for support of young people to enable them freely access SRHR information and services. Further, the organization is both a donor and funder and can lobby other donor to fund well-articulated proposals. It is also keen to fund other organisation with shared vision and mission such as those running social impact enterprise projects as this were well represented in the just concluded conference.

Brenda: CIFF

The SRHR issues articulated during the conference align with core mandate of CIFF which is to empower the lives of children and adolescents through access to AYSRHR information and services.

Galliane: IPPF

The International Planned Parenthood Federation is a locally-led, globally connected civil society movement, delivers sexual and reproductive healthcare and fights for sexual and reproductive rights. IPPF is ready to support young people to actualise their ideas by having in place an easy mechanism



Prof. Osur engages a partner during a Panel discussion on funding for AYSRHR in

to apply for and get the funding. Its Youth action arm enables youths to work in a number youth led organization to address SRHR specific for youth. The energy shown in 7th RHNK conference discussions align with the IPPF mission. Further, Sexual reproductive rights are human rights and while we continue celebrating the achievements and the policies that have been made, IPPF is keen on enabling other organizations strengthen their fight for adolescent and sexual reproductive health rights for adolescents and the youth through funding their programs.

Saskia: RUTHGERS

Rutgers works to improve the sexual and reproductive health and rights of young people. It works on sexuality education and information, access to contraception and safe abortion and the prevention of sexual and gender-based violence. These key aspects of SRHR were passionately discussed making RUTHGERS keen to partner with organizations that took part in the conference to advance the AYSRHR agenda.

Monica: PATH and Access Collaborative

PATH is very particular around innovation targeting SRHR. 7th RHNK conference held many conversations around design and development to ensure that women have access to SRHR information and services in both private and public health establishments. PATH is keen to make sure that young people have access to contraception by leveraging on the good network established in the conference.

Q. Apart from NGOs, who do you fund?

These organizations are keen to work with creatives to raise awareness on AYSRHR through funding organization who in turn pay the creatives. In addition, the organizations can work with the private sector to fund raise for projects in different countries through engaging with philanthropist and governments who aligns with such projects. The burden of intervention determines the amount of funding that these donors can avail.

Though some donors are not keen to fund some interventions due to associated controversies and stigma. Organizations fronting such programs for funding should have well researched and analyzed data with projected possible outcomes as a tool for creating awareness on what is being opposed and its ramifications to the society if ignored. In addition, organizations should be innovative and map out the allies to work with in both private and public sectors to address the seemingly reducing attention towards SRHR funding. Moreover, organizations should endeavor to document evidence on SRHR and make linkages to other important topics being creative and consult with peers who are keen on addressing SRHR issues to codesign the programs/interventions.

Q. How much funds are being projected for AYSRHR projects

CO-IMPACT targets to raise USD 1billion by 2030 to solely fund AYSRHR projects with the aim of improving the lives of adolescent and young people through access to the full spectrum of SRHR information and services. Part of the funds will go towards advocating for review of policies that

hinder access of SRHR services by adolescent and youth and push for full implementation of local and regional governance policies concerned with access to SRHR.

Q. How to attract funding from major donors

Funding is important and it has to be unrestricted and sustainable. Many donors are keen on social enterprise programs that support member association to get more money to re-invest in other projects to get sustainability in the long term. Therefore, organizations should form consortiums and to develop such programs having interventions that address social enterprise and effects of climate change on access to SRHR.

Q. How to remain accountable and get value for the money allocated for work

Organizations should continuously measure impact through regular monitoring and evaluation backed with data to ensure that programs run in the long term beyond the funding. Implementors should set up accountable systems for services provided by people for ease of data provision when required. For social accountability, there is need to stop competing but instead tap into each other skills for greater impact. Strong mechanisms should be established to hold the government accountable and ensure the initiatives are embedded in the government system because some donors fund through government agencies. Program designers should anticipate the course of action should the intervention fail and communication should be made to the donor on realistic achievable results. Organizations should work in solidarity with other stakeholders while seeking value for money in projects.

**COMMUNIQUE OF THE THREE-DAYS 7th
ANNUAL RHNK SCIENTIFIC CONFERENCE
ON AYSRHR HELD AT SAROVA HOTEL
MOMBASA, KENYA
DATE 18TH -21ST JUNE 2024**

Background

The 7th annual RHNK scientific conference themed “Priorities for Advancing AYSRHR in Africa” held at Sarova White Sands, Mombasa from 18th – 21st June 2024 attracted participants from 26 African countries providing an interactive platform to share wisdom, exchange knowledge and timely golden advice, from courageous speakers and panelists drawn from various professional disciplines such as reproductive health specialists, medical and public health experts, youth, government and corporate leadership who graced the event.

WHEREAS adolescent and young people play a vital role in driving global economic development, the unique challenges they face in accessing AYSRHR information and services to make informed decisions are neither assertively nor articulately addressed and advocated for in the society;

RECOGNIZING the shared vision of a future where every young person in Africa can enjoy the full spectrum of SRHR to make empowered and informed decisions about their lives whose impediment is a myriad of compounding vulnerabilities including cultural and societal norms as well as government policies and sometimes stigma and discrimination from health care providers;

ACKNOWLEDGING the role of technology in disseminating adolescent and young people friendly access to SRHR information and services, the need to revise data protection in respect to privacy, redress of data breaches, duty of care and sharing of SRHR data for third-party use;

OBSERVING the need to engage on priorities for advancing AYSRHR in Africa towards reducing both unintended and teen pregnancies, new HIV infections, gender based violence, FGM, maternal death, school dropout and re-admission, mental health, substance abuse, and decriminalizing of consensual, non-exploitative sex between adolescents, coupled with strong influence of liberal or conservative parents, guardians, teachers, religious leaders and government;

APPRECIATING the triple threat (Teenage pregnancy, Sexual gender violence and Drugs and substance abuse) facing adolescent and young people, policies developed including;

support for school re-entry of adolescent girls post-delivery, guidance for training adolescents and health workers on selfcare, strengthening data management and dissemination of SRHR, resource mobilization to support rolling out of these programs, training of health care providers on the provision of youth friendly services and governments appreciation of the need to review some policies to mitigate hindrances to access of AYSRHR information and services;

WHEREAS Chapter 4 Article 42 of the Kenya Constitution enshrines access to reproductive health care, 176 governments accented to and implemented the 1994 International Conference on Population and Development (ICPD) Commitments which placed people's dignity and rights at the heart of sustainable development, attainable through; embracing holistic approach for human development, focus on health and education for adolescents and youths, developing a post-delivery return to school programme for young mothers, quality education for young people to use modern technology in accessing AYSRHR information and services with effects of

**Cognizant of the above, we the participants of the
7th Annual RHNK scientific conference resolve as**

1. We will develop comprehensive systems responding to the needs of minority groups and PWDs to establish standards for AI-driven procedures for SRHR using diverse representative training data for inclusivity while advancing AYSRHR agenda.
2. Irrespective of our gender and religious believes, we will destroy the shameful walls of exclusion through Youth friendly policies, technology and data driven SRHR services in government health facilities in collaboration with adolescent and young people to eliminate stigma and community norms that hinder access to AYSRHR information and services
3. We shall engage and advocate for full implementation of government policies and amendments of sections of the SRHR policies targeting adolescents and young people based on stand-alone data for access of the full spectrum of AYSRHR information and services such as selfcare without fear of criminalization thus empower >58% (adolescents and young people) of Africa's population to contribute to development using data as catalyst, springboard and evidence for government to appreciate that adolescent and young people are not a homogeneous group as has been the misconception.
4. We shall build capacity, partner, connect and train youth

led organizations on data acquisition, analysis and dissemination to enable partner with like-minded organizations to advance the AYSRHR agenda. Further, we shall concert our efforts towards policy advocacy and campaigns to enhance collaboration with other partners, ministries and government agencies in the AYSRHR space.

5. We will advocate for recognition and support of SRHR as critical to climate change adaptation and resilience by governments and other stakeholders by providing evidence based links between SRHR and climate change through documenting learnings from our work with communities, including in humanitarian response crisis while collaborating with external stakeholders to strengthen the research agenda.
6. We shall adopt bench marking as a best practice on advocacy and intervention measures for adoption of best practices and successes to avoid duplication hence allowing new approaches in addressing AYSRHR issues and stay abreast in the rapidly changing digital.
7. We shall collect, document and analyze data for monitoring and evaluation of all interventions and programs.
8. We will initiate the process of making RHNC a continental network to amplify the voice of AYSRHR at the global stage.

CLOSING REMARKS: NELLY MUNYASIA - EXECUTIVE DIRECTOR, RHNC

Ms. Munyasia noted that, the discussion and deliberations in held during the 7th RHNC scientific conference were both encouraging and refreshing with great lessons shared from across the region. She thanked the main partners, Division of Maternal and Reproductive Health under the Ministry of Health, noting that the division had spared seven days to fully participate in the conference. She also thanked the co-conveners, the Center for Reproductive Rights, HIVOS, SRHR fund and the keys sponsors International Planned Parenthood Federation Africa region, Hewlett Foundation, Planned Parenthood Global, Danida and International Research Center on Women for making the conference possible. She also lauded the speakers, guests and all the stakeholders for taking part in

Ms. Munyasia reflected that the past couple of days were used to share wisdom, listening to brave voices and who embraced the collective commitment to advance the SRHR of our adolescents and youth in Africa. She noted that

adolescent and young people are not merely the leaders of tomorrow but the driving force of today underscoring their contributions to regional economic development despite their unique challenges in accessing comprehensive age appropriate sexuality education and SRHR services tailored to their diverse needs. She further highlighted that the right to make informed decisions about their bodies are often

Ms Munyasia alluded that the conference had forged a shared vision of a future where every young person across the African continent can enjoy the full spectrum of SRHR although this vision is impeded by various vulnerabilities, societal traumas and restrictive government policies. She acknowledged the pivotal role played by technology in making SRHR information and services more accessible to adolescent and young people. However, she pointed out the need to enforce stringent data protection measures to safeguard privacy and prevent misuse while leveraging on technology to drive SRHR access. She noted that the conference had identified several priorities to advance AYSRHR in Africa aiming to reduce unintended pregnancies, new HIV infections, GBV, maternal deaths, school drop outs, mental health issues and substance

Ms. Munyasia noted the urgent need to address conservative societal norms and legislations that hinder access to AYSRHR information and services. She appreciated various governments across the region for recognizing the triple threat i.e teen pregnancy SGBV and HIV reinfection faced by adolescent and young people. She commended the policies developed by various government agencies across the region for providing interventions such as supporting school re-entry for adolescent mothers and training health workers on selfcare and youth friendly services. However, she noted the need to review and amend policies that restrict access to SRHR information and services, particularly for those under 18 years of age. Recognizing the shared commitment to the ICPD program of action, the Africa 2063 agenda and the 2030 agenda for sustainable development, she urged all participants to leave the conference with renewed commitments to achieving universal access to SRHR ensuring that no one is left behind particularly the adolescent

Ms munyasia noted that the journey towards advancing AYSRHR requires new innovative and strategic partnerships which demands fostering collaborations among youth, civil society organizations, local communities and the private sector as well as leveraging cross-regional cooperation among countries. She concluded her remarks by highlight the resolutions of the 7th RHNC scientific conference.



The ED, RHNK gives her closing remarks at the end of the conference

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